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) to Ohioans. 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.

	Applicable Integrated Plan (AIP)	Non-AIP Aligned Plan(s)	Non-AIP Unaligned Plan(s)
Plan Name(s) in Ohio (View service areas on our website.)	Wellcare Buckeye MyCare Ohio Dual Align	Wellcare Dual Liberty	• Wellcare Dual Access • Wellcare Dual Reserve • Wellcare Dual Liberty
Provider Services	1-833-998-4892 ***(Comprehensive support for both Medicare and Medicaid)***	1-833-998-5024 ***(Comprehensive support for both Medicare and Medicaid)***	1-833-998-5024 ***(Medicare only)***
Provider Website	Wellcare By Buckeye Health Plan: www.buckeyehealthplan.com/providers/NextGenerationMyCare.html	Wellcare: www.buckeyehealthplan.com/providers.html	
Provider Manual	Find all information for this plan in the dedicated Provider Manual.	Refer to the Wellcare Medicare manual for Medicare policies and procedures.	
Member ID Cards	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. The membership card will include the Medicare ID and State Assigned Medicaid number (MMIS). Important information is in the Claims section below.	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.	

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	Applicable Integrated Plan (AIP)	Non-AIP Aligned Plan(s)	Non-AIP Unaligned Plan(s)
Care Mangement (CM)	Members have a single care manager point of contact for longitudinal support across Medicaid and Medicare, and a dedicated CM call center: (844) 536-2826	Members will have enhanced, seamless coordination between Medicare CM and Medicaid CM.	Members may access CM services through their Medicare benefit.
Authorizations	Providers will only need to submit one authorization and will receive a single decision. Submit authorizations through our secure provider portal, accessible on our Provider website (linked above), or Availity Essentials. When searching for authorizations, inquiries will display in a single view.	Providers will only need to submit one authorization, and we will coordinate authorizations between Medicare and Medicaid. Submit authorizations through our secure provider portal, accessible on our Provider website (linked above), or Availity Essentials. Submit inquiries separately based on LOB.	Submit authorizations and inquiries separately based on line of business. For Medicare, submit authorizations through our secure provider portal, accessible on our Provider website (linked above), or Availity Essentials.
Pre-service Appeal	Providers will only need to submit one clinical appeal and will receive a single decision.	Submit appeals separately based on the line of business.	Submit appeals separately based on the line of business.
Post-service Appeal	Providers will only need to submit one clinical appeal for medical necessity and will receive a single decision.	Submit post service appeals separately based on the line of business.	Submit post service appeals separately based on the line of business.
Claims	Following established processes for Medicaid, providers will submit one claim to ODM's Fiscal Intermediary (FI) using the MMIS number (Medicaid ID). The Provider Manual provides more detailed information.	Submit one claim (either Medicare or Medicaid, as applicable) for all services through our secure provider portal, accessible on our Provider website (linked above), Availity Essentials, or through your preferred clearinghouse. If necessary, we will create a claim for the second line of business.	Claim submissions, inquiries and payment disputes must be completed separately based on line of business.
Payments	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.	Providers will receive separate EOPs/835s by line of business. The Medicare remit will indicate that the claim has automatically been crossed over to Medicaid.	Providers will receive separate EOPs/835s by line of business.
Payspan/Zelis Registration	Providers already registered with Payspan/Zelis must add the Duals line of business to their TIN to begin receiving electronic payments. **New to Payspan/Zelis?** Access registration details here.		

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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 Buckeye Health (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 full integration (i.e., 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.