

2023 Compliance Requirements Attestation Form – Special Needs Plans (SNP) Provider Training

IMPORTANT: Annual compliance training and attestation is required if your organization provides healthcare services for a patient enrolled in a Humana Medicare Advantage Special Needs Plan in:

Alabama	Arkansas	California	Colorado	Connecticut	Delaware
Florida	Georgia	Illinois	Indiana	Iowa	Kansas
Kentucky	Louisiana	Maine	Michigan	Mississippi	Missouri
Montana	Nebraska	Nevada	New York	North Carolina	Ohio
Oklahoma	Oregon	Pennsylvania	Puerto Rico	South Carolina	South Dakota
Tennessee	Texas	Utah	Virginia	Washington	West Virginia
Wisconsin	Wyoming				

As a duly authorized representative of the organization, I hereby acknowledge the organization has read and understands the requirement to take Humana’s SNP training or adopt other training that is materially similar.

Accept – My organization agrees to train its applicable employees and downstream entities this calendar year using Humana’s SNP training presentation or materially similar content.

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)		



Please fax the completed and signed form to Humana Provider Compliance at **855-733-8582** or email it to **NNO_ProviderCompliance@Humana.com**.

