

January 2024 Provider Policy & Procedure Manuals Annual Update Hospital Acknowledgment of Receipt (AOR)

By signing this AOR, I ack (1) I have read and revi	•	of the following manuals and	1 training:
(1) I have read and reviewed electronic copies of the following manuals and training: ☐ Provider Policy and Procedure Manual Medi-Cal and IEHP DualChoice (HMO D-			
SNP) (redlin	ned and approved)		
☐ Electronic l	Data Interchange (EDI)) Manual	
☐ Summary of Effected Changes			
☐ IEHP Code of Business Conduct and Ethics			
☐ Compliance Program Training (Fraud, Waste and Abuse (FWA), HIPAA Privacy and Security)			
(2) To the extent required, all appropriate staff have received and reviewed the information contained			
in the documents listed above. A plan/timeline is in place to train staff within ninety (90) calendar			
•	1, 2024 effective date fo		
IMPORTANT: IEHP requires a signed attestation from -the appropriate leader in the functional area			
below. Please note that AORs without all required signatures will not be accepted.			
Hospital Name:		Date:	
Department:	Title:	Name (Please Print):	Signature (Required):
Administration			
By signing this AOR, I a	<u>e</u>	- £4h - £-11in - turinin	
 (1) I have read and reviewed electronic copies of the following training: □ IEHP DualChoice (HMO D-SNP) Model of Care Training 			
(2) To the extent required, all appropriate staff have received and reviewed the information contained			
in the document listed above. A plan/timeline is in place to train staff within ninety (90) calendar			
days of the January 1, 2024 effective date for this document.			
		on from management level s	
the functional areas listed accepted.	d below. Please note th	at AORs without all requir	red signatures will not be
Hospital Name: Date:			
Tospitai Ivaine.		Datt.	
Department:	Title:	Name (Please Print):	Signature (Required):
Care Management (CM)			
Care Management (CM)			