



South Carolina

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Blue Cross and Blue Shield Association

BlueCross Medicare Advantage: Offshore Subcontracting Attestation

All health care providers who utilize offshore subcontractors as defined by the Centers for Medicare & Medicaid Services (CMS) must submit the attached information and attestation for approval by BlueCross BlueShield of South Carolina. This attestation does not replace or alter the requirements that all providers, contractors, subcontractors and downstream entities comply with CMS rules and regulations, as well as the contractual provisions between the provider and BlueCross. BlueCross or CMS may change attestation requirements from time to time.

A new form must be submitted any time the information herein changes or is modified.

Name of Institution/Provider: _____

Person at Institution Responsible for Subcontractor Review:

Name: _____
Title: _____
Date: _____
Phone: _____
Email: _____
Fax: _____

Offshore Contractor Information:

Company Name: _____
Address: _____
Country: _____
Effective Date: _____

Is this contractor/vendor used for Traditional Medicare enrollees? Yes No

Is this contractor/vendor used for BlueCross commercial enrollees? Yes No

Describe functions being subcontracted (narrative); add pages as necessary:

Describe the Personal Health Information (PHI) that will be provided to, or accessible by, the subcontractor:



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

Describe why the PHI is necessary to accomplish the offshore subcontractor's objectives:

Attestation of Safeguards:

- I.1 The offshore subcontracting arrangement has policies and procedures in place to ensure that PHI and other personal information remains secure. Yes No
- I.2 The offshore subcontracting arrangement prohibits subcontractor's access to data not associated with the sponsor's contracts. Yes No
- I.3 The 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
- I.4 The offshore subcontracting arrangement includes all required Medicare Part C language (e.g. record-retention requirements, compliance with all Medicare Part C requirements, etc.) Yes No



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Attestation of Audit Requirements:

II.1 The organization (Institution/Provider) will conduct an annual audit of the offshore subcontractor. Yes No

II.2 Audit results will be used by Organization (Institution/Provider) to evaluate the continuation of its relationship with the offshore subcontractor. Yes No

II.3 Organization (Institution/Provider) agrees to share offshore subcontractor's audit results with CMS or BlueCross upon request. Yes No

I certify that the information provided above and supplied to BlueCross BlueShield of South Carolina is accurate and correct to the best of my knowledge.

Authorized Signature

Name (Print or Type) and Title

Date

Please fax completed form (and attachments if applicable) to:
Provider Contracting, Attn: Medicare Attestation (803) 870-8602