



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.



**Return ALL of the following CURRENT documents with your completed Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire.**

**Insurance:** Current Certificate of Insurance with Professional or General Liability including:

- **Policy Number**
- **Effective and Termination Dates**
- Liability Coverage of **\$1,000,000 per Occurrence and \$1,000,000 Aggregate.**

**Accreditation:** *One of the following current accreditation is required:*

- *Clinical Laboratory Improvement Act (CLIA) or a hospital-based exemption from CLIA; or*
- *CMS issued Commission on Clinical Laboratory Association (COLA); or*
- *College of American Pathology (CAP); or*
- *American Osteopathic Association (AOA)'s Healthcare Facilities Accreditation Program (HFAP);*
- *or Joint Commission (TJC)*

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

**NPI Confirmation:** Official Document confirming your current NPI. You may also use the NPES website.

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**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)**