



2025 Provider Policy & Procedure Manuals Annual Update Delegate Acknowledgment of Receipt (AOR)

By signing this AOR, I acknowledge that:

(1) I have read and reviewed electronic copies of applicable Manuals and Trainings:

- 2025 Provider Policy and Procedure Manuals:
 - <https://www.providerservices.iehp.org/en/resources/provider-manuals-and-training/manuals-trainings>
 - o Medi-Cal
 - o IEHP DualChoice (HMO D-SNP)
 - o IEHP Covered
- 2025 Electronic Data Interchange (EDI) Manual
- Summary of Effected Changes (All Lines of Business)
- IEHP Code of Business Conduct and Ethics
- Compliance Program Training (Fraud, Waste and Abuse (FWA), HIPAA Privacy and Security)
- IPA Delegation Agreement
- IEHP DualChoice (HMO D-SNP) Model of Care Training (*For Delegates serving IEHP DualChoice Members*)
- Benefit Manuals:
 - o Medi-Cal - <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual>
 - o IEHP DualChoice - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>
 - o IEHP Covered - www.iehp.org/en/browse-plans/covered-california#plan-materials

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, 2025 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			
Behavioral Health & Care Management			
Claims			
Community Health			
Compliance Officer			
Credentialing			

Electronic Data Integration (EDI)			
Eligibility			
Grievance & Appeals			
Medical Directors			
Member Services			
Pharmacy			
Provider Relations			
HIPAA Privacy Officer			
Quality			
Utilization Management (UM)			

Please return this signed AOR on or before **March 31, 2025**.

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 at (909) 890-2054 or (866) 223-4347.