

Action Needed: 2025 Cultural Competency Training Survey (ZZ TEST Cindy



Kaiser Foundation Health Plan via Smartsheet <automation@app.smartsheet.com>

The group needing to complete the survey will be identified at the top of the email.



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Hello! Kaiser Permanente must annually collect Cultural Competency (or similar) training data for all Network Providers and Front Office Staff per DOI reg 4-2-80 which covers Colorado Option Standardized Health Benefit Plans. This training is designed to assist covered members in the Colorado Option plans who experience higher rates of health disparities and inequities.

Copy the URL's below into the web browser-address bar, for more information on regulation 4-2-80:

<https://doi.colorado.gov/announcements/notice-of-adoption-amended-regulations-4-2-73-and-5-2-12-and-new-regulation-4-2-80>

<https://drive.google.com/file/d/1FHGriZRgQu7iiM0X5otSTNGL61-Ch69Q/view>

Please click on “**Open Request**” below, to complete the survey in its entirety. If you have staff or providers that have not completed the training at the time of receiving this notice, please do not respond until **ALL** employees have completed the training. You will receive periodic reminders via email until the survey is completed. Reach out to your Provider Experience Consultant at **NDPC-PEC_Cases@kp.org** if you have any questions.

IMPORTANT

Data for each contract is collected in aggregate for all contracted

locations. Multiple people in your organization may receive this update request; please consolidate the total and only send *in one update request for the contract as a whole*.

Thank you in advance for your prompt reply. Select “**OPEN REQUEST**” to begin.

Open request



Details

Name of Contract/Medical Group

ZZ TEST Cindy to check automation

1. Type of Training

1.1 Other Training

2. Total # of Providers contracted with KPCO?

2.1 # of providers who received training?

3. Total # of front office staff?

3.1 # of front office staff who received training?

4. How was the training provided? (YouTube, etc.)

5. Course Duration-
Approximate length of training?

6. Approximate date training was completed?

7. Certificate or CME awarded?

[Go to the sheet](#)



Do not select this link.