



2024 Compliance Requirements Attestation Form – Medicaid-specific Provider Training for Louisiana

Important: Complete the Medicaid 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 Louisiana.

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 sessions listed below and made available by Humana this calendar year at [Humana.com/HealthyLA](https://www.humana.com/HealthyLA)
- 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 beneficiaries
- Trains its applicable employees and downstream entities this calendar year on the topics below

Please be sure to select each training section on this form:

Provider Orientation and Training

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

Health, Safety and Welfare Education Training

☐ 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

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)

Email completed form to NNO_ProviderCompliance@Humana.com.

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