

## 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) (1) (vii), Molina is required to validate our network providers' completion of annual Cultural Competency training. This requirement helps to ensure providers meet all members' unique and diverse needs.

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 Culturally 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 Training Attestation](#) form available on the Molina website by selecting "Provider Manual & Training" under the "Manual" tab. A copy of the Cultural Competency Training Attestation form is attached to this communication.

Email the signed and dated Cultural Competency Training Attestation form by Dec. 31, 2023, to [OHAttestationForms@MolinaHealthcare.com](mailto:OHAttestationForms@MolinaHealthcare.com).

Thank you for your immediate response and cooperation.

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#### Questions?

Provider Services – (855) 322-4079  
Monday - Friday: 7 a.m. to 8 p.m. for Medicaid, 8 a.m. to 6 p.m. for MyCare Ohio, and 8 a.m. to 5 p.m. for Medicare and Marketplace

Email us at [OHProviderRelations@MolinaHealthcare.com](mailto:OHProviderRelations@MolinaHealthcare.com)

Visit our website at [MolinaHealthcare.com/OhioProviders](http://MolinaHealthcare.com/OhioProviders)

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**CULTURAL COMPETENCY TRAINING CONFIRMATION 2023****Mandatory Requirement:** *Centers for Medicare and Medicaid Services (CMS)*

Molina Healthcare is required to offer an annual Cultural Competency training to our participating provider network that meets CMS 42 CFR 438.10 guidelines to ensure providers meet the unique and diverse needs of all members.

Providers may complete the Molina training to fulfill this requirement if they do not have their own curriculum available in accordance with the CMS requirements. The Molina training is under the "Health Resources" tab at [MolinaHealthcare.com/OhioProviders](https://MolinaHealthcare.com/OhioProviders), and on the Provider Portal at [provider.molinahealthcare.com/Provider/Login](https://provider.molinahealthcare.com/Provider/Login).

Providers are required to send the completed Cultural Competency Attestation Form to Molina at [OHAttestationForms@MolinaHealthcare.com](mailto:OHAttestationForms@MolinaHealthcare.com) by Dec. 31, 2023. Providers are encouraged to send the form prior to the deadline to allow time for processing.

Please sign below to attest you have completed a Cultural Competency training that meets the 2023 CMS guidelines. Thank you for your immediate response and cooperation.

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**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: \_\_\_\_\_

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