

2023 Compliance Attestation

Due By: September 29, 2023

I, _____ (individual with Signatory Authority) hereby certify that
all providers employed by _____ (Medical

Group/Practice Name) _____ (TIN(s)) have reviewed the following trainings:

- 2023 MaineHealth ACO Annual Compliance training program.
- 2022 MaineHealth Code of Ethical Conduct
- 2023 MHACO Special Needs Plan Training and Appendices for Aetna, Anthem, Humana, Martin's Point and United Healthcare. *Please attach a list indicating Name, Date of Completion and NPI (if available) for each individual completing under the reported TIN.*

I agree to our understanding of and willingness to abide by these standards of conduct and hereby attest the attached listed providers have received and been instructed to complete the Special Needs Plan (SNP) Model of Care Training. The listed providers understood the Model of Care and the role they play in improving health outcomes for this unique population. It is understood that this annual training is mandatory for all providers who care for SNP members and is required by the Centers for Medicare and Medicaid Services (CMS).

Signatory Authority Print Name

Date

Signatory Authority Signature & Title

Contact Information (phone or e-mail)

For questions or to electronically send this completed form: Sherry.Peck@mainehealth.org or

To fax completed form: 207-661-8568, Attn: Sherry Peck (fax cover sheet enclosed/attached)