Imperial Management Administrator Services

Imperial Health Holdings Medical Group

Newly Contracted Medi-Cal Provider Training

2023

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Welcome to Imperial Health Holdings Medical Group

Imperial Health Holdings Medical Group was founded in 2013, by Dr. Paveljit Bindra, CEO, who is an Internal Medicine, Cardiovascular Disease and Electrophysiologist and Meeta Bindra, CPA, MBA, who is the Chief Financial Officer of the organization.

Dr. Bindra has extensive experience in population health management, health maintenance and health care administration and has served as Chief Medical Officer and Chief Information Officer, of a 3-hospital, 625+ bed acute care health facility, with affiliated home health and hospice systems. His direct leadership of the executive team, is responsible for the financial turnaround of $28 million.

Dr. Bindra's management and clinical expertise in the health care sector, partnered by a spirit of entrepreneurship, led to the development and establishment of **Imperial Health Holdings Medical Group**, Imperial Health Plan of California, Imperial Insurance Companies (TX, AZ, NV), Imperial Management Services Group (IMAS), HealthCosmos Medical Group (AZ) and Lone Star Medical Group (TX).

Mission:

Imperial Health's mission is to Deliver valuable care, so our members are healthy in body, mind, and spirit, to achieve their inherent potential.

Vision:

The Imperial Vision is to Deliver value-based care, that is clinically effective, sustainable, and achieves exceptional outcomes for our patients.

Medi-Cal Managed Care Program Training:

1. Member Rights and Member Services Information
2. Evidence Based Practice Guidelines
3. Clinical Protocols
4. Cultural Awareness & Sensitivity as developed by DHCS, for Seniors and Persons with Disabilities and chronic conditions.
5. Information Sharing Methods for Contracted and Non-Contracted Providers and Members, encompassing Clinical Protocols and Evidence-based Practice Guidelines
6. Access to Policies and Procedures (P&Ps)
7. Trainings: Compliance/Standards of Conduct & Fraud Waste and Abuse
8. Provider Manual

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Member Rights

- Member must be treated with respect, giving due consideration to the Member's right to privacy and the need to maintain the confidentiality of the Member's medical information.
- Member will be provided with information about the plan and its services, including Covered Services.
- Member will be able to choose a Primary Care Provider within the Imperial Health Holdings Medical Group's Network.
- Member will be allowed to participate in decision-making regarding their health care, including the right to refuse treatment.
- To voice Grievances, either verbally or in writing, about the organization or the care received.
- To formulate advance directives.
- Member will be allowed to have access to family planning services, Federally Qualified Health Centers, American Indian Health Service Programs, sexually transmitted disease services, and Emergency Services outside the Contractor's Network pursuant to the federal law.

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Member Services

Contact Imperial Health Holdings Medical Group's Member Services Department for assistance:

Member Services Tel: 1-626-838-5100 ext. 2

Member Services Fax: 1-626-380-9129

Members can access IHHMG's Medi-Cal Program Resources and Information on our website at:
https://imperialhealthholdings.com/resources

Available Resources:

- Senior and Persons with Disabilities (SPD),
- Awareness and Sensitivity Training & Cultural & Linguistics
- Member Policies and Procedures

• Provides necessary support to Members with chronic conditions (such as asthma, diabetes, congestive heart failure) and disabilities, including assisting Members with Grievance and Appeal resolution, access barriers and disability issues, and referral to appropriate clinical services staff. • Refer Potential Enrollees to the DHCS enrollment broker, Health Care Options (HCO), when Potential Enrollees make a request for enrollment with the Contractor.

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Utilization Management Resources

Imperial will notify providers through Fax Blast and post on the IHHMG Provider website including but not limited to the below, located here: **https://imperialhealthholdings.com/resources**

- Access to Policies and Procedures (P&Ps) that cover (but are not limited to) the following:
- Services (e.g., Provider Education, Panel Status Changes, etc.)
- Policies (e.g., Prior Authorization, Pre-Natal Services, Member Satisfaction, etc.)
- Procedures (e.g., DHCS Recommended Care Standards, Continuity of Care, Special Needs Plan (SNP), etc.)
- Any modifications to existing services, policies and/or procedures.

Upon Request

- Members are notified of these changes through member newsletter. Members can find resources on the website.
- Providers are notified of these changes through Fax Blast. They can request by calling Provider Department: (626) 838-5100 Prompt 5

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Clinical Protocols

Access to Clinical Evidence Based Guidelines & Protocols:

Providers can access our **Clinical Evidenced Based Guidelines and Protocols** on our Imperial's website.

https://imperialhealthholdings.com/resources

- Asthma
- COPD
- CAD
- Diabetes
- Heart Failure
- Preventative Health

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Evidence Based Practice Guidelines

Asthma: Guidelines for the Diagnosis and Management of Asthma 2007 (EPR-3) https://www.nhlbi.nih.gov/health-topics/guidelines-for-diagnosis-management-of-asthma

Chronic Obstructive Pulmonary Disease (COPD): Global Initiative for Chronic Obstructive Lung Disease 2023 Report AHA/ACC Secondary Prevention and Risk Reduction for patients with Coronary and other Atherosclerotic Vascular Disease 2011, November

CORONARY ARTERY DISEASE:
Coronary Artery Disease: AHA/ACC Secondary Prevention and Risk Reduction for patients with Coronary and other Atherosclerotic Vascular Disease 2011, November

Effectiveness-BasedGuidelinesforthePreventionof CardiovascularDiseaseinWomen—2011Update (AHA) Guideline) Effectiveness-Based Guidelines for the Prevention of Cardiovascular Disease in Women Update, 2011

2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk https://www.ahajournals.org/doi/full/10.1161/01.cir.0000437741.48606.98

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Evidence Based Practice Guidelines

2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults
https://jamanetwork.com/journals/jama/fullarticle/1791497

2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults:
https://www.ahajournals.org/doi/full/10.1161/01.cir.0000437738.63853.7a

2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk
https://www.ahajournals.org/doi/full/10.1161/01.cir.0000437738.63853.7a

2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk
https://www.ahajournals.org/doi/full/10.1161/01.cir.0000437740.48606.d1

Diabetes

Standards of Medical Care in Diabetes-2022 Abridged for PCP ADA Standards of Medical Care in Diabetes, 2022

Summary of Revisions: Standards of Medical Care in Diabetes-2022 Summary of Revisions: Standards of Medical Care in Diabetes, 2022

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Evidence Based Practice Guidelines

Diabetes: Introduction: Standards of Medical Care in Diabetes 2020 ADA Standards of Medical Care in Diabetes, 2020

National Standards fo Diabetes Self-Management Education and Support ADA National Standards for Diabetes Self-Management Education and Support, 2014, January

Heart Failure: 2019 AHA/ACC/HRS Focused Update of the 2014 AHA/ACC/HRS Guideline for the Management of Patients With Atrial Fibrillation: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society in Collaboration With the Society of Thoracic Surgeons
https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000665

2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America:
https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000509

Evidence Based Practice Guidelines

2016 ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure: An Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America: https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000435

Acute Myocardial Infarction with ST-Elevation:
ahajournals.org/doi/pdf/10.1161/CIR.0000000000000336

Acute Myocardial Infarction without ST-Elevation
https://www.ahajournals.org/doi/pdf/10.1161/cir.0000000000000134

Stable Ischemic Heart Disease:
014 ACC/AHA/AATS/PCNA/SCAI/STS Focused Update of the Guideline for the Diagnosis and Management of Patients With Stable Ischemic Heart Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines, and the American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons
https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000095

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Evidence Based Practice Guidelines

ACCF/AHA Guideline for the Management of Heart Failure, 2017 October:
https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000509

2016 ACC/AHA/HSFA Focused Update on New Pharmacological Therapy for Heart Failure:
http://www.onlinejacc.org/content/68/13/1476?_ga=2.183786342.1132701305.1534877730-1253765551.1534877730

Preventative Health:
U.S Preventative Services Task Force
https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P

DHCS Medi-Cal Programs

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Medi-Cal Enrollment Process

- People who meet Medi-Cal eligibility requirements (Mandatory Enrollment and Voluntary Enrollment Aid Categories
- Health Care Options (HCO) is the organization that works with DHCS to manage the enrollment process. HCO helps people understand Medi-Cal benefits and the different managed care options available to them.
- Potential enrollees can call HCO Medi-Cal Managed Care toll-free at 1-800-430-4263 (TTY 1-800-430-7077) or HCO Coordinated Care Initiative toll-free at 1-844-580-7272 (TTY 1-800-430-7077) Monday through Friday, 8 a.m. to 6
  p.m. PT, except holidays.
- If you want HCO to contact you, fill out the HCO Contact Form
- You can write to HCO at

  CA Department of Health Care Services
  Health Care Options
  P.O. Box 989009
  West Sacramento, CA 95798-9850
- To learn how to contact other DHCS Organizations, go to the Contact us page
- For additional information on HCO, go to: https://www.healthcareoptions.dhcs.ca.gov/learn

DHCS Medi-Cal Programs and Services

California Department of Health Care Services (DHCS):

- All Programs and Services
  - ✓ https://www.dhcs.ca.gov/services/Pages/AllServices.aspx

    Please click above link for DHCS Programs and Services

Child Health and Disability Prevention Program

California Department of Health Care Services (DHCS)

- **CHDP Program:**
  - ✓ https://www.dhcs.ca.gov/services/chdp
  - ✓ **Child Health and Disability Prevention Program (CHDP)** is a preventive program that delivers periodic health assessments and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Health assessments are provided by enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.

Child Health & Disability Prevention

CHDP

Program Description

The CHDP program provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment.

The CHDP program oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth.

In July 2003, the CHDP program began the using the "CHDP Gateway," an automated pre-enrollment process for non Medi-Cal, uninsured children. The CHDP Gateway , serves as the entry point for these children to enroll in ongoing health care coverage through Medi-Cal. The CHDP Gateway is based on federal law found in Titles XIX and XXI of the Social Security Act that allows states to establish presumptive eligibility programs for children/youth.

CHDP Gateway PE coverage is full scope, and includes abortion services.

California Children's Services (CCS)

California Department of Health Care Services (DHCS)

- **CCS Program:**
  - ✓ https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx

California Children's Services (CCS) is a county-wide program that treats children (*under* 21 years of age) with certain physical limitations and chronic health conditions or diseases.

- **CCS** can authorize and pay for specific medical services and equipment provided by **CCS** approved specialists and hospitals.
- The **California Department of Health Care Services (DHCS) manages the CCS program** and it is administered as a partnership between county health departments and the **DHCS**.
- **CCS i**s the "payor of last resort". That means: if you have private insurance coverage, the insurer is responsible for paying for the services before **CCS** can pay.
- Providers are expected to refer a child to **CCS** if there is sufficient clinical detail to establish, or raise a reasonable suspicion, that a member has a **CCS** eligible medical condition.

Examples of Qualifying CCS Conditions

- Infectious Diseases
- Neoplasms
- Endocrine, Nutritional, Metabolic and Immune Disorders
- Mental Disorders and Mental Retardation
- Diseases of the Nervous System
- Medical Therapy Program
- Diseases of the Eye
- Diseases of the Ear and Mastoid Process
- Diseases of the Respiratory System
- Diseases of the Digestive System
- Diseases of the Genitourinary System
- Diseases of the Skin and Subcutaneous Tissues
- Diseases of the Musculoskeletal System and Connective Tissues
- Diseases of the Circulatory System
- Congenital Anomalies
- Accidents, Poisonings, Violence and Immunization Reactions

CCS Referral Process

- Referrals to CCS can be made by anyone:
  - Hospital
  - Physician
  - School Nurse
  - Family

- Referrals are sent to the appropriate county office where the child resides.

CCS Information Brochure
Caring for Children with Special Medical Needs
English dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pub4.pdf
Spanish https://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pub135Spanish.pdf

What is a Service Authorization Request (SAR)?

- A SAR allows CCS to authorize payment for services for a child's CCS-eligible condition. This may include doctors, hospitals, Special Care Center (SCC) services, medication, or medical equipment and supplies.

- It may take 1-2 weeks to receive the SAR letter in the mail, after your Nurse Case Manager approves it.

CCS Carved Out Services

- The CCS eligible medical condition is “carved out” of Medi-Cal Managed care plans responsibility.

- The “carve out” means that Medi-Cal Managed Care plans are not capitated to provide services for a child’s CCS eligible condition.

What are CCS Benefits?

If member has a special health problem that is a CCS covered benefit, then CCS will pay or assist if eligible with the following

- Doctor visits and care, hospital stay, surgery, physical therapy, occupational therapy, laboratory tests, X-rays, pharmaceuticals, medical equipment and supplies.

- Medical Case Management may assist members in finding a special doctor and/or refer to other agencies for example, public health nursing and regional centers.

- Medical Therapy Program (MTP), which provides physical therapy and/or occupational therapy in public schools.

Examples of CCS-Eligible Covered Services

- Diagnostic Services

- Treatment Services
  - Doctor visits, Emergency Room Care, Hospital Stays, Surgery, Medication, Special Equipment, Medical Therapy Program

- Special Care Centers (SCC)
  - A SCC is a clinic where a team of doctors and other professionals (like nurses, therapists, and social workers) work together with families to help provide treatment for the child.

CCS Qualification Cessation

CCS services may end when:

- A child no longer has a CCS-eligible condition because the condition has changed or treatment has been completed
- A child is no longer financially eligible because the family's income has changed
- A child turns 21 years old
- A child moves outside the state of California

Additional Resources

- California Children's Services:
  https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx
- For Overview of CCS Medical Eligibility, you may refer to:
  https://www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx
- California Children's Services Provider Lists:
  Approved Hospitals, Approved Special Care Centers (SCC), Paneled Non-PMF Providers, Paneled Providers https://www.dhcs.ca.gov/services/ccs/Pages/CCSProviders.aspx
- Hospitals and Special Care Centers:
  https://www.dhcs.ca.gov/services/ccs/scc/Pages/default.aspx
- County Offices for California Children's Services:
  https://www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx
- Medical Therapy Program:
  https://www.dhcs.ca.gov/services/ccs/Pages/MTP.aspx
- California Children's Services Information Notices:
  https://www.dhcs.ca.gov/services/ccs/Pages/CCSIN.aspx
- CCS Numbered Letters:
  https://www.dhcs.ca.gov/services/ccs/Pages/CCSNL.aspx

Seniors and Persons with Disabilities (SPD) and Chronic Conditions

- Starting June 2011, the California Department of Health Care Services (DHCS) requires Medical Groups to conduct competency and sensitivity training for network providers and their staff who come in contact with members identified as Seniors and Persons with disabilities and chronic conditions (SPD).
- For information pertaining to Seniors and Persons with Disabilities and Chronic Conditions visit: **https://www.dhcs.ca.gov/individuals/Pages/PersonswithDisability.aspx**

DHCS

Cultural Awareness & Sensitivity as developed by DHCS, for Seniors and Persons with Disabilities and Chronic Conditions

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Agenda

- Objectives
- Overview
- Understanding Cultural Differences
- What is Cultural Competence?
- The strength of cultural competency and diversity
- Cultural Competence Continuum
- Communication with Culturally Diverse Patients

Objectives

This presentation demonstrates cultural competency strategies that can be used in providing culturally competent health services to our diverse populations and their needs.

We will highlight the importance of developing and demonstrating culturally appropriate behaviors that include but not limited to, knowledge, attitudes, and beliefs for our members, staff, and providers.

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What is Diversity?

Diversity includes characteristics such as gender, religion, nationality, race, sexual orientation, physical abilities, ethnicity and political beliefs, heritage and life experiences.

Individuals can bring a diverse range of experiences, e.g., appearance, likes or dislikes and identity. It is important we value and embrace differences and similarities among staff, patients and health care providers.

Importance of Healthcare Diversity

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Diversity in health care helps ensure all backgrounds, beliefs, ethnicities, and perspectives are adequately represented in the medical field. It's about providing the best possible care for all patients. Having Diversity in the workplace is beneficial for healthcare providers, staff and patients. These benefits include but not limited to:

Ability to provide better care for our diverse population
- Having a diverse staffing structure, patients can identify with the staff, comfortably communicate with their provider and staff, better serve their individual needs.

Higher employee morale
- Diversity creates a stronger feeling of inclusion as a community for healthcare workers, which makes the workplace feel safer and more enjoyable.

Better patient experience and outcomes
- Patients benefit from a team that understands and relates to them. Diverse team gets better results. It is important we can understand our patient's belief systems and values. This will allow for providers to provide better care for them.

Importance of Cultural Diversity

- More than 40 million people living in the U.S. were born in another country, accounting for about one-fifth of the world's migrants. The population of immigrants is also very diverse, with just about every country in the world represented among U.S. immigrants.
- Seniors and Persons with Disabilities are often referred to as an individual population, but they are actually group of people with a various range of needs.
- 1 in 4 adults in the United States have some type of disability
- People with disabilities constitute the nation's largest minority group
- People with disabilities constitute the largest minority group in the United States, making up an estimated 20 percent of the total population. It is a diverse group, crossing lines of age, ethnicity, gender, race, sexual orientation and socioeconomic status.
- More than half of LGBTQI+ adults reported that "recent debates about state laws restricting the rights of LGBTQI+ people" moderately or significantly affected their mental health or made them feel less safe, including more than 8 in 10 transgender or nonbinary individuals.
- Approximately 1 in 3 LGBTQI+ adults reported encountering at least one kind of negative experience or form of mistreatment when interacting with a mental health professional in the past year, including 4 in 10 LGBTQI+ people of color and more than 1 in 2 transgender or nonbinary individuals.

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Cultural Respect

Cultural respect is being respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients.

Cultural respect is critical to reducing health disparities. It helps improve access to high-quality health care that is respectful of and responsive to the needs of diverse patients.

Cultural respect enables systems, providers, and groups of professionals to function effectively to understand the needs of groups accessing health information and health care.

The National Standards for Culturally and Linguistically Appropriate Services (NCLAS) Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities, thereby influencing cultural respect as a critical element to achieving better health outcomes, implementing culturally and linguistically appropriate services.

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Importance of Cultural Respect

Culture is often described as the combination of knowledge, belief, and behavior. It involves several elements that are often specific to ethnic, racial religious, geographic, or social groups.

This includes personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions. As healthcare providers, it is important to recognize these elements that may influence patients' actions or inactions surrounding health, healing, wellness, illness, disease, and delivery of health services.

The concept of **Cultural Respect** has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients.

Cultural Differences

Did you know?

- **Health beliefs:** In some cultures, people believe that talking about a possible poor health outcome will cause that outcome to occur.
- **Health customs:** In some cultures, family members play a large role in health care decision making.
- **Ethnic customs:** Differing roles of women and men in society may determine who makes decisions about accepting and following through with medical treatments.
- **Religious beliefs:** Religious faith and spiritual beliefs may affect health care-seeking behavior and people's willingness to accept specific treatments or behavior changes.
- **Dietary customs:** Disease-related dietary advice will be difficult to follow if it does not conform to the foods or cooking methods used by the patient.
- **Interpersonal customs:** Eye contact or physical touch will be expected in some cultures and inappropriate or offensive in others.

Cultural Competence

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Cultural competence is a set of behaviors and attitudes that professionals use to:

- Show respect for another culture's values and identity
- Respect and value diversity and cultural differences in their patients
- Respect diversity and cultural differences in their workforce
- Learn to adjust to the culture of the family or community they are serving
- Work effectively in a sensitive and multicultural setting
- Establish Clear Communication
- Ask about potentially relevant traditions and customs
- Use respectful statements when discussing sensitive topics including cultural or religious customs

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Cultural Competence Skills

- Building strong multi cultural team relationships
- Advocating for individuals who are different from yourself
- Patient Preference for Traditional Treatment
- Religious Beliefs and Care Delivery
- Using effective communication skills across differences
- Intervening and providing resolution for cross cultural conflicts
- Being flexible

Diversity includes LGBTQIA Members/Patients

LGBTQIA+ refers to lesbian, gay, bisexual, transgender, queer, intersex, asexual & all sexual & gender minority people.

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- **Lesbian or gay** is a sexual orientation that describes a person who is emotionally & sexually attracted to people of the same gender.
- **Bisexual** is a sexual orientation that describes a person who is emotionally & sexually attracted to people of the same gender & people of other genders.
- **Straight** (heterosexual) is a sexual orientation that describes a person who is emotionally & sexually attracted to people of a different gender.
- **Transgender** describes a person whose gender identity, gender expression or behavior & sex assigned at birth does not conform to typically associated behaviors based on traditional expectations; for example, a person assigned female sex at birth who identifies as a man; or a person assigned male sex at birth who identifies as a woman. Transgender can also include people with gender identities outside the girl/woman and boy/man gender binary structure; for example, people who are gender fluid or non-binary. Sometimes abbreviated as trans

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Diversity includes LGBTQIA Members/Patients

- **Queer** is a an umbrella term describing people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Although queer was historically used as a slur, it has been reclaimed by many as a term of empowerment. Nonetheless, some still find the term offensive

- **Intersex** describes a group of congenital conditions in which the reproductive organs, genitals &/or other sexual anatomy do not develop according to traditional expectations for females or males. Intersex can also be used as an identity term for someone with one of these conditions.

- **Asexual** describes a person who experiences little or no sexual attraction to others. Asexual people may still engage in sexual activity.

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Assumptions

Do Not Make Assumptions!

- Unconscious biases are learned assumptions, beliefs, or attitudes that we aren't necessarily aware of. While bias is a normal part of human brain function, it can often reinforce stereotypes

- Assumptions from judgements we make based on a person's appearance, age, race, ethnicity, religion, sex, gender, language, weight and economic status often lead to misjudgments.

- We may decide we may not need to **"hear"** what people have to say because we have unconsciously decided that they have nothing to contribute based on our own biases about the person's appearance or situation.

- Our assumptions may affect our ability to communicate effectively with those who are different from us.

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Labels

- Labelling is closely interlinked with stereotyping - it occurs when an individual or group are exposed to subjective views which lead to them being associated with or categorized according to the viewers own experiences and opinions. Those individuals being observed are then associated with certain behaviors.

- We may use labels or categories to describe others.

- Labels can be based on certain characteristics including but not limited to their clothing, looks, the way a person talks, or the groups to which he or she belongs.

- Grouping is a natural human inclination; however, people often make assumptions about groups of people they don't even know.

Stereotyping

Bias and Stereotypes affects how people perceive others who look, think, or behave differently.

- Stereotyping occurs when we use misinformation to judge everyone who belongs to a specific group.

  o For example, if we are walking through a park late at night and encounter three senior citizens wearing fur coats and walking with canes, we may not feel as threatened as if we were met by three high school-aged boys wearing leather jackets. Why is this so? Because we have made a generalization in each case.

- Stereotypes also evolve out of fear of persons from minority groups.

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How to Avoid Stereotyping

- Acknowledge the existence of your own preconceptions.
- Be critical of yourself. Don't take for granted any opinion that pops into your head.
- Work to understand how your preconceptions impact the way you view others.
- Know your labels and to whom you relegate them.
- Slow down and get more information.
- Listen carefully and don’t interrupt

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The Strengths of Cultural Competence and Diversity

- The ability to collaborate effectively with individuals from different culture to improve health care experiences and outcomes.
- Offers an environment of inclusion, that is supportive and collaborative and increases productivity and loyalty.
- Promotes equity to alleviate healthcare disparities and improve health care outcomes in these patient populations.
- Encourages interaction among diverse people to enrich the educational experience, promote personal growth and enhance the community.
- Fosters mutual respect, value differences and promotes cross cultural understanding.
- Prepares community members to live and work in a competitive global economy.

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Cultural Competence Continuum

Cultural competence at the organizational and individual levels is an ongoing developmental process.

The following chart is designed to highlight selected characteristics that organizations may demonstrate along the stages of the cultural competence continuum.

Communication with Culturally Diverse Patients

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When you work with culturally diverse populations:

- Learn culturally specific information.
- Know some words and phrases in the patient's language.
- Use trained interpreters who can interpret language as well as cultural cues.
- Limit the number of forms and other paperwork.

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Do's of communicating with Limited-English Speakers

- Make your statements as specific as possible
- Identify members among your team who speak other languages who you know can assist with outreach when connecting with people who speak different languages.
- Let the person see your lips as you speak
- Be aware of your assumptions
- Don't rush – be patient
- Speak a little more slowly but not more loudly
- Repeat if necessary
- Be careful with your pronunciation
- Stick to the main points
- Avoid complicated medical jargon

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Do's of communicating with Limited-English Speakers

- Emphasize key words
- Use simple sentence structure
- Keep pencil and paper handy and write key information down
- Use body language to illustrate what your words say
- Ask the person to write down any words you have difficulty understanding

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Citations

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Resource Accessibility for Contracted and Non-Contracted Providers and Members

- Imperial Health Holdings Medical Group (IHHMG) uses the following methods to share information with network providers, members, and/or other healthcare professionals:

Contracted Providers:

- Provider Portal, Provider Newsletters, Mail, Fax, Phone, IHHMG Website
  - https://imperialhealthholdings.com/resources
  - https://providerportal.imperialhealthplan.com/signup

- **Non-Contracted Providers:**
  - Provider Portal, Provider Newsletters, Mail, Fax, Phone, IHHMG Website
    - https://imperialhealthholdings.com/resources
    - https://providerportal.imperialhealthplan.com/signup
- **Members:**
  - Mail, Phone, IHHMG Website: https://imperialhealthholdings.com/resources

Access to Policies and Procedures (P&Ps)

The Provider Manual contains the IPA's Policy and Procedures.

Visit Imperial Health Holdings Medical Group's website for Provider Resources and Information:

https://imperialhealthholdings.com/resources

Imperial Health Holdings
Medical Group

Trainings: Compliance/Standards of Conduct & Fraud Waste and Abuse

To access the Compliance related training deck, visit:
https://imperialhealthholdings.com/resources

Education 18 | Forms 10 | Health Education 4 | Interpreter Services 4 | Medi-Cal Rx Updates 2
Quality Resources 7 | Training 8 | UM Resources 7 | Vaccine Resources & Tools 16

Name ↑	Download
2023 Compliance and Training Education	Download
2023 FWA HIPAA Training Attestation	Download
BSCPHP Medi-Cal Provider Manual	Download
BSCPHP Medi-Cal Provider Manual (Direct Link)	Download
California Programs Medi-Cal	Download
PCP/Specialist Termination Guidelines	Download
PNM Provider Staff Training	Download
Provider Manual 2023	Download

IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP

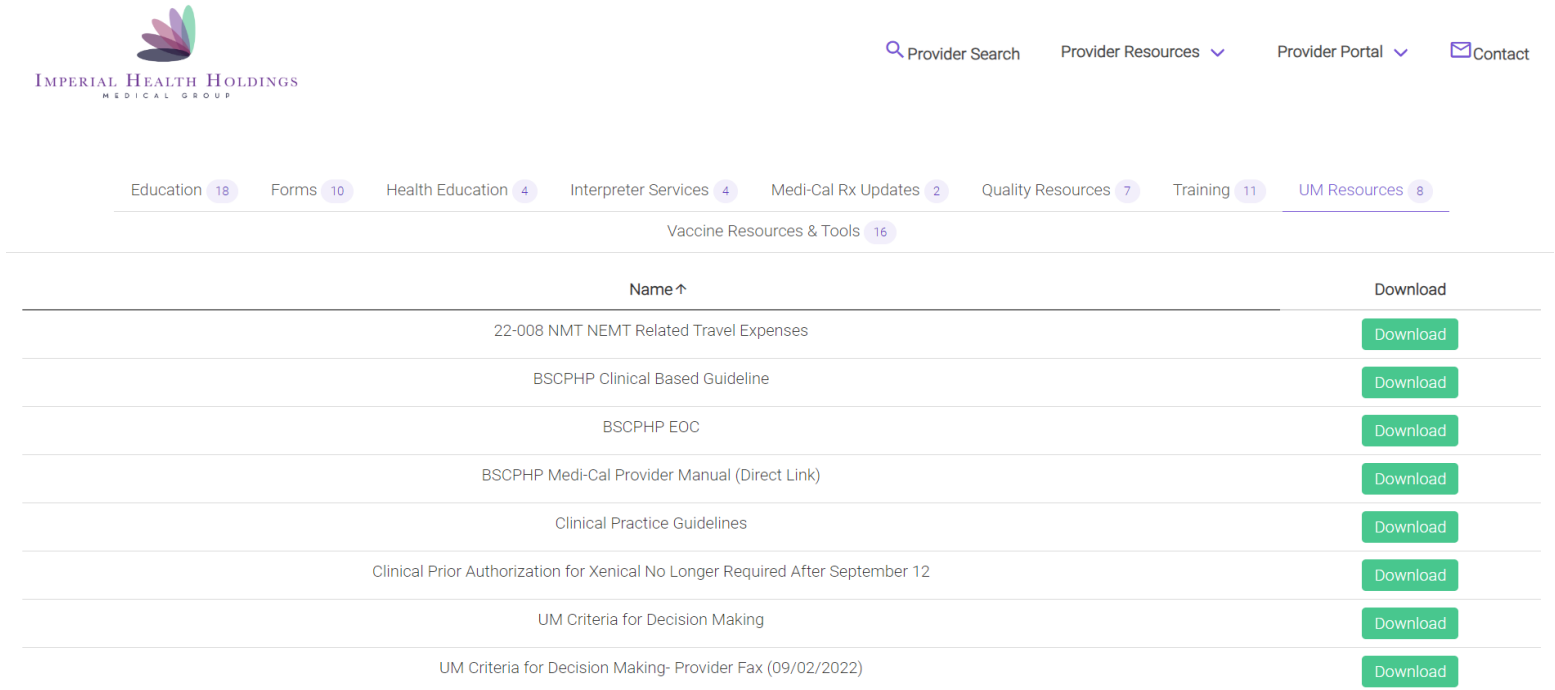
Provider Operational Manual

To Access the 2023 IHHMG Provider Operational Manual, please visit: https://imperialhealthholdings.com/resources

IHHMG's POM contains administrative updates, prior authorization and referral processes, claims and encounter submission processes, continuity of care requirements, plan benefits, clinical practice guidelines, availability and access standards, care management programs, and Member rights and responsibilities.

Clinical Protocols

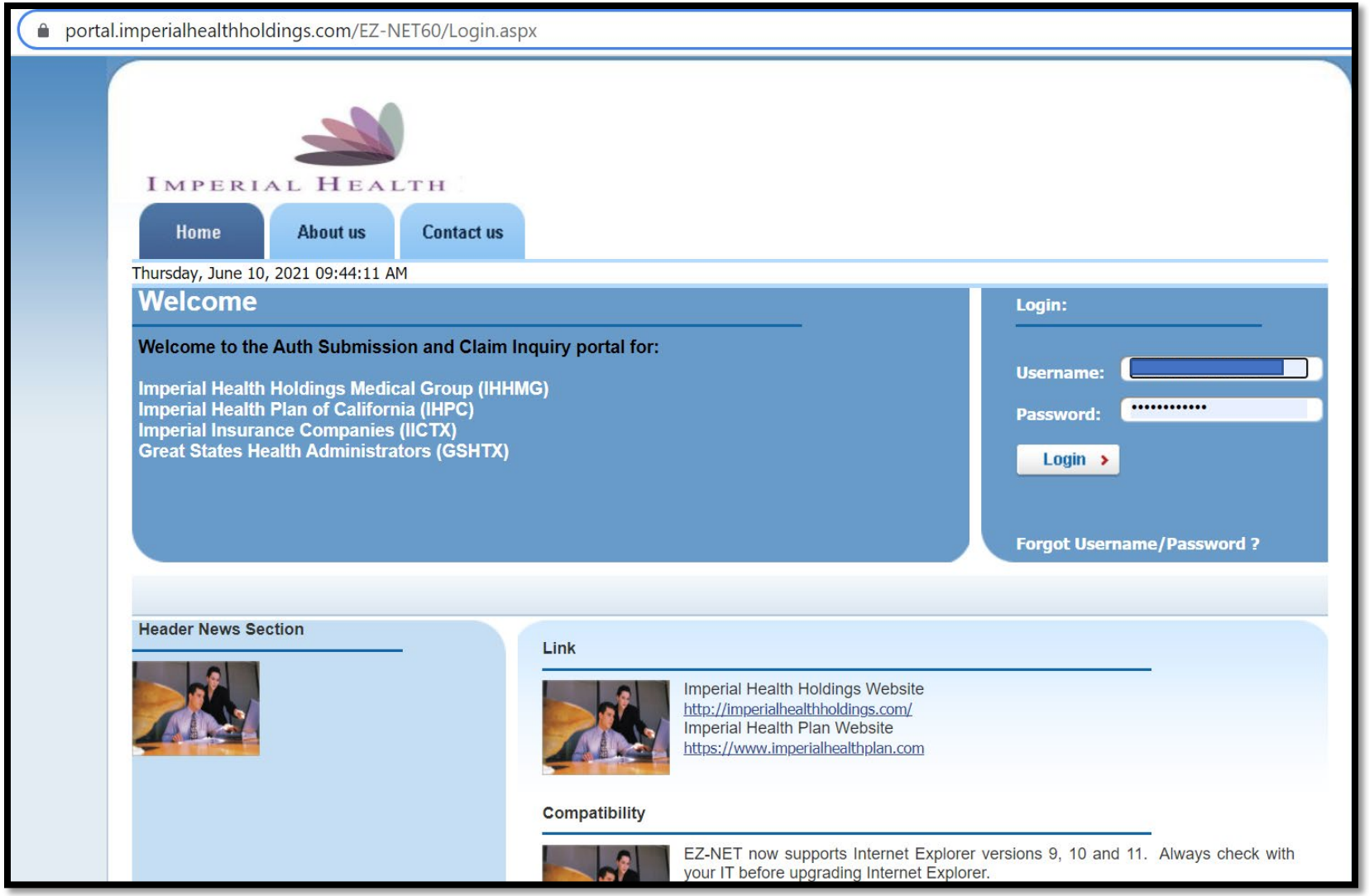
To access IHHMG's Clinical Protocols and Guidelines, UM Criteria for Decision Making and additional UM related resources, visit our website at: https://imperialhealthholdings.com/resources

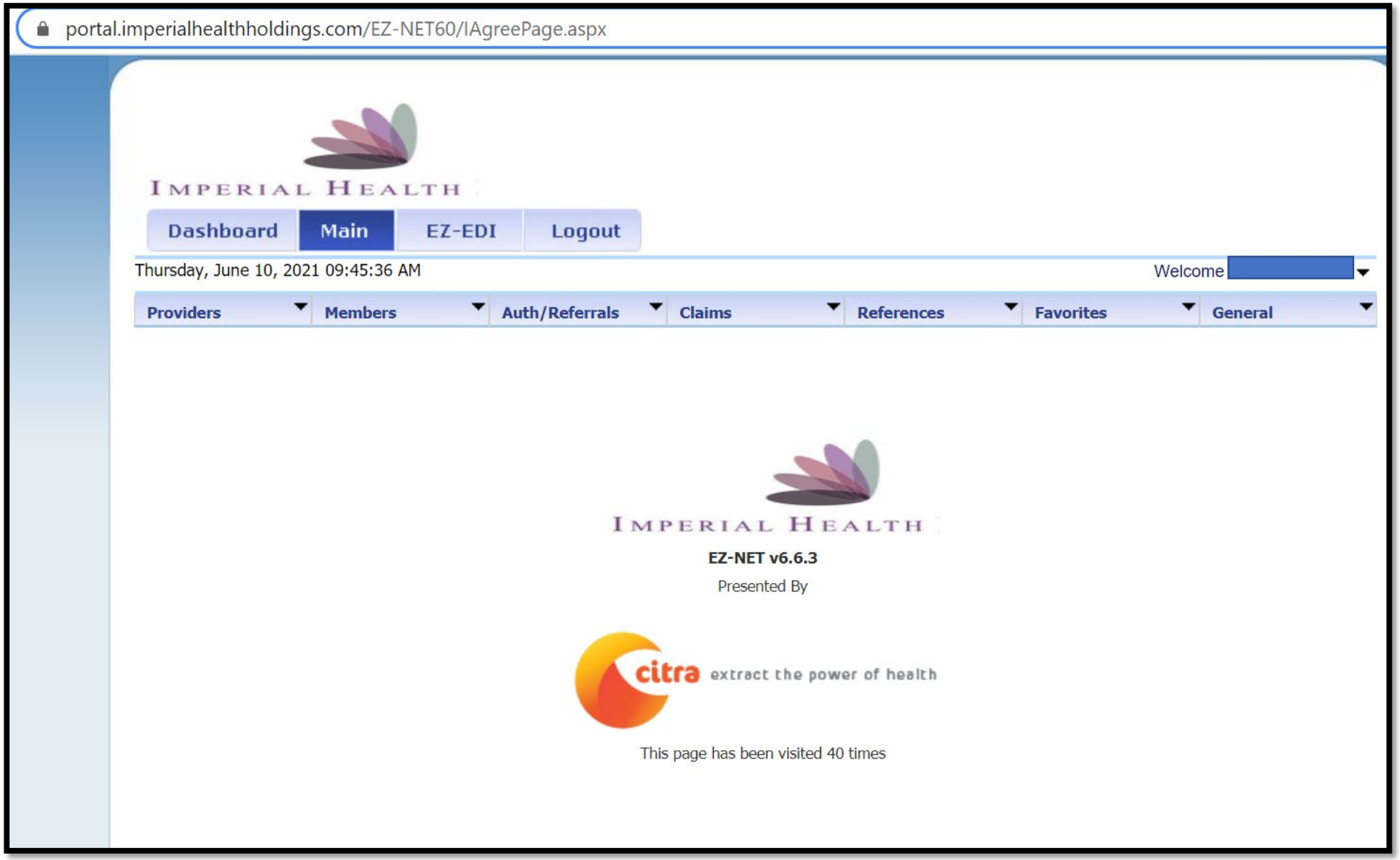


IMPERIAL EZ NET PROVIDER PORTAL

IMPERIAL MANAGEMENT
ADMINISTRATORS SERVICES

IMPERIAL EZ-PROVIDER PORTAL




portal.imperialhealthholdings.com/EZ-NET60/IAgreePage.aspx
IMPERIAL HEALTH
Dashboard
Main
EZ-EDI
Logout
Thursday, June 10, 2021 09:45:36 AM
Welcome
Providers
Members
Auth/Referrals
Claims
References
Favorites
General
IMPERIAL HEALTH
EZ-NET v6.6.3
Presented By
citra
extract the power of health
This page has been visited 40 times

PROVIDER PORTAL

Direct Link to the Web Portal Access Application Form
https://forms.office.com/pages/responsepage.aspx?id=5DmEMBsKOESYLX4BxkC_Z8R0IUAAoydBtDaWxFWfGoxUNThYR1pQNzNVNzMwMEY0RDNYRlJVNjZSQS4u

Net Web Portal
https://portal.imperialhealthholdings.com/EZ-NET60/Login.aspx

REFERRALS

- PCPs to obtain an authorization when referring a patient for specialty services not listed on the Imperial Direct Access Form.

- Specific Specialty Physician Services are covered only if they are:

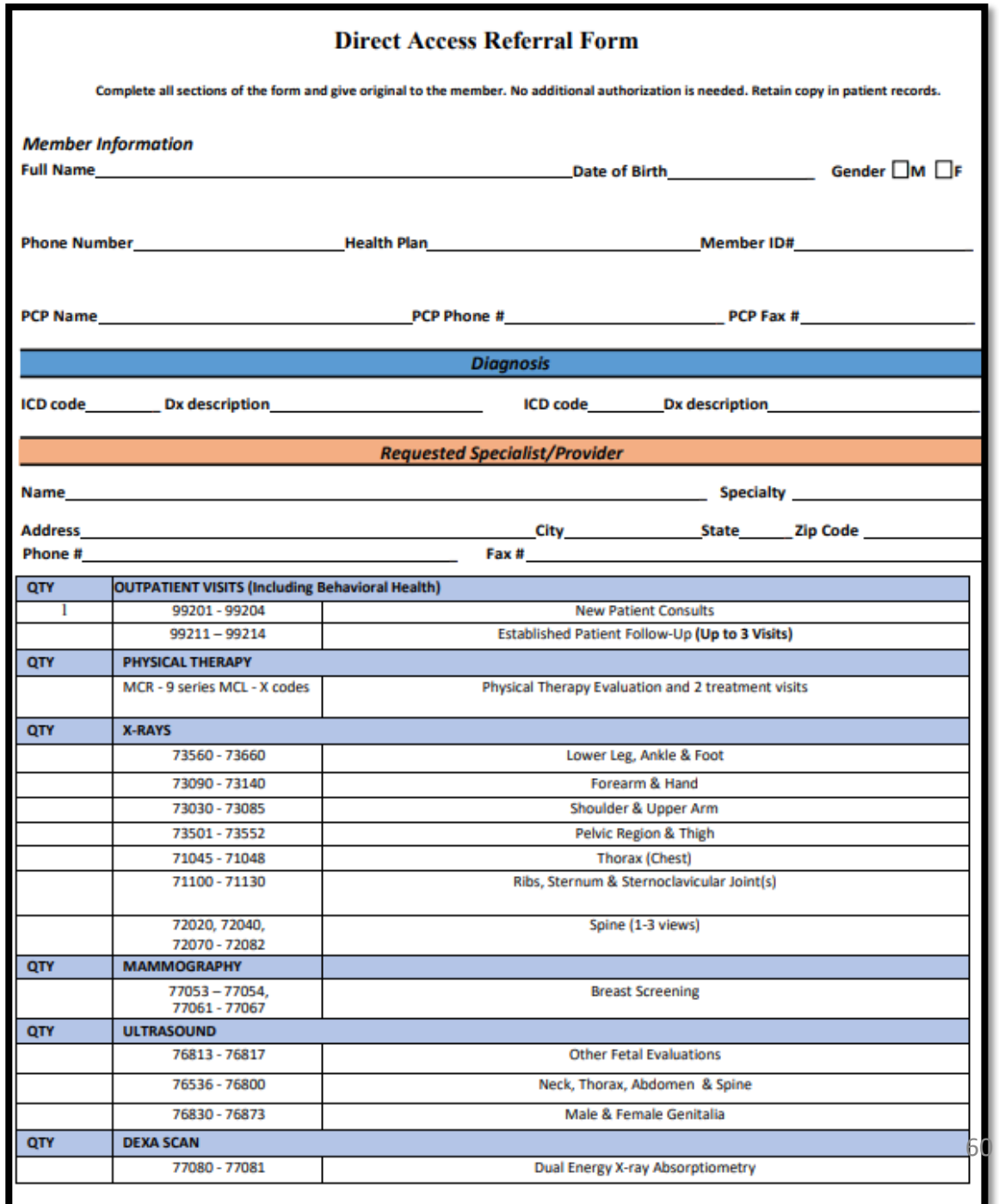
  *a covered benefit, medically necessary and properly authorized.

- The authorization request should be initiated by
  - Primary Care Provider for the initial referral, or
  - Specialist for follow-up services with the same specialist.
    - If the patient requires a specialist-to-specialist referral, eg: Orthopedist to Neurologist, the specialist may refer the patient directly to the new specialist and communicate the referral to the Primary Care Physician.
    - For Specialist referrals outside of the initial Specialist scope of practice, the patient should be directed to their PCP. All servicing providers should be within the Imperial Provider Network.

IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP

IMPERIAL DIRECT ACCESS REFERRAL FORM

https://imperialhealthholdings.com/pdfs/IHHMG-Direct-Referral-Form.pdf



Direct Access Referral Form

Complete all sections of the form and give original to the member. No additional authorization is needed. Retain copy in patient records.

Member Information

Full Name_____ Date of Birth_____ Gender ☐M ☐F

Phone Number_____ Health Plan_____ Member ID#_____

PCP Name_____ PCP Phone #_____ PCP Fax #_____

Diagnosis

ICD code_____ Dx description_____ ICD code_____ Dx description_____

Requested Specialist/Provider

Name_____ Specialty _____

Address_____ City_____ State_____ Zip Code _____

Phone #_____ Fax #_____

QTY	OUTPATIENT VISITS (Including Behavioral Health)	
1	99201 - 99204	New Patient Consults
	99211 – 99214	Established Patient Follow-Up **(Up to 3 Visits)**
QTY	**PHYSICAL THERAPY**	
	MCR - 9 series MCL - X codes	Physical Therapy Evaluation and 2 treatment visits
QTY	**X-RAYS**	
	73560 - 73660	Lower Leg, Ankle & Foot
	73090 - 73140	Forearm & Hand
	73030 - 73085	Shoulder & Upper Arm
	73501 - 73552	Pelvic Region & Thigh
	71045 - 71048	Thorax (Chest)
	71100 - 71130	Ribs, Sternum & Sternoclavicular Joint(s)
	72020, 72040, 72070 - 72082	Spine (1-3 views)
QTY	**MAMMOGRAPHY**	
	77053 – 77054, 77061 - 77067	Breast Screening
QTY	**ULTRASOUND**	
	76813 - 76817	Other Fetal Evaluations
	76536 - 76800	Neck, Thorax, Abdomen & Spine
	76830 - 76873	Male & Female Genitalia
QTY	**DEXA SCAN**	
	77080 - 77081	Dual Energy X-ray Absorptiometry

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MEDICAL GROUP

IMPERIAL DIRECT ACCESS REFERRAL FORM

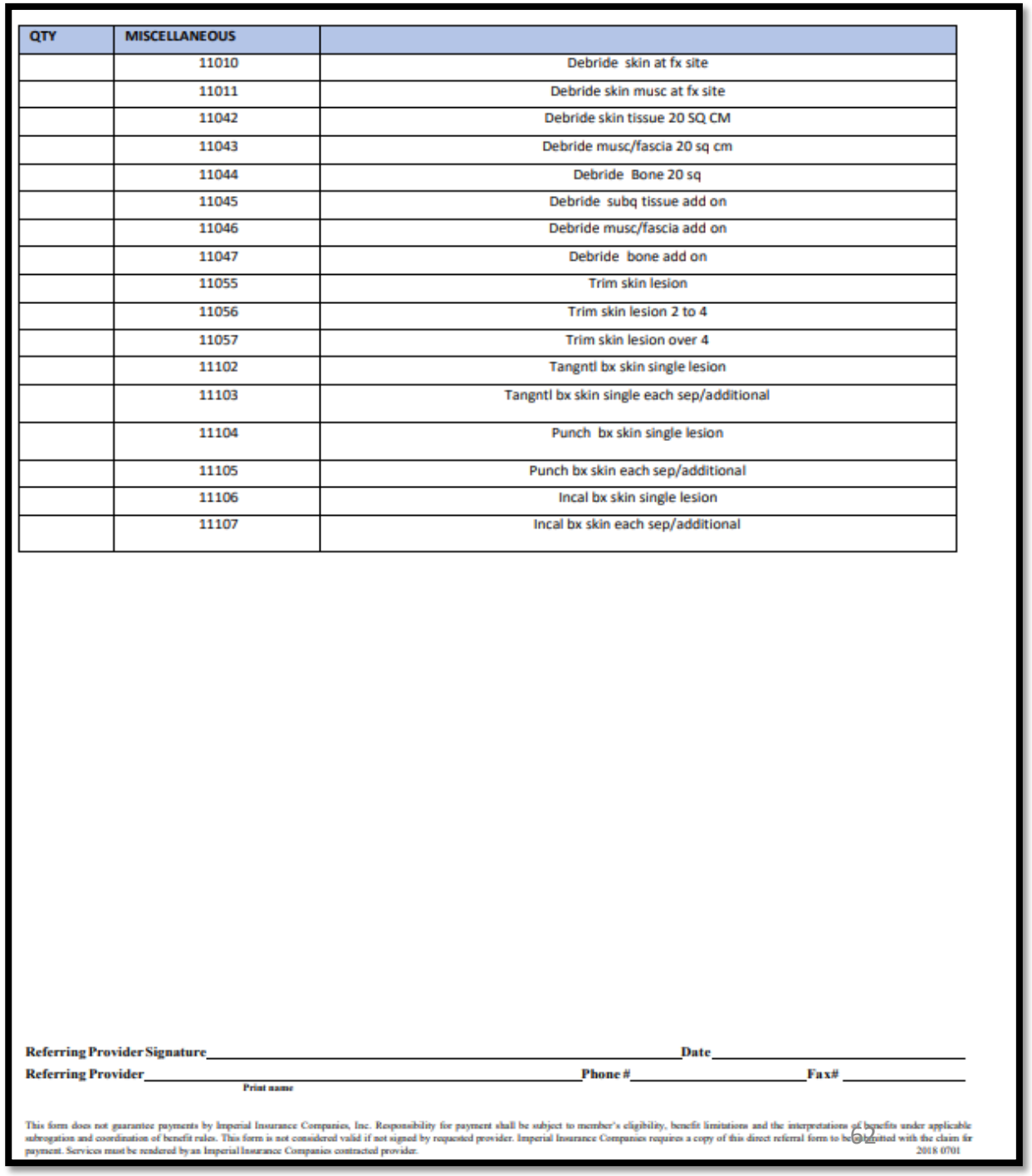
QTY	OTOLARYNGOLOGY/ENT	
	69210	Cerumen Removal
	31231	Nasal Endoscopy
	92511	Nasopharyngoscopy
	30901	Cauterization of Epistaxis
	69200	Removal of Foreign Body in Ear
	69420	Myringotomy
	92552	Pure Tone Audiometry
	92557	Comprehensive Audiometry
	92567	Tympanometry
	10021	Fine Needle Aspiration
	95992	Epley Maneuver
QTY	LAB	
	81015	UA Microscopic
	81000	UA Dipstick
	81025	Urine Pregnancy Test
QTY	OB CARE	
	59400	Total OB Care (w/2 utz)
	76801 - 76817	Other Fetal Evaluations
QTY	OPTHAMOLOGY	
	92002 - 92004	Eye Exam New Patient
	92012 - 92014	Eye Exam & Tx. Established Pt.
	92134	OCT for retina
QTY	PODIATRY	
	11720	Debride Nail 1-5
	11055	Trim Skin Lesion
	11721	Debride Nail 6 or more
QTY	CARDIOLOGY	
	93306	Transthoracic Echocardiogram (TTE)
	93000	EKG
QTY	SCREENING	
	45378 – 45382, 45385	Colonoscopy Screening and Tumor/ Polyp Removal
	G0105 or G0121	Colorectal Screening
	84152, 84153, 84165	Prostate Specific Antigen complexed
	UROLOGY	
	52000	Cystoscopy
QTY	PAIN MANAGEMENT	
	G0480 – G0483	Drug Test 1-7 Classes, 8-14 Classes, 15-21 Classes, and 22+ Classes
	80307	Drug Test PRSMV Chem Anlyzr

https://imperialhealthholdings.com/pdfs/IHHMG-Direct-Referral-Form.pdf

IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP

IMPERIAL DIRECT ACCESS REFERRAL FORM

https://imperialhealthholdings.com/pdfs/IHHMG-Direct-Referral-Form.pdf



QTY	MISCELLANEOUS	
	11010	Debride skin at fx site
	11011	Debride skin musc at fx site
	11042	Debride skin tissue 20 SQ CM
	11043	Debride musc/fascia 20 sq cm
	11044	Debride Bone 20 sq
	11045	Debride subq tissue add on
	11046	Debride musc/fascia add on
	11047	Debride bone add on
	11055	Trim skin lesion
	11056	Trim skin lesion 2 to 4
	11057	Trim skin lesion over 4
	11102	Tangntl bx skin single lesion
	11103	Tangntl bx skin single each sep/additional
	11104	Punch bx skin single lesion
	11105	Punch bx skin each sep/additional
	11106	Incal bx skin single lesion
	11107	Incal bx skin each sep/additional

Referring Provider Signature_____ **Date**_____

Referring Provider_____ **Phone #**_____ **Fax#**_____
Print name

This form does not guarantee payments by Imperial Insurance Companies, Inc. Responsibility for payment shall be subject to member's eligibility, benefit limitations and the interpretations of benefits under applicable subrogation and coordination of benefit rules. This form is not considered valid if not signed by requested provider. Imperial Insurance Companies requires a copy of this direct referral form to be submitted with the claim for payment. Services must be rendered by an Imperial Insurance Companies contracted provider.

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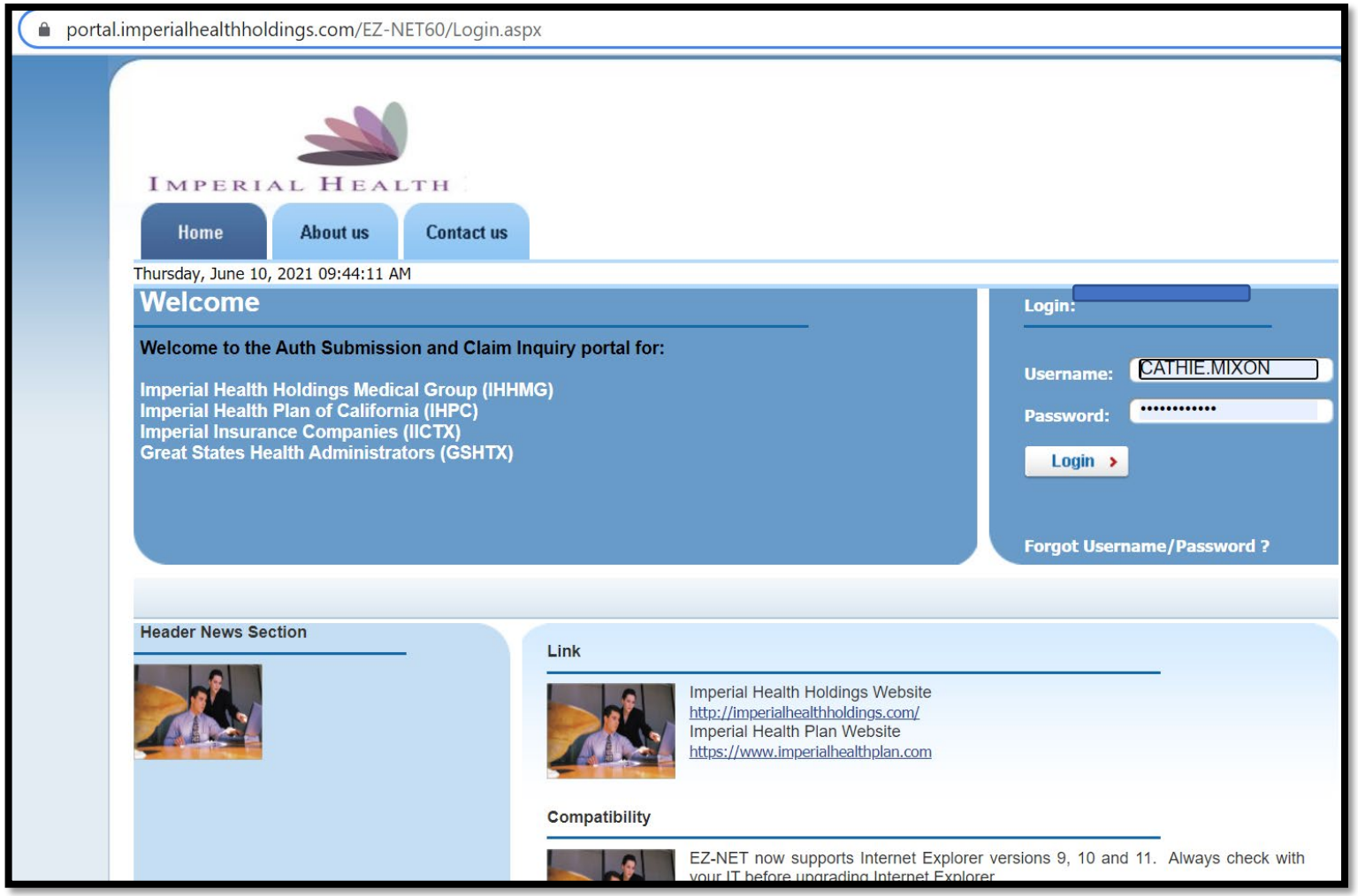
IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP

IMPERIAL EZ-NET PROVIDER PORTAL



IMPERIAL HEALTH HOLDINGS
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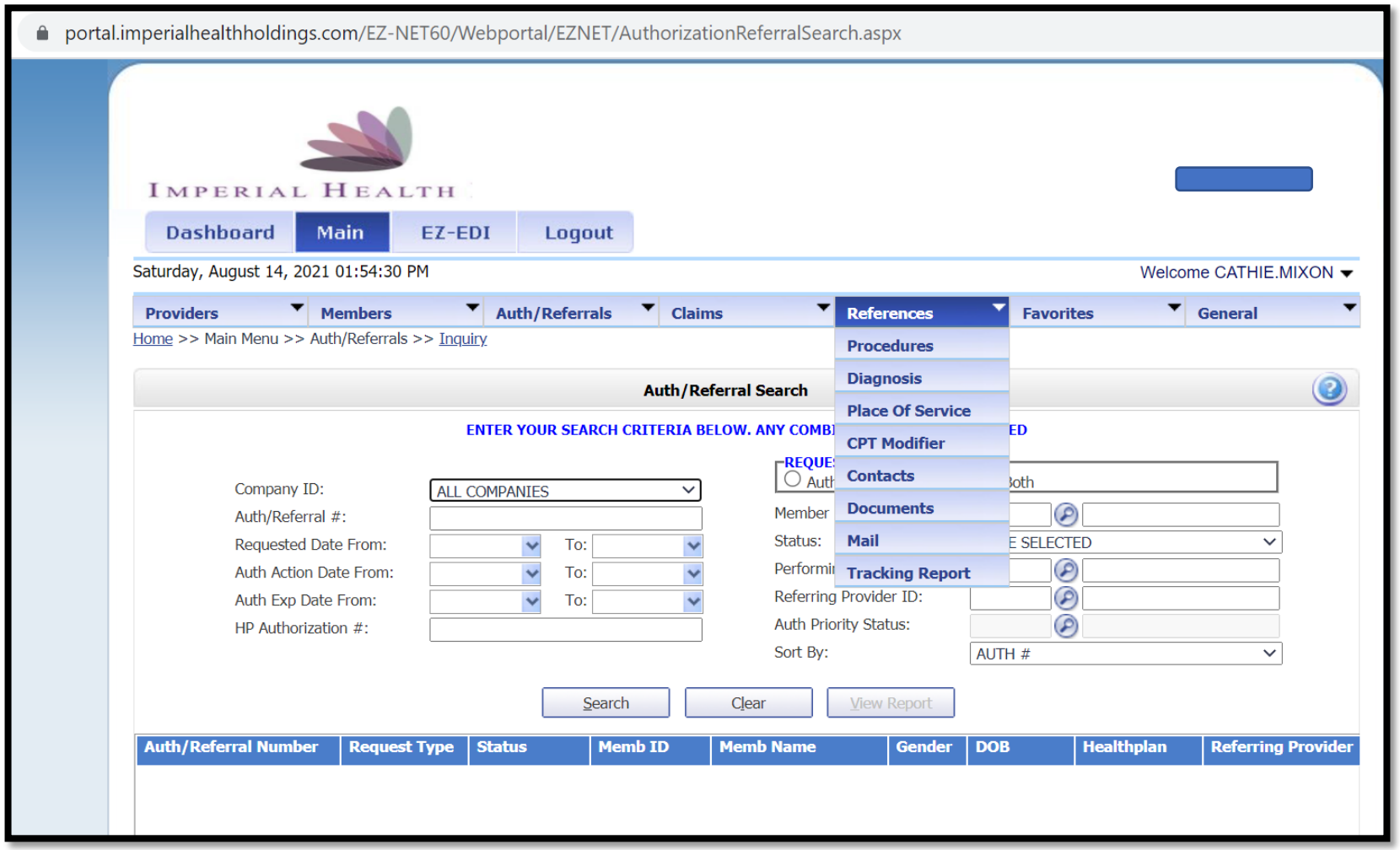
PORTAL AUTH/REFFERAL INQUIRY



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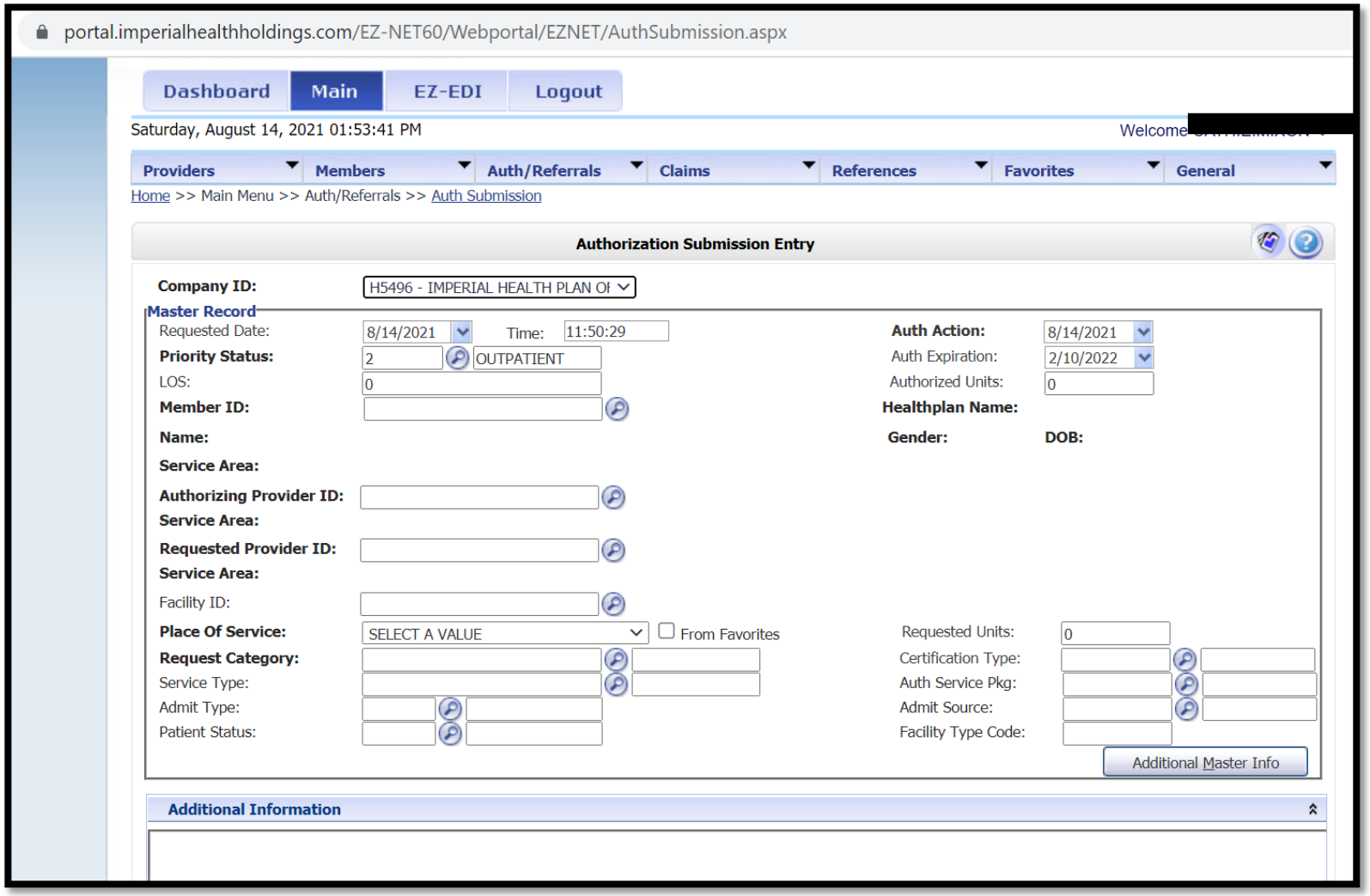
MEDICAL GROUP

PORTAL AUTHORIZATION SUBMISSION



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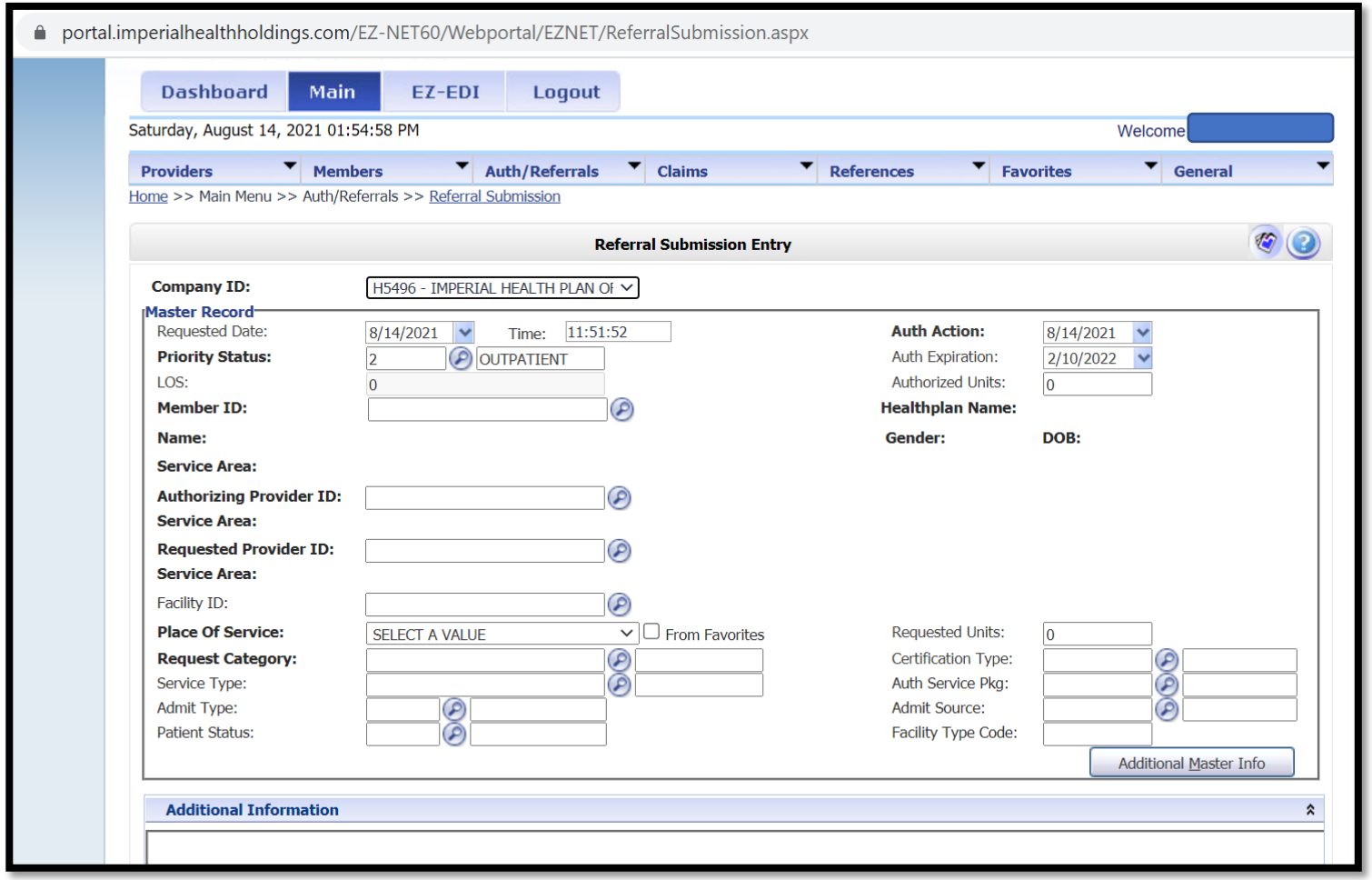
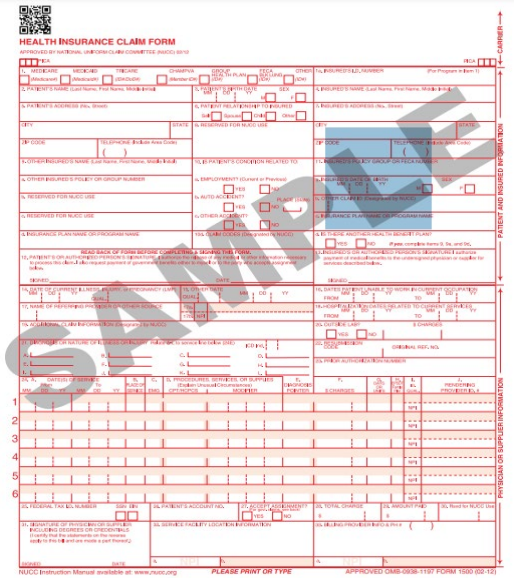
PORTAL REFERRAL SUBMISSION



IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP

CLAIMS

Please send claims for services provided to members assigned to Imperial Health Holdings Medical Group:



Mail Claims Routing:
PO Box 60075, Pasadena CA 91116

Via Clearinghouse: Office Ally
Payer Code: IHHMG

Claim Status:

- Via Imperial EZ-NET PORTAL
- Submission of a Clean Claim within industry standard timelines is not to exceed 90 calendar days.

Contracted and Non-Contracted Providers:

- Refer to the IHHMG Provider Manual for additional claims related provider resources: https://imperialhealthholdings.com/resources

IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP

PROVIDER DISPUTE RESOLUTION FORM

PROVIDER DISPUTE RESOLUTION REQUEST

INSTRUCTIONS

- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed.
- Multiple "LIKE" claims are for the same provider and dispute but different members and dates of service.
- For routine follow-up, please use the Claims Follow-Up Form instead of the Provider Dispute Resolution Form.
- Mail the completed form to: **IMPERIAL HEALTH PLAN OF CA**
  P.O. Box 60874
  Pasadena, CA 91116

*PROVIDER NPI:	PROVIDER TAX ID:
*PROVIDER NAME:	
PROVIDER ADDRESS:	

PROVIDER TYPE ☐ MD ☐ Mental Health Professional ☐ Mental Health Institutional ☐ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab ☐ Home Health ☐ Ambulance ☐ Other _____ (please specify type of "other")

CLAIM INFORMATION ☐ Single ☐ Multiple "LIKE" Claims (complete attached ~~spreadsheet~~ *Number of claims:* ____

* Patient Name:		Date of Birth:
* Health Plan ID Number:	Patient Account Number:	Original Claim ID Number: (If multiple claims, use attached spreadsheet)
Service "From/To" Date: (* Required for Claim, Billing, and Reimbursement Of Overpayment Disputes)	Original Claim Amount Billed:	Original Claim Amount Paid:

DISPUTE TYPE

☐ Claim
☐ Appeal of Medical Necessity / Utilization Management Decision
☐ Disputing Request For Reimbursement Of Overpayment
☐ Seeking Resolution Of A Billing Determination
☐ Contract Dispute
☐ Other:

*** DESCRIPTION OF DISPUTE:**

EXPECTED OUTCOME:

Contact Name (please print) _____ Title _____ Phone Number (____) _____

Signature _____ Date _____ Fax Number _____

☐ CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED (Please do not staple)

For Health Plan/RBO Use Only
TRACKING NUMBER_____PROV ID# _____

PROVIDER DISPUTE RESOLUTION REQUEST
For use with multiple "LIKE" claims (claims disputed for the same reason)

	* Patient Name		Date of Birth	* Health Plan ID Number	Original Claim ID Number	* Service From/To Date
	Last	First				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Page_____of _____

☐ CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED
(Please do not staple)
ICE Approved 10/5/07, effective 1/1/08

Thank You For Being An Imperial Network Provider!