



2022 Notice of Additional Compliance Requirements for Pharmacies Supporting Plans in Florida, Illinois, and/or South Carolina*

Humana requires all entities, including pharmacies, that contract with Humana or a Humana subsidiary and perform one or more functions in support of Humana's offerings for Medicaid and/or dual Medicare-Medicaid beneficiaries to:

- Adhere to the compliance program requirements, including those outlined below; and
- Provide an attestation of certifying adherence to additional requirements.

Training on the following topics is required for pharmacies that:

- **Are located in any of the following: Florida, Illinois, South Carolina and/or surrounding areas; and**
- **Serve dual Medicare-Medicaid or Medicaid-only beneficiaries in plans administered by Humana in any of the above states.**
- Humana Medicaid Pharmacy Orientation and Provider Training
- Health, Safety and Welfare Education Training
- Cultural Competency Training

Please complete the attestation on the next page and fax it to **877-820-5740**.

Please direct questions about this notice to HumanaPharmacyCompliance@humana.com or **888-204-8349**.

* Supporting Humana in one of the above states does not automatically mean the work performed is for Humana offerings for Medicaid and/or dual Medicare-Medicaid beneficiaries in those states.

2022 Medicaid-specific Training Attestation Form for Pharmacy Providers Supporting Plans with a Medicaid Component in Florida, Illinois and/or South Carolina

Please confirm only one option is selected for each section.

Fax to 877-820-5740.

Medicaid Pharmacy Orientation and Provider Training (accessible at [Humana.com/provider/pharmacy-resources/manuals-forms](https://www.humana.com/provider/pharmacy-resources/manuals-forms))

As a duly authorized representative of the Organization, I hereby acknowledge and agree that the Organization:

- Has been provided, read and understands Medicaid Pharmacy Orientation and Provider Training; and
- Adopts either Medicaid Pharmacy Orientation and Provider Training or another orientation that is materially similar.

Accept – My Organization agrees to train its applicable employees and downstream entities this calendar year by using Medicaid Pharmacy Orientation and Provider Training.

Accept – My Organization agrees to train its applicable employees and downstream entities this calendar year by using another orientation that is materially similar to Medicaid Pharmacy Orientation and Provider Training.

Health, Safety and Welfare Education Training (accessible at [Humana.com/provider/pharmacy-resources/manuals-forms](https://www.humana.com/provider/pharmacy-resources/manuals-forms))

As a duly authorized representative of the Organization, I hereby acknowledge and agree that the Organization:

- Has been provided, read and understands Humana Health, Safety and Welfare Education Training; and
- Adopts either Humana Health, Safety and Welfare Education Training or other training that is materially similar.

Accept – My Organization agrees to train its applicable employees and downstream entities this calendar year by using Humana Health, Safety and Welfare Education Training.

Accept – My Organization agrees to train its applicable employees and downstream entities this calendar year by using another training that is materially similar to Humana Health, Safety and Welfare Education Training.

Cultural Competency Training (accessible at [Humana.com/provider/pharmacy-resources/manuals-forms](https://www.humana.com/provider/pharmacy-resources/manuals-forms))

As a duly authorized representative of the Organization, I hereby acknowledge and agree that the Organization:

- Has been provided, read and understands Humana Cultural Competency Training; and
- Adopts either Humana Cultural Competency Training or another training that is materially similar.

Accept – My Organization agrees to train its applicable employees and downstream entities this calendar year by using Humana Cultural Competency Training.

Accept – My Organization agrees to train its applicable employees and downstream entities this calendar year by using another training that is materially similar to Humana Cultural Competency Training.

Reviewed and Agreed:

Printed name

Signature

Date

Title

Organization name

FL IL SC
Indicate state(s) where pharmacy supports
a Medicaid contract

Phone number

Fax number

National Provider Identifier(s): _____

Organization street address

City

State

ZIP code