BlueCross BlueShield of New Mexico

Ancillary/Facility Credentialing Checklist

To apply for network participation, complete the **Facility Application**, **Provider Interest Form** and **Provider Onboarding Form**. Submit all required credentialing/contracting documentation for your provider type and each service location, as outlined below:

- Copy of current state license
- National Provider Identifier confirmation
- 147C letter
- Signed and dated W-9
- Insurance ($1,000,000 per occurrence/$3,000,000 in aggregate)
- Disclosure of Ownership and Control Interest Form
- Designation, expertise and/or attestation form as applicable

PROVIDER TYPE	CREDENTIALING/CONTRACTING CRITERIA
Acute Care Hospital	• Current accreditation or recent state or Medicare Survey within the past three years
Ambulatory Surgery Center	• Current accreditation with JC/AAAHC/AAASF/HFAP/IMQ or Centers for Medicare and Medicaid Services letter
Behavioral Health	• Current accreditation with JC/AOA or CMS letter • Copy of supervising physician or Medical Director's license and Board certification
Birthing Centers	• State License not required • Current accreditation with JC/AAAHC/CABC or DSHS survey within three years with all deficiencies corrected • Copy of supervising physician or Medical Director's license and Board certification
Blood Banking & Transfusion Medicine	• Current accreditation or recent state or Medicare survey within the past three years
Cardiac Catheter Lab	• Current accreditation with JC/DNVHC/HFAP or CMS letter • DSHS Certificate of Equipment Registration
Community Benefit Prov	• Current accreditation with JC/AOA or CMS letter • Copy of supervising physician or Medical Director's license and Board certification
Community Health Center	• Current accreditation with JC/AAAHC/CABC or DSHS survey within three years with all deficiencies corrected • Copy of supervising physician or Medical Director's license and Board certification
Community Mental Health Center	• Current accreditation with JC/ACHC/CHAP or CMS certification or DSHS survey within three years with all deficiencies corrected

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PROVIDER TYPE	CREDENTIALING/CONTRACTING CRITERIA
Crisis Triage Centers	• Current accreditation or recent state or Medicare Survey within the past three years
Emergency Room (Free Standing)	• Current accreditation with JC/AAAHC/DNVHC/HFAP or CMS certification/letter or survey within the past three years • CLIA certification • Certificate of Equipment Registration from DSHS • Copy of supervising physician or Medical Director's license and Board certification
Environment/Home Adaptation	• Current accreditation or recent state or Medicare survey within the past three years
Free Standing Dialysis	• Current CMS certification or survey within three years with all deficiencies corrected
Hospices	• Current accreditation with JC/CHAP/ACHC or CMS certification/letter or survey within the past three years • Copy of supervising physician or Medical Director's license
Home Infusion Therapy	• DEA certification • Current accreditation with JC/ACHC/CHAP or CMS letter
Imaging Center	• Current DSHS Certificate of Equipment Registration or CMS Survey or letter within the past three years • Current accreditation with ACR/JC/IAC/AIUM or RadSite
Independent Lab or Reference Lab	• Current accreditation with CLIA or COLA or CAP or CMS/FDA certification
Long Term Acute Care	• Current accreditation with JC or DNVHC or CMS certification
Mammography Screening Center	• Current accreditation with ACR • FDA or DSHS certification • Certificate of equipment registration • Radioactive Materials License (if applicable)
Personal Emergency Response System	• Current accreditation or recent state or Medicare Survey within the past three years
Physical Therapy Facility	• Current accreditation or recent state or Medicare Survey within the past three years
Psychiatric Day Treatment Centers	• Current accreditation with JC/AAAHC/CARF/COA/DNVHC or CMS letter
Public Health Clinic	• Current accreditation or recent state or Medicare Survey within the past three years

PROVIDER TYPE	CREDENTIALING/CONTRACTING CRITERIA
Public School Based Health Clinic	• Current accreditation or recent state or Medicare Survey within the past three years
Rehabilitation Facility	• Current accreditation or recent state or Medicare Survey within the past three years
Renal Dialysis Facility	• Current CMS certificate or DSHS survey
Retail Health Provider	• Current accreditation or recent state or Medicare Survey within the past three years
Skilled Nursing Facility	• Current accreditation with JC/CARF or CMS letter
Sleep disorders/Sleep Studies Centers	• Current accreditation with JC/ACHC/AASM • Copy of Technologist's certificate • Supervising physician licensed in the state where provider is located and a copy of license and board certification
Speech Pathology Facility	• Current accreditation or recent state or Medicare Survey within the past three years
Substance Abuse	• Current accreditation with JC/CARF/ACHC/DNVHC/HFAP or CMS letter • Copy of supervising physician or Medical Director's license
Urgent Care Center	• Current accreditation with JC/AAAHC/NAFAC, CLIA and Certificate of Equipment • Supervising physician licensed in the state where provider is located and a copy of license and board certification

Accrediting Bodies

JC – The Joint Commission

ACHC – Accreditation for Healthcare, Inc

AASM – Academy of Sleep Medicine

HQAA – Healthcare Quality Association of America

CARF – The Commission on Accreditation of Rehabilitation Facilities

BOC – Board of Orthotists/Prosthetist Certification

ABC – American Board for Certification in Orthotics & Prosthetics, Inc

ASHA – American Speech Language Hearing Association

NABP – National Association of Boards of Pharmacy

AAAHC – Accreditation Association for Ambulatory Healthcare

AOA – American Osteopathic Association

CABC – The Commission for the Accreditation of Birth Centers

AAASF – American Association for Ambulatory Surgery Facilities, Inc

HFAP– Healthcare Facilities Accreditation Program

CLIA – Clinical Laboratory Improvement Amendments

DNV – Healthcare, Inc

IAC – intersocietal Accreditation Commission

ACR – American College of Radiology

AIUM – American Institute of Ultrasound Medicine

COA – Council on Accreditation

CAP – Laboratory Accreditation Program

NAFAC – National Association for Ambulatory Urgent Care

IMQ – Institute of Medical Quality