



2024 IEHP Covered Provider Policy & Procedure Manuals Delegate 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:
 - 2024 Provider Policy and Procedure Manual - Covered California (CCA) -**
 - o <https://www.providerservices.iehp.org/en/provider-central/provider-manuals-and-training>
 - o www.iehp.org > Providers > Provider Manuals & Training> 2024 Manuals & Regulatory Trainings
 - CCA Benefit Manuals are available to view at the link provided below:**
 - o [www.https://www.iehp.org/en/browse-plans/covered-california#plan-materials](https://www.iehp.org/en/browse-plans/covered-california#plan-materials)
 - o <http://www.iehp.org> > **Browse Plans**> **Covered California** > **Plan Materials**
 - Electronic Data Interchange (EDI) Manual**

I hereby attest that, to the extent required, all appropriate staff and downstream entities/subcontractors, 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, 2024 effective date.

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.**

Delegate Name:		Date:	
Department/Position:	Title:	Name (Please Print):	Signature (Required):
Administration			
Claims			
Compliance Officer			
Electronic Data Integration (EDI)			
Eligibility			
Grievance & Appeals			
Medical Directors			
Member Services			
Utilization Management (UM)			

Please return this signed AOR on or before **January 31, 2024**.

E-mail the completed form to providerservices@iehp.org or fax the completed form to (909) 296-3550. For questions, please do not hesitate to contact the IEHP Provider Call Center Team at (909) 890-2054 or (866) 223-4347.