

**Annual Network Provider
Cultural Competency
Training**

Training Acknowledgement & Attestation

Health Plan of San Joaquin, as a licensed health care services plan this training is mandated by California’s Department of Health Care Services (DHCS) and the Federal Centers for Medicare and Medicaid Services (CMS) to ensure providers and delegated entities are meeting the unique and diverse needs of all members.

As part of new federal requirements, Cultural Competency training will be noted in the Provider Directory.

Under legal requirements, Title 22, California Code of Regulations (CCR) Sections, 53876(a)(4), 53876(c), 53851(b)(2), 53851(e), 53853(d), 53910.5(a)(2); Title 28, CCR, Section 1300.67.04(c)(1)(A) through (B); and Title 42, Code of Federal Regulations (CFR), Sections 438.206(c)(2), 438.330(b)(4), 438.242(b)(2) Health Plan of San Joaquin is required to provide annual Cultural Competency training to our participating provider network and delegated entities. Providers are required to either complete the training offered on the HPSJ website or another health plan and send HPSJ a signed attestation.

An Authorized Person can complete the training attestation on behalf of your practice for each provider listed on page 2.

Please Print

Name of Group/Practice Name:	Practice Address:
Practice TIN#:	Practice NPI#:

I am the only provider at my practice

Training- Option 1: Provided by HPSJ Training Date _____

Training- Option 2: Training Provided by _____ Training Date: _____

_____, attest to having received the annually required
Print Provider/Authorized Name here

Network Provider **Cultural Competency Training.**

Provider/Authorized Signature _____ Date _____

Title: _____ Email: _____ Phone _____

Please send this completed form to HPSJ at providernetworks.verification@hpsj.com and fax 209-933-3700

If you have **more than one provider in your office, please complete the **additional** Acknowledgement & Attestation form attached.

