

# Medicare Advantage Compliance Attestation

Delta Dental's Compliance Program is our commitment to business integrity and ethical behavior. Part of this commitment is ensuring we are in full compliance with our obligations and responsibilities as a First Tier entity to the Medicare Advantage Organizations (MAO) with which we contract. Your written agreement with Delta Dental, as the ultimate provider of health or administrative services for Medicare Advantage dental benefits, means your organization is considered a downstream entity. Delta Dental is required to monitor and ensure your organization operates in compliance with applicable laws and regulations required by the Centers for Medicare and Medicaid Services (CMS) and your contract with Delta Dental. By signing this attestation you are affirming your commitment to comply with each of the listed topics that apply to your organization and the services you provide for Medicare Advantage business.

## Ethics Guide and Code of Business Conduct and Compliance Policies and Procedures

Please confirm by checking one box below

- My organization acknowledges receipt of a copy of the [Delta Dental Ethics Guide and Code of Business Conduct](#). My organization has a Code of Conduct that is comparable to or exceeds the elements found in Delta Dental's Ethics Guide that is distributed to all employees and subcontractors involved in the administration or delivery of Medicare Advantage benefits with 90 days of hire and when updated, and annually thereafter.
- My organization acknowledges receipt of a copy of the Delta Dental Ethics Guide and Code of Business Conduct. My organization does not have a Code of Conduct that is comparable to or exceeds the elements found in Delta Dental's Ethics Guide. My organization distributes Delta Dental's Ethics Guide to all employees and subcontractors involved in the administration or delivery of Medicare Advantage benefits within 90 days of hire, when updated, and annually thereafter.

## OIG and GSA Exclusion Screening

Please confirm by checking box below

- My organization screens all employees and subcontractors against the OIG List of Excluded Individuals and Entities ([LEIE](#)) and the GSA System for Award Management ([SAM](#)) prior to hiring or contracting and monthly thereafter. Any employee or subcontractor found on these lists are removed from their involvement in the administration or delivery of health care services for Medicare Advantage benefits.

## Fraud, Waste and Abuse and General Compliance training

Please confirm by checking box below

- My organization provides all employees and subcontractors Fraud, Waste and Abuse and General Compliance training within 90 days of hiring and annually thereafter. The following training modules are incorporated into our training and/or written documents.

[Combatting Fraud](#)

## Report Fraud, Waste and Abuse and Non-Compliance or HIPAA issues

Please confirm by checking box below

- My organization understands that it must report any suspected or known FWA or noncompliance or HIPAA concerns to Delta Dental (hotline #800-511-0831) so that reports can be made to any and all impacted MAOs. My organization has communicated to employees and subcontractors how to report the suspected or known FWA or noncompliance concerns and that they are obligated to do so without fear of retaliation or intimidation.

## Offshoring and Protected Health Information (PHI)

Please confirm by checking one box below

- My organization does not perform any work nor has any subcontractors that perform any work offshore that involves the receipt, processing, transferring, handling, storing, or accessing of PHI belonging to Medicare Advantage beneficiaries.
- My organization understands CMS requires Medicare Advantage Organization to submit an offshore attestation if they or any of their first-tier, downstream, or related entities (FDR) perform work offshore that involves the receipt, processing transferring, handling, storing, or accessing of PHI belonging to Medicare Advantage beneficiaries. My organization has obtained approval from Delta Dental and submitted a [separate offshore attestation](#).

## Record Retention

Please confirm by checking box below

- To demonstrate compliance my organization maintains all records applicable to the administration or delivery of Medicare Advantage benefits for a minimum of ten (10) years as required by federal regulation and my contract with Delta Dental. These records include, but are not limited to, a log of employees requiring training, topic, acknowledgment of receipt of Code of Conduct, and exclusion screening results. These records will be made available upon request to Delta Dental or CMS.

### Attestation Authorization

As an authorized representative of my organization, I attest that the statements made above are true and accurate.

_____ Name of Organization	_____ Contact Number	_____ Office Email Address
_____ List all applicable Tax Identification Numbers (TIN)		_____ State
_____ Name and Title of Authorized Representative		
_____ Signature of Authorized Representative		_____ Date

Please return this form to your local Delta Dental:

**Delta Dental of California**  
ATTN: Provider Onboarding  
dentist\_services@delta.org

**Delta Dental Insurance Company**  
ATTN: Provider Onboarding  
ProfessionalServices@delta.org

**Delta Dental of Pennsylvania**  
ATTN: Provider Onboarding  
ddpdentist\_services@delta.org