



**PROVIDER BACKGROUND SCREENING (REVALIDATION)
 WAIVABLE CONVICTIONS - SCREENING NOTIFICATION**

Provider Name: _____ Date: _____
 Address: _____ CC Customer: _____
 City: _____ State: _____ Zip: _____

Dear Provider,
 Re-enrollment review in Illinois Medicaid Program Advanced Cloud Technology (IMPACT) took place on _____ .
 A background screening was performed as part of the review.

This screening found crime(s) that fall into a "Waivable crime category". This category allows you to provide info to your customer(s). Customer(s) will choose if they want you to keep working for them.

The potential crime(s) were:

There are two (2) provider options:

<p>CONFIRM: If you believe the details in the background screening to be accurate.</p>	<ul style="list-style-type: none"> Return Revalidation - Dispute form (IL488-2540R) by selecting "I do not dispute". Customer will review "Revalidation - Dispute form (IL488-2540R)". Customer may consent to retain you with a crime history.
<p>DISPUTE: If you believe the details in the background screening to be inaccurate.</p>	<ul style="list-style-type: none"> Return Revalidation - Dispute form (IL488-2540R) by selecting "I dispute". Include any extra proof that the background screening is inaccurate. HSP will conduct a second background screening and provide screening results to customer and provider, if necessary.

Note:

- Return the dispute form to the address mentioned on the dispute form.
- Forms must be returned within 20 business days from the date of this letter.**
- Exceptions to this time frame will be given for good cause only.
- If the second background screening finds the initial screening results to be inaccurate
 - HSP will approve your re-enrollment.
 - No further action is necessary.
- If the second background screening finds the initial screening results to be accurate
 - HSP will notify you and the customer.
 - Customer may consent or decline to retain you.