



Offshore Services: Required Information and Attestation

Offshore Entity name (may be a Sponsor or Sponsor’s Downstream Entity):

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 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:

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

Offshore Services Attestation

Offshore Entity name (may be Sponsor or Sponsor's Downstream Entity): _____

With respect to the Offshore Services provided by the Offshore Entity, Sponsor certifies and attests that:

- Yes (1) The Offshore arrangement requires the Offshore Entity to have policies and procedures in place to ensure that Company's Medicare Plans' PHI remains secure;
- Yes (2) The Offshore arrangement prohibits the Offshore Entity's access to data not associated with the arrangement;
- Yes (3) Sponsor has policies and procedures in place that allow Sponsor to immediately terminate the Offshore Services upon discovery of a significant security breach if such services are provided by Sponsor's Downstream Entity; and if Sponsor is performing the Offshore Services. Sponsor recognizes and agrees that Company has the right to immediately terminate the Offshore Services upon discovery of a significant security breach.
- Yes (4) If the Offshore Services are being provided by Sponsor's Downstream Entity, Sponsor's contract with the Offshore Entity 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 (5) If the Offshore Services are being provided by Sponsor's Downstream Entity, Sponsor conducts an annual audit/review of its relationship with the Offshore entity;
- Yes (6) If the Offshore Services are being provided by Sponsor's Downstream Entity, audit/review results are used by Sponsor to evaluate the continuation of its relationship with the Offshore Entity;
- Yes (7) If the Offshore Services are being provided by Sponsor's Downstream Entity, Sponsor agrees to share such audit results with CMS, or with Company should CMS require or request Company to produce such audit results directly, and:
- Yes (8) If the Offshore Services are being provided by Sponsor's Downstream Entity, Sponsor shall provide such additional information about its arrangements with the Offshore Subcontractor to CMS or its authorized agents as required or requested by CMS, and shall provide such additional information to Company directly should CMS require or request Company to produce such additional information about Sponsor's Offshore Subcontractor.

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 Company 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 (4) through (8) 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