


**Name of Sentara Subcontractor Completing Attestation:**

Do you utilize offshore subcontractors?

The Centers for Medicare & Medicaid Services (CMS) defines an offshore subcontractor as the following: The term “**subcontractor**” refers to any organization that a Medicare Advantage Organization or Part D sponsor contracts with to fulfill or help fulfill requirements in their Part C and/or Part D contracts. Subcontractors include all first-tier, downstream, and/or related entities. 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.

**Response:**

Yes ☐

No ☐

We engage in offshore subcontracting that involves **receiving**, processing, transferring, handling, storing, or **accessing** protected health information (PHI).

**Response:**

Yes ☐

No ☐

If “No,” the survey is complete, please provide a copy to contact information below.

\* If “Yes,” continue completing the form below and provide a copy to:

**Sentara Health Plans Network Contract Department**

If a new offshore subcontractor is added, the full Offshore Subcontractor Attestation must be completed and sent within 45 calendar days from the date the contract is signed with the Offshore Vendor.

**Part I. Offshore Subcontractor Information**

Offshore Subcontractor Name:

Offshore Subcontractor Country:

Offshore Subcontractor Address (enter address located outside of USA):

Effective Date for Offshore Subcontractor:  
(Month, Day, Year)

List Offshore Subcontractor Functions

Part II. Precautions for PHI	
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:	

Part III. Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract		
Item	Attestation	
1.	Offshore subcontracting arrangement meets HIPAA Security Rule standards to protect Medicare beneficiary PHI and has policies and procedures in place to ensure that Medicare beneficiary PHI and other personal information remains secure.	<b>Response:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor.	<b>Response:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Offshore subcontracting arrangement has contractual provisions that requires the subcontractor to provide <b>immediate notice</b> of a breach and permits immediate termination of the subcontract upon discovery a significant risk of, or in the event of, a security breach.	<b>Response:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Offshore subcontracting arrangement includes all required Medicare Part C and D language such as record retention requirements, compliance with all Medicare Part C and D requirements, including, but not limited to the HIPAA Privacy and Security Rules.	<b>Response:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Part IV. Attestation of Audit Requirements to Ensure Protection of PHI

Item	Attestation	
1.	Contractor will conduct an annual audit of the offshore subcontractor.	<b>Response:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Audit results will be used by the contractor to evaluate the continuation of its relationship with the offshore subcontractor.	<b>Response:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Contractor agrees to share offshore subcontractor's audit results with Sentara and/or CMS upon request.	<b>Response:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

#### Signature

By signing below, I attest that I have carefully reviewed the information provided on this Attestation Form and attest to its completeness and accuracy, and that I have the authority to sign this Attestation on behalf of the Contractor.

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_