

# Minnesota Revalidate 2026

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# What is Minnesota Revalidate 2026?



The federal Centers for Medicare and Medicaid Services (CMS) has instructed the department to revalidate all providers delivering high-risk benefits and services by May 31, 2026.



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.

# 13 high-risk Medicaid benefits

Adult Day Care	Adult Rehabilitative Mental Health Services	Assertive Community Treatment	Community First Services and Supports Agency and Personal Care (agencies)	Companion Care
Early Intensive Developmental and Behavioral Intervention (agencies)	Individualized Home Supports	Integrated Community Supports	Intensive Residential Treatment	Night Supervision
	Non-Emergency Medical Transportation	Peer Recovery	Recuperative Care	

# Impacted Providers will Receive Revalidation Letters

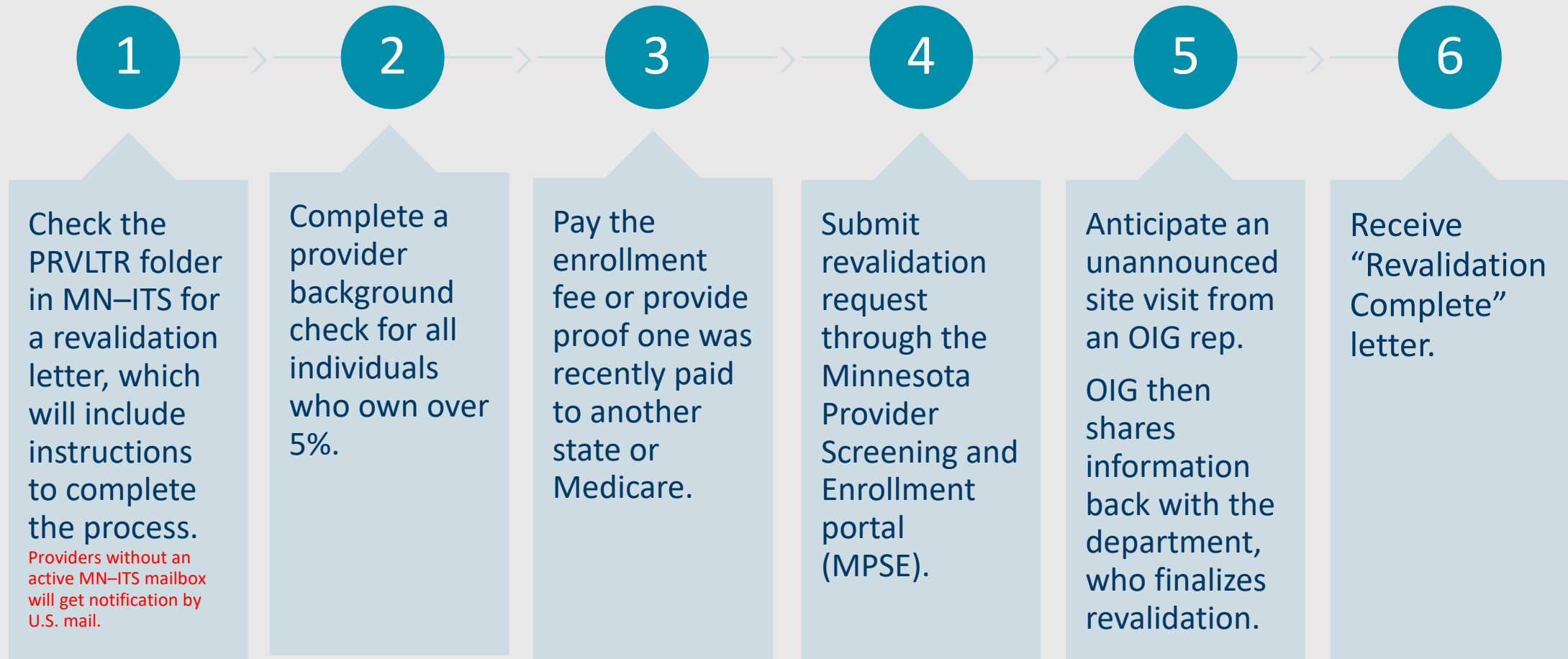
All enrolled providers of the 13 high-risk benefits received a revalidation notice except:

1. Community First Services and Supports (CFSS) provider agencies and Non-Emergency Medical Transportation providers who revalidated or enrolled in 2025 (*these benefits were already categorized as high-risk*);
2. Early Intensive Developmental and Behavioral Intervention (EIDBI) provider agencies who were screened as high-risk and enrolled after June 1, 2025 (*this benefit was set to high-risk effective June 1, 2025*)
3. About 700 providers across the 13 categories who were either enrolled or revalidated at a low or moderate risk level in 2025 and early 2026.
  - Separate letters are going out this week notifying providers that we are re-screening them using their 2025 enrollment submission, including verification of background studies and referral for an unannounced site visit.

# Risk Level Changes

Screening Action	Risk Level Subject to the Screening Action		
	Limited	Moderate	High
Provider-specific requirements verification	X	X	X
Licensure verification (including licensure checks across states, if applicable)	X	X	X
Database checks (to verify the National Provider Identifier [NPI]; U.S. Department of Health and Human Services OIG exclusion; Excluded Parties List System [EPLS] exclusion; death of individual practitioner or of a person who has an ownership or control interest, or who is an agent or managing employee of the provider; and termination by Medicare or another state's program)	X	X	X
Unscheduled or unannounced site visits		X	X
Criminal background check (based on fingerprints)			X
Fingerprinting			X

# Steps to Take Now/Before May 2026




# MPSE Technical Assistance Sessions

- Daily MPSE portal technical assistance sessions are held 1 – 1:30 p.m. on Microsoft Teams.
- Beginning February 9, 2026, the Monday, Wednesday, and Friday sessions will focus on questions relating to the off-cycle revalidation for high-risk service providers.
- Tuesdays and Thursdays are still available for general navigation questions. Revalidation navigation can be questioned at any session throughout the week.
- There is no fee or registration required for these sessions and the link to join is the same for each session.

**Join the MPSE Technical Assistance Session**

# Application Fees

CMS requires states to charge an application fee if one was not already paid to another state or to Medicare. CMS also determines the application fee and it is subject to change every calendar year.



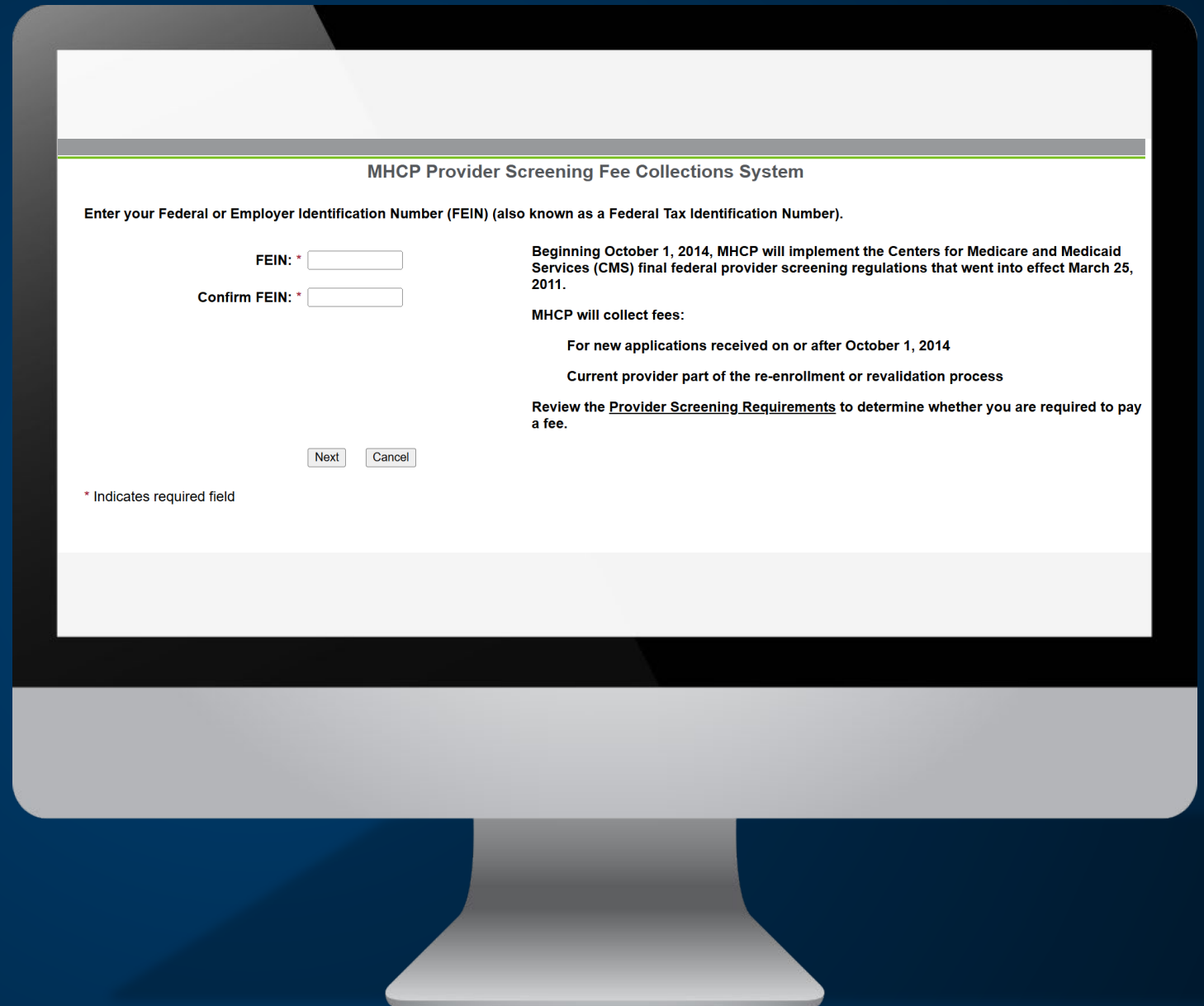
In 2025, the fee was \$730 per practice location. Effective Jan. 1, 2026, the fee is \$750 per practice location.



We must receive your application fee before we can process your enrollment application.

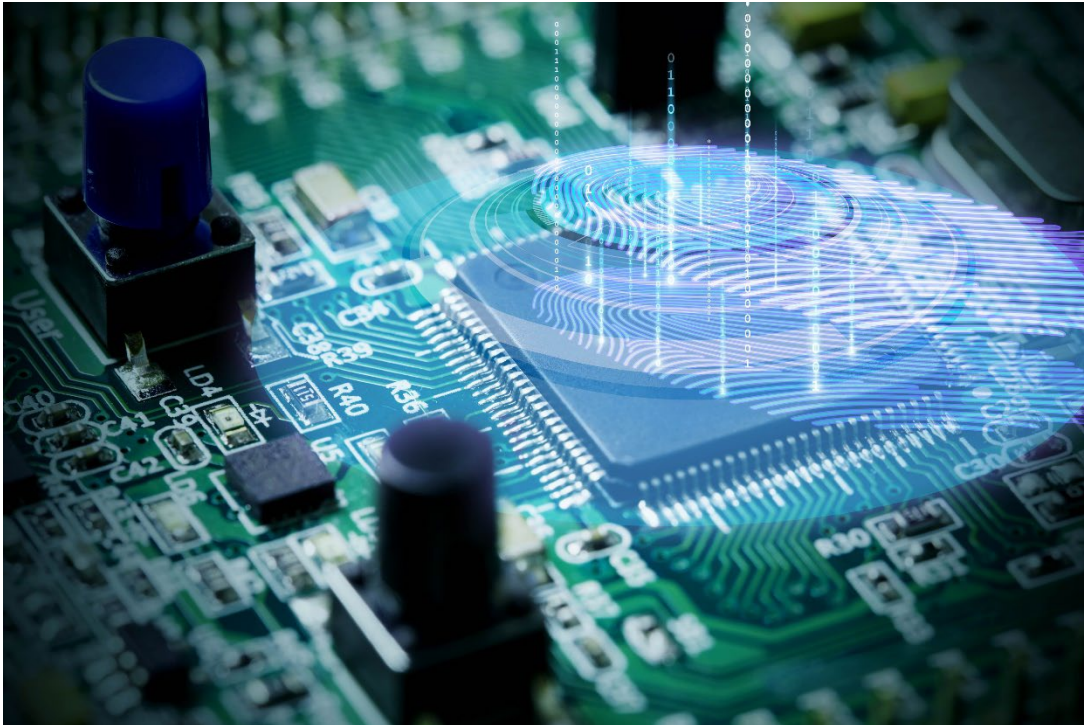
# Application Fees

You must pay your application fees online.



The screenshot shows a web form titled "MHCP Provider Screening Fee Collections System". The form prompts the user to "Enter your Federal or Employer Identification Number (FEIN) (also known as a Federal Tax Identification Number)". There are two input fields: "FEIN: \*" and "Confirm FEIN: \*", both marked as required. Below the fields are "Next" and "Cancel" buttons. To the right of the input fields, there is a notice: "Beginning October 1, 2014, MHCP will implement the Centers for Medicare and Medicaid Services (CMS) final federal provider screening regulations that went into effect March 25, 2011." Below this notice, it states "MHCP will collect fees:" followed by two bullet points: "For new applications received on or after October 1, 2014" and "Current provider part of the re-enrollment or revalidation process". At the bottom of the notice, it says "Review the [Provider Screening Requirements](#) to determine whether you are required to pay a fee." A footnote at the bottom left of the form area states "\* Indicates required field".

# 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.

# Exceptions to NetStudy

The following provider types or services will not have access to NetStudy 2.0:

- Adult Rehabilitative Mental Health Services (AHRMS)
- Assertive Community Treatment (ACT)
- Peer Recovery – Recovery Community Organizations
- Recuperative Care

The department will provide more information soon regarding how to complete required background studies for these provider types.

# Anticipate an Unannounced Site Visit


- After the department reviews all enrollment documents and verifies eligibility, we will refer your agency for an unannounced site visit.
- Site visits are completed by the Office of Inspector General's office.
- The results of the site visit will be sent back to the Department of Human Services.

# Complete revalidation

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

**NOTE: Revalidation is not complete until providers receive their “Revalidation Complete” letter.**

# Video: Revalidating an enrollment record



Revalidating an Enrollment Record Using the Minnesota Provider Screening and Enrollment (MPSE) portal

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# Thank You!