

FDR Offshore Attestation

For Medicare Advantage (MA) Compliance

*Name of Vendor:

Enter the name, title, email address and telephone number of the person completing this questionnaire:

*Name:

*Title:

*Email Address:

*Telephone number:

Please proceed with the offshore attestation below. Once complete, please print, sign and return it with the required checklist of documents as instructed below.

The completed form can be emailed to MACompliance@MedMutual.com.

Offshore Subcontractor Information, please complete this questionnaire for each offshore subcontractor you utilize.

*Offshore subcontractor name:

*Offshore subcontractor country:

*Offshore subcontractor address:

*Describe offshore subcontractor function:

*Proposed or actual effective date for offshore subcontractor:

Precautions for Protected Health Information (PHI)

*Describe the PHI that will be provided to the offshore subcontractor:

*Discuss why providing PHI necessary to accomplish the offshore subcontractor objective:

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

* Required Fields

***Part I. Attestation of Safeguard to Protect Beneficiary Information in the Offshore Subcontract**

Item	Attestation	Response
I.1	Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure.	Yes No
I.2	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor.	Yes No
I.3	1.3 Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	Yes No
I.4	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.)	Yes No

***Part II. Attestation of Audit Requirements to Ensure Protection of PHI**

Item	Attestation	Response
II.1	Organization will conduct an annual audit of the offshore subcontractor.	Yes No
II.2	Audit results will be used by organization to evaluate the continuation of its relationship with the offshore subcontractor.	Yes No
II.3	Organization agrees to share offshore subcontractor's audit results with CMS, upon request.	Yes No

By signing below, I certify that I am the appropriate representative of _____ to attest to the above information, the information provided here is true and correct, and I understand that CMS and/or Medical Mutual may request additional information to substantiate the statements made in this attestation:

*Signature _____ Date _____

Checklist for required document to protect PHI:

- _____ Policies and procedures that document that process used to ensure the security of Medicare Member PHI and other personal information
- _____ Policies and procedures that document the process used for the immediate termination of the subcontract upon discovery of a significant breach
- _____ The agreement (proprietary information removed) with the offshore subcontractor
- _____ Policies and procedures that document that process used for conducting annual audits, monitoring and tracking results, and resolving any identified deficiencies