

**HCSC Insurance Services Company**

**Offshore Subcontracting Attestation**

<input type="checkbox"/> <b>Provider</b>	<input type="checkbox"/> <b>Vendor</b>	<input type="checkbox"/> <b>Other</b>
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**PLAN INSTRUCTIONS:** Please review the sections below and complete all sections accurately and completely. The sections of the attestation are critical for data upload into the HPMS system. CMS requires the HPMS Module to be updated within thirty (30) calendar days of signing an offshore contract. If the Supplier/Provider is not subject to Medicare related activities and performs offshore activities with access to PHI for Commercial/Group and Individual and Family Market plans, adherence to HIPAA requirements is applicable and HCSC requires an attestation (and supporting documentation requested in I.1-4 and II.1) to record the offshore location and any Subcontractors be completed.

**Part I –If you have an offshore location, subcontractor, supplier, provider, or staff member that has access to beneficiary PHI complete the attached information: Please indicate your business name below and list the entities and locations etc., for which you are completing this attestation in the areas below.**

**Name of Offshore Subcontractor:**

**Name of Plan Sponsor:** [Example HCSC is entered here]

**Medicare Contract Number(s) associated with Offshore Subcontractor:** [List all contract numbers associated with offshore subcontractor or location, Example Hxxxx] Non-Medicare LOB(s) and Market(s) should be listed as well.

H8547	<input type="checkbox"/>	H3979	<input type="checkbox"/>
H3822	<input type="checkbox"/>	H4801	<input type="checkbox"/>
H8634	<input type="checkbox"/>	H8554	<input type="checkbox"/>
H0107	<input type="checkbox"/>	H8133	<input type="checkbox"/>
H3251	<input type="checkbox"/>	H1666	<input type="checkbox"/>
H9706	<input type="checkbox"/>	Non-Medicare	<input type="checkbox"/>

**Name of Primary Vendor contracting with Offshore Subcontracting Subcontractor (HCSC's Contracted Vendor/Provider):** [Enter Name e.g. First Tier or Related entity etc.]

**TIN of Provider Contracting with Offshore Subcontractor (providers only):**

**Offshore Subcontractor Information:** [Enter Name and title, signature, date of submission to Compliance officer or delegate]

**Name:**

**Title:**

**Signature:**

**Date of Submission to HCSC:**

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**HCSC Insurance Services Company**

**Sponsor Representative in Receipt of Attestation:**

**Name of HCSC Rep in receipt of this Attestation:** [Enter Name of Person receiving the attestation]

**Part II. Offshore Subcontractor Information**

Offshore Subcontractor Name:

Offshore Subcontractor Country:

Offshore Subcontractor Address:  
[List all locations]

Describe Offshore Subcontractor Functions:

Proposed or Actual Effective Date for Offshore Location or Subcontractor: (Month, Day, Year: Example January 1, 2024)

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

Describe the PHI that will be provided at this location or 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:

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<b>Part IV. Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract</b> Submit Policy and Procedures that evidence IV.1-4	<b>Response:</b> <b>Yes</b> <b>No</b>
IV.1 Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare/HCSC beneficiary PHI and other personal information remains secure	
IV.2 Offshore subcontracting arrangement prohibits subcontractor's access to Medicare/HCSC data not associated with the sponsor's contract with the offshore subcontractor	
IV.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	
IV.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>Explanation is Required for any "No" Responses to Part IV.</b>	
<b>Part V. Attestation of Audit Requirements to Ensure Protection of PHI</b> Submit Policy and Procedure that evidences V.1	<b>Response:</b> <b>Yes</b> <b>No</b>
V.1 Organization (Primary Contracting Vendor/Provider) will conduct an annual audit of the offshore subcontractor	
V.2 Audit results will be used by the organization (Primary Contracting Vendor/Provider) to evaluate the continuation of its relationship with the offshore subcontractor	
V.3 Organization (Primary Contracting Vendor/Provider) agrees to share offshore subcontractors audit results with CMS upon request	
V.4 Our organization agrees to notify the Health Plan at least 60 days in advance of our intent to use new offshore subcontractor(s) or before employing new offshore staff for a function Sponsor Health Plan has asked us to perform.	
<b>Explanation is Required for any "No" Responses to Part V.</b>	