

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.



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

- License:** *Current hospital license from the Texas Department of State Health Services (DSHS)*
- Insurance:** *A current Certificate of Professional Liability including:*
  - *Policy Number*
  - *Effective and Termination Dates*
  - *Liability Coverage of \$1,000,000 per Occurrence and \$3,000,000 Aggregate.*
- Current accreditation letter/certificate from one of the following:**
  - *The Joint Commission (JC)*
  - *Accreditation Association for Ambulatory Healthcare (AAAHC)*
  - *Commission on Accreditation of Rehabilitation Facilities (CARF)*
  - *Council on Accreditation of Services for Families and Children Inc. (COA)*
  - *National Integrated Accreditation for Healthcare Organizations (NIAHOSM)*
- NPI Confirmation:** *An Official Document confirming your current NPI*
- W9:**
- Board Certified Physician (MD/DO) Psychiatry clinical supervision is required.**
  - Submit copy of Physician's valid, current state license*
  - Copy of valid, current board certification.*

**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)**