

Physician & practice news digest

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Message from the medical director

Introducing our new PriorityBABY program: all Priority Health babies welcome

By: David Rzeszutko, MD, MBA
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Your patients, our members, are at the center of everything we do. That's why we're continuously evaluating and enhancing our benefits to ensure we're meeting the needs of our members at all stages of life.

What is PriorityBABY?

We recently launched PriorityBABY — **a premier, family-first program designed to support children and their caregivers during a child's first two years**. It's a continuation of our successful [PriorityMOM™](#) program and

includes educational resources, gifts and incentives for our commercial (group and individual) and Medicaid members with a child under six months old. *Members must opt-in to participate in PriorityBABY.*

PriorityBABY's mission

The program helps new caregivers navigate the costs and coverage associated with early child care by:

- Educating caregivers on appropriate baby health care utilization
- Preventing unnecessary and costly infant/toddler emergency visits
- Improving preventive health care utilization for babies, including well-child checkups and vaccinations

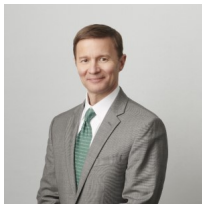
What you can do to help:

1. Inform pregnant members of our [PriorityMOM program](#)
2. Encourage members to enroll in the [PriorityBABY program](#) after delivery
3. Refer members to our [customer service team](#) for questions about coverage or benefits

Learn more

[Visit our provider manual](#) or watch [our February 2024 Virtual Office Advisory \(VOA\)](#) to learn more about PriorityBABY, including details about the member journey and more.

Thank you for your continued support in providing your patients, our members, with the exceptional care they need to live healthier lives.



Dave R.

Join us for our next

Virtual Office Advisory (VOA)

On Thursday, June 13, we'll cover July 1 formulary changes, prism updates and more. The full agenda is listed on the registration page.

[Register now](#)

Billing & coding tips

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

#1. Visit our new **Billing & coding policies page**

Our teams are working to publish a series of medical claims payment policies detailing billing, coding and reimbursement guidelines to our online Provider Manual.

These policies are intended to help you:

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

Bookmark the page linked below as more policies will be added soon.

[SEE THE POLICIES](#)

#2. Know when to submit a new claim vs. corrected claim

When you get a claim rejection, it's important to know how to properly resubmit for payment. Resubmitting claims incorrectly can result in further rejections and unnecessary rework.

Follow the guide below to know when to submit a new claim versus when

to submit a corrected claim.

| Resubmission type | When to use it |
|------------------------|---|
| New claim | The entire claim in question allowed \$0. Make the appropriate changes and submit a new claim. |
| Corrected claim | The claim was partially paid (with one or more claim lines denied) or fully paid / allowed. Make the appropriate changes for further payment consideration and submit as a corrected claim. |

Note:

- Corrected claims will pend, not deny as duplicate or redundant.
- Get additional information, including examples of when to use each resubmission type, in our [Provider Manual](#).

Tip: Do you need to have a claim reprocessed due to a contract reimbursement update? Follow the corrected claim process for recalculation.

SEE MORE INFORMATION

#3. Understand Q11 denials on CM claims

You may see a “No compensation allowed for this service – reporting only” denial on some of your care management (CM) claims for commercial* members.

This is simply a notification that the claim will be manually processed. We’ll continue to pay your normal rate for these services, but payment will be batched every 60 days and sent as a paper check.

You’ll see individual remittance advices (RAs) for each submitted claim, where you’ll see the Q11 denial code. This is because we’re applying a \$0 initial payment and making the payment “offline” to ensure these important services are covered without member liability.

There’s no need to appeal Q11 denials. If you haven’t received your payment within 90 days, reach out to us through **prism**.

1. [Log into your prism account.](#)
2. Find the claim in question under **Medical Claims**.
3. Click **Contact Us About This Claim**.
4. Select **Other Claims Related Questions** from the dropdown.
5. Submit your inquiry.

**Medicare and Medicaid CM services process through our regular claims system.*

#4. Use email, not prism, to contact our EDI team

Have a question about your organization's electronic claim / remittance advice file sharing setup or need to make a change to your setup? Our Electronic Data Interchange (EDI) team is here to help. Contact our EDI team via email at edisetup@priorityhealth.com.

Please don't use the "EDI Questions" dropdown menu option in **prism's** General Inquiries area. This option will soon be removed.

[LEARN MORE ABOUT EDI SETUP](#)

Coming soon!

Virtual Office Advisory (VOA) Modules

This summer, we're launching **VOA Modules** which are short versions of VOAs focused on single topics that'll be available on-demand.

[Bookmark the page](#)

Medicare & Medicaid quality

Together, we can close your patients' gaps in care. From preventative screenings to managing chronic conditions, we're here to support you.

Get our latest Medicare & Medicaid quality newsletter to learn about our Q2 member outreach initiatives, benefit reminders and more.

[DOWNLOAD THE GUIDE](#)

Provider onboarding center

Your **new go-to hub** of resources and information.

[Learn more](#)



Incentive programs

Below you'll find the latest incentive program updates.

PCP Incentive Program (PIP) updates

2023 PIP settlement

Our 2023 PIP settlement will take place in June, as it has in previous years. New for the 2023 performance year, settlement will take place at the Accountable Care Network (ACN) level. ACNs will then distribute funds to their practice groups. Reach out to your ACN with any questions.

2023 Quality Awards

We'll once again award the top physicians in our network through the 2023 Quality Awards. These are awarded following settlement and will go to individual practitioners across the state exemplifying high quality care for our members. Stay tuned for additional details.

2024 Filemart reports

The first 2024 Filemart reports were released earlier this month to ACNs. Information on report updates is available in our Provider Manual. Contact your ACN to receive reporting for your practice.

2025 PIP planning

Planning for our 2025 PIP program is well underway. We've been collaborating with network physicians from across the state, representing the following primary care specialties: internal medicine, family medicine

and pediatrics. We aim to share the 2025 PIP program updates and manual by July 1.

2024 Disease Burden Management (DBM) program

We know the hard work you put into population health and chronic condition management in your practices. We want to make capturing important information about your patients easier and more efficient so you can focus your time on what matters most – your patients, our members.

Reporting additional diagnoses on claims

Our April VOA highlights how to document all your patients' chronic conditions when claims forms are limited to 12 diagnoses or fewer.

[WATCH THE RECORDING](#)

Reporting additional diagnoses on claims

This resource offers a brief overview of the DBM program incentives and how payment is structured.

[GET THE ONE-PAGER](#)

Learn more about the DBM program

- [Watch our DBM program webinar on-demand now](#)
- [Get the 2024 DBM program manual](#) (login required)

We're helping manage care for cancer patients and their families through the Biden Cancer Moonshot Program.

[Learn more](#)



Latest news

See the latest news posted to our website from February to April 2024:

AUTHORIZATIONS

- [New cardiology authorizations program to launch this summer](#)
- [Acute patient authorization denial calls stopped April 8](#)
- [PSODs are required for services not covered by Medicare](#)

BILLING & PAYMENT

- [Appeals on incorrectly coded claims will be denied](#)
- [Newborn claims processed separately from the mother](#)
- [June 1 provider based billing policy](#)
- [We reprocessed certain ABA service claims submitted from Jan. 1 to March 1, 2024](#)
- [Hearing aid invoices no longer needed for Medicaid](#)
- [POS 02 virtual care reimbursement update for professional providers](#)

INCENTIVE PROGRAM

- [Updated 2024 PIP manual now available](#)
- [PRA groups feature gets you practice-level data](#)

PLANS & BENEFITS

- [Change in diabetic supply provider network](#)
- [New PriorityBABY program launching](#)
- [Resources to help support your patients affected by eating disorders](#)
- [Southeast Michigan networks clarification](#)
- [Reminder: Cost Estimator no longer includes estimates for Medicare members](#)

RESPONSIBILITIES & RESPONSIBILITIES

- [Enter Primary Specialty in CHAMPS](#)
- [February 2024 medical policy updates](#)
- [2024 D-SNP MOC provider training is now available](#)

PRIORITY HEALTH

- [Safely dispose of unneeded prescription drugs on April 27](#)
- [April 2 Change Healthcare outage update](#)
- [Celebrating you on National Doctors Day](#)
- [March 22 Change Healthcare outage update](#)

- [March 18 Change Healthcare outage update](#)
- [Medical exam requirements for Medicaid members](#)
- [March 4 Change Healthcare update](#)
- [Feb. 28 Change Healthcare update](#)
- [Feb. 26 Change Healthcare update](#)
- [prism and pharmacy claims impacted by Change Healthcare major incident](#)
- [Status update requests in prism will delay resolution](#)
- [Q1 physician & practice news digest](#)

Have questions?

Our guide will help find answers to common provider questions including claims, credentialing, enrollment and more.

[Learn more](#)



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