



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
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DEC 31 2025

To: Guam State Medicaid Providers

From: Annabel Estrada Crisostomo, Acting Human Services Program Administrator,
Bureau of Health Care Financing (BHCFA)

Subject: Compliance with Guam State Medicaid Requirements under 42 CFR 455.434,
42 CFR 455.436, and 42 CFR 455.440

This notice is to inform you of the Guam State Medicaid requirements to maintain compliance with federal regulations 42 CFR 455.434, 42 CFR 455.436, and 42 CFR 455.440.

Key Compliance Requirements:

1. Criminal Background Checks (§ 455.434):

- As a condition of enrollment, providers must consent to criminal background checks, including fingerprinting, when required by State law or based on the risk level of fraud, waste, or abuse associated with the provider category.
- The Guam State Medicaid program establishes categorical risk levels for providers who pose an increased financial risk to the Medicaid program.
- Providers or any person with a 5% or greater direct or indirect ownership interest deemed “high” risk must submit fingerprints as directed by the State Medicaid agency.
- Fingerprints must be submitted within 30 days upon request from the Centers for Medicare & Medicaid Services (CMS) or the Guam State Medicaid agency, in the prescribed form and manner.

2. Federal Database Checks (§ 455.436):

- The State Medicaid agency confirms identity and exclusion status of providers and persons with ownership, control, or managing roles through routine checks of

federal databases, including:

- Social Security Administration's Death Master File
 - National Plan and Provider Enumeration System (NPPES)
 - List of Excluded Individuals/Entities (LEIE)
 - Excluded Parties List System (EPLS)
 - Other databases as required by the Secretary of Health and Human Services.
- These checks occur upon enrollment, reenrollment, and the LEIE and EPLS are reviewed no less than monthly.

3. National Provider Identifier (NPI) (§ 455.440):

- All claims for payment must include the NPI of the physician or professional who ordered or referred the items or services.

Noncompliance with these requirements may result in denial of claims or exclusion from the Guam State Medicaid program.

If you have any questions, please feel free to contact me at (671) 300-7340 or via email at annabelle.estrada@dphss.guam.gov. Thank you for your cooperation.

Sincerely,



Annabel Estrada Crisostomo

AE 12/31/28