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 1-858-499-8300



Provider Alert

To: **Sharp Health Plan Providers**
 Attn: **Providers & Provider Office Staff**
 From: **Sharp Health Plan**
 Date: **June 26, 2020**
 Subject: **Important Timely Access to Care Annual Provider Notification**

Attention Provider Partners,

Sharp Health Plan is obligated under California law to provide or arrange for timely access to care. This means that all Plan providers are required to provide appointments and telephone screening services to Sharp Health Plan’s members according to the following guidelines.

Appointment Wait Times

Urgent Appointments	Maximum Wait Time After Request
No prior authorization required	48 hours
Prior authorization required	96 hours

Non-urgent Appointments	Maximum Wait Time After Request
Primary Care Physician (excludes preventive care appointments) Mental Health Care Physician (psychiatrist)	10 business days
Non-physician Mental Health Care Provider (e.g., psychologist, therapist)	10 business days
Specialist (excludes routine follow-up appointments)	15 business days
Ancillary Services (e.g., X-rays, lab tests, etc. for the diagnosis and treatment of injury, illness or other health conditions)	15 business days

Exceptions to Appointment Wait Times

Plan providers may extend the wait time for an appointment if they have determined and noted in the member’s record that a longer wait time will not be detrimental to the member’s health.

Plan providers may also schedule appointments in advance for preventative and periodic follow up care services (e.g. standing referrals to specialists for chronic conditions, periodic visits to monitor and treat pregnancy, cardiac, or mental health conditions, and laboratory and radiological monitoring for recurrence of disease) consistent with professionally recognized standards of practice, and exceed the listed wait times.



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Telephone Wait Times

Service	Maximum Wait Time
Triage or screening services (24 hours a day, 7 days a week)	30 minutes

Interpreter Services at Scheduled Appointments

Sharp Health Plan provides free interpreter services for members at scheduled appointments whose primary language is not English. Plan providers can request interpreters by calling Customer Care at 1-800-359-2002. Plan providers must make requests for face-to-face interpreting services at least three (3) days prior to the appointment date. In the event that an interpreter is unavailable for face-to-face interpreting, Customer Care can arrange for telephone interpreting services.

Concerns about Timely Referral to an Appropriate Provider

Plan providers or members can contact Customer Care at 1-800-359-2002 for assistance if a member is unable to obtain a timely referral to an appropriate provider. Plan providers or members can also contact the California Department of Managed Health Care at 1-888-466-2219 to file a complaint.

If you have any questions, please contact our Provider Relations Team at provider.relations@sharp.com or 1-858-499-8330. We are available to assist you Monday – Friday, 8 a.m. to 5 p.m.

Thank you,

Cary B. Shames, DO, CHCQM, FABQAURP
Vice President, Chief Medical Officer

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