Quarterly NEWSLETTER

FOR PROVIDERS, PRACTICES AND FACILITIES

Feb. 25, 2026 | Winter Issue

In this issue

Welcome to our Quarterly Newsletter for providers, practices and facilities, formerly named the Physician & Practice Newsletter. You'll find the same helpful updates, a link to our quality newsletter and more.

- Message from Dr. Rzeszutko
- Billing & coding tips
- Medicare & Medicaid quality news
- Value-based incentive programs
- News & updates

Message from Dr. Rzeszutko

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

It's always an exciting time as we embark on a new year. In 2026, here at Priority Health we're making big changes to how we work together. These improvements to our online platforms and processes will allow us to better serve you and your patients now and in the future.

Here's what's coming:

- We're replacing our provider portal, **prism**, with **Epic Tapestry Link**, an Epic-based portal that will simplify your experience, whether or not you have an Epic EMR.
- Our prior authorization tool, **GuidingCare**, will be replaced by **Epic's authorization tool**, accessed from Tapestry Link. And if you use EviCore or TurningPoint for authorizations today, you'll

continue to use those tools, which will be available from the Epic portal.

- We're partnering with **Optum Financial / ECHO Inc** for **claims payments and remittance advices**, as well as certain offline payments, with integration into Epic Tapestry Link.

We're preparing comprehensive training and support for you, including training webinars this summer, materials like user guides and FAQs that can be emailed or printed, and regular updates to make sure your teams are informed and ready.

There's nothing you need to do now, but please be on the lookout for information and emails in the coming months – including account sign up information.

Ultimately, these updates support our work to keep health care simple, affordable, equitable and exceptional in the local communities we serve. Thank you for partnering with us in 2026 and beyond.

Dave R.

Coming in 2026
We're changing how we work together.
New provider portal registration begins in June.

Read more

Billing & coding tips

We invite you to check out our Jan. 29 billing and coding webinar, in case you missed it, or just want a refresher on these topics:

- Diagnosis coding for claim denials
- Coding tips and what to avoid when billing for care management services, chiropractic, DME and urgent care
- 2026 telehealth billing update
- Updates to our claim appeals process – now claim disputes

WATCH THE WEBINAR

Changes to our claim appeals process

We've recently announced some 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. You're allowed one Level 2 claim dispute per claim, so be sure to include the following:

- Claim ID for the most current claim
- Denial reason
- Policy or clinical guidelines
- Regulatory, billing, coding guidelines or contract language
- Supporting documentation applicable to the service under dispute
- Summary of why you believe the claim didn't process in accordance with our guidelines or policies

We've updated our Provider Manual to outline these changes and to help make the dispute process more clear. We highlighted a few other changes in a recent news item.

VISIT OUR PROVIDER MANUAL

Your claim payment options are changing this year.

You may need to take action starting in June to set your payment preferences.

Learn more

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 for our latest information on:

- Maternal health awareness
- The 2026 CAHPS survey
- 2026 member rewards and supplemental benefits
- Gap in care campaigns
- Member immunizations

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 2026.

2026 PCP Incentive Program (PIP)

Our final 2026 PIP manual and supporting resources are available. Find information on each below and access the manuals / resources on our Provider Incentives webpage (login required).

2026 PIP Manual
This manual outlines the full 2026 PIP program, including:

- Changes from the 2025 PIP program
- Program measure grid with targets and payout amounts

- Administrative details including eligibility, Quality Index scoring and more
- Links to measure specifications and tip sheets to support gap closure
- Descriptions and specifications for our Care Management, Behavioral Health Collaborative Care and Health Information Exchange with MiHIN measures
- Appendices to support your successful participation in the program

2026 HEDIS Provider Reference Guide

Our Healthcare Effectiveness Data and Information Set (HEDIS) Provider Reference Guide has been updated to reflect 2026 new and retired HEDIS measures. These changes were determined by the National Committee for Quality Assurance (NCQA).

We hope its new format, with a dedicated link/document for each measure, is easier to navigate for you and your teams.

2026 Disease Burden Management (DBM) program

2026 DBM Manual

Our 2026 DBM manual is available. You can access the manual on our Provider Incentives webpage (login required).

DBM reports

- Accountable Care Networks (ACNs) will receive their first member attribution lists for the 2026 DBM program in March

DBM medical record requests

Our team will continue contacting provider offices to request medical records for the 2025 DBM Program. If you're contacted, please submit all requested records by the date provided in your communication.

DBM resources

Get our latest provider resource with education on:
Avoiding Truncation; Report additional diagnoses on claims using CPT code 99499. You can find this resource and more in our Risk Adjustment resources library.

Latest news & updates

See the latest news posted to our Provider Manual from late October 2025 to February 2026:

AUTHORIZATIONS

- 1/29 Peer-to-peer update for Medicare inpatient acute authorizations
- 12/30/2025: 2026 scheduled maintenance dates for TurningPoint's authorizations portal
- 12/10/2025: We're updating our processes for inpatient acute authorizations
- 11/21/2025: TurningPoint annual provider survey
- 11/10/2025: Peer-to-peer update for Medicare inpatient acute authorizations

BILLING & PAYMENT

- 2/11: February 2026 billing policy updates
- 1/28: We've made changes to our claim appeals process
- 1/23: We're reprocessing some Medicare claims impacting fee-for-service providers
- 1/14: January 2026 billing policy updates
- 1/13: New payment and RA processes coming Aug. 1, 2026
- 12/18/2025: December 2025 billing policy updates
- 12/10/2025: New process for submitting Part D immunizations for PriorityMedicare members
- 12/10/2025: Code 0523T FRR not separately payable
- 11/13/2025: November 2025 billing policy updates
- 11/5/2025: Recouping care management payments from FQHC/RHC/THC
- 11/1/2025: 2026 commercial fee schedules are available online
- 10/28/2025: Some medical drugs will require specialty pharmacy dispensation, effective Jan. 1, 2026

CLINICAL RESOURCES

- 12/15/2025: [Reminder: Physician signatures required on Medicaid Children's Special Health Care Services documentation](#)

INCENTIVE PROGRAMS

- 2/10: [Updated 2026 PIP Manual now available](#)
- 12/19/2025: [Final 2026 PIP Manual now available](#)
- 11/21/2025: [2025 PIP 11H & 11G reports will soon be delivered weekly](#)
- 10/28/2025: [A look at our 2026 DBM Program](#)
- 10/22/2025: [Updated Preliminary 2026 PIP Manual now available](#)

PHARMACY

- 2/13: [Reminder: Submit drug prior authorization electronically](#)
- 2/3: [Upcoming medical and pharmacy drug changes](#)
- 12/15/2025: [Commercial coverage changes coming for Tysabri and Revlimid](#)
- 12/15/2025: [GLP-1 Weight-loss drug coverage changes coming for Medicaid members](#)
- 12/1/2025: [Dalvance® to be removed from coverage in place of generic, Dalbavancin](#)
- 11/21/2025: [OxyContin® to be removed from formulary Jan. 1, 2026](#)
- 11/21/2025: [Steqeyma®, Starjemza™ added to coverage to ensure accessibility of Stelara® biosimilars](#)
- 10/28/2025: [Drug coverage changes coming Jan. 1, 2026](#)

PLANS AND BENEFITS

- 1/20: [PriorityMedicare Dual Premier, our HIDE-SNP plan, went live on January 1](#)
- 12/22/2025: [Reminder: $0 skin checks for Medicare wellness plan members are for annual screenings only](#)
- 10/27/2025: [PriorityMedicare Dual Premier, our HIDE-SNP plan, is replacing D-SNP in some Michigan regions](#)
- 10/27/2025: [New Priority Health products coming January 1, 2026](#)

PRIORITY HEALTH

- 2/13: [The 2026 CAHPS survey launches this month](#)
- 2/11: [Mark your calendars: New Priority Health provider portal signup begins this summer](#)
- 2/9: [We're extending telehealth flexibilities for our Medicare Advantage plans through Dec. 31, 2027](#)
- 1/29: [Update on Medicare telehealth flexibilities](#)
- 1/27: [We're working hard to reduce provider call center wait times](#)
- 1/20: [Get our 2026 HEDIS Provider Guide](#)

- 1/20: [Big changes to how you work with us, including a new provider portal, are coming later this year](#)
- 12/22/2025: [Advanced Diabetes Supply is leaving the Priority Health network effective January 7](#)
- 12/1/2025: [RAccess Priority Health's Medicaid Provider Manual](#)
- 11/14/2025: [We're extending telehealth flexibilities for our Medicare Advantage plans through Jan. 31, 2026](#)
- 11/13/2025: [Get our fall Physician and practice news digest and our Medicare/Medicaid Quality newsletter](#)
- 11/12/2025: [Helping your patients, our members, quit smoking](#)

REQUIREMENTS & RESPONSIBILITIES

- 2/10/2025: [February 2026 medical policy updates](#)
- 1/30/2025: [2026 HIDE-SNP and D-SNP Model of Care training is now available and required for Medicare and Medicaid providers](#)
- 1/20/2025: [Annual HEDIS audit begins soon](#)
- 1/20/2025: [CMS secret shopper survey assessing appointment wait times launches soon](#)
- 12/19/2025: [EVV required for select home health care Medicaid services beginning Jan. 1, 2026](#)
- 12/11/2025: [Final reminder: You must complete our D-SNP Model of Care training by Dec. 31](#)
- 11/20/2025: [November 2025 medical policy updates](#)
- 11/13/2025: [Reminder: You must complete our D-SNP Model of Care training by Dec. 31](#)

TRAINING OPPORTUNITIES

- 2/11: [Check out our new provider education videos](#)
- 1/29: [Watch our January 29 billing & coding webinar](#)
- 1/28: [Register now for our February 26 product tips & reminders webinar](#)
- 1/20: [Check out our three new billing & coding provider education videos](#)
- 12/16/2025: [Watch our December 16 Disease Burden Management program webinar](#)
- 12/9/2025: [Watch our December 9 Medicare & Medicaid quality webinar](#)
- 12/1/2025: [2026 provider webinars are now open for registration](#)
- 11/20/2025: [Watch our November 20 pharmacy & product updates webinar](#)

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