



PathWays Authorization Provider Webinar

June 5, 2024



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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.

How Do Providers Contract with MCEs?



- Each MCE is required to contract with any willing provider until network adequacy is met, providers have a choice with which MCEs they choose to partner.
- 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/>



Authorization Process

Care Coordination Program Overview

Care Management

- **Care Coordinators**
- Employed by MCEs
- Available to ALL members
- Clinical
- Preventative Care Appts
- Accessing Care
- Assist with fair hearing requests
- Coordinates with all Medicare payers
- Transportation needs
- Pharmacy fill reminders
- Develops Individualized Care Plan (ICP)

Complex Care Management

- **Service Coordinators**
- Employed by MCEs, AAAs, or ICMs
- Nursing Facility Level of Care (NFLOC) determination and receive HCBS or institutional LTSS
- Environmental and social services
- Works closely with Care Coordinator
- Develops Person-Centered Support Plan (PCSP) or “Service Plan”
- Service plan is integrated into the ICP

Care Management Level Determination



Initial Screening: Health Needs Screening conducted by MCEs

Comprehensive Health Assessment: CHAT/interRAI sent to AAA

NFLOC Assessment: Completed by AAA (Maximus starting 7/2025)

Assessment Results drive ICP and PSCP developed by the Interdisciplinary Care Team (ICT)

Service Authorizations: Authorized services will be determined by ICT and included in the Service Plan and ICP.

Complex Care Management ICP

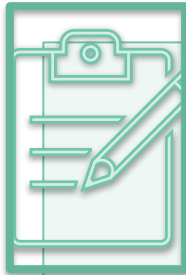


**Complex
Case
Management
ICP will
include:**

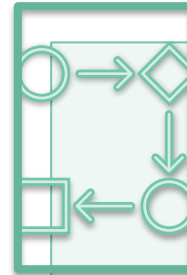
A description of services specifically tailored to the member's needs, and the scope, amount, duration and frequency of the services authorized, including any services that were authorized by the Contractor since the last ICP was finalized that need to be authorized moving forward.

HCBS LTSS Service Plan or NF LTSS Service Plan when applicable.

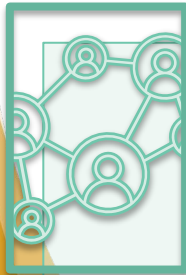
Person-Centered Service Plan



Service Plans are based on results of the CHAT and/or LOC assessment and any supplemental LTSS-specific assessments.



SCs must use any information discovered during previous Care Coordination activities, including information captured in ICPs, to inform Service Plan development.



Service Plans are incorporated into the member's ICP to support knowledge sharing and coordination across the ICT and Care and Service Coordination staff.



The combined ICP and Service Plan will be considered the member's CMS-required "Person-Centered Service Plan."

Service Plan Authorization



The ICT staff will give the member, as part of the Service Plan, a listing of the services and items that will be authorized that will include:

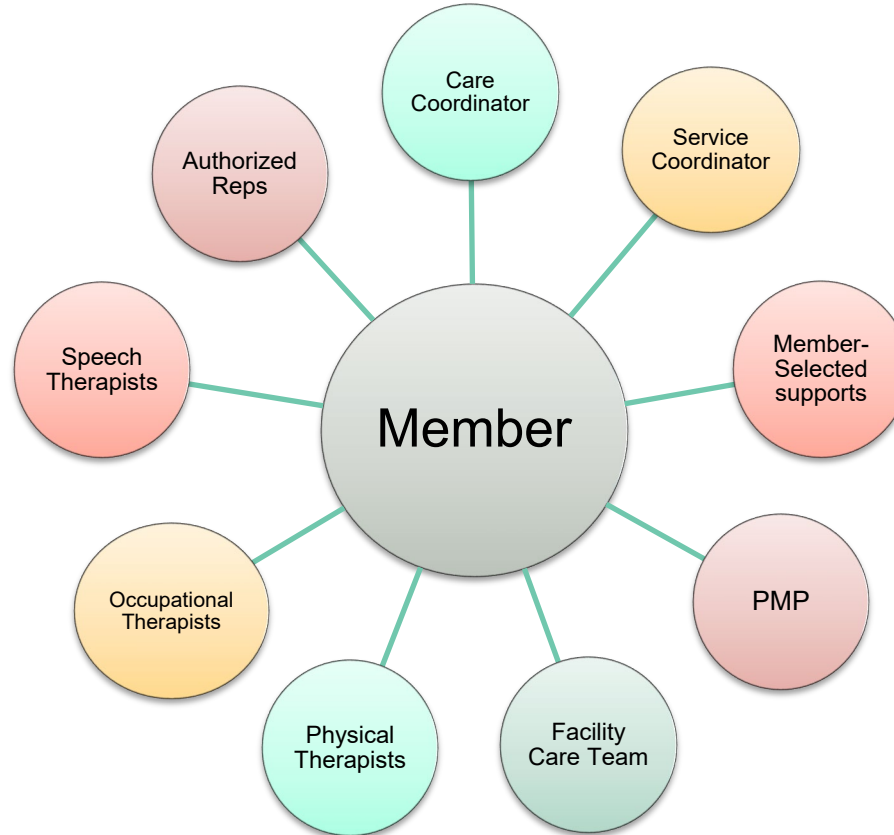
The name of each service or item to be furnished

For each long-term care service, the units authorized

The frequency and duration of each service including the start and stop date

and for each service, the provider's name.

What is the Interdisciplinary Care Team?



Anthem



My LTSS Services:

Service Name:	T1005 Respite; home health agency; group	
Service Provider's Name and Contact Information:	Jane 222-222-2222	
Scope of Services to be provided:	Provide Respite to member	
Amount of service I will be receiving:	; 30 Days per Year ;	
Service Start Date:	06/10/2024	Service End Date:
A reasonable back-up plan for my service includes:	John Smith 222-222-2222	

Anthem Authorization



May 22, 2024

[Redacted]

Indianapolis, IN 46295

Reference No [Redacted]
Provider JA [Redacted]
Facility/Vendor METHODIST HOSPITALS
Member ID: [Redacted]
Member DOB: [Redacted]
Admit Date: N/A

Requested Start Date	End Date	Total Authorization Days	Level of Care
05/31/2024	09/27/2024	120	Elective

Quantity	Code	Modifier	Description
1	58150	N/A	Total Abdominal Hysterectomy W/Wo Removal Tube(S)Ovary(S)

Dear [Redacted]:

Thank you for being our member. Your health is important to us. We're writing to tell you about a recent decision we made about your health care benefits.

The request for the service(s) listed above has been approved. We have also notified your doctor.

Home > Market Name > Application Name

Care Central



Members + Referrals Authorizations Claims Contact Us Reports Resources

Does a member have a problem or need help? Let us know

Change Organization & Tax ID

Authorizations

Please note: Authorizations shown below are for the past 365 days from today's date.

Select Search Category Authorization #
Authorization # Search

Download Print

Showing 100 of 300 Authorizations

Prev 1 2 3 Next

Authorization #	Member Name	Member ID	Start	End	Status
C0611582	[Redacted]	[Redacted]	1/18/21	1/31/22	Approved
C0611582	[Redacted]	[Redacted]	1/18/21	1/31/22	Approved
C0611582	[Redacted]	[Redacted]	1/18/21	1/31/22	Expiring Soon
C0611582	[Redacted]	[Redacted]	1/18/21	1/31/22	Approved
C0611582	[Redacted]	[Redacted]	1/18/21	1/31/22	Expired
C0611582	[Redacted]	[Redacted]	1/18/21	1/31/22	Approved
C0611582	[Redacted]	[Redacted]	1/18/21	1/31/22	Approved
C0611582	[Redacted]	[Redacted]	1/18/21	1/31/22	Expiring Soon

Anthem Care Central



Home > Market Name > Application Name > Page Name

Care Central

Anthem

← BACK Print

Authorization #C0611582

Organization: Name of Org Tax ID: 1234567890
Billing Address: 000 Main Street, Indianapolis, IN

Member Name	Forester, Albery	Request Date	01/01/21
Member ID	123456789	Request Date	Outpatient
Date of Birth	01/01/1955	Type of Service	Medical
Diagnosis Code	Z.001		

Service 1: Specialized Medical Equipment – New DME Approved

Procedure Code	T2029	Units	1
Modifiers	U7 NU	Start Date	01/18/21
Description	Full cpt description goes here. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempo	End Date	12/31/24

Service 2: Structured Family Caregiving (Level 1) Approved

Procedure Code	S5140	Units	1
Modifiers	U7 U1	Start Date	01/18/21
Description	Full cpt description goes here. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.	End Date	12/31/24

Home > Market Name > Application Name > Page Name

Care Central

Anthem

Members + Referrals Authorizations Claims Contact Us Reports Resources

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

Members

Use this page to view members, their profiles and Person-Centered Support Plans, and submit claims. To check member eligibility, visit [Eligibility & Benefits](#).

Select a Search Category

Authorized Members | Showing 50 of 350 How long until Members appear on this list? Download

Members Create Claims How to Create Claims Prev 1 2 3 Next

Member Name	Member ID	Date of Birth	Actions
<input type="checkbox"/>	[REDACTED]	[REDACTED]	⋮
<input type="checkbox"/>	[REDACTED]	[REDACTED]	⋮
<input type="checkbox"/>	[REDACTED]	[REDACTED]	⋮
<input type="checkbox"/>	[REDACTED]	[REDACTED]	⋮
<input type="checkbox"/>	[REDACTED]	[REDACTED]	⋮

[View Member's Authorizations](#)
[View Member's Claims](#)
[View Patient-Centered Support Plan](#)

[Add Member](#)

How to use this page to work with Members

Humana



My Person-Centered Service Plan

Alternate Service Provider:	Charlie Can Home Health
Scope of Services to be Provided:	Attendant Care service for 1 hour daily Monday - Friday: Bathing: 30 min set up and encouragement for bathing (lay out clothing, draw water, in/out of shower, in/out of clothes, standby for fall risk) Grooming: 15 min to lay out supplies, standby safety, nail care. Continence: 15 min for assistance to and from restroom, mobility and balance issues, prepare supplies, standby assist and encouragement for on/off the toilet.
Amount (units/hours per week):	1 hour per day
Frequency (days per week):	5 days per week
Service Start Date:	9/7/2023
Service End Date:	9/7/2024

Service # 2	
Service Type	Personal Emergency Response System
Preferred Service Provider:	CST Technologies
Alternate Service Provider:	ABCD Technologies
Scope of Services to be Provided:	PERS Unit – monthly
Amount (units/hours per week):	1 unit
Frequency (days per week):	7 days per week 31 days per month
Service Start Date:	9/7/2023
Service End Date:	9/7/2024

Humana Service Authorization



Humana

LTSS - Service Authorization

Created Date: 05/28/2024

Created By: Tyler-All Gholston

Member Information

Member Name: [REDACTED]

Address: [REDACTED]

City: INDIANAPOLIS

State: IN

Zip: 46205

Phone #: [REDACTED]

DOB: [REDACTED]

Medicaid ID: [REDACTED]

Service

Authorization Number: [REDACTED]

Provider Phone: 918-608-0380

Provider Name: Abby Harris

Care Manager: Tyler-All Gholston

Provider Fax Number: [REDACTED]

Care Manager Email:

HumLTSSTransitions@humana.com

Care Manager Phone#: 800-486-2620

Start Date: 04/10/2024

End Date: 05/10/2024

Service Type: Adult Day – Level 1 –
Category 1

Service: Adult Day Services – Level 1
(Category1)

Procedure Code: S5100

Humana
Healthy Horizons
in Indiana

P.O. Box 14601
Lexington, KY 40512

<Date>

<Member Full Name>

<Member Street Address>

<City, State, Zip>

Notice of approval of LTSS services

<Date:>

<Name:>

<Medicaid number:>

<Provider name:>

<Date of service:>

Based on the results of our assessment and service plan, we have approved the LTSS service(s) listed below:

- <Provide specific list and/or amount of services being approved.>

You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor to inform him/her of this decision.

Your doctor can call Humana Healthy Horizons® in Indiana about this decision.

United Healthcare



Indiana PathWays for Aging- Member

- ❑ PathWays Members will receive a signed copy of their approved Member's Person-Centered Service/Care Plan via the CC or SC, during the face-to-face visit.
- ❑ The Care Plan and Service Plan will be one document.

High-level view of the Person-Centered Service/Care Plan.

PathWays Care Plan

Section A - Care Coordination Information

Case Coordinator Information: Case Coordinator, Service Coordinator, Contact and Appointment Frequency, Member Educational History, Member Contact with Member and Provider, Plan for New Visit, Member Home, Member, Member Home, Member Home.

Case Coordination Phone Number, Service Coordination Phone Number, Case Coordination Level of Service, Identification Level, Case Plan.

Section B - Complex Care Management Plan

Case Plan Participation: Check Member Profile to Automatically Participate in Case Plan Development (Select), Patient is Unable to Participate, Designated Proxy of Unable to Participate.

Member Information: Member Name, Preferred Name, Date of Birth, Gender, Member Contact Information, Address, Member Home Number, Member Cell Number, Member Email.

Representative Contact Information: None as Member, Yes, Representative Contact Name, Relationship to Member.

Provider Contact Schedule: Primary Medical Provider, Frequency of Visit, Date of Last Visit, Date of Next Visit, Date of Next Preventative Visit.

Provider: Name, Frequency of Visit, Date of Last Visit, Date of Next Visit, Date of Next Preventative Visit.

Target Case (N/A & Crisis Plan): Crisis Plan for Medical Health (This should address how the member addresses their crisis situations, what are the members coping strategies?).

Section C - Service Plan

IN PathWays Service Plan

Member ID, 1. Entry's date, 2. My full legal name, 3. Please call me, 4. My Date of Birth, 5. My Preferred Language, 6. My preferred pronoun are, 7. What is important to me?, 8. What is important FOR me?, 9. Talking point: What are the issues in my life related to health and safety. (It's important FOR me to take my medications and eat a diabetic diet. I have an I.D. How can I be successful? How can I reach my goals?)



United Healthcare Provider Portal



Indiana PathWays for Aging- Provider


Members' authorization(s) can also be easily accessed through the UHC Provider portal.



United Healthcare Provider Approval Letter



UHC Indiana PathWays for Aging- Provider Approval Letter:

 P.O. Box 31364
Salt Lake City, UT 84131-0364

[Date]

[Provider Name]
[Address Line 1]
[City], [State] [Zip Code]

Dear [Provider Name]:

You have been selected by the Member to provide the below Home and Community Based Services (HCBS) service(s) that has been requested by the Member and approved by UHC.

Member name: [Member Name]
Member address:
[Member Address]
[Member City, State and Zip]
Member DOB: [Member DOB] Member phone number: [Member Phone Number]
Member ID number: [Member ID Number] Medical ID number: [Member Medical ID]
Authorization: [Service Reference Number]
Provider: [Provider Name]
Provider TIN: [Provider Tax ID Number]
Primary diagnosis: [Primary diagnosis code]
Description: [Primary diagnosis code description]

Service description	Service code	Modifier	Amount	From date	To date
[Service code description]	[Service code]		Units		

Notification notes
[Insert Health Service Case Provider Notes with LTSS service details]

Units, Frequency, and Duration can be found in this section of the Provider Approval Letter.

Service reimbursement
If you are a non-contracted provider, this notice serves as your acceptance of payment based on the current Medicaid reimbursement rate. However, this approval doesn't guarantee payment, which could be denied or recouped if any of following occur:

- The member is not eligible for coverage.
- Services are not covered or exceed benefit limits.
- The member never received services, or services are found to be a case of fraud, waste, or abuse.

LTSS HCBS Letter: Doc#: PCA-1-008734-11082017_11152017 DRG: DRG0028728
R0J024_UHC_HCBS Provider Approval Letter

- Member's Person-Centered Service Plan and associated authorization(s) will not be combined into one document.
- Providers will receive a copy of the member's Person-Centered Service Plan and authorizations via fax or email, based on their preference.





What to Expect



Providers: What to Expect

- **Provide continuity of care authorizations starting 7/1/2024**
 - Continue to provide services regardless of contracting status
 - Continue to check the IHCP on 7/1 for member eligibility
 - Check the Member's assigned MCE portal for viewing the authorizations starting on 7/1
 - Continuity of Care is required for the first 90 days
- **Coordinate care as required by the established service plans**
 - Service Plans viewable in the MCE portal on 7/1
- **Ongoing provider engagement and communication**
 - MCEs host recurring webinars and office hours specific for HCBS providers

Provider Engagement and Communication




- **MCE Provider websites:**

- [Anthem Provider Website](#)
- [Humana Provider Website](#)
- [UnitedHealthcare Provider Website](#)

Serving Indiana PathWays for Aging



LTSS Provider Relations Specialists

-  Northern Indiana
 LaTasha Cobb
 Network Relations Specialist
 LaTasha.Cobb@anthem.com
 317-563-0843
-  Central Indiana
 David Castaneda
 Network Relations Specialist
 David.Castaneda@anthem.com
 317-726-6358
-  Southern Indiana
 Haley Osborne
 Network Relations Specialist
 Haley.Osborne@anthem.com
 317-671-2141

Additional resources and contacts

Website:
<https://provider.anthem.com/in>

LTSS Provider Relations email:
 INLTSS@ProviderRelations@anthem.com

LTSS Provider Relations phone:
 833-569-4739



Humana Healthy Horizons in Indiana PathWays for Aging Long-Term Services and Supports/Home and Community-Based Services Provider Representatives Map

- Region 1**
 INLTSSProviderRelations_T1@humana.com
- Region 2**
 INLTSSProviderRelations_T2@humana.com
- Region 3**
 INLTSSProviderRelations_T3@humana.com
- Region 4**
 INLTSSProviderRelations_T4@humana.com
- Region 5**
 INLTSSProviderRelations_T5@humana.com

- Adult Day Care/Hospice**
 INLTSSAdultDayHospice@humana.com
- Skilled Nursing/Assisted Living**
 INLTSSNursingFacilityAssistedLiving@humana.com
- Home Health/Personal Care Attendant**
 INLTSSPersonalCareAttendant@humana.com

Humana Healthy Horizons in Indiana
 Humana Healthy Horizons in Indiana is a Medicaid Product of Arcadian Health Plan, Inc.
 36790591223-8: 0A-HCEVEN123



Chapter 5: Home- and community-based services

Key contacts

Topic	Links	Phone Number
Provider Services	UHCprovider.com	1-877-610-9785
Provider Advocate	UnitedHealthcare Community Plan of Indiana Homepage > UHCprovider.com , then Contact us	
Training	UHCprovider.com/training	1-877-610-9785
UnitedHealthcare Provider Portal	UHCprovider.com, then Sign In using your One Healthcare ID. Or go to UnitedHealthcare Provider Portal Self Service: UHCprovider.com/en/resource-library/provider-portal-resources.html . New users: UHCprovider.com > New User and User Access	1-877-610-9785
CommunityCare Provider Portal training	CommunityCare Provider Portal User Guide	
One Healthcare ID support (formerly known as Optum support)	Chat with a live advocate 7 a.m.-7 p.m. CT from the UnitedHealthcare Provider Portal Contact Us page.	1-855-819-5909
Resource library	UHCprovider.com > Resources > Resource Library	
Print, watch and share (payment ineligible)	uhc.com/brand	1-800-455-4521 (NAVEK)

UnitedHealthcare Community Plan supports the Indiana state goals of increased access, improved health outcomes and reduced costs by offering PathWays for Aging benefits to the following members:

- Individuals who are 60 years of age and older
- Individuals who are eligible for Medicaid based on age, blindness or disability
- Individuals who have limited income and resources
- Individuals who may be full-benefit dually eligible
- Individuals in a nursing facility, and those who are receiving long-term services and supports (LTSS) in a home or community-based setting

The state of Indiana will determine enrollment eligibility.

Home and community based services

Home- and community-based services (HCBS) are services that are provided, pursuant to the Indiana Section 1915(c) waiver, as an alternative to long-term care institutional services in an NF or to delay or prevent placement in a nursing facility.

Indiana PathWays for Aging HCBS services are available for Medicaid-eligible persons age 60 and older and persons of all ages with disabilities by providing supports to complement and supplement informal supports for persons who would require care in an NF if HCBS services or other supports were not available.



Where to Find Key Materials

- MCE Provider Manuals are available online and listed below:
 - [Anthem Provider Manual](#)
 - [Humana Provider Manual](#)
 - [UnitedHealthcare Provider Manual](#)

*Provider manuals are not finalized and are subject to change during the State review process



More Information/Resources

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



Acronyms



Acronym	Term
MLTSS	Managed Long Term Services and Supports
MCE	Managed Care Entity
ICP	Individualized Care Plan
PCSP	Person Centered Service Plan
ICT	Interdisciplinary Care Team
NFLOC	Nursing Facility Level of Care
CHAT	Comprehensive Health Assessment



Path Ways

FOR AGING

