

January 2023 Provider Policy & Procedure Manuals Annual Update Delegate Acknowledgment of Receipt (AOR)

By signing this AOR, I acknowledge that:
(1) I have read and reviewed electronic copies of the following Manuals and Trainings:
☐ Provider Policy and Procedure Manual Medi-Cal and IEHP DualChoice (redline and approved
☐ Benefit Manuals are available to view on State and Federal links provided below:
 Medi-Cal - https://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.aspx
o IEHP DualChoice - https://www.cms.gov/Regulations-and-
<u>Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html</u>
☐ Electronic Data Interchange (EDI) Manual
☐ Summary of Effected Changes
☐ IPA Delegation Agreement
☐ D-SNP Model of Care Training (available in Quarter 4 2022)
☐ Cultural and Linguistics (C & L) Training
☐ IEHP Code of Business Conduct and Ethics
☐ Compliance Program Training (Fraud, Waste and Abuse, HIPAA Privacy and Security)
I hereby attest that, to the extent required, all appropriate staff and downstream entities/subcontractors, have
received and reviewed the information contained in the documents listed above. I further attest that a
plan/timeline is in place to train staff within ninety (90) calendar days of the January 1, 2023 effective date.
IMPORTANT: IEHP requires a signed attestation from management level staff or above from each of

IMPORTANT: IEHP requires a signed attestation from management level staff or above from each of the functional areas listed below. **Please note that AORs without all required signatures will not be accepted**.

Delegate Name:		Date:	
Department/Position:	Title:	Name (Please Print):	Signature (Required):
Administration			
Behavioral Health &			
Care Management			
Claims			
Community Health			
Compliance Officer			
Electronic Data			
Integration (EDI)			
Eligibility			

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Grievance & Appeals		
Medical Directors		
Member Services		
Pharmacy		
HIPAA Privacy Officer		
Quality		
Utilization Management (UM)		

Please return your signed AOR on or before <u>January 16, 2023</u>. Fax the completed form to (909) 296-3550 or email the completed form to <u>providerservices@iehp.org.</u> For questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347.