

## Dear Ancillary Provider,

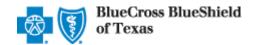
Welcome to the Ancillary Provider Credentialing and Contracting process!

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 <a href="Ancillary Provider Record Request Form">Ancillary Provider Record Request Form</a> first, located under the <a href="Provider Onboarding Process">Provider Record ID</a>.

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 <u>How to Join/Network Participation</u> page and include the licensing, liability insurance, accreditation and additional information requirements included below.



## **TEXAS**

## AMBULATORY SURGERY CENTER CREDENTIALING CRITERIA CHECKLIST

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

- License: A current copy of your Ambulatory Surgery Center license issued by the Texas Department of State Health Services.
- 2. Insurance: A current Certificate of professional liability including:
  - Policy Number
  - Effective and Termination Dates, and
  - Liability Coverage of \$1,000,000 per Occurrence and \$3,000,000 Aggregate.
     \*Endoscopy Centers require Coverage of \$200,000 Occurrence and \$600,000 Aggregate
- 3. Accreditation: A current Certificate or Letter of Accreditation from one of the Accreditation Programs below:
  - AAAHC Accreditation Association for Ambulatory Healthcare
  - AAAASF American Association for Accreditation of Ambulatory Surgery Facilities
  - AOA | HFAP American Osteopathic Association | Healthcare Facilities Accreditation Programs
  - DNV DNV Heathcare, Inc.
  - JC The Joint Commission

Or,

In lieu of an Accreditation Program you may submit a TDSHS/TDADS/CMS Onsite Survey within the last 3 years with

- No Deficiencies, or
- A Compliant Revisit | Report of Contact, or
- Letter of Accepted Plan of Correction

Or,

If the facility does not have any of the above #3, a site visit by BCBSTX will be required.

- Proof of Medicare Certification: A CMS Certification Letter or Official Document containing your Facility
   ID
- 5. NPI Confirmation: An Official Document confirming your current NPI

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

Email: AncillaryContracting\_SE@BCBSTX.com