

March 26, 2024

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<City> <State> zipcode5-zipcode4

Dear Provider:

RE: Soft Launch of Electronic Visit Verification for Fee-for-Service Home Health Care Services

The purpose of this letter is to provide guidance on the implementation of Electronic Visit Verification (EVV) for Fee-for-Service (FFS) Home Health Care Services (HHCS). The 21st Century Cures Act (the Cures Act), enacted by the U.S. Congress in December 2016, added Section 1903(l) to the Social Security Act to require all states to use EVV for personal care services (PCS) and HHCS provided under a Medicaid State Plan of the Social Security Act or under a waiver of the State Plan.

As indicated in [MMP 24-11](#), the Michigan Department of Health and Human Services (MDHHS) requires the use of EVV for HHCS for Medicaid FFS providers serving Medicaid beneficiaries as of April 1, 2024.

MDHHS will implement EVV for FFS HHCS providers in two phases:

1. Dates of Service on or after April 1, 2024 - MDHHS will implement a soft launch for the HHCS Codes requiring EVV:

During the soft launch period providers can submit claims through CHAMPS using the mode of claim submission they use today, or choose to have their claims created and submitted to Community Health Automated Medicaid Processing System (CHAMPS) through the state's EVV system. Should the same claim be submitted to CHAMPS using the state's EVV system and directly by the provider to CHAMPS, the second claim will be rejected as a duplicate.

During soft launch, EVV is required, but there are no financial consequences if EVV information is not reported through the state's EVV or other third-party EVV system. Providers and their caregivers should use the soft launch phase to review training, practice using the EVV system, and troubleshoot problems.

1. On June 1, 2024, MDHHS will implement a hard cutover to EVV for all Dates of Service on or after April 1, 2024, for HHCS Codes requiring EVV:

At hard cutover, these EVV services must be billed through the state's EVV system only. The state's EVV system will allow a claim to be created and submitted to CHAMPS once an EVV record is complete. Missing or incomplete EVV records will prevent a claim from being created and will impact provider payment. At hard cutover, providers will no longer be allowed to directly submit claims to CHAMPS for HHCS Codes requiring EVV using the modes of submission they use today. Claims submitted to CHAMPS directly from the provider for the EVV services will be rejected.

The EVV-required codes for HHCS are listed on the home health billing and reimbursement website, which can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Home Health.

See [MMP 24-11](#) for details on the EVV requirements for HHCS.

Any questions regarding this letter should be directed to Provider Inquiry at: Michigan Department of Health and Human Services, P.O. Box 30731, Lansing, MI 48909-8231 or emailed to ProviderSupport@michigan.gov. When you submit an email, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-292-2550.

To stay up to date on EVV in Michigan visit www.Michigan.gov/EVV. An email ListServ is also available for providers who want to receive automated announcements regarding the Michigan Medicaid Program (i.e., changes to policy, training opportunities, etc.). Providers may access subscription instructions on the MDHHS website at www.michigan.gov/medicaidproviders >> click "ListServ Instructions" under Resources.

An electronic version of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,



Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration