

June 13, 2022

**Frequently Asked Questions (FAQ):**  
**Fingerprint-based Criminal Background Checks (FCBC)**  
**Effective Aug. 15, 2022**

**Q.1: Why do some Medicaid providers have to submit for a fingerprint-based criminal background check?**

**Answer:** The Centers for Medicare and Medicaid Services (CMS), under standards established by the Affordable Care Act, strengthened requirements for Medicaid provider screening in order to prevent fraud, waste, and abuse. **Effective Aug. 15, 2022, South Carolina Healthy Connections Medicaid providers classified as “high risk level” are required to undergo a fingerprint-based criminal background check.**

**Q.2: What is meant by the term “high-risk level” Medicaid provider?**

**Answer:** CMS requires that state Medicaid agencies screen all provider applications based on a categorical risk level of “limited,” “moderate” or “high.” These applications are:

- Initial applications
- Applications for re-enrollment or revalidation
- Applications for a new practice location

When a state Medicaid agency designates a provider as a “high” categorical risk, the agency must conduct all the following activities:

- License verifications
- Database screenings
- Unannounced pre-enrollment site visits
- Fingerprint-based criminal background checks for providers and any entity(s) with 5% or more direct or indirect ownership interest in the provider.

**Q.3: Which Medicaid providers are required to undergo a fingerprint-based criminal background check?**

**Answer:** Medicaid providers classified as “high-risk level” are required to undergo a fingerprint-based criminal background check. Qualifying providers<sup>1</sup> are:

- Home Health Agency (HHA) providers - Newly enrolling or revalidating providers and any entity(s) with 5% or more direct or indirect ownership interest in the provider.
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers - Newly enrolling or revalidating providers and any entity(s) with 5% or more direct or indirect ownership interest in the provider.
- Providers with qualified overpayments occurring on or after August 1st, 2015
- Providers with payment suspensions based on credible allegations of fraud, waste, or abuse within the past ten (10) years.
- Providers with OIG exclusions within the past ten (10) years.
- Providers for whom a state-imposed temporary moratorium is in effect and the providers are subject for revalidation during the moratorium.

**NOTE: Change of Ownership** – All provider entities (individual or organization) must disclose any changes or additions to ownership, including those entity(s) with 5% or more direct or indirect ownership interest, within 35 days after a change in ownership. In the case of high-risk providers, any new owners, including any new entity(s) with 5% or more direct or indirect ownership interest will be required to submit fingerprints within 30 days of reporting the change in ownership to the state Medicaid agency.

**Q.4: How do I know if I have a 5% or more indirect ownership, or an ownership or control interest?**

**Answer:** CFR 42 §455.102 Determination of ownership or control percentages.

(a) Indirect ownership interest. The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if Entity A owns 10% of the stock in a corporation which owns 80% of the stock of the disclosing entity, Entity A's interest equates to an 8% indirect ownership interest in the disclosing entity and must be reported. Conversely, if Entity B owns 80% of the stock of a corporation which owns 5% of the stock of the disclosing entity, Entity B's interest equates to a 4% indirect ownership interest in the disclosing entity and they need not be reported.

(b) Entity with an ownership or control interest. To determine percentage of ownership, mortgage, deed of trust, note, or other obligation, the percentage of interest owned in the obligation is multiplied by the percentage of the disclosing entity's assets used to secure the obligation. For example, if Entity A owns 10% of a note secured by 60% of the provider's assets, Entity A's interest in the provider's assets equates to 6% and must be reported. Conversely, if

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<sup>1</sup> Additionally, the state Medicaid agency may designate any provider, including individual practitioners, as high-risk level based on a perceived risk to the Medicaid program.

Entity B owns 40% of a note secured by 10% of the provider's assets, Entity B's interest in the provider's assets equates to 4% and they need not be reported.

**Q.5: How do Medicaid providers and entity(s) with 5% or more direct or indirect ownership interest submit fingerprints?**

**Answer:** IdentoGO, a subsidiary of IDEMIA, has been contracted by the state of South Carolina to conduct electronic fingerprint scans. The website to schedule a fingerprint appointment is:

<https://sc.ibtfingerprint.com/>

If you do not have internet access, you can call to schedule an appointment and arrange payment with IdentoGO at their toll-free number: (866) 254-2366. The company does not accept walk-ins.

**IN-STATE PROVIDERS:**

**Schedule a Fingerprinting Appointment Online:**

1. At the <https://sc.ibtfingerprint.com> site, click **Schedule a New Appointment**.
2. **Choose the SCDHHS ORI (requesting agency) Number:** On the next page, click the drop-down box and choose the ORI "SCPAC000Z – SCDHHS - Healthy Connections Medicaid."
3. **Choose a Fingerprinting Location:** Use either the zip code or region drop down box to select a fingerprinting location most convenient to you.
4. **Choose a Calendar Date for Your Appointment:** On this page you will see fingerprinting locations in the left column and a week of days in columns to the right. The days will have three possible labels within:
  - Click to Schedule-** this location has an opening on this day.
  - **Schedule Full-** this location has no appointment available on this day.
  - **Closed-** this location is closed on this day.

If you do not see an opening in the week displayed, click on **Next Week>>** to move to the next week of appointments.

When you choose **Click to Schedule**, a drop down of appointment times displays. Choose one.

5. **Complete Applicant Information Form:** When completed, click **Send Information** button at the bottom.
6. **Review, Edit, and Submit Your Information:** When you are satisfied that your information is correct, click **Go**.
7. **Choose Your Method of Payment:** The following payment options will display. Choose one.
  - **Money order (pay onsite)**
  - **Business check (pay onsite)**
  - **eCheck (pay now)**

- **Visa or Mastercard (pay now)**
- **Billing account:** If your organization has set up an escrow account with Identogo to pay your fee, choose this. An account number will be required.

8. **Complete Your Payment:** If you do not successfully make a payment using the system, you will be required to bring payment with you on the day of your appointment. The following payment methods are accepted at the fingerprinting location: money order and business check. Your fee will be \$51.75 (subject to change).

9. **Bring Valid ID:** Bring your valid South Carolina driver’s license to your fingerprint appointment. If you do not have a valid South Carolina driver’s license, you will need two forms of other state or federal issued ID, one of which will need to be a photo ID.

Acceptable alternative ID are:

<b>Column A - Valid Photo Identification</b>	<b>Column B - Valid Supplementary Identification</b>
<input type="checkbox"/> U.S. Passport (unexpired or expired) <input type="checkbox"/> Driver’s License or Photo ID Card (issued by U.S. State or Territory) <input type="checkbox"/> Photo ID Card issued by federal, state, or local govt.	<input type="checkbox"/> Voter registration card <input type="checkbox"/> U.S. Military card or draft record <input type="checkbox"/> U.S. Social Security Card <input type="checkbox"/> Original or certified copy of a Birth Certificate issued by authorized U.S. agency with official seal

You will be issued a receipt with tracking numbers at the enrollment center. Please retain this for your records for verification of fingerprint submission in the event of technical difficulties.

**OUT-OF-STATE PROVIDERS:**

Applicants who reside outside of South Carolina where they do not have access to an Identogo fingerprinting center located in South Carolina, fingerprinting must be completed using a traditional fingerprint card. To arrange to submit a fingerprint card via mail, go to the <https://sc.ibtfingerprint.com/> site and:

**To Submit a Card by Mail:**

1. At the site, click **Schedule a New Appointment**.
2. **Choose the SCDHHS ORI (requesting agency) Number:** On the next page, click the drop-down box and choose the ORI “**SCPAC000Z – SCDHHS - Healthy Connections Medicaid.**”
3. **Choose to Pay for Ink Card Submission:** Click on the blue button **Pay for Ink Card Submission**.
4. **Complete Applicant Information Form:** When completed, click **Send Information** button at the bottom. **NOTE:** It is highly recommended you include an email address for yourself when filling out your information. This will result in you receiving a registration confirmation and payment confirmation (if you pay online), which may be needed for verification in the event of technical difficulties.
5. **Review, Edit, and Submit Your Information:** When you are satisfied your information is correct, click **Go**.
6. **Choose Your Method of Payment:** The following payment options will display.

Choose one:

- **Money order** (pay onsite): no referral code needed
  - **Business check** (pay onsite): no referral code eCheck (pay now): no referral code
  - **Visa or Mastercard** (pay now): no referral code required
  - **Billing account:** If your organization has set up an escrow account with Identogo to pay your fee, choose this. An account number will be required.
7. **Complete Your Payment:** If you do not successfully make a payment online, you will be required to mail the payment with your fingerprint card. The following payment methods are accepted via mail: money order and business check. Your fee will be \$51.75 (subject to change).
8. **Obtaining the Fingerprint Card:** Applicants can obtain a set of fingerprints from a local law enforcement agency. Call your local police and sheriff's departments to see which agencies fingerprint civilians. The fingerprinting may be either traditional ink rolled fingerprints or electronically captured and then printed.
9. **Fill out the Fingerprint Card:** Failure to completely fill out the information on the fingerprint card will result in the card being returned to the applicant, which will delay the licensing process. You will need to ensure that the information on the card is completed in black ink as follows:
- a. **Signature of Person Fingerprinted** – sign your legal name in the space provided.
  - b. **Residence of Person Fingerprinted** – enter your home location address in the space provided.
  - c. **Date & Signature of Official Taking Fingerprints** – Be sure that the individual taking your fingerprints has dated and signed the card in the space provided.
  - d. **Employer and Address** - enter your employer and address information.
  - e. **Reason Fingerprinted** – enter “6401 Medicaid.”
  - f. **Applicant Name** – in the spaces provided, enter the last, first, and middle name of the applicant.
  - g. **ORI** – In this section enter:  
SCPAC000Z  
SCDHHS  
Columbia, SC

Below is an example of what the top of fingerprint card should look like with the information you enter:

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK			TYPE OR PRINT ALL INFORMATION IN BLACK			FBI			LEAVE BLANK		
FD-258 (REV.12-10-07)		SIGNATURE OF PERSON FINGERPRINTED			LAST NAME NAM Doe			FIRST NAME MIDDLE NAME Joseph William			DATE OF BIRTH Month Day Year		
RESIDENCE OF PERSON FINGERPRINTED 123 Shady Lane MyTown, SC 29000		ALIASES AKA			O R I SCPAC000Z SCDHHS Columbia, SC			CITIZENSHIP CTZ USA			SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB		
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA			FBI NO. FBI			LEAVE BLANK				
EMPLOYER AND ADDRESS ABC Health 456 BigStreet AnyTown, SC 29000		ARMED FORCES NO. MNU			SOCIAL SECURITY NO. SOC 123-45-6789			MISCELLANEOUS NO. MNU			CLASS _____		
REASON FINGERPRINTED 6401 Medicaid		REF. _____											

10. **Other Required Information** – Please have the person that is trained to take your fingerprints complete the remaining required information for Citizenship, Social Security Number, Date of Birth, Sex, Race, Height (HGT) Weight (WGT), Eyes (eye color), Hair (hair color), and Place of Birth. You should be prepared to provide the appropriate documents such as birth certificate (or Green Card), Social Security card and driver’s license that can verify this information to the person taking your fingerprints.

The fingerprint card along with the appropriate fee (unless paid online) should be sent to the following address (for tracking & security reasons, it is recommended that a shipping service with tracking service be utilized).

IdentoGO  
CardScan Department – South Carolina Program  
340 Seven Springs Way, Suite 250  
Brentwood, TN 37027

Please include at least two means of contact for each applicant for which a fingerprint card is submitted where the applicant can be reached if there are any questions related to the processing for the fingerprint card (for example, a daytime and evening telephone number or a cell phone number and email address, etc.).

For information on how to check on the status of your submission, please call (866) 254-2366. Please be sure to allow 5-7 business days after submission before checking on the status.

#### **Q.6: What is IdentoGO?**

**Answer:** IdentoGO, a subsidiary of IDEMIA, has been contracted by the state of South Carolina to conduct electronic fingerprint scans. The website to schedule a fingerprint appointment is:

<https://sc.ibtfingerprint.com/>

If you do not have internet access, you can call to schedule an appointment and arrange payment with IdentoGO at their toll-free number: (866) 254-2366. The company does not accept walk-ins. For complete information on how to be fingerprinted by IdentoGO, please refer to Q.5: "How do Medicaid providers and entity(s) with 5% or more direct or indirect ownership interest submit fingerprints?"

#### **Q.7: What is the cost of fingerprinting and how do I pay?**

**Answer:** The current cost of fingerprinting in South Carolina is \$51.75 (subject to change). You may choose to pay online while scheduling an appointment with IdentoGO. The following payment options will be available:

- Money order (pay onsite)
- Business check (pay onsite)
- eCheck (pay now/online)
- Visa or Mastercard (pay now/online)
- Billing account: If your organization has set up an escrow account with IdentoGO to pay your fee, choose this. An account number will be required.

If you do not successfully make a payment using the online payment tool, you will be required to bring payment with you on the day of your appointment. The following payment methods are accepted at the fingerprinting location:

- Money order
- Business check

For complete information on how to pay and be fingerprinted by IdentoGO, please refer to Q.5: "How do Medicaid providers and entity(s) with 5% or more direct or indirect ownership interest submit fingerprints?"

#### **Q.8: How long do Medicaid providers and entity(s) with 5% or more direct or indirect ownership interest have to submit fingerprints?**

**Answer:** All fingerprinting submission must be completed within thirty (30) days of the notification date from the state that fingerprints are required, or within thirty (30) days of the provider submission date of a revised Disclosure of Ownership and Control Interest Statement

(DOO). Failure to perform this activity within the timeframe outlined is cause for termination or denial of enrollment or revalidation.

**Q.9: How long does it take to get results from the fingerprint-based criminal background check?**

**Answer:** Within 10 business days after the provider and entity(s) with 5% or more direct or indirect ownership interest have submitted fingerprints, SCDHHS will review the criminal history and make a determination as to the owner's suitability for enrollment. Within 30 business days of reviewing the criminal history results, SCDHHS will prepare a fitness determination letter and either mail or email it to the provider entities.

**Q.10: What are the disqualifying results or crimes that would prevent a Medicaid provider or entity(s) with 5% or more direct or indirect ownership interest from becoming enrolled as an SC Medicaid provider?**

**Answer:** The state Medicaid agency (SMA) is authorized to, and may choose to, deny or revoke Medicaid participation to any provider-entity:

- Who is a newly enrolling or revalidating provider who answers "Yes" to any of the "sanction" questions in the provider enrollment application
- Whose background check reports convictions, or a criminal offense related to the person's involvement with Medicare, Medicaid, or CHIP in the last 10 years
- Who is required to register under the sex offender registry pursuant to SC Code of Laws Section 23-3-430
- With a conviction of abuse, neglect, or exploitation of a child or vulnerable adult, as defined in SC Code of Laws Section 43-35-10
- With a conviction of any violent crime, as defined in SC Code of Laws Section 16-1-60
- With a conviction of forgery, embezzlement, or breach of trust with fraudulent intent, as classified in SC Code of Laws Section 16-1-90(E)
- With a conviction of any drug related felony
- With a conviction of any crime not listed herein, but determined wholly by the SMA's discretion to be unacceptable and disqualifying for Medicaid provider participation

This section does not prohibit Medicaid provider participation when a conviction or plea of guilty or nolo contendere for one of the crimes listed in this section has been pardoned. However, notwithstanding the entry of a pardon, the SMA may consider all information available, including the person's pardoned convictions or pleas and the circumstances surrounding them, to determine whether the applicant is unfit or otherwise unsuited for Medicaid participation.

**Q.11: How will a Medicaid provider or entity(s) with 5% or more direct or indirect ownership interest know if their criminal background check received a satisfactory or unsatisfactory fitness determination?**

**Answer:** Within 10 business days after the provider or entity(s) with 5% or more direct or indirect ownership interest has been fingerprinted, SCDHHS will review the criminal history and make a determination as to the owner's suitability for enrollment. Within five business days of reviewing the criminal history results, SCDHHS will prepare a fitness determination letter and either mail or email it to the submitter.

**Q.12: What happens if a Medicaid provider or entity(s) with 5% or more direct or indirect ownership interest has a criminal history that receives an unsatisfactory fitness determination?**

**Answer:** Provider entities which receive an unsatisfactory fitness determination, or a failed result will be denied continuation of enrollment and/or will be terminated from participation in the Medicaid program within 30 days of determination.

Failed result means non- or incomplete response, i.e., failure to submit fingerprint-based criminal background check by all Medicaid providers or entity(s) with 5% or more direct or indirect ownership interest of a provider entity within the 30-day period from the date of:

- Any notification by SCDHHS of an FCBC requirement for enrolled or newly enrolling or revalidating providers
- The submission by a "high" risk level provider of a Disclosure of Ownership and Control Interest Statement (DOO) with the addition of person(s) not indicated in our database as having submitted fingerprints for a background check.

A failed result will require termination or denial of enrollment of the provider unless the agency determines that either action is not in the best interest of our state Medicaid program and documents that determination in writing in accordance with 42 CFR 455.416.

Appealing an unsatisfactory fitness determination or a failed result may be addressed using established SCDHHS processes. A provider will be notified via certified mail if they are terminated "for cause," such as an unsatisfactory fitness determination or a failed result. The process to appeal will be contained within the notification.

**Q.13: Is there an appeal process?**

**Answer:** Yes. A provider will be notified via certified mail if they are terminated "for cause," such as an unsatisfactory fitness determination or a failed result. The process to appeal will be contained within the notification.

There are two different types of appeals. If you believe your criminal history is inaccurate or incorrect, you will have to appeal those directly to the [South Carolina Law Enforcement Division](https://msp.scdhhs.gov/appeals/) (SLED). If you are denied enrollment based on your criminal history, please visit <https://msp.scdhhs.gov/appeals/> for information on the appeal process.

**Q.14: Where is the closest fingerprint collection office?**

**Answer:** IdentoGO, a subsidiary of IDEMIA, has been contracted by the state of South Carolina to conduct electronic fingerprint scans.

A tool to find the closest location to you, and the means to schedule an appointment are available at the IdentoGO website:

<https://sc.ibtfingerprint.com/>

If you do not have internet access, you can call to schedule an appointment and arrange payment with IdentoGO at their toll-free number (866) 254-2366. The company does not accept walk-ins.

For complete information on how to be fingerprinted by IdentoGO, please refer to Q.5: “How do Medicaid providers and entity(s) with 5% or more direct or indirect ownership interest submit fingerprints?”

**Q.15: How do I submit fingerprints if I am an out-of-state Medicaid provider or entity(s) with 5% or more direct or indirect ownership interest, or can't go to an authorized collection office?**

**Answer:** For complete information on how to be fingerprinted by IdentoGO, please refer to Q.5: “How do Medicaid providers and entity(s) with 5% or more direct or indirect ownership interest submit fingerprints?”

**PROGRAM BACKGROUND**

Section 6401(a) of the Affordable Care Act amended section 1866(j) (2) of the Social Security Act (the Act) to require the Secretary, in consultation with the Office of the Inspector General to establish procedures for screening providers and suppliers under Medicare, Medicaid and CHIP.

The Secretary was directed to determine the level of screening to be conducted according to the level of risk for fraud, waste, and abuse for each category of provider.

Section 6401(b) of the Affordable Care Act amended section 1902 of the Act to require states to comply with the procedures established by the Secretary for screening providers and suppliers.

CMS implemented these requirements with federal regulations at 42 CFR Part 455 subpart E. These regulations were published as a final rule in the Federal Register, Vol. 76, February 2, 2011, and were effective March 25, 2011.

On Dec. 23, 2011, CMS issued an Informational Bulletin to offer further information to states regarding the requirements of these regulations. The Informational Bulletin, which may be found at <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-12-23-11.pdf>, referenced additional sub regulatory guidance on fingerprint-based criminal background checks (FCBCs).

42 CFR 455.410(a) provides that a state Medicaid agency must require all enrolled providers to be screened according to the provisions of Part 455 subpart E. Under 42 CFR 455.450, a state Medicaid agency is required to screen all applications, including initial applications, applications for a new practice location and applications for re-enrollment or revalidation, based on a categorical risk level of “limited,” “moderate” or “high.”

Under 42 CFR 455.434, a state Medicaid agency must establish categorical risk levels for providers and provider categories who pose an increased financial risk of fraud, waste, or abuse to the Medicaid program.

When the agency determines that a provider’s categorical risk level is “high,” or when the agency is otherwise required to do so under state law, the agency must require providers to consent to criminal background checks, including fingerprinting.

42 CFR 455.450(c) requires that when a state Medicaid agency designates a provider as a “high” categorical risk, the agency must do all of the following:

- Perform the “limited” and “moderate” screening requirements specified at 42 CFR 455.450(a) and (b);
- Require the submission of a set of fingerprints in accordance with 42 CFR 455.434; and
- Conduct a criminal background check.

Under 42 CFR 455.434(b), the requirement to submit fingerprints applies to both the “high” risk provider and any entity with a five percent or more direct or indirect ownership interest in the provider, as those terms are defined in 455.101.