



Inland Empire Health Plan

## How to fill out the Electronic Acknowledgement of Receipt (AOR) Form

### *Acknowledgement of Receipt (AOR) Form*

1. The AOR form can be found here: [www.iehp.org](http://www.iehp.org) >For Providers> Provider Manuals **or** [www.iehp.org/providermanuals](http://www.iehp.org/providermanuals). Once the user clicks the link, the Provider will enter their unique 8-digit access code that was provided in the Provider Manual Distribution letter dated September 30.
  - The AOR form is accessible with the following compatible Browsers:
    - Google Chrome
    - Microsoft Edge
    - Mozilla Firefox

IEHP  
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Inland Empire Health Plan

Acknowledgement of Receipt (AOR) Form

Please enter the access code that you received in your email or letter.

Access Code

Submit



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### *Acknowledgement of Receipt (AOR) Form Continued*

2. If the access code has already been used or if it has been entered incorrectly, an error message will appear, and the user will not be able to access the AOR form. The user will be directed to contact the IEHP Provider Relations Team.

The two error messages that may appear are:

- A. “Case not found, please verify your access code.”
- This error message occurs if the user has entered the access code incorrectly. Access codes are case sensitive, please make sure the user is entering the access code correctly.
  - There is no limit on the number of attempts for entering an access code. However, once the form is accessed and submitted the access code is no longer valid.
- B. “Access code has already been used.”
- This error message appears when the access code has already been used and the AOR has been submitted. The date and time the AOR was submitted is provided.

Please enter the access code that you received in your email or letter.

2 Access Code

Submit

A Case not found, please verify your access code.

Please contact the Provider Relations Team at (909) 890-2054 or via email at [providerservices@iehp.org](mailto:providerservices@iehp.org).

Please enter the access code that you received in your email or letter.

2 Access Code

Submit

B Access code has already been used.

Please contact the Provider Relations Team at (909) 890-2054 or via email at [providerservices@iehp.org](mailto:providerservices@iehp.org) with the following information:  
Access Code:   
Date Submitted: 9/28/2020 10:21:13 AM



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Inland Empire Health Plan

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### Acknowledgement of Receipt (AOR) Form Continued

3. If the access code has not been used, the AOR form will appear. The AOR will list the Providers within the Medical Group/ Location
- NPI
  - First Name
  - Last Name
  - Provider Type
  - Remove Provider checkbox
- If a Provider is no longer with the group, the user can select the “Remove Provider” check box.

The screenshot shows the top portion of the AOR form. At the top center is the IEHP logo and the text: "Inland Empire Health Plan, January 2021 Provider Manual Annual Update, Provider Acknowledgment of Receipt (AOR)". Below this is a deadline: "Please complete the AOR Attestation on or before January 08, 2021". A paragraph follows: "Please complete the following information in order to receive future updates to the IEHP Provider Policy and Procedure Manual. By attesting to this AOR, I acknowledge that I have read and reviewed electronic copies of the following Manuals and Trainings:". A numbered list of seven items follows: 1. Policy and Procedure Manuals, 2. Benefits Manuals, 3. Summary of Elected Changes, 4. IEHP Code of Business Conduct and Ethics, 5. Guidelines for Care Management Training, 6. Compliance Program Training, and 7. Cultural and Linguistic (C & L) Training. Below the list is a table titled "List of Providers within the Group" with columns for NPI, First Name, Last Name, Provider Type, and Remove Provider. The table contains one row with placeholder text and a checkbox for "Remove Provider".

4. The form asks, “Are there additional Providers at your location for whom you are attesting?”
- If “Yes” is selected, the following fields need to be filled out
    - NPI
    - First Name
    - Last Name
    - Provider Type
      - Direct Ancillary
      - PCP
      - OB/GYN
      - Specialist
      - Vision
      - Behavioral Health
  - If “No” is selected nothing happens, and the user can continue to the Contact Information Section.

The screenshot shows a question: "Are there additional providers at your location for whom you are attesting?". There are radio buttons for "Yes" and "No". Below the question is a form with fields for NPI, First Name, Last Name, and Provider Type. A blue "Add Provider" button is located below the NPI field. To the right of the Provider Type field is a dropdown menu with a search box and a list of options: Direct Ancillary, PCP, OB/GYN, Specialist, Vision, and Behavioral Health. Below the form is a section titled "Contact information" with fields for "Clinic/Entry Name (IF APPLICABLE)", "Address", and "Phone Number".



A Public Entity

Inland Empire Health Plan

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### *Acknowledgement of Receipt (AOR) Form Continued*

5. In the Contact Information section, the Clinic/ Entity's Contact Information will be prepopulated in the AOR form.

- Clinic/ Entity Name
- Address
- City
- State
- Zip
- Phone
- Fax
- E-mail

Contact Information **5**

Clinic/Entity Name (IF APPLICABLE)

Address

City State Zip

Phone Ext Fax

Email

Check here if contact information is different from above

6. If the user clicks the check box, "Check here if contact information is different from above," the form expands, and the user is required to fill out the following:

- First Name
- Last Name
- Title
- Phone
- Fax
- E-mail

Check here if contact information is different from above **6**

Contact Information

Contact information changes made here are for AOR purposes only. Providers are still responsible to notify IEHP and their respective IPAs regarding any contractual, demographic or location changes in a timely manner in compliance with IEHP policy.

First Name \* Last Name \*

Title

Phone \* Ext Fax

Email



A Public Entity

Inland Empire Health Plan

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**\* Disclaimer:** Contact Information changes made here are for AOR purposes only. Providers are still responsible to notify IEHP and their respective IPAs regarding any contractual, demographic or location changes in a timely manner in compliance with IEHP policy.

Check here if contact information is different from above **6**

**Contact Information**

Contact information changes made here are for AOR purposes only. Providers are still responsible to notify IEHP and their respective IPAs regarding any contractual, demographic or location changes in a timely manner in compliance with IEHP policy.

First Name \*  Last Name \*

Title

Phone \*  Ext  Fax

Email

7. The user must check the Attestation checkbox before clicking “Submit.” Also, the Date will automatically be recorded when clicking “Submit.”

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 published compliance policies and procedures, standards of conduct, and compliance reference material that meet the requirements outlined in 42 CFR §422.503(b)(4)(vi), 42 CFR §422.504(b)(4)(vi), and 42 CFR §438.608(a)(1). \*

Date

8. After the AOR form is submitted, the access code and the Submission Complete status bar will appear in green on the top left corner of the form. The “Print this page” button also appears and gives the user the option to print the completed form.

**1**

Access Code: [redacted]

Submission Complete.

**IEHP**  
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Inland Empire Health Plan  
January 2021 Provider Manual Annual Update  
Provider Acknowledgment of Receipt (AOR)

Please complete the AOR Attestation on or before January 08, 2021.

Please complete the following information in order to receive future updates to the IEHP Provider Policy and Procedure Manual. By attesting to this AOR, I acknowledge that I have read and reviewed electronic copies of the following Manuals and Trainings:

1. Policy and Procedure Manuals - <https://iehp.org/en/providers/provider-manual>
2. Benefits Manuals are available to view on State and Federal links provided below:
  - Medi-Cal - [http://www.medicaid.ca.gov/publications/Manuals\\_menu.asp](http://www.medicaid.ca.gov/publications/Manuals_menu.asp)
  - IEHP DualChoice - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>
3. Summary of Effective Changes
4. IEHP Code of Business Conduct and Ethics
5. Guidelines for Care Management Training
6. Compliance Program Training (Fraud, Waste and Abuse (FWA) HIPAA Privacy and Security)
7. Cultural and Linguistic (C & L) Training