



**2025 Compliance Requirements Attestation Form – Indiana PathWays for Aging-Specific Provider Training for Indiana**

**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 Indiana.

**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/HealthyIN](https://www.humana.com/HealthyIN)
- 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 PathWays-eligible beneficiaries
- Trains 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.**

**Provider Orientation and Training**

Accept – Content used is Humana’s Medicaid Orientation and Training.

**Health, Safety and Welfare Education Training**

2025 Coming Soon

**Cultural Competency Training**

Accept – Content used is Humana’s Cultural Competency Training.

**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](mailto:NNO_ProviderCompliance@Humana.com).

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