

MEDICARE ADVANTAGE COMPLIANCE ATTESTATION

Delta Dental of Arizona'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 First Tier, Downstream, and Related Entities (FDRs) to the Medicare Advantage Organizations (MAOs) with which we contract. Because your organization is contracted with Delta Dental of Arizona to provide administrative or health care service functions that relate to Delta Dental of Arizona's Medicare Advantage contract(s), your organization is considered a Downstream Entity. As a Downstream Entity, the Centers for Medicare and Medicaid Services (CMS) requires you to comply with various CMS program requirements. By completing this attestation, you certify that you and your organization are committed to ensuring compliance with CMS and Delta Dental of Arizona requirements. You attest as follows (*select all that apply*):

Compliance Program

- ☐ My organization and I will maintain a compliance program appropriate for the size of my organization to ensure compliance with federal and state laws and regulations and Delta Dental of Arizona policies and procedures.

General Compliance and Fraud, Waste and Abuse (FWA) Training

- ☐ My organization attests that we provide General Compliance and FWA Training for all employees involved in the administration and delivery of Medicare Advantage benefits within 90 days of hiring or contracting, and on an annual basis thereafter.

OIG and GSA Exclusion Screening

- ☐ My organization and I review the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and General Services Administration (GSA) List for our employees, temporary employees, board members, volunteers and contractors involved in the administration and delivery of services to Medicare Advantage enrollees. Exclusion screenings from these sources are checked prior to initial hire or contracting, and monthly thereafter. Any individual found on such lists will immediately be removed from any work directly or indirectly related to Medicare Advantage programs.

Preclusion List

- ☐ Neither my organization nor I am on the CMS Medicare Preclusion List or any other government program preclusion or exclusion list that would disallow Dentist or Dental Entity from providing services to Medicare Advantage plan enrollees. If either my organization or I am ever placed on any such list, we will promptly notify Delta Dental of Arizona.

Reporting Mechanisms

- ☐ Internal employees were informed of their obligation and how to report any suspected noncompliance or potential Fraud, Waste, and Abuse (FWA) for internal review and investigation. The reporting mechanisms ensure confidentiality and allow for anonymity, as desired. Retaliation or intimidation against anyone who reports a concern in good faith is not allowed, and our organization reports any applicable incidents to Delta Dental of Arizona as they occur.

Record Retention

- ☐ My organization and I agree to maintain records of compliance training, disciplinary standards, investigations, compliance program materials, and exclusion checking for all employees, including temporary employees and volunteers, board members and downstream entities, for a minimum of 10 years. Records maintained must include but are not limited to: training materials and training logs, documentation of exclusion checks, and dissemination of compliance program policies.

Compliance Information (applicable if you or your organization have any Downstream Entities)

Check one:

- ☐ My organization and I attest that we have and will continue to obtain attestations from our downstream entities for which we have contracted to provide services for Medicare Advantage enrollees, and will upon Delta Dental of Arizona request, obtain the same documentation requirements listed above from those entities.
- ☐ My organization and I perform ongoing oversight of our downstream entities and disclose issues identified to Delta Dental of Arizona as soon as possible.
- ☐ Not applicable

Offshore Subcontractor Reporting

Check one:

- ☐ 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 any Medicare Advantage beneficiaries.
- ☐ My organization understands CMS requires Medicare Advantage Organizations to submit an offshore attestation if they or any of their First-Tier, Downstream, and 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 will submit the Offshore Subcontractor Attestation form to Delta Dental of Arizona.

Attestation Authorization

I certify as an authorized representative of my organization that the information above is true and correct to the best of my knowledge, and the above compliance program requirements have been met. In addition, my organization will furnish evidence of completion of the above to Delta Dental of Arizona upon request for monitoring and auditing purposes.

Organization/Practice Name	
Tax Identification Number (TIN)	Email Address
Physical Street Address (include Suite)	City, State, Zip Code
Printed Name of Authorized Representative	Signature of Authorized Representative
Title of Authorized Representative	Date

A separate attestation must be completed for each office location.

Please return the completed form to:

- **Email:** medicarecredentialing@deltadentalaz.com
- **Fax:** 602.548.5067
- **Mail:** Delta Dental of Arizona
Medicare Advantage Credentialing Team
14850 N. Scottsdale Rd., Suite 400
Scottsdale, AZ 85254