SHARP Health Plan



Provider Alert

| То: | Sharp Health Plan Providers and Provider Office Staff |
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From: Sharp Health Plan

Date: March 27, 2025

Subject: 2025 Provider Operations Manual for Commercial – Effective January 1, 2025

| 2025 Commercial POM Sections | Subsections | Page # | Summary of Changes |
|---------------------------------|--|--------|---|
| Member ID Cards | Sample HMO ID Care with Pediatric Dentistry | 36 | Added "or is a victim of rape or sexual assault" |
| Member ID Cards | Sample Point of Service Identification Card | 40 | Added "or is a victim of rape of sexual assault" |
| Member ID Cards | Sample of PPO Identification Card | 42 | Added "or is a victim of rape of sexual assault" |
| Emergency Services | N/A | 61 | Added "If a member is a victim of rape or sexual assault the cost sharing associated with their emergency visit is waived. This includes up to nine months of follow-up medical care, after the initial Emergency Services are received. Members are not required to file a police report, press charges or participate in any legal proceedings to qualify for the waived cost share." |

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| Maternal Mental Health | N/A | 97 | • Added "that include at least one screening conducted during pregnancy, and one screening to be conducted in the first six weeks of the postpartum period, and additional screenings is medically necessary. " |
|--------------------------------------|----------------------|-----|---|
| Outpatient Injectable Medications | HMO and POS Plans | 114 | Added "Per California Health and Safety Code 1342.75, Vivitrol is covered as an injectable without prior authorization, step therapy, or utilization review. A. To be eligible for coverage the member must be a Qualified Individual with active Plan membership, and Vivitrol is considered medically necessary for all members with: Alcohol dependence who are able to abstain from alcohol in an outpatient setting prior to initiation of Vivitrol. Prevention of relapse to opioid dependence, following opioid detoxification. Member should be in comprehensive management program that includes psychosocial support. Vivitrol must be prepared and |

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| administered by a |
|---------------------------|
| healthcare provider as |
| a deep intramuscular |
| gluteal injection. |
| 5. Prior to initiating |
| Vivitrol, an opioid free |
| duration of a minimum |
| of 7-10 days is |
| recommended to avoid |
| precipitation of opioid |
| withdrawal |
| C. The use of Vivitrol is |
| considered off label for |
| adolescents and non- |
| preferred in younger |
| pediatric members. |

Best regards, Sharp Health Plan Provider Account Management Provider.Relations@sharp.com Tel: 1-858-499-8330 | Fax: 1-858-303-9049

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