

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Offshore Supplier Data Attestation (Vendor Form)

Offshore Supplier Information		
Supplier name:		
(Include a/k/a or d/b/a)		
Date of form completion:		
List all offshore countries and addresses where services will be performed: (If Supplier uses offshore subcontractor(s) to deliver services to BCBSM, include that information in the last section of this document)		
List and describe all services Supplier provides from offshore location(s) to deliver services to BCBSM: (e.g., Claims processing, IT support, Deployment, Member services, direct interaction with BCBSM		
customers)		
Will Medicare-related services be provided from the offshore location(s)?	□ Yes □ No	
Will Artificial Intelligence (AI) services be provided from the offshore location(s)? If yes, please describe:		
Please select the data elements that will be accessed for the offshore Supplier services (select all that apply):	□ PHI □ PII □ Credit Card Data □ Financial Data □ BCBSM Employee Data □ Artificial Intelligence □ BCBSM Entity Internal Data (e.g., Strategic Plans) □ Metadata □ Public Data □ Test/Sample Data □ Key Accounts □ Other □ None	

If 'Other' was selected, please describe the type of data that is involved:				
Describe how your organization will access BCBSM enterprise data, if applicable:				
(e.g., Secure Email, VDI, VPN. If other, please explain and describe associated security and privacy controls)				
Offshore Supplier Data Security Information				
Does your organization have information security policies and procedures in place to ensure that data and other pertinent information is secure in the offshore location(s)?		○ Yes ○ No ○ N/A		
Is data access exclusively restricted to users performing the services for BCBSM enterprise within your organization?		○ Yes ○ No ○ N/A		
Does your organization enforce data segregation for BCBSM enterprise data in the offshore location(s)?		○ Yes ○ No ○ N/A		
Does your organization have the ability to print BCBSM enterprise data from your offshore location(s)?		○ Yes ○ No ○ N/A		
Has your organization had a security assessment and/or audit performed on your offshore location(s)?		○ Yes ○ No ○ N/A		
Would your organization be able to share the security assessment and/or audit results of the offshore location(s) upon request?		○ Yes ○ No ○ N/A		
If 'N/A' was selected in response to any question above, please describe why it does not apply:				

Offshore Subcontractor Information

(This section is specific to supplier's subcontractor(s) that will provide services/support to BCBSIVI)			
List the name(s) and full address(es) of all offshore subcontractor(s) that will be a BCBSM enterprise. If Supplier will not use offshore subcontractors to deliver serve state that.			
List all offshore countries and addresses where services will be performed, if applicable:			
Will your organization share any BCBSM enterprise data with your offshore subcontractor?	○ Yes ○ No ○ N/A		
Does your organization have information security requirements that offshore subcontractors must comply with as a part of your contractual agreements?	○ Yes ○ No ○ N/A		
Does your organization perform security assessments and/or audits on your offshore subcontractor(s)?	○ Yes ○ No ○ N/A		
Would your organization be able to share the security assessment and/or audit results of the offshore subcontractor(s) upon request?	○ Yes ○ No ○ N/A		
If 'N/A' was selected in response to any question above, please describe why it does not apply:			
Print Name:			
Signature:			
Title:			
Date:			