



# PathWays Dual Care Program Town Hall

October 29<sup>th</sup>, 2025



# Agenda

- Welcome
- FSSA PathWays Dual Care introduction
- PathWays Dual Care D-SNP presentations
  - Anthem
  - Humana
  - United Healthcare
- FSSA PathWays Dual Care Resources
- Questions & Feedback

# Dual Eligibility



Dual eligibility means an individual has both Medicaid and Medicare. This population is sometimes referred to as “dual eligibles.”

There are two sub-categories of dual eligibles based on if an individual has full Medicaid benefits or only partial Medicaid (where Indiana Medicaid coverage is limited to helping cover some Medicare premium costs).

## Full Benefit Dual Eligible (FBDE)

- Has full Medicaid and Medicare
- FBDE's qualify for Pathways Dual Care 2026 FIDE-SNP program

## Partial Dual

- Has partial Medicaid and some Medicare coverage
- Partial duals do not qualify for Pathways Dual Care FIDE-SNP but can be enrolled in a Coordination Only D-SNP (CO D-SNP)

*Dual eligibles often have some of the greatest needs*

Some of the benefits to dual eligibles enrolling in PathWays Dual Care include:

- Members will receive person-centered care
- PathWays Dual Care program design allows for each member to have a specialized interdisciplinary care team specific to their needs
- Each PathWays Dual Care D-SNP has a documented Model of Care that must be approved by Medicare outlining how they will meet the unique needs of their enrolled population

*Medicaid & Medicare were not created to work together*

Even though Medicaid & Medicare were created at the same time, nobody thought an individual would have both, so these programs were not created to work well together. As a result, dual eligibles often experience:

- Fragmented services and benefits
- Challenges navigating the health care system
- Too much and/or confusing information about their coverage and benefits
- A healthcare system that is inefficient and costs more money

# FSSA Planning for Dual Eligibles



Timeframe	Dual Eligible Health Care Planning Activity
15+ years	D-SNPs* have been available in the Indiana Medicare marketplace
January 2024	FSSA limits D-SNPs in the state to only those who have a contract to offer PathWays for Aging program to support better Medicaid and Medicare alignment for dual eligibles
July 2024	Indiana FSSA launches PathWays Medicaid Long Term Services and Supports (MLTSS) program that integrates Medicaid, HCBS and long-term care services for all enrolled dual eligibles
January 2025	Indiana FSSA has HIDE-SNPs (Highly Integrated Dual Eligible Special Needs Plans) in the marketplace as an iterative step towards the launch of PathWays Dual Care FIDE-SNP
December 2025	FSSA aligns any Pathways MLTSS MCE* plan selection to the D-SNP plan a dual eligible has made to align plans as the state prepares to transition current HIDE-SNPs into Pathways Dual Care (FIDE-SNP)
January 2026	Official launch of Pathways Dual Care, FIDE-SNP program that fully aligns the Medicaid and Medicare programs into one, comprehensive program (replacing the HIDE-SNPs).

\* MCE= Medicaid/PathWays for Aging. D-SNPs= Medicare/PathWays Dual Care. Both terms are used in Indiana to describe health plans with which FSSA contracts.



# Introducing PathWays Dual Care

- Designated program designed to fully integrate *all* the Medicare and Medicaid programs and services into ONE seamless program.
- Operationalized as a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP)
  - PathWays Dual Care is the strongest type of D-SNP for people with dual eligibility, called a **Fully Integrated** Dual Eligible Special Needs Plan (FIDE-SNP)

Medicaid
<ul style="list-style-type: none"><li>✓ All Medicaid medical benefits</li><li>✓ Medicaid covered home and community-based services (HCBS; Pathways for Aging Waiver services)</li><li>✓ Long term care coverage (nursing home)</li><li>✓ Behavioral health services</li><li>✓ Medicaid pharmacy coverage</li></ul>

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Medicare
<ul style="list-style-type: none"><li>✓ Medicare Part A services (hospital and skilled nursing facility)</li><li>✓ Medicare Part B (doctor visits, preventative care, DME)</li><li>✓ Medicare Part D (pharmacy coverage)</li></ul>

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PathWays Dual Care
<ul style="list-style-type: none"><li>✓ All Medicaid &amp; Medicare services provided in one program, with one member ID card</li><li>✓ A care coordinator available to help you navigate your benefits and connect you to supports as needed</li><li>✓ Integrated materials, provider networks and health plan operations</li></ul>

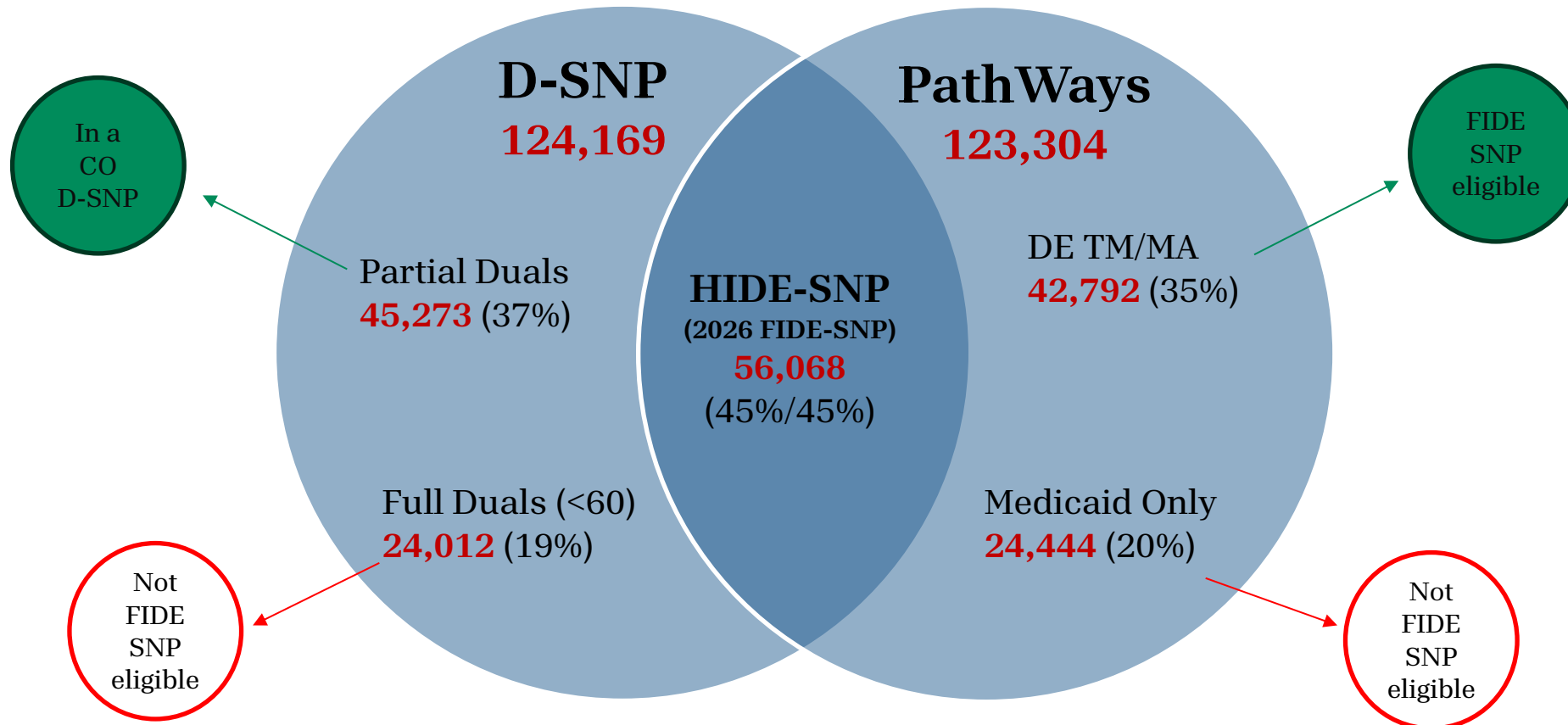


<ul style="list-style-type: none"><li>✓ Simplified program</li><li>✓ Improved access</li><li>✓ Navigational supports</li></ul>
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Indiana PathWays for Aging health plans=  
5 "MCEs" (Managed Care Entities)

Indiana PathWays Dual Care health plans=  
"D-SNPs" (Medicare health plans)

# Indiana's D-SNP & PathWays Populations (August 2025)

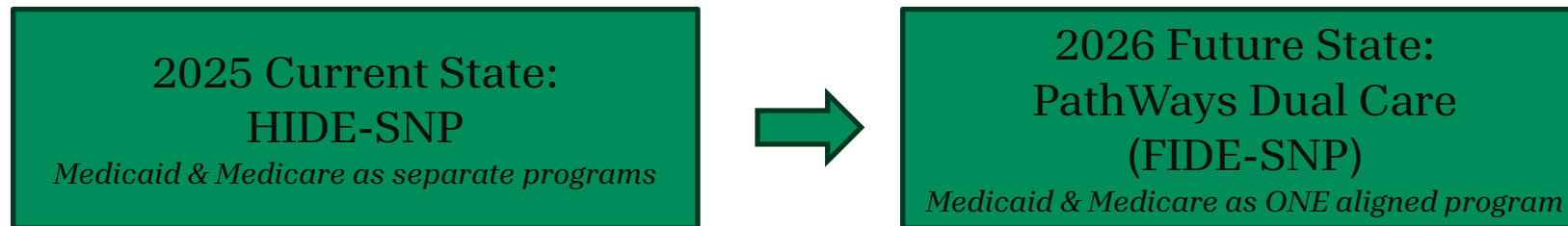


**ACRONYMS**  
**HIDE:** Highly Integrated Dual Eligible  
**FIDE:** Fully Integrated Dual Eligible  
**DE:** Dual Eligible  
**TM:** Traditional Medicare  
**MA:** Medicare Advantage  
**SNP:** Special Needs Plan

# Transitioning to PathWays Dual Care (FIDE-SNP)



Indiana has been working on operational steps to go from:



Some dual eligibles have a different Medicaid MCE than who they have selected for their Medicare D-SNP services. Aligning these plan choices is needed to move from HIDE-SNP to FIDE-SNP and is what FSSA calls **Prioritized Alignment**.

Whichever D-SNP a dual eligible has selected is the plan to which the Medicaid benefits will move for the Prioritized Alignment action to occur. **This will happen in December 2025.**

**Dual eligibles always have the right to change their D-SNP plan choice- this is not changing!**

**In PathWays Dual Care (FIDE-SNP), individuals can change plans by selecting a different D-SNP.**



# Impacts of Transitioning to PathWays Dual Care (FIDE-SNP)

## Individuals Impacted

### Prioritized Alignment Population (Current MCE will align to currently selected D-SNP)

Total number of plan changes: **9,562**  
Duals HCBS subset changes: **2,590**

HCBS dual eligible changes specifics:

Anthem → Humana: **412**

Anthem → UHC: **871**

Humana → Anthem: **88**

Humana → UHC: **867**

UHC → Anthem: **88**

UHC → Humana: **264**

## Top Provider Impacts

**As Medicare is the primary source of coverage before Medicaid, most services should not be impacted by**

**Prioritized Alignment activity.**

The two main service/provider groups will face the most impact/have authorizing health plan changes are:

- ✓ Home and Community-Based Services (HCBS)
- ✓ Behavioral Health services

These provider groups need to be sure they are checking Medicaid coverage for December 2025

## FSSA & D-SNP Planning

**FSSA & PathWays Dual Care D-SNPs have been working collectively on how to make sure members impacted by Prioritized Alignment have a smooth transition.**

- ✓ 90-day Continuity of Care policy
- ✓ Prioritized Alignment members will get new welcome letters & direct phone calls
- ✓ D-SNPs sending HCBS providers communications (individual letters, provider emails) about changes
- ✓ D-SNPs scheduling round tables with HCBS providers & “office hours” to address any transition challenges



# PathWays Dual Care 2026

## Additional Benefits

Contracted D-SNPs offer a variety of additional benefits- above and beyond what is required to be covered by Medicaid and Medicare. As these are optional benefits, dual eligibles should check each year to see what extra benefits each D-SNP offers.

These benefits are available to PathWays Dual Care Members as part of the integrated program, but have different names based on Medicaid and Medicare terms:

- Enhanced Services/ Programs (Medicaid term)
- Supplemental Benefits (Medicare term)

2026 Path Ways Dual Care Enhanced Benefits

Anthem Blue Cross and Blue Shield	Humana Healthy Horizons	UnitedHealthcare
Member Rewards Program <i>Earn gift cards and other items when you complete certain preventative care visits.</i>	Member Rewards Program <i>Earn gift cards and other items when you complete certain preventative care visits.</i>	Member Rewards Program <i>Earn gift cards and other items when you complete certain preventative care visits.</i>
Tobacco Cessation and Dependence Treatment <i>Programs available in partnership with the Indiana Tobacco Quitline at 800-QUIT-NOW.</i>	Tobacco cessation and dependence treatment <i>Programs available in partnership with the Indiana Tobacco Quitline at 800-QUIT-NOW.</i>	Tobacco cessation and dependence treatment <i>Programs available in partnership with the Indiana Tobacco Quitline at 800-QUIT-NOW.</i>
Caregiver Supports <i>Support for adult family members or other informal caregivers providing care to individuals.</i>	Caregiver Supports <i>Support for adult family members or other informal caregivers providing care to individuals.</i>	Caregiver Supports <i>Support for adult family members or other informal caregivers providing care to individuals.</i>
Housing Supports <i>Assisting with transition or post-transition activities including requests and referrals, special needs/accommodations and location of housing options.</i>	Housing Supports <i>Assisting with transition or post-transition activities including requests and referrals, special needs/accommodations and location of housing options.</i>	Housing Supports <i>Assisting with transition or post-transition activities including requests and referrals, special needs/accommodations and location of housing options.</i>
Fresh Food Connect <i>Healthy food options that meet your lifestyle needs, delivered to your doorstep.</i>	Enhanced Dental <i>Members can receive allowance to apply towards additional cost incurred during dental services.</i>	Enhanced Dental and Vision <i>Benefit from extra services that include more visits and new glasses every year.</i>
Companion Connect <i>Connect with a loved one 24/7 through a smart video speaker.</i>	Enhanced Vision <i>Members can receive allowance to apply towards purchasing glasses (frame and lenses) and/or contacts.</i>	Fitness Memberships <i>Want to work out? Our program includes many gyms across Indiana. Over 20,000 online classes are also available.</i>
Healthy Adults, Healthy Results <i>Online resources to promote stability, mobility and strength, plus choice of home fitness kit.</i>	Enhanced Hearing <i>Members can receive unlimited visits for fitting and evaluations, allowance to use towards purchasing hearing aids and supplies for hearing aid batteries.</i>	Fresh Food <i>Refrigerated meals or fresh fruits and vegetables are available when you need them most.</i>
Home Safety Benefit <i>Safety items like medication lockbox, non-skid tub mat, smoke alarm, fire extinguisher, carbon monoxide detector.</i>	Transition Assistance to Living in Community <i>Transition Assistance to Living in Community Description: Members can receive up to \$5,000 allowance to apply towards costs incurred moving from nursing facility into a community setting.</i>	Respite Support <i>If you get help from a friend or family member, we offer a special program to support them.</i>
COPD/Asthma/Allergy Relief Products <i>Choose from items like hypoallergenic bedding, HEPA air filters, pillow and mattress covers, inhalers, nebulizers.</i>	Home-Delivered Meals <i>Members can receive home delivered meals at no cost after inpatient hospitalization or discharge from nursing home.</i>	Virtual Community Center <i>It's never too late to learn how to use and enjoy the internet. Connect with peers who can help you interact online!</i>



*These benefits are funded by Medicaid. The amounts and benefits will vary by health plan.*

2026 Pathways Dual Care Supplemental Benefits

Anthem Blue Cross and Blue Shield	Humana Healthy Horizons	UnitedHealthcare
Vision <i>Coverage for routine eye exams, glasses, and contact lenses not typically covered by Original Medicare</i>	Vision <i>Coverage for routine eye exams, glasses, and contact lenses not typically covered by Original Medicare</i>	Vision <i>Coverage for routine eye exams, glasses, and contact lenses not typically covered by Original Medicare</i>
Dental <i>Extra coverage beyond Medicare and Medicaid for dental services, often including routine exams, cleanings, and fillings, and sometimes offering an allowance for more complex care</i>	Dental <i>Extra coverage beyond Medicare and Medicaid for dental services, often including routine exams, cleanings, and fillings, and sometimes offering an allowance for more complex care</i>	Dental <i>Extra coverage beyond Medicare and Medicaid for dental services, including routine exams, cleanings, fillings, x-rays, and crowns</i>
Hearing <i>Coverage for routine hearing exams and a portion of the cost for hearing aids not typically covered by Original Medicare</i>	Hearing <i>Coverage for routine hearing exams and a portion of the cost for hearing aids not typically covered by Original Medicare</i>	Hearing <i>Coverage for routine hearing exams and an allowance for a broad selection of OTC and brand name hearing aids</i>
Transportation <i>Covers rides to and from non-emergency medical appointments</i>	Transportation <i>Covers rides to and from non-emergency medical appointments</i>	Transportation <i>Covers rides to and from non-emergency medical appointments</i>
Over the Counter <i>Allowance to purchase eligible non-prescription health and wellness products like vitamins, pain relievers, first-aid supplies, and cold medicine</i>	Over the Counter <i>Allowance to purchase eligible non-prescription health and wellness products like vitamins, pain relievers, first-aid supplies, and cold medicine</i>	Over the Counter <i>Allowance to purchase eligible non-prescription health and wellness products like vitamins, pain relievers, first-aid supplies, and cold medicine</i>
Worldwide Emergency <i>Coverage for emergency medical care received outside the United States</i>	Worldwide Emergency <i>Coverage for emergency medical care received outside the United States</i>	Worldwide Emergency <i>Coverage for emergency medical care received outside the United States</i>
Telehealth <i>Covers a range of medical and health services provided remotely via phone or video, including office visits, psychotherapy, and certain urgent care issues</i>	Telehealth <i>Covers a range of medical and health services provided remotely via phone or video, including office visits, psychotherapy, and certain urgent care issues</i>	Telehealth <i>Covers a range of medical and health services provided remotely via phone or video, including office visits, psychotherapy, and certain urgent care issues</i>
In Home Support <i>Covers services like skilled nursing, physical and occupational therapy, and home health aide assistance for eligible individuals who are homebound due to illness or injury</i>	In Home Support <i>Covers services like skilled nursing, physical and occupational therapy, and home health aide assistance for eligible individuals who are homebound due to illness or injury</i>	In Home Support <i>Covers services like skilled nursing, physical and occupational therapy, and home health aide assistance for eligible individuals who are homebound due to illness or injury</i>
Home Safety Devices and Modifications <i>Covers durable medical equipment (DME), which is defined differently from permanent home modifications</i>	Home Safety Devices and Modifications <i>Covers durable medical equipment (DME), which is defined differently from permanent home modifications</i>	Home Safety Devices and Modifications <i>Covers durable medical equipment (DME), which is defined differently from permanent home modifications</i>
Fitness <i>Covers membership to a gym, fitness center, or specific exercise programs</i>	Fitness <i>Covers membership to a gym, fitness center, or specific exercise programs</i>	Fitness <i>Covers membership to a gym, fitness center, or specific exercise programs</i>
Foods/Produce <i>Assistance with groceries/produce</i>	Foods/Produce <i>Assistance with groceries/produce</i>	Foods/Produce <i>Allowance for healthy foods</i>



*These services are covered by Medicare. These are high-level summaries but coverage changes from year to year. Coverage will vary by health plan. Please see your health plan's Evidence of Coverage for benefit details.*

2026 PathWays Dual Care Supplemental Benefits 2

Anthem Blue Cross and Blue Shield	Humana Healthy Horizons	UnitedHealthcare
General Supports for Living <i>Provides non-medical assistance to chronically ill members</i>	General Supports for Living <i>Provides non-medical assistance to chronically ill members</i>	General Supports for Living <i>Provides non-medical assistance to chronically ill members</i>
Post Discharge Meals <i>Provides nutritious, prepared meals to members recovering at home after a hospital or skilled nursing facility stay</i>	Post Discharge Meals <i>Provides nutritious, prepared meals to members recovering at home after a hospital or skilled nursing facility stay</i>	Post Discharge Meals <i>Provides nutritious, prepared meals to members recovering at home after a hospital or skilled nursing facility stay</i>
Annual Physical Exam <i>Personalized prevention plan and a Health Risk Assessment</i>	Annual Physical Exam <i>Personalized prevention plan and a Health Risk Assessment</i>	Annual Physical Exam <i>Annual routine physical exam</i>
Personal Emergency Response System (PERS) <i>Provides a wearable device, like a pendant or wristband, that connects to a response center, allowing the user to call for help in an emergency by pressing a button</i>	Personal Emergency Response System (PERS) <i>Provides a wearable device, like a pendant or wristband, that connects to a response center, allowing the user to call for help in an emergency by pressing a button</i>	Support for Caregivers of Enrollees <i>Provides assistance and relief support for members and their unpaid family or friend caregivers who are assisting dual-eligible members</i>
	Meals <i>Allowance for groceries for eligible members</i>	Part B Premium Reduction <i>Plan pays some or all of your monthly Part B premium</i>
	Pest Control <i>Provides professional pest control services for eligible members</i>	Weight Management Programs <i>Providing personalized support to help members achieve and maintain a healthy weight</i>
	Transportation for Non-Medical Needs <i>Provides rides for errands and activities unrelated to medical appointments for qualifying members with chronic conditions</i>	
	Indoor Air Quality Equipment and Services <i>Coverage for items that improve indoor air quality for qualifying members with chronic conditions</i>	
	Social Needs Benefit <i>Provides help with non-medical needs for qualifying members with chronic conditions</i>	
	Services Supporting Self Direction <i>Assists eligible members with managing their healthcare decisions and decision-making processes.</i>	
	Chiropractic <i>Provides extra coverage for chiropractic services beyond what Original Medicare offers</i>	
	Acupuncture <i>Provides extra coverage for acupuncture services beyond what Original Medicare offers</i>	



*These services are covered by Medicare. These are high-level summaries but coverage changes from year to year. Coverage will vary by health plan. Please see your health plan's Evidence of Coverage for benefit details.*



# PathWays Dual Care D-SNP Presentations

- Anthem
- Humana
- United Healthcare (UHC)



# Anthem

# PathWays Dual Care

October 29, 2025

PathWays Dual Care Townhall

# Integrated Care for PathWays Dual Care Members



Fall 2025 Presentation



# Contents

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- PathWays Dual Care FIDE SN 7
- Our Dual Care Approach
- The Anthem Integrated Care
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- Quality Highlights of the Plan
- Advantages of an Integrated Dual Plan

# About Us: Anthem Indiana

## Local Health Partner for More Than 80 Years

Anthem Blue Cross and Blue Shield is proud to carry forward an 80-year legacy as Indiana's trusted, local health plan. We are dedicated to connecting Hoosiers with affordable, high-quality healthcare and helping members navigate the healthcare system with confidence and care. Guided by our deep roots in the community, we remain committed to improving health outcomes and strengthening the well-being of every member we serve.

## A Strong Partner in Indiana Managed Care

Since 2007, Anthem has been an active Managed Care Entity serving Indiana members. Today, we serve more than 750,000 Hoosiers in the Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect programs. In 2024, we were honored to expand our partnership with the Indiana Family & Social Services Administration (FSSA) through *Indiana Pathways for Aging*.

## Whole-Person, Member-Centered Care

At Anthem, we believe health care should focus on the whole person—mind, body, and spirit. Our person-centered approach ensures each member receives a customized team of support tailored to their unique needs. This team may include primary care providers, specialists, community-based organizations, and social service partners who help address essential needs such as housing, food, and transportation. Together, we work to deliver care that is accessible, equitable, and aligned with each member's goals for health and independence.

## Commitment to Quality and Collaboration

Our comprehensive Quality Management and Improvement Program integrates clinical, quality, and social determinants of health strategies to ensure all members—across every demographic and level of need—receive safe, high-quality care. Anthem proudly serves nearly 40,000 D-SNP members and partners with over 5,800 Indiana in value-based contracts.

# Anthem PathWays Dual Care FIDE SNP

Our Plan: Indiana PathWays Dual Care (HMO FIDE SNP) is a Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) offering a comprehensive approach to care and coordination for our most vulnerable members.

PathWays Dual Care is designed to be age-friendly and help our members access the healthcare and community-based services they need. We work directly with members to achieve their goals. We want to support our members in their choice of setting.

Improved Outcomes: Our plan focuses on improving outcomes for dual members with serious or chronic health conditions. Care providers currently participating in the Anthem network are considered participating providers for PathWays Dual Care FIDE SNP.

HCBS Network: Community (HCBS) providers who participate in the Anthem network today will be able to serve members who enter the PathWays Dual Care FIDE SNP plan without the need for an additional provider enrollment.

The plan will be effective January 1, 2026.

# Our PathWays Dual Care Approach

The goal of our PathWays Dual Care plan is to improve the health outcomes and quality of life of our members.

Our approach centers on providing coordination for Medicare and Medicaid benefits seamlessly, so members receive a holistic, person-centered care experience.

We start by addressing medical, behavioral, and social needs in an integrated and simplified way.

Throughout the process, we emphasize reducing fragmentation in care delivery.



# The Anthem Integrated Care Model

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Focus on *seamless coordination of care* for dual-eligible members. (Examples of services we coordinate: Behavioral Health, Home and Community-Based Services, Nursing Facility & Pharmacy.)

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Utilize an *Interdisciplinary Care Team (ICT)* approach, including Care and Service Coordinators, primary care providers, and specialists along with our members' preferred participants including representatives of Home and Community-Based service providers.

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Deploy *robust Transitional Care delivery* across the care continuum

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Prepare *evidence-based clinical protocols & interventions* in our care planning. These include geriatric-focused protocols and disability-appropriate protocols, guided by member need.

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Dedication to *enhancing clinical outcomes* by focusing on comprehensive geriatric staff training utilizing the “4M” Framework (*What Matters, Mentation, Medications & Mobility*).

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# Our Care Model Sets Anthem part

- A specialized **Interdisciplinary Team (ICT)** – including medical, behavioral health, pharmacy, nutrition, housing and caregiving experts – supports proactive discharge planning for members with more complex needs. The program promotes **integrated, team-based care** between hospital teams, community PathWays staff, and the broader transitions team.
- Our PathWays Transition Care Model enhances member transitions by embedding a dedicated **Transitional RN** within hospital and other inpatient setting. This model replaces traditional reliance on field Care Coordinators, improving collaboration with inpatient care teams.
- **Transitional RNs** conduct member assessments and coordinate timely, patient-centered discharge plans using multidisciplinary best practices for all PathWays Dual Care members.
- We have a **Dedicated Transitions Team** which focuses on dually identification of any members who have been admitted to the acute and port acute care setting, triggering an immediate response for engaging in discharge planning and care coordination. We work hard to get the information from the acute care setting to the field coordinators to ensure they are prepared to address the member's needs and facilitate care and services appropriately and in the appropriate setting.
  - We feel strongly that by embedding a Transitional RN in the acute care setting we are better able to coordinate and ensure gaps are addressed prior to the member returning to community-based care, which will minimize readmission rates and improve the overall member experience.

# Key Components of our Integrated Care Model

Integrated HRA-Health  
Risk Assessment

Individualized Care Plan

Interdisciplinary Care  
Team (ICT)

Transitions of Care &  
Dedicated Team

# Distinguishing Support for Older Adults (65+) & Individuals with Disabilities (60–64)

- ✓ Fully integrated model combining all types of services in a coordinated system.
- ✓ Older adults (65+) receive comprehensive coordination across medical, long-term, and behavioral health care.
- ✓ Individuals with disabilities (60–64) benefit from focused access to behavioral health and home- and community-based services (HCBS) with care plan input from their preferred provider.
- ✓ One card, one care team, one plan structure reduces administrative complexity and improves communication.
- ✓ Person-centered integration promotes stability, independence, and seamless care transitions across all settings.

# Ensuring Effective, Supportive Care Transitions

## Guiding Principles of Anthem Care Transitions

High-touch, robust Transition team clinical and HCBS processes that span across the care continuum

Transitional RNs embedded in the hospital setting to begin our care coordination at admission utilizing our 4M Framework in many hospitals across the state

RN role includes identifying evidenced-based interventions, benefits & resources to improve patient care, reduce readmissions, & improve ICT-driven clinical outcomes.

Strong emphasis on engaging caregivers in the home and community-based setting providing timely information at the point of a transition

# Supporting New Members With Smooth Transitions

- ✓ Structured onboarding includes a timely, integrated health risk assessment and personalized care plan.
- ✓ Single interdisciplinary care team coordinates medical, behavioral health, and long-term services and supports.
- ✓ Proactive transition management ensures seamless movement between hospitals, nursing facilities, and community-based care.
- ✓ Integrated support for HCBS and behavioral health minimizes service disruption and enhances provider communication.
- ✓ Unified accountability model aligns funding and oversight to deliver a smooth, member-centered experience.

# Quality Highlights of the Plan

*A robust and focused Quality Committee structure and Quality Program dedicated to enhancing outcomes for our aging population and advancing the delivery of high-quality LTSS services. Our quality initiatives emphasize care and service coordination to promote person-centered supports, ensure smooth transitions, and uphold member choice and access to services.*

## Improved Health Outcomes

- ✓ Holistic, **person-centered care planning** across an integrated product
- ✓ Better chronic disease management and reduced hospital readmissions.
- ✓ Higher compliance rates of preventative screenings, medication adherence, and chronic condition management.

## Improved Member Experience

- ✓ One integrated care team → less confusion, more engagement.
- ✓ Streamlined access to medical, behavioral health, and long-term supports.
- ✓ **Improved CAHPS scores** because members experience less barriers to care with plan. (Consumer assessment of effectiveness of a plan based on member experience).

## Data-Driven Oversight

- ✓ Our **integration of claims and clinical data** → more efficient care gap updates for members.
- ✓ Systems support both Indiana and CMS quality measures through the use of aligned reporting.
- ✓ Tracking and intentional improvement in Medicare Star ratings, which help members select plans giving them the best care and service.

## Accountability & Value

- ✓ to **value-based care models**, which reward quality outcomes rather than volume. This can drive improvements in chronic condition management, reducing ER use, and boosting overall quality scores.
- ✓ Demonstrated improvements HEDIS and state quality benchmarks. (HEDIS is a tool measuring how well providers care for patients.)

# Advantages of the Integrated PathWays Dual Care Plan

**Enhanced Coordination**  
Ensures continuous, holistic care, addressing medical and social determinants of health.

**Supporting Better Outcomes**  
Reduces avoidable hospitalizations and readmissions through proactive management and preventive care.

**Personalized Care**  
Actively engages members in care planning, aligning services with individual health goals and needs.

**Provider Collaboration**  
Facilitates communication and coordination, ensuring timely interventions and care adjustments.

## Seamless Care Experience

PathWays Dual Care offers all benefits – HCBS, nursing facility, behavioral health, pharmacy and more - in a single, seamless experience with an assigned care coordinator helping a member navigate, reducing fragmentation.

## The Precision of Complete Integration

- Single ID Card for Medicare & Medicaid
- Unified Coordination of Benefits
- Single Care Coordinator
- Integrated Member Rights Processes

# Integration Simplifies and Strengthens Provider Performance

**Simplified Claims and Billing:** One integrated payment system covers all types of services—eliminating duplicate submissions and reducing administrative burden.

**Single Point of Accountability:** Providers work with one plan and one payer, ensuring clear responsibility for authorizations and reimbursements across the full continuum of care.

**Specialized Provider Networks:** Networks are built specifically to serve the complex needs of dually eligible members, including those requiring long-term services, behavioral health, and home- and community-based (HCBS) supports.

**Enhanced Training & Coordination:** Providers receive specialized education on dual-eligible populations, integrated care models, and compliance expectations—improving care quality and alignment across settings.

**Streamlined Collaboration & Communication:** Shared data systems and integrated care teams foster real-time coordination, supporting better outcomes for members, providers.

# Dedicated Specialists Serving HCBS Providers

## HBCS Contracting Specialist

Responsible for developing and maintaining a robust network of community providers, ensuring strategic planning and execution to meet the diverse needs of our members.

## HCBS Claims Educator

Specializing in claims processes, our educator offers our Indiana community providers guidance and training to optimize accuracy and efficiency in claims management.

## LTSS Provider Educator

By providing essential training and support, our provider educator will enhance the skills and knowledge base of our providers, ensuring top-quality care for our clients.

# Care Central: Our One-Stop Shop for Providers

*Use the Care Central application to manage member rosters, view authorizations & submit claims electronically for a more consistent and seamless process.*

## Referrals

- Automated referral platform collecting provider responses for the current service needs of our membership, providing insight into service initiation timeframes and provider capacity.

## Authorizations

- Real-time access to authorizations, timeframes and applicable details such as modifiers, revenue codes and service notes.

## Members

- Insight into all authorized members and member demographic information such as plan, product, eligibility and benefits. Also allows access to Member care plan, with digital provider attestation.

## Claims

- Simplified and tailored to allow for express billing, bulk claims submission and real-time claims status for HCBS claims requiring completion of 7 fields versus the 40+ fields required on traditional CMS-1500 form.

## Data & Reporting

Utilization of Care Central allows us to create a clear line of sight into critical data such as claims rejection rates & reasons, service initiation, network adequacy, workforce development needs and more.

# Care Central Functionality for the Provider

## A Payer Spaces application

Located on the Availity Essentials portal for Medicaid providers who offer essential and non-medical services.

## A one-stop shop

For working with individuals enrolled in Long-Term Services & Supports (LTSS) and Intellectual & Developmental Disability (IDD) programs within health plans.

## Alleviate health administrator's burden

This application will help to create a more seamless process between health plans and provider networks to increase efficacy and satisfaction.

Use the Care Central application for the following:

- ✓ Access Care Central through Payer Spaces on Availity
- ✓ Access and view member profiles
- ✓ Set-up, submit, and check claim statuses
- ✓ View details of active authorizations
- ✓ View, update and download reports
- ✓ Access additional resources that will assist you.

Our Care Central application and dedicated specialists are in place to help speed claims submission and processing to meet the PathWays Dual Care standard clean claims processing turnaround time of 7 business days.

# Utilizing our Care Central Application

## View authorizations

1. Select **Authorizations** in the menu bar

2. Select the **Authorization #** to view details (see next slide)

3. Authorization status types are:

- Pending
- Approved
- Cancelled
- Denied

The screenshot shows the Care Central application interface. At the top, there is a navigation menu with options: Members, Referrals, Authorizations (highlighted with a red circle '1'), Claims, Contact Us, and Resources. Below the menu, there is a search bar and a 'Search' button. To the right of the search bar are 'Download' and 'Print' buttons. Below the search bar, it says 'Showing 100 of 300 Authorizations'. There is a pagination control with 'Prev', '1' (selected), '2', '3', and 'Next'. Below this is a table with columns: Authorization#, Member Name, Member ID, Start, End, and Status. The first row is highlighted with a red circle '2' on the Authorization# column and a red circle '3' on the Status column. The table contains three rows of data.

Authorization#	Member Name	Member ID	Start	End	Status
1234567899	Doe, Jane	987654321	01/01/22	1/30/23	Approved
2345678991	Doe, John	876543211	01/01/22	1/30/23	Approved
3456789911	Doe, Jack	765432111	01/01/22	1/30/23	Approved

# View Claims: Pending & Processed in Care Central

- From the Care Central dashboard, select the **Claims** tab to view basic claim information
- Select the **Pending & Processed** tab to view pending and/or finalized claims
- To see full details on claims, and dispute claims, navigate to the **Claim Status application** in Availity Essentials by clicking on **Visit Claim Status**.

Note: you can download up to 90 days of claims data by clicking the **Download Claims** button.

Care Central

Members Referrals Authorizations **Claims** Contact Us Resources

Does a member have a problem or need help? Let us know [Change Organization & Tax ID](#)

## Claims

Your submitted claims with basic information will be viewable here. For questions or help with claims, visit [Contact Us](#).

**Need to submit a claim?** Start on the [Members](#) page.  
**Need to view or dispute a claim?** Visit [Claim Status](#).

**Pending & Processed** Submitted or Rejected [Visit Claim Status](#) [Download Claims](#)

Showing 100 Claims

Search by Date Range (Up to 2 years prior to today's date.)  
10/01/2021 → 10/30/2021

Claim#	Name	Member ID	Submitted On	Processed On	Dates of Service	Billed	Paid	Status
56789027895678902	Elmwood Michael	WNO210981481	10/18/2021	N/A	10/28/2021 - 10/28/2021	\$30965.00	\$30965.00	Pending
27890567890567890	Morrison, Josephine	IKN423489912	10/18/2021	N/A	10/29/2021 - 10/29/2021	\$0.00	N/A	Pending
12345678956789023	Harris, Christina	OLK563894894	10/18/2021	10/21/2021	10/25/2021 - 10/25/2021	\$1.00	\$1.00	Finalized
45678934645678934	Joyner, Aimee	NJS782609210	10/18/2021	N/A	10/24/2021 - 10/24/2021	\$65.00	\$65.00	Finalized
4567456789346346	Turner,	TY1609211733	10/15/2021	N/A	10/21/2021 - 10/21/2021	\$65.00	\$65.00	Finalized

# HCBS Provider Collaboration with the Service Coordinator

As an HCBS provider, the assigned Anthem Care/Service Coordinator will be your point of contact for services for the member.

To find the assigned Care/Service Coordinator for a member:

1. From the member screen, select the member's name.
2. Access the Member's Patient-Centered Support Plan.
3. Under the Section 'My Contact Information' you will see the Service Coordinator name and contact information.

To check member eligibility, visit Eligibility & Benefits.

Search Category Search

Your Authorized Members | Showing 50 of 350

**Members**  [How to Create Claims](#) « Prev 1 2 3 Next »

Authorized Members	Member Name	Member ID	Date of Birth	Actions
Your Added Members	<input type="checkbox"/> Doe, Jane	987654321	03/15/73	
<a href="#">Add Member</a>	<input type="checkbox"/> Doe, John	876543211	06/19/89	
<a href="#">How to use this page to work with Members</a>	<input type="checkbox"/> Doe, Jack	765432111	06/13/48	
	<input type="checkbox"/> Doe, June	654321111	04/6/73	
	<input type="checkbox"/> Doe, Jed	543211111	02/7/42	
	<input type="checkbox"/> Doe, Jill	432111111	09/21/1955	
	<input type="checkbox"/> Doe, Jim	321111111	05/28/00	

View Member's Authorizations  
View Member's Claims  
View Person-Centered Support Plan

This concludes  
our presentation.



*Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.*



# Humana PathWays Dual Care

October 29, 2025

PathWays Dual Care Townhall



# Humana

# PathWays Dual Care

Fall 2025

Humana®



# Humana Brings Over 60 Years of Experience Improving Health Outcomes

Humana companies and their various businesses serve more than **14 million** Enrollees across the country.

## Humana's National Scale and Experience

### Membership

**14.8m**

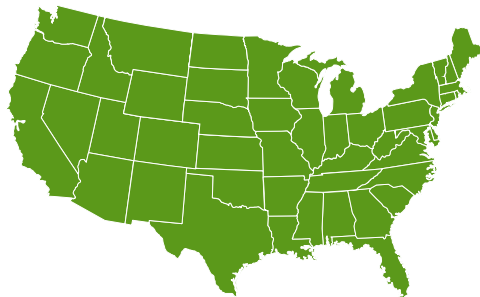
Medicare Advantage, Prescription Drug Plans, D-SNPs, Medicaid and TRICARE

### Associates

**65,000**

### Presence

**All 50 States + DC**



## Humana's D-SNP Presence

### Membership

**780,000**

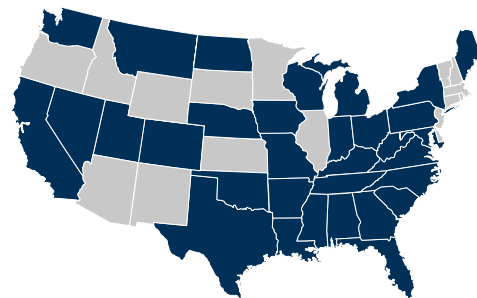
### Integrated D-SNPs

**261,000 Enrollees**

in FL, IN, KY, WI, VA, PR

### Presence

**32 States + PR**



## Humana's Medicaid Presence

### Membership

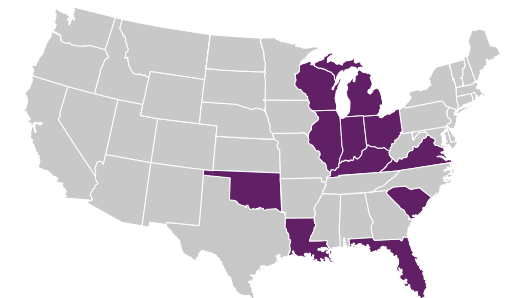
**1.5m**

### Associates

**5,200**

### Presence

**11 States**



# Humana PathWays Dual Care is Deeply Committed to Indiana



Humana has been serving Hoosiers for nearly **40 years**, and we cover more than 384,000 lives through Medicare, Medicaid, and Tricare.



Humana has more than **44,000 D-SNP members** in all 92 counties.



Humana **employs 3,000 Indiana-based associates**. Our associates have accumulated over **58,000 volunteer hours** since 2020.



We have **hundreds of long-standing community-based partnerships** focused on improving healthcare. Our partnerships enable a deep understanding of State and community needs.



**Humana** is your partner in health and aging, bringing your Medicare and Medicaid together into one personalized health plan with all benefits included.

A FIDE SNP plan is a type of Medicare Advantage health insurance plan designed for people who have both Medicare and Medicaid, and who need help managing their health care.

FIDE SNP stands for "Fully Integrated Dual Eligible Special Needs Plan." These plans work to coordinate all your Medicare and Medicaid benefits, including medical care, prescriptions, and sometimes even long-term support services, so everything is managed together to make things easier for you.



# Humana PathWays Dual Care – One Plan for Your Medicare and Medicaid Services, including LTSS

Today, Medicare and Medicaid function independently—with separate ID cards and multiple care teams. With Humana PathWays Dual Care, we're integrating these services to deliver a **streamlined, simpler experience**.



## One Plan for All Your Care

Your Medicare and Medicaid and LTSS benefits and services covered by a **single health plan** centered on your best health

---

We give you easy-to-understand information about your care, what's covered, and who to ask for help



## Making Health Easier

You get **one ID card**, one set of materials and everything works together through a simple experience

---

We communicate based upon your language preferences and accessibility needs



## Single, Connected Care Team

Your **single care team** helps coordinate provider visits, medications, in home care, and social supports so your care runs smoothly

---

We honor your choices and help make sure your care fits you



## One High-Quality Network

Convenient access to the **same doctors, hospitals and care providers** for all your services in one network

---

We help you get you connected to the care you need quickly

# PathWays Dual Care Coordination: Supporting Your Health and In Humana dependence



- Your single Care Coordinator connects your benefits and your healthcare team—including doctors, home care providers, and caregivers.
- The team regularly reviews your health needs and shares information to identify suitable clinical programs and benefits.
- Your integrated team coordinates all benefits and services for Medicare and Medicaid including medical, home and community-based services, behavioral health, and pharmacy.
- You can call your single Care Coordinator any time and view your individualized plan of care in your health record portal.
- Locating your Care Coordinator is as simple as calling Member Services at 866-274-5888 (TTY: 711), Monday through Friday from 8 am to 8 pm.
- **Need help with Authorizations?** Your assigned Care Coordinator can help! You can also contact Member Services or view the Authorizations and Referrals page in MyHumana.

These programs help you manage your **health at home**, reduce hospital visits, build self-care skills, and access community resources.

# Integrated Support for Home and Community-Based Services: Seamless Transition and Coordination with Humana PathWays Dual Care



## **Support for Home and Community-Based Services (HCBS):**

- FIDE SNPs differ from other models by integrating both Medicare and Medicaid HCBS, offering a single point of coordination. This approach streamlines authorizations, care planning, and service delivery for both older adults and younger members with disabilities. Your single Care Coordinator work closely with you, those that support you, and community providers to ensure your needs are met, promoting your independence



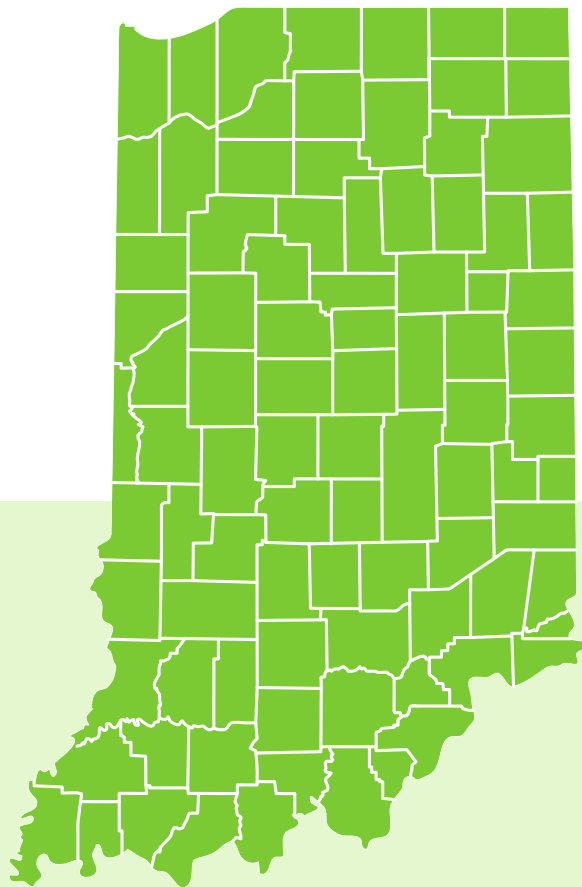
## **Transitioning to Humana's PathWays Dual Care Plan:**

- When you transition into Humana's FIDE SNP Plan, we seamlessly obtain your existing assessments, care plans, and authorizations from your current health plan before your effective date with Humana to ensure your immediate needs are identified and addressed, preventing any gaps in care
- We work directly with your providers to facilitate timely payments and support them in billing Humana for your ongoing care

## **Key Advantages:**

- Single Care Coordinator to manage your medical, behavioral, and home and community-based services
- Unified and individualized Care and Service Plan that considers your strengths and needs in its entirety
- Enhanced outcomes are achieved by minimizing duplication and addressing gaps in information sharing and care delivery

# Humana PathWays Dual Care is dedicated to supporting your access to providers



**More than 4,600**  
primary care provider  
locations



**More than 14,000**  
specialist provider  
locations



**100%** of Indiana  
community mental  
health centers and  
critical access  
hospitals



**93%** of skilled  
nursing facilities



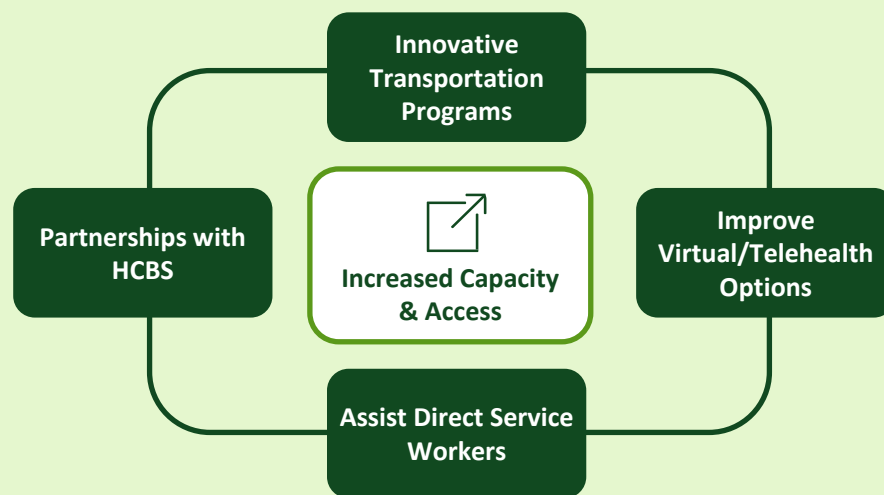
**158** home health  
providers with  
205 locations across  
all lines of business



**More than 1,800**  
attendant care  
providers



**More than 130**  
hospitals



## Humana's Initiatives to Increase Provider Capacity and Member Access to Care

# Improving Quality of Care Creates Improved Health Outcomes

Humana's long history of delivering industry leading quality of care for both Medicare and Medicaid members, will allow Indiana's Medicare and Medicaid eligible members to receive the best health care experience that Humana has to offer, with the new fully integrated Humana Pathways Dual Care plan.



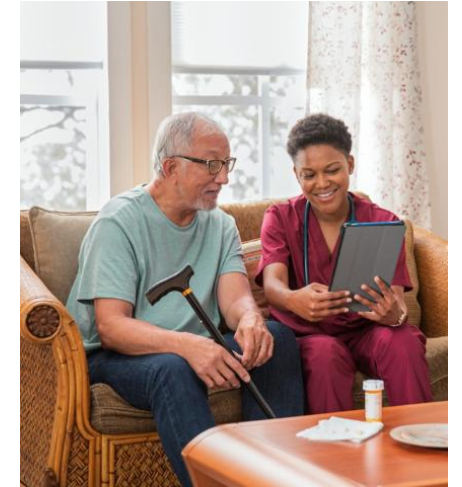
**23% increase**

23% increase in the percentage of **Humana Medicaid members** with adequate glycemic control for diabetes from 2021 to 2024.



**4% increase**

4% increase in access to primary care for **Indiana dual eligible members** from 2024 to June of 2025



**31K Mammograms**

In 2024, 31k **Humana Medicare members** missing a mammogram received one, leading to hundreds of early detection Breast Cancer diagnoses



**14% improvement**

14% improvement in blood pressure control among **Humana Medicaid members** with diabetes from 2021 to 2024.



**130+ transitions**

Since July 2024, we have assessed more than 340 **PathWays for Aging** members for transition and helped 133 successfully move from a nursing facility to a home or community-based setting.

# Humana PathWays Dual Care: Human Care in Action – Charles' Story



**Charles**

**Plan type:** Humana Dual Care  
**Location:** Indiana

**Age:** 62

## Overview:

- Charles experienced **multiple strokes and chronic conditions** and was being cared for by his aging parent.
- Due to his living situation, Charles was initially moved into a **skilled nursing facility** and received several rounds of therapy.

## Member Experience:

- After therapy at the skilled nursing facility, Charles was seeking to **move into a more independent and sustainable living arrangement**, however, he was initially met with resistance from the skilled nursing facility.
- Humana's care team engaged with Charles and the skilled nursing facility. The care team conducted all necessary assessments, connected Charles with a dedicated transitions coordinator, and began identifying suitable assisted living options.
- The Humana team found a suitable option and transformed an empty assisted living apartment into a welcoming, accessible home tailored to his needs.
- Since the transition, Charles has experienced **no hospitalizations and significant improvement in overall well-being.**



“  
**Humana made what once felt impossible, possible—we wouldn't be here without them.**  
”

The Humana logo consists of the word "Humana" in a bold, green, sans-serif font, followed by a registered trademark symbol (®).

Humana®





# United Healthcare (UHC) PathWays Dual Care

October 29, 2025

PathWays Dual Care Townhall



# Got Medicare? Got Medicaid? Get both in one plan.

Introducing the UHC PathWays Dual Care plan

Plan Year 2026

H2385\_PY26UHCPathWaysDualCarePres\_C

United  
Healthcare





UnitedHealthcare's mission:  
**To help people live  
healthier lives and make  
the health system work  
better for everyone.**

# Agenda

1. What is the UHC PathWays Dual Care Plan?
2. Focus on quality
3. The way we coordinate person-centered care





# **What is the UHC PathWays Dual Care Plan?**

# What is the UHC PathWays Dual Care Plan?

A plan for people who have both Medicare and PathWays (Medicaid).

## Medicare

Eligible if 65 or older, or if under 65 with a qualifying disability.



## PathWays (Medicaid)

Eligible if 60 or older and are eligible for Medicaid based on age, blindness, or disability with limited income or resources.

The UHC PathWays Dual Care plan from UnitedHealthcare **combines your coverage into one easy-to-use plan** — with **fully integrated Medicare and Medicaid**, plus coordinated Home and Community Based Services (**HCBS**) and Long-Term Services and Supports (**LTSS**) where applicable.



# UHC Pathways Dual Care Plan



## One Plan.

Making your Medicare and Medicaid work together — with just one plan to manage. We're making it easier to enjoy both Medicare and Medicaid benefits, including HCBS/LTSS. Designed to help you get even more from the coverage you can count on.



## One Card.

One card for all your benefits. The exclusive UCard® is your UnitedHealthcare member ID, and much more. The UCard® opens doors to a large network of Medicare Advantage and Medicaid provider and can be used to access a variety of benefits, including HCBS/LTSS.



## One Team.

With one dedicated team, your care and benefits are coordinated in one place — making it easier to stay on track and get help when you need it.



Benefits, features and/or devices may vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Provider network may vary in local market.  
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United  
Healthcare

PathWays  
DUAL CARE




# There for what matters

When it comes to health, everything matters – each new diagnosis and every step along the way. People deserve a health care partner who’s there for them in moments large and small. That’s UnitedHealthcare.



## We provide a better health care experience

Our mission is to help people live healthier lives and make the health system work better for everyone with:

-  **A simple experience:** We know health care can be complicated. We’re focused on making it simpler for people and their providers. We simplify the experience, give clear answers and make people’s health care easier to understand, access and use.
-  **Accessible coverage:** We believe everyone deserves quality health coverage they can afford. Our coverage options are designed to fit all kinds of budgets. We work to take costs out of the system and make health care more affordable and easier to access for all.
-  **Quality, supported care:** We support people on their health care journey. We focus on each individual and offer them access to quality care, personalized solutions and support every step of the way.

We bring together technology, data and clinical information and serve people wherever their health takes them, we’re there for what matters.



# Simple experience

## Health coverage should be easy to access and simple to use

We know health care can be complicated. We're focused on making it simpler for people and their providers. We simplify the experience, give clear answers and make people's health care easier to understand, access and use. Our goal with members is to meet each person's needs where they want to be met, on their terms. With providers, we work to remove complexity, reduce administrative burden and improve information flow so they can focus on the best possible care.



### Online-enabled

We provide our members with easy-to-use online tools to check their coverage and manage their care.



### Simplified Enrollment

Our members experience a simplified enrollment process including integrated plan materials.



### Modern experience

We modernize the provider experience, reduce the administrative burden and connect different points in the system so information flows better.



### Member advocacy

Our member service advocates provide support during every step of the care journey and guide members to quality care.





**Focus on quality**

# Quality, supported care

## People need to be supported throughout their health care experience

We support people on their health care journey. We focus on each member and offer them access to quality care, personalized solutions and support every step of the way.



### Provider relationships

We have dedicated provider advocates that specialize in the integration of Medicare and Medicaid and in the enhanced coordination of applicable HCBS and LTSS services.



### Member engagement

We partner with each member to honor their unique journey and empower their goals wherever they call home.



### Social drivers of health

We proactively connect members to non-clinical supports such as food, affordable housing and social supports to positively influence health and well-being.



### Complex and special needs

We focus on the complex and special needs of our members and make the system work better by providing an integrated, simplified experience.



# Quality Improvement Program

Our Quality Improvement Program may help improve your health care experience. We're proud of the plans we offer. But we're always working to make them even better. Our Quality Improvement Program helps us do that.

**The key goals of our Quality Improvement Program include:**



Promoting patient safety by improving the quality and safety of clinical care.



Promoting access and availability to affordable, culturally competent care.



Improving overall member experience.



Adhering to accreditation and regulatory requirements.



# Quality Improvement Program

To help meet Quality Improvement Program goals, UnitedHealthcare:



Routinely measures the quality of our customer service. We want to be sure you get the help you may need when you call Customer Service.



Reminds and assists in scheduling the care and preventive screenings you may need through various outreach efforts.



Routinely reviews the credentials and qualifications of doctors and other health care professionals in our network.



Uses evidence-based clinical practice guidelines from nationally recognized sources to guide the quality and health management programs.



Supports your doctors and other health care providers by offering tools to help with coordination, decision-making and care options that might work best for you.



Provides information about the health outcomes and satisfaction of our members and participating physicians and office managers.





**The way we coordinate  
person-centered care**

# Person-centered model of care

A specialized team and individualized care comes together to create a member-centered model of care that meets health needs and creates an integrated member and provider experience.



## Specialized team

- The **D-SNP Care Coordinator** serves as the member's single point of contact at the health plan, connecting them with resources, education, and support for their health needs. The Coordinator ensures new and existing member needs are met and care is coordinated.
- The **Interdisciplinary Care Team** works together and includes the member, the member's PCP, the Care Coordinator, and anyone else the member wants to include, such as specialists, waiver providers or family/caregivers.



## Individualized care

- The **Individualized Care Plan** is created by the D-SNP Care Coordinator, with the member, and shared with the Interdisciplinary Care Team. It outlines the member's needs, the services and supports in place to meet the needs, as well as goals for improving the member's current health or circumstances.
- **Care Transitions** provide special support to members leaving the hospital, to ensure they know how to recognize worsening symptoms and who to contact, set up a follow up appointment with their PCP, have transportation to get to their PCP, and have filled any new medications.



# Person-centered model of care during transitions

A specialized team and individualized care comes together to create the timely, unfragmented and seamless provision of necessary, vital services and support for any member during a health plan transition.



## Specialized team

- The **D-SNP Care Coordinator** identifies member needs during the transition period, including physical health, mental health services and long-term support services.
- The **Interdisciplinary Care Team** works together to ensure timely and a coordinated access to an array of providers and covered services during a transition period.



## Individualized care for members with HCBS

- The **Person-Centered Service Plan** is created by the D-SNP Care Coordinator, with the member, and shared with the Interdisciplinary Care Team. It outlines the member's HCBS needs, the services and supports in place to meet the needs, as well as goals for improving the member's current health or circumstances.



# One focus: an integrated, person-centered process



## Maria enrolls in an integrated D-SNP

- Diagnosis: Diabetes and Mobility limitations



## Maria is assigned a D-SNP Care Coordinator- Jolene

- Single Point of Contact
- Trained in D-SNP Populations
- Medicare/Medicaid Trained



## Jolene compiles Assessments and an Individual Care Plan

- Jolene contacts Maria and together they complete the needed assessments that help identify the member's most urgent needs and actions to take
- Jolene, Maria and her care team create Maria's Person-centered Care and Service Plan which captures all of Maria's needs



## Jolene addresses Maria's immediate needs

- Completes a Behavioral Health Assessment
- Connects Maria to home delivered meals and other needed home and community based (HCBS) services



## Jolene documents in Maria's Care Plan

- With Maria's permission, her care and service plan is shared with her Primary Care Physician and HCBS providers to ensure everyone on the Care Team is kept informed



## Jolene receives a Hospital Admission Alert. Jolene contacts Maria to:

- Confirm follow up appointment after discharge
- Arrange for transportation to the appointment
- Reassess Maria's needs and updates the Person-Centered Care and Service Plan
- Communicates Care and Service Plan changes to the Care Team



## Jolene continuously monitors Maria's needs:

- Monitors for changes in condition
- Adds additional supports when needed
- Ensures Maria is connected with resources and referrals
- Acts as the Single Point of Contact
- Coordinates benefits between Medicare/Medicaid



# Driving timely authorization & payment for our HCBS and nursing facility providers



## Assess, coordinate, authorize:

- Conduct face-to-face comprehensive assessments for Nursing Facility members within 30 days of eligibility.
- Complete face-to-face comprehensive assessments and develop Service Plans within 5 business days of NFLOC determination.



## Provide timely and accurate authorizations:

- Complete, review, and finalize Service Plans within 5 business days of NFLOC notification.
- Initiate HCBS services per the member's person-centered timeline and create and share provider authorizations aligned to that timeline.



## Ensure timely processing of clean claims:

- Clean nursing facility claims within 21 calendar days for electronic or 30 calendar days for paper.
- Clean HCBS claims within 7 business days for electronic or 30 calendar days for paper.



# Helpful resources and contacts for members

## How to identify an assigned care coordinator:



Contact Member Services at 1-800-832-4643 (TTY users should call 711). Hours are 8 a.m.-8 p.m. ET 7 Days a week Oct-Mar; Monday thru Friday Apr-Sept.



Available on the member's Service Plan and/or Care Plan documents.

## How to locate authorization information:



Contact Member Services at 1-800-832-4643 (TTY users should call 711). Hours are 8 a.m.-8 p.m. ET 7 Days a week Oct-Mar; Monday thru Friday Apr-Sept.



Services that require prior authorization are outlined in the Explanation of Coverage.



# Helpful resources and contacts for providers

## How to identify a member's assigned care coordinator:



Contact Provider Services at 1-855-248-1474 Hours are 8 a.m.- 8 p.m. ET Monday thru Friday.



Available on the member's Service Plan and/or Care Plan documents.



Available on the HCBS Notice of Action.

## How to locate authorization information:



Contact Provider Services at 1-855-248-1474 Hours are 8 a.m.- 8 p.m. ET Monday thru Friday.



Available on the UnitedHealthcare Provider Portal.



Available on the Provider Authorization and Notification Tool.





# FSSA Closing Remarks

October 29, 2025

Pathways Dual Care Townhall

# PathWays Dual Care Resources

*PathWays Dual Care D-SNP Plan Enrollment & Selection Information*



## How to decide what health plan to have for Medicaid and Medicare?

Your D-SNP plan decision drives the plan choice for both your Medicaid and Medicare.

## When is it time to make MCE/D-SNP plan choices?

Individuals with full Medicaid and Medicare benefits can enroll into a D-SNP once per month. Individuals can also change during the annual enrollment period (AEP) that occurs October 15th through December 7th, 2025.

## How to Enroll in PathWays Dual Care

Once you are enrolled in the PathWays Medicaid program, you can apply for PathWays Dual Care. Members can call one of the D-SNPs listed below or you can call the Indiana State Health Insurance Assistance Program (SHIP) at 1-800-452-4800 for assistance with choosing the best Medicare FIDE SNP plan to meet your needs.

- Anthem D-SNP: (833) 235-1005 (TTY 711)
- Humana D-SNP: (866) 621-9073 (TTY 711)
- UnitedHealthcare D-SNP: (877) 699-5695 (TTY 711)

# PathWays Dual Care Resources

*PathWays Dual Care D-SNP Plan Navigation Information*



## Indiana PathWays for Aging Dual Care Plan Comparison

	Anthem Blus Cross and Blue Shield	Humana Healthy Horizons	UnitedHealth care
Integrated member Services	833-412-4405 (TTY/TDD 711)	866-274-5888 (TTY/TDD 711)	800-832-4643 (TTY/TDD 711)
Member Services Website	<a href="https://www.anthem.com/pathways-dual-care">https://www.anthem.com/pathways-dual-care</a>	<a href="https://www.humana.com/medicaid/indiana">https://www.humana.com/medicaid/indiana</a>	<a href="https://www.uhc/communityplan/indiana">https://www.uhc/communityplan/indiana</a>
Member Services Email	Please use Sydney portal for email correspondence: <a href="http://www.anthem.com/register">www.anthem.com/register</a>	INHealthyHorizons@humana.com	IN_HPops@uhc.com
Hours of Operation	8a.m.-8p.m. ET Monday-Friday live	8a.m.-8p.m. ET Monday-Friday live	8a.m.-8p.m. ET Monday-Friday live
Nurse on call Phone Number	833-412-4405 (TTY/TDD 711)	866-274-5888(TTY/TDD 711)	800-832-4643 (TTY/TDD 711)
Nurse on call hours of operation	24 hours a day/ 7days per week	24 hours a day/ 7days per week	24 hours a day/ 7days per week
Provider Helpline Phone number	833-569-4739	866-274-5888	855-248-1474
Provider Services Email	<a href="https://www.anthem.com/in/provider/state-federal/contact-us/email">https://www.anthem.com/in/provider/state-federal/contact-us/email</a>	<a href="mailto:INMedicalProviderRelations@humana.com">INMedicalProviderRelations@humana.com</a>	IN_providerservices@uhc.com
Provider-facing websites	<a href="https://www.anthem.com/in/provider/state-federal">https://www.anthem.com/in/provider/state-federal</a>	<a href="https://provider.humana.com/Medicaid/Indiana-Medicaid/dsnp">https://provider.humana.com/Medicaid/Indiana-Medicaid/dsnp</a>	<a href="https://www.uhc.provider.com/en/health-plan-by-state/Indiana-health-plan/in-comm-plan-home.html">https://www.uhc.provider.com/en/health-plan-by-state/Indiana-health-plan/in-comm-plan-home.html</a>



# PathWays Dual Care Webpages

FSSA is in the process up making major updates to two key webpages that provide PathWays Dual Care information:

## For Current and Prospective Members:

- Overview of FIDE- SNPs
- PathWays Dual Care Program Overview
- Benefits and Information about LTSS
- Benefits of Integration
- PathWays Dual Care Program Benefits
- How to: enroll, get help comparing Medicare plans, finding & navigating a PathWays Dual Care plan and how to disenroll.
- Information on Prioritized Alignment

[PathWays Dual Eligible Special Needs Plans](#)  
*Content available and more coming soon- check back!*

## About PathWays Dual Care & Indiana CO D-SNP Providers:

- Data & Reports
- Transition Planning
- Quality Performance Information
- D-SNP Contracts
- FAQs
- Procurement Updates
- Information for Providers of PathWays Dual Care

[Indiana Dually Eligible Special Needs Plans \(D-SNPs\)](#)  
*Currently under construction- check back soon!*



# Questions & Feedback Welcome!

*Please send by email to:*

*[dsn@fssa.in.gov](mailto:dsn@fssa.in.gov)*

Thank you!