



# Indiana PathWays for Aging

February 2024

# Agenda



Overview of PathWays




Member Enrollment Activities



Supporting Clients You Serve



Questions and Answers



# Overview of PathWays

# Why Reform Indiana's LTSS System?

From 2010 to 2030 the proportion of Hoosiers over 65 will grow from 13% to 20%. Indiana's disjointed system must be reformed to meet growing demand and to ensure choice, drive quality and manage cost.



Choice



Hoosiers want to choose where to age, but only 45% of residents who qualify for Medicaid are able to do age at home if they desire.

Cost



Developing long-term sustainability. Only 19% of LTSS spending is going to Home and Community-Based Services (HCBS)

Quality



Hoosiers deserve the best care. In 2020 Indiana was ranked 44<sup>th</sup> on AARP's LTSS Scorecard; this improved to 27<sup>th</sup> in 2023.

# Managed Long-Term Services and Supports (MLTSS)



- MLTSS is a delivery system that uses managed care entities (MCEs) to coordinate medical care and long-term services and supports (LTSS) to enrolled Medicaid beneficiaries
- Indiana has introduced an MLTSS program for Medicaid-eligible Hoosiers 60+ called **Indiana PathWays for Aging**
- Enrollment in PathWays will officially begin in **spring 2024**
- MCEs participating in PathWays will deliver acute and preventive care services as well as Home and Community-Based Services (HCBS) and Nursing Facility (NF) services

# Indiana PathWays for Aging



- Indiana PathWays for Aging will offer **more choices** that will allow people to get nursing facility level of care at home, in a community setting, or in a nursing facility
- Pathways members can choose one of three MCEs (health plans): Anthem, Humana, and United Healthcare (UHC)
- Each MCE:
  - Offers the same Medicaid health coverage for medical expenses such as doctor visits, hospital care, therapies, medications, prescriptions, and medical equipment.
  - Offers a care coordinator to assist with coordination of benefits and medical needs.
  - Offers a service coordinator to assist with the coordination of services
  - Offers different special value-added benefits (enhanced benefits) such as gym membership, gift cards for groceries or household items, and healthy lifestyle aids.

# PathWays will provide members with lots of support



**Enrollment Broker: Someone to help members choose a managed care entity**

**Care Coordinator (MCE): To support member health care needs**

**Service Coordinator: To support member waiver needs**

**Assistance with navigating both Medicaid and Medicare benefits**

**Member Support Services Vendor\*: Someone to call with the State if a member or caregiver has a concern or complaint**

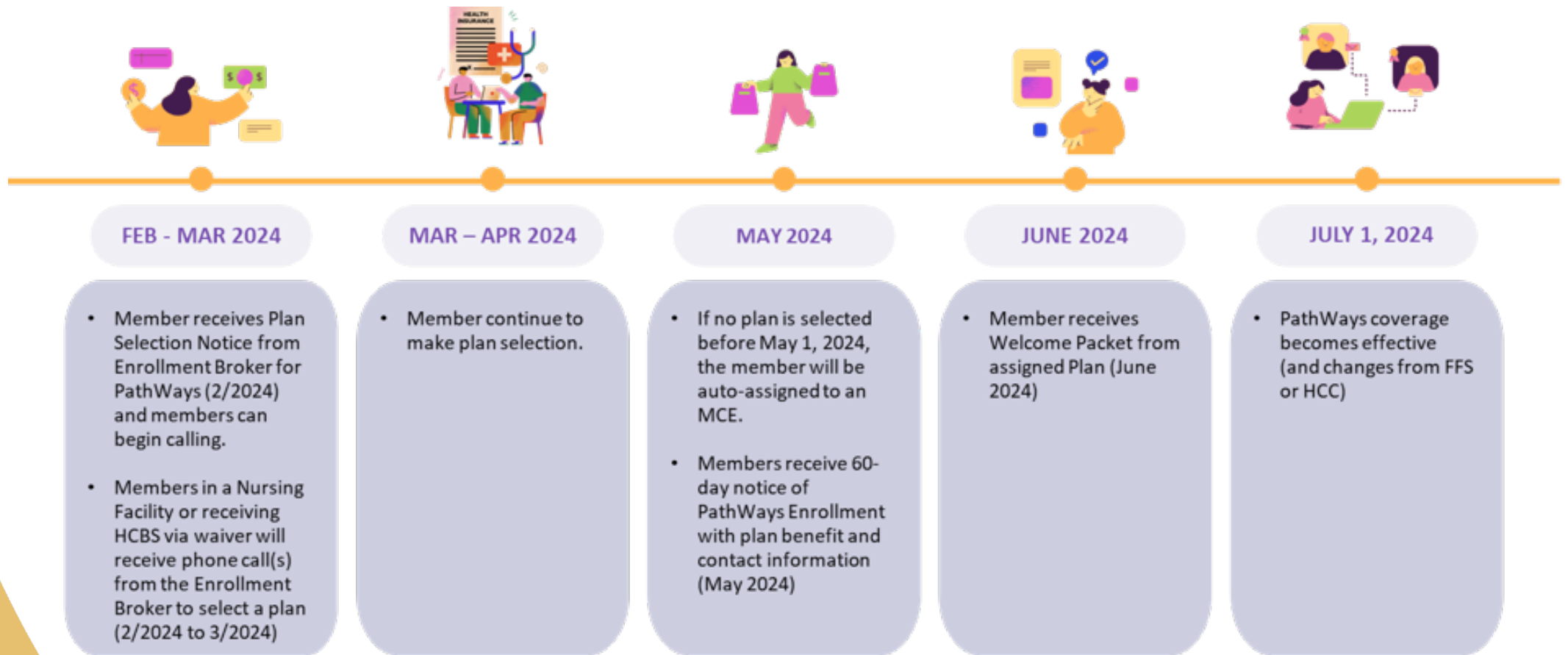
\* This support is NOT the Long-Term Care Ombudsman



# Member Enrollment Activities



# Member Enrollment Timeline



# Member Letter Samples

- Nursing Facility Client



FName LName  
12345 Street Dr.  
City, ST 12345-1234

Eric Holcomb, Governor  
State of Indiana

*Indiana Family and Social Services Administration*  
402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083



## Important information about your Medicaid

This summer, Indiana will launch a new Medicaid program called Indiana PathWays for Aging. You are receiving this letter because you currently reside in a nursing facility and receive Medicaid benefits administered by the State of Indiana. Your Medicaid health coverage will automatically transition to Indiana PathWays for Aging this summer. This letter will tell you about important changes happening to your health coverage.

Your Medicaid health coverage will continue under the Indiana PathWays for Aging program. While you can remain in your current nursing facility, you may also have access to additional services through your new Medicaid health plan. The Medicaid health plans for Indiana PathWays for Aging are Anthem, Humana, and UnitedHealthcare (UHC).

### What you need to do now

Review the Health Plan Summary sheet included with this letter. The information on that sheet will help you learn more about the different Medicaid health plans (Anthem, Humana, UHC). If you do not choose a Medicaid health plan, one will be chosen for you. You may change your Medicaid health plan at any time up to 90 days after the start of the program. Call the Indiana PathWays for Aging Helpline 87-PATHWAY-4 (877-284-9294) to make your choice. You can also call this number if you need help with choosing a Medicaid health plan. You need to pick a Medicaid health plan from the choices offered, Anthem/Humana/UnitedHealthcare (UHC), by **<insert date>** or you will be automatically enrolled in one.

To help you with the changes coming, we will send you another letter 60 days before the start of the program to tell you which health plan will serve you. Your Medicaid health plan (Anthem, Humana, or UHC) will also reach out to you 30 days before the start of the program with more information.

**You may continue to use your existing Medicaid card during this transition.**

# Member Letter Samples

- Nursing Facility Client

## What is Indiana PathWays for Aging?

Indiana PathWays for Aging is a Medicaid program for Hoosiers 60 years and older. The PathWays program will help you get all the care and help you need as you get older. When you switch to this program, your Medicaid benefits will stay the same. Your assigned Medicaid health plan will continue your Medicaid services that have already been authorized for up to 90 days after the start of the program or until the authorization ends. More information about Indiana PathWays for Aging is available at [in.gov/pathways](https://in.gov/pathways) or by calling 87-PATHWAY-4 (877-284-9294).

## What is a health plan?

A health plan, also known as a managed health care entity, is a group of doctors, specialists, facility healthcare providers, pharmacies, hospitals, and others that work together to coordinate your health needs. You may choose from: Anthem, Humana, UnitedHealthcare (UHC). All plans give you the same Medicaid health coverage, but they might work with different doctors, hospitals, or facility and community-based providers and may offer you different special benefits.

## Need more information?

Call the Indiana PathWays for Aging Helpline at 87-PATHWAY-4 (877-284-9294) or visit [in.gov/pathways](https://in.gov/pathways) for more information.

Do you need help understanding this information? We provide our materials in other languages and formats at no cost to you. Call us at 87-PATHWAY-4 (877-284-9294).



# Member Letter Samples

- Client enrolled in Aligned D-SNP



Eric Holcomb, Governor  
State of Indiana

*Indiana Family and Social Services Administration*  
402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083



FName LName  
12345 Street Dr.  
City, ST 12345-1234

## Important information about your Medicaid

This summer, Indiana will launch a new Medicaid program called Indiana PathWays for Aging. You are receiving this letter because you currently have health coverage from both Medicaid and Medicare. Your Medicaid health coverage will transition to Indiana PathWays for Aging this summer. This letter will tell you about important changes happening to your health coverage.

Today, you are enrolled in a dual special needs plan (DSNP) for your Medicare Benefits. A DSNP is a type of health insurance plan. It's for people who have both Medicaid and Medicare. Your DSNP health coverage is with <insert Anthem/Humana/UnitedHealthcare> Medicare health plan. This summer your Medicaid coverage will transition into Indiana PathWays for Aging. Since you currently have health coverage with <insert Anthem/Humana/UnitedHealthcare> Medicare health plan, you will automatically be assigned to <insert Anthem/Humana/UnitedHealthcare> as your Medicaid health plan under Indiana PathWays for Aging. You may change your Medicaid health plan at any time up to 90 days after the start of the program.

### What you need to do now

**You do not have to do anything if you are happy with your assigned Medicaid health plan.**

If you want to change your assigned Medicaid health plan, review the Health Plan Summary sheet included with this letter. The information on that sheet will help you learn more about the different Medicaid health plans (Anthem, Humana, UnitedHealthcare). If you do not want to be enrolled with your assigned Medicaid health plan, call the Indiana PathWays for Aging Helpline at for assistance with choosing a Medicaid health plan that is right for you. You will need to pick a Medicaid health plan from the choices offered, Anthem/Humana/UnitedHealthcare (UHC), by <insert date> or you will be automatically enrolled in the Medicaid health plan that aligns with your DSNP coverage.

To help you with the changes coming, we will send you another letter 60 days before the start of the program to tell you which health plan will serve you. Your Medicaid health plan (Anthem, Humana, or UHC) will also reach out to you 30 days before the start of the program with more information.

**You may continue to use your existing Medicaid card during this transition.**

# Member Sample Letters

- Client enrolled in Aligned D-SNP Cont.



## What is Indiana PathWays for Aging?

Indiana PathWays for Aging is a Medicaid program for Hoosiers 60 years and older. The PathWays program will help you get all the care and help you need as you get older. When you switch to this program, your Medicaid benefits will stay the same. Your assigned Medicaid health plan will continue your Medicaid services that have been authorized for up to 90 days after the start of the program or until the authorization ends. More information about Indiana PathWays for Aging is available at [in.gov/pathways](https://in.gov/pathways) or by calling 87-PATHWAY-4 (877-284-9294).

## What is a health plan?

A health plan, also known as a managed health care entity, is a group of doctors, specialists, home healthcare providers, pharmacies, hospitals, and others that work together to coordinate your health needs. You may choose from: Anthem, Humana, UnitedHealthcare (UHC). All these plans give you the same Medicaid health [coverage](#) but they might work with different doctors, hospitals, or home and community-based providers and may offer you different special benefits.

## What is a Dual Special Needs Plan (DSNP)

A dual special needs plan is a type of health insurance plan. It's for people who have both Medicaid and Medicare. If that's you, you're "dual-eligible". That's just another way of saying you can have Medicaid and Medicare at the same time. Dual special needs plans are for people who could use some extra help. That may be because of income, disabilities, age, and/or health conditions. Dual plans are a type of Medicare Advantage plan. Dual special needs plans are also called DSNP for short. These names all mean the same thing. A dual special needs plan works together with your Medicaid health plan to coordinate your care.

## Need more information?

Call the Indiana PathWays for Aging Helpline at 87-PATHWAY-4 (877-284-9294) or visit [in.gov/pathways](https://in.gov/pathways) for more information. If you have any questions about your Medicare coverage you can contact State Health Insurance Assistance Program (SHIP) at 800-452-4800.

Do you need help understanding this information? We provide our materials in other languages and formats at no cost to you. Call us at 87-PATHWAY-4 (877-284-9294).



# What is an Aligned Plan?

- An aligned plan in PathWays is an enrollment with an MCE that also operates a Dual-Eligible Special Needs Plan (D-SNP) to provide Medicare benefits
- It is available for people who have both Medicaid and Medicare (aka a dual-eligible individual)
- PathWays members who have decided to join a D-SNP run by Anthem, Humana or UHC for their Medicare benefits will automatically be enrolled in the same PathWays MCE, but will have the choice to enroll with another MCE if they feel that is a better fit for their care.



# Why Stay in an Aligned Plan?

- A person in an aligned plan gets coverage for both Medicaid and Medicare through the same company
- The member will get one ID card, have one member services number and will have one unified grievance and appeal process
- Most importantly, the aligned plan will connect the medical and community supports that a member needs. They can also help a member get access to services not covered by Medicare.

# Member Choice



- Member **always** has the right to choose their PathWays MCE
- If they do not choose, FSSA will assign them to an MCE
  - If the member is enrolled in a D-SNP sponsored by a Pathways MCE or parent company, they will be auto-assigned to an aligned PathWays plan
- Whether they choose or are assigned, the member has the right to change their MCE:
  - At anytime before July 1, 2024
  - Within 90 days of enrolling in an MCE (before September 30, 2024)
  - Annually at open enrollment
  - Anytime a member's Medicare and Medicaid MCEs are unaligned
  - Once per calendar year for any reason
  - Anytime using the just cause process





# Supporting Clients You Serve

# Educate, Explain and Assist



- Remind them of the change coming in July and what that means for their services
  - Access to all the same benefits they get now plus enhanced benefits
- Explain the specific letter that your client received
- Have the enrollment broker phone number handy
  - 87-PATHWAY-4 (877-284-9294)

# Educate, Explain and Assist



- Review the information that your client should have available before calling the enrollment broker
  - Medicaid ID or SSN ( can use case #)
  - The correct phone #, address and DOB on file with FSSA
  - Primary medical provider
  - Waiver Service provider(s)
- Since providers are still in the contracting process, the directories may not be fully uploaded so it is important to remind clients that all MCEs will have an open network for the first three years



# Resources and FAQs



# More Information/Resources

- [www.IN.gov/Pathways](http://www.IN.gov/Pathways)

Click on



**PathWays  
Providers**

Learn more

# FAQs aimed at PathWays Members



- Available on the PathWays to Aging website:  
<https://www.in.gov/pathways/frequently-asked-questions/>
- Covers topics including:
  - Program Go-Live
  - General Program
  - Eligibility
  - Health Plans
  - Coverage and Benefits
  - Medicare/Duals/D-SNP

# FAQs aimed at Nursing Facility Providers



- Available on the PathWays to Aging website:

<https://www.in.gov/pathways/nursing-facility-frequently-asked-questions/>

- Covers topics including:
  - Eligibility and Plan Selection
  - Care and Service Coordination
  - General Program and Health Plan



# Enrollment Questions

Question	Answer
Is it possible for FSSA to send a Medicaid roster to each facility to allow the facility to add the authorized representative contact information for the enrollment broker to use?	The enrollment broker will use the contact information for the authorized representative listed in the members Medicaid record. To update this information contact DFR.
If the enrollment broker is unsuccessful in reaching a resident, is it possible for them to call a specified contact person at a facility (to assist with reaching the resident) before auto-assignment occurs?	If the facility is the member's authorized representative, then a person at the facility can assist the member in making a plan selection. If the enrollment broker is unsuccessful in reaching a member the member will be auto-assigned a health plan. Members can change their health plan for the following reasons): <ul style="list-style-type: none"><li><input type="checkbox"/> Anytime during their first 90 days in PathWays</li><li><input type="checkbox"/> Anytime their Medicare and Medicaid health plans are not the same</li><li><input type="checkbox"/> Annually during the PathWays health plan selection period (mid-October-mid December)</li><li><input type="checkbox"/> Once per calendar year for any reason</li><li><input type="checkbox"/> Using the just cause process</li></ul>





# Enrollment Questions

Question	Answer
When does the 60-day clock for auto-enrollment start ticking (if a resident does not select an MCE within this timeframe)?	Members will receive their assigned plan information in May but can still change their MCE if they wish up to 90 days after go-live.
What type of guidance can SNFs and AL waiver providers give if residents and families ask which MCE they should choose?	Individuals can look at the health plan comparison <a href="https://www.in.gov/pathways/pathways-health-plan-comparison/">https://www.in.gov/pathways/pathways-health-plan-comparison/</a> and they can call and speak with the enrollment broker. FSSA has FAQs posted on the Indiana PathWays for Aging website <a href="https://www.in.gov/pathways/frequently-asked-questions/">https://www.in.gov/pathways/frequently-asked-questions/</a> for more information.
Are Medicare Advantage plans permitted to reach out to their dual members to encourage them to select their corresponding Pathways MCE?	CMS provides Medicare beneficiary data to plans for the purpose of enrolling, disenrolling, and providing care to members in their plan. Plans may not market prior to October 1 (§§ 422.2263(a) and 423.2263(a)) under the pretext of plan business.
Will residents in the PACE program move to PathWays?	Residents in the PACE program can choose PathWays but they will not automatically transition to PathWays.

# Enrollment Questions



Question	Answer
<p>Will the enrollment broker have a list of each MCE's provider network readily available when they reach out to residents? Many residents will likely ask if their doctor is in network.</p>	<p>The enrollment broker will have access to the MCE networks, but since providers are still contracting it may not be a complete directory. Just as a reminder, MCEs are required to have an open network and contract with any willing provider for the first three years of the contract. This means an individual can continue to see their IHCP attested provider even if they are out of network with the MCE.</p>
<p>Related to the question above, please confirm that section 2.8.4 of the SOW means that Pathways members are permitted to seek care from out-of-network providers and that those providers will be paid at least the in-network rate?</p>	<p>Yes this is correct.</p>
<p>If a facility is the authorized representative for a number of its residents, is the facility permitted to call the enrollment broker and communicate all resident (for whom facility is the authorized rep) MCE selections in one phone call?</p>	<p>If the facility is the authorized representative they can contact the enrollment broker by phone, but they would prefer the facilities submit a spreadsheet with all their residents living in the facility where they are authorized representative. This template will be sent out after today's meeting</p>
<p>Which phone number will appear when the enrollment broker makes calls to residents/authorized representatives?</p>	<p>The PathWays phone number will show up on outbound calls (877-284-9294) and if the member has caller ID it will indicate IN Pathways for Aging.</p>



Send Questions to  
[backhome.indiana@fssa.IN.gov](mailto:backhome.indiana@fssa.IN.gov)



# PathWays

FOR AGING

February 2024

