

October 14, 2025

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

Dear Medicaid Health Plan (MHP) Network Provider:

RE: Soft Launch of Electronic Visit Verification (EVV) for Medicaid Managed Care Home Health Care Services (HHCS) Ending December 31, 2025

The purpose of this letter is to provide updated guidance on the implementation of EVV for Medicaid managed care HHCS providers. 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 [bulletin MMP 24-21](#), the Michigan Department of Health and Human Services (MDHHS) requires the use of EVV for managed care HHCS providers serving Medicaid beneficiaries as of September 3, 2024.

MDHHS is implementing EVV for managed care HHCS providers in two phases:

1. On September 3, 2024, MDHHS implemented a soft launch of EVV for managed care HHCS codes requiring EVV. EVV is required for Dates of Service on or after September 3, 2024.

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

During the soft launch, EVV is required; however, 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.

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2. On January 1, 2026, MDHHS will implement a hard cutover to EVV for managed care HHCS codes requiring EVV. The hard cutover applies to all Dates of Service on or after September 3, 2024.

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 the MHP once an EVV record is complete. Missing or incomplete EVV records will prevent a claim from being created and will impact provider payment until the EVV record is complete. At hard cutover, providers will no longer be allowed to directly submit claims to the MHP payment system for HHCS codes requiring EVV. Claims submitted to the MHP payment system directly from the provider for the EVV services will be denied.

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 [bulletin MMP 24-11](#) and [bulletin MMP 24-21](#) for details on the EVV requirements for HHCS. Providers should refer to their MHPs for plan-specific guidance where necessary.

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

Sincerely,

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

Meghan E. Groen, Chief Deputy Director
Health Services