

PriorityActions

IMPORTANT UPDATES FOR OUR PROVIDER NETWORK

May 28, 2026 | Issue #4.11

New Provider Portal coming Sept. 1; registration begins as early as June

[Priority Health news](#)

We're launching a new Provider Portal to replace prism on Sept. 1, 2026 (moved back from the previously announced date of Aug. 1). **Mark your calendars for June 15**, when Site Administrators (current prism Security Administrators) are scheduled to begin creating sites for each practice, hospital or provider group with a distinct Type 2 NPI. Account creation for all remaining users is then scheduled to begin on Aug. 3. See our [Provider Portal information page](#) for more information about the changes coming on Sept. 1. | [Read More](#)

Register now for our new Provider Portal site creation training beginning June 8

[Training opportunities news](#)

Before our new [Provider Portal goes live on Sept. 1](#), we need each practice, hospital and provider group to create a site. This key action will need to be completed by Site Administrators, currently known as prism Security Administrators (pSAs). If that's you, join us on Monday, June 8 at noon for a [training webinar](#) on requesting a new site, completing identity verification and receiving your login credentials. | [Read More](#)

Reminder: new payment & RA processes coming Sept. 1

[Billing and payment news](#)

On **Sept. 1, 2026**, you'll start receiving claim and capitation payments,

remittance details and 1099s from ECHO Health Inc., in partnership with Optum Financial (**note: this date has been updated** from Aug. 1, to remain aligned with the launch of our new Provider Portal on Sept. 1). Over the next few weeks, you may have some steps to take to establish your payment preferences and important dates to keep in mind. We've laid everything out in a new webpage in our Provider Manual, including what's changing, your payment options, how to set your preferences, FAQs, how to get your questions answered and more. | [Read More](#)

Notice of Admission implementation delayed until Sept. 1

[Authorizations news](#)

To remain aligned with the launch of our new Provider Portal, implementation of the Notice of Admission requirement for inpatient admissions announced in April will be delayed until Sept. 1, 2026. | [Read More](#)

May 2026 medical policy updates

[Requirements and responsibilities](#)

Our Medical Affairs Committee (MAC), comprised of Priority Health network physicians, met in May and approved a series of medical policy updates. We've outlined the updates made in our Provider Manual. Be sure to review carefully. Some policy updates will be effective Aug. 1, 2026, due to new prior authorization requirements, coverage changes or updated criteria. All other updates will be effective June 1, 2026. | [Read More](#)

May 2026 billing policy updates

[Billing and payment news](#)

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. We add new and update several existing policies each month. | [Read More](#)

2026 PIP reports for Sept. – Dec. will be delivered via SFTP

[Incentive programs news](#)

ACNs will receive 2026 PCP Incentive Program (PIP) reports for the months of September through December via Secure File Transfer Protocol (SFTP). This includes reports for HEDIS and Transformation of Care measures, currently delivered through Filemart. This change is a temporary solution to ensure uninterrupted delivery of these reports when Filemart is retired, until a new reporting vendor solution is in place in 2027. ACNs that don't have SFTP set up with us currently should work with their Provider Network Management specialist to submit a request by as soon as possible. | [Read More](#)

Update to the inpatient readmission review and appeal processes

[Authorizations news](#)

In alignment with industry standards, inpatient readmissions for Medicare plans are now determined after the claim is submitted, rather than at the time of authorization review. This went into effect in Mar. 2026, supported by our billing policy [#029 - Readmissions Reimbursement](#). Readmission criteria remain the same – just the timing of review and the dispute process have changed. | [Read More](#)

Reminder: medical documentation required when billing units above MUE limits

[Billing and payment news](#)

Claims billed above MUE limits must include clear, specific medical documentation demonstrating why additional units were medically necessary for that date of service, or they risk denial or reduction. Documentation should explain why standard limits were insufficient, align with clinical standards, and include supporting records such as notes, reports, and test results. Providers should review MUE indicators and ensure thorough, detailed documentation upfront to support claims and prevent payment delays. | [Read More](#)

Drug dosing modifier (JW/JZ) edit denials

[Billing and payment news](#)

Claims that are correctly billed without a JW/JZ modifier on line 1 per the Provider Manual are currently denying in error with edit U83. This issue affects professional and facility claims across all products, but providers should continue following current billing guidance. No action is required—impacted claims will be automatically reprocessed once

the issue is resolved. | [Read More](#)

You're receiving this bi-weekly provider newsletter because you've opted into receiving communications from Priority Health. Questions? Please contact our Provider Helpline at [800.942.4765](tel:800.942.4765), or if you're part of an Accountable Care Network (ACN), please contact your Provider Network Management specialist.

Access an archive of our PriorityActions for providers emails [here](#).



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