

## INCENTIVE PROGRAMS

# PriorityActions

FOR PROVIDERS

[Plans and benefits](#) | [Incentive programs](#) | [Pharmacy](#)  
[Billing and payment](#) | [Training opportunities](#)

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

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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 Strategy & Solutions Consultant remains your primary contact for support.

## PLANS AND BENEFITS

### New virtual digestive health support platform available June 1 for all Priority Health commercial members

Beginning June 1, all commercial (group and individual) Priority Health members will have access to a virtual gastrointestinal (GI) health platform through Ayble Health®. Ayble provides GI-specialized nutrition guidance, behavioral skills training, health coaching and additional care team support to a wide range of digestive health patients.

Ayble's providers work hand in hand with local clinicians to provide wraparound support at home in between appointments. Ayble also includes powerful tech tools, including on-demand 24/7 access to GI-specialized behavioral health resources, GI nutrition guidance, a powerful groceries database to make easy choices at the store, a symptom and health tracker and educational resources.

Ayble serves as an extension/enhancement, not a replacement, to the care patients receive from local providers. Ayble does not serve as a second opinion nor as a competing GI service.

## Why is Priority Health making this benefit available to its members?

Digestive diseases impact up to 70 million Americans, roughly twice the number affected by diabetes. We're offering this benefit as a supplemental resource to our members with digestive diseases who need additional support in between their usual appointments. This benefit fills gaps in care for the full breadth of digestive care, including with GI-trained behavioral health specialists and dietitians.

## How does the benefit work?

Priority Health commercial members can sign up for Ayble or be referred by a provider at [ayblehealth.com/priorityhealth](https://ayblehealth.com/priorityhealth), where they'll be onboarded to create a digestive health plan that complements the care they may already be receiving from a local provider. Resources on the Ayble app and site are free, while any virtual provider visits are subject to standard member cost-sharing according to the terms of their plan.

## How will Ayble providers communicate and coordinate with local in-person providers?

Ayble is specifically designed to be transparent and collaborative with local providers. Ayble helps patients manage day-to-day digestive health symptoms either while they're waiting to see a provider for digestive care, or in between regular visits with their existing provider(s).

Ayble's teams work hand in hand with local providers in a fully coordinated manner and will regularly refer patients back to their in-person provider for routine or emergent care needs. Each referral includes a clinical summary and suggested triage categories, so you can appropriately manage those referrals. A regular clinic-to-clinic touchpoint is also an option, should you wish to interact with Ayble's teams to accomplish collaborative care goals. Typical referrals back to a patient's provider may be connected to potential issues with medication adherence or side effects, escalation in symptoms, increased behavioral health concerns, potential needs for procedures like scopes and other scenarios where coordinated care is required.

Patients can choose to share their Ayble data with providers by asking a member of the Ayble team to download their information into a handy

PDF, or Ayble can securely send this information directly to providers, upon patient request, via secure HIPAA compliant email, e-fax or other system.

## How are prescriptions and tests handled?

Ayble's care team will collaborate with a local prescribing provider for all pharmacy needs. Ayble providers may order routine tests to guide and customize a patient's care plans. Results will be shared as part of Ayble's ongoing collaborative communication with you.

For patients who are higher-acuity or for whom in-person testing (like stool sampling) or procedures (like colonoscopies) are medically necessary, Ayble refers the member to their current gastroenterologist or to an in-network provider as needed.

## What if members don't have a local gastroenterologist or other necessary providers?

If a member using Ayble doesn't have a local care team, Ayble will work with the member to find in-network PCPs and specialists, should they need that kind of support.

## Will this change anything about GI care provided by non-Ayble providers?

No, all PCPs and specialists, including gastroenterologists, will continue to see Priority Health members as before. Member cost-sharing levels for non-Ayble GI care will not change. **Ayble is a supplemental resource for our members with digestive disease, not a replacement for the GI care they receive from our network providers.** Ayble collaborates with providers across the country like you to augment, extend and enhance the multidisciplinary care you provide your patients.

## How should I use Ayble?

You can use Ayble as a resource when working with Priority Health members and refer those with GI conditions who would benefit from extra support to [ayblehealth.com/priorityhealth](https://ayblehealth.com/priorityhealth). We invite you to use our [Ayble flyer](#) and our [patient portal message template](#) to help refer patients to Ayble.

## How do I know if Ayble is appropriate for a patient?

Ayble is designed to help patients manage most digestive health symptoms and diagnosed digestive conditions, for adults 18 years or older. Ayble is well suited to supplement your care plans for patients

with IBS, IBD, GERD/reflux, functional bowel issues, chronic constipation, abdominal pain, chronic diarrhea and a wide range of other diagnoses/symptoms.

Ayble's care serves as a complement to the digestive health care patients already or plan to receive from their local provider team by helping manage day-to-day digestive health symptoms in between visits.

### Can I get additional information?

Yes, we have a [provider FAQs](#) document with more details about Ayble. If you still have questions after reviewing the document, you can reach out [support@ayblehealth.com](mailto:support@ayblehealth.com) for further assistance.

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## New digital resources for type 2 diabetes treatment and sustainable weight loss for some Priority Health commercial members

Beginning July 1, some Priority Health members with coverage through their employers will have access to digital health resources through Virta Health® for treating type 2 diabetes and losing weight sustainably. This is an optional buy-up benefit. Some members with the benefit may have a rider that adds GLP-1 coverage options for weight management to the formulary.

### Why is Priority Health offering these resources?

Obesity and diabetes are prevalent and costly chronic conditions that present a major risk factors for other chronic diseases. We want to offer our members support for losing weight and putting their type 2 diabetes into remission.

### How does Virta work?

Virta is a digital solution that offers our employers three programs, each including customized care plans with dedicated coaching based on biomarker data and on-demand access to clinician-led care teams:

- **Sustainable Weight Loss:** Helps members lose weight sustainably through nutrition therapy without medications
- **Sustainable Weight Loss with Responsible Prescribing:** Includes features of Sustainable Weight Loss and adds optimized GLP-1 use

for weight loss via Virta's Trusted Prescriber Network, with a path to a clinically monitored offramp

- **Diabetes Reversal\***: Offers members a way to put their type 2 diabetes into remission and reduce their blood sugar and diabetes medication through nutrition therapy

Each Virta solution focuses on nutrition therapy and lifestyle changes, personalized to each member's preferences, budget and unique metabolic needs. All enrollees have 24/7 access to the tools and resources on Virta's platform.

*\*Type 2 Diabetes Reversal on Virta is defined as reaching an A1c below 6.5% without the use of diabetes medications beyond metformin. Diabetes and related issues can return if lifestyle changes are not maintained.*

## Who's eligible?

All members must be at least 18 years old to enroll in Virta and can only enroll in one Virta program. Here are the specific eligibility criteria for each program:

- **Sustainable Weight Loss**: BMI of 25+ or A1c of 5.7%–6.4%
- **Sustainable Weight Loss with Responsible Prescribing**: Meets FDA criteria for GLP-1s, including having a BMI of 30+ or 27+ with comorbidities
- **Diabetes Reversal**: A1c of 6.5%+ and diagnosed with type 2 diabetes

## How is Virta different from Omada and Teladoc Health Condition Management?

Omada is focused on diabetes prevention for members diagnosed with pre-diabetes or at high risk of developing it. Teladoc aims to help members manage their type 2 diabetes.

Virta is a comprehensive solution to help members address obesity and prediabetes while putting their type 2 diabetes into remission. Virta empowers members to make lasting changes to nutrition and lifestyle. Members enrolled in Virta are supported by a multispecialty care team to help them fully engage in the program to achieve their health goals.

## How and when do Virta providers communicate with a member's provider?

Virta works as part of a member's medical team and is committed to communicating with the member's PCP. When a member enrolls, Virta

asks the member for their PCP's name and fax number. Virta then sends the PCP introductory information, followed by periodic member updates and triggered communications, such as if enrollees stop or start a medication or leave the Virta program. Providers can call, email or fax Virta, and they can set up a call with the member's Virta care team, if desired.

## How are GLP-1 prescriptions for weight loss handled?

If a member is enrolled in Virta's Responsible Prescribing program, they can get coverage for GLP-1s subscribed for weight loss. All GLP-1 prescriptions for these members must come from a Virta provider. If members enrolled in Virta are given new GLP-1 prescriptions, their PCP will be notified.

## Are GLP-1 prescriptions for diabetes impacted?

No, GLP-1 prescriptions for diabetes are not impacted, including for members enrolled in Virta's Diabetes Reversal program. Their GLP-1 prescription will be covered as before, and their prescription will not need to go through Virta.

## What can providers do?

Providers can refer eligible members who would benefit from Virta to [virtahealth.com/join/priorityhealth](https://virtahealth.com/join/priorityhealth). For more information, refer to our [provider FAQs](#) document.

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## Food delivery services covered for some Medicaid members starting June 1

Beginning June 1, some Priority Health Medicaid members will be covered for food delivery services under the Michigan Department of Health & Human Services (MDHHS) in lieu of services (ILOS) [initiative](#). The goal for ILOS is to improve health and reduce the future need for medical services by addressing food insecurity and ensuring members have access to nutritious foods.

## How does the ILOS benefit work?

We'll offer two MDHHS nutrition service ILOS programs:

- **Medically Tailored Home-Delivered Meals:** Fresh or frozen home-delivered meals that are medically tailored for a specific disease or condition

- **Healthy Home-Delivered Meals:** Nutritionally balanced home-delivered meals consisting of hot, cold, frozen or shelf-stable meals aimed at promoting improved nutrition for the member

Medicaid members eligible for either of these programs will be identified by a provider or a Priority Health care manager.

### Which members are eligible?

The ILOS benefit is only available to Medicaid members at risk for nutritional deficiency or nutritional imbalance due to food insecurity, defined as being unable to obtain nutritionally adequate, medically appropriate and/or safe foods. Eligible members must also meet certain service limitations, such as the inability to shop and cook for themselves.

Additionally, there must be a clinical risk factor. For the Medically Tailored Home-Delivered Meals, members must either have a nutrition-sensitive condition (diabetes, cardiovascular disorders, hypertension, HIV, cancer, obesity, etc.) or have been discharged from a hospital or skilled nursing facility in the past 90 days. For Healthy Home-Delivered Meals, there are a number of clinical risk factors that could apply.

Refer to pages 5–10 of MDHHS's [ILOS Policy Guide](#) for full eligibility requirements.

### Who will be delivering the meals?

We're bringing local, community-based organizations with established food delivery infrastructure into our network to serve these meals. These organizations will be listed in [Find a Doctor](#).

### What can providers do?

Check eligibility requirements and refer eligible Medicaid members who would benefit from either of these programs. The referral/authorization process is still being finalized, but it will take place in [prism](#). More details to come.

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## Our Medicaid Maternal Incentive Program rewards members for getting prenatal care

Our new [Medicaid Maternal Incentive Program](#) works to decrease the number of pregnancy-related birth complications by incentivizing

regular prenatal and postpartum care. Medicaid members can earn rewards when they complete the following services:

- A \$20 gift card for notifying us of their pregnancy within the first trimester
- A \$50 gift card for completing a minimum of 4 visits with a doula\*
- A \$50 gift card for completing a visit with a provider between 7 and 84 days after delivery

\*This incentive will replace the \$30 prenatal visit incentive to be more inclusive of alternative maternal support options.

## Connecting members with resources to support them through pregnancy and postpartum

Once we receive a notification of pregnancy from a Priority Health Medicaid member, we'll reach out to the member directly to connect them with the following programs and resources:

- [PriorityMOM](#): Comprehensive support for moms throughout their pregnancies
- [PriorityBABY](#): Support for infants up to two years of age and their caregivers
- [Doula care](#): Emotional, physical and educational support for pregnant mothers
- [Maternal and Infant Health Program \(MIHP\)](#): Ongoing health assessments and guidance throughout pregnancy
- [Women, Infants, and Children \(WIC\)](#): Free and healthy foods, personalized nutritional assistance, breastfeeding support and more
- [Care Management](#): Advocacy, care coordination, guidance and customized care plans specific to a member's needs

For more information on our Maternal Incentive Program, visit our [member information page](#) or contact your Provider Network Management Specialist.

## INCENTIVE PROGRAMS

### Update to 2025 PIP supplemental data submission deadline

To support quicker, more efficient processing of supplemental data for the 2025 PCP Incentive Program (PIP), we've established two



submission deadlines:

Submission deadline	Dates of service
Nov. 1, 2025	Jan. 1 – June 30, 2025
Jan. 31, 2026	July 1 – Dec. 31, 2025

This new process is in alignment with industry trends in supplemental data submission and will allow the services you provide our members in the first half of the year to be reflected in your PIP reports sooner – giving more time to identify why a gap may not have been closed with the supplemental data provided.

Note: You may still submit blood pressure and A1c results at any time of year, regardless of date of service.

The [2025 PIP manual](#) (login required) has been updated to reflect this change.

## What supplemental data is impacted?

These deadlines apply to all supplemental data submitted:

- Digitally through MiHIN, APS, HL7 and Epic Payer Platform (EPP)
- Through medical records via fax, mail or SharePoint

## What will happen if data from the first half of the year is submitted after Nov. 1?

We're **strongly** encourage you to follow these deadlines, and we can't guarantee that supplemental data from the first half of the year submitted after Nov. 1 will be processed for 2025 PIP settlement.

## Where can you get more information?

We'll soon host a provider webinar with a focus on tips for:

- Submitting medical records via SharePoint
- Following naming conventions for fax, email and SharePoint submissions
- Using data feeds (MiHIN, APS, HL7 and EPP) to submit supplemental data
- Signing up for Cognizant's Provider Registry as an alternative submission method

More information, including registration details, to come.

## Monthly record retrieval for the 2025 DBM program

Beginning soon, our Risk Adjustment team will start monthly email outreach to our Disease Burden Management (DBM) Program providers to collect medical records for targeted DBM members who've completed a visit with a provider.

### Why are we requesting medical records monthly?

We understand the end of the year is a busy time for provider offices. By collecting DBM member records throughout the year—rather than all at once—we hope to lessen the burden of end-of-year chart pulls for you and your staff.

### Why are we reviewing records?

We're reviewing medical records for coding and documentation accuracy. Following our review, we'll share our findings with you and your office and offer valuable feedback and tips that can help increase your performance in our DBM program's HCC Recapture Rate and Coding Accuracy Incentives.

### Save time by submitting records digitally

To reduce the time and costs associated with medical record retrieval and help improve efficiency, we encourage providers to submit medical records to us digitally.

**Digital submission methods include:** Remote EMR access, secure email or setting up a secure SharePoint site with us. Email our team at [RA@priorityhealth.com](mailto:RA@priorityhealth.com) for more information.

## PHARMACY

### Partnering with Arine to support medication adherence for disengaged Priority Health PPO members

We're partnering with Arine, our Medication Therapy Management (MTM) vendor, to support medication adherence for Priority Health PPO members who are noncompliant or tracking toward noncompliance with their medication.

Arine's outreach is fully funded by Priority Health and won't impact the administrative budgets of ACNs participating in an Alternative Payment Model (APM) contract.

## What's happening?

Beginning now through December 2025, Arine's contacting Priority Health PPO members with medication adherence care gaps to help with the following:

- Educate members on the health benefits of staying consistent with medication
- Offer tips and clinical best practices for taking their medication
- Identify barriers to adherence and find resources available through the member's plan to help with affordability or accessibility
- Assist the member with accessing the programs and resources available to them
- Encourage members to see their PCP for needed care

## How will this impact you?

You may be contacted by an Arine or Priority Health pharmacist on behalf of Priority Health Medication Therapy Management to discuss a member's current medication, the possibility of processing a new 90-day prescription or entering a measure-specific exclusion diagnosis for the member.

Adding and submitting a needed exclusion diagnosis removes the member from select medication adherence measures. This lowers the provider's population in these measures, increases their Medicare quality performance and may increase their performance in our PCP Incentive Program (PIP).

## Questions?

Contact your Provider Network Management Specialist.

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## July 1 formulary changes are coming for our commercial group and individual members

Each July, the Priority Health Pharmacy and Therapeutics committee makes changes to the commercial group and individual formulary to align with industry and regulatory changes and to ensure our members have access to safe and effective drugs.

Beginning Jul. 1, 2025, changes will be implemented that will either add or remove a drug from the formulary, change the tier a drug is in or change the prior authorization or step therapy requirements of a drug. Site of Service changes and changes to the SaveOnSP drug list are also included.

[View a full list of the July formulary changes for commercial group and individual members.](#)

**As a reminder:** [Stelara will be removed from coverage under the pharmacy benefit for commercial group and individual members beginning Jun. 1, 2025.](#)

## How are we communicating this to members?

Impacted members will receive a letter advising them of their drug coverage changes and what steps they can take prior to Jul. 1, 2025.

## What can you do?

You'll receive a list of impacted patients from your Provider Network Management Specialist. If your patients contact you with questions, please work with them to determine the best treatment options.

## Want to know more?

These changes will be reviewed at our [July 1 Formulary Updates Provider Webinar](#). **Can't make it?** All webinars are recorded and posted to [our website](#) within a week of the event, so you can watch at your convenience.

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## Medicaid formulary changes take effect May 1

The Michigan Department of Health and Human Services (MDHHS) works with its health plan partners to create the Medicaid Health Plan Common Formulary — a list of drugs that all Medicaid health plans must cover. The formulary is reviewed each quarter by MDHHS's Common Formulary Workgroup.

Upon review of the Common Formulary Workgroup, changes will be implemented that take effect on May 1, 2025 and impact 38 of your Priority Health Medicaid patients.

[Click here for a full list of Medicaid formulary changes.](#)

## What can you do?

You'll receive a list of impacted patients from your Provider Network Management Specialist. If your patients contact you with questions, please work with them to determine the best treatment options.

## How are we communicating this to members?

Impacted members were sent letters advising them of their drug coverage changes and what steps they can take prior to May 1, 2025.

## BILLING AND PAYMENT

### Reminder: Follow MDHHS billing guidelines for our Diabetes Prevention Program for Medicaid members

As a reminder, providers participating in our Diabetes Prevention Program (DPP) should follow billing criteria established by the Michigan Department of Health and Human Services (MDHHS) for our Medicaid members.

#### About DPP

DPP is an evidence-based lifestyle change program recognized by the Centers for Disease Control and Prevention (CDC). The program applies to adults over the age of 18 with prediabetes or at risk to develop type 2 diabetes. Commercial, Medicaid and Medicare members who meet eligibility criteria can participate in DPP once per lifetime.

#### Why are we issuing this reminder?

We'll soon implement a clinical edit for DPP diagnosis criteria for Medicaid members. As outlined by MDHHS policy, a diagnosis of Z71.89 - Other Specified Counseling will be required.

#### What do your providers need to know?

Your providers can reference the following for more information and to support accurate billing:

- [MDHHS bulletin MMP 23-33](#) for Medicaid-specific DPP requirements, including diagnosis criteria

- [Our Provider Manual](#) Our Provider Manual for additional information on DPP billing, provider responsibilities, how to become a contracted DPP provider with us and more

## TRAINING OPPORTUNITIES

### Register now for our May 15 provider webinar on quality and behavioral health

Join us for a May 15 provider webinar on quality and behavioral health to learn about:

#### The behavioral health team at Priority Health:

- Who we are and what we do
- Teladoc Health Mental Health
- Resources for providers and members

#### Medicare quality:

- The Health Outcomes Survey (HOS)
- 2025 new Star rating measures and medication adherence reports

#### Medicaid quality:

- The Priority Health Medicaid Health Journal
- Pediatric quality updates
- Maternal health updates

Note that the behavioral health section of this webinar will not go into behavioral health billing tips. If you're interested in behavioral health billing content, check out our [April billing & coding webinar](#).

REGISTER NOW

#### Can't join us?

All webinars are recorded and posted to our [provider webinars page](#) within a week of the event, so you can watch at your convenience. To access the webinars page, log into [prism](#) and select **Resources > Training & Opportunities > Webinars**.

Questions?

Connect with your Provider  
Strategy & Solutions Consultant, [Terry Flaga](#) .

Access an archive of our PriorityActions for providers emails  
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