

2025 Provider Policy and Procedure Manual Annual Update Provider Acknowledgment of Receipt (AOR)

		OR, I acknowledge that:				
I have read and reviewed electronic copies of the following Manuals and Trainings available on iehp.org : 2025 Provider Policy and Procedure Manuals (https://www.iehp.org/en/providers/provider-						
ш	manuals)					
	o Medi-Cal					
	o IEHP DualChoice (HMO D-SNP)					
	○ IEHP Covered					
	Summary of Effected Changes					
		IEHP Code of Business Conduct and Ethics				
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	Compliance Program Training (Fraud, Waste and Abuse (FWA), HIPAA Privacy and Security)					
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	o Medi-Cal - https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual					
	o IEHP DualChoice (HMO D-SNP) - https://www.cms.gov/Regulations-and-					
	Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html • IEHP Covered - https://www.iehp.org/en/browse-plans/covered-california#plan-					
	O	materials	18.//www.ienp.org/en/or	10wsc-pians/covered-c	amorma#pian-	
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, 2025 effective date.						
☐ PCl	P	OB/GYN	☐ Specialist	Vision	☐ CBAS	
☐ Bel Health	navioral	☐ Direct/ Delegated Ancillary	SNF	Urgent Care	LOA	
Clinic/Entity Name (If Applicable):						
List of Providers within the Group (Please print)						
	1		5			
	2		6			
	3		7			
	4					
Addres						
Phone:			Ext:	Fax:		
Signature (Required):			- -	Date:		

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