## **Updated Letter Templates (as of 11/16/2022)**

SCAN regularly updates its member and provider letter templates for delegated group use in response to regulatory and business needs. Updates are posted regularly in the SCAN Provider Today newsletter and groups are expected to implement use of the templates in their systems within 30 days.

Due to the unique size of this group of template updates, we have developed this multi-page grid of the current updates for our delegated groups. The grids include a complete listing of letters for our Texas expansion as all the Texas letters are new. Future letter updates will be much smaller in count and will continue to appear in the Provider Today Newsletter.

The grids below are state-specific and detail the full list of Texas templates (for the new SCAN expansion into Texas), followed by a detailed listing of all the letters that have been updated for our Arizona, Nevada and California groups.

The letter templates themselves are available for downloading on SCAN public website at <a href="https://www.scanhealthplan.com/providers/information-for-office-staff/scan-cms-approved-letter-templates">https://www.scanhealthplan.com/providers/information-for-office-staff/scan-cms-approved-letter-templates</a>.

We recommend using the direct links below for your specific state:

California: <a href="https://www.scanhealthplan.com/providers/information-for-office-staff/scan-cms-approved-letter-templates?scan">https://www.scanhealthplan.com/providers/information-for-office-staff/scan-cms-approved-letter-templates?scan</a> state=CA&=

Arizona: <a href="https://www.scanhealthplan.com/providers/information-for-office-staff/scan-cms-approved-letter-templates?scan">https://www.scanhealthplan.com/providers/information-for-office-staff/scan-cms-approved-letter-templates?scan</a> state=AZ&=

**Nevada**: <a href="https://www.scanhealthplan.com/providers/information-for-office-staff/scan-cms-approved-letter-templates?scan">https://www.scanhealthplan.com/providers/information-for-office-staff/scan-cms-approved-letter-templates?scan</a> state=NV&=

Texas: <a href="https://www.scanhealthplan.com/providers/information-for-office-staff/scan-cms-approved-letter-templates?scan\_state=TX&">https://www.scanhealthplan.com/providers/information-for-office-staff/scan-cms-approved-letter-templates?scan\_state=TX&</a>

| Service<br>Area | Template Information  | Tracking<br>Status | Summary of Changes | Medical Group<br>Expectations   | Guidance  |
|-----------------|-----------------------|--------------------|--------------------|---|---|
| Texas           | All TX letters posted | New                |                    | Implement these new letters within your letter generation process/system. | All member letters available in ENG and SP. Provider letters available in ENG.  See table below for a complete list of theses new TX letters. |

| Texas | Section 1557 Notice –<br>Multi-Language | New | <ul><li>New<br/>Antidiscrimination<br/>/ Multi-Language</li></ul> | <ul> <li>Not for use with<br/>the "Denial of<br/>Coverage for</li> </ul>  | • | Not for use with documents intended for   |
|-------|---|-----|---|---|---|---|
|       | – English<br>– Spanish                  |     | Attachment  | Inpatient Hospitalization Provider Denial" letters.  Not for use with the NOMNC "Notice of Medicare Non- Coverage letters to members. |   | providers:  o "Denial of Coverage for Inpatient Hospitalization Provider Denial"  o Optional Form to Document Alternate   |
|       |   |     |   | Must be attached to all other letters posted on the web for delegated group use.  | • | Delivery"  Not for use with the NOMNC "Notice of Medicare Non-Coverage letters to members.  Must be attached to all other member letters posted on the web for delegated group use. |

| Texas     |       |
|-----------|-------|
| (Complete | List) |

## Member letters available in ENG and SP:

- Detailed Explanation of Non Coverage
- Detailed Notice of Discharge
- Extension Needed For Additional Information
- Important Message From Medicare About Your Rights
- Informational Letter to Beneficiary And Or Provider Physician
- Medicare Outpatient Observation Notice MOON
- Notice of Authorization Services
- Notice of Authorization Facility
- Notice of Denial of Medical Coverage
- Notice of Dismissal of PreService Request
- Notice of Medicare NonCoverage
- Notice of Reinstatement of Coverage
- Second and Third Opinion Authorization
- Section 1557 Notice Multi-Language (SEE DESCRIPTION BELOW)
- Services Requested Do Not Meet Expedited Criteria

## Provider letters available in ENG:

- Denial of Coverage for Inpatient Hospitalization Provider Denial
- Optional Form to Document Alternate Delivery

| Service<br>Area | Template Information   | Tracking<br>Status            | Summary of Changes   | Medical Group Expectations  | Guidance   |
|-----------------|--|-------------------------------|--|---|--|
| Arizona         | Notice of Denial of<br>Medical Coverage<br>Arizona:  - English - Spanish     | U1 2022  Replaces AZ: U1 2021 | <ul> <li>Removed the web address in the more information listing on page 3.</li> <li>Footer tracking number updated.</li> <li>No other changes.</li> </ul> | Replace the old versions with these new versions.   |  |
| Arizona         | Second and Third Opinions — Authorization  Arizona:  — English — Spanish     | U1 2022  Replaces AZ: U1 2021 | <ul> <li>Removed the email address in the contact information on page 2.</li> <li>Footer tracking number updated.</li> <li>No other changes.</li> </ul>    | Replace the old versions with these new versions.   |  |
| Arizona         | Notice of Dismissal of<br>Pre-Service Request  Arizona:  - English - Spanish | U1 2022  Replaces AZ: U1 2021 | <ul> <li>Removed the email address in the contact information on page 1.</li> <li>Footer tracking number updated.</li> <li>No other changes.</li> </ul>    | Replace the old versions with these new versions.   |  |
| Arizona         | Section 1557 Notice – Multi-Language  - English - Spanish                    | New                           | New     Antidiscrimination     / Multi-Language     Attachment   | <ul> <li>Not for use with the "Denial of Coverage for Inpatient Hospitalization Provider Denial" letters.</li> <li>Not for use with the NOMNC "Notice of Medicare Non-Coverage letters to members.</li> <li>Must be attached to all other letters posted on the web for delegated group use.</li> </ul> | Not for use with documents intended for providers:  "Denial of Coverage for Inpatient Hospitalization Provider Denial"  "Optional Form to Document Alternate Delivery"  Not for use with the NOMNC "Notice of Medicare Non-Coverage letters to members.  Must be attached to all other member letters posted on the web for delegated group use. |

| Nevada           | Notice of Denial of<br>Medical Coverage<br>Nevada:  - English - Spanish  | U1 2022  Replaces NV: U1 2021          | <ul> <li>Removed the web address in the more information listing on page 3.</li> <li>Footer tracking number updated.</li> <li>No other changes.</li> </ul>   | Replace the old versions with these new versions.  |  |
|------------------|--|--|--|--|--|
| Nevada<br>Nevada | Informational Letter to Beneficiary and/or Provider/Physician  Nevada:  - English  Second and Third Opinions — | U1 2022  Replaces NV: U1 2021  U1 2022 | <ul> <li>Branding correction change to "SCAN" in the grid near the top of page 1.</li> <li>Footer tracking number updated.</li> <li>No other changes.</li> <li>Removed the email address in</li> </ul> | <ul> <li>Replace the old versions with these new versions.</li> <li>Replace the old versions with</li> </ul>   |  |
|                  | Authorization  Nevada:  - English - Spanish  | Replaces<br>NV: U1<br>2021             | <ul> <li>the contact information on page 2.</li> <li>Footer tracking number updated.</li> <li>No other changes.</li> </ul>   | these new<br>versions.   |  |
| Nevada           | Notice of Dismissal of<br>Pre-Service Request<br>Nevada:  - English - Spanish                                  | Replaces<br>NV: U1<br>2021             | <ul> <li>Removed the email address in the contact information on page 1.</li> <li>Footer tracking number updated.</li> <li>No other changes.</li> </ul>  | Replace the old versions with these new versions.  |  |
| Nevada           | Section 1557 Notice – Multi-Language  – English – Spanish  | New                                    | New     Antidiscrimination     / Multi-Language     Attachment   | <ul> <li>Not for use with the "Denial of Coverage for Inpatient Hospitalization Provider Denial" letters.</li> <li>Not for use with the NOMNC "Notice of Medicare Non-Coverage letters to members.</li> <li>Must be attached to all other letters posted on the</li> </ul> | Not for use with documents intended for providers:  "Denial of Coverage for Inpatient Hospitalization Provider Denial"  Optional Form to Document Alternate Delivery"  Not for use with the NOMNC "Notice of Medicare Non-Coverage letters to members. |

|            |   |                                       |  | web for<br>delegated<br>group use.   | Must be attached to all other member letters posted on the web for delegated group use.  |
|------------|---|---------------------------------------|--|--|--|
| California | Notice of Denial of Medical Coverage  California:  - English - Spanish - Chinese - Korean       | U1 2022  Replaces CA: U1 2021         | <ul> <li>Removed the web address in the more information listing on page 3.</li> <li>Footer tracking number updated.</li> <li>No other changes.</li> </ul> | Replace the old versions with these new versions.  |  |
| California | Second and Third Opinions — Authorization  California: — English — Spanish — Chinese            | U1 2022<br>Replaces<br>CA: U1<br>2021 | <ul> <li>Removed the email address in the contact information on page 2.</li> <li>Footer tracking number updated.</li> <li>No other changes.</li> </ul>    | Replace the old<br>versions with<br>these new<br>versions.   |  |
| California | Notice of Dismissal of Pre-Service Request  California:  - English - Spanish - Chinese - Korean | U1 2022  Replaces CA: U1 2021         | <ul> <li>Removed the email address in the contact information on page 1.</li> <li>Footer tracking number updated.</li> <li>No other changes.</li> </ul>    | Replace the old<br>versions with<br>these new<br>versions.   |  |
| California | Section 1557 Notice –<br>Multi-Language  - English - Spanish - Chinese - Korean                 | New                                   | New     Antidiscrimination     / Multi-Language     Attachment   | <ul> <li>Not for use with the "Denial of Coverage for Inpatient Hospitalization Provider Denial" letters.</li> <li>Not for use with the NOMNC "Notice of Medicare Non-Coverage letters to members.</li> <li>Must be attached to all other letters posted on the web for</li> </ul> | Not for use with documents intended for providers:  "Denial of Coverage for Inpatient Hospitalization Provider Denial"  Optional Form to Document Alternate Delivery"  Not for use with the NOMNC "Notice of Medicare Non-Coverage letters to members. |

|  |  | delegated  | Must be attached to      |
|--|--|------------|--------------------------|
|  |  | group use. | all other member         |
|  |  |            | <b>letters</b> posted on |
|  |  |            | the web for              |
|  |  |            | delegated group          |
|  |  |            | use.                     |