

Summary of CMS State Medicaid Director Letter on Provider Revalidation

April 23, 2026



Context: SMDL and Letter to Governors

On April 23, 2026, CMS issued an [SMDL](#) and a letter to state governors regarding expectations for provider revalidation:

- Both documents introduce expectations for action to be taken to address fraud, waste, and abuse (FWA) in Medicaid.
- The SMDL provides guidance on implementation of revalidation for high-risk providers and development of a provider revalidation strategy.
- The letter to governors:
 - Requests confirmation within 10 business days that the of intent to carry out revalidation efforts, noting that failure to do so will be considered as CMS evaluates the likelihood of fraud in each state moving forward.
 - Refers to upcoming program integrity efforts as part of a “War on Fraud”

Provider Revalidation (PR) Strategy: Overview

- The SMDL formally asks states to develop and submit a comprehensive two-year PR strategy, including a description of how the state ensures the accuracy of provider enrollment data through revalidation and other approaches.
- The PR strategy should be tailored to the unique landscape of the state and prioritize a comprehensive review and reevaluation of the state's Medicaid enrolled providers.
- CMS urges states to increase oversight measures of high-risk provider types by adopting off-cycle or more frequent revalidation intervals than the minimum 5-year requirement ([42 CFR § 455.414](#)).
 - Note: The state defines/designates categorical risk levels ([42 CFR § 455.450](#)); however, CMS expects the definition of “high-risk” to include providers without National Provider Identifiers (NPIs).

PR Strategy: Requested Elements

- The state should define the scope and priorities of your PR strategy.
- CMS requests inclusion of the following elements:
 - Proposed methodology and timeline for conducting off-cycle provider revalidation, with a focus on high-risk providers (including providers without NPIs).
 - Metrics to measure the effectiveness and progress of your PR strategy, including links to any publicly-available information.
 - Approach for verifying provider information is kept accurate and up-to-date on an ongoing basis.
 - How the state does/will ensure consistency and accuracy of provide data across fee-for-service and managed care systems.
 - How the state does/will coordinate with relevant law enforcement partners.

PR Strategy: Timeline & Submission

- **Within 10 days:**
 - Notify CMS of your plans to undertake a swift revalidation of high-risk providers
 - A proposed timetable (specified in letter to governors)
- **Within 30 days:** Submit your comprehensive two-year PR strategy
- **Upon completion of PR strategy:** Submit PR strategy results

- **Instructions for submission:**
 - Submit correspondence to programintegrity@cms.hhs.gov
 - PR strategy must be submitted by the Medicaid Director, not a designee

Questions & Considerations for HCBS

Initial considerations:

- Connect ASAP with your state Medicaid agency/director
- Identify HCBS providers
- Determine which providers do not have NPIs (e.g., paid family caregivers, self-directed workers)
- Define “high risk” and other categorical risk levels for HCBS providers
- Plan for outreach to providers
- For MLTSS programs, engage with MCOs
- For self-direction options, engage with financial management services entities/fiscal intermediaries

Association Support

ADvancing States and NASDDDS stand ready to support you in development and implementation of PR strategies for HCBS providers.

Be on the lookout for forthcoming resources and, as always, feel free to reach out to our teams:

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