



STATE OF MARYLAND

DHMH

Office of Health Services  
Medical Care Programs

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Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

February 23, 2016

Dear Provider:

The Centers for Medicare and Medicaid Services (CMS) have released requirements for the State Medicaid agency requiring post-enrollment site visits of providers who are designated as “moderate” or “high” categorical risks to the Medicaid program. The post-enrollment site visit will be similar to the initial enrollment or re-validation visit previously conducted by our surveyors.

These requirements are listed in the Code of Federal Regulations, Title 42 Public Health, Part 455. Medicaid must assess the level of risk to commit fraud for each provider and supplier type, and place them into CMS-designated risk categories of “limited”, “moderate”, or “high”. Subsequently, the CMS determined a series of minimal screening requirements that states must perform for each level of risk. All providers in moderate risk categories will undergo an unannounced post-enrollment on-site visit to verify that the information submitted to the State Medicaid agency is accurate, and to determine compliance with federal and state requirements associated with the provider’s service type.

As part of the post-enrollment process with the Maryland Medicaid Program, per 42 CFR § 455.104, you are required to provide the following information:

1. The Name and home address of any person with an ownership or control interest in your organization (individual or corporation);
2. Date of Birth and Social Security Number (in case of an individual);
3. Other tax identification number (in case of a corporation);
4. Whether the person with an ownership or control interest in the disclosing entity is related to another person with an ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling and
5. The name, address, date of birth, and Social Security Number of any managing employee of the disclosing entity.

Upon request of the Medicaid surveyor, you must supply this information for any members of your organization. This may include members of the organization’s Board of Directors or steering committee. Failure to comply with this federally required post-enrollment visit and /or failure to submit this information will result in Medicaid suspending payment until your group or organization complies.

We appreciate, in advance, your cooperation to meet Medicaid’s new federal mandates associated with the post – enrollment process. If you have any questions, please do not hesitate to e-mail Provider Enrollment at [dhmh.providerrevalidation@maryland.gov](mailto:dhmh.providerrevalidation@maryland.gov)

Sincerely,

Director, Policy and Compliance  
Office of Health Services, Medicaid

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov)