



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

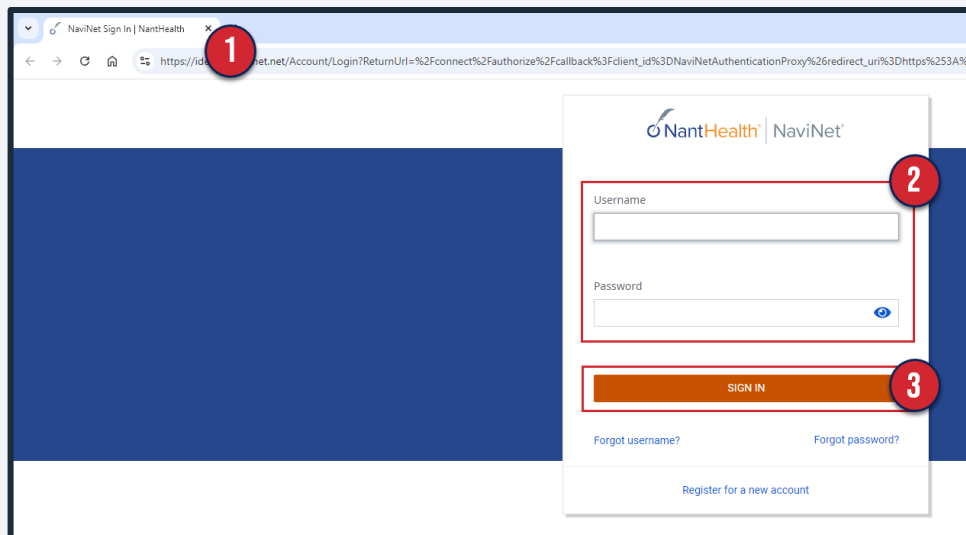
In this guide, you will learn to do the following:

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.navitimedix.com>.
2. Enter your Username and Password.
3. Click **Sign In**.



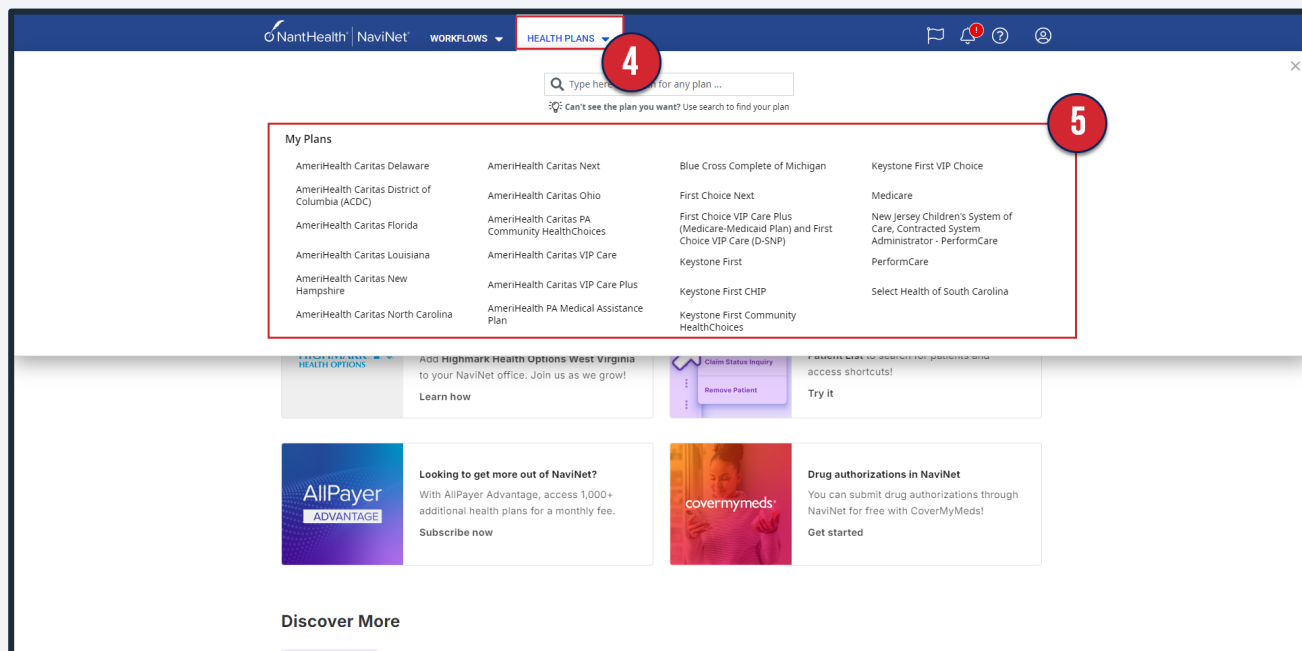
The screenshot shows the NaviNet login page. Callout 1 points to the browser address bar showing the URL. Callout 2 points to the Username and Password input fields. Callout 3 points to the SIGN IN button. Below the button are links for 'Forgot username?', 'Forgot password?', and 'Register for a new account'.



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.



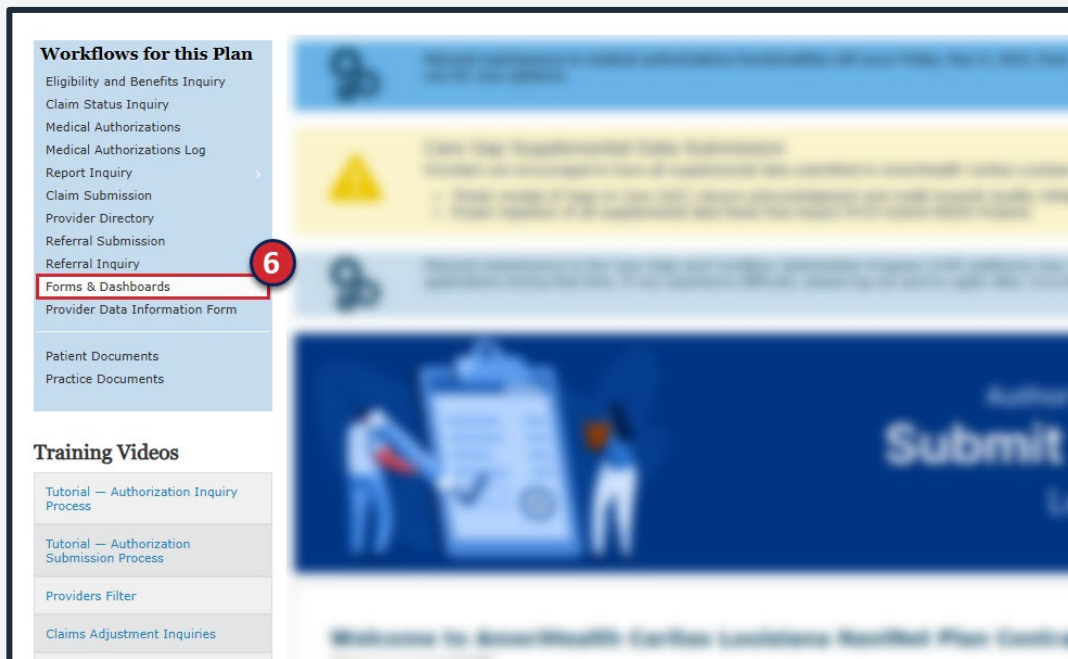
The screenshot shows the NaviNet 'HEALTH PLANS' page. Callout 4 points to the 'HEALTH PLANS' tab in the top navigation bar. Callout 5 points to the 'My Plans' section, which contains a grid of health plan options. Below the grid are promotional banners for 'AllPayer Advantage', 'CoverMyMeds', and 'Drug authorizations in NaviNet'. At the bottom is a 'Discover More' link.

My Plans			
AmeriHealth Caritas Delaware	AmeriHealth Caritas Next	Blue Cross Complete of Michigan	Keystone First VIP Choice
AmeriHealth Caritas District of Columbia (ACDC)	AmeriHealth Caritas Ohio	First Choice Next	Medicare
AmeriHealth Caritas Florida	AmeriHealth Caritas PA Community HealthChoices	First Choice VIP Care Plus (Medicare-Medicaid Plan) and First Choice VIP Care (D-SNP)	New Jersey Children's System of Care, Contracted System Administrator - PerformCare
AmeriHealth Caritas Louisiana	AmeriHealth Caritas VIP Care	Keystone First	PerformCare
AmeriHealth Caritas New Hampshire	AmeriHealth Caritas VIP Care Plus	Keystone First CHIP	Select Health of South Carolina
AmeriHealth Caritas North Carolina	AmeriHealth PA Medical Assistance Plan	Keystone First Community HealthChoices	

Forms and Dashboard Home Page

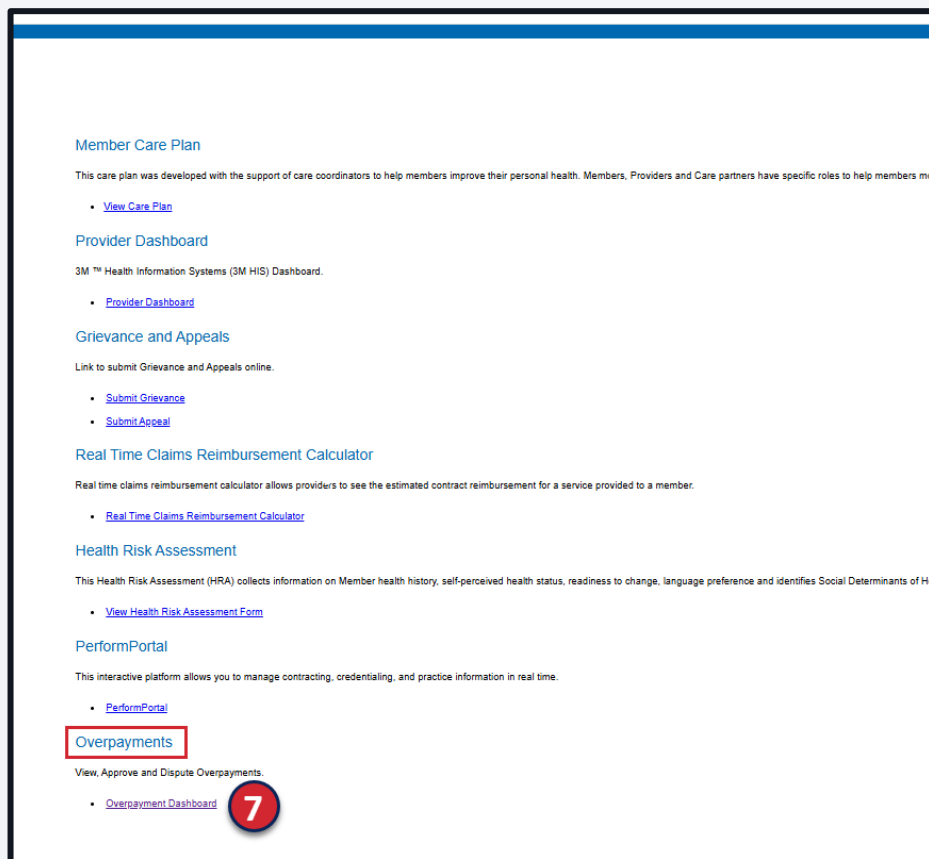
The Plan Central screen will display.

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.

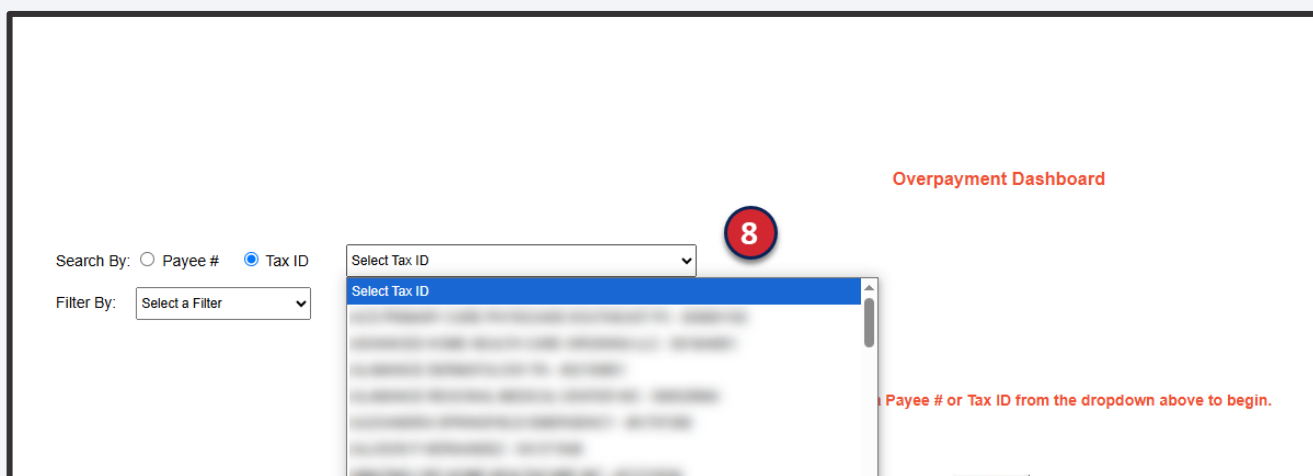


Overpayment Dashboard

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

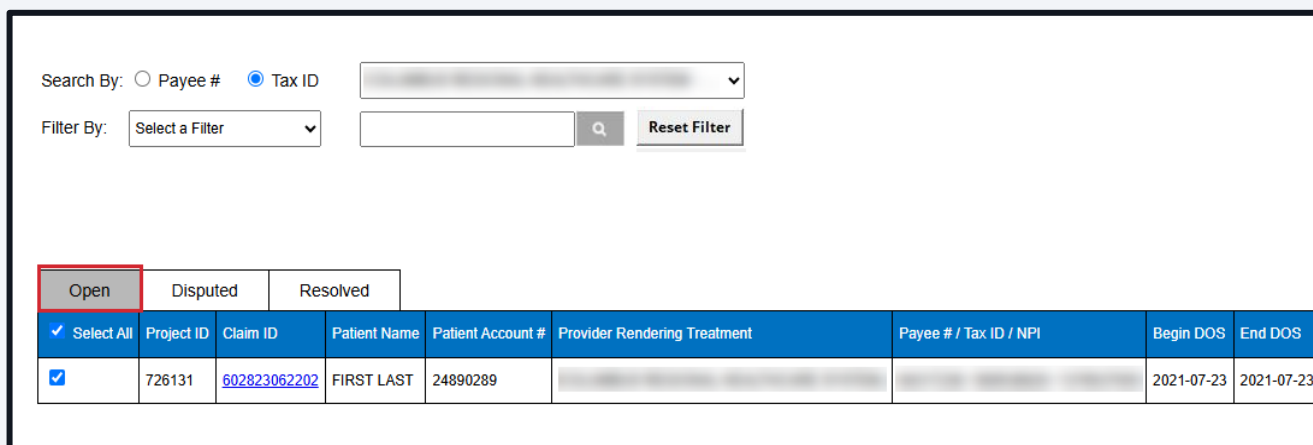
Filter By:

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:

Reset Filter

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

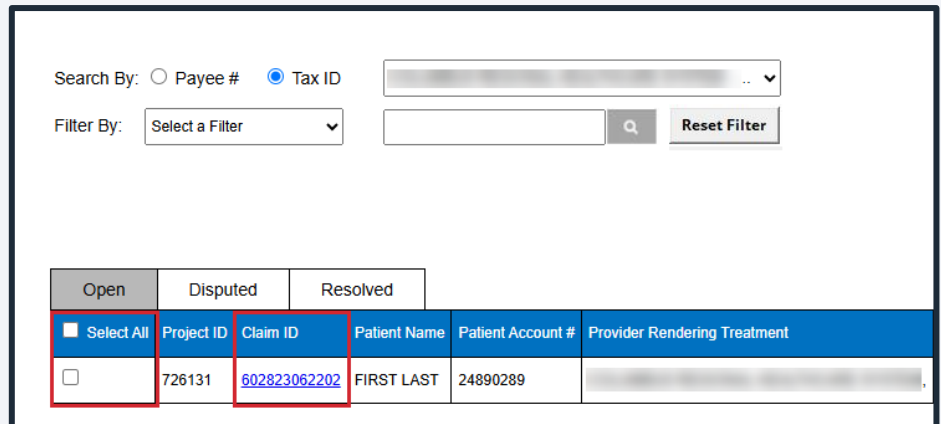


Note: Users can use the Filter By option to search for a specific overpayment by the Project ID, Claim ID, or Patient Account #.

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.



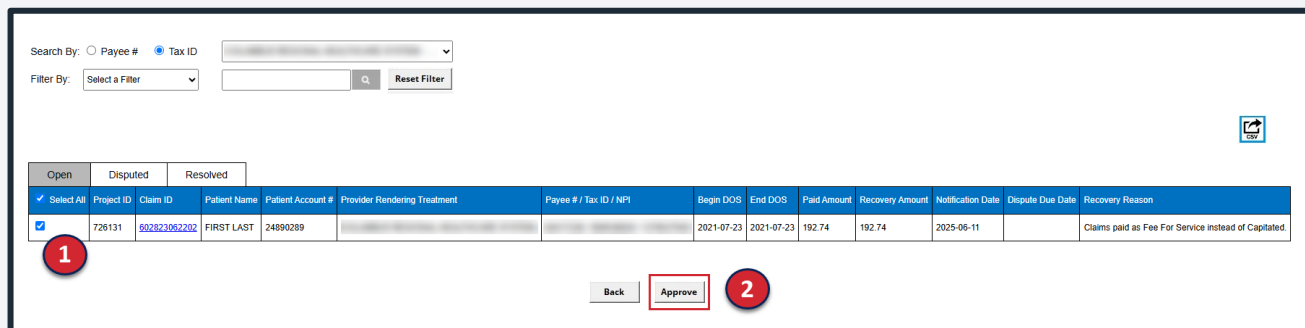
Search By: ☐ Payee # ☒ Tax ID

Filter By:

Open	Disputed	Resolved										
☒ Select All ☐	<table border="1"> <thead> <tr> <th>Project ID</th> <th>Claim ID</th> <th>Patient Name</th> <th>Patient Account #</th> <th>Provider Rendering Treatment</th> </tr> </thead> <tbody> <tr> <td>726131</td> <td>602823062202</td> <td>FIRST LAST</td> <td>24890289</td> <td></td> </tr> </tbody> </table>	Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment	726131	602823062202	FIRST LAST	24890289		
Project ID	Claim ID	Patient Name	Patient Account #	Provider Rendering Treatment								
726131	602823062202	FIRST LAST	24890289									

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 ☒	<table border="1"> <thead> <tr> <th>Project ID</th> <th>Claim ID</th> <th>Patient Name</th> <th>Patient Account #</th> <th>Provider Rendering Treatment</th> <th>Payee # / Tax ID / NPI</th> <th>Begin DOS</th> <th>End DOS</th> <th>Paid Amount</th> <th>Recovery Amount</th> <th>Notification Date</th> <th>Dispute Due Date</th> <th>Recovery Reason</th> </tr> </thead> <tbody> <tr> <td>726131</td> <td>602823062202</td> <td>FIRST LAST</td> <td>24890289</td> <td></td> <td></td> <td>2021-07-23</td> <td>2021-07-23</td> <td>192.74</td> <td>192.74</td> <td>2025-06-11</td> <td></td> <td>Claims paid as Fee For Service instead of Capitated.</td> </tr> </tbody> </table>	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	726131	602823062202	FIRST LAST	24890289			2021-07-23	2021-07-23	192.74	192.74	2025-06-11		Claims paid as Fee For Service instead of Capitated.	
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																
726131	602823062202	FIRST LAST	24890289			2021-07-23	2021-07-23	192.74	192.74	2025-06-11		Claims paid as Fee For Service instead of Capitated.																

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

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	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.

Back
Submit

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.

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											
	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 Dashboard

2



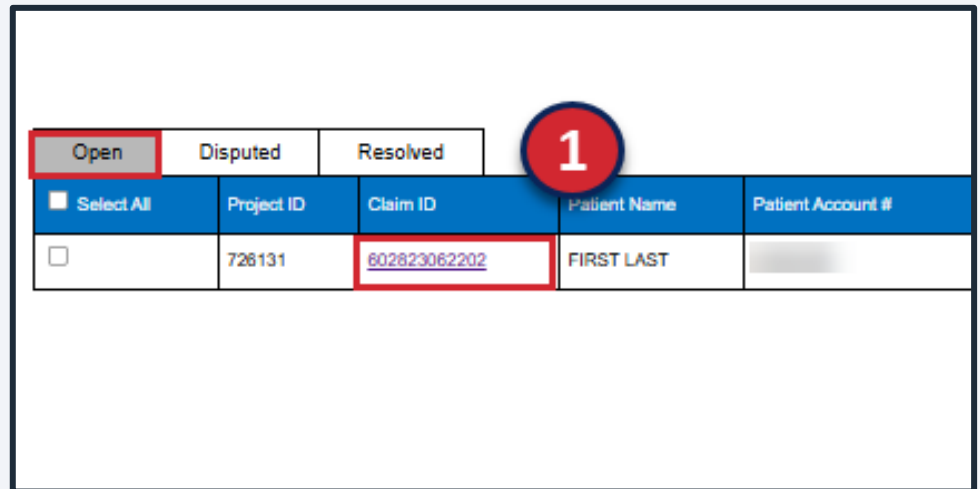
Dashboard_OPEN_Export_2018.csv

7.5 KB • Done




Selecting the Claim ID link Option

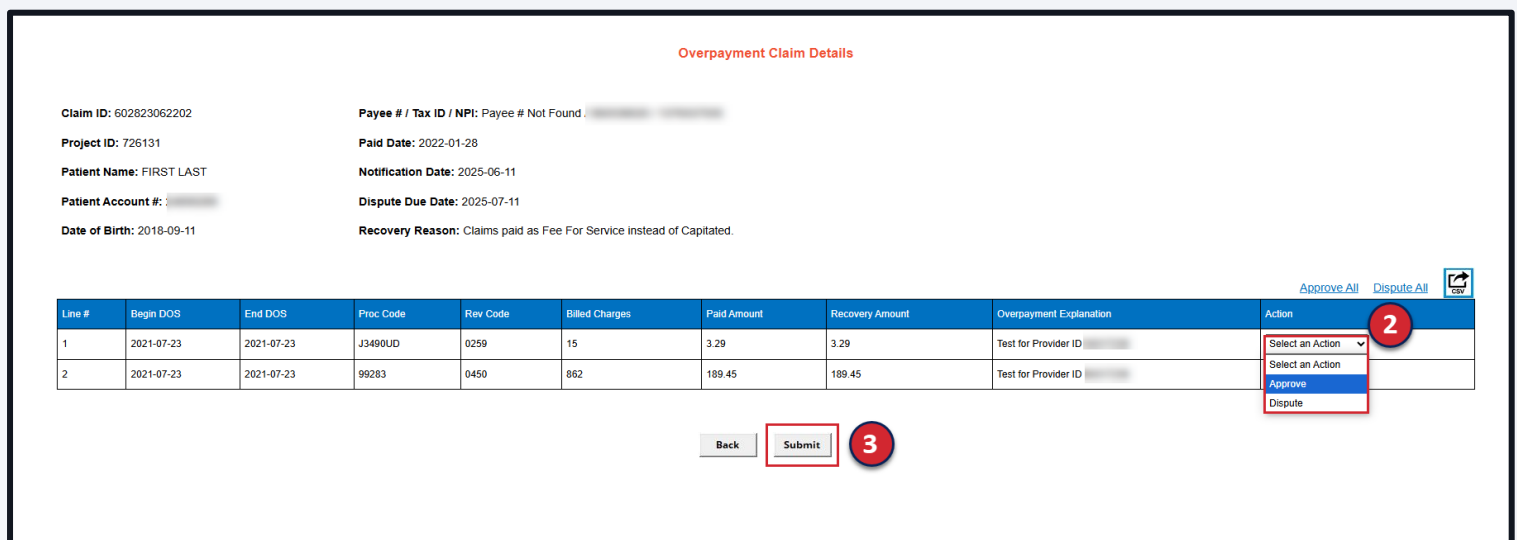
1. Click on the **Claim ID** link to access the Claims Details page.. Each claim line of the selected claim will be displayed.
2. Select an **Action** “Approve or Dispute” from the drop-down menu. Different actions can be selected for each claim line.
3. Click **Submit**



Open	Disputed	Resolved		
☐ Select All	Project ID	Claim ID	Patient Name	Patient Account #
☐	726131	<u>602823062202</u>	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	Select an Action
2	2021-07-23	2021-07-23	99283	0450	862	189.45	189.45	Test for Provider ID	Select an Action

Approve All Dispute All 

Back 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**

Review & Submit - Overpayment Claim Details

Claim ID: 60282362202 Payee # / Tax ID / NPI: [REDACTED]
 Project ID: 728131 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 60282362202 for a total amount of \$3.29 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?

Line #	Begin DOS	End DOS	Proc Code	Rev Code	Billed Charges	Paid Amount	Recovery Amount	Overpayment Explanation
1	2021-07-23	2021-07-23	J1460J0	0388	18	3.29	3.29	Test for Provider ID 84317238

Review Dispute:

Line #	Begin DOS	End DOS	Proc Code	Rev Code	Billed Charges	Paid Amount	Recovery Amount	Overpayment Explanation
2	2021-07-23	2021-07-23	96251	0485	892	188.45	188.45	Test for Provider ID 84317238

Please attach any supporting documentation that will assist with resolution.

Supporting Documents **4**
 eg: pdf, docx, jpg, png

Comments*
 [Please review the attached documents]

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.	6
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.	

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	

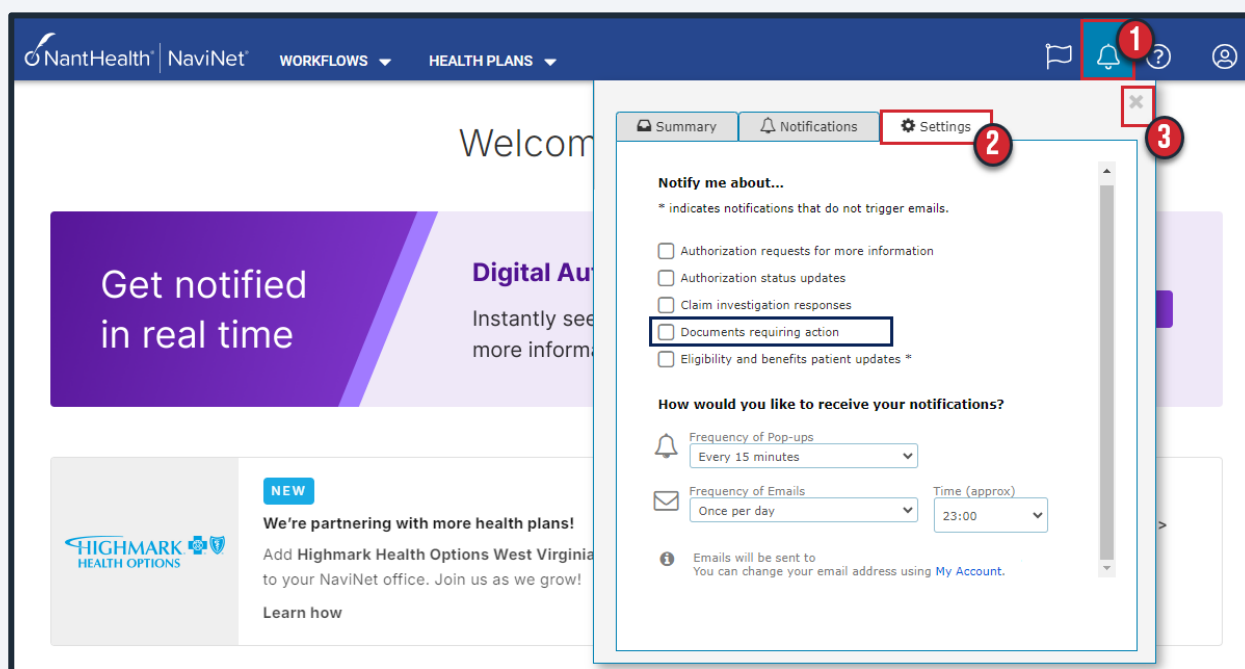
Appendix A: Notifications via the Activity Tab

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.

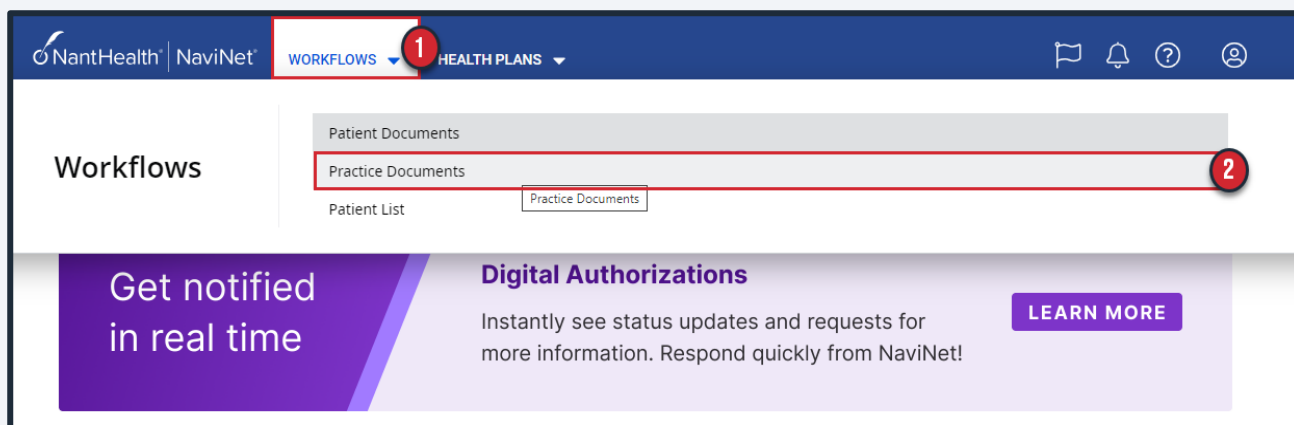


Note: Providers must provide their e-mail in the NaviNet settings to receive the Recovery letter notification

Appendix B: Workflows – Practice Documents

To access the Recovery Letters via the Practice Documents workflow:

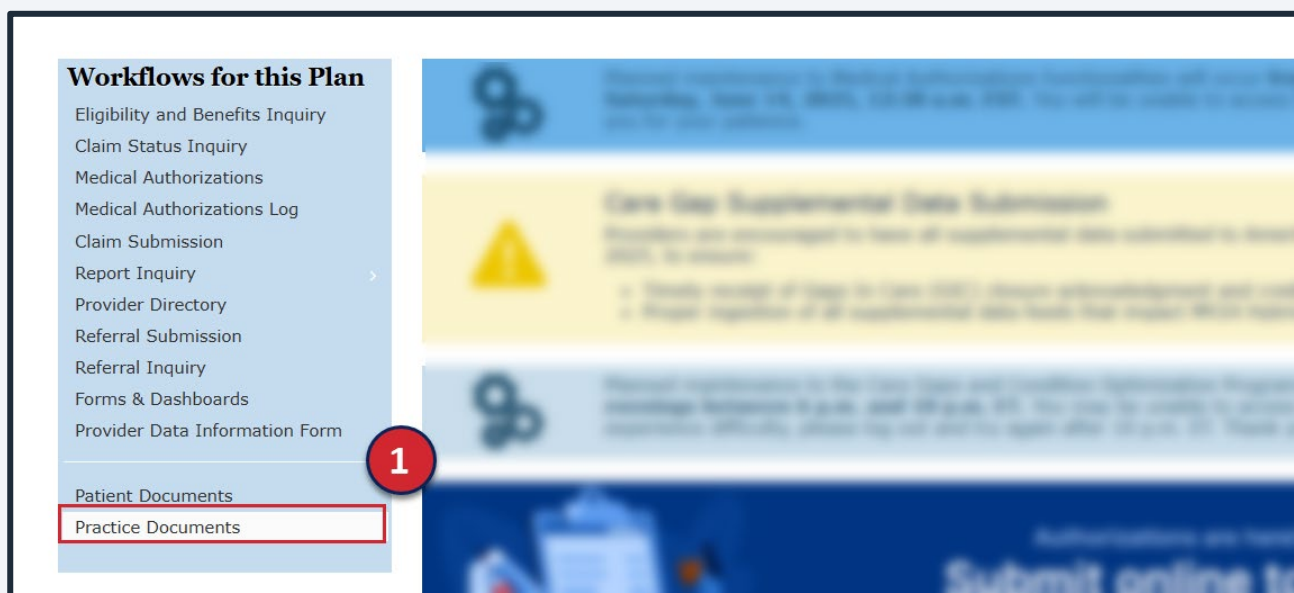
1. Click **Workflows** from the menu bar
2. Select **Practice Documents**



Appendix B: Workflows Cont. – Plan Central Page

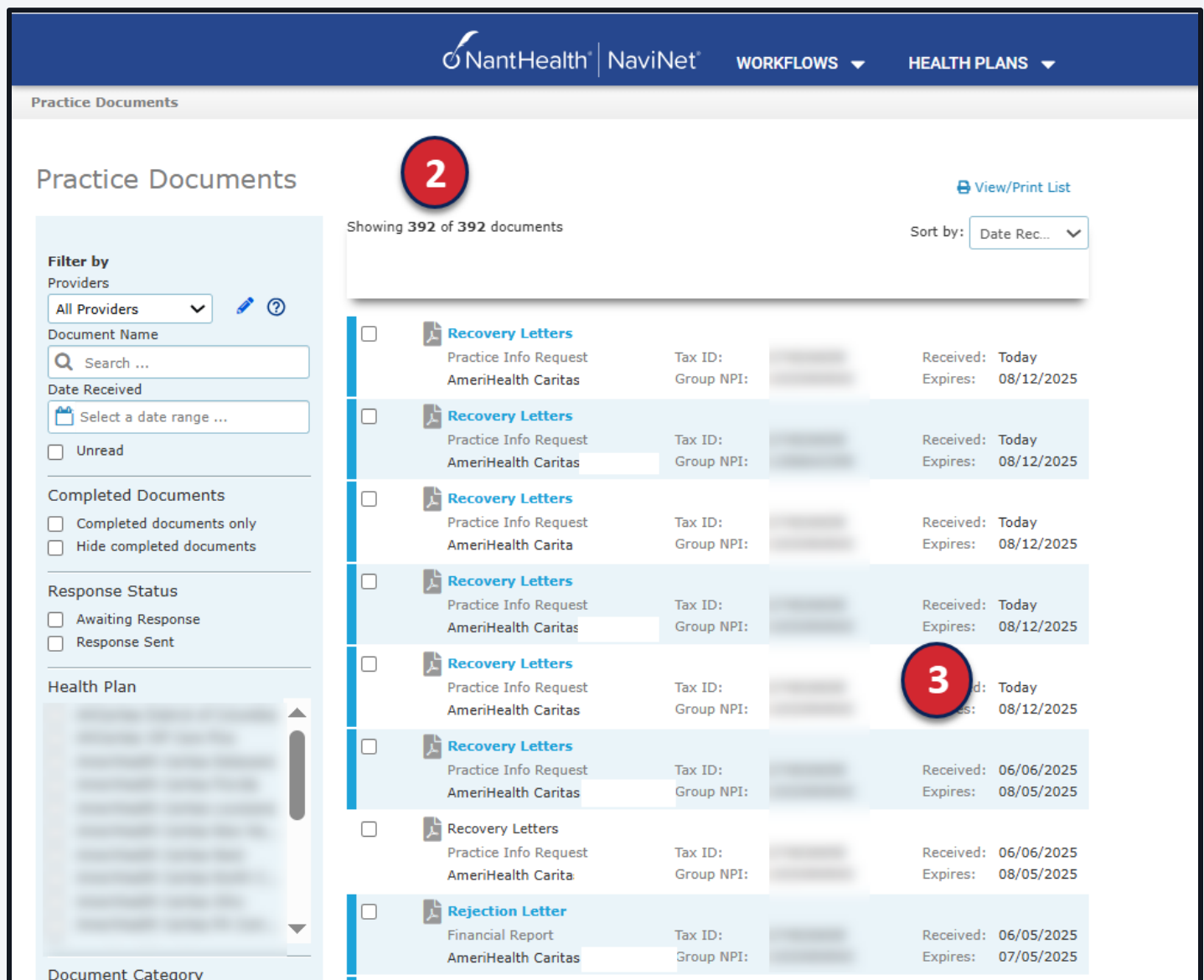
To access the Recovery Letters via the Plan Central page

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.



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

Document Category	Document Name	Tax ID:	Group NPI:	Received:	Expires:
☐	Recovery Letters Practice Info Request AmeriHealth Caritas			Today	08/12/2025
☐	Recovery Letters Practice Info Request AmeriHealth Caritas			Today	08/12/2025
☐	Recovery Letters Practice Info Request AmeriHealth Caritas			Today	08/12/2025
☐	Recovery Letters Practice Info Request AmeriHealth Caritas			Today	08/12/2025
☐	Recovery Letters Practice Info Request AmeriHealth Caritas			Today	08/12/2025
☐	Recovery Letters Practice Info Request AmeriHealth Caritas			06/06/2025	08/05/2025
☐	Recovery Letters Practice Info Request AmeriHealth Caritas			06/06/2025	08/05/2025
☐	Rejection Letter Financial Report AmeriHealth Caritas			06/05/2025	07/05/2025

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 po

- Policy holder information (us
- 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 timefr 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 [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 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 [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.

