

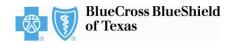
Dear Ancillary Provider,

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 PPOSM, Blue EssentialsSM, Blue Advantage HMOSM, Blue PremierSM, MyBlue HealthSM, Blue Cross Medicare Advantage (HMO)SM, Blue Cross Medicare Advantage (PPO)SM 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.



TEXAS HOSPICE CREDENTIALING CRITERIA CHECKLIST

Please return the following documents along with your completed Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire:

Ancillary Specialty Checklist - Hospice		
Criteria	Requirement(s)	Verification Source(s)
Licensure	Current hospice license from the Texas Department of State Health Services (DSHS) is required.	Copy of license
Professional Liability Coverage	Current general or medical professional liability coverage of at least \$500,000 per occurrence \$1,000,000 in aggregate is required for each applying location. Evidence of coverage must have the amount of coverage and expiration date documented.	Insurance face sheet indicating amount of coverage and expiration date
Accreditation Organization	Current accreditation from one of the following nationally accepted accrediting bodies:	Copy of accreditation report or letter; orBCBSTX Plan program audit
OR CMS Certification	 The Joint Commission (JC) Community Health Accreditation Program (CHAP) Accreditation Commission for Health Care, Inc. (ACHC) 	results; or CMS certification/letter; and CMS, DSHS or DADs survey
	OR Current certification from the following: • CMS certification; and • CMS or DSHS survey within three years of credentialing/recredentialing decision with no deficiencies or all deficiencies corrected.	
Supervising Physician/ Medical Director	Medical Director (MD/DO) supervision is required and is responsible for providing overall coordination of the patient's plan of care. Nursing services, (routinely available and/or on call on a 24-hour basis, 7 days a week) must be provided by or under the supervision of a registered nurse (RN) functioning within a plan of care developed by the hospice Medical Director (MD/DO).	Copy of supervising physician's: • State License; and • Board Certification
Tax ID	Signed and dated W-9	Copy of W-9
NPI	NPI Enumeration email or letter	Copy of NPI Enumeration email or letter

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

Email: AncillaryContracting_SW@BCBSTX.com