

Serving Hoosier Healthwise, Healthy Indiana Plan,  
Hoosier Care Connect, and Indiana PathWays for Aging



# Preparing for Managed Care

Indiana PathWays for Aging



# Anthem Mission and Vision

## Mission

Our mission is to assure individuals have access to appropriate health and support services and meaningful participation and engagement in the community, supporting members to live in the setting of their choice and partnering with FSSA in achieving its mission, inclusive of program quality goals.

## Vision

Our vision is that Anthem Indiana PathWays for Aging members achieve their optimal whole person health, live a life aligned with their choices and preferences, and attain their goals.

***We operate under the core person-centered concept that individuals are less likely to do anything that is important for them (health and safety), unless we also understand and honor what is important to them (things that bring joy and promote quality of life).***

# Training agenda

1. Introduction
2. What does Managed Care mean?
3. Transition from fee-for-service to Managed Long Term Services and Supports (MLTSS)
4. Benefits of partnership with Anthem Blue Cross and Blue Shield (Anthem) MLTSS
5. Q&A

# Who are we?

**Anthem has over 15 years of Medicaid experience in Indiana, currently serving almost 800,000 Hoosiers.**



- Hoosiers aged 65 and over
- Hoosiers with blindness or a disability
- Excludes those eligible for Medicare or HCBS waiver services
- Current and former foster youth



- Hoosiers ages 19 to 64
- Income-based
- HIP Plus
- HIP Basic



- Children up to age 19
- Some pregnant persons with low-income

# What is Indiana PathWays for Aging? (cont.)

Choice	Allows Hoosiers to age in a setting of their choice
Needs-based	Decreases the time it takes to qualify and receive home services
Coordinated care	Care and service coordination to personalize the member's <i>Individualized Care Plan</i> to best meet each member's needs
Quality	Incentivizes quality and gives individuals the care they need, when they need it
Data-driven	Integrates data to allow the state and the public to monitor successes and improve the program
Workforce support	Focusing on workforce development around recruitment, training, support, and training for direct support workers.



# What is Indiana PathWays for Aging?

- A managed long-term support services program for Hoosiers aged 60 and over and on Medicaid.



About 10% will be Hoosiers between 60 and 65 who are not currently receiving LTSS and are enrolled in Managed Care Entities (MCEs) under Hoosier Care Connect.



About 40% are in nursing facilities or on the *A&D Waiver*



About half (50%) are Hoosiers 65 and over who are on Medicare



Current aged and disabled (A&D) providers and nursing facilities join the Managed Care network in order to continue serving Hoosiers aged 60 and over

---

# What does Managed Care mean?

## **Goals of an MLTSS program:**

- Anthem's Long-Term Services and Supports (LTSS) product model is a fully integrated model that provides high quality, culturally competent care and service coordination for seniors and people with disabilities.
- We formed a relationship with The Learning Community for Person Centered Practice in 2017 to guide the approach of its Medicaid organization and ensure it is informed by individuals using services and their families.
- Through ongoing technical assistance from leaders in the patient care technician community, we continually evaluate culture to ensure the person-centered approach is honored throughout the organization.

**What does Managed  
Care mean?**





# The goal: Aiming to achieve a system that is...

Person-centered

Sustainable and  
sufficient

Inclusive

Coordinated and  
transparent

Effective and  
accountable

Culturally competent

# Why Indiana PathWays for Aging?

## Health promotion

Indiana PathWays for Aging will promote the health and well-being of people who need assistance with activities of daily living due to long-term conditions or disabilities, or who require supervision and support due to a cognitive impairment.

## System navigation

Many older adults receive their medical services through Medicare and long-term services and supports through Medicaid. In our current system, there is little to no coordination between these two programs, and people enrolled in both must navigate separate systems and rules, resulting in confusion, inconsistent care, and poorer health outcomes.

## Seamless coordination

Indiana PathWays for Aging will feature seamless coordination of benefits regardless of program or setting and significantly reduce the confusion created by navigating multiple plans. Increased coordination between these programs will make accessing and navigating the entirety of the care/support continuum easier.

# Benefits of Managed Care

---

## **Case management and service coordination**

Care/service coordinators will be responsible for coordinating full suite of member benefits — LTSS, physical and behavioral health, Medicaid and Medicare, as well as serving as a point of contact .

---

## **Assessment**

Care/service coordinators will perform regular assessments, LTSS service planning, and medical care planning.

---

## **Caseloads**

Care/service coordinators will have mandatory caseload sizes and requirements surrounding frequency of visits.

---

## **Consistency**

MCEs are required to have at least 50% of members served by existing waiver case management entities.

---

A close-up photograph of an older woman with short, wavy grey hair, wearing glasses and a pearl earring. She is looking down at a smartphone held in her hands. She is wearing a red top under a light-colored, textured cardigan. The background is softly blurred, showing what appears to be a window and a framed picture on a wall.

## Transitioning from fee-for-service to MLTSS

# Transitioning to MLTSS



Guided support — Dedicated LTSS Provider Relationship Management representative will actively engage providers to develop relationships, share the fundamentals of managed care, offer education, tools, and resources needed to support their training and readiness needs.



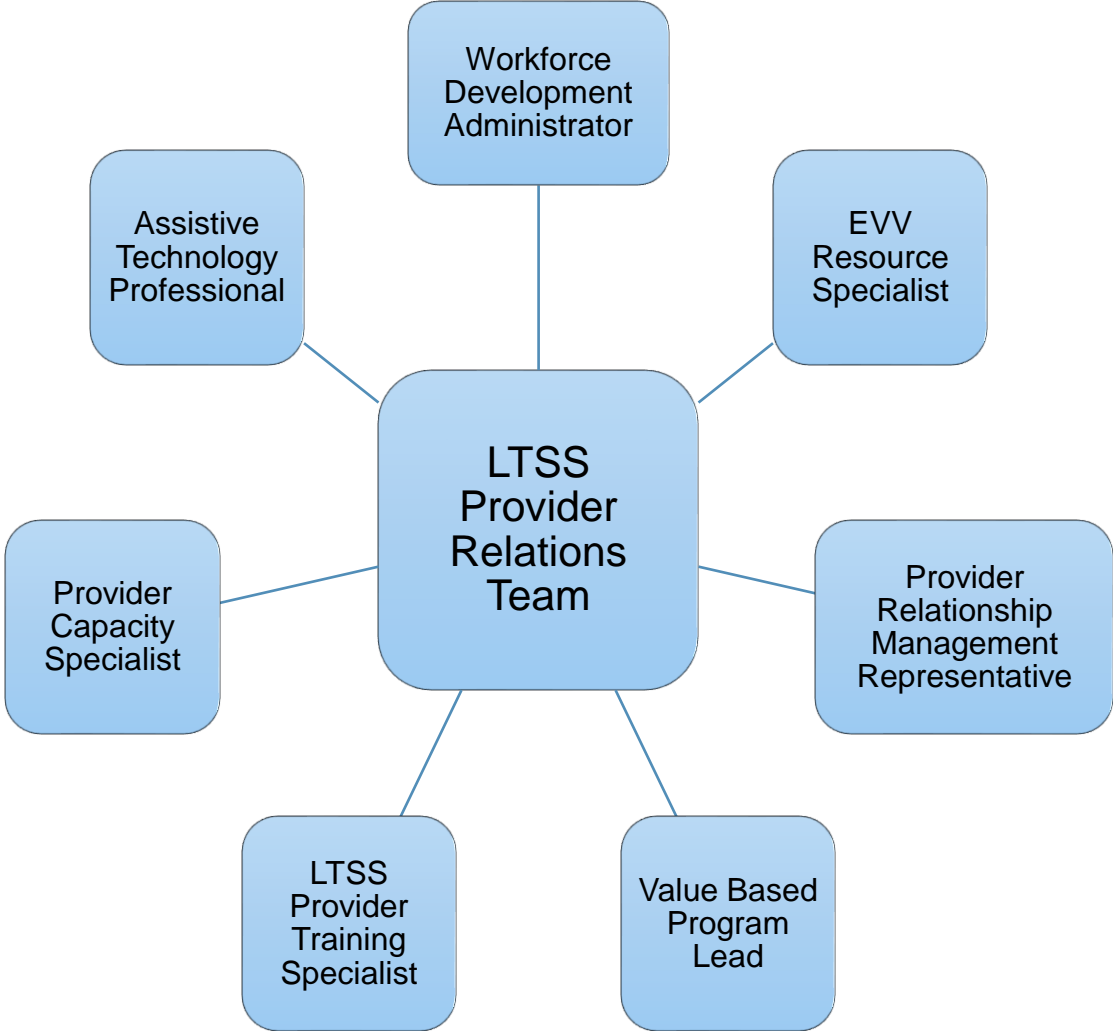
Building a robust network — Anthem will work with all providers to build a robust network and comply with provider requirements.



# Who we are

- Local and dedicated subject matter experts who can provide in person or virtual support through:
  - Provider Support Visits:
    - Implementation
    - Onboarding and Orientation
    - Technical Assistance
    - Ongoing (to include maintaining Home- and community-based services (HCBS) rule setting compliance)
  - Value Based payments
  - Billing and Systems
  - Contracting and Certification
  - Workforce and Capacity Development
  - Individualized trainings
  - Serve as an ongoing resource and subject matter expert
  - Education and support via monthly office hours and provider webinars

# We are here to support you



# Person-centered care and service coordination

**Care coordination** is a specialized comprehensive care management process performed by an LTSS Care Coordinator that includes:

- Development of the *Individualized Care Plan (ICP)* for each member with input from the member and/or caregiver, and member's PMP, which includes short/long-term goals, specific actionable objectives, and measurable quality outcomes individually tailored to meet the identified care needs.
- Facilitation and coordination the care of each member according to his/her needs.
- Collaboration with the member to establish an Interdisciplinary Care Team (ICT) based on the members needs and preferences.

# Person-centered care and service coordination (cont.)

In addition to care coordination services, all members who are determined Nursing Facility Level of Care (NFLOC) and receive HCBS or institutional LTSS will also 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 supports, medical, social, housing, educational, and other services, regardless of the services' funding sources.
- All members receiving HCBS or institutional LTSS will have an assigned Service Coordinator who works with the member's Care Coordinator to ensure cohesive, holistic service delivery.
- Along with the member and member's identified ICT, Service Coordinators will develop the *Person-Centered Service Plan* to address the member's LTSS and LTSS-related needs.

# Previous service initiation process

## **Eligibility:**

- Functional and financial
- AAA is the front door

## **Options counseling:**

- Stay with AAA
- The *Pick List*
- The *Notice of Action (NOA)*

## **Getting services:**

- Provider receives *NOA*
- Provider begins services



# Upcoming service initiation process

## Eligibility:

Functional and financial

AAA is the front door during first year of Indiana PathWays for Aging

Enrollment Services Vendor (ESV) is the front door after first year of Indiana PathWays for Aging

## Plan selection:

AAA/ESV help member select an MCE

Available provider network and performance data

## Assessment and ICP:

Care Coordinator assesses member needs, creates *ICP*

Collaborates with Service Coordinator to ensure member needs are met

## Assessment and Service Plan

Service Coordinator assesses member needs, creates *Service Plan*

Service authorization is entered

## Getting services:

Provider receives service authorization

Provider begins services

# LTSS home- and community-based services



## **Services are selected**

By the person, based on their needs and goals (can have many different services).



## **Services are integrated and support access to the greater community**

Provide opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.



## **Services support access to care**

Ensure the person receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS.

A photograph of two women sitting on a light-colored sofa. The woman on the left has grey hair and is wearing a light-colored, textured cardigan over a brown top. The woman on the right has dark hair and is wearing a similar cardigan. They are both smiling warmly at the camera. The background is softly blurred, showing a window with light curtains and a plant.

## Benefits of partnership with Anthem MLTSS

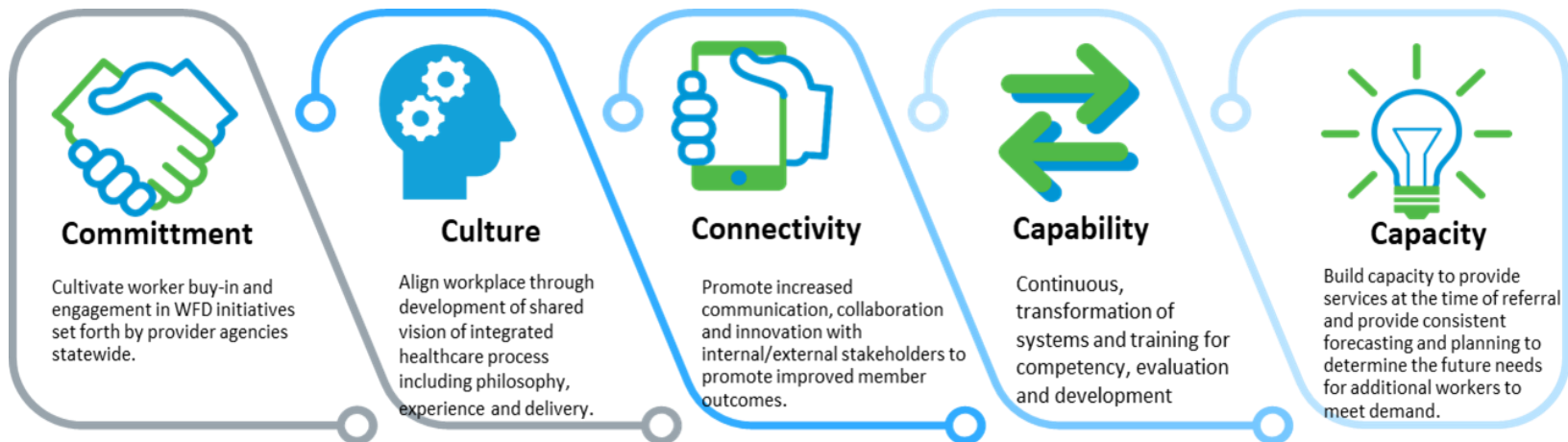
# Workforce Development

- **What is Workforce Development (WFD)?**

An approach to improving outcomes of individuals receiving LTSS by enhancing the recruitment, retention, competency, and training of the Direct Support Professional Workforce.

- **WFD priorities and support:**

Indiana PathWays for Aging is fully committed to investing in the recruitment, retention, and development of the workforce, as it directly impacts individuals receiving LTSS through provider partnerships.



# Electronic visit verification (EVV)



EVV is the use of technology to record the time and location of paid caregivers during a scheduled visit check-in and check-out.

This method of verification has been proven to provide an accurate account of provider's time while minimizing or eliminating inappropriate claims.

EVV is required for providers that deliver care to Medicaid members in HCBS settings.



Required for personal care services (PCS) and home health care services (HHCS) through the *21<sup>st</sup> Century Cures Act*.



# Availity Essentials website

- The Availity Essentials\* website offers secure access to manage daily transactions with payers.
- You don't need any special software to get started with Availity Essentials.
- With Availity Essentials, you can verify eligibility, submit claims, and check the status of claims.



The screenshot shows the login interface for the Availity Essentials website. At the top left is the Availity logo, which consists of three interlocking orange and yellow shapes. To the right of the logo is the word "Availity" in a white, sans-serif font. Below the header is a white login form. It contains two input fields: "User ID:" and "Password:". Below the password field is a checkbox labeled "Show password". At the bottom left of the form are two links: "Forgot your password?" and "Forgot your user ID?". At the bottom right is a blue button with the text "Log in" in white.

# Care Central

- A one-stop shop for LTSS providers supporting members in the Indiana PathWays for Aging program.
- Care Central is an LTSS billing and member management solution within Availity Essentials.
- Enables a simplified, seamless, and tailored online experience reducing administrative burdens.
- Reduces errors, manual processes, and obsolete technology.
- Empowers the provider with quick access to information necessary to initiate and maintain member care.
- Provides clear line of sight into critical data and reporting.

# Care Central (cont.)

## Your one-stop shop:

- Claims dashboard
- Member dashboard
- Person-centered plan access
- Authorization dashboard
- Provider profile and capacity tracking
- Referral dashboard
- Value based programs dashboard
- Provider resources dashboard
- Reporting dashboard

# Joining the Anthem network

- Completed enrollment as an Indiana Health Care Provider (IHCP) through FSSA. Use your IHCP provider ID number.
- Complete the Anthem application through our [digital provider enrollment process](#).
- Network Participation applications will be processed within 30 calendar days of receipt of a complete application.
- Provider Relationship Management representative will support providers through on-site readiness visits and then ongoing to share trainings and provider resources.

# LTSS provider implementation support

---

## ***Provider Pre-Implementation Survey:***

The Provider Relationship Management representatives will outreach each provider, following their network participation submission to send the pre-implementation survey. This will include a questionnaire to determine the provider's level of readiness and understanding of the program, population, and biggest support needs as well as the provider's strengths, experience, and mission.

---

## **Provider implementation support:**

Implementation support visits will be conducted by the Provider Relationship Management representatives to complete training and support provider's needs. These will be tailored to accommodate what was identified within the pre-implementation survey.

A virtual/on-site visit conducted initially and ongoing, using an implementation support tool to ensure providers have met minimum requirements to provide services to the people we support.

---

## **Implementation support tool:**

A tool utilized to document and track that requirements and expectations to be a provider have been met.

---

## ***Corrective Action Plan:***

A plan the provider must submit if they do not pass a portion of their support visit.

---



# Implementation support types

Type	Requirements
<b>Provider Readiness Screening</b>	<ul style="list-style-type: none"><li>• <i>Pre-Implementation Survey</i>: determine their understanding of the program and population</li><li>• Joint call with applicable specialists (for example, Employment Services)</li><li>• Understand the types of questions providers have about Indiana PathWays for Aging</li></ul>
<b>Initial provider support visit</b>	<ul style="list-style-type: none"><li>• Verify services and counties applied for, to include required licensure/certifications and discussion around staff capacity and qualifications</li><li>• Ensure understanding of the services they are applying for</li><li>• Verify they have policies and processes documented in accordance with NCQA and specific state requirements</li><li>• Audit of employee records to verify background checks and training requirements (as applicable)</li><li>• Review quality expectations related to providing LTSS services and supports</li><li>• Verify compliance with the <i>HCBS Settings Rule</i></li></ul>

# Implementation support types (cont.)

Type	Requirements
<b>Onboarding education and training</b>	<ul style="list-style-type: none"><li>• Use time to verify that provider record is accurately loaded based on contracted services and counties and that we have correct contact information</li><li>• Ensure provider has access to all needed training and billing platforms and related trainings:<ul style="list-style-type: none"><li>• Availity/Care Central</li><li>• EVV</li><li>• Elsevier</li></ul></li><li>• Anthem's Learning Management Systems, including Elsevier and ON24</li><li>• Federal requirements around <i>HCBS Settings Rule</i>, primary medical provider (PMP), and electronic visit verification (EVV)</li><li>• Abuse and neglect prevention, identification and reporting, and critical incident management and reporting</li><li>• Any other trainings/webinars specific to the services provided</li></ul>

# Implementation support types (cont.)

Type	Requirements
<b>Ongoing provider support visits</b>	<ul style="list-style-type: none"> <li>• Re-verify what was reviewed during initial provider visit</li> <li>• Educate/inform and evaluate performance since the last site visit:               <ul style="list-style-type: none"> <li>• Conduct provider specific re-training on topics</li> <li>• Review of any claim denial trends or issues, EVV late/missed visits, referral responses, member experience assessments, etc., and conduct necessary re-training</li> <li>• Verify provider has received all provider updates, newsletters, memos, training documents, webinars distributed since the last site visit</li> <li>• Ensure provider has most up-to-date resources and <i>Quick Reference Guide</i>, to include current provider requests mailbox, authorization, and claims appeal process</li> <li>• Review participation in Value Based programs</li> <li>• Technical assistance; WFD: capacity building and expansion opportunities, technical assistance with things like staff recruitment (job postings and brand recognition), retention, and development</li> </ul> </li> </ul>
<b>HCBS settings compliance visit</b>	<p>During initial and ongoing visits, verify the following:</p> <ul style="list-style-type: none"> <li>• Location of service provision is integrated in and supports full access to the community, and not a setting that has qualities of an institution</li> <li>• Member-selected setting from options based on individual needs and preferences. For residential settings, resources are available for room and board</li> <li>• Assures member right to privacy, dignity, respect, and freedom from coercion and restraint</li> <li>• Optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment, and with whom to interact</li> <li>• Facilitates individual choice regarding services and supports, and who provides them</li> </ul>

# Claims

- For providers who do not bill in EVV, claims are submitted through the Claims Dashboard in Care Central:
  - Create and submit claims
  - Allows for the upload of supporting documentation of a claim.
  - Can save claims settings for streamlining.
  - Review claims and make changes prior to submission.
  - Confirmation of submission
  - The ability to sort, filter, and search by member and claims information
  - The ability for the provider to see the dollar amount of claims that have been billed
  - Allow providers to see fee schedule/contracted rates
  - View Claims Dashboard with claims status
  - Ability to export Claims Dashboard views to Excel

# Resources



Anthem's Indiana PathWays for Aging Health Care Network's team email:

- [INMLTSSProviderRelations@anthem.com](mailto:INMLTSSProviderRelations@anthem.com)

Indiana PathWays for Aging Provider Helpline:

- **844-284-1798**

Q&A







Serving Hoosier Healthwise, Healthy Indiana Plan,  
Hoosier Care Connect, and Indiana PathWays for Aging

\* Availity, LLC is an independent company providing administrative support services on behalf of the health plan.

<https://providers.anthem.com/in>

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

INBCBS-CD-036538-23-A November 2023