



PathWays Preview

Managed Long Term Services and Supports Navigation Tool

Feb. 6, 2024

Welcome to PathWays Preview, providing data on topics related to contracting, enrollment, claims processing, care/service coordination, rates/reimbursement, government affairs, and upcoming meetings and webinars to help you navigate and prepare for the Indiana Medicaid program launching **PathWays** (known as Managed Long Term Services and Supports or MLTSS).



Sign up for FSSA PathWay email updates [here](#).



RATES & REIMBURSEMENT *Update*

Medicaid Rate Release Schedule

The amendments to the Medicaid State Plan necessary to implement rates effective July 1, 2023, and after was filed in late September with the Centers for Medicare and Medicaid Services (CMS). The state is still awaiting CMS approval and will not implement these rates until after the approval is received to ensure that the final rate setting methods are consistent with the approved plan.

In addition, due to the new process of eliminating retroactive rates in the future and doing desk reviews of cost reports prior to rate setting, some cost reports are still in the process of being finalized.

Due to these factors, July 1, 2023, are currently expected to be issued in mid to late March with the Oct. 1, 2023, Jan. 1, 2024, and April 1, 2024, rates to be issued shortly thereafter. The July 1, 2024, rates should be released by May 15. Jan. 1, 2025, rates should be released by Nov. 15.

Remember that in the new system of rate setting, there will only be semi-annual rate updates with the January change incorporating changes in Case Mix Index (CMI) and quality metrics.

In the future, July 1 rates will be issued by May 15 of each year.

Monthly Census Reporting

Throughout the implementation of MLTSS, the MLTSS Nursing Facility Reimbursement Steering Committee has been meeting to discuss and design changes to how nursing facilities are reimbursed. This Steering Committee consists of representatives of the Indiana Family and Social Services Administration Office of Medicaid Policy and Planning (OMPP), Myers and Stauffer, Milliman, the nursing home provider associations and the hospital associations.

As a part of this process, the Steering Committee designed the monthly census reporting process in order to provide current census data for forecasting, computation of Interim Upper Payment Limit (UPL) Supplemental Payments and potentially the payment of the Quality Assessment Fee (QAF). However, the Steering Committee agreed to not use this data until the system was considered reliable. Also remember, for UPL Supplemental Payments, the census forms will only be used for Interim UPL Supplemental Payments. The actual final settlement of UPL Supplemental Payments will utilize Medicaid days from claims data. So it is important for the monthly census information to be reliable and consistent in comparison to the claims data to eliminate large swings in UPL payments upon final settlement.

To assist in this process, Myers and Stauffer provided us with a Medicaid Census Data Summary for the first quarter of State Fiscal Year (SFY) 2024. This data compares the Fee For Service Medicaid days as reported on the monthly census forms filed with Myers and Stauffer to days per Medicaid Claims Data as of Jan. 18, 2024. The state has asked provider associations to communicate this data to providers on a voluntary basis to assist in identifying issues with the census reporting process.

It is important to note that this is a cooperative endeavor between the State, Myers and Stauffer and the provider community to try and make the census reporting process as reliable as possible. There will be no adverse actions to providers for identifying errors in their prior reporting.

Since the census forms are due by the end of the month after the service period, the Steering Committee understands that due to Medicaid eligibility issues, individuals who are Medicaid pending and for other reasons, that there will be some monthly variance between the census forms and the claims data. In our discussions, we believe a 2% variance was tolerable for the short term. Anything greater than that may cause the data to be considered unreliable.

As such, we are asking providers to volunteer and look at their data by focusing on facilities that have a variance for the 1st Quarter of greater than 2%. Since the claims used for this process were paid through Jan. 18, 2024, we believe July claims should all have been processed with a few exceptions given the six months timely filing limit. August may have a few more open claims and so on.

There is no need to amend your reports for any errors identified. At this point, the census reports will only be used for Interim UPL Supplemental Payments for the period of Jan. 1, 2024 through March 31, 2024, period and after, assuming the Steering Committee can get comfortable with their reliability. If during your review you identify systemic issues with how your data is being reported, please let us know what they may be so that we can discuss them with Myers and Stauffer and issue revised guidance for completion of the census forms. This voluntary review is intended to identify ways to improve reporting consistency and the only way to do that is by understanding the issues you discover between the census reporting and actual claims payment.

If you would like to participate in this process and see your data to identify individual facility reporting issues, please email Elizabeth Eichhorn at eeichhorn@ihca.org and she will send the information for your facility or facilities.

Preliminary Resident Roster Reports: Q4 2023, and 9/1/23 - 11/30/23 MDS periods

Myers and Stauffer are aware of an error in select records on the recently released preliminary resident roster reports for the Q4 2023 and the 9/1/23 – 11/30/23 MDS periods. Corrections are currently in process and preliminary resident roster reports will be re-released in the near-term future. Providers may wait for the corrected files to be published prior to reviewing the preliminary resident roster reports as additional time for review and correction will be given. Further information related to the specific issues identified as well as revised cutoff dates will be forthcoming.

ACTION ITEM: Email Elizabeth Eichhorn at eeichhorn@ihca.org if you are interested in a voluntary review to identify ways to improve reporting consistency. Register and attend Feb. 7 IHCA webinar on the New Cost Reporting Forms and Template, Feb. 13 Indiana PathWays for Aging Provider [webinar](#), and Feb. 21 IHCA webinar on Nursing Facility Reimbursement.

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GOVERNMENT AFFAIRS *Update*

The 2024 legislative session is at the halfway point. In the second half of session, which must conclude by March 14, the Senate will consider House bills and the House will consider Senate bills. While some proposals for new laws will no longer move forward, [Senate Bill 132](#) will progress for consideration in the House of Representatives.

Senate Bill 132 was amended on second reading in the Senate to reflect progress in IHCA's negotiations with FSSA regarding the proposed temporary emergency assistance during the first six months of PathWays launching.

The agreed upon amendment elements include:

- Charging the billing workgroup, which will include our members, with defining “appropriately” submitted claims;
- Deeming an emergency to exist when the days not paid or denials threshold is triggered (instead of the initially proposed “may” provision that did not expressly compel FSSA to trigger the emergency for the applying/affected provider);
- Increasing the emergency payment from 70% of monthly average claims to 75%;
- Deleting language that could have inadvertently allowed Managed Care Entities (MCEs) to reconcile emergency payments at the hospital license level;
- Clarifying that Managed Care Organizations (MCOs) must review/pay claims payments in excess of the temporary emergency assistance payment reconciliation as submitted by providers; and
- Cleaning up items to comport with actual billing practices.

ACTION ITEM: Click [here](#) to learn more about Senate Bill 32 as it is considered in the House, and visit iga.in.gov to watch legislative proceedings taking place at the Indiana Statehouse.



CARE & SERVICE COORDINATION *Review from 1.30.2024*

FSSA has reported to IHCA that it is making changes to the PathWays scope of work, including the prior authorization section, and that they will share more details at the mid-February meeting with long-term care associations.

UnitedHealthcare (UHC) has shared its PathWays provider manual, which can be found [here](#). **UPDATE:** Manuals for Anthem and Humana have been released. Access the Anthem manual [here](#) and the Humana manual [here](#).

ACTION ITEM: Review UHC provider manual [here](#), the Anthem manual [here](#) and the Humana manual [here](#).



CONTRACTING *Review from 1.30.2024*

FSSA has approved all PathWays MCE provider contracts, and the MCEs (Anthem, Humana and United) have been reaching out to providers to begin the contracting process. If you have not yet heard from the MCEs, please find contact information below. If you participate in the Quality Partners network, the network will negotiate contracts on your behalf.

For more updates and details, and to check to see if your facility is a network member, contact Rachel Heilskov at rheilskov@ahca.org or Katie Colgan at kcolgan@ahca.org.

REMINDERS:

- “Any willing provider” applies to the PathWays program for the first three years. This means that the MCEs are required to contract with any provider that meets the criteria of licensure and Indiana Health Coverage Programs (IHCP) enrollment and is willing to accept the provisions of the MCE’s contract.
- The state will set reimbursement rates for at least the first five years of the program.

MCE contacts:

Anthem: Emma Badgley at emma.badgley@elevancehealth.com

Humana: Denise Watson at DWatson31@humana.com

United: Amanda Wilson at amanda_wilson@uhc.com

ACTION ITEM: If you do not participate in Quality Partners Network and have not received a contract, contact MCE representatives listed above.



CLAIMS PROCESSING *Review from 1.30.2024*

FSSA has communicated to IHCA that PathWays MCEs must follow billing and claims processes in the Indiana Medicaid Long Term Care module, which can be found [here](#).

The MCEs have expressed interest in partnering with providers for claims testing in advance of the July 1, 2024, PathWays going live. Those interested in participating in the advanced claims testing can contact Elizabeth Eichhorn at eeichhorn@ihca.org.

ACTION ITEM: Review the Indiana Medicaid Long Term Care module [here](#).



ENROLLMENT *Review from 1.30.2024*

Beginning the week of Feb. 19, 2024, FSSA will begin mailing information about PathWays to current Medicaid members, including residents in Assisted Living (AL) waiver and Skilled Nursing Facility (SNF) buildings. FSSA's enrollment vendor Maximus will begin outreach phone calls to residents shortly after to assist in selecting a PathWays MCE. Residents who do not make an MCE selection within 60 days will be auto assigned to an MCE. View a comparison of plans [here](#).

SAVE THE DATE:

- Feb. 13, 2024, at 1 p.m.: FSSA will host a webinar on PathWays MCE enrollment. Click [here](#) to learn more.
- Feb. 15, 2024, at 10 a.m.: IHCA will host a webinar on the upcoming FSSA outreach to your residents for MCE selection for the PathWays program. FSSA will present at the webinar and allow time for questions. The presentation will cover the mailings and phone calls your residents will receive, as well as provide information and resources on how you can educate your residents about the PathWays program and the MCE selection process. Click [here](#) for details and to register.

ACTION ITEM: Register and join February enrollment outreach webinars.

Upcoming Meetings/Webinars

Feb. 7, 10 a.m.: IHCA Webinar on the New Cost Reporting Forms and Template (presented by Bradley Associates)

Feb. 9, 10 a.m.: IHCA Payment Committee

Feb. 13, 1 p.m.: Indiana PathWays for Aging Provider Webinar.

[Register Here.](#)

Feb. 21, 10 a.m.: IHCA Webinar on Nursing Facility Reimbursement (presented by Bradley Associates)

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