**Performance of Exclusion Checks**

**ATTESTATION FORM (Form 3.38.3)**

**This form is to be completed by all Integrated Health Home (IHH)/Behavioral Health Home (BHH) [or other delegated entities as directed] Compliance Officers on quarterly basis and submitted via e-mail to the Health Choice Arizona Corporate Compliance Officer, attesting to the performance of exclusion checks on all employees/providers; and promptly reporting an confirmed, positive results to the Health Choice Arizona Corporate Compliance Officer.**

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| **AGENCY INFORMATION:**  |
| **AGENCY NAME:**  |
| **TOTAL EMPLOYEES/PROVIDERS:**  | **TOTAL EMPLOYEE/PROVIDERS FOR WHOM EXCLUSION CHECKS WERE PERFORMED:** |
| **# of Positive/Confirmed Findings:** | **Were positive findings reported to Steward Health Choice Arizona? (Y/N)****If No. Please provide reasons:** |

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| **ATTESTATIONS** |

**By signing this form, I attest that the information herein is true and accurate and that I am the duly authorized representative acting as the agency’s Compliance Officer. I further certify the following:**

[ ]  Exclusion checks are conducted on in staff / providers on at least a monthly basis

[ ]  Positive / Confirmed findings are reported to the Health Choice Arizona Compliance Officer (when applicable); and

[ ]  I understand that it is my responsibility to ensure exclusion checks are conducted for all new staff members throughout the next year (prior to hire date).

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| **SIGNATURE** |

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**Name: Date**

**Title:**