



ANNUAL NETWORK PROVIDER CULTURAL COMPETENCY AND SENSITIVITY TRAINING ACKNOWLEDGMENT & ATTESTATION

Health Plan of San Joaquin/Mountain Valley Health Plan (HPSJ/MVHP), 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) HPSJ/MVHP 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/MVHP 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 Contracted Entity/Practice Name:	Practice Address:
Practice TIN#:	Practice NPI#:

I am the only provider at my practice

Training- Option 1: Provided by HPSJ/MVHP Training Date: _____

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

I attest to having received the annually required Network Provider Cultural Competency Training.
Please sign and date below.

..... Print Provider/Authorized Name Here Title Signature
..... Date Email Phone Number

Please send this completed form to HPSJ/MVHP at providernetworks.verification@hpsj.com or fax 1-209-933-3700. This training is required for all providers and their staff. Please list all providers and staff who also completed the training. You can upload a roster of your providers with NPIs, and staff names and titles, that completed the training in lieu of completing the attestation below.



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Additional Providers and Employee Names Below:

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