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
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.
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.

**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.
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)
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.
Member Identification Card

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

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 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 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:
covermymeds.com

U.S. Behavioral Health Plan, California
855-202-0984
liveandworkwell.com