



September 29, 2017

Dear Provider:

Inland Empire Health Plan (IEHP) has updated the Medi-Cal and IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Policy and Procedure Manuals. The policies and procedures incorporated in the manuals comply with NCQA standards and IEHP contract requirements from our State and Federal regulators.

In an effort to streamline the distribution process, we are providing you with one CD-ROM that includes an electronic copy of the following:

1. January 2018 Policy and Procedure Manuals (Medi-Cal and IEHP DualChoice)
3. Summary of Effected Changes
4. IEHP Code of Business Conduct and Ethics
5. Model of Care (MOC) Training
6. General Compliance Training (Fraud, Waste and Abuse (FWA), HIPAA Privacy and Security)
7. Cultural and Linguistic (C & L) Training

Benefit Manuals are available to view on State and CMS links provided below:

1. Medi-Cal - http://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp
2. IEHP DualChoice - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>

The annual update to the Policy and Procedure Manuals will be effective **January 1, 2018**. IEHP will continue to provide annual updates to these Manuals and all Providers will receive these updates. A dedicated section for manuals is available online at www.iehp.org. IEHP is required by State and Federal regulators to maintain an Acknowledgement of Receipt (AOR) file on our Providers. To comply with this requirement, **please complete the AOR Form located at the back of this letter on or before January 5, 2018** to signify your receipt and review of the enclosed Manuals. If an Acknowledgment of Receipt Form is not returned to IEHP, it may impede your office from receiving future updates of this manual.

In addition, please make sure you and your staff familiarize yourselves with these policies. If you have any questions in regards to the manual, please contact a Provider Services Representative at (909) 890-2054.

Sincerely,

Jennifer N. Sayles, MD, MPH
Chief Medical Officer

Susie White
Senior Director of Provider Services

Enc: 1 CD-ROM

AOR Form (see back)



January 2018 Annual Update Provider Acknowledgment of Receipt (AOR)

Please complete the following information in order to receive future updates to the IEHP Provider Policy and Procedure Manual. By signing this AOR, I acknowledge that I have received and read a CD-ROM that includes an electronic copy of the following Manuals and Trainings:

- Policy and Procedure Manuals** Medi-Cal and IEHP DualChoice
- Summary of Effected Changes**
- IEHP Code of Business Conduct and Ethics**
- Model of Care (MOC) Training**
- General Compliance Training** (Fraud, Waste and Abuse (FWA) HIPAA Privacy and Security)
- Cultural and Linguistic (C &L) Training**

I hereby attest that, to the extent required, all appropriate staff have received and/or been trained on the information contained in the documents listed above. I attest that the undersigned entity/organization has established and publicized compliance policies and procedures, standards of conduct, and compliance reference material that meet the requirements outlined in 42 CFR § 422.503(b)(4)(vi) and 42 CFR § 423.504(b)(4)(vi).

Submitted by Mail: Susie White, Provider Services Department
Inland Empire Health Plan
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800

Submitted by Fax: Fax: (909) 296-3550

Submitted by Email: providerservices@iehp.org

PCP OB/GYN Specialist Vision Behavioral Health Direct Ancillary

Clinic/Entity Name (IF APPLICABLE): _____

List of Providers within the Group (PLEASE PRINT, does not apply to Direct Ancillary)

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

Signature (REQUIRED): _____ Date: _____

Please return your signed AOR on or before January 5, 2018