



## Provider Alert

**To:** Sharp Health Plan Providers  
**Attn:** Providers, Provider Office Staff  
**From:** Sharp Health Plan  
**Date:** October 24, 2023  
**Subject:** **Provider Operations Manual for Commercial – Effective January 1, 2024**

Our Provider Operations Manual (POM) for commercial plans has been updated. Below is a summary of changes, effective January 1, 2024. You can find the POM online at [sharphealthplan.com/pom](http://sharphealthplan.com/pom).

2024 Commercial POM Sections	Subsections	Page #	Summary of Changes
Global change			<ul style="list-style-type: none"><li>Change primary care provider to primary care physician to be consistent with SHP materials</li></ul>
Section I: Introduction and Overview	About Us	9	<ul style="list-style-type: none"><li>Updated Nurse Advice and accolades</li></ul>
Section I: Introduction and Overview	Resource Guide	10 - 12	<ul style="list-style-type: none"><li>Resource guide updated with contact information and removed PPO for now</li></ul>
Section I: Introduction and Overview	Sharp Health Plan Responsibilities	13	<ul style="list-style-type: none"><li>Minor edit, updated portal link</li></ul>
Section II: Sharp Health Plan Benefits	Benefit Coverage Options	19	<ul style="list-style-type: none"><li>Removed PPO for now</li></ul>
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Services: Wellness Services	21	<ul style="list-style-type: none"><li>Revised section with updated information about Wellness Services.</li></ul>
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Services: Best Health	21	<ul style="list-style-type: none"><li>Added educational resources and removed interactive health library</li></ul>
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Services: Wellness Services	21	<ul style="list-style-type: none"><li>Minor edits and removed interactive health library</li></ul>

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# SHARP Health Plan

2024 Commercial POM Sections	Subsections	Page #	Summary of Changes
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Services: Behavioral Health Services	22	<ul style="list-style-type: none"> <li>Updated groups per 2023 network. Magellan not added due to contract being still under negotiation.</li> </ul>
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Service: The ChooseHealthy Program	23	<ul style="list-style-type: none"> <li>New content</li> </ul>
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Service: MinuteClinic at CVS	24	<ul style="list-style-type: none"> <li>Updated number of locations.</li> </ul>
Section II: Sharp Health Plan Benefits	Specialty Pharmacy Services Covered under the Pharmacy Benefit	25	<ul style="list-style-type: none"> <li>Minor grammatical edit</li> </ul>
Section II: Sharp Health Plan Benefits	Enhanced Provider Services	26	<ul style="list-style-type: none"> <li>Minor edits</li> </ul>
Section III: Member Enrollment and Eligibility	Member Enrollment Overview	29	<ul style="list-style-type: none"> <li>Removed PPO for now plus minor edits.</li> </ul>
Section III: Member Enrollment and Eligibility	Eligibility Verification	29	<ul style="list-style-type: none"> <li>Removed PPO for now plus minor edits.</li> </ul>
Section III: Member Enrollment and Eligibility	Member ID Cards	32-36	<ul style="list-style-type: none"> <li>ID Cards updated with the current version:               <ul style="list-style-type: none"> <li>Sample HMO Identification Card with Pediatric Dental</li> <li>Sample HMO Identification Card without Pediatric Dental</li> <li>Sample CalPERS HMO Identification Card</li> <li>Sample Covered California Identification Card</li> <li>Sample City of San Diego/SDPEBA Identification Card</li> <li>Sample Point of Service (POS) Identification Card                   <ul style="list-style-type: none"> <li>2-Tier Discontinued</li> </ul> </li> </ul> </li> </ul>

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			<ul style="list-style-type: none"> <li>○ Sample Preferred Provider Organization (PPO) card</li> <li>○ Sample of Teamsters Identification Card</li> </ul>
Section IV: Member Services	Customer Care	38	<ul style="list-style-type: none"> <li>• Format update</li> </ul>
Section IV: Member Services	Primary Care Physician (PCP) Assignment and Selection	40	<ul style="list-style-type: none"> <li>• Format update with additional details about PCP assignment process.</li> </ul>
Section IV: Member Services	Independent Medical Review (IMR)	47	<ul style="list-style-type: none"> <li>• Added delegated group responsibility.</li> </ul>
Section IV: Member Services	Additional Resources for Members: DMHC Help Center	49	<ul style="list-style-type: none"> <li>• Clarified help center as DMHC</li> </ul>
Section V: Provision of Professional Services	Role of the Primary Care Physician (PCP)	53	<ul style="list-style-type: none"> <li>• Revised section with clarification on HMO and POS plans. Not including PPO for now.</li> </ul>
Section V: Provision of Professional Services	Sensitive Services Information	59	<ul style="list-style-type: none"> <li>• Minor edit</li> </ul>
Section V: Provision of Professional Services	Plan Provider Updates	60	<ul style="list-style-type: none"> <li>• Minor edit</li> </ul>
Section V: Provision of Professional Services	Credentialing Program	62	<ul style="list-style-type: none"> <li>• Removed NCQA accreditation for Sharp CVO (still pending)</li> </ul>
Section V: Provision of Professional Services	Delegated Credentialing/ Recredentialing	65	<ul style="list-style-type: none"> <li>• Updated to reflect 2023; now showing Magellan until contract is fully negotiated.</li> </ul>
Section V: Provision of Professional Services	Accessibility and Timeliness Standards to Care	68	<ul style="list-style-type: none"> <li>• Revised heading to reflect content</li> </ul>
Section V: Provision of Professional Services	Timely Access to Care: Appointment Wait Times	69	<ul style="list-style-type: none"> <li>• Revised sections to include information about follow up appointments.</li> </ul>
Section V: Provision of Professional Services	Timely Access to Care: Advanced Scheduling	70	<ul style="list-style-type: none"> <li>• Revised sections to include information about SUD.</li> </ul>

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2024 Commercial POM Sections	Subsections	Page #	Summary of Changes
Section VI: Utilization Management	Utilization Management Program	80	<ul style="list-style-type: none"> <li>Revised section with updated SCMG contact information. Per SCMG all inquiries will go to the general line. Removed all other regions</li> </ul>
Section VI: Utilization Management	Referral and Authorization Process: Medical and Behavioral Health Services	82	<ul style="list-style-type: none"> <li>Minor edit</li> </ul>
Section VI: Utilization Management	Referral and Authorization Process: Prior Authorization Required	82	<ul style="list-style-type: none"> <li>Updated link to forms.</li> </ul>
Section VI: Utilization Management	Utilization Review	83	<ul style="list-style-type: none"> <li>Added new guidelines</li> </ul>
Section VI: Utilization Management	Prior Authorization Review Timelines	84	<ul style="list-style-type: none"> <li>Revised to also reference pharmacy TAT.</li> </ul>
Section VI: Utilization Management	Provider Notification of UM Decision	85	<ul style="list-style-type: none"> <li>Minor edit</li> </ul>
Section VI: Utilization Management	Maternal Mental Health	90	<ul style="list-style-type: none"> <li>Revised definition</li> </ul>
Section VI: Utilization Management	Out-of-Network Services	91	<ul style="list-style-type: none"> <li>Revised to clarify the LOB – HMO – plus minor edit</li> </ul>
Section VI: Utilization Management	Delegated Utilization Management	92	<ul style="list-style-type: none"> <li>Minor edit</li> </ul>
Section VII: Pharmacy Benefit Services	Formulary	94	<ul style="list-style-type: none"> <li>Minor edit</li> </ul>
Section VII: Pharmacy Benefit Services	Tiered Copay Programs	95	<ul style="list-style-type: none"> <li>Removed PPO for now. Added cost share and Real Time Benefit Check information plus minor edits</li> </ul>
Section VII: Pharmacy Benefit Services	Prior Authorization	96	<ul style="list-style-type: none"> <li>Minor edit - updated portal link</li> </ul>
Section VII: Pharmacy Benefit Services	Step therapy	97	<ul style="list-style-type: none"> <li>Removed “appeal of a denial”</li> </ul>
Section VII: Pharmacy Benefit Services	Dispense as Written (DAW) Prescriptions	98	<ul style="list-style-type: none"> <li>Added cost share</li> </ul>

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Section VII: Pharmacy Benefit Services	Non-Covered Services and Medications	101	<ul style="list-style-type: none"> <li>Revised with additional language to detail exclusions and limitations.</li> </ul>
Section VII: Pharmacy Benefit Services	Prior Authorization and Exception Process	103	<ul style="list-style-type: none"> <li>Minor edits - updated portal link</li> </ul>
Section VII: Pharmacy Benefit Services	Coverage Determination Notification Process	104	<ul style="list-style-type: none"> <li>Added clarification on denials</li> </ul>
Section VII: Pharmacy Benefit Services	Pharmacy Policies and Procedures (Pharmacy Management Procedures)	104	<ul style="list-style-type: none"> <li>Minor edit - updated portal link</li> </ul>
Section VII: Pharmacy Benefit Services	Outpatient Injectable Medications	105	<ul style="list-style-type: none"> <li>Removed PPO for now and clarification of provider responsibilities for HMO, POS.</li> </ul>
Section VIII: Quality Improvement	Quality Management Committee	110	<ul style="list-style-type: none"> <li>Removed Service and Operational Quality Council</li> </ul>
Section VII: Quality Improvement	Quality Measurement: HEDIS	111	<ul style="list-style-type: none"> <li>Updated HEDIS measures</li> </ul>
Section IX: Claims and Encounters	Claims Address	123	<ul style="list-style-type: none"> <li>Minor edit, updated portal link</li> </ul>
Section IX: Claims and Encounters	Claims submission Requirements	123	<ul style="list-style-type: none"> <li>Revised non-contracted provider W9 requirement.</li> <li>Updated claims submission link</li> </ul>
Section IX: Claims and Encounters	Electronic Claims Submissions	124	<ul style="list-style-type: none"> <li>Minor grammatical edit</li> </ul>
Section IX: Claims and Encounters	Claims Payment Editing System	125	<ul style="list-style-type: none"> <li>Removed clinical or operative reports</li> </ul>
Section IX: Claims and Encounters	Member Costs and Out-of-Pocket Maximum	129	<ul style="list-style-type: none"> <li>Minor edit, updated portal link</li> </ul>

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In addition to the above, please note other information available in the POM and their page numbers:

- Interpreter Services 39
- Member Rights and Responsibilities 39
- Member Grievances and Appeals 42
- Plan Provider Responsibilities 51
- Provider Responsibilities for Cultural & Linguistic Services 78
- Utilization Management Program 80
- Utilization Review 83
- Case Management Programs 88
- Out-of-Network Services 91
- Vacation Overrides 99
- Prescription Mail Order 100
- Quality Measurement 111
- Claims and Encounters 122

Questions? Please contact Sharp Health Plan Provider Account Management by email at [provider.relations@sharp.com](mailto:provider.relations@sharp.com) or by phone at 1-858-499-8330. Thank you for your partnership.

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