

**Exclusion List Check Form**

Self Attestation of Initial and Monthly Checks of Excluded Individuals and Entities (attach list of names of individuals/entities)							
Name of Provider or Entity:							
Month	Year	Complete	Exclusion List	None Identified	Identified/reported to AMA (see attached)	*Initials	Date
January	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>		
February	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>		
March	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>		
April	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>		
May	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>		
June	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>		
July	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>		
August	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>		

Attachment Twenty-one  
 Maternity Care Program  
 Operational Manual  
 Effective 1.1.15 Version I

September	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>
October	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>
November	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Checked the AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>
December	20__	<input type="checkbox"/>	Checked the LEIE List	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	Checked AMA Exclusion List	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above named entity has completed the monthly exclusion checks on both the LEIE Website and the AMA Website on potential/existing employees, and contractors (list attached) according to federal guidelines and regulations.

\*Signatures must match initials

Signature:

Signature:

Websites:

HHS Office of Inspector General LEIE Website: <http://www.oig.hhs.gov/fraud/exclusions.asp>

Alabama Medicaid' Website/Fraud and Prevention Tab: [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)

References:

Alabama Medicaid Agency's Provider Billing Manual, Chapter 7; Sections 7.3.1 and 7.3.2

Alabama Medicaid Agency Program Integrity Division/Fraud and Abuse-1-866-452-4930