







Transaction	Available Options	How to Register	Contact Support
Eligibility & Benefit Verification	<p>1. <u>Electronic Eligibility Benefit Inquiry & Response (EDI 270/271):</u></p> <p>SCAN encourages Providers to utilize the 270/271 Eligibility Benefit Inquiry & Response as it is the most efficient and cost-effective option to obtain SCAN member eligibility and benefit information.</p> <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.</p> <p>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>TIP: You may already be set-up for other payers, making it easy to add SCAN.</p>	<p>To establish EDI 270/271 connectivity with SCAN</p> <p>(1) Contact your clearinghouse to add SCAN.</p> <div data-bbox="1283 386 1619 440" style="border: 1px solid green; padding: 2px; display: inline-block; background-color: #d4edda;"> 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>SCAN contracts with FinThrive to exchange EDI 270/271 transactions.</p> <p>Contact FinThrive for general questions and to test connectivity with SCAN.</p> <p>Email: TUPrtnrSupt@finthrive.com</p> <p>Phone: (877) 732-6853 Mon-Fri 8am-5pm EST</p>
	<p>2. <u>SCAN's Provider Portal:</u></p> <p>Contracted & Non-Contracted Providers can quickly view member detailed benefits, coverage dates, cost share, evidence of coverage, and print/save a PDF.</p> <p>Available information includes:</p> <ul style="list-style-type: none"> • Member Eligibility Confirmation Print & Save (the date is proof of verification) • Member ID#, Enrollment Status, Member Address & Phone# • Member's Language Spoken/Written, & Plan Type & Plan Name • Current Facility Group Name & Facility Group ID# (aka IPA Name or Primary Medical Group) • Current PCP Name, Address, Phone# & PCP ID# • Current Medical Benefit Effective Date & Term Date (if applicable) • Current Other Supplemental Benefits (ex. Dental, Vision, Hearing) & Eff. Date • Access to Members Evidence of Coverage and/or Member Benefit Grid • SCAN benefits for the current & previous year are available under the Resources and Guidelines tab. • The address to submit claims is available under the Eligibility Tab. The returned eligibility search will include the claim submission address. 	<p>Self-register to gain immediate access 24 x 7 to SCAN's enhanced provider portal.</p> <div data-bbox="1234 776 1297 841" style="color: green; font-size: 2em;">➔</div> <p>Enroll SCAN Provider Portal www.scanhealthplan.com/providers</p> <p>Eligibility Inquiry User Guides <i>(separate guide for contracted and non-contracted providers can be found next to create account)</i></p>	<p>SCAN Portal Support:</p> <p>Providers having issues with Portal registration or technical questions, contact Network Management for assistance.</p> <p>Email: providerportal@scanhealthplan.com</p>
	<p>3. <u>SCAN's Interactive Voice Response (IVR):</u></p> <p>IVR automated phone system also provides eligibility and benefits information which can be fax-backed. Providers can obtain member information, date of coverage, copays, Medical Group & PCP information.</p> <p>TIP: Fax-back includes the medical group address to send claims.</p>	<p>No registration is needed to access SCAN's IVR available 24 x 7.</p> <div data-bbox="1234 1349 1297 1414" style="color: green; font-size: 2em;">➔</div> <div data-bbox="1325 1360 1535 1409" style="border: 1px solid green; padding: 2px; display: inline-block; background-color: #d4edda;"> (877) 778-7226 </div>	

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<p>Claim Submission</p>	<p>1. <u>Electronic Health Care Claim Submission Transaction (EDI 837):</u> SCAN encourages all Providers to submit claims electronically utilizing the EDI 837 transaction.</p> <p>Note: Provider submissions must comply with current HIPAA EDI data standards.</p> <p>2. <u>Mailed Paper Claims</u></p> <p>TIP: <u>Obtain the address to submit claims</u> under the Eligibility Tab. The returned eligibility search will include the claim submission address.</p> <p>Note: Paper claims must be submitted on current CMS standard UB-04 or CMS-1500 forms.</p>	<p>To establish EDI 837 connectivity with SCAN:</p> <p>(1) Contact your <u>clearinghouse</u> to add SCAN.</p> <p style="text-align: center;"></p> <p>(2) Contact your <u>PMS or HIS vendor</u> to enable automated electronic claim submission.</p> <p style="text-align: center;">OR</p> <p style="text-align: center;"> Enroll with Office Ally</p> <p style="text-align: center;"></p> <p>To obtain the correct address to mail claims:</p> <p style="text-align: center;"> Enroll SCAN Provider Portal www.scanhealthplan.com/providers</p>	<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 Portal Support: Providers having issues with portal registration or technical questions, contact Network Management for assistance.</p> <p>Email: providerportal@scanhealthplan.com</p>
<p>Processed Claim Inquiry</p>	<p>1. <u>SCAN's Provider Portal:</u> SCAN's Provider Portal <u>only</u> provides claim status for claims processed directly by SCAN whether contracted or non-contracted. To confirm your claim was processed by SCAN, review "Address to Submit Claims" field under the Eligibility tab.</p> <p>Provider Talking Points & FAQs for processed claims can be found on SCAN's Provider Portal and Website. If you still have questions about a SCAN processed claim after reviewing these documents, providers can submit a Processed Claim Inquiry. The form and instructions are located on the Portal under the Resources & Guidelines Tab under the Processed Claim Inquiry Section.</p> <p>TIPS:</p> <ul style="list-style-type: none"> • Allow ~30 days for claim to reflect on portal. • To confirm that a claim was sent to the correct address, review the "Address to Submit Claims" field under the Portal Eligibility Tab. • Before submitting a duplicate claim, please check claim status using the Claim Lookup Tool under the Claims Tab. 	<p>Contracted and non-contracted providers can self-register and gain immediate access to SCAN's provider portal.</p> <p style="text-align: center;"> Enroll SCAN Provider Portal www.scanhealthplan.com/providers</p>	<p>SCAN Portal Support: Providers having issues with portal registration or technical questions, contact Network Management for assistance.</p> <p>Email: providerportal@scanhealthplan.com</p>

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<p>Claim Payments & ERA</p>	<p>Electronic Remittance Advice (ERA) – EDI 835: Providers can receive ERA/835 files from SCAN via the following options:</p> <ul style="list-style-type: none"> ➤ Signing up for Direct Delivery to their desired clearinghouse at https://enrollments.echohealthinc.com and selecting option “ERA Only”. ➤ Enrolling with ECHO Health to obtain faster payments and remittance details automatically posted to your patient accounting system, at no cost. SCAN highly recommends providers enroll in one of the following ePayment options to avoid mailed payment delays and lost payments sent to outdated billing addresses. <ol style="list-style-type: none"> 1. Electronic Funds Transfer (EFT) / Automated Clearing House (ACH): Automatic bank direct deposits 2. Virtual Card (vCard): Virtual Visa Debit Transaction (Default enrollment) <ul style="list-style-type: none"> • vCard advantages include EOP that combines detailed payment information, instructions, and remittance data in a single document. • Providers receive fax notices that contain the <u>RA</u> and, vCard <u>with a unique number</u> to that payment transaction; the number is entered into your office credit card terminal to process the payment as a regular card transaction. • The first attempt to receive a vCard is by fax, if unsuccessful or vCard is not processed within 60 days, payment is voided and reissued as a mailed paper check. 3. Medical Payment Exchange (MPX): Deluxe Corporation’s digital portal solution that allows Providers instant access to both payment and EOP simultaneously. <ul style="list-style-type: none"> • MPX offers providers flexibility to select their preferred payment option (eCheck, vCard or ACH) using the MPX Portal, upon receiving an email or fax payment notice. • Providers can print eChecks anytime/anywhere using any paper or local printer. • MPX is targeted to providers who never enrolled for ACH and opted-out of vCard. <p>TIPS:</p> <ul style="list-style-type: none"> • Check tracers, copies of cashed checks or RAs can be viewed at ECHO Health • To receive mailed paper checks and EOPs, you must contact ECHO to opt-out of vCard, after receipt of your initial vCard payment. • To avoid mailed payment delays, providers are encouraged to: (1) maintain a valid secure fax# with ECHO, (2) notify SCAN of Pay-To-Address updates, (3) ensure their claims include the Pay-To Address in Box 33, not the provider’s physical address. 	<p>Electronic Payment & ERA Submission:</p> <p>EFT Enrollment Two Options:</p> <ol style="list-style-type: none"> 1. Enroll for EFT with only SCAN Health Plan (no fees apply) at: https://enrollments.echohealthinc.com/eft/eradirect/SCAN 2. To sign-up to receive EFT from all payers processing payments on the ECHO platform (fees apply), visit https://enrollments.echohealthinc.com/EF/TERAInvitation.aspx. <div style="text-align: center;">  <div style="border: 1px solid black; padding: 5px; display: inline-block; background-color: #90EE90;"> SCAN’s Payer ID: 72261 </div> </div> <p>To access ECHO’s Provider Payments User Guide, visit... www.ProviderPayments.com, login and select the Help button.</p>	<p>ECHO Health Support: The following numbers are available: M-F, 8am-6pm EST</p> <p>EFT enrollment, 835 file status, or technical support: (888) 834-3511 Email: allpayer@echohealthinc.com</p> <p>Echo Website Support: (833) 318-7212</p> <p>To Opt-Out of vCard: (888) 984-5025 echovcards.com</p> <p>To update vCard Fax#: (877) 705-4230 echovcards.com</p> <p>MPX Deluxe Corporation Support: (888) 471-3920 Email: MPXsupport@mpx.com</p>

Transaction	Overview
Claim Overpayment & Recovery	<p>Please refer to SCAN's overpayment options below for a SCAN identified or Provider identified overpayment. Our recoupment process applies to Contracted Providers only. Inquiries or disputes should be emailed to SCAN's Claims Recovery Unit: Claimsrecoveryunit@scanhealthplan.com.</p> <ul style="list-style-type: none"> SCAN Identified Overpayment <p>Scan reviews payment data regularly which occasionally results in identification of 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 sixty (60) 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 sixty (60) 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: SCAN Health Plan, 3800 Kilroy Airport Way, Ste 100, Long Beach, CA 90801 You may send notification or inquiries directly to: ClaimsRecoveryUnit@Scanhealthplan.com Provider Identified Overpayment <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, Ste 100, Long Beach, CA 90801 For inquiries, please contact SCAN Claims Recovery team at: ClaimsRecoveryUnit@Scanhealthplan.com 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
<p>Provider Disputes & Appeals</p>	<p>Payment disputes and appeals processes for contracted providers are governed by the terms of the contract between the Provider and SCAN as well as applicable Provider Operations Manual.</p> <ul style="list-style-type: none"> • Provider 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 <div style="border: 1px solid gray; padding: 10px; text-align: center; margin: 10px 0;"> <p>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"> ▪ Provider 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 22616, 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.

- **Check Status on Previously Submitted Provider Dispute or Non-Contracted Provider Appeal**

Providers can submit an inquiry via the portal to check status on a Provider Dispute or Non-contracted Provider Appeal only if both of the following has occurred:

- Provider previously submitted a Provider Dispute or Non-Contracted Appeal and has not yet received a Resolution Letter from SCAN; and
- Processing timeline for a dispute or appeal as stated above in this section has been exceeded. Should the provider want to proceed to submit an inquiry, the form and instructions are located on the Portal under the Resources and Guidelines Tab in the Provider Disputes & Appeals section.