



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

Important: Complete the Medicaid compliance training if your organization has rendered or may render healthcare services to a Medicaid-eligible beneficiary who is a member of a Humana-administered dual-eligible plan in Illinois.

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 Medicaid training sessions listed below and made available by Humana this calendar year at [Humana.com/HealthyIL](https://www.humana.com/HealthyIL)
- May need to complete training for multiple states if the organization has an opportunity to render services in a state that borders one in which Humana administers a plan for Medicaid-eligible beneficiaries
- 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 Provider Training

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

Humana Orientation Training

☐ Accept – Content used is Humana’s Medicaid Orientation 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.