

**Medicare Advantage Network
Frequently Asked Questions (FAQs)
Updated November 15, 2022**

Q: How do I join the Delta Dental Medicare Advantage™ Network?

A: If you would like to see or are seeing patients who are Medicare Advantage members, you can go to www.deltadentalco.com/dentists/Medicare-Advantage and complete the addendum to your current DDCO contract and a Compliance Attestation document. Once you have completed those forms, send them to profservices677@ddpco.com or mail to PO Box 5468, Denver, CO 80217-5468. If you have any questions, you can contact our provider relations team at 303-889-8677 or profservices677@ddpco.com.

Q: I'm already seeing Medicare Advantage patients. Do I have to fill out the contract addendum and compliance attestation?

A: Yes. As a part of our responsibility as a carrier for Medicare Advantage members, we need to ensure that all our providers are complying with CMS regulations. If you need any assistance completing these forms or the necessary steps, our provider relations team is available to help.

Q: I previously opted out of the Medicare Advantage network, but I would like to join now. What do I need to do?

A: If you would like to provide services to Medicare Advantage members, please email your request to profservices677@ddpco.com. A member of our provider relations team will reach out with next steps.

Q: I no longer want to participate in the Medicare Advantage network. What do I do?

A: You can terminate your participation in the Delta Dental Medicare Advantage network without terminating your participation in the other Delta Dental networks. Please complete the Compliance Attestation you received in the mail with a letter and choose the opt out option. Once you have completed the document, please email to profservices677@ddpco.com.

Q: If I decide to participate in the Delta Dental Medicare Advantage network, am I required to accept all Medicare Advantage dental plans?

A: As a participating Medicare Advantage provider, you will be required to treat patients with coverage through any Delta Dental Medicare Advantage plan, including those administered by other Delta Dental member companies.

Q: How often will we need to complete the compliance attestation form?

A: In order to stay current with your Medicare Advantage credentialing, the compliance attestation form must be completed once a year. We will notify you annually when you are due to submit your attestation.

Q: The compliance attestation references downstream entities. What is considered a downstream entity?

A: First-tier, downstream, and related entities (FDRs) are defined by CMS as any party that enters into a written arrangement with a Medicare Advantage Organization or Part D plan sponsor to provide administrative services or health care related services. If your practice is participating in the Delta Dental Medicare Advantage network, you are contracted to provide health care service functions that relate to Delta Dental Medicare Advantage plans and considered an FDR. This also means that your vendors may be

considered FDRs, and you may be responsible for monitoring and auditing their compliance with CMS standards.

Q: The compliance attestation references offshore contractors. What or who is considered an offshore contractor?

A: The term “offshore” refers to any country that is not one of the 50 states or U.S. territories. CMS also clarifies that offshore subcontractors includes those who provide services performed by workers located in offshore countries, regardless of whether the workers are employees of American or foreign companies. For example, if your office uses a third-party vendor for patient eligibility and benefits verification and any employees of that vendor are located outside of the United States, the vendor would be considered an offshore contractor.

Q: I have not previously provided fraud, waste, and abuse (FWA) training to my staff. Does Delta Dental of Colorado have any training resources?

A: Yes! We created a mandatory fraud, waste, abuse, compliance, and cultural competency training for you and your staff. The training must be completed annually and is available at www.deltadentalco.com/dentists/Medicare-Advantage.

Q: How do I know if me or my employees are on the CMS Preclusion list or any other exclusion list?

A: You will need to check the Office of Inspector General’s (OIG) List of Excluded Individual and Entities (LEIE) and the General Service Administration’s (GSA) System for Award Management (SAM) database on a monthly basis to make sure dental providers and staff in your office do not appear on any government preclusion/exclusion lists that would prevent your practice from participating in the Medicare Advantage network.

Regarding the CMS Preclusion list, you will receive an email and letter from CMS/Medicare Administrative Contractors in advance of your inclusion on the preclusion list. The email and letter will be sent to your Provider Enrollment Chain and Ownership System (PECOS) address or National Plan and

Provider Enumeration System (NPPES) mailing. The letter will contain the reason you are precluded, the effective date of your preclusion, and your applicable rights to appeal. For more information, visit

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Preclusion-List>.

You can also find links to these resources at www.deltadentalco.com/dentists/Medicare-Advantage.

Q: I would like to be in the Medicare Advantage network, but I do not have a compliance program. What should I do?

A: We understand it can be overwhelming to create and administer a compliance program, so we’re here to help! The American Dental Association has a sample compliance plan available at

www.ada.org/-/media/ADA/Public%20Programs/Files/The_Compliance_Plan.pdf.