



ATTESTATION OF HEALTH EQUITY/CULTURAL COMPETENCY TRAINING

I have received and completed a cultural competency/health equity training as required by my contract with Aetna Better Health of Louisiana as listed below:

- ✓ Cultural Competency/Health Equity

Please sign below to attest you have completed a Cultural Competency training that meets the Centers for Medicare and Medicaid Services (CMS) guidelines in 2022. ABHLA is required to offer an annual Cultural Competency training to our participating provider network that meets CMS guidelines. Providers may complete the ABHLA training to fulfill this requirement if they do not have their own curriculum available in accordance with the CMS requirements.

I have been educated about these essential components of ABHLA and my responsibilities as a participating provider, including providing this orientation to new practitioners that join our practice.

Date	
Completed by / Title	
Group Name (Print)	
Group NPI	
Tax identification number (TIN)	
Telephone number	
Email address	
Signature	

Important:

ABHLA requires completion of this Attestation, in addition to a signed contract and credentialing, to complete the ABHLA provider enrollment process.

Note:

Failure to complete this Attestation may result in a delay of active status with ABHFL.

Return Signed Attestation via fax or Email

Fax: 844-521-9775

Email: LAProvider@aetna.com

Internal Use Only

Received by _____ Date _____

Active Status Date _____