

IMPERIAL MANAGEMENT
ADMINISTRATORS SERVICES

IMPERIAL PROVIDER NEWSLETTER

SPRING 2023

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Message from Dr. David Liu

Hello,

Initially, thank you for the care that you provide to our members. This year, we have a Quality Improvement Plan for primary care providers. In the first quarter 2023, the expectations are:

1. All members need to be seen.
2. Please ensure that metrics such as Annual Wellness Visit, Care of Older Adults, and other HEDIS measures are met.
3. Review HCCs for each member, which will be provided by Imperial.
 - a. Ensure that there is documentation for each member's HCCs.
 - i. Imperial will provide training to you and your staff via a webinar on HCCs, RAF scores, documentation, and effects.
4. Imperial will be conducting medication therapy reviews as part of Medication Therapy Management for members.
 - a. A pharmacist will review medications.
 - i. Medications with cautions for member's disease states, age, and interactions.
 - ii. Medications per clinical practice guidelines for each disease state.
 - b. Recommendations for each member will be forwarded to her/his PCP.
 - c. PCPs will be evaluated for:
 - i. Response to recommendations
 - ii. Implementation for recommendations, if in agreement.
5. For PCPs not meeting the goals above, a performance improvement plan will be developed, with SMART goals.



*David Liu, MD PhD, JD, FACP,
FAAP, FASM
Chief Medical Officer*

Respectfully,

Dr. David MKI Liu, FACP, FAAP, FASAM
Chief Medical Officer



To assist you, throughout the year, we have monthly Quality Improvement webinars focusing on metrics and how to improve them. Our QI team is also available throughout the year as well. Please feel free to reach out to Ophelia Aguirre, QI manager, at Ophelia.aguirre@imperialhealthholdings.com, or (626)838-5100 ext. 877.

Message from Dr. Evelyn Cho, Pharm D.

What Providers need to know regarding the Inflation Reduction Act (IRA)

The Inflation Reduction Act (IRA) was signed into law on August 16, 2022, that includes several provisions to lower prescription drug costs for people with Medicare and reduce drug spending by the federal government.

- Effective January 1, 2023, all Medicare Part D plans are required to have a \$35 cost share cap for a one-month supply for Part D covered insulin products.
- Effective January 1, 2023, all Medicare Part D plans are required to offer vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at a \$0 cost share with no deductible.
- Select insulins on the Senior Savings Model will continue to be covered at \$0 cost.
- Insulins that are covered under Medicare Part B will not exceed \$35 for a one-month supply starting July 1, 2023.

A detailed notice was sent by fax blast last December 2022 regarding the Inflation Reduction Act. Please reach out to the Imperial Pharmacy Department to request a copy of the IRA notice.

New Pharmacy Benefits

We know how important it is for your patients to get access to their prescriptions. That is why we put much thought into our pharmacy benefits for 2023.

Effective January 1, 2023, A new pharmacy benefit allows Imperial Health Plan members that are eligible to receive a 100-day supply of their medications for the same copay as a 90-day supply. In addition, many of our generic maintenance medications were moved from tier 2 to tier 1. This added benefit allows members to receive most of these medications at a cost as low as \$0 at any of our network pharmacies. We believe these changes will improve medication adherence, member experience and overall health outcomes.

- To order: When calling in or sending prescriptions electronically, update to 100-day supply plus 3 refills.

We understand the importance of medication adherence therefore your office may hear from our Imperial Pharmacy Department regarding your patients' medications. We invite you to reach out to us as well. Our team is a small but mighty group of specially trained Pharmacists, Pharmacy Technicians and Pharmacy Concierge. We are experts in pharmacy benefits, formulary, coverage determinations, appeals and more. We hope that collaborating together, we can help optimize the health of our members.

For any questions regarding the above mentioned and pharmaceutical management procedures and restrictions, please reach out to our Pharmacy Department team. The Pharmacy Resources page on the Imperial Health website will also answer most of your questions.

Ways to reach the Imperial Pharmacy Department:

- Website: www.imperialhealthplan.com
- Phone: (626)788-0178
- Fax: (626) 689-4232
- Email: Pharmacy@imperialhealthplan.com

Provider Portal



IMPERIAL MANAGEMENT
ADMINISTRATORS SERVICES

Imperial Health Providers:



The Provider Portal is here for your practice.

The Provider Portal is available to all contracted providers for eligibility verification, claim status, authorization submission/status.

For technical difficulties with the portal, please reach out to portal@imperialhealthholdings.com.

For portal training request, please reach out to pnm@imperialhealthholdings.com.

For all inquiries, please include provider name, NPI, TAX ID and Username for log, issue, or request. Please allow 24 -48 hours for acknowledgement of inquiry.



IMPERIAL HEALTH

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.



HealthCare Measures



Imperial Health Plan of California (HMO) (HMO SNP) Imperial Insurance Companies (HMO (HMO SNP) is pleased to announce the 2023 Provider Quality Incentive Program. All Practitioners who provide primary care to IHCA and IIC plan members, such as physicians in General Practice, Internal Medicine, Family Practice, NPs, Pas, select OB/GYNs and other specialist assigned members for primary care services are automatically enrolled in the 2023 Quality Incentive Programs.

*To participate, practices **MUST** submit encounter data and the Imperial Annual Wellness Examination Form for all services rendered in-office. Please reach out to the Quality and Risk Adjustment Department at QIM@imperialhealthholdings.com with any questions.*

IMPERIAL 2023 Provider Quality Incentive



Program Overview

Imperial Health Plan of California (HMO) (HMO SNP)/ Imperial Insurance Companies (HMO) (HMO SNP) is pleased to announce the 2023 Provider Quality Incentive Program. We are rewarding our high performing physicians and their staff for delivering valuable care to our Medicare members.

Eligibility

There is no need to sign up! All practitioners who provide primary care to our members, as physicians in General Practice, Internal Medicine, Family Practice, NPs, PAs, select OB/GYNs and other specialists assigned members for primary care services are automatically enrolled in the 2023 Quality Incentive Programs.

Participation

To participate, practices must submit encounter data and the Imperial Annual Wellness Examination Form for all services rendered in-office. The timely and accurate submission of encounter data and the Imperial Annual Wellness Examination Form is essential for success in Imperial's incentive program.

Annual Wellness Visit Incentive

Submit G0402/ G0438/ G0439 HCPCS Code Visit

FFS: Contract Rate
Capitated: \$180

Quality Incentives

Breast Cancer Screening	\$30
Colorectal Cancer Screening	\$25
Controlling Blood Pressure	\$15
Eye Exam for Patients with Diabetes	\$10
Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control <8%	\$15
Kidney Health Evaluation for Patients with Diabetes	\$10

Staff Incentive

Chronic conditions recapture $\geq 75\%$	\$10/member
Timely Claim(s) and Encounter Data Submissions (within 90 days after DOS)	\$5/member

***** Incentive(s) only apply to members who qualify for the measure criteria, based on the NCQA technical specifications *****

We appreciate your cooperation as we implement these incentives. Please reach out to the **Quality & Risk Adjustment Department** at QIM@imperialhealthholdings.com with any questions.



STANDING REFERRAL

- **What is a Standing Referral?**

Means a referral by a primary care physician to a specialist for more than one visit to the specialist, as indicated in the treatment plan, if any, without the primary care physician having to provide a specific referral for each visit

DEFINITIONS:

Specialty Care Center - means a center that is accredited or designated by an agency of the state or federal government or by a voluntary national health organization as having special expertise in treating the life-threatening disease or condition or degenerative and disabling disease or condition for which it is accredited or assigned.

HIV/AIDS Specialist - means a physician who holds a valid, unrevoked, and unsuspended certificate to practice medicine in the State of California who meets any one of the following 4 criteria:

- A. Credentialed as an "HIV Specialist"
- B. Board certified or has earned a Certificate of Added Qualification in the field of HIV medicine.
- C. Board certified in the field of infectious diseases.
- D. Meets the qualification stated in 28 California Code of Regulations 1300.67.60 (e) S

Standing Referral - means a referral by a primary care physician to a specialist for more than one visit to the specialist, as indicated in the treatment plan, if any, without the primary care physician having to provide a specific referral for each visit.

STANDING REFERRAL (Continued)

California Children's Services Program (CCS)

Imperial partnering with Providers to ensure IHHMG Members receive the necessary services regarding the California Children's Services Program:

To ensure members less than 21 years of age with eligible medical conditions are referred to the California Children's Services (CCS) program for evaluation.



Providers shall continue to:

1. Provide all medically necessary covered services that are not authorized by CCS.
2. Shall ensure the exchange of medical record information, coordination of services and joint case management between the Primary Care Provider (PCP), the CCS specialty providers, and the County CCS program.

To learn more access DHCS requirements at: <https://www.dhcs.ca.gov/services/ccs>

Missed Appointments

Failed Appointments must be documented in the medical record and the member's primary care practitioner must be notified within 24 hours of the missed appointment.

Providers should in-service your professional office staff to ensure your teams understand this regulatory requirement.

Imperial Health Plan and its affiliated companies are committed to continuously meeting the needs of our members and practitioners.

We have some important information you should know listed below:

Access to UM Department:

Imperial's Utilization Management team can help you during business hours. If you have questions, please call the UM Department. The number is 1-626-838-5100, option 1. The hours are 8:00 AM-5:00 PM PST, Mondays to Fridays. This does not include holidays.

For Medicare Members:

- Help you with services for members who have trouble with hearing or speaking. You can call Member services at **1-800-838-8271 (TTY: 711)**
- Interpreter Services are available for members to talk about UM issues, free of charge

For Exchange Members:

- Help you with services for members who have trouble with hearing or speaking. You can call Member services at **1-800-595-0619 (TTY: 711)**

Availability Criteria:

Providers and members have the right to request a copy of a guideline that Imperial Health Plan and its affiliated companies have used to make a treatment authorization decision.

Specific criteria or guidelines are also available to the public upon request with the following disclosure: "The material provided to you are guidelines used by this plan to authorize, modify, or deny care for the person with similar illnesses or conditions. Care and treatment may vary depending on individual need and the benefits covered under your contract."

If you would like to obtain a copy of a particular criteria, please contact the UM Department at (626) 838-5100 ext. 1.

Keeping our Members Healthy

Imperial has a multidisciplinary, continuum-based approach Population Health Management Programs that provides education, care coordination and support to our members with the following:

For California Members:

- Diabetes Management
- Medication Therapy Management
- Nutrition Counseling
- Smoking Cessation
- PapaPals (In-Home supportive services)

For Arizona & Texas Members:

- Case Management
- Diabetes Management
- Smoking Cessation
- Asthma Management

Program Participation is free and voluntary for all program eligible Imperial Members.

These programs provide the member with the education necessary to better manage their condition. Our case management nurse and PHM outreach staff will work closely with the member and their doctor to help keep them as healthy as possible and avoid unnecessary hospitalizations. The nurse will assist the member in coordinating their care and obtaining all required preventive health screenings.

Imperial automatically identifies members with these medical conditions who meet specific criteria and offers them participation in these programs. The members can self-refer to these programs or the provider can refer by filing out the Case Management Referral Form, which is available on our website at: <https://imperialhealthplan.com/california/los-angeles/providers/>

Population Health Management Program focuses on:

- Linguistically and Culturally sensitivity
- Develop and reinforce the member-practitioner relationship
- Prescribes a comprehensive plan of care enhancing medical testing, self-monitoring and self-management of the disease
- Empowering the member with the knowledge necessary to understand the signs and symptoms of the disease in order to make healthy lifestyle choices continuously assesses the member's clinical condition
- Reinforces a member empowerment approach to improve their overall health status

To learn more about our PHM Program resources contact Population Health Team at 626-838-5100, extension 266.

*AT IMPERIAL, WE THANK YOU FOR ALL THAT YOU DO
FOR IMPERIAL MEMBERS!*

Timely Access To Care

- Purpose of the Access Studies
- Responsibilities
- Corrective action for non-compliance

PURPOSE OF THE ACCESS

CMS, NCQA, the Department of Managed Health Care (DMHC) and other state regulators require health plans and contracted providers to meet regulations that address the following timely access to care elements for primary care providers, specialty providers and behavioral health providers.



ROUTINE APPOINTMENT AVAILABILITY

Routine appointment availability evaluates the length of wait times for routine appointments.



URGENT APPOINTMENT AVAILABILITY

Urgent appointment availability evaluates the length of wait for an urgent appointment.



AFTER HOURS CARE

When the office is closed, there is a requirement to direct the member on how to get access to care for non-routine issues.

RESPONSIBILITIES

Imperial responsibilities:

- Identify access standards
- Educate contracted provider on access standards
- Conduct annual access survey to ensure compliance
- Send out corrective action letter to non-compliant providers
- Ensure providers complete Imperial access training

Provider responsibilities:

- Acknowledge access standards
- Ensure access standards are included in protocols and operations
- Educate staff to answer survey questions that align with provider schedules and office operations
- Participate in surveys if non-compliant
- Complete Imperial's access training

CORRECTIVE ACTIONS FOR NON-COMPLIANCE

Providers who are non-compliant to access standards are required to complete the following:

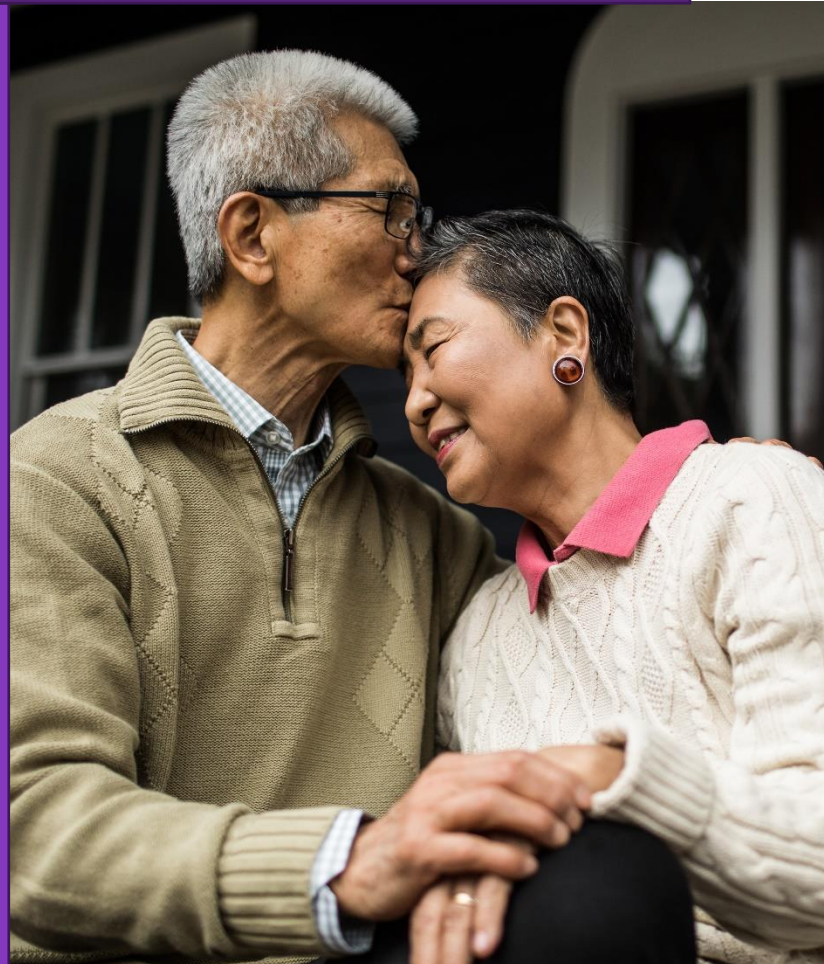
- Review results of access survey to identify deficiencies needing corrective actions
- Take immediate actions to resolve noncompliance
- Non-compliant providers are expected to participate in re-surveys
- Update policies to include access standards and distribute update policies to all staff and providers
- Ensure appointment schedules include for both urgent appointments and routine care appointments
- Review schedules in advance to ensure access standards are being followed
- Complete attestation and return to Imperial Provider Oversight Department

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/california/los-angeles/members/member-rights-and-responsibilities/>

If you would like to receive a hard copy request of this publication, please contact the Provider Relations Department at (626) 838-5100, Ext. 5

For any questions, please contact Provider Relations at (626) 838-5100, Ext. 5

Health Awareness



Colon Cancer

Colon cancer is increasing in people ≤ 55 years old, and these people are being diagnosed with more advanced malignancies. More than 153,000 Americans will be diagnosed, and more than 52,500 people will die from colon cancer this year. Thus, for March, which is National Colorectal Cancer Awareness Month, please review members for meeting guidelines, which are available here: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>. If the member fits into the guidelines, please recommend testing following the recommended intervals.



Every May, the Administration for Community Living leads the nation's observance of Older Americans Month (OAM). The 2023 theme is ***Aging Unbound***, which offers an opportunity to explore diverse aging experiences and discuss how communities can combat stereotypes. Join us in promoting flexible thinking about aging – and how we all benefit when older adults remain engaged, independent.

**OLDER
AMERICANS
MONTH**



AGING UNBOUND: MAY 2023

Resources

- Unconscious Bias in Medicine
 - [Unconscious Bias in Medicine - Stanford Center for Continuing Medical Education - Continuing Education \(CE\) - Unconscious Bias in Medicine \(cloud-cme.com\)](#)
- Building A Culture Of Healthy Equity
 - [Building a Culture of Health Equity Lecture Series: Naming Racism and Moving to Action \(RECORDING\) - Stanford Center for Continuing Medical Education - Continuing Education \(CE\) - Building a Culture of Health Equity Lecture Series: Naming Racism and Moving to Action \(RECORDING\) \(cloud-cme.com\)](#)
- Pediatric Grand Rounds Building a New Framework for Equity in Pediatrics: Addressing Structural Issues and Changing Culture
 - [Pediatric Grand Rounds \(RECORDING\) Building a New Framework for Equity in Pediatrics: Addressing Structural Issues and Changing Culture - Stanford Center for Continuing Medical Education - Continuing Education \(CE\) - Pediatric Grand Rounds \(RECORDING\) Building a New Framework for Equity in Pediatrics: Addressing Structural Issues and Changing Culture \(cloud-cme.com\)](#)
- Diversity Dialogue Webinar Series
 - [Institute for Diversity and Health Equity Webinars | IFDHE \(aha.org\)](#)
- Diversity, Equity, and Inclusion for the Health Care Workforce
 - [Learning & Development: Diversity, Equity, and Inclusion for the Health Care Workforce | Academy of Medical-Surgical Nurses \(AMSN\)](#)



Urgent/Auth Request

Dear Network Provider

Imperial Utilization Management is continually working on ways to improve processes, especially as it relates to authorization requests for service codes that are not listed on the ***Direct Referral Access List/Form***.

If there are urgent requests, please submit them through the EZ NET 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. If for some technical reason, the practice does not have access to electronic submission, provider may submit urgent requests to

Fax #: **866-811-0455**.

Standard requests (medical access needs that other than listed above) may be submitted via the portal or via fax number on the precertification/referral form.

The forms can be located on the Health Plan or Medical Groups website as listed below:

<ul style="list-style-type: none">• Imperial Health Plan of California<ul style="list-style-type: none">• www.imperialhealthplan.com/ca	<ul style="list-style-type: none">• Imperial Insurance Companies, Inc. (AZ, NV, NM, TX)<ul style="list-style-type: none">• www.imperialhealthplan.com
<ul style="list-style-type: none">• HealthCosmos Arizona Medical Group<ul style="list-style-type: none">• www.healthcosmosaz.com	<ul style="list-style-type: none">• HealthCosmos New Mexico Medical Group<ul style="list-style-type: none">• www.healthcosmosnm.com
<ul style="list-style-type: none">• HealthCosmos Nevada Medical Group<ul style="list-style-type: none">• www.healthcosmosnv.com	<ul style="list-style-type: none">• Imperial Health Holdings Medical Group (CA)<ul style="list-style-type: none">• www.imperialhealthholdings.com
<ul style="list-style-type: none">• LoneStar Medical Group (TX)<ul style="list-style-type: none">• www.lonestarmedicalgroup.com	