



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 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 PSYCHIATRIC DAY TREATMENT CREDENTIALING CRITERIA CHECKLIST

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

- ☐ **Insurance:** *A 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:** *Current accreditation letter/certificate from one of the
following:*

- *The Joint Commission (JC)*
- *Accreditation Association for Ambulatory Healthcare (AAAHC)*
- *Commission on Accreditation of Rehabilitation Facilities (CARF)*
- *Council on Accreditation of Services for Families and Children Inc. (COA)*
- *National Integrated Accreditation for Healthcare Organizations (NIAHOSM)*

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** with one of the following documents:*
 - i. *Report of Contact*
 - ii. *Notice of Accepted Plan of Correction*

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

- ☐ *The Psychiatric Day Treatment Center must have a designated
Supervising Physician who is a board certified Psychiatrist by the
American Board of Psychiatry and Neurology*
- *submit copy of **Physician's valid, current state license and copy of valid, current
board certification***

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

Email: AncillaryContracting_SE@BCBSTX.com