

# PriorityActions

FOR PROVIDERS

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

April 11, 2024  
Issue #2.7

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.

PRIORITY HEALTH

## Latest information on the Change Healthcare outage

We sent you a [PriorityAlert](#) on April 2 with the latest updates on the Change Healthcare outage.

### Change Healthcare communications archive

You can visit the [news & education page](#) in our Provider Manual for an archive of communications we've sent about the Change Healthcare outage.

[Get our 2024 HEDIS® ECDS Provider Guide](#)

Our new Healthcare Effectiveness and Data Information Set (HEDIS®) Electronic Digital Data Source (ECDS) Provider Guide is now available. This guide will help you better understand HEDIS ECDS reporting and its impact on your patients, your practice and our health plan.

### Why is ECDS important?

The National Committee for Quality Assurance (NCQA) implemented ECDS to help move measures toward a more digital future. ECDS reporting is NCQA's larger strategy to enable a Digital Quality System and is aligned with the industry's move to digital measures.

### What's included:

Each HEDIS ECDS measure includes:

- A description of the measure
- Correct billing codes for claims submissions
- Tips and best practices to help close care opportunities and improve your HEDIS rate

To access the guide, [log into your prism account](#) and navigate to Provider Incentive Programs, then Quality Improvement.

## BILLING AND PAYMENT

### New provider-based billing reimbursement policy goes into effect June 1

In alignment with industry standards, we're updating our provider-based billing reimbursement practices.

#### What's changing?

Effective June 1, we'll no longer separately reimburse for clinic fees or any other fees associated with space used to provide E/M services, when billed on a UB-04 facility claim, regardless of the office being located on the hospital campus and/or using the hospital TIN.

This update will apply to all commercial and Medicaid lines of business for in- and out-of-network providers and facilities (excluding RHC and

FQHC), regardless of reimbursement methodology.

### What do providers need to know?

We've published a [new provider-based billing policy](#) to support providers in understanding:

- What's included in both non-facility and facility reimbursement rates
- How these rates apply to a claim based on the place of service (POS) code
- The conditions under which a claim will be denied

Providers should continue to bill the most appropriate place of service (POS) code for services rendered in their practice setting.

## Facilities: Newborn claims will soon process separately from the mother

By late Spring, newborn deliveries will be processed separately from the mother for our commercial members.

**You won't need to do anything different.** You'll continue to bill as you always have. When you receive your remittance advice, you'll see separate claim lines for the mother and baby. If they process on different weeks, you may see them on separate remittance advices.

This change is only for our commercial members. There's no change to how we're paying or displaying payments for Medicaid members.

[LEARN MORE ABOUT DELIVERY AND POST-PARTUM BILLING](#)

## INCENTIVE PROGRAMS

### Updates to 2024 PIP Filemart reporting

The first Filemart reports for the 2024 PCP Incentive Program (PIP) performance year will be released in mid-April. Reporting will include claims paid through Mar. 31, 2024.

You'll see the following report updates:

### **New report**

We're adding the *PIP\_003 – ACN Measure Performance (TAB)* report to identify your ACN's performance by measure for:

- Current year to date
- Prior year to date
- Current year to date performance at the plan level
- Current year measure target

### **Retired report**

The *PIP\_070 – Supplemental Data Worksheet* is being retired.

### **Modified reports**

Reports	Modifications
<ul style="list-style-type: none"> <li>• PIP_002C – ACN Report Card by Physician (TAB)</li> <li>• PIP_006B – ACN HEDIS Report Card (TAB)</li> <li>• PIP_011C – HEDIS Gaps in Care (TAB)</li> <li>• PIP_015B – Quality Measure Opportunity Report (TAB)</li> </ul>	<p>1 – We're renaming the following measures in these reports to align with HEDIS naming conventions and adding HEDIS acronyms:</p> <ul style="list-style-type: none"> <li>• Lead Screening in Children (LSC) - 90<sup>th</sup> Percentile</li> <li>• Childhood Immunization Status (CIS): Combo 3 - 90<sup>th</sup> Percentile</li> <li>• Immunizations for Adolescents (IMA) - 90<sup>th</sup> Percentile</li> <li>• Well Child Visits (W30): First 15 Months - 90<sup>th</sup> Percentile</li> <li>• Child and Adolescent Well-Care Visits (WCV): 3-11 Years - 90<sup>th</sup> Percentile</li> <li>• Chlamydia Screening in Women (CHL) - 90<sup>th</sup> Percentile</li> <li>• Cervical Cancer Screenings (CCS) - 90<sup>th</sup> Percentile</li> <li>• Breast Cancer Screening (BCS-E) - 90<sup>th</sup> Percentile</li> <li>• Colorectal Cancer Screening (COL-E) - 90<sup>th</sup> Percentile</li> <li>• Controlling High Blood Pressure (CBP) - 90<sup>th</sup> Percentile</li> <li>• Glycemic Status Assessment for patients with Diabetes (HBD/GSD): HbA1c less than or equal to 9.0% - 90<sup>th</sup> Percentile</li> <li>• Eye Exam for patients with Diabetes (EED) - 90<sup>th</sup> Percentile</li> <li>• Kidney Health Evaluation for Patients with Diabetes (KED) - 90<sup>th</sup> Percentile</li> <li>• Statin Use for Patients w/Diabetes (SUPD) - 5-Star Cut Point</li> <li>• Statin Therapy for Patients w/CVD (SPC) - 5-Star Cut Point</li> </ul> <p>2 – We're removing the following measures from these reports. Reporting for these measures will be provided monthly by your Provider Strategy &amp; Solutions Consultant.</p> <ul style="list-style-type: none"> <li>• Medication Adherence – Diabetes</li> <li>• Medication Adherence – Hypertension</li> <li>• Medication Adherence – Cholesterol</li> </ul>
<p>PIP_014 PIP SDoH (TAB)</p>	<p>We're adding two columns to include CPT code date and CPT code billed to show when screening codes (G9919, G9920 and/or G0136) are provided.</p>

## PLANS AND BENEFITS

### Change in diabetic supply provider network

Two of our diabetic supply providers are being removed from our network: **Healthy Living Medical Supply** and **Solara Medical Supplies**. To ensure our members—your patients—continue to receive the diabetic supplies and equipment they need, please begin referring patients to other diabetic supply providers in the Priority Health network and transfer all current prescriptions to in-network suppliers.

When is this change taking effect?

Healthy Living and Solara will no longer be in our network effective Aug. 15, 2024. (See below for one exception regarding Medicaid members who use Omnipod® products.) However, authorizations for supplies with these companies will no longer be approved after April 30, 2024.

### Which members will be impacted?

This change impacts commercial and individual, Medicare and Medicaid members who use these two companies.

### Why are we making this change?

We're removing these two suppliers from our network because they are not able to meet the standards we've set for serving our members.

### What do you need to do?

Please begin transitioning your patients' diabetic supply prescriptions to one of the in-network providers listed below. After April 30, you'll only be able to refer our members to these companies. If the member already has a prescription with Healthy Living or Solara, along with a valid authorization, the prescription will be honored until Aug. 15.

- **CareLinc**  
888.810.5462  
[carelincmed.com](https://www.carelincmed.com)
- **J&B Medical**  
800.737.0045  
[jandbmedical.com](https://www.jandbmedical.com)
- **Byram Healthcare**  
877.902.9726  
[byramhealthcare.com](https://www.byramhealthcare.com)
- **Medtronic** (Medtronic CGM, pump and supplies only)  
800.633.8766  
[medtronicdiabetes.com](https://www.medtronicdiabetes.com)
- **Tandem** (Tandem pump and supplies only)  
877.801.6901  
[tandemdiabetes.com](https://www.tandemdiabetes.com)

- **Real-Time Medical Supply**  
[248.537.2922](tel:248.537.2922)  
[realtimemedicalsupply.com](http://realtimemedicalsupply.com)

### What about Medicaid members who use Omnipod products?

Omnipod and integrated continuous glucose monitor (CGM) supplies will continue to be available to Priority Health Medicaid members from Healthy Living and Solara at in-network coverage levels, even after Healthy Living and Solara are otherwise terminated from our network on Aug. 15, 2024.

### What about Medicare members currently renting insulin pumps?

Priority Health Medicare members currently renting an insulin pump from Healthy Living or Solara will be allowed to complete their rental period without disruption and at in-network benefit levels.

### What about CGMs?

For fully funded commercial (group and individual) members, CGMs (excluding Medtronic®) and related supplies will only be covered through pharmacy benefits (instead of through DME vendors and medical benefits) upon their 2024 plan renewal date. The network change communicated here doesn't impact that [previously communicated](#) CGM benefit change. So, if the member's plan renewal date is before August 15, 2024, that will be the last date to use Healthy Living or Solara to obtain these supplies.

For Medtronic users and ASO group members who can only obtain their CGMs through the medical benefit, Healthy Living and Solara will no longer be in-network options after Aug. 15.

See our [Provider Manual](#) for more information about CGM policies.

Questions? Connect with your Provider  
Strategy & Solutions Consultant, Robert Everett Iii.



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1231 E. Beltline Ave. NE  
Grand Rapids, MI 49525-7024

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