

# Physician and practice news



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## STARTING THE NEW YEAR WITH GRATITUDE

By Richard Vienne, MD, VP, Medical and Clinical Operations

Happy New Year to all of you! I'm thrilled to kick off my first full year with Priority Health after joining the team last fall. Improving the quality and affordability of health care for the communities we serve is my passion, and I'm incredibly fortunate to be able to work with provider groups like yours throughout the state of Michigan.

The last two years have been a challenge, one you've risen to meet time and again. From one medical professional to another, I want to express my deepest gratitude for all you've done and continue to do to keep our members as healthy as possible throughout this pandemic.

As we head into 2022, we're launching a new and improved provider newsletter. Each quarter, one of our Medical Directors will share their thoughts on a relevant topic followed by a series of content created with your feedback in mind. This is the first edition. We hope you'll find useful, timely information here each quarter to support your work and engage your patients.

When the weather starts to warm up in West Michigan, I'll be checking out the area's amazing golf courses. If you see me out there, stop by and say hello.

Best wishes,  
Richard Vienne, MD

Join us for our next

## Virtual Office Advisory

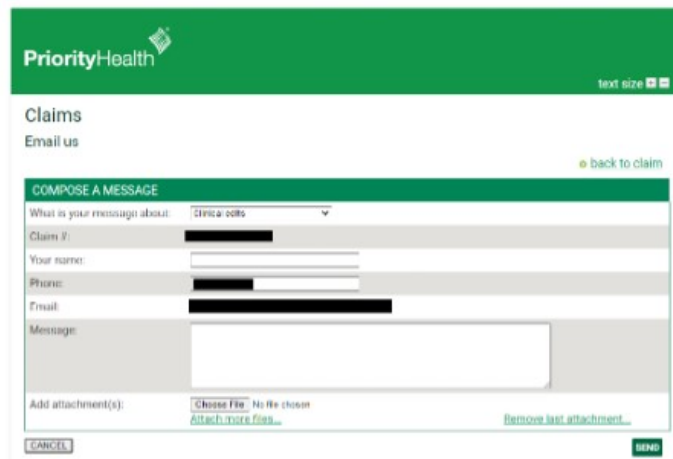
Educational webinars to connect you with Priority Health experts and help your practice maximize its effectiveness

[REGISTER](#)



## QUESTIONS ABOUT CLINICAL EDIT DENIALS

When you want us to review a clinical edit denial, select "Contact Us" on your Claims Detail screen in prism. In the "What is your message about" dropdown, choose "Clinical edits." This will ensure your message reaches our Code Review team. Choosing the wrong option could delay your response time at least 15 days.



[LEARN MORE IN OUR PRISM RESOURCES](#)

## REMINDER: BALANCE BILLING IS NOT ALLOWED

Are you a participating (in-network) Priority Health provider? If so, your contract states you're not allowed to balance bill our members for covered services:

*"[Provider] agrees not to bill, charge, collect a deposit from, seek compensation from, seek remuneration from, surcharge, or have any recourse against a Member or persons acting on behalf of a Member, except to the extent that the applicable Plan specifies a copayment, coinsurance or deductible as permitted under the Coordination of Benefits Act."*\*

\*Language pulled from our contract

[LEARN MORE ABOUT BALANCE BILLING](#)

## USE MODIFIERS NU AND RR APPROPRIATELY FOR DME

P and O codes require the appropriate NU (purchase) or RR (rental agreement) modifiers for correct payment processing (with an approved authorization). Without the appropriate modifier, your claim will process at an incorrect rate or deny as not contracted to provider liability. E codes also require one of these modifiers, but P and O codes cover it all (i.e.: E, K, L etc.)

[LEARN MORE ABOUT DME BILLING](#)

Member program spotlight

## Right price

Ensuring our member get the lowest available price for their prescriptions automatically, without the hassle of discount cards or coupons

[Get details](#)

## MEDICARE & MEDICAID QUALITY NEWS

Together, we can close your patients' gaps in care. From preventative screenings to managing chronic conditions, we're here to support you. Get information on our latest Medicare & Medicaid quality information, provider tools and member benefits.

[DOWNLOAD THE GUIDE](#)

### Need help using prism?

Watch demo videos for everything from provider enrollment to appeals, get answers to your questions, find our tech tips and more

[Access prism resources](#)

## VALUE-BASED 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 2022.

### PCP INCENTIVE PROGRAM (PIP)

We've recently updated our PIP webpages to include:

- 2022 program changes
- Our 2022 PIP manual
- Details on our new requirement to align with an ACN to continue PIP participation in 2022, along with lists of participating ACNs to help you get started
- Component 5 of Behavioral Health Collaborative Care (BHCC) measure – be sure to [register for the Feb. 15, 2022 meeting](#)

### UPCOMING PIP DEADLINES

- Jan. 31, 2022: All 2021 supplemental data is due
- Feb. 28, 2022: Claims for 2021 dates of service must be submitted and adjudicated
- Mar. 11, 2022: Medication Therapy Management attestation is due

[VISIT OUR PIP WEBPAGE \(LOGIN REQUIRED\)](#)

### PROVIDER ROSTER APP (PRA)

Be sure to also check out our updated PRA webpage and manual to find details like:

- Our expansion of the PRA tool to support data management for ACNs with Global Risk Arrangements
- The quarterly attestation cycle calendar for 2022, with the first opening January 10
- How attestation will now be required for both PIP and GRS settlement

[VISIT OUR PRA WEBPAGE \(LOGIN REQUIRED\)](#)

## Have questions?

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

[Download the guide](#)

## LATEST NEWS

See the latest news posted to our website from October to January:

### AUTHORIZATIONS

- [We upgraded to 2021 InterQual®](#)
- [Spine Centers of Excellence program is retired as of Jan. 1, 2022](#)
- [Important 2022 updates to our prior authorizations](#)
- [Pediatric tonsillectomies no longer require prior authorization](#)
- [New functionality added to GuidingCare](#)
- [Medicare Notice of Admission \(NOA\) isn't required for Priority Health Medicare members](#)

### BILLING & PAYMENT

- [Changes to COVID-19 vaccine and lab testing billing effective Jan. 1, 2022](#)
- [New payment policy for unbundled services went into effect Jan. 1, 2022](#)
- [Reminder: Medicaid edit 21007 is a front-end rejection](#)
- [Reminder: Multi-panel lab tests for viral infections aren't covered](#)
- [CMS will resume its standard sequestration in March](#)
- [Providers to receive HealthbyChoice payments in January](#)
- [Medicare therapy cap changes effective Jan. 1, 2022](#)
- [What makes a good appeal? Tips from our Reimbursement team](#)
- [Appeals tips for Medicare non-contracted providers](#)

### INCENTIVE PROGRAMS

- [Legacy THC providers: How to submit your Healthy Michigan members' HRA forms](#)
- [Our customer service team is helping schedule AWWs for Medicare members](#)
- [The final 2022 PIP manual is available](#)
- [2022 PRA updates and January attestation cycle](#)

### PHARMACY

- [Jan. 1, 2022 formulary changes](#)

### PLANS & BENEFITS

- [2022 commercial and Medicare product information](#)

### PRIORITY HEALTH NEWS

- [We're continuing extended prior authorizations for elective procedures delayed due to COVID-19](#)
- [Reminder: THC members newly transferred to Priority Health Choice Medicaid may have benefit changes](#)

### REQUIREMENTS & RESPONSIBILITIES

- [Annual chart reviews underway for commercial members](#)