

## Attestation Concerning the Use of Offshore Subcontractors

If Organization offshores any protected health information (PHI), it must notify CalOptima Health prior to entering into or amending any agreement with an offshore subcontractor, and the Organization must complete the Offshore Subcontracting Attestation.

Which CalOptima Health program(s) does this form pertain to? Select all that apply.	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> PACE	<input type="checkbox"/> OneCare
<p>Please check one of the following:</p> <p><input type="checkbox"/> Our Organization does not offshore any protected health information.  <b>Please skip to Part V below.</b></p> <p><input type="checkbox"/> Our Organization does offshore protected health information.  <b>Please complete Offshore Subcontractor Attestation (Part I through Part V) below.</b></p>		

Part I — Offshore Subcontractor Information	
Attestation	Response
Our Organization uses an offshore subcontractor or offshore staff to perform functions that support our contract with CalOptima Health.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Offshore subcontractor name: <span style="background-color: yellow; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></span>	
Offshore subcontractor country: <span style="background-color: yellow; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></span>	
Offshore subcontractor address: <span style="background-color: yellow; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></span>	
Describe offshore subcontractor functions: <span style="background-color: yellow; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></span>	
Proposed or actual effective date for offshore subcontractor (MM/DD/Year): <span style="background-color: yellow; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></span>	

Part II — Precautions for Protected Health Information (PHI)	
Question	Response
1. Describe the PHI that will be provided to the offshore subcontractor:	<div style="background-color: yellow; height: 40px;"></div>
2. Explain why providing PHI is necessary to accomplish the offshore subcontractor's objectives:	<div style="background-color: yellow; height: 40px;"></div>
3. Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:	<div style="background-color: yellow; height: 40px;"></div>

**Part III — Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract**

Attestation	Response
A. Offshore subcontracting arrangement has policies and procedures in place to ensure that beneficiary PHI and other personal information remains secure.	<input type="checkbox"/> Yes <input type="checkbox"/> No*
B. Offshore subcontracting arrangement prohibits subcontractor's access to data not associated with CalOptima Health's contract with the offshore subcontractor.	<input type="checkbox"/> Yes <input type="checkbox"/> No*
C. Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	<input type="checkbox"/> Yes <input type="checkbox"/> No*
D. Offshore subcontracting arrangement includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.).	<input type="checkbox"/> Yes <input type="checkbox"/> No*

**Part IV — Attestation of Audit Requirements to Ensure Protection of PHI**

Attestation	Response
A. Our Organization will conduct an annual audit of the offshore subcontractor/employee.	<input type="checkbox"/> Yes <input type="checkbox"/> No*
B. Audit results will be used by our Organization to evaluate the continuation of its relationship with the offshore subcontractor/employee.	<input type="checkbox"/> Yes <input type="checkbox"/> No*
C. Our Organization agrees to share offshore subcontractor's/employee's audit results with CalOptima Health or CMS upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No*

**\*Explanation required for all "no" responses to Part III and Part IV above:**

**Part V — Organization Information**

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

Printed name of authorized person: <span style="background-color: yellow; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span>	Title: <span style="background-color: yellow; display: inline-block; width: 120px; height: 1.2em; vertical-align: middle;"></span>
Email: <span style="background-color: yellow; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span>	Phone #: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>
Signature: <span style="background-color: yellow; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span>	Date: <span style="background-color: yellow; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>

*Note: CalOptima Health's policies and procedures, CMS training module instructions for FWA, General Compliance, General HIPAA, CalOptima Health's Code of Conduct, CalOptima Health's Compliance Plan can be accessed at [www.caloptima.org/about-us/transparency/compliance](http://www.caloptima.org/about-us/transparency/compliance)*