

Getting Started

With Sutter Health Plan



Welcome to the Sutter Health Plan provider network. This brochure provides information on working with Sutter Health Plan, including:

- How to register for the Provider Portal and key features
- A description of our service area
- How to identify Sutter Health Plan members
- An overview of member grievances and appeals
- Key contact information

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Sutter Health Plan Provider Portal



The Provider Portal offers powerful resources to help you navigate your journey with Sutter Health Plan. Register for your Provider Portal right away. Here's how:

1. Go to **shplan.org/providerportal** and select "Register Here."
2. Read and agree to "Provider Responsibilities."
3. Follow the instructions to complete all required sections on the Provider Registration Page.
 - You must have your taxpayer identification number (TIN) and National Provider Identifier (NPI) available.

Please allow two to three business days to process and approve your registration request. You will receive an automatically generated email to acknowledge the registration request, and another when your portal registration has been completed.

Sutter Health Plan Provider Portal

The screenshot displays the Sutter Health Plan Provider Portal interface. At the top, there is a teal header bar with the Sutter Health logo and the text "QUICK ACCESS TO". Below this, three navigation links are visible: "SHP Formulary", "Rx Auth Request Form", and "Provider Forms and Resources". The main content area is divided into two columns. The left column, titled "Claim Search", includes a note: "You must use at least two fields to perform a search. The more fields you use, the faster the search results will render." It contains input fields for "Claim ID", "Member ID", "Member Last Name", "Member First Name", "Date of Service Range (MM/DD/YYYY)" with a date range selector, "Claim Status" with a dropdown menu, and "Provider or Facility Name" with a dropdown menu. At the bottom of this section are "Search" and "Clear" buttons. The right column, titled "Member Eligibility & Coverage Search", includes a note: "Search eligibility by either member ID number, or by member name (first and last) and date of birth." It contains input fields for "Member ID", "Member Last Name", "Member First Name", and "DOB (MM/DD/YYYY)" with a date selector. Below these fields is a "Search" button and a "Clear" button. A separator "— OR —" is placed between the "Member ID" and "Member Last Name" fields.

Provider Portal Features

Features and information available on the provider portal include:

✓ Member eligibility

View group plan name and coverage effective date.
Find member eligibility status and effective date.

- Note: Providers must verify member eligibility prior to rendering services.

✓ Member's participating provider group (PPG) affiliation and current primary care physician (PCP)

✓ Member coverage information

Search to view:

- Plan name and type
- Member cost share information, including copayments and coinsurance for commonly accessed services
- Accumulator information, including amounts paid toward deductibles and out-of-pocket maximums

✓ Member benefit documents

Access the member's Evidence of Coverage comprehensive benefit description, and the Benefits and Coverage Matrix for a more comprehensive list of member cost share information.

✓ Quick access links

Find frequently used resources from the main page, including the Sutter Health Plan formulary and Prescription Drug Prior Authorization Request Form.

✓ Provider Forms and Resources

Access commonly needed items, including:

- Provider Manual
- Provider forms
- Grievance Form
- Member Rights and Responsibilities
- Other frequently requested member forms
- Link for online prescription prior authorization requests
- Medical policies
- Clinical practice guidelines
- Provider updates

✓ Claims search and status

Use multiple parameters to search for claims, including member name, member ID number, date of service range and claim ID. View line-item claims details.



Questions? Call us!

You can call Customer Service at **855-315-5800** with any questions, or to verify member eligibility, benefits and cost share information.

Working With Sutter Health Plan

Provider Manual and Operational Updates

The Sutter Health Plan Provider Manual describes policies and operating procedures for our delegated subcontractors and their contracting providers. The Provider Manual contains a comprehensive list of contact information for Sutter Health Plan departments, services and resources for providers and members, as well as for plan partners. The manual serves as a reference on operational and clinical policies necessary in the administration of our programs. It supplements the administrative and operational policies of the Sutter Health Plan PPGs.

You can find the current version of the Provider Manual on the Provider Portal at **shplan.org/providerportal**. Sutter Health Plan reviews and updates the manual at least annually, as needed to revise policies and processes in response to regulatory and legislative changes or business needs.

Member Grievances

A member can file an appeal or grievance for any issue. A member may ask their physician or an authorized representative to assist them with filing an appeal on their behalf. The member or authorized representative must submit the appeal or grievance within 180 days of the date of the incident that caused the dissatisfaction. See the Provider Manual for more details on grievance process.

PPGs must ensure that the member Grievance Form is available at all participating provider locations. The form is available in the Forms and Resources section of our website at **sutterhealthplan.org** and in the Provider Manual.

Ways To Submit a Grievance:

By mail:

Sutter Health Plan
Attn: Appeals & Grievances
P.O. Box 160305
Sacramento, CA 95816

By fax:

916-736-5422 (toll-free 855-759-8755)

Online:

sutterhealthplan.org

Telephone:

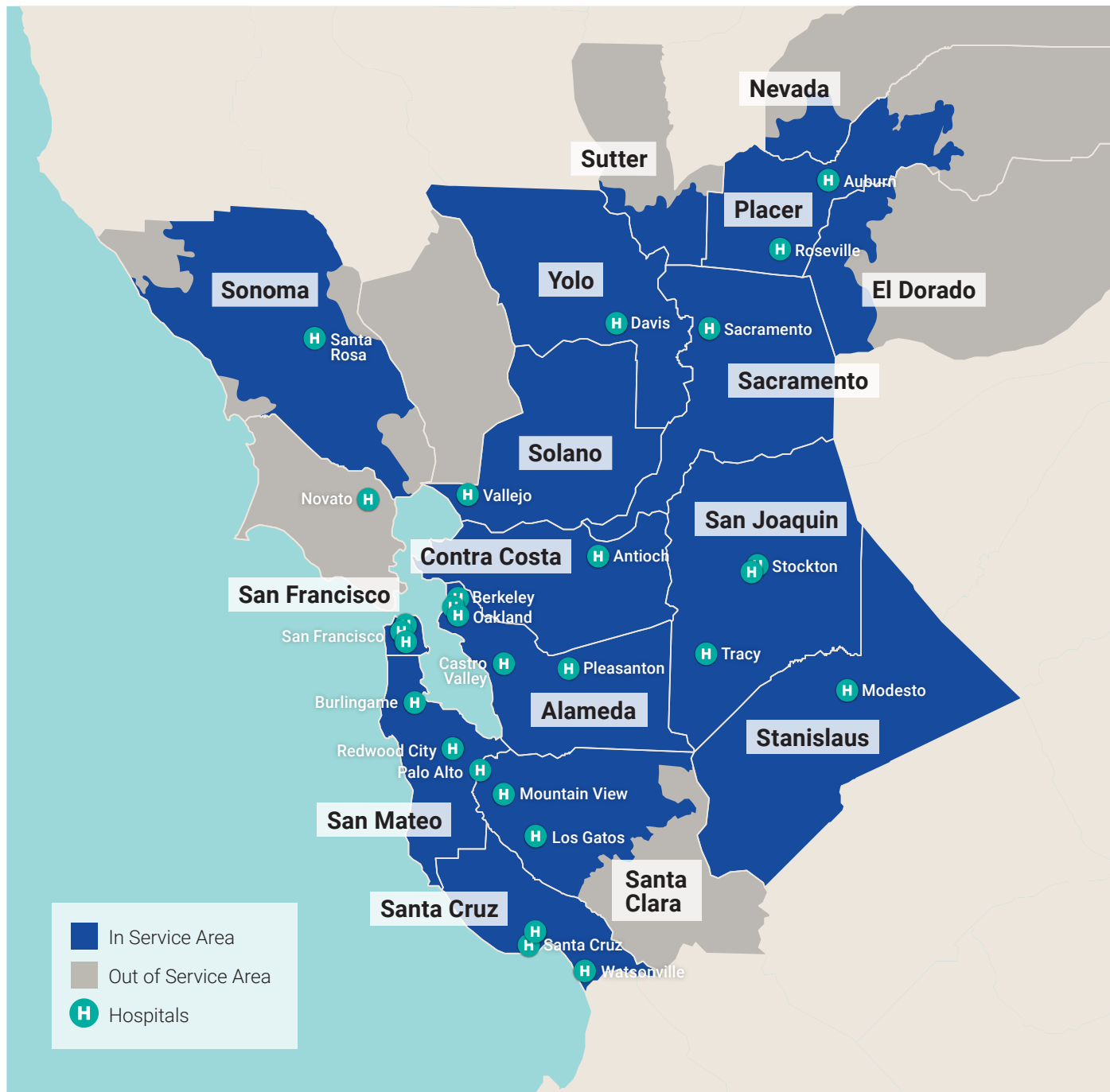
855-315-5800 (TTY 855-830-3500)

Working With Sutter Health Plan

Sutter Health Plan Service Area

Sutter Health Plan offers HMO plan coverage to individuals and employer groups in 16 counties throughout the greater Sacramento, Central Valley and Bay Area communities. PPGs and their downstream providers can refer to the Appendices in the Provider Manual for a list of ZIP codes and counties that comprise our service area.

Providers can also find our provider network at sutterhealthplan.org/providersearch.

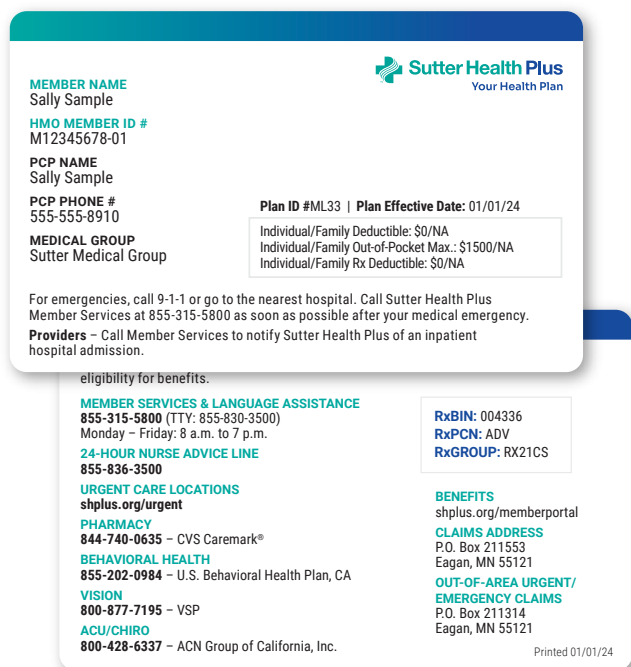


Working With Sutter Health Plan

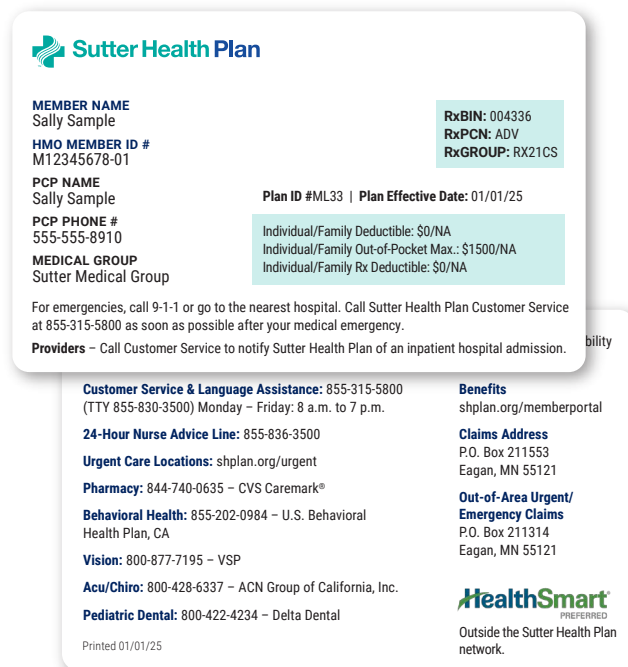
Member ID Card

Providers can identify Sutter Health Plan members with the following member ID cards:

OLD LOGO/NAME



UPDATED LOGO/NAME



The front of the ID card displays member information, PCP name and telephone number, and affiliated PPG. The ID cards may also include the logo of the member's employer group.

The back of the ID card lists important contact information for members and providers, including Sutter Health Plan Customer Service, Nurse Advice Line, urgent care locations, member portal, and benefit plan partners (pharmacy, behavioral health, vision and ACU/CHIRO). For providers, it also lists the claims submission addresses and pharmacy benefit billing information.

Pharmacy Network

CVS Caremark® is the pharmacy benefit manager for Sutter Health Plan. CVS Caremark maintains the Sutter Health Plan formulary, performs medication management services (including prior authorization), provides mail order fulfillment for maintenance medications through CVS Caremark Mail Service Pharmacy, and provides specialty medications through CVS Specialty®.

Providers and members can locate network pharmacies and access the complete formulary by visiting info.caremark.com/oe/sutterhealthplan or sutterhealthplan.org/pharmacy.

Behavioral Health

Sutter Health Plan contracts with U.S. Behavioral Health Plan, California (USBHPC) to administer covered benefits for the treatment of mental health and substance use disorders. Participating providers should direct members to contact USBHPC or Sutter Health Plan Customer Service for coordination and questions regarding coverage for these services.

Specialty Plan Partners

Sutter Health Plan partners with the following companies for additional member benefits:

- **VSP**
Provides vision services covered as essential health benefits (EHBs) as well as optional benefits when elected and purchased by employer groups.
- **Delta Dental**
Provides dental services covered as EHBs as well as optional benefits when elected and purchased by employer groups.
- **ACN (dba OptumHealth Physical Health of California)**
Provides acupuncture and chiropractic services covered as optional benefits when elected by the employer group.
 - For most plans, SHP covers acupuncture services for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain. These services are provided through the PPG's network.

Additional information on these benefits and contact information for VSP, Delta Dental and ACN are in the Provider Manual.

Contact Information

Sutter Health Plan Customer Service

855-315-5800

sutterhealthplan.org

Provider Portal

shplan.org/providerportal

CVS Caremark

844-740-0635

caremark.com

Prior Authorization:

covermymeds.com

U.S. Behavioral Health Plan, California

855-202-0984

liveandworkwell.com

