

HealthPartners
8170 33rd Avenue South
Bloomington, MN 55425



healthpartners.com

Offshore Attestation Form

Mailing Address:
PO Box 1309
Minneapolis, MN 55440-1309

As a HealthPartners participating provider/contractor (also referred to as first-tier or downstream), complete the following:	
Name of the participating provider/contractor ("Organization"):	
Tax ID of provider/contractor:	
Address of provider/contractor:	
If you manage multiple participating providers/contractors, list the name(s) and tax IDs for whom you are completing this attestation or attach a separate sheet:	
Enter the name, title, and telephone number of the person completing this attestation:	
Name:	Title:
Telephone Number:	
Does the Organization perform any services under its agreement with HealthPartners offshore? The term offshore refers to any place that is not within the United States or one of the United States territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Island)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Organization utilize offshore subcontractors? The Centers for Medicare and Medicaid Services (CMS) defines an offshore subcontractor as follows: "The term subcontractor refers to any organization that a Medicare Advantage Organization or Part D sponsor contracts with to fulfill or help fulfill requirements in their Part C and/or Part D contracts. Subcontractors include all first-tier, downstream and/or related entities. The term offshore refers to any country that is not within the United States or one of the United States territories (American Samoa, Guam, Northern Marianas, Puerto Rico, and Virgin Islands). Examples of countries that meet the definition of 'offshore' include Mexico,	Yes <input type="checkbox"/> No <input type="checkbox"/>

Our mission is to improve health and well-being in partnership with our members, patients and community.

<p>Canada, India, Germany, and Japan. Subcontractors that are considered offshore can be either American-owned companies with certain portions of their operations performed outside the United States or foreign-owned companies with their operations performed outside the United States. Offshore subcontractors provide services that are performed by workers located in offshore countries, regardless of whether the workers are employees of American or foreign companies.”</p>	
<p>If the response to either question above is “Yes”, does the Organization engage in offshore activities, either directly or through subcontracting, that involves processing, handling or accessing protected health information (PHI)?</p> <p>If “no,” the survey is complete. Please return to the HealthPartners Provider Relations and Network Management Department via fax, email, or mail.</p> <p style="text-align: center;">HealthPartners, Inc. Attn: Provider Relations and Network Management 8170 33rd Avenue South, Mailstop 21108J Bloomington, MN 55425 Phone: 952-883-5589 or toll free at 888-638-6648 Fax: 952-853-8848 Email: contractingdocs@healthpartners.com</p> <p>If “yes,” continue completing the form and once completed, please return to the HealthPartners Provider Relations and Network Management Department via fax, email, or mail.</p> <p>This form must be completed in full for each new offshore subcontractor and sent to HealthPartners within 20 calendar days from the date the contract is signed with the offshore subcontractor at the address or fax number provided above. The form must also be completed in full and provided to HealthPartners if the Organization itself begins providing offshore services. Respond to the questions below with respect to the new offshore subcontractor or new offshore services provided directly by the Organization (each an “Offshore Arrangement”).</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

Offshore Subcontractor Information (If offshore services provided by the Organization itself, provide the Organization's information)	
Offshore subcontractor name:	
Offshore subcontractor country:	
Offshore subcontractor address:	
Offshore subcontractor IP address	
Describe offshore contractor functions:	
State proposed or actual effective date for offshore subcontractor (month, day, year)	

Precautions for PHI	
Describe the PHI that will be provided to the offshore subcontractor or utilized in the Offshore Arrangement:	
Discuss why providing PHI is necessary to accomplish the objectives of the Offshore Arrangement:	
Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:	

Part I. Attestation of Safeguards to Protect Member Information

Item	Attestation	Response
I.1.	The Offshore Arrangement has policies and procedures in place to ensure that HealthPartners member PHI and other personal information remains secure	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Copies of the policies and procedures that document the process used to ensure the security of HealthPartners member PHI and other personal information have been provided to HealthPartners along with this completed attestation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.2.	Copies of the policies and procedures that document the process used to ensure the security of HealthPartners member PHI and other personal information have been provided to HealthPartners along with this completed attestation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.3.	The Offshore Arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Copies of the policies and procedures that document the process used for the immediate termination of the subcontract upon discovery of a significant security breach have been provided to HealthPartners along with this completed attestation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.4.	The Offshore Arrangement includes all required Medicare Part C and Part D language, such as record retention requirements, compliance with all Medicare Part C and Part D requirements, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I.5.	Copies of the agreement (proprietary information removed) with the offshore subcontractor have been provided to HealthPartners along with this completed attestation	Yes <input type="checkbox"/> No <input type="checkbox"/> Copies Provided

Part II. Attestation of Audit Requirements to Ensure Protection of PHI

Item	Attestation	Response
II.1.	The Organization will conduct an annual audit of the Offshore Arrangement.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Copies of the policies and procedures documenting the process used for conducting annual audits, for monitoring and tracking results, and resolving any identified deficiencies have been provided to HealthPartners along with this completed attestation.	Yes <input type="checkbox"/> No <input type="checkbox"/>

II.2	Audit results are used by the Organization to evaluate the continuation of the Offshore Arrangement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
II.3	The Organization agrees to share audit results of the Offshore Arrangement with HealthPartners or other regulatory body upon request.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

By signature, I certify that the information provided here is true and correct and I understand that a regulatory body and/or HealthPartners may request additional information to substantiate the statements made in this attestation:

Signature: _____ **Date:** _____

Upon completion, submit the completed form using one of the following methods:

Fax: 952-853-8848

Attn: Provider Relations and Network Management – Offshore Attestation

Mail:

HealthPartners, Inc.

Attn: Provider Relations and Network Management – Offshore Attestation

8170 33rd Avenue South, Mailstop 21108J

Bloomington, MN 55425

Email: contractingdocs@healthpartners.com

The attestation is also available online at:

<https://www.healthpartners.com/provider-public/forms-for-providers/>