

**OFFSHORE SUBCONTRACTOR INFORMATION AND ATTESTATION FORM  
Centers for Medicare & Medicaid Services (“CMS”)**

*Instructions: In the event you are offshoring any data, please complete this form in accordance with CMS standards and send to your Contract Manager at Medica.*

**Medica Legal Entities (“Medica”):** Medica Insurance Company and its Affiliates

**Part I. Offshore Subcontractor Information**

**Offshore Subcontractor Name (“Offshore Subcontractor”):**

**Offshore Subcontractor Country:**

**Offshore Subcontractor Address:**

**Describe Offshore Subcontractor Functions:**

**Effective Date for Offshore Subcontractor:**

**Part II. Precautions for Protected Health Information (PHI)**

**Describe PHI that Offshore Subcontractor will receive, process, transfer, handle, store, or access:**

**Explain why providing PHI is necessary to accomplish Offshore Subcontractor objectives:**

**Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:**

**Attestation of Safeguards to Protect Medicare Beneficiary Information in the Offshore Subcontract**

<b>Item</b>	<b>Attestation</b>	<b>Response</b>
1.	Offshore Subcontractor has policies and procedures in place to ensure that Medicare beneficiary PHI and other personal information remains secure.	Yes ___ No ___
2.	Offshore Subcontractor prohibits third party access to Medica’s Medicare data other than as agreed upon in writing by Medica.	Yes ___ No ___
3.	Offshore Subcontractor’s contract with Medica may be terminated upon discovery of a material security breach in accordance with the	Yes ___ No ___

	business associate agreement between Medica and Offshore Subcontractor.	
4.	Offshore Subcontractor has policies and procedures in place to comply with applicable Medicare requirements and will comply with such as required under Offshore Subcontractor’s contract with Medica or as otherwise made available by Medica.	Yes ___ No ___

In addition to the above attestations, Offshore Subcontractor understands and acknowledges that: (a) Medica may conduct an annual audit of offshore Subcontractor; (b) any audit results may be used by Medica to evaluate the continuation of Medica’s relationship with Offshore Subcontractor; and (c) Medica may share such audit results with CMS.

Based on best knowledge, information, and belief as of the date indicated below, all information completed above is accurate and truthful. This attestation form supersedes and cancels any previous attestation forms signed on this subject matter.

**Signed:**

For and on Behalf of \_\_\_\_\_ *[Insert Offshore Subcontractor Legal Entity]*

By: \_\_\_\_\_

Sign: \_\_\_\_\_

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

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

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