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

Portal Registration	**To register on our provider portal,** visit secure-pportal.scanhealthplan.com For help registering, see the user guide next to the create account button **Questions or technical support**, e-mail ProviderPortal@scanhealthplan.com or call (888) 450-7226
Eligibility and Benefits	**Verify member eligibility and benefits** • **EDI**: 270/271 transaction (preferred) | SCAN's Payer ID: 10178 | Questions: Contact FinThrive at (877) 732-6853 or TUPrtnrSupt@finthrive.com • **IVR**: (877) 778-7226 • **Portal**: Log in to SCAN's Provider Portal *(note: the address to submit claims is available under the Eligibility Tab. The returned eligibility search will include the claim submission address)* • **Managed File Transfer (MFT):** Providers can receive downloadable eligibility files via MFT in flat file (recommended) or 834 format; contact NetworkRelations@scanhealthplan.com **Medical Policy:** Visit SCAN Medical Policy for additional information on medical policies Email SCANMedicalPolicy@scanhealthplan.com for medical policy inquiries
Claims & Encounters	**Submit a claim and/or encounters** • **EDI:** 837 transaction (preferred) | SCAN's Payer IDs: SCAN1 (claims), SCANE (encounters) | Questions: Contact Office Ally at (360) 975-7000, info@officeally.com or support.officeally.com • **Mail:** 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. **Check claim status** • **Portal:** Log in to SCAN's Provider Portal (allow for 30 days for status to reflect on portal) **Question about a processed claim** • **ECHO:** Review payment details and request copy of RA or check tracer ECHO Health • **Portal:** Log in to SCAN's Provider Portal > view processed claim FAQs or submit an inquiry **Claim overpayments:** see section "Claim Overpayment & Recovery" for details **Misdirected claims:** see section "Claim Submissions, Status and Inquiries" 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** **Portal:** Log in to SCAN's Provider Portal > submit an inquiry (allow for 60 days for SCAN to communicate a decision)

Provider Quick Reference Guide

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 for individual requests:** ProviderUpdates@scanhealthplan.com **Email for rosters:** ProviderBulkUpdates@scanhealthplan.com
Compliance	**To report a compliance issue**, go to Report a Compliance Issue on scanhealthplan.com
Member Grievances	SCAN must be notified of all member Grievances on the day of receipt **Phone:** Call 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)
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. Questions: email SCANProviderCredentialing@scanhealthplan.com
Provider Operations Manual	For additional details on policies and guidelines, please refer to the Provider Operations Manual *Note: SCAN's Provider Operations Manual is updated annually on 1/1*

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 SCAN's Provider Portal > there you'll find eligibility & benefits information in a downloadable 834 or flat file, including but not limited to:
- Member eligibility confirmation
- Member's ID#, status, coverage dates
- 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

Helpful resources

California
- Benefit Highlights
- Evidence of Coverage
- Summary of Benefits

Arizona
- Benefit Highlights
- Evidence of Coverage
- Summary of Benefits

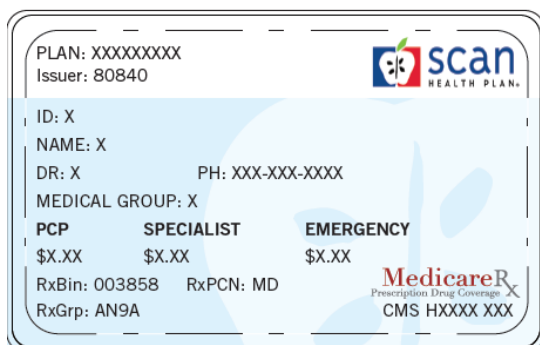**Nevada**
- Benefit Highlights
- Evidence of Coverage
- Summary of Benefits

New Mexico
- Benefit Highlights
- Evidence of Coverage
- Summary of Benefits

Texas
- Benefit Highlights
- Evidence of Coverage
- Summary of Benefits

Sample Member ID card

PLAN: XXXXXXXXX
Issuer: 80840

scan HEALTH PLAN.

ID: X
NAME: X
DR: X   PH: XXX-XXX-XXXX
MEDICAL GROUP: X
PCP   SPECIALIST   EMERGENCY
$X.XX $X.XX $X.XX
RxBin: 003858   RxPCN: MD
RxGrp: AN9A

MedicareRx
Prescription Drug Coverage
CMS HXXXX XXX

If an Emergency Arises: Go to the nearest ER or call 911.
Providers: For eligibility call <X-XXX-XXX-XXXX>
SCAN Member Services: <X-XXX-XXX-XXXX> (TTY users: 711)
Oct. 1–Mar. 31: 8 A.M.– 8 P.M., 7 days per week
Apr. 1–Sept. 30: 8 A.M.– 8 P.M., Mon-Fri
www.scanhealthplan.com
ESI Customer Service: 1-866-553-4125
Send Pharmacy claims to:
Express Scripts, Attention: Medicare Part D
P.O. Box 14718; Lexington, KY 40512-4718
Pharmacy Help Desk: 1-800-922-1557
Send Medical claims to: < >

Note: SCAN logo on Member ID card will appear slightly different based on state e.g., AZ: SCAN Desert Health Plan

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 for medical policy inquiries

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, 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
- **Portal:** Log in to SCAN's Provider Portal

Question about a processed claim?

- 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 (the form and instructions are located on the Portal under the Resources & Guidelines Tab under the Processed Claim Inquiry Section)

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 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

Log in to SCAN's Provider Portal > 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. 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 for individual requests: ProviderUpdates@scanhealthplan.com
Email for rosters: ProviderBulkUpdates@scanhealthplan.com

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