



Offshoring of Protected Health Information Attestation Advantage MD

As a Johns Hopkins Advantage MD/Johns Hopkins Health Plan of Virginia participating provider/contractor (also referred to as first-tier downstream entities), complete the following:	
Name of 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 your name, title, and telephone number that you completed this attestation:	
Name:	
Title:	Phone Number:
Does the Organization perform any services under its agreement with Johns Hopkins Health Plans offshore? 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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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, 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."	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)? If "no," the survey is complete. Please return the form to the Johns Hopkins Medicare Compliance department.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "yes," continue completing the form and, once completed, please return this document to the Johns Hopkins Health Plans Medicare Compliance department via fax, email, or mail.

In addition, this form must be completed in full for each new offshore subcontractor, and sent to Johns Hopkins Advantage MD/Johns Hopkins Health Plan of Virginia within 20 calendar days from the date the contract is signed with the offshore subcontractor. The form must also be completed in full and provided to Johns Hopkins Advantage MD/Johns Hopkins Health Plan of Virginia in the event that the Organization itself begins providing offshore services.

All completed forms should be sent to the address or fax number provided below.

Johns Hopkins Health Plans
 Attn: Medicare Compliance Department
 7231 Parkway Drive, Suite 100
 Hanover, MD 21076
 Phone: 410-762-1575 or toll free at 1-844-697-4071
 Fax: 410-762-1502
 Email: MedicareCompliance@jhhp.org

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").

Part I. 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:	
Describe offshore contractor functions:	
State proposed or actual effective date for offshore subcontractor (month, day, year)	

Part II. 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	

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the objectives of the Offshore Arrangement:		
Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:		
Part III. Attestation of Safeguards to Protect Beneficiary Information		
Item	Attestation	Response
III.1	The Offshore Arrangement has policies and procedures in place to ensure that Medicare beneficiary PHI and other personal information remains secure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Copies of the policies and procedures that document the process used to ensure the security of Medicare beneficiary PHI and other personal information have been provided to Johns Hopkins Advantage MD/Johns Hopkins Health Plan of Virginia along with this completed attestation.	Copies provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
III.2	The Offshore Arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
III.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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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 Johns Hopkins Advantage MD/Johns Hopkins Health Plan of Virginia along with this completed attestation.	Copies provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
III.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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Copies of the agreement (proprietary information removed) with the offshore subcontractor have been provided to Johns Hopkins Advantage MD/Johns Hopkins Health Plan of Virginia along with this completed attestation.	Copies provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Part IV. Attestation of Audit Requirements to Ensure Protection of PHI		
Item	Attestation	Response
IV.1	The Organization will conduct an annual audit of the Offshore Arrangement.	<input type="checkbox"/> Yes <input type="checkbox"/> No



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	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 Johns Hopkins Advantage MD/Johns Hopkins Health Plan of Virginia along with this completed attestation.	Copies provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
IV.2	Audit results are used by the Organization to evaluate the continuation of the Offshore Arrangement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV.3	The Organization agrees to share audit results of the Offshore Arrangement with Johns Hopkins Advantage MD/Johns Hopkins Health Plan of Virginia or CMS upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signature, I certify that the information provided here is true and correct and I understand that CMS and/or Johns Hopkins Advantage MD/Johns Hopkins Health Plan of Virginia 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: 410 – 762 – 1502
Attn: Medicare Compliance Department

Mail:
Johns Hopkins Health Plans
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Attn: Medicare Compliance Department

Email:
MedicareCompliance@jhhp.org

The attestation is also available online at:

<https://www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/our-plans/advantage-md/forms>