SHARP Health Plan

Provider Alert

To: Sharp Health Plan Medicare Advantage Providers and Office Staff
From: Sharp Health Plan
Date: October 24, 2025
Subject: Commercial Provider Operations Manual update (effective January 1, 2026)

Dear Provider Partners,

Sharp Health Plan has updated its Provider Operations Manual (POM) for providers serving our commercial members. Below please find a summary of changes from the previous manual. These changes will be effective January 1, 2026. You can view and download the Commercial POM online at sharphealthplan.com/pom.

Section		Subsection	Page #	Summary of Changes
I	Introduction and Overview	About Us	10	Updated vendor name by removing "Emergency." Now called Global Travel Assistance Services.
I	Introduction and Overview	About Us	10	Updated Plan ratings.
I	Introduction and Overview	Resource Guide	11	Added appeals and grievances contact information for OptumHealth Behavioral Solutions of California.
I	Introduction and Overview	Resource Guide	12	Added EpicLink as another channel that SHP does not accept claims or provider disputes.
I	Introduction and Overview	Resource Guide	12	Added claims address, provider directory search, and prior authorization contact

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				information for OptumHealth Behavioral Solutions of CA.
I	Introduction and Overview	Resource Guide	13	Added provider directory search and prior authorization contact information for OptumHealth Behavioral Solutions of CA.
I	Introduction and Overview	Resource Guide	13	Updated email and web contact information for provider directories.
I	Introduction and Overview	Resource Guide	14	Added prior authorization contact information for OptumHealth Behavioral Solutions of CA.
I	Introduction and Overview	Healthcare Fraud, Waste, and Abuse Prevention	17	Added provider responsibilities to help prevent FWA.
II	Sharp Health Plan Benefits	Benefit Coverage Options – Covered CA	22	Moved Covered CA essential benefits coverage (pediatric dental and vision) under the Covered CA section.
II	Sharp Health Plan Benefits	Benefit Coverage Options – PPO	23	Added the Options Plus PPO launch to be effective January 1, 2026. Clarified the tier descriptions. Removed Magellan Health and added OptumHealth Behavioral Health Services of CA.
II	Sharp Health Plan Benefits	Benefit Coverage Options – Behavioral Health Services	24	Moved behavioral health services from Supplemental Benefits to Benefit Coverage Options. Removed Magellan Health and added OptumHealth Behavioral

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				Health Services of CA.
II	Sharp Health Plan Benefits	Supplemental Benefits	25	Changed section name from "Supplemental Benefits" to Ancillary Benefits.
II	Sharp Health Plan Benefits	Ancillary Benefits	25	Combined both acupuncture and chiropractic services under ASH and added Delta Dental.
II	Sharp Health Plan Benefits	Partnerships and Value-Added Services	26	Changed section name from "Partnerships and Value-Added Services" to "Value-Added Services."
II	Sharp Health Plan Benefits	Value-Added Services	26	Moved behavioral health Services to "Benefit Coverage Options" section on page 24.
II	Sharp Health Plan Benefits	Value-Added Services	27	Updated vendor name by removing "Emergency." Now called Global Travel Assistance Services.
II	Sharp Health Plan Benefits	The ChooseHealthy Program	27	Updated cost of Active&Fit from $28/mo to $XX/mo.
III	Member Enrollment and Eligibility	Eligibility Verification	33	Removed PCPs and PMGs from display on member ID cards for PPO members.
III	Member Enrollment and Eligibility	Member ID Cards	37	Updated the CalPERS member ID to show CVS Caremark as new pharmacy benefit manager (previously Optum)

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III	Member Enrollment and Eligibility	Member ID Cards	40	Removed reference to Premier PPO Network. As of January 1, 2026, the PPO network is called the Options Plus Network.
III	Member Enrollment and Eligibility	Member ID Cards	42	Added PPO member ID card with pharmacy carve-out.
IV	Member Services	Customer Care	44	Removed Magellan Health and added OptumHealth Behavioral Services of California.
IV	Member Services	Customer Care Member Rights	45	Updated to include most recent regulated language per DMHC APL 25-004.
IV	Member Services	Customer Care — Member Responsibilities	48	Updated to include most recent regulated language per DMHC APL 25-004.
IV	Member Services	PCP Assignment and Selection	48	Clarified that HMO and POS members must select a PCP.
V	Provision of Professional Services	Role of the Primary Care Physician (PCP)	61	Removed Magellan Health and added OptumHealth Behavioral Services of CA.
V	Provision of Professional Services	Plan Provider Updates	68	Added gender-affirming services to updates required by providers.
V	Provision of Professional Services	Plan Provider Updates	68	Directed providers to submit provider data change requests and updated W-9 forms to the Credentialing team and not Provider Account Management.
V	Provision of Professional	Credentialing Program —	71	Changed “history” of chemical dependency/substance use to

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	Services	Credentialing		"current history…."
V	Provision of Professional Services	Number and Distribution of Primary Care, Specialist, Ancillary Providers and Hospitals	75	Updated number and distribution of physicians to 2025 DMHC and NCQA standards.
V	Provision of Professional Services	Provider-Initiated Member Dismissal	84	Updated image to show latest Member dismissal request form
VI	Utilization Management	Referral and Authorization Process	90	Removed reference to behavioral health services requiring a referral.
VI	Utilization Management	Utilization Review	92	Removed Sharp Health Plan and added OptumHealth Behavioral Services of California as responsible for medical necessity review for behavioral health services.
VI	Utilization Management	Autism Services	101	Removed Magellan Health and added OptumHealth Behavioral Services of CA.
VII	Pharmacy Benefit Services	Tiered Copay Programs	106	Added the 4-tier pharmacy cost share programs for large groups and the Federal Health Benefits Program (FEHB).
VII	Pharmacy Benefit Services	Tiered Copay Programs	106	Added self-injectables to the Plan's PPO 4-tier pharmacy cost share program.
VII	Pharmacy Benefit Services	Tiered Copay	106	Added the non-grandfathered small group's 4-tier pharmacy

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		Programs		cost share program.
VII	Pharmacy Benefit Services	Dispense as Written (DAW) Prescriptions	109	Added language to explain that Sharp Health Plan will cover Federal Health Benefits Program (FEHB) member requests for generic equivalent drugs, and that these members may receive a covered brand name drug when a generic is unavailable.
VII	Pharmacy Benefit Services	Dispensing Limitations	110	Added language to state that non-maintenance medications are available for up to a 30-day supply.
VII	Pharmacy Benefit Services	Non-Covered Services and Medications	113	Added language to state that infertility drugs are excluded for small group members and that large group members have limited coverage.
VII	Pharmacy Benefit Services	Non-Covered Services and Medications	113	Added language to state that Class III obesity are excluded unless medically necessary. Members must provide evidence of at least 3 consecutive months in a comprehensive weight loss program. Coverage for members with mental health and substance use disorder must meet Plan criteria.
VII	Pharmacy Benefit Services	Additional Appeal Rights for FEHB Members	116	New section.

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VII	Pharmacy Benefit Services	Medication Restriction	119	Added clarifying language to state that medication coverage may be blocked or limited to a specific quantity, provider or pharmacy.
VIII	Quality Improvement	Summary of Preventive Care Services	128	Clarified that Sharp Health Plan covers preventive care services in accordance with USPSTF, ACIP, HRSA/WPS and Bright Futures for Pediatrics guidelines. Added AB 144 requirements for coverage of immunizations for all members.
VIII	Quality Improvement	Summary of Preventive Care Services — All Members	129	Removed aspirin as a preventive measure in adult women and men
VIII	Quality Improvement	Summary of Preventive Care Services — All Members	129	Added lung cancer screenings for smokers who meet criteria
VIII	Quality Improvement	Summary of Preventive Care Services — Pediatrics	132	Added screenings for cardiac arrest risk for ages 11 – 21.
VIII	Quality Improvement	Summary of Preventive Care Services — Coverage Limitations and Exclusions	133	Updated to clarify use of aspirin with specific criteria for prevention of cardiovascular disease in women.
VIII	Quality Improvement	Summary of Preventive Care	133	Added exams, screenings, testing, or immunizations are

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		Services — Coverage Limitations and Exclusions		excluded when solely for school, camp, or occupational purposes.
IX	Claims and Encounters	Claims	136	Added AB 3275 that reduces the turnaround time for processing claims from 45 to 30 days. The law also increases penalties for not paying interest on late claims and mandates that member complaints about a delayed or denied payment is treated as a formal grievance.
IX	Claims and Encounters	Third-Party Liability	141	Added 3rd-party liability to claims research address.
IX	Claims and Encounters	Member Costs and Out-of-Pocket Maximum	143	Removed "assisted reproductive technologies" to indicate that co-payments do apply for these services.
IX	Claims and Encounters	Claims Acknowledgment Sample	146	Updated image to show a sample of the current notification.
IX	Claims and Encounters	Remittance Advice Summary Sample	147	Updated image to show a sample of the current notification.

In addition to the above, please note other information available in the commercial POM and associated page numbers. There are no material content changes to these sections.

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I	Introduction and Overview	Sharp Health Plan Responsibilities Service Area	15 15

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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.

Best regards,

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