



# Aetna® Medicare HIDE (HMO D-SNP) – Provider Critical Incident Training Attestation

Dear Provider,

Michigan Department of Health and Human Services (MDHHS) requires demonstration that providers providing care to Aetna Medicare HIDE (HMO D-SNP) members have completed the Aetna Medicare HIDE (HMO D-SNP) Provider Critical Incident training.

In accordance with your contractual relationship with Aetna Medicare HIDE (HMO D- SNP) as a contracted provider, please have each applicable provider in your practice complete this attestation form to Provider Experience department at [COEProviderServices@AETNA.com](mailto:COEProviderServices@AETNA.com) within 5 days of receipt of this letter.

Please contact Provider Experience department at [COEProviderServices@AETNA.com](mailto:COEProviderServices@AETNA.com) with any questions. Thank your for your prompt response.

### **ATTESTATION**

I attest that I received and completed the Aetna Medicare HIDE (HMO D-SNP) Provider Critical Incident training as of

**Date:**

Print Name:	Signature:	Date:
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NPI/TIN
Group/Facility Name
Role of attendee

Please add additional pages if required.

Email completed response to Provider Experience department at [COEProviderServices@AETNA.com](mailto:COEProviderServices@AETNA.com) within 5 days of receipt of this letter.