



## CULTURAL COMPETENCY

Highmark Health Options understands that to improve the quality of life of our members, we must be cognizant of their cultural and linguistic differences. A collaborative and trusting patient-provider relationship is the key to reducing the gaps in health care access and outcomes. Highmark Health Options has assembled a list of resources and web-based tools that are intended to help build sensitivity to the cultural and linguistic differences and foster improved understanding and communication.

If you or your staff would like to gain a better understanding of how cultural issues can impact health care and healthcare outcomes. We have done the research for you and have a wealth of information that will help you gain a better understanding of cultural competency and health equity.

Please take ten minutes to review our [Cultural Competency Training Power Point](#)

Next, learn more by visiting our [Resource Center](#) to learn more about health care disparities, office assessment tools, downloadable communication tools, and continuing medical education courses.

Once you've checked out our resources, please complete the [Cultural Competency Attestation](#), and we will acknowledge your cultural competency training in our Provider Directory. If you've already completed a Cultural Competency Training Course, please let us know by completing the [Cultural Competency Attestation](#) on the back of the document and we will acknowledge your training in our provider directory.

**Highmark Health Options is an independent licensee of the Blue Cross and Blue Shield Association.**



**Cultural Competency Training Attestation**

Please complete, sign and fax to Highmark’s Provider Information Management team at **1-800-236-8641**. This form is also available on the Provider page of our website, [Cultural Competency Attestation](#), in the Forms and Reference section and also within the Cultural Competency Toolkit.

Practitioner Name (Please print Last, First, MI & Degree):

\_\_\_\_\_

Practitioner NPI: \_\_\_\_\_

Blue Shield ID: \_\_\_\_\_

**Cultural Competency Training**

Have you thoroughly reviewed our Cultural Competency Toolkit, including the Cultural Competency Power Point?  No  Yes, Date Completed: \_\_\_\_\_

OR

Have you completed another Cultural Competency Training course?  
 No  Yes, identify course name and date

Course Completed: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing I do hereby attest that the above information is accurate. Cultural Sensitivity will be published in the Provider Directory next to names of those practitioners who have completed Cultural Competency Training attestation.

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