Priority Health

Login

PriorityActions
FOR PROVIDERS

Billing and payment | Incentive programs | Pharmacy Requirements and responsibilities | Priority Health

Welcome to our biweekly PriorityActions for providers, where you'll receive important information to help you work with us and care for our members.

April 17, 2025
Issue #3.8

You're receiving this email because you're a part of an Accountable Care Network (ACN) or Provider Organization (PO) with us. Please share relevant information with your provider groups and practices. Your Provider Network Management specialist remains your primary contact for support.

BILLING AND PAYMENT

New and updated billing polices are now available

We publish billing policies to offer transparency and help providers bill claims more accurately to reduce delays in processing claims, as well as avoid rebilling and additional requests for information.

The following billing policies were recently published to or updated in our Provider Manual.

Note: If the effective date is listed as "N/A", the policy represents our current system set up and expectations for transparency. There are no changes for providers as the policy is already in effect.

Policy	New or updated	Description	Effective date
Ambulatory surgical centers	New	This new policy outlines our current criteria and	N/A

Policy	New or updated	Description	Effective date
		requirements for ASCs.	
Balance billing	New	This new policy compiles guidelines and requirements related to balance billing that already existed in our Provider Manual.	N/A
DME POS	Updated	Added a “Proof of delivery” section, outlining industry standard requirements DME POS delivery and documentation.	N/A
DME refill requirements	New	This new policy outlines the requirements for DME refills, including quantity guidelines, refill delivery timelines and documentation requirements.	N/A
Drugs administered by providers for FDA-approved or medically accepted off-label uses	New	This new policy outlines the criteria and guidelines for reimbursement for FDA-approved medications for use of labeled and off-labeled indications. It compiles guidance found throughout the Provider Manual.	N/A
Genetic testing	Updated	Added industry standard modifiers and links to related billing policies.	N/A
Hospice care	New	This new policy outlines certification requirements, coding guidelines and documentation requirements for hospice care services.	N/A

Policy	New or updated	Description	Effective date
Ordering referring provider requirements	New	This new policy outlines industry standard qualification, specialty, coding and documentation requirements for ordering and referring providers.	N/A
Surgical dressings	Updated	Added limits for the following codes: A6010, A6011, A6021-A6024, A6216-A6221, A6402-A6404, A6407	June 16, 2025

INCENTIVE PROGRAMS

Updated 2025 PIP Manual now available

We recently made the following update to the 2025 PCP Incentive Program (PIP) Manual:

Care Management codes (pg. 20-21)
The code table has been corrected to reflect the following:

1. G9002 counts towards the 2% target for Medicare
2. S0257 counts towards the 2% target for Medicare but not for Medicaid

Access the manual through our Provider Incentives webpage (login required).

PHARMACY

Reminder: Pharmacy authorization requests and appeals should be submitted to us via fax, phone or ePA

To help providers better understand our processes for submitting drug coverage authorization requests and appeals, we've added the following information to the Drug Information page of the Provider Manual.

For pharmacy drugs:

All pharmacy drug coverage authorization requests, reconsiderations and appeals should be submitted to the Pharmacy department through one of the following methods:

- Fax: Send completed fax forms to 877.974.4411
- Electronic prior authorization (ePA)
- Phone: Call 800.466.6642
- Mail (For Medicare appeals only)
  Mail to: Priority Health Appeals Coordinator - MS1260
  1231 East Beltline Ave NE
  Grand Rapids, MI 49525

Submitting these requests through prism could lead to longer response times from our teams.

For medical drugs:

If the drug is listed on our Medical Benefit Drug List (MBDL), coverage authorization requests, reconsiderations and appeals should be submitted to the Pharmacy department through one of the methods listed above.

If the drug isn't listed on our MBDL, coverage authorization requests, reconsiderations and appeals should be submitted through prism.

REQUIREMENTS AND RESPONSIBILITIES

We're collecting records for our Medicare retrospective chart review

Beginning April 22, our Risk Adjustment team in partnership with Datavant, a health information technology company, will be contacting select providers to request medical records for our Medicare retrospective chart review. This review helps us to validate our members' diagnoses and ensure the risk adjusted payments we receive from the Centers for Medicare and Medicaid Services (CMS) are accurate.

What do you need to do?

If you're contacted by Priority Health or Datavant, please submit the requested documentation by the deadline provided in your communication.

Submitting documentation digitally

To maximize time and efficiency, we encourage providers to prioritize digital submission methods when sending us medical records, if they're able. These methods include:

- Remote EMR access
- A secure SharePoint folder
- Secure email

Providers will find a full list of submission methods in the records request communication they receive from Priority Health or Datavant.

Why are we requesting medical records?

CMS requires us to validate diagnoses contained in claims and our members' medical records, and to submit complete and accurate diagnostic data for each member, each year.

Reminder: You must complete our 15-minute, CMS-required D-SNP Model of Care training by Dec. 31

Providers play an integral role in the care teams that support our dual-eligible special needs (D-SNP) members. That's why the Centers for Medicare and Medicaid Services (CMS) requires us to make sure providers who are contracted with us to see PriorityMedicare patients are trained on our Model of Care (MOC) every year.

Our Model of Care is a quality improvement tool that ensures the unique needs of our D-SNP members are met and describes the processes and systems we use to coordinate their care.

Who needs to complete Model of Care training?

- All providers who are part of the Priority Health Medicare Advantage network. (All providers contracted with this network must complete the MOC training, regardless of whether they participate in Medicaid.)
- Out-of-network providers who see at least five D-SNP members

This includes specialists, ancillary providers and anyone part of an ICT (interdisciplinary care team) for a D-SNP member. This is a CMS

requirement.

How to complete training

Option #1: Bulk attestations
You can group our D-SNP MOC training with existing, required training (like compliance training) so you can submit attestation for providers at the same time. If you choose this option, you'll need to:

1. Distribute training to your providers using this link.
2. To attest to training, fill out the roster template with providers who've received training. Only the Priority Health MOC roster Excel sheet provided will be accepted to report your completion.
3. Send attestation rosters to *DSNPtraining@priorityhealth.com*.

When an attestation is submitted, one of two automated messages will be sent:

- A confirmation email stating the roster was successfully processed.
- An email stating the roster wasn't processed and the reason(s) why.

Option #2: Virtual training *(only takes 15 minutes)*
Training is available as an on-demand webinar if you want to complete this training individually. It only takes 15 minutes to complete. Provider registration for the on-demand webinar counts as attestation, which means no additional documentation is required.

Be sure to submit the correct provider NPI.
Ensure the correct provider NPI number is included when submitting the provider roster or registering for the online training. If the NPI is incorrect, the provider's status will be marked "incomplete" in our system. To correct an "incomplete" status due to an incorrect NPI, resubmit the provider roster or re-register for the online training with the correct NPI.

Training needs to be completed and attested to by December 31, 2025. *Late submissions will not be accepted*.

PRIORITY HEALTH

Reminder: Transition to PGE now if you haven't already – last APCD extracts to be delivered in May

As a reminder, we're retiring All Payer Claims Database (APCD) files. The final APCD files will be delivered via Filemart on May 15.

If you aren't already set up to receive our Provider Group Extract (PGE) files via Secure File Transfer Protocol (SFTP) and would like to be:

- Get set up to accept SFTP files from us
- Update your mapping to the PGE before APCD files are fully retired

PGE files are delivered via SFTP on the 15th of each month.

What's included in PGE?

Like the APCD, the PGE reflects all medical and pharmacy claims. An eligibility feed / membership roster is also provided. Our PGE data dictionary can help you compare APCD with PGE files.

Get more information

For additional details, see our PGE FAQ.

Our SUPD and SPC provider tipsheets now include guidance on documenting exclusion conditions during a virtual visit

To support gap closure in the Statin Use for Persons with Diabetes (SUPD) and the Statin Therapy for Persons with Cardiovascular Disease (SPC) HEDIS measures, we've added information on coding and submitting documentation for exclusion conditions during a virtual visit to our SUPD and SPC provider tipsheets. We've also added a downloadable and complete list of all exclusion codes for this measure.

You can download our provider tipsheets below or find them on the Quality Improvement page in prism. The updates to these documents were also applied to Appendix 6 in our 2025 PCP Incentive Program (PIP) manual.

- Download our SUPD provider tipsheet
- Download our SPC provider tipsheet

Why is submitting exclusion criteria important?

Submitting exclusion criteria removes your patient from the SUPD and/or SPC measures due to select conditions or diagnoses. Removing

ineligible patients from these measures can improve your performance in HEDIS and in PIP's medication adherence measures.

National Prescription Drug Take Back Day April 26

We're pleased to participate again in National Prescription Drug Take Back Day on Saturday, April 26, 2025. We invite your patients and all community members to drop off their expired, unwanted or unneeded prescription medications for safe disposal from 10 a.m. – 2 p.m. at one of the locations listed below:

Kent County Health Department
700 Fuller Ave. NE, Grand Rapids

Corewell Health Grand Rapids Hospitals Care Center - Cutlerville
(North side of the building)
80 68th St., Grand Rapids

Priority Health
3111 Leonard St. NE, Grand Rapids

Marketplace
701 S. Greenville West Dr. #1, Greenville

Corewell Health Zeeland Hospital
8333 Fetch St., Zeeland

During our last Take Back event in October 2024, we collected 210 pounds of medication and distributed 78 NARCAN® kits at our Grand Rapids sites. Since starting this event in 2018, we have collected 3,454 pounds of medication.

We'll distribute NARCAN® kits this year as well.

If you're not in West Michigan, look for a collection site near you.

Please join us in educating community members about the importance of properly disposing of unused or expired medications to help reduce substance use.

Have patients with substance use conditions?

Our behavioral health department has clinical staff who specialize in helping members manage complex and chronic mental health and substance use conditions. Our care coordination team is available to support you as you help your patients get the outpatient care they need or successfully transition from a hospital setting back into the community.

Encourage your patients to try Teladoc Health Mental Health

Teladoc Health Mental Health is a digital tool that offers over 1,400 self-directed activities on a variety of mental wellness topics including alcohol and drug recovery as well as opioid recovery. These tools are available to our members 24/7 and complement the care you provide them to create real, lasting change. Encourage your patients to sign up for a free account today.

Questions?

Connect with your Provider Network Management specialist, Marcelino Galindo .

Access an archive of our PriorityActions for providers emails here.

1231 E. Beltline Ave. NE
Grand Rapids, MI 49525-7024