



Provider Alert

To: Sharp Health Plan Providers and Provider Office Staff
From: Sharp Health Plan
Date: September 8, 2026
Subject: Answering Services and Office Staff Telephone Standards Reminder

Dear Provider Partner,

Sharp Health Plan is committed to ensuring members receive timely access to care and appropriate telephone triage services. This communication serves as a reminder of the requirements for answering services and office staff who handle member calls.

Per Sharp Health Plan policy and Department of Managed Health Care (DMHC) requirements, answering services and office staff who are not licensed, certified, or registered health care professionals may not provide medical advice to members.

Unlicensed staff may ask questions on behalf of a licensed health care professional to assist with routing a call; however, they may not:

- Assess, evaluate, or interpret a member's condition
- Provide clinical recommendations or medical advice
- Determine the urgency of a member's condition
- Decide whether a member needs to be seen by a licensed health care professional

Additionally, non-licensed staff may not use titles or designations that could lead a member to believe they are a licensed health care professional.

Providers are required to maintain procedures for 24 hours a day, 7 days a week, telephone triage or screening services and ensure that members are informed:

- How to obtain urgent or emergency care
- How to reach an on-call provider when applicable
- The expected timeframe for a return call, which must not exceed 30 minutes

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SHARP Health Plan

Providers should regularly monitor answering services and office staff processes to ensure compliance with these requirements and maintain documentation of member calls.

For additional information, please refer to the Provider Operations Manual and Sharp Health Plan Policy SHP-PP-HS-PN-110.

Sincerely,

Sharp Health Plan Provider Account Management

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