



## 2024 IEHP Covered Provider Policy & Procedure Manual Hospital Acknowledgment of Receipt (AOR)

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By signing this AOR, I acknowledge that:

- (1) I have read and reviewed electronic copies of the following manuals and training:
  - 2024 Provider Policy and Procedure Manual IEHP Covered**
    - <https://www.providerservices.iehp.org/en/provider-central/provider-manuals-and-training>
    - [www.iehp.org](http://www.iehp.org) > Providers > Provider Manuals & Training> 2024 Manuals & Regulatory
  - IEHP Covered Benefit Manual is available to view at the link provided below:**
    - [www.https://www.iehp.org/en/browse-plans/covered-california#plan-materials](https://www.iehp.org/en/browse-plans/covered-california#plan-materials)
    - [www.iehp.org](http://www.iehp.org) > Browse Plans> Covered California > Plan Materials
  - Electronic Data Interchange (EDI) Manual**
- (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, 2024 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			

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

E-mail the completed form to [providerservices@iehp.org](mailto: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