MISSISSIPPI DIVISION OF MEDICAID

Medicaid Provider Revalidation Roadmap

Complete your revalidation to maintain your Medicaid enrollment.[1]

Who Must Revalidate — CMS requires **ALL** actively enrolled Medicaid providers to revalidate their Medicaid enrollment.[1]

1 Receive Your Revalidation Notice

Approximately 60 days before your Revalidation Submission Due Date:

- One notice will be sent to the Mail To address on file with DOM and a revalidation link will appear in your MESA Portal Dashboard.
- Providers with multiple locations will receive separate revalidation notices for each location.
- Keep your mailing address current and monitor your mail carefully.

2 Complete & Submit in the MESA Portal

To remain enrolled in Medicaid:

⚠ **IMPORTANT:** Your completed revalidation must be submitted within 60 days of the date on your notification letter.

✓ Login and submit your revalidation through the MESA Portal.

What happens if you don't submit within 60 days?

Fee-for-Service Medicaid claims will be placed on payment suspension until the required revalidation is submitted. Continued failure to revalidate will result in termination of Medicaid enrollment.[2,5]

3 Federally Required Screening

Once your revalidation is submitted, your application is screened in accordance with federal requirements. Mississippi Medicaid will verify:

- Professional licensure and certifications.
- Ownership and disclosure information.[4,6]
- Any additional screening requirements based on your assigned risk level.[6]

4 If Additional Information Is Needed

If your application is incomplete:

- You will be notified of any missing information or required documentation.
- You have 60 days from the request to submit the requested materials.
- Failure to respond within 60 days may result in denial of your revalidation application.[2,5]

5 Enrollment Determination

After all reviews are successfully completed:

- You will receive written notification by mail regarding your continued Medicaid enrollment.

Failure to Revalidate

Failure to complete the required revalidation process will result in:[2,5]

- **Payment suspension for Fee-for-Service claims**
- **Termination of Medicaid enrollment**
- **Loss of Medicaid billing privileges**
- **Inability to provide and bill for services to Medicaid beneficiaries**

Legal Authority

Statutory and regulatory bases for the revalidation requirements described above.

1. **42 C.F.R. § 455.414 — Revalidation of enrollment.** The State Medicaid agency must revalidate the enrollment of all providers at least every 5 years.
2. **42 C.F.R. § 455.416 — Termination or denial of enrollment.** The State must terminate or deny enrollment when a provider fails to submit timely or accurate information, fails required screening, or fails to submit fingerprints.
3. **42 C.F.R. § 455.460 — Application fee.** States must collect the applicable application fee before executing a provider agreement with a prospective or re-enrolling provider (with stated exceptions).
4. **42 C.F.R. § 455.107 — Disclosure of affiliations.** Affiliation disclosures are required when a provider is revalidating its Medicaid enrollment information.
5. **DOM Administrative Code, Part 200, Chapter 4, Rule 4.8 — Requirements for All Providers (**auth. 42 C.F.R. §§ 455.101, 455.104–455.107, 455.414). Failure to comply may result in denial of the revalidation application.
6. **DOM Administrative Code, Part 200, Chapter 4, Rule 4.2 — Conditions of Participation** (auth. 42 C.F.R. §§ 455.101, 455.104–455.107, 455.412, 455.416, 455.460, 455.470).