Offshore Attestation Form

The Centers for Medicare & Medicaid Services (CMS) requires healthcare providers to attest to their compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations when they participate in Medicare. If a provider is offshoring any data related to the healthcare services they provide, they must disclose this information in their attestation and demonstrate that they have implemented appropriate safeguards to protect the confidentiality and security of patient information, as required by HIPAA. Failure to comply with these requirements can result in penalties and other legal consequences.

BCBSTX requires providers contracted for any lines of business who intend to perform offshore operations, with HIPAA or other regulatory or privacy impact, to submit an attestation at least **30 days prior to the effective date or start date of offshore activities**. BCBSTX will notify the provider if their offshore attestation has been approved. **Offshore attestations and required documentation will be required to be submitted for review and approval on an annual basis.**

Attestation	Response	
Date of submission to BCBSTX:		
Name of Provider/Entity Contracting with Offshore Subcontracting Subcontractor:		
TIN of Provider/Entity Contracting with Offshore Subcontracting Subcontractor:		
Name of BCBSTX Representative Receiving the Attestation:		
1. Our organization uses an offshore subcontractor or offshore staff to perform functions that support our contract with the Sponsor Health Plan. **If no, skip to #9. If yes, please specify offshore relationship:**	□ Yes	□ No
Offshore subcontractor name (if applicable – attach additional pages as necessary):		
Country of offshore function: / Offshore address:		
Offshore function(s):		
Description of PHI to be provided to offshore subcontractor/staff:		
Description of the reason providing PHI offshore is necessary:		
Description of alternatives considered to avoid providing PHI offshore and why each was rejected:		
Proposed or actual effective date for offshore subcontractor or staffing:		
2. Offshore subcontractor/staff has policies and procedures in place to ensure that Protected Health Information (PHI) and other personal information remains secure.	□ Yes	□ No
3. Offshore subcontractor/staff does not have access to (or is prohibited from accessing) member data not associated with the functions subcontractor/staff performs for our organization.	□ Yes	□ No
4. Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach. For offshore staff, our organization enforces disciplinary actions against any person violating HIPAA privacy and security requirements.	□ Yes	□ No
5. Offshore subcontracting agreement with our organization includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.).	□ Yes	□ No
6. Our organization conducts (or will conduct) an annual audit of an offshore subcontractor and monitors offshore staff's access to PHI.	□ Yes	□ No

7. Offshore subcontractor audit results will be used by our organization to evaluate the continuation of its relationship with the offshore subcontractor.	□ Yes	□ No
8. Our organization agrees to share offshore subcontractor's audit results with Health Plan Sponsor and CMS upon request.	□ Yes	□ No
9. 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.	□ Yes	□ No

*Explanation required for "no" response to questions #2-#9:

Section IV. Authorization

Attestation Authorization

By signing below, I hereby attest that the information contained herein is true, correct and complete.

Printed Name of Authorized FDR Representative:	Title of Authorized FDR Representative:
Email address:	Phone #:
Signature of Authorized FDR Representative:	Date: