



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 HOSPICE CREDENTIALING CRITERIA CHECKLIST

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

| Ancillary Specialty Checklist - Hospice | | |
|--|--|--|
| Criteria | Requirement(s) | Verification Source(s) |
| Licensure | Current hospice license from the Texas Department of State Health Services (DSHS) is required. | <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 OR CMS Certification | Current accreditation from one of the following nationally accepted accrediting bodies: <ul style="list-style-type: none"> • The Joint Commission (JC) • Community Health Accreditation Program (CHAP) • Accreditation Commission for Health Care, Inc. (ACHC) OR Current certification from the following: <ul style="list-style-type: none"> • CMS certification; and • CMS or DSHS survey within three years of credentialing/recredentialing decision with no deficiencies or all deficiencies corrected. | <ul style="list-style-type: none"> • Copy of accreditation report or letter; or • BCBSTX Plan program audit results; or • CMS certification/letter; and • CMS, DSHS or DADs survey |
| Supervising Physician/ Medical Director | Medical Director (MD/DO) supervision is required and is responsible for providing overall coordination of the patient's plan of care. Nursing services, (routinely available and/or on call on a 24-hour basis, 7 days a week) must be provided by or under the supervision of a registered nurse (RN) functioning within a plan of care developed by the hospice Medical Director (MD/DO). | Copy of supervising physician's: <ul style="list-style-type: none"> • State License; and • Board Certification |
| 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