



# Vendor Subcontracting Request Form

## Vendor Information

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

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

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

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Vendor Tax ID (EIN or SSN): \_\_\_\_\_ Vendor NPI: \_\_\_\_\_

Medicaid ID (if applicable): \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Requestor Phone: \_\_\_\_\_

Requestor Email: \_\_\_\_\_

Has the vendor screened the proposed subcontractor against the **Office of the Inspector General List of Excluded Individuals and Entities (LEIE)**, **Social Security Death Master File (SSDMF)**, **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 vendor, 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 vendor subcontracting requests to **Vendor\_Relations\_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)
- › Social Security Death Master File (SSDMF)
- › 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

### Annually:

- › Social Security Death Master File (SSDMF)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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