



**New Provider**

# **WELCOME PACKET**

A how-to guide for  
providers working  
with SCAN

# WELCOME TO SCAN

As a provider in SCAN's network, this is a guide to ensure we're delivering timely care to our members and your office staff are operationally supported to do so.

*Note: This content is for IPA/medical groups where the contractual relationship they have with SCAN is such that the medical group is delegated for the provider network and associated administrative responsibilities for the network. Depending on the contract between SCAN and the IPA/medical group, there could be carve-outs where SCAN takes risk or delegation of administrative responsibility, so it is important to refer to specifics within the contract.*

*If you are a non-contracted provider, all content in this guide apply to you unless explicitly noted.*

## About SCAN Health Plan

Founded in 1977 in California, SCAN is the third-largest not-for-profit Medicare Advantage plan in the nation. We're committed to delivering high-quality care to our members. Our mission is to keep seniors healthy and independent, and we're excited to work with you to further that mission!



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# Provider Quick Reference Guide

<b>Portal Registration</b>	<p>Register on our Provider Portal at <a href="https://secure-pportal.scanhealthplan.com">secure-pportal.scanhealthplan.com</a> See the User Guide next to the Create Account button for assistance</p> <p>Questions contact SCAN at <a href="mailto:ProviderPortal@scanhealthplan.com">ProviderPortal@scanhealthplan.com</a> or call 888-450-7226</p>
<b>Eligibility and Benefits</b>	<p><b>Verify member eligibility and benefits</b></p> <ul style="list-style-type: none"><li>• EDI: 270/271 transaction (preferred)   SCAN's Payer ID: 10178   Questions: Call FinThrive 800-390-7459</li><li>• <b>Interactive Voice Response (IVR):</b> 877-778-7226</li><li>• <b>Portal:</b> Log in to SCAN's <a href="#">Provider Portal</a> <i>Note: The address to submit claims is available under the Eligibility Tab. The returned eligibility search will include the claim submission address.</i></li><li>• <b>Managed File Transfer (MFT):</b> Providers can receive eligibility files via MFT in flat file (recommended) or 834 format. Contact <a href="mailto:NetworkRelations@scanhealthplan.com">NetworkRelations@scanhealthplan.com</a> for assistance.</li></ul> <p><b>Medical Policy</b> Visit <a href="#">SCAN Medical Policy</a> for additional information on medical policies Email <a href="mailto:SCANMedicalPolicy@scanhealthplan.com">SCANMedicalPolicy@scanhealthplan.com</a> for medical policy inquiries</p>
<b>Claims &amp; Encounters</b>	<p><b>Submit a claim and/or encounters</b></p> <ul style="list-style-type: none"><li>• EDI: 837 transaction (preferred)   SCAN's Payer IDs: SCAN1 (claims) or SCANE (encounters)   Questions: contact Office Ally at 360-975-7000, email <a href="mailto:info@officeally.com">info@officeally.com</a> or live chat <a href="https://support.officeally.com">support@officeally.com</a></li><li>• <b>Mail:</b> The address to submit claims is under the Eligibility Tab on SCAN's <a href="#">Provider Portal</a>. The returned eligibility search will include the claim submission address.</li></ul> <p><b>Check claim status</b></p> <ul style="list-style-type: none"><li>• <b>Portal:</b> Log in to SCAN's <a href="#">Provider Portal</a> (allow 30 days for status to reflect on portal)</li></ul> <p><b>Question about a processed claim</b></p> <ul style="list-style-type: none"><li>• <b>ECHO:</b> Review payment details and request copy of RA or check tracer <a href="#">ECHO Health</a></li><li>• <b>Portal:</b> Log in to SCAN's <a href="#">Provider Portal</a> to view processed claim FAQs or submit an inquiry</li></ul> <p><b>Claim overpayments</b> see page 10 "Claim Overpayment &amp; Recovery" for details <b>Misdirected claims</b> see page 8 "Claim Submissions, Status and Inquiries" for details <b>Encounters</b> email <a href="mailto:HCIOutreach@scanhealthplan.com">HCIOutreach@scanhealthplan.com</a></p>
<b>Claim Disputes and Appeals</b>	<p><b>Submit a dispute</b></p> <ul style="list-style-type: none"><li>• <b>Fax:</b> 562-997-1835 (preferred)</li><li>• <b>Mail:</b> SCAN Health Plan, Attn: SCAN Claims Provider Disputes, P.O. Box 21543, Eagan, MN 55121</li></ul> <p><b>Submit an appeal</b> (non-contracted providers only)</p> <ul style="list-style-type: none"><li>• <b>Fax:</b> 562-989-0958 (preferred)</li><li>• <b>Mail:</b> SCAN Health Plan, Attn: SCAN Non-Contracted Provider Appeals, P.O. Box 22616, Long Beach, CA 90801</li></ul> <p><b>Check status of dispute or appeal</b> <b>Portal:</b> Log in to SCAN's <a href="#">Provider Portal</a> to submit an inquiry (allow 60 days for SCAN to communicate a decision)</p>

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# Provider Quick Reference Guide

<b>Payments</b>	<p><b>Claims payments</b> sign up to receive electronic payments through <a href="#">ECHO Health</a></p> <p><b>ERA</b> sign up to receive ERA/835 files through <a href="#">ECHO Health</a>   SCAN's ePayment Enrollment ID: 72261</p> <p><b>Questions</b> contact ECHO Health at <a href="mailto:allpayer@echohealthinc.com">allpayer@echohealthinc.com</a> or call 888-834-3511</p>
<b>Provider Roster</b>	<p>SCAN must be notified of provider roster changes within 5 business days to ensure provider data accuracy on SCAN's online directory</p> <p><b>Submit</b> updates on SCAN's roster template with your Network representative Cc'd to <a href="mailto:ProviderUpdates@scanhealthplan.com">ProviderUpdates@scanhealthplan.com</a></p>
<b>Compliance</b>	<p><b>Reporting</b> visit <a href="#">Report a Compliance Issue</a> on scanhealthplan.com</p>
<b>Member Grievances</b>	<p>SCAN must be notified of all member grievances on the day of receipt</p> <p><b>Call</b> Member Services at 866-722-6725 (Connections), 800-399-7226 (VillageHealth), 800-559-3500 (CA), 855-650-7226 (AZ), 855-827-7226 (NV), 855-826-7226 (NM), 855-844-7226 (TX)</p>
<b>Network Quality</b>	<p>Email <a href="mailto:NetworkQuality@scanhealthplan.com">NetworkQuality@scanhealthplan.com</a></p>
<b>Credentialing</b>	<p>Please refer to the <a href="#">Provider Operations Manual</a> for credentialing requirements</p> <p><i>Note: all providers must complete the recredentialing process every 3 years</i></p> <p><b>Questions</b> <a href="mailto:SCANProviderCredentialing@scanhealthplan.com">SCANProviderCredentialing@scanhealthplan.com</a></p>
<b>Provider Operations Manual</b>	<p>For additional details on policies and guidelines, please refer to the <a href="#">Provider Operations Manual</a></p> <p><i>Note: SCAN's Provider Operations Manual is updated annually on 1/1</i></p>

# Eligibility & Benefits

SCAN offers multiple options to verify member eligibility and benefits:

- 1 EDI 270/271 (preferred):** Providers are encouraged to use the EDI 270/271 transaction as it is the most efficient option to obtain real-time member eligibility and benefit information.

To get started:

- Contact your clearinghouse (add SCAN's Payer ID: 10178) and PMS or HIS vendor
- For questions and connectivity testing, contact FinThrive at 800-390-7459

- 2 Portal:** Log in to SCAN's [Provider Portal](#) to get eligibility & benefits information in a downloadable 834 or flat file, including but not limited to:

- Member eligibility, coverage dates
- Member's ID#
- Medical group name and ID#
- PCP name and ID#

Address to submit claims is available under the Eligibility Tab. The returned eligibility search will include claim submission address.

- 3 Interactive Voice Response (IVR):** Call 877-778-7226 for real-time member eligibility and benefit information, available 24/7

- 4 Managed File Transfer (MFT):** Providers can receive downloadable eligibility files via MFT in one of two file formats:

- Flat file (recommended) provided/updated weekly
- 834 (if flat file cannot be ingested); frequency aligned upon with medical group

To get started: contact [NetworkRelations@scanhealthplan.com](mailto:NetworkRelations@scanhealthplan.com)

## Helpful Resources

### California

- [Benefit Highlights](#)
- [Evidence of Coverage](#)
- [Summary of Benefits](#)

### Arizona

- [Benefit Highlights](#)
- [Evidence of Coverage](#)
- [Summary of Benefits](#)

### Nevada

- [Benefit Highlights](#)
- [Evidence of Coverage](#)
- [Summary of Benefits](#)

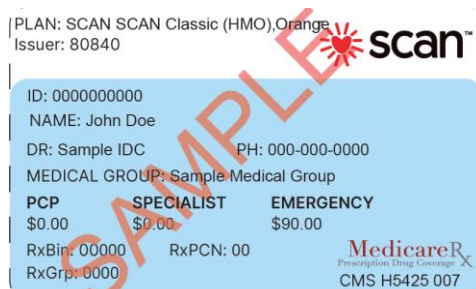
### New Mexico

- [Benefit Highlights](#)
- [Evidence of Coverage](#)
- [Summary of Benefits](#)

### Texas

- [Benefit Highlights](#)
- [Evidence of Coverage](#)
- [Summary of Benefits](#)

## Sample Member ID Card



If an Emergency Arises: Go to the nearest ER or call 911.

SCAN Member Services: 1-800-559-3500 (TTY: 711)

SCAN Transportation: 1-844-714-2218 (TTY: 711)

ESI Customer Service: 1-866-553-4125

Pharmacy Help Desk: 1-800-922-1557

Providers: For eligibility call 1-877-778-7226

Website: [www.scanhealthplan.com](http://www.scanhealthplan.com)

Send Claims To: [Provider's Claim address here]

# Medical Policy

SCAN's Medical Policy website is publicly available at

<https://medicalpolicy.scanhealthplan.com>

Here you will find the following useful information:

- Medical Policy Terms of Use
- Policies page: Links to articles [Benefit Coverage Guidelines (BCGs)] providing detailed information on common coverage issues, citing Medicare resources and current evidence in widely used treatment guidelines
- About page: Description of the purpose and uses of Medical Policy repository
- Guidance page: which lists coverage criteria for medical necessity determinations
- MCD Search tool: A handy link for searching the Medicare Coverage Database (MCD) for National and Local Coverage Determinations (NCDs and LCDs)

Email [SCANMedicalPolicy@scanhealthplan.com](mailto:SCANMedicalPolicy@scanhealthplan.com) for medical policy inquiries

# Claim Submissions, Status and Inquiries

Verify member's benefits and eligibility on the [Provider Portal](#) to review member's facility group name and address of where to submit claims. If address to submit claims is SCAN, continue below. If not, please contact the facility group name directly.

## Submit a claim

Two ways to submit claims and/or encounters

### 1 EDI 837 (preferred)

Providers should submit all claims electronically using the EDI 837 transaction

#### Getting started

- If you're already using a vendor, contact them to add SCAN's payer ID, or
- Enroll with Office Ally at [cms.officeally.com](https://cms.officeally.com) or (360) 975-7000 Option 1
- Use the following payer IDs for SCAN:
  - Claims: SCAN1
  - Encounters: SCANE

#### Questions?

Contact your vendor or Office Ally directly at 360-975-7000, email [info@officeally.com](mailto:info@officeally.com) or live chat [support.officeally.com](https://support.officeally.com)

### 2 Paper submission

If unable to submit electronically, obtain the address to submit claims under the Eligibility Tab on SCAN's [Provider Portal](#).

The returned eligibility search will include the claim submission address.

Paper claims must be submitted on current CMS standard UB-04 or CMS-1500 forms.

## Helpful Resources

For more information on submitting claims, timely filing, and turnaround times, please refer to the [Provider Operations Manual](#)

## Check claim status

- Log in to SCAN's [Provider Portal](#)

## Misdirected claims

All misdirected claims received by SCAN which are identified as Group or Hospital risk, are promptly sent through Office Ally for forwarding to the at-risk Group or Hospital

- Providers are encouraged to enroll with Office Ally to receive misdirected claims as electronic 837-files
- Providers can opt to receive paper copies via mail from Office Ally
- Providers who do not enroll will automatically receive paper copies via mail from Office Ally



# Claim Disputes & Appeals

## Submit a dispute

To challenge the determination of a claim, providers may submit a dispute. Please include the appropriate form below:

- [Reopening Request Form](#) to correct a coding error or omission
- [Provider Dispute Resolution \(PDR\) Form](#) for non-contracted provider disputes
- [Provider Delegate Claim Dispute Resolution Form](#) for Delegate disputes

Submit the dispute form via fax to 562-997-1835. If unable to fax, mail it to:

SCAN Health Plan  
Attn: SCAN Claims Provider Disputes  
P.O. Box 21543  
Eagan, MN 55121

## Submit an appeal (non-contracted providers only)

To request an appeal of a medical necessity denial, non-contracted providers should submit a request within 60 calendar days of receipt of Remittance Advice. This request should include:

- A signed [Waiver of Liability \(WOL\) Form](#)
- A copy of the original claim
- The remittance notification
- Any clinical records and other supporting documentation

Submit the request via fax to 562-989-0958. If unable to fax, mail it to:

SCAN Health Plan  
Attn: SCAN Non-Contracted Provider Appeals  
P.O. Box 22616  
Long Beach, CA 90801-9826

## Submit a processed claim inquiry

Visit the [Processed Claim Inquiry](#) section on SCAN's [Provider Portal](#) under the [Resources and Guidelines](#) Tab

Before submitting a processed claim inquiry;

- *Review payment details and request copy of RA or check tracer at [ECHO Health](#)*
- *Review processed claim FAQs on SCAN's [Provider Portal](#)*

If you still have questions, [submit an inquiry](#) on SCAN's [Provider Portal](#) (form and instructions are located on the Portal under the [Resources and Guidelines](#) tab under [Processed Claim Inquiry](#) section)

## Check the status of a dispute or appeal

Log in to SCAN's [Provider Portal](#) to submit an inquiry (allow for 60 days for SCAN to communicate a decision prior to submitting an inquiry)

# Claim Overpayment & Recovery

SCAN reviews payment data regularly and requests refunds if claims are overpaid. When an overpaid claim is identified, SCAN will send an Overpayment Notice Letter to the provider. Providers are required to report any payments made by SCAN for which the provider is not entitled and should notify SCAN in writing via the Provider Overpayment Form.

## Returning overpayments to SCAN

Providers have two options to repay identified overpayment(s) to SCAN:

### 1 Submit a refund (check)

Please be sure to include the check, a completed [Provider Overpayment Refund Request Form](#), and the Overpayment Notice Letter (if applicable)

Mail the check to: SCAN Health Plan, 3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90801

Email the overpayment documents to [ClaimsRecoveryUnit@scanhealthplan.com](mailto:ClaimsRecoveryUnit@scanhealthplan.com).  
If unable to email, mail it to:

SCAN Health Plan  
Attn: SCAN Claims Provider Disputes  
P.O. Box 21543  
Eagan, MN 55121

*Note: Overpayments must be returned no later than 30 calendar days after the date which the overpayment was identified. Failure to do so may result in recoupment from future payments.*

### 2 Request immediate recoupment

(note: option is not available for non-contracted providers)

Contracted providers have the option to request immediate recoupment. This request should include a completed [Provider Recoupment Request Form](#)

Email the Recoupment Request Form to [ClaimsRecoveryUnit@scanhealthplan.com](mailto:ClaimsRecoveryUnit@scanhealthplan.com).  
If unable to email, mail it to:

SCAN Health Plan  
Attn: SCAN Claims Provider Disputes  
P.O. Box 21543  
Eagan, MN 55121

*Note: Immediate recoupment requests must be received no later than 15 calendar days after the date which the overpayment was identified.*

## How to dispute SCAN's overpayment findings

To request more information about or dispute an overpayment request, email [ClaimsRecoveryUnit@scanhealthplan.com](mailto:ClaimsRecoveryUnit@scanhealthplan.com)

*Note: Disputing a refund request does not stop the recoupment from occurring beginning at day 41 from the notice date*

# Payments Claims Payment & ERA

Providers can sign up to receive electronic payments and ERA through ECHO Health. If already registered with ECHO, SCAN will send payments via your existing payment method selection.

## First-time users will need to register

To register with ECHO Health, visit [www.providerpayments.com](http://www.providerpayments.com) and click “Create New Account”. Once registered, select one of the following payment options:

### **Electronic Funds Transfer (EFT) / Automated Clearing House (ACH):**

Automatic bank direct deposits. A 2% charge applies for EFT. Check with ECHO for details.

### **Virtual Card (vCard):** Virtual Visa Debit Transaction (default option)

- If you enroll for EFT, you still need to opt out of payments issued as a vCard
- To Opt-out of vCard: Call 888-984-5025 or visit [echovcards.com](http://echovcards.com)
- To Update vCard Fax#: Call 877-705-4230

**Medical Payment Exchange (MPX):** Deluxe Corporation’s digital portal solution that allows Providers instant access to both payment and EOP/EOB simultaneously

- For more information, call 888-471-3920 or email [MPXsupport@mpx.com](mailto:MPXsupport@mpx.com)

## Electronic remittance advice (ERA)

Sign up to receive ERA/835 files with ECHO Health (no fees apply). To get started, visit [enrollments.echohealthinc.com](http://enrollments.echohealthinc.com) and provide SCAN’s Payer ID: 72261

## Review payment history

Check tracers, copies of cashed checks or RAs can be viewed at [ECHO Health](#)

## Need help?

- Review ECHO’s Provider Payments User Guide: log in to [ECHO Health](#) and select help
- For EFT enrollment, 835 file status, or technical support: Call 888-834-3511 or email [allpayer@echohealthinc.com](mailto:allpayer@echohealthinc.com)
- Website Support: 833-318-7212

# Payments Capitation

## Wire transfers (capitated providers only)

To request that capitation payments be made via wire transfer, submit the following information to [NetworkRelations@scanhealthplan.com](mailto:NetworkRelations@scanhealthplan.com)

- A letter on provider letterhead signed by an officer that includes a written statement approving the wire transfer of capitation funds and the following information
  - Account Number, Routing Number
  - Bank Name, Contact Person, Phone Number, Fax Number
  - Destination Address
  - Beneficiary Names
  - TIN
- An electronic funds transfer Form (EFT Form) signed by an officer;
- A W-9
- A copy of Provider's Statement of Domestic Stock Corporation document, Articles of Incorporation, or Service Agreement

## Review capitation payment history

Capitation is paid on or about the fifteenth (15th) day of each month. To review your monthly capitation payments, access Capitation Detail Reports via Managed File Transfer (MFT).

For more information, contracted capitated providers should refer to their contract with SCAN for capitation rates and other specific details, including the Division of Financial Responsibility (DOFR).

# Provider Roster Changes

SCAN conducts quarterly roster verification to ensure that each provider roster is accurately recorded in SCAN's provider data system.

SCAN must also be notified of any updates to roster information within five (5) business days from the time the provider is aware of changes to the provider roster. This helps ensure SCAN directory accuracy to support member access and minimizes compliance risk for CMS directory audits.

Example roster changes:

- Additions
- Terminations
- Ability to accept new patients/closed panel
- Street address
- Phone number
- Fax number
- Languages
- Days practicing at location

## Helpful Resources

For information on timeliness and accuracy of communicating provider demographic changes, please refer to the [Provider Operations Manual](#)

## Report roster changes

Submit updates on SCAN's roster template with your Network Representative Cc'd to [ProviderUpdates@scanhealthplan.com](mailto:ProviderUpdates@scanhealthplan.com)

*Note: Out of date provider information may result in suppression from the directory and ultimately put into termination process.*

## Termination of Primary Care Physician or Behavioral Health Provider

Provider shall make best efforts to deliver notice to SCAN seventy-five (75) calendar days prior to the effective date of termination, or as soon as the group is notified by the provider, in order for SCAN to notify members of these changes timely. In the event a PCP is terminated with less than seventy-five (75) calendar days' notice, then the group is to provide SCAN with written notice within five (5) business days of becoming aware of the termination. Terminations will become effective the 1<sup>st</sup> of the month following the expiration of the notice period unless SCAN is able to process the request earlier. In the event of a PCP termination, the group must also provide SCAN with a replacement PCP to whom to transfer the members. The replacement PCP must be affiliated with SCAN and accepting members.

*Please consult your respective [Provider Operations Manual](#) for more details on the CMS regulations regarding provider terminations.*