



Notice of Requirement for Fingerprint Based Criminal Background Checks (FCBC) on ‘High’ Risk Medicaid Providers

To: All Medicaid Providers

Federal regulations now require States to conduct a fingerprint based criminal background check (FCBC) on providers or any person with 5 percent or more direct or indirect ownership interest in the provider who meet any of the criteria below pursuant to 42 C.F.R. § 455.450.

1. Providers whose screening categorical risk level is set at “high”.
2. Providers whose screening categorical risk level has been adjusted to “high” due to a payment suspension based on a credible allegation of fraud, waste, or abuse.
3. Providers whose screening categorical risk level has been adjusted to “high” because they have an existing Medicaid overpayment.
4. Providers who have been excluded by the Office of Inspector General or another State’s Medicaid program within the previous 10 years.
5. Providers who were prevented from enrolling during a state or federal moratorium and apply for enrollment as a provider at any time within 6 months from the date the moratorium was lifted.

FCBCs will be conducted at the following times:

- Initial enrollment - All providers designated as a “high” categorical risk will be screened for an FCBC. If an FCBC has already been conducted by Medicare, Louisiana Medicaid may be able to rely on Medicare’s information.
- Currently enrolled providers – These providers will be requested to complete an FCBC at the time their risk level is elevated to “high”.
- Application for enrollment by previously sanctioned providers – After a provider’s sanction has been lifted, they will be required to complete an FCBC before again enrolling in the Louisiana Medicaid program.

Providers who are required to submit to an FCBC will be notified individually by letter. The letter will provide detailed instructions as to how the finger prints are to be provided and the cost for processing the background check. High risk providers will be expected to comply with the request timely.

Any provider who is required to submit to an FCBC and does not comply with Medicaid's request to complete the process will either be denied enrollment or their Medicaid participation will be terminated. Additionally, the results of a provider's FCBC may impact the provider's participation in the Medicaid program.

The effective date for this requirement is July 1, 2017.

If you have any questions, please contact Medicaid Provider Enrollment at (225) 219-4284.