

# Provider Offshore Operations Attestation



PacificSource is responsible for meeting standards for multiple federal and state regulations as well as accrediting standards and fulfilling obligations of contracts with various groups. As a contracted entity of PacificSource you are also responsible for complying with these requirements and must ensure your contracted entities comply with applicable laws and regulations.

Work with offshore subcontractors that uses member protected health information (PHI) may be required to be reported to regulatory bodies as well as ensuring certain security measures are in place.

You must request permission to perform offshore services or to use an individual or offshore entity to perform services for PacificSource members. "Offshore entity" refers to an individual or entity physically located outside the United States or one of its territories. The only acceptable approval is from an authorized PacificSource representative obtained in advance and in writing.

If you already use an offshore entity, let us know right away. Simply email the person from whom you received this attachment.

**Instructions:** After filling out this form in its entirety, sign and reply to the sender of this email or to **ComplianceQ&A@pacificsource.com**.

Legal name \_\_\_\_\_

Name of participating provider (if applicable) \_\_\_\_\_ Tax ID \_\_\_\_\_ Date \_\_\_\_\_

Please indicate all the contracts the organization or entity will support:

Medicare      Commercial      Medicaid      Other \_\_\_\_\_

## Part I. Offshore Subcontractor Information

1. Offshore subcontractor name \_\_\_\_\_
2. Offshore country or countries, if multiple locations \_\_\_\_\_
3. Offshore subcontractor address or addresses, if multiple locations \_\_\_\_\_  
\_\_\_\_\_
4. Describe offshore subcontractor functions \_\_\_\_\_
5. Proposed or actual effective date for offshore subcontractor services \_\_\_\_\_

## Part II. Precautions for Protected Health Information (PHI)

1. Indicate the PHI that will be provided to the offshore subcontractor:

Name	Partial SSN	Medical history
Age	Medicare HICN/MBI	Prescription history
Date of birth	PacificSource member ID	Financial information
Address	Medicaid ID number	Other (please provide a detailed description)
Phone number	Claims history	
Full SSN	Diagnosis	

2. Explain why providing PHI is necessary to accomplish the offshore subcontractor objectives.  
\_\_\_\_\_

3. Describe alternatives considered to avoid providing PHI, and why each alternative was rejected.  
\_\_\_\_\_

### Part III. Attestation

- |     |    |   |
|-----|----|---|
| Yes | No | 1. Offshore subcontracting arrangement has policies and procedures in place to ensure that members' protected health information (PHI) and other personal information remains secure. |
| Yes | No | 2. Offshore subcontracting arrangement prohibits subcontractor's access to member data not associated with the agreement.   |
| Yes | No | 3. Offshore subcontracting agreement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.    |
| Yes | No | 4. Offshore subcontracting agreement includes necessary regulatory language for record retention and compliance with applicable state and federal regulations.                        |
| Yes | No | 5. An annual audit of subcontractor will be conducted.  |
| Yes | No | 6. Audit results will be used to evaluate the continuation of the relationship with the subcontractor.  |
| Yes | No | 7. Organization agrees to share offshore subcontractor's audit results with PacificSource and/or any state or federal regulatory agency.  |

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

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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 PacificSource or any applicable state or federal regulatory agency upon request. My organization understands that the inability to produce this evidence will result in a request from PacificSource for a Corrective Action Plan or other contractual remedies, such as contract termination.

Should I discover any material error that would likely change the accuracy of this attestation, I shall immediately notify PacificSource and its Corporate Compliance Officer. This attestation is subject to audit, monitoring, and verification by PacificSource.

Company \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_