**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_