

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.



**TEXAS**  
**REHABILITATION FACILITIES -**  
**INPATIENT ONLY**  
**CREDENTIALING CRITERIA CHECKLIST**

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

**License:** ALL of the following licenses are required:

- DSHS Specialty Hospital License;
- DEA License;
- DPS License; and
- Texas Class A Pharmacy or Class C Clinic/Hospital license.

**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.**

**Accreditation:** A current Certificate or Letter of Accreditation from one of the Accreditation Programs below:

- JC – The Joint Commission
- National Integrated Accreditation for Healthcare Organizations (NIAHOSM).

**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:
    - i. Report of Contact
    - ii. Notice of Accepted Plan of Correction

**Proof of Medicare/Medicaid Certification:** CMS Certification Letter or Official Document containing your Facility ID Number.

**NPI Confirmation:** An Official Document confirming your current NPI

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

Email: [AncillaryContracting\\_N@BCBSTX.com](mailto:AncillaryContracting_N@BCBSTX.com)