

# Webinar Non-CE Certificate of Completion



Practice Name \_\_\_\_\_



I \_\_\_\_\_ hereby attest that I have viewed the Care Manager

Webinar titled **BCBSM Medicare Advantage—HEDIS, Quality & the Care Manager’s Role in Closing Gaps in Care** in its entirety.

I viewed the entire webinar live on \_\_\_\_\_.  
Date

I viewed the entire recorded on \_\_\_\_\_.  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date