



SCAN PROVIDER PORTAL PORTAL USER - MEMBER ELIGIBILITY SEARCH GUIDE

APRIL 2025

INTRODUCTION

This user guide explains how to check SCAN member eligibility on the SCAN Provider Portal.

Click the link below to begin:


<https://secure-pportal.scanhealthplan.com>


Browser Compatibilities: For security and optimal viewing, we support the two most recent versions of modern web browsers on desktop environments and the two most recent versions of default OS browsers on mobile environments. We recommend you upgrade your browser to the most recent version, regardless of platform, as soon as possible.

Supported Desktop Browsers: Google Chrome, Microsoft Edge, Mozilla Firefox and Safari

MEMBER ELIGIBILITY SEARCH


- Enter your Username and Password
 - Click 'Sign in'





SCAN has modernized our digital presence and optimized business operations by implementing a new Provider Portal. The portal now gives providers the ability to self-register and gain immediate access.

News and Events



A New Look for a Respected Brand Over the next few months, you'll notice a new look for SCAN. For the first time in our history, SCAN will no longer be using an apple in our logo. Instead, we've updated our branding to reflect

Sign into your account

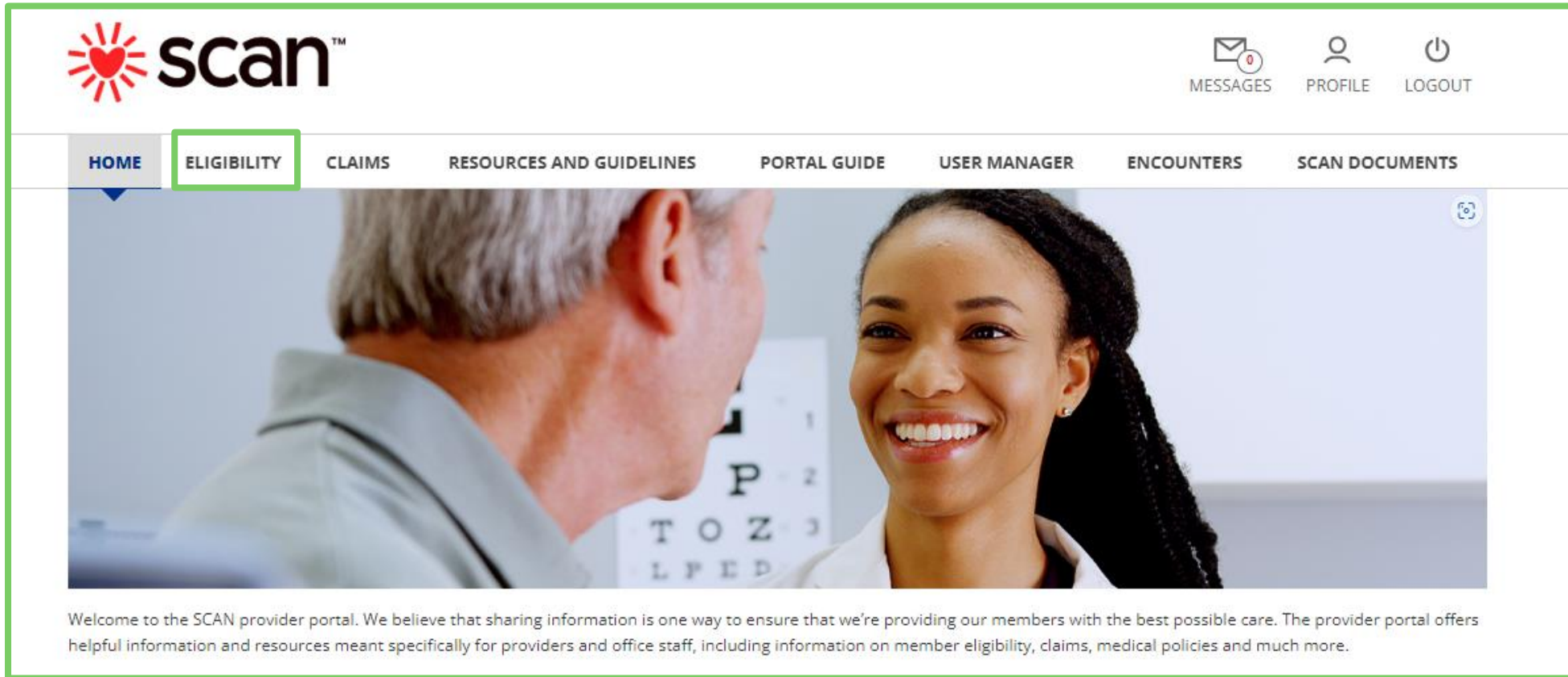
Username

Password

Sign in

MEMBER ELIGIBILITY SEARCH

- Click on 'ELIGIBILITY' module



MEMBER ELIGIBILITY SEARCH

- To search Eligibility, Enter Member IDs:

scan™

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To Search, please enter either (Member ID) or (First Name, Last Name, and Date of Birth). Multiple Member IDs can be entered with commas. Eligibility & Benefits related [FAQ's](#), [Carve Out Benefit](#) and [Eligibility Inquiry guide](#).

First Name:
Last Name:
Date of Birth:

Member IDs:

Search

There are 2 options to search by: Member Id or by First Name, Last Name and DOB

*Users may see multiple eligibility search options based on their roles.

MEMBER ELIGIBILITY SEARCH

- You may **only** search **one** Member at a time
- To Search for a Member please enter (Member ID) **and** (Date of Birth) then click the 'Search' button

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To Search for a Member please enter (Member ID) and (Date of Birth). Eligibility and Benefits related FAQ's can be found [here](#).

[Show/Hide Search](#)

Member ID(s):
99998978901

Date of Birth:
01/01/1964

Search

Note: You can access the Eligibility and Benefits related FAQs [here](#)

Name	Status	MemberID	Date of Birth	Gender	Language	Address	Home Phone	Plan Name	Name
TEST DUMMY, TEST REFRESH	Active	99998978901	1/1/1964	M		TEST ADD TEST DATA, LOS ANGELES, CA 90001		2023 - SCAN Affirm (HMO), Los Angeles	TEST DUMMY, TEST REFRESH

MEMBER ELIGIBILITY SEARCH

- Click on the name of the Member for eligibility information.

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To Search for a Member please enter (Member ID) and (Date of Birth). Eligibility and Benefits related FAQ's can be found [here](#).

[Show/Hide Search](#)

Member ID(s):

99998978901

Date of Birth:

01/01/1964

Search

Note: You can access the Eligibility and Benefits related FAQs here

TEST DUMMY, TEST REFRESH

Name	Status	MemberID	Date of Birth	Gender	Language	Address	Home Phone	Plan Name	Name
TEST DUMMY, TEST REFRESH	Active	99998978901	1/1/1964	M		TEST ADD TEST DATA, LOS ANGELES, CA 90001		2023 - SCAN Affirm (HMO), Los Angeles	TEST DUMMY, TEST REFRESH

MEMBER ELIGIBILITY SEARCH

- The Members' profile covers Subscriber, Coverage, Benefit Plan History and PCP History

Note: CIN# - Client Index Number – Medi-Cal Member’s unique identifier, found on their Benefits Identification Card (BIC).

Note: You will find the information on where to submit Claims here.

Subscriber						
Member:	TEST REFRESH TEST DUMMY	Date of Birth:	01/01/1964	Gender:	M	Home Phone: () -
Address:	TEST ADD LOS ANGELES, CA 90001			Status:	Active	Member ID: 9999897890
CIN#:	95734684D05175	Language Spoken:	Unknown	Language Written:	English	
Plan Type:	2025H0976001SBAF	Plan Name:	2025 - SCAN Connections ABD (HMO SNP), San Bernardino	Group Number:	H0976DSNP	Group Name: CA D SNP
Facility Group ID:	I0675	Facility Group Name:	REGAL MEDICAL GROUP			
PCP Name:	JAMES CHENG SHIN HO			PCP ID:	015948	
PCP Address:	1330 SAN BERNARDINO RD STE G UPLAND CA 91786			PCP Phone:	(909) 755-0622	
Address to Submit Claims:	REGAL MEDICAL GROUP PO BOX 371330 RESEDA CA 91337			MOOP Limit:	499,0000	MOOP Met: No
Previous 2 years Coverage will display if it exists						
Coverages						
MEDICAL						
Current Benefit Effective Date	02/01/2023	Termination Date				
DENTAL						
Current Benefit Effective Date	02/01/2023	Termination Date				
NIFTY AFTER FIFTY						
Current Benefit Effective Date	02/01/2023	Termination Date				
Healthtech+						
Current Benefit Effective Date	02/01/2023	Termination Date				
Benefit Plan History						
Benefit Plan - 2022H5425007 SCAN Classic (HMO), Orange						
Benefit Effective Date	01/01/2022	Termination Date	12/31/2022			
Benefit Plan - 2021H5425007 SCAN Classic (HMO), Orange						
Benefit Effective Date	01/01/2021	Termination Date	12/31/2021			
PCP History						
PCP history for the last 3 years will display if it exists						
PCP	Facility Group	Start Date	End Date			
015948 JAMES HO	I0675 REGAL MEDICAL GROUP	02/01/2023				

MEMBER ELIGIBILITY SEARCH-BENEFIT PLAN INFORMATION

- Click on 'Please click here to access detailed benefit plan information'

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Current Patient: [TEST REFRESH TEST DUMMY](#)

Please click here to access detailed benefit plan information

For more detailed information on Member's benefit plan, please refer to the Benefit Chart in the [Evidence of Coverage \(EOC\)](#)

VillageHealth is an Open Network Plan. Authorization is required for In-patient admissions, SNF & some DME items. Please refer to the benefit grid for details.

[Show/Hide Search](#)

Member ID(s):
99998978901

Date of Birth:
01/01/1964

Search

Subscriber

Member:	TEST REFRESH TEST DUMMY	Date of Birth:	01/01/1964	Gender:	M	Home Phone:	() -
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MEMBER ELIGIBILITY SEARCH-BENEFIT PLAN INFORMATION

- Click on 'Benefit Grid' to view the Member's plan benefit grid

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Current Patient: [TEST REFRESH TEST DUMMY](#)

Please click here to access detailed benefit plan information

[Benefit Grid.pdf \(PDF\)](#)

[Evidence of Coverage.pdf \(PDF\)](#)

For more detailed information on Member's benefit plan, please refer to the Benefit Chart in the [Evidence of Coverage \(EOC\)](#)

VillageHealth is an Open Network Plan. Authorization is required for In-patient admissions, SNF & some DME items. Please refer to the benefit grid for details.

[Show/Hide Search](#)

Member ID(s):

99998978901

Date of Birth:

01/01/1964

Search

MEMBER ELIGIBILITY SEARCH-BENEFIT PLAN INFORMATION

- The Member's plan benefit grid can be viewed

2023 PBP Grid - SoCal MAPD

Bid ID	2023 Final HS425-092-000
Service Area/County List	Los Angeles
Contract Name	SCAN Affirm plan with Included LGBTQ+ Health (HMO)
Member Premium	\$0
Part B Premium Buy-Down	\$0
Part C Deductible	\$0
Maximum Out-of-Pocket (MOOP)	\$499
INPATIENT SERVICES	
Inpatient Services - Medical / Surgical	\$0 (unlimited days)
Inpatient Services - Mental Health	\$0 per day (1-90)
Skilled Nursing Facility	\$0 per day (1-100) (waive 3-day prior hosp)
MEDICARE COVERED OUTPATIENT SERVICES	
MC Acupuncture	\$0
Ambulance - Ground	\$200
Ambulance - Air	\$200
Cardiac Rehabilitation Services	\$5
Chiropractor Services	\$0
Dental Services	\$0
Diabetic Coverage - Supplies	\$0
Diabetic Coverage - Therapeutic Shoes / Inserts	\$0
Dialysis	\$25
Durable Medical Equipment	0%
Emergency Room	\$90 (\$0 if immed)
Hearing Services	\$0
Home Health	\$0
Outpatient Diagnostics and Tests	
Laboratory	\$0
Radiology - X-Ray	\$0
Radiology - Tests & Procedures	\$0
Radiology - Therapeutic Radiology	\$50 (per visit)
Radiology - Diagnostic Radiology	\$0 (per Visit)
Outpatient Mental Health	
Mental Health - Group Services	\$0
Mental Health - Individual Services	\$0
Psychiatrist - Group Services	\$0
Psychiatrist - Individual Services	\$0
Outpatient Rehabilitation - OT	\$0
Outpatient Rehabilitation - PT / ST	\$0

MEMBER ELIGIBILITY SEARCH-EVIDENCE OF COVERAGE (EOC)

- Click on 'Evidence of Coverage' to view the EOC of the Member's plan

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Current Patient: [TEST REFRESH TEST DUMMY](#)

Please click here to access detailed benefit plan information

Benefit Grid.pdf (PDF)

Evidence of Coverage.pdf (PDF)

For more detailed information on Member's benefit plan, please refer to the Benefit Chart in the [Evidence of Coverage \(EOC\)](#)

VillageHealth is an Open Network Plan. Authorization is required for In-patient admissions, SNF & some DME items. Please refer to the benefit grid for details.

[Show/Hide Search](#)

Member ID(s):
99998978901

Date of Birth:
01/01/1964

Search

Note: The Evidence of Coverage (EOC) provides detailed information regarding benefits that may not be called out on the Benefit Grid. (e.g., DME etc.) – See Chapter 4

MEMBER ELIGIBILITY SEARCH-EVIDENCE OF COVERAGE (EOC)

- The EOC of the Member’s plan can be viewed

2023 Evidence of Coverage for SCAN Affirm partnered with Included LGBTQ+ Health (HMO) 52
Chapter 4 Medical Benefits Chart (what is covered and what you pay)

SECTION 1 Understanding your out-of-pocket costs for covered services

This chapter provides a Medical Benefits Chart that lists your covered services and shows how much you will pay for each covered service as a member of SCAN Affirm partnered with Included LGBTQ+ Health. Later in this chapter, you can find information about medical services that are not covered. It also explains limits on certain services. See the Addenda in Section 4 of this chapter for additional information on limitations and exclusions.

Section 1.1 Types of out-of-pocket costs you may pay for your covered services

To understand the payment information we give you in this chapter, you need to know about the types of out-of-pocket costs you may pay for your covered services.

- A “**copayment**” is the fixed amount you pay each time you receive certain medical services. You pay a copayment at the time you get the medical service. (The Medical Benefits Chart in Section 2 tells you more about your copayments.)
- “**Coinsurance**” is the percentage you pay of the total cost of certain medical services. You pay a coinsurance at the time you get the medical service. (The Medical Benefits Chart in Section 2 tells you more about your coinsurance.)

Most people who qualify for Medi-Cal (Medicaid) or for the Qualified Medicare Beneficiary (QMB) program should never pay deductibles, copayments, or coinsurance. Be sure to show your proof of Medi-Cal (Medicaid) or QMB eligibility to your provider, if applicable.

Section 1.2 What is the most you will pay for Medicare Part A and Part B covered medical services?

Because you are enrolled in a Medicare Advantage Plan, there is a limit on the total amount you have to pay out-of-pocket each year for in-network medical services that are covered under Medicare Part A and Part B. This limit is called the maximum out-of-pocket (MOOP) amount for medical services. For calendar year 2023 this amount is \$499.

MEMBER ELIGIBILITY CONFIRMATION

- You can print or save Member Eligibility with confirmation date.
- The confirmation serves as proof of verification.

[Send To Printer](#) [Close Window](#)

Subscriber

Member:	TEST REFRESH TEST DUMMY	Date of Birth:	01/01/1964	Gender:	M	Home Phone:	() -
Address:	TEST ADD LOS ANGELES, CA 90001			Status:	Active	Member ID: 9999897890	
Language Spoken:				Language Written:			
Plan Type:	2023H5425092	Plan Name:	2023 - SCAN Affirm (HMO), Los Angeles	Group Number:	H5425M	Group Name:	CA MAPD
Facility Group ID:	I0675	Facility Group Name:	REGAL MEDICAL GROUP				
PCP Name:	JAMES CHENG SHIN HO			PCP ID:	015948		
PCP Address:	1330 SAN BERNARDINO RD STE G UPLAND, CA 91786			PCP Phone:	(909) 755-0622		
Address to Submit Claims:	REGAL MEDICAL GROUP PO BOX 3710 RESEDA, CA 91337			MOOP Limit:	499,0000	MOOP Met:	No

Coverages

MEDICAL	
Current Benefit Effective Date	02/01/2023
Termination Date	

DENTAL	
Current Benefit Effective Date	02/01/2023
Termination Date	

NIFTY AFTER FIFTY	
Current Benefit Effective Date	02/01/2023
Termination Date	

Healthtech+	
Current Benefit Effective Date	02/01/2023
Termination Date	

Benefit Plan History

PCP History

PCP	Facility Group	Start Date	End Date
015948 JAMES HO	I0675 REGAL MEDICAL GROUP	02/01/2023	

Current as of: 05/05/2023

*Disclaimer
Verification of member eligibility is not a guarantee of payment.



ELIGIBILITY ACCESS QUESTIONS

SCAN Contracted Medical Groups:

Each contracted medical group has an assigned portal administrator within its organization who can create new accounts and assist existing users. If you are an employee of a SCAN Contracted Medical Group and have a question about accessing Eligibility information, please contact your organization's Portal Administrator.

For other types of organizations experiencing issues, please contact SCAN Provider Portal Team



PROVIDER PORTAL TECHNICAL ISSUE

- If you experience a technical issue with the SCAN Provider Portal send an email to: ProviderPortal@SCANHealthPlan.com
- Provide:
 - End user first and last name
 - End user email address
 - Organization Tax ID
 - Detailed description of error you are experiencing
 - Screen shot(s) of error message