

PriorityActions

FOR PROVIDERS

[Incentive programs](#) | [Pharmacy](#)
[Requirements and responsibilities](#) | [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 Network Management specialist remains your primary contact for support.

INCENTIVE PROGRAMS

Improved PIP reporting, new report vendor coming in 2026

We'll soon be working with a new vendor – CitiusTech – to deliver PCP Incentive Program (PIP) reports to our ACNs, starting with the 2026 performance year.

Why are we making this change?

With this change, we seek to improve your experience accessing and ingesting your PIP reports. You can expect clearer care gap reporting, supplemental data feed improvements and consistent delivery of PIP reports via the provider portal – no more email attachments landing in your inbox throughout the month.

Note: This change only impacts PIP reports. Other reports (i.e., Disease Burden Management program (DBM), Alternative Payment Models (APM), Quality) will continue to be delivered as they are currently.

Help us test the new reports

If you'd like to get an advanced look at the new PIP reports and help us test them later this year, please let your Provider Network Management consultant know.

More to come

When we're closer to launch, we'll offer provider training webinars, covering how to navigate the tool and access / download reports. We'll also offer written training materials to support a successful transition.

2024 Quality Award packets will be delivered soon

We're thrilled to recognize 430 practice groups with one or more providers who met or exceeded the requirements to earn a Quality Award for their performance in the 2024 PCP Incentive Program (PIP).

Award distribution

Award packets, which include an award plaque and congratulatory letter, will be delivered via mail beginning next week.

Each practice with one or more awarded providers will receive an award packet. They'll be delivered based on your ACN's stated preference – either directly to the practice group or to your ACN for distribution.

Promotion efforts

Over the coming weeks, we'll promote the award winners through a statewide press release and social media posts. These promotion efforts will recognize the practice groups with awarded providers.

If your practices would like to further promote their achievement, use this [digital PR kit](#), which includes an electronic copy of the template press release for customization, as well as graphics practices may share on their social media accounts.

You may view a full list of winners [here](#).

Reminder: Submit documentation for the DBM Clinical HCC Suspecting Incentive by Sept. 30

As a reminder, our Accountable Care Networks (ACNs) are required to submit documentation proving the use of clinical Hierarchical Condition Categories (HCC) suspecting to your Provider Programs Specialist by Tuesday, Sept. 30 to qualify for the Disease Burden Management (DBM) Program's Clinical HCC Suspecting Incentive. The following are accepted forms of documentation:

- A report from a software system or electronic health records (EHR) system demonstrating ingestion of claims and clinical data
- A report from a vendor that specializes in clinical HCC suspecting

If you're unable to provide any of the above forms of documentation, work with your DBM Provider Programs Specialist to determine what documentation is needed.

What's the HCC Clinical Suspecting Incentive?

This DBM incentive rewards ACNs for demonstrating the use of clinical HCC suspecting – identifying potentially undocumented HCCs in a patient's medical record – within their provider practices for eligible Priority Health commercial ACA and Medicare Advantage patients. Those who meet the program requirements will receive \$2,500 per line of business, with a one-time settlement payment of up to \$5,000 for the 2025 performance year going out April 2026.

For details on the HCC Clinical Suspecting Incentive or program deadlines, visit our [DBM Program Manual](#) (login required).

PHARMACY

We've made it easier to use our Medical Benefit Drug List

We've updated the format of our Medical Benefit Drug List (MBDL) to improve navigation and help providers more easily identify important information like medication coverage tier and prior authorization criteria.

What's changing?

The MBDL is now separated by line of business into three new Medical Drug Lists (MDLs).

- Employer Group and MyPriority MDL
- Medicare MDL
- Medicaid MDL

You can find the new MDLs and our pharmacy Approved Drug Lists (ADLs) on our [Drug Information page](#) in the Provider Manual. To help with the transition, the MBDL will remain on the Provider Manual through September 30, while providers familiarize themselves with the MDL format.

Better functionality and added features

With the new MDLs, you can search for specific medications by drug name, reimbursement code or National Drug Code (NDC), and find links to prior authorization criteria, authorization forms and other reference documents, all in one place.

We want your feedback

As we work to improve the user experience of our medical and pharmacy drugs lists, we want to hear from you. Send your feedback, comments or questions to ph-pharmacybusinessopswebsite@priorityhealth.com.

REQUIREMENTS AND RESPONSIBILITIES

Annual risk adjustment audits are underway

Our Risk Adjustment team is reaching out to select provider offices via fax to request medical records for a Risk Adjustment Data Validation (RADV) audit and an Initial Validation Audit (IVA) for Medicare and commercial ACA members.

These audits are required by the Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS) and work to confirm the accuracy of the diagnoses we submit to CMS for our members for risk adjustment purposes.

What do you need to do?

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

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. (Please direct any questions to your Provider Network Management specialist, as this inbox is not monitored for questions.)

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 Dec. 31, 2025. *Late submissions will not be accepted.*

TRAINING OPPORTUNITIES

Register now for our Sept. 25 billing & coding webinar

Join us for our last billing & coding webinar of the year on Thursday, Sept. 25 at noon to learn about:

- Remittance advices – access for you and third-party billing companies
- Tips on coding quality and coding for gap closure
- Claim disputes: what we're looking for
- Billing policies overview

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.

Questions?

Connect with your Provider Network Management specialist, [Robert Everett III](#).

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



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