SHARP Health Plan

Provider Alert

To: Sharp Health Plan Providers and Provider Office Staff
From: Sharp Health Plan
Date: November 12, 2026
Subject: Reminder: Provider Satisfaction with Access and Language Assistance Program Survey

Dear Provider Partner:

This is a friendly reminder to complete Sharp Health Plan's annual Department of Managed Health Care (DMHC) Provider Satisfaction with Access and Language Assistance Program (PSLAP) survey.

If your office has already completed the survey, thank you for your participation. No further action is needed.

If your office has not yet responded, please look for the survey sent via fax from QMetrics. The survey may be completed and returned by fax or completed online using the QR code included with the fax invitation.

The PSLAP survey gathers feedback regarding provider experiences with:

- Timely access to urgent and non-urgent care.
- Knowledge and use of Sharp Health Plan's language assistance program.
- Coordination and availability of interpreter services.
- Interpreter communication effectiveness.
- Access to interpreter services by phone, in-office, or telehealth/video, as applicable.

A single survey is sent for each unique provider type and office location, with the response applied to the providers represented by that survey.

We encourage your office to complete the survey at your earliest convenience. The 2026 PSLAP survey period will conclude December 31, 2026.

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.

Sincerely,

Sharp Health Plan
Provider Account Management Team
Email: provider.relations@sharp.com
Tel: 1-858-499-8330
Fax: 1-858-303-9049

NOTICE: The information contained in this facsimile message may be privileged and confidential and is only for whom it was intended. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver the message to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, please notify Sharp Health Plan at the telephone number listed below immediately and destroy all information received.