



Blue Cross & Blue Shield of Rhode Island Offshore Subcontracting Questionnaire

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.

1. Does your organization provide PHI to any subcontractor for the purpose of providing services to BCBSRI or its BlueCHiP for Medicare members (e.g., billing agency, computer programming or hosting arrangement, transcription services, or any other third party providing administrative support to your organization)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please sign below and return.
2. Does your organization use any subcontractor, as described above, which stores, uses, or otherwise transmits PHI outside of the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, please sign below and return.
If yes, please provide the following information (attach additional pages as necessary):	
a. The name and address of each subcontractor that uses or transmits information outside of the United States, as well as the date you began using the subcontractor: _____ _____ _____ _____	
b. Describe the PHI transmitted outside of the United States: _____ _____ _____ _____	
c. Describe the services provided by each subcontractor and why providing PHI is necessary to accomplish the subcontractor's objectives: _____ _____ _____ _____	

d. Did you consider alternatives to providing PHI to the subcontractor for use or transmission outside of the United States? Yes No

If Yes, please describe the alternatives considered and describe why each alternative was rejected:

3. Does the subcontractor identified in #2 have policies and procedures in place to ensure that PHI and other personal information remains secure? Yes No

4. Does an offshore subcontracting arrangement prohibit the subcontractor's access to data not associated with the sponsor's contracts? Yes No

5. Does your contract with the subcontractor identified in #2 include policies and procedures that allow for immediate termination of the subcontract upon discovery of a significant security breach? Yes No

6. Does your contract with the subcontractor identified in #2 include 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

I, _____, do hereby attest that the above information is
{Print Name}
accurate and complete. I represent that I am the duly authorized representative of the Company/Provider identified below for the purposes of making this attestation.

Company Name: _____

Provider Name(s): _____

Signature: _____

Title: _____

Date: _____

Please fax the completed form to 401-459-1598, Attn: Michael Petrarca