



# Key Differences for Providers Among Wellcare's 2026 Dual Special Needs Plans

Beginning January 1, 2026, Wellcare will offer multiple types of dual special needs plans (D-SNPs) in Texas. The information below includes some of the key differences between these D-SNP designs and will help you perform common transactions depending on which plan the member is enrolled.

**Need more information on plan types?** Skip to the end of the document to review the Definitions section.

	Aligned AIP	Non-AIP Aligned	Non-AIP Unaligned
<b>Plan Name(s)</b>	Wellcare Superior HealthPlan Dual Align	<ul style="list-style-type: none"> <li>Wellcare Dual Liberty Sync</li> <li>Wellcare Dual Liberty</li> <li>Wellcare Dual Access</li> </ul>	<ul style="list-style-type: none"> <li>Wellcare Dual Liberty Sync</li> <li>Wellcare Dual Liberty</li> <li>Wellcare Dual Access</li> <li>Wellcare Dual Reserve</li> </ul>
<b>Provider Services</b>	1-855-445-3572	<b>Wellcare:</b> 1-855-538-0454 <b>Wellcare By Allwell HMO:</b> 1-800-977-7522 <b>Wellcare By Allwell HMO SNP:</b> 1-877-935-8023	
<b>Provider Portal</b>	<a href="#">Wellcare By Superior HealthPlan</a>	<a href="#">Wellcare</a> <a href="#">Wellcare By Allwell</a> <a href="#">STAR+PLUS Medicaid</a>	
<b>Provider Manual</b>	Find all information for this plan in the dedicated <a href="#">Wellcare By Superior HealthPlan Provider Manual</a> .	Find all information for these plans in the corresponding manuals: <ul style="list-style-type: none"> <li><a href="#">Wellcare Provider Manual</a></li> <li><a href="#">Wellcare By Allwell HMO/HMP SNP Provider Manual</a></li> <li><a href="#">STAR+PLUS Medicaid Provider Manual</a></li> </ul>	
<b>Member ID Cards</b>	Members will receive a single, integrated ID card. In most cases, providers will use the Medicare ID as the primary ID for working with our plan.	Members will have a separate ID card for their Medicare and Medicaid plans. Be sure to ask members for both cards when they present in office for a visit.	
<b>Care Management (CM)/ Service Coordination (SC)</b>	Members have a single service coordinator point of contact for longitudinal support across Medicaid and Medicare and a dedicated CM call center. Providers may call Provider Services to speak with Care Management.	Members will have enhanced coordination between Medicare CM and Medicaid CM.	Members may access CM services through their Medicare benefit.

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	Aligned AIP	Non-AIP Aligned	Non-AIP Unaligned
<b>Authorizations &amp; Appeals</b>	<p>Providers will only need to submit one authorization or clinical appeal and will receive a single decision.</p> <p>View our <a href="#">Wellcare Superior HealthPlan Dual Align Prior Authorization page</a> for more details on where to submit authorizations.</p> <p>When searching for authorizations, inquiries will display in a single view.</p>	<p>Submit authorizations and appeals separately based on line of business (LOB).</p> <p>For prior authorization requirements, visit the <a href="#">Wellcare Prior Authorization page</a>, the <a href="#">Wellcare By Allwell Prior Authorization page</a> and the <a href="#">STAR+PLUS Medicaid Prior Authorization Page</a>.</p> <p>Submit authorizations through the provider portal links above. Submit inquiries and appeals based on LOB.</p>	<p>Submit authorizations, inquiries and appeals separately based on LOB.</p> <p>View our <a href="#">Medicare Prior Authorization page</a> for more details on where to <a href="#">submit authorizations</a>.</p>
<b>Claims</b>	<p>Providers will submit one claim for all services rendered to our <a href="#">secure provider portal</a>, <a href="#">Availity Essentials</a> or through their preferred clearinghouse.</p> <p>Providers will receive one claim number for reference and inquiry.</p> <p>Claims payment disputes may be submitted as one and will receive a single decision.</p>	<p>Providers will submit one claim (either Medicare or Medicaid, as applicable) for all services to our <a href="#">secure provider portal</a>, <a href="#">Availity Essentials</a> or through their preferred clearinghouse. If necessary, we will create a claim for the second LOB.</p>	<p>Claim submissions, inquiries and payment disputes must be completed separately based on LOB.</p>
<b>Claims Filing Deadlines</b>	<p><b>Par and Non-Par Providers:</b></p> <ul style="list-style-type: none"> <li>• <b>First Time Claims:</b> 95 days from Date of Service</li> <li>• <b>Corrected Claims/Appeals:</b> 120 days from denial date</li> </ul> <p><b>Nursing Facility Providers:</b></p> <ul style="list-style-type: none"> <li>• <b>First Time Claims:</b> 365 days from Date of Service</li> <li>• <b>Corrected Claims/Appeals:</b> 120 days from denial date</li> <li>• <b>Payment Dispute:</b> 120 days from denial date</li> </ul>		
<b>Payments</b>	<p>Providers will receive a single payment, 835, and EOP that display both the Medicare and Medicaid claims. Note, the ID displayed will be the Centene Member ID.</p>	<p>Providers will receive separate EOPs/835s by LOB. The Medicare remit will indicate that the claim has automatically been crossed over to Medicaid.</p>	<p>Providers will receive separate EOPs/835s by LOB.</p>
<b>Payspan/Zelis Registration</b>	<p>Providers already registered with Payspan/Zelis must add the Duals line of business to their TIN to receive electronic payments.</p> <p><b>New to Payspan/Zelis?</b> Access registration details here: <a href="#">Billing and Coding</a>.</p>		

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## Definitions

- **Applicable Integrated Plans (AIPs):** This is a Medicare Advantage plan for dual eligible individuals with both Medicaid and Medicare, and those benefits must be managed by one healthcare organization. Centene is the parent company of both Wellcare (Medicare Advantage) and Superior HealthPlan (Medicaid). These plans are meant to be seamless and integrated for both members and providers. These plans must also include at a minimum one of the following:
  - Behavioral health services
  - Long-Term Services and Supports (LTSS)
  - Home health services
  - Medical supplies, equipment, and appliances
- **Non-AIP Aligned:** This is a highly integrated Medicare Advantage plan for dual-eligible individuals that does not meet some of the criteria for an AIP. Members have both their Medicare and Medicaid benefits provided by the same healthcare organization.
- **Non-AIP Unaligned:** This is a Medicare Advantage plan for dual-eligible individuals where the member has a Member Advantage plan with one healthcare organization and their Medicaid plan with a separate healthcare organization. This plan type is the least integrated.