



## Provider Frequently Asked Questions

### 1. General Information

**Q: How do I become a participating provider with SummaCare?**

A: You can apply to join our network by submitting an online provider application at [www.summacare.com](http://www.summacare.com). Click on the Providers link and then Become a Network Provider.

**Q: How can I update my practice information (address, phone number, tax ID, etc.)?**

A: Providers can update their information by filling out the provider change form- [form-provider-information-change.pdf](#) and submitting it to [scontracting@summacare.com](mailto:scontracting@summacare.com).

**Q: What are the networks and how can I verify if our office/facility is contracted?**

A: The SummaCare networks include: SC Medicare, SC Premier, New Health Connect Summa, New Health Connect Summa Home Health, New Health Connect Pioneer, Mercy Choice, Preferred Choice, SC Select, and SC Connect.

To confirm the networks your office/facility participates in, visit [www.summacare.com](http://www.summacare.com). From the homepage, navigate to the Provider section and select Find a Network Provider. Scroll to the middle of the page and click non-member provider search (provider network search). Under networks, be sure "all networks" is selected and enter the provider's name or facility. Click search and once your listing appears, click on the name or facility to view the full profile. Scroll down to the Networks Accepted section to see the SummaCare networks in which you are listed as a participating provider.

**Q: Where can I find the Provider Manual?**

A: The Provider Manual can be located at [www.summacare.com](http://www.summacare.com). Click on the Provider link and navigate to the Provider Manual on the left-hand side of the page.

**Q: How can I determine which Provider Engagement Specialist is assigned to our office/facility?**

A: To locate your assigned Provider Engagement Specialist, log on to [www.summacare.com](http://www.summacare.com). Navigate to the Provider link and scroll down to locate the Provider Engagement Specialist section. Specialists are assigned by county and zip code for certain regions. If you need assistance please email the Provider Engagement team at [providerengagement@summacare.com](mailto:providerengagement@summacare.com)

### 2. Claims and Billing

**Q: How do I submit claims to SummaCare?**

A: Claims can be submitted electronically through your clearinghouse using payer ID 95202 for fully-funded plans and 34916 for self-funded plans. If you have questions about setting up your electronic data interchange (EDI) with SummaCare, please contact [edisupport@summacare.com](mailto:edisupport@summacare.com)

**Q: What is the timeframe for claim submission?**

A: Claims must be submitted within 365 days from the date of service.

**Q: How can I check the status of a submitted claim?**

A: Claim status can be checked through Plan Central at [www.summacare.com/plancentral](http://www.summacare.com/plancentral). If you do not have access, follow the registration instructions on the login page or contact Provider Services for assistance.

**Q: What is the process to dispute a claim?**

A: To submit a claim dispute, please log in to [Plan Central](#). If you do not have a user account, please [register](#) by clicking the registration link located on the Plan Central homepage. After logging in, please locate your claim using the "Claim Inquiry" menu. When your search results appear, click on the claim to view the details. When you click the button titled "Adjustment Request," a window will appear with various options to help us understand why the claim should be adjusted. Providers must submit claim disputes within 60 days of the claim determination, including supporting documentation.

**Q: I received a check but I need the explanation of payment (EOP), where can I locate this information?**

A: You can access your Explanation of Payment (EOP) statements through the Plan Central provider portal. Once logged in, click on inquiries and then EOP. You can retrieve the EOP by simply entering the check number, check from date and to date or the member's first and last name only.

### **3. Authorizations, Benefits and Eligibility**

**Q: How can I verify a patient's eligibility and benefits?**

A: Eligibility and benefits can be checked through our provider portal- Plan Central at [www.summacare.com/plancentral](http://www.summacare.com/plancentral).

**Q: Do all services require prior authorization?**

A: No, but certain procedures, hospital admissions, and specialty services do require authorization. You may review the prior authorization list and details regarding submission under [Prior Authorization for Providers](#).

**Q: How often do providers need to re-credential?**

A: Providers must undergo re-credentialing every 3 years to maintain network participation.