



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 HOME HEALTH AGENCY CREDENTIALING CRITERIA CHECKLIST

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

Ancillary Specialty Checklist - Home Health Agency		
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.	<ul style="list-style-type: none"> • Copy of license
Professional Liability Coverage	Current general or medical professional liability coverage of at least \$500,000 per occurrence \$1,000,000 in aggregate is required for each applying location. Evidence of coverage must have the amount of coverage and expiration date documented.	<ul style="list-style-type: none"> • Insurance face sheet indicating amount of coverage and expiration date
Accreditation Organization AND CMS Certification	<p>Current accreditation from one of the following nationally accepted accrediting bodies is required:</p> <ul style="list-style-type: none"> • The Joint Commission (JC); or • Accreditation Commission for Health Care, Inc. (ACHC); or • Community Health Accreditation Program (CHAP) <p>AND</p> <ul style="list-style-type: none"> • CMS Certification is required along with Texas Department of Aging and Disability Services (DADS) on site survey within the 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. 	<ul style="list-style-type: none"> • Copy of accreditation report or letter; and • CMS certification/letter; and • Texas Department of Aging and Disability Services (DADS) approval letter or on site survey
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