



AmeriHealth Caritas - Select Health of South Carolina Claims Investigation



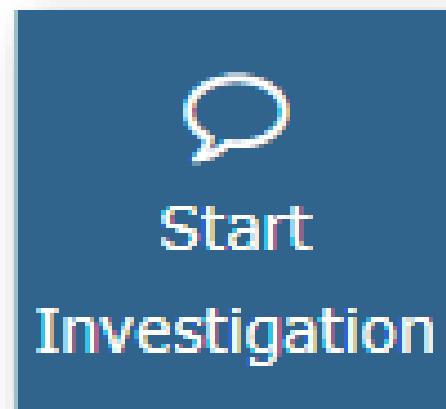
The **Claim Inquiry** function, also referred to in this guide as a Claim Investigation, allows ancillary, facility and professional providers the ability to submit a claim inquiry on claims that were previously finalized. For each submitted transaction, users will receive an electronic response indicating if the claim was adjusted or an explanation why it was not adjusted. This new feature is for individual claims, if users have a large claim project please continue to contact your Provider Account Executive.

This guide was designed to help you:

- Submit a Claim Inquiry
- Review/ Search the Investigation List
- Enable Notifications
- Start a new Claim Investigation



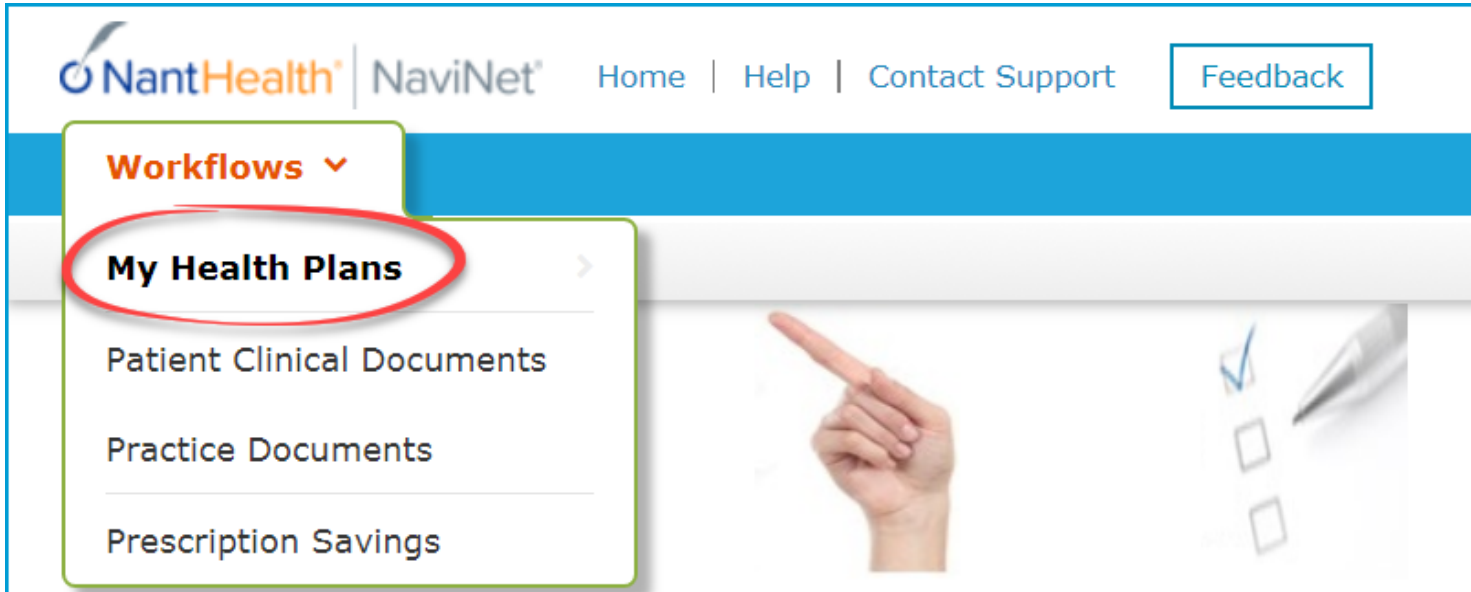
Claim Status Inquiry Workflow



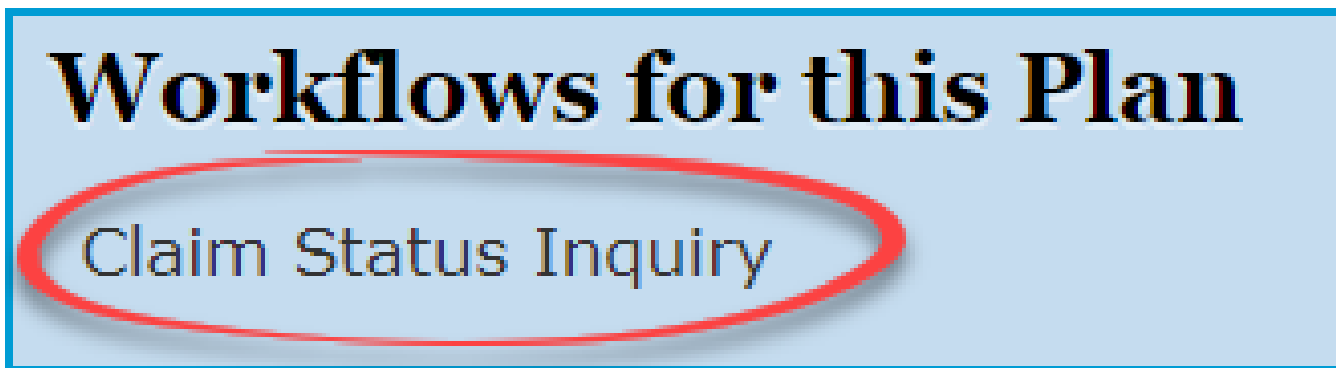
Starting a Claim Investigation (Inquiry)

Sign in to navigate to the NaviNet Open Home screen.

Under Workflows on the NaviNet toolbar, select My Health Plans. Choose Select Health of South Carolina



On the Plan Central screen: Select Claim Status on the Workflows for this Plan menu.



The Claim Status Search screen appears: Enter claim search criteria and click Search

A screenshot of the 'Claim Status: Search' screen. The page has a header with '< Back to' and 'Claim Status:'. Below the header is the title 'Claim Status: Search' and a 'Print' link. A message states 'Online Remittance Advice will be available for claims paid on or after 01/04/2016.' with a 'Reset Search Fields' link. The form includes sections for 'Billing Entity' (with a search box), 'Patient Details' (with fields for Member ID, Last Name, First Name, and Date of Birth), and 'Claim Status Details' (with fields for Service Start, Service End, and Claim ID). A 'Search' button is circled in red at the bottom right. A red note on the right side says 'Note: Fields not marked optional are required.' The 'Search' button is highlighted with a red circle.

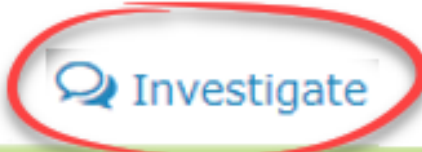

In the action bar, on the top-right of the screen, click Investigate.


An Investigation window opens

[← Back to Claim Status Search](#) | Claim Status:

Claim Status Details

LACI SMITH
Born on 01/01/2000

 Investigate  View/Print

 Finalized (Claim Status as of 10/09/2017) Claim ID:20000000000 Service Dates: 09/23/2017 to 09/23/2017

INSURANCE DETAILS Health Plan Member ID: 555555555	Total Billed:	\$275.00
BILLING ENTITY SMITHTOWN PEDIATRICS Tax ID: 012345678 Provider PIN: 123456	Total Paid:	\$0.00

Start Investigation

- In the blue panel on the left of the investigation screen is a **Start Investigation** icon. Click this to create a new message.

Reason For Investigation

- Select the reason for the investigation by selecting one of the options in the dropdown.

Select reason for investigation ...

- Eligibility Updated
- Authorization Updated/On File
- TPL/COB Changed
- Duplicate Payment Received
- Claim Underpaid
- Claim Overpaid

Investigation Details

- Enter inquiry details. Please be as specific as possible when entering your inquiry.

Contact Information

- Enter in your contact information.

Send Investigation

- Click **Send**.

Start Investigation ✕

Start Investigation

Investigation List

LACI SMITH
55555555

Date of Service	Claim ID	Billed Amount	✓ Finalized
09/23/2017 to 09/23/2017	200000000000	\$275.00	

Reason:

2000 characters left

Contact Information

Ext:

Email address is required but notifications will not be sent via email.

The inquiry will now appear in your Investigation List

Investigation List ✕

Status Details Start New Investigation View/Print

LACI SMITH
55555555

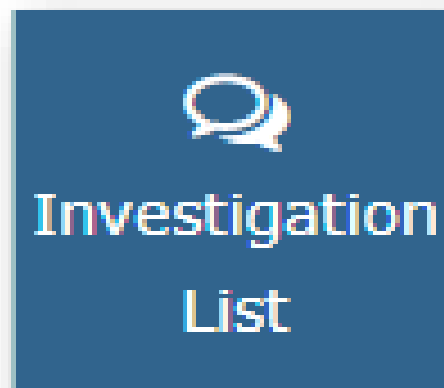
Date of Service	Claim ID	Billed Amount	✓ Finalized
09/23/2017 to 09/23/2017	2000000000000	\$275.00	

▶ **Claim Overpaid**

Raised on	Reference
Today	--



Claim Status Inquiry Workflow



Continuing Claim Investigations (Inquiry)

Investigation List

Status Details

- On the upper-left of the window is a blue Status Details link. Click this to be redirected to the claim details page.

Start New Investigation

- On the upper-right of the Investigation screen is a Start New Investigation link. Click this to create a new message for the health plan.

View/Print

- View /Print Claim Investigation

Investigation List

- In the blue panel on the left of the investigation screen is an Investigation List icon. Click this to see the list of existing investigations.

The screenshot shows a web interface for an investigation list. At the top, there is a navigation bar with a 'Back to Investigation List' link and a close button. Below this, there are three action links: 'Status Details', 'Start New Investigation', and 'View/Print'. The main content area displays a claim for 'LACI SMITH' with ID '55555555'. The claim details include 'Date of Service' (09/23/2017 to 09/23/2017), 'Claim ID' (200000000000), and 'Billed Amount' (\$275.00). The status is 'Finalized' with a green checkmark. Below the claim details, there is a section for 'Claim Overpaid' with a table showing 'Raised on' (Today) and 'Reference' (--). At the bottom, there is a message notification from 'Jennifer Jones' stating 'Hello, the member's eligibility has been updated, please review for claim adjustment.' and a 'NEW' notification stating 'Thank you for your response, we will respond to your request within 10 business days.'

Claim Status

- On the upper-right of the Investigation screen, the status of the claim is displayed.

NEW

- In the Investigation List view, if responses from the health plan are unread, a red NEW icon appears next to the message

Communication between You & The Health Plan

[← Back to Investigation List](#) [✕](#)

[Status Details](#) [Start New Investigation](#) [View/Print](#)

LACI SMITH
55555555

Date of Service	Claim ID	Billed Amount	✓ Finalized
09/23/2017 to 09/23/2017	200000000000	\$275.00	

Claim Overpaid

Raised on	Reference	
Today	--	← Prev Next →

Today

User (Jennifer Jones): Hello, the member's eligibility has been updated, please review for claim adjustment.

Health Plan (NEW): Thank you for your response, we will respond to your request within 10 business days.

View/Print your Claim Investigation Communications

The screenshot shows a web interface for managing claim investigations. On the left is a sidebar with 'Start Investigation' and 'Investigation List' (highlighted in red). The main area displays a list of claims for 'LACI SMITH' (Member ID: 55555555). One claim is highlighted as 'Claim Overpaid' with a status of 'Finalized' and a billed amount of \$275.00. A 'View/Print' button is circled in red. A detailed view of this claim is shown on the right, including patient details (LACI SMITH, Member ID: 55555555, Date of Birth: 01/01/2000) and claim details (Claim ID: 200000000000, Date of Service: 09/23/2017 to 09/23/2017, Claim Value: \$275.00, Status: Finalized). A communication from Jennifer Jones is also visible, stating that the member's eligibility has been updated. A red text annotation points to the 'Reference' field in the detailed view, stating 'The reference field will not be populated.' A 'NEW' notification at the bottom of the communication states: 'Thank you for your response, we will respond to your request within 10 business days.'

Investigation List

Claim Overpaid

Raised on	Reference
Today	--

Claim Overpaid

Raised on: 11/15/2017 Reference: --

Patient Details

Patient Name: LACI SMITH	Member ID: 55555555	Date of Birth: 01/01/2000
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Claim Details

Claim ID: 200000000000	Date of Service: 09/23/2017 to 09/23/2017	Claim Value: \$275.00	Status: Finalized
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11/15/2017

Jennifer Jones Hello, the member's eligibility has been updated, please review for claim adjustment.

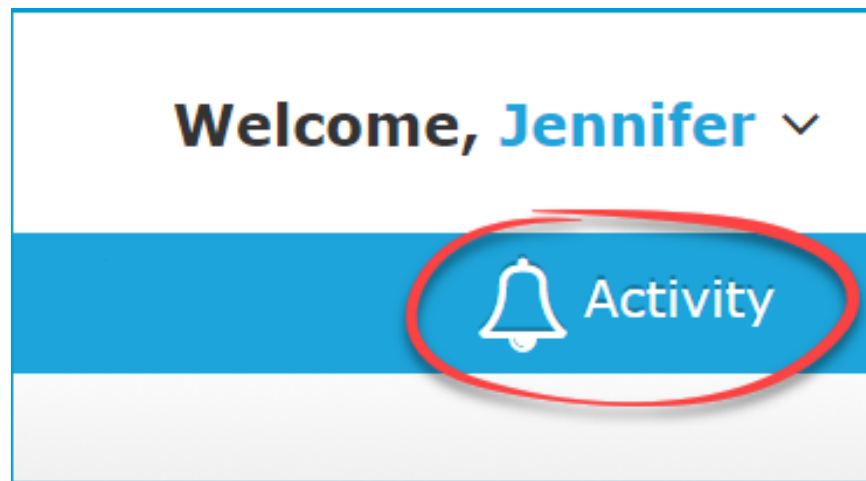
Health Plan Thank you for your response, we will respond to your request within 10 business days.

NEW Thank you for your response, we will respond to your request within 10 business days.

The reference field will not be populated.



Claim Investigations



Enabling Notifications

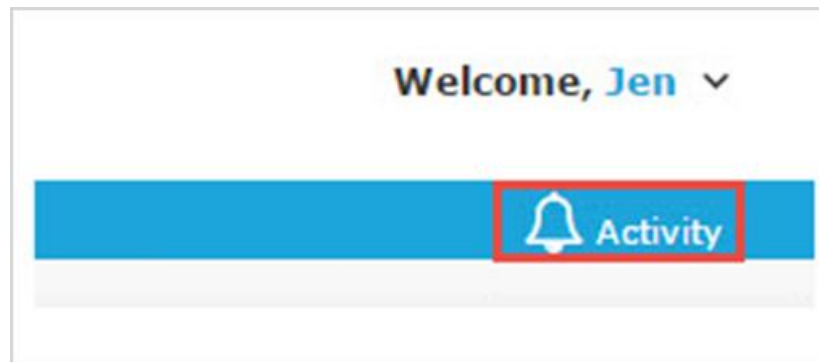
Enabling Claim Investigation Notifications

How will I be notified once [INSERT PLAN NAME] responds to my inquiry?

Settings Tab Enabling Notifications

Sign in to navigate to the NaviNet Open Home screen.

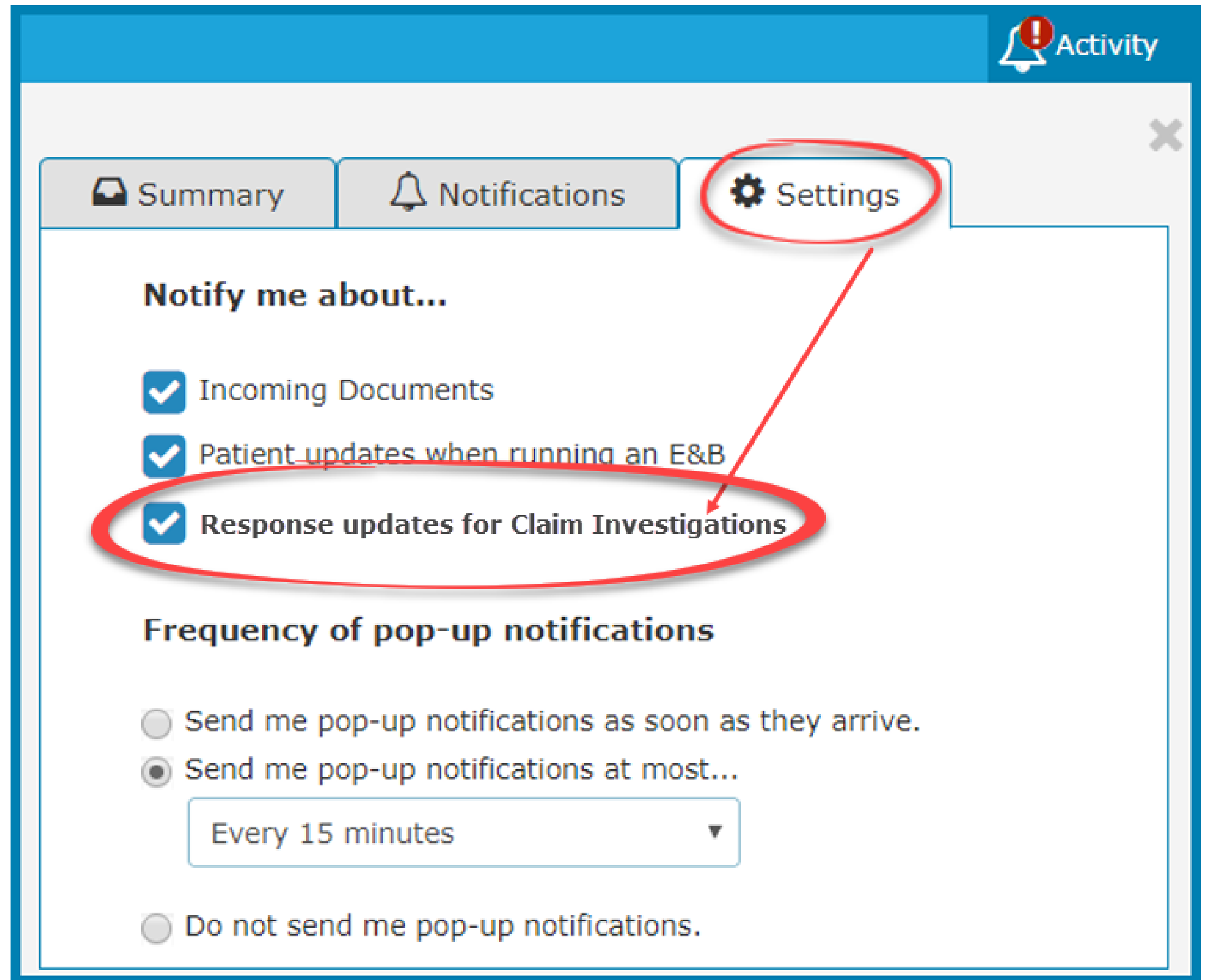
Click Activity located on the top right of your NaviNet toolbar.



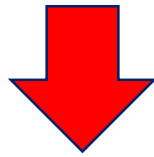
Select the Settings tab.

Check the Response updates for Claim Investigation box.

Select the frequency in which you would like to receive you notifications.

A screenshot of the NaviNet "Settings" page. The page has a blue header with a bell icon and the word "Activity". Below the header are three tabs: "Summary", "Notifications", and "Settings". The "Settings" tab is selected and circled in red. Under the "Settings" tab, there is a section titled "Notify me about..." with three checkboxes, all of which are checked. The third checkbox, "Response updates for Claim Investigations", is circled in red. Below this section is a section titled "Frequency of pop-up notifications" with three radio button options. The second option, "Send me pop-up notifications at most...", is selected. Below this option is a dropdown menu showing "Every 15 minutes". The third option, "Do not send me pop-up notifications.", is unselected.

NOTE: Responses will be available to view for 7 days from the date of notification.



Welcome, Jen ▾

Activity

Claim Investigation Response Available ✕

A claim investigation response for Laci Smith has been posted by Health Plan.

[View Response](#)

Start Investigation

Investigation List

Back to Investigation List ✕

Status Details Start New Investigation View/Print

LACI SMITH
55555555

Date of Service	Claim ID	Billed Amount	Finalized
09/23/2017 to 09/23/2017	200000000000	\$275.00	✓

Claim Overpaid

Raised on	Reference	
Today	--	< Prev Next >

Today

Jennifer Jones Hello, the member's eligibility has been updated, please review for claim adjustment.

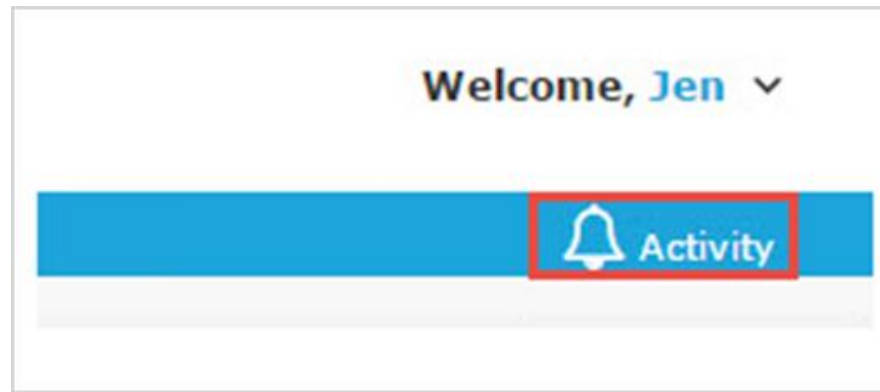
NEW Thank you for your response, we will respond to your request within 10 business days.

Once you have enabled the Claims Investigations Notifications you will begin receiving updates for existing claim inquiries you sent to [INSERT PLAN ANME].

Notifications Tab

Sign in to navigate to the NaviNet Open Home screen

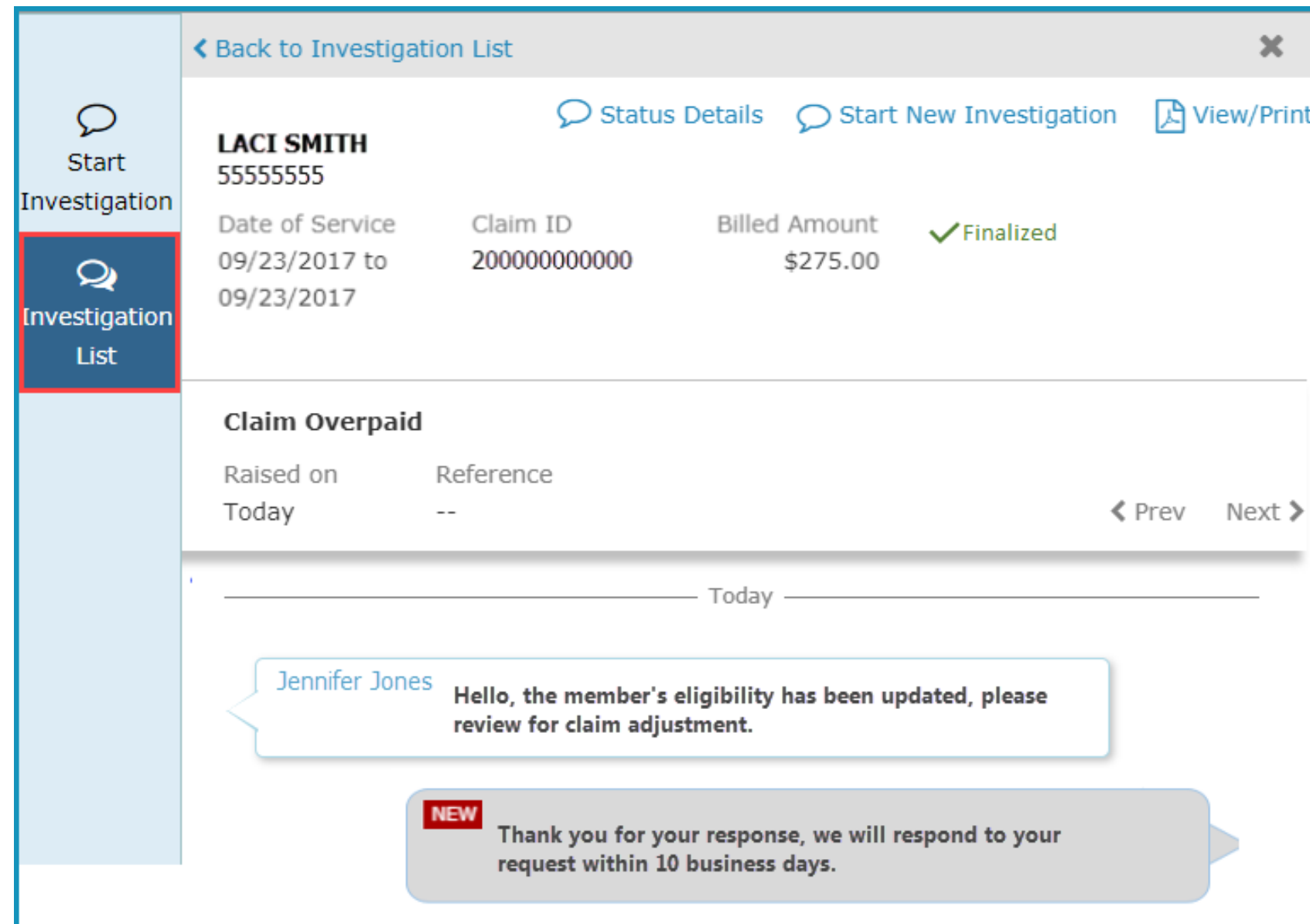
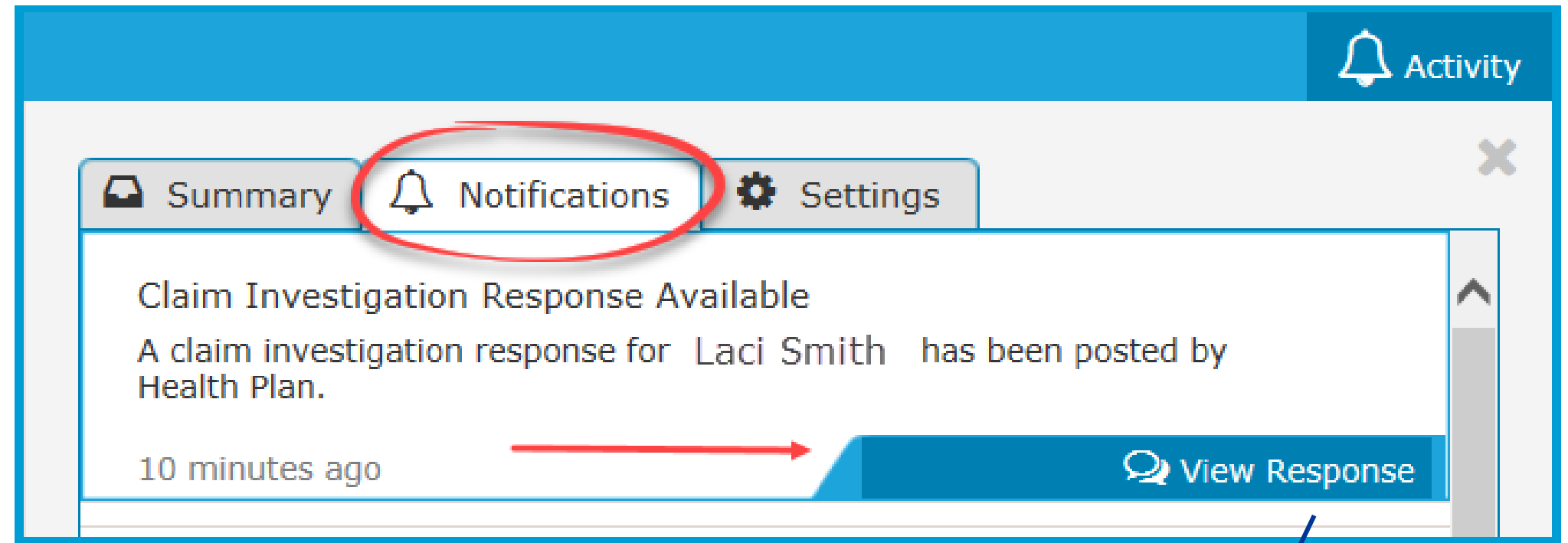
Click Activity located on the top right of your NaviNet toolbar



Select the Notifications tab

Hover over the bottom section of each notification to View Response

Click on Open Investigations to view Claim Investigations sent to the Health Plan



Start New Investigation From Investigation List

Investigation List

Start Investigation

Investigation List

LACI SMITH
55555555

Date of Service: 09/23/2017 to 09/23/2017

Claim ID: 200000000000

Billed Amount: \$275.00

Finalized

Status Details

Start New Investigation

On the upper-right of the Investigation screen is a **Start New Investigation** link. Click this to create a new message for Select Health of South Carolina.

Start Investigation

LACI SMITH
55555555

Date of Service: 09/23/2017 to 09/23/2017

Claim ID: 200000000000

Billed Amount: \$275.00

Finalized

Reason: Select reason for investigation ...

Enter investigation details ...

2000 characters left

Contact Information

First name ... Last name ...

Email address ...

Telephone number ... Ext: Optional

Cancel Send

Status Details

On the upper-left of the window is a blue Status Details link. Click this to be redirected to the claim details page.

The screenshot shows a window titled "Investigation List" with a close button (X) in the top right. On the left is a sidebar with two buttons: "Start Investigation" (light blue) and "Investigation List" (dark blue). The main content area displays information for a claimant named LACI SMITH (ID: 55555555). Below this, a table shows the Date of Service (09/23/2017 to 09/23/2017), Claim ID (200000000000), Billed Amount (\$275.00), and a status of "Finalized" with a green checkmark. At the top of the main content area, there are two links: "Status Details" (circled in red) and "Start New Investigation". A blue arrow points from the "Status Details" link down to the "Claims Details Page" screenshot below.

Claims Details Page

The screenshot shows the "Claim Status Details" page for LACI SMITH (Born on 01/01/2000). At the top left is a link to "Back to Claim Status Search". On the right are "Investigate" and "View/Print" buttons. A green banner displays the status "Finalized" (circled in red), "Claim Status as of 10/09/2017", "Claim ID: 200000000000", and "Service Dates: 09/23/2017 to 09/23/2017". Below this, the page is divided into two columns. The left column contains "INSURANCE DETAILS" (Health Plan, Member ID: 55555555) and "BILLING ENTITY" (SMITHTOWN PEDIATRICS, Tax ID: 012345678, Provider PIN: 123456). The right column shows "Total Billed: \$275.00" and "Total Paid: \$0.00".