



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



Provider Alert

To: Sharp Health Plan Providers and Provider Office Staff
From: Sharp Health Plan
Date: May 16, 2022
Subject: Point-of-Service Plan Claims Submission Process

As a friendly reminder, please follow the claims submission process outlined below for Sharp Health Plan members on Point-of-Service (POS) plans. Below is a sample member ID card carried by these members.

Sample Member ID card: Point of Service (POS) Plans - (3 Tier)

 		Firstname Lastname Suffix ID# 92XXXXXXX-XX DOB: MM/DD/YY																												
Tier 1: Sharp Health Plan Choice HMO Network Primary Care Physician: First Name Last Name XXX-XXX-XXXX		Effective: MM/DD/YY Group: Groupname Group #: Group #																												
Plan Medical Group: Plan Medical Group name		Cost Share	<table border="1"> <thead> <tr> <th>Tier 1</th> <th>Tier 2</th> <th>Tier 3</th> </tr> </thead> <tbody> <tr> <td>Deductible (IND)</td> <td>\$X,XXX</td> <td>\$X,XXX</td> </tr> <tr> <td>Deductible (FAM)</td> <td>\$X,XXX</td> <td>\$X,XXX</td> </tr> <tr> <td>Out of Pocket Max (IND)</td> <td>\$X,XXX</td> <td>\$X,XXX</td> </tr> <tr> <td>Out of Pocket Max (FAM)</td> <td>\$X,XXX</td> <td>\$X,XXX</td> </tr> <tr> <td>PCP</td> <td>\$X,XXX</td> <td>\$X,XXX</td> </tr> <tr> <td>Specialist</td> <td>\$X,XXX</td> <td>\$X,XXX</td> </tr> <tr> <td>Hospital</td> <td>\$X,XXX</td> <td>\$X,XXX</td> </tr> <tr> <td>Urgent Care</td> <td>\$X,XXX</td> <td>\$X,XXX</td> </tr> </tbody> </table>	Tier 1	Tier 2	Tier 3	Deductible (IND)	\$X,XXX	\$X,XXX	Deductible (FAM)	\$X,XXX	\$X,XXX	Out of Pocket Max (IND)	\$X,XXX	\$X,XXX	Out of Pocket Max (FAM)	\$X,XXX	\$X,XXX	PCP	\$X,XXX	\$X,XXX	Specialist	\$X,XXX	\$X,XXX	Hospital	\$X,XXX	\$X,XXX	Urgent Care	\$X,XXX	\$X,XXX
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Tier 2: Aetna Open Choice PPO Network		Tier 3: Out-of-Network																												
Point of Service (POS)																														

Customer Care:
1-844-483-9011

Mental Health Benefits:
1-844-483-9011

Provider Services:
1-844-483-9011

Sharp Health Plan & Aetna medical claims:
PO Box 939036
San Diego, CA 92123

Pharmacy Services:
Members: 1-855-298-4252
Pharmacy: 1-800-364-6331
RxBIN: 004336 | RxPCN: ADV | RxGROUP: RX4150

IMPORTANT:
Emergency services and out-of-area urgent care services are covered without Prior Authorization. For urgent care in the Plan's Service Area, call your Primary Care Physician. Some Tier 1 HMO Network services require Prior Authorization. See your Primary Care Physician for information. Tier 2 services are available from Aetna Open Choice PPO providers. Some Tier 2 and Tier 3 Out-of-Network services may require Precertification. Aetna participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna. See your Health Plan Benefits and Coverage Matrix for information.

Please visit sharphealthplan.com for any questions.

Claims Submission Process

Please alert your claims team to submit all POS claims directly to Sharp Health Plan at:

PO Box 939036
 San Diego, CA 92123

This POS claims mailing address is also located on the back of the POS member ID card.

For questions about claims, you can call our dedicated provider line at 1-858-499-8200 or email us at SHP.ClaimsResearch@sharp.com.

Sincerely,

Sharp Health Plan
 Provider Account Management

provider.relations@sharp.com

Tel: 1-858-499-8330 | Fax: 1-858-303-9049

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