

**Annual Network Provider
Cultural Competency and Sensitivity Training
Training Acknowledgment & Attestation**

Health Plan of San Joaquin, as a licensed health care services plan, 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 the federal requirements, Cultural Competency training and Sensitivity 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 and their employees are required to either complete Cultural Competency training offered on the HPSJ website or complete another, acceptable Cultural Competency training and provide proof of training. Proof can be a certificate of completion, training program outline, or web link to the training. After choosing one of the training options, providers must attest for themselves and their employees who completed the training by completing the attestation below.

An Authorized Person can complete the training attestation on behalf of your practice for each provider and staff.

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: _____

I _____, 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

This training is required for all providers and their staff. Please list all providers and staff who also completed the training.

**Annual Network Provider Cultural Competency and Sensitivity Training
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Additional Providers and Employee Names Below:

Provider and Employee Name (Last Name, First Name):	Provider Individual NPI#