



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 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 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](mailto:AncillaryContracting_SE@BCBSTX.com)**