Priority Health

11/13/2023

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Message from the medical director

Preventive care coverage for our members

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

New RSV vaccine and monoclonal antibody coverage
We understand the importance of keeping our members, your patients, healthy year-round through preventive care. As we approach the 2023 RSV season, we want to ensure you're aware the new Arexvy and Abrysvo vaccines as well as the new Beyfortus monoclonal antibody treatment are covered under our members' preventive benefit.

Read our recent news item to learn more about who's covered at the $0 preventive benefit.

You can find additional information about the CDC's Advisory Committee on

Immunization Practices (ACIP) recommendations for the new Arexvy and Abrysvo vaccines as well as the new Beyfortus monoclonal antibody treatment here.

Preventative health services and coverage
Additional information about preventive health services for all members are outlined in our provider manual including coverage for vaccines, screenings, well-child visits and more.

Medicare members can get AWVs once per calendar year Beginning Jan. 1, 2024, Priority Health Medicare members can receive their annual wellness visit (AWV) once per calendar year, rather than once per 11 months. **This change will give members more flexibility with scheduling,** allowing them to be seen sooner, especially if they travel throughout the year.

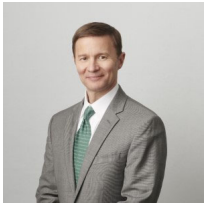
Additionally, a member having an AWV earlier in the year can help PCPs capture the member's full burden of illness earlier so they have more time to manage conditions the member may have.

Annual wellness visits also offer a great opportunity to:

1. Close your Medicare patients' gaps in care.
2. Increase your PCP Incentive Program (PIP) payment.

Learn more about how you can improve disease burden capture and boost AWV visits by watching a recording of our Disease Burden Capture & Risk Adjustment webinar.

Thank you for helping keep our members, your patients, healthy year-round. I wish you a safe, healthy and fulfilling fall.



Billing & coding tips

You asked. We delivered.

Remittance advices (RAs) are now available in Filemart for 365 days!

Through our provider experience survey, sent to a random sample of our providers each month, we received feedback expressing frustration with the 90-day lifespan for RAs in Filemart. We responded by making RAs available **for a full calendar year** before they're archived.

Tip:

Looking up claim denials in prism

If you receive a claim denial, you can look up the denial reason in prism and can often resolve the issue without contacting our teams.

The claim detail section in prism will show a denial code and an explanation of the denial to help you correct and resubmit your claim. For example, a hospital receiving an Ambulatory Payment Classification (APD) denial will see claim denial code P60 on the impacted claim.

To find a claim's denial information:

1. Log into your **prism** account.
2. Click **Claims** then **Medical claims**.
3. Select the claim in question.
4. Review the claim detail for an explanation of the denial.

Reminder:

File claim corrections within 365 days of the date of service

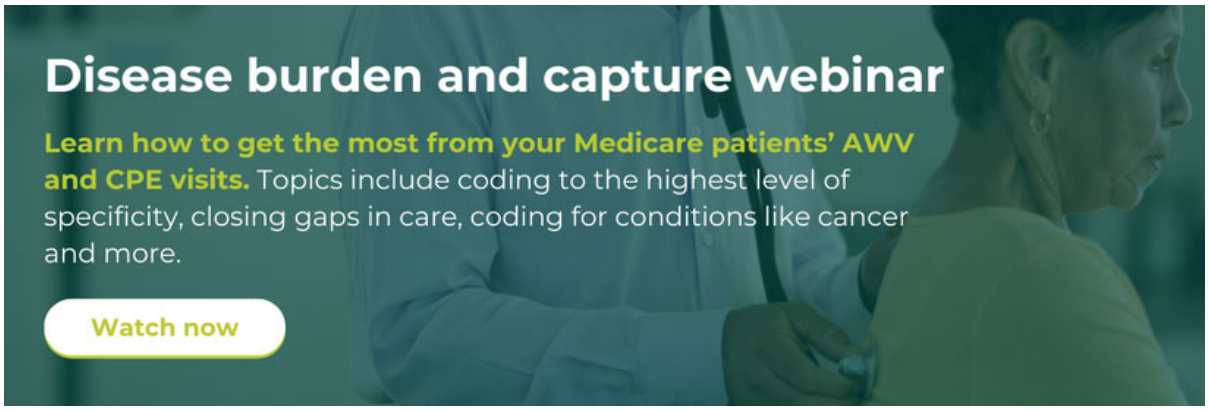
All claim and payment discrepancies must be resolved within one year of the date of service – including medical record submission. We won't accept any corrected or augmented information received after that date, automatically denying to provider liability.

What if the denial comes back close to or after the 365-day mark?

If you receive the original denial close to or after one year from the date of service, you have 90 days from the denial date to resolve payment discrepancies including submitting corrected claims. *Note: This doesn't include upfront rejected claims*.

- If you don't complete follow-up within 90 days, any request will be denied without appeal rights.
- Corrected or augmented information received after 90 days will be automatically denied to provider liability.
- Denials related to authorizations / medical necessity or coding / clinical edits follow the filing limit rules.

We won't make an exception for accidentally overlooking a claim or a response deadline.

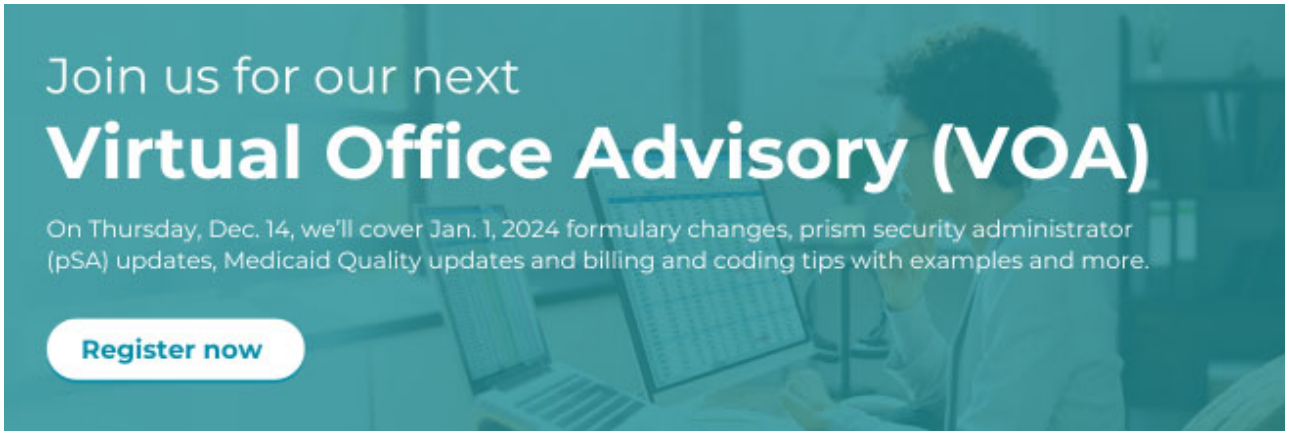


Medicare & Medicaid quality

Together, we can close your patients' gaps in care. From preventative screenings to managing chronic conditions, we're here to support you.

Get our latest Medicare & Medicaid quality newsletter to learn about new, retired and updated HEDIS measures, changes to CMS Star ratings and more. (PIP)

DOWNLOAD THE GUIDE



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 fourth quarter of 2023.

2023 PCP Incentive Program (PIP)

Status quo: Preliminary 2024 PIP Manual
We're making just a few minor additions to the 2024 PIP program, largely maintaining the 2023 program through the next performance year.

Focus measure pre-payments

✓ **Continue:** Controlling High Blood Pressure (CBP) & A1c ≤ 9.0% (HBD)
✓ **Add:** Pediatric Well Child 0-15 months (W30) & 3-11 years (WCV)

SDoH / Social Needs Screening

✓ **Add:** Two G codes for positive and negative screenings
✓ **Target:** Screening 70% of eligible population as an additional incentive opportunity

Care Management

✓ **Continue:** 2% target of membership, adding additional CPT codes for touchpoint credit
✓ **Target:** ACN meets or exceeds 90th percentile targets in 3 preventive and/or chronic disease measures by product

Get details in the Preliminary 2024 PIP Manual.

PRELIMINARY 2024 PIP MANUAL

Login required

Reminder:

Patient Profile & PIP_070 will retire after the 2023 program year

Beginning with the 2024 program year, Patient Profile and PIP_070 – Supplemental Data Worksheet won't be accepted data sources for gap closure. ACNs may continue to use the following standard data sources:

- Claims
- CPT II codes
- MiHIN
- Direct data feeds (HL7 or APS)
- MCIR (immunizations)
- Epic Payer Platform (EPP)
- Disease registry
- Continuity of Care Documents (CCDs)

We'll continue to accept supplemental data for 2023 dates of service entered using Patient Profile and PIP_070 – Supplemental Data Worksheet through Jan.31, 2024 – allowing ACNs to close out the 2023 program year.

GET MORE INFORMATION

Discharging patients in 2024

With the retirement of Patient Profile, we'll move the patient discharge feature to the Member Insights tool in prism effective Feb. 1. Stay tuned – we'll share more information soon.

Provider Roster Application (PRA)

In 2024, we'll continue with the monthly attestation schedule in PRA, as ACNs confirm or make updates to their provider roster. Here's the 2024 attestation schedule:

Cycle	First date to attest	Last date to attest	Start date	End date
January 2024	12/1/2023	12/15/2023	1/1/2024	1/31/2024
February 2024	1/2/2024	1/16/2024	2/1/2024	2/29/2024
March 2024	2/1/2024	2/15/2024	3/1/2024	3/31/2024
April 2024	3/1/2024	3/15/2024	4/1/2024	4/30/2024
May 2024	4/1/2024	4/15/2024	5/1/2024	5/31/2024
June 2024	5/1/2024	5/15/2024	6/1/2024	6/30/2024
July 2024	6/3/2024	6/17/2024	7/1/2024	7/31/2024
August 2024	7/1/2024	7/15/2024	8/1/2024	8/31/2024
September 2024	8/1/2024	8/15/2024	9/1/2024	9/30/2024
October 2024	9/3/2024	9/17/2024	10/1/2024	10/31/2024
November 2024	10/1/2024	10/15/2024	11/1/2024	11/30/2024
December 2024	11/1/2024	11/15/2024	12/1/2024	12/31/2024
January 2025	12/2/2024	12/16/2024	1/1/2025	1/31/2025

Important dates

Mark your calendars for this quarter's important dates:

- **November 1-15** – PRA attestation
- **December 1-15** – PRA attestation
- **Late December** – 4th and final 2023 chronic disease focus measure pre-payment

Latest news

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

BILLING & PAYMENT

- New clinical edit going into effect on Dec. 5
- New clinical edits going into effect on Nov. 26
- Update to electronic delivery for service receipts
- Clinical edits implemented in August
- We heard you: RAs are now available in Filemart for 365 days

CLINICAL RESOURCES

- Introducing Carelon Health, a new name for Aspire Health
- New RSV vaccine and monoclonal antibody coverage

INCENTIVE PROGRAM

- Preliminary 2024 PCP Incentive Program (PIP) manual is now available
- Congrats, 2022 Quality Awards winner
- 2024 supplemental data submission details
- BHCC, CM telephone codes paid through new process

PHARMACY

- Humira coverage ends for commercial members on Dec. 31, 2023
- Tezspire coverage to shift from medical to pharmacy benefit

PLANS & BENEFITS

- Medicare annual wellness visit update
- 2024 product guide for providers is now available
- Patient resources for suicide prevention
- Diabetes Prevention Program now covered for Medicaid members

PRIORITY HEALTH

- Safely dispose of unneeded prescription drugs on October 28
- Q3 physician and practice news digest

RESPONSIBILITIES & RESPONSIBILITIES

- August 2023 medical policy updates
- D-SNP Model of Care training due Dec. 31, 2023