

SUMMER

2026

# IMPERIAL PROVIDER NEWSLETTER

## IN THIS ISSUE...

- » A Message from our Chief Medical Officer ..... 1
- » A Message from our Pharmacy Department..... 5
- » A Message from our Quality Department..... 7
- » Imperial Health Plan Of California's Compliance Program .....11
- » Imperial Health Provider Directory Update - Action Required ..... 11
- » 2026 SNP MOC Training & Attestation..... 11
- » Automated Member Eligibility System.....12
- » Imperial Provider Manual.....12
- » Supplemental Benefits .....13
- » Practitioner Credentialing & Rights.....15
- » Members Rights & Responsibilities ..... 16
- » Ez Net Provider Portal ..... 16
- » Imperial Health Provider Experience & Satisfaction Survey..... 17



IMPERIAL  
HEALTH PLAN  
OF CALIFORNIA

# A MESSAGE FROM OUR CHIEF MEDICAL OFFICER

## DEAR VALUED DOCTORS & NON-PHYSICIAN PRACTITIONER PARTNERS,

Thank you for your continued partnership in delivering high-quality care to our Imperial Medicare Advantage members. As we move into the warmer months, we want to share practical strategies to strengthen care for our senior patients with diabetes, hypertension, and related chronic conditions.

Every quality gap is a missed opportunity for preventive care that can avoid the next stroke, the next renal failure, the next vision loss, or the next cardiac event. Gap closure is not about pushing paperwork – with the right mindset, it becomes meaningful clinical care that improves real patient health outcomes.



## CMS 2027 MEDICARE ADVANTAGE PART D PAYMENT POLICIES

CMS recently finalized the 2027 Rate Announcement focused on payment accuracy, accountability, and long-term sustainability of the Medicare Advantage program. Key highlights include:

- Stronger emphasis on quality and clinical outcomes rather than coding intensity
- Exclusion of diagnoses from unlinked chart review records from risk adjustment (with limited exceptions)
- Continued use of the 2024 MA risk adjustment model for 2027



These policies reinforce the importance of accurate documentation of the care you deliver.

## MEDICARE STARS MEASURES FOR EXCHANGE PLANS –WHAT GOOD CARE LOOKS LIKE

Medicare gives plans Star Ratings based on how well patients are cared for. Here is what strong performance looks like on the most important measures:

- **Blood Pressure Control:** Keep blood pressure below 140/90 for most patients. For patients with diabetes, aim for below 130/80 – and even a systolic below 120 is recommended by the 2025 AHA/ACC guidelines for those with high cardiovascular or kidney risk. The BPROAD trial showed a 21% reduction in major cardiovascular events with intensive BP control in diabetic patients.
- **Diabetes Blood Sugar Control:** Keep the most recent A1c below 9% (the HEDIS/Stars threshold for "poor control"). The clinical aspiration should be A1c below 7% for most nonpregnant adults, with less stringent targets (7–8%) for complex older adults with limited life expectancy, hypoglycemia risk, or extensive comorbidities.
- **Diabetes Eye Exam:** A dilated and comprehensive eye examination by an ophthalmologist or optometrist at least once a year. If no retinopathy is found on one or more exams and blood sugar is at goal, screening every 1–2 years may be appropriate. If any retinopathy is detected, annual dilated exams are required – and if retinopathy is progressing or sight-threatening, referral to an ophthalmologist is essential for evaluation and possible treatment (anti-VEGF, laser

photo-coagulation). FDA-approved retinal photography or AI screening programs are acceptable for initial screening but are not a substitute for a dilated comprehensive eye exam.

**Important:** Rapid, tight glucose control – including with GLP-1 RAs such as semaglutide – can lead to accelerated or early onset of diabetic retinopathy. Ensure a baseline dilated eye exam is completed before or shortly after initiating intensive glycemic therapy in patients with longstanding poorly controlled diabetes.

- **Kidney Health Check for Diabetes:**

Both eGFR blood test and urine albumin-creatinine ratio (uACR) every year. Pro tip: When ordering labs to evaluate any patient for suspected diabetes, add a spot uACR and eGFR at the same time – many patients already have subclinical kidney damage at diagnosis, and this avoids a return visit.

- **Statin Use in Diabetes:**

At least 80% of appropriate patients should be on a statin.

- **Medication Adherence:** Patients should take their diabetes, blood pressure, and cholesterol medicines at least 80% of the time (this is called PDC – Proportion of Days Covered).

- **Cancer Screenings:**

✓ **Breast cancer:**  
Mammogram every 2 years for women ages 40–74 (evidence is insufficient for women ≥75; USPSTF I statement)

✓ **Colorectal cancer:**  
Screening for adults ages 45–75

✓ **Lung cancer:** Low-dose CT for adults aged 50–80 with a 20 pack-year smoking history who currently smoke or quit within the past 15 years

Closing these gaps helps prevent heart attacks, strokes, kidney failure, and blindness.

## GLP-1 RECEPTOR AGONISTS — NOT JUST FOR BLOOD SUGAR

For patients with type 2 diabetes and established cardiovascular disease, heart failure, or chronic kidney disease, a GLP-1 receptor agonist with proven cardiovascular benefit (e.g., semaglutide, liraglutide, dulaglutide) should be prescribed – independent of A1c level.

These agents are not just for blood sugar control. A 2025 meta-analysis of 10 major trials (71,351 patients) showed GLP-1 RAs reduce:

- Major cardiovascular events by 14%
- Heart failure hospitalizations by 14%
- Composite kidney outcomes by 17%
- All-cause mortality by 12%

Both injectable and oral formulations provide these benefits. The FLOW trial demonstrated that semaglutide reduced the primary kidney composite outcome by 24% in patients with type 2 diabetes and CKD. CKD progression was slowed by approximately 3 years with GLP-1 RA therapy.

Consider combining a GLP-1 RA with an SGLT2 inhibitor for additive cardiovascular and kidney protection. SGLT2 inhibitors (empagliflozin, dapagliflozin) have near-universal Medicare coverage with minimal prior authorization requirements – do not delay SGLT2 inhibitor initiation while awaiting GLP-1 RA PA approval.



**Retinopathy Safety Note:** As noted above, rapid glucose lowering with GLP-1 RAs can worsen pre-existing retinopathy. For patients with known retinopathy or longstanding poorly controlled diabetes, coordinate with ophthalmology before and after initiating therapy.

### Navigating Prior Authorization for GLP-1 RAs:

Prior authorization is now required for virtually 100% of GLP-1 RA prescriptions in Medicare Part D plans. To expedite approval:

- Document the specific cardiorenal indication explicitly (e.g., "Type 2 diabetes with established ASCVD" or "T2D with CKD stage 3, UACR 350 mg/g") – not just "diabetes"
- Prescribe under the diabetes indication when the patient has T2D, even if the primary clinical goal is cardiovascular risk reduction
- Build PA submission into the prescribing workflow rather than waiting for a pharmacy rejection
- MA Part D plans generally offer lower out-of-pocket costs (\$93–\$101/month) than stand-alone Part D plans

Imperial is committed to streamlining this process. Our pharmacy team is available to assist with PA submissions. These medications prevent heart attacks, strokes, kidney failure, and death – the administrative effort is worth the clinical outcome.

## WHAT IS ECDS?

ECDS stands for Electronic Clinical Data Systems. It means using information already in your electronic health record (EHR) — such as lab results, blood pressure readings, CGM data, and exam notes — to show the quality of care you provide. Instead of waiting for chart reviews later, good structured documentation during the visit helps close quality gaps in real time. It is not extra work — it is smarter capture of the excellent care you are already delivering.



## TEAM-BASED CARE IS THE KEY TO SUCCESS

We strongly encourage you to redesign your clinic workflows with the goal of better health outcomes for your patients. Ensure all team members — licensed and non-licensed — are working to the top of their professional license. Use automation and smart processes to boost productivity and reduce administrative burden. The end game must always be improved patient outcomes and higher patient satisfaction.

## CONTINUOUS GLUCOSE MONITORING — BETTER DATA, BETTER OUTCOMES, BETTER QUALITY SCORES



Imperial covers continuous glucose monitors (CGMs) for eligible Medicare members with diabetes. CGMs are no longer just for type 1 diabetes — the evidence now supports their use across the full spectrum of type 2 diabetes management.

### What the Evidence Shows:

- CGM use in adults with type 2 diabetes reduces HbA1c by 0.3% on average, with the greatest benefit (up to 1.1% reduction) in patients with baseline A1c  $\geq 9\%$
- Time in range (70–180 mg/dL) increases by 6–15 percentage points — approximately 1.5–3.6 additional hours per day in the target zone
- For patients on basal insulin, an RCT showed CGM increased time in range from 40% to 59% and reduced time above 250 mg/dL from 26% to 11%
- These improvements occurred without changes in insulin doses — the behavioral insights from seeing real-time glucose data drove the improvement

### The AGP Report — Review It at Every Diabetes Visit:

The Ambulatory Glucose Profile (AGP) is the standardized single-page report that aggregates 14 days of CGM data. Key targets:

- Time in Range (70–180 mg/dL): greater than 70% (approximates HbA1c  $\sim 7\%$ )
- Time Below Range (below 70 mg/dL): less than 4%
- Time Below Range (below 54 mg/dL): less than 1%
- Glucose Variability (CV%): 36% or less

### Use the 3-step interpretation approach:

- 1 Check for hypoglycemia first (safety)
- 2 Assess overall time in range
- 3 Identify specific times of day where glucose patterns need intervention.

### GMI and HEDIS — A Game-Changer for Quality Reporting:

NCQA now allows the CGM-derived Glucose Management Indicator (GMI) as an accepted alternative to laboratory HbA1c for HEDIS diabetes quality reporting. This means:

- Patients already on CGM with good control may have an "open" HEDIS gap simply because a lab HbA1c was not drawn — the GMI can close that gap
- For patients with conditions that make HbA1c unreliable (hemoglobinopathies, anemia, CKD, recent transfusion), GMI provides a valid alternative
- Ensure the AGP report is uploaded to the EHR as structured data — a PDF scan alone may not be sufficient for ECDS capture

Important: GMI and lab HbA1c will differ in many individuals. Use them as complementary measures, not interchangeable ones.

# 10 KEY ACTION ITEMS TO IMPROVE PATIENT CARE



1. Build a system to identify at-risk patients – Create reliable processes to flag patients who need preventive care, diabetes management, hypertension control, depression screening, or medication adherence.
2. Address all related measures during relevant visits – Systematically close every associated quality measure when seeing patients with diabetes or hypertension.
3. Prescribe and document evidence-based therapies – Ensure appropriate use of GLP-1 RAs, SGLT2 inhibitors, statins, and RAS antagonists. For patients with T2D and ASCVD, HF, or CKD, prescribe a GLP-1 RA and/or SGLT2 inhibitor independent of A1c. Clearly document clinical reasons when not prescribed.
4. Focus on medication adherence – Discuss and document barriers such as cost, side effects, refills, and transportation. Target 80% PDC or higher.
5. Document clinical decision-making and ensure accurate encounter submission – Record not just what was done, but the clinical reasoning and outcomes. Use CPT-II codes whenever appropriate – these are not used for direct service reimbursement but are critical for accurately capturing quality performance that drives plan ratings and value-based incentives.
6. Prioritize preventive screenings – Complete and document USPSTF A/B recommended services during appropriate visits, including breast, colorectal, and lung cancer screenings.
7. Maximize the Annual Wellness Visit (AWV) – Use the AWV as an efficient opportunity to close multiple gaps: order screenings, review medications, check BP, order labs (A1c, eGFR, uACR), review CGM data, ensure dilated eye exam is scheduled, and address adherence.
8. Leverage CGM data for quality reporting – For patients on CGM, download and review the AGP report at every visit. Ensure GMI is captured as structured EHR data to close HEDIS gaps.
9. Engage patients in shared decision-making – Help patients understand how closing gaps prevents serious complications like heart attacks, strokes, kidney failure, and blindness.
10. Partner with Imperial support teams – Refer high-risk patients early to Case Management, Pharmacy, or Disease Management programs.

## AT EVERY APPROPRIATE VISIT, FOCUS ON THE BIG 3

**Blood Pressure** – Repeat elevated readings, document accurately, treat to below 130/80 for diabetic patients (consider SBP below 120 in high CV/ kidney risk). Treat to below 140/90 for most other patients.

**Diabetes** – Address A1c (goal below 7% for most), kidney evaluation (eGFR + uACR), dilated eye exam by ophthalmologist or optometrist, statin, GLP-1 RA/ SGLT2 inhibitor for cardiorenal protection, CGM data review, and adherence. Coordinate with ophthalmology before initiating intensive glycemic therapy in patients with pre-existing retinopathy.

**Medications** – Discuss cost, side effects, refills, and barriers. Target 80% PDC or higher. Proactively submit PA for GLP-1 RAs.

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## FINAL THOUGHT

By redesigning workflows for true team-based care – with every staff member working at the top of their license and leveraging automation, ECDS, and CGM technology – we can achieve what matters most: better health outcomes and higher satisfaction for the senior patients we serve together.

Thank you for your partnership and dedication to outstanding patient care. We are here to support you and your team.

Warm regards,

**Dr. Muthukumar Vaidyaraman**  
MD, MBA, FACHE

Chief Medical Officer

Imperial Health Plan  
of California, Inc. &  
Affiliated Companies

# A MESSAGE FROM OUR PHARMACY DEPARTMENT

## CMS STARS MEASURE

### MEDICATION ADHERENCE

How do you make an impact on medication adherence?

As we approach Summer, the Pharmacy Services Department at Imperial wants to focus and emphasize our efforts on our members and their adherence to medications. Medication adherence is vital to the overall health and wellness of our patients. Poor medication adherence for chronic conditions often can negatively impact clinical outcomes, quality of life, and lead to higher rates of readmissions.

Together, we want to create a plan to improve and achieve the greatest level of adherence.

As a reminder, our plan offers 100-day supply on most maintenance medications. Utilization of this pharmacy benefit can significantly reduce both trips to the pharmacy and cost in certain situations. Clearly communicate with and educate your patients – what are the medications for and why they are important to take on a regular basis. Involving family members and caregivers in treatment plans, especially for elderly patients. Save the patient money by prescribing Tier 1 and Tier 2 medications.



### COB AND POLY-ACH MEASURES

Imperial Health Plan monitors the Concurrent Use of Opioids and Benzodiazepines (COB), which identifies members using both drug classes concurrently, and the Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH), which measures the use of multiple anticholinergic agents. CMS recommends regular medication reviews, avoidance of high-risk combinations when clinically appropriate, and deprescribing or safer alternatives to reduce the risk of adverse events and improve patient safety.

You can find the Part D formulary list by going to:

- 1 <https://imperialhealthplan.com>
- 2 Select your state and county.
- 3 Scroll down the quick links and under “Prescription Search” select the Plan Benefit Package.



### You can also ask for a coverage decision and/or exception by:

**Phone:** Medimpact’s Dedicated Pharmacy Help Desk #: 877-391-1105

**Fax:** Submitting a written request or a completed Medicare Prescription Drug Determination Request Form by fax to 1-858-790-7100

**Online:** <https://mp.medimpact.com/partdcoveragedetermination>

**Mail your request to:**  
Attn: Clinical Services 10181 Scripps Gateway Court San Diego, CA 92131

You might hear from our team on a regular basis regarding your patients’ medications. Please help us by responding to our requests so that we can keep our members adherent. We invite you to reach out to us as well should you have any questions or concerns. 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 in collaborating, we can help optimize the health of our members.

## PROVIDERS AND MEMBERS MAY ACCESS MONTHLY FORMULARY UPDATES BY VISITING THE IMPERIAL HEALTH PLAN WEBSITE AND FOLLOWING THE STEPS BELOW:

- 1 Go to <https://imperialhealthplan.com>
- 2 Select your state and county.
- 3 Go to Members then Pharmacy Resources
- 4 Go to Formulary Change Notice

The CDC recommends the pneumococcal vaccine for adults 65 years or older, the RSV vaccine for adults 60 years and older to protect against severe RSV, one dose of the Tdap vaccine for eligible adults, and the updated 2025-2026 COVID vaccine for everyone ages 6 months and older based on individual-based decision-making. The influenza vaccination will also be available later in the summer.

## PLEASE HELP US KEEP OUR MEMBER POPULATION PROTECTED AND SAFE THIS SUMMER SEASON.

Recommended vaccines for seniors—including pneumonia, RSV, shingles, and COVID-19—are available at all network pharmacies and are covered with a \$0 copay. Please encourage eligible members to receive these important vaccinations to help prevent serious illness.

## MAXIMUM FAIR PRICE MEDICATIONS

As part of the Inflation Reduction Act, starting in January 2026 CMS and drug manufacturers have negotiated maximum fair prices (MFPs) on certain medications. Please notify the pharmacy services department if your patients are experiencing access issues to these medications.

These medications include:

- Eliquis
- Imbruvica
- Farxiga
- Novolog/Fiasp
- Jardiance
- Entresto
- Xarelto
- Januvia
- Enbrel
- Stelara

## 2026 DIABETES SUPPLY RECALL ALERT



Several diabetes-related products have been recalled in 2026 due to potential safety concerns. Please review the following information and follow up with patients using these devices.

**FreeStyle Libre FreeStyle Libre 3 and 3 Plus glucose sensors** — Some sensors may report falsely low glucose readings.

**Omnipod Insulin infusion pump pods** — Internal tubing defects may prevent proper insulin delivery.

**TRUE METRIX Blood glucose monitoring systems** — Instructions may not clearly warn patients to seek medical attention when receiving an E-5 error with symptoms of hyperglycemia.

- Phone (626) 788-0178
- Fax (626) 689-4232
- [Pharmacy@imperialhealthplan.com](mailto:Pharmacy@imperialhealthplan.com)

Sincerely,

**Imperial Pharmacy Department**



# A MESSAGE FROM OUR QUALITY DEPARTMENT

## UNDERSTANDING THE U.S. PREVENTIVE SERVICES TASK FORCE (USPSTF) GUIDELINES

The U.S. Preventive Services Task Force (USPSTF) guidelines are evidence-based recommendations that support preventive care in the primary care setting. Developed by an independent panel of national experts in prevention and evidence-based medicine, these recommendations focus on screenings, counseling services, and preventive medications intended to improve health outcomes and reduce disease burden.

For primary care providers, USPSTF guidelines are a valuable resource because they help inform clinical decision-making, promote consistent delivery of preventive services, and support early identification of health risks. By using these recommendations, providers can better align care with current evidence and help improve patient outcomes through timely prevention and screening.

### Why USPSTF Guidelines Matter

USPSTF recommendations provide primary care providers with evidence-based guidance to support preventive care decision-making. These guidelines help practices:

- ✓ Detect conditions earlier, when treatment is most effective
- ✓ Standardize preventive care delivery
- ✓ Support quality improvement initiatives
- ✓ Align care with nationally recognized standards
- ✓ Enhance patient education and shared decision-making

Recommendations are assigned grades (“A”, “B”, “C”, “D”, or “I” statements) based on the strength of evidence and the balance of benefits and risks. Many preventive services with “A” or “B” recommendations are also tied to coverage requirements and quality performance measures.

Common preventive services addressed by USPSTF recommendations include:

- ✓ Colorectal cancer screening
- ✓ Breast cancer screening
- ✓ Depression screening
- ✓ Diabetes screening
- ✓ Tobacco cessation interventions
- ✓ Cardiovascular disease prevention

### How Often Are the Guidelines Updated?

USPSTF recommendations are reviewed and updated on an ongoing basis as new clinical evidence becomes available. Most topics are reassessed approximately every 3–5 years, although high-impact topics may be updated sooner when significant new evidence emerges.

To support providers in staying current with preventive care recommendations, Imperial Health Plan annually reviews USPSTF guidelines and distributes updates and resources to participating providers as part of its ongoing commitment to quality improvement and evidence-based care.

### Accessing USPSTF Recommendations

Providers can access the full library of current recommendations, clinical summaries, and supporting evidence directly through the official USPSTF website:

[www.uspreventiveservicestaskforce.org/](http://www.uspreventiveservicestaskforce.org/)

The website includes:

- ✓ Current recommendation statements
- ✓ Preventive care topic search tools
- ✓ Draft recommendations open for public comment
- ✓ Clinical summaries and patient education resources



The USPSTF also offers a free prevention task force app, allowing clinicians to stay informed while on the go. Staying informed of USPSTF recommendations helps ensure preventive care practices remain current, evidence-based, and aligned with national standards of care.

## 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](mailto:QIM@ImperialHealthHoldings.com).

### Simple HealthKit ([simplehealthkit.com](http://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.

### Vynca Care ([vyncacare.com](http://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.

#### 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

### My Diabetes Tutor ([mydiabetestutor.com](http://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.

## REDIRECTING PRE-SERVICE AUTHORIZATION REQUESTS

To ensure timely processing and avoid delays in patient care, please submit authorization requests to the appropriate entity based on delegation guidelines.

If a request is submitted to our Utilization Management (UM) team but falls under a delegated provider or vendor (FDR), the request will be **redirected to the appropriate entity** for review. No clinical review will be performed by our UM team for delegated services.

### Behavioral Health Referrals:

Behavioral Health referrals must be submitted directly to our delegated partner, Lucet, for intake and coordination.

Providers will be notified of the redirect and provided with the correct contact information for future submissions.



**Tip:** Submitting requests directly to the appropriate entity helps prevent delays and ensures faster processing.

### Submitting a Prior Authorization via EZ-NET

**Step 1:** Log in to the EZ-NET Provider Portal

**Step 2:** Go to Main Menu, then go to Auth/Referrals

**Step 3:** Select New Authorization Request

**Step 4:** Select the correct entity/delegated provider to ensure proper routing

**Step 5:** Enter all required member and service details

**Step 6:** Upload supporting documents and submit



**Tip:** Selecting the correct entity and submitting complete information helps avoid delays in patient care and processing.



# PROVIDER SPOTLIGHT



**ALAMEDA COUNTY**  
13851 East 14th Street, Suite 102A  
San Leandro, CA 94578

**CONTRA COSTA COUNTY**  
3737 Lone Tree Way, Suite E  
Antioch, CA 94509

**EMAIL ADDRESS**  
privateoffice@eastbayrheum.com

## FOR REFERRALS USE FAX OR EMAIL

510-357-1306

510-357-5463



### Dr. C. Michael Neuwelt

- The George Washington University, Washington, D.C. - Fellowship
- The George Washington University, Washington, D.C. - Residency

Dr. C. Michael Neuwelt is a highly experienced Bay Area rheumatologist with over 45 years in practice. He serves as Director of the Rheumatology Core Curriculum at UCSF / St. Mary's Medical Center. Dr. Neuwelt was honored with the first Lupus Foundation of Northern California's Purple Ribbon Award for his exceptional commitment to lupus care and research. He continues to provide care to his patients at this clinic in San Leandro, CA.



### Dr. Suneet Grewal

- Cedars-Sinai Medical Center, Los Angeles, CA - Fellowship
- Highland Hospital, Oakland, Ca - Residency

Dr. Suneet Grewal, a Bay Area native, joined East Bay Rheumatology Medical Group in 2013 after discovering her passion for rheumatology during residency. She is dedicated to providing compassionate, personalized care, focusing on helping patients understand their conditions and treatments while building long-term, trusting relationships.



### Dr. Samuel Ng

- Scripps Clinic/Scripps Green Hospital, La Jolla, CA - Fellowship
- UCSF Health St. Mary's Hospital, San Francisco, CA - Residency

A Bay Area native, Dr. Samuel Ng developed his passion for rheumatology during residency under Dr. Neuwelt's mentorship. Valuing long-term patient relationships and clarity in care, he focuses on making complex conditions easy to understand. Dr. Ng joined East Bay Rheumatology Medical Group in 2024 after completing his rheumatology fellowship, bringing a commitment to advanced, patient-centered care.



### Jeremy Verango AGNP

- SUC San Francisco, San Francisco, CA - Nursing School (Registered Nurse [RN], Nurse Practitioner [NP])
- UC San Diego, San Diego, CA - Undergraduate Studies

Jeremy Verango, AGNP, has been a nurse practitioner since 2014. His diverse background includes orthopedics, primary and urgent care, and international experience as a school nurse in Singapore. Originally from San Diego, Jeremy has called the Bay Area home since 2007 and enjoys helping patients achieve their health goals through a comprehensive approach that blends his expertise in orthopedics and internal medicine.

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# IMPERIAL HEALTH PLAN OF CALIFORNIA'S COMPLIANCE PROGRAM

Imperial's Compliance Training/Program/Code of Conduct are located on our plan's website under the provider page at [www.imperialhealthplan.com](http://www.imperialhealthplan.com).

Annually Imperial Compliance will audit these elements.

## Compliance Training, Compliance Program, Code of Conduct

### Training

- 2026 Compliance and Education
- 2026 Compliance Training Attestation

# IMPERIAL HEALTH PROVIDER DIRECTORY UPDATE – ACTION REQUIRED

Imperial Health Plan is updating our Provider Directory to ensure members have accurate information when choosing their providers.

We are requesting that you verify your information and submit any updates by completing our **Provider Directory Update Request Form** online. You may update or confirm:

- Provider name
- Practice location(s)
- Phone, fax, or email address
- Specialty, designation, languages spoken, hospital affiliation
- New patient acceptance & appointment availability
- Provider status (active, retired, deceased)
- To remain current in our Provider Directory, please submit updates using the form here: <https://forms.office.com/r/nW7wKUUEWC> (You may also scan the QR code to access the form directly.)



Thank you for helping us maintain accurate and reliable records.



## 2026 SNP MOC TRAINING & ATTESTATION

Please access and review Annual Model of Care Training (SNP-MOC) located at [www.imperialhealthplan.com](http://www.imperialhealthplan.com) under the Provider section, "Training".

Please note the completion of the attestation is time sensitive with CMS. Once the referenced materials have been reviewed, please complete the training attestation form, and return it by fax to Provider Network Management at (626) 689-4230 or by email to [pnm@imperialhealthholdings.com](mailto:pnm@imperialhealthholdings.com).

# AUTOMATED MEMBER ELIGIBILITY SYSTEM



**DID YOU KNOW THAT IMPERIAL HAS AN AUTOMATED ELIGIBILITY AND BENEFITS LINE AVAILABLE TO ALL PROVIDERS?**



**PROVIDERS MAY VERIFY ELIGIBILITY BY CALLING OUR DEDICATED 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
  - » Voice activated
  - » Fast and user friendly
  - » 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](http://www.imperialhealthplan.com), Providers, Provider Portal Web Application [https://forms.office.com/pages/responsepage.aspx?id=5DmEMBsKOEYLX4BxkC\\_Z8R0IUAAoydBtDaWxFWfGoxUNThYR1pQNzNVNzMwMEYORDNYRIJVNjZSQS4u](https://forms.office.com/pages/responsepage.aspx?id=5DmEMBsKOEYLX4BxkC_Z8R0IUAAoydBtDaWxFWfGoxUNThYR1pQNzNVNzMwMEYORDNYRIJVNjZSQS4u)

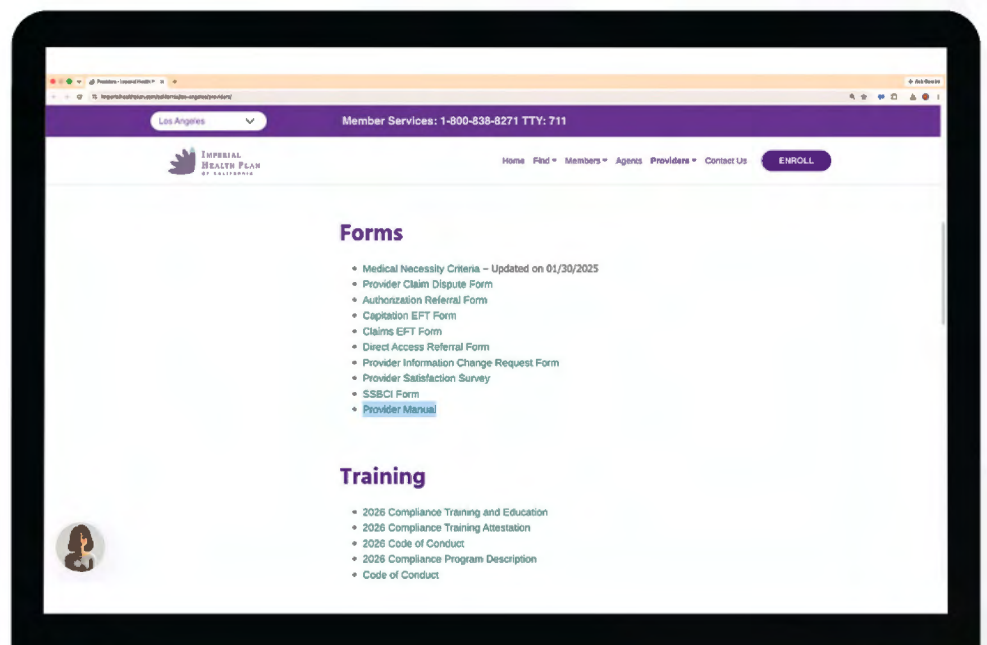
We appreciate your partnership and hope these enhancements make your workflow even more efficient.

# 2026 IMPERIAL PROVIDER MANUAL

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

[www.imperialhealthplan.com](http://www.imperialhealthplan.com)

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



# SUPPLEMENTAL BENEFITS

## &MORE

As part of Imperial Health Plan of California, Inc. (HMO) (HMO SNP), you have access to helpful benefits. This includes over-the-counter (OTC) items that support your everyday health.

Use the chart below to determine the amount of your OTC benefits allowance per quarter. Note that this catalog focuses only on how you can use your OTC benefit. For a list of complete benefits please refer to your Evidence of Coverage (EOC) on Imperial's website at [www.imperialhealthplan.com](http://www.imperialhealthplan.com). If you would like to speak to an Imperial Member Service Representative for a list of all your benefits please call 1-800-838-8271.

Plan Name	PBP	OTC Benefits (No Rollover)
Imperial Senior Value (HMO C-SNP) 005	H5496-005	\$130 per quarter
Imperial Dynamic Plan (HMO) 012	H5496-012	\$140 per quarter
Imperial Courage Plan (HMO) 016	H5496-016	\$75 per quarter

Use your card where you love to shop:

- Albertsons
- Food4Less
- Ralphs
- Safeway
- Vons
- Walgreens

Shop at more stores like Walmart, CVS\*, Cardenas Markets, Costco and more. For a list of retailers, go to [andmorehealth.com](http://andmorehealth.com) or call 1-855-AND-MORE (1-855-263-6673; TTY 711); Monday-Friday, 8am-8pm, local time, excluding holidays.

\*not including CVS in Target

## 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

## VISION - VSP



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



## IN-HOME SUPPORT

Is a network of friendly helpers who are available both in-person or virtually through a phone call. Offered by Papa Pals.

These friendly helpers provide company and help with everyday tasks such as rides, help with errands, grocery shopping, meal prep, and board game/walking partner.

### BENEFIT ALLOWANCE

Imperial Senior Value (HMO C-SNP) 005 - 48 hours per year.
Imperial Traditional (HMO) 007 - 48 hours per year.
Imperial Dual Plan (HMO D-SNP) 011 - hours per year.
Imperial Dynamic Plan (HMO) 012 - 48 hours per year.
Imperial Strong (HMO) 014 - 48 hours per year.

## TRANSPORTATION

Health Plan Approved Locations

- Primary and Specialist office
- Lab
- Pharmacy
- Dentist
- Vision Provider
- Hearing Care Services
- 100 One-Way Trips
- \$0 Copayment to access the benefit Health plan approved locations ONLY
- Contact our Member Services line at least (1) day prior to arrange the ride
- Member needs assistance setting up Doctor's appointment and transportation? Call (800)-838-8271

Transportation Vendor: Care Car Visit: [www.carecar.co/schedule](http://www.carecar.co/schedule) to schedule or call: (844)-743-4344



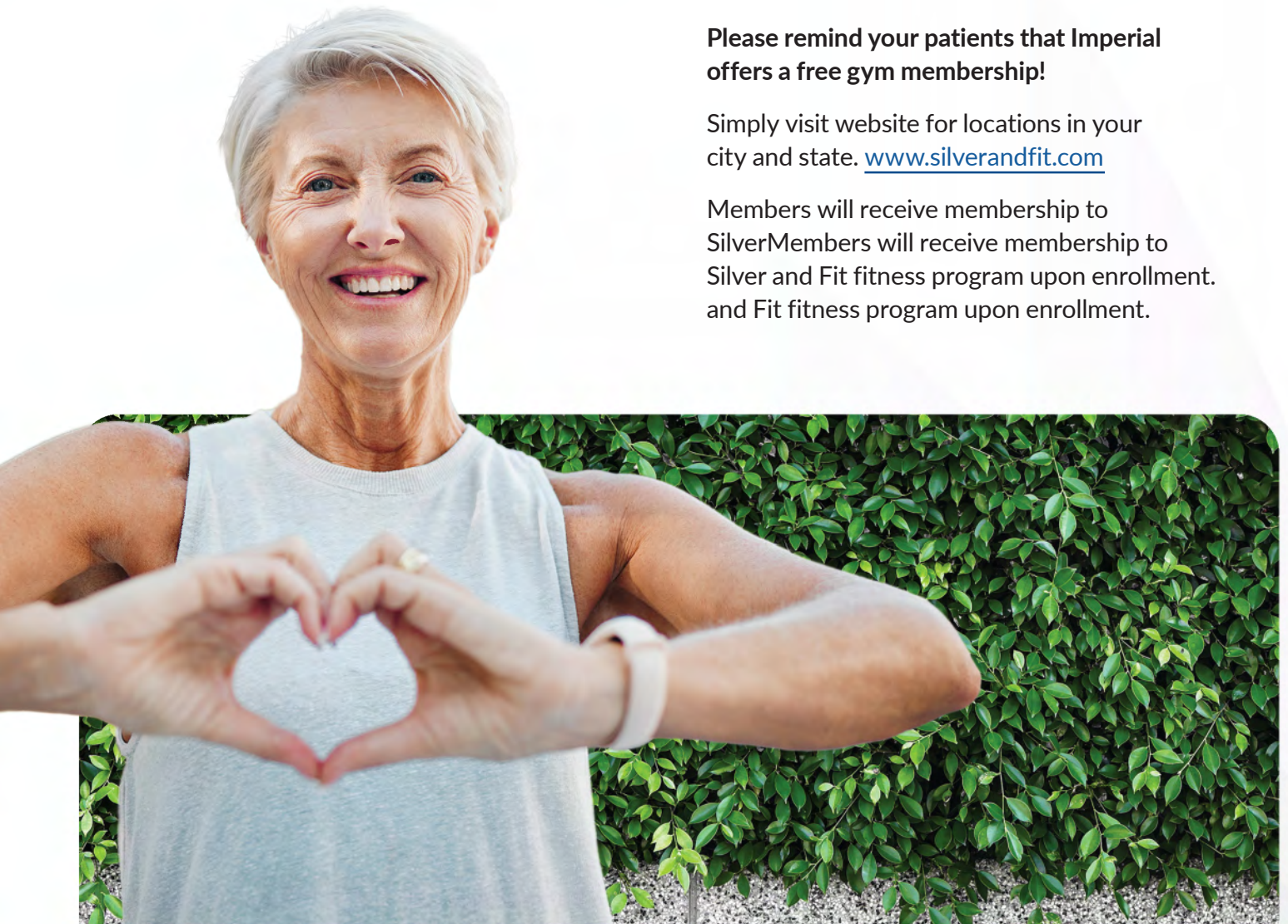
Note: Curb-to-curb routine non-emergency transportation services to plan approved locations within a 30-mile radius of your primary care provider's office.

## SILVER & FIT

Please remind your patients that Imperial offers a free gym membership!

Simply visit website for locations in your city and state. [www.silverandfit.com](http://www.silverandfit.com)

Members will receive membership to SilverMembers will receive membership to Silver and Fit fitness program upon enrollment. and Fit fitness program upon enrollment.



# 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](mailto: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.



# 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.**

You can locate our Members Rights and Responsibilities on our plan website: [www.imperialhealthplan.com](http://www.imperialhealthplan.com) under "Members", "Member Rights and Responsibilities"

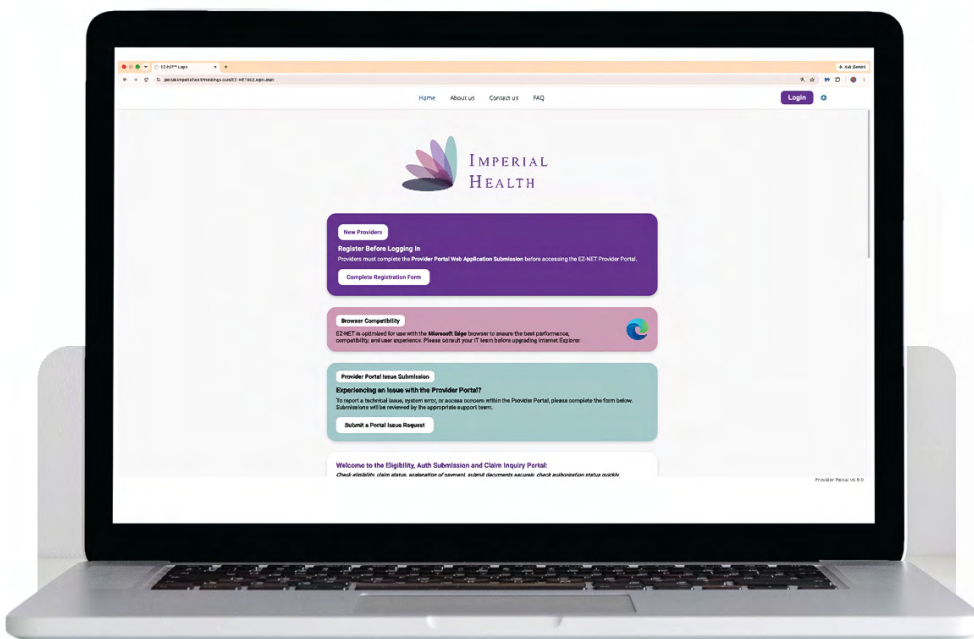
## OUR PLAN MUST HONOR YOUR RIGHTS AS A MEMBER OF THE PLAN

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.

# EZ NET PROVIDER PORTAL



[portal.imperialhealthholdings.com](http://portal.imperialhealthholdings.com)

**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 CLICK BELOW!**

[Provider Portal Web Application Submission \(office.com\)](http://portal.imperialhealthholdings.com)  
[Portal Training Request/](http://portal.imperialhealthholdings.com)

Training Request/Questions:  
[pnm@imperialhealthholdings.com](mailto:pnm@imperialhealthholdings.com)  
Please allow 3-5 business days for inquiry response.

# IMPERIAL HEALTH PROVIDER EXPERIENCE & SATISFACTION SURVEY

**Imperial Health is conducting our Provider Experience & Satisfaction Survey to better understand your experience working with our teams, processes, and services. Your feedback is essential in helping us improve provider support and continue delivering high-quality care to our members.**

To participate, please complete the survey using the link below or by scanning the QR code:

<https://forms.office.com/r/qU27v24DXQ>

We kindly request that you complete our Provider Experience & Satisfaction Survey online. The Survey includes questions related to:

- Provider Relations responsiveness & professionalism
- Claims processing timeliness and accuracy
- UM customer services & authorization processes Referral process
- Credentialing efficiency and communication Provider resources, tools, and onboarding experience
- Overall satisfaction with Imperial Health

