

## Cultural competency for health care providers training attestation

BlueCross BlueShield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this correspondence is specific to the MMC and CHPlus programs only.

Providers and their staff are expected to receive training to increase their knowledge in cultural competency to improve communications with patients. New York State Department of Health requires that all Medicaid providers participate in cultural competency training on an annual basis (*New York State Medicaid Managed Care Model Contract, Section 15.c*).

Participating providers must certify, on an annual basis, that all participating providers' staff, who have regular and substantial contact with Medicaid enrollees, have completed State-approved cultural competence training curriculum, including training on the use of interpreters. The State will provide cultural competence training materials to providers upon request. Some resources provided by the State can be found at [https://omh.ny.gov/omhweb/cultural\\_competence/resources.html](https://omh.ny.gov/omhweb/cultural_competence/resources.html).

### Attestation

By completing this form, I am attesting that all staff associated with this practice have participated in a State-approved training on the topic of cultural competency within the last 12 months. Each individual understands the content of the training and agree to abide by all applicable policies and procedures.

**Please complete the attestation below and select the submit button to send via email or mail to the address below:**

BlueCross BlueShield of Western New York  
257 W. Genesee St.  
Medicaid Network, Floor 6  
Buffalo, NY 14202

Practice tax ID: \_\_\_\_\_

Practice name: \_\_\_\_\_

Person completing survey: \_\_\_\_\_

Title of person completing survey: \_\_\_\_\_

Practice email address: \_\_\_\_\_

Signature: \_\_\_\_\_

### <https://providerpublic.mybcbswny.com>

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