

Offshore Subcontractor Disclosure and Attestation

The Centers for Medicaid and Medicare Services (CMS) require Medicare Advantage Organizations (MAOs) to notify CMS of MAO's and first-tier, downstream and/or related entities' (FDRs) offshore subcontractor activities.* As a contracted provider in the Delta Dental Medicare Advantage Network™, you are a FDR and in accordance with this regulation and your Delta Dental Medicare Advantage Network Addendum, you must complete and submit this required attestation to Delta Dental of Colorado within 10 calendar days if you are currently contracted with an offshore subcontractor. This is an ongoing obligation and this form must be completed immediately upon contracting with an offshore subcontractor in the future.

Please note: A separate form must be completed for each office location.

SECTION A: Dental Entity Information			
Organization/Practice Name			
Tax Identification Number		Email Address	
Physical Street Address (include Suite)			
City	County	State	Zip

SECTION B: Offshore Subcontractor Information
Offshore Subcontractor Name
Offshore Subcontractor Country(ies)
Offshore Subcontractor Address
Offshore Contractor City, State, Zip Code
<i>If multiple offshore locations, attach another sheet of paper with the full address of each offshore location, including the country, which will receive, process, transfer, handle, store or access Personal Health Information (PHI).</i>
Describe Offshore Subcontractor Functions
Proposed or Actual Effective Date of Offshore Subcontractor ____/____/____ (MM/DD/YYYY)

SECTION C: Precautions for Personal Health Information (PHI)
Description of the PHI that will be provided to the offshore entity (select all that apply): <input type="checkbox"/> Names <input type="checkbox"/> Full Social Security Numbers <input type="checkbox"/> Diagnoses <input type="checkbox"/> Ages <input type="checkbox"/> Partial Social Security Numbers <input type="checkbox"/> Medical/dental history <input type="checkbox"/> Dates of birth <input type="checkbox"/> Medicare HICN/MBI numbers <input type="checkbox"/> Banking/financial information <input type="checkbox"/> Addresses <input type="checkbox"/> Delta Dental member ID numbers <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Phone numbers <input type="checkbox"/> Claims history
Explain why providing PHI is necessary to accomplish the offshore subcontractor's objectives
Describe alternatives considered to avoid providing PHI and why each alternative was rejected

FORM CONTINUES TO NEXT PAGE.

SECTION D: Attestation of Safeguards to Protect Beneficiary Information in the Offshore Subcontract

Offshore subcontracting arrangement has policies and procedures in place to ensure Medicare beneficiary PHI and other personal information remains secure

Yes No

Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the Dental Entity's contract with the offshore subcontractor

Yes No

Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach

Yes No

Offshore subcontracting arrangement includes all required Medicare Advantage plan language (e.g. records retention requirements, compliance with Medicare Part C and D requirements, etc.)

Yes No

SECTION E: Attestation of Audit Requirements to Ensure Protection of PHI

Dental entity will conduct an annual audit of the offshore subcontractor

Yes No

Audit results will be used by the organization to evaluate the continuation of its relationship with the offshore subcontractor

Yes No

Dental entity agrees to share the offshore subcontractor's audit results with Delta Dental of Colorado upon request

Yes No

SECTION F: Authorized Signature

By signing below, I attest that I have carefully reviewed the information provided and attest to its completeness and accuracy, and that I have the authority to fill out this form on behalf of the dental entity.

Printed Name of Authorized Representative	Title of Authorized Representative
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_____ Signature	_____/_____/_____ Date Signed (MM/DD/YYYY)
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Please return the completed form to:

- **Email:** profservices677@ddpco.com
- **Mail:** Delta Dental of Colorado
PO Box 5468
Denver, CO 85080-3000

*The Centers for Medicare and Medicaid Services (CMS) defines an offshore subcontractor as follows: "The term subcontractor refers to any entity or 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. The term subcontractor includes all first-tier, downstream and/or related entities (FDRs) as defined by Medicare regulations. 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."