**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. YesNo

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_