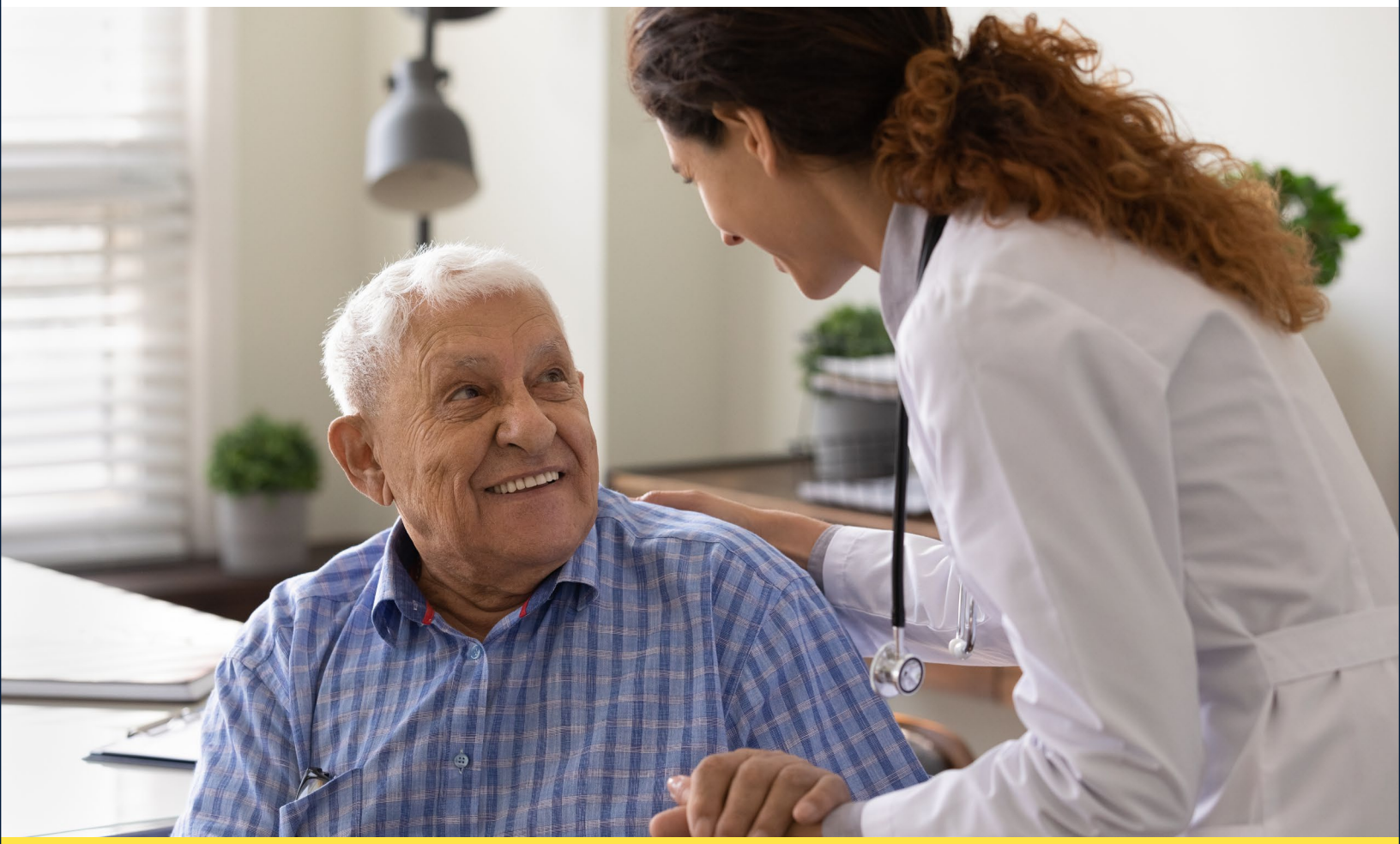

# NEW PROVIDER WELCOME PACKET

## Your guide to working with SCAN

# WELCOME TO SCAN

As a provider in SCAN's network, this guide is designed to ensure we're delivering timely care to our members and your office staff are operationally supported to do so.

*If you are a non-contracted provider, please note all content in this guide applies to you unless specifically indicated otherwise.*

## REBELS WITH A CAUSE: THE SCAN HEALTH PLAN DIFFERENCE

Founded in 1977, SCAN Health Plan is a nonprofit, people-first Medicare Advantage organization dedicated to helping older adults stay healthy, independent, and empowered. What began as a grassroots effort by seniors in Long Beach has grown into one of the nation's largest nonprofit Medicare Advantage plans. Our mission goes beyond coverage – we provide meaningful benefits and a care experience rooted in dignity and respect.

Today, SCAN offers a range of Medicare Advantage plans, including HMO, Dual Special Needs Plans (D-SNP), Chronic Special Needs Plans (C-SNP), Institutional Special Needs Plans (I-SNP), and ESRD Special Needs Plans (ESRD C-SNP), with benefits that extend beyond traditional healthcare including dental, vision, hearing, fitness, and more. Guided by our founders' values and symbolized by the twelve beams in our logo, we remain committed to investing in people, not profit.

# TABLE OF CONTENTS


| | |
|---|---|
| Provider Quick Reference Guide | 4 |
| Eligibility & Benefits | 6 |
| Prior Authorizations | 7 |
| Medical Policy | 8 |
| SCAN's Referral Network | 9 |
| Claim Submission, Status, Inquiries | 10 |
| Claim Disputes & Appeals | 11 |
| Claim Overpayment & Recovery | 12 |
| Payments | 13 |
| Provider Roster Changes | 15 |
| Compliance | 16 |

# PROVIDER QUICK REFERENCE GUIDE

| | |
|---|---|
| **Portal Registration** | **Register** on our provider portal at Availity Essentials<br><br>**Questions** contact Availity at 800-AVAILITY (282-4548) |
| **Eligibility and Benefits** | **Verify member eligibility and benefits**<br>• **EDI**: 270/271 transaction (preferred) \| SCAN's Payer ID: 10178 \| Questions: Call FinThrive at 800-390-7459<br><br>• **Interactive Voice Response (IVR):** (888) 540-7226<br><br>• **Portal:** Log in to Availity Essentials > select Patient Registration > Eligibility and Benefits Inquiry<br><br>• **Managed File Transfer (MFT):** Providers can receive eligibility files via MFT in flat file (recommended) or 834 format. Contact ProvImplementation@scanhealthplan.com for assistance. |
| **Authorizations and Referrals** | **Check if a service requires prior authorization** by searching the Prior Authorization List<br><br>**Submit a prior authorization request**<br>• **Portal:** Log in to Availity Essentials > select Patient Registration > Authorizations & Referrals > Authorizations<br>• **Fax:** Complete and fax the SCAN Referral / Authorization Request Form to 800-411-0671<br><br>**Check the status of a prior authorization request**<br>• **Portal:** Log in to Availity Essentials > select Patient Registration > Authorizations & Referrals > Authorizations<br>• **Phone:** Call Utilization Management at 800-250-9048 Option 2<br><br>**Questions** contact UMCCMDepartment@scanhealthplan.com<br><br>**Medical Policy:**<br>Visit SCAN Medical Policy for additional information on medical policies<br>Email SCANMedicalPolicy@scanhealthplan.com for medical policy inquiries |
| **Claims & Encounters** | **Submit a claim**<br>• **EDI:** 837 transaction (preferred) \| SCAN's Payer IDs: SCAN1 (claims), SCANE (encounters) \| Questions: contact Office Ally at (360) 975-7000, email info@officeally.com or live chat at support.officeally.com<br>• **Mail:** SCAN Health Plan, Attn: SCAN Claims Provider Disputes, P.O. Box 21543, Eagan, MN 55121<br><br>**Check claim status**<br>• **Portal:** Log in to Availity Essentials > select Claims & Payments > Claim Status<br>• **Phone:** 888-540-7226 (allow 30 days for status to reflect on portal prior to calling)<br><br>**Question about a processed claim**<br>• **ECHO:** Review payment details and request copy of RA or check tracer ECHO Health<br>• **Portal:** Review the Processed Claim Inquiry Messaging Instructions on SCAN Payer Space on Availity Essentials<br><br>**Claim overpayments:** see page 12 "Claim Overpayment & Recovery" for details<br><br>**Encounters:** email HCIOutreach@scanhealthplan.com |

# PROVIDER QUICK REFERENCE GUIDE

| | |
|---|---|
| **Claim Disputes and Appeals** | **Submit a dispute**<br>• **Fax**: 562-997-1835 (preferred)<br>• **Mail:** SCAN Health Plan, Attn: SCAN Claims Provider Disputes, P.O. Box 21543, Eagan, MN 55121<br><br>**Submit an appeal** (non-contracted providers only)<br>• **Fax:** 562-989-0958 (preferred)<br>• **Mail:** SCAN Health Plan, Attn: SCAN Non-Contracted Provider Appeals, P.O. Box 22616, Long Beach, CA 90801<br><br>**Check status of dispute or appeal**<br>**Phone:** Call 888-540-7226 (allow 60 days for SCAN to communicate a decision prior to calling) |
| **Provider Roster** | SCAN must be notified of provider roster changes within 5 business days to ensure provider data accuracy on SCAN's online directory<br><br>Submit updates on SCAN's roster template to:<br>**Email** ProviderUpdates@scanhealthplan.com |
| **Compliance** | **Attestation submission:** Submit a completed attestation form on scanhealthplan.com<br><br>**To report a compliance issue** go to Report a Compliance Issue on scanhealthplan.com |
| **Member Access & Care Management** | **Information:** go to SCAN Case Management Program Fact Sheets for information on SCAN's clinical programs and the Provider Operations Manual for provider accessibility and appointment expectations<br><br>**Questions** CMReferral@scanhealthplan.com or call 562-308-5854 |
| **Member Grievances** | SCAN must be notified of all member Grievances on the day of receipt<br><br>**Phone:** call Member Services at 800-559-3500 (CA), 855-650-7226 (AZ), 855-826-7226 (NM), 855-844-7226 (TX), (OR) 855-828-7226 |
| **Credentialing** | All providers must complete the re-credentialing process every 3 years<br>Please refer to the Provider Operations Manual for credentialing requirements<br><br>**Questions** email SCANProviderCredentialing@scanhealthplan.com (professional providers) or Credentialing@scanhealthplan.com (facilities/ancillaries) |
| **Provider Operations Manual** | For additional details on policies and guidelines, please refer to the SCAN Provider Operations Manual<br><br>*Note: SCAN's Provider Operations Manual is updated annually on 1/1* |
| **SCAN Key Contacts** | If you need to speak with someone, we're here to help<br><br>**Call** Provider Services at (888) 540-7226 or<br>**Email** ProvImplementation@scanhealthplan.com |

# ELIGIBILITY & BENEFITS

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 800-390-7459

2. **Portal:** Log in to SCAN's Availity Essentials to get eligibility & benefits information in a downloadable 834 or flat file, including but not limited to:
   - Member eligibility, coverage dates
   - Member's ID#
   - Medical group name and ID#
   - PCP name and ID#

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 ProvImplementation@scanhealthplan.com

**Helpful Resources**

- Benefit Highlights
- Evidence of Coverage
- Summary of Benefits

## Sample Member ID Card

# PRIOR AUTHORIZATIONS

## Check if a service requires prior authorization

Providers should use the Prior Authorization List when checking which services, items and medications require prior authorization

**Note for SCAN Embrace members in AZ:** If you're referring an Embrace POS member to an out of network provider, a prior authorization may not be required. To confirm a member is Embrace POS, check that the member's ID card displays "SCAN Medical Group AZ" in the medical group field. Please visit SCAN Embrace Arizona on scanhealthplan.com for details

## Submit a prior authorization request

Two ways to request prior authorization:

1. **Portal:** Log in to Availity Essentials > select Patient Registration > Authorizations & Referrals > Authorizations
2. **Fax** the SCAN Referral / Authorization Request Form to 800-411-0671

**Questions for UM?**
Email: UMCCMDepartment@scanhealthplan.com

## Check request status

Two ways to check prior authorization status:

1. **Portal:** Log in to Availity Essentials > select Patient Registration > Authorizations & Referrals > Authorizations
2. **Call** Provider Services at 888-540-7226 *(note: allow 7 calendar days for SCAN to communicate a decision prior to calling)*

## Disagree with a prior authorization decision?

Providers can request an appeal on behalf of a member:

- Fax supporting documentation to 562-997-1835 (preferred)
- If unable to fax, mail to SCAN Health Plan, P.O. Box 22644, Long Beach, CA 90801

# 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

# SCAN'S REFERRAL NETWORK

## Find in-network specialists

**Providers can use our online directory to locate in-network specialists:**

1. Go to scanhealthplan.com > **Find Doctors & Drugs** > **Is My Doctor In Network?**
2. Search by **Name & Location**, **Medical Group**, **Plan**, or **Specialty**
3. Select the year: **2025** or **2026**
4. Filter by radius: 5, 10, 20, or 50 miles
5. Click "View All Filters" to apply additional search options

## Find in-network facilities & ancillaries

**Providers can use our online health facility directory to locate in-network facilities & ancillary services:**

1. Go to scanhealthplan.com > **Find Doctors & Drugs** > **Which Health Facilities Do I Have Access To?**
2. Select the year: **2025** or **2026**
3. Search by **Name** or **Address** (approximate location such as city, county or zip code is acceptable)
4. Filter by radius: 5, 10, 20, or 50 miles
5. Click "View All Filters" to apply additional search options:
    a) Facility Type: Choose from the available facility types
    b) Plans Accepted: Choose the plan shown on the member's ID card
    c) Medical Group: Select the group shown on the member's ID card

## Need help?

Call Provider Services at 888-540-7226 or email Provider Relations at ProviderRelations@scanhealthplan.com for help locating in-network providers

# 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

2

**Paper submission**

If unable to submit electronically, mail a paper UB-04 or CMS HCFA 1500 to:

SCAN Health Plan
P.O. Box 21543
Eagan, MN 55121

### Questions?

Contact your vendor or Office Ally directly at (360) 975-7000, email info@officeally.com, or live chat support.officeally.com

### Helpful Resources

For more information on submitting claims, timely filing, and turnaround times, go to SCAN Payer Space on Availity Essentials or the Provider Operations Manual

## Check claim status

- **Portal:** Log in to Availity Essentials > select Claims & Payments > Claim Status
- **Phone:** Call Provider Services at (888) 540-7226 *(note: allow for 30 days for status to reflect on portal prior to calling)*

## Question about a processed claim?

- Review payment details and request copy of RA or check tracer at ECHO Health
- Review the Processed Claim Inquiry Messaging Instructions on SCAN Payer Space on Availity Essentials

# 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

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 21543
Eagan, MN 55121

## 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

## How to check the status of a dispute or appeal?

Call Provider Services at 888-540-7226 (note: allow 60 calendar days prior to calling)

# 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, 12898 Towne Center Drive, Cerritos, CA 90703-8546

Email the overpayment documents to ClaimsRecoveryUnit@scanhealthplan.com. If unable to email, mail it to:

SCAN Health Plan
Attn: SCAN Claims Provider Disputes
P.O. Box 21543
Eagan, MN 55121

*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 Health Plan
Attn: SCAN Claims Provider Disputes
P.O. Box 21543
Eagan, MN 55121

*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 ProvImplementation@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

## 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

Submit updates on SCAN's roster template to ProviderUpdates@scanhealthplan.com

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

### Primary Care or Behavioral Health Providers

Notify SCAN at least **75 days** before a provider terminates, or as soon as you are notified, so SCAN can update its directory. If less than 75 days' notice, **inform SCAN within 5 business days of becoming aware of the termination**. Delegated entities must notify affected Members at least **45 days** before the effective date. The group must also identify a **replacement PCP** who is affiliated with SCAN and accepting Members.

### Specialists or Facilities

Notify SCAN at least **60 days** before termination, or as soon as you are notified, so SCAN can update its directory. If less than 60 days' notice, **inform SCAN within 5 business days of becoming aware of the termination**. Delegated entities must notify Members at least **30 days** before the effective date.

*Please consult your respective Provider Operations Manual for more details on the CMS regulations regarding provider terminations.*

# COMPLIANCE

SCAN's commitment to compliance includes ensuring that its first tier, downstream, and related entities ("FDRs") are in compliance with all applicable laws, rules, and regulations. All contracted providers are required to submit an attestation form as evidence of compliance with the below requirements:

- **Compliance Policies and Procedures, and Standards of Conduct:** Providers should have written compliance policies and procedures, and standards of conduct, and distribute them within 90 days of hire or contracting, when revised, and annually thereafter
- **General Compliance Training:** Providers should complete the General Compliance Training module located on the CMS Medicare Learning Network (MLN) or an equivalent training within ninety (90) days of hire/contracting and at least annually thereafter
- **Fraud, Waste and Abuse ("FWA") Training:** Providers should complete the Fraud, Waste and Abuse Training module located on the CMS Medicare Learning Network (MLN) or an equivalent training within ninety (90) days of hire/contracting and at least annually thereafter
- **OIG/SAM Exclusion Lists:** Providers should review the DHHS OIG List of Excluded Individuals and Entities (LEIE list), SAM Excluded Parties Lists System (EPLS), and CMS Preclusion List, prior to the hiring or contracting of any new employees and downstream entities, and monthly thereafter, to ensure that none of these persons or entities are excluded or become excluded from participation in federal programs. Providers should immediately disclose exclusion to SCAN, or other event that makes them ineligible to perform work related directly or indirectly to Federal health care programs
- **Oversight of First Tier Entities:** Provider has a process in place (if applicable) to monitor the entities with which it contracts with (these are "first tier" entities to the Contractor and "downstream" entities to SCAN) to ensure that they are in compliance with all applicable laws and regulations
- **Record Retention:** Providers should retain evidence of compliance records for at least ten (10) years, or longer if required by applicable law
- **Offshore Subcontracting:** If Provider offshores any protected health information, provider will complete and return SCAN's Offshore Subcontractor Certification, annually thereafter as well as within 20 days of entering into or amending any agreement with an Offshore Subcontractor

## How to submit an attestation form?

Submit a completed attestation form on scanhealthplan.com

*Note: SCAN reserves the right to request evidence of compliance with these requirements*

## How to report a compliance issue?

For information on reporting compliance issues, go to Report a Compliance Issue