



Care Provider Background Screening Clearinghouse:

AHCA Clearinghouse Results Website Instruction Guide

OVERVIEW

In response to the requirements passed during the 2012 Legislative session, the Agency for Health Care Administration (Agency) created the Care Provider Background Screening Clearinghouse, or “Clearinghouse” Website. The enhanced website allows users to initiate a screening, search for screening results, connect to specified agencies screenings, select a LiveScan service provider and connect to the service provider’s website to schedule appointments. Utilizing the Clearinghouse website to initiate screening requests provides the following benefits:

- Ability to share results of criminal history checks among specified agencies
- Ability to view subsequent arrest information for employees with retained fingerprints (*only available to current employers of the individual*)
- Ability to track screenings from the time the screening request is initiated in the Clearinghouse until a determination is made.
- Provides email notification to the user regarding status updates to requests initiated.
- Ability to search for LiveScan Service Providers by certain criteria (county, name, etc.). Provides information and ability to connect to the fingerprint service provider’s website to make appointments.
- Provides TCR# needed for sending an applicant to be rescreened for rejected prints.
- Posts Public Record version of state criminal history record (RAP sheet) for review by the ***provider requesting the original screening.***
- Allows user to connect to a screening request in process for notification when results are available (reduces duplicative screening).
- Creates a “status” report and a “completed screening listing” report of screenings requested by the user eliminating the need to search for each screening result individually.
- Maintain an employee roster by entering hire and separation dates for each employee. This facilitates a notification to the employer if the eligibility status of an employee changes.
 - *According to section 435.12(2) (c) an employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within **10 business days.***
- Redesigned Individual Profile page that includes:
 - Eligibility Results for Employment and Medicaid Provider Enrollment
 - Department of Health Professional Licensure Status
 - View screenings in process
 - State criminal history report viewable for the provider initiating the screening
 - Employment History

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Background Screening Home Page


To gain access to the Background Screening (BGS) website you must first register on the AHCA Web Portal and receive access. Please see the [Clearinghouse User Registration Guide](#) for registration and log in instructions on the Background Screening Website at <http://ahca.myflorida.com/backgroundscreening>.

To access the Clearinghouse Results website through the AHCA portal please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>. On the Portal Landing select **Background Screening – Agency for Health Care Administration**.

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

Program Access

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

[Background Screening 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 Program – AHCA – Access Page you will see your approval status. If you are approved please select the **Background Screening System** link to access the results website.

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

Background Screening Application Access

[Background Screening System](#) 

Click the link above to access the Background Screening system.


Select Your Desired Task Below

[Add Additional Facilities](#)

[Reprint User Registration Agreement](#)

List of Providers

Select providers from this list for reprinting specific user agreements. Selecting none will print all of them.

Provider Name	City	Status	License Number
<input type="checkbox"/> FLORIDA HOSPITAL	ORLANDO	Approved 	4369

Upon receiving access through the AHCA Portal, a welcome message and your provider information will appear on the BGS Home page. This page will also display important bulletin messages and information when appropriate.

Moving throughout the website is accomplished by clicking navigation tabs at the top of the page. These tabs will appear on all pages. The navigation tabs allow you to search, initiate screenings, review your screenings in process and screening results, look up LiveScan service providers, review your employee roster, and log out.

Navigation Tabs
Current tab will be highlighted in yellow

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

Home

Welcome to the Agency for Health Care Administration (AHCA) Background Screening Web site. This secure site allows you to search existing screenings processed through AHCA, 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 click [INSTRUCTIONS FOR INITIATING AND ACCESSING SCREENING RESULTS](#)

Provider Information

FUNCTIONAL PATHWAYS 614 MABRY HOOD ROAD KNOXVILLE, TN 37923	License Number:
WEST COAST SOUTHERN MEDICAL 934 14TH STREET WEST BRADENTON, FL 34205	License Number:

If your contact information has changed, please select the [AHCA Portal](#) to update your information.

Search for Screening Results

The Search page allows you to review the eligibility status of an individual if they have undergone a screening or if they have a screening in process with AHCA or with another specified Agency in the Clearinghouse, thus reducing duplicative screenings. If the individual is not found, a screening may be initiated from this page. If the individual is found, their Profile page will appear.

Note: If you know an individual has not been screened through AHCA, you may click the 'Initiate Screening' tab located on the navigation bar.

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

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

Search

This site provides background screening results reviewed through the AHCA Background Screening Section 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 AHCA becomes 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 Background Screening system or the last provider to submit the screening request through the Agency. It is recommended health care providers 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 New Screening

To initiate a new screening for an individual, select the **'Initiate Screening'** button

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

Search

This site provides background screening results reviewed through the AHCA Background Screening Section 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 AHCA becomes 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 Background Screening system or the last provider to submit the screening request through the Agency. It is recommended health care providers 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:

Search Result

A screening result for this individual was not found in the AHCA Background Screening system or the Department of Health's system. You may initiate a screening by selecting the "Initiate Screening" button.



Enter Profile Information

- Enter all required information, as designated by the red asterisks (*)
- Ensure all information is accurate and select the 'Next' button

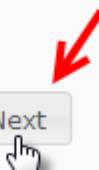
Initiate Screening

Enter Profile

To initiate a screening please enter the information below. Fields with an (*) are required.

* First Name: <input type="text"/>	* Address Line 1: <input type="text"/>	* Sex: <input type="text"/>
Middle Name: <input type="text"/>	Address Line 2: <input type="text"/>	* Race: <input type="text"/>
* Last Name: <input type="text" value="Smith"/>	* City: <input type="text"/>	Hair Color: <input type="text"/>
Aliases: <input type="text"/>	* State: <input type="text"/>	Eye Color: <input type="text"/>
* SSN: <input type="text" value="XXX-XX-XXXX"/>	* ZIP: <input type="text"/>	Height: <input type="text"/>
* Date of Birth: <input type="text"/> mm/dd/yyyy	County: <input type="text"/>	Weight: <input type="text"/> lbs.
Place of Birth: <input type="text"/>	Prior States: <input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

***Required**



[Search Medicare/Medicaid Exclusions \(OIG List\)](#)

Individuals who do not have a prior screening through the Agency must be manually checked in the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) upon initial screening. Once an individual has a record in the BGS system an automated review of the OIG LEIE will occur when the list is updated every 30 days.

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 'Initiate Screening'** to continue or 'Cancel' if you do not wish to processed with the screening.

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.*

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

Check OIG List

SMITH, JANE

To employ 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 the "Return to Search" button.

If you would like to hire this individual without completing a new screening select the "Profile Page" button 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 Position and Confirm Privacy Policy

In order to ensure the appropriate criteria is applied during the screening review, the position type and reason for screening the individual must be entered. There may be more than one reason a screening is required, therefore select 'Yes' for all that apply.

- Select the **position type** that individual is applying for from the drop down list
- Select the type of screening required to hire the individual by selecting '**Yes**' or '**No**' for each type
- Select the '**Privacy Policy**' link to view and print the privacy policy. Check the affirmation box to confirm that the applicant has signed and agreed to the Privacy Policy.

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

Initiate Screening

SMITH, JANE

Select Position

Screening Information

Provider: WEST COAST SOUTHERN MEDICAL

* Position:

Please answer the following:

- * This screening is for an applicant / employee in a position that requires a background screening: Yes No
- * This screening is part of the application process for a Medicaid provider or re-enrollment: Yes No
- * This screening is part of the application process for health care provider licensure: Yes No
- * This screening is part of the application process for Medicaid Managed Care: Yes No
- * Required

The applicant/employee has received and signed the [Privacy Policy](#).

Click here to view and print the required Privacy Policy form.

Cancel Back Next

Select LiveScan Provider and Make Appointment

In accordance with section 408.809(3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a LiveScan Service Provider below. If you have access to a photo enabled and AHCA compliant service provider (other than a private vendor) **you may skip this section by selecting 'Submit'.**

The screenshot shows a web application interface for initiating a screening. At the top, a navigation bar includes links for Home, Search, **Initiate Screening**, Screenings in Process, Screening Results, LiveScan, Employee Roster, and Log Out. The main heading is "Initiate Screening" for "SMITH, JANE". Below this, a paragraph explains that Level 2 screenings must be submitted electronically and that users can skip this section by selecting "Next". The section is titled "Select LiveScan Service Provider". Under "Search Criteria", users are instructed to enter at least one of the following: LiveScan Service Provider, City, or County. There are three input fields: "LiveScan Service Provider:", "City:", and "County:". A red arrow points to a "Search" button. A yellow callout box contains the text: "Enter a name and/or city and/or county to locate a particular Livescan provider in your area. You may also hit SEARCH to view the entire list." At the bottom, there are three buttons: "Cancel", "Back", and "Submit".

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

Initiate Screening

SMITH, JANE

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search and select a LiveScan service provider below. If you have access to LiveScan services other than a private vendor you may skip this section by selecting "Next".

Select LiveScan Service Provider

Search Criteria

Enter at least one of the following criteria to search for a specific LiveScan service provider or locate a service provider in your area.

LiveScan Service Provider: City: County:

Search

Enter a name and/or city and/or county to locate a particular Livescan provider in your area.
You may also hit SEARCH to view the entire list.

Cancel Back Submit

Make Appointment

After you have selected the LiveScan service provider you would like to use, select the **'Make Appt'** button to schedule an appointment with that service provider. While the website will be unique for each provider, they will all provide the ability to enter the social security number to populate all demographic information for the applicant – reducing duplicative data entry. *Please contact the service provider with any questions about their 'Make Appt' page.*

To complete the screening request, close the 'Make Appt' window and select **'Submit'**.

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

Initiate Screening

SMITH, JANE

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search and select a LiveScan service provider below. If you have access to LiveScan services other than a private vendor you may skip this section by selecting "Next".

Select LiveScan Service Provider

Search Criteria

Enter at least one of the following criteria to search for a specific LiveScan service provider or locate a service provider in your area.

LiveScan Service Provider: City: County:

LiveScan List

The information listed below is updated continuously as it is reported to AHCA by the LiveScan service provider. The information is subject to change at any time without notice. We recommend you contact the vendor service provider directly or visit their website to confirm the information is still correct.

To schedule an appointment, you may contact the service provider directly or select the online link under the Appointment column.

LiveScan Service Provider ?	Address	City	County	Phone	Appointment	Cost	Hours	Action ?
Test Location 1 - Vendor 1				800-711-4916	Walk-ins, Appointments	\$65.25	M-F 9:30 - 4:30, Wed 9:30 - 12, Mobile on Tues and Thurs	<input type="button" value="Print"/> <input type="button" value="Make Appt"/>

Displaying items 1 - 10 of 19

1 To make an appointment with a particular Livescan service provider, select the **Make Appt** button. This will open a new window to select an appointment date and time on the Livescan service provider's website. Appointment information is then fed back into the results website and will display on the Livescan Request Form (see next page).

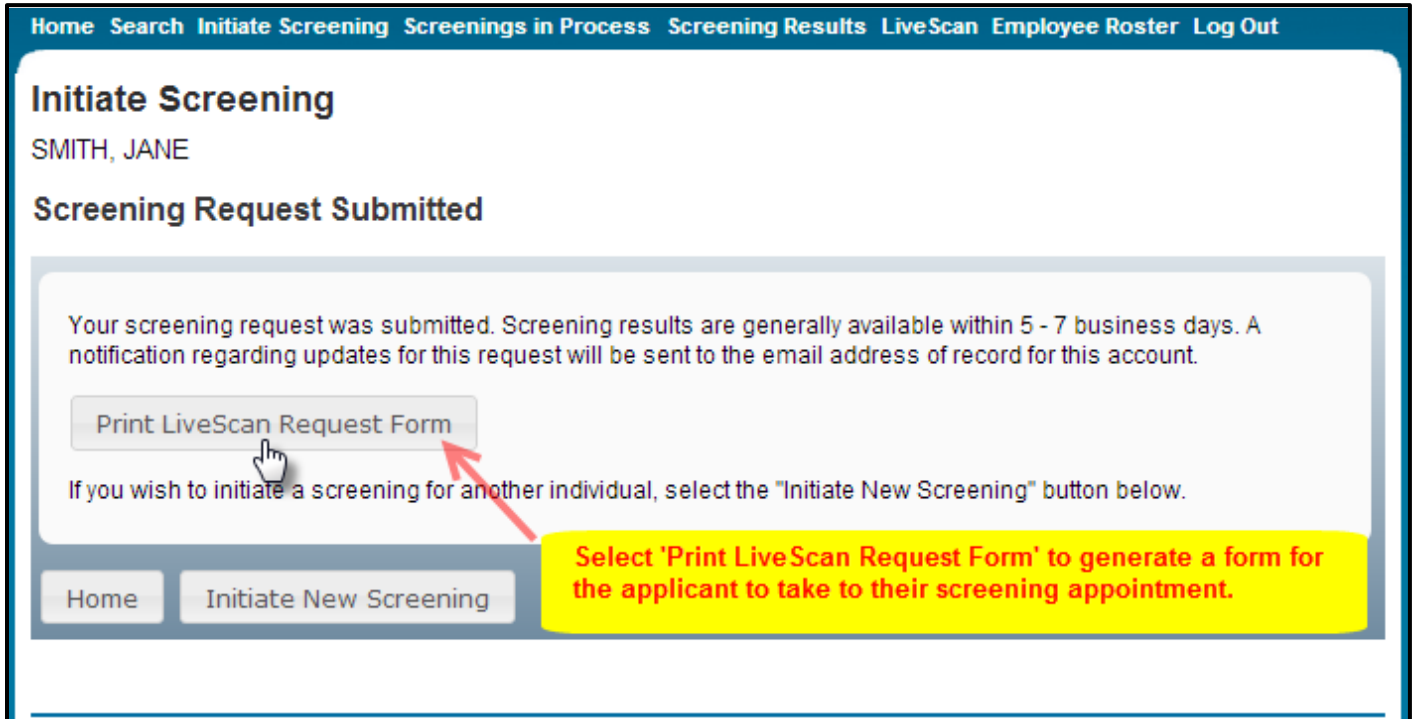
2 After an appointment has been scheduled, close the Livescan service provider window to return to the results website. Select **SUBMIT** to complete the screening request.

[Print LiveScan Request Form](#)

Once the screening request is submitted, a LiveScan Request Form will be generated for the applicant. The request form contains important information, including the following:

1. The **ORI number** required for submission
2. The **Screening Request ID** used by LiveScan service providers to link the screening results to the screening request
3. **Appointment information** (if an appointment was scheduled during the LiveScan step)

Select 'Home' if you are done, or 'Initiate New Screening' to initiate a screening for another individual.



The screenshot shows a web interface with a blue navigation bar at the top containing links: Home, Search, Initiate Screening, Screenings in Process, Screening Results, LiveScan, Employee Roster, and Log Out. Below the navigation bar, the page title is 'Initiate Screening' and the user name is 'SMITH, JANE'. The main heading is 'Screening Request Submitted'. A message box states: 'Your screening request was submitted. Screening results are generally available within 5 - 7 business days. A notification regarding updates for this request will be sent to the email address of record for this account.' Below this message is a button labeled 'Print LiveScan Request Form'. A red arrow points from a yellow callout box to this button. Below the button is the text: 'If you wish to initiate a screening for another individual, select the "Initiate New Screening" button below.' At the bottom of the page, there are two buttons: 'Home' and 'Initiate New Screening'. The yellow callout box contains the text: 'Select "Print LiveScan Request Form" to generate a form for the applicant to take to their screening appointment.'

Sample LiveScan Request Form

ORI: EAHCA020Z



Screening ID: 5056



Date of Request: 3/3/2013



LiveScan Request Form

You have applied for a position with a health care provider regulated by the Agency for Healthcare Administration (AHCA) that requires a fingerprint-based background check. Your fingerprints must be collected by a fingerprint vendor (LiveScan Service Provider) authorized to conduct fingerprinting in Florida. As a result of this background check, your screening results will be listed on AHCA's secure background screening result site. Authorized health care providers may access this secure site and print out screening results for individuals seeking employment in health care.

Applicant Information

Applicant's Name:	JANE SMITH	SSN:	XXX-XX-0041
Mailing Address:	123	Sex:	FEMALE
	CITY, Florida 33333	Height:	
Date of Birth:	1/1/1980	Hair Color:	
Place of Birth:		Eye Color:	
(State or Country if not U.S.)			

LiveScan Service Provider Information

You must present this form and a current valid government-issued photo identification to be fingerprinted (i.e. driver's license, State ID or military identification card.)

An appointment has been scheduled for you by the health care provider listed below to have your finger prints taken at:

 **Test Vendor**
123 Street
City, FL 33333
555-555-5555

Appointment Date: 3/4/2013 Appointment Time: 9:00 AM

If you are unable to make this appointment, contact the requesting health care provider to reschedule.

TCN: _____ Technician's Name: _____

Requesting Health Care Provider

WEST COAST SOUTHERN MEDICAL 934 14TH STREET WEST	License Number: Phone Number: 9417487148
---	---

BRADENTON, FL

Please return this form to the requesting health care provider once your prints are taken.

Profile Page

The individual's profile page provides information useful in making hiring decisions. This page contains the screening eligibility status and the Department of Health professional licensure status if applicable.

Other features include the ability to

- view the public version of the criminal history report (if you initiated the screening),
- connect to a screening that is already in process for the individual, and
- receive notifications when the screening is complete.

This page also provides an employment history for the individual as reported by any health care provider regulated by a specified Agency in the Clearinghouse.

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

Person Profile

First Name: JOHN	Address Line 1: 123 MAIN ST	Sex: MALE
Middle Name:	Address Line 2:	Race: WHITE
Last Name: SMITH	City: VENUS	
Aliases:	State: Florida	
	ZIP: 12345	
SSN: XXX-XX-0020	County:	
Date of Birth: 12/24/1972	Prior States:	



▼ Screenings in Process

Screening #	Provider	Submitted Date	Status	Status Date	Action
929		01/28/2013	Results Received from FDLE	01/28/2013	Reprint Privacy Policy Confirm Privacy Policy

- Connected screenings

Provider:

Agency for Healthcare Administration (AHCA) Eligibility Status

Retained Prints Expiration Date: 1/28/2018
 Clearinghouse Criminal History Available?: Yes

Type	Item	Status	Screening Completion Date
Employment	Medicaid / Medicare Participating Provider	Screening in Process	
Employment	Non-Medicaid / Medicare Participating Provider	Screening in Process	
Position	Medicaid Provider Enrollment	Screening in Process	
Position	AHCA Provider/Facility Licensure	Screening in Process	

Department of Health Licensure Status (as reported by the DOH Medical Quality Assurance Licensure system)

Profession	License #	Original Date	Expiration Date	License Status
REGISTERED NURSE	2217622	4/15/1991	1/31/2014	CLEAR
CERTIFIED NURSING ASSISTANT				APPLICATION IN PROCESS

▼ **Employment History** (as reported to AHCA by health care provider employer)

Provider	Position	Provisional Hire Date	Permanent Hire Date	End Date	Action
No records to display.					

Select Edit to update the applicant's demographic information.

List of screening requests that are in process and the current screening status.

Connect to the screening to add the person to the Screening in Process tab and receive email notifications.

Displays current eligibility determinations.

Displays current DOH licensure status.

Displays employment history (as reported by health care providers regulated by specified agencies in the Clearinghouse).

Edit Demographic Information

You may edit the demographic information for an applicant by selecting the 'Edit' button on the profile page, below the photo. You may edit and update all information except for the following:

- Social Security Number
- Last Name
- Date of Birth

Person Profile

First Name: NANCY	* Address Line 1: 123 MAIN DRIVE	* Sex: FEMALE
Middle Name:	Address Line 2:	* Race: BLACK
Last Name: NURSE	* City: BATON ROUGE	
Aliases:	* State: Louisiana	
SSN: XXX-XX-6789	* ZIP: 70816	
Date of Birth: 1/1/1990	County:	
	Prior States:	

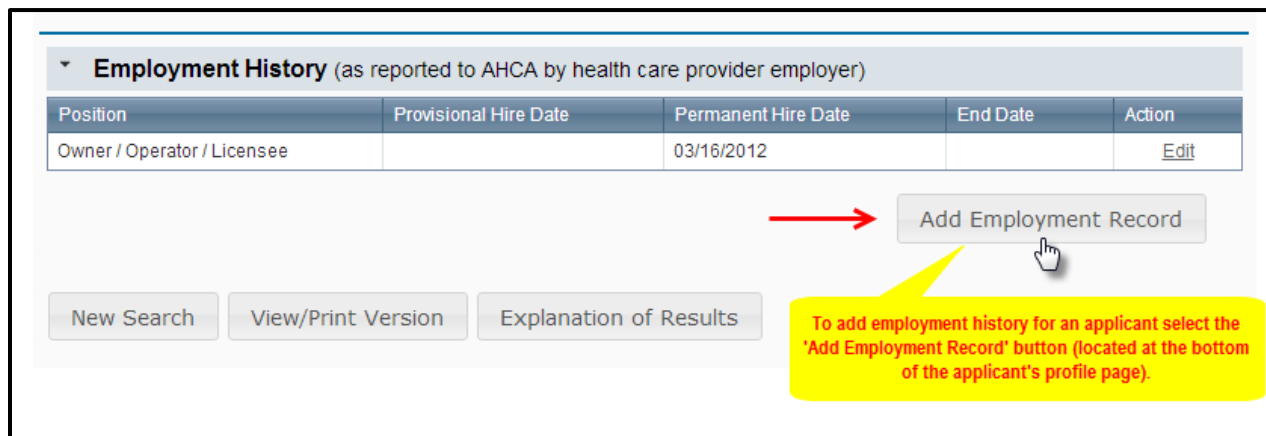
*Required

Cancel Save

Add Employment Record

According to section 435.12(2) (c) an employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and **any changes in status must be reported within 10 business days**. Employers are also encouraged to add employment history for staff hired prior to January 1, 2013 in order to receive notifications should their eligibility status change.

- To add employment history, open the individual's Profile Page and select 'Add Employment Record'
- Enter the required information and select 'Save'.
- The new employment will display in the Employment History section.

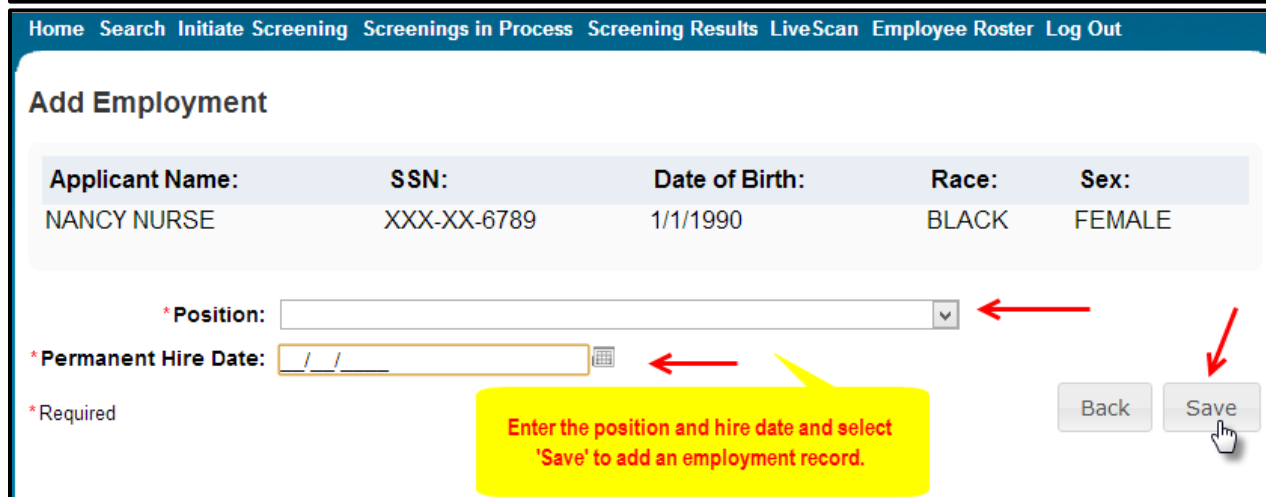


▼ **Employment History** (as reported to AHCA by health care provider employer)

Position	Provisional Hire Date	Permanent Hire Date	End Date	Action
Owner / Operator / Licensee		03/16/2012		Edit

[New Search](#) [View/Print Version](#) [Explanation of Results](#) [Add Employment Record](#)

To add employment history for an applicant select the 'Add Employment Record' button (located at the bottom of the applicant's profile page).



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

Add Employment

Applicant Name:	SSN:	Date of Birth:	Race:	Sex:
NANCY NURSE	XXX-XX-6789	1/1/1990	BLACK	FEMALE

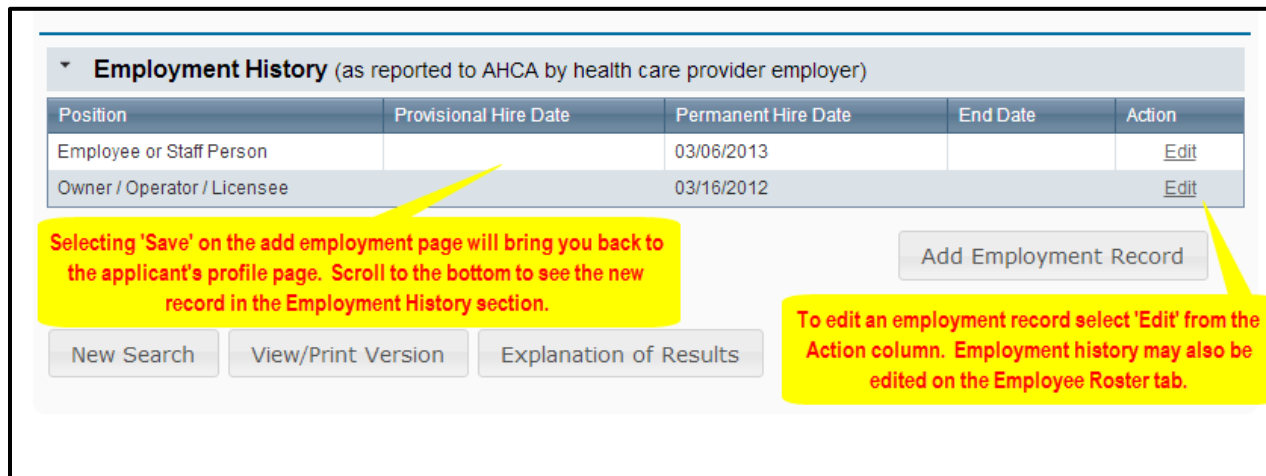
*Position:

*Permanent Hire Date:

*Required

[Back](#) [Save](#)

Enter the position and hire date and select 'Save' to add an employment record.



▼ **Employment History** (as reported to AHCA by health care provider employer)

Position	Provisional Hire Date	Permanent Hire Date	End Date	Action
Employee or Staff Person		03/06/2013		Edit
Owner / Operator / Licensee		03/16/2012		Edit

[New Search](#) [View/Print Version](#) [Explanation of Results](#) [Add Employment Record](#)

Selecting 'Save' on the add employment page will bring you back to the applicant's profile page. Scroll to the bottom to see the new record in the Employment History section.

To edit an employment record select 'Edit' from the Action column. Employment history may also be edited on the Employee Roster tab.

Section **435.06(2)(d)** provides that an applicant may be hired **provisionally** for training and orientation purposes before the screening process is completed. You may add a **provisional hire date** for an applicant with a current 'Screening in Process' status in the Clearinghouse by selecting the 'Add Employment Record' button located at the bottom of the applicant's profile page.

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

Add Employment

Applicant Name:	SSN:	Date of Birth:	Race:	Sex:
JOHN SMITH	XXX-XX-0000	10/20/1993	WHITE	MALE

* Provider:

* Position:

* Provisional Hire Date:

* Required

Back Save

Enter the required information and select 'Save' to add an employment record.

Edit Employment Record

You may edit an employee record from the 'Employment History' section on the profile page, or from the Employee Roster tab. From either page, select the 'Edit' link under the action column for the applicant record you wish to update and enter the required information and select 'Save'.

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

Edit Employment

Applicant Name:	SSN:	Date of Birth:	Race:	Sex:
JOHN SMITH	XXX-XX-8888	1/1/2010	WHITE	MALE

* Provider:

* Position:

* Permanent Hire Date:

End Date:

* Required

Back Save

Update any necessary information, such as the 'End Date', and select 'Save'.

To quickly enter an 'End Date' for an employment record from the **Employee Roster** tab, select the calendar icon in the 'End Date' column. Enter the required information and select 'Save'.

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

Employees

Search Options

Position:

Provider:

Hire Date: to:


Retained Prints Expiration Date: to:

Status:

Enter End Date for Position ✕

End Date:

Employee Roster

Last Name	First Name	Provider	Position	Provisional Hire Date	Permanent Hire Date	Retained Prints Expiration Date	End Date	Action
<u>NURSE</u>	TEST	TAMPA WOMAN'S HEALTH CENTER	Administrator – Nursing Home		12/02/2012			Edit

Displaying items 1 - 1 of 1

Enter the 'End Date' and select 'Save' to update the employment record.

To quickly add an 'End Date' for an employee, select the calendar icon under the End Date column.

Screenings in Process Tab

The Screenings in Process tab provides a listing of all screening requests you have initiated or connected to and the current status. A request will remain on the list for 7 days once a determination is made.

- View an individual's profile page by selecting the last name of the individual
- Filter the list by using the search options and selecting 'Apply'
- Sort the records by selecting any column header
- If you no longer wish to receive email notifications for an individual, select the 'Remove' link under the Action column
 - The screening will be removed for your list however the screening will continue to be processed

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

Screenings in Process

This page provides a listing of your screening requests and the current status. A request will remain on the list for 7 days once a determination is made. You may also filter the list using the fields below. If you wish to no longer receive notification on an individual request select "Remove". The request will be removed from your listing however the screening process will continue.

Search Options

Provider:

Last Name:

Screening Status:

Submitted Date: To:

To filter your screening requests (initiated and connected to), enter the requirements and select 'Apply.'

Apply

Screenings List

To sort your screening request list, select any column Header (i.e. Last Name, Submitted).

Last Name	First Name	SSN	Screening #	Submitted	Provider	Position	Screening Status	Updated	Action
TEST	MARY	XXX-XX-5999	280	12/26/2012	SUKY HEALTH CARE SERVICES, INC.	Administrator - Nursing Home	Results Received from FDLE	12/26/2012	Remove Reprint Fingerprint Form
PITT25	BRAD	XXX-XX-0025	1452	02/12/2013	FLORIDA INSTITUTE FOR NEUROLOGIC REHAB, INC	Chief Financial Officer	Fingerprints Rejected 2nd - NCO Requested	02/12/2013	Remove Reprint Fingerprint Form

1 2

Displaying Items 1 - 10 of 17

- Connected screenings

Specific screening status will appear here, such as Rejected Fingerprints 1st and the TCR #.

Print All

Screening Results Tab

The Screening Results tab provides a listing of all screening requests you have initiated or connected to and the final determination.

- View an individual's profile page by selecting the last name of the individual
 - To hire the individual and add employment history you must go to the individual's profile page
- Filter the list by using the filter options and selecting 'Apply'
- Sort the records by selecting any column header
- If you no longer wish to receive email notifications for an individual, select the 'Remove' link under the Action column
 - The screening will be removed for your list however the screening will remain in the database

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

Screening Results

This page provides a listing of screening requests with final determinations. Select the last name of the individual in the list below to open the Profile page. From the Profile page you may review the individual's information and enter a hiring decision by selecting "Add Employment Record". You may also print a copy of the profile for your personnel files.

Filter Options

Last Name:

Determination Status:

Screening Completion Date: to

Apply

Screenings List

Last Name	First Name	SSN	Medicare/ Medicaid Participating Provider	Non-Medicare/ Non-Medicaid Participating Provider	Medicaid Provider Enrollment	AHCA Provider/ Facility Licensure	Screening Completion Date	Action
Last Name	First Name	XXX-XX-5809	Eligible	Eligible	N/A	Eligible	02/08/2013	Remove

Displaying items 1 - 1 of 1

Print All

Callouts:

- To filter your screening results (initiated and connected to), enter the criteria and select 'Apply'.
- To sort your screening result list, select any column Header (i.e. Last Name, Screening Completion Date).
- To remove a screening result, select the 'Remove' link under the Action column.
- To print a list of your screening results, select the 'Print All' button.

LiveScan Tab

You may select the LiveScan tab on the navigation bar to search for service providers. This list contains information as reported by the LiveScan Service Provider to AHCA. To schedule an appointment please initiate a new screening.

- To filter your search use the search criteria and select 'Search'

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

LiveScan Search

The Livescan tab provides a list of photo enabled and AHCA compliant Livescan service providers. By default the list will display all locations. To narrow your search, enter the service provider name and/or city and/or county and select 'Search'.

To schedule an appointment for an applicant please Initiate a New Screening.

Search Criteria

Enter at least one of the following criteria to search for a specific LiveScan service provider or locate a service provider in your area.

LiveScan Service Provider: City: County:

LiveScan List

The information listed below is updated continuously as it is reported to AHCA by the LiveScan service provider. The information is subject to change at any time without notice. We recommend you contact the vendor service provider directly or visit their website to confirm the information is still correct.

To schedule an appointment, you may contact the service provider directly or select the online link under the Appointment column.

LiveScan Service Provider ?	Address	City	County	Phone	Appointment	Cost	Hours	Action ?
Test Location 1 – Vendor 1				800-711-4916	Walk-Ins, Appointments	\$85.25	M-F 9:30 - 4:30, Wed 9:30 - 12, Mobile on Tues and Thurs	<input type="button" value="Print"/>
Test Location 2 – Vendor 1				407-774-4884	Walk-Ins, Appointments	\$85.25	M-F 9:30 - 4:30, Wed 9:30 - 12, Mobile on Tues and Thurs	<input type="button" value="Print"/>
Test Location 1 – Vendor 2	5784 North Orange Blossom Trail	ORLANDO		407-299-7328	Walk-Ins, Appointments	\$85.25	M-F 9:30 - 4:30, Wed 9:30 - 12, Mobile on Tues and Thurs	<input type="button" value="Print"/>
Test Location 2 – Vendor 2	108 North Magnolia Avenue SUITE 202	OCALA		352-291-1155	Walk-Ins, Appointments	\$85.25	M-F 9:30 - 4:30, Wed 9:30 - 12, Mobile on Tues and Thurs	<input type="button" value="Print"/>

Displaying items 1 - 4 of 4

Employee Roster

The Employee Roster tab provides a listing of your employees as entered through the Employment History section of the individual's profile page.

- View an individual's profile page by selecting the last name of the individual
- Filter the list by using the search options and selecting 'Apply'
- Sort the records by selecting any column header
- To edit an employment record select the 'Edit' button in the action column

The screenshot shows the 'Employee Roster' interface. At the top is a navigation bar with links: Home, Search, Initiate Screening, Screenings in Process, Screening Results, LiveScan, Employee Roster (highlighted), and Log Out. Below the navigation bar is the 'Employees' section, which contains search filters: Position (dropdown), Hire Date (03/01/2012 to:), Retained Prints Expiration Date (to:), and Status (Permanent dropdown). An 'Apply' button is located to the right of the filters. Below the filters is the 'Employee Roster' table. The table has columns: Last Name, First Name, Position, Provisional Hire Date, Permanent Hire Date, Retained Prints Expiration Date, End Date, and Action. A single record is shown for 'NURSE' with first name 'NANCY' and position 'Owner / Operator / Licensee'. The 'Action' column contains an 'Edit' link. Below the table is a pagination bar showing '1' and 'Displaying items 1 - 1 of 1'. A 'Print All' button is located at the bottom right. Three yellow callout boxes provide instructions: 1. 'The Employee Roster displays a list of all former, provisional and permanent employees. To filter your roster enter the desired information and select 'Apply'.' 2. 'To sort your screening result list, select any column Header (i.e. Last Name, Permanent Hire Date).' 3. 'To edit an employee record select the EDIT link under the Action column.' 4. 'To print your employee roster, select the 'Print All' button.'

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

Employees

Search Options

Position:

Hire Date: 03/01/2012 to:

Retained Prints Expiration Date: to:

Status: Permanent

Apply

Employee Roster

Last Name	First Name	Position	Provisional Hire Date	Permanent Hire Date	Retained Prints Expiration Date	End Date	Action
NURSE	NANCY	Owner / Operator / Licensee		03/16/2012			Edit

« 1 » Displaying items 1 - 1 of 1

Print All

The Employee Roster displays a list of all former, provisional and permanent employees. To filter your roster enter the desired information and select 'Apply'.

To sort your screening result list, select any column Header (i.e. Last Name, Permanent Hire Date).

To edit an employee record select the EDIT link under the Action column.

To print your employee roster, select the 'Print All' button.

Initiate Agency Review


If an individual has been screened by another specified agency (i.e. DOH, DCF, etc.) **and** entered into the Clearinghouse, an AHCA provider must request an agency review. This will allow AHCA to make an eligibility determination for employment purposes.

To initiate an agency review for an individual, select the **'Initiate Agency Review'** button.

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

Person Profile

First Name: AHCA	Address Line 1: 123 LANE	Sex: MALE
Middle Name:	Address Line 2:	Race: UNKNOWN
Last Name: TEST3	City: CITY	
Aliases:	State: Florida	
	ZIP: 33333	
SSN: XXX-XX-0147	County:	
Date of Birth: 12/24/1972	Prior States:	



Edit

▼ Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
No screenings found					

Initiate Agency Review Initiate Resubmission

Select the 'Initiate Agency Review' button to send a request to AHCA for an eligibility determination.

Agency for Healthcare Administration (AHCA) Eligibility Status ?

Retained Prints Expiration Date: 4/16/2018
Clearinghouse Criminal History Available?: Yes

Agency Review Required
The applicant has been screened by another specified agency and entered into the Clearinghouse. To obtain an AHCA eligibility determination an agency review is required.

Type	Item	Status	Screening
Employment	Medicaid / Medicare Participating Provider	Agency Review Required	
Employment	Non-Medicaid / Medicare Participating Provider	Agency Review Required	
Position	Medicaid Provider Enrollment	Agency Review Required	
Position	AHCA Provider/Facility Licensure	Agency Review Required	

[Search Medicare/Medicaid Exclusions \(OIG List\)](#)

Individuals who do not have a prior screening through the Agency must be manually checked in the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) upon initial screening. Once an individual has a record in the BGS system an automated review of the OIG LEIE will occur when the list is updated every 30 days.

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 'Initiate Screening'** to continue or 'Cancel' if you do not wish to processed with the screening.

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.*

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

Check OIG List

SMITH, JANE

To employ 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 the "Return to Search" button.

If you would like to hire this individual without completing a new screening select the "Profile Page" button 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 Position and Confirm Privacy Policy

In order to ensure the appropriate criteria is applied during the screening review, the position type and reason for screening the individual must be entered. There may be more than one reason a screening is required, therefore select 'Yes' for all that apply.

- Select the **position type** that individual is applying for from the drop down list
- Select the type of screening required to hire the individual by selecting 'Yes' or 'No' for each type
- Select the '**Privacy Policy**' link to view and print the privacy policy. Check the affirmation box to confirm that the applicant has signed and agreed to the Privacy Policy.

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

Initiate Screening

TEST3, AHCA

Select Position

Screening Information

Provider:

* Position:

Please answer the following:

* This screening is for an applicant / employee in a position that requires a background screening: Yes No

* This screening is part of the application process for a Medicaid provider or re-enrollment: Yes No

* This screening is part of the application process for health care provider licensure: Yes No

* This screening is part of the application process for Medicaid Managed Care: Yes No

* Required

* The applicant/employee has received and signed the [Privacy Policy](#).

Click here to view and print the required Privacy Policy form.

Cancel Back **Next**

Agency Review 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.

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

Initiate Agency Review

TEST3, AHCA

Agency Review Request Submitted

Your agency review request was submitted. Determinations are generally available within 5 - 7 business days. 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.


Home Initiate New Screening

Open the applicant's profile page to view the status of an agency review request, or connect to an agency review.

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

Person Profile

First Name: AHCA Address Line 1: 123 LANE Sex: MALE
Middle Name: Address Line 2: Race: UNKNOWN
Last Name: TEST3 City: CITY
Aliases: State: Florida
SSN: XXX-XX-0147 ZIP: 33333
Date of Birth: 12/24/1972 County:
Prior States:



Edit

Once your agency review request has been submitted, the status may be viewed on the applicant's profile page, in the Screenings in Process Section.

▼ Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
5772	FLORIDA HOSPITAL	04/16/2013	Agency Review In Process	04/16/2013	Reprint Privacy Policy Remove

- Connected screenings

Provider:

To connect to an Agency Review in process, select the 'Connect to Agency Review' button.


Initiate Resubmission

The retention of fingerprints (effective for screenings on or after January 1, 2013) provides a cost savings for applicants that are in the Clearinghouse but have had a lapse in employment greater than 90 days. If there has been a 90 day lapse in employment, these applicants would only require a new national criminal history check – a resubmission of the retained fingerprints. A new state criminal history search will also be conducted, at no additional charge.

To initiate a Resubmission for an individual, select the 'Initiate Resubmission' button.

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

Person Profile

First Name: AHCA	Address Line 1: 123 LANE	Sex: MALE	
Middle Name:	Address Line 2:	Race: WHITE	
Last Name: TEST150	City: CITY		
Aliases:	State: Florida		
SSN: XXX-XX-0150	ZIP: 33333	County:	
Date of Birth: 12/24/1972	Prior States:		

▼ **Screenings in Process**

Screening	Provider	Submitted	Status	Status	Action
No screenings found					

← Select the 'Initiate Resubmission' button to initiate and pay for a resubmission.

Agency for Healthcare Administration (AHCA) Eligibility Status ?

Retained Prints Expiration Date: 1/5/2018
Clearinghouse Criminal History Available?: Yes

Resubmission Required
The applicant has had a 90 day lapse in employment and a resubmission in required for employment.

Eligibility

Type	Item	Status	Screening
Employment	Medicaid / Medicare Participating Provider	Resubmission Required - 90 day Lapse In Employment	
Employment	Non-Medicaid / Medicare Participating Provider	Resubmission Required - 90 day Lapse In Employment	
Position	Medicaid Provider Enrollment	Resubmission Required - 90 day Lapse In Employment	
Position	AHCA Provider/Facility Licensure	Resubmission Required - 90 day Lapse In Employment	

▼ **Employment History** (as reported to AHCA by health care provider employer)

Employment History
Employment history may be viewed and reported in the Employment History section on the applicant's profile page.

Provider	Position	Provisional Hire Date	Permanent Hire Date	End Date	Action
No records to display.					

[Search Medicare/Medicaid Exclusions \(OIG List\)](#)

Individuals who do not have a prior screening through the Agency must be manually checked in the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) upon initial screening. Once an individual has a record in the BGS system an automated review of the OIG LEIE will occur when the list is updated every 30 days.

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 'Initiate Screening'** to continue or 'Cancel' if you do not wish to processed with the screening.

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.*

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

Check OIG List

SMITH, JANE

To employ 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 the "Return to Search" button.

If you would like to hire this individual without completing a new screening select the "Profile Page" button 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 Position and Confirm Privacy Policy

In order to ensure the appropriate criteria is applied during the screening review, the position type and reason for screening the individual must be entered. There may be more than one reason a screening is required, therefore select 'Yes' for all that apply.

- Select the **position type** that individual is applying for from the drop down list
- Select the type of screening required to hire the individual by selecting '**Yes**' or '**No**' for each type
- Select the '**Privacy Policy**' link to view and print the privacy policy. Check the affirmation box to confirm that the applicant has signed and agreed to the Privacy Policy.

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

Initiate Screening

TEST150, AHCA

Select Position

Screening Information

Provider:

* Position:

Please answer the following:

- * This screening is for an applicant / employee in a position that requires a background screening: Yes No
- * This screening is part of the application process for a Medicaid provider or re-enrollment: Yes No
- * This screening is part of the application process for health care provider licensure: Yes No
- * This screening is part of the application process for Medicaid Managed Care: Yes No

* Required

- * The applicant/employee has received and signed the [Privacy Policy](#).

Click here to view and print the required Privacy Policy form.

Cancel Back **Next**

Initiate Payment – Credit Card

The cost of a resubmission is the current fee for a national criminal history check. Resubmission payment options include:

- Credit Card
 - MasterCard
 - Discover
 - American Express
- E-Checking (**skip to page 34 for E-Checking instructions**)
 - Personal or Business checking/savings account

To pay for the resubmission:

- Select payment method
- Select Pay Total Amount to continue

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

Payment - Initiation Page

AHCA Payment

Division
PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COACT, INC

Transaction Amount	Service Charge	Total Amount
16.5	0.41	16.91

Select Payment Method
 Credit Card Checking

[Pay Total Amount](#)

The cost of a resubmission is the current fee for a nation criminal history check plus the applicable service charge. A state criminal history check is included at no additional cost.
Please select your payment method and select 'Pay Total Amount'.

Terms, Conditons & Fees for Payment by Credit Card:A non-refundable convenience fee of 2.50% will be added to all credit card payments. Please allow 2 to 5 business days for credit card payments to be settled and posted.

Refund PolicyThe 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 users's method of payment, refunds may be issued using the original method of payment.

[Cancel Screening Request](#) **If you no longer wish to request a resubmission please select 'Cancel Screening Request'.**

Enter Payment Information – Credit Card

Enter the payment information and select 'Continue' to verify payment information and submit the request.


To schedule your one-time payment enter your credit card and payment information below.

Remit Information

* Transaction Amount:	16.50
* Service Fee:	.41
* Division Name:	FLORIDA HOSPITAL
* Account Number:	85
* eMail Address:	BGScreen@ahca.myf
* indicates a required field	

This information cannot be edited.

Payment Information for Transaction ID: 1029

*Payment Account Type:	MasterCard
*Name on Credit Card:	XXXXXXXX <small>(The name must appear as it does on the credit card account.)</small>
*Address Line 1:	XXXXXXXX
Address Line 2:	
*City, State, Zip:	XXXXXX XX XXXXX
*Credit Card Account Number:	XXXXXXXXXXXXXXXXXXXX
*Credit Card Security Value:	XXX 
*Expiration Date:	01 / 2013
Please enter payment amount. For on-time posting of the payment to your account, please allow 3 business days prior to the due date for processing.	
*Payment Date:	04/17/2013
*Payment Amount:	\$ 16.91
* indicates a required field	



Once your payment information has been entered, select 'Continue' to verify the information and complete the request. Select 'Cancel' if you no longer wish to request a resubmission.

Review Payment Information - Credit Card

Review your payment information and select Confirm to submit your payment. **Skip to page 37 to submit the resubmission request.**

Please verify that all the information below is correct and select "CONFIRM" to schedule your payment. If the information is inaccurate, select "MODIFY" to make any required changes.

Remit Information	
Transaction Amount:	16.50
Service Fee:	0.41
Division Name:	FLORIDA HOSPITAL

Verify Payment Information	
Name on Credit Card:	BGScreen
Transaction ID:	1029
Address Line 1:	2727 Mahan Dr
Address Line 2:	MS 40
City, State, Zip:	Tallahassee, FL 32308
Credit Card Account Number:	****4051
Credit Card Security Value:	123
Expiration Date:	10/2013
Payment Date:	04/17/2013
Payment Amount:	\$16.91
TOTAL PAYMENT:	\$16.91



Confirm

Modify

Cancel

Select 'Confirm' to schedule your payment.

Initiate Payment - E-Checking

The cost of a resubmission is the current fee for a national criminal history check. Resubmission payment options include:

- Credit Card (*refer to page 32 for Credit Card instructions*)
 - MasterCard
 - Discover
 - American Express
- E-Checking
 - Personal or Business checking/savings account

To pay for the resubmission:

- Select payment method
- Select Pay Total Amount to continue

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

Payment - Initiation Page

AHCA Payment

Division
BEHAVIOR WELLNESS SOLUTIONS INC

Transaction Amount	Service Charge	Total Amount
16.5	0	16.5

Select Payment Method
 Credit Card Checking

The cost of a resubmission is the current fee for a nation criminal history check plus the applicable service charge. A state criminal history check is included at no additional cost.
Please select your payment method and select 'Pay Total Amount'.

Terms, Conditions & Fees for Payment by Credit Card: A non-refundable convenience fee of 2.50% will be added to all credit card payments. Please allow 2 to 5 business days for credit card 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 users's method of payment, refunds may be issued using the original method of payment.

[Cancel Screening Request](#) **If you no longer wish to request a resubmission please select 'Cancel Screening Request'.**


Enter Payment Information – E-Checking

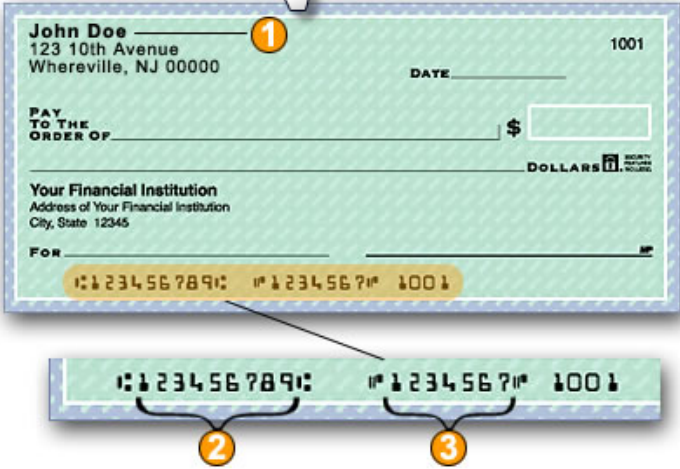
Enter the payment information and select ‘Continue’ to verify payment information and submit the request.

Remit Information	
* Transaction Amount:	16.50
* Service Fee:	10.41
* Division Name:	BEHAVIOR WELLNESS
* Account Number:	2646
* eMail Address:	BGScreen@ahca.myflo
* indicates a required field	

This information cannot be edited.

Payment Information for Transaction ID #: 1099	
*Payment Account Type:	<input checked="" type="radio"/> Personal Checking <input type="radio"/> Personal Savings <input type="radio"/> Business Checking <input type="radio"/> Business Savings
*Name on Bank Account:	
*Bank Routing Number (ABA):	
*Banking Account Number (DDA):	
Please enter payment amount. For on-time posting of the payment to your account, please allow 3 business days prior to the due date for processing.	
*Payment Date:	06/25/2013
*Payment Amount:	\$26.91
* indicates a required field	





- (1) The name on the account is found at the top of your check.
- (2) The Bank Routing Number is found on the bottom of your check between the two colons.
- (3) The Bank Account Number is found on the bottom of your check after the nine-digit bank routing number.

Review Payment Information - E-Checking


To submit your payment using E-Checking you **must answer a challenge question**. Please enter the email address associated with the account you used to log into the website (<https://apps.ahca.myflorida.com/SingleSignOnPortal>).

Review your payment information and select Confirm to submit your payment.

Challenge Question	
Question:	Please enter the email address you use for the AHCA BGS website:
Answer:	<input type="text"/>

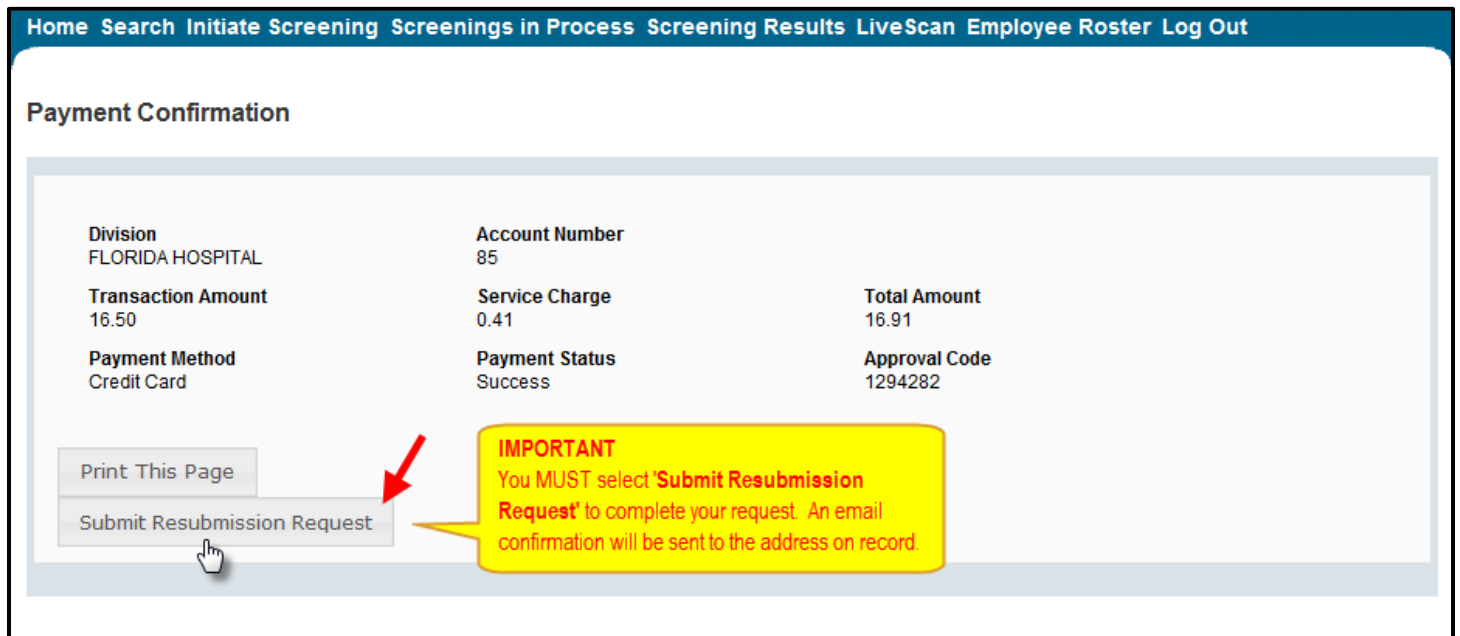
Remit Information	
Transaction Amount:	16.50
Service Fee:	0
Division Name:	BEHAVIOR WELLNESS SOLUTIONS INC

Verify Payment Information	
Name on Account:	mp
Transaction ID:	1099
Bank Name:	BANK OF AMERICA, NA
Bank Routing Number (ABA):	063000047
Banking Account Number (DDA):	3543685438
Payment Date:	06/25/2013
Payment Amount:	\$16.50
TOTAL PAYMENT:	\$16.50



Submit Resubmission Request

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



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

Payment Confirmation

Division FLORIDA HOSPITAL	Account Number 85	
Transaction Amount 16.50	Service Charge 0.41	Total Amount 16.91
Payment Method Credit Card	Payment Status Success	Approval Code 1294282

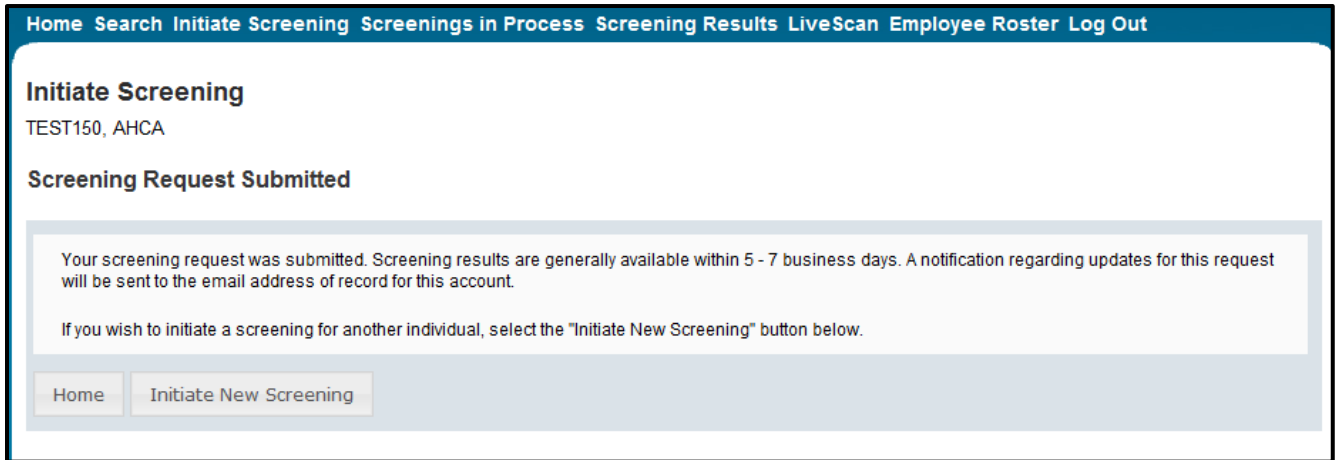
Print This Page

Submit Resubmission Request

IMPORTANT
You MUST select 'Submit Resubmission Request' to complete your request. An email confirmation will be sent to the address on record.

Resubmission 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.



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

Initiate Screening

TEST150, AHCA

Screening Request Submitted

Your screening request was submitted. Screening results are generally available within 5 - 7 business days. 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.

Home Initiate New Screening

Open the applicant's profile page to view the status of a resubmission request.



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

Person Profile

First Name: AHCA Address Line 1: 123 LANE Sex: MALE
Middle Name: Address Line 2: Race: WHITE
Last Name: TEST150 City: CITY
Aliases: State: Florida
ZIP: 33333
SSN: XXX-XX-0150 County:
Date of Birth: 12/24/1972 Prior States:


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Edit

Once your resubmission request has been submitted, the status may be viewed on the applicant's profile page, in the Screenings in Process section.

Screenings in Process

Screening	Provider	Submitted	Status	Status	Action
5781	FLORIDA HOSPITAL	04/17/2013	Screening in Process	04/17/2013	Reprint Privacy Policy Remove

Connected screenings