Molina Healthcare Provider Support FAQ

2026 Medicare & Medicaid Plan Transition to Integrated DSNP - Texas

Q: What is changing in 2025 for Medicare and Medicaid plans in Texas?
A: Beginning January 1, 2026, Medicare-Medicaid Plans (MMPs) in Texas will transition to fully integrated dual eligible SNP plans (FIDE).

Q: What is a Fully Integrated Dual Eligible (FIDE) SNP Plan?
A: A FIDE-SNP is a health plan combining both Medicare and Medicaid benefits. This plan provides nearly all Medicare and Medicaid services, including long-term services and support (LTSS), Medicaid behavioral health services, home health and DME. It simplifies billing, care coordination and communication by allowing both coverages to be administered by a single MCO. These plans are required to have exclusively aligned enrollment. This means that beneficiaries on these plans will be required to have their Medicare and Medicaid enrollment aligned with the same MCO.

In 2026, FIDE plans in Texas will only operate in Bexar, Dallas, El Paso, Harris and Hidalgo counties. Molina has developed integrated D-SNPs to replace our MMPs. These plans have been filed with both CMS and HHSC.

Q: How will this impact providers?
A: Providers will need to:

- Ensure they are in-network with active contracts for both the Medicare and Medicaid arms of the Integrated Plan.
    - There are no changes to how providers contract and/or credential with Molina.
        - All contracting/credentialing requirements are state-specific.
        - Molina will continue to utilize CAQH for credentialing.
    - Providers who are not contracted for both Medicaid and Medicare are able to submit claims as non-par providers. Non-par reimbursement rates and prior authorization requirements will apply.
- Verify member eligibility to ensure claims are submitted to the proper MCO.
- Review utilization management, prior authorization, billing, claims and documentation requirements for both Medicare and Medicaid.
- Assist your patients – our members-- through the transition, especially those who may not understand the need to choose a new plan

Q: How can providers verify their contract status for Medicaid and Medicare?

A: Providers can contact MHTXProviderServices@MolinaHealthcare.com for help verifying their contract status. The Provider Relations team can connect providers with the Molina Contracting team in the event a provider needs additional help with contracting. Providers can also utilize the Provider Online Directory to ensure contract status is listed for both Medicare and Medicaid and that all service location information is accurate.

Q: Will there be different payor ID/Addresses on claims for Medicaid/Medicare plans?

A: No, there will not be a change in payor ID or addresses for claim submission. Claims processes are remaining the same for Medicaid and Medicare services.

Q: Has the defined rate for the new merged Medicaid/Medicare plan been established? Is it based on Medicare or Medicaid rates/fee-schedule?

A: There is not a merged fee schedule for the Integrated plan and new rates are not being established. Providers will be paid based on their currently contracted rates for Medicaid and Medicare. A claim will be paid based on the provider's contracted Medicare rate and then at the provider's contracted Medicaid rate, if necessary.

Q: Will this transition affect the way Adult Day Cares bill for Day Activity and Health Services?

A: No, this transition will not affect the way Adult Day Cares bill for Day Activity and Health Services. Billing and prior authorization requirements will remain the same.

Q: Will members be automatically assigned to an integrated plan?

A: Current MMP members will be automatically cross walked into their MMP's corresponding Integrated DSNP plan. No action is needed for current Molina MMP members to be transitioned into Molina's FIDE plan.

Dually-eligible members living in an Integrated DSNP county who are not enrolled in an MMP plan will have two options. If they choose an MCO that offers an integrated DSNP plan, their Medicaid enrollment aligned with the MCO that provides their Medicare enrollment. If they select another DNSP MCO, they can keep their existing Medicaid MCO.

Members can choose to change plans, but are encouraged to switch as early as possible to avoid delays and ensure continuity of care.

Q: Can members change plans now?

A: Yes. Members already enrolled in a Medicaid plan qualify for **a Special Enrollment Period** (SEP). This allows them to change their Medicare plan and join an Integrated Plan before

the deadline.

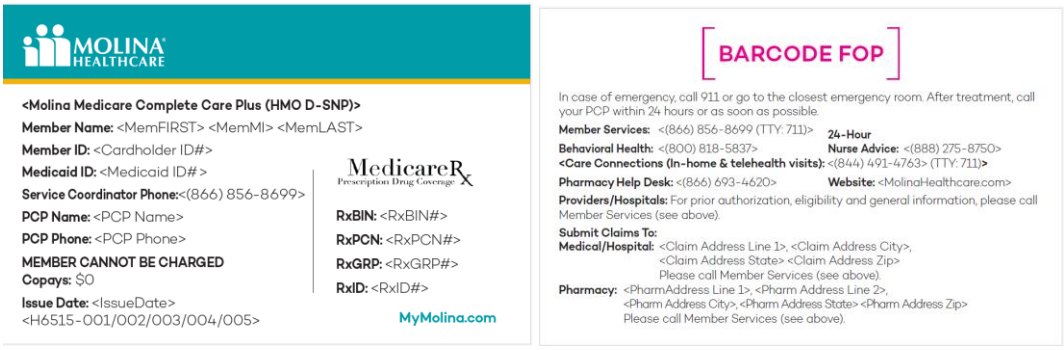
Q: How should provider offices prepare?

A: Providers should:

- Confirm which Integrated Plans their practice participates in
- Review billing and coding requirements for both Medicare and Medicaid
- Educate front desk staff and care coordinators on verifying eligibility and assisting members during the transition
- Direct questions to Molina's provider services team for specific guidance

Q: What does the Molina FIDE ID card look like?

A: An example of the FIDE ID card for Molina members is below.



Q: Where can providers find more information?

A: Molina will continue to send updates and information to providers. Molina also recommends the following resources:

- Attending an MMP Sunset/Duals Integrate training offered every Tuesday through the end of 2025. Email MHTXProviderServices@MolinaHealthcare.com
- Visiting MolinaHealthcare.com for updated FAQs and information.

Q: Who can providers contact at Molina?

A: Providers can direct questions to MTXProviderServices@MolinaHealthcare.com