

FDR Offshore Sub-Contractor Attestation Form

Submit completed form to patricia.suffern@medigold.com OR return this completed form to: Health Plan, Attn: Patricia Suffern, Medicare Compliance Officer, 3100 Easton Square Place Suite 300, Columbus, Ohio 43219

Offshore Sub-contractor Information

Offshore Sub-Contractor Name	Offshore Sub-Contractor Country
Offshore Sub-Contractor Address	
Describe Offshore Sub-Contractor Functions	
Effective Date for Offshore Sub-Contractor	

Precautions for Protected Health Information (PHI)

Describe the PHI that will be provided to the Offshore Sub-Contractor
Discuss why providing PHI is necessary
Describe alternatives considered to avoid providing PHI, and why each alternative was rejected

Attestation of Safeguards to Protect Beneficiary Information

Offshore sub-contracting arrangement has policies and procedures in place to ensure that the Health Plan beneficiary PHI and other personal information remains secure. <input type="checkbox"/> Yes <input type="checkbox"/> No
Offshore sub-contracting arrangement prohibits subcontractor's access to the Health Plan data not associated with organization's contract with the offshore sub-contractor. <input type="checkbox"/> Yes <input type="checkbox"/> No
Offshore sub-contracting arrangement has policies and procedures in place that allow for immediate termination of the sub-contract upon discovery of a significant security breach. <input type="checkbox"/> Yes <input type="checkbox"/> No
Offshore sub-contracting 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No

Member's Name	Member's ID
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Attestation of Audit Requirements to Ensure Protection of PHI

Has the patient had a face to face examination in the last 45 days?
 Yes No

Audit results will be used by my organization to evaluate the continuation of its relationship with the offshore sub-contractor.
 Yes No

My organization agrees to share offshore sub-contractor's audit results with the Health Plan or CMS, upon request.
 Yes No

I certify that I have signatory authority to attest for the group or organization listed below.

Signature	Date
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Name	Title
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Phone Number	Email Address
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Organization Name

Organization Address

Tax ID Number	NPI Number
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