

Dual Premier (HIDE-SNP) Provider FAQs

What is PriorityMedicare Dual Premier?

PriorityMedicare Dual Premier® (HMO D-SNP) is Priority Health's Highly Integrated Dual-Eligible Special Needs Plan (HIDE-SNP) available to eligible members in certain southwest and southeast Michigan counties beginning January 1, 2026. It combines Medicare, Medicaid and Long-Term Services & Supports (LTSS) into one plan for an integrated member and provider experience.

What's the difference between HIDE-SNP and D-SNP?

HIDE-SNP is replacing D-SNP. D-SNP is coordination-only—so members could have Medicare and Medicaid plans from different payers. Now it will be one plan, with one payer.

What does this mean for providers?

Providers will now have one health plan to interact with for each member, rather than two. This applies to member eligibility, claims, appeals and grievances, inquiries, etc.

What's the timeline?

In 2026, Dual Premier will replace D-SNP in Regions 8 (Southwest Michigan), 10 (Macomb County) and 12 (Wayne County). The other regions will still have D-SNP in 2026. In 2028, Dual Premier will replace D-SNP in all Lower Peninsula regions.

Which providers are considered in-network?

Any provider contracted with the Priority Health Medicare OR Medicaid product is in-network for Dual Premier members. No new contract is needed. We encourage providers to contract with both (additional product enrollments can be added on [prism](#)), but it isn't required.

Are there any special considerations for Medicare-only providers?

Medicare-only providers must enroll in the [Community Health Automated Medicaid Processing System \(CHAMPS\)](#) to get the Medicaid portion of a HIDE-SNP claim reimbursement.

Are there any special considerations for Medicaid-only providers?

For Medicaid-only providers, the Medicare portion of a HIDE-SNP claim will process as out-of-network, meaning that, if an authorization wasn't received, the provider will only be paid up to the Medicaid allowed amount.

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How will billing work?

Providers bill once. The Medicare side of the member's plan pays out first, then Medicaid picks up the difference, if there is one. If the provider is out-of-network for Medicare or Medicaid, that side of the claim will be paid at the out-of-network level on the fee schedule. As a reminder, providers are forbidden from balance-billing members, even if out of network.

What will the member ID card look like?

Here is a sample member ID card image:



Will D-SNP members be moved over to Dual Premier?

Yes, current D-SNP members in eligible regions will be transitioned over to Dual Premier, with the exception of those currently enrolled in PACE, MI Choice Waiver or the Health Home program. The members enrolled in those programs will be given the option to enroll in Dual Premier.

What are eligibility requirements for new members?

Members must be 21 or over at the time of enrollment, must live in one of the eligible Michigan counties (see below) and be enrolled in both Medicare and full Medicaid. They also cannot be residing in a state-operated veteran's home or be incarcerated, and they can't be currently enrolled in hospice, unless the member elects hospice while on the Dual Premier plan.

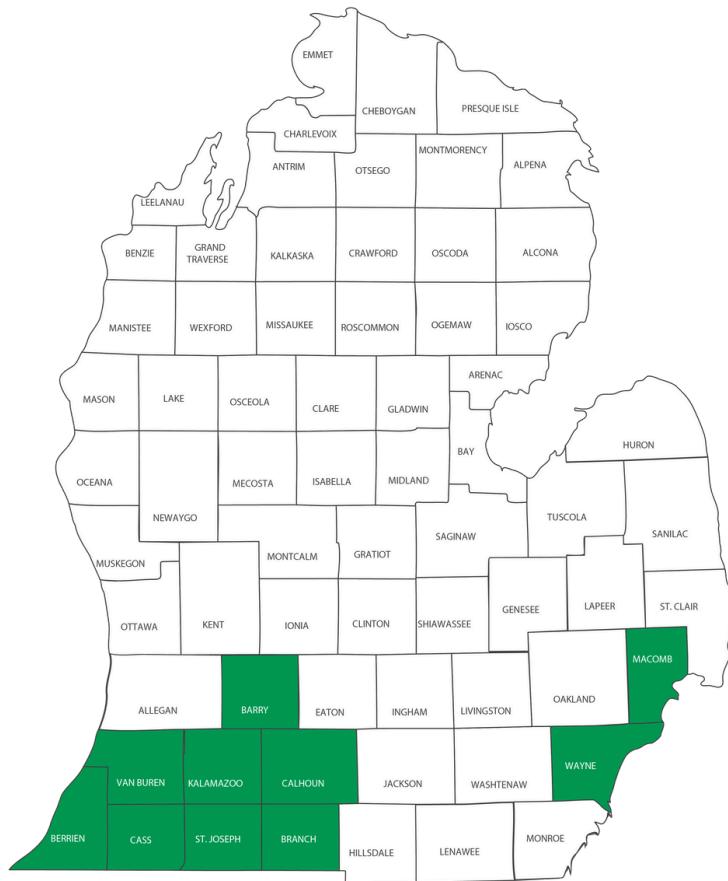
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Where will Dual Premier be offered in 2026?

Dual Premier will be offered as the regions shaded green in the map below:



Eligible counties include Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren and Wayne.

Where will Dual Premier be offered in 2028?

Dual Premier will be offered in all regions of Michigan's Lower Peninsula (Regions 2-12). D-SNP will no longer be offered as of Jan. 1, 2028.

Does this mean Priority Health will offer Medicaid in all Lower Peninsula regions?

No, Priority Health will continue to offer stand-alone Medicaid only in Northern Michigan, West Michigan and the Detroit metro area, per the results of the 2024 Medicaid rebid. However, HIDE-SNP members will be enrolled in our Medicaid plan even if they live outside of our Medicaid service area.

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Will the Model of Care (MOC) training be changing?

Yes, there will be additional information added about HIDE-SNP and general information about working with Priority Health. This will add some additional content and time to the training.

How will LTSS be handled differently?

Long-term services and supports (LTSS) are currently managed by the state under the MI Choice waiver or as part of the MI Health Link. Under HIDE-SNP, members who meet specific eligibility requirements will receive LTSS that will be provided through Priority Health's partnership with the Michigan Area Agency on Aging (AAA). The AAAs will manage most administration (i.e. assessments, claims, etc.) using their network, since we don't offer LTSS.

What is LTSS?

Long-term services and supports (LTSS) encompass the variety of health, health-related, and social services that assist individuals with functional limitations due to physical, cognitive or mental conditions and disabilities. Examples include:

- Adaptive medical equipment & supplies
- Adult day program
- Chore services
- Community transition services
- Environmental modifications
- Private duty nursing
- Respite

LTSS are delivered in both institutional (e.g., nursing homes) settings, community-based settings and member homes.

Where can members get more information?

Eligible members should be directed to priorityhealth.com/mapd-plan-info/dual-plan-documents for more information. They can also find a full list of benefits in the [Member Handbook](#).



MORE QUESTIONS?

We're here to help. Call [800.942.4765](tel:800.942.4765) for more information.