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Provider Alert

To: Sharp Health Plan Providers
 Attn: Providers, Provider Office Staff
 From: Sharp Health Plan
 Date: October 25, 2021
 Subject: **Provider Operations Manual for Commercial Plans – EFFECTIVE JAN. 1, 2022**

Starting 1/1/2022, our 2022 Provider Operations Manual (POM) for commercial plans will be effective. You can find it online at sharphealthplan.com/pom.

Below are important updates to the 2022 POM. For a more detailed summary of changes, please see the below attachment.

2022 POM Sections	Important Updates	Page #
I. Introduction / Overview	About Us	9
	Resource Guide	10
II. Sharp Health Plan Benefits	Point of Service (POS)	21
	Behavioral Health Services	24
	The ChooseHealthy® Program	25
III. Member Enrollment / Eligibility	Member ID Cards	33
V. Provision of Professional Services	On-Call Physician Coverage	55
	Medical Record Standards	57
	Credentialing Program	61
	Member Dismissal Request Form	74
VI. Utilization Management	Utilization Review	80
	Second Medical Opinions	84
VII. Pharmacy Benefit Services	Formulary	90
	Non-Covered Services and Medications	96
	Prior Authorization Review Process	99
	Coverage Determination Notification Process	99
VIII. Quality Improvement	BMI Assessment	109
	Counseling for Nutrition and Physical Activity	110

Please contact Sharp Health Plan Provider Account Management by email at provider.relations@sharp.com or by phone at 1-858-499-8330, if you have any questions. Thank you for being our partner in health.

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2022 Commercial Provider Operations Manual Summary of Changes

2022 Commercial POM Sections	Sub Sections	Page #	Summary of Changes
Resource Guide	Claims (paid by Sharp Health Plan)	10	<ul style="list-style-type: none"> Addition of language addressing when it is acceptable to fax claims to the claims fax number.
Resource Guide	Provider Account Management	12	<ul style="list-style-type: none"> Fax number for Provider Account Management updated throughout the POM.
Resource Guide	Fraud, Waste, and Abuse	13	<ul style="list-style-type: none"> New section: Fraud, Waste, and Abuse. Revised email to shpcompliance@sharp.com
Section II: Sharp Health Plan Benefits	Point of Service (POS)	21	<ul style="list-style-type: none"> Information on 3-Tier Point of Service Plan added.
Section II: Sharp Health Plan Benefits	The ChooseHealthy Program®	25	<ul style="list-style-type: none"> New section added that provides information on the ChooseHealthy® program.
Section II: Sharp Health Plan Benefits	Sharp Connect Web-Based Provider Portal	28	<ul style="list-style-type: none"> URL for Sharp Connect fixed. Language around how Sharp Connect can update provider directory information removed.
Section III: Member Enrollment and Eligibility	Member ID Cards	33	<ul style="list-style-type: none"> New ID card images added.
Section V: Provision of Professional Services	Role of the Specialty and Ancillary Provider	55	<ul style="list-style-type: none"> Addition of language regarding specialist responsibility.



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Section V: Provision of Professional Services	Medical Record Standards	57	<ul style="list-style-type: none"> Addition of clarifying language regarding medical record standards.
Section V: Provision of Professional Services	Credentialing	61	<ul style="list-style-type: none"> Details around what forms are required during initial credentialing added.
Section V: Provision of Professional Services	Re-Credentialing	65	<ul style="list-style-type: none"> Re-credentialing timeframe changed from 45-90 days to 180 days.
Section V: Provision of Professional Services	Provider-Initiated Member Dismissal	72	<ul style="list-style-type: none"> Removed section for behavioral health providers which previously stated that behavioral health providers can not dismiss a member. Fax number on member dismissal form request updated.
Section VI: Utilization Management	Utilization Management Program	78	<ul style="list-style-type: none"> Phone number for Sharp Rees-Steely Utilization Management updated.
Section VI: Utilization Management	Prior Authorization Required	80	<ul style="list-style-type: none"> Online referral management system changed to electronic referral management system.
Section VI: Utilization Management	Utilization Review	80	<ul style="list-style-type: none"> Magellan guidelines changed to Milliman guidelines. Additional language around medical necessity determinations for behavioral health services added.



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2022 Commercial POM Sections	Sub Sections	Page #	Summary of Changes
Section VI: Utilization Management	Emergency Services	83	<ul style="list-style-type: none"> Out of service department name changed to out of network department and phone number was updated.
Section VII: Pharmacy Benefit Services	Formulary	90	<ul style="list-style-type: none"> Information around real-time benefit check and its capabilities added.
Section VII: Pharmacy Benefit Services	Non-Covered Services and Medications	96	<ul style="list-style-type: none"> Changes to these sections were made to match what is in evidence of coverage documents.
Section VIII: Quality Improvement	BMI Assessment	109	<ul style="list-style-type: none"> Ages listed for BMI pediatric codes changed from 3-19 to 3-17 years old.
Section VIII: Quality Improvement	BMI Assessment Codes	110	<ul style="list-style-type: none"> Assessment codes for those 20+ in age removed.
Section VIII: Quality Improvement	Counseling for Nutrition and Physical Activity	110	<ul style="list-style-type: none"> ICD-9 changed to ICD-10 codes.
Section VIII: Quality Improvement	References	117	<ul style="list-style-type: none"> References updated to reflect new information listed in section.