



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 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 RENAL DIALYSIS CREDENTIALING CRITERIA CHECKLIST

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

<b>Ancillary Specialty Checklist - Renal Dialysis Center</b>		
<b>Criteria</b>	<b>Requirement(s)</b>	<b>Verification Source(s)</b>
<b>Licensure</b>	Current End Stage Renal Dialysis Center license from the Texas Department of State Health Services (DSHS) is required.	<ul style="list-style-type: none"> <li>• Copy of license</li> </ul>
<b>Professional Liability Coverage</b>	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"> <li>• Insurance face sheet indicating amount of coverage and expiration date</li> </ul>
<b>Accreditation Organization</b>  <b>OR</b>  <b>CMS Certification</b>	Accreditation is <i>not</i> required.  Current certifications from the following are required: <ul style="list-style-type: none"> <li>• CMS certification; and</li> <li>• CMS or DSHS survey within three years of credentialing/ recredentialing decision with no deficiencies or all deficiencies corrected.</li> </ul>	<ul style="list-style-type: none"> <li>• CMS certification/letter; and</li> <li>• CMS or DSHS survey</li> </ul>
<b>Tax ID</b>	Signed and dated W-9	<ul style="list-style-type: none"> <li>• Copy of W-9</li> </ul>
<b>NPI</b>	NPI Enumeration email or letter	<ul style="list-style-type: none"> <li>• Copy of NPI Enumeration email or letter</li> </ul>

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

**Email: [AncillaryContracting\\_SW@BCBSTX.com](mailto:AncillaryContracting_SW@BCBSTX.com)**