Priority Health

Login

PriorityActions
FOR PROVIDERS

Requirements and responsibilities | Plans and benefits | 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.

June 12, 2025
Issue #3.12

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.

REQUIREMENTS AND RESPONSIBILITIES

Mandatory action for prism Security Administrators: Annual pSA renewal process ends August 1

Our annual prism Security Administrator (pSA) renewal period begins on June 1. pSAs will have until Aug. 1 to review and either approve or deny all user affiliations for your group or facility.

What exactly is happening?

Each provider group and/or facility needs a pSA to control access to data like claims, authorizations and appeals. pSAs control access by approving or denying affiliation requests. During this annual pSA renewal period, pSAs review affiliation requests they've already approved to make sure each user's access is still needed.

If a user's affiliation is renewed by their pSA, nothing will change for that user. If a user's affiliation is denied, that user will lose access to all of that group or facility's data.

Important: If users aren't renewed, they'll automatically be removed from the provider affiliation after Aug. 1. It's important for pSAs to review all renewals and take action to ensure access isn't disrupted.

Why is this important?

Data security is a top priority in the health care industry, now more than ever. The high job turnover rate in the health care industry creates a potential vulnerability in data security. Requiring pSAs to review their affiliated users annually is a simple and quick way to safeguard provider data and protected health information (PHI) by ensuring individuals who leave their organization no longer have access to their data.

How do I complete the pSA renewal process?

If you're a pSA, follow these steps between June 1 and Aug. 1:

1. In your prism account, select **Security Administration**, then **Affiliation Requests**.
2. Navigate to your Affiliations table and select **Affiliation Renewals** at the far right of the table.
3. Review the users currently affiliated with your provider group/facility and determine if they should be renewed. Once you select the user by checking the box, an **Approve** or **Deny** button will appear. Note: you can select multiple users at one time to approve or deny.
4. Confirm your selection.

Unsure if the users are still employed by your organization or need to check with another department before you renew? You can select **Download Pending Renewals** to get an Excel sheet to share with others.

If you're not a pSA, you don't need to do anything.

Will users be notified of the results of the review?

Users will only be notified if their renewal is denied. They'll be sent an email and given instructions for how to submit a new request for access, in case they feel they've been incorrectly denied.

What if my group/facility doesn't have a pSA?

If your entity doesn't yet have a pSA, please see our provider manual for a guide to assigning one. **Soon, all provider groups and facilities will be required to have a pSA assigned or they will lose prism access.** Keep an eye on our news updates for more. We'll communicate in advance before this mandate goes into effect.

Don’t know if you have a pSA assigned?

1. Go to your prism profile and find your list of affiliations.
2. Scroll to the far right of the table and select “Show pSA details.” If you don’t have this option, a pSA hasn’t been assigned to this affiliation.
3. You can contact the pSA assigned to each affiliation to confirm your access will be renewed, but it’s not required.

Questions?

Visit the prism resources page in our provider manual, where there are guides, FAQs and help line numbers listed.

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.

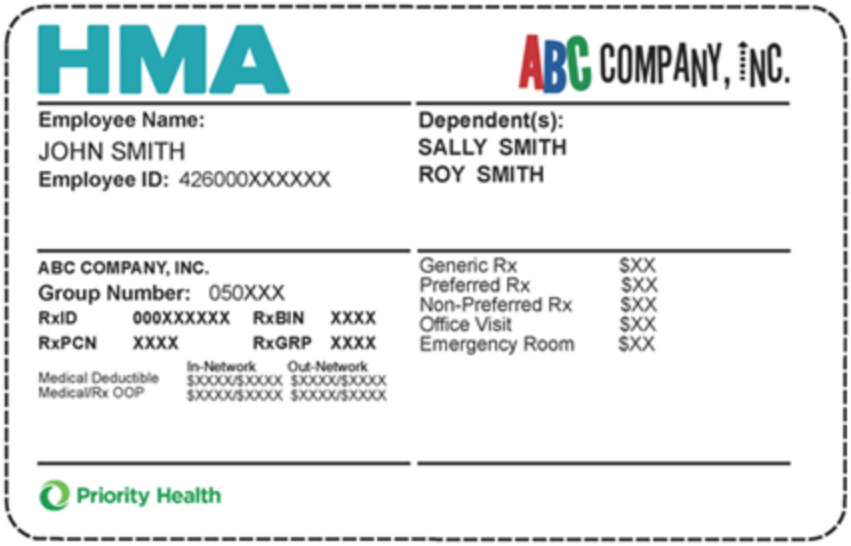
PLANS AND BENEFITS

Reminder: HMA members have access to Priority Health's network

Priority Health launched a new product on Jan. 1, 2025, called HMA. HMA is a third-party administrator (TPA) product, but HMA plan members have access to Priority Health's PPO network.* Make sure your providers accept this health plan, the way they would with any Priority

Health plan.

Providers should be on the lookout for this member ID card:



Providers should follow the instructions on the back of the card to submit claims, request prior authorizations, call customer support and more.
**Excluding Bronson Healthcare providers*

What resources are available for providers to work with HMA members?

Information and provider resources are all included or linked on our HMA provider landing page: priorityhealth.com/hma-providers. This page includes:

- Sample member ID card images
- Guidance on working with members: eligibility, prior authorization, claims, appeals, support
- Information on the HMA provider portal
- A breakdown of HMA tools and when to use them
- Information for providers outside of Michigan
- FAQs
- Additional resources, including a short video

Members also have provider support cards to share with their providers, which include the reminder that HMA members have access to the Priority Health network and a link to the provider landing page.

Will HMA ever reach out to providers?

Yes, HMA may reach out directly if members report not being able to access in-network providers. After a provider sees an HMA member, HMA may also reach out for patient care needs, asking for medical

records, etc.

Questions?

Reach out to your PNM consultant or call HMA's support line at 833.865.0141.

PRIORITY HEALTH

Updated 2025 HEDIS Provider Reference Guide

We recently made policy changes and clarifications to the **2025 HEDIS Provider Reference Guide** in alignment with the National Committee for Quality Assurance (NCQA) HEDIS MY (Measure Year) 2025 Volume 2 Technical Update.

The following measures were updated:

- **Asthma Medication Ratio (AMR)**
  - Removed albuterol-budesonide as an asthma reliever medication
  - Revised the Asthma Controller Medications table
- **Controlling High Blood Pressure (CBP)**
  - Updated the required exclusions
- **Statin Therapy for Patients with Cardiovascular Disease (SPC)**
  - Updated prescription information in the High and Moderate Intensity Statin Medications table
- **Eye Exam for Patients with Diabetes (EED)**
  - Updated required exclusions and numerator
- **Statin Therapy for Patients with Diabetes (SPD)**
  - Updated prescription information in the High and Moderate Intensity Statin Medications table
- **Transitions of Care (TRC)**
  - Revised the hybrid specification for the **Notification of Inpatient Admission** and **Receipt of Discharge Information** indicators
- **Breast Cancer Screening (BSC-E)**
  - Updated the member age range for this measure from 50-74 years of age to 40-74 years of age
- **Blood Pressure Control for Patients with Hypertension (BPC-E)**
  - Updated exclusions and numerator compliance
- **Adult Immunization Status (AIS-E)**
  - Updated the numerator criteria of the herpes zoster vaccine
- **Social Need Screening and Intervention (SNS-E)**

- Updated the definitions for the following: Housing instability, Homelessness and Housing inadequacy

Access the guide on the Quality Improvement page through our Provider Incentives webpage in prism (login required).

Reminder: ACNs can still opt into our colorectal cancer screenings campaign through Exact Sciences

Our campaign to close care gaps for the Colorectal Cancer Screening (COL-E) HEDIS measure through Exact Sciences is active and runs through the end of 2025. ACNs must opt into this campaign if they'd like colorectal cancer test kits sent to their patients with open care gaps.

What's the Exact Sciences campaign?

We've partnered with Exact Sciences to send at-home colorectal cancer test kits to members across all lines of business with an open care gap for a colorectal cancer screening.

Can the Exact Sciences campaign increase my COL-E scores?

Yes. ACNs who participated in our Exact Sciences campaign in previous years were able to reach an average of 28% of targeted patients, who otherwise may not have received screenings. This helps to increase COL-E scores all well as providers' performance in our PCP Incentive Program (PIP).

How does an ACN participate in this campaign?

You can opt into our Exact Sciences campaign by informing your Provider Network Management (PNM) Specialist that you'd like to participate. Your campaign will officially begin once we receive your target list. Please have all target lists submitted to us by Aug. 1, 2025 to allow time for patient outreach, and the completion and return of test kits.

Participating ACNs can send us target lists throughout the year
If you're already participating in our Exact Sciences campaign, you can send us multiple target lists throughout the year to account for new

patients or patients newly enrolled into the measure.

Why's this important?

- There's been a dramatic rise in colorectal cancer diagnoses, particularly for younger Americans. Screenings and early detection are key to improving health outcomes. As a reminder, the Centers for Disease Control (CDC) recommends adults between the ages of 45 and 75 complete regular colorectal cancer screenings.
- When a member completes and submits an Exact Sciences test kit, it counts toward HEDIS COL-E gap closure and your PIP performance for this measure for three years

Questions?

Connect with your Provider Network Management specialist, Robert Everett Iii .

Access an archive of our PriorityActions for providers emails here.