



BlueCross. BlueShield.

Illinois • Montana • New Mexico
Oklahoma • Texas

TX Initial Credentialing Checklist

Fully Completed Texas Standardized Credentialing Application

Section 1 – Individual Information

<input type="checkbox"/>	Type of Professional
<input type="checkbox"/>	Name
<input type="checkbox"/>	General Information(Gender, DOB, SSN, City/State/Country of Birth)

Education/ Attachment B

<input type="checkbox"/>	Graduate/Professional School(s)
<input type="checkbox"/>	Training-List all training programs attended relative to practicing specialty

Licenses and Certificates/ Attachment A

<input type="checkbox"/>	Professional IDs (State and DEA)
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Professional / Specialty Information

<input type="checkbox"/>	Primary Specialty
<input type="checkbox"/>	Secondary Specialty (if applicable)
<input type="checkbox"/>	Board Certification information

Work History (Initial Credentialing only)/ Attachment C

<input type="checkbox"/>	Work History (must have five (5) years with no gaps greater than six (6) months)
<input type="checkbox"/>	Gaps in Professional/Work History (explanation of work history gaps)

Hospital Affiliations/ Attachment D (MDs/DOs ONLY)

<input type="checkbox"/>	Admitting Arrangements (hospitalist, covering physician)/Hospital Coverage Letter
<input type="checkbox"/>	Hospital Privileges

Professional Liability Insurance Coverage

<input type="checkbox"/>	<p>Required Information:</p> <ul style="list-style-type: none"> • Insurance carrier; • Policy number; • Effective date (MM/DD/YYYY); • Expiration date (MM/DD/YYYY); • Occurrence and aggregate amount. <p>Note: Effective 3/1/21, for Texas providers, the minimum requirements have been reduced from \$200,000 per occurrence/\$600,000 aggregate to \$100,000 per occurrence/\$300,000 aggregate.</p>
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Practice Location Information / Attachment F

<input type="checkbox"/>	Primary location information (location, phone, fax, e-mail, and TIN)
<input type="checkbox"/>	Office Manager or Credentialing Contact



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Section II - Disclosure Questions

<input type="checkbox"/>	All questions must be answered and any question answered 'YES' must have an explanation.
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Section III – Standard Authorization, Attestation and Release

<input type="checkbox"/>	Page 11: <ul style="list-style-type: none"> • Must have BCBSTX in the entity box (Non-CAQH TDI Applications only); • Initial and date.
<input type="checkbox"/>	Page 12: <ul style="list-style-type: none"> • Signature (cannot be stamped); • Printed name; • Last 4 digits of SSN or NPI number; • Date.

Attachments

<input type="checkbox"/>	DEA (if applicable)
<input type="checkbox"/>	Board certification information (if applicable)
<input type="checkbox"/>	Any supplemental forms with an explanation to disclosure questions answered "YES"
<input type="checkbox"/>	Current certificate of insurance