

## 2022 Compliance Requirements Attestation Form – Medicaid-specific Provider Training for Florida

**IMPORTANT**: Complete the Medicaid compliance training if your organization has rendered or may render healthcare services for a Medicaid-eligible beneficiary who is a member of a Humana-administered Medicaid plan in Florida.

As a duly authorized representative of the organization listed at the bottom of this form, I hereby acknowledge and agree that the organization:

- Has read and understands the 2022 Medicaid trainings listed below and made available by Humana this calendar year at Humana.com/Provider/News/Provider-Compliance
- May need to complete training for multiple states if the organization has an opportunity to render services in a state bordering one in which Humana administers a plan for Medicaid-eligible members
- Has trained or will train its applicable employees and downstream entities this calendar year on the topics below

Please be sure to check the box next to each type of training.

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nana's Medicaid Orientation and Traini	ing or is materially similar
ation	
mana's Health, Safety and Welfare Educ	cation Training or is materially similar
nana's Cultural Competency Training o	r is materially similar to it
Signature of compliance contact	 Date
Signature of compliance contact  Phone number	Date Fax number
	nana's Medicaid Orientation and Traini ation nana's Health, Safety and Welfare Educ

Send completed form to Humana Provider Compliance via fax at 855-733-8582 or by email to NNO\_ProviderCompliance@Humana.com

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