

JOB AID

Fingerprinting Application Required Process

OVERVIEW

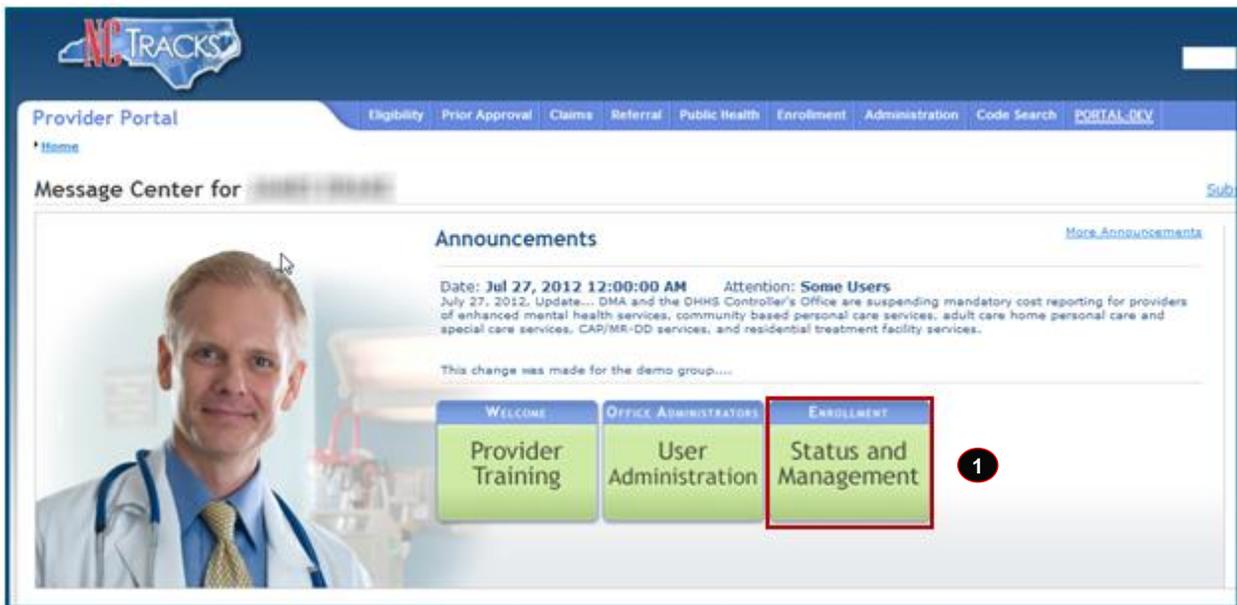
42 CFR 455.450(c) requires that when a state Medicaid agency designates a provider as a “high” categorical risk, the agency must require the submission of a set of fingerprints in accordance with 42 CFR 455.434; Under 42 CFR 455.434(b), the requirement to submit fingerprints applies to both the “high” risk provider and any person with a 5 percent or more direct or indirect ownership interest in the provider, as those terms are defined in 455.101.

CSRA is requested to obtain fingerprint-based criminal background check results from the State Bureau of Investigation (SBI), or verification in the Provider Enrollment, Chain, and Ownership System (PECOS) or Home State Medicaid program, for high-risk individual providers or provider entities and for any individual with a 5% or more direct or indirect ownership in a provider entity.

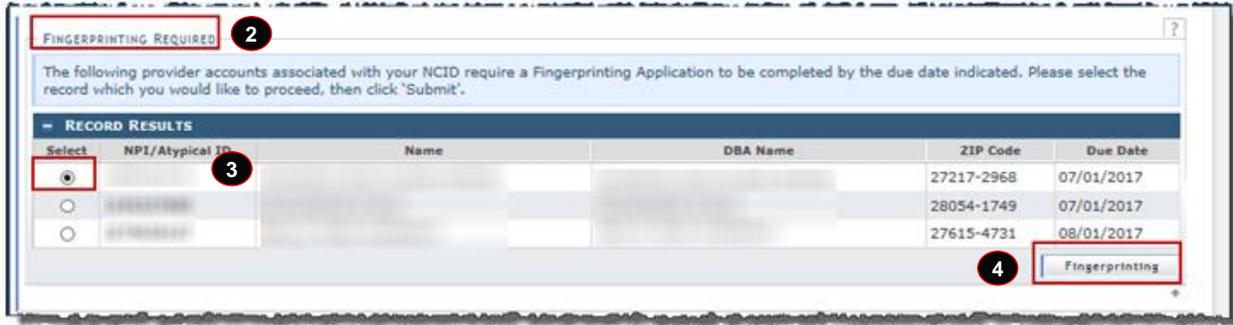
This job aid will guide the user through completing the Fingerprinting Required application process in NCTracks.

STATUS AND MANAGEMENT

The **Fingerprinting Required** section of the **Status and Management** page is populated with National Provider Identifiers (NPIs) associated with the provider’s account that require a fingerprinting application based on enrollment, re-enrollment, completed re-verification, or a Manage Change Request (MCR) submitted after August 2015 adding a new service location or new owners.



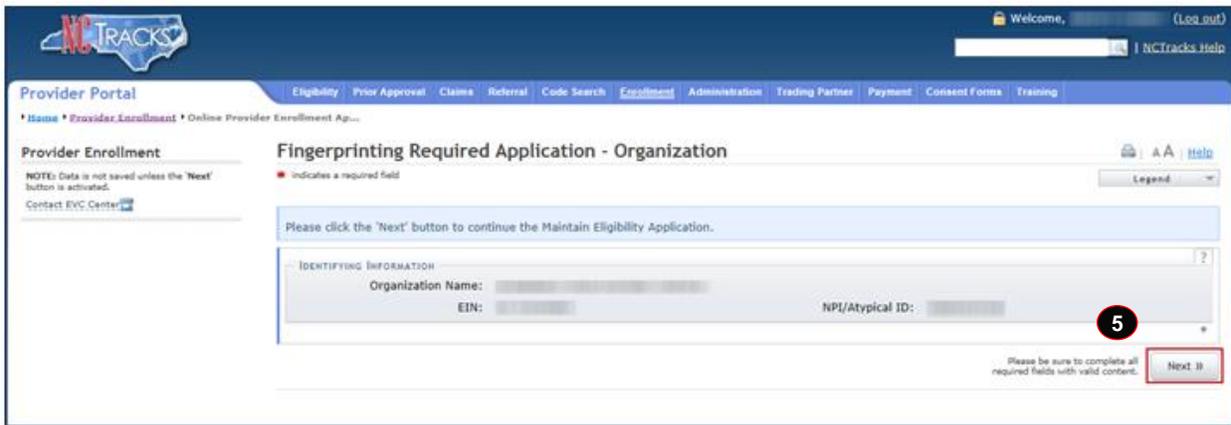
Step	Action
1	From the secure Provider portal home page, navigate to the Status and Management page by selecting the Status and Management button.



Step	Action
2	Scroll down the Status and Management page to the Fingerprinting Required section.
3	Select the radio button beside the NPI/Atypical ID for which you will be completing the fingerprinting application.
4	Select the Fingerprinting button from the bottom right of the section.

FINGERPRINTING APPLICATION

The Office Administrator (OA) or Enrollment Specialist (ES) user will need to confirm that the Organization’s Name, Employer Identification Number (EIN), and NPI are correct. If any of this information is incorrect, you will need to contact the NCTracks Call Center for guidance on how to correct the information. This information cannot be changed in an MCR.



Step	Action
5	Select Next .

Step	Action
6	After you have read and agreed to the Terms and Conditions, select the Attestation checkbox.
7	Select Next .

Step	Action
8	Select the Review Application button to review the information that you are about to submit. Note: A PDF of the application will open for review purposes only.
9	Select Next .

Provider Portal | Eligibility | Prior Approval | Claims | Referral | Code Search | **Enrollment** | Administration | Trading Partner | Payment | Consent Forms | Training

Home > Provider Enrollment > Online Provider Enrollment Ap...

Provider Enrollment | **Fingerprinting Required - Sign and Submit Electronic Application**

NOTE: Data is not saved unless the 'Next' button is activated. * indicates a required field

Contact EVC Center

If for any reason you navigate away from this page without clicking 'Submit Now', you will be required to re-enter the information.

ELECTRONIC SIGNATURE CONFIRMATION

Attestation: I have read and agreed to the terms and conditions of participation. By submitting this form, I confirm the information contained in the documents submitted with the application/enrollment documents/Administrative Participation Agreement are true, accurate, complete, and current as of the date this electronic document is submitted. I do hereby attest that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

* Login ID (NCID): **10** * Password: **10**

[Forgot Login ID](#) [Forgot Password](#)

- If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to **TEST@FAKEEMAIL.COM**. Please retrieve it now to complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next on the Basic Information page to store your change.)
- If there is a PIN already associated with this NCID, please use it now. If you have forgotten your PIN, you may reset it by entering you Login ID (NCID) and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.

Please contact the CSRA EVC Center at **800-688-6696** if you have any trouble with your Electronic Signature PIN Number.

* PIN: [Forgot PIN](#) **11**

Please review the documents you are going to electronically sign.

- [Agreement and Attestations](#)

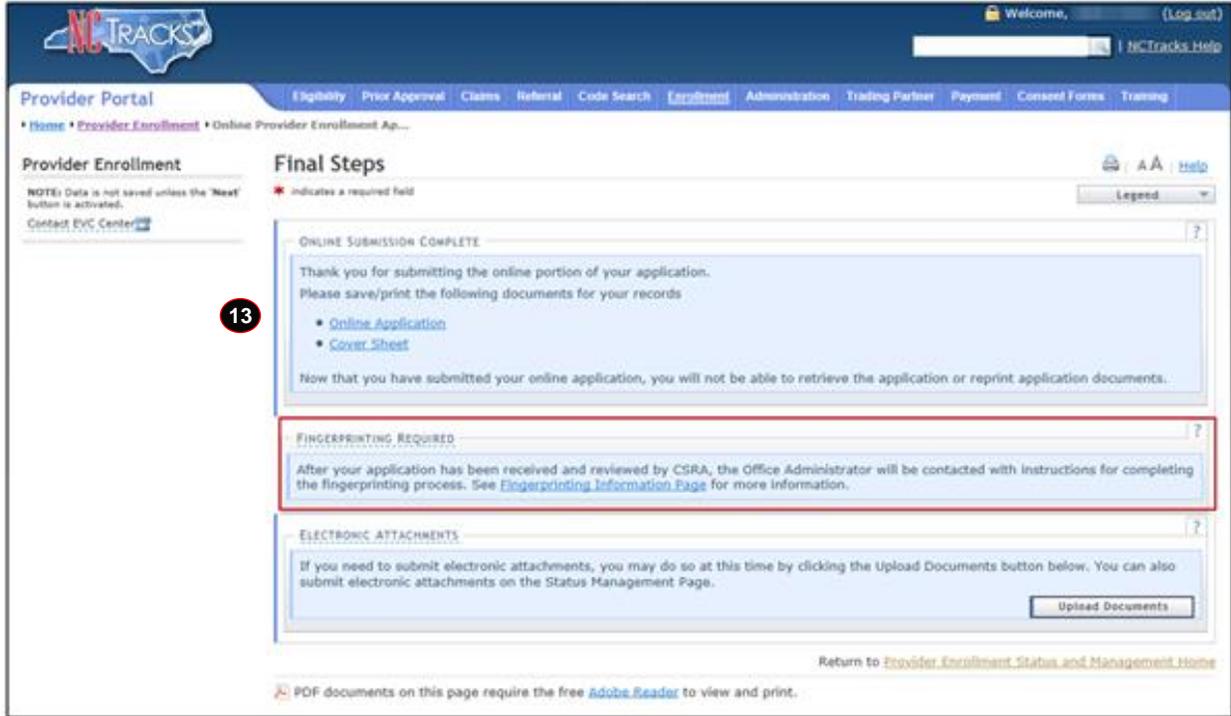
ONLINE APPLICATION SUBMISSION

You may now submit your Online Application by clicking 'Submit Now' below. After submitting you will have the option to print a copy of the completed application for your records.

You will also receive instructions to finalize the application process on the next page.

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Step	Action
10	Enter your Login ID (NCID) and Password .
11	Enter your PIN .
12	Select Submit Now .



Step	Action
13	<p>Once the application has been successfully submitted, you will land on the Final Steps page, where you will be able to save or print a copy of the application in PDF format.</p> <p>Note: Once you navigate away from this page, you will not be able to access these documents again.</p>
Note	<p>When additional fingerprinting documents are required, you will receive the message that the OA will be contacted with instructions on completing the process. If the person for whom fingerprints are being requested already has a completed Electronic Fingerprint Submission Release of Information Form from another application process, they can proceed directly to the Upload Documents button and go to step 17.</p>

FINGERPRINTING REQUIRED NOTIFICATION

Two notifications will be received in the Provider Message Center Inbox for each person required to submit fingerprints. One notification will be a letter with instructions, and the other will be a Fingerprint Submission Release of Information Form. Notification letters for both individual providers and organizations will have the same letter identifier (PM18802-R0002); the only difference is the verbiage in the letters. The OA will also receive an e-mail for each party required to submit fingerprinting documents. The e-mail will have the Fingerprint Submission Release of Information Form attached.

Notifications for each owner with 5% or more direct or indirect ownership interest in the organization will be sent via e-mail to the OA and also delivered to the Provider Message Center Inbox. For example, if an application is received with three owners listed, six notification items will be received in the Provider Message Center Inbox and three e-mails will be sent to the OA e-mail address on file.



Step	Action
14	Navigate to the secure Provider portal home page to access the Provider Message Center Inbox.
15	Select the hyperlink to open provider notification PM18802-R0002 .

ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION FORM

The Electronic Fingerprint Submission Release of Information Form will be received either as an e-mail attachment or as an item in the Provider Message Center Inbox. This document will need to be printed and completed prior to taking to a fingerprinting agency and then electronically uploaded in NCTracks by the OA.

Individuals who are required to undergo the fingerprint-based background check will incur the cost of having their fingerprints taken; it is recommended that you contact the agency to confirm the fee prior to going.

Additional resources are available at the [Fingerprinting FAQs page](#).

THIS DOCUMENT IS A SAMPLE ONLY. PLEASE DO NOT FILL AND SUBMIT THIS FORM.

ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

Applicant Section

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation, Criminal Information and Identification Section to perform a fingerprint search of the State's criminal history records and, if applicable, a fingerprint search of the Federal Bureau of Investigation's files for a national criminal history records check in connection with my application for employment or application for license with DHHS DIVISION OF MEDICAL ASSISTANCE pursuant to 42 CFR 455.434.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this

Applicant/Licensee's Signature _____ Date _____

Parent/Guardian's Signature (required if Applicant/Licensee under age 18 and not emancipated) _____ Date _____

By checking this box, I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Agency Section

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Sheila B. Platts
801 Ruggles Drive
2501 Mail Service Center
Raleigh, NC 27699-2501
919-855-4023

Law Enforcement Agency Section

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the NC State Bureau of Investigation.

I, _____, of the agency named below, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a copy of the results of this criminal history records check to me.

Signature of Official Taking Fingerprints _____ Date _____

Agency Seal/Certification (If no official seal, please print your agency address) _____

APPLICANT INFORMATION

Your Case No. (OCA): XXXXXXXXXXXXXXXXXXXXXXXX

Last Name: XX

First Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Middle Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Sex: _____ (MALE/FEMALE)

*Social Security Number: _____

Date of Birth: ____/____/____ Place of Birth _____

Residence: _____ Maiden Name: _____

Aliases: _____

Race: _____ Height: _____

(write the appropriate letters in the space provided)
W - White, B - Black, I - American Indian, A - Asian or Pacific Islander, U - Unknown

Eye Color: _____ Weight: _____

(write the appropriate letters in the space provided)
BLK - Black, GRY - Gray, MAR - Maroon, BLU - Blue, BRO - Brown, GRN - Green, HAZ - Hazel, PNK - Pink, XXX - Unknown

Hair Color: _____

(write the appropriate letters in the space provided)
BAL - Bald, BLK - Black, BLN - Blonde or Strawberry, BRO - Brown, GRY - Gray or partially, RED - Red or Auburn, SDY - Sandy

*The social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

UPLOAD DOCUMENTS

From the **Submitted Applications** section of the **Status and Management** page, the OA will see that any NPI that has a status of "In Review" will also have a hyperlink to **Upload Documents**. This link is supplied for the convenience of electronically submitting supporting documentation after an application has been submitted. Once the link is selected, the OA will be able to browse for and attach the required forms.

The **Upload Documents** page has been updated to include two separate upload sections: **General Enrollment Additions** and **Fingerprint Evidence Documents**. The **General Enrollment Additions** section is where all documents that are not related to fingerprinting will be uploaded. Please be advised that if you answered "Yes" to any sanction questions during the enrollment process and did not load supporting documents at that time, you will need to upload the required documents in the **General Enrollment Additions** section.

Provider Portal

Home • Status and Management

Contact Information

If you have any questions regarding completion of Provider Enrollment, please contact CSRA Call Center.
 Phone: 800-688-6696
 Fax: 855-710-1965
 Email: nctracksenrol@nctracks.com

Quick Links

- Online Application
- Provider Enrollment Home
- PE Supporting Information
- PE Terms and Conditions
- Provider Qualifications and Requirements Checklist
- Reassign Existing Draft Applications

Status and Management

Welcome to Provider Enrollment Status and Management
 Please choose from the options below to manage your enrollment status.

SUBMITTED APPLICATIONS

Below is the status of applications you have submitted.
 If status is Payment Pending, we have received initial confirmation from Paypoint that your payment was confirmed; it may take up to 48 hours to verify the payment. If status is Pay Now, your NC Application Fee payment was not made or failed; click Pay Now to make payment.
 If status of the application is in Payment Pending, Returned, or In Review, you can upload supporting documentation by clicking the Upload Documents hyperlink.

NPI/Atypical ID	Name	DBA Name	Application Type	Submit Date	Status
			Enrollment	05/15/2017	Approved
			Enrollment	07/28/2016	Approved
			Enrollment	07/28/2016	Approved
			Manage Change Request	11/09/2015	Upload Documents - In Review
			Enrollment	11/02/2015	Approved
			Enrollment	11/02/2015	Approved
			Manage Change Request	10/19/2015	Approved
			Re-verification	10/15/2015	Approved
			Manage Change Request	10/14/2015	Approved
			Manage Change Request	04/10/2015	Approved
			Manage Change Request	02/13/2015	Approved

Step	Action
16	Select the Upload Documents link next to the application for which you are submitting fingerprint documentation.

Upload Documents

ELECTRONIC ATTACHMENTS

Only one file can be uploaded at a time. A file cannot be more than 25 MB.
 The following file types may be attached: MS-Word, MS-Excel, WordPerfect, MS-Write, Open Office, text, Power Point, Zip, PageMaker, Adobe PDF, image(TIFF, JPEG, GIF, PNG).
 To upload a file:
 1. Click the Browse button.
 2. Locate the file and add. Note: The file name will display to the right of the Browse button.
 3. Click the Upload Document button to submit the file to NCTracks.
 4. When upload is successful, a message will be displayed with the file name. If you wish to print a record of submitted attachments, click the printer icon located at the right hand corner of the screen.

General Enrollment Additions

Upload general enrollment documents related to the application here. Do not upload fingerprinting documents here. Maximum 10 files can be uploaded per application.
 No files have been uploaded.

Fingerprint Evidence Documents

Upload a copy (copies) of your completed fingerprinting evidence form(s) here. Maximum 20 files can be uploaded per application.
 No files have been uploaded.

Step	Action
17	From the Fingerprint Evidence Documents section of the Upload Documents page, select Browse to access the Electronic Fingerprint Submission Release of Information Form(s) from their saved location.
18	Select Upload Documents .
Note	A maximum of 20 files can be uploaded in this section.

At this point the process is complete, and the provider will be able to go to the **Status and Management** page for an updated application status.