



Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP)

Effective January 1, 2026, in Dallas and Hidalgo Counties

Wellcare By Superior HealthPlan Duals FIDE SNP – Integrated Care for Dual Eligible Members



- Effective January 1, 2026, the Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) will launch in Dallas and Hidalgo Counties.
- These plans combine Medicare (Wellcare By Allwell) and Medicaid (Superior HealthPlan) benefits, offering comprehensive coverage and additional services for people with specific health needs or disabilities.
- Medicare covers:
 - Inpatient services such as hospital visits and short-term skilled nursing facilities
 - Outpatient services such as doctor visits, diagnostics tests, and home health care
 - Prescription drugs
 - Other supplemental benefits may also be covered
- Medicaid covers:
 - Long-term nursing home expenses, personal care in home, and other support services
 - Behavioral health coverage above and beyond Medicare
 - May also cover cost shares for services not fully covered by Medicare and Part B premiums

Wellcare By Superior HealthPlan Duals FIDE SNP – Integrated Care for Dual Eligible Members



- Members receive one ID card, one care team, and one provider network.
 - The member ID cards will show the plan name as Wellcare Superior HealthPlan Dual Align (HMO-DSNP)



- This program focuses on improved care coordination, streamlined authorizations, and reduced administrative burden.
- The FIDE DSNP supports members with chronic conditions, behavioral health, and Long-Term Services & Supports (LTSS).
- Superior's FIDE SNP program is also an Applicable Integrated Plan (AIP).
 - This requires exclusively aligned enrollment, i.e., members enrolled in a Medicaid and Medicare DSNP must use plans from the same organization
 - AIPs also require a unified appeals and grievances process for Medicare and Medicaid

What Providers Need to Know for 2026



- To be eligible for the FIDE DSNP, members must have Medicare Parts A & B and full Medicaid (STAR+PLUS).
- Service Areas: Dallas County (FIDE H0062-011) and Hidalgo County (FIDE H0062-012).
- Care Coordination is a key focus of the FIDE plan, offering unified case management and service coordination teams to support complex-care members.
- Providers will only need to submit one authorization or clinical appeal and will receive a single decision.
 - Authorizations can be submitted online through the secure provider portal, through Availity Essentials or by phone or fax.
 - Phone: <u>1-855-445-3572</u> (Effective 12/1/2025)
 - Fax:
 - > Medical: 1-877-808-9362
 - > Behavioral Health: 1-866-535-6974 (Inpatient) 1-855-772-7079 (Outpatient)

What Providers Need to Know for 2026: Claims Filing Requirements



- Providers will only need to submit one claim through Wellcare By Superior HealthPlan for Medicare and Medicaid services.
- Par providers have 95 days from the Date of Service to submit first time claims.
 - Providers will receive a single EOP with details outlined for both Medicare and Medicaid payments.
- Corrected claims and appeals must be submitted within 180 days from the adjudication date.
- Providers already registered with Payspan/Zelis must add the Duals line of business to their TIN to begin receiving payments.
 - If you are new to Payspan/Zelis, access registration details on <u>Superior's Billing and Coding</u> webpage.
- Claims can be submitted online, through a clearinghouse, or by mail.
 - Providers can use Wellcare By Superior HealthPlan's <u>secure provider portal</u> or <u>Availity Essentials</u> to submit claims, check claims status, submit authorizations and verify eligibility and benefits.
 - If your organization is new to Availity, start by registering with <u>Availity's Multi-Payer Portal Registration</u>.
 - Payor ID: 68069
 - Mail:

Attn: Claims

P.O. Box 9700

Farmington, MO 63640-0700

What Providers Need to Know for 2026: Electronic Visit Verification (EVV)



- EVV is a system that records when, where, and what services were provided during certain Medicaid visits, using HHSC-approved methods to clock in and out.
- EVV requirements for STAR+PLUS services remain in effect and apply to services rendered for members enrolled in FIDE-SNP.
 - Providers must submit claims with EVV required services directly to Texas Medicaid & Healthcare Partnership (TMHP) for EVV claims matching.
- EVV is required for certain in-home and community-based services, including:
 - Community First Choice (CFC) Personal Assistance Services (PAS)
 - CFC Habilitation (HAB)
 - In-Home Respite
- For dates of service January 1, 2026, and after, providers will enter new or existing authorizations in the EVV system for applicable services for members enrolled in FIDE-SNP.
- Providers may refer to the EVV service tables for a list of all applicable EVV services.
 - State-Required Personal Care Services Required to Use EVV (PDF)
 - Cures Act Home Health Care Services Required to Use EVV (PDF)

Partnering for Integrated Member Care



- Verify eligibility and plan type before each visit in the Provider Portal.
- Collaborate with Care Management and Service Coordination teams for high-risk members.
- Attend required Model of Care training sessions (annual requirement).
- Monitor plan bulletins and policy updates through <u>Superior's Provider News &</u> Information.
- Contact Information:
 - Provider Services: <u>1-855-445-3572</u> (Effective 12/1/2025)
 - Wellcare By Superior HealthPlan Portal Support: <u>TX.WebApplications@SuperiorHealthPlan.com</u>
- Provider resources are available on <u>Superior's Wellcare webpage</u>.
- Contact your local Provider Representative for FIDE-related questions. To find their contact information visit, <u>Find My Provider Representative</u>.