



Provider Alert

To: Sharp Health Plan Providers
Attn: Providers, Provider Office Staff
From: Sharp Health Plan
Date: October 24, 2024

Subject: 2025 Provider Operations Manual for Commercial – Effective January 1, 2025

Our Provider Operations Manual (POM) for commercial plans has been updated. Below is a summary of changes, effective January 1, 2025. You can find the POM online at sharphealthplan.com/pom.

2025 Commercial POM Sections	Subsections	Page #	Summary of Changes
Global Change	N/A	N/A	<ul style="list-style-type: none">Customer Care TTY/TDD: 711 phone number added to multiple sections throughout the POM.All “patients” changes to “Members”
Section I: Introduction and Overview	About Us	10	<ul style="list-style-type: none">Updated with 2024 accolades for SHP
Section II: Sharp Health Plan Benefits	Benefit Coverages Options: Point of Service	21-23	<ul style="list-style-type: none">2 -Tier POS removed from POMEdits to 3- Tier POS benefits information updated.Covered California Information move to section as its own subsection after POS.PPO moved down to after Covered California Subsection
Section II: Sharp Health Plan Benefits	Partnerships and Value-Added Services	24 -28	<ul style="list-style-type: none">Acupuncture ASH link updated.Delta Dental link updated.ChooseHealthy Program benefits updated.

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			<ul style="list-style-type: none"> MinuteClinic at SVS benefits updated. Removed Specialty Pharmacy subsection due to duplication of section.
Section III: Member Enrollment and Eligibility	Eligibility Verification	32	<ul style="list-style-type: none"> Updated Membership card page numbers to 35-41
Section V: Provision of Professional Services	Role of the Primary Care Physician (PCP)	58	<ul style="list-style-type: none"> Additional language added to section to provide additional clarity of the role for PCP for referring members to specialist
Section V: Provision of Professional Services	Emergency Services	60	<ul style="list-style-type: none"> Language removed regarding discharge diagnosis consideration from PMG
Section V: Provision of Professional Services	Confidentiality of Medical Information Act	61	<ul style="list-style-type: none"> Title changed from "Sensitive Service Information" to "Confidentiality of Medical Information Act." Additional language added to section with regards to California Civil Code Section 56.10-56.16
Section V: Provision of Professional Services	Provider Directory Verification and Attestation	66	<ul style="list-style-type: none"> Updated language for independent provider roster updates
Section V: Provision of Professional Services	Member Dismissal Form	80	<ul style="list-style-type: none"> Updated with most recent version of dismissal form
Section VI: Utilization Management	Utilization Management Program	85	<ul style="list-style-type: none"> Updated Delegates/Provider Medical Group (PMG) names
Section VI: Utilization Management	Utilization Review	88	<ul style="list-style-type: none"> Added Updated Nonprofit Professional Association Groups

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Section VI: Utilization Management	Second Medical Opinions	92	<ul style="list-style-type: none"> Additional language added to section regarding members requesting second opinions
Section VI: Utilization Management	Doula Benefits	96	<ul style="list-style-type: none"> New Doula Benefits Section with benefits added
Section VI: Utilization Management	Autism Services	96	<ul style="list-style-type: none"> Magellan Health partnership notice added to section
Section VII: Pharmacy Benefit Services	Pharmacy and Therapeutics	100	<ul style="list-style-type: none"> "Supply" removed from bullet
Section VII: Pharmacy Benefit Services	Preventive Health Medications	105	<ul style="list-style-type: none"> Additional language added to provide additional clarity regarding over-the-counter FDA approved contraceptives
Section VII: Pharmacy Benefit Services	Prescription Mail Order	105	<ul style="list-style-type: none"> Removed language "under member forms" for bullet
Section VIII: Quality Improvement	Quality Improvement Program	114	<ul style="list-style-type: none"> Additional bullets added to QI Program goals and objectives
Section VIII: Quality Improvement	Quality Management Committee	115	<ul style="list-style-type: none"> Additional bullets added to QMC responsibilities
Section VIII: Quality Improvement	BMI Assessment Codes	118	<ul style="list-style-type: none"> Updated BMI ages
Section VIII: Quality Improvement	Counseling for Nutrition and Physical Activity	118	<ul style="list-style-type: none"> Updated codes for Physical Activity
Section VIII: Quality Improvement	Diabetic Eye Exam	119	<ul style="list-style-type: none"> Updated table with codes for Diabetic Eye Exam

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Section IX: Claims and Encounters	Claim Receipt Verification and Claim Status Inquiries	129	<ul style="list-style-type: none"> EOB change to EOP

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

• Interpreter Services	45	• Case Management Programs	95
• Member Rights and Responsibilities	45	• Out-of-Network Services	100
• Member Grievances and Appeals	48	• Drug List	102
• Plan Provider Responsibilities	57	• Vacation Overrides	107
• Provider Responsibilities for Cultural & Linguistic Services	84	• Prescription Mail Order	108
• Utilization Management Program	87	• Quality Measurement	119
• Utilization Review	90	• Claims and Encounters	130

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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