



**January 2023 Provider Policy and Procedure Manual Annual Update
Provider 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 Manuals Medi-Cal and IEHP DualChoice -**
<https://www.iehp.org/en/providers/provider-manuals>
 - Benefit Manuals are available to view on State and Federal links provided below:**
 - o **Medi-Cal -** https://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.aspx
 - 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**
 - IEHP Code of Business Conduct and Ethics**
 - D-SNP Model of Care Training (available in Quarter 4 2022)**
 - Compliance Program 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 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.

<input type="checkbox"/> PCP	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Specialist	<input type="checkbox"/> Vision
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Direct Ancillary	<input type="checkbox"/> SNF	<input type="checkbox"/> CBAS
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 16, 2023

Fax the completed form to (909) 296-3550, or e-mail the completed form to providerservices@iehp.org, or access the AOR form online located at <https://iehp.org/en/providers/provider-manuals> to signify your receipt and review of the enclosed Manual.