



## Offshore Subcontracting Attestation Contracted Provider

Delta Dental<sup>1</sup> is required to notify the Centers for Medicare and Medicaid Services (CMS) of its and its contracted providers' offshore subcontractor\* activities. Contracted Providers (also referred to as first-tier or downstream entities) that subcontract with any offshore entities to process or have access to patient protected health information (PHI) must complete this attestation within 20 calendar days from the date a contract is signed or immediately upon knowledge of this requirement.

\*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."

### Contracted Provider Information

\_\_\_\_\_  
Legal Name of Organization

\_\_\_\_\_  
Tax Identification Number (TIN)

\_\_\_\_\_  
Name and Title of Authorized Representative

\_\_\_\_\_  
Dentist Name

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Dentist License #

\_\_\_\_\_  
Date

**List of other contracted providers treating patients under this organization** (attach separate sheet if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Offshore Subcontractor Information

\_\_\_\_\_  
Offshore Subcontractor Name

\_\_\_\_\_  
Offshore Subcontractor Address

\_\_\_\_\_  
Offshore Subcontractor Country

\_\_\_\_\_  
Offshore Subcontractor City, State, ZIP

<sup>1</sup> Delta Dental Insurance Company, Delta Dental of California, Delta Dental Mid-Atlantic Region: Delta Dental of Delaware, Inc., Delta Dental of the District of Columbia, Delta Dental of New York, Inc., Delta Dental of Pennsylvania (Maryland), Delta Dental of West Virginia

**Describe Offshore Subcontractor Functions:**

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**State Proposed or Actual Effective Date for Offshore Subcontractor:** \_\_\_\_\_

**Precautions for Protected Health Information (PHI)**

**Describe the PHI that will be provided to the Offshore Subcontractor:**

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**Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor’s objectives:**

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**Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:**

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**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 Organization’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 Part C and D language (e.g. records retention requirements, compliance with all Medicare Part C and D requirements, etc.)?  Yes  No

**Attestation of Audit Requirements to Ensure Protection of PHI**

- Organization 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

**Please return this form to Delta Dental via fax, email or mail:**

**Delta Dental Insurance Company**

ATTN: Provider File Maintenance  
1130 Sanctuary Parkway  
Alpharetta, GA 30009

Fax: 770-521-2796  
Email: fwacoc@ddic.delta.org

All providers in any states, including all DeltaCare USA® facilities.