Imperial Insurance Companies

Imperial Health Plan of the Southwest

EXCHANGE IMPERIAL PROVIDER

NEWSLETTER

FALL/WINTER 2025

TABLE OF *Contents*

TABLE OF *Contents*

CMO Message – Exchange Provider Newsletter (Fall 2025)

Dear Exchange Network Doctors, other Practitioners, IPAs, Vendors, and Partners,

I'm pleased to share that all Imperial Health entities are NCQA Accredited for Health Plan products—including those offered on the Health Insurance Exchange. This demonstrates our shared commitment to delivering high-quality, equitable, and member-focused care across Texas, Arizona, Nevada, and Utah.
As Fall begins and the 2025 November enrollment season approaches, your role in documenting care accurately, ensuring member satisfaction, and maintaining operational excellence is more important than ever.

Clinical & Operational Focus

- Chronic Condition Documentation: Review and recapture all chronic conditions annually in the EHR. Documentation must reflect current health status and avoid miscoding.
- Encounter Data Accuracy: All contracted providers are required to submit 100% of encounters, with coding accuracy consistently maintained at greater than 99%. In addition, any member who has not had at least one visit with your practice this calendar year should be scheduled for a comprehensive wellness and health visit before year-end. During this visit, please ensure that all chronic conditions are fully and accurately documented in the medical record to reflect the member's true health status. Use our online HRA as a guide (if needed).

- **Health Risk Assessment (HRA) Reminder**

Completion of the Health Risk Assessment (HRA) is **required for 100% of Imperial Health members.** Imperial Health has developed a dedicated HRA—created with input from practicing physicians and providers like you—that is now available online. We encourage you to use this HRA as a structured tool to deliver **consistent, high-quality care** that emphasizes **patient safety**, while also ensuring complete and accurate **capture of encounter data for all chronic conditions**. All you do is complete it and we will find a way to collect it from you!

- Balanced Utilization: Monitor for both over- and under-utilization of services. Clinical guidelines and shared decision-making should guide care.
- Immunizations: Encourage members to receive the 2025–2026 flu vaccine. Pneumonia, shingles, RSV, and Tdap vaccines are also covered.

Provider Resources

- MDCalc Tools: Accessible under the Provider Calculators section—supports clinical decision-making, risk scoring, and guideline-based care.
- Cozeva Analytics Platform: Available at no cost to providers—supports performance tracking, care gap closure, and integration with EHR systems.
- Compliance, Credentialing & Training: Providers are reminded to complete 2025 Compliance and SNP MOC trainings and use the EZ-Net Provider Portal for eligibility, claims status, and referrals.
- Pharmacy Updates: Formulary and prior authorization lists are posted online. For questions, contact MedImpact at 844-269-0977 (24/7).

Partnering for Member Success

At Imperial Health, you are not just providers—you are partners in delivering health and well-being to our members. We are always available to support you with operational tools, quality initiatives, and care coordination resources.
Thank you for your continued dedication as we work together to keep our members healthy and ensure Imperial remains a trusted choice for care.
With gratitude,

Muthukumar Vaidyaraman, MD, MBA, FACHE
Chief Medical Officer

2025 Provider Fall Newsletter

Immunization Updates

The **2025–2026 flu and COVID-19 vaccines** are now available at all participating pharmacies. Please encourage your patients to schedule these immunizations today!

The CDC recommends the updated 2025–2026 influenza vaccine for everyone ages **6 months and older** to protect against potentially serious outcomes during the upcoming flu season.
COVID-19 vaccination should be guided by shared clinical decision-making, where providers consider individual risk factors, vaccine characteristics, and current evidence to determine who may benefit.

Please ensure all vaccinations are documented in the EHR and claims are submitted promptly. Thank you for helping keep our member population protected and safe this fall and winter season.

Explore Our Comprehensive Formulary

Imperial Insurance Companies offers a comprehensive formulary designed to provide access to a wide range of medications, ensuring members receive the most appropriate and cost-effective treatments available. The formulary is **regularly updated** to reflect new drug approvals and evidence-based guidelines.

Providers can easily search the formulary for detailed information about drug coverage and preferred alternatives. The main Marketplace webpage includes a direct link to the formulary, where you can find:

- **The Formulary:** A searchable list of covered medications, including drug tiers, prior authorization requirements, and coverage restrictions.
  ➤ For quick access, visit our Formulary Search Tool.
- **Coverage Rules:** Quantity limits, generic substitution, therapeutic interchange, and step therapy
protocols.
- **Exception Requests:** Instructions on how to request a formulary exception.
- **Pharmacy Locator:** Help finding an in-network retail pharmacy.

*For additional assistance, please contact the **PBM, MedImpact at (844) 269-0977.** Their support team is **available 24 hours a day, 7 days a week.***

2025 Provider Fall Newsletter

Care Coordination

Our team reconciles medication information across multiple sources to reduce discrepancies. Please ensure medication lists are up to date and that all changes are documented in your EHR to support safe prescribing.

Clinical Support

Our pharmacists conduct targeted medication reviews to identify potential drug interactions, optimize therapy, and support chronic condition management.

Our Pharmacy Department is a dedicated team of licensed Pharmacists, Pharmacy Technicians, and Pharmacy Concierges specializing in formulary management, coverage determinations, appeals, and member support. By partnering with you, we aim to streamline your practice and improve health outcomes for our members.

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

For questions or support, please contact the **Imperial Pharmacy Department:**
Phone: (626) 788-0178
Email: pharmacy@imperialhealthplan.com

RADV ANNOUNCEMENT
for Exchage ’25 Fall/Winter Provider Newsletter

As part of our regulatory obligations under the U.S. Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS), Imperial Health Plan is conducting a Risk-Adjustment Data Validation (RADV) audit. This process requires us to collect medical records to verify that diagnoses submitted for risk adjustment are supported by member medical records. This validation helps combat fraud, waste, and abuse.

Audit details:
The audit targets specific dates of service, as indicated in the record request. Please ensure all requested dates are included in your submission.
Contracted provider groups are required to maintain health record-keeping practices that comply with Imperial Health's standards regarding confidentiality, availability, organization and methods.

Authorized Vendors:
This year, you may be contacted by one of two contracted vendors:
- Credo Health ("ChartFast"): Our long-standing collection partner.
- Virtix Health: A new partner supporting our collection efforts.

Action Required:
Your timely response to these medical record requests is crucial for a successful audit. We appreciate the cooperation of your medical record and Health Information Management (HIM) staff.

Active Initiatives to Address Persistent Care Gaps

Imperial Health engages contracted vendors each year to support our efforts to address persistent care gaps associated with HEDIS and Star performance measures and/or other concerns. The following vendors are contracted this year for the stated activities. Eligible members may be contacted by and/or receive services from one or more of these vendors, at no cost to them. To find out more, please contact your assigned QI Specialist, or email us at QIM@ImperialHealthHoldings.com.

Simple HealthKit (simplehealthkit.com)

Program overview

- Imperial Health contracts with Simple HealthKit (SHK) to provide eligible members with at-home sample collection kits to screen for colon health, diabetes (HbA1c), and kidney function. Members first receive a preparatory postcard, followed by a kit that includes a letter from Imperial's CMO with instructions.

- Imperial Health makes every effort to avoid duplicate testing by excluding members who have recently been screened or are already compliant for relevant performance measures, or who are participating in similar programs with other providers. Failure to send lab values and performance (CPT-II) codes to Imperial may result in otherwise compliant members being included in the program.

Depending on eligibility, a member may receive one or more collection kits:

- Stool: A stool sample kit for a Fecal Immunochemical Test (FIT) to check for hidden blood.
- Blood: To either measure HbA1c levels for diabetes, or for kidney health, serum creatinine for an estimated glomerular filtration rate (eGFR).
- Urine: Measures the Urine Albumin-to-Creatinine Ratio (uACR) to assess kidney function.

A member with diabetes may receive a blood kit, a urine kit, or a combined kit containing both, depending on their kidney screening history in the current year.

Results and follow-up

- Samples are returned to SHK's laboratories using the included prepaid USPS label.
- Results are available to members via SHK's HIPAA-compliant portal within 24-48 hours of the lab receiving the sample.
- For positive results or results outside the healthy range for this population, SHK also sends the findings to the member's Primary Care Provider (PCP) by mail.
- Imperial's Case Managers also follow up with members to ensure they receive appropriate follow-up care, including with their PCP.
- Results from all completed tests are available to providers via Cozeva within two weeks of publication

Active Initiatives to Address Persistent Care Gaps (Continued)

Vynca Care (vyncacare.com)

Imperial Health has contracted with Vynca to offer eligible members optional, supplementary services, such as advance care planning, care coordination, and palliative care. A member's eligibility is determined by an assessment of their medical data and, when possible, a direct conversation. The goal is to improve the patient's quality of life through better symptom management, advance care planning, and reduced hospitalizations.

Vynca's care teams are available 24/7 by phone, video, or in person to ensure coordinated care with the member's Primary Care Physician (PCP) and specialists. Vynca's support is supplemental and does not replace regular visits with a PCP.

My Diabetes Tutor (mydiabetestutor.com)

In partnership with Imperial Health, My Diabetes Tutor (MDT) offers personalized, one-on-one education and support for eligible members with diabetes. Each patient is matched with a qualified diabetes education professional to help them navigate their condition and improve overall health. This comprehensive program offers virtual education, nutritional counseling, remote device support, and remote patient monitoring.

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.

Provider Webinar Calendar October 2025

Throughout the year, Imperial Health conducts a series of New Provider webinars on authorizations, referrals, and Provider Portal. These webinars are mandatory for new providers and serve as a tool to educate the healthcare providers on best practices. All Webinars are also open to Existing Providers and will be hosted by Imperial Provider Network Administrators. Please RSVP at PNM@imperialhealthholdings.com. **Please add your county in the subject line.**

Webinar Series Schedule

Date Range: October 1st to October 30th , 2025

- October 1st (Wednesday)
- October 2nd (Thursday)
- October 8th (Wednesday)
- October 9th (Thursday)
- October 15th (Wednesday)
- October 16th (Thursday)
- October 22nd (Wednesday)
- October 23rd (Thursday)
- October 29th (Wednesday)
- October 30th (Thursday)

Afternoon Sessions:

- CST: 2:00 PM – 3:00PM
- PST: 12:00 PM – 1:00 PM

Provider Webinar Calendar November 2025

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Webinar Series Schedule

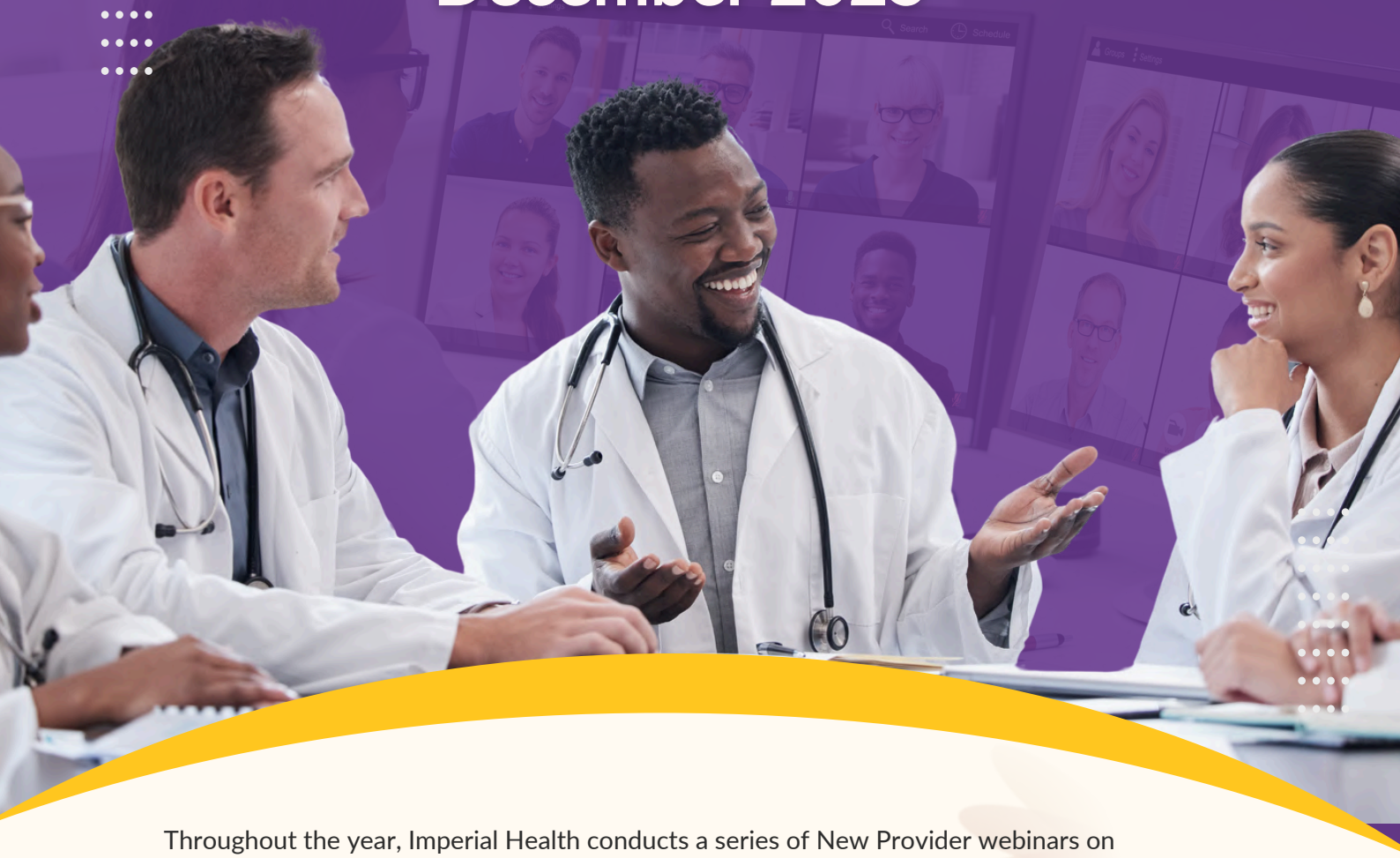
Date Range: November 5th to November 13th

- November 5th (Wednesday)
- November 6th (Thursday)
- November 12th (Wednesday)
- November 13th (Thursday)

CST: 2:00 PM – 3:00PM

- PST: 12:00 PM – 1:00 PM
- MST: 1:00 PM- 2:00PM

Provider Webinar Calendar December 2025



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Webinar Series Schedule

Date Range: December 3rd to December 11th

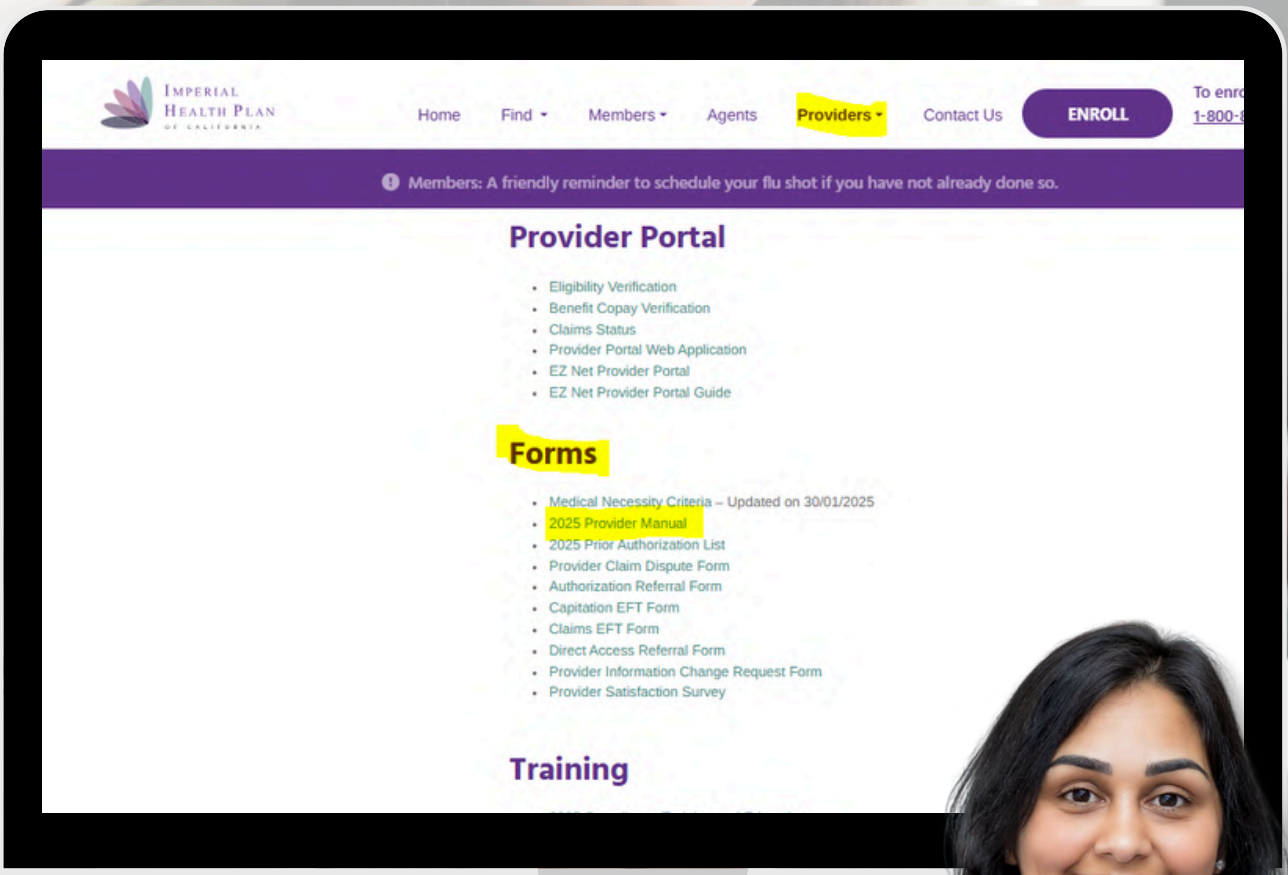
- December 3rd (Wednesday)
- December 4th (Thursday)
- December 10th (Wednesday)
- December 11th (Thursday)

Afternoon Sessions:

- CST: 2:00 PM – 3:00PM
- PST: 12:00 PM – 1:00 PM
- MST: 1:00PM – 2:00 PM

2025 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 2025. 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.

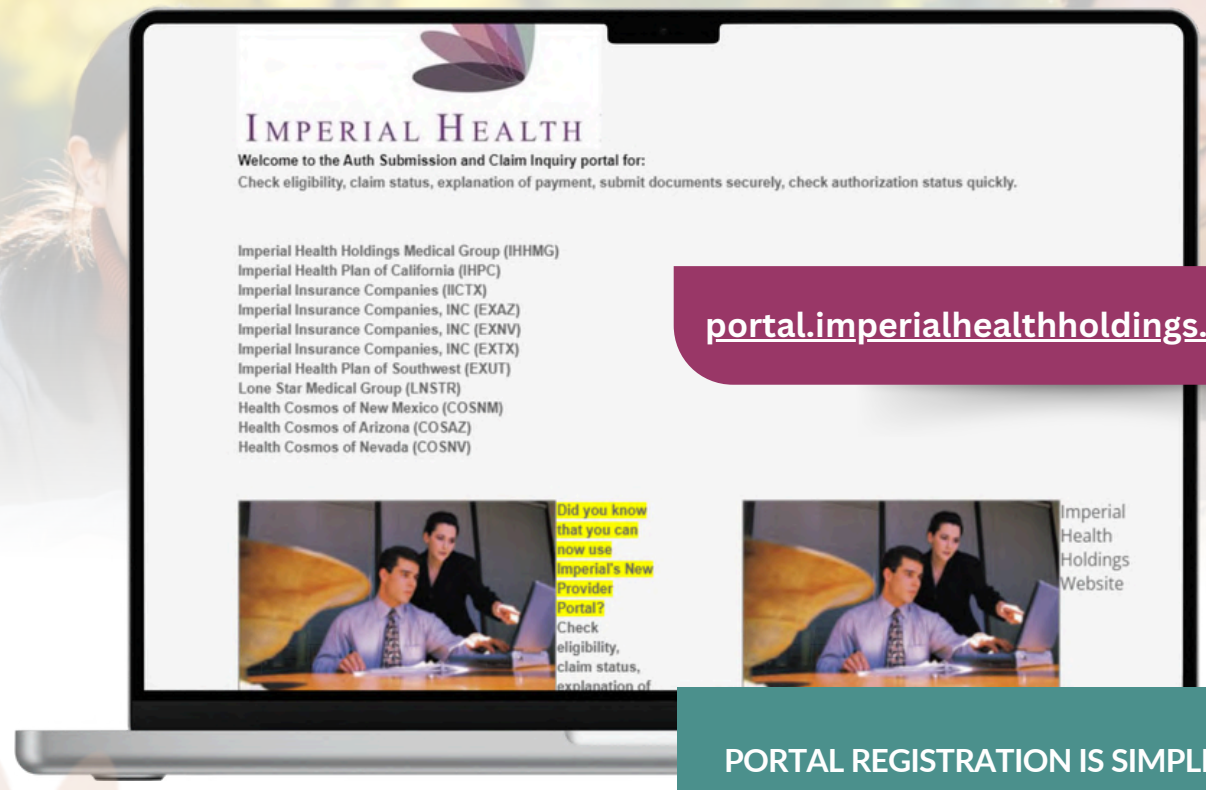
Submit updates and corrections to your online directory information by using our Provider Information Change Request Form, located on our Provider website under "forms". Once you submit the form, we will send you an email acknowledging receipt of your request. Update options include:

- 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



portal.imperialhealthholdings.com

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

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.

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

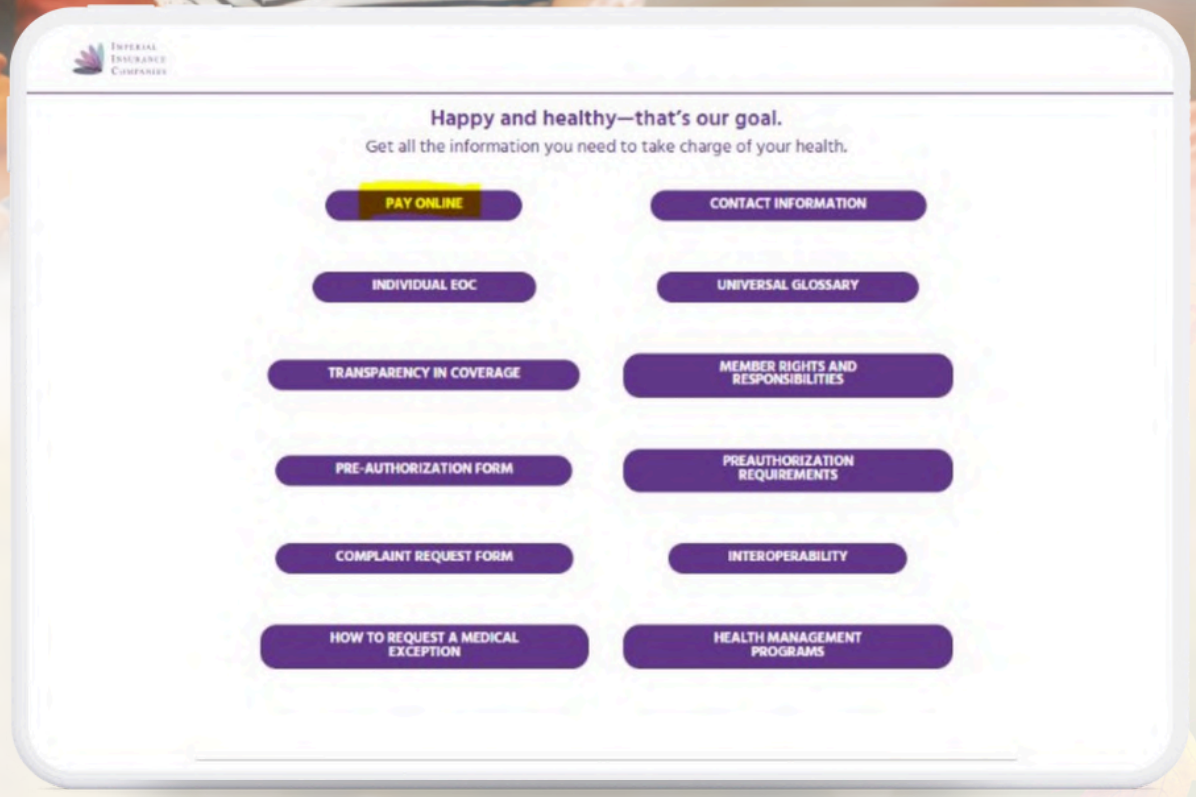
Our organization annually distributes the Member's Rights and Responsibilities Statement to Providers in the newsletter. Additionally, Providers and Practitioners can find it in the Provider Manual you received upon the orientation process.

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"**

INTRODUCING 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.

2025 Member Quality Rewards Program

Reward yourself by taking care of your health!

Complete health screenings and tests before November 30, 2025, to earn up to $100 per person in rewards!

$25 — **Preventive Check Up**
For members 21 and older who complete a preventive check up with their PCP.

$15 — **Breast Cancer Screening**
For members 40 and older recommended for a breast cancer screening who complete a mammogram.

$15 — **Cervical Cancer Screening**
For members 21 and older who complete a Cervical Cancer Screening.

$10 — **A1c**
Members 18 and older, enter your A1c reading in the Member Portal and earn your reward.

$15 — **Colon Cancer Screening**
For members 45 and older who complete a colonoscopy, flexible sigmoidoscopy or CT Colonography procedure.

$10 — **Health Risk Assessment (HRA)**
For all members: An HRA may be completed with a doctor or a member of Imperial's staff.

$10 — **Flu Vaccine**
For all members: Get the vaccine and increase your rewards.

UP TO $30 — **Weight Assessment & Physical Activities**
Members younger than 21 years old, complete your BMI, Nutrition, and Physical Activity assessment or screening, as applicable, and earn $10 for each item completed.

$40 — **Well Child Visit**
For members under 21 who complete a Well Child Visit with their PCP.

Reward funds are added to your **&more card** after Imperial receives and processes supporting documentation for the completed service or correct claims from your provider, please allow up to 30 days for processing.

Activities must be completed by November 30, 2025, to be eligible for a reward.

Call Imperial Member Services with any questions:

1-800-595-0619, TTY 711

We are open November 1–January 15: Monday–Sunday, from 6:00 am–8:00 pm, PST, except holidays, and January 16–October 31: Monday–Friday, from 6:00 am–5:00 pm, PST, except holidays.

IMPERIAL INSURANCE COMPANIES

IMPERIAL HEALTH PLAN OF THE SOUTHWEST

Recompensas del Programa de Calidad para Miembros 2025

¡Recompénsese a sí mismo(a) cuidando de su salud!
Complete los exámenes de detección y pruebas médicas antes del 30 de noviembre de 2025 ¡para ganar hasta $100 por persona en recompensas!

$25 — Control médico preventivo
Para miembros de 21 años y mayores que se realicen un control médico preventivo con su médico de atención primaria (primary care physician, PCP).

$15 — Examen de detección de cáncer de mama
Para miembros de 40 años y mayores a quienes se les recomienda un examen de detección de cáncer de mama y que se realicen una mamografía.

$15 — Examen de detección de cáncer de cuello uterino
Para miembros de 21 años y mayores que se realicen un examen de detección de cáncer de cuello uterino.

$10 — Hemoglobina A1c
Miembros de 18 años y mayores, ingresen su lectura de hemoglobina A1c en el Portal para miembros para ganar su recompensa.

$15 — Examen de detección de cáncer de colon
Para miembros de 45 años y mayores que completen una colonoscopía, sigmoidoscopia flexible o procedimiento de colonografía por tomografía computarizada (computed tomography, CT).

$10 — Evaluación de riesgos de salud (Health Risk Assessment, HRA)
Para todos los miembros: Pueden completar una HRA con un médico o con un miembro del personal de Imperial.

$10 — Vacuna contra la gripe
Para todos los miembros: Reciban la vacuna e incrementen sus recompensas.

HASTA $30 — Evaluación del peso y actividad física
Para miembros menores de 21 años de edad: Completen su evaluación o examen de detección de índice de masa corporal (body mass index, BMI), nutrición y actividad física, según corresponda, y ganen $10 por cada evaluación o examen completado.

$40 — Consulta de control del niño sano
Para miembros menores de 21 años que completen una consulta de control del niño sano con su PCP.

Los fondos de las recompensas se añaden a su **tarjeta de &more** luego de que Imperial recibe y procesa la documentación de prueba del servicio que se completó o de los reclamos correctos que su proveedor envía. Por favor, proporciónenos hasta 30 días para procesar la información.
Las actividades deben completarse antes del 30 de noviembre de 2025 para ser eligibles para una recompensa.

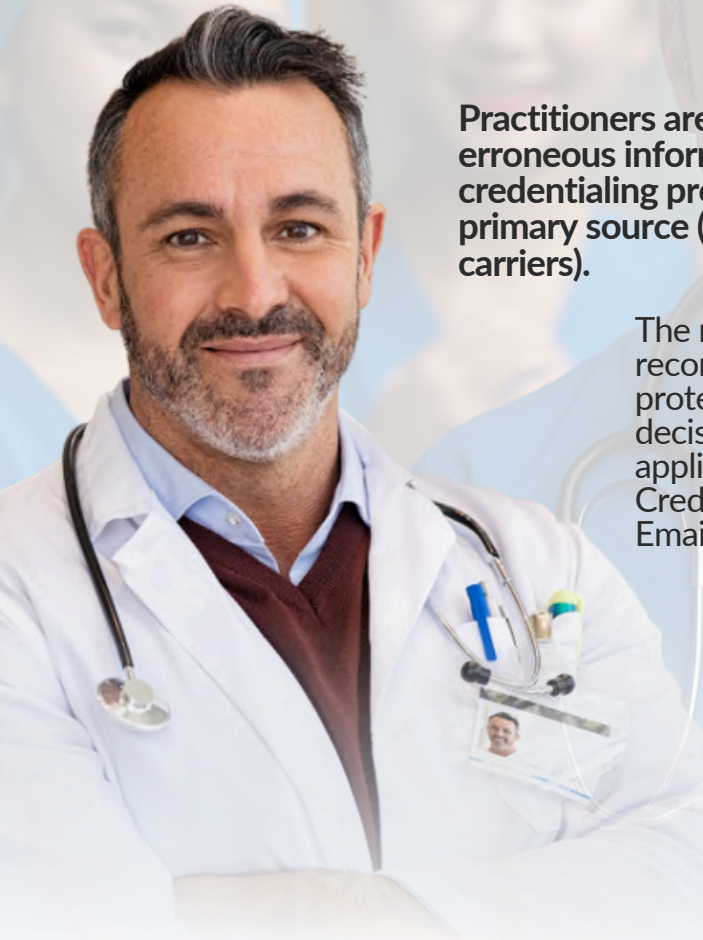
Si tiene alguna pregunta, llame al Departamento de Membresía de Imperial al:
1-800-595-0619, TTY 711

Nuestro horario de atención es de lunes a domingo de 6:00 a.m. a 8:00 p.m., hora del Pacífico, desde el 1° de noviembre hasta el 15 de enero, excepto días festivos, y de lunes a viernes de 6:00 a.m. a 5:00 p.m., hora del Pacífico, desde el 16 de enero hasta el 31 de octubre, excepto días festivos.

Imperial Insurance Companies

Imperial Health Plan of the Southwest

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.

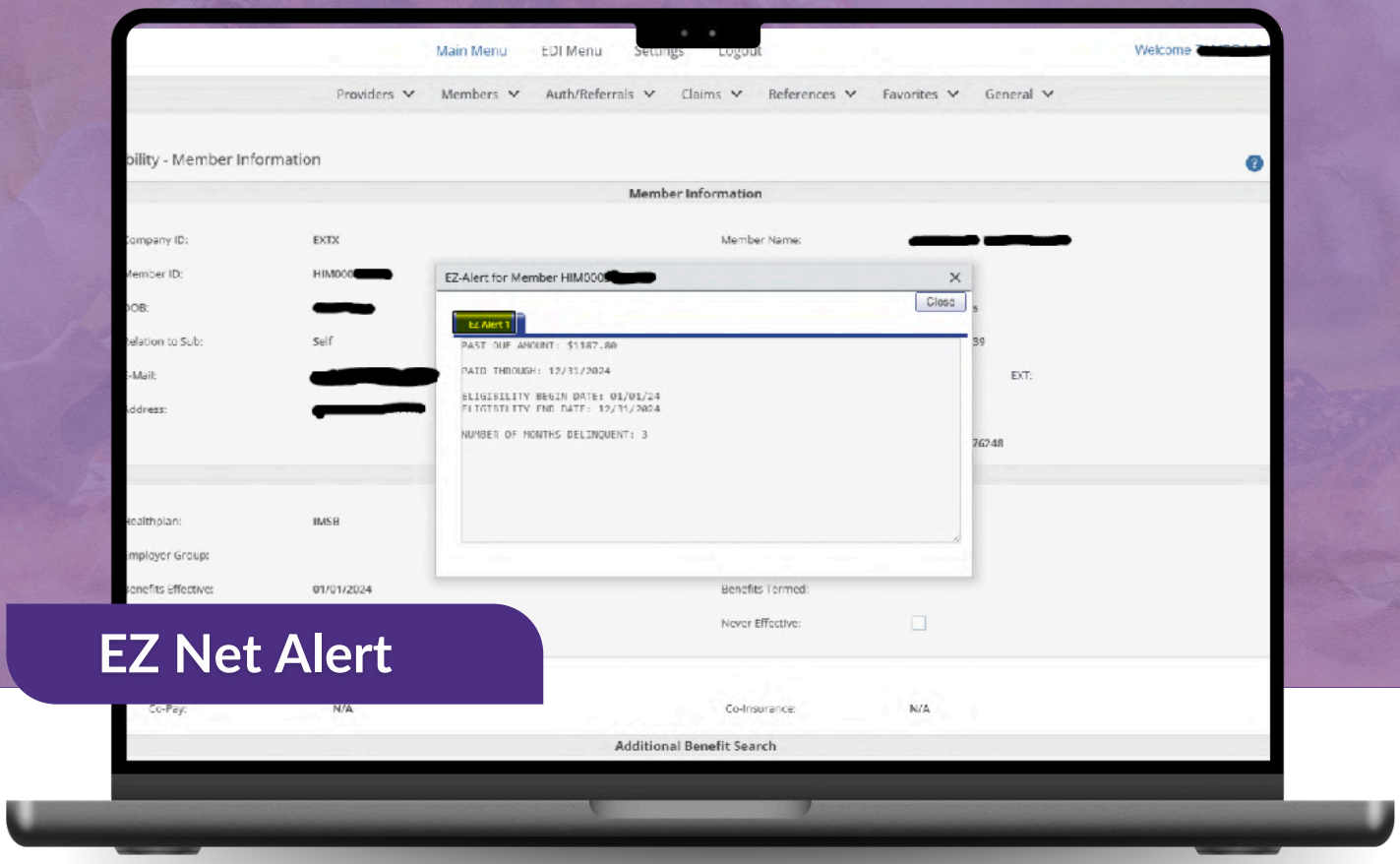
The Credentialing Coordinator will make three attempts to collect the corrected information from the practitioner. Telephone, fax, email or letter are all acceptable forms of communication. The credentialing coordinator will advise the practitioner of acceptable formats when submitting corrected information.

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



EZ Net Alert

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.