FALL 2026

IMPERIAL PROVIDER NEWSLETTER



IMPERIAL HEALTH PLAN OF CALIFORNIA

A MESSAGE FROM OUR CHIEF EXECUTIVE OFFICER

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 another Special Needs Plan, 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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IMPERIAL HEALTH PLAN OF CALIFORNIA, INC. (HMO) (HMO SNP) NAMED ONE OF THE BEST MEDICARE ADVANTAGE PLANS IN CALIFORNIA 2027 BY FORBES ADVISOR

Pasadena, CA, October 09, 2026: **Imperial Health Plan of California, Inc.** (Imperial) announced it has been named one of the Best Medicare Advantage Plans in California 2027 by Forbes Advisor. Imperial earned a 4.8 out of 5 rating from Forbes Advisor's research team, the second-highest rating among the five companies recognized, and its Imperial Dynamic Plan (HMO) was named the company's top-rated plan.

The recognition comes from Forbes Advisor's own independent evaluation of 290 Medicare Advantage plans in California, which weighed plan-level quality and cost, CMS star ratings, enrollment share, and county coverage. It arrives as Medicare beneficiaries across the state are comparing their options during the annual Open Enrollment period.

INDEPENDENT ANALYSIS OF 290 CALIFORNIA PLANS RECOGNIZES IMPERIAL FOR QUALITY, AFFORDABILITY, AND STATEWIDE ACCESS.



"Being recognized by Forbes Advisor is a meaningful moment for everyone at Imperial," said Dr. Paveljit Bindra, CEO of Imperial. "Their team looked at quality, cost, and access together, which is exactly how our members experience their health plan," added Sue Dahlkamp, Vice President for Member Experience. "This recognition reflects our mission to make healthcare more personal, more coordinated, and more accessible for every member we serve," according to Muthukumar Vaidyaraman, MD, Chief Medical Officer.

Forbes Advisor highlighted two strengths in particular. The Imperial Dynamic Plan (HMO) carries a $295 maximum out-of-pocket cost, the lowest among the plans Forbes Advisor featured, and it is available in 51 California counties, the broadest availability on the list.

View the full rankings at: www.forbes.com/advisor/health-insurance/medicare/medicare-advantage-in-california/

Imperial currently serves members in 51 of California's 58 counties, offering high value, coordinated care through an extensive provider network. Its approach emphasizes whole-person wellness with innovative benefits such as in-home diagnostic testing, prescription delivery, expanded transportation, and generous Over-the-Counter (OTC) allowances, which are all designed to help members stay healthy in body, mind, and spirit.

During Medicare's Open Enrollment period (October 15 to December 7), we invite current and prospective members, along with broker partners, to explore Imperial's plan options, shop, compare, and enroll at imperialhealthplan.com/.

"Recognition from two independent sources this season tells us our approach is working," said Andranik Barsegyan, Senior Director for Quality. Evelyn Cho, PharmD, Senior Director for Pharmacy Operations added that, "Our focus remains on keeping care affordable, expanding access, and improving the member experience year after year."

ABOUT IMPERIAL

Imperial is a California-based health plan offering Medicare Advantage coverage to older adults and other eligible individuals across much of the state. Imperial's mission is to empower members to achieve their full potential by keeping them healthy in body, mind, and spirit through a community-focused medical and pharmacy model of whole-person care. Learn more at imperialhealthplan.com/.

IMPERIAL HEALTH PLAN OF CALIFORNIA, INC. (HMO) (HMO SNP) NAMED ONE OF THE BEST MEDICARE ADVANTAGE PLANS IN CALIFORNIA BY U.S. NEWS & WORLD REPORT FOR THE THIRD CONSECUTIVE YEAR

Pasadena, CA, October 16, 2026: **Imperial Health Plan of California, Inc.** (Imperial) announced it has been named one of the Best Insurance Companies for Medicare 2027 by U.S. News & World Report, marking the third consecutive year Imperial has earned this recognition (2025, 2026, and 2027). The honor recognizes Imperial's sustained performance in delivering high-quality Medicare Advantage coverage across California, just as millions of seniors begin comparing plans during the annual Medicare Open Enrollment period.

"Being recognized by U.S. News & World Report for the third year in a row means a great deal to our entire team," said Dr. Paveljit Bindra, CEO of Imperial. "A single year of recognition is a milestone. Three consecutive years shows that the quality our members experience is consistent and built to last. It reflects our mission to make healthcare more personal, more coordinated, and more accessible for every member we serve."

U.S. News & World Report ranked Imperial 5 stars for Best for Care Continuity, 4.7 stars for Best in Screening & Prevention, and 4.2 stars for Best Overall Performance. According to U.S. News, the evaluation is based on 31 quality measures from the Centers for Medicare & Medicaid Services (CMS), including preventive screenings, chronic condition management, and member satisfaction. Earning a place on this list for three consecutive years reflects Imperial's ongoing standing among the top tier of carriers serving Medicare-eligible consumers across the state.

View the full rankings at: health.usnews.com/medicare/best-california-medicare-advantage-plans

"Three years of recognition tells us we're on the right path, and it motivates us to keep raising the bar," added Dr. Bindra. "Our focus remains on strengthening partnerships, expanding access, and improving the member experience year after year."

ABOUT FORBES ADVISOR: BEST MEDICARE ADVANTAGE PLANS IN CALIFORNIA

Forbes Advisor evaluates Medicare Advantage providers at the state level using a data-driven methodology. Providers are scored on average plan score (50%), which includes Part C and Part D costs, CMS star ratings, and value measures; average CMS star rating (30%); provider enrollment share (10%); and provider county coverage (10%).

ABOUT U.S. NEWS & WORLD REPORT – BEST INSURANCE COMPANIES FOR MEDICARE

Each year, U.S. News & World Report evaluates national and regional insurance carriers offering Medicare Advantage and Medicare Part D plans. The "Best Insurance Companies for Medicare 2027" program uses a comprehensive set of 31 CMS-derived quality measures to help beneficiaries compare and select carriers.

MEDIA CONTACT:

Sue Dahlkamp
Vice President, Member Experience
Imperial Health Plan of California, Inc.
& Affiliated Companies
sue.dahlkamp@imperialhealthplan.com

THREE STRAIGHT YEARS OF RECOGNITION HIGHLIGHT IMPERIAL'S CONSISTENT COMMITMENT TO HIGH-QUALITY, WHOLE-PERSON CARE FOR MEDICARE MEMBERS ACROSS CALIFORNIA.



A MESSAGE FROM OUR PHARMACY DEPARTMENT

At Imperial Health Plan, our Pharmacy team is dedicated to supporting providers and members in achieving safe, effective, and affordable medication use. For our Medicare Advantage Prescription Drug (MAPD) plan, we are focused on:

FORMULARY RESOURCES:

Please visit the Pharmacy Resources page on our website imperialhealthplan.com where you can find annual changes and ongoing updates regarding drugs, drug coverage rules and preferred options such as:

- The Formulary along with a drug search tool on the Pharmacy Resources page.
- How to use the plans coverage for prescription drugs.
- An explanation of quantity limits
- The process for generic substitution, therapeutic interchange, or step therapy protocols.
- How to submit an exception request.

MEDICATION ADHERENCE:

We continue to monitor adherence for diabetes, hypertension, and statin therapies. Your partnership in encouraging timely refills and reviewing barriers with patients is critical to improving health outcomes.

CARE COORDINATION

Our team reconciles medication data across multiple sources to reduce discrepancies. Please update medication lists regularly and ensure any changes are documented in your EHR to support safe prescribing.

CLINICAL PROGRAMS

Members identified for Medication Therapy Management (MTM) are outreached by our pharmacists to review medications, identify potential drug interactions, and support chronic condition management.

PROVIDER RESOURCES

We provide monthly medication adherence reports, HEDIS quality gap lists, and targeted communications to help streamline your practice workflows.

SEASONAL REMINDER:

As we enter the fall season, please encourage your patients to receive their annual flu vaccination. Additionally, remind them that all Part D vaccines are covered at zero cost to members, ensuring access to important preventive care.

We appreciate your continued collaboration in helping members stay healthy and engaged in their treatment. If you have questions about pharmacy reports, MTM, or medication adherence support, please contact our Pharmacy Department at (626) 788-0178 or by email at pharmacy@imperialhealthplan.com.



IMPORTANT 2027 UPDATE: PHARMACY BENEFIT MANAGER TRANSITION

Imperial Health is pleased to announce that, effective January 1, 2027, our pharmacy benefit manager (PBM) will transition to CVS Health.

This change is part of our ongoing efforts to support our members and providers with pharmacy benefit services and resources.



WHAT PROVIDERS NEED TO KNOW

Beginning January 1, 2027: CVS Health will administer the pharmacy benefit for applicable Imperial Health members.

Providers should verify the member's eligibility and pharmacy benefits when prescribing medications.

Formulary and coverage requirements may change for the 2027 plan year. Providers should review the updated formulary and coverage information once available.

Certain medications may be subject to prior authorization, step therapy, quantity limits, or other utilization management requirements.

2027 PROVIDER EXCEPTION REQUESTS

Providers requesting a formulary exception should follow these key steps:

Submit the request: Contact Customer Care or submit the completed exception/PA form to the Exceptions Department.

Include clinical information: Ensure all required supporting documentation is included to help avoid processing delays.

Review process: Requests are reviewed against applicable plan and clinical criteria.

Approval: If approved, the authorization is entered into the CVS Caremark system, and a test claim is processed to confirm pharmacy coverage. An approval letter is faxed to the provider and mailed to the member.

Denial: If the request does not meet applicable criteria, a denial letter will be faxed to the provider and mailed to the member, including appeal instructions.

Processing timeframes: Urgent requests are processed within 72 hours and non-urgent requests within 15 days, provided all required information is received.

2027 PART D COVERAGE DETERMINATIONS

Providers can submit Part D Coverage Determination requests to CVS Caremark using the following contact information:

Phone: 1-844-280-5833

Fax: 1-855-633-7673

Mail:
CVS Caremark Part D
Coverage Determinations
P.O. Box 52000, MC109
Phoenix, AZ 85072-2000

Please include all required clinical documentation and supporting information when submitting a request to help prevent processing delays.



IMMUNIZATION UPDATES

The CDC recommends the pneumococcal vaccine for adults 65 years or older, RSV vaccine for adults 60 years and older to protect from severe RSV, flu vaccine for people 65 years and older because they are at higher risk of developing serious flu complications, and the updated 2026-2027 COVID vaccine for everyone ages 6 months and older based on individual-based decision-making. Please help us keep our member population protected and safe this fall and winter season.

The 2026-2027 flu shots are now available at all pharmacies. Please have your members schedule a flu shot today! Other recommended vaccines for seniors are pneumonia, RSV, shingles and COVID which are all covered at a $0 copay.

- 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.

What You Can Do Now

Please look for additional communications from Imperial Health regarding the 2027 pharmacy benefit transition. Updated provider resources, including the formulary, coverage guidelines, and information regarding prior authorization and other pharmacy processes, will be shared as they become available.

CLINICAL SUPPORT

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

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

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

We appreciate your partnership and support during this transition. If you have questions regarding the 2027 pharmacy benefit, please contact Imperial Pharmacy Department:

Phone:
(626) 788-0178

Email:
pharmacy@imperialhealthplan.com

A MESSAGE FROM OUR QUALITY DEPARTMENT

ACHIEVING A 4-STAR NCQA RATING IS AN IMPORTANT MILESTONE, BUT IT IS A CHECKPOINT, NOT THE FINISH LINE.

The focus going forward is to keep turning data into action by closing care gaps, addressing health disparities, improving the member experience, and ensuring our members receive the right care at the right time. The numbers matter, but what matters most is the health and well-being behind them. **This is an excellent time to check that your staff is accessing and understands our population management platform, Cozeva.**

On the platform your staff can access updated clinical details ahead of patient visits and upload charts to demonstrate that health conditions have been assessed and quality gaps have been addressed. Never hesitate to contact the Quality team at QIM@ImperialHealthHoldings.com with questions related to NCQA Quality Measures, HCC coding for Risk Adjustment, or to request new user access to Cozeva.

I'm proud of the progress our teams and provider partners have made together.

FOUR STARS TELLS US WE'RE ON THE RIGHT ROAD, AND WE'LL CONTINUE BUILDING ON THAT PROGRESS.

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.



QUALITY IS BUILT ONE MEMBER, ONE PROVIDER, AND ONE OPPORTUNITY AT A TIME.

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.



ACTIVE INITIATIVES TO ADDRESS PERSISTENT CARE GAPS

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

Simple HealthKit (simplehealthkit.com)

Program overview

- Imperial Health contracts with Simple HealthKit (SHK) to provide eligible members with at-home sample collection kits to screen for colon health, diabetes (HbA1c), and kidney function. Members first receive a preparatory postcard, followed by a kit that includes a letter from Imperial's CMO with instructions.
- Imperial Health makes every effort to avoid duplicate testing by excluding members who have recently been screened or are already compliant for relevant performance measures, or who are participating in similar programs with other providers. Failure to send lab values and performance (CPT-II) codes to Imperial may result in otherwise compliant members being included in the program.
- Depending on eligibility, a member may receive one or more collection kits:
  - **Stool:** A stool sample kit for a Fecal Immunochemical Test (FIT) to check for hidden blood.
  - **Blood:** To either measure HbA1c levels for diabetes, or for kidney health, serum creatinine for an estimated glomerular filtration rate (eGFR).
  - **Urine:** Measures the Urine Albumin-to-Creatinine Ratio (uACR) to assess kidney function.

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

Vynca Care (vyncacare.com)

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

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

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)

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.

IMPORTANT UM UPDATES:

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.

EZ NET PROVIDER PORTAL

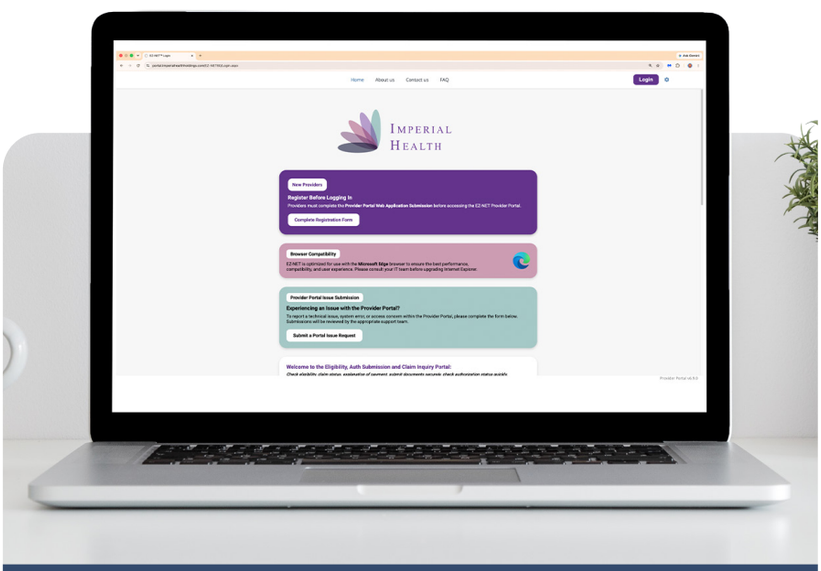
PORTAL REGISTRATION IS SIMPLE! PLEASE UTILIZE THE URL BELOW!

Provider Portal Web Application Submission (office.com) Portal Training Request/

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.

Provider Portal Web Application Submission (office.com) Portal Training Request/Questions: pnm@imperialhealthholdings.com
Please allow 3-5 business days for inquiry response



portal.imperialhealthholdings.com

MEMBERS RIGHTS & RESPONSIBILITIES



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

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

Our plan has staff and free interpreter services available to answer questions from disabled and non-English speaking members. We can also give you information in braille, in large print, or other alternate formats at no cost if you need it. We are required to give you information about the plan's benefits in a format that is accessible and appropriate for you. To get information from us in a way that works for you, please call Member Services at 1-800-838-8271 October 1–March 31: Monday–Sunday, from 8:00 a.m.–8:00 p.m. PST April 1–September 30: Monday–Friday, from 8:00 a.m.–8:00 p.m. PST.

These rights and responsibilities are for all members, regardless of race, sex, culture, economic, educational or religious background. Refer to Chapter 8: Rights and Responsibilities in your **Evidence of Coverage.**

If you have any trouble getting information from our plan in a format that is accessible and appropriate for you, please call to file a grievance with Member Services at 1-800-838-8271. You may also file a complaint with Medicare by calling 1-800-MEDICARE (1-800-633-4227) or directly with the Office for Civil Rights. Contact information is included in this Evidence of Coverage or with this mailing, or you may contact Member Services for additional information at the number listed above.

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

AUTOMATED MEMBER ELIGIBILITY SYSTEM

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, Providers, Provider Portal Web Application https://forms.office.com/pages/responsepage.aspx?id=5DmEMBsKOESYLX4BxkC_Z8R0IUAAoydBtDaWxFWfGoxUNThYR1pQNzNVNzMwMEY0RDNYRlJVNjZSQS4u

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

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

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: 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.

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. 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.

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 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

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



DENTAL

DELTA 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

vsp vision care

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

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 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

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

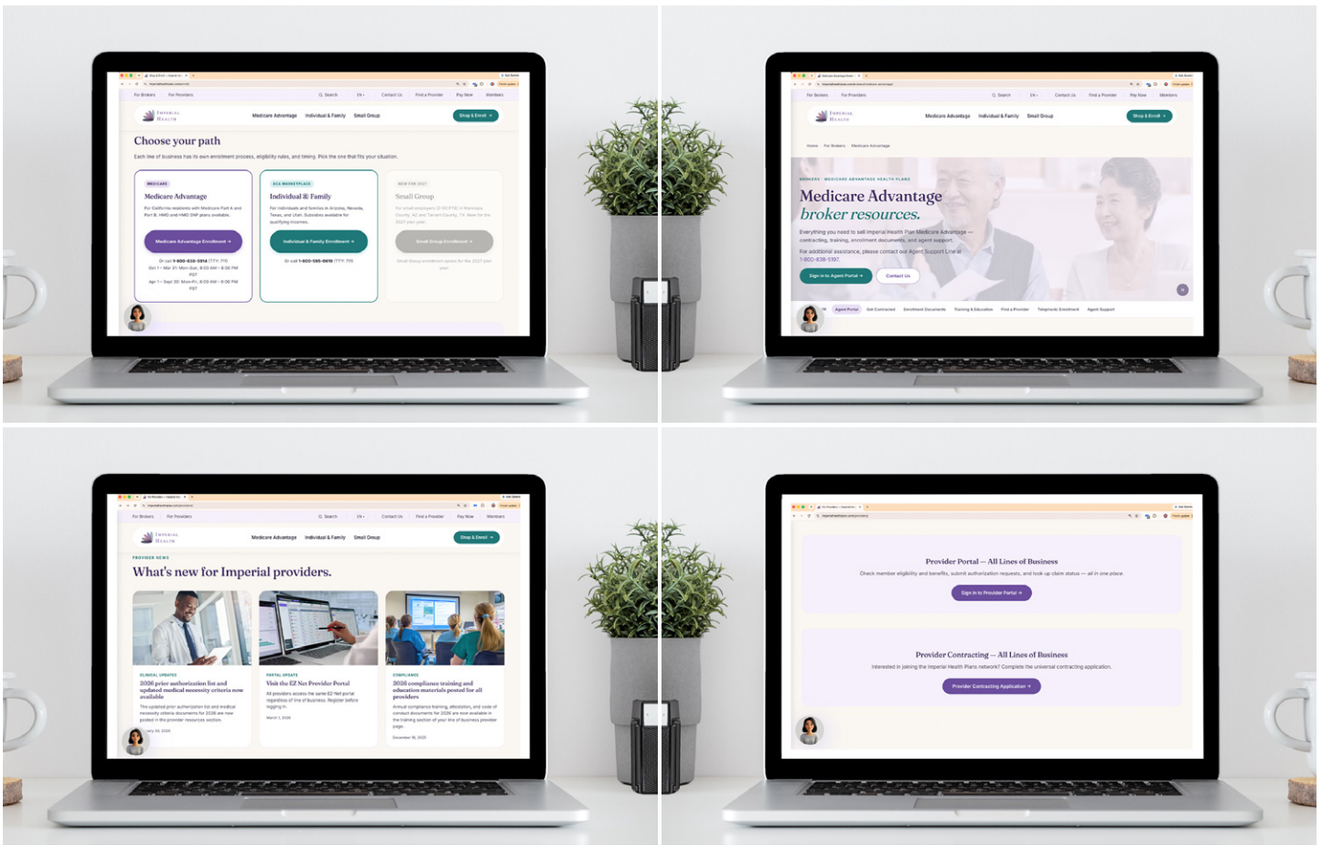
IN-HOME SUPPORT



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.

NEW WEBSITE INFORMATION

The Imperial Health Plan of California website has a New Look!
Click the Providers Tab located at the upper left: For Providers — Imperial Health Plan



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 imperialhealthplan.com/providers/medicare-advantage/.

Annually Imperial Compliance will audit these elements.

Compliance Training, Compliance Program, Code of Conduct

Training

- 2026 Compliance and Education
- 2026 Compliance Training Attestation

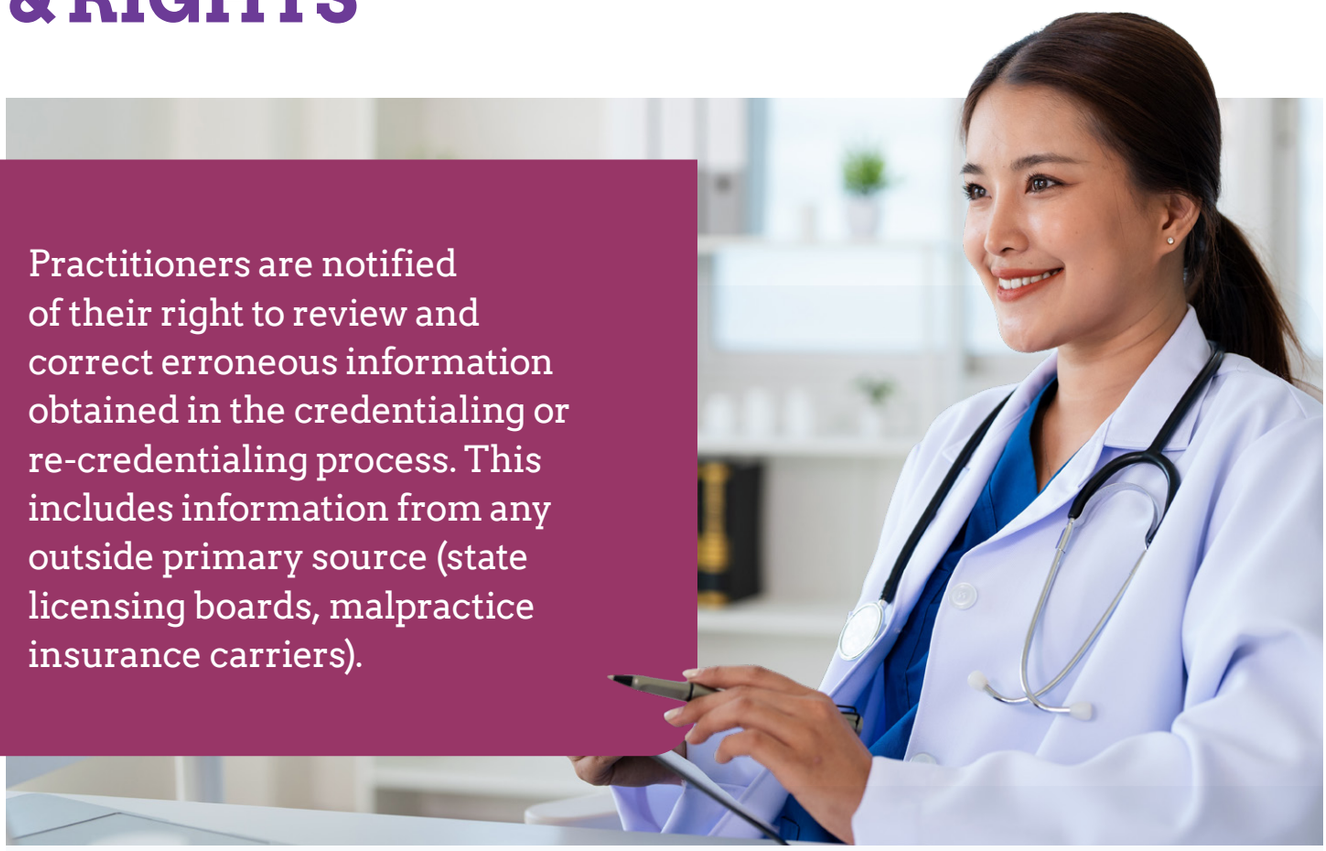
2026 SNP MOC TRAINING & ATTESTATION

Please access and review Annual Model of Care Training (SNP-MOC) located at imperialhealthplan.com/providers/medicare-advantage/ 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.



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.

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.



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

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

forms.office.com/r/qU27v24DXQ

2026 IMPERIAL PROVIDER MANUAL

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

www.imperialhealthplan.com/providers/

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

