HIGHMARK HEALTH OPTIONS

HIGHMARK

Cultural Competency Data Form

As a participating Highmark Health Options provider, the information requested on this Cultural Competency Data Form is strictly voluntary, and the information you provide will not be used for any adverse contracting actions, credentialing actions, or discriminatory purposes. By providing your race, ethnicity, language, and cultural competency training data, we can connect members to the appropriate providers, deliver better provider-patient communication, and improve patient health, wellness, and safety.

Practitioner Name (Last, First, MI, Degree)	**Practitioner NPI**	**Practice Group ID**	**Ethnicity***	**Race****	**Languages Spoken** (In addition to English)	**Cultural Competency Training Completed**	**Course Name**	**Date Course was Completed**
			Select One	Select One		Select Yes or No		
			Select One	Select One		Select Yes or No		
			Select One	Select One		Select Yes or No		
			Select One	Select One		Select Yes or No		
			Select One	Select One		Select Yes or No		
			Select One	Select One		Select Yes or No		
			Select One	Select One		Select Yes or No		
			Select One	Select One		Select Yes or No		

***Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

****It is important to understand that a person can belong to one race only. Although a person belongs to just one race, they can still have multiple ethnic connections.**

American Indian or Alaska Native – An individual having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.

Asian – An individual having origins in any of the peoples of the Far East, Southeast Asia or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.

Black or African American – An individual having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – An individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or Pacific Islands.

White/Caucasian – An individual having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Nurses and Office Staff Languages Spoken:

Any other languages spoken other than English? ☐ **Yes** ☐ **No**

What, if any, translation services are available in your office? ☐ **Telephonic** ☐ **Onsight** ☐ **Video**

Are you or a staff member certified in American Sign Language? ☐ **Yes** ☐ **No**

Additional Comments:

By signing, I do hereby attest that the above information is accurate. Provider race and ethnicity will not be published in the Provider Directory but will only be shared with members upon request. Cultural Competency training and languages spoken may be published in the Highmark Health Options Provider Directory.

Practitioner or Other Authorized Signature: _____ **Date:** _____

Please fax the completed Data Form to **1-855-451-6680**.

Highmark BCBSD Health Options Inc. d/b/a Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association.

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Highmark Health Options Duals is offered by Highmark Blue Cross Blue Shield. Highmark Health Options Duals offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

MON-26-0466 (5/27/26)