



Indiana PathWays for Aging Program Overview

December 7, 2023

Presented by the Family and Social
Service Administration (FSSA)



Overview of Indiana's LTSS Reform



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



- 75% of people over 50 prefer to age in their own home – but only 45% of Hoosiers who qualify for Medicaid are aging at home*
- The risk of contracting COVID and impact of potential isolation drives an even increased desire to avoid institutional settings

*Accurate as of January 2020

Cost: Developing long-term sustainability



- Indiana has about 2% of the U.S. population, but over 3% of nursing facilities
- LTSS members are 4% of Medicaid enrollment, yet 28% of spend - only ~ 19% of LTSS spend goes to home and community-based services (HCBS)
- For next ten years, population projections show 28% increase in Hoosiers age 65+ and 45% increase in Hoosiers age 75+

*Accurate as of January 2020

Quality: Hoosiers deserve the best care



- AARP's LTSS Scorecard ranked Indiana 27th in the nation
- LTSS is uncoordinated and lacks cultural competency
- Payment for LTSS services is poorly linked to quality measures and not linked to outcomes



LTSS Reform Goals

Support 75% of new LTSS members to live and receive services in home and community-based settings through:

- Faster eligibility
- Moving to **Indiana PathWays for Aging**
- Paying for outcomes, not transactions
- Integrating LTSS data systems
- Supporting the growth, retention and training of the HCBS workforce
- Creating a Home Health roadmap
- Integrating HCBS waivers



Indiana PathWays for Aging General Information



What is PathWays?

- Indiana PathWays for Aging is an Indiana health coverage program that will begin **July 1, 2024** for Hoosiers aged 60 and older who are eligible for Medicaid.
- It will offer Hoosiers **more choices** to receive services at home or in a community setting, in addition to a nursing facility.



Who is Eligible?

Indiana's Medicaid enrollees who meet the following requirements:

- 60 years of age and older and eligible for Medicaid based on age, blindness, or disability
- And includes individuals eligible for Medicare, or in a nursing facility, or receiving hospice services, or receiving long-term services/supports in a home or community-based setting through the Aged & Disabled waiver

What are the PathWays Health Plans?



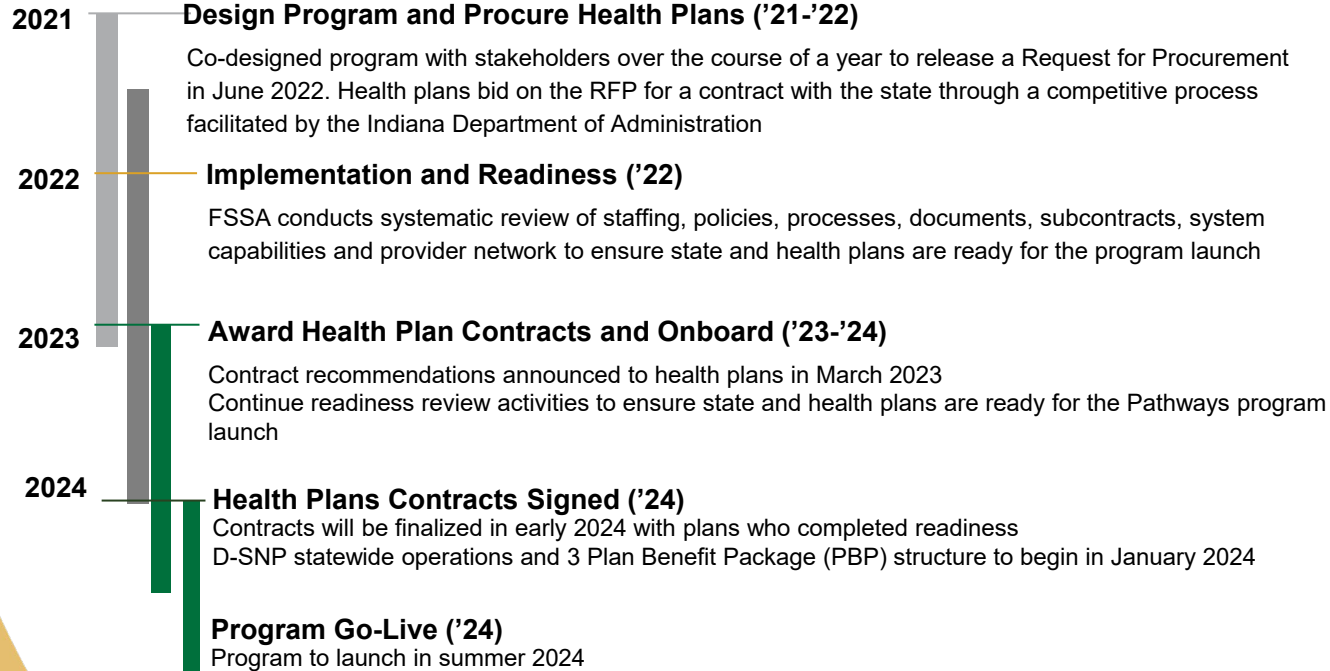
- What is a managed care entity (MCE) or health plan?
 - A MCE is a health insurance company. Physicians, hospitals, and other healthcare providers, including waiver providers, enroll with a health plan to provide care for members
- Each MCE:
 - Offers the same Medicaid health coverage for medical expenses 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 different special (value-add) benefits such as gym membership and gift cards for groceries or household items

PathWays Managed Care Entities:

- Anthem
- Humana
- United Healthcare



PathWays Milestones





What is the Enrollment Timeline?

FEB - MAR 2024

- Member receives Plan Selection Notice from Enrollment Broker for PathWays (2/2024)
- Members that do not have an aligned plan receive calls from Enrollment Broker
- Members in a Nursing Facility or receiving HCBS via waiver will receive 3 phone calls from the Enrollment Broker to select a plan (2/2024 to 3/2024)

MAR – APR 2024

- Member calls to make plan selection
- If no plan is selected by April 2024, the member will be auto-assigned

MAY 2024

- Members receive 60-day notice of PathWays Enrollment with plan benefit and contact information (May 2024)

JUNE 2024

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

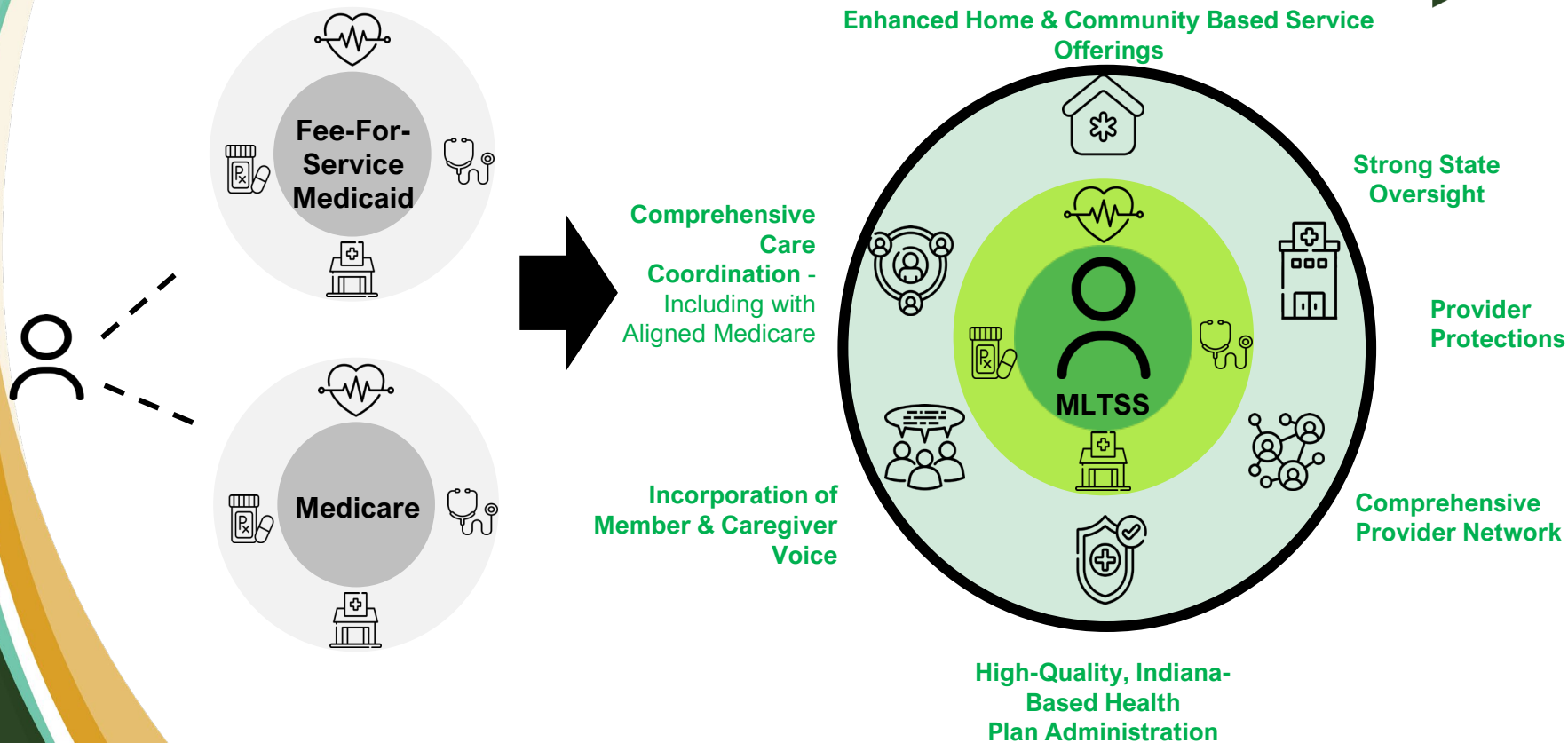
JULY 1, 2024

- PathWays coverage becomes effective (and changes from FFS or HCC)



Indiana PathWays for Aging Program Overview

Current vs. Future State



PathWays for Aging Goals



1

Person-Centered Services and Supports

Develop service plans and deliver services in a manner that is person-centered, participant-driven, holistic, involves caregivers, and addresses SDOH.

2

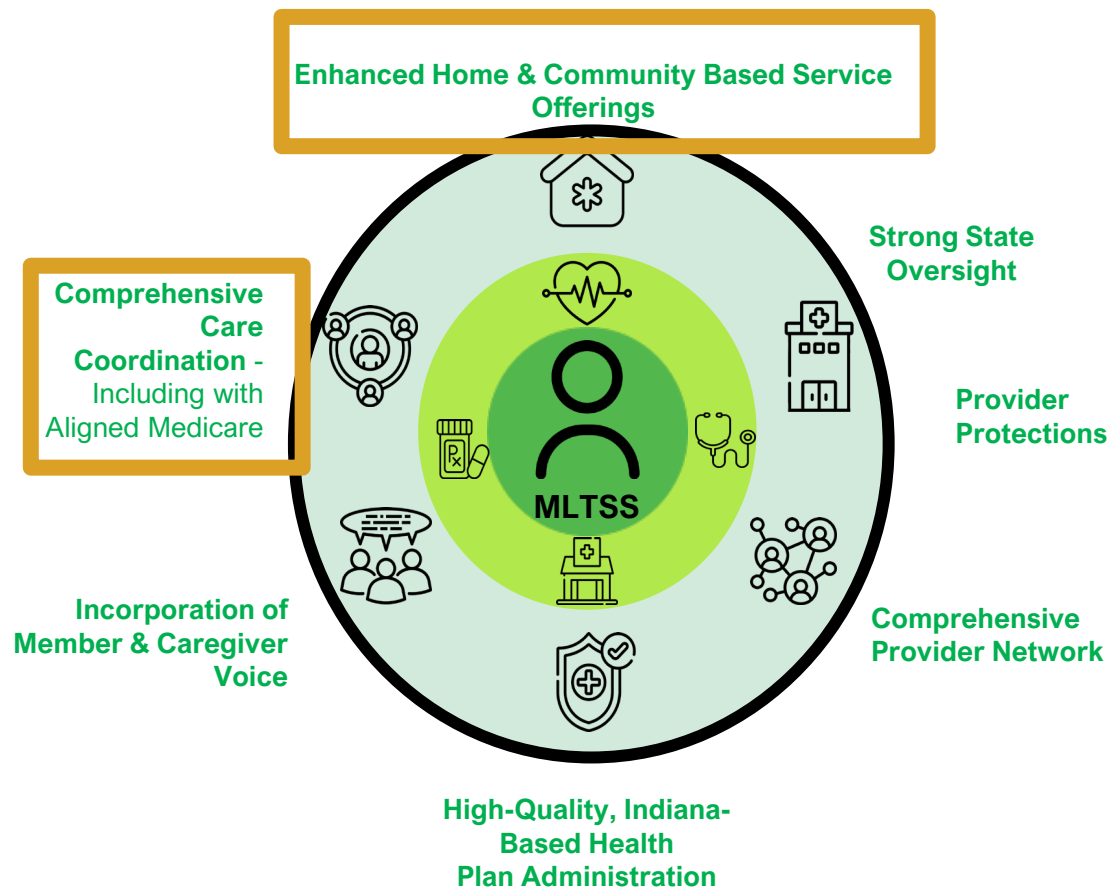
Ensuring Smooth Transitions

Ensure continuity of care and seamless experiences for participants as they transition into the MLTSS program or among providers, settings, or coverage types.

3

Access to Services (Participant Choice)

Assure timely access to appropriate services and supports to enable participants to live in their setting of choice and promote their well-being and quality of life.





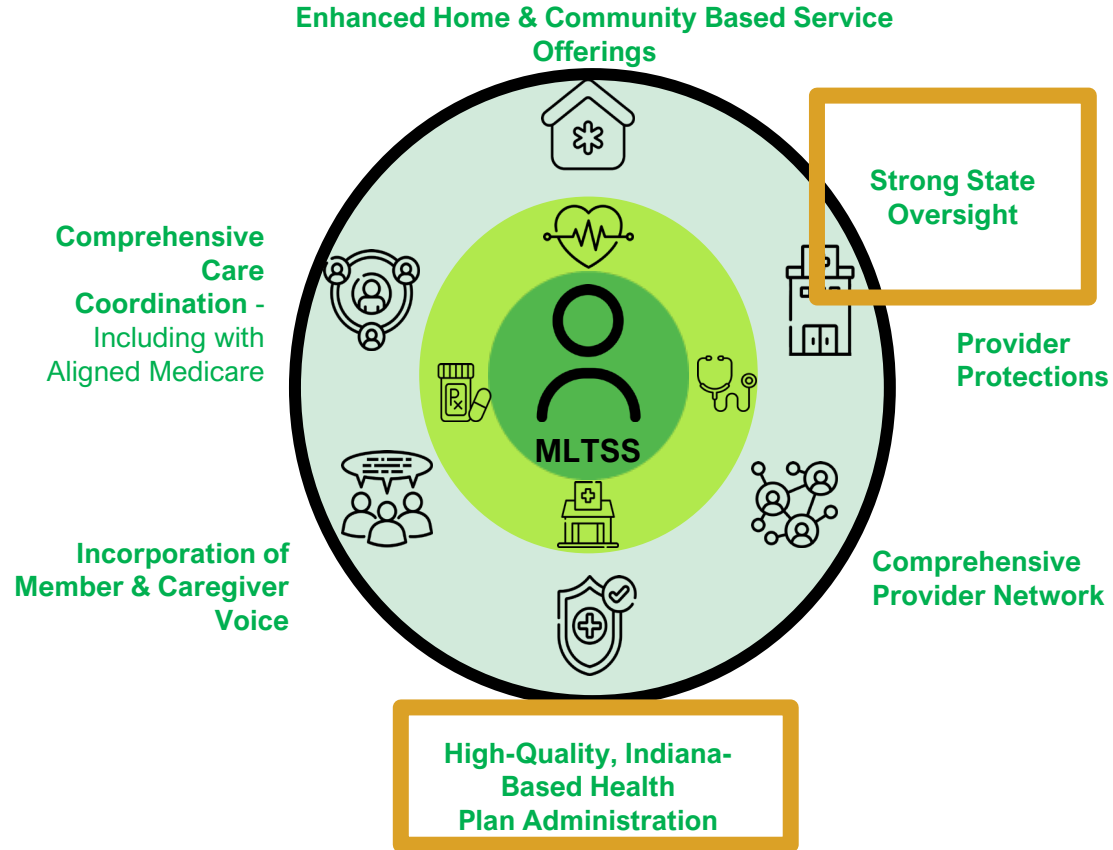
What is a Care Coordination and Service Coordination?

- Care Coordinatoion is provided to every member and works with the member to create a personalized care plan based on the individuals preferences and needs. They can also help with coordination across Medicaid and Medicare benefits.
- Service Coordination is provided to members receiving long-term services and supports and works with the member to create a personalized Service Plan that best meet their needs and goals.
- A member can have both a care coordinator and a service coordinator who then work together to ensure an integrated package of services and supports.



Dual Eligible Member Options

Medicare type prior to PathWays eligibility	Individual's path/options upon becoming eligible for PathWays for Aging
Individual is enrolled in a D-SNP that's <i>unaligned</i> with any PathWays Health Plan	<ul style="list-style-type: none">• Remain in unaligned D-SNP through CY24• Enroll in the D-SNP aligned with their MLTSS Plan• Enroll in a non-D-SNP MA Plan or Original Medicare
Individual is enrolled in a D-SNP with the same parent company as a PathWays Health Plan	<ul style="list-style-type: none">• Auto-enrolled in the aligned PathWays Plan if no other choice is selected• Provided with information about disenrolling or changing their PathWays and/or Medicare plans
Individual is enrolled in a standard Medicare Advantage Plan (non-D-SNP) or Original Medicare	<ul style="list-style-type: none">• Continue receiving benefits according to existing Medicare choice• Informed of their Medicare options in relation to Medicaid enrollment choices by the Enrollment Broker; referred to SHIP if needed.



Starting with the PathWays Scope of Work



1.0 Background.....	12	48	67	87	113	154	RHCs)	195	215	242	253
1.1 [MLTSS Program Name] Program Quality Goals	13	48	68	88	114	155	174	196	215	242	253
2.0 Administrative Requirements	15	48	68	89	114	155	175	196	216	242	253
2.1 Eligibility Requirements	15	48	69	91	115	156	177	197	217	243	254
2.1.1 Eligibility Determination Process.....	17	49	69	91	116	156	177	197	217	243	256
2.1.2 Long-Term Care Functional Screen.....	20	49	69	91	116	156	177	201	218	243	257
2.2 State Licensure.....	20	49	71	91	116	156	177	202	218	244	257
2.3 National Committee for Quality Assurance (NCQA) Accreditation.....	21	49	72	91	117	158	177	202	218	244	257
2.4 Administrative and Organizational Structure.....	21	50	72	92	117	159	178	203	219	246	
2.4.1 Staffing.....	22	50	73	93	118	159	178	204	222	246	
2.4.2 Key Staff.....	22	50	73	93	118	160	178	204	222	247	
2.4.3 Other Required Staff Positions.....	29	51	79	93	118	161	179	206	222	247	
2.4.4 Additionally Required Staff Positions	32	53	79	93	119	161	179	206	223	247	
2.4.5 Staff Training and Qualifications	32	54	80	94	119	161	179	207	223	247	
2.5 Debarred Individuals.....	33	54	81	95	123	162	180	207	225	248	
2.6 FSSA Meeting Requirements	34	56	81	96	123	162	180	207	225	248	
2.7 Financial Stability.....	34	57	82	97	123	163	181	207	226	249	
2.7.1 Solvency.....	34	57	82	97	123	163	183	207	227	249	
2.7.2 Insurance Requirements	35	58	83	98	123	164	184	209	228	249	
2.7.3 Reinsurance.....	35	59	83	99	124	165	185	209	228	249	
2.7.4 Financial Accounting Requirements.....	36	60	84	100	124	166	186	210	229	250	
2.7.5 Reporting Transactions with Parties of Interest.....	37	60	84	100	124	166	187	211	230	250	
2.7.6 Compensation.....	38	61	85	101	124	166	188	211	230	250	
2.7.7 Medical Loss Ratio.....	40	61	85	103	126	167	188	211	232	250	
2.8 Supplemental Payments and Directed Payments	42	61	85	103	126	168	190	211	235	250	
2.8.1 Hospital Assessment Fee.....	42	61	85	104	126	170	191	211	235	250	
2.8.2 Physician Faculty Access to Care (PFAC) Program	42	61	85	106	126	170	191	212	235	250	
2.8.3 Nursing Facility Supplemental Payments.....	43	62	86	106	126	171	192	212	238	251	
2.8.4 LTSS and HCBS Minimum Fee Schedule.....	43	64	86	107	128	172	192	212	238	251	
2.9 Subcontracts.....	43	64	86	109	129	173	193	213	239	251	
2.10 Confidentiality of Member Medical Records and Other Information.....	47	65	87	109	129	173	193	213	239	251	
2.11 Internet Quorum (IQ) Inquiries	47	66	87	111	129	173	193	214	240	251	
2.12 Material Change to Operations.....	47	66	87	111	129	173	193	214	240	252	
2.13 Future Program Guidance	47	66	87	113	130	174	194	214	241	253	
	1	2	3	4	5	7	8	9	10	11	12

MCE Onboarding



- FSSA began onboarding sessions with MCEs in April 2023 to ensure the MCEs understand the PathWays program and are prepared for the initiation of readiness review
- FSSA agencies and business areas provided an initial 1-hour presentation to the MCEs that included:
 - an introduction to and role of the FSSA business area
 - the expected collaboration for the business area and the MCE
 - training regarding a process/ function the MCE must perform related to Pathways
 - the expectations for the MCEs
- Documentation such as Policy Manual, Care Coordination Manual, Reporting Manual, assessments, revised Scope of Work, etc. were provided to the MCEs and MCEs provided feedback.



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 Review Update



- FSSA kicked off readiness review in late June 2023. Readiness review has included:
 - Provider contract templates
 - Systems testing
 - Administrative requirements
 - Staffing plans
 - Implementation plans
 - Overview of enhanced benefits and incentives
 - Care and service coordination program overview
 - Provider materials including education and outreach documents
 - Marketing materials and plans
 - Member services
 - Grievance and appeals processes

Contract Compliance and Pay for Outcomes



ATTACHMENT O - EXHIBIT 2 CONTRACT COMPLIANCE AND PAY FOR OUTCOMES

EXHIBIT 2 CONTRACT COMPLIANCE AND PAY FOR OUTCOMES

Except as defined below or where the context requires otherwise, all capitalized terms shall have the meanings ascribed to them in the Contract.

A. Contract Compliance

1. Non-compliance Remedies

It is the State's primary goal to ensure that the Contractor and its subcontractors/vendors deliver quality care to members while maintaining the program integrity of the State of Indiana's (MLTSS Program Name) program. To assess attainment of this goal, the State monitors certain quality and performance standards, and holds the Contractor accountable for being in compliance with Contract terms. FSSA accomplishes this by working collaboratively with the Contractor to maintain and improve programs, and not to impair Contractor stability.

In the event that the Contractor and/or its subcontractors/vendors fails to meet performance requirements or reporting standards set forth in the Contract or other standards established by the State, the State will provide the Contractor with a written notice of non-compliance and may require any of the corrective actions or remedies discussed below or in this contract. The State will provide written notice of non-compliance to the Contractor within sixty (60) calendar days of the State's discovery of such non-compliance.

If FSSA elects not to exercise a corrective action clause contained anywhere in the Contract in a particular instance, this decision must not be construed as a waiver of the State's right to pursue future assessment of that performance requirement and associated damages, including damages that, under the terms of the Contract, may be retroactively assessed.

2. Corrective Actions

In accordance with 42 CFR 438, Subpart I, FSSA may require corrective action(s) when the Contractor has failed to provide the requested services. The nature of the corrective action(s) will depend upon the nature, severity and duration of the deficiency and repeated nature of the non-compliance. The written notice of non-compliance corrective actions may be instituted in any sequence and include, but are not limited to, any of the following:

- Written Warning:** FSSA may issue a written warning and solicit a response regarding the Contractor's corrective action.
- Formal Corrective Action Plan:** FSSA may require the Contractor to develop a formal corrective action plan to remedy the breach. The corrective action plan must be submitted under the signature of the Contractor's chief executive and must be approved by FSSA. If the corrective action plan is not acceptable, FSSA may provide suggestions and direction to bring the Contractor into compliance.
- Withholding Full or Partial Capitation Payments:** FSSA may suspend capitation payments for the following month or subsequent months when the State determines that the Contractor is materially non-compliant. FSSA must give the Contractor written notice ten (10) business days prior to the suspension of capitation payments and specific reasons for non-compliance that result in suspension of payments. The State may continue to suspend auto-assignment payments until non-compliance issues are corrected.
- Suspending Auto-assignment:** FSSA may suspend auto-assignment of members to the Contractor. The State may suspend all auto-assignment or may selectively suspend auto-assignment for a region or county. The State will notify the Contractor in writing of its intent to suspend auto-assignment at least ten (10) business days prior to the first day of the suspension period. The suspension period may be for any length of time.

1

Person-Centered Services and Supports

Develop service plans and deliver services in a manner that is person-centered, participant-driven, holistic, involves caregivers, and addresses SDOH.

Members and the rights of members to receive person-centered, holistic, and participant-driven services, substantially maintaining or improving Contractor's outcome on that individual measure from the previous year. If the State determines that the Contractor will be able to maintain or improve its outcome, the Contractor will be able to maintain or improve its outcome.

2

Ensuring Smooth Transitions

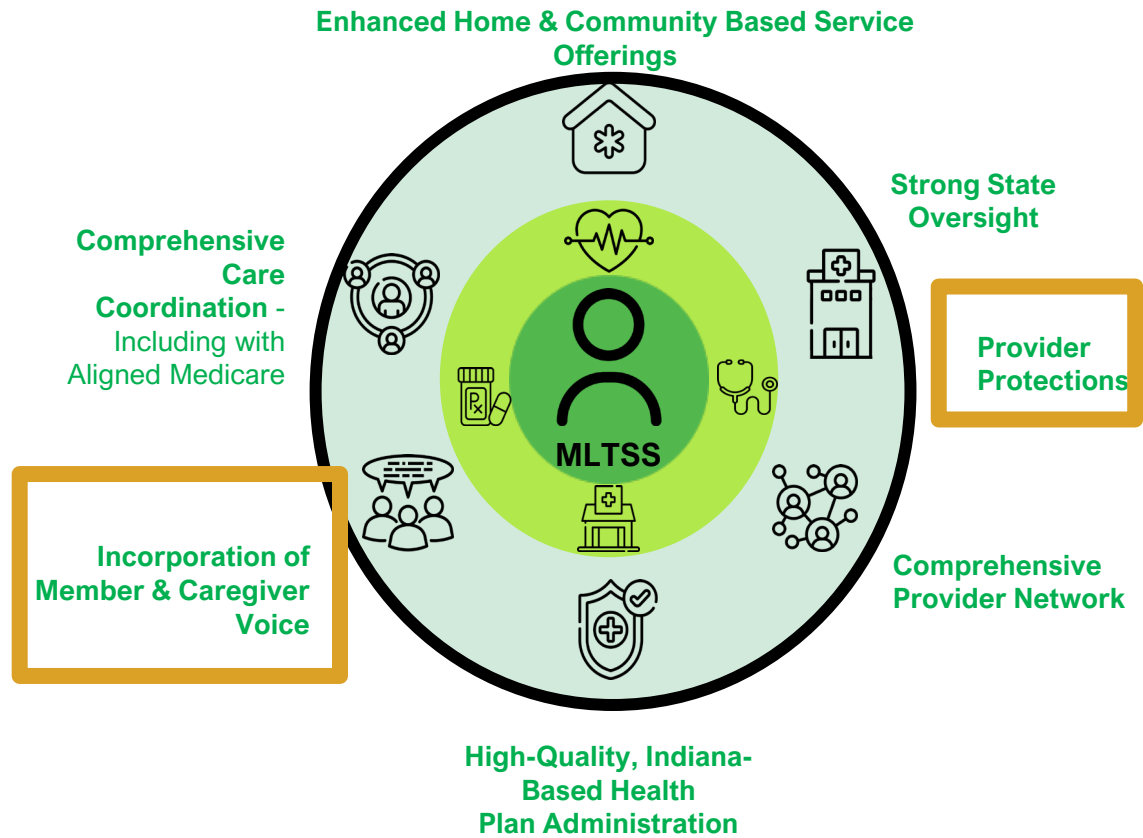
Ensure continuity of care and seamless experiences for participants as they transition into the MLTSS program or among providers, settings, or coverage types.

days remaining in the calendar year. The State will develop additional specifications for this measure (e.g., to address the handling of Service Coordinators who are employed for 30 days or

3

Access to Services (Participant Choice)

Assure timely access to appropriate services and supports to enable participants to live in their setting of choice and promote their well-being and quality of life.



Supporting Providers Through Transition



2022 Engagement

- FSSA and ADvancing States hosted 30 business acumen trainings for HCBS providers

2023 Engagement

- FSSA and ADvancing States hosted roundtable sessions across Indiana to facilitate networking opportunities between HCBS providers and Pathways MCEs and AAA/ICMs and Pathways MCEs
- 20 HCBS provider roundtables with Pathways MCEs
- 5 AAA/ICM roundtables with Pathways MCEs

MCE/HCBS Provider Roundtable Events



In the spring and summer of 2023, Indiana FSSA, in partnership with ADvancing States, coordinated a series of MCE/HCBS Provider Roundtable meetings across the state of Indiana to facilitate networking opportunities between HCBS providers and the three Managed Care Entities (MCEs) that were selected to participate in the Indiana Pathways for Aging program.

Provider Roundtables

The recording of the virtual roundtable opening, including a short presentation by each of the Managed Care Entities (MCEs) can be found at [this link](#). Below, we have posted the leave behinds for each MCE. Please disregard any reference to Molina Healthcare in the resources on this website. Molina Healthcare has withdrawn from consideration for Indiana Pathways for Aging.

- [Anthem's leave behind information](#)
- [Humana's leave behind information](#)
- UnitedHealthcare did not have a leave behind, but did share their provider services email address: in_provider-services@uhc.com
- [MCE/HCBS Provider Roundtable PowerPoint used during our in-person and virtual sessions.](#)
- [MCE/HCBS Provider Roundtables Agenda](#)

More information can be found at www.advancingstates.org/inform-indiana

PathWays CoInform



- Stakeholder engagement has been and continues to be an essential part of the larger long-term services and supports reform effort in Indiana with over 600 meetings held to date
- The PathWays CoInform workgroup is the first stakeholder group FSSA convened at the end of 2020 when the reform project began
- The purpose of gathering this group of stakeholders was to inform the design, development, and implementation of the PathWays program. There have been four phases of the engagement.
- Our engagement promotes buy-in and support for the reform effort and ensures organizations are prepared to have a successful transition to Pathways
- Codesign Workgroup Goals:
 - Share resources and information
 - Provide current updates on implementation progress
 - Receive feedback and answer questions
 - Assist stakeholders in navigating change

How do Providers Participate in PathWays?



- Provider Enrollment & Certification
 - As already required today, all providers must be enrolled as a Medicaid provider through Indiana Health Coverage Programs (IHCP)
 - Additionally, HCBS providers must also be certified by the Division of Aging prior to contracting with any MCE.
 - In 2024, HCBS provider certification will move to OMPP. When this change occurs, more information will be provided on who to contact. Current providers will NOT need to recertify with OMPP beyond any routine recertification already required

How do Providers Contract with MCEs?



- Each MCE is required to contract with any willing provider for at least 3 years, providers have a choice with which MCEs they choose to partner.
- Providers are encouraged to reach out to the MCEs for relationship building. Once MCEs receive approval from FSSA, they will reach out to providers to begin the contracting process.
 - **Anthem:** INMLTSSProviderRelations@anthem.com
 - **United Healthcare:** in_providerservices@uhc.com
 - **Humana:** LTSSContracting@humana.com



How Will Providers Bill for Services?

- For PathWays members and services, each MCE has their own claims portal. However, FSSA is working with all three MCEs to develop unified operations to ensure they are aligning as much as possible.
- MCEs are required to pay or deny
 - electronically filed clean claims for HCBS within 7 calendar days of receipt.
 - electronically filed clean claims for all other services within 21 calendar days of receipt.
 - clean paper claims within 30 calendar days of receipt.
- For non-PathWays LTSS members and services, providers will continue to bill through the IHCP portal as you do today

Where do I go for more information?



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

The screenshot displays the PathWays website interface. At the top, there is a navigation bar with the IN.gov logo and links for Accessibility Settings, Language Translation, and Governor Eric J. Holcomb. The main header reads "PathWays". On the left, a sidebar menu includes "PathWays Home", "Information and Resources", "Who is eligible for the PathWays program?", "PathWays History", "Stakeholder Engagement", "Frequently Asked Questions", "HCBS Provider Frequently Asked Questions", "Promotional Toolkit", and "How PathWays Helps Hoosier Like You" with user avatars for Sofia, John, and James. The main content area is titled "HCBS Provider Frequently Asked Questions" and includes a sub-header "HCBS Provider Frequently Asked Questions" followed by a paragraph stating the purpose of the FAQ. Below this, a section titled "Eligibility, Enrollment, and Plan Selection" contains a list of questions, each with a plus icon to its right, indicating they are expandable. The questions listed are: "Who is eligible for the Indiana PathWays for Aging program?", "When does PathWays for Aging start?", "When will individuals be notified about the transition to Indiana PathWays for Aging?", "When will the MCEs begin reaching out to clients?", "How will plan information be available to future PathWays for Aging members?", "Where can I, as a provider, go to educate myself about each PathWays MCE?", and "How will FSSA be involved in outreach to individuals? Will MCEs be allowed to directly outreach to individuals?".

IN.gov An official website of the Indiana State Government

Accessibility Settings Language Translation Governor Eric J. Holcomb

PathWays

PathWays Home

Information and Resources

Who is eligible for the PathWays program?

PathWays History

Stakeholder Engagement

Frequently Asked Questions

HCBS Provider Frequently Asked Questions

Promotional Toolkit

How PathWays Helps Hoosier Like You

Sofia

John

James

PATHWAYS / HCBS PROVIDER FREQUENTLY ASKED QUESTIONS

HCBS Provider Frequently Asked Questions

HCBS Provider Frequently Asked Questions

The purpose for this FAQ is to inform HCBS providers with relevant information related to the Indiana PathWays for Aging program. This information is accurate as of October 2023, and FSSA will provide updated FAQs in the future as needed.

Eligibility, Enrollment, and Plan Selection

- Who is eligible for the Indiana PathWays for Aging program? +
- When does PathWays for Aging start? +
- When will individuals be notified about the transition to Indiana PathWays for Aging? +
- When will the MCEs begin reaching out to clients? +
- How will plan information be available to future PathWays for Aging members? +
- Where can I, as a provider, go to educate myself about each PathWays MCE? +
- How will FSSA be involved in outreach to individuals? Will MCEs be allowed to directly outreach to individuals? +



PathWays

FOR AGING

