



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

Minnesota Revalidate 2026 Site Visits Dashboard

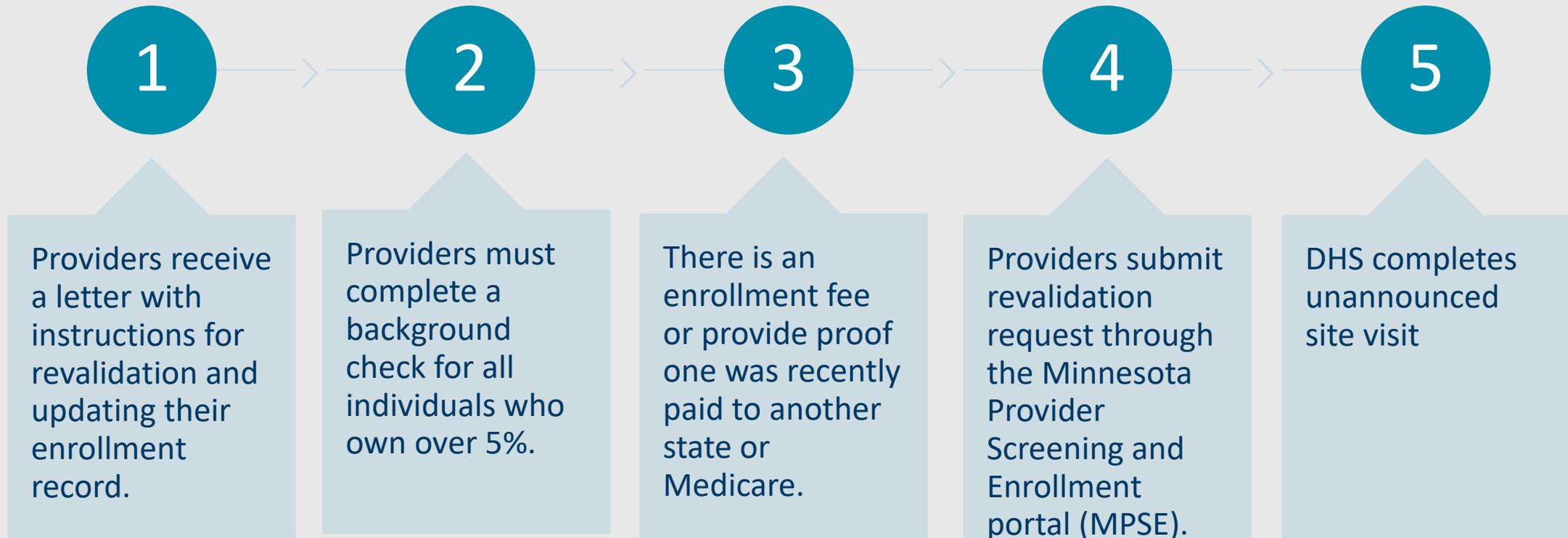


Provider Outreach

- 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

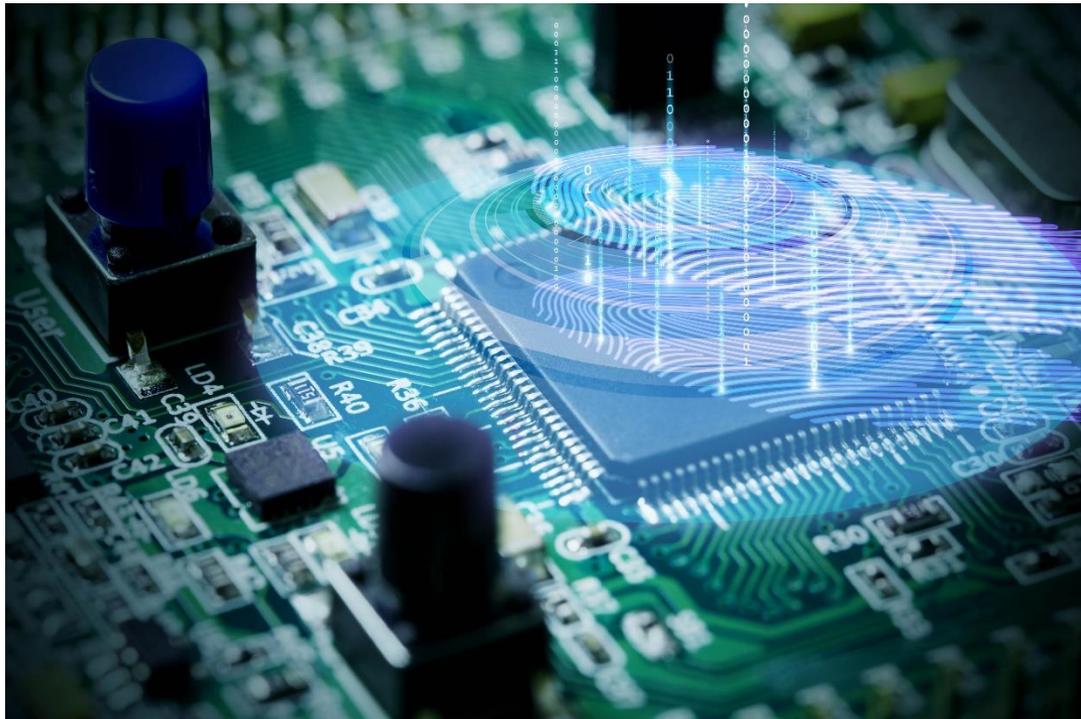


Provider Enrollment Record

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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