BlueCare Tennessee

Provider Subcontracting Request Form

Provider Information

Please provide the following information. **Please note:** All fields are required.

Provider Legal Business Name (as reported to the IRS):

_____

Provider Doing Business As (DBA) Name (if applicable):

_____

Provider Tax ID (EIN or SSN): _____ Provider NPI: _____

Medicaid ID (if applicable): _____

Requestor Name: _____ Requestor Phone: _____

Requestor Email: _____

Has the provider screened the proposed subcontractor against the **Office of the Inspector General List of Excluded Individuals and Entities (LEIE)**, **TennCare's Terminated Provider List**, and the **System for Award Management (SAM)** databases as required by TennCare?

☐ Yes ☐ No

If yes, when did this screening occur? _____

Please document your findings, if any, related to this screening:

Subcontractor Information

Please provide the following information for the entity that has or will have a subcontractor relationship with the BlueCare Tennessee provider, respectively. **Please note:** All fields are required.

Subcontractor Legal Business Name (as reported to the IRS):

_____

Subcontractor DBA Name (if applicable):

_____

Subcontractor NPI: _____ Subcontractor Tax ID (EIN or SSN): _____

Subcontractor Street Address: _____

Subcontractor City: _____ State: _____ ZIP: _____

Subcontractor Medicaid ID: _____

If your organization is a wholly or partially-owned subsidiary of another organization, please complete the parent information below:

Parent Organization Name: _____

Parent Organization Street Address: _____

Parent Organization City: _____ State: _____ ZIP: _____

Parent Organization Tax ID (EIN or SSN): _____

Explanation of Relationship: _____

Describe the Subcontractor Services:

Does the subcontractor have operations outside of the U.S.?

☐ Yes ☐ No

If Yes, please list the country or countries where offshore services will be provided:

Please describe the specific business and operational functions of the offshore contractor and preferred service start date.

Why is an offshore vendor needed?

Describe the personally identifiable information (PII)/protected health information (PHI) provided to or accessed by the offshore contractor and state why the use and access of PHI is necessary.

List the safeguards the offshore vendor will use to protect PII/PHI. Examples may include employee background checks, information about how the offshore contractor was selected, restricted access offices, a "clean desk" environment (no cell phones, paper, writing instruments, or the ability to screenshot or otherwise save information for retrieval from another workstation/computer/cell phone), or any other policies and procedures to protect member information. TennCare vendors are responsible for ensuring the confidentiality and integrity of all PII/PHI they create, receive, maintain, and/or transmit to and from the offshore contractor.

Detail any offshore contractor audit requirements. Audit requirements are at the discretion of the vendor and may be completed by a third-party audit organization.

Will the subcontractor be providing the above services to or interacting with a BlueCare Tennessee member?

☐ Yes ☐ No

Has the subcontractor already provided the above services to BlueCare Tennessee members?

☐ Yes ☐ No

If yes, when did services start? _____

If no, when will services begin? _____

Has the subcontractor submitted claims to BlueCare Tennessee for reimbursement for the above services?

☐ Yes ☐ No

Please submit provider subcontracting requests to **TennCare_Provider_Subcontracts_GM@bcbst.com**.

Subcontractor Screening Attestation (to be completed by subcontractor)

I, _____, a representative of _____ , attest to the following:

_____ has screened our owners and employees against the following watchlists at the specified frequencies (attach screenshot for confirmation*):

At Least Once:

› Tennessee Abuse Registry, Tennessee Felony Offender Registry, and the National and Tennessee Sexual Offender Registries

- New Employees must be screened pre-hire
- Existing Employees must be screened prior to the subcontractor entering into an agreement with a BlueCare provider, unless the subcontractor has documentation that all employees have been screened at least once.

Pre-hire:

› Office of the Inspector General List of Excluded Individuals and Entities (LEIE)

› System for Award Management (SAM)

› TennCare's Terminated Provider List

And will continue to do so:

Monthly:

› Office of the Inspector General List of Excluded Individuals and Entities (LEIE)

› System for Award Management (SAM)

› TennCare's Terminated Provider List

Signature: _____ Date: _____/_____/_____

* Screenshots should include all ownership screenings and a sampling of 10 employees per watchlist.

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