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Provider Alert

To: All Blue Cross Complete providers

Date: May 02, 2025

Subject: Improvements to the claims overpayment response process are on the way

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

Blue Cross Complete 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.

Blue Cross Complete will be conducting trainings on this new process. Training dates are forthcoming.

If you have any questions, contact your Blue Cross Complete provider account executive or Provider Inquiry at 1-888-312-5713.

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