

## Offshore Services Attestation: Required Information

**Offshore Entity name (may be Provider or Provider's Downstream Entity):**

**Offshore Entity Country:**

**Offshore Entity Address:**

**Describe offshore functions being performed by the Offshore Entity ("Offshore Services"):**

**State Proposed or Actual Effective Date for 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"/> SSN	<input type="checkbox"/> Medicare HICN/MBI
<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:**

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

### Offshore Services Attestation:

Offshore Entity name (may be Provider or Provider's Downstream Entity): \_\_\_\_\_

With respect to the Offshore Services provided by the above named Offshore Entity, Provider certifies and attests that:

- ☐ Yes (1) The Offshore arrangement requires the Offshore Entity to have policies and procedures in place to ensure that CHRISTUS Health Plan'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) Provider has policies and procedures in place that allow Provider to immediately terminate the Offshore Services upon discovery of a significant security breach if such services are provided by Provider's Downstream Entity; and if Provider is performing the Offshore Services, Provider recognizes and agrees that CHRISTUS Health Plan 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 Provider's Downstream Entity, Provider'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.);
- ☐ N/A
- ☐ Yes (5) If the Offshore Services are being provided by Provider's Downstream Entity, Provider conducts an annual audit/review of its relationship with the Offshore Entity;
- ☐ N/A
- ☐ Yes (6) If the Offshore Services are being provided by Provider's Downstream Entity, audit/review results are used by Provider to evaluate the continuation of its relationship with the Offshore Entity;
- ☐ N/A
- ☐ Yes (7) If the Offshore Services are being provided by Provider's Downstream Entity, Provider agrees to share such audit results with CMS, or with CHRISTUS Health Plan should CMS require or request CHRISTUS Health Plan to produce such audit results directly, and:
- ☐ N/A
- ☐ Yes (8) If the Offshore Services are being provided by Provider's Downstream Entity, Provider shall provide such additional information about its arrangement with the Offshore Entity to CMS or its authorized agents as required or requested by CMS, and shall provide such additional information to CHRISTUS Health Plan directly should CMS require or request CHRISTUS Health Plan to produce such additional information about Provider's Offshore Entity.
- ☐ N/A

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 CHRISTUS Health Plan or CMS upon request. My organization understands that the inability to produce this evidence will result in a request from CHRISTUS Health Plan 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 Provider itself and not by Provider'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 and/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 provider of both health and administrative services. (see, 42 C.F.R. §§ 422.500 & 423.501).

---

Provider Organization's Authorized Representative Printed Name and Title

---

Signature of Provider Organization's Authorized Representative

---

Date

---

Provider Organization Name Printed

---

Tax ID# or Employer ID#

---

Provider Organization Mailing Address

---

Provider Organization's Authorized Representative Phone Number and Email Address

---

For CHRISTUS health Plan use only

Delegated Vendor Account Representative/Mgr: \_\_\_\_\_

Delegated Vendor Account Director: \_\_\_\_\_