

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 <u>Ancillary Provider Record Request Form</u> first, located under the **Provider Onboarding Process** on our <u>How to Join /Network</u> <u>Participation</u> 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 <u>How to</u> <u>Join/Network Participation</u> page and include the licensing, liability insurance, accreditation and additional information requirements included below.

## BlueCross BlueShield of Texas



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

**License**: A Valid, Current License from the Texas Department of State Health Services.

**Insurance:** A current Certificate of General or Professional Liability including:

- Policy Number
- Effective and End Dates
- Liability Coverage of \$1,000,000 per Occurrence and \$3,000,000 Aggregate.
- PLEASE DO NOT SEND DECLARTION ONLY CERTIFICATE OF INSURANCE

**Accreditation**: 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)

*Methadone Clinics: Current accreditation from one of the following SAMHSA/CSAT-approved accreditation bodies is required:* 

- The Joint Commission (JC)
- Commission of Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- Healthcare Facilities Accreditation Program (HFAP)

*Note:* Qualified accredited programs receive certification by SAMHSA, no exceptions will be made. AND

Methadone Clinics must be SAMHSA/CSAT certified and qualified under 42 CFR, Part 8.

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

\_ w9

## $\Box$ \*\*\*Supervising Physician/Medical Director

Physician supervised program is required including psychological support and counseling.

- Copy of supervising physician or Medical director License
- Copy of 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