



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.

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.

## TEXAS FREE-STANDING ER (FSER) CREDENTIALING CRITERIA CHECK LIST

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

☐ **The following are required as separate documents:**

- **EMTALA Requirements:** Comply with Emergency Medical Treatment and Active Labor Act (EMTALA) applicable requirements (whether or not it is subject to EMTALA).
  - **Patient Transfer Policy:** The FSER provider must have and maintain a standing arrangement for the transfer of the member to an acute care facility that is licensed as a General Acute Care Hospital with the State of Texas and contracted with BCBSTX.
  - **Emergency Equipment:** The FSER provider must have and maintain equipment and supplies suitable for provision of emergency care services, including at a minimum complete intravenous infusion sets and standards, and equipment for airway maintenance, stomach and bladder drainage, airway resuscitation, cardiac resuscitation, and newborn and pediatric resuscitation.
  - **Hours of Operation:** Must be open at least 24 hours per day, 7 days a week, and at least one physician with additional training in Emergency Medicine and/or board certified in Emergency Medicine and one licensed nurse, on site and available, during all hours of operations.
- ☐ **License:** **Current** State license as an FSER from the Texas Department of State Health Services (DSHS), except where exempt from licensure.

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

- Policy Number
- Effective and Termination Dates
- Liability Coverage of \$1,000,000 per Occurrence and \$3,000,000 Aggregate.

☐ **Accreditation:** One of the following current accreditation is required:

- The Joint Commission (JC); or
- Accreditation Association for Ambulatory Health Care (AAAHC); or
- DNV Healthcare (DNV); or

Healthcare Facility Accreditation Programs (HFAP)

☐ **The following current certifications are required:**

- Clinical Laboratory Improvement Act (CLIA),
- Certificate of Equipment Registration from the Department of State Health Services

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

☐ **Supervising Physician/Medical Director State License and Board Certification:**

- The medical director shall be board certified or have completed accepted education and training in emergency medicine as required by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM), or be board certified in primary care with a minimum of two years emergency care experience.

Please submit above required documents along with completed  
Credentialing/Recredentialing Ancillary/Hospital Provider Questionnaire  
within 30 days to: Email: [AncillaryContracting\\_SE@BCBSTX.com](mailto:AncillaryContracting_SE@BCBSTX.com)