

# Minnesota Revalidate 2026

## Protecting quality care for Minnesotans

Minnesota Revalidate 2026 is a cornerstone of the state's anti-fraud and program integrity efforts to convince the federal Centers for Medicare and Medicaid Services (CMS) to reverse course on its threat to **withhold over \$2 billion in annual Medicaid funding** for low-income Minnesotans. A revalidation determination was completed on time by May 31 for 5,583 providers in 13 high-risk service areas, ensuring Minnesotans can trust the organizations that care for our vulnerable neighbors.

## What were providers required to do?

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.

To complete revalidation, providers were required to re-establish the information they provided when they first became Medicaid providers. The required documentation included:

- Basic ownership disclosures and location and contact information for the business or organization.
- Correct and current licenses, insurance and training to provide care.
- Showing that the required number of qualified service providers are in place to carry out the work.

The process also included fingerprint background studies for owners and an on-site visit to verify submitted information.

## What were the results?

5,583 high-risk providers were reviewed across all 87 counties, with nearly 40% of providers located in Hennepin County.

- 2,061 were revalidated and are continuing to provide Medicaid services without interruption.
- 3,411 were notified they will be disenrolled. Of this group:
  - 2,491 had incomplete or inaccurate administrative data
  - 916 were due to failed verification at site visits
  - 4 were due to a failed background study of an owner

## Verifying all providers in high-risk services

**Adult Companion Care**  
*companionship & basic help*

**Adult Day Services**  
*daytime care & activities*

**Adult Rehabilitative Mental Health Services**  
*stability & independent living skills*

**Assertive Community Treatment**  
*intensive mental health support*

**Community First Services and Supports Agency and Personal Care (agencies)**  
*help with daily tasks*

**Early Intensive Developmental and Behavioral Intervention**  
*autism therapy*

**Individualized Home Supports**  
*independent living support*

**Integrated Community Supports**  
*housing & daily living help*

**Intensive Residential Treatment**  
*short-term mental health care*

**Night Supervision Services**  
*overnight safety monitoring*

**Nonemergency Medical Transportation Services**  
*rides to appointments*

**Recovery Peer Support**  
*peer recovery support*

**Recuperative Care**  
*care for unhoused individuals*

- 111 were removed from review at this time because they are no longer providing a high-risk service.
- 59 were referred to the DHS Office of Inspector General for further review.

## Project timeline

The Department of Human Services had five months to revalidate high-risk providers. CMS has subsequently given the rest of the nation two years to complete the same process.

## Communications

The department began engaging with providers who had recently enrolled in early January and issued the first official notices to the remaining providers needing to revalidate in late January. Additional support includes:

- **January:** Weekly e-newsletter and virtual meeting established to assist providers through revalidation.
- **February:** Public launch, including a new release, webpage and monthly program integrity e-newsletter.
- **March:** Direct outreach push with over 4,000 calls to providers who didn't respond or had incomplete documentation. Daily virtual technical help sessions added.
- **April:** Enhanced support with comprehensive FAQs, weekly care coordination meetings with lead agencies, and in-person engagements with community, Tribal and urban Indian leaders.
- **May:** Targeted awareness through paid social media ads, Sheletta Show podcast and statewide health equity forums; shared how-to videos on requests for more information, disenrollment notices.
- **June:** Launched webpage for enrollees, care coordination collaboration continues.

## Help for providers who appeal

Providers can appeal their revalidation determination. Over the coming months, the department will help providers who are able to come into compliance through the appeals process. Providers can watch the [Understanding Disenrollment Notices video](#) and contact us for assistance at the numbers listed here.

## Continued access to services

For enrollees whose providers do not appeal or pass the appeals process, teams of staff across the state are ready to help find new providers.

Contact your case manager, care coordinator, or your health plan's member services for assistance, and visit [mn.gov/dhs/find-care](https://mn.gov/dhs/find-care) to learn more.

**REVALIDATION QUESTIONS?**

- Visit: [mn.gov/dhs/mnreval-provider-faq](https://mn.gov/dhs/mnreval-provider-faq)
- Email: [revalidation.inquiries.dhs@state.mn.us](mailto:revalidation.inquiries.dhs@state.mn.us)
- Call: 651-431-2700

Appeals only  
[provider.enrollment.appeals.dhs@state.mn.us](mailto:provider.enrollment.appeals.dhs@state.mn.us)

**m** DEPARTMENT OF HUMAN SERVICES