**Attachment A**

**Offshore Subcontracting Attestation**

Complete this Attestation if your organization sends any protected health information or delegates any services to a location outside the United States and its Territories.

This document acknowledges that \_\_\_Insert Name of Delegated Vendor\_\_\_\_\_, (referred to as "Organization") is a supplier for CHRISTUS Health Plan (CHP). The Organization has entered into a contractual relationship with a First Tier, Downstream, or Related (FDR) entity that stores or has direct access to Protected Health Information (PHI) pertaining to CHP Medicare members and the employees for the FDR do not reside within borders of the United States of America. For the purposes of this acknowledgment, this entity will be referred to as "Offshore Subcontractor."

CMS Defines an **Offshore Subcontractor**: The term “subcontractor” refers to any organization that a Medicare Advantage Organization, Part D Sponsor, or First Tier, Downstream or Related Entity (FDR) contracts with to fulfill or help fulfill requirements in their Part C and/or Part D contracts. The term “offshore” refers to any country that is not one of the fifty United States or one of the United States Territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands). Examples of countries that meet the definition of “offshore” include Mexico, Canada, India, Germany, and Japan. Subcontractors that are considered offshore can be either American-owned companies with certain portions of their operations performed outside of the United States or foreign-owned companies with their operations performed outside of the United States. Offshore subcontractors provide services that are performed by workers located in offshore countries, regardless of whether the workers are employees of American or foreign companies.

|  |
| --- |
| 1. **Offshore Subcontractor Information**
 |
| Offshore Subcontractor Name: |  |
| Offshore Subcontractor Address |  |
| Describe Offshore Subcontractor Functions |  |
| Effective date when Offshore Subcontract began or will begin performing services |  |

|  |
| --- |
| 1. **Precautions for Protected Health Information (PHI)**
 |
| Describe the PHI that will be provided to the Offshore Subcontractor |  |
| Describe why providing PHI is necessary to accomplish the Offshore Subcontractor objectives: |  |
| Describe alternatives considered to avoid providing PHI, and why the alternatives were rejected. |  |

|  |
| --- |
| 1. Attestation of Safeguards to Protect Beneficiary Information and other Protected Health Information
 |
| Item | Attestation | Yes | No |
| A | Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure |  |  |
| B | Offshore subcontracting arrangement prohibits subcontractor’s access to Medicare data not associated with your organization’s contract with the offshore subcontractor |  |  |
| C | Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach |  |  |
| D | 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.) |  |  |
| E | Organization will conduct an annual audit of the offshore subcontractor |  |  |
| F | The Organization will use audit results to evaluate the continuation of its relationship with the offshore subcontractor |  |  |
| G | Organization agrees to share offshore subcontractor’s audit results with CMS, upon request |  |  |

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 CHRISTUS Health Plan or CMS upon request and understand that CHRISTUS Health Plan may conduct an audit to confirm the attestations (with at least 30 days’ notice).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Name of Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date