

A scenic view of Mount Fuji, a large snow-capped volcano, rising behind a calm body of water. The scene is framed by the branches and leaves of trees in the foreground, which are in various stages of autumn, showing shades of red, orange, and yellow. The sky is a clear, bright blue.

**Good Afternoon,
Thank you for waiting while we gather.**

NOTE: Using Otter.ai or similar artificial intelligence notetaking platforms violates Sentara Health Plans' (SHP) meeting recording policy. Please do not use any such platforms while attending SHP webinars. We appreciate your cooperation.

Welcome to Navigating Appeals, Reconsiderations and Contestment Processes

4th Quarter 2026

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Agenda

1. Appeals
2. Retraction Reconsideration Process
3. Contestment
4. Locate forms and related resources online
5. When and how to follow up
6. Appendix

Appeals

Member or Provider on Behalf of the Member Appeals

Post Service Appeals

- Where an authorization was not approved and claim has not been submitted is going to the reconsiderations team. This goes to the appeals team, There is no claim for the reconsideration team to review.

No Claim on File

- The provider should follow the member appeals rights same as if it was a preservice appeal.



Retraction Reconsideration Process

Retraction Reconsideration Process

The contestment window for retractions lapses **after 35 days** from date of the retraction notice.



The contestment letter will have an email address for you to send an email that will put a hold on the retraction.



In the email, please put the retraction identification number (IR-#####) in the subject line and send to contestments@sentara.com.



When the time period has passed, you will need to wait until the claim has been retracted. Once retracted a reconsideration must be submitted **within 60 days** of the claim retraction date.

Contestment

What is a Contestment?

An industry term that refers to a dispute with supporting evidence that the health plan's claim recovery effort is erroneous.

Must occur prior to claim adjustment.

Sample Recovery Letter

June 12, 2025

Notice of Overpayment

Dear Provider,

This letter is to notify you that Sentara Health Plans has made an overpayment to you in the amount of \$385.00.

The overpayment was identified as a result of: Member was covered under an additional insurer during the service date.

Please see the attached claim report from Sentara Health Plans. These overpayments will be offset through the claims retraction process.

You have the right to contest this claim for overpayment. To do so:

- Submit your response within 35 days from the date of this letter
- Send your documentation to: contestments@sentara.com
(This is a secure electronic option for the most efficient review)
- Include the following in your submission:
 - Subject of email should be:
IR-0576956 COUNTY OF HENRICO VIRGINIA
 - Specific Claim Information
 - A clear explanation of why you are contesting the overpayment

To issue a refund check instead of contesting:

- Make the check payable to Sentara Health Plans and include:
 - A copy of this letter and the attached claim report
- Mail the check and documentation to:

**Sentara Health Plans
PO Box 66189
Virginia Beach, VA 23466**

If no refund check is received in 35 days, Sentara Health Plans will offset the related claims through the retraction process. We may offset negative balances against other Sentara Health Plans product lines.

If you have any questions on this process, please contact our provider customer service department at 1-800-229-8822. Thank you in advance for your cooperation.

Sincerely,
Sentara Health Plans

Attachment: IR-0576956

PROV_1218-MRL-400068

Contestment Process Steps

1. Recovery Letter Received

- ☐ Providers will have **35 days** to contest.
- ☐ Read the recovery letter in FULL — it outlines the procedures required to contest.

2. Initiate Contestment

1. Send an email to contestments@sentara.com
2. If the recovery window has expired, the provider may submit a claims reconsideration after the claim has been adjusted.
3. **NOTE:** A reconsideration cannot be submitted until **AFTER** the money has been retracted.

3. Review

- ☐ Contestments under review will not be adjusted during that window.

4. Decision

- ☐ Issued within **35 days**.

5. Written Notification

- ☐ Response providing direction on follow-up and required details is sent via email.

Locate Resources on Sentarahealthplans.com/providers

Overview of Appeals, Reconsiderations & Contestment Processes

[Overview of the Appeal, Reconsideration, and Contestment Processes](#)

Provider Claim Reconsideration Procedure

[Sentara Health Plans Provider Claim Reconsideration Procedure](#)

Provider Claim Reconsideration Form

[Provider Reconsideration Form](#)

Avoiding Common Claims Submission Errors

[Sentara Health Plans Avoiding Common Claim Submission Errors](#)

When and How to Follow Up

Appeals: If a decision has not been communicated within the promised timeframe, contact the appeals team using the email or phone number listed on the form.

Reconsiderations: If a decision has not been communicated within the stated timeframe, please contact provider customer service at **1-800-229-8822**.

Contestments: Providers will have **35** days to Contest. To initiate a request, send an email to contestments@sentara.com

Provider Webinars | Sentara Health Plans

New Provider Orientation

Comprehensive introduction to our health plans, designed both for newly contracted providers and those seeking a refresher. This session delivers an in-depth overview of our key resources, self-service tools, and core operational processes to support an efficient and successful working relationship.

Claims Brush Up

Join us for a for a 30-minute interactive session, designed to keep you informed on the latest claims trends, operational updates, and process changes. This is your opportunity to get quick, essential updates and ask questions directly to our experts.

Let's Talk Behavioral Health

Comprehensive session developed to keep professionals informed, prepared, and ready for what's next. This will equip you with the knowledge and tools to make informed decisions and successfully partner with us.

Care Management Open Forum

Connect with the Sentara Health Plans Care Management team to learn how to improve patient outcomes, reduce avoidable healthcare utilization, and support the delivery of coordinated, patient-centered care. These sessions explore best practices for identifying high-risk members early, ensuring timely follow-up after hospitalization, facilitating successful transitions of care, and addressing barriers that can impact health outcomes, such as medication adherence, transportation challenges, equipment needs, and social determinants of health.

Provider Quality Care Learning Collaborative

We focus on a specific topic each month, highlight any significant changes, review relevant quality or value-based care measures, address areas of opportunity we are focused on, review member support resources, programs and initiatives, and share provider resources to support your care gap closure efforts. We encourage your designated quality subject matter expert(s), key clinical representative(s), and other staff members to join us virtually to learn how you can identify and address care gaps effectively.

Helpful Links & Key Contacts

Email Addresses & FAQs

Request for Participation Forms: PRVRECRUIT@sentara.com

Provider Update Form Follow-Up: PUStatus@sentara.com

Credentialing Status Follow-Up: SHPCredDept@sentara.com

Recredentialing Status Follow-Up: SHPrecred@sentara.com

Ancillary Credentialing Status Follow-Up: Cred_Org_Apps@sentara.com

Connect With Your Network Educator: contactmyrep@sentara.com

Frequently Asked Questions: [Frequently Asked Questions | Providers | Sentara Health Plans](#)

EFT/ERA Set up

Zelis Payment Network (ZPN): Please call 1-855-496-1571 or visit [Enroll in a Zelis Network or Sign-up for Consolidated e-Payments](#)

Zelis' Sentara's ePayment Center: please call - 855-774-4392, login or register for basic EFT/ERA at // sentarahealthplans.epayment.center
(copy and paste into web browser)

Helpful Links & Key Contacts Continued

Provider Portal Registrations & Support

Availity Essentials: [Essentials Registration & Support | Availity](#). Provider Support contact: 1-800-282-4548

Sentara Health Plans Portal: [Provider Connection | Sentara Health](#). Provider Support contact: providerconnectionsupport@sentara.com

Forms & Resources

Provider Claim Reconsideration Form: [Sentara Health Plans Provider Claim Review Form](#)

Provider Appeals Procedure – Commercial: [Appeals & Reconsiderations | Providers | Sentara Health Plans](#)

Provider Appeals Procedure – Medicare: [Appeals & Reconsiderations | Providers | Sentara Health Plans](#)

Provider Appeals Procedure – Medicaid: [Appeals & Reconsiderations | Providers | Sentara Health Plans](#)

Provider Reconsideration Procedure: [Appeals & Reconsiderations | Providers | Sentara Health Plans](#)

Waiver of Liability Statement: [Appeals & Reconsiderations | Providers | Sentara Health Plans](#)

The Kaiser Collaboration: [Kaiser Permanente Collaboration Flyer](#)



Appendix

How to Submit A Claim

Claims can be submitted either:

Electronically

Submit claims electronically through a clearinghouse that is compatible with Availity.

Claims can be submitted online through Availity.

OR

Paper

Paper claims are submitted via mail:

Medical

P.O. Box 8203

Kingston, NY 12402

Behavioral Health

P.O. Box 8204

Kingston, NY 12402

Avoid Common Claim Errors

Top 10 Common Claim Errors that will cause a claim to deny:

1. Correct member name
2. Correct date of birth
3. Member ID number
4. Providers offering multiple services and multiple provider setups
5. Rendering/Individual NPI – Box 24J (bottom shaded portion)
6. Taxonomy code – Box 24J (top shaded portion)
7. Billing/Group NPI – Box 33a
8. Services requiring pre-authorization can be found on sentarahealthplans.com/providers.
9. Coordination of Benefits (COB) Sentara Health Plans as secondary carrier.
10. Non-Participating Providers

[Provider Toolkit | Providers | Sentara Health Plans](#)

Carefully Review All Claims Before Submission

To avoid denials, incorrect payment, and delays in processing claims it is critical that the rendering provider, DOS and services on the authorization match with the dates of service and services provided on the claim before submission.

HEALTH INSURANCE CLAIM FORM

RECOMMENDED BY NATIONAL UNIFORM CLAIM COMMITTEE PROCEDURE

HEALTH INSURANCE CLAIM FORM

RECOMMENDED BY NATIONAL UNIFORM CLAIM COMMITTEE PROCEDURE

1. PATIENT INFORMATION

2. INSURANCE INFORMATION

3. CLAIM INFORMATION

4. ADDITIONAL INFORMATION

5. SIGNATURES

6. CLAIM HISTORY

7. CLAIM STATUS

8. CLAIM PAYMENT

9. CLAIM REVIEW

10. CLAIM APPEAL

11. CLAIM RESOLUTION

12. CLAIM CLOSURE

13. CLAIM ARCHIVE

14. CLAIM DELETION

15. CLAIM REJECTION

16. CLAIM CANCELLATION

17. CLAIM REVERSAL

18. CLAIM CORRECTION

19. CLAIM AMENDMENT

20. CLAIM REOPENING

21. CLAIM RESUBMISSION

22. CLAIM RETRACTION

23. CLAIM WITHDRAWAL

24. CLAIM COUNTERCLAIM

25. CLAIM INTERPLEADER

26. CLAIM ASSIGNMENT

27. CLAIM SUBROGATION

28. CLAIM REGRESSION

29. CLAIM EXHAUSTION

30. CLAIM WAIVER

31. CLAIM RELEASE

32. CLAIM SETTLEMENT

33. CLAIM DISBURSEMENT

34. CLAIM PAYMENT

35. CLAIM CLOSURE

36. CLAIM ARCHIVE

37. CLAIM DELETION

38. CLAIM REJECTION

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Reconsiderations

At Sentara Health Plans, a claim payment reconsideration is a provider's request to review the original processing of a claim. It does not involve changes to the claim itself but assesses whether the initial decision was accurate.

Submission of Reconsiderations

If a claim is not processed as expected, providers should follow the reconsideration process outlined in the Provider Claim Reconsideration Procedure on the website; [Appeals & Reconsiderations | Providers | Sentara Health Plans](#). This process is distinct from appealing an adverse benefit determination (before a claim is submitted). Reconsideration focuses on how the claim was processed, without modifying the original claim.

Submission Instructions

To submit a reconsideration:

- Complete the **Provider Reconsideration Form**
- Attach any supporting documentation
- Instructions for submission are located on the **Provider Reconsideration Form**.
- Government Programs reconsiderations can be submitted online through Sentara Health Plans reconsideration portal.

Additional Considerations

- **Incomplete Submissions:** Missing or incomplete information may result in the original decision being upheld.

Provider Reconsideration Form

A [Provider Reconsideration Form](#) is required for medical and behavioral health claims. One form is to be submitted for each claim being reconsidered. Missing or incomplete information may result in the original decision being upheld.

It is important to fill out the form in its entirety with accurate documentation on the form which begins with completion of the top of the form.

Member and Claim Information (all fields are required)	
Member ID:	Member Name:
Date of Service:	Claim Number:
Provider Information (all fields are required)	
National provider identifier (NPI):	Tax identification (EIN):
Provider name:	Telephone:
Provider contact name:	

Claims Project Request Template

Please Note: When completing the claims project template, **the claim number MUST** be included. The inclusion of the claim number ensures that the claims project team can work more efficiently to complete your request. The template should not be used to submit open AR claims.

	A	B	C	D	E	F	G	H	I	J	K	L
1												
2	Claims Research Request											
3	Provider Name				Contact Name							
4	Provider Tax ID				Phone							
5					Email							
6	Member Name (Required)	Member ID (or Date of Birth)	Sentara Health Plans Claim number (Required)	Date of Service	Billed Amount	Expected Reimbursement	Service Provided (CPT/HCPCS)	(Rendering) Provider NPI	Description of Claims Issue	Call Reference Number	Is this an example or entire list of impacted claims for the issue presented? Only 1-2 examples needed.	Line of Business Impacted (Medicaid, Medicare, Commercial, or All)
7												
8												
9												

Provider Portals

Availity Essentials and Sentara Health Plans Portal

Availity Essentials

[Essentials Registration & Support | Availity](#)

- Eligibility & Benefits – **Member ID Card View**
- Authorizations and Referrals
- Claims Submission
- Claims Status
- Remittance Viewer
- Payer Space
 - Access helpful resources such as payment policies, views our newsletters and important updates/announcements.
- Connect to the Sentara Health Plans Portal to conduct transactions not yet available in Availity Essentials.
- Connect to vendor portals:
 - Avalon
 - Evolent
 - OncoHealth
 - Sentara Health Plans Portal
 - Surescripts



Reconsiderations submission

- To submit reconsiderations for **Medicare** and **Medicaid** lines of business, login or register: [Sentara Health Plans Provider Portal | Login \(payertransactions.com\)](#)

New Features to be added to our Availity Essentials Portal will include: [Essentials Registration & Support | Availity](#)

2026

- Claims attachments
- Claim corrections

2027

- Claim reconsiderations
- Other Health Insurance (OHI) reverification

Additionally, we have made improvements:

- ❑ For Medicaid and Medicare lines of business, we added access to the primary care provider (PCP) roster and advance balance reports under the payer space application tab.
- ❑ Increased the look back period for claim status from 12 months to 24 months from the date of the request.
- ❑ Enhanced eligibility and benefits by providing:
 - Additional benefit information including group ID and group name
 - Additional coordination of benefits (COB) information

**Availity Essentials
Portal “2026 &
2027”**

Did You Know!

- **Balance billing inquiries** should not go to the contactmyrep email or directly to Clarity. All balance billing inquiries need to be emailed to shpbbappeals@sentara.com. By doing this, we will be able to send a copy of the claim and EOB/EOP along with the request to negotiate.
- **Payment Policies** are in Availity under Payer Space, [Essentials Registration & Support | Availity](#)
- **Updated Authorization Request Forms**

REMINDER: Providers are still using authorization request forms with the Optima Logo. Please remind providers that the authorization request forms have been updated for all LOBs, the most recent have been the commercial forms. Providers are still using forms with our Optima logo.

Billing Updates & Important Reminders



Reimbursement for Services Rendered While Credentialing is Pending

It is recommended that providers wait to provide services to Sentara Health Plans members until they are informed that their credentialing application is accepted as complete/clean. This may take up to 30 days of receipt of your application.

Providing services to Sentara Health Plans members during this period will carry the risk of non-reimbursement if credentialing requirements are not met or the provider agreement is not signed and fully executed.

If you provide services to Sentara Health Plans members while your credentialing application is pending, please hold claims until you have been notified that your credentialing application has been fully approved.

For further information visit the website and review the provider manual.

[Provider Manuals and Directories | Providers | Sentara Health Plans](#)

Prior Authorization Tool (PAL)

Sentara Health Plans Prior Authorization List (PAL) is used to determine authorization requirements for Medicaid, Medicare, Commercial Fully Insured and Exchange Plans. Does not include self-funded groups. It is accessible via Payer Space under Resources in Availity and under the Authorizations tab on the Sentara Health Plans Website [Authorizations | Providers | Sentara Health Plans](#)

Note:

- Key changes in authorization requirements are updated on our website at [Authorizations | Providers | Sentara Health Plans](#)
- Providers will not be required to obtain an authorization for certain medical supplies or services when the request does not exceed certain limits.
- Details regarding limits will be noted in the Exceptions column of the Prior Authorization List.

Sentara Health Plans Search Prior Authorization List (PAL)

Search Prior Aut

1) Please select your

Select an option

2) Input procedure c

Input procedure code or

Search

Results:

Procedure Code

Please input a valid code

New Search

THIS TOOL IS NOT TO BE UTILIZED TO MAKE BENEFIT COVERAGE DETERMINATIONS.

This PAL Look-Up tool is for Physician and Outpatient services only.

All Elective Inpatient Admissions to Acute Hospitals, Skilled Nursing Facilities (SNF), Rehabilitation Facilities (AIR), or Long-Term Acute Care Hospitals (LTACH) require Prior Authorization except as excluded by law.

Emergency Room Services do not require Prior Authorization.

Observation Services do not require Prior Authorization.

Services performed in an Ambulatory Surgical Center (ASC) setting do not require Prior Authorization solely based on the place of service. Prior Authorization is based on the procedure code billed.

Obtaining authorization does not guarantee payment. The plan retains the right to review benefit limitations and exclusions and beneficiary eligibility on the date of the service. The presence of a code on this tool should not be the only factor in determining whether a service is covered or requires prior authorization. Benefit limitations and exclusions may vary between plans.

For ASO (Administrative Services Only) or Self-Funded groups, prior authorization policies are not universal. They depend on the group's benefit plan, the network arrangement chosen, and provider participation status. Always verify eligibility, benefits, and authorization requirements for each member to verify benefits and prior authorization requirements.

Provider contracts supersede the PAL Tool requirement.

Effective 1/1/2025 Quest Diagnostics is the Preferred Reference Lab for Sentara Health Plans.

All NON-PAR Providers require authorization regardless of services provided or codes submitted, except for Emergency Services and Evaluation & Management Codes during non-elective observation/inpatient admissions or as required by law.

Accept

Authorization Required

not available

[Notice of Non-Discrimination](#) [Language Assistance](#) [Privacy Statement](#) [Terms of Use](#) [Disclaimer](#)

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Authorization Turnaround Times

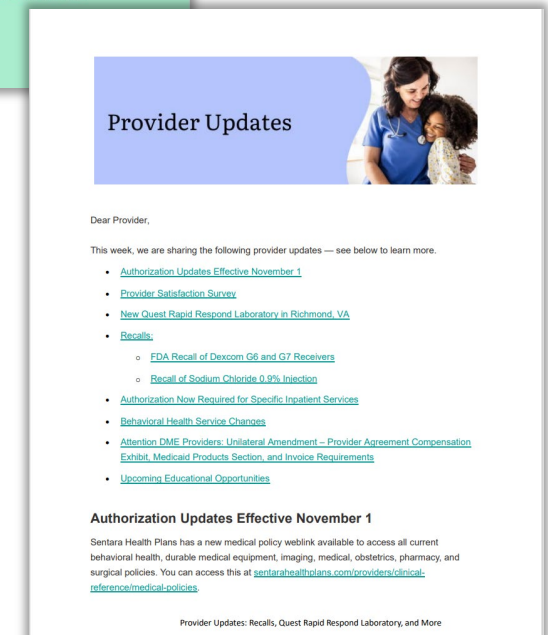
Once you have submitted your authorizations the **turnaround times** for your request to be completed are as follows:

- Non-emergent – 14-day turnaround time
- Urgent requests – 72-hour turnaround time
- Government Programs- 7-day turnaround time

We ask that you do not contact Provider Services prior to these times. You can check the status of your authorizations through the Availity Essentials.

How do we communicate with you?

- providerNEWS
- Provider Emails – (it is important that we have the email address of a point of contact who can share with the staff, i.e., physicians, quality, billing/coding, etc.) **We accept multiple email addresses**
- Website
- Provider Manuals
- Emails to and from your Network Educator (contactmyrep@sentara.com)
- Availity Essentials PayerSpace



Providing the BEST E-mail Address(es)...

- Ensures you receive notification of changes 60 days or more in advance
- Allows you to prepare early
- Allows to you ask questions prior to implementation
- Helps avoid unnecessary denial of claims, claims reprocessing, etc.
- Allows you to participate in provider trainings in advance of changes, when offered

Who Needs to Know?

- Decision maker(s)
- Billers and coders
- Practice administrators/managers
- Quality subject matter experts

Note: If you are the designated recipient, be sure to forward to others as appropriate. Be sure to update your contacts and email addresses when staffing changes occur (including role changes)

The Fair Business Act in Virginia

The Fair Business Practices Act in Virginia establishes minimum fair business standards for health insurance carriers in the state. These standards include timely payment of claims, handling of additional documentation requests electronically, and specific guidance in provider contracts regarding required documentation for claims payment.

As part of this Act and required by state law, Sentara Health Plans is required to gather accurate contact information for our network providers in order to communicate electronically.

Sentara Health Plans has established a form for you to easily update your information.

If you have any questions on this process, please contact provider services at 1-800-229-8822 or your Network Educator at contactmyrep@sentara.com.

Electronic Communications Email

