

Cultural Competency

Information for Medicaid and MyCare Ohio providers

Molina Healthcare provides annual Cultural Competency training to our participating provider network.

Per the Centers for Medicare and Medicaid Services (CMS) guidelines in rule 42 Code of Federal Regulations (CFR) § 438.10 (h) (vii), Molina is required to validate our network providers' completion of annual Cultural Competency training. This requirement helps to ensure providers meet the unique and diverse needs of all members.

Molina offers educational opportunities in cultural competency concepts for providers, their staff and Community Based Organizations through training modules, delivered through a variety of methods including:

- Written materials
- Cultural Competency Training Videos
- Access to reference materials including the "Industry Collaborative Effort (ICE)" and "A Physician's Practical Guide to Cultural Competent Care"

To learn more, view the [Cultural Competency Training Videos](#) and other reference materials on the Molina Provider Website by selecting "Culturally and Linguistically Appropriate Resources/Disability Resources" under the "Health Resources" tab. Videos include:

- Module 1: Introduction to Cultural Competency
- Module 2: Health Disparities
- Module 3: Specific Population Focus – Seniors and Persons with Disabilities
- Module 4: Specific Population Focus – LGBTQ and Immigrants/Refugees
- Module 5: Becoming Culturally Competent

Note: Providers have the option to utilize their own Cultural Competency training that meets the federal requirement.

Once the Cultural Competency training is completed, fill out and sign the [Cultural Competency Attestation](#) form available on the Molina website by selecting "Provider Manual & Training" under the "Manual" tab. A copy of the Cultural Competency Attestation form is attached to this communication.

Email the signed and dated Cultural Competency Attestation form by Dec. 31, 2021 to OHAttestationForms@MolinaHealthcare.com.

Thank you for your immediate response and cooperation.

In This Issue – March 2021

→ [Cultural Competency](#)

Questions?

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

Email us at OHProviderRelations@MolinaHealthcare.com

Visit our website at
MolinaHealthcare.com/OhioProviders

Connect with Us

www.facebook.com/MolinaHealth
www.twitter.com/MolinaHealth

Join Our Email Distribution List

Get this bulletin via email. Sign up at
MolinaHealthcare.com/ProviderEmail.

Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports are confidential, but you may choose to report anonymously.

CULTURAL COMPETENCY TRAINING CONFIRMATION 2021**Centers for Medicare and Medicaid Services (CMS) – Mandatory Requirement**

Please sign below to attest you have completed a Cultural Competency training that meets the Centers for Medicare and Medicaid Services (CMS) guidelines in 2021. Molina Healthcare is required to offer an annual Cultural Competency training to our participating provider network that meets CMS guidelines. Providers may complete the Molina Healthcare training to fulfill this requirement if they do not have their own curriculum available in accordance with the CMS requirements. The training is located under the “Health Resources” tab at www.MolinaHealthcare.com/OhioProviders.

Send the signed and dated form by Dec. 31, 2021 via:

- Email to OHAttestationForms@MolinaHealthcare.com

The Cultural Competency training validation is mandated by CMS to ensure providers meet the unique and diverse needs of all members.

Thank you for your immediate response and cooperation.

I have received and reviewed the posted materials for the Cultural Competency training, or I have completed my own Cultural Competency training course in compliance with CMS guidelines.

Clinic/Practice Name: _____

Clinic/Practice Address: _____

Group Tax Identification Number (TIN): _____

Signature: _____ Date: _____ State: _____

Physician Information

Please complete for all participating providers in your practice. This information will be available to our members to reference when selecting a provider who meets their cultural needs. A spreadsheet containing this information can be attached, if needed.

Provider Name: _____

Provider Ethnicity (NCQA Requirement): _____

Language(s) Spoken: _____

Provider Name: _____

Provider Ethnicity: _____

Language(s) Spoken: _____