Getting Started with Sutter Health Plus

This brochure provides information on working with Sutter Health Plus (SHP), including how to register for an account to access the SHP provider portal; a description of the SHP service area; how to identify new SHP members; provider responsibilities to verify member eligibility; a brief overview of member grievances and appeals; and key contact information.
Provider Portal Features

Features and information available on the provider portal include:

- **Member eligibility** – view group plan name and coverage effective date. Search eligibility by either member ID number or by member name (first and last) and date of birth to find eligibility status and effective date.

- **Member’s participating medical group (PMG) affiliation and current primary care physician (PCP)**

- **Member coverage information** – search to view plan name, plan type, member cost share information, including copayments and coinsurance for most commonly accessed services, accumulator information, including amounts paid toward individual and family 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** – quickly access frequently-used resources from the main page, including the Sutter Health Plus formulary and Prescription Authorization Request form.

- **Provider Forms and Resources** – access provider forms and frequently-requested member forms (including the Member Grievance form), online prescription prior authorization request system, medical policies, clinical practice guidelines, provider manual, and 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.

Follow the instructions below to submit a registration request for SHP’s provider portal. You must have your tax identification (ID) number (TIN) and National Provider Identifier (NPI) available. Users must complete all mandatory fields (denoted with a red asterisk) and select **Continue** to move from section to section.

1. Log on [shplus.org/providerportal](http://shplus.org/providerportal) and select **Register Here** to begin the registration process.
   - You can also access this page from the SHP website at [sutterhealthplus.org](http://sutterhealthplus.org). Select **Provider Portal Login** from the **For Providers** box.

2. Read **Provider Responsibilities** and check **I agree to the conditions above** to continue.

**From the Provider Registration page:**

1. Select **Type of Provider** (individual physician, medical group or hospital/ancillary/facility).

2. Enter a valid TIN in the **Enter Tax ID** field and then select the **Add Tax ID** button.
   - The TIN is a mandatory field. Multiple TINs may be entered if registering for more than one physician practice or site.

3. The **Enter Provider Detail** section lists all TINs entered. Complete all mandatory fields, including the NPI for each TIN.

4. In the **General Information** section, enter the user demographic information, create a username and password and choose your personal security questions (for password resets).

5. Under **Access Rights**, select the level of access needed in order to do your job – either **Eligibility and Coverage** or **Claims, Eligibility and Coverage**.

6. Read and agree to the **End User Agreement**.

Please allow two to three business days to process and approve your registration request. The system automatically generates and sends emails to the registrant to acknowledge the registration request and to alert the user when we have processed your request.
Provider Manual and Operational Updates

SHP maintains and issues the SHP Provider Manual, which describes policies and operating procedures for SHP delegated subcontractors and their contracting providers. The SHP Provider Manual contains a comprehensive list of contact information for SHP departments, member and provider services and resources, and for SHP’s plan partners. The SHP Provider Manual serves as a reference on operational and clinical policies necessary in the administration of SHP’s programs. It supplements the administrative and operational policies of SHP’s PMGs. The SHP Provider Manual is not intended to replace PMG provider manuals or guidance to the PMG’s downstream providers. The contents of the SHP Provider Manual are supplemental to the contract between SHP and its providers.

SHP posts the most current version of the SHP Provider Manual online on the SHP provider portal at shplus.org/providerportal. The information contained in the SHP Provider Manual is current as of the date of its publication. SHP reviews and updates the manual at least annually. SHP updates the manual as needed to revise policies and processes in response to regulatory and legislative changes or business needs.

Eligibility and Cost Share Verification

Participating providers and office staff must verify member eligibility prior to rendering services. When verifying eligibility, SHP provides information on membership effective dates, benefits and member cost share (e.g. copayments, coinsurance and deductibles). Providers can verify eligibility, benefits and cost share information online or by telephone:

- **Online** – use the Member Eligibility & Coverage Search on the SHP provider portal
  - Visit the SHP provider portal at shplus.org/providerportal (advance registration is required)
  - On the main page, under the Member Eligibility & Coverage section, enter the member ID number, or the member’s last name, first name and date of birth, and then select Search
- **Telephone** – call the SHP Member Services Department at 855-315-5800 from 8 a.m. to 7 p.m., Monday through Friday
Working with SHP

SHP Service Area
SHP offers HMO plan coverage to individuals and employer groups in 15 counties throughout the greater Sacramento, Central Valley and Bay Area communities. PMGs and their downstream providers can refer to Appendices chapter in the SHP Provider Manual for a list of ZIP codes and counties that comprise the SHP service area.

Providers can also find the SHP provider network on the SHP website at sutterhealthplus.org/providersearch.

Member Identification Card
Providers can identify SHP members with the following member ID card:

![Member Identification Card Image]

For emergencies, call 911 or go to the nearest hospital. Call Sutter Health Plus Member Services at 1-855-315-5800 as soon as possible after your medical emergency. You must get prior authorization for any hospital care you receive once your condition is stable. This helps protect you from extra costs for out-of-network care.

The front of the ID card displays member information, PCP name and telephone number, affiliated PMG, and the SHP member portal website address. 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 SHP Member Services, SHP Nurse Advice Line and benefit plan partners (pharmacy, behavioral health, dental and vision). For providers, it also lists the claims submission address (specific to the member’s PMG) and pharmacy benefit billing information.
Pharmacy Network
Express Scripts®, SHP’s pharmacy benefit manager, administers the pharmacy benefit for SHP. Express Scripts maintains the SHP formulary, performs medication management services (including prior authorization), mail order fulfillment for maintenance medications through Express Scripts PharmacySM, and specialty medications through Accredo®.

Providers and members can locate network pharmacies and access the complete formulary by visiting Express Scripts custom website for Sutter Health Plus at express-scripts.com/shp or the SHP website at sutterhealthplus.org/pharmacy.

Behavioral and Mental Health
SHP contracts with US Behavioral Health Plan, California (USBHPC) to administer covered benefits for the treatment of mental health, behavioral health and substance use disorders. Participating providers should direct SHP members to contact USBHPC’s or SHP’s Member Services for coordination and questions regarding coverage for these services.

Other Providers
SHP partners with the following companies for additional member benefits:

- **VSP** – vision provider network that provides vision services covered as essential health benefits (EHBs) as well as optional benefits when elected and purchased by employer groups
- **Delta Dental** – dental provider network that 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)** – acupuncture and chiropractic provider network that provides acupuncture and chiropractic services covered as optional benefits when elected by the employer group
  - 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 PMG’s network

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

Member grievances
A member may submit a grievance, or may appoint a representative to act on his or her behalf. The member may ask his or her physician to assist them with filing an appeal on their behalf. In these cases, the member must complete and submit an Appointment of Representative (AOR) Form for Appeals and Grievances. The appeal or grievance must explain the member’s issue, such as the reasons why they believe a decision was in error or why they are dissatisfied about covered services received. The member must submit the appeal or grievance within 180 days of the date of the incident that caused the dissatisfaction.

Members or appointed representatives may submit a grievance online, in writing or by telephone. SHP’s member Grievance Form is available electronically via the SHP website at sutterhealthplus.org, in the Forms section, and in the Provider Manual. PMGs must ensure that the SHP member Grievance Form is available at all participating provider locations.

Members and appointed representatives may submit a member grievance in one of the following ways:

**By mail:**
Sutter Health Plus
Attn: Grievances & Appeals
P.O. Box 160305
Sacramento, CA 95816

**By fax:**
916-736-5422 (toll-free 855-759-8755)

**Online:**
sutterhealthplus.org

**Phone:**
855-315-5800 (TTY 855-830-3500)
Contact Information
See below for key telephone numbers and websites. PMGs and downstream providers can access the SHP Provider Manual for a complete list of contacts.

**SHP Member Services Department**
855-315-5800
sutterhealthplus.org

**SHP Provider Portal**
shplus.org/providerportal

**Express Scripts**
**General questions:** 877-787-8661
**Prior authorization requests:** 800-753-2851
or express-path.com (registration required)

**US Behavioral Health Plan, California**
855-202-0984
liveandworkwell.com

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