

# BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

**Bulletin Number:** MMP 26-10

**Distribution:** MI Choice Waiver Agencies, MI Coordinated Health Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs), Home Help Agency Providers and Individual Caregivers, Prepaid Inpatient Health Plans (PIHPs), Home Health Agencies, Medicaid Health Plans (MHPs), Community Mental Health Services Programs (CMHSPs)

**Issued:** February 27, 2026

**Subject:** Electronic Visit Verification (EVV) Compliance

**Effective:** April 1, 2026

**Programs Affected:** Medicaid, Comprehensive Health Care Program (CHCP), MI Choice, MI Coordinated Health, Behavioral Health, Home Help

## Purpose

The purpose of this bulletin is to inform personal care services (PCS) and home health care services (HHCS) providers that, effective April 1, 2026, the Michigan Department of Health and Human Services (MDHHS) will enforce EVV compliance for all agency providers, including fiscal intermediaries (FIs) and financial management services (FMS) providers. This policy applies to agency providers and FI/FMS providers (both groups referred to as “providers” throughout this bulletin) enrolled in both fee-for-service (FFS) programs and the managed care programs. The managed care entities (MCEs), for the purposes of this policy, are the MHPs, HIDE SNPs, PIHPs/CMHSPs and MI Choice Waiver Agencies.

## Background

The 21<sup>st</sup> 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 PCS and HHCS provided under a Medicaid State Plan of the Social Security Act or under a waiver of the State Plan.

The Cures Act requires the following six data elements to be collected for EVV:

- Type of service performed
- Person receiving the service
- Date of the service
- Location of the service

- Person providing the service
- Time the service begins and ends

MDHHS issued bulletins [MMP 24-11](#), [MMP 24-21](#), and [MMP 24-34](#) informing PCS and HHCS providers of the MDHHS requirements for EVV.

All PCS and HHCS providers must use EVV to report services that require EVV. Michigan implemented an open vendor model, meaning providers can use the state EVV system or their own EVV system and send EVV data to the state aggregator.

Providers must follow the EVV reporting requirements to ensure:

- Compliance with the federal mandate and with state Medicaid policy;
- Ongoing enrollment as a Michigan Medicaid provider; and
- Payment for services appropriately provided through MDHHS.

### **EVV Usage – Manual Edits**

MDHHS requires visit information to be reported electronically using either a mobile device or Interactive Voice Response (IVR) (Telephony). If an EVV visit is missing clock-in or clock-out information or the visit information was entered incorrectly, the provider is required to make any type of edit or correction; this is deemed a manual edit. Manual edits are accepted but should never be the primary method to capture visit information. Manual edits should be kept to a minimum to ensure compliance.

Any of the following will result in a non-compliant visit requiring manual entry or manual edit:

- A missing clock-in time.
- A missing clock-out time.
- A missing clock-in and clock-out time.
- A missing caregiver.
- A missing phone number when IVR is used.
- Missing Global Positioning System (GPS) coordinates when mobile application is used.
- Manually entering or changing a visit clock-in or visit clock-out time. For example, if the provider changes an electronically logged visit clock-in and/or clock-out.

To meet state and federal compliance requirements, MDHHS expects agency providers, including FMS providers, to achieve a quarterly threshold of 85 percent of EVV records for verified visits without manual edits. This will be calculated by taking the total number of EVV records for verified visits which have no manual edits in a quarter and dividing it by the total number of EVV records for verified visits received in a quarter. If a provider is providing FFS and managed care EVV services, and/or contracted by multiple MCEs, the provider is expected to achieve the quarterly threshold per individual payer (MDHHS and MCEs).

MDHHS or the designated MCE are responsible for reviewing quarterly compliance thresholds of providers in their program. MDHHS is responsible for monitoring the FFS programs (Home Health FFS and Home Help). MCEs are responsible for monitoring the managed care programs. Providers and payers are expected to monitor compliance throughout a quarter

using available resources through HHAeXchange (HHAX) portals. HHAX will generate a monthly Compliance Report that will be sent to each provider and payer to ensure all involved in the monitoring process are using the same data. Providers who are associated with multiple payers will receive reports for each. MDHHS and MCEs will use the monthly reports to calculate quarterly compliance.

### Manual Edit Quarterly Review Schedule

Review Period	Quarterly Review Schedule
October - December	January
January - March	April
April - June	July
July - September	October

Corrective action for providers that do not meet a quarterly threshold of 85 percent of EVV records without manual edits must be enforced by MDHHS or the designated MCE and could include:

- Direction to retrain agency staff and direct caregivers.
- Mandatory attendance at a state- or MCE-sponsored training.
- Submission of a compliance plan for MDHHS or MCE to monitor.
- Formal meeting with MDHHS or MCE to report on compliance progress.

If persistent non-compliance is not resolved through the corrective actions above, further action may be taken at the discretion of MDHHS or MCE.

MDHHS will allow a grace period where no corrective actions will be taken for newly enrolled providers, when a new program or EVV implementation is required, or other situation as approved by MDHHS. This grace period will begin in the quarter when the situation occurs (such as enrollment) and extend through the following full quarter. For example, if a new EVV provider enrolls in February, their grace period for EVV compliance is from January 1 to June 30.

### 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.

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Policy, Letters & Forms.

**Approved**

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive style with a large, looped "M" and "G".

Meghan E. Groen, Chief Deputy Director  
Health Services