

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202686 MAY 28, 2026

IHCP reminds providers of PathWays Dual Care program enrollment, coverage and billing policies

On **Jan. 1, 2026**, the Indiana Family and Social Services Administration (FSSA) launched the Indiana PathWays for Aging (PathWays) Dual Care program, as published in *Indiana Health Coverage Programs (IHCP) Bulletin* [BT2025164](#). PathWays Dual Care is a specialized program for Indiana members who are dually eligible for Medicare and Medicaid, are age 60 or older, and are currently receiving their Medicaid benefits from one of the PathWays managed care organizations (MCOs). This program integrates Medicare and Medicaid seamlessly into one program administered through a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP).



[Anthem](#), [Humana](#) and [UnitedHealthcare](#) are the MCOs contracted with the IHCP and the Centers for Medicare & Medicaid Services (CMS) to administer FIDE SNP plans for PathWays Dual Care members. The PathWays Dual Care program has an automated function that seamlessly enrolls dually eligible PathWays members into a FIDE SNP upon qualification for Medicare. Enrollment in the FIDE SNP will align with the affiliated Medicaid health plan.

For example, if a member is with Anthem PathWays Medicaid and they become eligible for Medicare, the member will be automatically enrolled in Anthem's Medicare FIDE SNP. Providers are responsible for checking members' coverage source (including PathWays MCO or PathWays Dual Care MCO assignment) prior to providing services.

Members not eligible for the PathWays Dual Care program

Individuals under the age of 60 do not meet the age requirement for enrollment into the PathWays Dual Care program. IHCP members with Medicare who currently have Medicaid fee-for-service (FFS) coverage, meaning they are not enrolled in the PathWays program, are **not eligible** for the PathWays Dual Care FIDE SNP program.

Medicare Buy-In for PathWays members

The Social Security Administration (SSA) recently identified an enrollment error that has affected healthcare coverage for Indiana members who should have been automatically enrolled into Medicare at age 65. To correct the error, the IHCP began automatically enrolling approximately 3,400 PathWays members into Traditional Medicare Part B and Part D as early as **April 1, 2026**. The IHCP began enrolling these members into Medicare Part A as early as **May 1, 2026**. Indiana Medicaid is paying Part A and Part B insurance premiums. PathWays members began enrollment into the PathWays Dual Care program on the first calendar month after Medicare Part A, Part B and Part D coverage became active. Indiana members automatically enrolled in PathWays Dual Care continue to have the right to change their Medicare coverage source and will receive a notification explaining their options and how to select a different Medicare coverage type.

New pharmacy exclusion for Medicare Part D-eligible members

Per [United States Code 42 USC Section 1396u-5\(d\)\(1\)](#), Medicaid is prohibited from paying for Medicare Part D-eligible prescription costs for those who are eligible for Medicare.

Effective Oct. 1, 2026, PathWays members who are eligible for Medicare will no longer have coverage for prescription costs that are covered under Medicare Part D. Impacted individuals will begin receiving notifications from the FSSA on or after June 1, 2026, to apply for Medicare coverage immediately. If impacted individuals are not enrolled in Medicare as of Oct. 1, 2026, they will need to find another way to pay for medications, as they will no longer be paid for by Medicaid.

The Office of Medicaid Policy and Planning (OMPP) will use an exception process for members who apply for Medicare and are denied. Members determined to be ineligible for Medicare may receive an exception to these requirements and Medicaid will continue to pay for their prescription costs.

See *IHCP Bulletin* [BT202685](#) for more in-depth information on this pharmacy exclusion announcement.

Monitoring member coverage and proper billing requirements

Providers are responsible for routinely checking insurance coverage for their patients who are PathWays Dual Care members. The [Code of Federal Regulations 42 CFR 433.139](#) establishes Medicaid as the payer of last resort, including those members who have both Medicare and Medicaid. For dually eligible Indiana members, Medicare will always act as the primary payer. If a provider improperly bills Medicaid as the primary payer and receives full payment, the provider is obligated to return the money to the IHCP and rebill Medicare. The IHCP requires all providers to have an internal process for identifying and managing improper billing.

For more information

For more information, visit the [PathWays Dual Eligible Special Needs Plan](#) webpage, accessible from in.gov/pathways, or contact PathWays Member Support Services (MSS) at 877-738-3511.

QUESTIONS

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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