



## 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 Steward 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 Steward Health Choice Arizona Corporate Compliance Officer.**

<b>AGENCY INFORMATION:</b>	
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:

<b>ATTESTATIONS</b>
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**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 Steward 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).

<b>SIGNATURE</b>
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Name:  
Title:

\_\_\_\_\_  
Date