



PROVIDER BULLETIN

A bulletin for the Molina Healthcare of Ohio provider networks

Cultural Competency

Information for Medicaid and MyCare Ohio providers

Molina Healthcare is required to provide annual Cultural Competency training to our participating provider network. The training is mandated by the Centers for Medicare and Medicaid Services (CMS) 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 delivered by Provider Services Representatives upon request
- Access to reference materials available through the Molina website including translated materials and accessible formats like Braille
- For members who are deaf or hard of hearing, call Ohio Relay/TTY at (800)750-0750 or 711

To learn more, view the [Cultural Competency Training](#) on the Molina website by selecting “Provider Manual & Training” under the “Manual” tab.

Once the review of 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, 2019 to OHAttestationForms@MolinaHealthcare.com.

Thank you for your immediate response and cooperation.



CULTURAL COMPETENCY TRAINING CONFIRMATION 2019

Centers for Medicare and Medicaid Services (CMS) – Mandatory Requirement

Please sign below to attest you have received Cultural Competency training in 2019 from Molina Healthcare. Send the signed and dated form by Dec. 31, 2019:

- Email to OHAttestationForms@MolinaHealthcare.com

Molina Healthcare is required to provide annual Cultural Competency training to our participating provider network. The training 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 written materials for the Cultural Competency training.

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: _____

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

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 the link above or (866) 606-3889.

Reports are confidential, but you may choose to report anonymously.

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