



The Road to PathWays Launch

2024 IHCP Roadshow
OMPP Provider Relations

Presented by the Family and Social
Service Administration (FSSA)

Agenda

- PathWays Program Overview
- Member Enrollment Information & Update
- Readiness Review Update
- Overview of Outreach/Education Efforts
- Office of Medicaid Policy and Planning (OMPP) Provider Relations Team Introduction
- Electronic Visit Verification
- Waiver Provider Certification Changes



Indiana PathWays for Aging Overview

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+ years of age called **Indiana PathWays for Aging**
- Enrollment in PathWays is officially underway
- 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



What is IN PathWays for Aging?

Indiana PathWays for Aging is a managed **Medicaid** program launching **July 1, 2024.**

- Person-Centered Services and Supports
- Ensuring Smooth Transitions
- Access to Services

PathWays members can choose one of three MCEs (health plans):

- Anthem
- Humana
- UnitedHealthcare



Who is Eligible?

Indiana residents who are Medicaid enrollees that meet the following requirements:

- 60 years of age and older
- Eligible for Medicaid based on age, blindness, or disability

It may also include individuals:

- Eligible for full Medicare benefits (dually eligible)
- Residing in a nursing facility
- Individuals receiving home and community-based services (A&D Waiver)

Who is not eligible:

- Anyone aged 59 and under
- Partial Medicare benefit dually-eligible
- DDRS waiver recipients (including Traumatic Brain Injury [TBI] waiver)
- I/DD residents in an ICF
- PACE recipients
- RCAP, ESRD Waiver, MA-12, ESO, Family planning only, MAGI, TBI out of state.

What are the benefits covered by PathWays?

All Members

- Hospital care
- Labs/tests
- Surgical care
- Preventive care
- Primary care visits
- Prescriptions
- Behavioral health and addiction treatment
- DME
- Home health
- Hospice
- Dental
- Vision
- Hearing aids
- NEMT

Dual Eligible Members*

*Medicare pays primary if also a covered Medicaid service. Medicaid pays Medicare Part B premiums and/or cost-sharing.

Part A: Hospital care, short term SNF, hospice, labs, surgery, short term home health

Part B: Physician/provider visits, medical, preventive care, DME, behavioral health, limited outpatient prescription drugs

Part D: Prescription drugs

Part C (Medicare Advantage plan/D-SNP): If member is enrolled in a Medicare Advantage plan or D-SNP, Part A/B and usually Part D benefits and services are covered by the plan. These plans also provide supplemental benefits like OTC drugs, fitness/wellness programs, vision, dental, home delivered meals, and/or other service

How will PathWays support Members?



Enrollment Broker: To help members choose a managed care entity, just call 877-284-9294

Care Coordinator: 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*: Helps members or caregivers resolve issues they may experience while enrolled in PathWays

* This is in addition to the Long-Term Care Ombudsman

What is a Care Coordinator and Service Coordinator?



- A Care Coordinator helps members to create a personalized care plan based on their preferences and needs. They can also help answer questions about members' health care and help with their providers.
- A Service Coordinator will work with members to create a personalized Service Plan to help coordinate their Home and Community-Based Services. The Service Plan will help develop a plan of care of services and supports that best meet members' needs and goals.

In-Network Providers/Out-of-Network Providers



OMPP encourages all providers to enroll with each MCE. In-Network providers have added benefits to enhance the provider experience.

In-Network Provider Benefits

- Faster access to provider portals
- Will appear in the provider directory
- Members will be encouraged to use network providers for HCBS services
- Dedicated Provider Education and Outreach representatives that are available to assist providers with day-to-day program inquiries

Out-of-Network Providers

- Will not show in the provider directory
- Once the network is closed MCEs will require authorization for out-of-network care



PathWays Member Enrollment

Member Enrollment Activities Timeline



FEB - MAR 2024

- Member receives Plan Selection Notice from Enrollment Broker for PathWays
- Members in a Nursing Facility or receiving HCBS via waiver will receive phone calls from the Enrollment Broker to select a plan



MAR – APR 2024

- Ongoing member calls to make plan selection. If no plan is selected by the end of April 2024, the member will be auto-assigned in May.



MAY 2024

- Members receive PathWays Implementation notice plan benefit and contact information



JUNE 2024

- Member receives Welcome Packet from assigned Plan (June 2024)



JULY 1, 2024

- PathWays coverage becomes effective (and changes from fee-for-service or Hoosier Care Connect)



What Members Need to Enroll

- Members should have the following available before calling the helpline to enroll in a plan
 - Medicaid ID or SSN (can use case #)
 - The correct phone #, address, and DOB on file with FSSA
 - Primary medical provider
 - Waiver Service provider(s), if applicable
- Since providers and plans are still in the contracting process, provider directories will continue to be updated so it's important to remember that all MCEs will have an open network until network adequacy is met
- The template letters are available on the website at www.in.gov/Pathways



What happens if a Member doesn't pick an MCE?

- If a member doesn't pick a health plan, they will be automatically assigned to one and notified of this in May.
- Members will have the chance to change their PathWays health plan:
 - within 90 days of starting coverage,
 - at any time their Medicare and Medicaid plans are not the same,
 - once per calendar year for any reason,
 - at any time using the just cause (e.g. poor quality of care); and
 - during a plan selection period which will be aligned with the Medicare open enrollment window (mid-October to mid-December) to be effective the following calendar year

How Providers can Educate, Explain, and Assist Members



- Remind members of the change coming in July and what that means for their waiver services
 - Access to all the same benefits they get now plus enhanced benefits
- Explain the specific letter that your client received
- Consult with the authorized representative prior to assisting a member with their enrollment call
- Have the enrollment broker phone number on hand, and assist members in contacting the enrollment broker
 - 87-PATHWAY-4 (877-284-9294)
 - The helpline is open M-F 8am-7pm ET



Member Enrollment Support & Materials

- A member's Authorized Representative (AR) and/or Area Agency on Aging can help a member call the PathWays helpline and select a plan
- PathWays Notice Webinar: <https://www.in.gov/pathways/stakeholder-engagement/>
- Copies of the notices are available on the PathWays website: <https://www.in.gov/pathways/>
- Health plan comparison: <https://www.in.gov/pathways/pathways-health-plan-comparison/>



PathWays Readiness Update



What is Readiness Review?



A systematic large-scale review of MCE staffing, policies and procedures, processes, documents, member and provider communication, subcontracts, system capabilities, and provider network to ensure the health plan is prepared in advance of the new contract go live



Safeguards that the selected MCE is ready to accept enrollment, provide the necessary continuity of care, ensure access to the necessary spectrum of providers, and fully meet the diverse needs of the population



Readiness reviews includes both desk review of MCE documentation as well as onsite demonstrations of MCE capabilities



Overview of Outreach/Education Efforts

Education and Outreach



- ADvancing States: <https://www.advancingstates.org/inform-indiana>
 - LTSS Provider Training
 - Managed Care 101
 - MLTSS Implementation: Provider Success Stories
 - Business Acumen for HCBS Providers
 - Data Collection
 - Measures
 - Organizational Readiness for MLTSS
- PathWays Website: www.in.gov/pathways
 - Stakeholder Engagement
 - Past webinars including contracting, MLTSS 101, Member Education, and Stakeholder Updates



Upcoming Stakeholder Engagement

Event	When	Where	Topic(s)	Audience
Provider Education	May 21	Virtual	Care and Service Coordination	Providers
PathWays Stakeholder Update	June 7	Virtual	PathWays Update	Providers, Associations, Advocacy Organizations, etc.
Provider Education	June 18	Virtual	Authorizations	Providers

Individuals can sign up for email updates through FSSA's listserv [on the website](#).

PathWays Resources



- PathWays Website: www.in.gov/PathWays
 - FAQs
 - General
 - HCBS
 - Nursing Facility
 - Stakeholder Engagement
 - Past Webinar recordings and slide decks
 - Glossary
 - Important Terms and sample Plan Selection Notices
 - Promotional Toolkit
 - Brochures and flyers
 - PathWays Commercials
 - Informational Videos



OMPP Provider Relations Team

Provider Relations – Here to Help You

- Policy and Procedure Clarification
 - For existing policies, the team can help clarify, provide guidance, and resolve issues.
- Some Member Eligibility Issues
 - Division of Family Resources and/or the member's MCE should be the first avenue for resolution
 - If member eligibility issues are causing claim payment issues, the team can coordinate between sections to help resolve.
- Claim Denials
 - Member's MCE should be the first avenue for resolution.
 - If after working with the MCE, you disagree with the outcome or have continued questions, the team can assist.
- Provider Meetings and Associations
 - Meet with providers one-on-one or with MCEs or other contractors to help resolve issues.
 - Attend provider associations to provide policy clarification and resolve issues.
- Provider Education
 - Annually coordinate Indiana Health Coverage Programs (IHCP) Roadshow and IHCP Works Annual Seminar. Hold regular webinars and special topic webinars. Create Quick Hits.



How to Contact OMPP Provider Relations

- Shared email inbox:
 - OMPPProviderRelations@fssa.in.gov
 - Most efficient, team members are assigned specific days to monitor and respond to inquiries.
- PathWays programmatic questions:
 - Backhome.Indiana@fssa.in.gov
- Individual email addresses:
 - Elizabeth.Killian@fssa.in.gov
 - Trevor.Rhoad@fssa.in.gov
 - Jennifer.Roberts@fssa.in.gov
 - Sarah.Whitley@fssa.in.gov
- Feedback and education requests
 - IHCPListens@fssa.in.gov

Provider Relations Manager



Elizabeth Killian

Provider Relations Specialist



Jenny Roberts

Meet the OMPP Provider Relations Team



Provider Relations Specialist



Trevor Rhoad

Provider Relations Specialist



Sarah Whitley



Electronic Visit Verification Deadlines



EVV Implementation and Denial Edits

Recent IHCP publications regarding EVV:

- [BT202422](#)
 - On April 1, 2024, the IHCP turned on EVV system edits for personal care services
- [BT202444](#)
 - On July 1, 2024, the IHCP will turn on EVV system edits for home health services

Claim data denial edits:

- 0951- matching EVV data not found
- 0952- EVV Aggregator units less than units submitted on the claim

Upcoming EVV Webinar and Published Quick Hit



Upcoming EVV Webinar

- May 15, 2024
- [Register here](#)

Quick Hit

- [EVV 3D Toolkit](#)



Federal law requires personal care service and home health service providers use electronic visit verification (EVV) to document services rendered. Watch this video to learn more about what this means for you.



New Provider Certification Process



Provider Certification Transition

- Provider certification applications for Pathways/Health and Wellness Waiver and TBI waiver will transition from the Division of Aging (DA) to OMPP. OMPP will take over beginning May 13.
 - DA will complete current queue of applications
 - OMPP will utilize online Salesforce provider portal for applications
- Providers will submit their application and all required documents for:
 - New provider applications
 - Adding services
 - Adding counties
 - Change of ownership
 - Disenrollment.
- A monthly webinar will be offered on the certification process
 - May webinar is posted on the [IHCP Live](#) page of the IHCP provider website.
 - June webinar will be Wednesday, June 5 at 10:00 am. Register [here](#).

Provider Recertification



- Pathways/Health and Wellness and TBI waiver providers are required to complete recertification every 3 years.
- This process will transition from the DA to OMPP.
- Providers should ensure their contact information is up to date.
 - Update contact information in the IHCP Provider Healthcare Portal and currently with DA prior to transition.
- Providers will be notified when their recertification is upcoming.
 - If providers already have a Salesforce account, they will be notified via Salesforce.
 - If providers do not have a Salesforce account, they will be notified through contact information on file.
 - Will be required to create a Salesforce account to submit recertification documents.



Stay up to date!

Get Important News & Updates

Sign up for email and/or text notices of Medicaid and other FSSA news, reminders, and other important information. When registering your email, check the category on the drop-down list to receive notices of Medicaid updates; check other areas of interest on the drop-down list to receive notices for other types of FSSA updates.



Questions?