



Offshore Services Attestations: Required Information

Offshore Entity name (May be a Sponsor, or Sponsor’s First Tier Downstream or Related Entity (FDR)):

Offshore Entity country:

Offshore Entity address:

Describe offshore functions being performed by the offshore entity (“Offshore Services”):

State the proposed or actual effective date for the aforementioned offshore services:

Description of the PHI that will be provided to the offshore entity:

<input type="checkbox"/> Name	<input type="checkbox"/> Age	<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Address	<input type="checkbox"/> Phone Number	<input type="checkbox"/> SNN	<input type="checkbox"/> Medicare HICN
<input type="checkbox"/> Member ID	<input type="checkbox"/> Claim ID	<input type="checkbox"/> Claim Payment	<input type="checkbox"/> Medication History	<input type="checkbox"/> Medical History	<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Other _____

Explain why providing PHI is necessary to accomplish the offshore services or objectives:

Please describe any and all alternatives considered to avoid providing PHI, and why each alternative was rejected:

Offshore Services Attestation

Offshore Entity name (May be a Sponsor, or Sponsor's FDR): _____

With respect to the offshore services provided by the above named offshore entity, contracting entity certifies and attests that:

- Yes (i) The 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 (ii) The offshore subcontracting arrangement prohibits access to Medicare data not associated with the arrangement;
- Yes (iii) The offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the contract upon discovery of a significant security breach;
- Yes (iv) The 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, Compliance requirements, etc.);
- Yes (v) The contracting entity will conduct an annual audit of the offshore entity;
- Yes (vi) Annual audit results will be used to evaluate the continuation of the relationship with the offshore subcontractor;
- Yes (vii) Contracting organization agrees to share audit results with CMS and/or with Sponsor should CMS require or request the sponsor to produce such audit results;

I certify, as an authorized representative of my organization, that the statements made above are true and correct to the best of my knowledge. Also, my organization agrees to maintain documentation supporting the statements above. My organization will produce evidence of the above to ATRIO or CMS upon request. My organization understands that the inability to produce this evidence will result in a request from Company for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

Note: N/A can be used for items (iv) through (viii) above if the Offshore Service is being performed by Sponsor itself and not by Sponsor's Downstream Entity. A Downstream Entity is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate Sponsor of both health and administrative services. (See, 42 C.F.R. §§ 422.500 & 423.501).

Sponsor Organization's Authorized Representative Printed Name and Title

Signature of Sponsor Organization's Authorized Representative

Date

Sponsor Organization Name Printed

Tax ID# or Employer ID#

Sponsor Organization Mailing Address

Sponsor Organization's Authorized Representative Phone Number and Email Address