



January 2021 Annual Update Hospital Acknowledgment of Receipt (AOR)

Please complete the following information in order to receive future updates to the IEHP Provider Policy and Procedure Manual. By signing this AOR, I acknowledge that I have read and reviewed electronic copies of the following Manuals and Trainings:

1. **Policy and Procedure Manuals** Medi-Cal and IEHP DualChoice
2. **Summary of Effected Changes**
3. **IEHP Code of Business Conduct and Ethics**
4. **Guidelines for Care Management Training**
5. **Compliance Program Training** (Fraud, Waste and Abuse, HIPAA Privacy and Security)
6. **Cultural and Linguistics (C & L) Training**

I hereby attest that, to the extent required, all appropriate staff have received and/or been trained on the information contained in the documents listed above. I attest that the undersigned entity/organization has established and publicized compliance policies and procedures, standards of conduct, and compliance reference material that meet the requirements outlined in 42 CFR §422.503(b)(4)(vi), 42 CFR §423.504(b)(4)(vi), and 42 CFR §438.608(a)(1).

Date: _____		
Hospital Name: _____		
Name (Please Print) : _____		
Department: _____		
Title: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Ext: _____	Fax: _____
Signature (REQUIRED) : _____		

Please return your signed AOR on or before **January 8, 2021**

Fax the completed form to (909) 296-3550

or email the completed form to providerservices@iehp.org