

# PROVIDER UPDATE



APRIL 2025



## National Prescription Drug Take Back Day – April 26

Don't forget that Saturday, April 26 is National Prescription Drug Take Back Day. Encourage your patients to go through their medicine cabinets to check for prescriptions that are expired or no longer needed. They should be safely and securely disposed of, and National Prescription Drug Take Back Day is one way to do so.



**VISIT** for more information on **National Prescription Drug Take Back Day**, and a collection site locator tool to help your patients locate an authorized collector in their area.

If your patients are unable to visit a local collection site, please remind them that many retail pharmacies also have year-round drop off boxes for drug disposal.

## New Provider Portal coming soon!

We're pleased to inform you that we're introducing a new and improved Provider Portal experience soon for all our providers. The portal allows you to verify eligibility, view claims history and payment status and send our Provider Service team secure messages.

To help us prepare for the new Provider Portal experience, and to keep your information safe and secure, we have recently completed a purge of all inactive portal accounts. Dormant accounts are at a higher risk for unauthorized access, hacking attempts and other security breaches.

**If you have not logged into your account within the last two years, your account has been deactivated as part of this process.** To continue accessing the Provider Portal, you will need to create a new account. All your account data will be maintained until you create a new account.

We apologize for any inconvenience this may cause and appreciate your understanding. We will advise you when the new Provider Portal experience is available in the near future.

### 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](#)**

<sup>1</sup> 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.



## Improving medication adherence by prescribing 90-day supplies

Medication adherence is crucial in reaching optimal clinical outcomes from medication therapy. Studies have shown that 90-day prescriptions, compared to 30-day, have led to “greater medication adherence, greater persistency, nominal wastage, and greater savings.”<sup>1</sup> As one of our prescribers, there are many ways you can help increase adherence rates for your patients. Among those is writing 90-day prescriptions when deemed medically safe and appropriate for an extended day supply to be provided.

Benefits of a 90-day prescription include:

- Fewer trips to the pharmacy

With a 90-day prescription, the patient will only need to make three trips to the pharmacy each year to meet the Medicare adherence threshold, compared to 10 trips with a 30-day supply

- Increased adherence leads to fewer ER visits and improved health outcomes

Not only does writing for 90-day supplies improve medication adherence, it may also help your patients save money on their prescriptions. Members who utilize our mail order pharmacy (CVS Caremark) to fill their prescriptions can save money with Tier 1 and Tier 2 mail order drugs available for \$0.

Please consider routinely writing 90-day maintenance medication prescriptions for your Mount Carmel MediGold patients.

<sup>1</sup> “Medication days’ supply, adherence, wastage, and cost among chronic patients in Medicaid,” Medicare & Medicaid Research Review, 2(3). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4006393/>.

## Reminder: Provider content is at your fingertips

Last year, we transitioned much of our provider content to our website, making the Provider Administrative Manual (PAM), among others, available as online content. We want to remind you to access the PAM, and many other resources, in the “For Providers” section of our website. This makes it easier to access these important materials and will also allow for more efficient and timely updates, as needed.

As a reminder, please access these resources from the **“For Providers” page**. You’ll see options in the menu on the left side of the page, which will allow



you to navigate to various provider content on our website. **VISIT NOW**

The **Provider Communication** page allows you to subscribe to the Provider Update and access previous issues.

Click on the **Provider Forms** tab, and you’ll be taken directly to our Provider Forms page, giving you quick and direct access to these important forms.

Also, check out the **Provider Resources** tab, which gives you access to all our helpful tools and resources in one convenient location.

Explore this content on our website today!

<sup>2</sup> 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.

# Provide timely notice of demographic changes

You must notify us within 30 days of any changes to demographic and participation information that differs from the information reported with your executed provider agreement. These include, but are not limited to: tax ID changes (W-9 required), office or remittance address changes, phone numbers, suite numbers, additions or departures of health care providers from your practice, ability of individual practitioners to accept our members or any other changes that affect availability to our members and new service locations. If a provider is associated with a group that is delegated for credentialing,

please verify that credentialing is not affected by contacting the Provider Service Center at **1-800-991-9907**.

If a provider is associated with a group that is delegated for credentialing, please reach out to your group's point of contact for credentialing. Demographic changes must be completed by submitting a Provider Information Change Form. Provider terminations must be completed by submitting a Provider Request for Termination Form. **[FORMS AVAILABLE ONLINE](#)**

## Multiple Sclerosis

### Key Facts

- Multiple Sclerosis (MS) is one of the most widespread disabling neurological conditions, and it affects function in cognitive, emotional, motor, sensory, or visual areas and occurs when a person's immune system attacks their brain and spinal cord.
- Data shows that 2.8 million people have MS worldwide in 2020 and 2.9 million in 2023 according to the National Institutes of Health (NIH).
- People of all ages can be affected, but it is more common in young adults and females.
- MS can improve or stabilize by being treated with medicines early in the course of the disease, and treatments will be different for each person depending on the severity of the disease and symptoms.

CMS requires submission of risk-adjusting diagnosis codes within the reporting period of each calendar year based on diagnoses documented in the medical records.

Documentation should be clear, concise, legible, and valid. All conditions that coexist during the encounter/visit and require or affect patient care, treatment, and/or management should be documented.

### Multiple Sclerosis

#### ICD-10-CM G35

#### Description

Multiple sclerosis  
Disseminated multiple sclerosis  
Generalized multiple sclerosis  
Multiple sclerosis NOS  
Multiple sclerosis of brain stem  
Multiple sclerosis of cord

### Coding Tips:

According to the CMS Participant Guide in 2008, coexisting conditions can be coded from past medical history if there is a current medication in the updated medication list. Co-existing conditions also include ongoing conditions such as Multiple Sclerosis, Hemiplegia, Rheumatoid Arthritis, and Parkinson's disease. Although they may not affect every minor healthcare episode, patients with these conditions would have their general health status evaluated within a data-reporting period, and these diagnoses would be documented and reportable at that time.

## 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)**