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 that matches your billing information (Billing NPI and Tax Identification Number), 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℠, Blue Essentials℠, Blue Advantage HMO℠, Blue Premier℠, MyBlue Health℠, Blue Cross Medicare Advantage (HMO)℠, Blue Cross Medicare Advantage (PPO)℠ 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.

# *AIR AMBULANCE CREDENTIALING CRITERIA CHECKLIST*

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

Provider Name ___________________________________________________

TIN # __________NPI# ____________ BCBSTX Provider# _________

_____ Current BCBSTX Ancillary / Hospital Questionnaire Application, **and**

_____ A valid, current TEXAS license from the Texas Department of Health Services (DSHS), **and**

_____ A valid, current license from the Texas Department of Public Safety (DPS), **and**

_____ A valid, current license from the Texas Drug Enforcement Agency (DEA), **and**

_____ If applicable for providers reported service areas, a valid, current Ambulance Services permit from the city and / or towns, **and**

_____ A current surety bond for each issued license, **and**

_____ Medicare certification letter, **and**

_____ When applicable to the contracting network, Medicaid certification letter indicating TPIN #

____ _ Current accreditation letter by or certificate from the Commission on Accreditation of Medical Transport Systems (CAMTS), **or**

_____ Current accreditation letter by or certificate from the National Accreditation Alliance of Medical Transport Applications (NAAMTA), **or**

____ _ Current accreditation letter by or certificate from the European Aeromedical Institute (EURAMI), **or**

____ _ A state or federal agency on-site inspection report for a visit that took place within the last 3 years indicating no deficiencies were found, **or**

If deficiencies were found, provide a state or federal agency re-inspection report, within the last three years, where the deficiencies had been corrected, **and**

# AIR AMBULANCE CREDENTIALING CRITERIA CHECKLIST (cont.)

___Current General Liability insurance coverage of at least $1,000,000 each occurrence and $3,000,000 general aggregate (copy of policy face sheet or its attachments must indicate coverage amounts, locations, effective, and expiration date), **and**

___Current Aircraft Liability Insurance of at least $50,000,000 each occurrence [copy of policy face sheet], **and**

___ Current Workers Compensation Insurance of at least $1,000,000 per accident, $100,000 disease per employee and $500,000 disease policy limit [copy of policy face sheet], **and**

___ EMT licenses (A list of licensed EMT's which should include EMT's name, license #, issue date, # expiration date), **and**

___ NPI Enumeration letter or e-mail from CMS, **and**

___ Proof of valid TPI Number, **and**

___ Current W-9 Form

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

**Email: AncillaryContracting_N@BCBSTX.com**



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