Priority Health

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Physician & practice news digest

In This Issue

- Message from the Medical Director
- Billing & coding tips
- Medicare & Medicaid quality news
- Value-based incentive programs
- News & updates

Message from the Medical Director

Engaging with you to promote wellness in 2025

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It's a new year, and with that comes renewed motivation to make healthy lifestyle changes and achieve new wellness goals. We're proud to support your patients, our members, as they embark on journeys to improve their physical and mental health.

At the foundation of that commitment is the no-cost preventive care included as a benefit in most Priority Health plans to help everyone stay healthy. Most of our plans cover wellness appointments by the calendar year, so members can schedule at a convenient time, rather than needing to wait a full year from last year's appointment.

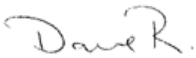
We offer many other programs, depending on your patient's individual needs and goals.

- Our Priority Health Wellbeing Hub offers our group, individual and Medicare members access to tools customized to their specific health and wellbeing needs, whether that's getting more exercise,

managing a chronic condition such as diabetes, sleeping better, or reducing stress.

- Our Diabetes Prevention Program is free to most members of our group, individual, Medicare and Medicaid plans who have prediabetes or are at risk to develop type 2 diabetes.
- We encourage patients focusing on emotional health to take advantage of Teladoc Health's Mental Health program, a free resource offering all members support for stress, depression, sleep and more.

A new year also presents the opportunity to reflect with gratitude on the work we've accomplished together to improve the health of our communities. Thank you for your support in 2024, and we look forward to continuing our valuable partnership in 2025.



Billing & coding tips

Using provider inquiries, issues and data from the past quarter, our teams put together this list of tips to save you time and energy with your claims and more.

#1. Understand what disallow code OX6 means on your remittance advice.

One claim adjustment code we get a lot of questions about is OX6.

What's OX6?
OX6 is a disallow code applied to charges billed in error. This code is:

- Applied to an original claim when a provider submits a corrected claim to replace or void the original claim

- Seen on the paper remittance advice for the original claim

Can you appeal OX6?
No, you can't appeal the OX6 disallow code on the original claim. Instead, review the replacement claim in prism to determine if an appeal is necessary. If it is, you can follow the reviews / appeals process on the replacement claim.

To review a claim in prism:

1. Log into your **prism** account.
2. Under the Claims tab click **Medical Claims**.
3. Find the claim in question on the claims listing page. You can use the search bar in prism to enter your Claim ID or any element on the claims list page to filter your claims. When you find the right claim, click on the **Claim ID link**.
4. Review the resulting claim detail page where you can see line-by-line details for how your claim was processed.

To request reconsideration on the replacement claim, your first step is to submit an informal claim dispute. Learn how (this process is the same for all plans).

#2. Bookmark our billing policies page.

We regularly maintain a series of medical claims payment policies detailing billing, coding and reimbursement guidelines, publishing new and updated policies to our online Provider Manual each month.

These policies are intended to give transparency into our expectations to help you:

- Bill claims more accurately
- Reduce processing delays
- Avoid rebilling
- Reduce requests for additional information

SEE OUR BILLING POLICIES

#3. Find our 2025 fee schedules.

We're in the process of posting 2025 fee schedules, with individual and commercial fee schedules already online.

We continually monitor the state and national benchmarks for fee schedule updates, making all required updates in our system within 30 days of a change.

We don't retroactively adjust any claims paid while we're loading new rates into our system.

To make sure your claims are processed and reimbursed under new rates, you can choose to hold them until you see the new fee schedules posted in prism.

CHECK FOR 2025 FEE SCHEDULES

(login required)

Medicare & Medicaid quality

Together, we can close care gaps for your patients, our members. From preventive screenings to managing chronic conditions, we're here to support you.

Get our latest Medicare & Medicaid quality newsletter to learn more about our 2025 Medicare and Medicaid member rewards, resources for closing Annual Wellness Visit care gaps, support for your Priority Health Medicaid patients with HIV and more.

DOWNLOAD THE GUIDE

Incentive programs

We appreciate your partnership as we work to provide the right care, at the right time, in the right place and at the right cost. We're continually evolving our incentive programs to help us achieve these goals and to recognize the hard work you do to keep our members healthy.

Below you'll find key incentive program updates and deadlines for the first quarter of 2025.

2025 PCP Incentive Program (PIP)

Our final 2025 PIP manual and supporting resources are available. Find information on each below and access the manuals / resources on our Provider Incentives webpage (login required).

2025 PIP Manual

This manual outlines the full 2025 PIP program, including:

- Program measure grid
- Administrative details
- Details on our new Disparity of Care measures
- Updated Care Management measure
- Appendices to support your successful participation in the program

2025 HEDIS Provider Reference Guide

Our Healthcare Effectiveness Data and Information Set (HEDIS) Provider Reference Guide has been updated to reflect 2025 new and retired HEDIS measures. These changes were determined by the National Committee for Quality Assurance (NCQA).

2025 Disease Burden Management (DBM) program

Our final 2025 DBM manual is available. Find information below and access the manual / resources on our Provider Incentives webpage (login required).

2025 DBM Manual

This manual outlines the full 2025 DBM program, including:

- Administrative details
- Details on our 2025 incentives, including two new incentives that highlight clinical suspecting and accurate disease burden capture
- Updated Provider FAQ section

December DBM reports

December 2024 provider performance reports and member lists were sent out Jan. 15, 2025. These reports were based on claims through Dec. 31, 2024. Note: You'll continue to receive 2024 DBM reports through March, as we process claims run out. While 2025 initial member lists and performance reports won't be sent until February, we encourage you to use your December 2024 reports to get a head start on identifying targeted members for DBM 2025.

Important incentive program dates

Mark your calendars for these upcoming deadlines:

- For PIP:
  - **Jan. 31** – Supplemental data submission deadline for the 2024 program year (including MiHIN, APS, HL7, EPP and medical records submitted via fax, mail or SharePoint)

- **Feb. 28** – Claims submission and adjudication deadline for the 2024 program year. All 2024 claims must be billed and adjudicated by the Priority Health system by this date

- For DBM:
  - **Mar. 31** – Claims submission and adjudication deadline for all 2024 dates of service

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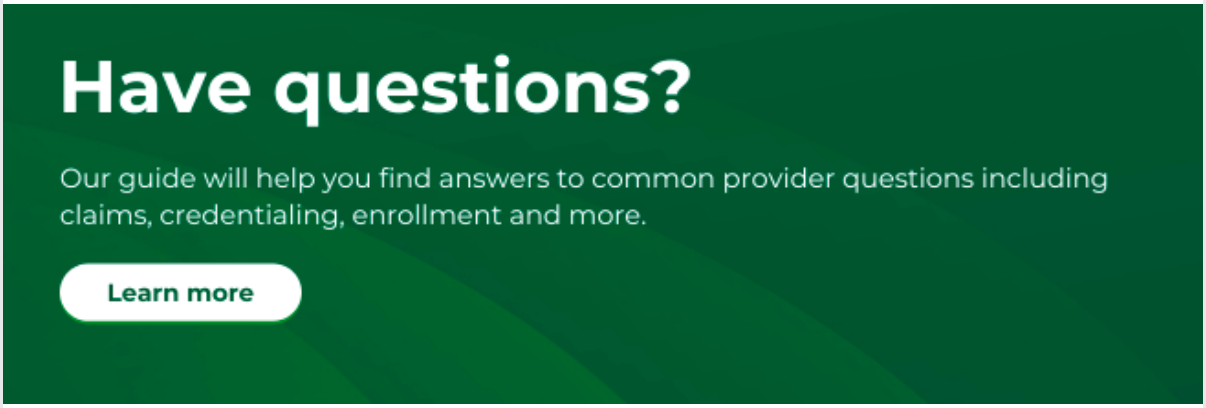
Requirements & responsibilities

NCQA's 2025 HEDIS audit is underway

Our Healthcare Effectiveness Data and Information Set (HEDIS®) team is contacting providers by fax and phone to request medical records for the 2025 HEDIS audit. This is an annual audit conducted by the National Committee for Quality Assurance (NCQA) and used to measure quality of care across health care organizations in the United States. The data you submit for this audit directly impacts how we invest in and enhance the benefits we offer our members. If you're contacted, please submit all requested documentation by the deadline provided in your communication.



Latest news

See the latest news posted to our Provider Manual since October 2024:

AUTHORIZATIONS

- Updated TurningPoint provider training guide now available
- New authorization requirement for non-urgent inpatient hospital transfers
- Reminder of varicose vein authorizations implementation
- Photos required with home health wound care auths after 90 days
- Peer-to-peer policy update cancelled
- TurningPoint portal scheduled downtime

- TurningPoint authorizations resources and information
- Delayed implementation of varicose vein authorizations

BILLING & PAYMENT

- Telemedicine billing updates effective Jan. 1
- Corrected claims must include the original claim ID
- January billing policies update
- Medicare therapy cap changes effective Jan. 1, 2025
- New and updated billing policies
- 2025 commercial fee schedules are available online
- Understanding disallow code OX6
- New and updated billing policies are now available
- Resolving some vaccine codes denying incorrectly
- Provider-based billing policy went into effect June 1

CLINICAL RESOURCES

- Supporting you through the IV fluid shortage

INCENTIVE PROGRAMS

- Final 2025 PIP manual now available

PHARMACY

- Medicaid formulary changes coming Feb. 1, 2025
- Prior authorization changes coming for diabetic insulin supplies for Medicare members
- Formulary changes coming Jan. 1, 2025
- New Medicare Prescription Payment Plan coming Jan. 1, 2025
- Prior authorization changes coming for diabetic insulin supplies
- Medicaid formulary changes coming Nov. 1, 2024

PLANS & BENEFITS

- Reminder: HMA members have access to Priority Health's network
- New resources available for the HMA product, launching January 1
- Southeast Michigan networks clarification
- 2025 product updates
- At-home test kits for your Priority Health Medicare patients

REQUIREMENTS & RESPONSIBILITIES

- NCQA's 2025 HEDIS audit is underway
- Medicaid formulary changes coming Feb. 1, 2025
- You must complete our D-SNP MOC training
- Reminder to complete our D-SNP Model of Care training
- November 2024 medical policy updates
- Reminder of our technical denials policy

PRIORITY HEALTH

- Simplifying provider changes in prism
- Get our fall Physician and Practice News Digest and our Quality Newsletter
- Reminder: Credentialing and enrollment updates are available in prism

- Reminder: The best way for practices to communicate with us is through prism