

Quarterly NEWSLETTER

FOR PROVIDERS, PRACTICES AND FACILITIES

June 3, 2026 | Spring Issue

In this issue

Welcome to our Quarterly Newsletter for providers, practices and facilities, where you'll find helpful updates, a link to our quality newsletter and more.

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Message from Dr. Rzeszutko

New portal coming Sept. 1

It's an exciting—and busy—time here at Priority Health as we prepare for big changes coming to how we work with providers.

On Sept. 1, we're partnering with Epic to replace our Provider Portal, prism, and our prior authorization tool, GuidingCare, with a **new Provider Portal**. You'll be able to do the same things in the new portal, but the way you do it may change.

We're also partnering with Optum Financial / ECHO Inc for **claims payments and remittance advices**, with integration into the new portal.

Here are some features of the new portal we think you'll like:

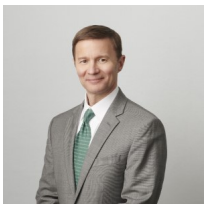
- **Member inquiry:** View a fuller profile of a member's health history, related claims and authorizations, as well as social determinants of health and recent immunization details (when available).
- **Patient check-in:** Save an active member list for quick reference, check member eligibility without logging in and view Member Inquiry information within other portal functions.
- **Billing & coding:** Do everything you did in prism, plus submit claims directly, status claims without logging in and see claims by member.
- **Authorizations:** Submit authorizations directly, see a "benefits check" before submitting and see authorization requests by member.

Some important initial steps to this transition are coming soon:

- **Site administrators** will register for portal access as early as mid-June.
- **All other users** will register beginning in August.
- Register for **provider training** this summer.
- **Optum Financial** will mail provider notification letters on our behalf in early July, including information on payment types, any needed actions and timelines for setting up your preferred payment type.

We know this is a big change, and we're confident this allows us to best serve you and your patients, our members, moving into the future. For the latest information, please visit our [provider information page](#).

David Rzeszutko, MD, MBA
Vice President, Medical and Clinical Operations



David R.

Please help us welcome

Brian Steele, D.O.

as Senior Vice President and
Chief Medical Officer



[Learn more](#)

Billing & coding tips

We invite you to (re)watch our May 21 billing and coding webinar with important information and tips, including:

- Reminders about submitted claim disputes
- Documenting and coding heart conditions, diabetes and stroke for Risk Adjustment

[WATCH THE WEBINAR](#)

Reminder: Changes to our claim appeals process

Earlier this year, we announced changes to our claim appeals process, now referred to as claim disputes. In aligning with industry standards, we've also updated the documentation requirements for claim dispute submissions. We've updated our Provider Manual to outline these changes and to help make the dispute process more clear.

Here are some key reminders about this process:

1. Providers are permitted **one Level 1 claim dispute and one Level 2 claim dispute** per claim.
2. All claim dispute submissions must include **complete and pertinent supporting documentation** to allow for a thorough review. This includes, but is not limited to: CMS guidelines, AMA guidelines, ICD 10 references, Priority Health-specific medical policies, and Priority Health-specific billing and coding policies. Submissions lacking required documentation will be considered invalid and will not be processed.
3. Once an inquiry is closed, do not reopen it. If a Level 1 has been submitted and closed, you can submit a Level 2 dispute. If a Level 2 has already been submitted and closed, reopening the inquiry will

result in immediate denial. Again, only one Level 1 and Level 2 dispute are allowed per claim.

Audit disputes

As a reminder, providers should submit any disputes related to audit findings directly to the auditing vendor, not Priority Health. This includes vendors such as Machinify/Varis, EXL, Performant and other delegated audit entities.

For reference, review the audit dispute process in the [Provider Manual](#).

LEARN MORE IN OUR PROVIDER MANUAL

Did you know? Your payment options are changing this summer.

Find out if you need to take action to set up your preferences.

Learn more

Medicare & Medicaid quality

Get our latest Quality updates and education on topics like:

- Understanding CPT II codes
- Medicare Quality HEDIS focus areas
- Improving breast cancer screening rates
- Medication adherence and SUPD provider tips
- Closing care gaps in developmental screenings
- Reducing tobacco use and vaping with Michigan Tobacco Quitlink
- How to talk PrEP with your patients

DOWNLOAD THE GUIDE

Coming this summer

We're changing how we work together.

New Provider Portal registration begins in June.

[Read more](#)



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 2026.

PCP Incentive Program (PIP)

2025 PIP settlement

Our 2025 PIP settlement is underway this month. As in 2024, for the 2025 performance year, settlement will take place at the Accountable Care Network (ACN) level. Please reach out to your ACN with any questions.

2025 Quality Awards

We'll once again award the top physicians in our network through the 2025 Quality Awards. These are awarded following settlement and will go to practices across the state exemplifying high quality care for our members. Stay tuned for additional details.

2026 PIP reports

2026 PIP reports are released monthly to ACNs. Please contact your ACN to receive reporting for your practice.

Disease Burden Management (DBM) program

2026 DBM reports

The first 2026 DBM reports have been sent to ACNs. These reports are designed to provide insights into your attributed population's care activity, risk capture and provider documentation performance for the DBM program.

What's new in 2026 DBM?

We're introducing Priority Health Member Profiles to support accurate documentation and coding of chronic conditions.

- **Priority Health Member Profiles:** ACNs will receive a Priority Health Member Profile for each DBM-eligible patient, which includes patient demographics, assigned ACN/subgroup/PCP and a list of HCCs not yet submitted on a 2026 claim based on 2025 claims history or suspected conditions.

Also included: [Optimizing Member Profiles](#); a provider resource guide outlining how to integrate Priority Health Member Profiles into your office workflow.

2026 DBM chart retrieval requests will begin soon for offices who submit their records to us via fax. If you're interested in digital submission methods, including remote EMR access or setting up a secure SharePoint folder, reach out to your ACN's Provider Programs Specialist.

2025 DBM settlement

2025 DBM settlement is now complete. Like PIP, settlement takes place at the ACN level and you can reach out to your ACN with questions.

2025 DBM settlement

- If you missed our May billing and coding webinar, you can [stream the recording on demand](#).

Join us for our provider webinars

Register and watch recordings for:

- **May 21:** Billing & coding
- **June 8, 10, 15 & 17:** New Provider Portal site creation
- **June 11:** Product & pharmacy
(all provider webinars at noon)

2026 Provider webinar
registration links



Latest news & updates

See the [latest news](#) posted to our Provider Manual from late February to late May:

AUTHORIZATIONS

- 5/20: [Update to the inpatient readmission review and appeal processes](#)
- 5/4: [We'll use 2026 InterQual criteria starting July 13](#)
- 4/22: [Reminder: 7 days is the new standard authorization turnaround time](#)

BILLING & PAYMENT

- 5/26: [Drug dosing modifier \(JW/JZ\) edit denying in error](#)
- 5/22: [Reminder: medical documentation required when billing units above MUE limits](#)
- 5/20: [Reminder: new payment & RA processes coming Sept. 1](#)
- 5/16: [May 2026 billing policy updates](#)
- 5/5: [Start using E/M codes for maternity services billing in June](#)
- 4/13: [April 2026 billing policy updates](#)
- 4/9: [Optum payments update: EFT data transfer, payment options overview and more](#)
- 3/11: [March 2026 billing policy updates](#)
- 2/25: [Update: EOBs no longer accepted through prism inquiries for claim reprocessing](#)
- 2/10: [February 2026 billing policy updates](#)
- 1/28: [We've made changes to our claim appeals process](#)

INCENTIVE PROGRAMS

- 5/20: [2026 PIP reports for Sept. – Dec. will be delivered via SFTP](#)
- 4/30: [Updated 2026 PIP Manual now available](#)

PHARMACY

- 4/28: [Drug changes coming July 1 for commercial group and individual members](#)
- 3/30: [Upcoming medical and pharmacy drug changes](#)
- 2/13: [Reminder: Submit drug prior authorization electronically](#)

PLANS AND BENEFITS

- 2/24: [Reminder: Providers in Priority Health's PPO network should see all group commercial members with Cigna Healthcare and their affiliates](#)

PRIORITY HEALTH

- 5/26: [New Provider Portal coming September 1; registration begins as early as June](#)
- 4/24: [Notice of Admission required for inpatient admissions effective Aug. 1](#)

- 4/16: [Temporary, expanded coverage of MMR vaccine](#)
- 4/15: [Application deadline extended to May 1 for the 2026 Provider Mini-Grant Program](#)
- 4/8: [Updated "Important Message from Medicare" form now available](#)
- 4/1: [National Prescription Drug Take Back Day coming April 25](#)
- 3/30: [Improvements coming this summer with the new provider portal](#)
- 3/16: [We're conducting phone outreach to help Priority Health Medicare members find PCPs and schedule annual wellness visits](#)
- 3/16: [ACNs can opt into our 2026 campaign to send at-home Cologuard test kits to targeted patients](#)
- 3/16: [Introducing the 2026 Provider Mini-Grants Pilot Program](#)
- 3/10: [New MOON form for hospitals and critical access hospitals now available](#)
- 2/25: [Get our winter Quarterly Newsletter and Quality Newsletter](#)
- 2/25: [Reminder: prism offers alternatives to contacting our call center](#)
- 2/13: [The 2026 CAHPS survey launches this month](#)

REQUIREMENTS & RESPONSIBILITIES

- 5/20: [May 2026 medical policy updates](#)
- 4/23: [2026 HIDE-SNP and D-SNP Model of Care training is now required for Medicare and Medicaid providers](#)
- 3/30: [Behavioral health providers contracted with Medicaid need to complete state-mandated trainings](#)
- 3/30: [The MY 2025 HEDIS audit closes this month](#)
- 3/16: [Reminder: Appointment wait-time standards apply](#)

TRAINING OPPORTUNITIES

- 5/26: [Register now for our new Provider Portal site creation training beginning June 8](#)
- 5/6: [Register now for our June 11 pharmacy updates webinar](#)
- 4/21: [Register now for our May 21 billing & coding webinar](#)
- 4/8: [Check out our new provider education videos on behavioral health billing and product information](#)
- 3/30: [Register now for our April 30 Medicare & Medicaid quality webinar](#)
- 2/24: [Register now for our March 26 behavioral health billing & coding webinar](#)

HIDE-SNP and D-SNP Model of Care training

New this year: Training is now required for all providers in our Medicaid network, in addition to our Medicare network. All providers must **complete training by Dec. 31, 2026.**

[Complete my training](#)



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