



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

By signing this AOR, I acknowledge that:

- (1) I have read and reviewed electronic copies of the following manuals and training:
- Provider Policy and Procedure Manual Medi-Cal and IEHP DualChoice** (redlined and approved)
  - Electronic Data Interchange (EDI) Manual**
  - Summary of Effected Changes**
  - IEHP Code of Business Conduct and Ethics**
  - Compliance Program Training** (Fraud, Waste and Abuse, HIPAA Privacy and Security)
  - Cultural and Linguistics (C & L) Training**
- (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 days of the January 1, 2023 effective date for these documents.

**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.**

<b>Hospital Name:</b>		<b>Date:</b>	
<b>Department:</b>	<b>Title:</b>	<b>Name (Please Print):</b>	<b>Signature (Required):</b>
Administration			

By signing this AOR, I acknowledge that:

- (1) I have read and reviewed electronic copies of the following training:
- D-SNP Model of Care Training** (available in Quarter 4 2022)
- (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, 2023 effective date for this document.

**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.**

<b>Hospital Name:</b>		<b>Date:</b>	
<b>Department:</b>	<b>Title:</b>	<b>Name (Please Print):</b>	<b>Signature (Required):</b>
Care Management (CM)			

Please return this signed AOR on or before **January 16, 2023**.

Fax the completed form to (909) 296-3550 or email the completed form to [providerservices@iehp.org](mailto:providerservices@iehp.org).

For questions, please do not hesitate to contact the IEHP Provider Relations Team at

(909) 890-2054 or (866) 223-4347