



## Offshore Services Attestation for Cooperative Advantage D-SNP

If you are a Cooperative contracted vendor or provider (also referred to as first-tier or downstream entity) using offshore services that involves receiving, processing, transferring, handling, storing, or accessing Cooperative Advantage member PHI, you are required to complete the below information for each entity.

<b>Offshore Services Information</b>	
<b>Offshore Entity Name:</b>	
<b>Offshore Entity Country or Countries, if multiple locations:</b>	
<b>Offshore entity address or addresses, if multiple locations:</b> (The offshore entity address should include the full address for each offshore location, including the country, which will receive, process, transfer, handle, store or access PHI)	
<b>Describe Offshore Functions the Offshore Entity Will Perform:</b>	
<b>State Proposed or Actual Effective Date of the Offshore Services:</b> (The proposed or actual effective date is either the effective date of the Medicare contract with the Cooperative or the effective date of contract with the entity, whichever is later. The proposed or actual effective date for the services must include the month, date and year. Please use this format: MM/DD/YYYY).	
<b>Precautions for Protected Health Information (PHI)</b>	
<b>Describe the member PHI that will be provided to the Offshore Entity:</b>	
<b>Explain why providing PHI is necessary to accomplish the Offshore Services:</b>	
<b>Describe any and all alternatives considered to avoid providing PHI. Why was each alternative was rejected?</b> (When describing alternatives considered to avoid using PHI, be sure to include the reason why the alternative was rejected.)	

<b>Attestation of Safeguards To Protect Beneficiary Information with the Offshore Entity And Audit Requirements To Ensure Protection of PHI</b>	
<b>Name of First-Tier Entity:</b>	
<b>Offshore Entity Name:</b>	
<b>With respect to the offshore services provided by the above-named offshore entity, first-tier entity certifies and attests that:</b>	

1. The agreement it has with the offshore entity requires the offshore entity to have policies and procedure in place to ensure the Cooperative Advantage Plans' PHI and other personal information remains secure.  
 YES    NO
2. The agreement it has with the offshore entity prohibits the offshore entity's access to Cooperative Advantage data not associated with the functions the offshore entity staff performs for the Cooperative.  
 YES    NO
3. The agreement with the offshore entity allows the first-tier entity to immediately terminate the offshore services upon discovery of a significant security breach.  
 YES    NO
4. The agreement 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    NO
5. The first-tier entity will conduct an annual audit or review of its relationship with the offshore entity and monitors offshore staff's access to PHI.  
 YES    NO
6. The results from the annual audit or review are used to evaluate the continuation of the relationship with the offshore entity.  
 YES    NO
7. The agreement it has with the entity requires the offshore entity to share audit results with CMS or with the Cooperative, upon request.  
 YES    NO
8. First-tier entity agrees to notify the Cooperative at least 60 days in advance of the first-tier's intent to use a new offshore entity or before employing new offshore staff for a function the Cooperative has asked the first-tier entity to perform.  
 YES    NO

Please provide a brief explanation for any "no" responses for the statements above.

**Attestation Authorization**

I certify, as an authorized representative of my organization, that the statements made above are true and correct to the best of my knowledge. In addition, my organization will furnish evidence, upon request, and understands that the inability to provide this evidence may result in a request by the Cooperative for a Corrective Action Plan (CAP) or other contractual remedies such as contract termination.

<b>First-Tier Organization Name (Print):</b>	
<b>Tax ID #:</b>	<b>NPI #:</b>
<b>First-Tier Organization Mailing Address:</b>	
<b>First-Tier Organization's Authorized Representative (Print Name and Title):</b>	
<b>First-Tier Organization's Authorized Representative (Phone # and E-mail Address):</b>	
<b>Signature of First-Tier Organization's Authorized Representative:</b>	<b>Date:</b>