

Health Plan Training Attestation

Molina Medicare SNP Provider Training

HMSO is requiring all providers and staff complete the additional compliance training for Molina Medicare Special Needs Plan Model of Care (SNP).

This training can be found on the HMSO website <http://hmsoinc.com> on the "Compliance" page.

Please read & review the power point materials. Then sign and date this form as proof of your training.

I have read and reviewed the written materials for the SNP Model of Care Training.

Employee Name: _____

Signature: _____

Date: _____

UnitedHealthcare Compliance, Expectations and FWA Training

HMSO encourages all providers and staff to review the UnitedHealthcare's training materials and FWA Information.

This information can be found on the HMSO website <http://hmsoinc.com> on the "Compliance" page.

Please read & review the materials. Then sign and date this form to acknowledge receipt of the information.

I have read and reviewed the UHC Compliance, Expectations & FWA materials.

Employee Name: _____

Signature: _____

Date: _____