



# PathWays Update

---

Monthly Webinar for Long-Term Care Professionals

---



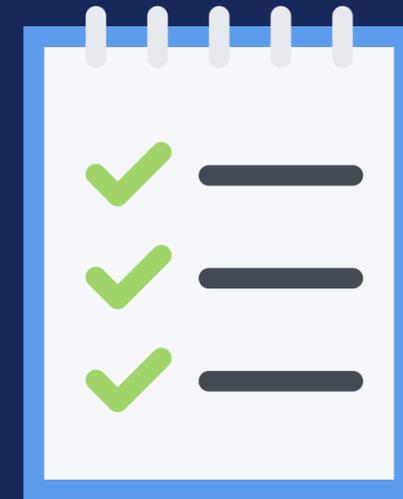
March 27, 2025



# Today's Agenda



- Retroactive LOC Policy
- Late Claims Interest
- Claims Updates
- AL Waiver Waitlist Update
- Functional Eligibility Re-assessments
- Questions?



# Retroactive Level of Care (LOC) Policy

FSSA will allow retroactively dating the LOC ARD up to 90 days prior to the date the LOC is submitted with the following guidelines:

- The ARD cannot predate the day Medicaid benefits became active.
- The ARD cannot predate the Preadmission Screening and Resident Review (PASRR) Level I assessment date.
- This applies only to LOC assessments completed for nursing facility admissions.

<https://www.in.gov/medicaid/providers/files/bulletins/BT202534.pdf>

# Interest for Late Claims Processing

## PathWays MCE Interest for Late Claims Processing

FSSA recently confirmed that MCEs should currently be paying 4% interest on claims that do not meet timely adjudication. Below are the amounts for prior years. FSSA sent a reminder last week to the MCEs that they need to ensure they are paying interest and at the accurate rate.

July 1-June 30, 2022 – 1%

July 1-June 30, 2023 – 1%

July 1 – June 30, 2024 – 2%

July 1-June 30, 2025 – 4%



# Humana Claims Update

## 1. Hospice Room and Board:

- We are continuing to work with providers and resolve any outstanding issues, but Humana does feel we have made positive movement paying claims timely and accurately.
- Are currently waiting on any outstanding claims from hospice providers and will help determine if those claims have paid or if something truly is still needed.

## 2. Interest:

- Can confirm we have identified all claims that need interest applied. Obtaining details next week on next step, trends, and ETA for completion.
- We have received details as well on appropriate interest rate from July 2024 – current for any claims that need interest applied.



# Anthem Claims Update

- 1) Configuration for Medicare claim types 22x/23x will be completed by 3/31.
- 2) Hospice Claims- claims processed through the week. Team is completing a deeper dive on any claims that have failed to cross over from Medicare.
- 3) Interest being adjusted to 4%. Anticipate having the interest rate updated in the system in the next two weeks. Any affected claims will be reprocessed by 4/30.



# UHC Claims Update

## Hospice Room and Board

**03/19/2025-** Hospice claims denied A27 is the top adjustment project currently. We have a project team looking at denials by provider to correct/educate.

## One Day Overlap

**03/19/2025-** When a member transitions in/out of NFLOC/Waiver the member will be placed in a plan that covers both services for one day. Therefore, when checking eligibility, the provider could see the member in three plans, the original plan, the one day overlap plan and the new plan in the UHC portal. This will not impact how the provider will bill claims.

## A04 Denials

**03/19/2025-** UHC has a steady state process in place. The A04 denials applied in error are trending down again this week.

# Hospice Claims Update

## March 20, 2025 FSSA Update:

UHC and Anthem reported they have paid the majority of outstanding Heart to Heart claims for room and board. Both MCEs stated they reprocessed over \$1M each in outstanding claims to Heart to Heart earlier this week.

UHC and Anthem both stated they are reprocessing all other outstanding room and board claims for all other hospice providers over the next couple of weeks. UHC stated they were about 80% complete and Anthem is about 50% complete.



# AL Waiver Waiting List

## March 2025 Invitations from Waitlist

- 157 for the Health and Wellness Waiver
- 1707 for the PathWays Waiver

## New Waitlist Policy Announced (2.13.25)

Effective immediately, individuals invited off the waiting list for the PathWays HCBS Waiver and Health and Wellness Waiver have 180 days to complete all required steps to begin receiving home and community-based waiver services. Previously, no timeline was enforced for individuals to complete all eligibility and service plan development steps.

After receiving an invitation letter, invitees have 30 days from the date on the letter to notify their local Area Agency on Aging of their decision to accept a waiver slot. After acceptance, invitees must complete the additional steps below within 180 days from the date of invitation:

- Complete Medicaid financial eligibility
- Schedule and complete a functional eligibility assessment
- Work with their assigned Case Manager or Service Coordinator to complete the service plan.

# Functional Eligibility Re-assessment Questions

- Is MCE responsible for involving provider in LOC assessment and PCA? Currently, MCEs are not sharing assessments with provider staff.
- Are MCE's LOC assessments reviewed/approved by FSSA? Are the elements consistent? If so, we have an example where Anthem denied but AAA/Humana approved.
  - Are the requirements face to face?
  - Can the providers receive a copy?
  - Are residents made aware of the "why"? What is consistent verbiage? Are residents made aware of potential outcomes?
    - Seems this would be a bare minimum for person centered planning.
  - Are the questions open/ended? Ex, One ED reported the residents was asked if they could shower. Answer was "yes" but didn't provide opportunity for resident to speak to current assistant provided, resident fear of falling, etc.
- Seems as though MCE complete LOC, FSSA sent denials, and now AAA must re-assess. This is causing angst (at best) for our seniors. Can this be considered with the process requirements? For example, can AAA review before FSSA letter to prevent confusion/anxiety?
- It would be very helpful to know provider rights, role, and responsibilities per FSSA when they send these notices, only to member, for waiver denials. If appeal upheld, then is MCE required to "find alternate placement", as FSSA's agent deciding the services are no longer needed? Also, per manual, MCE is to provide copy of PCA to resident and AL. If PCA not AL not appropriate, why was provider not given a copy prior to the issuance of this FSSA letter?
- Are the letters sent after the MCE CHAT or the AAA face to face?
- It is important to realize the burden multiple denials have on the AAAs.
  - How fast are AAA to complete face to face? Involving the provider can allow for efficiency (making sure residents are available).
  - We have initial referrals to be added to the waitlist and waitlist invites assessments already taking weeks/months. Additional LOC drops can cause further delays. What should the AAA priority levels be?



# Questions?



IHCA/INCAL Resources:  
[ihca.org/mltss-resources](https://ihca.org/mltss-resources)