



Healthy Horizons™
in Ohio

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

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 Ohio.

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

- Understands the Medicaid training requirements cited for 2022 at [Humana.com/Provider/News/Provider-Compliance](https://www.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.

Medicaid and Orientation Training

☐ Accept – Content used is Humana’s Medicaid Orientation and Training or is materially similar

Health, Safety and Welfare Education

☐ Accept – Content used is Humana’s Health, Safety and Welfare Education Training or is materially similar

Cultural Competency Training

☐ Accept – Content used is Humana’s Cultural Competency Training or is materially similar to it

Reviewed and Agreed:

Printed name of compliance contact

Signature of compliance contact

Date

Organization name

Phone number

Fax number

Email address

Organization street address, city, state, ZIP code

Tax Identification Number(s)

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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