PROVIDER UPDATE

MOUNT CARMEL Health Plan

MediGold

FEBRUARY 2025

February is American Heart Month

February is American Heart Month – a time when all people – especially women – are encouraged to focus on their cardiovascular health. Heart disease is the leading cause of death for men, woman and people of most racial and ethnic groups.[1] Nearly half of U.S. adults have high blood pressure, which puts them at risk for heart disease and stroke. And just 1 in 4 people with high blood pressure have it under control. Hypertension (high blood pressure), high blood cholesterol and smoking are key risk factors for heart disease.

But there is much that can be done to help prevent and reduce the chances of heart disease by mitigating these risk factors in your patients.[2] American Heart Month in February is an excellent time to share this information with them.

Medication adherence is critical to successful hypertension control for many patients. But it is estimated that over half the medications prescribed for people with chronic diseases, like heart disease, are not taken as directed.[3] And, only 51% of Americans treated for hypertension follow their health care professional's advice when it comes to their long-term medication therapy, according to the Centers for Disease and Control (CDC), Division for Heart Disease and Stroke Prevention.

As a health care professional, you can empower patients to take their medications as prescribed. Effective two-way communication is critical; in fact, it doubles the odds of your patients taking their medications properly. Try to understand your patients' barriers and address them honestly to build trust.

Visit the **Million Hearts® 2027** which details steps health professionals and others can take to reduce the number of lives taken and protecting more of the lives impacted by heart disease and stroke in the U.S.

1 National Center for Health Statistics. Multiple Cause of Death 2018–2022 on CDC WONDER Database. Accessed May 3, 2024. https://wonder.cdc.gov/mcd.html.
2 https://www.cdc.gov/heart-disease/php/heart-month/
3 https://millionhearts.hhs.gov/data-reports/factsheets/adherence.html

We're Here To Serve You.

Mount Carmel MediGold Health Plan is a Medicare Advantage plan, fully owned by Trinity Health. It's designed to provide our members with a more seamless health care experience, while also making it easier for health care teams to coordinate and deliver the best possible care. **LEARN MORE**

Provider Service Center 1-800-991-9907 (TTY 711)

1 Mount Carmel MediGold is a Medicare Advantage organization with a Medicare contract. Enrollment in Mount Carmel MediGold depends on contract renewal. Benefits vary by county.

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Medicare Advantage Open Enrollment now through March 31

The Medicare Advantage Open Enrollment Period (MA OEP) runs from January 1 to March 31, 2025, and is exclusively for individuals already enrolled in an MA plan. During this time, they can switch to a different MA plan or return to Original Medicare for the rest of 2025.

OEP is a key opportunity to raise awareness about our Health Plan and its benefits. Providers like you play a crucial role. By displaying Health Plan materials at your practice and endorsing Mount Carmel MediGold to MA patients, you can help them see it as a trusted choice they should seriously consider.

- **Members** enjoy outstanding coverage and a more seamless health care journey, with their Medicare plan closely aligned with their doctor's practice and the broader health care system.
- **You and your staff** experience fewer administrative burdens by working directly with our own payer, rather than external insurance companies. Mount Carmel MediGold requires far fewer prior authorizations compared to other MA plans — including none for MRI or CT scans.

For more details about prior authorizations, refer to the **For Providers** section on our website.

Please note that Mount Carmel MediGold is not asking you to sell our plan, as only licensed agents can do so. However, you're empowered to make sure your patients know about it and to recommend it to them. You can freely and proactively advocate for this plan without violating any compliance regulations. Thank you for your ongoing partnership!

Deep Vein Thrombosis: Current vs. History of

Deep vein thrombosis (DVT) is a condition that occurs when a blood clot forms in the deep veins of the body. This is a serious condition as the blood clot can travel through the bloodstream and cause blockages in other parts of the body such as the lungs, causing a pulmonary embolism (PE).

It is important to specify in documentation whether the DVT is acute, chronic, or history of since there is not a specific timeframe that distinguishes acute from chronic. If coding an acute condition, it can only be coded during the initial encounter. Typically, once the thrombosis is diagnosed, the patient is then put on anticoagulation therapy for several months for prophylactic reasons. After the initial encounter, including while the patient is on prophylactic therapy, it must be documented and coded as history of.

According to AHA Coding Clinic, "Query the physician for clarification whether the Coumadin is being given prophylactically to prevent recurrence of DVT or as treatment for chronic DVT. The patient may not have active disease but is being managed because of susceptibility for recurrence. Unfortunately, "history" as used in physician documentation can be a vague term that can have different meanings. According to the Official Guidelines for Coding and Reporting, "personal history codes explain a patient's past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require monitoring."

Acceptable Documentation for Acute Condition

- 70-year-old female present with severe pain in right leg. Ultrasound of right lower extremity showing deep vein thrombosis
- Acute DVT of right leg: Heparin flush. Coumadin at 5mg/day
- Will check INR test in 4 days
- Code: I82401 - Acute embolism and thrombosis of unspecified deep veins of right lower extremity
- Code: Z7901 – Long term (current) use of anticoagulants

Acceptable Documentation for History of Condition

- 70-year-old female here for follow-up anticoagulation meds. Was put on Coumadin for treatment of acute DVT. Last INR test looked good
- Will schedule follow-up visits to check PT/INR
- Code: Z86.718 - Personal history of other venous thrombosis and embolism

Exciting changes to your Mount Carmel MediGold drug plan in 2025

As we enter 2025, we want to share some important updates to your patient's prescription drug coverage that took effect on January 1, 2025. These changes are designed to simplify the member experience, provide cost savings, and enhance your patient's access to needed medications.

What are Some of the Key Updates Starting January 1, 2025?

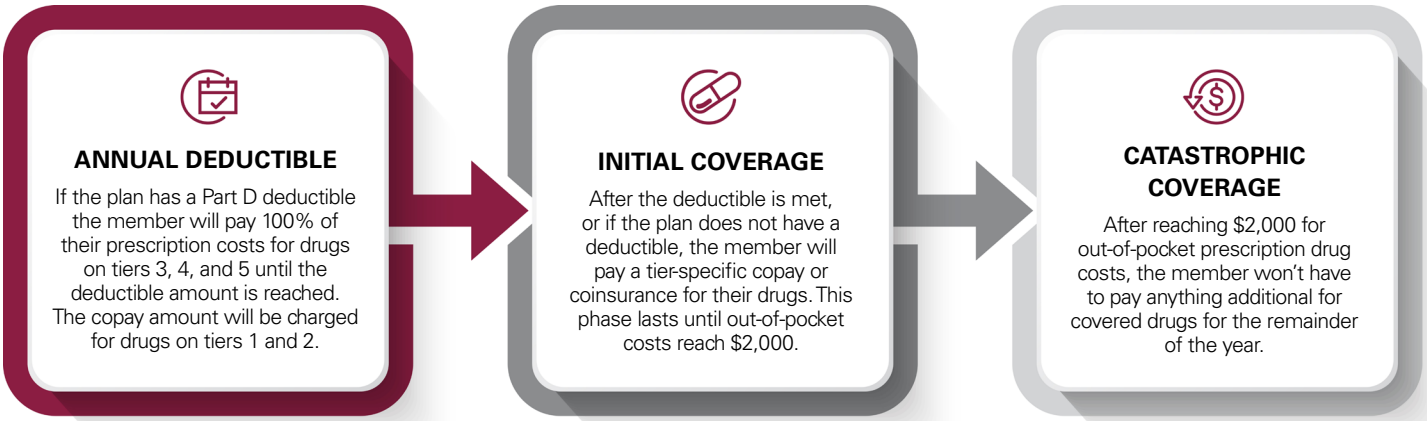
- No more Coverage Gap (Donut Hole): The coverage gap has been eliminated, simplifying drug coverage and ensuring members have more consistent out of pocket costs throughout the year
- Part D Maximum Out-of-Pocket Limit: Out-of-pocket costs for Part D drugs will now be capped at $2,000 annually (this compares to an $8,000 cap in 2024!). This includes any amount members pay out of pocket for medications, including any costs that contribute to the Part D deductible. Once this limit is reached, they won't pay anything more for their covered medications for the rest of the year.

Explore the Benefits of Mail Order

Mail-order pharmacy remains a convenient and cost-effective way for patients to receive their medications. With this option, Tier 1 and Tier 2 drugs are always $0, providing ongoing savings for routine prescriptions. To get started, simply send your patient's prescriptions to CVS Caremark's mail order pharmacy.

PART D COVERAGE IN 2025

Plan-specific coverage rates vary



Do you have access to our Provider Portal?

Through the Provider Portal you can:

- Verify eligibility of members
- Verify member claims history
- View member payment status, and more!

GET ACCESS TODAY

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