

# PriorityActions

FOR PROVIDERS

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Welcome to our biweekly PriorityActions for providers, where you'll receive important information to help you work with us and care for our members.

July 10, 2025  
Issue #3.14

You're receiving this email because you're a part of an Accountable Care Network (ACN) or Provider Organization (PO) with us. Please share relevant information with your provider groups and practices. Your Provider Network Management specialist remains your primary contact for support.

## REQUIREMENTS AND RESPONSIBILITIES

### Technical denials no longer apply to our in-network providers' claims

We're no longer applying technical denials to in-network provider claims.

A technical denial is an administrative claim denial issued when a provider doesn't respond to requests for medical records. We began applying them to in-network provider claims in late Dec. 2024 and, due to low volume, determined in May 2025 that they were no longer needed.

If any of your providers received a technical denial, they may still submit the requested medical records to the vendor within 30 days of the denial for consideration.

## UPIC Medicaid audit underway

The Centers for Medicare and Medicaid Services, in partnership with Unified Programs Integrity Contractors (UPIC) and CoventBridge, is conducting a Medicaid audit to confirm accurate payments were made for items and/or services provided under a state plan and to ensure no waste, fraud or abuse has occurred. The audit period for this review is Oct. 1, 2022, through Sept. 30, 2024.

### What do you need to do?

CoventBridge may reach out to you with a request for medical records for some of your Priority Health Medicaid patients. If you're contacted, please submit the requested documentation by their provided deadline.

[Find more information on the UPIC audit here.](#)

### How do I confirm the record request I receive isn't spam?

If you receive a record request that looks suspicious, contact your Accountable Care Network's (ACN) Provider Network Management Specialist to confirm legitimacy.

## INCENTIVE PROGRAMS

### Updated 2025 PIP Manual now available

We recently made the following update to the 2025 PCP Incentive Program (PIP) Manual:

#### Care Management codes (pg. 20-21)

The code table has been corrected to reflect the that we cover CPT 99484 (General behavioral health integration) for commercial and Medicaid in addition to Medicare.

Access the manual through our [Provider Incentives webpage](#) (login required).

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## DBM updates: 2024 settlement, 2025 reporting

2024 settlement for the Disease Burden Management Program (DBM) was mailed to applicable Accountable Care Networks (ACNs), and 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 the DBM program.

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## (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

## AUTHORIZATIONS

### TurningPoint post-claim appeal updates: determination letters & exception for cardiac cases

We're sharing a couple of updates on post-claim appeals for medical necessity for cases managed by TurningPoint.

### Exception to the new post-claim appeal limitations for cardiac cases

Effective June 2, we no longer accept appeals for medical necessity review after a claim has been submitted when there's a denied authorization on file for the following case types:

- Outpatient, home health, DME
- Elective inpatient
- Behavioral health

We ask that, in these cases, providers with a denied authorization submit their medical necessity appeal before performing the service.

**Exception: we will still accept post-claim appeals for medical necessity review for cardiac cases managed by TurningPoint.**

### **Determination letters will be available in TurningPoint's portal**

Effective July 1, post-claim medical necessity appeal determination letters for procedures managed by TurningPoint for all lines of business are available through TurningPoint's authorizations portal.

You'll continue to submit appeals through prism. The only change is that a copy of the determination letter will be available in TurningPoint's portal rather than in GuidingCare, which is where was located previously.

### **Reminder: TurningPoint PSCR is different than a post-claim appeal**

As a reminder, TurningPoint offers a post-service change request (PSCR) process. This allows you to request a code change to a previously approved authorization if a change was made to the surgical plan during the procedure.

A PSCR request is not an appeal. All PSCRs should be submitted directly to TurningPoint before a claim is submitted, to avoid potential claim denials and subsequent appeals.

## **BILLING AND PAYMENT**

### **Billing policy reminders**

We're reminding our provider network about the following billing policies and requirements as we'll soon implement clinical edits in alignment with the outlined information:

- [Critical access hospital \(CAH\) method II billing](#)
- [Fundus photography](#)
- [Medicare preventive services/codes](#)
- [Radiation oncology](#)
- [Reimbursement for Diabetes Prevention Program participation](#)
- [Scanning Computerized Ophthalmic Diagnostic Imaging \(SCODI\)](#)
- [Telehealth and virtual services](#)

The denial codes and descriptions providers may see on claims in prism have been added to each policy / page (except for Medicare preventive services/codes – the denial information will be added to this page soon).

## PHARMACY

### Updates to Arine MTM faxes

Arine, our Medication Therapy Management (MTM) vendor, is updating how patient information is organized in MTM faxes to enhance readability and improve sustainability. Beginning mid-summer, you'll receive MTM faxes with patient information grouped by the potential medication-related concern identified, rather than receiving separate faxes for individual patients.

[See an example of the new fax format.](#)

#### Why the change?

By condensing MTM fax information, we hope to reduce the number of faxes you receive and make it easier for you to identify and manage medication-related concerns for your patients. *We value the patient-provider relationship and trust your professional judgement to determine the best course of action for your patient. If you feel no therapy changes are needed for an identified patient, simply disregard the communication.*

#### Can providers opt out of Arine's MTM faxes?

As a Medicare health plan, we're required by the Centers for Medicare and Medicaid Services (CMS) to monitor any potential medication-related concerns for our members and to inform providers of our findings. Because of this, providers are unable to opt out of Arine's MTM faxes.

## PLANS AND BENEFITS

# Porter - New vendor providing in-home and telehealth assessments

We're partnering with [Porter Cares Inc.](#) (Porter) to provide free in-home and telehealth assessments for select commercial ACA, Medicare and Medicaid members who are at a higher risk for health complications or those who score higher on the Social Determinants of Health SDoH index and need additional support. Through Porter's services, we aim to help close care gaps and improve health outcomes for hard-to-reach patients with chronic conditions and/or barriers to care.

## Porter's outreach

Beginning mid-summer, Porter will contact select commercial ACA, Medicare and Medicaid members via letters and phone calls to ask about their interest in a free, in-home or telehealth assessment.

## What's the goal?

Porter's free health assessments are designed to reach our members with barriers to care like transportation or schedule conflicts, identify areas of concern and encourage them to follow up with their providers to get the care they need.

## Will PCPs be informed of assessment findings?

Yes. Following an assessment, Porter will contact the member's attributed PCP to inform them of the health assessment and update them on any care concerns. During an assessment, Porter also encourages members to follow up with their PCP for needed care.

In-home health assessments don't replace the care you provide for our members. These services are used to identify areas of concern for members with open gaps, direct members to schedule an appointment with their providers and inform attributed providers of assessment outcomes.

## Is Signify Health still providing in-home health assessments for Priority Health members?

Yes. We've selected Porter as an additional vendor and will continue working with both Signify Health and Porter for in-home health assessments for our members. Targeted members will only receive one in-home health assessment per calendar year and will not have overlap between Signify Health and Porter.

## Get the information you need to use prism quickly and efficiently

Have you had a question lately about how to use prism but found yourself unsure where to look? We've consolidated all prism resources here in one place (also available as a [downloadable one-pager](#)).

| Topic                        | Resources   | Notes   |
|------------------------------|---|---|
| General prism use            | <ul style="list-style-type: none"><li>• <a href="#">Provider manual page of prism resources</a></li><li>• <a href="#">prism FAQ</a></li></ul>   | The main provider manual page on prism will answer most of your prism questions, so be sure to bookmark it. |
| Technical issues             | <ul style="list-style-type: none"><li>• <a href="#">Tech tips for accessing prism</a></li><li>• Tech support at <b>800.942.4765</b>, option 5, then 1</li></ul>   |   |
| prism security               | <ul style="list-style-type: none"><li>• <a href="#">prism security page</a> on our provider manual</li><li>• <a href="#">ID.me account creation guide</a></li><li>• <a href="#">prism Security Administrator (pSA) FAQs</a></li><li>• <a href="#">pSA quick start guide</a></li><li>• <a href="#">pSA renewal information</a></li></ul> | ID.me is our partner for secure digital identity verification, used when signing up for a prism account.    |
| Credentialing and enrollment | <ul style="list-style-type: none"><li>• <a href="#">Provider manual</a></li><li>• <a href="#">Updating information for an enrolled provider</a>, such as your address or TIN</li></ul>  |   |

| Topic                                  | Resources  | Notes   |
|--|--|---|
| Authorizations                         | <ul style="list-style-type: none"> <li>• <a href="#">Provider manual</a></li> <li>• <a href="#">Checking authorization status</a></li> </ul>                                   |   |
| <a href="#">Checking claims status</a> | <ul style="list-style-type: none"> <li>• <a href="#">Provider manual</a></li> </ul>  |   |
| Reviews and appeals                    | <ul style="list-style-type: none"> <li>• <a href="#">Provider Manual</a></li> <li>• <a href="#">Appeals tips &amp; tricks</a></li> </ul>                                       |   |
| Making inquiries and getting help      | <ul style="list-style-type: none"> <li>• <a href="#">Get Your Questions Answered document</a></li> <li>• Provider Services at <b>800.942.4765</b>, option 5, then 2</li> </ul> | To save time, review the Get Your Questions Answered document before calling in to Provider Services. |

### Haven't signed up for prism yet?

Prism accounts make working with us easier. If you haven't already, sign up for a prism account at [provider.priorityhealth.com](https://provider.priorityhealth.com).

### Questions?

Connect with your Provider Network Management specialist, [Andrew Turner Jr.](#)

Access an archive of our PriorityActions for providers emails [here](#).



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