PriorityActions
FOR PROVIDERS

Pharmacy | Training | Authorizations | Incentive programs
Billing and payment

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

July 11, 2024
Issue #2.13

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.

PHARMACY

Resource to address GLP-1 shortages and support patient medication adherence

Due to shortages of glucagon-like peptide 1 (GLP-1) drugs, we anticipate your patients—our members—may not be able to access these drugs consistently, putting them at risk of not getting the care they need. To help optimize the health outcomes of your patients and to ensure you're meeting your diabetes medication adherence goals, our Pharmacy team put together a provider handout with considerations for prescribing GLP-1s.

Find out how you can help combat GLP-1 shortages and optimize the outcomes of patients being treated with a GLP-1.

TRAINING OPPORTUNITIES

July VOA roundup: watch new Modules and register for upcoming webinars

We have new Virtual Office Advisory (VOA) Modules, quick and informative videos, available for you and your practice to view on the following topics:

- **News and updates:** using online resources and tools to stay in the loop
- **prism inquiries:** inquiry timelines and how to get your questions resolved as quickly as possible
- **Pre-service organization determinations:** how to request PSODs for Medicare members and how to bill if a Medicare member proceeds with a non-covered service
- **Coding tips:** virtual care billing, using Edits Checker, front-end rejections and sending us questions about clinical edits

View these and more at our VOA Modules page.

Upcoming webinars open for registration

Here's what we have on the calendar:

- July 11: 2025 PIP program overview
- Oct. 17: 2025 product updates
- Oct. 29: Disease burden management program updates
- Nov. 7: Medicare & Medicaid quality updates
- Nov. 21: January 1 formulary changes

Find these registration links and recordings of past VOA webinars on our website.

AUTHORIZATIONS

Provider trainings for TurningPoint authorizations programs

Join our utilization management team and TurningPoint staff to learn about the new cardiology and MSK authorization programs set to launch this September, as well as how to navigate and successfully request authorizations through TurningPoint.

Registration is now available for the following dates, with each session starting at 12 p.m. ET:

- August 14
- August 21
- August 28
- September 4

Can't make it during the webinar's scheduled time? A recording of the session will be sent to all registrants for on-demand viewing.

Outreach to high-volume providers

In the coming weeks, TurningPoint will reach out directly to high-volume cardiac and MSK provider offices. They'll offer these providers the option to meet one-on-one with their provider relations and medical teams, either virtually or in person, to:

- Support training and education in the lead up to the programs' launch
- Answer any outstanding questions
- Build a relationship for two-way communication and feedback

Peer-to-peer reviews for all authorization requests will follow new process by October 9

Effective Oct. 9, 2024, outpatient peer-to-peer reviews (P2P) will only consider the clinical information submitted with the initial authorization request. This update is in alignment with industry standards and with our [updated inpatient P2P process, which goes into effect September 4](#).

We'll classify any additional information submitted after the initial denial as a level 1 appeal and cancel the P2P request.

As a reminder, we offer [two levels of appeal](#) for medical authorization denials.

Get more information

Review our full P2P policy for additional information, including request timelines, when P2Ps aren't available, how to request a P2P and more.

GET THE P2P POLICY

INCENTIVE PROGRAMS

Reminder: Attest to your providers' PCMH designations in PRA

We'd like to remind you of the importance of attesting to your providers' patient-centered medical home (PCMH) designation status in PRA during the 2024 PCP Incentive Program (PIP) performance year.

Why is this important?

Primary care providers (PCPs) must be practicing at a PCMH designated practice during the program year to qualify for our 2024 PIP Transformation of Care measures, including:

- Care Management
- Social Determinants of Health (SDoH) Screening
- SDoH z-code reporting
- Behavioral Health Collaborative Care (BHCC)

If you don't report in the PRA tool that a PCP is part of a PCMH-designated practice, we'll remove them from these measures (both numerator and denominator) at year-end settlement.

When and how to attest to PCMH designation

Report this designation to us in the PRA tool by the November attestation period, which takes place in October. We honor the following designation programs: BCBSM, NCQA, URAC and Joint Commission.

Step-by-step instructions on how to update a PCP's PCMH designation status in PRA, including batch upload instructions, are outlined on page 11 of the 2024 PRA Manual (*login required*).

BILLING AND PAYMENT

prism inquiry turnaround times and when to reach out to our team

We frequently get questions about our turnaround times for various inquiries made in prism and would like to share the following:

Request type	Turnaround time
General requests	30 days
Informal claim review*	15 days
Level 1 appeal*	45 days
Enrollment (non-delegated)	80 days
Provider changes / terminations	30 days
Coding / clinical edit review	60 days
Coding / clinical edit Level 1 appeal	60 days
Except for coding / clinical edit reviews and appeals, which are 60 days	

Please note the coding / clinical edit review and Level 1 appeal turnaround times have been updated to 60 days, to allow our teams sufficient time to thoroughly review the medical records and supporting documentation submitted with these inquiries.

What else do you need to know?

The turnaround times begin when the inquiry reaches the correct Priority Health team. Encourage your providers to make sure they're selecting the most appropriate inquiry option in prism.

We ask that providers:

- **Wait the full turnaround time** for a response before emailing us at *exceedsprocessingtime@priorityhealth.com*.
- **Don't request a status update** by making a comment in an open inquiry. Our system will automatically reset your turnaround timeline back to the beginning – ultimately delaying your resolution time.
- **Don't open a new inquiry to request a status update** on an already open inquiry. This will cause duplicates and delay processing.

Questions? Connect with your Provider
Strategy & Solutions Consultant, Brandi Stickley.

Access an archive of our PriorityActions for providers emails here.

Priority Health

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