PathWays Stakeholder Update

June 7, 2024

Presented by the Family and Social Service Administration (FSSA)

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Announcement!

- The Centers for Medicare & Medicaid Services (CMS) recently approved our waivers and amendments! This includes:
  - 1915(b) waiver to transition to the PathWays for Aging program
  - 1915(c) home and community-based services waivers: Community Integration and Habilitation (CIH) Waiver, Family Supports Waiver (FSW), Traumatic Brain Injury (TBI) Waiver, Health and Wellness (H&W) Waiver, and PathWays for Aging Waiver

Long-Term Services and Supports (LTSS) Reform Goals

- Faster eligibility
- Move to Managed Long Term Services and Supports (MLTSS), also known as **Indiana PathWays for Aging** in July 2024
- Pay for outcomes, not transactions
- Integrate LTSS data systems
- Support the growth, retention and training of the direct service workforce
- Create Home Health Roadmap
- Integrate HCBS waivers

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+ called **Indiana PathWays for Aging**
- Enrollment in PathWays is underway and members have the ability to change their plans
- 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 Managed Care Entities (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 TBI waiver)
- I/DD residents in an ICF
- PACE recipients
- RCAP, ESRD Waiver, MA-12, ESO Family planning only, MAGI, TBI out of state
- State Operated Facility residents

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 and change 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

PathWays Enrollment and Plan Changes

Enrollment Activities

May 2024	June 2024	July 1, 2024
• Members receive 60-day PathWays enrollment notice with plan benefit and contact information.	• Members receive welcome packet and member handbook from assigned health plan • Members receive introductory phone calls from their health plan	• PathWays coverage becomes effective (and changes from FFS or HCC).

*All members eligible for the PathWays program are enrolled in a health plan

Enrollment and Plan Change Information

Current Medicaid enrollees were sent an enrollment letter in the mail in late February and March with detailed information on how to enroll with a health plan.

The letter included the Indiana PathWays for Aging helpline number for the enrollment broker - **87-PATHWAY-4 (1-877-284-9294**) and a health plan comparison chart.

Individuals with no health plan by 4/30/2024 were auto assigned to a health plan in May.
Individuals can change their health plan anytime between now and up to 90 days after go-live.

In May, members were sent a 60-day go-live letter with assigned health plan and details on how to change their health plan through the helpline.

Member Choice

- Members have the right to choose their PathWays health plan
- If a member did not select a plan by the end of April, FSSA assigned them to an MCE, but they have the ability to change their assigned plan as detailed on the next slide
    - If the member is enrolled in a Dual Special Needs Plan (D-SNP) sponsored by a Pathways MCE or parent company, they will be auto-assigned to an aligned PathWays plan

Changing MCEs

PathWays members may change plans at following times:

- Within 90 days of starting coverage
- Once per calendar year
- During Medicare Annual Enrollment Period (Mid-Oct to Dec)
- When Medicare and Medicaid plans become unaligned
- For Just Cause (ex. poor quality of care, significant language or cultural barriers)

Call the number below to change MCEs:

- 87-PATHWAY-4 (877-284-9294)
- The helpline is open M-F 8am-7pm ET

Enrollment Support & Materials

- A member's Authorized Representative can help a member call the PathWays helpline and change a plan
- PathWays Member Education Webinar:
- https://www.youtube.com/watch?v=PM8fm_4RgFQ
- 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/

Care and Service Coordination

Care Coordination Structure

- All members must be offered person-centered Care Coordination (CC) reflective of their needs to assist them in planning, accessing, and managing their health care and health care-related services
- MCEs must have, at minimum, two levels of CC:
  - Care Management (available to all members); and
  - Complex Case Management (for members with high risk/high needs)
- For members receiving LTSS in NFs or HCBS, MCEs must provide Service Coordination in addition to Care Coordination
  - Members receiving HCBS in the community must be in Complex Case Management as well
- Will ensure that acute/primary AND HCBS needs are addressed and coordinated

Service Coordination

- Service Coordination is a process of assessment, discovery, planning, facilitation, advocacy, collaboration, and monitoring of the holistic LTSS and related environmental and social needs of each member.
- The Service Coordinator is responsible for the development and implementation of the LTSS-specific Service Plan.
- In addition to Care Coordination services, all members who are determined Nursing Facility Level of Care (NFLOC) and receive HCBS or institutional LTSS will receive Service Coordination for their LTSS and related environmental and social services.
- Service Coordination specifically focuses on supporting members in accessing long-term services and support, medical, social, housing, educational, and other services, regardless of the services' funding sources.
- All members receiving Service Coordination will have an assigned Service Coordinator who works with the member's Care Coordinator to ensure cohesive, holistic service delivery

Transition of Care – Continuity of Care

MCEs have received the following data to facilitate a smooth transition of members:

- Member data
  - 6 months of claims data
  - Diagnosis
  - Hospitalizations
  - Emergency room visit history
  - High dollar – over $50k
  - Existing service plan
  - Existing assessment and level of care assessments
  - Existing authorizations – Medical and MLTSS and HCBS

- MCEs are currently initiating the member stratification and engagement process

Member & Provider Engagement

Member	Provider

• Member handbook and welcome packet
• Introduction phone calls
  ○ Identify language preferences
  ○ Introduce care team
  ○ How to reach care or service coordinator
• Reviews service plan
  ○ Upcoming appointments
  ○ Medications
  ○ Member needs and priorities
	• Provide continuity of care authorizations starting 7/1/2024
	• Coordinate care as required by the established service plans
	• Ongoing provider engagement and communication

Member Support Services

Member Support Services Overview

- Starting **July 1, 2024**, members, member advocates, and caregivers will have access to a Member Supports Services vendor
- The Member Supports Services vendor will provide direct assistance in navigating PathWays coverage and help to resolve any issues that members may experience. Examples include:
  - Educating members on managed care and how to access services
  - Assisting members experiencing issues accessing care
  - Ensuring member voice is being upheld in person-centered planning, and care and service coordination
  - Support navigating issues with MCEs or providers
  - Education on Grievance and Appeals process
- Starting July 1, 2024, members will be able to reach the MSS vendor by calling 877-738-3511 or emailing indianapathwaysmss@maximus.com
  - The phone line will operate Monday-Friday from 8 am – 8 pm ET
  - Indianapathwaysmss.com

Provider Information

How Do Providers Contract with MCEs?

- Contracting is underway, and providers are encouraged to begin the contracting process with the MCEs if they haven't done so already.
  - Anthem: INMLTSSProviderRelations@anthem.com
  - United Healthcare: in_providerservices@uhc.com
  - Humana: InMedicaidProviderRelations@humana.com
- MCE Contracting Webinar: https://www.in.gov/pathways/stakeholder-engagement/

Where to Find Key Materials

- MCE Provider Manuals are available online and listed below:
  - Anthem Provider Manual
  - Humana Provider Manual
  - UnitedHealthcare Provider Manual

SB 132: Claims Testing Overview

- OMPP and Pathways MCEs conducted two claims submission testing periods.
- OMPP has convened a workgroup with OMPP, MCE, and provider representatives.
- The workgroup is charged with the following:
  - Developing a uniform billing format to be used by the Pathways MCEs
  - Seeking and receiving feedback on the claims submission testing period.
  - Advising OMPP on claims submission education and training needs of providers participating in the PathWays program.
  - Developing a policy for defining "claims submitted appropriately" for the purposes of emergency financial assistance.
  - MCEs jointly hosted three webinars to orient providers to the testing process. The link to the recorded version of presentation is available on the PathWays Stakeholder Engagement Website.

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

Readiness Overview

As outlined in § 42 CFR 438.66(d), the OMPP MCE readiness review assesses the ability and capacity of the MCE to perform satisfactorily in all aspects of operational, financial, provider relations and member management processes, including:

Operations/Administration
- Administrative staffing and resources.
- Delegation and oversight of MCE, PIHP, PAHP or PCCM entity responsibilities.
- Enrollee and provider communications
- Grievance and appeals
- Member services and outreach
- Provider Network Management
- Program Integrity/Compliance

Service delivery
- Case management/care coordination/service planning
- Quality improvement
- Utilization review

Financial management
- Financial reporting and monitoring
- Financial solvency

- Systems management
  - Claims management
  - Encounter data and enrollment information management

Readiness Review Status

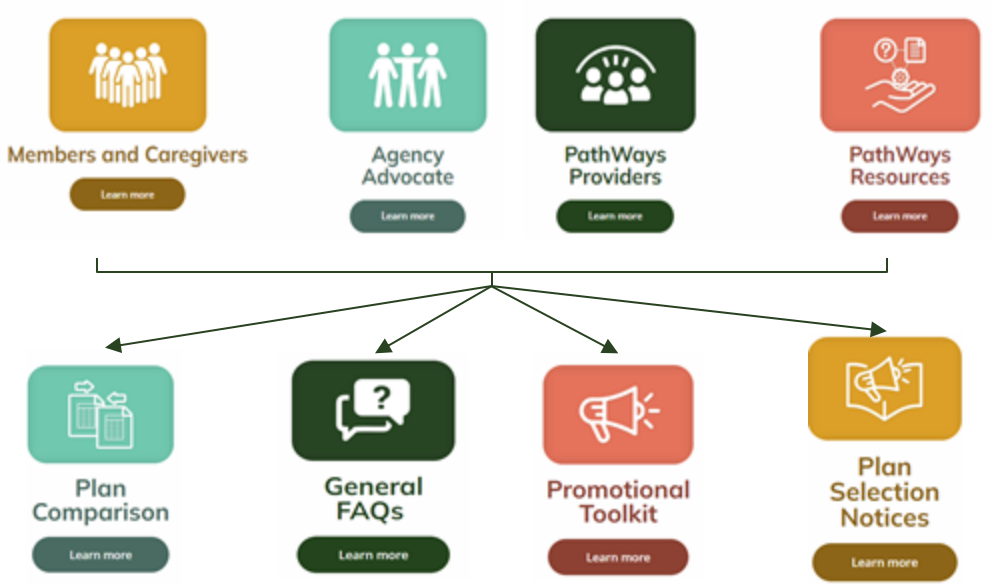
- There are 256 readiness requirements validated over the course of the readiness review period - July 1, 2023 through May 31, 2024.
  - **All three MCEs have achieved 100% compliant with each requirement.**
- OMPP has regular MCE go-live touchpoints to ensure everyone is aware of their roles regarding the following topics:
  - Systems – enrollment, encounters, EVV, historical member data files
  - Quality – incident reporting, regulatory reporting, quality strategies
  - Care Coordination/Service Coordination – transitions from A&D waiver to PathWays waiver, identifying complex cases, member outreach
  - Provider – review of network adequacey and provider contracting
- OMPP is developing the topics and schedule for the post go-live monitoring that will occur for the next year.

PathWays Outreach and Resources

Where can I find more information?

More Information/Resources

- Check out the IN PathWays website at www.IN.gov/Pathways



FAQs on the PathWays Website

- Covers topics including:
  - General Program Overview
  - Eligibility, Enrollment, and Plan Selection
  - Coverage and Benefits
  - Service Plans/Processes
  - Care and Service Coordination
  - Claims/Contracts/Authorizations
  - Other Services/Service Change Questions
  - AAA and Case Manager Questions
  - Medicare/Duals/D-SNP

Next Steps

PathWays FOR AGING

Indiana Family and Social Services Administration