

FALL

2026

EXCHANGE IMPERIAL PROVIDER NEWSLETTER



IMPERIAL
INSURANCE
COMPANIES



IMPERIAL
HEALTH PLAN
OF THE SOUTHWEST

A MESSAGE FROM OUR CEO

DEAR PROVIDERS AND PARTNERS,

As we enter another Annual Enrollment Period, I am proud of the progress we continue to make together. Our 4-Star NCQA rating, along with our 4-Star CMS rating, reflects our shared commitment to quality and, most importantly, to the members we serve.

For 2027, we are continuing to grow. We are expanding our provider networks, adding ICHRA and Small Group Plan to Texas and Arizona, and developing thoughtful benefits that deliver meaningful value to our members. But growth alone is not our goal.

Our focus remains on the whole person, which serves physical health, mental health and overall well-being, while supporting every member with the care, respect and dignity they deserve.

Our mission is simple: to help our members remain healthy in body, mind and spirit so they can achieve their fullest potential. Thank you for being our partners in bringing that mission to life every day.

With appreciation,

Pavel Bindra, MD
Chief Executive Officer

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UPDATES FROM OUR PHARMACY DEPARTMENT

EXPLORE OUR COMPREHENSIVE FORMULARY

Our health plan offers a comprehensive formulary designed to provide access to a wide range of medications so that our members receive the most appropriate and cost-effective treatments available. The formulary is regularly updated to include new drugs and to reflect the latest evidence-based guidelines. Providers can easily search our formulary for detailed information about drug coverage and preferred alternatives. For quick access and to explore the complete list of covered medications, visit our formulary search tool at www.caremarkrxplaninfo.com/imperialhealth.

Our team is a dedicated group of highly trained Pharmacists, Pharmacy Technicians, and Pharmacy Concierges with expertise in pharmacy benefits, formularies, coverage determinations, appeals, and more. By partnering with you, we aim to support your practice and help optimize the health outcomes of 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!

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

Phone (626) 788-0178

Fax (626) 689-4232

Pharmacy@imperialhealthplan.com

Sincerely,

**Imperial Pharmacy
Department**



IMMUNIZATION UPDATES

2026-2027 flu and COVID shots are now available at all pharmacies. Please have your members schedule these immunizations today!

The CDC recommends the updated 2026-2027 flu vaccines for everyone ages 6 months and older to protect against potentially serious outcomes of flu this upcoming season. COVID-19 vaccination should be guided by shared clinical decision-making, where providers consider individual patient risk factors, vaccine characteristics, and the best available evidence to determine who may benefit.

Please document all vaccinations in your EHR and ensure claims are submitted promptly.

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

FEEDBACK AND REPORTING

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

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

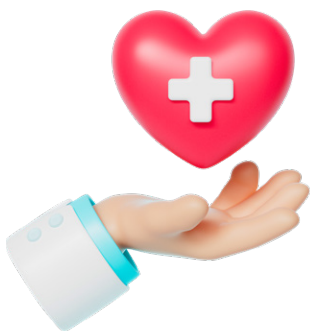
If you require a written copy of any of this information, it can be requested by calling Member Services: Member Services: (800) 595-0619 (TTY: 711) October March 31: Monday - Sunday from 8:00 am - 8:00 pm and April 1 - September 30: Monday - Friday from 8:00 am - 8:00 pm.

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

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

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

Sincerely,
Imperial Pharmacy Department



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 2026 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 will be available online. If you have questions about your pharmacy benefits, please contact **CVS Caremark** at (888) 997-0225, available 24 hours a day, 7 days a week.

The Formulary

A searchable list of covered medications, including drug tiers, prior authorization requirements, and coverage restrictions.

For quick access, visit www.caremarkrxplaninfo.com/imperialhealth.

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, CVS Caremark at (888) 997-0225. Their support team is available 24 hours a day, 7 days a week.

A MESSAGE FROM OUR QUALITY DEPARTMENT

WHY IT'S IMPORTANT TO SEE YOUR DOCTOR EVERY YEAR

(Even If You Feel Fine)

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

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

WHAT IS AN ANNUAL CHECKUP?

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

During this visit, your doctor may:

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

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

CATCHING PROBLEMS EARLY CAN SAVE YOUR LIFE

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

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

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

PREVENTIVE CARE HELPS YOU STAY HEALTHY

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

- At your yearly visit, your doctor might recommend:
 - » Flu shots
 - » Other vaccines
 - » Mammograms (breast cancer screening)





**EXPANDING ACCESS
TO PREVENTIVE CARE:
INTRODUCING TWO NEW
MEMBER HEALTH INITIATIVES**

Imperial is pleased to introduce two new initiatives designed to improve access to preventive healthcare services, support our provider partners, and help Marketplace members close important gaps in care across Arizona, Texas, Utah, and New Mexico.

**Simple Health Kit – Convenient
At-Home Testing**

Through Imperial’s partnership with Simple Health Kit, eligible members may receive convenient at-home testing kits to complete important preventive health screenings without visiting a laboratory or provider office.

Available screenings include:

-  **Hemoglobin A1c (HbA1c):**
Supports diabetes monitoring and glycemic status assessment.
-  **Fecal Occult Blood Test (FOBT):**
Supports colorectal cancer screening.
-  **Kidney Health Evaluation:**
Supports kidney health screening for members with diabetes.

This initiative helps reduce barriers to preventive care by providing members with accessible testing options from the comfort of their homes.

**Sprinter Health – Bringing
Healthcare to Members**

Imperial’s partnership with Sprinter Health offers eligible members additional opportunities to complete important preventive services through in-home and virtual visits.

Sprinter Health helps address common barriers to care, including transportation challenges, scheduling difficulties, and limited access to healthcare services.

These convenient services are designed to complement the care members receive from their primary care providers while supporting timely preventive screenings and chronic condition management.

**Working Together to Improve
Quality Outcomes**

Both initiatives are designed to support our provider network by increasing access to recommended screenings, improving member engagement, and helping close HEDIS quality gaps.

We encourage providers to continue discussing preventive care needs with their patients and reinforcing the importance of completing recommended screenings.

Together, we can improve access to care, support better health outcomes, and enhance the quality of care delivered to our Marketplace members.

IMPORTANT UM UPDATES:

Effective May 26, 2026, the print letter function in EZ-Net has been disabled.

To ensure consistency and accuracy, all letters with CMS and NCQA compliant content will now be issued directly by the UM department.

Please note:

- You can still check the status of submitted authorizations in EZ-Net as usual to schedule patients.
- For claims requiring medical records, please upload them using the Document Management function in EZ-Net (same process as authorization requests).

No other functionality in EZ-Net is affected. If you notice any issues, please let us know. Our Provider Portal team and Provider Network Relations team will work with your office to resolve them quickly.

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.

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 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/

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

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.



SALES & MARKETING



ACA OPEN ENROLLMENT BEGINS NOVEMBER 1, 2026

ACA Open Enrollment for 2027 coverage begins November 1, 2026. As a valued network provider, your support plays an important role in helping patients understand their health coverage options and maintain access to care.

Open Enrollment is an opportunity for eligible individuals and families to enroll in health coverage, renew existing plans, or make changes to better meet their healthcare needs. Encouraging patients to review their coverage and enroll on time can help prevent gaps in care and ensure continued access to their trusted providers.

We encourage providers and office staff to remind patients about the upcoming enrollment period and direct them to available enrollment resources. Early awareness can help patients make informed decisions and avoid delays in obtaining coverage.

Thank you for your continued partnership and commitment to improving the health and well-being of the communities we serve.

Open Enrollment Begins: November 1, 2026

Together, we can help ensure patients have access to the coverage and care they need in the coming year.

NEW FOR 2027

ICHRA	SMALL GROUP
Employees whose employers offer an Individual Coverage Health Reimbursement Arrangement (ICHRA) can use those funds to help pay for an Imperial Individual & Family Marketplace plan. This flexible option allows employees to select the coverage that best fits their needs while applying their employer's ICHRA allowance toward monthly premiums. Available options include: • Bronze • Silver • Gold • Catastrophic	Imperial's Small Group plans give employers in select markets a simpler, more affordable way to offer health coverage to their team. Launching fall 2026 in: • Maricopa County, Arizona • Tarrant County, Texas. • 1-50 members • Employer chooses same health plan for all employees • Enrollment Platform is Softheon

To enroll in Individual and Family plan visit imperialhealthplan.com or call (866) 442-0001

SUPPLEMENTAL BENEFITS



PEDIATRIC DENTAL

- Offered on all Imperial Plans
- Member Portal with dashboard, dentist finder, cost estimator at: <https://www.deltadentalins.com/find-a-dentist/directory-results/?specialty=General+Dentist&network=2ppo>
- Mobile Application available hosted by Delta Dental.



PEDIATRIC VISION - VSP

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



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.

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

LOCAL SUPPORT WHEN YOU NEED IT

In addition to centralized support available across all service areas, Imperial has dedicated local Provider Network Management representatives who provide **in-person education, provider office visits, staff training, and operational support** in select markets. As Imperial continues to grow, additional markets and local support resources will be added.

Our local team members currently provide on-site support in the following counties:

Arizona	Texas
• Maricopa County • Pima County • Pinal County	• Collin County • Dallas County • Denton County • Harris County • Montgomery County • Tarrant County

Provider Network Management Contact Center:
pnmcentral@imperialhealthholdings.com

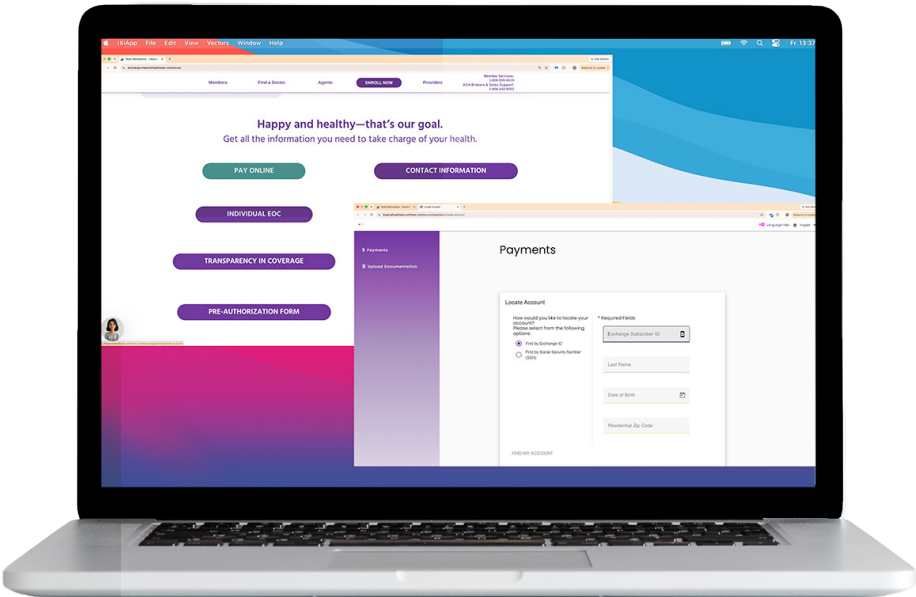
Whether your office requires Provider Portal training, assistance with health plan processes, educational resources, workflow optimization, or support navigating operational questions, our local representatives are available to provide personalized, hands-on assistance tailored to your practice's needs.

Schedule an On-Site Visit

Imperial's Provider Network Management team is committed to helping providers and their staff maximize available resources and efficiently serve our members. If your practice would benefit from an on-site office visit, customized staff training, Provider Portal education, or one-on-one support, we encourage you to contact our team to schedule an appointment.

Our goal is to bring support directly to your practice, helping your team improve efficiency, enhance knowledge, and make the most of your partnership with Imperial.

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.

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.

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

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:

- 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.

REGISTER FOR THE IMPERIAL PROVIDER PORTAL BEFORE JANUARY 1, 2027

Be Prepared for the New Year with Convenient Access to Provider Resources

As we approach **January 1, 2027**, Imperial encourages all participating providers and office staff who have not yet registered for the **Imperial Provider Portal** to complete their registration as soon as possible.

The Provider Portal offers a secure and convenient way to access important member and administrative information, helping practices improve efficiency and reduce administrative burden. By completing registration before the new year, your practice will be ready to take full advantage of the portal's self-service tools and resources.

Portal Features Include:

- ✓ Member Benefits & Eligibility Verification
- ✓ Prior Authorization Submission and Status Tracking
- ✓ Referral Submission and Inquiry
- ✓ Claims Status Review
- ✓ Network Provider Search
- ✓ Access to Important Provider Resources and Information



Register Today

Providers must complete the Provider Portal Web Application Submission before accessing the EZ-NET Provider Portal.

New Provider Registration

Complete your registration form here:

[\[Complete Registration Form\]](#)

Registering before January 1, 2027, will help ensure uninterrupted access to Imperial's online provider tools and resources.

EZ NET PROVIDER PORTAL

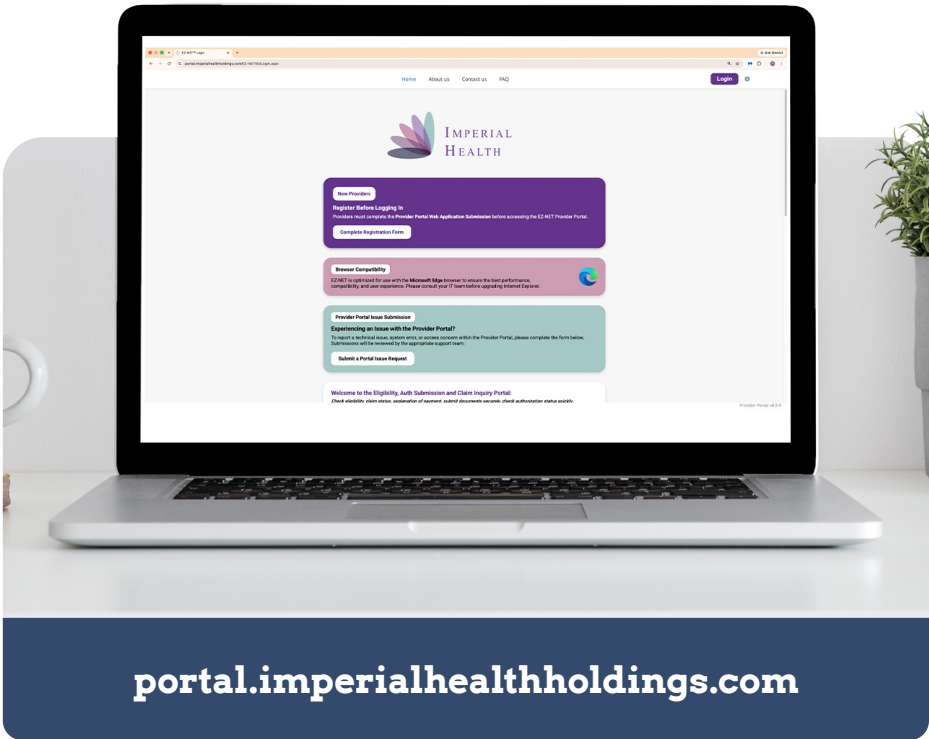
IMPERIAL is committed to enhancing our provider’s experience with the best service possible to support their practice and its daily administrative needs.

Imperial is pleased to formally announce the re launch of the IMPERIAL EZ NET PROVIDER PORTAL to all participating network providers.

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

For example:

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



portal.imperialhealthholdings.com

PORTAL REGISTRATION IS SIMPLE! PLEASE CLICK BELOW!

[Provider Portal Web Application Submission \(office.com\) Portal Training Request/](#)

Questions:
pnm@imperialhealthholdings.com
Please allow 3-5 business days for inquiry response

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

- ✓ Member Verification of Eligibility Member List
- ✓ 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

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.

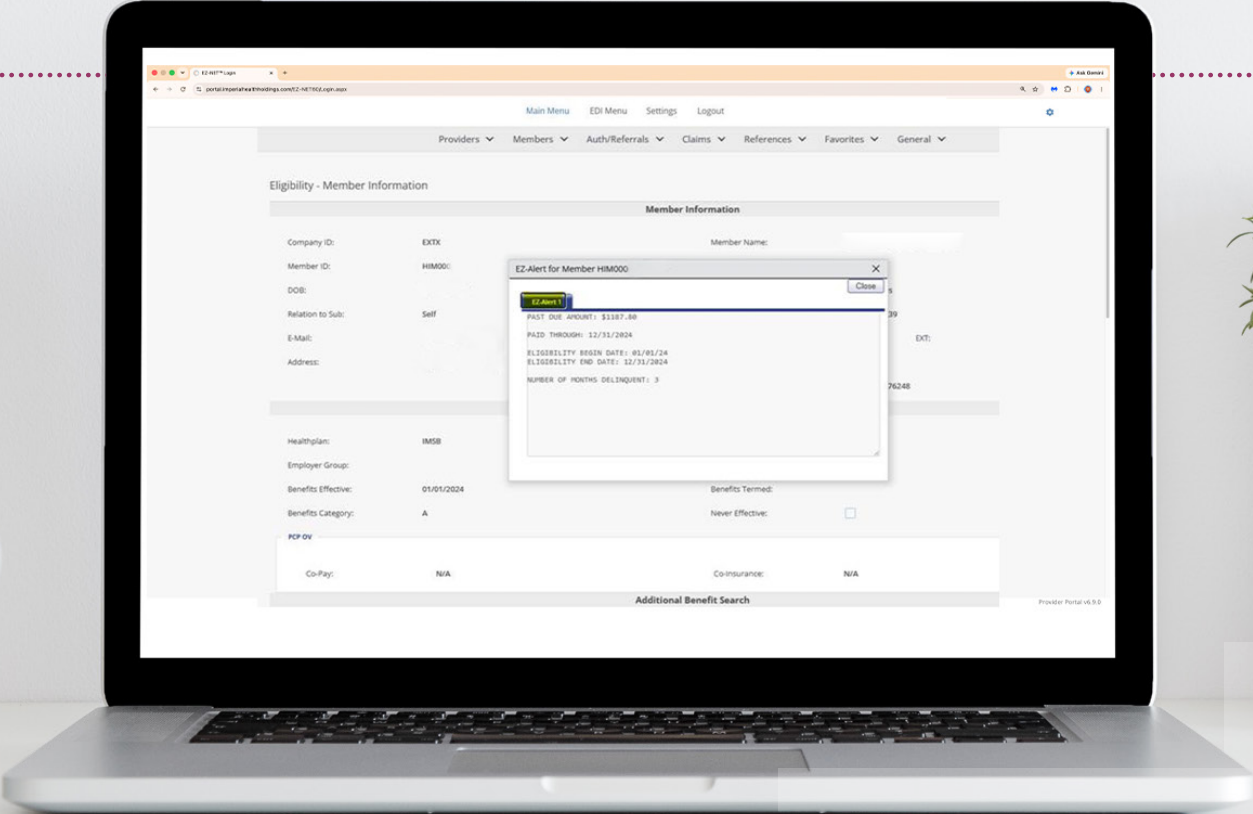
Telephone, fax, email or letter are all acceptable forms of communication. The credentialing coordinator will advise the practitioner of acceptable formats when submitting corrected information.

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.