



Provider Alert

To: Sharp Health Plan Providers
Attn: Providers, Provider Office Staff
From: Sharp Health Plan
Date: October 24, 2022
Subject: **Provider Operations Manual for Commercial – Effective January 1, 2023**

Our Provider Operations Manual (POM) for commercial plans has been updated. Below is a summary of changes, effective January 1, 2023. You can find the POM online at sharphealthplan.com/pom.

2023 Commercial POM Sections	Subsections	Page #	Summary of Changes
Section I: Introduction and Overview	About Us	9	Revised section with updated verbiage about Sharp Health Plan.
Section I: Introduction and Overview	Resource Guide	10-13	Resource guide updated with contact information for Attestations & Rosters and updated claims research contact information.
Section I: Introduction and Overview	California Mental Health Parity Law	18	Revised section with updated language for California law (SB855).
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Services: Best Health	23	Updated verbiage and formatting about Best Health.
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Services: Wellness Services	23-24	Revised section with updated information about Wellness Services.
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Services: Acupuncture	24	Revised section with updated information about Acupuncture Services.
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Service: Global Emergency Services	25	Revised section with updated information about services and contact details.

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Section II: Sharp Health Plan Benefits	Partnership and Value-Added Service: The ChooseHealthy Program	26-27	Revised section with updated information about enrollment costs and premiums. Added disclaimer about services.
Section II: Sharp Health Plan Benefits	Partnership and Value-Added Service: MinuteClinic at CVS	27	Revised section with updated information about the partnership with CVS and location. Addition of details added about vaccinations offered.
Section II: Sharp Health Plan Benefits	Supplemental Benefit: Acupuncture – American Specialty Health Plans of California, Inc. (ASH Plan)	28	Revised section with details about access to service if medically necessary.
Section II: Sharp Health Plan Benefits	Supplemental Benefit: Chiropractic – American Specialty Health Plans of California, Inc. (ASH Plan)	28	Revised section with details about access to service if medically necessary.
Section III: Member Enrollment and Eligibility	Member ID Cards	34-38	- ID Cards updated with the current version: - Sample HMO Identification Card with Pediatric Dental - Sample HMO Identification Card without Pediatric Dental - Sample CalPERS HMO Identification Card - Sample Covered California Identification Card - Sample City of San Diego/SDPEBA Identification Card - Sample Point of Service (POS) Identification Card 2-Tier Discontinued - Sample of Teamsters Identification Card
Section IV: Member Services	Primary Care Provider (PCP Assignment and Selection	42	Revised Section with additional details about Osteopathic provider (DO).

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Section V: Provision of Professional Services	Plan Provider Responsibilities: Conflicts of Interest	54	Revised section with a legal explanation about Conflicts of Interest for Plan providers.
Section V: Provision of Professional Services	Sensitive Services Information	60	New Subsection for Sensitive Services Information and revised language to reflect Confidentiality of Medical Information Act.
Section V: Provision of Professional Services	Plan Provider Updates	62	Revised sections to include additional information about the credentialing process.
Section V: Provision of Professional Services	Credentialing Program: Credentialing	64	Revised section to include process information per NCQA standards.
Section V: Provision of Professional Services	Credentialing Program: Re-Credentialing	68	Revised section to include process information per NCQA standards.
Section V: Provision of Professional Services	Culturally and Linguistically Appropriate	79	Revised sections to include the appropriate time frame for requests for face-to-face interpreting services
Section V: Provision of Professional Services	Provider Responsibilities for Cultural and Linguistic Services	80	Revised section to include additional information about interpreter services for LEP members.
Section VI: Utilization Management	Referral and Authorization Process: Prior Authorization Required	84	Revised section to include verbiage regarding Clinical Policy HS-CP-E1.
Section VII: Pharmacy Benefit Services	Formulary	96	Revised section to include information about EHR and RTBC. Additional language included accessing the information on the portal.
Section VII: Pharmacy Benefit Services	Tiered Copay Programs	97	Revised language about access to contraception.
Section VII: Pharmacy Benefit Services	Step therapy	99	Revised language to include additional details about the Step Therapy Program.

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Section VII: Pharmacy Benefit Services	Emergency Supply	100	Addition of language about emergency criteria.
Section VII: Pharmacy Benefit Services	Dispensing Limitations	101	Revised section to include details of maintenance medication.
Section VII: Pharmacy Benefit Services	Preventive Health Medications	101	Revised sections to provide clarification on over-the-counter items.
Section VII: Pharmacy Benefit Services	Non-Covered Services and Medications	103	Revised language to detail exclusions and limitations.
Section VII: Pharmacy Benefit Services	Prior Authorization and Exception Process	105	Revised sections to include language about step therapy exceptions.
Section VII: Pharmacy Benefit Services	FDA Recalls	106	Section title updated to FDA Recalls.
Section VII: Pharmacy Benefit Services	Outpatient Injectable Medications	106	Section title updated to Outpatient Injectable Medications.
Section VII: Pharmacy Benefit Services	Pharmacy Benefits Manager (PBM)	107	Section updated with vendor name.
Section VII: Pharmacy Benefit Services	Medications Restrictions	107	Revised verbiage on the review process.
Section VII: Pharmacy Benefit Services	Opioid Management Strategies	107	Revised sections with updated information about safety initiatives for commercial and exchange plans.
Section VII: Quality Improvement	Quality Management Committee	112	Revised sections with an updated list of committee membership titles.
Section VII: Quality Improvement	Quality Measurement: HEDIS	114	Updates on the list for HEDIS measures.
Section IX: Claims and Encounters	Claims submission Requirements	125	Revised sections with claim submission requirements and exclusions.
Section IX: Claims and Encounters	Fee Schedules	129	Updated website link for the resource to the fee schedule.
Section IX: Claims and Encounters	Member Costs and Out-of-Pocket Maximum	131	Revised verbiage for clarifications on out-of-pocket maximums.

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

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