



Care Provider Background Screening Clearinghouse

Clearinghouse Renewal Instruction Guide

Updated October 2017

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Clearinghouse Renewal Overview

Per Florida statute, retained fingerprints must be renewed every **5 years** in order to maintain eligibility for employment. To maintain the retention of fingerprints within the Clearinghouse the employer must request a Clearinghouse Renewal through the Clearinghouse Results Website prior to the retained prints expiration date. By initiating a Clearinghouse Renewal, the current fingerprints retained on file at the Florida Department of Law Enforcement will be resent to the FBI allowing for an updated criminal history to be processed by the Clearinghouse. If the employer does not initiate a Clearinghouse Renewal an employee's prints will no longer be retained, the employee's eligibility determination will expire, and the employee will have to be re-fingerprinted at a Livescan Service Provider at an increased cost to comply with background screening requirements.

The ability to initiate a Clearinghouse Renewal is between **60 days and 14 days** before the Retained Prints Expiration Date is reached.

If the Clearinghouse Renewal is not initiated before the 14 day window closes a new screening will need to be initiated.

Employers will receive notification of upcoming expiring retained prints for those employees listed on the Employee/Contractor Roster.

The benefits of initiating a Clearinghouse Renewal are:

- Request and pay for the renewal of a screening all in one system while also receiving cost savings.
 - The current cost for a Clearinghouse Renewal is \$42.00. That's a cost-saving of over \$30 with the average cost for a new screening being \$75.00!
- Faster processing time since the request is immediately sent to the Clearinghouse. No need to wait for the employee to be fingerprinted at a Livescan Service Provider.
- An updated criminal history to ensure compliance with background screening requirements.
- Extend the retained prints expiration by another 5 years.

Background Screening Home Page

To access the Clearinghouse results website through the Portal please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>. On the Portal Landing select **Background Screening Clearinghouse – Agency Name**

AHCA Portal - Portal Landing User ID: AHCA_Test
Email: BGScreen@ahca.myflorida.com

Program Access
Select the appropriate link below to be directed to the Program's access page.


[Background Screening Clearinghouse - Agency For Health Care Administration](#) 

Request Program Access
Choose from the list of programs below and select "Request Program Access".

-- Select Program --

On the Background Screening Clearinghouse Program Access Page you will see your approval status. If you are approved, please select the **Background Screening Clearinghouse** link to access the Clearinghouse results website.


Background Screening Clearinghouse Program - AHCA - Access Page User ID: AHCA_Test
Email: BGScreen@ahca.myflorida.com

Background Screening Clearinghouse Application Access
[Background Screening Clearinghouse](#) 
Click the link above to access the Background Screening Clearinghouse results website.

Select Your Desired Task Below
[Add Additional Facilities](#)

List of Providers
If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement. If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.


| Provider Name | City | Status | License Number |
|-----------------------------------------------|---------|----------|----------------|
| <input type="checkbox"/> Florida Hospital 123 | APOPKA | Approved | 123456789 |
| <input type="checkbox"/> Nursing Home 123 | ORLANDO | Approved | 987654 |



Clearinghouse Results Website Home Page

A welcome message and your provider information will appear on the Clearinghouse Results Website Home page. This page will also display the **Employees with Expiring Retained Prints** table and bulletin messages.

If an employee is on your Employee/Contractor roster and their retained prints expiration date is within the renewal window, their information will display in the Employee's with Expiring Retained Prints table. You can renew an employee by selecting **Renew**, their **Last Name**, or from the **Person Profile** page.



Agency for Health Care Administration

[Home](#) [Search](#) [Initiate Screening](#) [Screenings in Process](#) [Screening Results](#) [Livescan](#) [Employee/Contractor Roster](#) [Log Out](#)

Home [Switch Agency View](#)

Welcome to the Care Provider Background Screening Clearinghouse (Clearinghouse) results website. This secure site allows you to search existing screenings processed through the Clearinghouse, initiate a new screening, locate a Livescan service provider, track and review screening results you have requested, and maintain employment statuses of your applicants. The links provided above will assist you in navigating the site.

For instructions on using the website please review the [Clearinghouse Instruction Guide](#)

Employees With Expiring Retained Prints

Provider:

| Selection | Last Name | First Name | RetainedPrints Expiration Date |
|-----------------------|-----------------------|------------|--------------------------------|
| RENEW | TEST2 | APPLICANT | Nov 30 2017 |
| RENEW | TEST3 | APPLICANT | Nov 30 2017 |

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Bulletins

Please Initiate All Screenings Prior to Fingerprinting

Utilizing the Clearinghouse website to initiate screening requests is required by law and provides the following benefits:

- Ability to track screenings from request to determination
- Provides email notifications regarding status updates
- Provides TCR number for rejected fingerprints
- Provides a **FREE** copy of the Florida Public Rap Sheet for 30-days

Search for Employee Person Profile

The Search page allows you to access the Person Profile for an employee to initiate a Clearinghouse Renewal.

- Enter the individual's:
 - Social Security Number **AND**
 - Last Name **OR**
 - Date of Birth
- Select **Search**

The screenshot shows a web application interface with a blue navigation bar at the top containing the following links: Home, Search, Initiate Screening, Screenings in Process, Screening Results, LiveScan, Employee/Contractor Roster, and Log Out. The 'Search' link is highlighted in yellow. Below the navigation bar, the word 'Search' is displayed in a large font. To its right, the word 'OR' is written in red, with two red arrows pointing from it to the 'Search' and 'Initiate Screening' links. A blue link labeled 'Switch Agency View' is located in the top right corner. The main content area contains a paragraph explaining that the site provides background screening results reviewed through the Clearinghouse on behalf of the specified agency, Agency for Health Care Administration, and professional licensure information from the Department of Health's Medical Quality Assurance division. It states that these results are to be used for employment eligibility determinations. A second paragraph notes that if a change in an individual's eligibility status is detected, an email notification will be sent to the most recent employer of record or the last provider to submit a screening request. It recommends employers check screening results regularly as an individual's status may change based on information received. Below this text is a section titled 'Search Criteria' with a warning: 'Enter the information below. It is the responsibility of the provider to ensure results are for the correct individual. These results are to be used for employment eligibility determinations. In accordance with section 435.11(1)(b), it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment.' The form includes three input fields: 'SSN:' with the value '000-00-0000', 'Last Name:' with the value 'Smith', and 'Date of Birth:'. A 'Search' button is located at the bottom right of the form area.

Home **Search** Initiate Screening Screenings in Process Screening Results LiveScan Employee/Contractor Roster Log Out

Search **OR** [Switch Agency View](#)

This site provides background screening results reviewed through the Clearinghouse on behalf of your specified agency, Agency for Health Care Administration, and professional licensure information from the Department of Health's Medical Quality Assurance division. These results are to be used for employment eligibility determinations.

If we become aware of a change in an individual's eligibility status, an email notification will be sent to the most recent employer of record in the Clearinghouse or the last provider to submit a screening request through the Clearinghouse. It is recommended employers check the screening results of staff regularly as an individual's status may change based on information received.

Search Criteria

Enter the information below. It is the responsibility of the provider to ensure results are for the correct individual. These results are to be used for employment eligibility determinations. In accordance with section 435.11(1)(b), it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment.

SSN:

AND enter at least one of the following:

Last Name:

Or:


Date of Birth:

Initiate Clearinghouse Renewal

The ability to initiate a Clearinghouse Renewal is between **60 days and 14 days** before the Retained Prints Expiration Date is reached.

If the Clearinghouse Renewal is not initiated before the 14 day window closes a brand new screening will need to be initiated.

To initiate a Clearinghouse Renewal for an individual, select the **Initiate Renewal** button from the Person Profile page.



Agency for Health Care Administration


Home Search Initiate Screening Screenings in Process Screening Results Livescan Employee/Contractor Roster Log Out

Person Profile [Switch Agency View](#)

* **First Name:** APPLICANT
* **Middle Name:**
* **Last Name:** TEST2
* **Suffix:**
* **Aliases:**
* **SSN:** XXX-XX-1235
* **Date of Birth:** 12/24/1972
* **Place of Birth:** Cuba

* **Address Line 1:** 123 LANE
* **Address Line 2:**
* **City:** CITY
* **State:** Florida
* **ZIP:** 33333
* **County:**
* **Phone Number:**
* **Email Address:**

* **Sex:** MALE
* **Race:** WHITE
* **Hair Color:** Black
* **Eye Color:** Black
* **Height:** 5' 05"
* **Weight:** 140 lbs.



Edit

Screenings in Process

| Screening # | Provider | Submitted Date | Status | Status Date | Action |
|-------------|----------|----------------|--------------------|-------------|----------------------------------------|
| 2878744 | | 10/25/2017 | Determination Made | 10/25/2017 | Reprint Privacy Policy |

Initiate New Screening **Initiate Renewal** ←

Retained Prints Expiration Date: 11/30/2017
Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility ?

| Type | Item | Status | Eligibility Determination Date |
|------------|------------------------------------------------|------------------------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider | Eligible | 10/25/2017 |
| Employment | Non-Medicaid / Medicare Participating Provider | Eligible | 10/25/2017 |
| Position | Medicaid Provider Enrollment | Agency Review Required | |
| Position | AHCA Provider/Facility Licensure | Eligible | 10/25/2017 |

Search Medicare/Medicaid Exclusions (OIG List)

The Check OIG List page will only be displayed if it's required by your agency.

When you select the **OIG Search** button, you will be redirected to the OIG's website. Follow the instructions to search for the individual and complete the OIG LEIE search. Close the OIG website and return to the BGS OIG Search page.

Check the affirmation box to confirm the search was conducted and select **Next** to continue.


Note: Health care providers that receive federal funding that employs an individual on the LEIE may be subject to civil monetary penalties (CMP). Individuals on the Exclusion List are not eligible for employment with providers of Medicare and/or Medicaid services.

Check OIG List [Switch Agency View](#)


TEST2, APPLICANT
Retained Prints Expiration Date: 11/30/2017

To employ or contract with this individual you must complete an online search of the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and a Level 2 criminal history screening. The OIG LEIE website lists individuals and entities excluded from Federally-funded health care programs pursuant to sections 1128 and 1156 of the Social Security Act. There is no fee associated with conducting a search on the OIG LEIE website.

Anyone who receives federal funding and hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP). Individuals listed on the Exclusion list are not eligible for employment with providers that provide Medicare and Medicaid services.




Select the affirmation statement to confirm you performed a OIG LEIE search.

I affirm the OIG List of Excluded Individuals/Entities (LEIE) was searched for the individual listed above. 

If you would like to end this review, select [Return to Search](#).

If you would like to hire this individual without completing a new screening select [Profile Page](#) to enter employment information and print a copy of the individual's Background Screening Results page for your records.

If you would like to initiate a new screening for the individual, select the "Next" button to continue. 

National Nurse Aide Registry (NNAR) Search

The National Nurse Aide Registry page will only be displayed if it's required by your agency.

The National Nurse Aide Registry is a web service that allows providers to check multiple state Nurse Aide Registries at once.

If a match of the applicant is found on a participating state's registry, to confirm the results, use the provided hyperlink on the registry research page to perform a manual search of the registry. **The registry check and its results are provided for informational purposes only and have no bearing on Agency eligibility determinations.**

Select **Initiate Renewal** to continue.

National Nurse Aid Registry [Switch Agency View](#)

TEST2, APPLICANT
Retained Prints Expiration Date: 11/30/2017

Multi-State Nurse Aide Registry Search Results

These are auto-match results based on personal identification information provided by the applicant of states that participate in the National Nurse Aid Registry program. Current participating states are: FLORIDA, GEORGIA, NEW MEXICO, OHIO, OREGON, UTAH, WASHINGTON D.C., and WEST VIRGINIA.

If a match of the applicant is found on a participating states' registry, to confirm the results, use the provided link on the registry research page to perform a manual search of the registry. This registry check and its results are provided for informational purposes only and have no bearing or detriment on Agency eligibility determinations.


Match Results

No matches found.

If you would like to end this review, select [Return to Search](#).

If you would like to hire this individual without completing a new screening select [Profile Page](#) to enter employment information and print a copy of the individual's Background Screening Results page for your records.

If you would like to initiate a new screening for the individual select the "Initiate Screening" button.



Select Provider and Position

To ensure the appropriate criteria is applied during the Clearinghouse Renewal review, the provider and position type for the Clearinghouse Renewal must be selected.

- Select the **Provider** that the individual is employed by from the drop down list
 - Please note the provider drop down will only display if you are accessing the website on behalf of multiple providers.
- Select the employee's **Position** from the drop down list
- Select **Next**

Initiate Renewal [Switch Agency View](#)


TEST2, APPLICANT

Select Position

Screening Information

Provider:

* Position:



Clearinghouse Renewal Payment

The cost of a Clearinghouse Renewal is \$42 plus a service fee. Payment options are Credit Card or E-Check.

- Credit Card
 - MasterCard
 - Discover
 - American Express
 - We currently do **NOT** accept VISA
- E-Checking
 - Personal or Business checking/savings account

To pay for the renewal:

- Select Payment Method
 - Credit Card
 - OR
 - Checking
- Select **Pay Total Amount** to continue

Please note that all Clearinghouse Renewal payments will be collected by the Agency for Health Care Administration.

IMPORTANT – Please note that payment information will NOT be saved.

[Switch Agency View](#)

Payment - Initiation Page

Clearinghouse Payment


As the parent agency of the Care Provider Background Screening Clearinghouse (Clearinghouse), all payments submitted to the Clearinghouse will be collected and processed by the Agency for Health Care Administration.

Division
JACKSON HOSPITAL-3999

| | | |
|---------------------------|-----------------------|---------------------|
| Transaction Amount | Service Charge | Total Amount |
| \$42.00 | \$0.18 | \$42.18 |

Select Payment Method

Credit Card Checking



Terms, Conditions & Fees for Payments: A non-refundable convenience fee of 3.25% will be added to all credit card payments and \$0.18 on all e-check (checking) payments. Please allow 2 to 5 business days for the payments to be settled and posted.

Refund Policy The refund processing of your payment will begin upon receipt of the Application for Refund form. Applications for refund are processed in accordance with Florida Administrative Code [12-26.002](#) and Florida Administrative Code [69I-44.020](#). We will notify you if, for any reason, we are not able to process the refund. Section [215.26](#), Florida Statutes, requires all requests for refunds be submitted within 3 years of the initial payment to the State of Florida. Depending upon the user's method of payment, refunds may be issued using the original method of payment.


[Cancel Screening Request](#)

Enter Payment Information

The red banner message at the top of the page is for informational purposes only.

Enter the payment information in the fields marked with asterisks (*) based upon the payment method you selected. Prepopulated fields can be edited.

Once the payment information has been entered, select **Continue**



AGENCY FOR HEALTH CARE ADMINISTRATION

Enter Payment Information

Your account details are shown below. Please enter details of the payment you want to make, and then select Continue to proceed.

Only Card Account payments are available. (1034)

Enter Payment Information

Credit Card

Retrieved Account Details

Account Number : 1234567890123456
Name On Account : JACOBSON HOSPITAL, INC.

Enter Additional Account Details


Division Name : JACOBSON HOSPITAL, INC.

Funding Source Details


Payment Method* :

Card Address same as customer address?

Name on Card* :

Card Number* :


Expiry Date* :
(mm/yy)

Card CVV No* :
What is this? 

Address Line 1* :

Address Line 2 :

City* :

State* :

Country* :


Zip* :

Enter Payment Details

Payment Date : 10/25/2017

Payment Amount* : Payment Amount (\$43.37) This is the payment amount as of today.

Your Account will not be charged until the Payment is confirmed on the next page



AGENCY FOR HEALTH CARE ADMINISTRATION

Enter Payment Information

Your account details are shown below. Please enter details of the payment you want to make, and then select Continue to proceed.

Only Bank Account payments are available. (1035)

Enter Payment Information

E-Checking

Retrieved Account Details

Account Number : 1234567890123456
Name On Account : JACOBSON HOSPITAL, INC.

Enter Additional Account Details

Division Name : JACOBSON HOSPITAL, INC.

Funding Source Details

Payment Method* :

Memo :
00007874300000144078743000 1436
Routing Number Account Number

Name on Account* :

Account Type* :

Routing Number* :

Re-Enter Routing Number* :

Account Number* :

Re-Enter Account Number* :

Enter Payment Details

Payment Date : 10/25/2017

Payment Amount* : Payment Amount (\$42.18) This is the payment amount as of today.

Your Account will not be charged until the Payment is confirmed on the next page

Verify Payment Details

Verify payment details and select **Confirm**



AGENCY FOR HEALTH CARE ADMINISTRATION

Verify Payment Details

Please review the details of the payment you have entered and select **Confirm** to submit the payment for processing.

Verify Payment Details

Account Details

Account Number : [REDACTED]
First Name : [REDACTED]

Additional Account Details

Division Name : [REDACTED]

Funding Source Details

Name on Card : Applicant Test
Card Number : xxxxxxxxxxxx3330
Expiry Date : 12/17
Address Line 1 : 123 Test
Address Line 2 :
City : Tallahassee
State : FL
Zip : 32308

Payment Details

Payment Date : 10/25/2017
Payment Amount : \$ 43.37

By clicking **Confirm** to confirm your payment, you authorize us to initiate a debit from the **Payment Method Account** to make a payment to the **Account**, as detailed above. The payment to your account will be made on the **Payment Date** detailed above, and the debit from your account will occur within two business days of that date, but no earlier than that date. You also authorize your financial institution (and its successors or assigns), to process this debit to your account.

[Cancel](#) [Edit](#) [Confirm](#) ←

Submit Renewal Request

Select **Submit Renewal Request** to complete this request. An email confirmation and receipt will be sent to the address on record.

Payment Confirmation [Switch Agency View](#)

| | | |
|------------------------------------------|-----------------------------------|------------------------------------|
| Division JACKSON HOSPITAL-3999 | Account Number 1879686 | |
| Transaction Amount \$42.00 | Service Charge \$0.18 | Total Amount \$42.18 |
| Payment Method Checking | Payment Status Approved | Approval Code MFB73N25VC |

Renewal Request Submitted

Once the screening request is submitted, select **Home** if you are done or **Initiate New Screening** to initiate a screening for another individual.

Initiate Renewal [Switch Agency View](#)

TEST2, APPLICANT

Renewal Request Submitted

Your renewal request has been submitted. A notification regarding updates for this request will be sent to the email address of record for this account.

If you wish to initiate a screening for another individual, select the "Initiate New Screening" button below.

Person Profile – Renewal in Process

Open the employee's profile page to view the status of a Clearinghouse Renewal request.

An informational message displays indicating no further action can be taken until a determination has been made.

Person Profile
[Switch Agency View](#)


* First Name: APPLICANT
Middle Name:
* Last Name: TEST2
Suffix:
Aliases:

* SSN: XXX-XX-1235
* Date of Birth: 12/24/1972
* Place of Birth: Cuba

* Address Line 1: 123 LANE
Address Line 2:
* City: CITY
* State: Florida
* ZIP: 33333
County:

Phone Number:
Email Address:

* Sex: MALE
* Race: WHITE
* Hair Color: Black
* Eye Color: Black
* Height: 5' 05"
* Weight: 140 lbs.



▼ **Screenings in Process**

| Screening # | Provider | Submitted Date | Status | Status Date | Action |
|-------------|-------------------------|----------------|--------------------|-------------|------------------------------------------------------------------|
| 2879745 | JACKSON HOSPITAL - 3999 | 10/25/2017 | Renewal In Process | 10/25/2017 | Reprint Privacy Policy Remove |
| 2878744 | | 10/25/2017 | Determination Made | 10/25/2017 | Reprint Privacy Policy |

A fingerprint renewal is in process. No further action can be taken until a determination is made.

Retained Prints Expiration Date: 11/30/2017
Clearinghouse Screening Available?: Yes

Agency for Health Care Administration Eligibility ?

| Type | Item | Status | Eligibility Determination Date |
|------------|------------------------------------------------|------------------------|--------------------------------|
| Employment | Medicaid / Medicare Participating Provider | Eligible | 10/25/2017 |
| Employment | Non-Medicaid / Medicare Participating Provider | Eligible | 10/25/2017 |
| Position | Medicaid Provider Enrollment | Agency Review Required | |
| Position | AHCA Provider/Facility Licensure | Eligible | 10/25/2017 |

▼ **Employment/Contract History** (As reported to Florida's Background Screening Clearinghouse by provider employers.)

| Provider | Position | Provisional Hire/Contract Date | Permanent Hire/Contract Date | End Date | Action |
|-------------------------|---------------|--------------------------------|------------------------------|----------|----------------------|
| JACKSON HOSPITAL - 3999 | Administrator | | 10/25/2017 | | Edit |