Blue Cross Blue Shield of Rhode Island

500 Exchange Street, Providence, RI 02903-2699
(401) 459-1000 www.BCBSRI.com

Name of person completing this form (please print): ______________________________

Name of organization: ______________________________

Today's Date: ______________________________

When answering the questions below, please refer to the following definition:
Protected Health Information (PHI) means individually identifiable health information transmitted or maintained in written, electronic, or oral form, including demographic information collected from an individual that relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual.

Does your organization qualify as an offshore entity or utilize offshore subcontractors?
An offshore entity is a vendor, contractor, or subcontractor that performs its operations outside of the U.S. and U.S. Territories. Offshore entities can be American-owned companies with portions of their operations performed outside the U.S. or foreign-owned companies with their operations performed outside the U.S. An entity is considered offshore if it performs operations outside the U.S. regardless of if the employees performing those functions are American
Yes ☐ No ☐

Does your organization utilize offshore resources who have access to PHI or do you provide PHI to any offshore subcontractor for the purpose of providing services to BCBSRI or its Medicare Advantage members (e.g., billing agency, computer programming or hosting arrangement, transcription services, or any other third party providing administrative support to your organization)?
Yes ☐ No ☐

If you responded No to the above questions, this survey is complete. Please complete the last page and return to your BCBSRI business contact.

If you answered yes to any of the previous questions, please move to page 2 and provide the requested information (attach additional pages as necessary).

Part I. Offshore Locations or Subcontractor Information

Name and address of each of the organziations offshore locations and each subcontractor that uses or transmits information outside of the United States.

Name: ______________________________

Country: ______________________________

Address: ______________________________

Name: ______________________________

Country: ______________________________

Address: ______________________________

Name: ______________________________

Country: ______________________________

Address: ______________________________

Describe functions performed at Offshore locations or Offshore subcontractor functions:

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Proposed or actual effective date for the Offshore locations or subcontractor:

____

Part II. Precautions for Protected Health Information (PHI)

Describe the PHI that will be provided to the Offshore Location or Subcontractor:

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Discuss why providing PHI is necessary to accomplish the objectives:

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Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:

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Attestation of Safeguard to Protect Beneficiary Information in the Offshore Subcontract

Offshore Subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure.

Yes ☐ No ☐

Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore contractor.

Yes ☐ No ☐

Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.

Yes ☐ No ☐

Offshore subcontracting arrangement includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.)

Yes ☐ No ☐

Attestation of Audit Requirements to Ensure Protection of PHI

Organization will conduct an annual audit of the offshore location or subcontractor
Yes ☐ No ☐

Audit results will be used by the Organization to evaluate the continuation of its use of Offshore resources or relationship with the offshore subcontractor.
Yes ☐ No ☐

Organization agrees to share offshore location or subcontractor's audit results with CMS, upon request.
Yes ☐ No ☐

I, ______________________________, do hereby attest that the above information is accurate and complete. I represent that I am the duly authorized representative of the Company identified below for the purposes of making this attestation.

Company Name: ______________________________

Telephone Number: ______________________________

Name: ______________________________

Job Title: ______________________________

Signature: ______________________________

Date: ______________________________

Office Use Only:

Date received:_______Date entered in HPMS:___________Compliance Analyst Initials: ___________