



# Minnesota Revalidate 2026

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# Revalidation requirements



Revalidation is a mandatory, periodic process to verify that provider enrollment information, credentials, and practice details are accurate and compliant with state and federal regulations.



Moderate and limited-risk service providers are required to complete revalidation at least one time every five years. High-risk providers must complete revalidation at least every three years.



Recently, the federal Centers for Medicare and Medicaid Services (CMS) has instructed DHS to revalidate all providers delivering *high-risk* services by May 31, 2026. This off-cycle revalidation effort is known as “Minnesota Revalidate 2026.”

# Minnesota Revalidate 2026

- Minnesota Revalidate 2026 launched on January 26, 2026.
- Between January 26 and May 31, DHS will validate over 5,800 provider sites.
- Providers subject to this requirement must successfully complete revalidation to remain enrolled with Minnesota Health Care Programs.
- DHS is using this challenge to modernize and improve ongoing revalidation processes.



# Revalidation & site visits dashboard

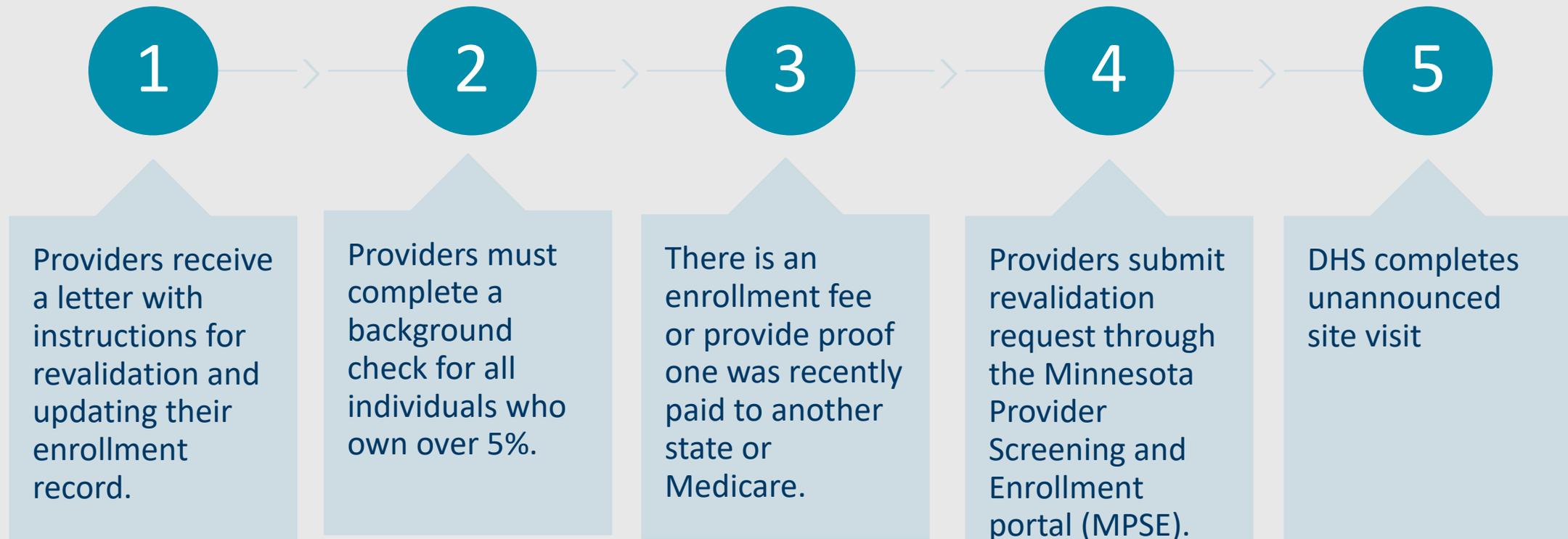


# Provider Outreach

- All impacted providers have been notified in writing of the upcoming revalidation process.
- Weekly provider roundtables to share information and answer questions with staff from across DHS.
- Training & Technical Assistance Sessions related to the Minnesota Provider Screening and Enrollment (MPSE) portal
- On-demand instructional videos
- Provider Association Advisory Group
- Provider Resource Desk
- FAQs



# Provider Revalidation Steps

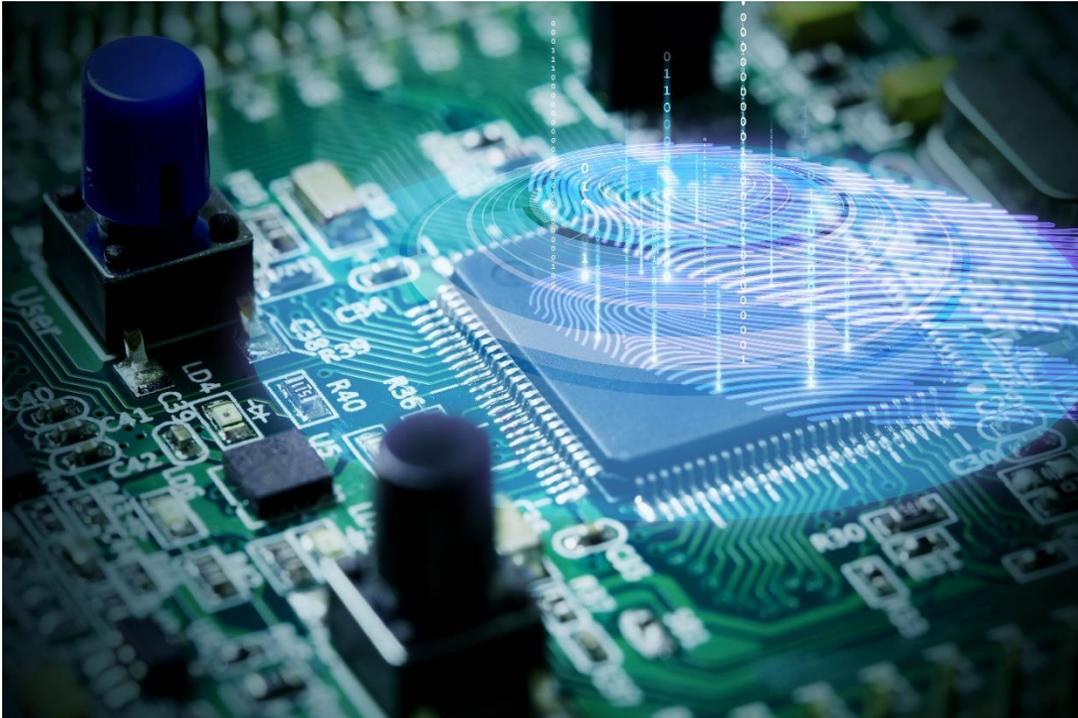


# Provider Enrollment Record

As a part of provider revalidation, provider enrollment records must be updated so that DHS can verify the information

- General information: phone number, electronic fund transfer information, remittance advice settings, tribal affiliations
- Addresses: physical location, file location, and other mail addresses
- Services provided at each location
- Credentials: licenses, assurance statements, proof of insurance, and other requirements to demonstrate the provider's eligibility to provide services.
- Agreements and addendums: specific documents that providers review and sign indicating their agreement to Minnesota Health Care Programs (MHCP) policies and procedures.

# Fingerprint-based criminal background studies



Fingerprint-based criminal background studies are required for all direct and indirect owners with an ownership interest of 5% or more.

If your provider type requires a fingerprint-based criminal background check for managers, employees or board of directors, this must be completed prior to submitting your revalidation.

There is a required background study fee of \$44 to submit each background study.

There is also a fingerprint fee, which will vary depending on where the fingerprinting is obtained. These fees are separate from the application fee.

# Unannounced Site Visit

## Purpose of the Visit

- Federally required part of MHCP enrollment and oversight for moderate- and high-risk providers
- Verifies providers are operating as enrolled and meeting program requirements
- Supports program integrity and appropriate use of public funds
- Does not mean wrongdoing is suspected

## Why Visits are Unannounced

- Confirms day-to-day operations
- Ensures enrollment information is accurate and current
- Supports fair and consistent oversight

## Who Conducts the Visit

- Authorized DHS or Office of Inspector General (OIG) representatives
- Carry official identification and can verify authority
- Not law enforcement and not there to disrupt services



# Complete revalidation

If the provider passes the screening and unannounced site visit, the department will complete the revalidation and send the Revalidation Complete Letter.



# Thank you!

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