

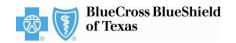
Dear Ancillary Provider,

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 <u>How to Join/Network Participation</u> page and include the licensing, liability insurance, accreditation and additional information requirements included below.



TEXAS SKILLED NURSING FACILITY CREDENTIALING CRITERIA CHECKLIST

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

Ancillary Specialty Checklist - Skilled Nursing Facility		
Criteria	Requirement(s)	Verification Source(s)
Licensure	A current and valid license that is applicable to the type of facility from an appropriate state licensing agency that has not been restricted, revoked, terminated, probated or suspended.	Copy of license
Professional	Current general or medical professional	Insurance face sheet
Liability	liability coverage of at least \$200,000 per	indicating amount of
Coverage	occurrence \$600,000 in aggregate is required for each applying location. Evidence of coverage must have the amount of coverage and expiration date documented.	coverage and expiration date; or
Accreditation	Current accreditation from the following	Copy of accreditation report
Organization	nationally accepted accrediting body:	or letter; and
	The Joint Commission (JC)	CMS certification/letter; and
OR		Texas Department of Aging
	OR	and Disability Services
CMS	Current certification from the following:	(DADS) approval letter or on
Certification	• CMS certification In lieu of accreditation, CMS Certification is required along with TX Department of Aging and Disability Services on site survey within last 3 years with no deficiencies or documentation (Notice of Accepted Plan of Correction) that a correction action plan for the identified deficiencies was submitted and accepted as all deficiencies corrected.	site survey
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