# Care provider FAQ for Wellpoint Texas Value

Texas | Commercial

## Participation

**Is a care provider required to participate in the Wellpoint Texas Value product if they already have a Commercial Essential/Medicaid/Medicare contract?**
Participation may vary based on each care provider's agreement with Wellpoint. Care provider partner agreements cover all products available in Texas.

If you have specific questions regarding your Provider Agreement, reach out to your provider relationship management representative.

**If additional clinics are outside of the covered counties, would care providers at those locations be PAR?**
If all facilities are under one tax ID, one NPI, and on the same contract, then yes, all locations would be considered PAR with Wellpoint Texas Value plans.

**Will there be any more covered counties in Texas in the future?**
Yes, additional counties will be covered in upcoming years. Additional details are forthcoming.

**How can a care provider communicate that they are not interested in participating in the new Wellpoint Texas Value network?**
Care providers not interested in participating in the Wellpoint Texas Essential Value network must submit a written request to Wellpoint_TX_Contracting@wellpoint.com, to object in accordance with the terms of the Provider Agreement.

## Reimbursement/prior authorizations

**Where can the reimbursement rate for in-network care providers for these plans be found?**
The rate can be found in the Plan Compensation Schedule or Commercial Program Reimbursement attachment of their agreement.

Coverage provided by Wellpoint Insurance Company.
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**If the care provider is already set up for electronic remittance advice (ERA) and electronic funds transfer (EFT) for the network, will they need to register for the Commercial Texas Value product as well?**
If care providers already have an EFT account with Wellpoint, they do **not** need to register again for the Commercial Texas Value product.

**If a care provider sees that a member is active with two different health plans (for example, Wellpoint Texas Value and Blue Cross and Blue Shield), how do they know who to submit claims to?**
Care providers can verify a member's primary plan by reviewing the Coordination of Benefits in Availity Essentials or by contact Provider Services at **833-476-1458**.

**Where is the prior authorization tool found?**
The prior authorization application can be found on the **https://provider.wellpoint.com** and Availity Essentials.

**What is our policy on paying mid-levels?**
Mid-levels will be reimbursed at the rates/methodologies set forth in your agreement.

## Member related

**If a small business employer is domiciled outside the covered counties, will they be able to access a Wellpoint Texas Value plan?**
No, small business owners will not have the option to select a Wellpoint Texas Value plan if their business ZIP code is outside the Wellpoint Texas Value plan service area. As of the date of this FAQ, the Wellpoint Texas Value plan's service area is to be determined.

**What if a member wants to change their primary care physician (PCP) mid-year? Does a PCP change form need to be submitted to update the PCP selection?**
Member Services does not require a form to be completed to update/change a PCP for Wellpoint Texas Value plans. As long as the PCP is in network, the member will need to either contact Member Services to update, or the member can update themselves in the Sydney app.

**Will the member IDs specify the specific plan type, or just say HMOEPO or PPOPOS?**
The ID card will specify if the plan is Wellpoint Texas Essential or Wellpoint Texas Value, and if it is an HMO or EPO plan.

Please check this resource regularly, as we'll continue to add new questions and answers as we identify additional topics you may have questions about.