

INDIANA

DUAL-ELIGIBLE HQ

STATE REPORT

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Indiana's dual-eligible system provides healthcare coverage to individuals who qualify for both Medicare and Medicaid through a combination of managed care and fee-for-service delivery systems. Depending on age and eligibility, Medicaid benefits may be provided through Indiana PathWays for Aging, Traditional Medicaid, or another specialized program. The system serves approximately 149,000 full-benefit dual-eligible individuals statewide.

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STATE MEDICAID OVERVIEW

MEDICAID PROGRAM OVERVIEW

Indiana Medicaid provides healthcare coverage to eligible children, pregnant individuals, low-income adults, older adults, and people with disabilities. The program is administered by the Indiana Family and Social Services Administration (FSSA), with the Office of Medicaid Policy and Planning (OMPP) responsible for administering the state's Medicaid programs. Covered benefits include hospital and physician services, prescription drugs, behavioral health services, and LTSS.

As of May 2026, 1,261,723 individuals were enrolled in Indiana Medicaid. Indiana uses a combination of managed care and fee-for-service to deliver Medicaid benefits.

Indiana currently operates four Medicaid managed care programs: Hoosier Healthwise, Healthy Indiana Plan (HIP), Hoosier Care Connect, and Indiana PathWays for Aging. The program a member uses depends on factors including age, income, disability status, Medicare eligibility, and long-term care needs.



Traditional Medicaid

Traditional Medicaid is Indiana's fee-for-service (FFS) Medicaid program. Members receive covered services from providers enrolled in the Indiana Health Coverage Programs, and providers are reimbursed directly by the state on a fee-for-service basis. Traditional Medicaid serves populations who are not enrolled in one of Indiana's managed care programs, including many dual eligibles under age 60 and certain HCBS waiver and institutional populations.

Medicaid Managed Care

Most managed care members receive services through an MCO contracted by the state. MCOs arrange, administer, and pay for covered healthcare services through provider networks. Indiana's four managed care programs serve different Medicaid populations, and the available health plans vary by program. Current MCOs include Anthem, CareSource, Humana, Managed Health Services (MHS), and UnitedHealthcare, although not every MCO participates in every Medicaid program.

As of May 2026, 1,261,723 individuals were enrolled in Indiana Medicaid. Approximately 82% of Medicaid beneficiaries are enrolled in managed care.

STATE MEDICAID OVERVIEW

PROGRAM DIFFERENCES

Indiana uses four managed care programs to serve different Medicaid populations. The program a member enrolls in depends on factors including age, income, disability status, pregnancy, Medicare eligibility, and long-term care needs. Dual-eligible individuals are generally excluded from Hoosier Healthwise, HIP, and Hoosier Care Connect; eligible full-benefit duals age 60 and older may receive Medicaid through Indiana PathWays for Aging, while many duals under age 60 remain in Traditional Medicaid.



HOOSIER HEALTHWISE

Provides comprehensive Medicaid coverage, including physician and hospital services, prescription drugs, behavioral health, dental, and other benefits. CHIP is also administered through Hoosier Healthwise.

Target Population: Primarily children under age 19 and pregnant individuals.

Dual-Eligible Coverage: Medicare enrollees are excluded from Hoosier Healthwise managed care.



HEALTHY INDIANA PLAN (HIP)

Provides comprehensive health coverage for qualifying low-income adults and uses a consumer-directed model that includes POWER accounts and different HIP benefit packages.

Target Population: Adults ages 19–64 with income up to approx. 138% of the federal poverty level who are not otherwise eligible for Medicare or another Medicaid category.

Dual-Eligible Coverage: Individuals receiving Medicare are not eligible for HIP.



HOOSIER CARE CONNECT

Provides Medicaid acute and behavioral health services through managed care, with an emphasis on care coordination for members who are aged, blind, or disabled.

Target Population: For Medicaid members age 59 and younger who qualify based on blindness or disability, including SSI recipients and MEDWorks participants.

Dual-Eligible Coverage: Individuals eligible for Medicare are excluded from Hoosier Care Connect. Members who become Medicare eligible are transitioned out of the program.



INDIANA PATHWAYS FOR AGING

Provides Medicaid acute care and long-term services and supports through managed care, including nursing facility and home- and community-based services for eligible members.

Target Population: Medicaid members age 60 and older who qualify under a full-coverage aged, blind, or disabled eligibility category, including many nursing facility residents, HCBS users, and full-benefit dual eligibles.

Dual-Eligible Coverage: Eligible full-benefit duals age 60 and older.

STATE MEDICAID OVERVIEW

ELIGIBILITY & PLAN AVAILABILITY

Eligibility for each program is as follows:

- **Hoosier Healthwise:** Primarily serves children under age 19 and pregnant individuals who qualify for Medicaid. CHIP coverage is also delivered through Hoosier Healthwise. Medicare enrollees generally do not receive coverage through this managed care program.
- **Healthy Indiana Plan (HIP):** Serves qualifying Indiana adults ages 19–64 with income generally up to approximately 138% of the federal poverty level who are not eligible for Medicare or another Medicaid category.
- **Hoosier Care Connect:** Serves Medicaid members age 59 and younger who are aged, blind, or disabled, including many SSI recipients and MEDWorks participants. Individuals eligible for Medicare are excluded, making the program unavailable to dual eligibles.
- **Indiana PathWays for Aging:** Serves Medicaid members age 60 and older who qualify for full Medicaid based on age, blindness, or disability, including eligible nursing facility residents and HCBS participants. Full-benefit dual eligibles may participate, while partial-benefit duals and certain waiver, IDD, PACE, and other populations are excluded.



Indiana's four Medicaid managed care programs operate statewide, and health plan choices vary by program rather than by geographic service area. In 2026, Indiana released a new statewide procurement for MCO contracts covering all four managed care programs: Hoosier Healthwise, Healthy Indiana Plan, Hoosier Care Connect, and Indiana PathWays for Aging. The procurement could change the health plans participating in these programs in future contract years.

Program	Health Plans
Hoosier Healthwise	Anthem • CareSource • Managed Health Services
Healthy Indiana Plan	Anthem • CareSource • Managed Health Services
Hoosier Care Connect	Anthem • Managed Health Services • UnitedHealthcare
Indiana PathWays for Aging	Anthem • Humana • UnitedHealthcare

DUAL-ELIGIBLE OVERVIEW

DUAL-ELIGIBLE PROGRAM OVERVIEW

QUICK FACTS

Design

Eligible full-benefit duals age 60+ generally receive Medicaid through **PathWays for Aging**. Eligible members may also choose **PathWays Dual Care to integrate their Medicare and Medicaid**.

Eligibility

PathWays generally serves full-coverage Medicaid members age 60+. Certain IDD waiver, TBI, ICF/IID, PACE, RCAP, and other populations are excluded.

Services

Medicare is generally the primary payer for acute medical services, while Medicaid covers eligible Medicaid-only services, LTSS, and other benefits not covered by Medicare.

Launch

PathWays for Aging launched July 1, 2024. PathWays Dual Care, the state's voluntary FIDE SNP program, launched January 1, 2026.

Admin

Indiana FSSA oversees the system. Anthem, Humana, and UnitedHealthcare administer PathWays and PathWays Dual Care.

VBP

PathWays includes pay-for-outcomes requirements and is expanding value-based payment approaches, including for LTSS.

Enrollment

As of April 2026, full-benefit dual-eligible enrollment in Indiana was 149,095. Total dual enrollment was 219,387.

DUAL-ELIGIBLE OVERVIEW

PHYSICAL HEALTH SERVICES

For full-benefit duals in Indiana, physical health services are delivered through a combination of Medicare and Medicaid.



■ EXAMPLES OF COVERED SERVICES

For members with full Medicaid coverage, Indiana Medicaid's standard benefit package includes the following. For dual-eligible members, Medicare is primary for many of these services, and Medicare Part D generally covers Part D-eligible outpatient prescription drugs.

- Hospital care
- Doctor visits
- Preventive and wellness visits
- Clinic services
- Prescription drugs
- Lab and X-ray services
- Medical supplies and equipment
- Home health care
- Dental care
- Vision care
- Physical, occupational, and speech therapy
- Hospice care
- Emergency transportation
- Non-emergency transportation
- Family planning
- Chiropractic services

■ WHO PROVIDES SERVICES

- **Adults 60+ full-benefit duals**
 - Generally a PathWays MCE for Medicaid services
- **Under age 60 full-benefit duals:**
 - Traditional Medicaid / FFS
- **Medicare**
 - Original Medicare, Medicare Advantage, or a D-SNP depending on the member's enrollment
- **Partial-benefit duals**
 - Medicare is the primary health coverage; Medicaid provides only the assistance available through the member's Medicare Savings Program.

■ COVERAGE OF SERVICES

Medicare generally pays first for Medicare-covered physical health services. Medicaid may provide secondary payment for eligible cost-sharing and covers Medicaid benefits that Medicare does not cover.

For PathWays duals, Medicaid-covered benefits are administered through the member's PathWays managed care entity. Full-benefit duals under age 60 generally receive their Medicaid benefits through Traditional Medicaid on a fee-for-service basis.

■ COORDINATION OF SERVICES

PathWays health plans provide care coordination for members enrolled in the program. Care coordinators help members access healthcare, coordinate medical services, develop care plans, and connect with community resources. Members receiving PathWays HCBS also receive service coordination focused on their waiver services and person-centered service plan. Traditional Medicaid does not provide the same managed-care-based coordination structure.

DUAL-ELIGIBLE OVERVIEW

LONG TERM SERVICES AND SUPPORTS

Indiana's LTSS system differs substantially by age and eligibility. Eligible individuals age 60 and older may receive nursing facility services and HCBS through Indiana PathWays for Aging, while qualifying individuals age 59 and younger may receive HCBS through the Health and Wellness Waiver or other applicable waiver programs. Eligible full-benefit duals in PathWays for Aging may also choose PathWays Dual Care to integrate their Medicare and Medicaid coverage. Medicaid is the primary payer for most ongoing LTSS that Medicare does not cover.



■ ELIGIBILITY FOR SERVICES

On July 1, 2024, the Aged and Disabled Waiver split into two new waivers, the Health and Wellness Waiver for individuals 59 and under and the Indiana PathWays for Aging (PathWays) Waiver for individuals 60 and older. The Health and Wellness Waiver is administered by the Division of Disability, Aging and Rehabilitative Services (DDARS). The PathWays Waiver is administered by the Office of Medicaid Policy and Planning.

Unlike PathWays HCBS, most non-PathWays 1915(c) waiver services remain outside managed care and are paid through the FFS system.

Individuals must meet home- and community-based services (HCBS) waiver eligibility and Medicaid eligibility guidelines to be eligible for a Medicaid HCBS waiver. Individuals must:

- Be aged, blind, or otherwise disabled
- Reside in or transitioning into an HCBS-compliant setting (non-institutionalized)
- Have income no greater than 300% of max. Supplemental Security Income (SSI) amount
- Meet nursing facility level of care

Eligible duals in PathWays for Aging may voluntarily enroll in PathWays Dual Care, a FIDE SNP. PathWays Dual Care is not a separate LTSS waiver; Medicaid LTSS continue to be delivered through the PathWays system.

■ LTSS SERVICES PROVIDED

Examples of services available across Indiana's PathWays and Health & Wellness waivers include. :

Adult day services • Adult family care • Assisted living • Attendant care • Care management • Caregiving coaching • Community transition • Home and community assistance • Home-delivered meals • Home modifications • Integrated health care coordination • Personal emergency response systems • Respite • Specialized medical equipment and supplies • Structured family caregiving • Transportation • Vehicle modifications

Beginning July 1, 2025, Indiana's Level of Care Assessment Representative (LCAR), Maximus, conducts nursing-facility level-of-care assessments and reassessments for the PathWays, Health & Wellness, and TBI waivers. Once eligibility is established, care or service coordinators work with members to develop person-centered service plans.

12,266 individuals were on the PathWays Medicaid Waiver waiting list for services as of September 2026.

DUAL-ELIGIBLE OVERVIEW

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Indiana provides Medicaid-funded services for people with intellectual and developmental disabilities primarily through the Community Integration and Habilitation (CIH) Waiver and Family Supports Waiver (FSW). These programs provide individualized HCBS intended to help children and adults live in their homes and communities rather than institutional settings.



Questions?
Reach out!

■ PROGRAM STRUCTURE & ELIGIBILITY

Both CIH and FSW serve individuals with qualifying intellectual or developmental disabilities. In general, individuals must:

- Have a qualifying intellectual or developmental disability or related condition with onset before age 22, as defined by the applicable waiver.
- Meet Medicaid financial eligibility requirements
- Meet ICF/IID level-of-care requirements
- Live in, or be transitioning to, an HCBS-compliant community setting

ICF/IID level of care generally requires substantial functional limitations in multiple major life areas and a need for ongoing assistance.

■ SERVICES PROVIDED

Services vary by waiver and are based on each individual's assessed needs and service plan.

Depending on the program, services may include: Adult day services • Behavioral supports • Case management • Habilitation • Community transition • Environmental modifications • Family and caregiver training • Employment supports • Occupational, physical, and speech therapy • Personal emergency response systems • Residential habilitation • Respite • Specialized medical equipment and supplies • Structured family caregiving • Transportation • Wellness coordination

■ DUAL-ELIGIBLE COVERAGE

Dual eligibles receiving CIH or Family Supports Waiver services are excluded from PathWays. Individuals residing in an ICF/IID are also excluded. Their Medicaid services continue through Traditional Medicaid and the applicable IDD waiver or institutional delivery system, while Medicare remains responsible for Medicare-covered services.

■ PROGRAM ADMINISTRATION

Indiana's Division of Disability, Aging and Rehabilitative Services oversees the state's IDD HCBS waiver system. Waiver services are identified through an individualized plan of care, and case managers help members coordinate authorized services and providers.

DUAL-ELIGIBLE OVERVIEW

BEHAVIORAL HEALTH

For individuals who are dually eligible for both Medicare and Medicaid, coverage of behavioral health services is coordinated between the two programs to ensure comprehensive care.



■ INTEGRATION OF BEHAVIORAL HEALTH SERVICES

- **Medicare Coverage:** Medicare Part B generally covers outpatient mental health and substance use disorder services, including therapy, psychiatric services, medication management, and certain preventive services. Medicare Part A covers qualifying inpatient psychiatric hospital care, subject to Medicare coverage rules and limits.
- **Medicaid Coverage:** Indiana Medicaid's full benefit package includes mental health care and substance use disorder services. Additional specialized Medicaid behavioral-health services may be available through the state's 1915(i) HCBS programs.

■ SPECIALIZED BEHAVIORAL HEALTH PROGRAMS

- **Behavioral and Primary Healthcare Coordination (BPHC):** Serves eligible adults age 19 and older with qualifying behavioral health diagnoses who need help coordinating physical and behavioral healthcare. BPHC provides education, support, advocacy, and healthcare coordination.
- **Adult Mental Health Habilitation (AMHH):** Provides community-based services to eligible adults with serious mental illness, including habilitation, respite, behavioral supports, addiction counseling, community engagement, care coordination, and medication training.
- **Child Mental Health Wraparound (CMHW):** Serves Medicaid-eligible youth ages 6–17 with serious emotional disturbance and provides wraparound facilitation, habilitation, respite, and family support and training.

■ DELIVERY AND COORDINATION

Indiana's 1915(i) behavioral health services are generally carved out of managed care and reimbursed through fee-for-service, even when the member is enrolled in a Medicaid managed care program such as PathWays. Managed care plans may still coordinate the member's overall care, but qualifying 1915(i) services and Medicaid Rehabilitation Option services are paid outside the managed care benefit. For PathWays members, the MCE's care coordinator remains responsible for helping coordinate the member's physical and behavioral healthcare with other providers and programs.

DUAL-ELIGIBLE DELIVERY SYSTEM

In Indiana, individuals who are dually eligible for both Medicare and Medicaid receive coordinated healthcare coverage through a combination of services from both programs.

	PathWays for Aging	PACE	D-SNP / PathWays Dual Care FIDE SNP
What Is It?	Indiana's Medicaid managed care program for eligible members age 60+.	A voluntary integrated care program for adults age 55+ who who need a high level of care.	Medicare Advantage plans for duals. Indiana offers CO D-SNPs and PathWays Dual Care FIDE SNPs.
Who Must Enroll?	Generally required for members who meet PathWays eligibility and are not excluded.	Optional for dual-eligibles (55+) who need nursing home-level care.	PathWays for Aging participants can but are not required to enroll.
Medicare's Role	Medicare remains separate unless the member chooses PathWays Dual Care or another Medicare option.	Medicare & Medicaid funding combined into one program. Providers receive a capitated payment from Medicare and Medicaid and must cover all necessary care.	Manages Medicare benefits for dual-eligibles to enhance care coordination.
Medicaid's Role	PathWays MCOs administers Medicaid-covered services, including LTSS.		CO D-SNPs coordinate with a member's separate Medicaid coverage. In PathWays Dual Care, Medicare and Medicaid coverage are aligned through affiliated PathWays plans.
Plan Availability	Statewide	Only in designated PACE service areas.	Statewide.

DUAL-ELIGIBLE DELIVERY SYSTEM

DUAL-ELIGIBLE SPECIAL NEEDS PLANS (D-SNPs)

Dual-Eligible Special Needs Plans are Medicare Advantage plans designed for people who qualify for both Medicare and Medicaid. D-SNPs administer Medicare benefits and are required to coordinate with Medicaid. As of January 1, 2026, Indiana's market includes Coordination-Only D-SNPs and Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs).

~ 57,000
individuals are
enrolled in
PathWays Dual
Care plans.

■ D-SNP & FIDE SNP PATHWAYS

Indiana's **Coordination-Only D-SNPs** may serve partial-benefit dual eligibles who receive Medicare cost-sharing or premium assistance but not full Medicaid benefits, and full-benefit dual eligibles under age 60, who are not eligible for PathWays Dual Care. These plans provide Medicare coverage and coordinate with the member's Medicaid coverage, but they do not provide the fully integrated Medicare-Medicaid structure used by PathWays Dual Care.

PathWays Dual Care launched January 1, 2026. It is **Indiana's voluntary FIDE SNP program** for qualifying full-benefit dual eligibles age 60 and older. Medicare and Medicaid benefits are brought together through an integrated plan structure administered by a health plan that also participates in PathWays Medicaid.

■ ELIGIBILITY & ENROLLMENT REQUIREMENTS

PathWays Dual Care is voluntary. Eligible members can choose the FIDE SNP or another Medicare coverage option, including Original Medicare or another qualifying Medicare Advantage option.

To enroll in PathWays Dual Care, a member must generally:

- Be age 60 or older, Have Medicare Parts A and B, Have full Medicaid benefits, Be enrolled in/eligible for Indiana PathWays for Aging, and Not be receiving services through an excluded program

Excluded groups include Family Supports Waiver, Community Integration and Habilitation Waiver, TBI Waiver, ICF/IDD, PACE, and RCAP populations.

■ PLAN AVAILABILITY

Indiana contracts with three organizations for PathWays Dual Care (Anthem Blue Cross and Blue Shield • Humana • UnitedHealthcare). All three also administer Indiana PathWays for Aging Medicaid coverage. Indiana requires the FIDE SNP and PathWays Medicaid coverage to be exclusively aligned under the same parent organization.

■ SERVICES & CARE COORDINATION

PathWays Dual Care integrates Medicare and Medicaid. Members receive a care coordinator, person-centered care plan, interdisciplinary care team, integrated member materials, and a unified appeals and grievances process. Indiana also describes the model as using one integrated health plan and one member ID card.

DUAL-ELIGIBLE ENROLLMENT

DUAL-ELIGIBLE ENROLLMENT

According to CMS, as of June 2025, total full-benefit dual-eligible enrollment was 156,991.

Dual enrollment has been decreasing since 2023.

Dual Status Codes	Count of Dual Enrollees (as of June 2025)
Qualified Medicare Beneficiaries (QMB)-only	64,102
QMB plus Full Medicaid Benefits	125,338
Specified Low-income Medicare Beneficiaries (SLMB)-only	9,284
SLMB plus Full Medicaid Benefits	6,638
Qualified Disabled and Working Individuals (QDWI)	0
Qualifying Individuals (QI)	3,597
Other Dual Full Medicaid Benefit	25,015

Questions?
Reach out!

Total dual-eligible enrollment including partial duals, as of June 2025 was 233,974.

MORE INFORMATION

DualEligibleHQ.com (DEHQ) is a comprehensive resource designed to provide up-to-date information, research, and insights on dual-eligible individuals. Our platform offers in-depth STATE REPORTs, policy updates, program analyses, and industry trends, helping stakeholders understand the complexities of dual eligibility. Whether you're a healthcare provider, policy analyst, or consumer, DEHQ serves as a go-to destination for data-driven insights and expert perspectives.



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If you're looking for more information on dual-eligible programs, state-specific policies, or the latest developments in Medicare-Medicaid integration, contact us today. Our team is ready to provide tailored insights and guidance to help you navigate the evolving landscape of dual eligibility.

OUR CONTACT

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