



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

By signing this AOR, I acknowledge that:

(1) I have read and reviewed electronic copies of the applicable manuals and training:

2025 Provider Policy and Procedure Manuals

<https://www.providerservices.iehp.org/en/resources/provider-manuals-and-training/manuals-trainings>

- Medi-Cal**
- IEHP DualChoice (HMO D-SNP)**
- 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)

(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, 2025 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.**

Hospital Name:		Date:	
Department:	Title:	Name (Please Print):	Signature (Required):
Administration			

By signing this AOR, I acknowledge that:

(1) I have read and reviewed electronic copies of the following training:

IEHP DualChoice (HMO D-SNP) Model of Care Training

(2) To the extent required, all appropriate staff have received and reviewed the information contained in the document listed above. A plan/timeline is in place to train staff within ninety (90) calendar days of the January 1, 2025 effective date for this document.

IMPORTANT: IEHP requires a signed attestation from management level staff or above from the functional area listed below. **Please note that AORs without all required signatures will not be accepted.**

Hospital Name:		Date:	
Department:	Title:	Name (Please Print):	Signature (Required):
Care Management (CM)			

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