

## Offshore Subcontractor(s)/Staff Attestation

Please complete one form for each offshore subcontractor/Staff and mail or email to the Sponsor.  
Attach additional pages as necessary.



### Part I. Offshore Subcontractor Information

1. Our organization uses an offshore subcontractor or offshore staff to perform functions that support our contract with the Sponsor Health Plan.  Yes  No

Offshore Subcontractor Name: (if applicable – attach additional pages as necessary):

Offshore Subcontractor Country:

Offshore Subcontractor Address:

Describe Offshore Subcontractor Functions:

State the Proposed or Actual Effective Date for Offshore Subcontractor: (MONTH DAY, YEAR: Example January 15, 2017)

### Part II. Precautions for Protected Health Information (PHI)

Describe the PHI that will be provided to the Offshore Subcontractor:

Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:

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

2. Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure.  Yes  No\*

3. Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the Sponsor's contract with the offshore subcontractor.  Yes  No\*

4. Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.  Yes  No\*

5. Offshore subcontracting arrangement includes all required Medicare Parts C & D language (e.g., record retention requirements, compliance with all Medicare Parts C & D requirements, etc.)  Yes  No\*

### Part IV. Attestation of Audit Requirements to Ensure Protection of PHI

6. Organization will conduct an annual audit of the offshore subcontractor.  Yes  No\*

7. Audit results will be used by the Organization to evaluate the continuation of its relationship with the offshore subcontractor.  Yes  No\*

8. Organization agrees to share offshore subcontractor's audit results with CMS, upon request.  Yes  No\*

\*Explanation required for "no" response to questions #2 - #8: \_\_\_\_\_

## Section IV. Authorization

### Attestation Authorization

By signing below, I attest that the answers provided are complete and accurate to the best of my knowledge and that documentation to support the responses will be made available to the Sponsor or CMS upon request, and understand that the Sponsor may conduct an audit to confirm the attestations (with at least 30 days' notice).

If a corrective action plan is required, I attest that the actions will be completed as stated in the CAP fields to remediate non compliance.

Printed Name of Authorized FDR Representative:

Title of Authorized FDR Representative:

Email address:

Phone #:

Signature of Authorized FDR Representative:

Date: