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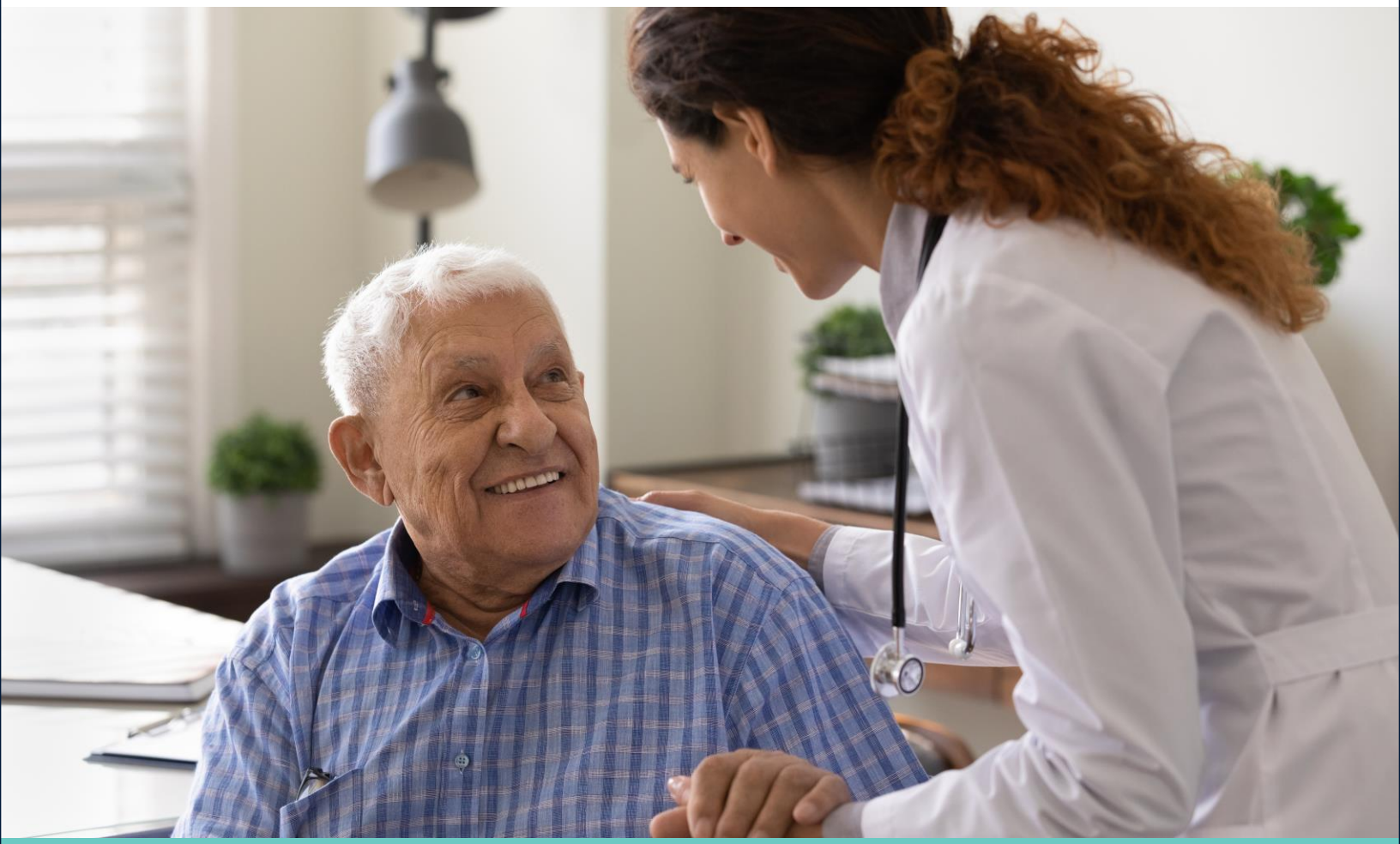


New Provider

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: If you are a non-contracted provider, all processes outlined 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!

Our Plans and Provider Network

We offer the following Medicare Advantage plans in Arizona:

Product	MA-PD	C-SNP	I-SNP
Product type	Classic, Venture	Strive, Balance, Heart First	Embrace
Plan type	HMO	HMO	HMO-POS*
Counties	Maricopa	Maricopa	Maricopa, Pima

**SCAN Embrace in Arizona is an HMO plan and a Point of Service (POS) plan. Embrace POS members can use any provider (excluding PCPs) that accepts Medicare, including out-of-network providers with no contract required. SCAN Embrace AZ covers the same services as Medicare and providers will be paid at Medicare rates For more information, please visit SCAN Embrace Arizona on scanhealthplan.com*

Table of Contents

Provider Quick Reference Guide

Portal Registration	**To register on our provider portal**, Availity Essentials, visit Register and Get Started with Availity Essentials **For questions**, contact Availity at 1-800-AVAILITY (282-4548)
Eligibility and Benefits	**Verify member eligibility and benefits** • **EDI:** 270/271 transaction (preferred) | SCAN's Payer ID: 10178 | Questions: Call FinThrive at (877) 732-6853 or email TUPrtnrSupt@finthrive.com • **IVR:** (877) 778-7226 • **Portal:** Log in to Availity Essentials > select Patient Registration > Eligibility and Benefits Inquiry • **Managed File Transfer (MFT):** Providers can receive downloadable eligibility files via MFT in flat file (recommended) or 834 format; to get started, contact NetworkRelations@scanhealthplan.com
Authorizations and Referrals	**Check if a service requires prior authorization** by searching the Prior Authorization List **Submit a prior authorization request** • **Portal:** Log in to Availity Essentials > select Patient Registration > Authorizations & Referrals > Authorizations • **Fax:** Complete and fax the SCAN Referral / Authorization Request Form to (800) 411-0671 **Check the status of a prior authorization request** • **Phone:** Call Provider Services at (888) 540-7226 **Questions** • **Email** UMCCMdepartment@scanhealthplan.com for auth-related inquiries • **Email** scanmedicalpolicy@scanhealthplan.com for medical policy inquiries
Claims & Encounters	**Submit a claim** • **EDI:** 837 transaction (preferred) | SCAN's Payer IDs: SCAN1 (claims), SCANE (encounters) | Questions: Call Office Ally at (360) 975-7000, email info@officeally.com or live chat at support.officeally.com • **Mail:** SCAN Claims, P.O. Box 22698. Long Beach, CA 90801 **Check claim status** • **Portal:** Log in to Availity Essentials > select Claims & Payments > Claim Status • **Phone:** (888) 540-7226 (allow for 30 days for status to reflect on portal prior to calling) **Question about a processed claim** • **ECHO:** Review payment details and request copy of RA or check tracer ECHO Health • **Portal:** Log in to Availity Essentials > select Payer Spaces > SCAN logo > view processed claim FAQs • **Phone:** (888) 540-7226 **Claim overpayments:** see section "Claim Overpayment & Recovery" for details **Encounters:** Email hcioutreach@scanhealthplan.com for questions
Claim Disputes and Appeals	**Submit a dispute** • **Fax**: (562) 997-1835 (preferred) • **Mail:** SCAN Health Plan, Attn: SCAN Claims Provider Disputes, P.O. Box 22698. Long Beach, CA 90801 **Submit an appeal** (non-contracted providers only) • **Fax:** (562) 989-0958 (preferred) • **Mail:** SCAN Health Plan, Attn: SCAN Non-Contracted Provider Appeals, P.O. Box 22616, Long Beach, CA 90801-9826 **Check status of dispute or appeal** **Phone:** Call (888) 540-7226 (allow for 60 days for SCAN to communicate a decision prior to calling)
Payments	**Claims payments:** Sign up to receive electronic payments through ECHO Health at providerpayments.com **ERA:** Sign up to receive ERA/835 files through ECHO Health at enrollments.echohealthinc.com | SCAN's ePayment Enrollment ID: 72261 **Questions:** Call ECHO Health at (888) 834-3511 or email allpayer@echohealthinc.com
Provider Roster	SCAN must be notified of provider roster changes within 5 business days to ensure provider data accuracy on SCAN's online directory **Email**: ProviderUpdates@scanhealthplan.com
Compliance	**Attestation submission:** Submit a completed attestation form on scanhealthplan.com **To report a compliance issue**, go to Report a Compliance Issue on scanhealthplan.com
Member Access & Care Management	**Information:** go to SCAN Case Management Program Fact Sheets for information on SCAN's clinical programs and the Provider Operations Manual for provider accessibility and appointment expectations **Questions:** Email cmreferral@scanhealthplan.com or call 562-308-5854
Member Grievances	SCAN must be notified of all member Grievances on the day of receipt **Phone:** Call Member Services at 855-650-7226
Network Quality	Email: NetworkQuality@scanhealthplan.com
Credentialing	All providers must complete the re-credentialing process every 3 years Please refer to the Provider Operations Manual for credentialing requirements. Any questions, email: SCANProviderCredentialing@scanhealthplan.com (physicians) or credentialing@scanhealthplan.com(facilities/ancillaries)
Provider Operations Manual	For additional details on policies and guidelines, please refer to the SCAN Provider Operations Manual *Note: SCAN's Provider Operations Manual is updated annually on 1/1*
SCAN Key Contacts	If you need to speak with someone, we're here to help **Phone:** Call Provider Services at (888) 540-7226 **Email:** NetworkRelations@scanhealthplan.com

Eligibility & Benefits

Eligibility and Benefit Verification

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 TUPrtnrSupt@finthrive.com or (877) 732-6853

2. **Portal:** Log in to Availity Essentials > select Patient Registration > Eligibility and Benefits Inquiry; there you'll find eligibility and benefits information updated daily, including but not limited to:
   - Member eligibility confirmation
   - Member's ID#, status, plan start date
   - Medical group name and number

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

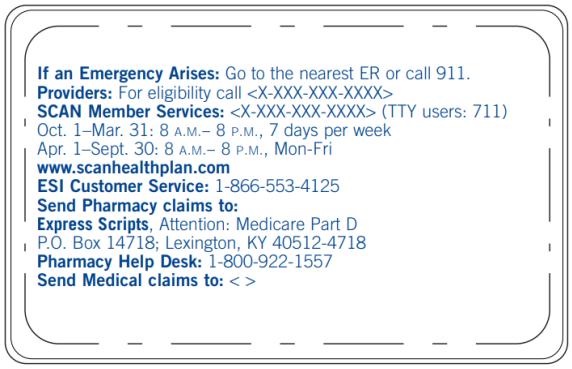
4. **Managed File Transfer (MFT):** Providers can receive downloadable eligibility files via MFT in one of two file formats:
   - Flat file (recommended) provided/updated weekly
   - 834 (if flat file cannot be ingested); frequency aligned upon with provider

   To get started: contact NetworkRelations@scanhealthplan.com

Helpful resources

- Benefit Highlights
- Evidence of Coverage
- Summary of Benefits

Sample Member ID card



Prior Authorizations

Check if a service requires prior authorization

Providers should use the Prior Authorization List when checking which services, items and medications require prior authorization

Note for SCAN Embrace members in AZ: If you're referring an Embrace POS member to an out of network provider, a prior authorization may not be required. To confirm a member is Embrace POS, check that the member's ID card displays "SCAN Medical Group AZ" in the medical group field. Please visit SCAN Embrace Arizona on scanhealthplan.com for details

Submit a prior authorization request

Two ways to request prior authorization:

1. **Portal:** Log in to Availity Essentials > select Patient Registration > Authorizations & Referrals > Authorizations

2. **Fax** the SCAN Referral / Authorization Request Form to (800) 411-0671

Helpful resources

- Questions on prior authorization – email UMCCMdepartment@scanhealthplan.com
- Questions on Medical Policy – email scanmedicalpolicy@scanhealthplan.com
- Copies of Medical Policy – available on SCAN Payer Space on Availity Essentials and the Provider Operations Manual

Check request status

Call Provider Services at (888) 540-7226 *(note: allow 7 calendar days for SCAN to communicate a decision prior to calling)*

Disagree with a prior authorization decision?

Providers can request an appeal on behalf of a member:

- Fax supporting documentation to (562) 997-1835 (preferred)
- If unable to fax, mail to SCAN Health Plan, P.O. Box 22698 Long Beach, CA 90801

Utilizing SCAN's Referral Network

Search for in-network providers

Providers can use our online Provider Directory to find in-network specialists

1. Visit scanhealthplan.com > "Find a Doctor & More" > Find a Doctor
2. Enter your state
3. Enter your address *(approximate location can be entered e.g., nearby city or zip code)*
4. Filter by radius: 5, 10, 20, or 50 miles
5. Scroll down and click "Show More Filters" *(filter will only appear if address is populated)*
6. Under "Medical Group" select "Show All Groups",
7. Select the medical group shown on the member's ID card and click "Update" in the top right corner

Providers can use the Medical Facility Directory to find in-network facilities & ancillaries

Questions? Call Provider Services at (888) 540-7226 for help locating in-network providers

Claim Submissions, Status and Inquiries

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 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, or live chat support.officeally.com

Note: Capitated services should come through Office Ally claims file. The system will adjudicate the claims as capitated and send the EOP to the provider as capitated. The claims submitted (capitated or FFS) should meet all claims submission requirements. Submitted in this manner, claims will meet the requirements for reporting and encounter data submission to CMS

2 Paper submission

If unable to submit electronically, mail a paper UB-04 or CMS HCFA 1500 to:

SCAN Claims
P.O. Box 22698
Long Beach, CA 90801

Helpful resources

For more information on submitting claims, timely filing, and turnaround times, go to SCAN Payer Space on Availity Essentials or the Provider Operations Manual

Check claim status

- **Portal:** Log in to Availity Essentials > select Claims & Payments > Claim Status
- **Phone:** Call Provider Services at (888) 540-7226 *(note: allow for 30 days for status to reflect on portal prior to calling)*

Question about a processed claim?

- Review payment details and request copy of RA or check tracer at ECHO Health
- Review processed claim FAQs and helpful tips on SCAN Payer Space on Availity Essentials
- If you still have questions, call Provider Services at (888) 540-7226

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 all other 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 22698
Long Beach, CA 90801

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

Check the status of a dispute or appeal

Call Provider Services at (888) 540-7226 *(note: allow 60 calendar days prior to calling)*

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. If unable to email, mail it to: SCAN Claims Provider Disputes, P.O. Box 22698. Long Beach, CA 90801

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. If unable to email, mail it to: SCAN Claims Provider Disputes, P.O. Box 22698. Long Beach, CA 90801

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

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 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
- 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

Electronic remittance advice (ERA)

Sign up to receive ERA/835 files with ECHO Health (no fees apply). To get started, visit 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
- 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

- 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

Email roster changes to ProviderUpdates@scanhealthplan.com

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

Compliance

SCAN's commitment to compliance includes ensuring that its first tier, downstream, and related entities ("FDRs") are in compliance with all applicable laws, rules, and regulations. All contracted providers are required to submit an attestation form as evidence of compliance with the below requirements:

- **Compliance Policies and Procedures, and Standards of Conduct:** Providers should have written compliance policies and procedures, and standards of conduct, and distribute them within 90 days of hire or contracting, when revised, and annually thereafter
- **General Compliance Training:** Providers should complete the General Compliance Training module located on the CMS Medicare Learning Network (MLN) or an equivalent training within ninety (90) days of hire/contracting and at least annually thereafter
- **Fraud, Waste and Abuse ("FWA") Training:** Providers should complete the Fraud, Waste and Abuse Training module located on the CMS Medicare Learning Network (MLN) or an equivalent training within ninety (90) days of hire/contracting and at least annually thereafter
- **OIG/SAM Exclusion Lists:** Providers should review the DHHS OIG List of Excluded Individuals and Entities (LEIE list), SAM Excluded Parties Lists System (EPLS), and CMS Preclusion List, prior to the hiring or contracting of any new employees and downstream entities, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs. Providers should immediately disclose exclusion to SCAN, or other event that makes them ineligible to perform work related directly or indirectly to Federal health care programs
- **Oversight of First Tier Entities:** Provider has a process in place (if applicable) to monitor the entities with which it contracts with (these are "first tier" entities to the Contractor and "downstream" entities to SCAN) to ensure that they are in compliance with all applicable laws and regulations
- **Record Retention:** Providers should retain evidence of compliance records for at least ten (10) years, or longer if required by applicable law
- **Offshore Subcontracting:** If Provider offshores any protected health information, provider will complete and return SCAN's Offshore Subcontractor Certification, annually thereafter as well as within 20 days of entering into or amending any agreement with an Offshore Subcontractor

Submit an attestation form

Submit a completed attestation form on scanhealthplan.com

Note: SCAN reserves the right to request evidence of compliance with these requirements at any time

Report a compliance issue

For information on reporting compliance issues, go to Report a Compliance Issue on scanhealthplan.com