

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.

TEXAS
ACQUIRED BRAIN INJURY FACILITY
CREDENTIALING CRITERIA CHECKLIST

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

Ancillary Specialty Checklist - Acquired Brain Injury Facility		
Criteria	Requirement(s)	Verification Source(s)
Licensure	<p>One of the following current license is required:</p> <ul style="list-style-type: none"> • Assisted Living Facility Type A or Type B (Small or Large size facility) license from the Texas Department of Aging and Disability Services (DADS); or • Current specialty hospital license from the Texas Department of State Health Services (DSHS) 	<ul style="list-style-type: none"> • Copy of license
Professional Liability Coverage	<p>Current general or medical professional liability coverage of at least \$1,000,000 per occurrence \$3,000,000 in aggregate is required for each applying location. Evidence of coverage must have the amount of coverage and expiration date documented.</p>	<ul style="list-style-type: none"> • Insurance face sheet indicating amount of coverage and expiration date
Accreditation Organization OR CMS Certification	<p>Current accreditation from one of the following nationally accepted accrediting bodies:</p> <ul style="list-style-type: none"> • The Joint Commission (JC) • Commission of Accreditation of Rehabilitation Facilities (CARF) • Det Norske Veritas Healthcare, Inc. (DNVHC)/DNVHC's NIAHOSM (National Integrated Accreditation for Healthcare Organizations). 	<ul style="list-style-type: none"> • Copy of accreditation report or letter; or • DSHS Certificate of Equipment Registration
Tax ID	Signed and dated W-9	<ul style="list-style-type: none"> • Copy of W-9
NPI	NPI Enumeration email or letter	<ul style="list-style-type: none"> • 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