



OFFSHORE SUBCONTRACTOR DISCLOSURE AND ATTESTATION

CMS requires 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 Supplement, you must complete and submit this required attestation to Delta Dental 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 Subcontractor 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 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):	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Names</div> <div style="width: 33%;"><input type="checkbox"/> Full Social Security Numbers</div> <div style="width: 33%;"><input type="checkbox"/> Diagnoses</div> <div style="width: 33%;"><input type="checkbox"/> Ages</div> <div style="width: 33%;"><input type="checkbox"/> Partial Social Security Numbers</div> <div style="width: 33%;"><input type="checkbox"/> Medical/Dental History</div> <div style="width: 33%;"><input type="checkbox"/> Dates of Birth</div> <div style="width: 33%;"><input type="checkbox"/> Medicare HICN/MBI Numbers</div> <div style="width: 33%;"><input type="checkbox"/> Banking/Financial Information</div> <div style="width: 33%;"><input type="checkbox"/> Addresses</div> <div style="width: 33%;"><input type="checkbox"/> Delta Dental Member ID Numbers</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> <div style="width: 33%;"><input type="checkbox"/> Phone Numbers</div> <div style="width: 33%;"><input type="checkbox"/> Claims History</div> </div>	
Tax Identification Number	Email Address
Physical Street Address (include suite)	
City	County
State	Zip
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the Dental Entity's contract with the offshore subcontractor <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION E: Attestation of Audit Requirements to Ensure Protection of PHI	
Dental entity will conduct an annual audit of the offshore subcontractor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Audit results will be used by the organization to evaluate the continuation of its relationship with the offshore subcontractor <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dental entity agrees to share the offshore subcontractor's audit results with Delta Dental of Arizona upon request <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION F: Authorized Signature	
<p>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.</p> <p>Printed Name of Authorized Representative</p> <p>_____</p> <p>Title of Authorized Representative</p> <p>_____</p>	
<p>_____</p> <p>Signature</p>	<p>____ / ____ / ____</p> <p>Date Signed (MM/DD/YYYY)</p>

Upon completion, please return the completed form to:

Email: MedicareAdvantage@DeltaDentalTN.com

Mail: Delta Dental of Tennessee
 Attention: Provider Relations
 240 Venture Circle
 Nashville, TN 37228

*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."