CLAIMS OVERPAYMENT RECOVERY USER GUIDE

July 2025

TABLE OF CONTENTS

03 OVERVIEW

05 FORMS AND DASHBOARD HOME PAGE

06 OVERPAYMENT DASHBOARD

11 OVERPAYMENT CLAIMS DETAILS PAGE

12 REVIEW AND SUBMIT

13 DASHBOARD TABS

16 APPENDIX

OVERVIEW

This guide offers step-by-step instructions on how to use NaviNet to review, approve or dispute claims overpayments and submit supporting documentation electronically in real-time.

This functionality allows providers a more efficient way to respond to overpayment letters. It will help reduce the need to mail written correspondence and minimize response times.

Learning Objectives

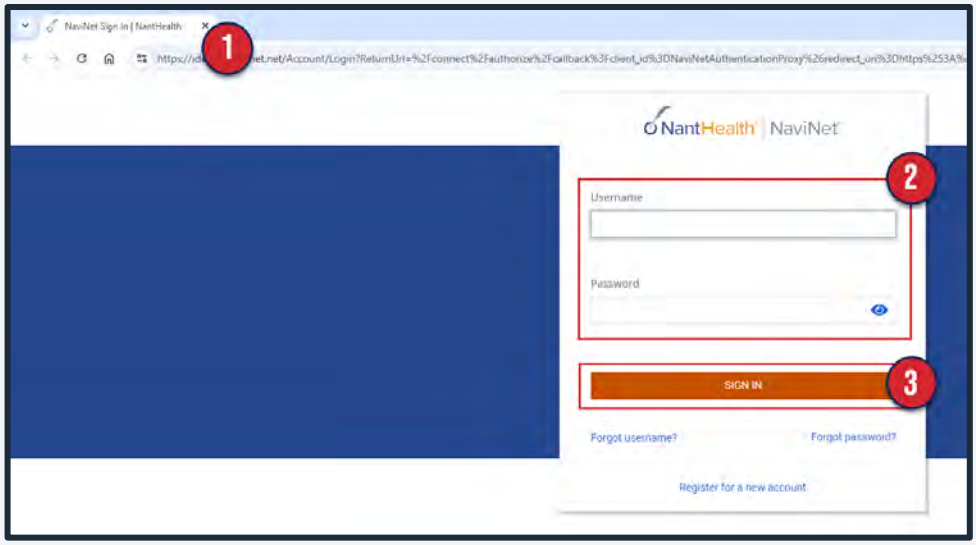
In this guide, you will learn to do the following:

1. Log in to NaviNet
2. Access the Overpayment – Approve/Dispute Submission Form
3. Dispute claims in real-time
4. Pull reports of claims overpayments
5. Check for resolutions on disputed overpayments

NaviNet

Sign in to NaviNet to navigate to the home screen:

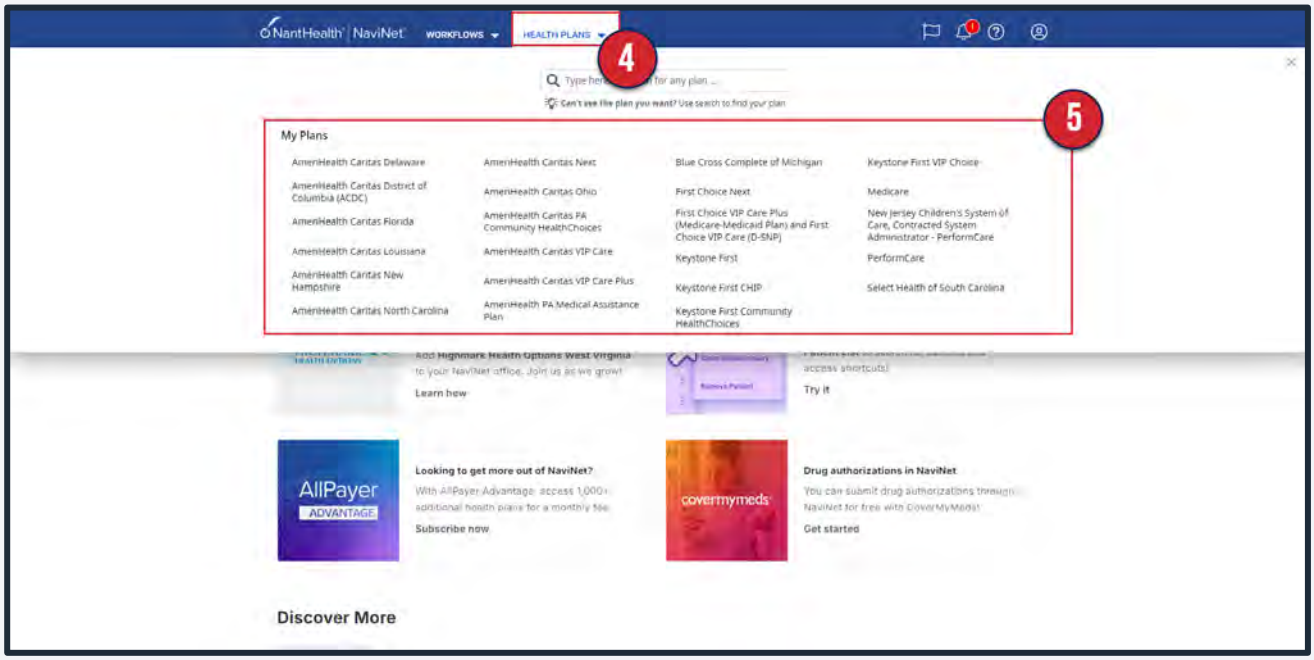
1. Go to https://navinet.navimedix.com.
2. Enter your Username and Password.
3. Click **Sign In.**



Note: It is recommended that you use the Google Chrome browser for NaviNet.

Once you are successfully logged into NaviNet:

4. Click on **Health Plans** from the top menu bar.
5. Select your health plan.



FORMS AND DASHBOARD HOME PAGE

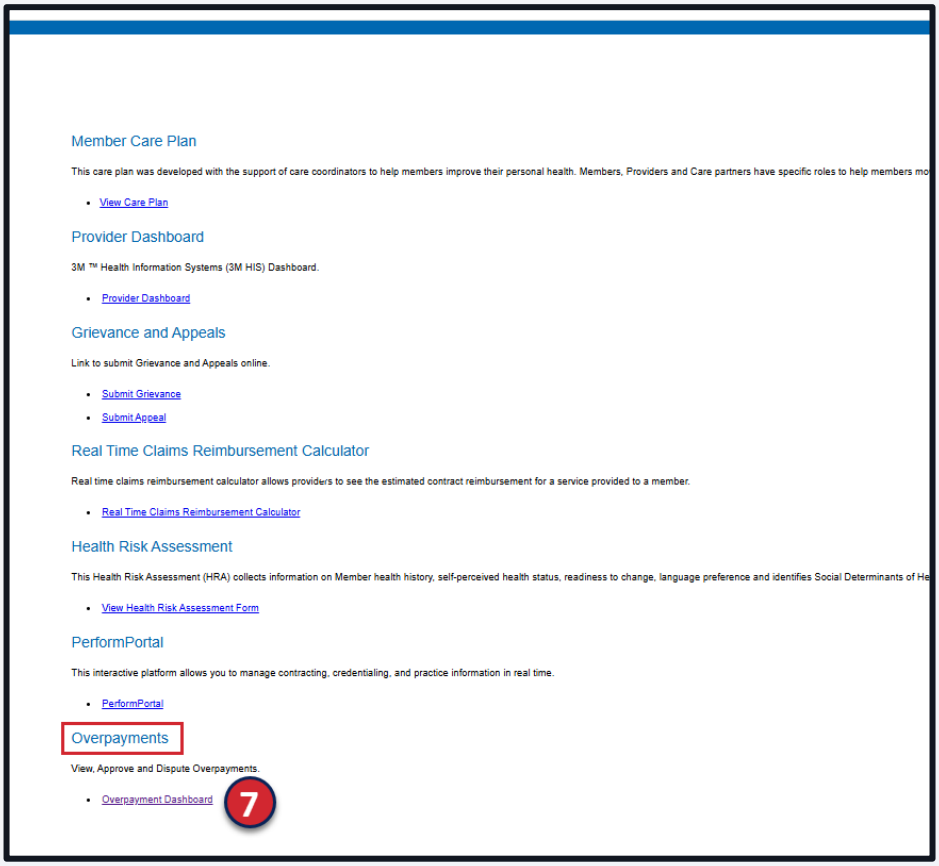
Forms and Dashboard Home Page

The Plan Central screen will display.

6. Click on **Forms and Dashboards** from the Workflows for this Plan section.

The Forms and Dashboard **Home Page** appears.

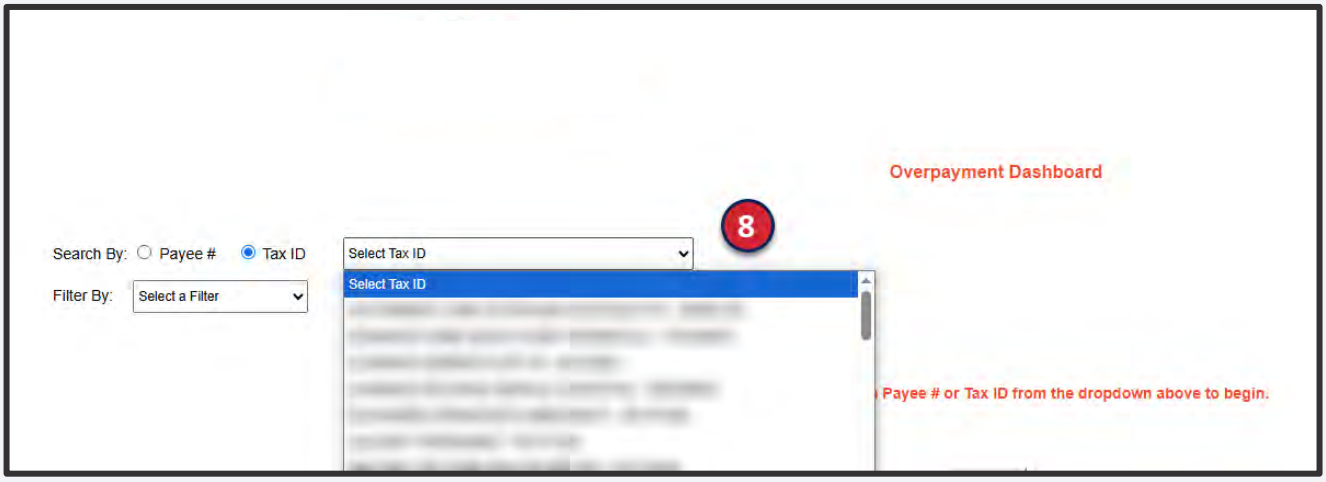
7. Click the **Overpayment Dashboard** link under the Overpayments section.



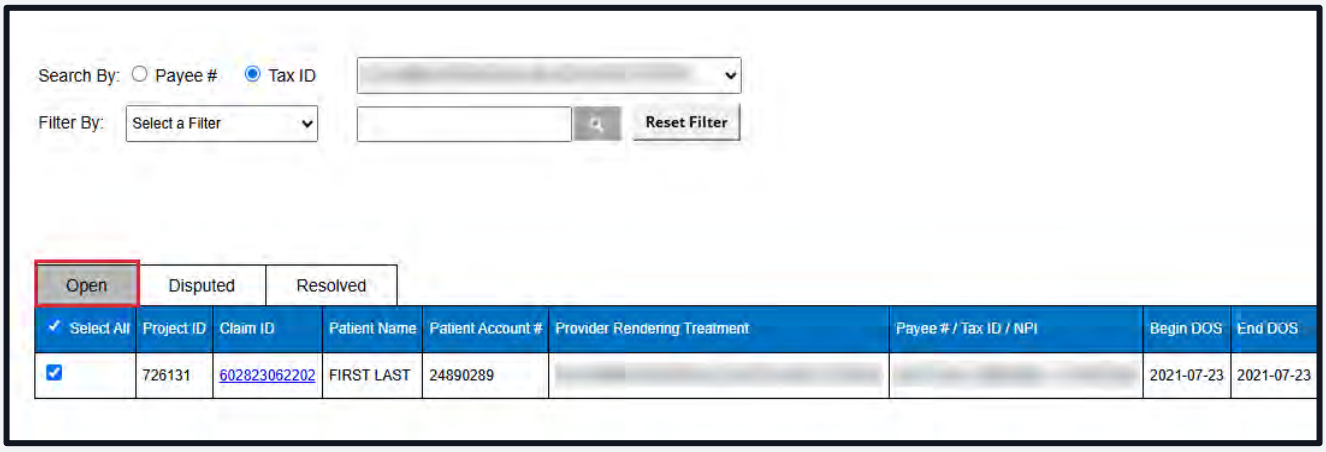
Overpayment Dashboard

8. Select the search criteria.
   - Payee (displays the Provider Group name and ID)
   - Tax ID (displays the Tax entity name and ID)

   The Payee or TIN results will appear based on the search performed.



Search results based on the criteria selected will be displayed in the **Open tab** on the Overpayment dashboard.

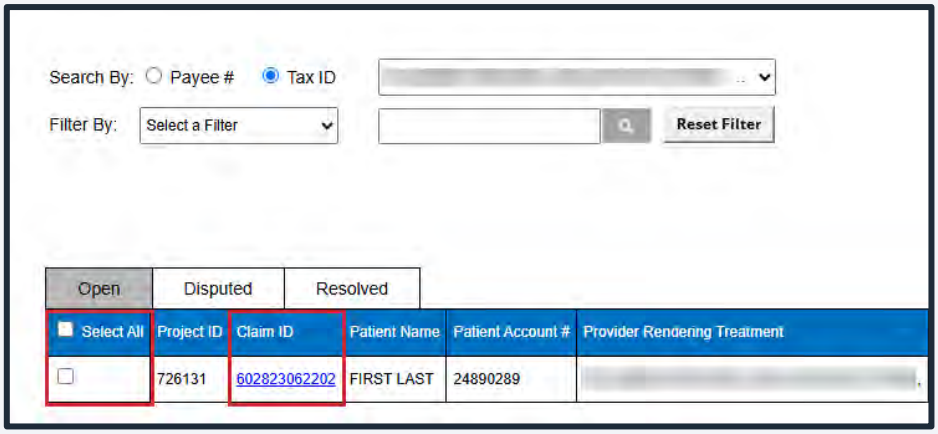


Note: Users can use the Filter By option to search for a specific overpayment by the Project ID, Claim ID, or Patient Account #.

Open Tabs

From the Open Tab, users have two options to resolve claim overpayments:

- Check the **Select All** box to select all the claims or check the individual box(es) for the claim(s) you would like to resolve.
- Click the **Claim ID link** to open the Claims Details page and resolve by claim line.



Selecting the multiple claims Option

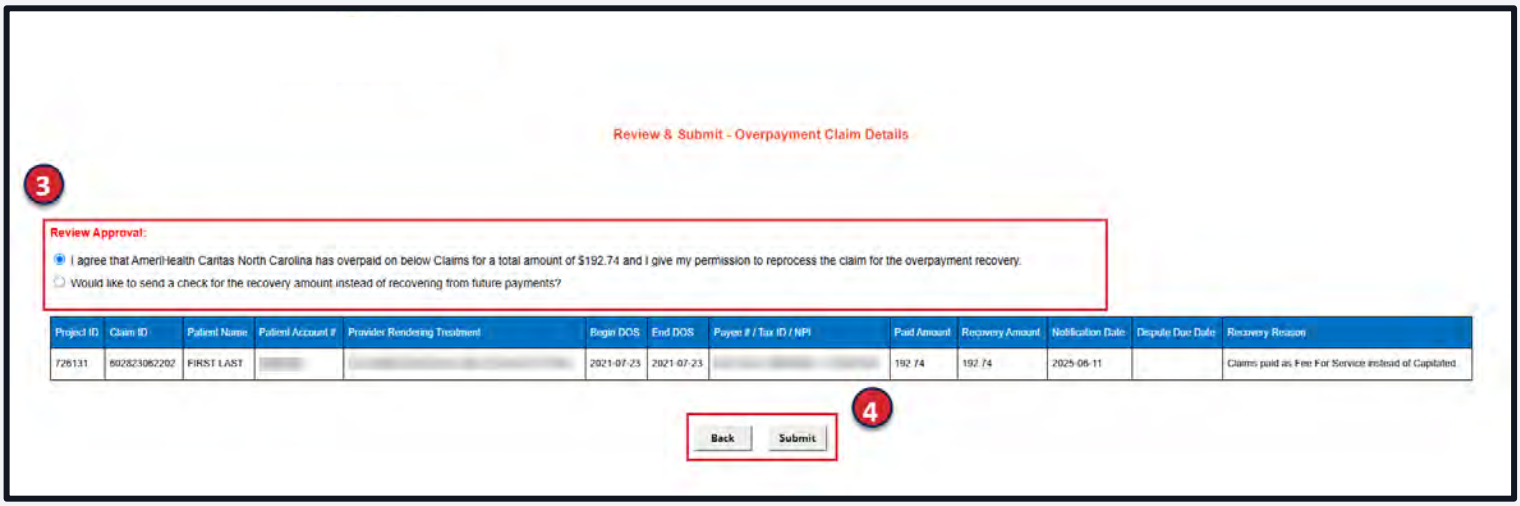
1. Check the Select box to select all claims or click on the individual claim box(es)
2. Click **Approve**

OVERPAYMENT DASHBOARD CONT.

Selecting the multiple claims option cont.

The **Review & Submit Overpayment Claim Details** screen will display

3. Select one of two approval options:
    - Reprocess the claim (recovered from future payments)
    - Mail a check to the Plan
4. Click **Submit**. (Select the Back button to make changes.)

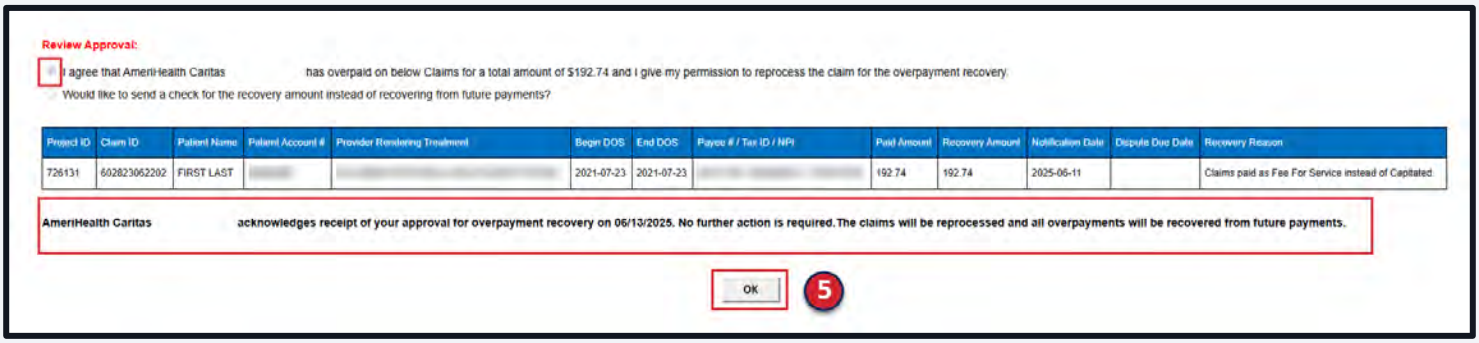


Submission Confirmations

The Approval Confirmation message will display

5. Click **Ok**

Reprocess the Claim Option:



Review Approval:

I agree that AmeriHealth Caritas has overpaid on below Claims for a total amount of $192.74 and I give my permission to reprocess the claim for the overpayment recovery.

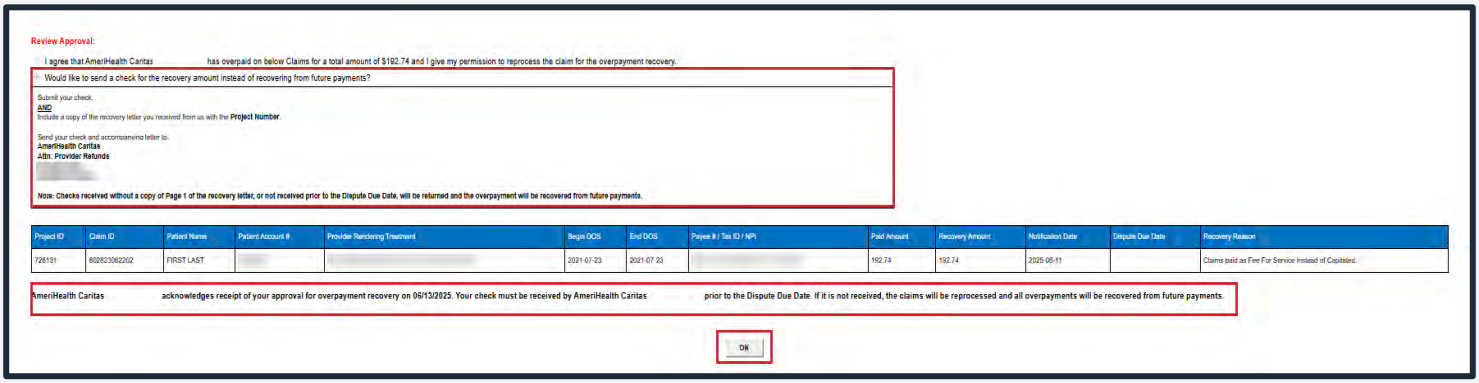
Would like to send a check for the recovery amount instead of recovering from future payments?

Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment	Begin DOS	End DOS	Payee # / Tax ID / NPI	Paid Amount	Recovery Amount	Notification Date	Dispute Due Date	Recovery Reason
726131	602823062202	FIRST LAST			2021-07-23	2021-07-23		192.74	192.74	2025-06-11		Claims paid as Fee For Service instead of Capitated.

AmeriHealth Caritas acknowledges receipt of your approval for overpayment recovery on 06/13/2025. No further action is required. The claims will be reprocessed and all overpayments will be recovered from future payments.

OK 5

Mail a Check Option:



Review Approval:

I agree that AmeriHealth Caritas has overpaid on below Claims for a total amount of $192.74 and I give my permission to reprocess the claim for the overpayment recovery.

Would like to send a check for the recovery amount instead of recovering from future payments?

Submit your check.
AND
Include a copy of the recovery letter you received from us with the **Project Number**.

Send your check and accompanying letter to:
AmeriHealth Caritas
Attn: Provider Refunds

Note: Checks received without a copy of Page 1 of the recovery letter, or not received prior to the Dispute Due Date, will be returned and the overpayment will be recovered from future payments.

Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment	Begin DOS	End DOS	Payee # / Tax ID / NPI	Paid Amount	Recovery Amount	Notification Date	Dispute Due Date	Recovery Reason
726131	602823062202	FIRST LAST			2021-07-23	2021-07-23		192.74	192.74	2025-06-11		Claims paid as Fee For Service instead of Capitated.

AmeriHealth Caritas acknowledges receipt of your approval for overpayment recovery on 06/13/2025. Your check must be received by AmeriHealth Caritas prior to the Dispute Due Date. If it is not received, the claims will be reprocessed and all overpayments will be recovered from future payments.

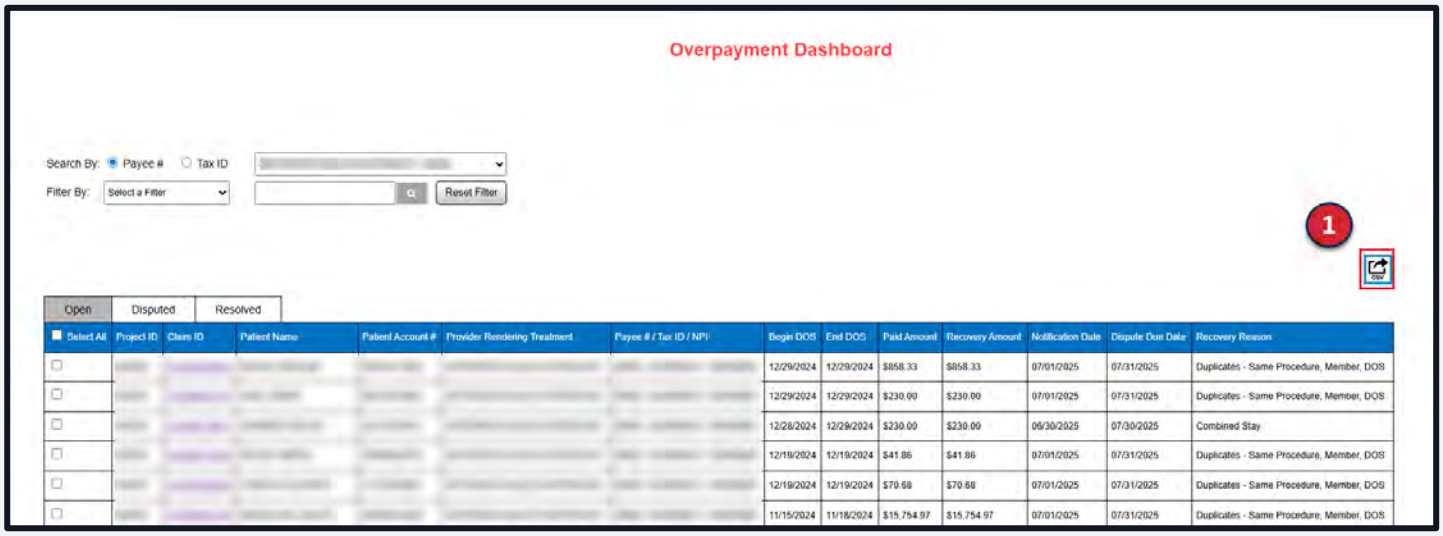
OK

Note: Overpayment requests will be resolved within 14-30 days from the date of submission.

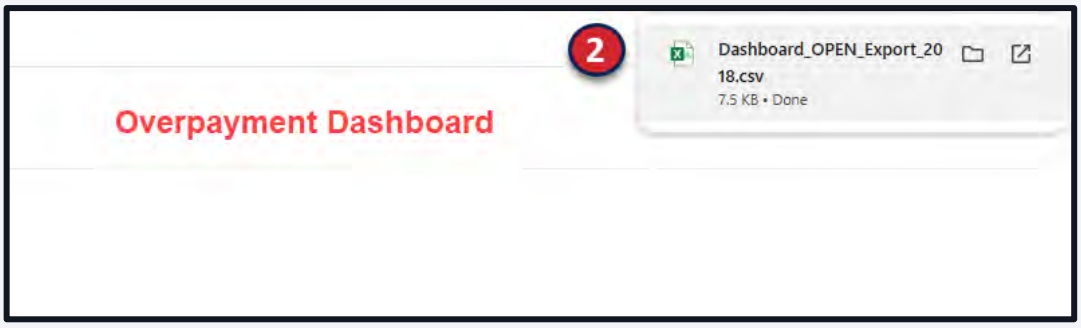
Reports

To run a report from the Overpayment Dashboard

1. Click the **CSV** icon on the Overpayment Dashboard page and hit Enter.



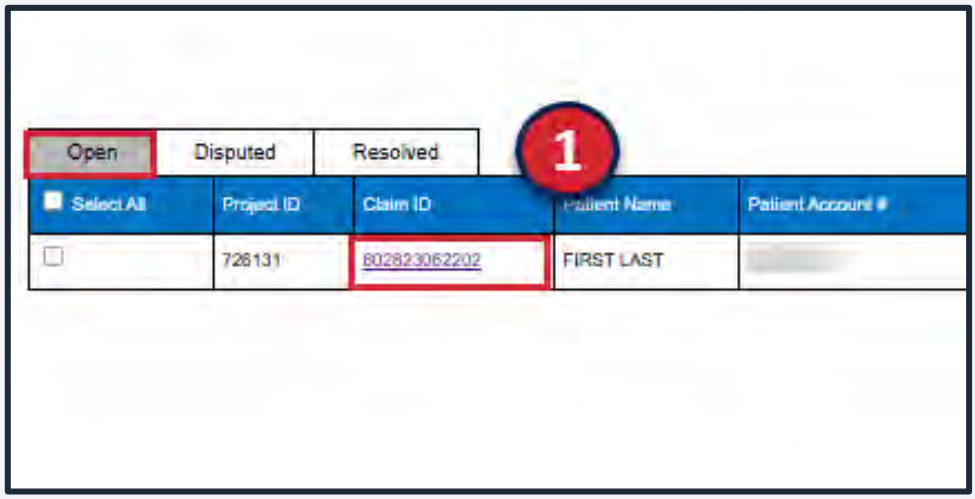
2. The system can generate **Excel spreadsheets** for each of the three overpayment categories.
   - Open
   - Dispute
   - Resolved



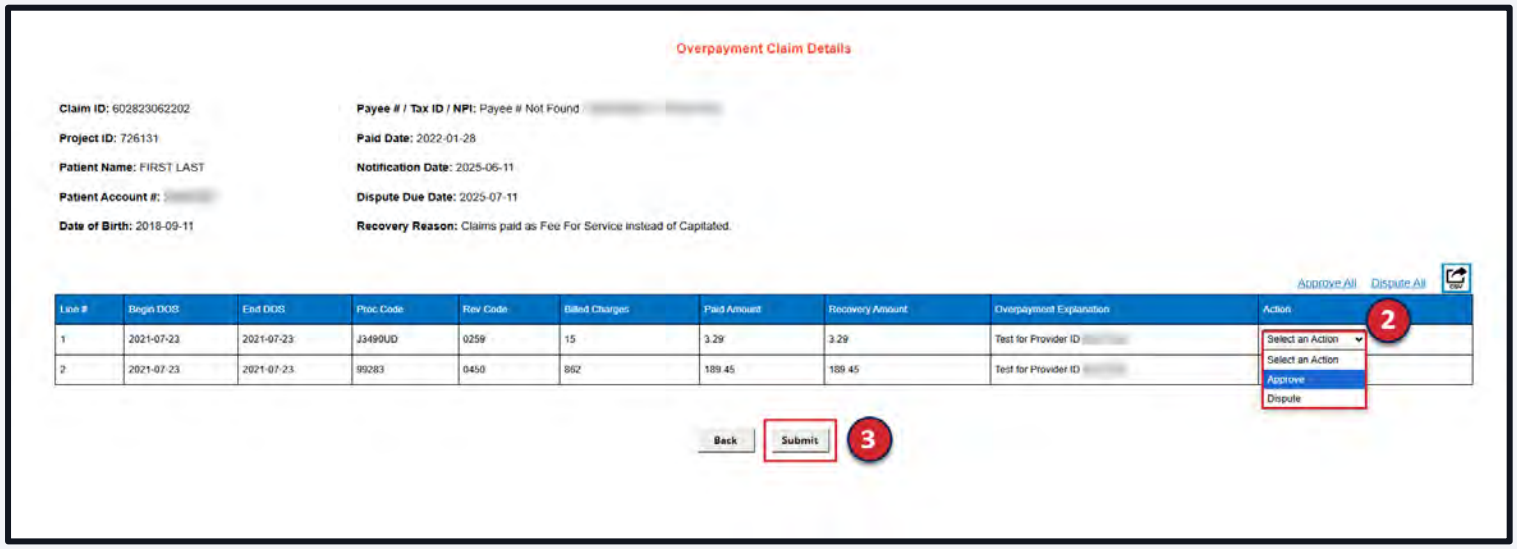
OVERPAYMENT CLAIMS DETAIL PAGE

Selecting the Claim ID link Option

1. Click on the **Claim ID** link to access the Claims Details page.. Each claim line of the selected claim will be displayed.
2. Select an **Action** "Approve or Dispute" from the drop-down menu. Different actions can be selected for each claim line.
3. Click **Submit**



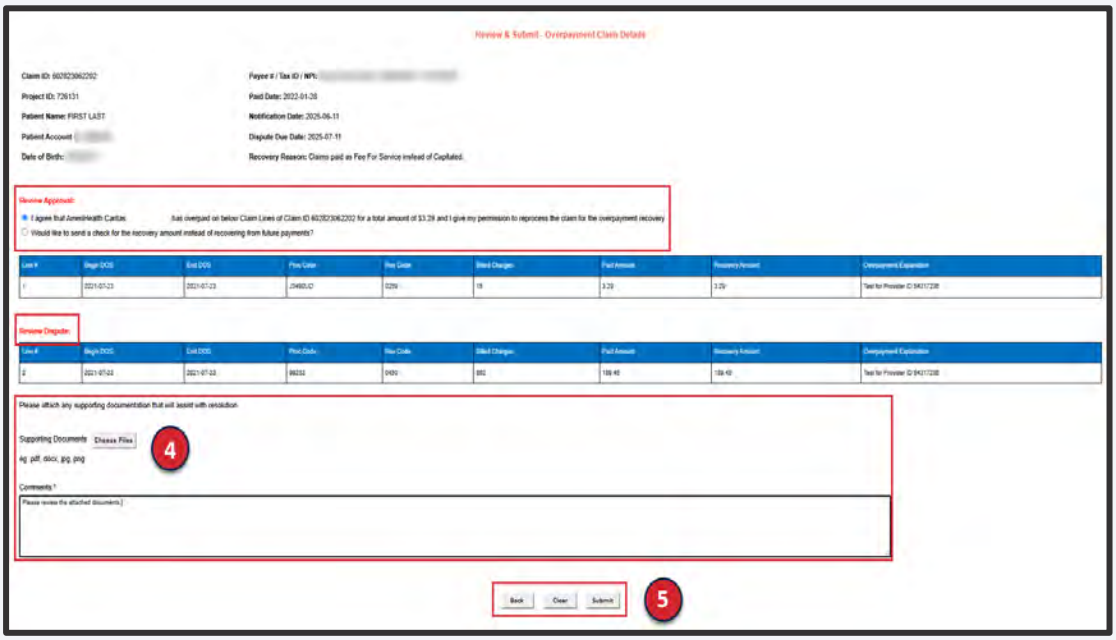
Note: The Overpayment Claim Detail screen will only appear when clicking on the Claim ID link, not when checking the box.



REVIEW AND SUBMIT

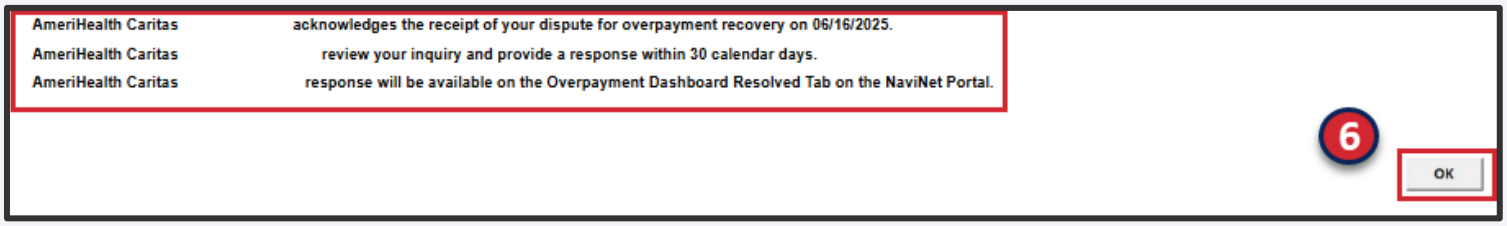
The user will be taken to the **Review & Submit Overpayment Details** screen**.**

The **Approve** and or **Dispute** summary will be displayed along with options to reprocess the claim or send a check.



4. Upload the supporting documents and add comments to assist with the resolution.
5. Click **Submit** or the **Back** button to make changes. The acknowledgment of receipt message will display
6. Click **Ok**

Note: The option to attach documents and provide comments will display ***only*** if the claim line(s) are being disputed.



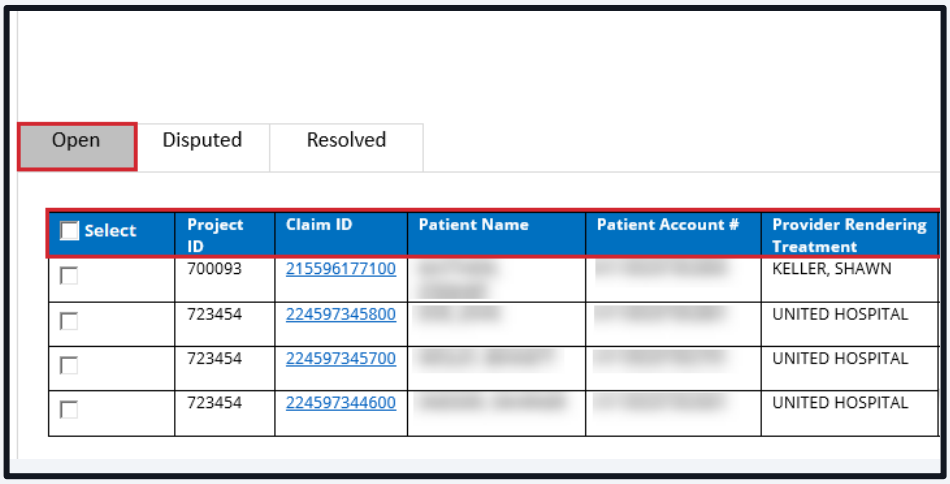
DASHBOARD TABS

Open Tab

When the search is performed, **Open** claims will show in the initial results**.** Users can choose to view Disputed or Resolved claims by clicking on the tab.

Open Tab Columns

- Select All
- Project ID
- Claim ID
- Patient Name
- Patient Account #
- Provider Rendering Treatment
- Payee #/Tax ID/NPI
- Begin DOS
- End DOS
- Paid Amount
- Recovery Amount
- Notification Date
- Dispute Due Date
- Recovery Reason



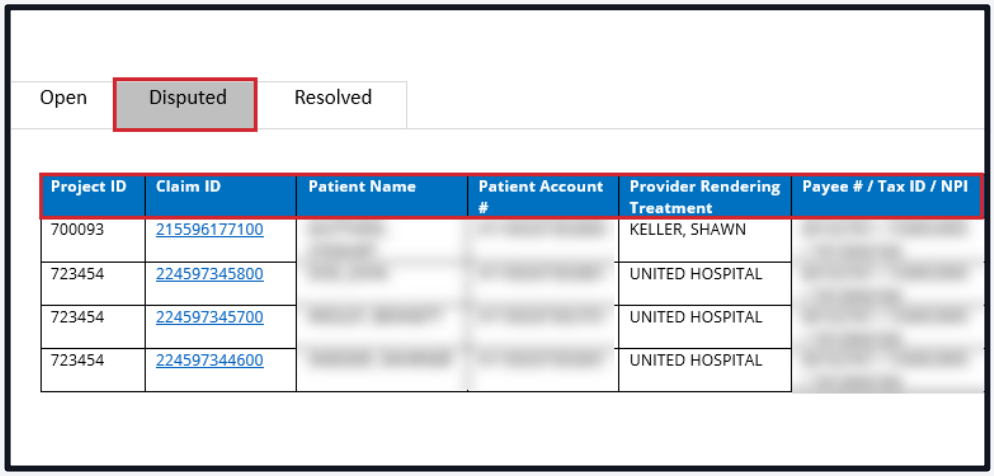
DASHBOARD TABS CONT.

Disputed Tab

Previously disputed claims will appear here with a Determination Due date. The plan will respond within the stated time noted in the confirmation message.

Disputed Tab Columns

- Project ID
- Claim ID
- Patient Name
- Patient Account #
- Provider Rendering Treatment
- Payee#/Tax ID/NPI
- Begin DOS
- End DOS
- Paid Amount
- Recovery Amount
- Notification Date
- **Disputed Date**
- **Determination Due Date**
- Recovery Reason



Open | Disputed | Resolved

Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment	Payee # / Tax ID / NPI
700093	215596177100			KELLER, SHAWN	
723454	224597345800			UNITED HOSPITAL	
723454	224597345700			UNITED HOSPITAL	
723454	224597344600			UNITED HOSPITAL	

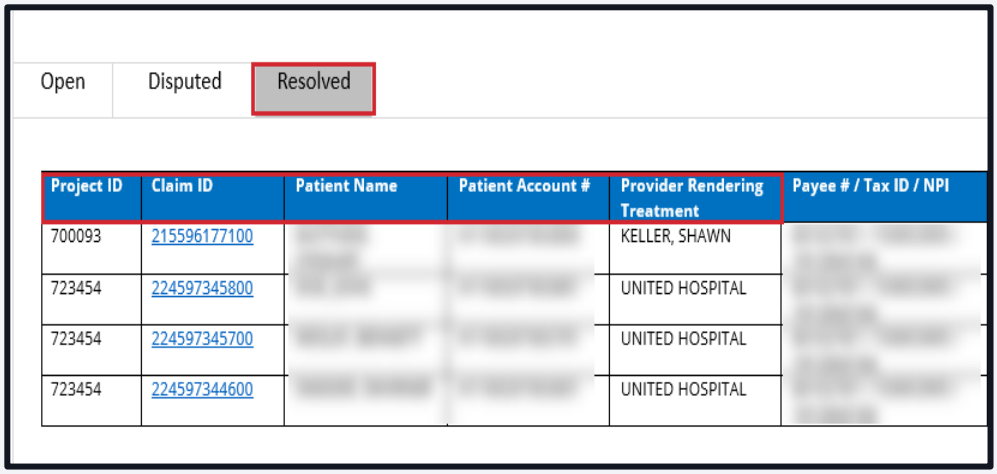
DASHBOARD TABS CONT.

The **Resolved Tab** display will show multiple Resolution statuses based on the actions taken.

- Overpayments submitted from the Open Tab will appear in the Resolved Tab
- If no action is taken in Open Tabs and the due date has expired, records will be moved to the Resolved tab, and the recovery of overpayments will begin.

Resolved Tab Columns

- Project ID
- Claim ID
- Patient Name
- Patient Account #
- Provider Rendering Treatment
- Payee#/Tax ID/NPI
- Begin DOS
- End DOS
- Paid Amount
- Recovery Amount
- Notification Date
- **Disputed Date**
- **Determination Due Date**
- Recovery Reason



Open | Disputed | Resolved

Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment	Payee # / Tax ID / NPI
700093	215596177100			KELLER, SHAWN	
723454	224597345800			UNITED HOSPITAL	
723454	224597345700			UNITED HOSPITAL	
723454	224597344600			UNITED HOSPITAL	

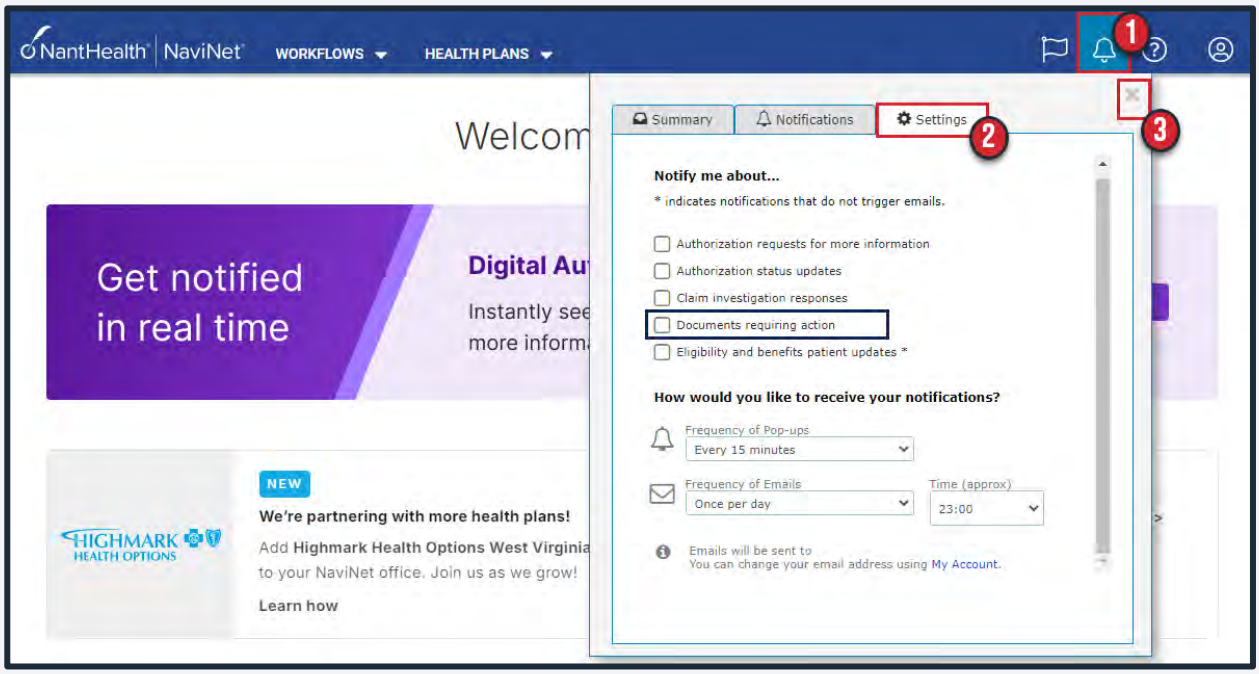
Appendix A: Notifications via the Activity Tab

About Access

In order to receive future "Notifications" in the Activities tab (as described below)

The steps below describe the Activity tab workflow:

1. Click on the **Activity icon** in the upper right corner of the screen (bell icon)
2. Click the **Settings Tab** to select the notifications you want to receive.
   - Checking the "Documents requiring action" box means you will receive notifications for overpayment requests.
   - You can also select the frequency of notifications and whether or not you want to receive pop-ups.
3. Once you set up your notifications, click the **X** to close out of the Activity screen.

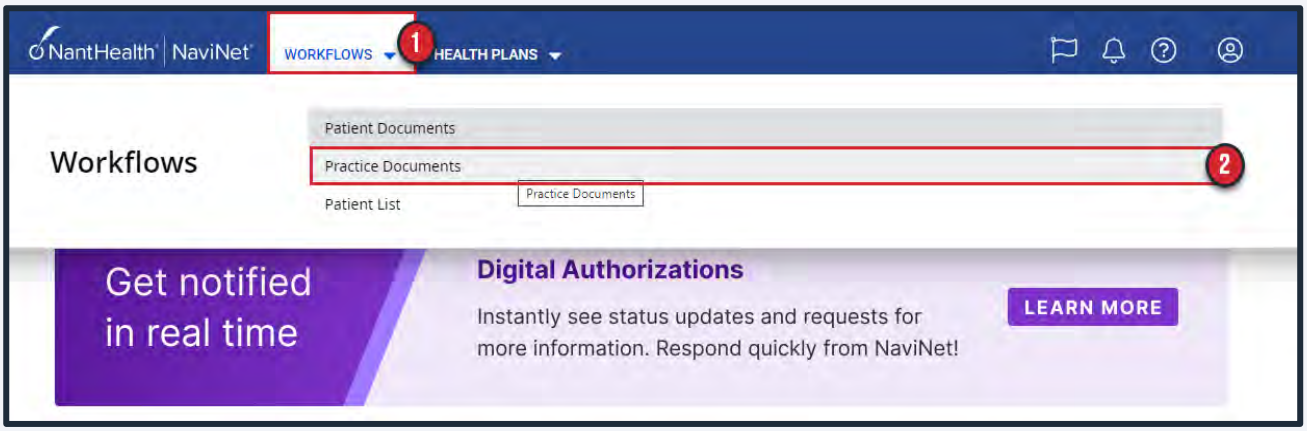


Note: Providers must provide their e-mail in the NaviNet settings to receive the Recovery letter notification

Appendix B: Workflows – Practice Documents

To access the Recovery Letters via the Practice Documents workflow:

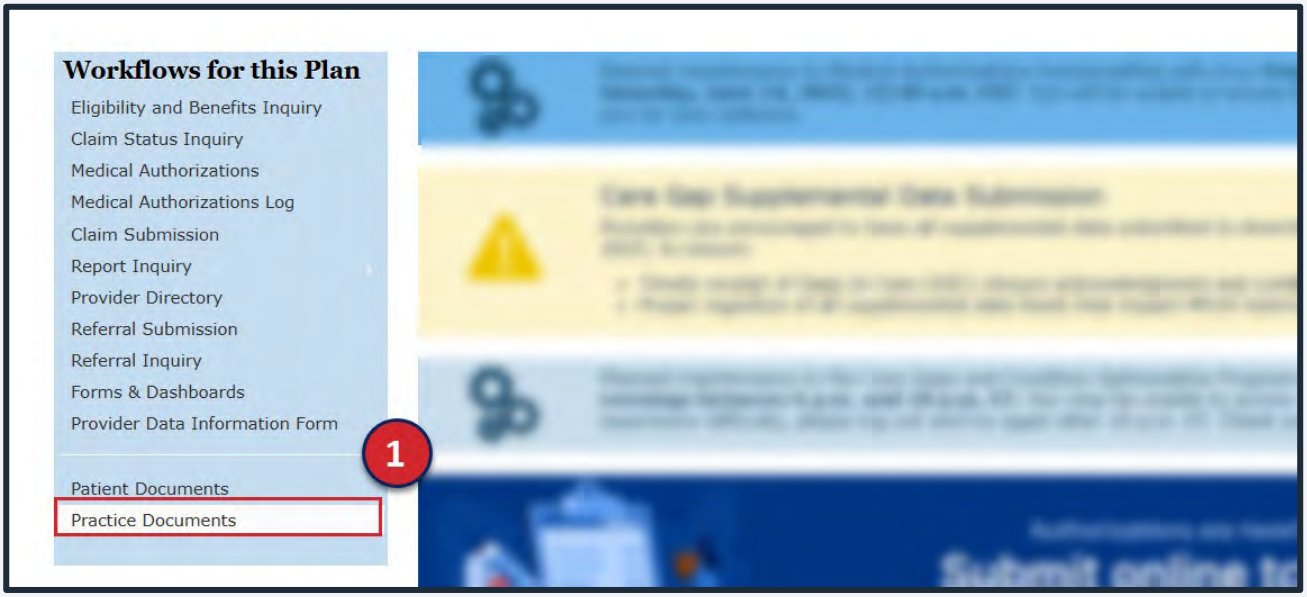
1. Click **Workflows** from the menu bar
2. Select **Practice Documents**



Appendix B: Workflows Cont. – Plan Central Page

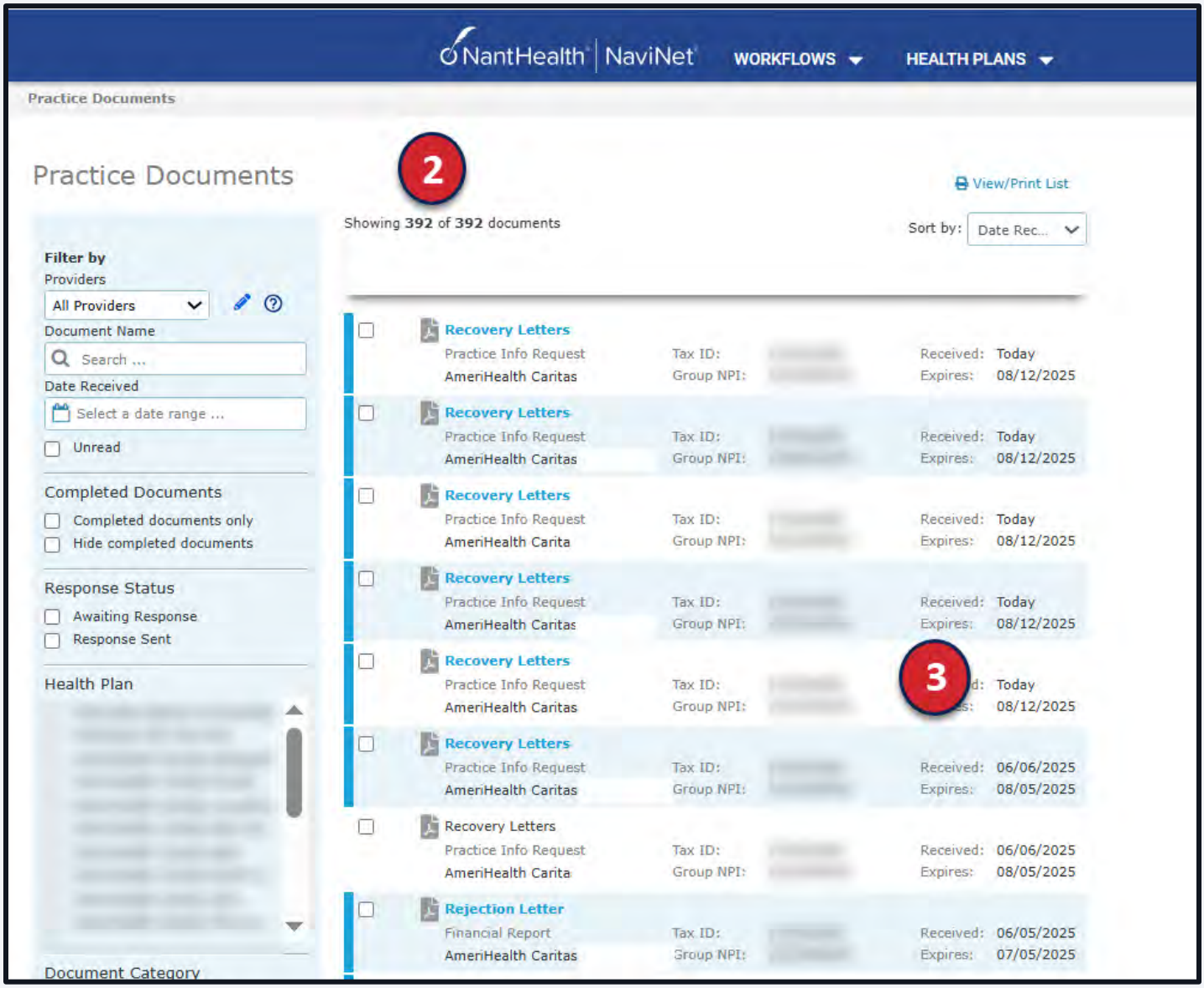
To access the Recovery Letters via the Plan Central page

1. Click **the Practice Document** link



Appendix B: Workflows Cont. – Recovery Letter

2. The **Practice Documents** page will appear.
3. Check the box to select the appropriate **Recovery Letter** from the list.



Recovery Letter

The recovery letter will contain overpayment details and instructions on how the provider can approve or dispute the overpayment.

May 19, 2025

Re: Overpayment - Provider # –

Project Number –

Dear

Based on our calculations, the over
claim payments are accurate, we ar

Enclosed you will find the claim po

- Policy holder information (n
- Carrier information (Carrier
- Type of coverage (major med
- Patient information (name, M

Please follow the instructions on th
questions or if you do not agree wi
a response, you may request an add
address shown for disputes

At the end of the applicable timefra
future payments. **Please do not se**
remittance advices as V24 - TPL re
affected claims could potentially be

We value you as a provider and ap

Sincerely,

OVERPAYMENT PROCESSING INSTRUCTIONS **Page 2 of 2**

IF YOU...	THEN
Agree with this letter	• You do not need to do anything. • The claims will be reprocessed and all overpayments will be recovered from future payments.
Have questions regarding the recovery or the calculation of the overpayment amount	• Contact our **Provider Claims Services**. • Please reference the **Project Number** from the letter when calling.
Do not agree with our findings and would like to dispute this letter	**You must notify us in writing.** Your letter should include the following: • A copy of the letter you received from us with the **Project Number**. • The reason for your dispute. • Supporting documentation for your dispute including claims information. Send your correspondence to: **AmeriHealth Caritas**
Would like to send a check for the recovery amount	• Submit your check. **AND** • Include a copy of the letter you received from us with the **Project Number**. Send your check and accompanying letter to: ***Note:*** **Checks received without a copy of Page 1 of this letter will be returned and the overpayment will be recovered from future payments.**