



# 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 <b>Status and</b> <b>Management</b> page by selecting the <b>Status and Management</b> button.





cord which you would like to	s associated with your NCID require a Hingerp proceed, then click 'Submit'.	rinting Application to be completed by t	the due date indicated. Pl	ease select the
RECORD RESULTS				
elect NPI/Atypical ID	Name	DBA Name	ZIP Code	Due Date
• 3			27217-2968	07/01/2017
0			28054-1749	07/01/2017
0			27615-4731	08/01/2017

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

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Provider Enrollment	Fingerprinting Required Application - Organization	🚔   A A   Help
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	Organization Name:	NPI/Atvoical ID:
	E	5 ,
		Please be sure to complete all Next 30 required fields with valid content.

Step	Action
5	Select Next.





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6 Tres	TATION certify that the responses in this attestation and information contained in the ents/Administrative Participation Agreement are true, accurate, complete, an gly or willfully falsified, concealed or omitted any material fact that would cor	documents submitted with the application/enrollment d current as of the date this attestation is signed. I have not herein nstitute a false, fictitious or fraudulent statement or representation.
# Previous		Please be sure to complete all required fields with valid content. No
the second se		

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

Fingerprinting Required Application - Review Application	🚔   A A   <u>Help</u>
* indicates a required field	Legend 🔻
REVIEW APPLICATION To review your application in Adobe PDF format, click 'Review Application' below. If you have successfully completed all required informati provider enrollment application and are satisfied the information is complete and accurate, you may proceed to the Attachments/Submit Elempage by clicking 'Next'.	on for your ctronic Application
8 Review	* Application 🔎
Image: Weight of the set of the	9 * mplete all d content. Next »
Save D	aft Delete Draft

Step	Action
8	Select the <b>Review Application</b> button to review the information that you are about to submit. <b>Note</b> : 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	r Enrollment Ap	
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	If for any reason you havgate away from this page without clicking Submit Now, you will be required to re-enter the information.	?
	Attactation: I have read and acread to the terms and conditions of naticipation. By submittion 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 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.	of the
	K Login ID (NCID):     Forgot Login ID     Forgot Password     Forgot Password	
	<ul> <li>If this is your first Provider Enrollment submission, your Electronic Signature PIN has now been sent to TEST@FAKEEMAIL.COM. Please retrieve complete submission. If the email is incorrect, you may now navigate back to the Basic Information page to update it. (Remember to click Next o Basic Information page to store your change.)</li> </ul>	it now to n the
	<ul> <li>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 ( and Password and clicking the 'Forgot PIN' link. The PIN will be sent to your email address.</li> </ul>	NCID)
	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	
		2
	- ONLINE APPLICATION SUBMISSION	
	you may now submit your Unline Application by clicking Submit Now below. After submitting you will have the option to print a copy of the complet application for your records.	eo
	You will also receive instructions to finalize the application process on the next page.	
	Submit Later Submit Now 12	
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Step	Action
10	Enter your Login ID (NCID) and Password.
11	Enter your <b>PIN</b> .
12	Select Submit Now.





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Provider Enrollment	Final Steps 😂 🗚 🔤
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Constant Constanting	ONLINE SUBMISSION COMPLETE
13	Thank you for submitting the online portion of your application. Please save/print the following documents for your records   Online Application  Cover Sheet  Now that you have submitted your online application, you will not be able to retrieve the application or reprint application documents.
	Findependence Requires     P
	the fingerprinting process. See <u>Engerprinting Information Page</u> for more information.
	ELECTRONIC ATTACHMENTS
	If you need to submit electronic attachments, you may do so at this time by clicking the Upload Documents button below. You can also submit electronic attachments on the Status Management Page. Upload Documents
	Return to <u>Provider Enrolment Status and Management Home</u>

Step	Action
13	Once the application has been successfully submitted, you will land on the <b>Final Steps</b> page, where you will be able to save or print a copy of the application in PDF format.
	<b>Note</b> : Once you navigate away from this page, you will not be able to access these documents again.
Note	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 <b>Upload Documents</b> button and go to <u>step 17</u> .





## 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.

Provider Portal • Home		Eligibility	Prior Approval	Claims	Referral	Code Search	Enroliment	Administration	Trading Partner	Payment	Consent
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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	Signature of Official Taking Fingerprints Date
Applicant Section	Agency Seal/Certification (If no official seal, please print your agency address)
Iauthorize the North Carolina Department of Public Safety through the State Runsau 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 Bercuit and Investigation's files for a national criminal history records check in connection with my application for employment or application for license with DH+IS 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 INFORMATION
	Your Case No. (OCA): X000000000000000000000000000000000000
Applicant/Licensee's Signature Date	Last Name: X000000000000000000000000000000000000
Parent/Guardian's Signature (required if Applicant/Licensee under age 18 and not emancipated) Date	Sex:(MALE/FEMALE)
By checking this box, I understand my rights to complete or challenge the accuracy of the information	*Social Security Number:
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.	Date of Birth:/ //YYY Place of Birth
	Residence: Maiden Name:
Agency Section	Aliases:
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 Raleich, NC 27699-2501	Race: Height:
919-855-4023	W – White, B – Black, I – American Indian, A – Asian or Pacific Islander, U - Unknown
	Eye Color:Weight:
Law Enforcement Agency Section	BLK – Black, GRY – Gray, MAR – Maroon, BLU – Blue, BRO – Brown, GRN – Green, HAZ
I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the NC	– Hazel, PNK – Pink, XOX – Unknown
Incurred as a result of furnishing such information. I further understand that the agency cannot provide a copy of the results of	Hair Color:
this oriminal history records check to me.	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 original bistory 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.





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

Jpload Documents	A I Help
E Indicates a required field	Legend -
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, Pa 3PEG, GIF, PNG).	ageMaker, Adobe PDF, image(TIFF,
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.	
<ol><li>Click the Upload Document button to submit the file to NCTracks.</li></ol>	
4. When upload is successful, a message will be displayed with the file name. If you wish to print a record of submitted atta at the right hand corner of the screen.	achments, dick the printer icon located
General Enrolment Additions	12
Upload general enrolment documents related to the application here. Do not upload fingerprinting documents here. Maximu application.	m 10 files can be uploaded per
No files have been uploaded.	
Browse No fi	ile selected. Upload Document
Fingerprint Evidence Documents	?
Upload a copy (copies) of your completed fingerprinting evidence form(s) here. Maximum 20 files can be uploaded per appli	ication.
No files have been uploaded.	18
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	Construct Charles and Management Charles





Step	Action
17	From the <b>Fingerprint Evidence Documents</b> section of the <b>Upload Documents</b> page, select <b>Browse</b> 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.