



January 2024 IEHP Covered Provider Policy and Procedure Manual
Provider Acknowledgment of Receipt (AOR)

By signing this AOR, I acknowledge that:

I have read and reviewed electronic copies of the following Manuals and Trainings available on a:

- Provider Policy and Procedure Manual - IEHP Covered
IEHP Covered Benefit Manual is available to view at the link provided below:
Electronic Data Interchange (EDI) Manual

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, 2024 effective date.

Form containing checkboxes for services (PCP, OB/GYN, Specialist, Vision, CBAS, Behavioral Health, Ancillary, SNF, Urgent Care, LOA), fields for Clinic/Entity Name, List of Providers (1-8), Address, City, State, Zip, Phone, Ext, Fax, Signature (Required), and Date.

Please return your signed AOR on or before January 31, 2024

Access and complete the AOR form online located at https://iehp.org/en/providers/provider-manuals. E-mail the completed form to providerservices@iehp.org or Fax the completed form to (909) 296-3550 to signify your receipt and review of the Provider Manual and Trainings. For questions, please do not hesitate to contact the IEHP Provider Call Center Team at (909) 890-2054 or (866) 223-4347.