

LIBERTY Dental Plan Compliance Training Program

LIBERTY Dental Plan (“Liberty”) monitors and ensures that Liberty’s contracted offices and their staff operate in compliance with applicable laws and regulations, and their contract requirements with Liberty.

Contracted offices must ensure that all providers and other personnel who conduct business for or on behalf of Liberty complete Liberty’s required trainings listed below, or comparable trainings (as required by CMS, state regulators, and/or contractual requirements) within 30 days of initial hiring or contracting and annually thereafter.

Note: If Organization provides its own comparable trainings, Liberty may request to review such trainings to ensure equivalence.

State(s)	Required Training(s)
All States	<ul style="list-style-type: none"> • CMS Combatting Medicare part C & D FWA Training • CMS Medicare Part C & D General Compliance Training • Liberty Adverse and Critical Incident Awareness • Liberty Code of Conduct • Liberty Compliance Plan • Liberty Cultural Competency Training • Liberty Fraud, Waste, and Abuse Training • Liberty General Compliance, Code of Conduct & Privacy Training • Liberty Model of Care Training
Additional State-Specific Required Trainings	
California	<ul style="list-style-type: none"> • ALIGNMENT Special Needs Plan Model of Care Training • IEHP Provider Training Weblinks <ul style="list-style-type: none"> ○ Optima Care for Every Community – Overview ○ IEHP DualChoice (HMO D-SNP) Model of Care Training ○ TransInclusiveHealthCare Mod1 Alt1 ○ TransInclusiveHealthCare Mod2 Alt1
Florida	<ul style="list-style-type: none"> • ALIGNMENT Special Needs Plan Model of Care Training • Devoted Special Needs Health Plan Model of Care Training
New Jersey	<ul style="list-style-type: none"> • CENTENE Model of Care Training
New York	<ul style="list-style-type: none"> • Aetna Special Needs Plan Model of Care Provider Training • Village Care Max Provider Model of Care Training • Think Cultural Training
Texas	<ul style="list-style-type: none"> • ALIGNMENT Special Needs Plan Model of Care Training

Step 1 - How to Access the Training Modules

Liberty proprietary training modules are available on Liberty’s website at the following link:
<https://www.libertydentalplan.com/Providers/Provider-Training-1.aspx>



Step 2 - How to Submit the Attestation

Attestations may be submitted:

1. ONLINE (Preferred) at the following link:

libertydentalplan.com/Providers/Provider-Training-Acknowledgement.aspx



2. If you are unable to complete electronically online, please print page 3 or download it using the following link:

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



If you reviewed the Liberty proprietary trainings, please complete the optional survey on page 4 to help us improve our trainings on required topics. Once all documents are completed and signed, please submit via one of the following methods:

- a. EMAIL a scanned copy of the completed attestation and survey to:

Florida
FLinquiries@libertydentalplan.com

All Other States
Provider@libertydentalplan.com

- b. FAX a printed copy of the completed attestation and survey to: 800.268.0154

- c. MAIL a printed copy of the completed attestation and survey 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.

By signing below, I certify that I am an authorized representative of the below referenced Organization, and I attest, on behalf of the Organization, its Locations, Providers, and Staff, that the following representations are true, based upon current information and reasonable belief:

The Organization ensures that all employees and other personnel (including dentists and office staff) who support Liberty Dental Plan's ("Liberty") business complete the following Liberty trainings, or comparable trainings (as required by CMS, state regulators, and/or contractual requirements), within 30 days of hire or contract, and annually thereafter.

1. LDP and CMS General Compliance & Fraud, Waste, and Abuse Trainings;
2. Cultural Competency, CLAS, Section 1557 & Critical Incident Trainings;
3. HIPAA (Privacy & Security) Compliance Training;
4. Model of Care Training; and
5. Other State and/or Health Plan Required Trainings

The Organization has received and distributes Liberty's Code of Conduct (or comparable) to all its employees and other personnel (including dentists and office staff) who support Liberty's business within 30 days of hire or contract, and annually thereafter. To access Liberty's Code of Conduct, visit www.libertydentalplan.com under Providers, and Providers Resource Library.

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

The Organization maintains supporting documentation for a period of ten (10) years after training completion, and Code of Conduct dissemination, for all its employees and other personnel (including dentists and office staff) supporting Liberty business and can furnish such documentation upon request.

The Organization agrees to notify Liberty immediately upon discovery of any fraud, waste, and abuse, noncompliance, or any suspected violations to HIPAA, HITECH Act, or any other statute, regulation, and/or policy and procedure; and may do so by contacting Liberty's Compliance Department by email at compliancehotline@libertydentalplan.com, through Liberty's confidential Compliance Hotline at 888-704-9833, available 24 hours a day, 7 days a week, or online at www.libertydentalplan.com under About Liberty, Compliance, and Report Compliance Concerns.

I have reviewed the directory information listed for the offices and providers affiliated with the organization(s) listed below and attest that it is true and accurate as of the date of my signature below.

Date: _____

Authorized Signer (Printed Name): _____

Authorized Signer (Signature): _____

Authorized Signer (Title): _____

Organization Legal Name: _____

Organization Tax Identification (TIN) Number *: _____

(Used to contract with LIBERTY and file taxes w/ IRS)

*If multiple TINs are affiliated with the Organization and Authorized Signer listed above, please include a list of Organization Legal Names and their corresponding TINs as an attachment to this attestation.

PROVIDER TRAINING SURVEY (OPTIONAL)

Please indicate how much you agree with the following statements.

1. The goals of the training were clearly defined.
 - 5 - Strongly Agree
 - 4 - Agree
 - 3 - Don't Agree or Disagree
 - 2 - Disagree
 - 1 - Strongly Disagree

2. The topics covered were relevant to the course.
 - 5 - Strongly Agree
 - 4 - Agree
 - 3 - Don't Agree or Disagree
 - 2 - Disagree
 - 1 - Strongly Disagree

3. This training experience will be useful in your work.
 - 5 - Strongly Agree
 - 4 - Agree
 - 3 - Don't Agree or Disagree
 - 2 - Disagree
 - 1 - Strongly Disagree

4. Comments: