

Dear **Ancillary** Provider,

Welcome to the Ancillary Provider Credentialing and Contracting process!

If you do not already have a Facility/Provider Record ID established with Blue Cross and Blue Shield of Texas (BCBSTX) that matches your billing information (Billing NPI and Tax Identification Number (TIN)), you must complete the [Ancillary Provider Record Request Form](#) first, located under the **Provider Onboarding Process** on our [How to Join /Network Participation](#) page, to set up your BCBSTX Provider Record ID.

Obtaining a BCBSTX Facility/Provider Record ID does not automatically activate the Blue Choice PPO<sup>SM</sup>, Blue Essentials<sup>SM</sup>, Blue Advantage HMO<sup>SM</sup>, Blue Premier<sup>SM</sup>, MyBlue Health<sup>SM</sup>, Blue Cross Medicare Advantage (HMO)<sup>SM</sup>, Blue Cross Medicare Advantage (PPO)<sup>SM</sup> and/or Medicaid (STAR), CHIP and STAR Kids networks.

Claims will be processed out-of-network until the provider has been approved and activated in the network. If you wish to be a contracted provider, you will need to complete the **Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire** located under the **Credentialing and Contracting Process for Ancillary Providers** section of the [How to Join/Network Participation](#) page and include the licensing, liability insurance, accreditation and additional information requirements included below.



**Return ALL of the following *CURRENT* documents with your completed Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire.**

- License:** A current copy of your Ambulatory Surgery Center license issued by the Texas Department of State Health Services.
- Insurance:** Current Certificate of Insurance with Professional or General Liability including:
  - **Policy Number,**
  - **Effective and Termination Dates,** and
  - Liability Coverage of \$200,000 per Occurrence and \$600,000 Aggregate
- Accreditation:** A current Certificate or Letter of Accreditation from one of the Accreditation Programs below:
  - AAAHC – Accreditation Association for Ambulatory Healthcare
  - AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities
  - AOA | HFAP – American Osteopathic Association | Healthcare Facilities Accreditation Programs
  - DNV – DNV Healthcare, Inc.
  - JC – The Joint Commission

**Or,**

In lieu of an Accreditation Program you may submit a TDSHS/TDADS/CMS Onsite Survey within the last 3 years with

- No Deficiencies, or
- A **Compliant Revisit** with one of the following documents:
  - Report of Contact
  - Notice of Accepted Plan of Correction

- Proof of Medicare Certification:** A CMS Certification Letter or Official Document containing your Facility ID Number.
- NPI Confirmation:** An Official Document confirming your current NPI
- W9:** Submit W9 Form

**Please submit above required documents along with completed Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire within 30 days to:**

**Email: [AncillaryContracting\\_SE@BCBSTX.com](mailto:AncillaryContracting_SE@BCBSTX.com)**