Provider Claims FAQ

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1. What if I cannot locate a claim under Claims Tab in Provider Portal?

Guidance on Next Steps
SCAN's Provider Portal allows providers to gain immediate access to view if a claim has been received. Also, providers can refer to Provider Portal under **Eligibility Tab** in the *Address to Submit Claims* field to confirm responsible entity for processing of a claim. • If it reflects a delegate's name and address, provider should contact delegate for status of claim. • If it reflects SCAN, and provider mailed to SCAN's address, then allow fourteen (14) calendar days for claim (from date of submission) to reflect in Provider Portal. If claim is not reflected in the Provider Portal, check your rejection reports from clearinghouse(s).

2. How do I request a Member's MOOP Plan Amount and/or MOOP Accumulator?

Guidance on Next Steps

• Member's Maximum Out-of-Pocket (MOOP) Limit Amount can be obtained in member's EOC or Plan specific Benefit Grid.
• Providers can gain immediate access to a member's MOOP Limit Amount and whether it has been met or not year to date.
    o Provider must first sign into the Provider Portal at **www.scanhealthplan.com/providers**.
    o Go to **Eligibility Tab** refer to the *MOOP Amount* field for the amount & *MOOP Met* field for "Yes" or "No".
• If provider needs the member's MOOP accumulator amount (year to date), provider must first sign into the Provider Portal at **www.scanhealthplan.com/providers**.
    o Go to **Resources and Guidelines** tab then refer to the Provider Eligibility and Claims Transactions section. Scroll down and click on *Processed Claim Inquiry* folder to locate form and follow instructions to request member's MOOP accumulator amount.

3. How do I check if new claim/corrected claim or medical records has been received at SCAN?

Guidance on Next Steps
• **Claims** – Refer to above question on this FAQ "**What if I cannot locate a claim under Claims Tab in Provider Portal?**" for receipt of a new or corrected claim. • **Medical Records** - (Non-contracted providers) Medical records will be reviewed, and determination made within thirty (30) calendar days from receipt at SCAN. • **To confirm receipt of a certified claim or medical records** at SCAN. Provider must first sign into the Provider Portal at **www.scanhealthplan.com/providers**.   o Go to **Resources and Guidelines** tab then refer to the Provider Eligibility and Claims Transactions section. Scroll down and click on *Processed Claim Inquiry* folder to locate form and follow instructions to submit request to check receipt of certified mail.

4.   What if unable to locate a member in Provider Portal under Eligibility Tab?

Guidance on Next Steps
• If after checking SCAN's Provider Portal and you cannot locate a member, please contact the member to o Request copy of Member's ID Card or o Confirm SCAN ID# or o Confirm Member's Full Name and Date of Birth

5.   What is the timeline if claim reflects Pended status in Provider Portal?

Guidance on Next Steps
As it relates to status of processing of the claim, if it has been less than 30 calendar days from date of submission of claim, claim status will not be available. Refer to the below payment timelines for processing (starts from receipt date). • Thirty (30) calendar days for a clean claim from a non-contracted provider • Sixty (60) calendar days for a clean claim from contracted provider • Thirty (30) calendar days for an unclean claim from a non-contracted provider <u>once complete information is received</u> • Forty-five (45) calendar days for Medi-caid claims in CA

6.   What if I need more payment details than reflected on Provider Portal?

Guidance on Next Steps for Provider to Take
Providers should reach out to ECHO Health to obtain • Detailed explanations for each SCAN Health Plan payment you receive to review online o To register on the ECHO Health Portal go to **www.providerpayments.com** or call ECHO directly at **888-954-5025** for login assistance. Provider must contact them directly. o You will need to provide your tax identification number along with an ECHO draft number and amount number from a payment issued by ECHO.

7.   How do I submit a check tracer, request copy of cashed check, stop payment, reissue check or Remittance Advice?

Guidance on Next Steps
Check tracer, Remittance Advice (RA), copy of cashed check, stop payment, or reissue check can be requested through ECHO Health at **www.providerpayments.com**.

8. What are the Payment Methods that SCAN offers?

Guidance on Next Steps

Electronic Remittance Advice (ERA) – EDI 835:

Providers can receive ERA/835 files from SCAN via the following options:

- 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.
- EFT enrollment, 835 file status, or technical support at **(888) 834-3511** and Email: **allpayer@echohealthinc.com**

1. **Electronic Funds Transfer (EFT)/Automated Clearing House (ACH)**: Automatic direct bank account deposits.
   EFT Enrollment Two Options:
   - Enroll for EFT with only SCAN Health Plan **(no fees apply)** at:
     - **https://enrollments.echohealthinc.com/efteradirect/SCAN**
     - SCAN's Payer ID: **72261**
   - To sign-up to receive EFT from all payers processing payments on the ECHO platform **(fees apply)**, visit **https://enrollments.echohealthinc.com/EFTERAInvitation.aspx**.

2. **Virtual Card (vCard): Virtual Visa Debit Transaction** (Default enrollment)
   - vCard advantages include EOP that combines detailed payment information, instructions, and remittance data in a single document.
   - Providers receive fax notices that contain the RA and, vCard with a <u>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)**
   - 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.
     - Contact **MPX Corporation support** if you have any questions at **888-471-3920 and MPXsupport@mpx.com**

TIPS:

- 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 at (888) 984-5025 and **echovcards.com**.
- 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.**
- **Echo Website Support:** (833) 318-7212
- **To update vCard Fax#**: (877) 705-4230 and **echovcards.com**