



CLAIMS OVERPAYMENT RECOVERY USER GUIDE

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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

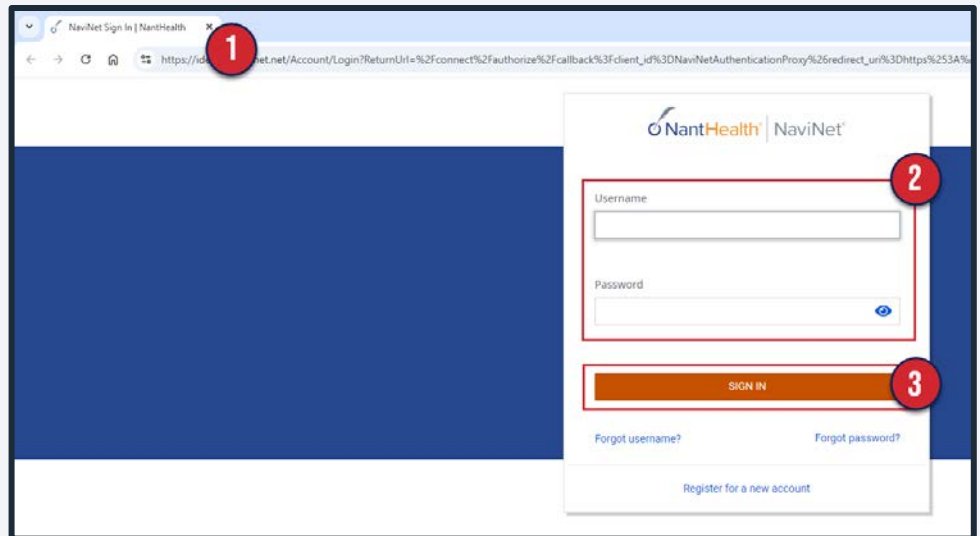
In this guide, you will learn to do the following:

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:

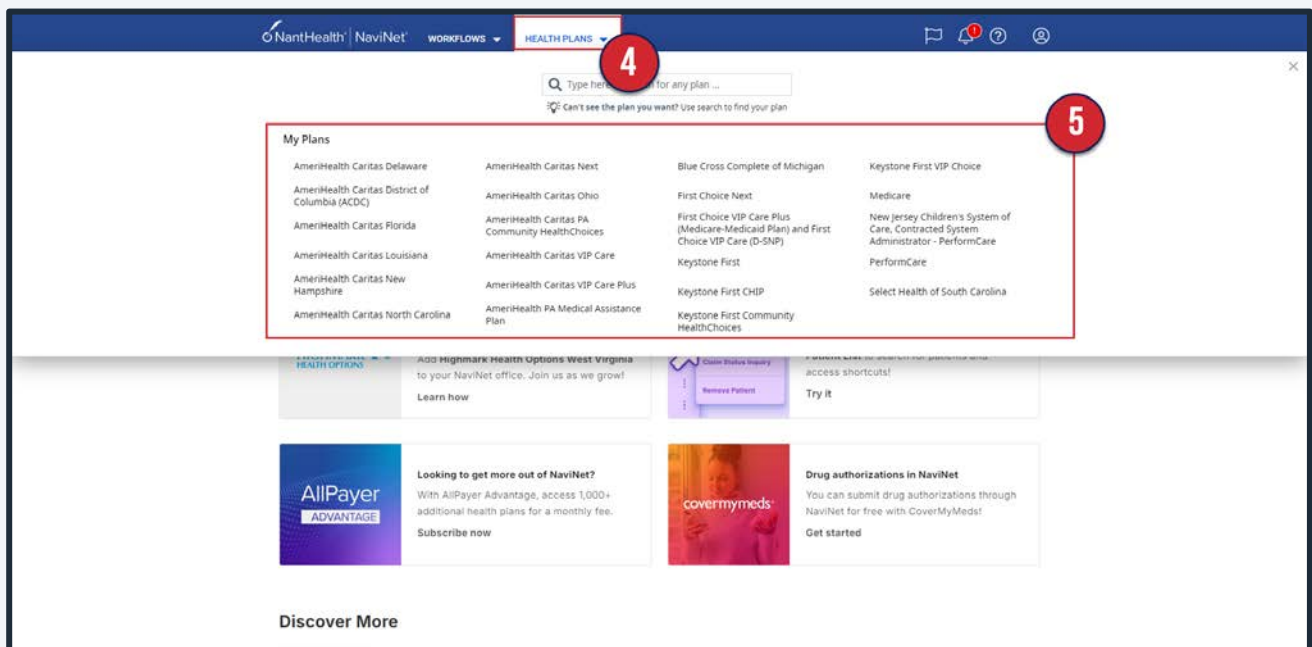
1. Go to <https://navinet.nantmedix.com>.
2. Enter your Username and Password.
3. Click **Sign In**.



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.



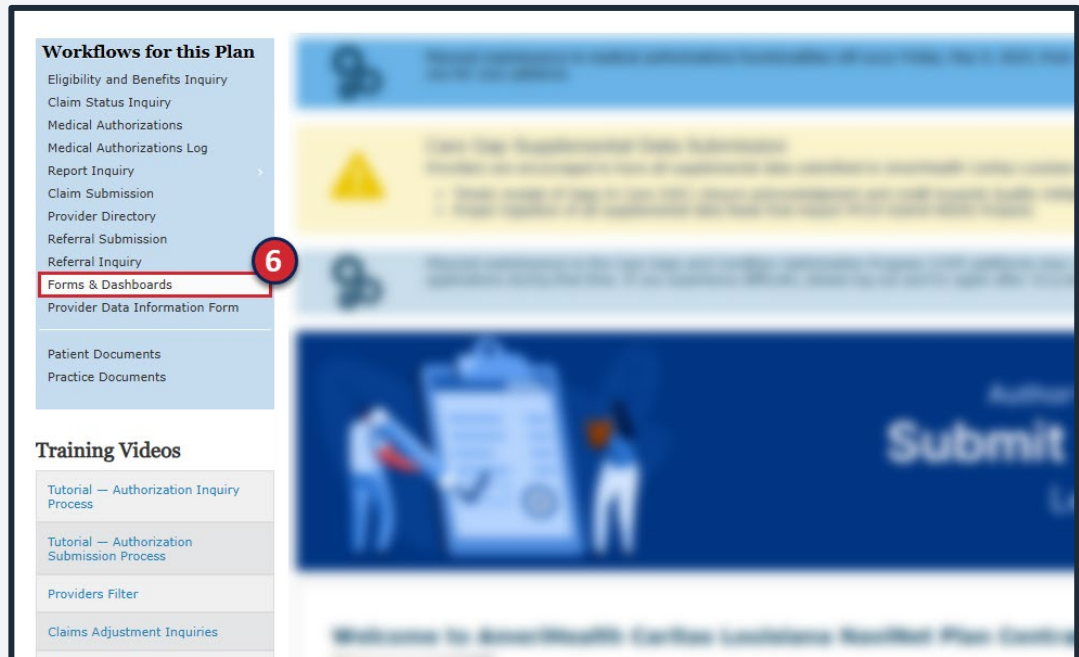
FORMS AND DASHBOARD HOME PAGE



Forms and Dashboard Home Page

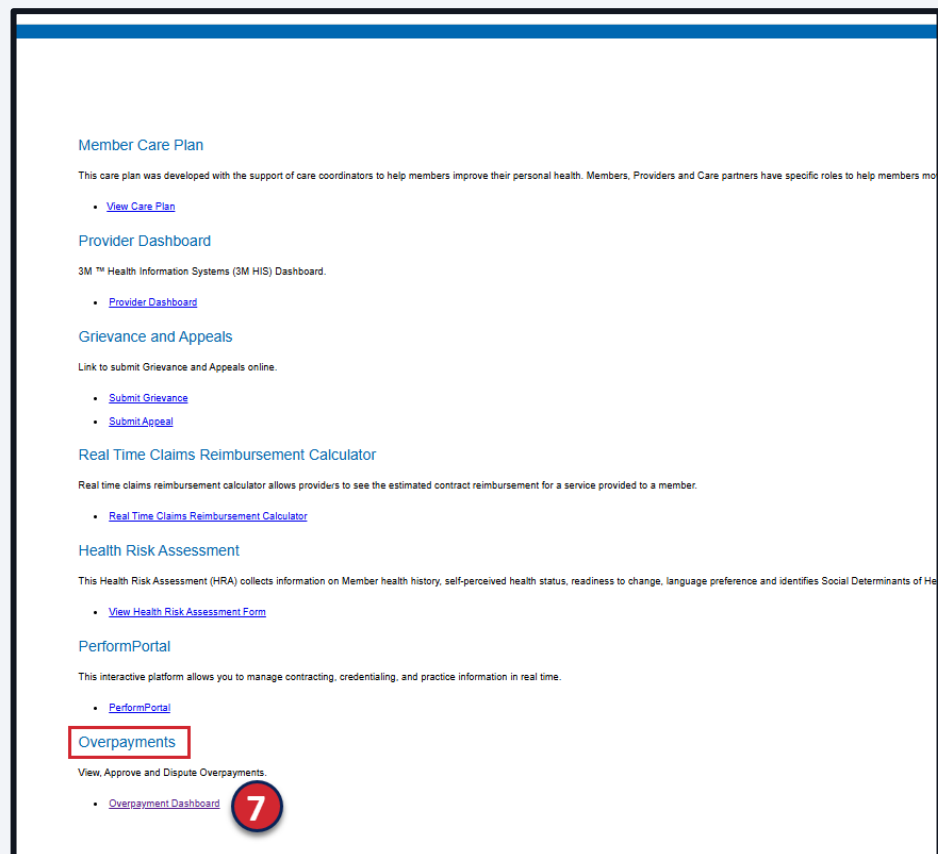
The Plan Central screen will display.

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.

Overpayment Dashboard

Search By: ☐ Payee # ☒ Tax ID

Filter By:

Select Tax ID

Select Tax ID

Payee # or Tax ID from the dropdown above to begin.

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

Search By: ☐ Payee # ☒ Tax ID

Filter By:

Open	Disputed	Resolved
☒ Select All	☐ Project ID	☐ Claim ID
☒	726131	602823062202
	FIRST LAST	24890289
	Provider Rendering Treatment	Payee # / Tax ID / NPI
	Begin DOS	End DOS
	2021-07-23	2021-07-23



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.

Search By: ☐ Payee # ☒ Tax ID

Filter By:

Open	Disputed	Resolved
☒ Select All	Project ID	Claim ID
☐	726131	602823062202
	Patient Name	Patient Account #
	FIRST LAST	24890289
	Provider Rendering Treatment	

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**

Search By: ☐ Payee # ☒ Tax ID

Filter By:

Open	Disputed	Resolved
☒ Select All	Project ID	Claim ID
☒	726131	602823062202
	Patient Name	Patient Account #
	FIRST LAST	24890289
	Provider Rendering Treatment	
	Payee # / Tax ID / NPI	
	Begin DOS	End DOS
	2021-07-23	2021-07-23
	Paid Amount	Recovery Amount
	192.74	192.74
	Notification Date	Dispute Due Date
	2025-06-11	
	Recovery Reason	
	Claims paid as Fee For Service instead of Capitated.	

1

Back 2

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.)

Review & Submit - Overpayment Claim Details

3

Review Approval:

☒ I agree that AmeriHealth Caritas North Carolina 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	602623062202	FIRST LAST			2021-07-23	2021-07-23		192.74	192.74	2025-06-11		Claims paid as Fee For Service instead of Capitated.

4

Back

Submit

OVERPAYMENT DASHBOARD CONT.



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.

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.



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

OVERPAYMENT DASHBOARD CONT.



Reports

To run a report from the Overpayment Dashboard

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

Overpayment Dashboard

Search By: ☒ Payee # ☐ Tax ID

Filter By:

Select a Filter

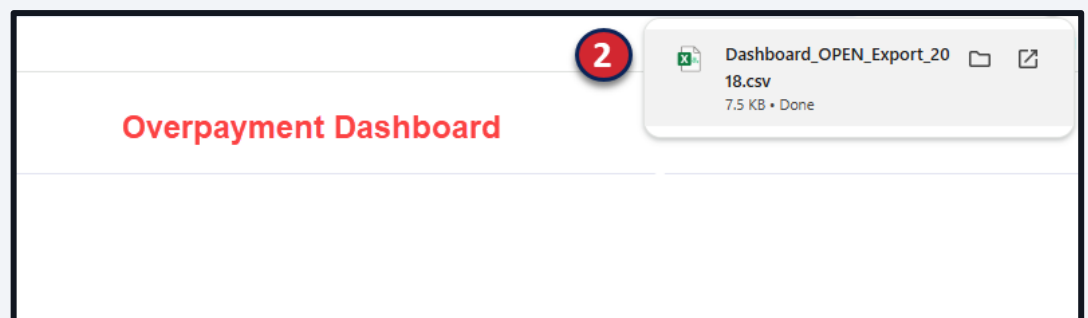
Reset Filter

1

Open	Disputed	Resolved											
☒ 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
☐							12/29/2024	12/29/2024	\$858.33	\$858.33	07/01/2025	07/31/2025	Duplicates - Same Procedure, Member, DOS
☐							12/29/2024	12/29/2024	\$230.00	\$230.00	07/01/2025	07/31/2025	Duplicates - Same Procedure, Member, DOS
☐							12/28/2024	12/29/2024	\$230.00	\$230.00	06/30/2025	07/30/2025	Combined Stay
☐							12/19/2024	12/19/2024	\$41.86	\$41.86	07/01/2025	07/31/2025	Duplicates - Same Procedure, Member, DOS
☐							12/19/2024	12/19/2024	\$70.68	\$70.68	07/01/2025	07/31/2025	Duplicates - Same Procedure, Member, DOS
☐							11/15/2024	11/18/2024	\$15,754.97	\$15,754.97	07/01/2025	07/31/2025	Duplicates - Same Procedure, Member, DOS

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**

Open	Disputed	Resolved		
☐ Select All	Project ID	Claim ID	Patient Name	Patient Account #
☐	726131	602823062202	FIRST LAST	



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

Overpayment Claim Details

Claim ID: 602823062202 Payee # / Tax ID / NPI: Payee # Not Found
Project ID: 726131 Paid Date: 2022-01-28
Patient Name: FIRST LAST Notification Date: 2025-06-11
Patient Account #: Dispute Due Date: 2025-07-11
Date of Birth: 2018-09-11 Recovery Reason: Claims paid as Fee For Service instead of Capitated.

Line #	Begin DOS	End DOS	Proc Code	Rev Code	Billed Charges	Paid Amount	Recovery Amount	Overpayment Explanation	Action
1	2021-07-23	2021-07-23	J3490UD	0259	15	3.29	3.29	Test for Provider ID	Approve All Dispute All Select an Action Select an Action Approve Dispute
2	2021-07-23	2021-07-23	99283	0450	862	189.45	189.45	Test for Provider ID	



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**

Review & Submit - Overpayment Claim Details

Claim ID: 602623062202 Patient # / Tax ID / NPI: [REDACTED]
Project ID: 726131 Paid Date: 2022-01-28
Patient Name: FIRST LAST Notification Date: 2025-06-11
Patient Account: [REDACTED] Dispute Due Date: 2025-07-11
Date of Birth: [REDACTED] Recovery Reason: Claims paid as Fee For Service instead of Capitated.

Review Approval:
☒ I agree that AmeriHealth Caritas has overpaid on below Claim Lines of Claim ID 602623062202 for a total amount of \$3.29 and I give my permission to reprocess the claim for the overpayment recovery.
☐ I would like to send a check for the recovery amount instead of recovering from future payments?

Line #	Begin DOS	End DOS	Proc Code	Rev Code	Billd Charges	Paid Amount	Recovery Amount	Overpayment Explanation
1	2021-07-23	2021-07-23	J4405D	038	16	3.29	3.29	Test for Provider ID 94171238

Review Dispute:

Line #	Begin DOS	End DOS	Proc Code	Rev Code	Billd Charges	Paid Amount	Recovery Amount	Overpayment Explanation
2	2021-07-23	2021-07-23	M625	040	892	188.40	188.40	Test for Provider ID 94171238

Please attach any supporting documentation that will assist with resolution.

Supporting Documents 4

Comments*
[Please review the attached documents]

Back Clear Submit 5



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

AmeriHealth Caritas acknowledges the receipt of your dispute for overpayment recovery on 06/16/2025.
AmeriHealth Caritas review your inquiry and provide a response within 30 calendar days.
AmeriHealth Caritas response will be available on the Overpayment Dashboard Resolved Tab on the NaviNet Portal.

6 OK

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

Open Disputed Resolved					
☐ Select	Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment
☐	700093	215596177100			KELLER, SHAWN
☐	723454	224597345800			UNITED HOSPITAL
☐	723454	224597345700			UNITED HOSPITAL
☐	723454	224597344600			UNITED HOSPITAL

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	

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	

SUPPLEMENTAL INFORMATION:

APPENDIX A – NOTIFICATIONS



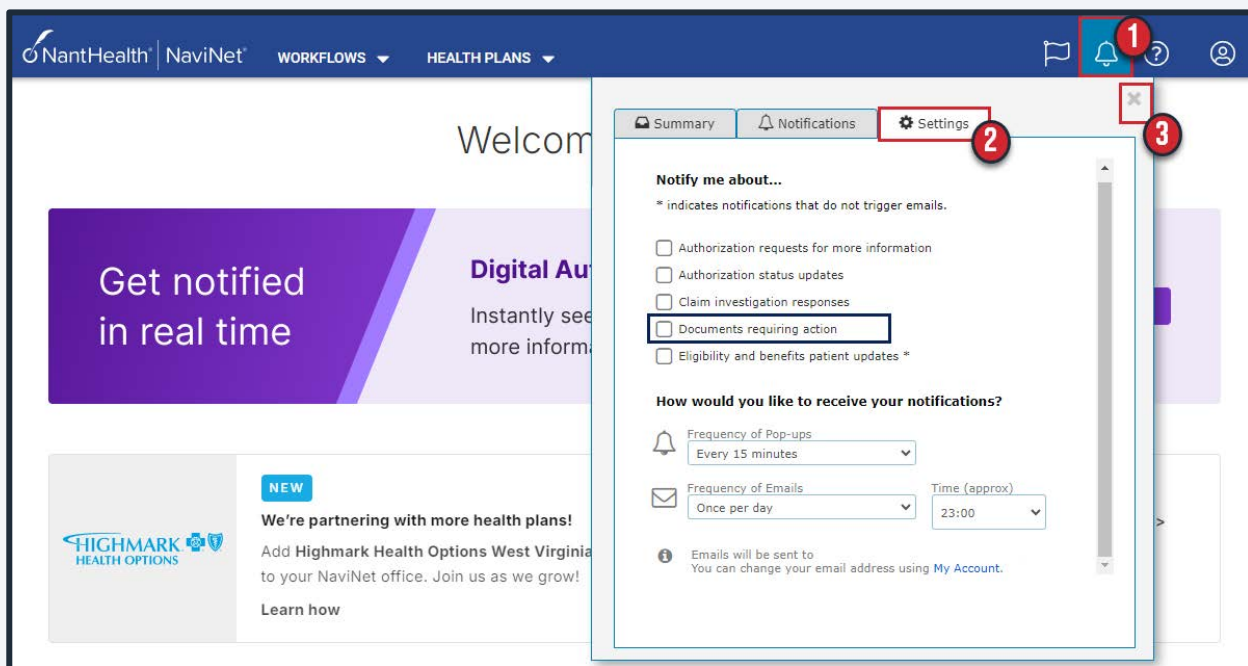
Appendix A: Notifications via the Activity Tab

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

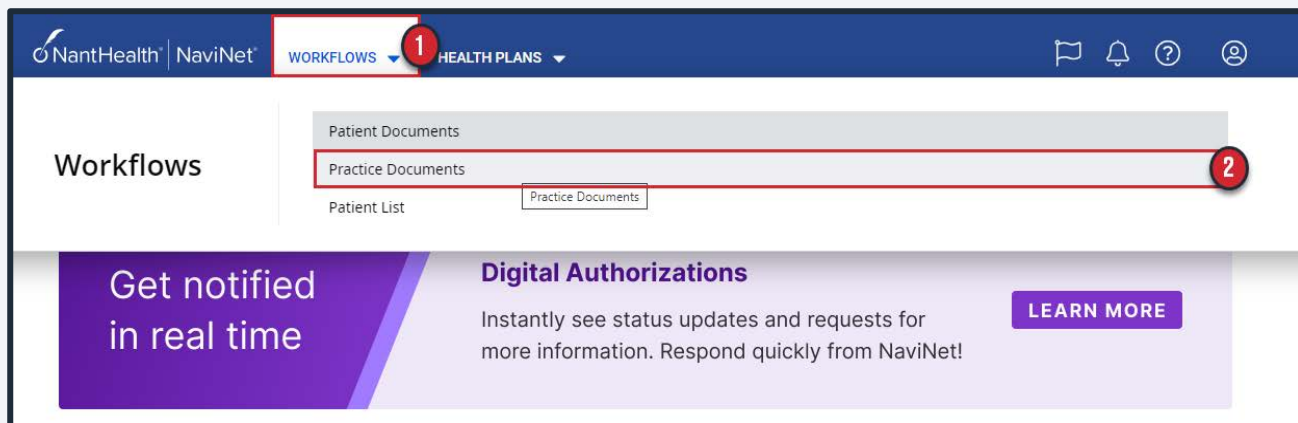
SUPPLEMENTAL INFORMATION: APPENDIX B – PRACTICE DOCUMENTS



Appendix B: Workflows – Practice Documents

To access the Recovery Letters via the Practice Documents workflow:

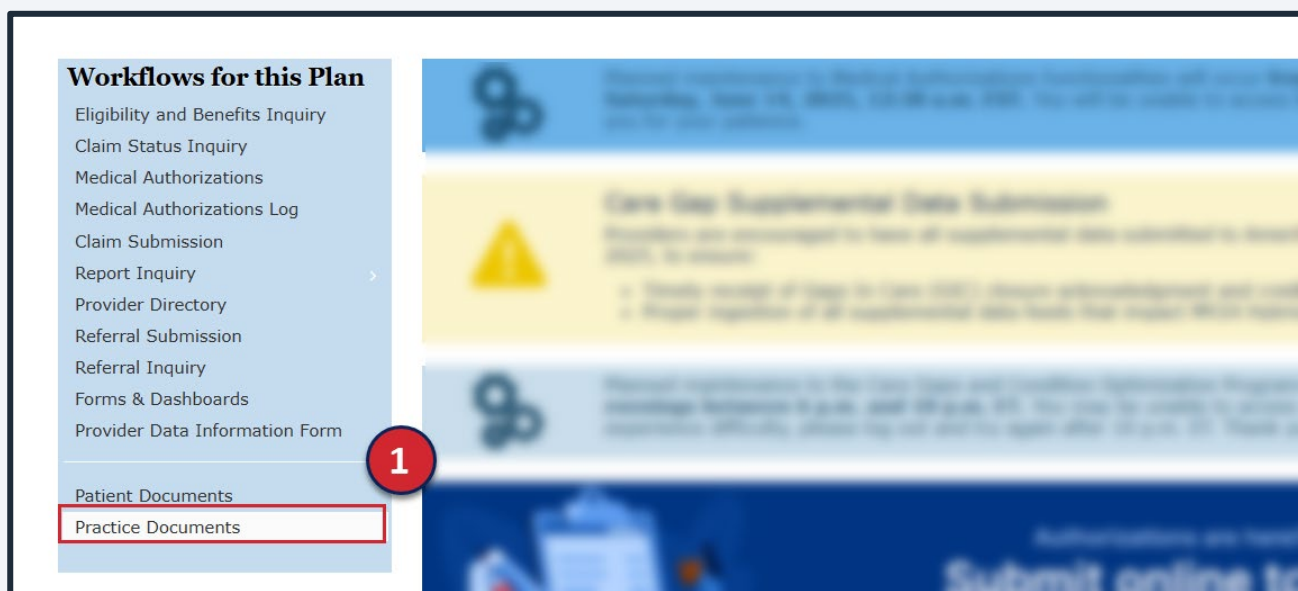
1. Click **Workflows** from the menu bar
2. Select **Practice Documents**



Appendix B: Workflows Cont. – Plan Central Page

To access the Recovery Letters via the Plan Central page

1. Click the **Practice Document** link



SUPPLEMENTAL INFORMATION: APPENDIX B – PRACTICE DOCUMENTS



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.

Practice Documents

Showing 392 of 392 documents

Sort by: Date Rec...

Filter by

Providers
All Providers

Document Name
Search ...

Date Received
Select a date range ...

☐ Unread

Completed Documents
☐ Completed documents only
☐ Hide completed documents

Response Status
☐ Awaiting Response
☐ Response Sent

Health Plan

Document Category

☐	Recovery Letters Practice Info Request AmeriHealth Caritas	Tax ID: [REDACTED] Group NPI: [REDACTED]	Received: Today Expires: 08/12/2025
☐	Recovery Letters Practice Info Request AmeriHealth Caritas	Tax ID: [REDACTED] Group NPI: [REDACTED]	Received: Today Expires: 08/12/2025
☐	Recovery Letters Practice Info Request AmeriHealth Carita	Tax ID: [REDACTED] Group NPI: [REDACTED]	Received: Today Expires: 08/12/2025
☐	Recovery Letters Practice Info Request AmeriHealth Caritas	Tax ID: [REDACTED] Group NPI: [REDACTED]	Received: Today Expires: 08/12/2025
☐	Recovery Letters Practice Info Request AmeriHealth Caritas	Tax ID: [REDACTED] Group NPI: [REDACTED]	Received: Today Expires: 08/12/2025
☐	Recovery Letters Practice Info Request AmeriHealth Caritas	Tax ID: [REDACTED] Group NPI: [REDACTED]	Received: 06/06/2025 Expires: 08/05/2025
☐	Recovery Letters Practice Info Request AmeriHealth Carita	Tax ID: [REDACTED] Group NPI: [REDACTED]	Received: 06/06/2025 Expires: 08/05/2025
☐	Rejection Letter Financial Report AmeriHealth Caritas	Tax ID: [REDACTED] Group NPI: [REDACTED]	Received: 06/05/2025 Expires: 07/05/2025

SUPPLEMENTAL INFORMATION: APPENDIX B – PRACTICE DOCUMENTS CONT.



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 # - [REDACTED]
Project Number - [REDACTED]
Dear [REDACTED]

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

Enclosed you will find the claim packet

- Policy holder information (name, address, date of birth)
- Carrier information (Carrier name, address, phone number)
- Type of coverage (major medical, dental, vision)
- Patient information (name, address, date of birth)

Please follow the instructions on the back of the claim packet. If you have any questions or if you do not agree with our findings, you may request an appeal. The address shown for disputes is [REDACTED].

At the end of the applicable timeframe, we will make future payments. Please do not send remittance advices as V24 - TPL re affected claims could potentially be [REDACTED].

We value you as a provider and appreciate your business.

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 [REDACTED] • Please reference the Project Number from the letter when calling.
Do not agree with our findings and would like to dispute this letter	You <u>must</u> 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 [REDACTED]
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: [REDACTED] Note: Checks received without a copy of Page 1 of this letter will be returned and the overpayment will be recovered from future payments.