



EXCHANGE IMPERIAL PROVIDER NEWSLETTER

WINTER 2024

IMPERIAL HEALTH
1100 E. GREEN ST.

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MISSION

Deliver valuable care so our members are healthy in body, mind, and spirit to achieve their inherent potential.

VISION

Deliver value-based care that is clinically effective, sustainable, and achieves exceptional outcomes.



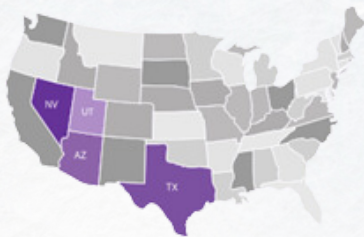
WARM WISHES FOR A HAPPY NEW YEAR!

Dear Network Provider:

Imperial sends warm wishes for a Happy and Prosperous New Year to all. Taking steps towards a successful working relationship, Imperial is sending this newsletter to our participating Exchange Providers, to deliver updates for 2024.

Some of the Exchange Provider information enclosed pertains to, our new and improved Ez Net Provider Portal, the announcement of our New Pharmacy Benefit Manager, and Exchange Grace Period notification.

For more information on the Imperial Exchange, please visit www.imperialhealthplan.com.



Marketplace

Thank you for your partnership,

A handwritten signature in dark blue ink that reads 'Giuletta Rudon'.

Giuletta Rudon | Director, Network Management

Pharmacy Benefit Manager (PBM) Change for 2024

This is to inform you of an upcoming change in our pharmacy benefit manager (PBM) that will be effective from **January 1st, 2024**. We are excited to introduce a new PBM that will bring numerous benefits and improvements to our network. At Imperial we continuously strive to enhance the quality and efficiency of our services. After careful consideration and evaluation, we have selected **MedImpact** as our new PBM partner. This change is aimed at providing our valued providers with enhanced tools, resources, and support for delivering exceptional patient care. The transition to **MedImpact** will introduce several positive changes in our pharmacy services. These changes include streamlined prior authorization processes and advanced reporting capabilities that we feel will help our members receive their needed medications in a timely manner.

We believe that these enhancements will enable you to better serve your patients and simplify administrative processes. We understand that transitions can bring uncertainties. We have meticulously planned the transition process to minimize any disruptions to your practice. We will provide comprehensive training sessions to familiarize you with the new PBM's processes, tools, and systems. Additionally, our dedicated support team will be available to address any questions or concerns you may have throughout the transition period.

We encourage you to reach out to our support team by phone at **(626) 788-0178** or by email at **Pharmacy@imperialhealthplan.com** for any assistance or clarifications during this transition.

Your feedback is highly valuable to us, and we welcome any input you may have to ensure a seamless experience for you and your patients. We sincerely appreciate your partnership and the exceptional care you provide to our members and believe that the change in PBM will further strengthen our collaboration and improve patient outcomes. Thank you for your attention to this important matter. Should you have any questions or concerns, please do not hesitate to contact us.



Immunization Updates

As part of the Inflation Reduction Act (IRA), the Advisory Committee on Immunization Practices (ACIP) recommended on June 21, 2023, to include Respiratory Syncytial Virus (RSV) vaccines for adults.

Below are the two available RSV vaccines that are covered on our formulary at \$0 copay to beneficiaries:

1. AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (Glaxo Smith Kline)
2. ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (Pfizer)

2023-2024 Flu shots are now available at all pharmacies. Please have your members schedule a flu shot today! These are also covered at \$0 Copay for beneficiaries.

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

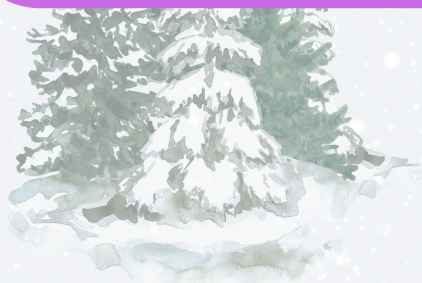
Phone (626) 788-0178

Fax (626) 689-4232

Pharmacy@imperialhealthplan.com

Sincerely,

Imperial Pharmacy Department



IMPERIAL is pleased to formally announce the re-launch of

NEW & IMPROVED 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.

PORTAL REGISTRATION IS SIMPLE! PLEASE UTILIZE THE URL BELOW!

[Provider Portal Web Application Submission \(\[office.com\]\(mailto:office.com\)\)](https://portal.imperialhealthholdings.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

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.



IMPERIAL MANAGEMENT
ADMINISTRATORS SERVICES

Dear Network Provider:

Taking steps towards a successful working relationship, Imperial is sending this letter to address provider updates for 2023/2024.

W-9 Request

In efforts to improve provider remittance accuracy and end-of-year reconciliation (i.e., IRS withholdings). Imperial is requesting the submission of current W-9 for provider billing/pay-to/place of service information verification and uploading. Please ensure that the current W-9 is signed and dated.

Please respond to this request by sending the current, signed W-9 to the attention of Markaja Washington, Provider Network Coordinator at fax (214) 452-1190 or email pnm@imperialhealthholdings.com.

Should you have any questions, please feel free to reach out to Provider Network Management at or (800) 595-0619 and choose option for Provider Services.

We look forward to a harmonious working relationship in the New Year and beyond.

THANK YOU FOR BEING A NETWORK PROVIDER!



IMPERIAL INSURANCE COMPANIES



IMPERIAL HEALTH PLAN
OF THE SOUTHWEST

Member's 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.

Member Rights & Responsibilities

- A right to receive information about the organization, its services, its practitioners and providers as well as member rights and responsibilities.
- A right to be treated with respect and recognition of their dignity and their right to privacy
- A right to participate with practitioners in making decision about their health care
- A right to a candid discussion of appropriate for medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- A right to voice complaints or appeals about the organization or the care it provides
- A right to make recommendation regarding the organization's member rights and responsibilities policy
- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care
- A responsibility to understand their health problems and participate in
- A responsibility to follow plans and instructions for care that they have agreed to with their practitioners
- A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible



You can access the Member's Rights and Responsibilities Statement, on our website at:

<https://www.imperialhealthplan.com>

If you would like to receive a hard copy request of this publication, please contact the Provider Relations Department at (800) 595-0619.

For any questions, please contact Provider Relations at (800) 595-0619.



A Message from our Chief Medical Officer

Hello Valued Providers,

With colder weather comes increased exposure to infection, and this year there is the convergence of influenza, RSV and new variants of SARS-CoV-2 (COVID-19). Please remind your patients to get their flu COVID-19 booster and RSV vaccines (if 65 years or older). Every year, thousands of people have needless illness and sometimes even death because they do not vaccinate against the flu, COVID and RSV. While vaccinations are not guarantees against becoming ill, they can reduce the severity and length of the infection, and often prevent death.

COVID-19 boosters strengthen immunity from earlier vaccinations or even COVID-19 infections, and thus patients should still get them even if they have previously been vaccinated or infected. Finally, although previously recognized as a significant respiratory pathogen in infants and young children, RSV also causes significant morbidity and mortality among adults. The new RSV vaccine has demonstrated efficacy against this virus.

As always, please feel free to reach out to me if you have any questions.

Thank you for your continued partnership,

David Liu, MD

David Liu, MD, FACP, FAAP, FASAM | Chief Medical Officer

Websites: Imperial Health | <https://imperialhealthholdings.com/>

1100 E. Green Street, Pasadena, CA. 91106 | david.liu@imperialhealthholdings.com

Main Number: (626) 838-5100 extension 250 Cell: (626) 545-1254





Thank You for Being an Imperial Insurance Companies, Inc., ACA Individual Exchange Plan Provider

November 22, 2023

Dear ImperialNetworkProvider:

This letter is to update your practice with Network Provider information related to Imperial Insurance Companies, Inc., participation in the ACA Individual Exchange for 2024. On January 1, 2023, Imperial began offering covered services in the Individual Exchange Plan in Maricopa County, Arizona and El Paso County, Texas. As of January 1, 2024, Imperial is expanding into several more counties where it will provide ACA Individual Exchange covered services. Imperial will provide care in all of the following counties as of January 1, 2024:

Arizona: Coconino, Maricopa, Pima, Pinal, Santa Cruz, and Yavapai Counties.

Nevada: Clark, Nye, and Washoe Counties.

Texas: Bexar, Dallas, El Paso, Harris, Tarrant, and Travis/Williamson Counties.

Members (in the expansion counties) enrolled with Imperial Insurance Companies, Inc., Individual Exchange Health Plans will begin seeking medical care at your medical office as of January 1, 2024. The Exchange member will be identified by their 2024 ID Card with the Imperial health plan logo. The ID card will list your practice as the Primary Care Provider.

Please ensure that your practice confirms the following prior to seeing any patient who presents an Imperial Exchange 2024 Member Identification Card:

Patient Eligibility and Patient copayment and coinsurance obligations.

To confirm patient eligibility and financial obligation, please contact Imperial's Member Services Department at the number listed on the card or through the Imperial EZ-NET Provider Portal.

Your provider participation is through your Imperial Insurance Companies, Inc., affiliation. Imperial will reimburse you for covered services in accordance with the Amendment - Commercial Line-of-Business, which is attached hereto. All referrals, prior authorization, and claims payment processes will remain the same. With respect to the Exchange covered services, the process will mirror the steps your practices currently utilize with Imperial.

PROVIDER CLAIM REFERENCE

IIC Arizona Exchange	IIC Nevada Exchange	IIC Texas Exchange
Imperial Insurance Companies, Inc	Imperial Insurance Companies, Inc	Imperial Insurance Companies, Inc
P.O. BOX 65607	P.O. BOX 60590	P.O. Box 61300
Pasadena, CA 91116	Pasadena, CA 91116	Pasadena, CA 91116
Office Ally Payor ID: IEXAZ	Office Ally Payor ID: IEXNV	Office Ally Payor ID: IEXTX
Coconino, Maricopa, Pima, Pinal, Santa Cruz, Yavapai Counties	Clark, Nye, Washoe Counties	Bexar, Dallas, El Paso, Harris, Tarrant, Travis/Williamson Counties



**Thank You for Being an Imperial Health Plan of the Southwest, Inc., ACA
Individual Exchange Plan Provider**

November 22, 2023

Dear Imperial Network Provider:

This letter is to update your practice with Network Provider information related to your Imperial Health Plan of the Southwest, Inc., participation in the ACA Individual Exchange for 2024. Imperial will begin offering an Individual Exchange Plan in Salt Lake and Utah counties effective January 1, 2024.

Members enrolled with Imperial Health Plan of the Southwest, Inc., Individual Exchange Health Plan will begin seeking medical care at your medical office as of January 1, 2024. The Exchange member will be identified by their 2024 ID Card with the Imperial health plan logo. The ID card will list your practice as the Primary Care Provider.

Please ensure that your practice confirms the following prior to seeing any patient who presents an Imperial Exchange Plan Identification Card:

Patient eligibility, and

Patient copayment and coinsurance obligations.

To confirm patient eligibility and financial obligation, please contact Imperial's Member Services Department at the number listed on the card or through the Imperial EZ-NET Provider Portal.

Your provider participation is through your Imperial Health Plan affiliation. Imperial will reimburse you for covered services in accordance with the Amendment - Commercial Line-of-Business, which is attached hereto. All referrals, prior authorization, and claims payment processes will remain the same. With respect to the Exchange covered services, the process will mirror the steps your practices currently utilize with Imperial.

PROVIDER CLAIM REFERENCE

IIC Utah Exchange
Imperial Health Plan of the Southwest, Inc.
P.O. BOX 60190
Pasadena, CA 91116
Office Ally Payor ID: IEXUT
Salt Lake, Utah Counties

EXCHANGE (GRACE PERIOD)

The Affordable Care Act mandates that all qualified health plans like Imperial Insurance Companies, Inc. offering coverage through the Health Insurance Marketplace provide a grace period of three consecutive months to APTC Members^[1] who fail to pay their monthly premium by the due date. Imperial Insurance Companies, Inc. offers a one-month grace period to Non-APTC^[2] members.

Claims Processing:

First Month of Grace Period: Clean claims received for services rendered during the first month of a grace period will be processed using Imperial Insurance Companies, Inc.'s standard processes and in accordance with state and federal regulations and within established turn-around-times.

Second/Third Month of Grace Period: Clean claims received for services rendered during the second and third months of an APTC Member's grace period will be pended until the member premium is paid in full. In the event that the APTC Member is terminated for non-payment of the full premium at the end of the grace period, Imperial Insurance Companies, Inc. will deny claims for services rendered in the second and third months of the grace period. If a member is termed for non-payment of premium, they will be responsible for the cost of health services they receive after their last day of coverage.

Action requested:

Please ensure to check the eligibility and payment status of a member for service during the grace period. Please remind and encourage members to stay current on premium payments and to pay the full premium prior to the end of the grace period.

^[1] An APTC Member is a member who receives Advanced Premium Tax Credits (premium subsidy), which helps to offset the cost of monthly premiums for the member.

^[2] A Non-APTC Member is a member who is not receiving any Advanced Premium Tax Credits (APTC) and is therefore solely responsible for the payment of the full monthly premium amount.





Marketplace Timely Filing Guidelines:

Claims Filing Deadline.

(a) Claim submission deadline. A physician or a provider must submit a claim to Imperial not later than the 95th day after the date the physician or the provider delivers the medical care or health care services for which the claim is made. Imperial and a physician or a provider may agree, by contract, to extend the period for submitting a claim. For a claim submitted by an institutional provider, the 95-day period does not begin until the date of discharge. For a claim for which coordination of benefits applies, the 95-day period does not begin for submission of the claim to the secondary payor until the physician or the provider receives notice of the payment or the denial from the primary payor.

We look forward to a harmonious working relationship as your membership panel grows and our working relationship continues in the New Year and beyond.

Thank you again for being a Network Provider,

Giuletta Rudon

Giuletta Rudon | Director, Network Operations