

Physician & practice news digest

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Message from Dr. Rzeszutko

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We're listening

We're committed to continually improving how we work with you and serve your patients, and gathering your feedback plays a vital role in helping us do that.

Throughout the month of July, we have been collecting your feedback through our **Provider Experience Survey** – an extensive survey that invites you to evaluate your experience of being in our network. It's administered by a third party, Press Gainey, to both providers and provider staff, and it's a random sample, so you may or may not have received an invitation.

If you did receive and respond to the survey, thank you. And if you're waiting to respond, please consider taking the time to share your thoughts. We'd love to hear from you by the Aug. 20 deadline.

Throughout the year, we collaborate with our providers in many other ways, including formal committees where physician leaders help us

make the decisions that impact you and your patients. In every case, working together allows us to better serve you and your patients, our members.

Thank you for sharing your time and voices with us.







Your prism questions, answered

We've worked hard to make our provider portal, prism, the easiest way to work with us. To make it even easier, we want to address the questions about prism you've come to us with, right here in one convenient place (and also in <u>printable PDF form</u>).

Where can I find information on credentialing in prism? Right here.

What about updating my information, like address or TIN? No problem.

And submitting authorizations? We got you.

How about checking authorization status? Absolutely.

Checking claims status? That one's over here.

Okay, I need to submit a review and/or appeal. What now? Here you go.

Any tips & tricks on doing those reviews and appeals right? We have that too.

What if I just have questions and don't know where to direct them? Check out this handy document.

And if I'm having technical issues? Check out this other handy document.

I want to know more about prism security or being a pSA. <u>Happy to help.</u>

Okay, okay. You've convinced me to sign up for prism. Where do I do that? Right this way.

You still haven't answered my question. Do you happen to have a prism FAQs document with even more detail? Of course.

And a prism resources page I can bookmark? Yep.

Keep the questions and feedback coming. We're always looking to make prism the best possible experience for our providers.

Billing & coding tips

#1. Reminder: prior authorization doesn't guarantee payment.

We require prior authorization for certain drugs, services and procedures. In these cases, you submit clinical documentation and medical records demonstrating that the drug, service or procedure is medically necessary. This is the prior authorization process.

Obtaining prior authorization for a drug, service or procedure doesn't guarantee payment. Medical necessity review (prior authorization) is separate from claim review, and the claim itself must still meet the necessary requirements and eligibility criteria to be paid.

#2. (Re)watch our recent billing webinar.

We recently hosted a webinar with important information and tips, including:

- Clinical edits we commonly see applied to claims and coding tips to avoid the
- Modifiers that are commonly misused and how to use them appropriately
- Medically Unlikely Edits (MUE) denials and how to interpret adjustment indicators for each HCPCS/CPT code
- Unlisted codes billing and how to get them processed on the first submission
- Corrected claims and how to submit them
- prism navigation and resources to help you find what you need and get your questions answered

WATCH THE WEBINAR

D-SNP Model of Care (MOC) training

All providers who are part of the Priority Health Medicare Advantage network need to **complete training by Dec. 31, 2025.**

Complete my training

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 and Medicaid quality newsletter, with information on:

- Preventive care for Medicare members with diabetes
- Our annual Let's Get Checked campaign
- Falls Prevention Awareness Week
- Medication adherence gap closure
- Medicaid preventive screenings
- Coverage for Medicaid members with sickle cell disease
- Medicaid doula coverage

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 the latest incentive program updates.

PCP Incentive Program (PIP) updates

2024 PIP settlement

Our 2024 PIP settlement took place in June at the Accountable Care Network (ACN) level. Please reach out to your ACN with any questions.

(Re)watch our supplemental data webinar

Our value-based and HEDIS teams recently hosted a provider webinar on supplemental data submission for quality and incentive program gap closure. A recording is now available to watch on demand and includes information on:

- Understanding our supplemental data strategy and available submission methods
- Using data feeds (i.e., MiHIN, APS, HL7 and EPP) to submit supplemental data, including how to appropriately set up an HL7 / APS data feed
- Submitting medical records through SharePoint, including updated file naming conventions to support smoother record processing for gap closure
- Signing up for Cognizant's Provider Registry, including why it may be useful for a practice's workflow and how to navigate the tool

Disease Burden Management (DBM) program updates

2024 DBM settlement

Our 2024 DBM settlement took place in June at the ACN level. Please reach out to your ACN with questions.

2025 DBM reporting

2025 DBM reporting has resumed and will continue at its regular monthly cadence. Thank you for your patience while our teams worked to ensure the reports you receive are accurate, actionable and support your efforts to deliver quality care and succeed in our program.

Submit claims for the mid-year payment

Claims and adjudication for the mid-year payment are due by July 31 for January 1 – May 31 dates of service.

 ACNs will receive a mid-year payment in August if they see 70% of their DBM-eligible patients, either in-person or virtually, by May 31, 2025.

Have questions?

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

Learn more

Latest news & updates

See the <u>latest news</u> posted to our Provider Manual from late April 2025 to July 2025:

AUTHORIZATIONS

- 7/7: <u>TurningPoint post-claim appeal updates</u>
- 5/20: TurningPoint portal downtime on May 24
- 5/14: New DME auth requirement for Q0508

BILLING & PAYMENT

- 7/21: July 2025 billing policy updates.
- 7/21: Fee schedule change for non-physician Medicaid behavioral health services, effective Oct. 1, 2025
- 7/15: <u>Behavioral health providers who see Medicaid members must</u> complete a short MDHHS survey
- 7/7: <u>Billing policy reminders</u>
- 6/23: <u>June 2025 billing policy updates</u>
- 6/18: Reprocessing PT claims
- 6/5: <u>Reprocessing CRNA claims</u>
- 5/28: CS modifier no longer valid
- 5/28: RAs for May CM checks are being delivered late
- 5/14: May 2025 billing policy updates
- 4/29: <u>DPP program billing reminder</u>

INCENTIVE PROGRAMS

- 7/9: DBM updates: 2024 settlement, 2025 reporting
- 7/7: Updated 2025 PIP Manual now available
- 5/28: Updated 2025 PIP Manual now available
- 5/28: <u>Join us for a supplemental data webinar on June 26</u>
- 4/29: <u>Update to 2025 PIP supplemental data submission deadline</u>

PHARMACY

- 7/9: Updates to Arine's MTM faxes
- 5/28: <u>Stelara IV coverage changes coming</u>
- 4/30: <u>Partnering with Arine to support adherence for disengaged</u> <u>Priority Health PPO members</u>
- 4/30: Commercial and Medicaid formulary changes taking effect

PLANS & BENEFITS

- 7/9: New in-home health assessment vendor
- 4/30: New digital resources for type 2 diabetes treatment and sustainable weight loss for some Priority Health commercial members
- 4/30: <u>New virtual digestive health support platform available June</u>
 1 for all Priority Health commercial members
- 4/30: <u>Food delivery services covered for some Medicaid members starting June 1</u>
- 4/30: <u>Our Medicaid Maternal Incentive Program rewards members</u> <u>for getting prenatal care</u>

REQUIREMENTS & RESPONSIBILITIES

- 7/21: IMRT to be added to post-pay audit program effective Aug. 23
- 7/9: Medicaid audit underway
- 7/7: <u>Technical denials no longer apply to in-network providers'</u> <u>claims</u>
- 6/10: 2024 Child CAHPS and CSHCS CAHPS results available
- 6/6: Reminder: You must complete our 15-minute, CMS-required D-SNP Model of Care training by Dec. 31

- 6/5: <u>Mandatory action for prism Security Administrators: Annual</u> pSA renewal process
- 5/14: May 2025 medical policy updates
- 4/30: Monthly record retrieval for the 2025 DBM program

PRIORITY HEALTH

- 7/15: Warning: Fax phishing scam claiming to be from CMS asking for patient data
- 7/15: <u>Reminder: Log into your prism account at least every 120 days to maintain access</u>
- 7/9: <u>Get the information you need to use prism quickly and efficiently</u>
- 6/26: <u>Provider Experience Survey being sent to providers and provider staff in early July</u>
- 6/11: <u>ACNs can opt into our Exact Sciences colorectal cancer screening campaign</u>
- 6/11: <u>Updates to the 2025 HEDIS Provider Reference Guide</u>
- 4/22: Reminder to maintain your Find A Doc information











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