



News Alert



New Referral Submission Process for Sharp Health Plan

To: Sharp Health Plan Independently Contracted PCPs & Facilities
Attn: Providers & Provider Office Staff
From: Sharp Health Plan
Date: September 25, 2017
Subject: **Stop Using ACES for Sharp Health Plan Independent Members & Begin Faxing Your Referrals**

Attention Provider Partner,

On October 1, 2017, please stop using ACES to submit referrals to Sharp Health Plan¹, and begin faxing the enclosed Medical Referral and Prior Authorization Request Form to us at (619) 740-8111 before scheduling a procedure.

You can identify the Plan Medical Group on the front of the Member ID card. If a Member is part of Sharp Health Plan's Independent Network, it will be abbreviated as IND or list your clinic/practice.

This is a temporary change as we upgrade our core administrative system and portals. Our new system, which will be fully live on January 1, 2018, will enable more responsive, self-service tools for our providers and customers. When the portal upgrades go live in January, you will be able to submit referrals and check authorization statuses for Sharp Health Plan Independent Members, and enjoy many additional features for your convenience online.

We really appreciate your patience and support during this transition. We will be sharing additional information with you about our new system in the coming months. In the meantime, if you have questions please contact Provider Relations at (858) 499-8330 or provider.relations@sharp.com. We are available to assist you Monday - Friday, 8 a.m. to 5 p.m.

Warm regards,

Jyoti Osten
Interim Manager Network Development and Performance

Encl: Medical Referral and Prior Authorization Request Form

¹ This is for Sharp Health Plan Independent Members only and does not apply to Members who are part of a Medical Group such as Sharp Community Medical Group

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Medical Referral and Prior Authorization Request Form

Incomplete forms will be faxed back.

FAX: (619) 740-8111

Phone: (858) 499-8300

MEMBER NAME – LAST, FIRST, MIDDLE INITIAL		Is this a member request? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF BIRTH	HEALTH PLAN I.D. NO.
MEMBER ADDRESS – STREET, CITY, ZIP CODE				PATIENT PHONE NO.
REQUESTING PROVIDER <input type="checkbox"/> PCP <input type="checkbox"/> SPECIALIST		PHONE NO. ()	FAX NO. (MUST HAVE FOR FAX BACK) ()	
PCP (IF NOT LISTED ABOVE)		DATE PREPARED	PREPARED BY	ELIG CHECKED <input type="checkbox"/> yes <input type="checkbox"/> no

Routine/Standard: Determinations will be made within five (5) business days of receipt of all necessary information.

Urgent Request: Determinations will be made within 72 hours of receipt of all necessary information.

PROVIDER/SERVICE REQUESTED		PROVIDER NAME	EXPECTED DATE OF SERVICE
ADDRESS – STREET, CITY, ZIP CODE		PHONE NO. ()	FAX NO. ()
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	FACILITY NAME		INPATIENT GOAL LENGTH OF STAY
DIAGNOSIS	ICD-10 CODE	PROCEDURES/EQUIPMENT	CPT CODE

REASON FOR REFERRAL (INCLUDE ALL PERTINENT DOCUMENTATION)

Payment for services is dependent upon the Patient's eligibility at the time services are rendered. Provider to call Health Plan for benefits and eligibility each visit. Prior authorization valid for ninety (90) days from date approved by Sharp Health Plan.

IMPORTANT	<ul style="list-style-type: none"> FAX completed referral forms to (619) 740-8111. Please call SHP at (858) 499-8300 if no response within 5 days. Please submit clinical documentation to support the authorization request.
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FOR SHP UM USE ONLY

Approved:	INITIALS	DATE
Pended Additional Information:	INITIALS	DATE
Denied:	INITIALS	DATE
COMMENTS:		

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