

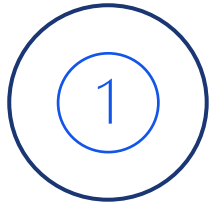
Indiana | Anthem Blue Cross and Blue Shield
Medicare Advantage



Anthem Indiana PathWays for Aging Dual Care – What to Expect

2025 Indiana Health Coverage
Programs (IHCP) Annual Works
Seminar

Agenda



Dual Special Needs Plan (D-SNP)
Overview



Indiana PathWays for Aging D-SNP
Changes for 2026



Provider Resources

D-SNP Overview



What is a D-SNP?

D-SNPs are specialized Medicare plans for individuals who have both Medicare and Medicaid, also known as dually eligible consumers.

Individuals qualify for Medicaid and Medicare separately. D-SNP eligible consumers can include low-income seniors ages 65 and older and people with disabilities who are younger than 65. **D-SNP types include data coordination, highly integrated dual eligible (HIDE), and fully integrated dual eligible (FIDE).**

A D-SNP provides the same coverage consumers would normally receive under original Medicare but comes with a prescription drug plan (PDP) and extra benefits, such as dental, vision, and hearing. Those extra benefits are services not covered under traditional Medicare.

Most D-SNPs have a \$0 premium, \$0 coinsurance, and \$0 copay.

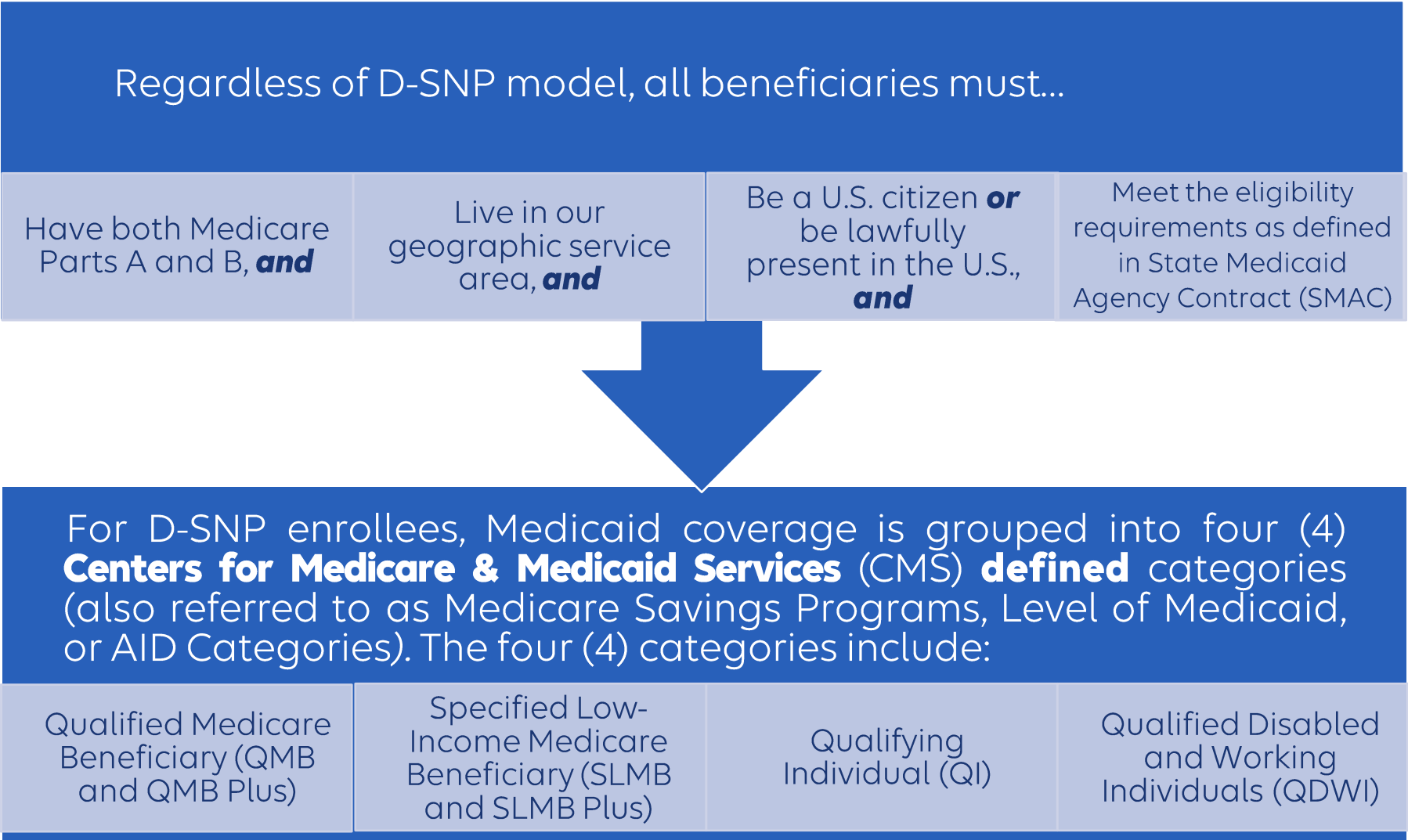
D-SNP Characteristics by Type

- ✓ All D-SNPs are required to have a State Medicaid Agency Contract.
- ✓ These contracts are renewed annually.
- ✓ A D-SNP can change model types as well as increase requirements.

Characteristic	FIDE	HIDE	Data Coordination Only
Enrollee Advisory	Required	Required	Required
HRA to include social risk factors	Required	Required	Required
Exclusively aligned enrollment	Required	Not Required	Not Required
Medicaid risk for Long-Term Services and Supports (LTSS) and BH	Required	LTSS or BH (must choose 1)	Not Required
Capitation for Medicare cost sharing, all dual eligible beneficiaries	Required	Not Required but recommended to states	Not Required but recommended to states
Unified appeals & grievances	Required	<i>Required for exclusively aligned HIDE plans</i>	<i>Required for certain plans</i>
Continuation of Medicare benefits pending appeal	Required	<i>Required for exclusively aligned HIDE plans</i>	<i>Required for certain plans</i>
Integrated member materials	Required and further defined by state	States to define and <i>Required for exclusively aligned HIDE plans</i>	States to define and require for certain plans

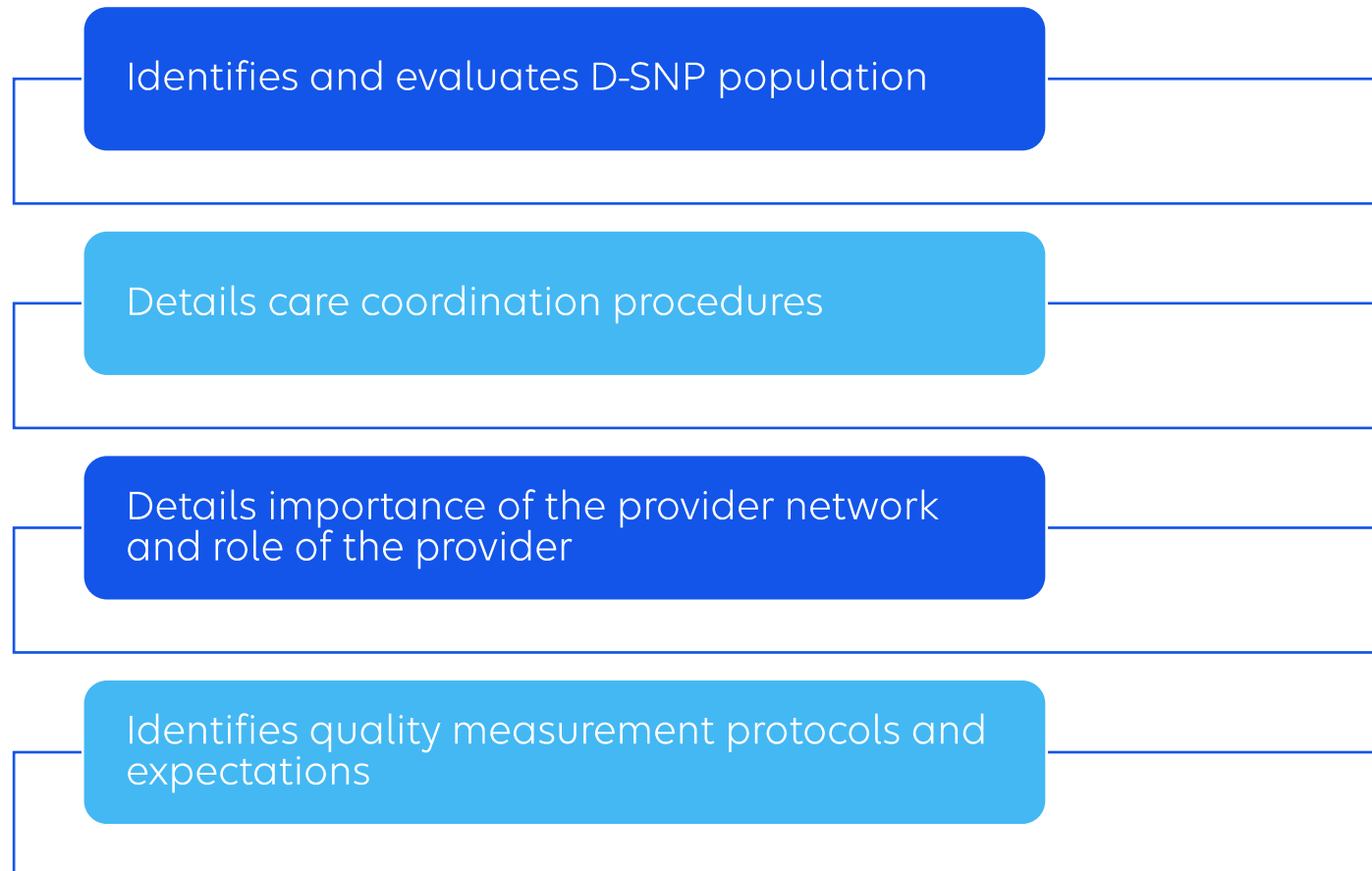
D-SNP Eligibility

All enrollees **must** have both Medicare and defined category of Medicaid



D-SNP Model of Care

All D-SNP plans are required by CMS to have a model of care that provides the basic framework under which the D-SNP will meet the needs of each of its members. What does the model of care do?



D-SNP Model Of Care (cont.)

The model of care is a vital quality improvement tool and integral component for ensuring that the unique needs of each member are identified by the D-SNP and addressed through the plan's care management practices.

The model of care provides the foundation for promoting D-SNP quality, care management, and care coordination processes.

Our model of care is unique and distinct to our plan. Another payer's model of care cannot be applied to Anthem Full Dual Advantage D-SNP.

Participating providers are required to take Anthem's model-of-care training annually. The training can be found on Availity Essentials in the training library and on our [provider website](#).

Adherence to our model of care ensures that members have improved quality of care and better health outcomes.

Indiana PathWays for Aging D-SNP Changes for 2026



Indiana PathWays for Aging: *Current vs. Future D-SNP State*

Highly Integrated Dual Eligible Special Needs Plan (HIDE)

- Less integrated and have separate enrollment process for Medicare and Medicaid.
- Do not require exclusive aligned enrollment, meaning members can receive their Medicaid benefits from a different Managed Care Entity (MCE) than their Medicare benefits.

Fully Integrated Dual Eligible Special Needs Plan (FIDE)

- Fully integrated and allow for seamless enrollment in both Medicare and Medicaid.
- Require exclusive alignment, meaning that members must receive both their Medicare and Medicaid benefits from the same MCE.

Current State



Future State (Effective 01/01/26)



What to Expect: Member ID Cards

- Starting 01/01/2026 providers should expect to see new membership cards with the Indiana PathWays for Aging Dual Care logo
- Single ID number on the card is used for both Medicare and Medicaid benefits.



Claims Filing Procedures Updates

Effective 01/01/2026 for Indiana PathWays for Aging Dual Care Members (FIDE D-SNP)

- Indiana PathWays for Aging Dual Care is considered the member's primary plan
- Only one claim submission is needed to encompass both Medicaid and Medicare
- Providers should submit the claims to the address on the back of the member's ID card or through Availity Essentials.
- Provider will receive one Explanation of Payment (EOP) that is inclusive of both products.
- D-SNP members can not be balance-billed per the Indiana Medicaid provider contract.
- Medicare cost sharing is paid according to Indiana's Medicaid reimbursement policy.

Authorization and Electronic Visit Verification (EVV) Reminders

Authorizations

- For authorizations, please call or fax to the provider service phone number shown on the back of the member's card.
- Authorization for LTSS benefits should be requested using same member ID.
- LTSS benefits are an integrated part of the FIDE D-SNP. Use of any other number will result in possible delays and/or denials.

EVV

- Providers should continue to bill and document EVV as they currently do, using the member's Recipient Identification (RID) number.

Reimbursement Policies Reminders

Providers and facilities are required to use industry-standard codes for claim submissions and should bill according to Medicare guidelines. Services should be billed with Current Procedural Terminology (CPT®) Codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. The billed code(s) should be fully supported in the medical record and/or office notes.

[Reimbursement Policies | Anthem](#)

Provider Resources



Resource: *Provider Guidebook*

Refer to the [Provider Guidebook \(PDF\)](#) for any questions about operations and procedures related to our Anthem Full Dual Advantage (HMO D-SNP) members. The guidebook provides information on:

- Medicare overview.
- Expectations and responsibilities as a participating provider.
- Provider credentialing.
- Payment disputes, appeals, and grievances.
- Fraud, waste, and abuse.
- Additional topics important to our plan.



Other Important Links

[Indiana Medicaid Provider Manual](#)

[Training Resources](#)

[Availity](#)



How to Reach Anthem

Provider Relations Questions

- [Email Anthem Provider Relations Representative](#)

Other Contact Information

- [Contact Us](#) -Provider Experience Associate

Stay Informed

- [Provider News](#)



Email is the quickest and most direct way to receive important information from us.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the left or via our online form:

<http://anthem.ly/signup-abcbs-in>.

