



Offshore Subcontractor Attestation

Name of first tier entity: _____

PART I. Offshore subcontractor information

1. Subcontractor name (may be the organization or downstream): _____
2. Subcontractor country: _____
3. Subcontractor address: _____
4. Describe subcontractor function(s): _____
5. Proposed or actual effective date of subcontract (MM/DD/YY): _____

PART II. Precautions for Protected Health Information (PHI)

1. Describe the PHI that is provided to the subcontractor: _____
2. Discuss why providing PHI is necessary to accomplish the subcontractor's objectives:

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

PART III. Attestation of safeguards to protect beneficiary information in the offshore subcontract

Please check either yes or no for each of the following regarding the offshore subcontracting arrangement:

1. Has policies and procedures in place to ensure that PHI and other personal information remains secure. Yes No
2. Prohibits subcontractor's access to data not associated with the sponsor's contracts. Yes No
3. Has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach. Yes No
4. Includes all required Medicare Part C and Part D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.). Yes No

PART IV. Attestation of audit requirements to ensure protection of PHI

Please check either yes or no for each of the following:

- 1. The organization will conduct an annual audit of the offshore subcontractor. Yes No
- 2. Audit results will be used by the organization to evaluation the continuation of its relationship with the offshore subcontractor. Yes No
- 3. The organization agrees to share the offshore subcontractor’s audit results with the Centers for Medicare and Medicaid Services (CMS) upon request. Yes No

Attestation and signature

I attest that the responses provided on these pages are correct to the best of my knowledge.

Organization name: _____

Authorized signatory name and title: _____

Signature: _____

Date: _____