



FCL Dental/DINA Dental Provider Compliance Attestation

I certify that I am an authorized representative of the provider named below, for all locations listed below, and confirm the following representations are true, based upon current information and reasonable belief:

- 1. CMS Compliance & FWA Training.** Provider complies with all Centers for Medicare and Medicaid Services (CMS) General Compliance and Fraud Waste and Abuse (FWA) training requirements, including ensuring that all provider employees and other personnel who support FCL Dental/DINA Dental business, including health plan partners' Medicare Advantage, Medicare-Medicaid (Duals), and/or Medicaid business receive both General Compliance and FWA training within 90 days of hire, and annually thereafter, utilizing one or more of the following methods:

- General Compliance and FWA training is completed using the web-based modules located on the CMS Medicare Learning Network (MLN) at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CombMedCandDFWAdownload.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf>

and/or

- Provider distributes FWA Training via our website to all provider employees and other personnel within 90 days of hire and annually thereafter.
- 2. Code of Conduct.** Provider distributes a Code of Conduct to all provider employees and other personnel within 90 days of hire and annually thereafter.
 - 3. Cultural Competency & Critical Incident Training.** Provider ensures all provider employees and other personnel must complete the Cultural Competency & Critical Incident trainings within 90 days of hire and annually thereafter.
 - 4. Record Retention.** Provider maintains supporting documentation for a period of ten (10) years after training completion, and Code of Conduct dissemination, for all provider employees and other personnel can furnish the documentation upon request.

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*Office Locations:

Office ID	Office Name	Address

*For multiple locations, please attach a list of all applicable dental office names and addresses.

Provider Name

To be completed by Provider (or authorized representative):

Print Name

Title

Signature

Date