

New Provider Cultural Competency Training Attestation



Mandatory Requirement: *Michigan Department of Health and Human Services Comprehensive Health Care Program Contract*

Michigan Medicaid Health Plans (MHP) are required to offer an annual Cultural Competency (CC) training to their participating provider network that meets the Michigan Department of Health and Human Services (MDHHS) requirement in Appendix 17 to ensure providers meet the unique and diverse needs of all members.

Providers may complete the MHP training to fulfill this requirement if they do not have their own curriculum available in accordance with MDHHS requirements.

Sign below to attest you have completed a CC training that meets the MDHHS requirement.

I have received and reviewed the posted materials for the CC training, or I have completed my own CC training course in compliance with MDHHS requirement.

Clinic/Practice Name: _____

Clinic/Practice Address: _____

Group Tax Identification Number (TIN): _____

Signature: _____ Date: _____ State: _____

Physician Information: 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 Name: _____

Provider Name: _____

Provider Name: _____