

LIBERTY monitors and ensures that LIBERTY's contracted offices and their staff operate in compliance with applicable laws and regulations required by your contract with LIBERTY Dental Plan ("LIBERTY").

Contracted offices have the option to ensure that all providers and other personnel complete LIBERTY's required free trainings listed below or other comparable trainings on the required topics within thirty (30) days of initial hiring or contracting and annually thereafter.

By signing the attestation, you are affirming your commitment with each of the training topics below:

1. **Affordable Care Act Section 1557**
2. **Code of Conduct***
3. **Compliance Plan***
4. **Critical Incident**
5. **Cultural and Linguistic Competency**
6. **Fraud, Waste, and Abuse (CMS Medicare Part C &D)**
7. **Fraud, Waste, and Abuse (LIBERTY)**
8. **General Compliance (CMS Medicare Part C &D)**
9. **HIPAA (Privacy & Security)**
10. **HHS Think Cultural Health Training (NY Only)**

Record Retention. Provider(s)/Office(s) must maintain supporting documentation for a period of ten (10) years after training completion.

**Note: LIBERTY is required to communicate, through dissemination of LIBERTY's Code of Conduct and Compliance Plan, its commitment to conducting business in an ethical manner, and consistent with governing law and program requirements. LIBERTY will also accept the dissemination of Provider's comparable Code of Conduct and Compliance Plan to fulfill this requirement.*

How to Access the Training Modules

Training modules are available on LIBERTY's website at the following link:

<https://www.libertydentalplan.com/Providers/Provider-Training-1.aspx>

How to Submit the Attestation

Download the Attestation at

https://www.libertydentalplan.com/Resources/Documents/ma_Provider_Compliance_Training_Attestation.pdf

Attestations may be returned via one of the following means:

1. **Electronically** by going to Step 2 on our website at <https://www.libertydentalplan.com/Providers/Provider-Training-Acknowledgement.aspx> (**Preferred**)
2. **Emailing** a scanned copy of the completed attestation to:

| | |
|--|--|
| Florida | All Other States |
| FLinquiries@libertydentalplan.com | Provider@libertydentalplan.com |
3. **Faxing** to 800.268.0154
4. **Mailing** the attestation form to:
LIBERTY Dental Plan, Attention: Provider Relations, P.O. Box 26110, Santa Ana, CA 92799-6110

Thank you for your participation in LIBERTY Dental Plan's ("LIBERTY") network. If you have any questions, please call 888.352.7924, or send an email to the above applicable email address.

If you are unable to complete electronically, please complete and submit the Attestation on page 2.

I hereby attest, as an authorized representative of my provider(s) and staff at each of the offices listed on below of this document has complied and will continue to comply with the compliance training elements listed above.

Date:

Full Name: (Authorized Representative):

Signature (Authorized Representative):

| Office Number | Office Name | Office Address |
|---------------|-------------|----------------|
| | | |

Were the goals of training clearly defined?

5 4 3 2 1

Were the topics covered relevant to the course?

5 4 3 2 1

Will this training experience be useful in your work?

5 4 3 2 1

Comments:

List all additional Provider(s)/Office(s) that have completed the annual compliance training.

| Office Number | Office Name | Office Address |
|---------------|-------------|----------------|
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For additional locations, please attach a list of all applicable office names and addresses.