



IMPERIAL
INSURANCE
COMPANIES



IMPERIAL
HEALTH PLAN
OF THE SOUTHWEST

EXCHANGE IMPERIAL PROVIDER NEWSLETTER

SPRING 2026



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Message from our Chief Executive Officer, Paveljit Bindra, MD.



As CEO of the Imperial Health family of companies, it is truly our honor to serve you. Whether you are a Medicare member with Imperial Health Plan of California, Inc. or an Exchange member with Imperial Insurance Companies, Inc., you are at the heart of everything we do. We are grateful for the significant growth we have experienced across both our Medicare and Exchange plans, and with that growth comes a deep responsibility to ensure our operations continue to meet your needs with excellence and compassion.

Throughout the year, you will engage with our dedicated staff and trusted provider partners to help ensure you are seen in a timely manner, your medication needs are addressed, and your preventive care is supported through strong health maintenance and quality improvement initiatives. Our commitment is to help keep you healthy in body, mind, and spirit. This newsletter is one of the many ways we aim to keep you informed about important updates, programs, and resources available to you. Thank you for placing your trust in us—we are proud to be your partner in health.

Paveljit Bindra

Chief Executive Officer

Imperial Health Plan of California, Inc. & Affiliated Companies





Immunization Updates

2025-2026 COVID shots are now available at all pharmacies. Please have your members schedule both these immunizations today!

The CDC recommends the updated 2025-2026 COVID-19 for everyone ages 6 months and older based on individual-based decision-making to protect against potentially serious outcomes of COVID-19 this upcoming season.

Please help us keep our member population protected and safe this spring season.

Notice to Providers: Pharmaceutical Information and Updates

We are committed to ensuring that you have easy access to the latest pharmaceutical information to support your practice and patient care. The following resources are available online to help you navigate our pharmacy benefit services effectively:

Pharmaceutical information and updates

Pharmaceuticals covered under the pharmacy benefit: information and updates are available on the Provider page of the marketplace website at (www.imperialhealthplan.com) as well as in the provider manual. On the provider portal you will be able to access a link to Pharmacy Management that provides:

- Guidance on using pharmaceutical management procedures.
- Instructions for initiating exception requests, including required supporting documentation.
- A prescription written indicating DAW 1 or DAW 2 will not override the subscribers benefit coverage. The subscriber may have a higher out of pocket cost when a Generic Drug is available and the Brand Drug is authorized by their doctor or requested by the subscriber. In these cases, the subscriber will pay the price difference between the Brand Drug and Generic Drug prices in addition to the applicable Copayment or Coinsurance amount.

The main marketplace webpage includes a direct link to the drug formulary, where you can find:

- The Drug Formulary: A list of covered pharmaceuticals with restrictions and preferences (e.g., drug tiers, prior authorization requirements).
- You can access the formulary at the following link:
<https://client.formularynavigator.com/Search.aspx?siteCode=5261847175>
- Explanation of quantity limits, generic substitution processes, therapeutic interchange, and step therapy protocols.

For additional questions, please contact MedImpact at 844-269-0977. Their support team is available 24 hours a day, 7 days a week.

Physician Administered Drugs (PADs) information

Prior authorization is required for all PADs included on the Prior Authorization List. The Prior Authorization List can be accessed on our website at <https://imperialhealthplan.com>.

This list is regularly reviewed and updated to ensure that any changes in procedures or applicable drug recalls are communicated promptly. Detailed instructions for submitting a prior authorization request are available in the “Imperial Health EZ-Net Portal Provider Guide” section of this manual. Once a request is received, it will be reviewed for medical necessity utilizing our Medical Necessity review hierarchy. A determination will then be issued via fax within the appropriate turn-around time.

For further information or support, the Utilization Management Department can be reached at 626-838-5100, Hours: M-F 8:00AM-5:00PM PT and 7:00AM-3:30PM PT weekends. Closed on holidays.

Pharmacy Benefit Updates

Our organization regularly updates pharmacy benefit information to maintain accuracy and relevance. Updates are communicated promptly, within 15 days of receiving notice.

Feedback and Reporting

To maintain the quality and accuracy of our pharmacy benefit information, we encourage you to report any inaccuracies or provide feedback on the clarity and usefulness of this information.



Feedback and Reporting

Please contact the Imperial Pharmacy Department at (626) 788-0178 with your feedback or concerns.

- If you require a written copy of any of this information, it can be requested by calling Member Services: Member Services: (800) 595-0619 (TTY: 711) October March 31: Monday - Sunday from 8:00 am - 8:00 pm and April 1 - September 30: Monday - Friday from 8:00 am - 8:00 pm.

Thank you for your continued dedication to providing high-quality care to our members. Together, we can ensure a healthier future for our communities!

Give us a call, fax, or email if you have any questions. It is our pleasure to assist you.

Phone (626) 788-0178
Fax (626) 689-4232
Pharmacy@imperialhealthplan.com

Sincerely,

Imperial Pharmacy Department





Why It's Important to See Your Doctor Every Year (Even If You Feel Fine)

Many people who have health insurance through the Exchange (also called the Health Insurance Marketplace) may only go to the doctor when they feel sick. That makes sense—but it's not the best way to stay healthy.

Seeing your doctor once a year for an annual checkup is one of the smartest things you can do for your health. It can help you catch problems early, stay up to date on vaccines, and keep you feeling your best.

What Is an Annual Checkup?

An annual checkup is a doctor's visit you schedule once a year. It is also called a yearly wellness visit or annual physical.

During this visit, your doctor may:

- Check your blood pressure
- Ask about your health history
- Talk to you about your diet, sleep, and stress
- Review any medications you take
- Order lab tests, like blood work
- Make sure you are up to date on screenings

Even if you feel healthy, this visit is still important.

Catching Problems Early Can Save Your Life

Some health problems do not cause symptoms at first. That means you can have a serious issue and not even know it. Annual checkups can help catch things like:

- High blood pressure
- Diabetes
- Early signs of cancer
- Heart problems

Finding these problems early makes them easier to treat. It can also help prevent them from getting worse.

Preventive Care Helps You Stay Healthy

Preventive care means doing things that help prevent illness before it starts.

At your yearly visit, your doctor might recommend:

- Flu shots
- Other vaccines
- Mammograms (breast cancer screening)

Why It's Important to See Your Doctor Every Year (Even If You Feel Fine)



- Colon cancer screening
- Pap tests (cervical cancer screening)
- Prostate health checks
- Weight and BMI checks

These screenings and vaccines can help protect you from serious diseases.

Your Doctor Can Help You Set Health Goals

Your doctor isn't only there to treat sickness. They can also help you with goals like:

- Losing weight in a safe way
- Managing stress
- Sleeping better
- Quitting smoking or vaping
- Eating healthier
- Becoming more active

Small changes can make a big difference over time.

It Builds a Relationship With Your Doctor

When you see the same doctor each year, they get to know you. That helps because:

- They understand your health history
- They notice changes over time
- You feel more comfortable asking questions
- They can give better advice

If you only go when you're very sick, it's harder for your doctor to help you.

The Bottom Line

Seeing your doctor once a year is a simple step that can protect your health.

Even if you feel fine, an annual visit can:

- Catch health problems early
- Keep you up to date on vaccines and screenings
- Help you stay healthy longer
- Support your mental health
- Save money by preventing bigger problems

Your health matters—and your yearly checkup is one of the best ways to take care of it.





Why Adopt CPT-II Codes If There's No Reimbursement??

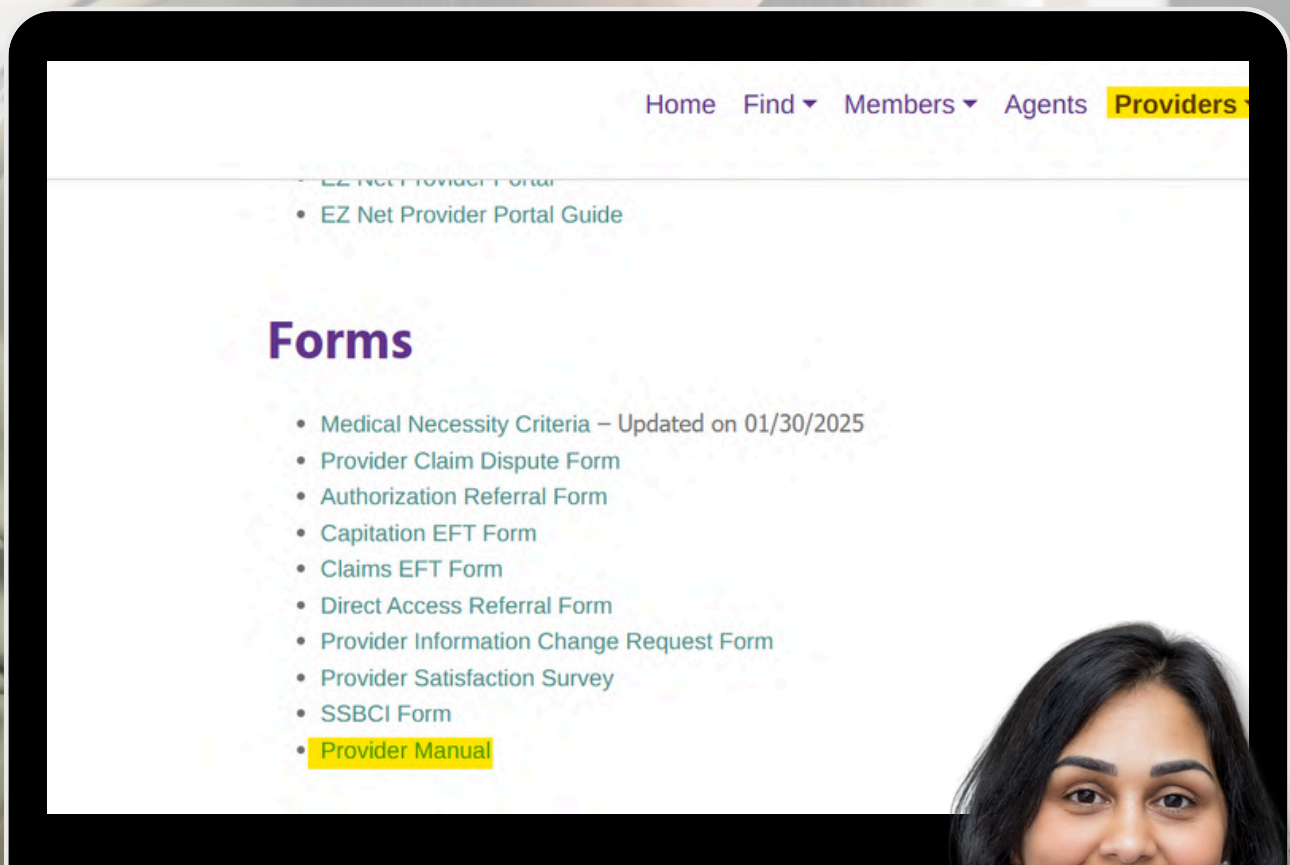
- 1 Improve Patient Care:** CPT-II codes enable precise tracking of quality measures, helping identify gaps in care and improving outcomes for chronic conditions like diabetes and hypertension.
- 2 Streamline Reporting:** These codes simplify compliance with regulatory requirements, saving time and effort in quality reporting processes.
- 3 Prepare for Value-Based Care:** As healthcare shifts toward value-based models, CPT-II codes position your practice as a leader in quality care, making it future-ready.
- 4 Gain Recognition:** Demonstrating commitment to quality metrics can attract valuable partnerships and enhance your reputation in the healthcare community.

The Bottom Line:

CPT-II codes are an investment in better care, operational efficiency, and long-term success. Don't miss the opportunity to lead the way in healthcare innovation.

2026 Imperial Provider Manual

You may find our Provider Manual located on our plan website under “Providers”, “Forms”



www.imperialhealthplan.com

Choose a State and County under Market place then
Go to "Providers" and then select under "Forms"



PEDIATRIC DENTAL

- Offered on all Imperial Plans
- Member Portal with a dashboard, dentist finder, cost estimator offered by a new dental vendor, Delta Dental for 2026. <https://www.deltadentalins.com>
- Mobile Application available hosted by Delta Dental.



PEDIATRIC VISION - VSP

- Access to strong provider network.
- Freedom to choose your doctor and eyewear.





MAINTAIN YOUR ONLINE PROVIDER DIRECTORY INFORMATION

Maintaining your online provider directory information is essential for consumers and healthcare partners to connect with you when needed. Please review your information frequently and let us know if any of your information we show in our online directory has changed.

Submit updates and corrections to your online directory information by using our Provider Information Change Request Form, located on our Provider website under “forms”. Once you submit the form, we will send you an email acknowledging receipt of your request. Update options include:

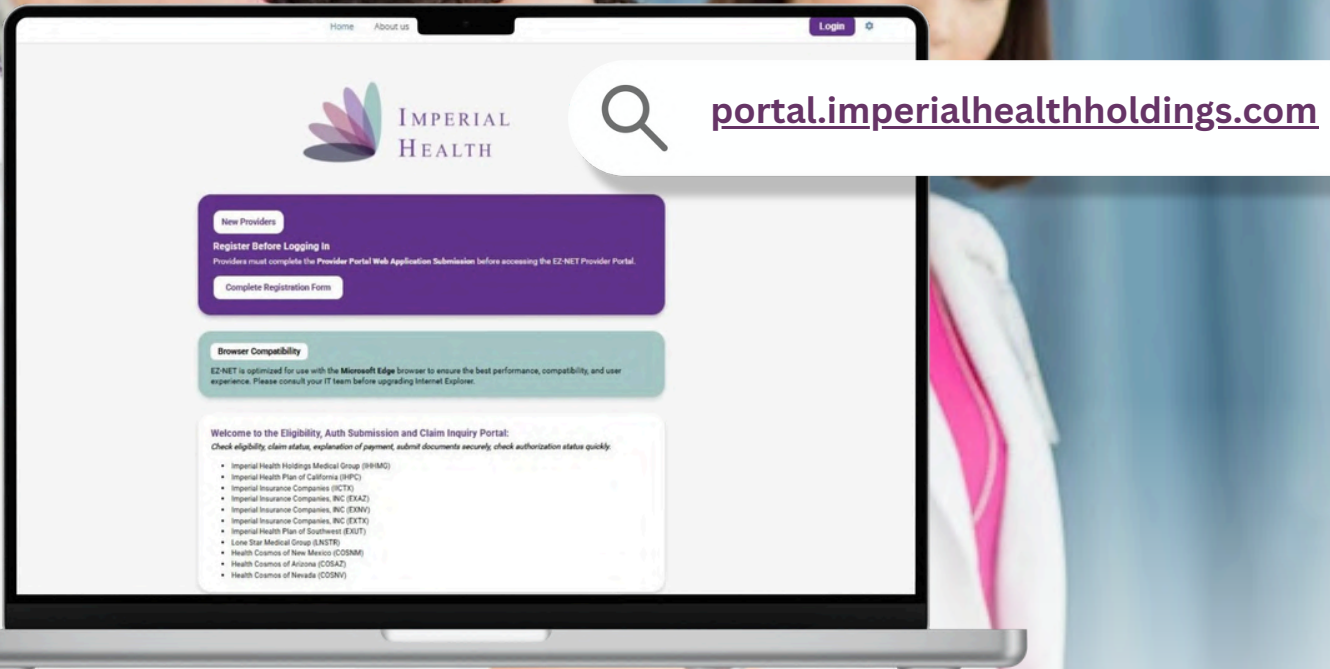
- Add/change an address location.
- Add/change billing address.
- Add TIN
- Deactivate TIN
- Change TIN

- Name Change.
- Provider leaving a group or a single location.
- Phone/fax number changes.
- Closing a practice location.

The *Consolidated Appropriations Act (CAA)* implemented in 2021 contains a provision that requires online provider directory information be reviewed and updated as needed at least every 90 days. Reviewing your information helps us ensure your online provider directory information is current.



EZ NET PROVIDER PORTAL



IMPERIAL is committed to enhancing our provider's experience with the best service possible to support their practice and its daily administrative needs. Imperial is pleased to formally announce the re launch of the IMPERIAL EZ NET PROVIDER PORTAL to all participating network providers.

Urgent authorization requests should be submitted through the Imperial Provider Portal for expedited processing. An expedited/urgent request for a determination is a request in which waiting for a decision under the standard time frame could place the member's life, health, or ability to regain maximum function in serious jeopardy.

For example:

- A serious threat to life, limb, or eyesight.
- Worsening impairment of a bodily function that threatens the body's ability to regain maximum function.
- Worsening dysfunction or damage of any bodily organ or part that threatens the body's ability to recover from the dysfunction or damage; or
- Severe pain that cannot be managed without prompt medical care.

Urgent requests need determination within 72 hours.

PORTAL REGISTRATION IS SIMPLE! PLEASE UTILIZE THE URL BELOW!

Provider Portal Web Application Submission (office.com) Portal Training Request/Questions: pnm@imperialhealthholdings.com Please allow 3-5 business days for inquiry response

Listening to the needs and requests of providers that utilize our original portal, IMPERIAL has responded with a Secure, User-Friendly Web Platform to allow users effortless, navigation!

- Member Verification of Eligibility
- Member Lists
- HEDIS Gaps
- Claims Status (detail information)
- EOP access
- Authorization Submission, Confirmation and Status
- Provider Search
- Training Modules
- Secure Submission Documents such as W9's, Annual Training Attestation



MEMBERS RIGHTS & RESPONSIBILITIES

Our organization annually distributes the Member's Rights and Responsibilities Statement to Providers in the newsletter. Additionally, Providers and Practitioners can find it in the Provider Manual you received upon the orientation process.

OUR PLAN MUST HONOR YOUR RIGHTS AS A MEMBER OF THE PLAN

Our plan has staff and free interpreter services available to answer questions from disabled and non-English speaking members. We can also give you information in braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan's benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call Member Services at 1-800-838-8271 October 1 – March 31: Monday – Sunday, from 8:00 a.m. – 8:00 p.m. PST April 1 – September 30: Monday – Friday, from 8:00 a.m. – 8:00 p.m. PST.

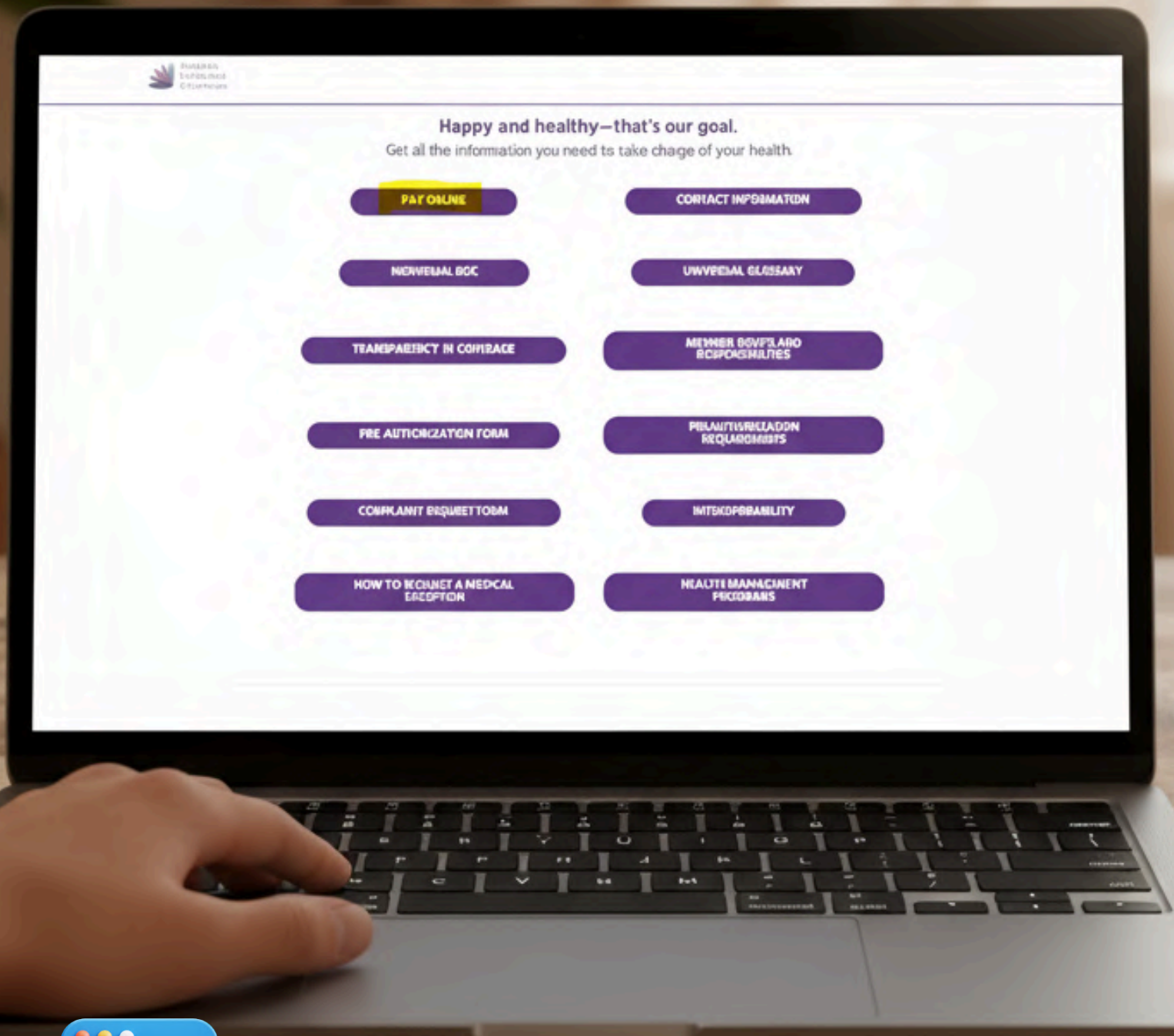
These rights and responsibilities are for all members, regardless of race, sex, culture, economic, educational or religious background. Refer to Chapter 8: Rights and Responsibilities in your Evidence of Coverage.

If you have any trouble getting information from our plan in a format that is accessible and appropriate for you, please call to file a grievance with Member Services at 1-800-838-8271. You may also file a complaint with Medicare by calling 1-800-MEDICARE (1-800-633-4227) or directly with the Office for Civil Rights. Contact information is included in this Evidence of Coverage or with this mailing, or you may contact Member Services for additional information at the number listed above.



You can locate our Members Rights and Responsibilities on our plan website: www.imperialhealthplan.com under "Members", "Member Rights and Responsibilities"

THE ACA/MARKETPLACE MEMBER PAYMENT PORTAL



Members may now make payments via our online payment portal by visiting www.imperialhealthplan.com

Selecting their state and county from the drop-down menu and then clicking the “Pay Now” button.

Practitioner Credentialing & Rights

Practitioners are notified of their right to review and correct erroneous information obtained in the credentialing or re-credentialing process. This includes information from any outside primary source (state licensing boards, malpractice insurance carriers).

The right to review does not extend to references or recommendations or other information is peer review protected or if disclosure is prohibited by law. Before a decision is made, they may also ascertain the status of their application or reapplication at any time by contacting the Credentials Department at:

Email:
credentialingadmin@imperialhealthholdings.com



Practitioners receive notification of their rights by IMAS during the verification process or the appeal process if they do not meet their criteria after receiving a denial or termination of the network during the credentialing/recredentialing process.

If credentialing information obtained from other sources varies from that provided by the practitioner, the credential coordinator will notify the practitioner in writing for their response within ten working days.

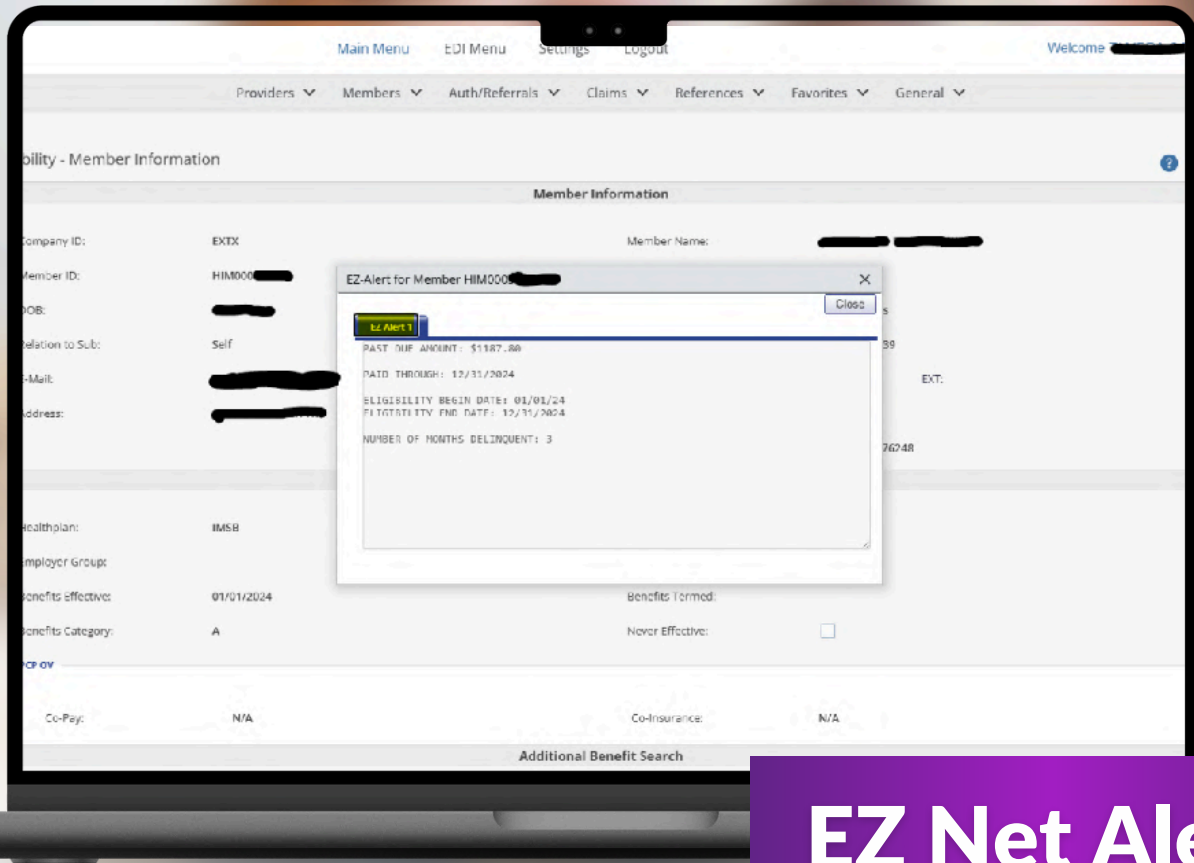
The Credentialing Coordinator will make three attempts to collect the corrected information from the practitioner. Telephone, fax, email or letter are all acceptable forms of communication. The credentialing coordinator will advise the practitioner of acceptable formats when submitting corrected information.

Corrected information is accepted by the Credentialing Coordinator and documented in the credentialing system. The practitioner's application is pended until a decision is made by the Credentialing Committee.

The Credentialing Coordinator will date stamp receipt of corrected information and this information is kept in the practitioner's credential file maintained within the department. If the Credentialing Coordinator is unable to obtain the requested information, terminated practitioners can correct discrepant information under the IMAS appeal policy. Practitioners are notified that appeals must be submitted within (30) days.

Practitioners are notified of these rights in the Provider Manual and company website.

EXCHANGE MEMBER GRACE PERIOD NOTIFICATION



If a member is delinquent the provider will receive a pop-up notification when checking eligibility on our EZ Net Provider Portal.

The [Affordable Care Act \(ACA\)](#) mandates that all qualified health plans offering coverage through the Health Insurance Marketplace, provide a grace period of three consecutive months for APTC subsidized members who fail to pay their monthly premium by the due date. One month of grace period for non-subsidized/APTC members.

Claims Processing:

- Clean claims received for services rendered during the first month of a member's grace period will be processed using Imperials standard processes and in accordance with state and federal guidelines.
- Clean claims received during the second and third month of the members grace period can be pended until payment is made for all delinquent months.

Introducing Our Automated Member Eligibility System

Imperial has an automated eligibility and benefits line available to all providers.



Providers may verify eligibility by calling our dedicated line:

Eligibility Line: (800) 708-7903

When the automated system asks, “How can I help you?”, simply say “Member eligibility.” You’ll then be prompted to enter your NPI and provide the member’s information verbally. The process is quick and easy.



Two Easy Ways to Verify Eligibility

1. Automated Member Eligibility System

- No hold times
- Voiceactivated
- Fast and userfriendly
- Call: (800) 708-7903

2. EZ Net Provider Portal

You may also continue to verify eligibility through the EZ Net Provider Portal :

<https://portal.imperialhealthholdings.com/EZ-NET60/Login.aspx>

- If you do not yet have access, please sign up using the link below:

Provider Portal Access Request Form:

Navigate to www.imperialhealthplan.com, Providers, Provider Portal Web Application

[https://forms.office.com/pages/responsepage.aspx?](https://forms.office.com/pages/responsepage.aspx?id=5DmEMBsKOESYLX4BxkC_Z8R0IUAAoydBtDaWxFWfGoxUNThYR1pQNzNVNzMwMEYORDNYRIJVNjZSQS4u)

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[DaWxFWfGoxUNThYR1pQNzNVNzMwMEYORDNYRIJVNjZSQS4u](https://forms.office.com/pages/responsepage.aspx?id=5DmEMBsKOESYLX4BxkC_Z8R0IUAAoydBtDaWxFWfGoxUNThYR1pQNzNVNzMwMEYORDNYRIJVNjZSQS4u)

We appreciate your partnership and hope these enhancements make your workflow even more efficient.



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IMPERIAL HEALTH PLAN
OF THE SOUTHWEST





**AFFORDABLE HEALTH COVERAGE
THAT PUTS YOU FIRST**

**Affordable
Care Act**

ARIZONA NEVADA TEXAS UTAH

Now Enrolling through the Health Insurance Marketplace!
- Imperial Insurance Companies Inc.
- Imperial Health Plan of the Southwest, Inc.

Why Choose Imperial?

-  **All-in-One Coverage**
Medical, Pediatric-dental/vision, and more
-  **Budget-Friendly Plans**
Designed for your lifestyle
-  **Local, Caring Support**
In your community
-  **Bilingual Help**
English & Spanish assistance

"We're here to help you find the right plan for you and your family."

 **Call today 1-866-442-0001**  **Visit: www.imperialhealthplan.com**

