

OFFSHORE SERVICES/SUBCONTRACTOR ATTESTATION

Offshore Subcontractor Required Information

Offshore Subcontractor Name:

Offshore Subcontractor Country:

Offshore Subcontractor Address:

Describe Offshore Subcontractor Functions:

Proposed or Actual Effective Date of Offshore Subcontractor:

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:

Attestation of Safeguards to Protect PHI in the Offshore Subcontract

No.	Attestation	Response
1	Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary PHI and other personal information remains secure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the plan sponsor's contract with the offshore subcontractor.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3	Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Offshore subcontracting arrangement includes all required Medicare (CMS) language.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attestation of Audit Requirements to Ensure Protection of PHI		
1	Organization will conduct an annual audit of the offshore subcontractor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Audit results will be used by the Organization to evaluate the continuation of its relationship with the offshore subcontractor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Organization agrees to share offshore subcontractor's audit results with CMS and/or plan sponsor, upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify, as an authorized representative of my organization, that the statements made above are true and correct to the best of my knowledge. Also, my organization agrees to maintain documentation supporting the statements above. My organization will produce evidence of the above to FirstCarolinaCare Insurance Company, or CMS upon request.

Signature of Organization's Authorized Representative

Date

Please return completed Attestation to: [Erin Heckethorn at: eheckethorn@firstcarolinacare.com](mailto:eheckethorn@firstcarolinacare.com)
OR
[Russell Pait at: rpait@firstcarolinacare.com](mailto:rpait@firstcarolinacare.com)

Offshore Subcontractors

The term "offshore" refers to any country that is not the United States or its territories (i.e. American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands). FDRs that are considered offshore can either be 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 locate in a country that is not in the U.S. or its territories, regardless of whether the workers are employees of America or foreign companies.