

**Contracted Provider Information** 

Attach separate sheet if necessary.

## Offshore Subcontracting Attestation

Delta Dental 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.

Legal Name of Organization	Tax ID Number (TIN)
Name and Title of Authorized Representative	Dentist Name
Signature of Authorized Representative	Dentist License Number
Date	
List other contracted providers treating p	patients under this organization

\*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, 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 portion 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.

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Offshore Subcontracting Attestation (continued)

## Offshore Subcontractor Information

Offshore Subcontractor Name	Offshore Subcontractor Country
Offshore Subcontractor Address	Offshore Subcontractor City, State, ZIP
Describe Offshore Subcontractor Functions:	
State Proposed or Actual Effective Date for Offsh	nore Subcontractor:
Precautions for Protected Health Informat  Describe the PHI that will be provided to the Offs	
Discuss why providing PHI is necessary to accom	plish the Offshore Subcontractor's objectives:
Describe alternatives considered to avoid providing	ng PHI, and why each alternative was rejected:



## Offshore Subcontracting Attestation (continued)

Attestation of Safeguards to Protect Beneficia	rv Information in Offshore Sub	ocontract
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<ul> <li>Offshore subcontracting arrangement has policies and procedures in place to ensure Delta Dental member PHI and other personal information remains secure?</li> <li>☐ Yes ☐ No</li> </ul>
<ul> <li>Offshore subcontracting arrangement prohibits subcontractor's access to any other data not associated with Contracted Provider's contract with the offshore subcontractor?</li> <li>Yes</li> <li>No</li> </ul>
<ul> <li>Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach?</li> <li>☐ Yes ☐ No</li> </ul>
• Offshore subcontracting arrangement includes all required Medicare language (e.g., records retention requirements, compliance with all Medicare requirements, etc.?)  ☐ Yes ☐ No
Attestation of Audit Requirements to Ensure Protection of PHI
• Contracted Provider will conduct an annual audit of the offshore subcontractor? $\hfill \square$ Yes $\hfill \square$ No
• Audit results will be used by the Contracted Provider to evaluate the continuation of its relationship with the offshore subcontractor?  ☐ Yes ☐ No

Return the completed form to ProviderRelations@deltadentalva.com.