



**Name of Entity 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.

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.

Banner Health (BH) does not allow any Medicaid activities to be performed offshore. This includes the accessing receiving, processing, transferring, handling, or storing of BH Medicaid member protected health information (PHI) to be performed offshore.

**Response:**  
**Yes**   
**No**

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

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

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

Banner – University Health Plans (B – UHP) Vendor Oversight Department  
 Attn: Offshore Attestation [BUHPVendorOversight@bannerhealth.com](mailto:BUHPVendorOversight@bannerhealth.com)

If a new offshore subcontractor is added, the full Offshore Subcontractor Attestation must be completed and sent to B – UHP/Banner Medicare within 20 calendar days from the date the contract is signed with the Offshore Vendor.

\*If subcontract does not involve PHI attestation does not need to be submitted to applicable B – UHP/Banner Medicare or CMS.

**Response:**  
**Yes**   
**No**

## 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)	
Describe the lines of business are included within the offshore activities (Commercial, Medicare, Medicaid, etc.)	

## 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 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 policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant 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, etc.	<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.	Organization 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 Organization to evaluate the continuation of its relationship with the offshore subcontractor.	<b>Response:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Organization agrees to share offshore subcontractors audit results with 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.

PrintName: \_\_\_\_\_

Print Title: Compliance Officer \_\_\_\_\_

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

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

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

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

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