Priority Health

Login

# PriorityActions

IMPORTANT UPDATES FOR OUR PROVIDER NETWORK

Aug. 6, 2026 | Issue #4.16

## Postponed removal of Medicare inpatient acute authorization requirements

Authorizations news

In June, we announced that we'd remove authorization requirements for Medicare inpatient acute medical admissions effective Sept. 1, 2026. Following additional review of regulatory considerations, we're postponing the change. Existing authorization requirements for Medicare inpatient acute medical admissions will remain in place until further notice. | Read More

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## Reminder: Notice of Admission requirement starts Sept. 1

Authorizations news

As a reminder, Notice of Admission will be required for hospital inpatient medical admissions starting Sept. 1, 2026. This change impacts all plan types (commercial, Medicare and Medicaid). Notice of Admission can be sent to Priority Health via manual submission in our new Provider Portal, Epic Payer Platform ADT sharing or MiHIN data feed. It is separate from and in addition to authorization requirements. | Read More

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## Get ready: Steps to take now for our new Provider Portal

Priority Health news

The new Provider Portal for Priority Health is going live on September 1, and registration is now open for all users. If you haven't requested an

account yet, please go to our onboarding page to get started. Beginning September 1, you will not be able to log in to prism or see anything on your prism account. Some prism data will transfer over to your account on the new portal, but other data will not be immediately available. We recommend holding all non-urgent requests beginning mid-August until the new portal goes live on September 1. | Read More

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## Register now for our new Provider Portal training webinars

Training opportunities news

Our new Provider Portal goes live and replaces prism on September 1. Make sure you're prepared to use the new portal by joining us for one or more of our training webinars. We've organized trainings by role type, so we have offerings for clinicians, authorization coordinators, provider support staff, billers, general users and Site Administrators. You're welcome and encouraged to register for multiple events. | Read More

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## We've simplified our process for submitting Level 1 and 2 claim disputes

Billing and payments news

Effective Aug. 1, 2026, we've simplified our claim dispute process by removing the requirement to attach applicable Priority Health billing and coding policies and/or medical policies when submitting a Level 1 and Level 2 claim dispute. Providers are still required to submit a complete rationale and all supporting documentation necessary for review. | Read More

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## Claim acknowledgement & status updates starting Sept. 1

Billing and payments news

Effective Sept. 1, 2026, in alignment with the launch of our new Provider Portal, service receipts will be retired. Additionally, while we transition claim processing operations to Epic starting Sept. 1, your experience with 277CA (claim acknowledgement) and 277 (claim status responses) may be temporarily different. | Read More

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## Reminder: Reimbursement is available for Medicaid mental health screening

## assessments, including those conducted via telehealth

Billing and payments news

Eligible providers are reimbursed when they complete the required Level of Care Utilization System (LOCUS) and Michigan Child and Adolescent Needs and Strengths (MichiCANS) mental health screening assessments for Priority Health Medicaid members. These assessments may be conducted in person or via telehealth, when clinically appropriate and in alignment with MichiCANS requirements. | Read More

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## We're encouraging select members receiving Prolia® or Xgeva® to discuss covered biosimilars with their providers

Pharmacy news

As part of our ongoing efforts to help keep medications affordable while maintaining quality care, we're reaching out to select Medicare members currently prescribed Prolia® or Xgeva® to encourage discussions with their providers about transitioning to a covered biosimilar. | Read More

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## Reminder: Medicare Bridge prior authorization requests aren't processed through Priority Health

Pharmacy news

We're seeing an increase in Medicare prior authorization (PA) requests for GLP-1s for weight loss being submitted directly to Priority Health. As a reminder, GLP-1s for the treatment of weight loss are covered through the Medicare GLP-1 Bridge program, and **PA requests should be submitted through the Medicare GLP-1 Bridge Program's process**, not through Priority Health. Here's a walk through of the PA submission process for Bridge. | Read More

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.

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