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

2

MEMBER ELIGIBILITY SEARCH

- Enter your Username and Password
  - Click 'Sign in'
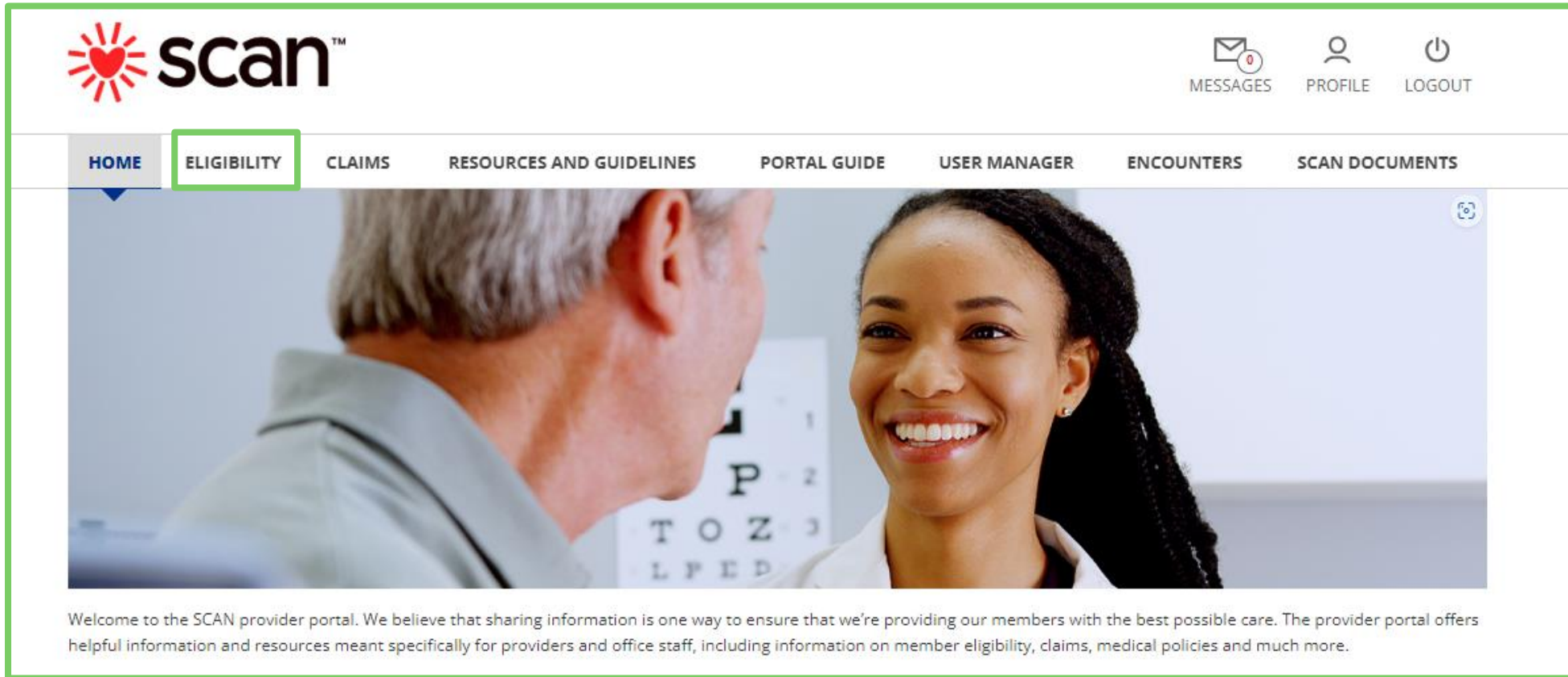
MEMBER ELIGIBILITY SEARCH

- Click on 'ELIGIBILITY' module

MEMBER ELIGIBILITY SEARCH

- To search Eligibility, Enter Member IDs:

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

MEMBER ELIGIBILITY SEARCH

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

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.

MEMBER ELIGIBILITY SEARCH-BENEFIT PLAN INFORMATION

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

MEMBER ELIGIBILITY SEARCH-BENEFIT PLAN INFORMATION

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

- The Member's plan benefit grid can be viewed

2023 PBP Grid - SoCal MAPD

	2023 Final
Bid ID	H5425-092-000
Service Area/County List	Los Angeles
Contract Name	SCAN Affirm paired 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

HOME	ELIGIBILITY	CLAIMS	RESOURCES AND GUIDELINES	PORTAL GUIDE

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.

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