

Offshore Attestation for Medicare Advantage (MA) Compliance



Please complete the form below. Fields marked with an asterisk (*) are required.

General Information		
In-Network Provider/Organization*		
The following fields relate to the individual completing this form:		
Name*	Title*	
Email*	Phone*	

An offshore subcontractor is an individual or entity that is physically located outside of the United States or one of the United States territories, which are American Samoa, Guam, Northern Marianas, Puerto Rico and the U.S. Virgin Islands.

The Centers for Medicare & Medicaid Services clarifies that offshore subcontractors provide services that are performed by workers located in offshore countries, regardless of whether the workers are employees of American or foreign companies.

Offshore Subcontractor Information		
Offshore Subcontractor Name*		
Street Address*	Country*	
City*	State*	ZIP*
Offshore Contractor Function*	Effective Date*	

Precautions for Protected Health Information (PHI)
Describe the PHI that will be provided to the Offshore Subcontractor*
Explain why providing PHI is necessary for the Offshore Subcontractor's objective*
Describe the alternatives considered to avoid providing PHI and why each alternative was rejected*

Offshore Attestation**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	Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant 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

Authorization

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*
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Checklist for Required Documents 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

Please return this form with the required checklist of documents as instructed below:

By Fax

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By Email

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