



Getting Started With **Sutter Health Plus**

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

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

Sutter Health Plus Provider Portal

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

1. Go to shplus.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 Plus Provider Portal

The screenshot displays the Sutter Health Plus Provider Portal interface. At the top, there is a navigation bar with a 'QUICK ACCESS TO' section containing three links: 'SHP Formulary', 'Rx Auth Request Form', and 'Provider Forms and Resources'. Below this, the page is divided into two main search sections. The left section, 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 features input fields for Claim ID, Member ID, Member Last Name, Member First Name, Date of Service Range (MM/DD/YYYY), Claim Status (a dropdown menu), and Provider or Facility Name (a dropdown menu). At the bottom of this section are 'Search' and 'Clear' buttons. The right section, 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 features input fields for Member ID, Member Last Name, Member First Name, and DOB (MM/DD/YYYY). Below these fields is a '- OR -' separator and two buttons: 'Search' and 'Clear'.

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 Plus 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 Member Services at 855-315-5800 with any questions, or to verify member eligibility, benefits and cost share information.

Working With Sutter Health Plus

Provider Manual and Operational Updates

The Sutter Health Plus 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 Plus 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 Plus PPGs.

You can find the current version of the Provider Manual on the Provider Portal at shplus.org/providerportal. Sutter Health Plus 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 sutterhealthplus.org and in the Provider Manual.

Ways To Submit a Grievance:

By mail:

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

By fax:

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

Online:

sutterhealthplus.org

Telephone:

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

Working With Sutter Health Plus

Sutter Health Plus Service Area

Sutter Health Plus 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.

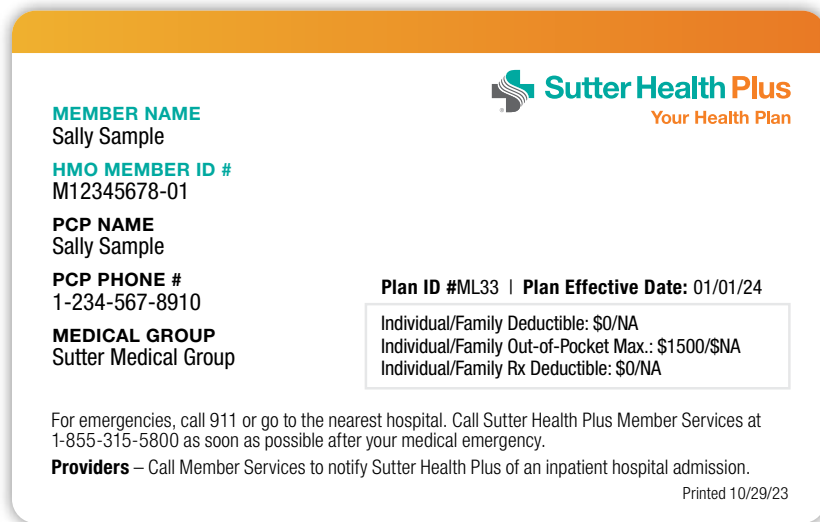
Providers can also find our provider network at sutterhealthplus.org/providersearch.



Working With Sutter Health Plus

Member Identification Card

Providers can identify Sutter Health Plus members with the following member ID card:



The front of the ID card features the Sutter Health Plus logo and the tagline "Your Health Plan" in the top right corner. On the left side, member information is listed: Member Name (Sally Sample), HMO Member ID # (M12345678-01), PCP Name (Sally Sample), PCP Phone # (1-234-567-8910), and Medical Group (Sutter Medical Group). On the right side, Plan ID #ML33 and Plan Effective Date (01/01/24) are displayed. Below this, a box contains financial details: Individual/Family Deductible (\$0/NA), Individual/Family Out-of-Pocket Max. (\$1500/\$NA), and Individual/Family Rx Deductible (\$0/NA). At the bottom left, there is a section for emergencies and providers. At the bottom right, it says "Printed 10/29/23".

MEMBER NAME
Sally Sample

HMO MEMBER ID #
M12345678-01

PCP NAME
Sally Sample

PCP PHONE #
1-234-567-8910

MEDICAL GROUP
Sutter Medical Group

Plan ID #ML33 | Plan Effective Date: 01/01/24

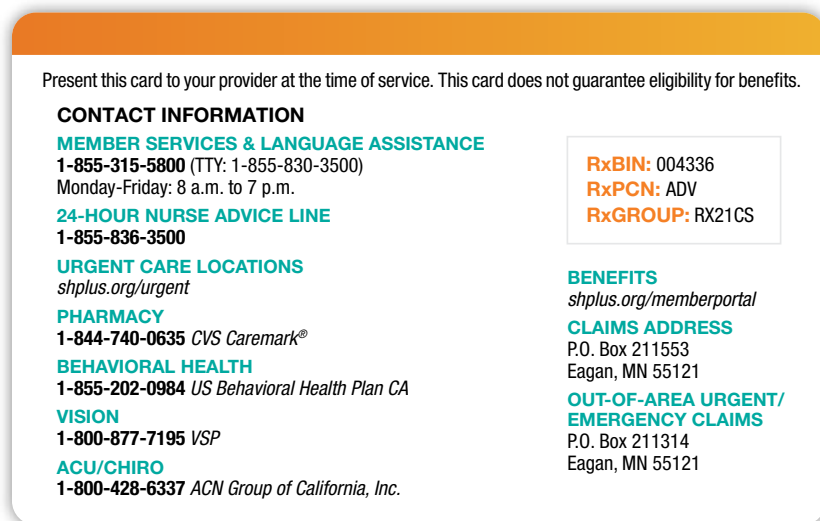
Individual/Family Deductible: \$0/NA
Individual/Family Out-of-Pocket Max.: \$1500/\$NA
Individual/Family Rx Deductible: \$0/NA

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.

Providers – Call Member Services to notify Sutter Health Plus of an inpatient hospital admission.

Printed 10/29/23

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 starts with a disclaimer: "Present this card to your provider at the time of service. This card does not guarantee eligibility for benefits." Below this is a "CONTACT INFORMATION" section with several sub-sections: Member Services & Language Assistance (1-855-315-5800), 24-Hour Nurse Advice Line (1-855-836-3500), Urgent Care Locations (shplus.org/urgent), Pharmacy (1-844-740-0635), Behavioral Health (1-855-202-0984), Vision (1-800-877-7195), and ACU/CHIRO (1-800-428-6337). On the right side, there is a box with RxBIN (004336), RxPCN (ADV), and RxGROUP (RX21CS). Below this box are sections for Benefits (shplus.org/memberportal), Claims Address (P.O. Box 211553, Eagan, MN 55121), and Out-of-Area Urgent/Emergency Claims (P.O. Box 211314, Eagan, MN 55121).

Present this card to your provider at the time of service. This card does not guarantee eligibility for benefits.

CONTACT INFORMATION

MEMBER SERVICES & LANGUAGE ASSISTANCE
1-855-315-5800 (TTY: 1-855-830-3500)
Monday-Friday: 8 a.m. to 7 p.m.

24-HOUR NURSE ADVICE LINE
1-855-836-3500

URGENT CARE LOCATIONS
shplus.org/urgent

PHARMACY
1-844-740-0635 CVS Caremark®

BEHAVIORAL HEALTH
1-855-202-0984 US Behavioral Health Plan CA

VISION
1-800-877-7195 VSP

ACU/CHIRO
1-800-428-6337 ACN Group of California, Inc.

RxBIN: 004336
RxPCN: ADV
RxGROUP: RX21CS

BENEFITS
shplus.org/memberportal

CLAIMS ADDRESS
P.O. Box 211553
Eagan, MN 55121

**OUT-OF-AREA URGENT/
EMERGENCY CLAIMS**
P.O. Box 211314
Eagan, MN 55121

The back of the ID card lists important contact information for members and providers, including Sutter Health Plus Member Services, 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.

Plan Partners

Pharmacy Network

CVS Caremark® is the the pharmacy benefit manager for Sutter Health Plus. CVS Caremark maintains the Sutter Health Plus 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/sutterhealthplus or sutterhealthplus.org/pharmacy.

Behavioral Health

Sutter Health Plus 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 Plus Member Services for coordination and questions regarding coverage for these services.

Other Providers

Sutter Health Plus 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.
 - 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 Plus Member Services

855-315-5800

sutterhealthplus.org

Provider Portal

shplus.org/providerportal

CVS Caremark

844-740-0635

caremark.com

Prior Authorization:

covermy meds.com

U.S. Behavioral Health Plan, California

855-202-0984

liveandworkwell.com

