

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.



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