

# Working with Priority Health during cyberattacks and technology outages



## Accessing prism

If your internet and/or computer systems are down, you can continue to access our provider portal, prism, via a smartphone. Go to **[provider.priorityhealth.com](https://provider.priorityhealth.com)** and enter your username and password to log in.

There may be scenarios where Priority Health determines that the security of your prism accounts is compromised and turns off your access. In these cases, we'll do our best to quickly notify you that you have lost access, and we'll keep you informed as we work to restore service.

If you aren't able to access prism during your outage, follow the instructions in this guide to continue normal operations.

**While your systems are offline, we'll do our best to support you by offering alternative ways of working with us that don't require internet access.**

## Claims

If you aren't able to submit electronic claims because of an outage, we recommend holding your claims until you're able to submit electronically.

You can submit paper claims to:

PO Box 232  
Grand Rapids, MI 49501

Note that paper claim processing is significantly longer than electronic claim processing.

Faxing claims is not an option.

We aren't able to prioritize any claims upon receipt, but most claims we receive electronically are auto-adjudicated, meaning they will process quickly. Over 90% of all claims we receive are paid within 10 days.

## Claim appeals

We recommend holding appeals until your systems are restored. However, during extended outages (longer than a week), you can submit paper appeals via mail with the appeal form attached to this guide. Please include the following:

- Specific procedure codes, revenue codes, diagnosis codes, modifiers, etc., being disputed
- Explanation code associated with this claim line (If multiple lines are being disputed, please specify this in your request.)
- Rationale or reason the dispute is being supported
- Coding, billing or policy logic being disputed
- Supporting documentation specific to services being disputed
- If applicable, refer to specific contract language or payment terms

Faxing claim appeals is not an option. Submit your appeals by mail to:

Priority Health Appeals Analyst  
1231 East Beltline Ave NE  
Grand Rapids, MI 49525

On a case-by-case basis, we may extend the appeal timeframes to allow for flexibility with extended outages. However, until you hear from us, assume the normal timeframes are in effect.

## Authorizations

If you're unable to submit authorization requests online, the process to follow depends on the type of service you're requesting.

### TurningPoint

TurningPoint manages the following services and procedures:

- Cardiology
- MSK, spine and joint surgery

TurningPoint's offline submissions:

- **Fax:** Complete the TurningPoint authorization request form (attached to this guide) and submit to **833.374.0036**
- **Call:** Submit your request to TurningPoint by calling **855.511.0840**

### EviCore

EviCore manages the following services and procedures:

- High-tech imaging
- Lab and genetic services
- Radiation oncology

EviCore offline submissions:

- **Call** EviCore at **844.303.8456**

### GuidingCare

GuidingCare manages the following services and procedures:

- Post-acute facility admissions
- Behavioral health
- Durable medical equipment (DME)
- Inpatient
- Outpatient
- Home health care
- Planned surgeries and procedures

GuidingCare offline submissions:

- **Inpatient:** Providers should hold requests until they're able to submit online. These can be processed retrospectively.
- **Pre-service/post-acute:** Until providers are able to submit authorization requests online, they should send them via fax using one of the prior authorization forms attached to this guide.\* For other types of authorization forms, go to [priorityhealth.com/provider/manual/auths/out-of-network](https://priorityhealth.com/provider/manual/auths/out-of-network).

*\*Exception: home health – If an outage lasts longer than a week, no authorizations for home health procedures will be required until the outage is resolved.*



### Authorization appeals

We recommend holding appeals until your systems are restored. However, for medical necessity, you can submit authorization appeals via fax or mail using the appeal form attached to this guide. All appeals should include the specific date(s) of service and the following information, depending on authorization type:

- **Outpatient, home health, DME:** specific procedure codes being appealed with documentation supporting medical necessity
- **Acute inpatient and post-acute:** clinical documentation from all dates of stay to support medical necessity

Submit your appeals by fax to **616.975.8858** or by mail to:

Priority Health UM Operations  
1231 East Beltline Ave NE  
Grand Rapids, MI 49525

On a case-by-case basis, we may extend the appeal timeframes to allow for flexibility with extended outages. However, until you hear from us, assume the normal timeframes are in effect.





# Priority Health Provider Helpline

800.942.4765

Mon. – Thurs. 7:30 a.m. – 5 p.m.

Fri. 9 a.m. – 5 p.m.

## Additional help and ongoing support

Your Priority Health Provider Network Management Specialist will stay in regular contact with your organization leadership team, bringing in our IT team and other experts as needed. If you need direct support on specific issues related to working with our members, call our Provider Helpline.

## Credentialing & enrollment

New enrollment requests, enrollment changes and document submissions for credentialing will need to wait until your systems are restored. However, if you have enrollments queued up, we'll do our best to prioritize your providers' requests once your systems are back online. We'll also backdate claim dates as appropriate.

For long-term outages (more than two weeks), we'll work with you to begin obtaining as much enrollment information as we can to set us up for quicker processing once your systems are back up. We still won't be able to finalize new enrollment requests and enrollment changes until you're back on prism, but this will expedite the process once your outage is over.

What do you need?	Can the Provider Helpline assist?
Check member eligibility	YES
Check member benefit information	YES
Check claim status	YES
Submit a claim	NO (see pg. 1)
Check appeal status	YES
Initiate an appeal	NO (see pg. 1 & 2)
Check authorization status	YES
Submit a new prior authorization request	NO (see pg. 2)
Check fee schedules & member cost estimates	NO
Complete enrollment and/or credentialing	NO (see sidebar)
Update provider/practice information	NO



## Q&A

### **Q: Can I continue to use prism during an outage?**

A: You can access prism via any internet-connected device, including smartphones. In certain scenarios, we may temporarily turn off your prism access for security reasons.

### **Q: Can authorization requirements be waived during an outage?**

A: No. Please see the “Authorizations” section above for alternate methods of submitting authorization requests during outages.

### **Q: Can I submit claims or appeals via mail during an outage?**

A: Although we recommend holding claims and appeals until your systems are back up and running, you can submit paper claims, claim appeals and authorization appeals via mail. See pages 1 and 2 for more information.

### **Q: Can I submit claims or appeals via fax during an outage?**

A: We don't accept claims or claim appeals via fax, but we do accept authorization appeals via fax with our appeal form. See Page 2 for details.

### **Q: Can I use mail to submit credentialing and enrollment documentation during an outage?**

A: No, you'll need to hold all document submissions for credentialing and enrollment until after your systems are restored.

### **Q: Will timeframes, such those for appeals, be extended in the event of an outage?**

A: We'll approach each outage on a case-by-case basis. For extended provider system outages, we may extend required timeframes. In these situations, we'll notify you of any changes.

### **Q: Can our requests be expedited after we're back online after an outage?**

A: We can't expedite claims processing, although a significant majority of claims auto-process upon submission, and over 90% are paid within 10 days of submission. If you notified us about credentialing and enrollment during your outage, we'll expedite your request once you're back online, as availability allows.



## Level I provider appeal form

**This form is for out-of-network provider use.** Providers participating with Priority Health must submit appeals in prism, our online provider portal. Out-of-network providers may also use prism for faster response. (Note: All Level 2 medical necessity appeals must be submitted in prism.)

Using this form	Medical necessity (authorization) appeals	Claim appeals
<b>When to use this form</b>	When appealing an authorization / medical necessity decision	When appealing a medical or behavioral health claim decision, after receiving a response on an <a href="#">Informal Claim Review</a> . Providers have one claim appeal right.
<b>Deadline</b>	Within 65 days of the authorization denial notice	Within 180 days of the first remittance advice
<b>Additional documentation</b>	<ul style="list-style-type: none"> <li>New clinical documentation</li> <li>Priority Health denial letter</li> </ul>	All pertinent supporting documentation must be attached (i.e., office notes, radiology and lab / pathology reports, operative notes, etc.)
<b>How to submit</b>	<ul style="list-style-type: none"> <li>Behavioral Health: 616.975.0249 (fax)</li> <li>All others: 616.464.7500 (fax)</li> </ul>	Priority Health Appeals Analyst 1231 East Beltline NE Grand Rapids, MI 49525

### Submitter contact information

<b>Provider/facility name</b>	<b>Tax ID</b>	<b>Contact name</b>
<b>Phone</b>	<b>Fax</b>	<b>Email</b>
<b>Address</b>		

### Member information

<b>Member last name</b>	<b>Member first name</b>
<b>Member ID number</b>	<b>Member date of birth</b>

### Claim information (if a claim is on file)

<b>Claim number</b>	<b>Date(s) of service(s)</b>	<b>Total charge(s)</b>
<b>Inquiry number</b>	<b>Disputed codes</b>	

### Authorization information (for authorization appeals only)

<b>Authorization number</b>	<b>Disputed dates of service</b>

### Explanation of appeal

Include the denial reason. An attached denial letter and new clinical documentation are required for authorization and related readmission appeals. If appropriate documentation isn't provided, the appeal won't be reviewed.

**\*\* Want to save time? Check out our new and improved provider portal. \*\***

Visit [www.myturningpoint-healthcare.com](http://www.myturningpoint-healthcare.com) to sign up for TurningPoint's Provider Portal in just a few clicks.

*In most circumstances, portal cases are processed 1-2 days faster on average than a submission through phone or fax.*

<b>Today's Date &amp; Time:</b>	<b>Member Name:</b>
<b>Provider Contact Name:</b>	<b>Date of Birth:</b>
<b>Provider Contact Phone:</b>	<b>Member ID (including any alpha prefix):</b>
<b>Provider Contact Fax:</b>	<b>Health Plan:</b>
<b>Provider Contact Email:</b>	<b>Notification Method Preference:</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Fax *Please be sure mailing address or fax number is provided.
<b>Provider Name:</b>	<b>Notes:</b>
<b>Provider TIN:</b>	
<b>Provider NPI:</b>	
<b>Practice/Group Name:</b>	
<b>Provider Physical Address:</b>	
<b>Provider Mailing Address (if different):</b>	

<b>Facility Setting:</b> <input type="checkbox"/> Inpatient Hospital <input type="checkbox"/> Outpatient / Observation <input type="checkbox"/> Ambulatory Surgical Center <input type="checkbox"/> Provider Office	
<b>Requested Procedure:</b>	<b>Anticipated Surgery Date:</b>
<b>CPT® / HCPCS or ICD Procedure Code(s):</b>	
<b>Diagnosis Code(s):</b>	
<b>Facility Name:</b>	<b>Facility Contact Name:</b>
<b>Facility TIN:</b>	<b>Facility Contact Phone:</b>
<b>Facility NPI:</b>	<b>Facility Contact Fax:</b>
<b>Facility Physical Address:</b>	<b>Facility Mailing Address (if different):</b>

<p><b>Does the patient have any of the following co-morbidities? Select all that apply.</b></p> <p>Diabetes that requires medication or insulin (Type I or Type II)        A1C Level: _____        Hypertension Requiring Medication        Previous Cardiac Event        Congestive Heart Failure        Dyspnea        Current Smoker Within Past 12 Months        History of Severe COPD        Dialysis        Acute Renal Failure        Ascites Within Past 30 Days        Steroid Use for Chronic Condition        Disseminated Cancer        None of the Above</p>	<p><b>Patient's Body Mass Index (BMI):</b></p> <hr/> <p><b>Patient's Activities of Daily Living (ADL) Functional status:</b></p> <p>Independent        Partially Dependent        Totally Dependent</p> <p><b>Does the patient have psychosocial and/or substance abuse issues?</b></p> <p>Absent - No Psychosocial and/or Substance Issues        Addressed – Psychosocial and/or Substance Issues        Present but Addressed</p>
<p><b>Will any of the following be used?</b></p> <p>Allograft        Autograft – patient's own tissue        Bone Morphogenetic Protein        Stem cells        None of the above</p> <p><b>If requesting procedure code *20930, please indicate tissue type:</b></p> <p><b>Vendor:</b></p> <p><b>Name/type of product:</b></p>	<p><b>Will a co-surgeon or assistant be utilized?</b>  <i>(If yes, please provide the following information)</i></p> <p>Yes                      No</p> <p><b>Assistant Type:</b></p> <p>Nurse Practitioner                      Physician's Assistant        Registered Nurse                      Assistant Surgeon        Co-Surgeon                      Anesthesiologist</p> <p><b>Assistant at Surgery Name:</b></p> <p><b>Assistant at Surgery NPI:</b></p>
<p><b>Other Products Intended to be Used:</b></p> 	
<p><b>Manufacturer:</b></p> <p><b>Product Line:</b></p>	
<p><b>NOTE:</b> Please include imaging reports, surgical plan, procedure notes and clinical documentation of ALL conservative therapies that have been attempted as well as the duration of each type of conservative treatment.</p>	
<p><b>Form Completed By:</b></p>	<p><b>Date:</b></p>



# Medical prior authorization form

Missing or incomplete information, including required clinical documentation, may result in delays.  
Don't use this form for emergent inpatient requests. Instead, use our [Emergent Inpatient Form](#).

Check if requesting on behalf of a Cigna-participating provider  
Check if your request is a [Medicare Pre-Service Organization Determination](#) (PSOD)

Date of request: \_\_\_\_\_

Type of service  
Planned surgery / procedure      Outpatient service  
Inpatient  
Outpatient / observation

Priority  
Standard      Expedited\*      Retrospective  
*\*By checking this box, I attest that applying the standard timeframe could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.*

Member information

Member last name		Member first name	
Priority Health ID#		Date of birth	

Date(s) of service	From:	To:	
Diagnosis code(s)		Diagnosis	
Procedure code(s)		Procedure	

Provider / facility information

Provider name		Facility name	
Provider TIN		Facility TIN	
Provider NPI		Facility NPI	
Address		Address	

Contact

Name			
Phone		Fax	

Additional information (i.e., H&P, labs, vitals, medication record, imaging)



# Post-acute facility authorization form

Includes sub-acute rehab (SAR), skilled nursing facility (SNF), acute rehab and long-term acute care hospital (LTACH)

Fax form to 616.975.8848

Missing or incomplete information, including required medical records, may result in delays. Please allow 24-48 hours to process admission review and continued stay requests.

- **Admission review:** Upload all medical records needed to support your request. You must include physical (PT) and occupational therapy (OT) evaluations.
- **Continued stay (more days are required for patient's current admission):** Submit medical records and supporting documentation. Therapy records must be done within the last 48 hours of extension request.

Physical Therapy signature: \_\_\_\_\_ Date: \_\_\_\_\_

Occupational Therapy signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Background information

Date of request: \_\_\_\_\_

Check if your facility is:

Participating as an **in-network provider for Cigna**

Participating as an **in-network provider for Multiplan**

Admitting from:

Inpatient hospital

Long-term care facility

Inpatient psychiatric facility

Emergency dept.

Inpatient acute rehab

Observation

Home

LTACH

Subacute rehab/skilled nursing facility

Admitting to:

Subacute rehab/skilled nursing facility

Inpatient acute rehab

LTACH

## Member information

Member last name

Member first name

Priority Health ID#

Date of birth

## Facility information & post-acute benefits

Admitting facility

Contact name

Facility address

Facility tax ID

Facility NPI

Contact phone #

Contact fax #

## Admission Information

Admission date

Procedure date

Diagnosis code(s)

Procedure

Diagnosis

Complications

Estimated length of stay (ELOS)

Mobility							
<b>Gait/Assist level:</b>				<b>Assistive device:</b>			
Ind	Modl	SBA	CGA				
Min	Mod	Max	Total				
<b>Distance/feet:</b>				<b>Stairs/number of stairs/assist level:</b>			
<b>Bed mobility:</b>				<b>LB bathing:</b>			
Ind	Modl	SBA	CGA	Ind	Modl	SBA	CGA
Min	Mod	Max	Total	Min	Mod	Max	Total
<b>Transfers:</b>				<b>LB dressing:</b>			
Ind	Modl	SBA	CGA	Ind	Modl	SBA	CGA
Min	Mod	Max	Total	Min	Mod	Max	Total
<b>UB dressing:</b>				<b>Grooming:</b>			
Ind	Modl	SBA	CGA	Ind	Modl	SBA	CGA
Min	Mod	Max	Total	Min	Mod	Max	Total
<b>UB bathing:</b>				<b>WBS:</b>			
Ind	Modl	SBA	CGA				
Min	Mod	Max	Total				
<b>Toileting:</b>				<b>Additional information:</b>			
Ind	Modl	SBA	CGA				
Min	Mod	Max	Total				
<b>Eating:</b>							
Ind	Modl	SBA	CGA				
Min	Mod	Max	Total				

Cognition				
<b>Alert and oriented to</b>	Person	Place	Time	Situation
	Other (deaf, blind, etc):			
<b>Mental health concerns</b>				
<b>Dementia</b>	Yes	No	Comments:	

Speech Language Pathology			
<b>SLP indicated</b>	Yes	No	<b>Aspiration risk</b>
			Yes No
<b>Modified diet</b>			<b>Treatments</b>
<b>Tube feeding type</b>			
<b>Formula and frequency</b>			
<b>Start date</b>			

Respiratory			
<b>O2 saturation</b>			<b>O2 Delivery Mode</b>
			None Type:
<b>Vent</b>	Yes	No	<b>Vent settings</b>
<b>Trach</b>	Yes	No	<b>Trach type</b>
<b>Suction and frequency</b>			

Pain			
<b>Pain</b>	Yes	No	<b>Location</b>
<b>Medication (s)</b>			
<b>Name:</b>	<b>Dose:</b>	<b>Route:</b>	<b>Frequency:</b>
<b>Name:</b>	<b>Dose:</b>	<b>Route:</b>	<b>Frequency:</b>
<b>Adjustments</b>			

IV/PICC line medications			
Name:	Dose:	Start Date:	End Date:
Name:	Dose:	Start Date:	End Date:
Adjustments			

Skin Status			
Skin intact?	Yes      No		
Wound/Incision #1			
Location		Size (LxWxD cm)	
Stage		Treatment (type, frequency)	
Wound/Incision #2			
Location		Size (LxWxD cm)	
Stage		Treatment (type, frequency)	
Additional comments			

Describe the nursing plan of care:

Discharge plans (must be initiated at admission)			
Discharge date		Discharge location	
Discharge goal			
Number of home levels		Number of steps	
Home evaluation date		Lives with	
Home care company		Services	
Equipment needs			
Discharge barriers			

Additional information: