

ProviderAlert

To: Select Health of South Carolina Providers

Date: May 20, 2025

Subject: SAVE THE DATE — Improvements to the claims overpayment response process are on the way.

Summary: Beginning **August 2025**, a more streamlined process allowing providers to respond to overpayment letters electronically will be available.

Select Health is pleased to announce that providers will soon be able to approve or dispute claims overpayments and submit supporting documentation electronically in real-time through NaviNet. This new functionality is being introduced to provide a more efficient way to respond to overpayment letters. It will help reduce the need to mail written correspondence and minimize response times.

Currently, overpayment letters are mailed to providers. Providers are then required to mail in their responses along with any supporting documentation.

What will providers be able to do with this new functionality?

- Easily access the Overpayment – Approve/Dispute Submission Form.
- Review the overpayments summary page and approve and/or dispute claims with overpayments down to the claim line level in real-time.
- Attach and submit supporting documentation (Explanation of Benefits [EOB], Eligibility/third-party liability [TPL] verification documentation, and so on) directly in NaviNet.
- Check for resolution on disputed overpayments.
- Pull reports of claim overpayments.

Please note: Providers will continue to receive notification of overpayments by mail. However, you will now be able to review and respond to these letters via NaviNet.

Select Health will be conducting trainings on this new process. Training dates are forthcoming.

Questions

If you need assistance regarding this communication, or other issues, please contact your Account Executive. Visit the Provider section of the Select Health website for more information, news, and resources for providers.