

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.



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

**License:** **Current** copy of your applicable Texas Department of State Health Services licenses below:

- Bedding
- Device Distributor
- Prescription Drug Manufacturer
- Class A Pharmacy License | Texas State Board of Pharmacy
- Wholesale Distributor of Compressed Medical Gas (Requires Respiratory Therapist License)

**\*\*\*Please do not copy more than one license per page. Each license should be on a separate page.**

**Insurance:** **Current** Certificate of Professional Liability including:

- Policy Number
- Effective and Termination Dates
- Liability Coverage of \$100,000 per Occurrence and \$300,000 Aggregate

**Must Provide Accreditation:** **Current** Certificate or Letter of Accreditation from one of the Accreditation Programs listed below must be provided:

- ABC – American Board for Certification in Orthotics & Prosthetics, Inc
- ACHC – Accreditation Commission for Health Care, Inc
- BOC – Board of Orthotics/Prosthetics Certification
- CARF – Commission on Accreditation of Rehabilitation Facilities
- CHAP – Community Health Accreditation Program
- CT – Compliance Team
- HQAA – Healthcare Quality Association of America
- JC – The Joint Commission
- NABP – National Association of Boards of Pharmacy

Also, FDA approval is required, as applicable, for Out-of-State providers

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

**W9:** Submit W9 Form

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

**Email: [AncillaryContracting\\_SW@BCBSTX.com](mailto:AncillaryContracting_SW@BCBSTX.com)**