Priority Health

Provider login

PriorityActions

IMPORTANT UPDATES FOR OUR PROVIDER NETWORK

Oct. 29, 2026 | Issue #4.22

Updates on the new Provider Portal

The launch for our *new Provider Portal* is set for Jan. 1, and account registration remains open. If you haven't done so yet, visit our *Getting Started page* for detailed instructions on getting access. We also have a few updates to share about the transition to the new portal, including:

- We're going to keep prism accessible in view-only form at least through the end of January, even after the new portal launches, so that you can check on the status of open items.
- Claims processed before Jan. 1, 2027, will be available in the new Provider Portal, but some claim detail available in prism today may not initially be displayed for these claims.
- During our transition to Epic-based platforms, we'll be further aligning to industry standards, and this may have impacts on claims payments.

Review Provider Portal update details.

Your payments will be delivered by ECHO starting Jan. 1

As a reminder, on Jan. 1, 2027, you'll start receiving claim and capitation payments, remittance details and 1099s from ECHO Health Inc., in partnership with Optum Financial. With this transition, you have more payment options available, each with their own steps to set up. If you haven't already, take action soon to

establish your payment preferences ECHO. | *Get more information about this transition.*

2027 Medicare product updates

Priority Health is making updates to our Medicare Advantage plan offerings for the 2027 plan year beginning Jan. 1, including the introduction of two new plans, the retirement of two other plans and changes to plan availability in Northern Michigan. Providers should be aware of these changes when serving Priority Health Medicare members in 2027. | *Review 2027 Medicare product details.*

Formulary and medical drug changes coming Jan. 1

In January and July of each year, the Priority Health Pharmacy and Therapeutics committee makes changes to the commercial, individual and Medicare formularies to align with industry and regulatory changes and to ensure our members have access to safe and effective drugs. Beginning Jan. 1, 2027, several medical and formulary drug coverage changes will take effect for commercial group, individual and Medicare members. | *Get the details of the Jan. 2027 formulary changes.*

Organize PCPs in PRA subgroups by Nov. 16

As a reminder, you must organize your PCPs by practice using our Provider Roster App (PRA) tool's "subgroup" feature by Nov. 16, 2026, to ensure a full year-end settlement for our 2026 PCP Incentive Program (PIP). | *Review subgroup deadline details.*

DME prior auth changes, effective Jan. 1

Effective Jan. 1, 2027, we're changing how prior authorization (PA) requirements are applied for certain durable medical equipment (DME) items, for all plan types. Currently, DME items require PA when they reach a dollar-value threshold. Beginning Jan. 1, PA requirements will no longer be based on the cost of the item. Instead, PA will be required for a subset of DME items – those that have typically fallen at or above the dollar-value threshold. | *Get more information about this change.*

Modifier 55 update for ophthalmology claims

For claims with dates of service on or after Jan. 1, 2027, ophthalmologists billing post-operative care using Modifier 55 must follow updated claim submission requirements. This includes reporting 1 unit in the units field and including the post-operative date span in the claim notes section. This change comes as we continue to update our claim processing to align with Epic. | *Review the details on this change.*

A look at our 2027 Disease Burden Accuracy Program

We've used data from our 2026 Disease Burden Accuracy (DBA) Program, along with feedback collected from our providers and ACN partners, to build our 2027 DBA Program. We're making some changes to the program, aiming to award PCP efforts while still focusing on compliant disease burden capture. Our 2027 changes are designed to better align with provider workflows, strengthen engagement at the PCP level and support more complete identification, documentation and management of chronic conditions. | *Get a first look at the 2027 DBA program.*

Retirement of 999 implementation acknowledgments

Effective Jan. 1, 2027, in alignment with the launch of our new Provider Portal, we'll no longer return 999 Implementation Acknowledgment transactions for electronic claims submissions. Providers should instead use 277CA Claim Acknowledgment and 276/277 Claim Status transactions to monitor claim receipt and status. | *Get the details.*

New product offering more primary care choices for some members

Beginning Jan. 1, 2027, Priority Health will offer self-funded employer groups an optional buy-up called Primary Care Connect. Members with this buy-up can participate in direct primary care through Aligned Marketplace®. The goal is to reach members who don't have an existing PCP relationship. All members, including those with access to Primary Care Connect, will continue to be covered for primary care sought through the Priority Health network. | *Review product details.*

Member cost share for advance care planning starting Jan. 1

Beginning Jan. 1, 2027, advance care planning will no longer be covered as a preventive service for commercial plans (group and individual). It will be covered with normal member cost share according to the terms of their plan. | *Review details of this core benefit change.*

Supplemental cancer support program launching Jan. 1

Beginning Jan. 1, 2027, Priority Health will offer self-funded employer groups an optional buy-up in partnership with Color Health® for cancer navigation, support and screening. This buy-up would supplement, not replace, the member's existing cancer care. | *Review details on this new product.*

HIDE-SNP nursing facility claim submission reminder

Nursing facilities submitting claims for PriorityMedicare Dual Premier (HIDE-SNP) members should review and follow the nursing facility billing requirements found in the Medicaid Provider Manual – specifically Section 8 of the chapter titled "Billing & Reimbursement For Institutional Providers." Doing so will help prevent claim denials, corrections and resubmissions. | *Learn more about this requirement.*

Register now: Nov. 12 pharmacy & product updates webinar

Join us for a pharmacy and product updates *webinar* on Thursday, Nov. 12 at noon. Topics include 2027 formulary changes, new group commercial product offerings and 2027 Medicare product changes. | *Review webinar details.*

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, 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.*

Read all the *latest news* and view the following news categories:

- *Authorizations*
- *Billing and payment*
- *Clinical resources*
- *Incentive programs*
- *Pharmacy*
- *Plans and benefits*
- *Priority Health*
- *Requirements and responsibilities*
- *Training opportunities*





©2026 Priority Health
1231 E. Beltline Ave. NE
Grand Rapids, MI
49525-7024

This email is confidential and intended for the recipient specified in this message only. It is strictly forbidden to share any part of this message without a written consent of the sender. If you received this email in error, please reply informing us of the error and then delete it from your inbox.

37587-2.22