



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: _____