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			
-	Tay ID	Date	
Name of participating provider (if applicable) Tax ID Date			
Please indicate all the contracts the organization	,		
Medicare Commercial Medicaid	Other		
Part I. Offshore Subcontractor Information	mation		
Offshore subcontractor name			
2. Offshore country or countries, if multiple lo	cations		
3. Offshore subcontractor address or address	es if multiple locations		
o. Onshore subcontractor address of address	es, ii manipie issations		
4. Describe offshore subcontractor functions			
5. Proposed or actual effective date for offsho	ore subcontractor services		
Part II. Precautions for Protected He	ealth Information (PHI)		
	. ,		
 Indicate the PHI that will be provided to the Name 	Partial SSN	Modi	aal hiatan
Age	Medicare HICN/MBI		cal history ription history
Date of birth	PacificSource member ID		cial information
Address	Medicaid ID number	Other	· (please provide a
Phone number	Claims history	detaile	ed description)
Full SSN	Diagnosis		
2. Explain why providing PHI is necessary to a	accomplish the offshore subco	ntractor objectives.	
Describe alternatives considered to avoid p	roviding PHL and why each alte	ernative was reject	ed

Part III.	Attestation	
Yes	No	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 breech.
Yes	No	 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	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 pro	vide a brief	lanation for all "no" responses to any of the statements above.
-		
best of my organization request. No for a Correct Should I di	wknowledge on will produ My organizati ective Action ascover any i arce and its (representative of my organization, that the statements made above are true and correct to the so, my organization agrees to maintain documentation supporting the statements above. My evidence of the above to PacificSource or any applicable state or federal regulatory agency upon understands that the inability to produce this evidence will result in a request from PacificSource on or other contractual remedies, such as contract termination. erial error that would likely change the accuracy of this attestation, I shall immediately notify borate Compliance Officer. This attestation is subject to audit, monitoring, and verification by
Company		Date
Name		Title