Priority Health

Login

# PriorityActions
FOR PROVIDERS

In this issue:



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

Feb. 8, 2024
Issue #2.3

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 Strategy & Solutions consultant remains your primary contact for support.

## INCENTIVE PROGRAMS

### There's still time to attest to our Disease Burden Management incentive program

ACNs can still attest to our 2024 Disease Burden Management (DBM) incentive program. Please note, PRA attestation for the month of March closes on Feb. 15. All ACNs eligible to participate received preliminary member attribution lists on Feb. 1, 2024.

#### How do I participate in the DBM incentive program?

ACNs must attest in PRA now to get started, then monthly thereafter to be eligible for the PCP Visit and Chronic Condition Recapture

incentives. To help minimize confusion, attestation for our DBM program follows the same monthly PRA cycle as our PCP Incentive Program (PIP) and our Alternative Payment Model (APM) program.

### What's the DBM incentive program?

The 2024 DBM program replaced our Advanced Health Assessment (AHA) and Persistency programs, which retired on Dec. 31, 2023. The DBM program was designed to help close care gaps with a focus on PCP visits and chronic condition recapture.

### How can the DBM program help you in your practice?

The goal of the DBM program is to help you target members, schedule visits and document chronic conditions for your patients, our members, who need care the most.

By seeing targeted members and fully capturing and addressing chronic conditions, you have the opportunity to earn incentives in our DBM program.

### Visit our DBM webpage for more information

Our DBM webpage (behind login) houses the 2024 DBM program manual and provides an overview of the program requirements and incentives, along with the following resources to help you be successful:

- The Disease Burden Management Program: How you can be successful webinar
- Your DBM webinar questions answered; a Q and A of your most-asked questions
- A Diagnosis coding tipsheet

### Questions about the DBM incentive program?

Contact your Provider Strategy & Solutions consultant.

## Reminder: PRA's group/subgroup feature gets you practice-level data

If you haven't already, we recommend including group/subgroup information for your PCPs during your next PRA attestation.

### Why add group/subgroup information?

By taking advantage of the group/subgroup feature, you'll see additional columns identifying physician-to-practice alignment in reports that provide physician-level detail.

This allows you to sort and filter data based on your needs, making it easier to document and disseminate reports and incentive payments.

### Save time: Use PRA's batch upload feature

All ACNs that currently attest in PRA can batch upload group/subgroup details, rather than entering information for each individual practice or provider.

Simply upload an Excel file to quickly import your desired group/subgroup and see them reflected in applicable incentive program reports.

Learn how on page 14 of the PRA Manual *(login required)*.

### PRA attestation is now open

Attest to your March PCP rosters in PRA now through February 15. See the PRA manual *(login required)* for a full attestation calendar.

## PLANS AND BENEFITS

# Clarification: Southeast Michigan Partners and the Southeast Michigan Network are different networks

We've heard about some confusion between our Southeast Michigan Partners tiered network and our new narrow network, the Southeast Michigan Network. We want to clarify that **these are two different networks attached to different plans**. They do not share the same providers, and they are not available to members in all the same counties.

### What is Southeast Michigan Partners?

Southeast Michigan Partners is one of our tiered networks. It is available to employer groups through multiple HMO and POS plans in six counties:

- Livingston
- Macomb
- Oakland
- St. Clair
- Washtenaw
- Wayne

It includes multiple health systems in its first tier:

- Ascension
- Corewell Health - East
- Detroit Medical Center
- Lake Huron Medical Center
- Michigan Medicine
- Trinity Health

Members will benefit from lower coinsurance, copays and deductibles when receiving care through a Tier 1 provider. Members still have access to the entire Priority Health network, but care received from Tier 2 providers requires greater member cost-sharing.

### What is the Southeast Michigan Network?

The Southeast Michigan Network is one of our narrow networks. It's a MyPrioritySM HMO narrow network plan available to individuals under 65 and their families in three counties:

- Macomb
- Oakland
- Wayne

It includes two health systems:

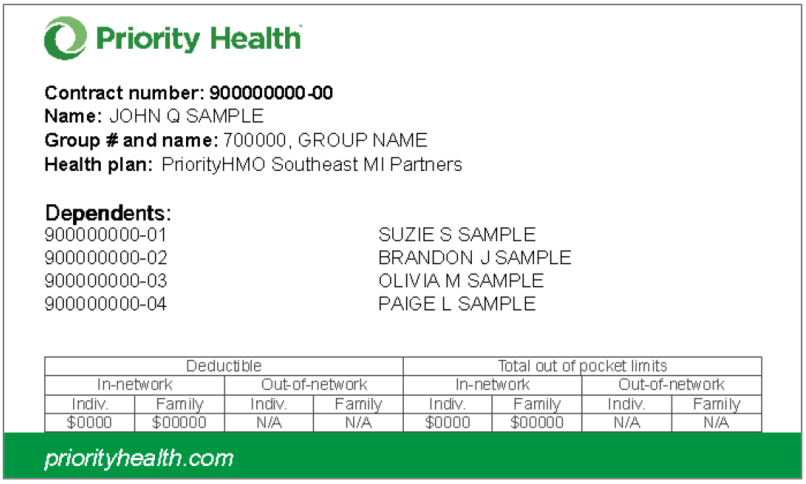
- Corewell Health - East
- Trinity Health

Members are only covered when receiving care from in-network providers, except in emergencies.

### How can you tell which network a Priority Health member is part of?

If you're confused about whether a patient is covered on the Southeast Michigan Partners tiered network or the Southeast Michigan narrow network, check one of two places:

1. **The patient's Priority Health member ID card.**
   Note the different details listed in the **Health plan** field on each card.


Priority Health

**Contract number: 900000000-00**
**Name:** JOHN Q SAMPLE
**Group # and name:** 700000, GROUP NAME
**Health plan:** PriorityHMO Southeast MI Partners

**Dependents:**
900000000-01 SUZIE S SAMPLE
900000000-02 BRANDON J SAMPLE
900000000-03 OLIVIA M SAMPLE
900000000-04 PAIGE L SAMPLE

| Deductible | | | | Total out of pocket limits | | | |
|---|---|---|---|---|---|---|---|
| In-network | | Out-of-network | | In-network | | Out-of-network | |
| Indiv. | Family | Indiv. | Family | Indiv. | Family | Indiv. | Family |
| $0000 | $00000 | N/A | N/A | $0000 | $00000 | N/A | N/A |

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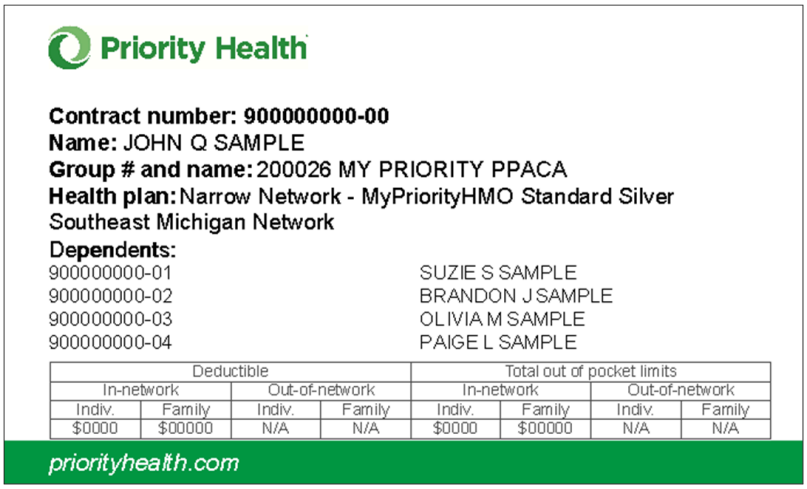
Priority Health

**Contract number: 900000000-00**
**Name:** JOHN Q SAMPLE
**Group # and name:** 200026 MY PRIORITY PPACA
**Health plan:** Narrow Network - MyPriorityHMO Standard Silver Southeast Michigan Network

**Dependents:**
900000000-01 SUZIE S SAMPLE
900000000-02 BRANDON J SAMPLE
900000000-03 OLIVIA M SAMPLE
900000000-04 PAIGE L SAMPLE

| Deductible | | | | Total out of pocket limits | | | |
|---|---|---|---|---|---|---|---|
| In-network | | Out-of-network | | In-network | | Out-of-network | |
| Indiv. | Family | Indiv. | Family | Indiv. | Family | Indiv. | Family |
| $0000 | $00000 | N/A | N/A | $0000 | $00000 | N/A | N/A |

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2. **Member Inquiry in prism**. In a member's plan information, check the "product type" listed. For members on a Southeast Michigan narrow network plan, it will say "Southeast Michigan Network." For members on the Southeast Michigan Partners tiered network, it will say "SEMP Tiered Network," as in the screenshot below.


Plan Information

Contract Number

Eligibility Begin Date
1/1/2024

Plan Renewal Date
1/1/2025

Plan Type
FULLY FUNDED HMO

Product Type
SEMP Tiered Network HMO

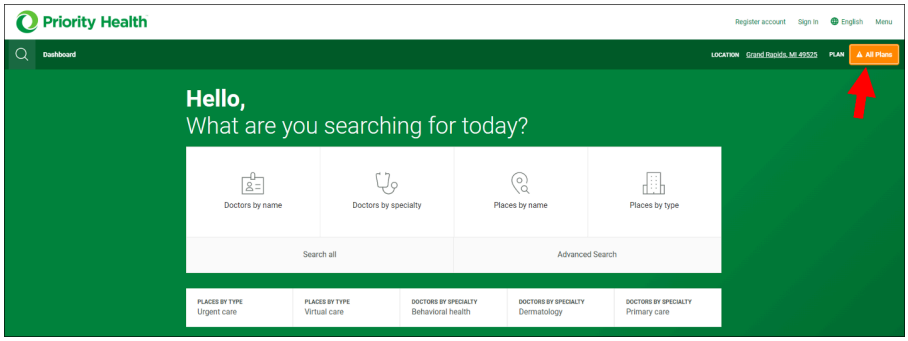
Employer Group

Employer Group Id

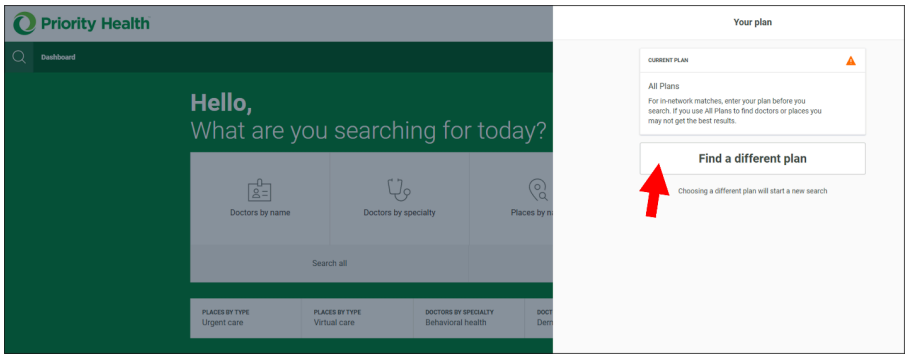
### How can you find in-network providers for a member?

Once you know the kind of plan your patient has, you can use our Find a Doctor tool to find in-network providers.

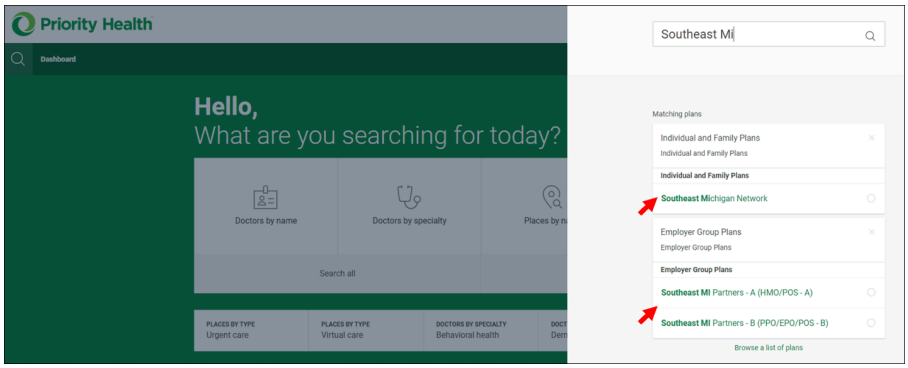
1. Search by plan type by clicking the yellow button in the upper right corner.



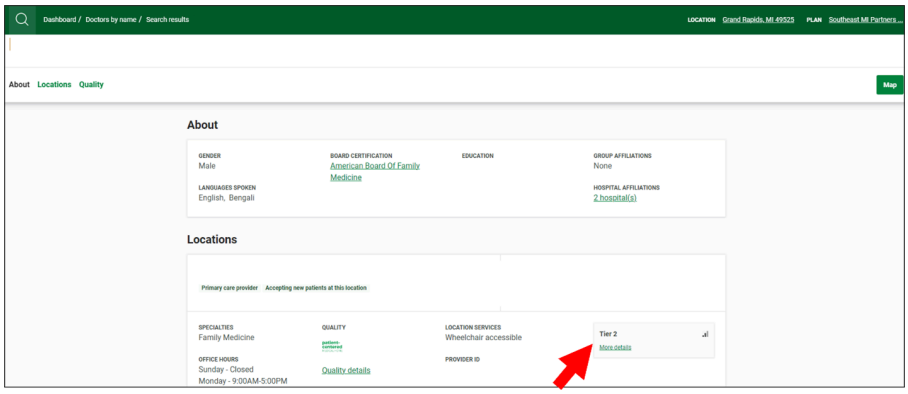

2. Click the “Find a different plan” button.




3. Search “Southeast Michigan Network” for the narrow network of the same name or “Southeast MI Partners” for the tiered network of the same name. Note that there are two options for “Southeast MI Partners.” Choose option A for HMO plans or POS A plans, and option B for PPO, EPO or POS B plans. (If you’re not sure whether a plan is POS A or POS B, the “Health plan” field of the member ID card will indicate either “PriorityPOS-A Southeast MI Partners” or “PriorityPOS-B Southeast MI Partners.”)

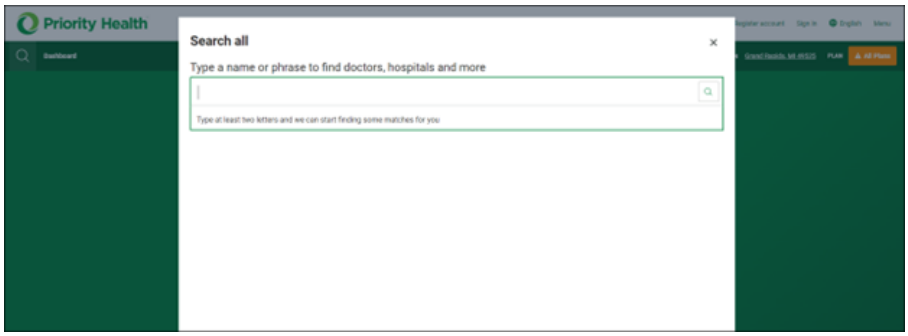



4. You'll then see only in-network providers when you search. If a provider you search for is Tier 2 for a member in a tiered-network plan, the provider’s information box will tell you.

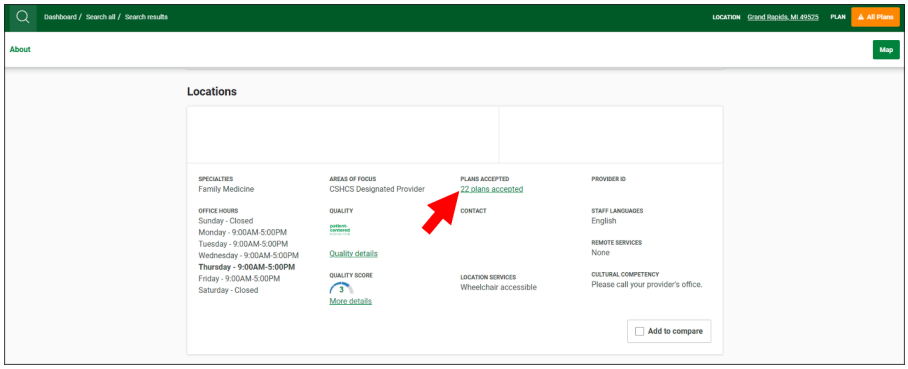



You can also search for providers in Find a Doctor without having a plan selected.

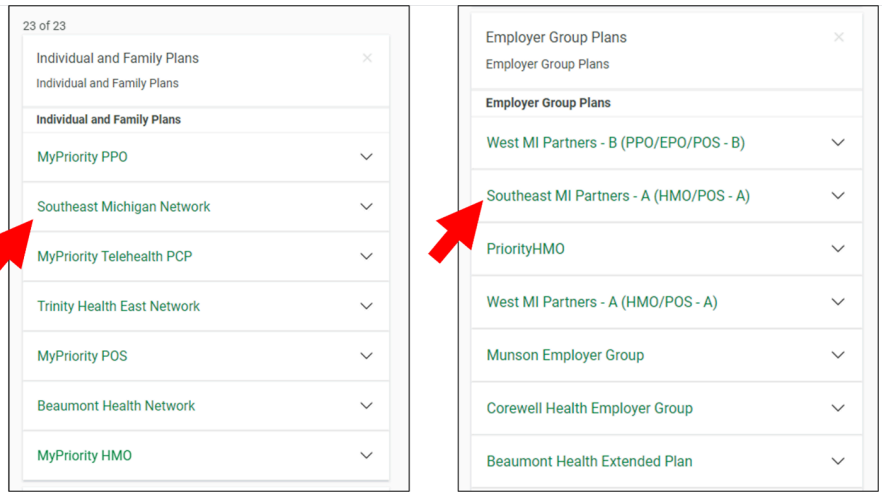
1. Search for and then click the provider you want.




2. Click the link in their information box under the “plans accepted” heading to bring up a list of the types of plans they accept.




3. The Southeast Michigan Network will be listed under “Individual and Family Plans” if it is an accepted plan type, and “Southeast MI Partners” will be listed under “Employer Group Plans.”




### What should you do to make sure members receive in-network care whenever possible?

Be sure to check member eligibility before seeing them using their member ID card or prism, or both. When referring them, use Find a Doctor to find a provider in-network for them according to their plan type. Taking these steps will help members avoid unnecessary out-of-pocket costs.

## Our Community Care Management program goes beyond traditional outpatient behavioral health care

### What is CCM?

CCM helps your patients, our members, navigate the transition back to their homes after receiving inpatient or partial hospitalization psychiatric care to support their recovery and reduce readmissions.

Through CCM, we offer members critical, time-sensitive support until they feel ready to access traditional outpatient care. The program staff, including masters-level therapists, provide short-term support and monitoring to high-risk individuals, particularly those who:

- **Were discharged from a high level of care**(psychiatric inpatient, partial hospitalization, or crisis residential care) and require intensive support.
- **May be at risk** of requiring hospitalization, without intervention.
- **Need additional support** beyond what traditional outpatient therapy can offer.

### Eligibility

Most of our commercial and Medicare member health plans include intensive outpatient behavioral health services through our Community Care Management (CCM) program.

### How to make a referral

To refer a patient, you can contact our Behavioral Health Department at 800.673.80423 and ask to speak with a clinician. The clinician will check eligibility to ensure CCM is the appropriate level of care.

## AUTHORIZATIONS

## Facilities: Acute inpatient authorization denial calls stopping April 8, check GuidingCare

Central to our shared priority of ensuring our members, your patients, get the care they need when they need it are timely and efficient authorization decision notifications.

In support of this goal, we're updating our notification process for acute inpatient prior authorization denials.

**Effective April 8, facilities must look to GuidingCare for most acute inpatient authorization denials** as our utilization management team will no longer call. These decisions along with denial letters are already available in the authorization portal's Authorization List area.

### Turnaround times remain the same

This update will not impact decision turnaround times, which for acute inpatient authorization requests are:

- **Commercial**: 24 hours (up to 72 hours if additional information is needed)
- **Medicare / Medicaid**: 72 hours

### Exceptions

Our teams will occasionally make call notifications for acute inpatient authorization denials after April 8, under the following conditions:

- Transfer requests
- Any situation where timely notification cannot be done electronically
- When additional information is needed for review of medical necessity of the admission, as needed

## REQUIREMENTS AND RESPONSIBILITIES

### Get started today — Our required 2024 D-SNP Model of Care provider training is now available

Providers play an integral role in the care teams that support our dual-eligible special needs (D-SNP) members. **That's why the Centers for Medicare and Medicaid Services (CMS) requires us to make sure providers who are contracted with us to see PriorityMedicare patients are trained on our Model of Care.**

Our Model of Care is a quality improvement tool that ensures the unique needs of our D-SNP members are met and describes the processes and systems we use to coordinate their care.

**Who needs to complete Model of Care training?**

All providers who are part of the Priority Health Medicare Advantage network need to complete training. This includes specialists, ancillary providers, or anyone part of an ICT (interdisciplinary care team) for a D-SNP member. **This is a CMS requirement.**

**Training needs to be completed and attested to by December 31, 2024.**
*Late submissions will not be accepted.*

### How to complete training

**Option #1: Bulk attestations**

You can group our D-SNP MOC training with existing, required training (like compliance training) so you can submit attestation for providers at the same time. If this option is selected, you'll need to:

1. Distribute training to your providers using this link.
2. To attest to training, fill out the roster template with providers who've received training. **If you choose to submit a provider roster, only the Priority Health MOC roster Excel sheet provided will be accepted**.
3. Send attestation rosters to *DSNPtraining@priorityhealth.com*.

**When an attestation is submitted, one of two automated messages will be sent:**

- A confirmation email stating the roster was successfully processed.
- An email stating the roster wasn't processed and the reason(s) why.

### Option #2: Virtual training (only takes 15 minutes)

Training is available as an on-demand webinar and only takes 15 minutes to complete. Provider registration for the on-demand webinar counts as attestation, which means **no additional documentation is required**.

### Certification of completion

Providers who take online training can download a certificate of completion by clicking the certification icon in the webinar console.

### Be sure to submit the correct provider NPI

Ensure the correct provider NPI number is included when submitting the provider roster or registering for the online training. **If the NPI is incorrect, the provider's status will be marked "incomplete" in our system**. To correct an "incomplete" status due to an incorrect NPI, resubmit the provider roster or re-register for the online training with the correct provider NPI.

### Additional resources

For more information about PriorityMedicare D-SNP, reference the Provider Manual.

# Status update requests in prism will delay your resolution time

We frequently get questions about our turnaround times for various inquiries made in prism and would like to share the following reminder:

| Request type | Turnaround time |
|---|---|
| General requests | 30 days |
| Informal claim review | 15 days |
| Level 1 appeal | 45 days |
| Enrollment (non-delegated) | 80 days |
| Provider changes / terminations | 30 days |
| Code review questions | 30 days |

During these timeframes, please know our teams are working diligently behind the scenes to complete your inquiries.

If you send us a New Comment on an inquiry (asking for a status update, for example), **our system will automatically reset your turnaround timeline back to the beginning** – ultimately delaying your resolution time.

### When and how to reach out

If your inquiry is still within the timeframes listed above, there's no need to reach out. Our teams will contact you with any questions or with a resolution.

If your inquiry has passed the timeframes listed above, email us at *exceedsprocessingtime@priorityhealth.com* to avoid any further delay.

Questions? Connect with your Provider Strategy & Solutions consultant.

Priority Health


1231 E. Beltline Ave. NE
Grand Rapids, MI 49525-7024