



# AAA and CM Meeting – How to Support Members with Enrollment

March 8, 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 age at home, but only 45% of residents who qualify for Medicaid are able to do so.

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 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

# 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 with the State to call if a member or caregiver has a concern or complaint*

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

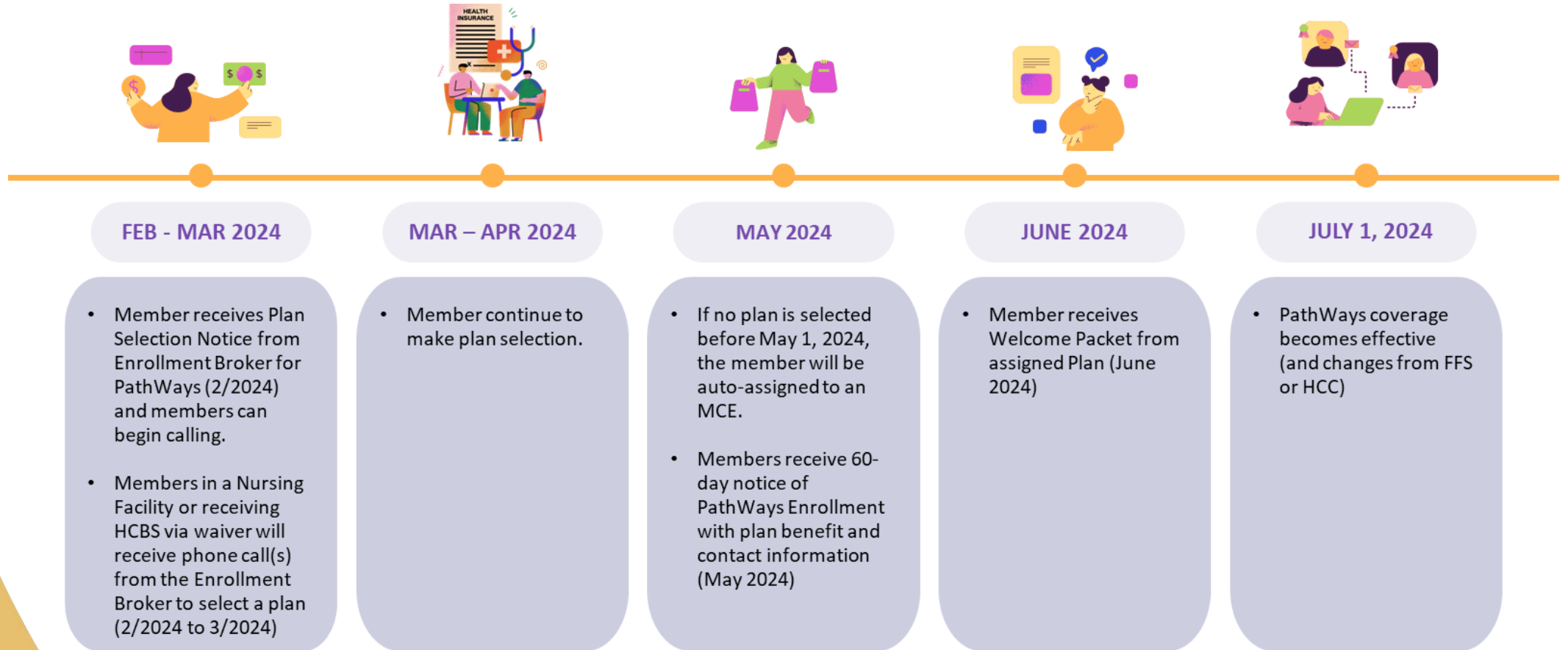




# Member Enrollment Activities



# Member Enrollment Timeline



# Member Letter Samples

- HCBS Waiver Client



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 receive home and community-based services 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, including the help you get to stay at home, will continue under the Indiana PathWays for Aging program. 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 at 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 three 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 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

- HCBS Waiver 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 for medical authorizations and 90 days for home and community-based services after the start of the program or until the authorization ends. More information about Indiana PathWays for Aging is available at [in.gov/pathways](http://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, or 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.

## Need more information?

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

- Client enrolled in Aligned D-SNP

## 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 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 AAAs can assist members in contacting the enrollment broker
  - 87-PATHWAY-4 (877-284-9294)
  - The helpline is open M-F 8am-7pm ET



# Educate, Explain and Assist

- Review the information that your client should have available before calling or accessing the website
  - 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
- In the future, AAAs will be notified and trained by DDRS on how to support members as they transition from H&W to PathWays



# Opt-in Population

- Enrollment into the PathWays program is automatic for those who meet the Medicaid eligibility requirements and are 60 years of age or older. However, **if you are a member of a recognized tribe or currently receiving hospice services, you will have the option to opt-in to the program.**
- Individuals that do not opt-in will remain in FFS and will stay with their existing AAA case management service, with oversight from OMPP



# Resources and FAQs



# More Information/Resources

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

Click on



Agency Advocate

Learn more



General FAQs

Learn more



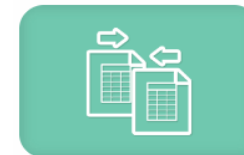
Plan Selection Notices

Learn more



Promotional Toolkit

Learn more



Plan Comparison

Learn more



# FAQs aimed at PathWays Members



- Available on the PathWays for 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
  - General D-SNP Information
  - D-SNP Enrollment
  - Aligned Medicaid and Medicare Health Plan Enrollment
  - Medicaid and Medicare Care Coordination
  - Member Costs

# FAQs



- Available on the PathWays for Aging website:  
<https://www.in.gov/pathways/provider-frequently-asked-questions/>
- Covers topics including:
  - Eligibility, Enrollment, and Plan Selection
  - Service Plans/Processes
  - Claims/Contracts/Authorizations
  - Other Services/Service Change Questions
  - AAA and Case Manager Questions



Questions can be sent to:  
[backhome.indiana@fssa.IN.gov](mailto:backhome.indiana@fssa.IN.gov)



# PathWays

FOR AGING

March 8, 2024

