

DIGITAL TRANSACTION REFERENCE GUIDE

HELPING PROVIDERS OPTIMIZE BUSINESS OPERATIONS





Save time, money, and enhance productivity, while reducing paper by using SCAN's digital services.

Transaction	Benefits of Electronic Submission	Available Options	How to Register	Contact Support
<p>Eligibility and Benefit Verification</p>	<p>Eligibility benefit verifications is the highest volume and savings opportunity for Providers among all medical transactions. Administrative time spent verifying eligibility and benefits manually takes on average 23 minutes vs. 2 minutes electronically via EDI.</p> <p>Electronic Benefits include:</p> <ul style="list-style-type: none"> • Reduced denials, claims rejections, collections, and bad debt • Increased productivity & efficiency from reduced time spent on manual administrative tasks (i.e., significantly reduced phone wait times) • Expedited reimbursement & increased cash flow • Available to both contracted & non-contracted providers • Ability to exchange benefits information with multiple payers • Perform eligibility (270/271) transactions in real-time mode, based on connectivity method <p>SCAN's Provider Portal Tips: REMINDER</p> <ul style="list-style-type: none"> • SCAN benefits for the current & previous year are available on under the Resources and Guidelines module. • The address to submit claims are available on under the Eligibility Tab. The returned eligibility search will include the claim submission address. <hr style="border: 1px solid #007bff; margin-top: 10px;"/> <p style="color: #007bff; font-size: small;"><i>The Choice is EDI... Your time and that of your staff is valuable. EDI 270/271 is the 3rd most utilized EDI transaction in the healthcare industry. It greatly improves office efficiency by eliminating lengthy time spent calling Payers for eligibility and logging onto their portals. Contact your PMS to see if EDI is available and start saving valuable time today!</i></p>	<p>1. <u>Electronic Eligibility Benefit Inquiry & Response (EDI 270/271):</u></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <p>Save \$10.52 per transaction</p> </div> <p>Start using your Practice Management System (PMS) or Hospital Management System (HMS) today to automatically send and receive EDI 270/271 real-time or batch transactions. Benefit information includes member ID, date of coverage, copay and co-insurance amounts, year-to-date deductibles, out of pocket amounts, and access to 30 ANSI service type codes.</p> <p>2. <u>SCAN's Provider Portal:</u></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <p>Save \$7.90 per transaction</p> </div> <p>SCAN's contracted and non-contracted providers can obtain eligibility and benefits information without needing to pick up the phone. You can quickly view member's detailed benefits, coverage dates, coinsurance, evidence of coverage, and print/save a PDF for your records.</p> <p>3. <u>SCAN's Interactive Voice Response (IVR):</u></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <p>Save \$7.90 per transaction</p> </div> <p>SCAN's IVR automated phone system also provides eligibility and benefits information which can be fax-backed. You can obtain member information, date of coverage, copays, Medical Group & PCP information. Fax-back includes the medical group address to send claims.</p>	<p>To establish EDI 270/271 connectivity with SCAN,</p> <p>(1) Contact your clearinghouse and provide</p> <div style="border: 1px solid #007bff; padding: 5px; margin: 5px 0; text-align: center; background-color: #d9ead3;"> SCAN's Payer ID: 10178 </div> <p>(2) Contact your PMS or HIS vendor to enable automated eligibility/benefit updates directly into patient accounts</p> <p style="font-size: x-small; color: #007bff;"><i>Note: You may already be set-up for other payer(s), making it easy to add SCAN.</i></p> <p>Self-register and gain immediate access to SCAN's enhanced provider portal.</p> <p style="color: #007bff;">Eligibility Inquiry User Guides <i>(separate guide for contracted and non-contracted providers can be found next to create account)</i></p> <div style="text-align: center; margin-top: 10px;"> <div style="border: 1px solid #007bff; padding: 5px; display: inline-block; background-color: #007bff; color: white;"> Enroll SCAN Provider Portal </div> </div>	<p>FinThrive (formerly TransUnion Healthcare): SCAN contracts with FinThrive to exchange EDI 270/271 transactions. Contact FinThrive for general questions including testing connectivity with SCAN.</p> <p>Email: TUPrtnrSupt@finthrive.com</p> <p>Phone: (877) 732-6853 Mon-Fri 8am-5pm EST</p> <hr style="border: 1px solid #007bff; margin-top: 10px;"/> <p><u>SCAN Portal Support:</u> Direct portal questions or technical support to:</p> <p>Email: ProviderPortal@scanhealthplan.com</p> <p>Phone: (888) 450-7226 Mon-Fri 8am- 5pm PST</p>

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Claim Submission	<p>SCAN partners with Office Ally for online claims submission (EDI 837) at no cost to providers. The web-based tool allows access from any web-enabled device from any location. Providers may also use a clearing house they already submit claims through.</p> <p>Note: Provider submissions must comply with current EDI HIPAA ASC X12 V5010 data standards. Submissions will be rejected if data does not meet these standards.</p> <p>Electronic Benefits include:</p> <ul style="list-style-type: none"> • Significant cost savings – save 6 minutes per claim by electronic submission • No set-up cost and free training and customer support • Improve cash flow -- claims settle 50% faster • Enhance claim control – find/correct errors for immediate resubmission • Submit claims to over 5,000 payers 	<div style="text-align: center;">  </div> <p>Electronic Claim Submission (EDI 837):</p> <p style="text-align: center;">  Enroll with Office Ally </p> <div style="text-align: center; border: 1px solid black; padding: 5px; background-color: #90EE90; margin: 10px auto; width: fit-content;"> SCAN's Payer ID: SCAN1 </div>	<p>Office Ally: Phone: (360) 975-7000 Mon-Fri, 5am-9pm PST Sat/Sun 6am-5pm PST</p> <p>Email: info@officeally.com</p> <p>LiveChat: support.officeally.com</p> <p>SCAN Support: Phone: (800) 307-8003 Mon-Fri, 8am-4pm PST</p>
Claim Status Inquiry	<p>SCAN's Provider Portal allows the provider to obtain real-time claim status, whether contracted or non-contracted. The free and easy-to-use online tool allows Providers to <u>verify if a claim has been received, processed, pending, or finalized. Providers can review claim details for processed claims.</u></p> <p>Electronic Benefits include:</p> <ul style="list-style-type: none"> • Significant cost savings – on average providers spent \$13.66 conducting manual phone claim status inquiries versus \$4.69 using a web portal • Less time spent on manual, administrative tasks – save 25 minutes per claim status inquiry • Increase staff productivity and efficiency -- access eligibility benefits 24 x 7 <p>SCAN's Provider Portal Tips: REMINDER</p> <ul style="list-style-type: none"> • Allow ~14 days for claim to reflect on portal. • Before submitting a duplicate claim please check claim status using the Claim Lookup Tool under the Claims Tab. • Confirm if a claim was sent to the correct address using the Eligibility Lookup Tool under the Eligibility Tab and locating the field "Address to Submit Claims". 	<div style="text-align: center;">  </div> <p>SCAN's Provider Portal:</p> <p>Contracted and non-contracted providers can self-register and gain immediate access to SCAN's enhanced provider portal.</p> <p style="text-align: center;">  Enroll with SCAN's Provider Portal </p>	<p>SCAN Portal Support:</p> <p>Direct portal questions or technical support to:</p> <p>Email: ProviderPortal@scanhealthplan.com</p> <p>Phone: (888) 450-7226 Mon-Fri 8am-5pm PST</p>

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Claim Payment & Electronic Remittance Advice (ERA)	<p><u>Electronic Claim Payments (ePayments)</u></p> <p>SCAN partners with ECHO Health, a partner of Change Healthcare, to provide ePayments and ERAs. ECHO consolidates individual provider and vendor payments into a single ERISA /HIPAA compliant format, remits ePayments, provides an explanation of provider payment details to providers.</p> <p>SCAN's preferred payment method is ePayment. Both in and out-of-network providers will benefit from switching to an ePayment option:</p> <ol style="list-style-type: none"> 1. EFT (Electronic Funds Transfer) / ACH (Automated Clearing House): Automatic direct deposits 2. Virtual Card (vCard): Virtual Visa debit transaction (<i>Default enrollment if no other election in place</i>) 3. Paper Checks by mail <p>Check tracers, copies of cashed checks or RAs can be obtained through ECHO Health at www.providerpayments.com</p> <hr/> <p><u>Electronic Remittance Advice (ERA) – EDI 835:</u></p> <p>Receive remittance details faster and at no cost using the ERA transaction - EDI 835. Providers can receive EDI 835 transactions by registering with SCAN's contracted vendor ECHO Health. ERAs can be automatically posted to your patient accounting system.</p> <p>Electronic Benefits include:</p> <ul style="list-style-type: none"> • Significant cost savings – average of 10 minutes saved per payment • Improve accounts receivables by speeding claims reconciliation • Expedite payments -- ePayments are received 3-7 days earlier than mailed paper checks • Process more ePayments by enrolling for ACH payments with many payers instead of individually • Free-up staff time processing time consuming paper payments and tracking claims • Eliminate mail time and lost paper checks • View, print, download and save a PDF version of EOP for easy reference with no paperwork to store • Easily accommodate remittances into your revenue billing system 	 	<p><u>Electronic Payment & ERA Submission:</u></p> <p>Complete the quick registration process. Provide PIN and basic corporate information, confirm initial test deposit, and begin using the service.</p> <p style="text-align: center;">  Enroll with ECHO Health </p> <div style="border: 1px solid black; background-color: #90ee90; padding: 5px; text-align: center; margin-top: 10px;"> SCAN's Payer ID: 72261 </div>	<p><u>ECHO Health Support:</u></p> <p>For EFT/ERA enrollment status, opt out of the virtual card or technical support:</p> <p>Phone: (888) 834-3511 (888) 984-5025 Mon-Fri, 8am-6pm EST</p> <p>Email: CS_Requests@echohealthinc.com</p>

*All savings referenced above are based on findings in the [2021 CAQH Index Report](#) which measures national progress in reducing the costs and burden associated with administrative transactions in the healthcare industry. The CAQH Index tracks the adoption of HIPAA mandated transactions, as well as other administrative transactions related to verifying insurance coverage, obtaining authorization for care, submitting a claim and supplemental information, and sending and receiving payments. The CAQH Index also estimates the annual volume, costs and time needed to complete these transactions.



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SCAN strives to reduce the amount of paper we use by offering paperless options through a variety of online tools and electronic delivery of forms, billing, and other information.

Transaction	Overview
Claim Overpayment & Recovery	<p>Please refer to SCAN's overpayment options below for a SCAN or Provider identified overpayment and our recoupment process for Contracted Providers only. Any inquiries or disputes should be emailed to SCAN's Claims Recovery Unit: Claimsrecoveryunit@scanhealthplan.com.</p> <ul style="list-style-type: none"> <p>• SCAN Identified Overpayment</p> <p>Scan reviews payment data regularly which occasionally results in identifying overpaid claims. When an overpayment is identified, SCAN will send an Overpayment Notice Letter to the provider. The notice will include the reason for the overpayment and request for refund. Providers have thirty (30) calendar days from the date of the notice to reimburse SCAN with the repayment amount. Providers can dispute the request by emailing Claims Recovery at email below. If SCAN does not receive payment in full within thirty (30) calendar days of the letter, overpayment amounts may be withheld (recouped) until overpayment is recovered.</p> <p>Instructions:</p> <ul style="list-style-type: none"> ▪ Complete and print the Provider Overpayment Refund Request Form ▪ Mail the check, the Provider Overpayment Refund Form, the Overpayment Notice and any other documentation to: Health Plan, 3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90801 SCAN ▪ You may send notification or inquiries directly to: Claimsrecoveryunit@scanhealthplan.com <p>• Provider Identified Overpayment</p> <p>Providers are required to report any payments made by SCAN for which the provider is not entitled. Overpayments must be returned to SCAN no later than thirty (30) calendar days after the date which the overpayment was identified. Providers should notify SCAN in writing via the Provider Overpayment Form (link below) including Member Claim Payment details, Provider Information, and Contract information. Providers have the option of returning overpayments via check to SCAN Health Plan or may elect recoupment/offset of the overpayment from future payments (contracted providers only). Please complete the Provider Overpayment form in the link below.</p> <p>Instructions:</p> <ul style="list-style-type: none"> ▪ Complete and print the Provider Overpayment Refund Request Form ▪ Mail the check, the Provider Overpayment Refund form along with any other documentation to: SCAN Health Plan, 3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90801 ▪ For inquiries, please contact SCAN Claims Recovery team at: Claimsrecoveryunit@scanhealthplan.com

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Claim Disputes & Appeals	<ul style="list-style-type: none"> • Claim Overpayments Recoupment/ Offset Options (Contracted Providers Only) <p>Contracted providers may elect to have overpayment(s) repaid through the recoupment process, instead of submitting a check to SCAN.</p> <ul style="list-style-type: none"> ▪ Recoupment of Overpayment: SCAN will implement a recoupment of identified over payments thirty (30) calendar days after the identification of the overpayment or notification of the overpayment by the provider. This process will occur in situations where the overpayment amount has not been received by SCAN by the 30th day. ▪ Immediate Recoupment: Providers can elect the recoupment process as soon as the overpayment is identified. Requests must be received no later than fifteen (15) calendar days after the identification of the overpayment. <p>Note: Details of overpayment recoupment can be found in the Overpayment Notification Letter or by contacting SCAN Claims Recovery Unit at: ClaimsRecoveryUnit@Scanhealthplan.com</p> <p>Instructions:</p> <ul style="list-style-type: none"> ▪ For immediate recoupment option, please email the completed Provider Recoupment Request Form to: ClaimsRecoveryUnit@Scanhealthplan.com ▪ For additional submission options, email: ClaimsRecoveryUnit@Scanhealthplan.com
Claim Disputes & Appeals	<p>Payment disputes and appeals processes for contracted providers are governed by the terms of the contract between the Provider and SCAN. Participating providers should refer to their participating provider agreement and applicable Provider Operations Manual for information on specific provider claim review or appeal rights.</p> <ul style="list-style-type: none"> • Claims Disputes <ul style="list-style-type: none"> ▪ To submit a dispute, complete the appropriate PDF form below, save it, and fax it to SCAN. <ul style="list-style-type: none"> ▪ Reopening Request Form: Use this form for SCAN processed claims ▪ Payment Dispute Resolution (PDR) Form: Use this form for Non-Contracted Provider Payment disputes ▪ Provider Delegate Claim Dispute Resolution Form: Use this form when requesting SCAN assistance with Delegate disputes ▪ The preferred and most efficient method to submit the completed Claims Dispute to SCAN is by fax. <ul style="list-style-type: none"> ▪ Fax the Dispute form any attachments to Fax Disputes to (562) 997-1835 ▪ If unable to fax, mail the form to: SCAN Health Plan, Attn: SCAN Claims Provider Disputes, P.O. Box 22698, Long Beach, CA 90801 - 9826

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	<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p style="text-align: center;">Please allow the following processing times for disputes:</p> <ul style="list-style-type: none"> 30 days for non-contracted providers for fee schedule payment disputes, billing errors, and minor corrections 45 days for Medicaid 60 days for contracted providers </div> <ul style="list-style-type: none"> Claim Appeals - Reconsiderations for Medical Necessity Denials (Special Rules for Non-Contracted Providers) <ul style="list-style-type: none"> Non-Contracted Providers may request an appeal within sixty (60) calendar days of receipt of Remittance Advice (RA). The appeal request must include signed Waiver of Liability (WOL) Form, documentation supporting the request (e.g., copy of RA notice, medical records, and copy of the claim). The WOL form holds the member harmless regardless of the outcome of the appeal. The preferred and most efficient method to submit the completed WOL form is by fax. <ul style="list-style-type: none"> Fax the completed WOL form and any attachments to Fax Non-Contracted Provider Appeals to (562) 989-0958 If unable to fax, mail the completed WOL form to: SCAN Health Plan, Attn: SCAN Non-Contracted Provider Appeals, P.O. Box 22644, Long Beach, CA 90801-9826 Please allow sixty (60) day for processing time for Non-Contracted Provider Appeals. The adjudication timeframe begins when the WOL is received by the plan.