

# BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

**Bulletin Number:** MMP 25-24

**Distribution:** Home Health Care Services Providers, Medicaid Health Plans

**Issued:** July 1, 2025

**Subject:** Clarification on Electronic Visit Verification (EVV) Home Health Care Service Visits

**Effective:** August 1, 2025

**Programs Affected:** Medicaid

## Purpose

The purpose of this policy is to clarify time of visit requirements for Electronic Visit Verification (EVV) required **Home Health Care Services** (HHCS).

## Background

The 21<sup>st</sup> Century Cures Act (the Cures Act), enacted by the U.S. Congress in December 2016, added Section 1903(I) 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.

The Michigan Department of Health and Human Services (MDHHS) implemented EVV requirements for Medicaid fee-for-service (FFS) HHCS on April 1, 2024, and for Medicaid Health Plan HHCS on September 3, 2024. (Refer to the Home Health chapter and Electronic Visit Verification chapter of the [MDHHS Medicaid Provider Manual](#) for additional information.)

The Billing and Reimbursement for Institutional Providers chapter of the MDHHS Medicaid Provider manual, Home Health Claim Completion section, states that for claim completion “the time counted must be the time spent actively treating the beneficiary”.

## Clarification on Time of Visit Requirements For EVV

Two or more **Home Health** service visits occurring at the same time are considered “overlapping visits.” If a single service visit overlaps with another, it is also considered an “overlapping visit.” For example, if a service visit start time is prior to the end time of a service visit on the same day, it is considered an “overlapping visit”

Overlapping visits for any **Home Health** EVV service will not be paid. The first HHCS visit submitted to HHAeXchange will be processed. If another HHCS visit uses the same time in full or in part, it will not be paid. If overlapping visits are submitted simultaneously, the visit with the earlier start time will be processed.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, 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 800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

### **Approved**



Meghan E. Groen, Chief Deputy Director  
Health Services