

Provider Enrollment

Fingerprinting Process for Providers and Owners Enrolled in Georgia Medicaid/PeachCare for Kids®

Applicant Registration for Fingerprinting

Helpful hints in completing your 3M Cogent Applicant Fingerprint Registration



- 42 CFR 455.450(c) requires that when a state Medicaid agency designates a provider as a “high” categorical risk, the agency must do all of the following:
 - Require the submission of a set of fingerprints in accordance with 42 CFR 455.434.
- Under 42 CFR 455.434(b), the requirement to submit fingerprints applies to both the “high” risk provider and any person with a 5 percent or more direct or indirect ownership interest in the provider, as those terms are defined in 455.101.
- If the provider is enrolled in Medicare or another state’s Medicaid agency, Georgia will rely on the results of that agency’s fingerprint determination.
- The Georgia Bureau of Investigation has contracted with 3M Cogent to conduct live scan fingerprinting on a statewide basis.
- Providers who do not already have an OAC or GAC number issued by 3M Cogent must first obtain a number **before** you can register applicants for fingerprinting.
- Fields highlighted in yellow are required.
- On the 3M Cogent website at <https://www.ga.cogentid.com/index.htm>, click on **Fingerprint Locations** to see vendor, street address, city and telephone number of the live scan fingerprint vendor.
- When the form requests the name of the Agency, you would enter the name of your business or company.
- If you are enrolled in Georgia Medicaid and have multiple service locations, you can use the same Agency ID for all entities.
- When you get to Applicant Registration screen under Transaction Information, the first line is the Reviewing Agency ID. This is DCH’s Agency ID – do **not** edit this field. The second line is the Requesting Agency ID – this is where you enter your Agency ID [or GAC/OAC] number.
- A Frequently Asked Questions (FAQ) regarding the fingerprint process can be found at www.mmis.georgia.gov. Click on Provider Information/FAQ for Providers.

NOTE: The screenshots used in this module are based on one example information.

1. Click on Applicant Registration



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Applicant Fingerprinting Online Services

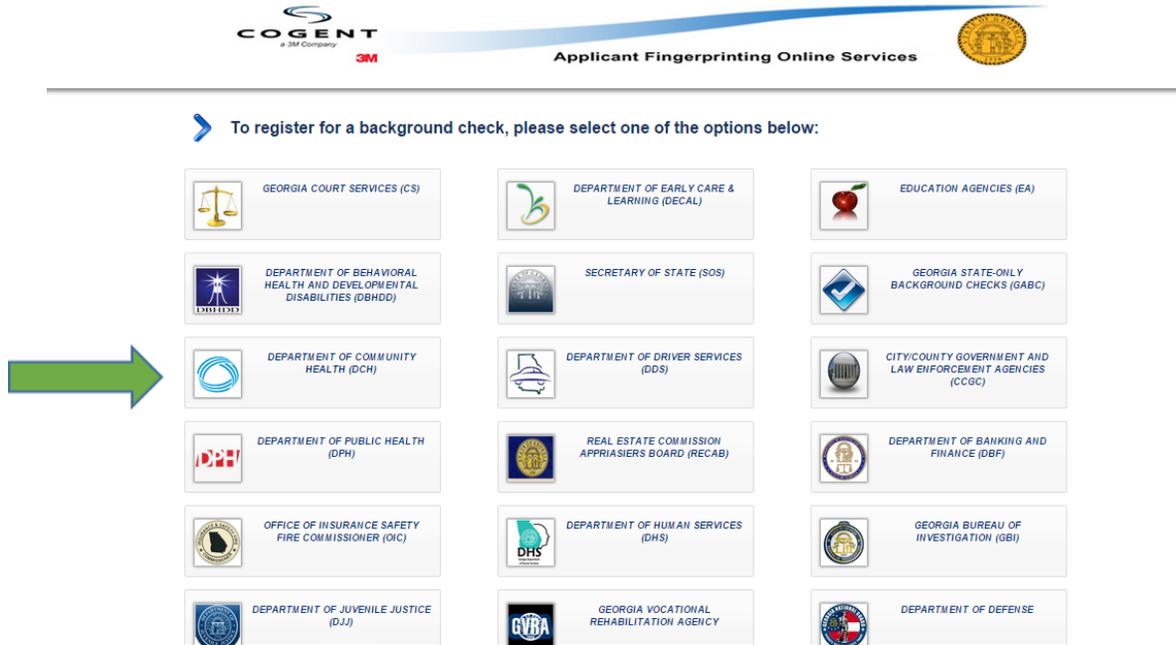
Welcome to the Georgia Applicant Processing Service for fingerprint background requests

Electronic submission of fingerprint images will involve the use of a 3M Cogent Livescan machine. The Livescan captures fingerprint images and demographic data and submits this information to GBI. GBI conducts a search of its criminal history records using the fingerprint images. In some cases, these images are also forwarded to the FBI where a Federal Criminal History Record search is also conducted. Notifications of the search results are then forwarded from the GBI/FBI to 3M Cogent where these results are then electronically disseminated to the Georgia company or agency that requested the search to be completed.

Applicant Registration **GAPS Agency Login** **Become a Requesting Agency**

Please Note: Beginning June 17 2015, 3M's commonly used registration link will be changed. A new "pop-up" window will now appear and redirect users from www.cogentid.com to aps.3m.com. The new 3M URL contains increased security, and users will experience no change in how registration processing takes place.

2. Click on Department of Community Health



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To register for a background check, please select one of the options below:

GEORGIA COURT SERVICES (CS)	DEPARTMENT OF EARLY CARE & LEARNING (DECAL)	EDUCATION AGENCIES (EA)
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD)	SECRETARY OF STATE (SOS)	GEORGIA STATE-ONLY BACKGROUND CHECKS (SABC)
DEPARTMENT OF COMMUNITY HEALTH (DCH)	DEPARTMENT OF DRIVER SERVICES (DDS)	CITY/COUNTY GOVERNMENT AND LAW ENFORCEMENT AGENCIES (CCGC)
DEPARTMENT OF PUBLIC HEALTH (DPH)	REAL ESTATE COMMISSION APPRAISERS BOARD (RECAB)	DEPARTMENT OF BANKING AND FINANCE (DBF)
OFFICE OF INSURANCE SAFETY FIRE COMMISSIONER (OIC)	DEPARTMENT OF HUMAN SERVICES (DHS)	GEORGIA BUREAU OF INVESTIGATION (GBI)
DEPARTMENT OF JUVENILE JUSTICE (DJJ)	GEORGIA VOCATIONAL REHABILITATION AGENCY	DEPARTMENT OF DEFENSE

3. Click on Affordable Care Act Only



Department of Community Health

DCH REGISTRATIONS AFFORDABLE CARE ACT ONLY

The Georgia Department of Community Health (DCH) is one of Georgia's four health agencies serving the state's growing population of almost 10 million people. Responsible for a \$12 billion budget for State Fiscal Year 2013, the department is one of the largest agencies in Georgia state government.

Serving as the lead agency for Medicaid and also overseeing the State Health Benefit Plan (SHBP), Healthcare Facility Regulation and Health Information Technology in Georgia, agency programs provide access to health care services for one in four Georgians.

Through effective planning, purchasing and oversight, DCH provides access to affordable, quality health care to millions of Georgians, including some of the state's most vulnerable and underserved populations.

Seven enterprise offices support the work of the agency's four divisions. And more than 600 DCH employees are based in Atlanta, Cordele and across the state.

Clyde Reese serves as Commissioner of the Department of Community Health.

Website:
dch.georgia.gov
dch.georgia.gov/00/channel_title/0_2094.31446711_144156392.00.html

Address:
 Two Peachtree St. NW
 Atlanta, GA 30303

Contact:
 Chris Bennett
 (404) 656-0464

Contact:
 Denise Matthews
 (404) 463-0115

4. Click Box, “I have read and accepted these terms”

Non-Criminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

You must be provided written notification that your fingerprints will be used to check the criminal history records of the Georgia Crime Information Center (GCIC) and the FBI when a federal record check is so authorized.

If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

The agency must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the agency may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your criminal history may be obtained at <http://gbi.georgia.gov/obtaining-criminal-history-record-information>.

If you decide to challenge the accuracy or completeness of your criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at <http://gbi.georgia.gov/obtaining-criminal-history-record-information>.

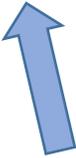
If you need additional information or assistance, please contact the Georgia Crime Information Center at GAapplicant@gbi.ga.gov or 404-244-2639 option 2.

If registering on behalf of an applicant, a copy of this user agreement must be made available to them. This information can be downloaded for convenience.



I have read and accepted these terms.

[Print](#) | [Download](#)



Click Continue

5. Applicant Registration Screen

Step 1 - Please Enter Your Information

Transaction Information

Reviewing Agency ID: Reason:

Requesting Agency ID: Position Applied for:

Payment: Fingerprint Card User: By Checking this box, you are agreeing to submit ink cards to 3M Cogent. See [here](#) for details

Personal Information

Last Name: First Name:

Middle Name: Suffix:

Social Security #: Re-enter SSN:

Date of Birth: Weight:

Sex: Race:

Eye Color: Hair Color:

Height: Place of Birth:

Country of Citizenship: State Driver's License:

Driver's License #:

Address Information

Address: Address 2:

City: APT:

State: Zip:

Phone #: Email:



This is DCH's ORI number. Do **not** change or edit this field!



Select DCH – Affordable Care Act



Enter your Agency ID in this field. This is your OAC or GAC number. Do **not** enter the Reviewing Agency ID in this field.



Type "Owner"



To expedite your review, enter the applicant's SSN and email address

Click Continue

6. Verify your information and then click Submit.





Applicant Registration
Step 2 - Please Verify Your Information

Transaction Information

Reviewing Agency:	GAPAC000Z - DCH - AFFORDABLE CARE ACT	Reason for Fingerprinting:	DCH - Affordable Care Act
Requesting Agency:	GAC0878	Position Applied For:	OWNER
Payment Type:	Credit Card	Submitting Ink Cards:	No - You selected electronic fingerprinting

Personal Information

Last Name:	DOE	First Name:	JANE
Middle Name:		Suffix:	NONE
Social Security #:	██████████	Weight:	150
Date of Birth:	01011976 (MMDDYYYY)	Race:	Black
Sex:	Female	Hair Color:	Brown
Eye Color:	Brown	Place of Birth:	GA
Height:	504	Driver's License State:	NONE
Country of Citizenship:	NONE		
Driver's License No.:			

Address Information

Address:	123 ELM STREET	Address 2:	
City:	ANYWHERE	APT.:	
State:	GA	Zip:	30000
Phone #:	123-456-78	Email:	jane.doe@gmail.com

Go Back
Submit


7. If paying by credit card, enter all the applicable information in the yellow highlighted fields.

3M **Applicant Fingerprinting Online Services** 

Step 3 - Credit Card Payment

Registration Information

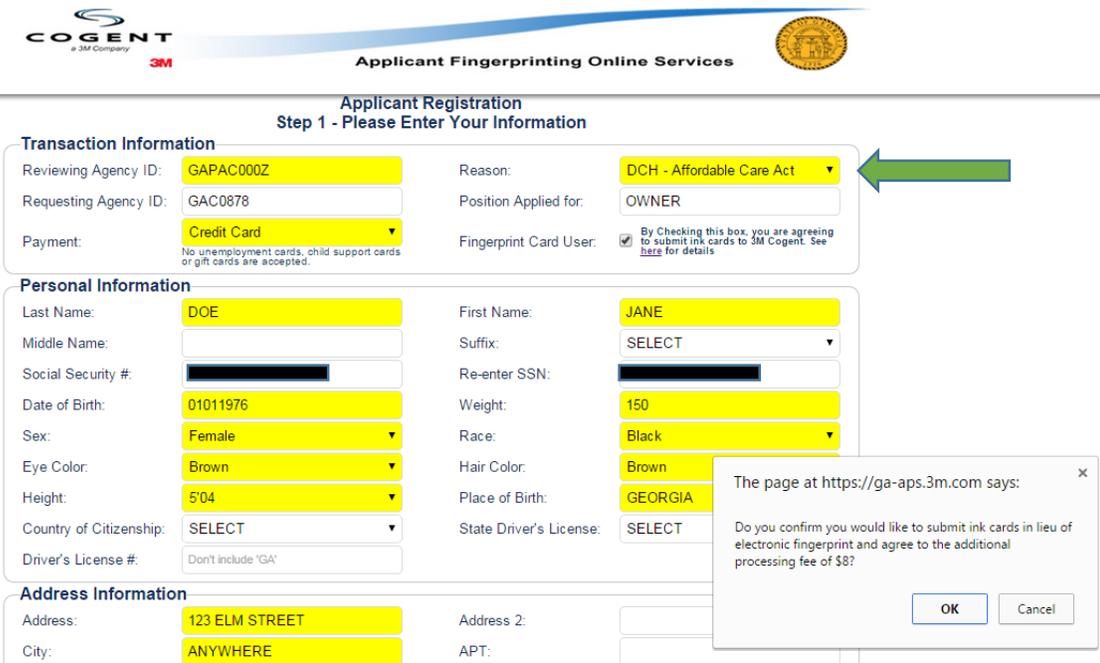
Registration ID:	GA1576627450299	Name:	JANE DOE
Transaction Type:	DCH - Affordable Care Act		
Transaction Fee:	\$51.00		

* Fields with the yellow background color are required. [Important notice regarding failed payments and google toolbar](#)

Credit Card Information	Billing Address
Credit Card Type <input type="button" value="Select Card Type"/>   	Street Address <input type="text"/>
Card Number <input type="text"/>	City <input type="text"/> State <input type="text" value="Select State"/>
Card Security Code (CSC) *It is NOT the last 4 digits of the credit card number. <input type="text"/>	Zip Code <input type="text"/>
Expiration Date <input type="text" value="Select Month"/> <input type="text" value="Select Year"/>	Daytime Phone Number (<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Name As It Appears On Card <input type="text"/>	Email Address <input type="text"/>

Click Pay 

Process for out-of-state owners who prefer to submit a fingerprint card in lieu of being electronically fingerprinted in Georgia



Applicant Registration
Step 1 - Please Enter Your Information

Transaction Information

Reviewing Agency ID: GAPAC000Z Reason: DCH - Affordable Care Act

Requesting Agency ID: GAC0878 Position Applied for: OWNER

Payment: Credit Card Fingerprint Card User: By Checking this box, you are agreeing to submit ink cards to 3M Cogent. See [here](#) for details.

Personal Information

Last Name: DOE First Name: JANE

Middle Name: Suffix: SELECT

Social Security #: Re-enter SSN:

Date of Birth: 01011976 Weight: 150

Sex: Female Race: Black

Eye Color: Brown Hair Color: Brown

Height: 5'04 Place of Birth: GEORGIA

Country of Citizenship: SELECT State Driver's License: SELECT

Driver's License #: Don't include 'GA'

Address Information

Address: 123 ELM STREET Address 2:

City: ANYWHERE APT:

The page at <https://ga-aps.3m.com> says:
Do you confirm you would like to submit ink cards in lieu of electronic fingerprint and agree to the additional processing fee of \$8?

OK Cancel

For out-of-state owners, you may want to submit hard copy paper fingerprint cards in lieu of coming to Georgia to be fingerprinted. If you checked the box to indicate you want to submit paper fingerprint cards in lieu of electronic fingerprinting, you will receive the enclosed pop up box in which you agree to submit fingerprint cards for an additional \$8.00 processing fee. Click the Details link for information on submitting paper fingerprint cards.

NOTE: DCH normally receives fingerprint results from live scan machines in 24-48 hours. If you elect to submit manual fingerprint cards, you must go to your local law enforcement agency and have your fingerprints taken on paper cards. You would then submit the fingerprint card (write your Agency ID on back of the card) and attached a copy of your 3M Cogent payment receipt to the card and mail it to the 3M Cogent address listed on the Details link noted above. From the time you mail your fingerprint card to 3M Cogent, it could take up to seven business days for DCH to receive your fingerprint results.

Payment Screen for Submission of Fingerprint Card

3M **Applicant Fingerprinting Online Services** 

Step 3 - Credit Card Payment

Registration Information

Registration ID:	GA1576631230181	Name:	JANE DOE
Transaction Type:	DCH - Affordable Care Act		
Transaction Fee:	\$59.00		

* Fields with the yellow background color are required. [Important notice regarding failed payments and google toolbar](#)

Credit Card Information

Credit Card Type
   

Card Number

Card Security Code (CSC)
*It is NOT the last 4 digits of the credit card number.

Expiration Date

Name As It Appears On Card

Billing Address

Street Address

City State

Zip Code

Daytime Phone Number
() - Ext.

Email Address

Complete all the yellow highlighted fields

And click Pay.



The above instructional screen appears when you click the Details link on the Applicant Registration tab if you check the box that you want to submit your fingerprints on paper in lieu of electronically.

Georgia Applicant Processing Service

Hardcopy Fingerprint Card Submission Instructions

<p>Overview</p>	<p>Applicants that are out-of-state, unable to visit an electronic fingerprinting location, or are otherwise unable to be electronically fingerprinted may submit hardcopy fingerprint cards to 3M Cogent.</p> <p>There is an additional \$8.00 fee for processing ink cards.</p>
<p>Process</p>	<p>Applicants who are submitting ink cards for a required Georgia background check should follow the steps below:</p> <p>Register – All applicants must be registered prior to sending hardcopy fingerprint cards. You can register online at www.cogentid.com. Be sure to select the Fingerprint Card User box. Applicants may also contact the Registration Call Center to register by phone: 1-888-439-2512</p> <p>Payment – Payment may be made online or a money order can be sent with your fingerprint card:</p> <p><i>Option 1: Online Payment</i> – Applicants may pay online at the time of registration using a credit/debit card, or the transaction may be billed to your employer using “agency pay.”</p> <p><i>Option 2: Send payment with Fingerprint Card</i> – Money order only. Cash and personal checks are not accepted.</p> <p>Registration ID - All applicants will receive a Registration ID. Write this number on the back of your fingerprint cards.</p> <p>Submission – Mail the cards (and if applicable, payment) to:</p> <p>3M Cogent, Georgia CardScan</p>

Verify your information and if all is correct, click on “Submit.”



Applicant Fingerprinting Online Services



Applicant Registration Step 2 - Please Verify Your Information

Transaction Information

Reviewing Agency:	GAPAC000Z - DCH - AFFORDABLE CARE ACT	Reason for Fingerprinting:	DCH - Affordable Care Act
Requesting Agency:	GAPAC000Z	Position Applied For:	OWNER
Payment Type:	Credit Card	Submitting Ink Cards:	Yes - You selected to submit ink cards by mail

Personal Information

Last Name:	DOE	First Name:	JANE
Middle Name:		Suffix:	NONE
Social Security #:	██████████		
Date of Birth:	01011976 (MMDDYYYY)	Weight:	150
Sex:	Female	Race:	Black
Eye Color:	Brown	Hair Color:	Brown
Height:	504	Place of Birth:	GA
Country of Citizenship:	NONE	Driver's License State:	NONE
Driver's License No.:			

Address Information

Address:	123 ELM STREET	Address 2:	
City:	ANYWHERE	APT:	
State:	GA	Zip:	30000
Phone #:	123-456-78	Email:	jane.doe@gmail.com

Go Back

Submit

Verify your information and then click
Submit

