Offshore services attestation

Instructions:

- Determine which version you should complete.
- Be sure to complete each field in its entirety.
- Submission is due to Aetna within **30 days** of the proposed or actual effective date of the offshore activity or service.
- Please review the clean-room requirements included with this attestation.
- Sign and complete the last page of the attestation.
- Please submit the completed form to **Medicareoffshorerequest@aetna.com**. If applicable, please copy the individual that requested this form.

Section I - To be completed by first tier in the following scenarios:

- A first tier entity (one that contracts directly with Aetna) has a contract with a vendor that receives, processes, transfers, handles, stores or accesses Medicare Advantage member PHI offshore.

  OR

- A first tier (entity directly contracted with Aetna) has a contract with another further subcontracted vendor, and *that* vendor will be supporting or performing work for our Medicare Advantage plans. Or they may support the work one of our first tiers does for our Medicare Advantage plans, and receives, processes, transfers, handles, stores or accesses Medicare Advantage member PHI offshore.

Section II - This section is for Aetna use only. To be completed by the relationship manager.

- A vendor or supplier is directly contracted with Aetna to perform work for our Medicare Advantage plans. In doing so, they receive, process, transfer, handle, store or access Medicare Advantage member PHI offshore.

Section I

(to be completed by first tier)

Offshore entity name:

Offshore entity country or countries, if multiple locations:

Offshore entity address or addresses, if multiple locations:
(The offshore entity address should include the full address for each offshore location, including the country, which will receive, process, transfer, handle, store or access PHI.)

Describe offshore functions the offshore entity will perform ("offshore services"):

State the proposed or actual effective date for the aforementioned offshore services:
(The proposed or actual effective date is either the effective date of the Medicare contract with Aetna or the effective date of contract with the entity, whichever is later. The proposed or actual effective date for the services must include the month, date and year. Please use this format: MM/DD/YYYY.)

Description of the PHI that will be provided to the offshore entity:

(Please check the boxes below to identify the types of PHI the offshore entity may access.)

☐ Name	☐ Age	☐ Date of birth	☐ Address	☐ Phone number
☐ Full SSN	☐ Partial SSN (last four)	☐ Medicare HICN/MBI	☐Aetna member ID	☐Prescription history
☐ Claims history	☐ Diagnosis	☐ Medical history	☐ Banking/financial information	
☐ Other (please provide a detailed description)				

Explain why providing PHI is necessary to accomplish the offshore services:

Describe any and all alternatives considered to avoid providing PHI. Why was each alternative rejected?

(When describing any alternatives considered to avoid using PHI, be sure to include the reason why the alternative was rejected.)

Name of first tier _____

Offshore entity name _____

With respect to the offshore services provided by the above-named offshore entity, first tier certifies and attests that:

No (i) The agreement it has with the offshore entity requires the offshore entity to have policies and procedures in place to ensure that Aetna's Medicare Plans' PHI remains secure.

No (ii) The agreement it has with the offshore entity prohibits the offshore entity's access to data not associated with the agreement.

No (iii) The agreement with the offshore entity allows the first tier to immediately terminate the offshore services upon discovery of a significant security breach.

No (iv) The agreement it has with the offshore entity includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.).

No (v) The first tier conducts an annual audit or review of its relationship with the offshore entity.

No (vii) The results from the annual audit or review are used to evaluate the continuation of the relationship with the offshore entity.

No (vii) The agreement it has with the offshore entity requires the offshore entity to share such audit results with CMS directly or with a plan sponsor (here, Aetna) upon request.

No (viii) Additional information about its agreement with the offshore entity will be provided to CMS directly or its authorized agents or a plan sponsor (here, Aetna) upon request.

No (ix) The first tier understands the clean-room requirements provided with this document.

Please provide a brief explanation for any "no" responses for statements above.

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 Aetna or CMS upon request. My organization understands that the inability to produce this evidence will result in a request from Aetna for a Corrective Action Plan or other contractual remedies, such as contract termination.

_____

First tier organization's authorized representative printed name and title

_____ _____

Signature of first tier organization's authorized representative Date

_____

First tier organization name (printed)

_____ _____

Tax ID# or employer ID# NPI #

_____

First tier organization mailing address

_____

First tier organization's authorized representative phone number and email address

Notes or comments your organization would like to include with this attestation:

Section II

(To be completed by the relationship manager/business owner)

Offshore entity name:

Offshore entity country or countries, if multiple locations:

Offshore entity address or addresses, if multiple locations:
(The offshore entity address should include the full address for each offshore location, including the country, which will receive, process, transfer, handle, store or access PHI.)

Describe offshore functions the offshore entity will perform ("offshore services").

State the proposed or actual effective date for the aforementioned offshore services:
(The proposed or actual effective date is either the effective date of the Medicare contract with Aetna or the effective date of contract with the entity, whichever is later. The proposed or actual effective date for the services must include the month, date and year. Please use this format: MM/DD/YYYY.)

Description of the PHI the offshore entity will receive:

(Please check the applicable boxes to describe the PHI the offshore entity will get.)

☐ Name	☐ Age	☐ Date of birth	☐ Address	☐ Phone number
☐ Full SSN	☐ Partial SSN (last four)	☐ Medicare HICN/MBI	☐Aetna member ID	☐Prescription history
☐ Claims history	☐ Diagnosis	☐ Medical history	☐ Banking/financial information	
☐ Other (please provide a detailed description)				

Explain why providing PHI is necessary to accomplish the offshore services:

Describe any and all alternatives considered to avoid providing PHI. Why was each alternative was rejected?

Offshore entity name: _____

As the engagement or relationship manager, please respond to statements below.

No (i) Aetna's contract with the offshore entity requires the offshore entity to have policies and procedures in place to ensure that Aetna's Medicare Plans' PHI remains secure.

No (ii) Aetna's contract with the offshore entity prohibits the offshore entity access to data not associated with the agreement.

No (iii) Aetna's contract with the offshore entity allows for immediate termination of this agreement upon discovery of a significant security breach.

No (iv) Aetna's contract with the offshore entity includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.).

No (v) Aetna will use the results of its audit or review to evaluate the continuation of its relationship with the offshore entity.

No (vi) Aetna will share audit results requested with CMS should CMS require or request Aetna to produce such audit results directly.

No (vii) Aetna has entered the offshore entity into Archer (eGRC), the database for the global security team or department, for a third-party risk assessment.

No (viii) If yes to above statement, has the offshore indicator been checked off in the record?

No (ix) Aetna will conduct an annual audit or review.

No (x) Aetna will share the clean-room requirements provided with this document with the offshore entity.

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

Business area:

Business submitter name:

Is this a change to a current contract (Yes/No)? If yes, please provide a summary of changes.

Relationship/engagement manager:

Relationship/engagement manager or director:

Please check off all contracts the organization or entity will support. (Refers to contracts held between Aetna/Coventry). Indicate if this work pertains to Aetna, Coventry or both.

- ☐ All Aetna H and S contracts
- ☐ All Aetna Medical (H contracts)
- ☐ All Aetna Rx (S contracts)
- ☐ H1100 – Innovation Health (JV)
- ☐ H3219 – Allina Health (JV)
- ☐ Other _____
- ☐ Other _____

- ☐ All Coventry H and S contracts
- ☐ All Coventry Medical (H contracts)
- ☐ All Coventry RX (S contracts)
- ☐ H2829 – Innovation Health (JV)
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____