



## January 2024 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 (HMO D-SNP) (redline and approved)**
- Benefit Manuals are available to view on State and Federal links provided below:**
  - o **Medi-Cal** - <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual>
  - o **IEHP DualChoice** - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>
- Electronic Data Interchange (EDI) Manual**
- Summary of Effected Changes**
- IPA Delegation Agreement**
- IEHP DualChoice (HMO D-SNP) Model of Care Training**
- IEHP Code of Business Conduct and Ethics**
- Compliance Program Training (Fraud, Waste and Abuse (FWA), 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, 2024 effective date.

**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			
Grievance & Appeals			
Medical Directors			

Member Services			
Pharmacy			
HIPAA Privacy Officer			
Quality			
Utilization Management (UM)			

Please return this signed AOR on or before **January 15, 2024**.

E-mail the completed form to [providerservices@iehp.org](mailto:providerservices@iehp.org) or fax the completed form to (909) 296-3550. For questions, please do not hesitate to contact the IEHP Provider Call Center Team at (909) 890-2054 or (866) 223-4347.