

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 INFUSION THERAPY CREDENTIALING CRITERIA CHECKLIST

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

Ancillary Specialty Checklist - Home Infusion Therapy		
Criteria	Requirement(s)	Verification Source(s)
Licensure	<p>HIT Provider (all inclusive): All of the following current license are required:</p> <ul style="list-style-type: none"> • Texas Dept of Aging (DADS) Home Health License; • DEA* certificate; and • Texas Class A Pharmacy or Class C Clinic/Hospital License (Pharmacy or All Inclusive type); or • Texas Class AS or Class CS Pharmacy license <p>HIT Pharmacy Provider: All of the following licenses are required</p> <ul style="list-style-type: none"> • DEA* certificate; and • Texas Class A Pharmacy or Class C Clinic/Hospital License (Pharmacy or All Inclusive type); or • Texas Class AS or Class CS Pharmacy license <p><small>*A State Controlled Substance Registration is not applicable to the State of Texas</small></p>	<ul style="list-style-type: none"> • Copy of licenses; or • Copy pf DEA* certificate; • Copy of Class A or Class C Pharmacy license or • Copy of Class AS or Class CS Pharmacy license <p><small>*A State Controlled Substance Registration is not applicable to the State of Texas</small></p>
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	<p>HIT Provider (all inclusive): Current accreditation from one of the following nationally accepted accrediting bodies:</p> <ul style="list-style-type: none"> • The Joint Commission (JC) <p>HIT Pharmacy Provider: The following current accreditation is preferred, but not required:</p> <ul style="list-style-type: none"> • The Joint Commission (JC) • Community Health Accreditation Program (CHAP); or • Accreditation Commission for Health Care, Inc. (ACHC) 	<ul style="list-style-type: none"> • Copy of accreditation report or letter <p>HIT Provider - Pharmacy</p> <ul style="list-style-type: none"> • Copy of accreditation report or letter
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