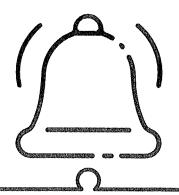


8520 Tech Way, Suite 200 San Diego, CA 92123 1-858-499-8300

Provider Alert



To: Sharp Health Plan Providers

Attn: Providers and Provider Office Staff

From: Sharp Health Plan

Date: Tuesday, October 13, 2020

Subject: Provider Satisfaction with Access to Care and Language Assistance Program Survey

The State of California Timely Access to Non-Emergency Health Care Services Regulation (§1300.67.2.2, Title 28, California Code of Regulations) requires health plans to maintain an adequate provider network to ensure patients receive timely access to care as appropriate for their condition. We are required to solicit the provider's perspective and satisfaction with the patient's ability to receive access to care within the timelines set forth under California law and their satisfaction with language assistance program.

Sharp Health Plan will be conducting the survey starting <u>October 16 through December 31 via fax</u>. We kindly ask you to complete the survey and <u>return to Sharp Health Plan within five (5) business days</u>.

Sharp Health Plan would like to remind our providers that language assistance services are available for our members free of charge. To arrange for language assistance services or to request information on an individual member's language assistance needs, please call Sharp Health Plan's Customer Care Department at (858) 499-8300 or 1-800-359-2002.

If you have any questions, please contact our Provider Relations team at (858)499-8330 or provider.relations@sharp.com.

Best regards,

Yolanda Hunt-Boes

Yolanda Hunt-Boes

Manager, Network Development and Application Optimization

NOTICE The information contained in this message may be privileged and confidential and is only for the use of the individual or entity named on this coversheet. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver the message to the intended recipient, the reader is hereby notified that any dissemination distribution or copying of this communication is strictly prohibited. If this communication has been received in error please notify Sharp Health Plan immediately and destroy all information received.

Provider Satisfaction with Access and Language Assistance Program Survey

ACTION REQUESTED WITHIN 5 BUSINESS DAYS

Please FAX your responses to 1-858-408-9444

Page 1 of 2

Dear Sharp Heath Plan Provider,

The **State of California Timely Access to Non-Emergency Health Care Services Regulation** (§1300.67.2.2, Title 28, California Code of Regulations) requires health plans to maintain an adequate provider network to ensure patients receive timely access to care as appropriate for their condition, and to solicit provider's perspective and satisfaction with the patient's ability to receive access to care within the timelines set forth under California law and their satisfaction with language assistance program.

Please take a few minutes to respond to the survey and fax your responses to (858) 408-9444 within 5 days.

For all of the PCPs in your office, please tell us your satisfaction:

1 =Very Satisfied 2 =Satisfied 3 =Dissatisfied 4 =Very Dissatisfied 5 = N/A or Unknown	1	2	3	4	5
1. How satisfied are you with the referral and/or prior authorization process necessary for your patients to obtain covered services?					
2. How satisfied are your with your patients' access to urgent care services ?					
3. How satisfied are you with your patients' access to non-urgent primary care services ?					
4. How satisfied are you with your patients' access to non-urgent specialty services ?					
5. How satisfied are you with your patients' access to non-urgent ancillary diagnostic and treatment services ?					
6. How satisfied are you with your patients' access to non-urgent behavioral health care services ?					
7. How satisfied are you with the health plan's coordination of appointments with an interpreter?					
8. How satisfied are you with the health plan's availability of an appropriate range of interpreters ?					
9. How satisfied are you with the health plan's training and competency of available interpreters ?					
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For health plan use only: (xxx) xxx-xxxx

Provider Satisfaction with Access and Language Assistance Program Survey

ACTION REQUESTED WITHIN 5 BUSINESS DAYS.

Please FAX your responses to 1-858-408-9444

Page 2 of 2

The **State of California Timely Access to Non-Emergency Health Care Services Regulation** (§1300.67.2.2, Title 28, California Code of Regulations) requires health plans to maintain an adequate provider network to ensure patients receive timely access to care as appropriate for their condition, and to solicit provider's perspective and satisfaction with the patient's ability to receive access to care within the timelines set forth under California law and their satisfaction with language assistance program.

For all of the Specialists in your office, please tell us your satisfaction:

1= Very Satisfied 2= Satisfied 3= Dissatisfied 4= Very Dissatisfied 5= N/A or Unknown	1	2	3	4	5
1. How satisfied are you with the referral and/or prior authorization process necessary for your patients to obtain covered services?					
2. How satisfied are your with your patients' access to urgent care services ?					
3. How satisfied are you with your patients' access to non-urgent primary care services ?					
4. How satisfied are you with your patients' access to non-urgent specialty services ?					
5. How satisfied are you with your patients' access to non-urgent ancillary diagnostic and treatment services ?					
6. How satisfied are you with your patients' access to non-urgent behavioral health care services ?					
7. How satisfied are you with the health plan's coordination of appointments with an interpreter?					
8. How satisfied are you with the health plan's availability of an appropriate range of interpreters ?					
9. How satisfied are you with the health plan's training and competency of available interpreters ?					

For health plan use only: (xxx)xxx-xxxx