

Plan Sponsor's Certification for Underwritten Groups

Note: This certification is now required for an ERS group to receive retiree drug subsidy data directly from Blue Cross® Blue Shield® of Michigan and Blue Care Network as described as Option B in the *“Agreement To Provide Administrative Services For The Retiree Drug Subsidy For BCBSM & BCN Groups”*

Purpose: This letter is an example of the certification by an employer or other plan sponsor that its group health plan document has been amended, as required by 45 C.F.R. § 164.504(f)(2), before the plan sponsor may receive protected health information of its group health plan participants for administration of its group health plan. We must receive such a certification signed by an authorized representative of the plan sponsor before we may disclose protected health information about the group health plan participants to the plan sponsor.

Instructions: This example of a plan sponsor certification may be used with a group health plan and its plan sponsor seeking to provide us with certification that the plan sponsor has amended the group health plan document to provide the requisite safeguards for plan participants' protected health information required by 45 C.F.R. § 164.504(f)(2). As we may rely on the plan sponsor's certification (unless we know it to be false), you do not need to inspect or obtain the group health plan document amendment. The signed plan sponsor's certification must be provided to our Privacy Official or our Legal Department and approval obtained before any disclosure of plan participants' protected health information may be made to the plan sponsor.

PLAN SPONSOR'S CERTIFICATION

{PLAN SPONSOR NAME}

{DATE}

Blue Cross and Blue Shield of Michigan
600 Lafayette East, MC_____
Detroit, Michigan 48226
Attention:_____

Re: Certification of Group Health Plan Document Amendment

{PLAN SPONSOR'S NAME} ("Plan Sponsor") is the sponsor of {GROUP HEALTH PLAN'S NAME} ("Group Health Plan") to which Blue Cross and Blue Shield of Michigan ("BCBSM") has issued an underwritten product, a Group Enrollment & Coverage Agreement ("GECA"), on an experienced rated basis. Notwithstanding anything to the contrary in the GECA, Plan Sponsor performs plan administration functions for Group Health Plan and needs access to the Group Health Plan participants' protected health information to carry out those plan administration functions.

Plan Sponsor hereby certifies that the plan document of Group Health Plan has been amended effective _____, 200_, to comply with the requirements of 45 Code of Federal Regulations § 164.504(f)(2). The amendment provides the required assurance that Plan Sponsor will appropriately safeguard and limit the use and disclosure of the Group Health Plan participants' protected health information that Plan Sponsor may receive from Group Health Plan or BCBSM to perform the plan administration functions.

Accordingly, please provide Plan Sponsor the information Plan Sponsor has requested. Plan Sponsor hereby certifies that such information is the minimum necessary protected health information of Group Health Plan participants for Plan Sponsor to perform the plan administration functions required of it as described in the plan document. In addition, notwithstanding anything to the contrary in the GECA, Plan Sponsor certifies that it maintains its own Notice of Privacy Practices that will be made available upon request in accordance with 45 CFR 164.520(a)(2)(ii).

{PLAN SPONSOR NAME}

By: _____

Title: _____
(Authorized Officer)