

# LTSS- Monthly Forum August 2024

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Molina Healthcare Michigan

# EVV- Electronic Visit Verification



Launching 9/3/2024



Review the recording and slide deck of the HHAeXchange Get Ready for EVV webinar if you were not able to attend. [Recording](#) | [Deck](#)



Complete the Provider Onboarding Form [Complete Provider Onboarding Form Now](#)

**Please Note: FOBS will not be supplied by the State. CG must use App or landline**

# Connect your existing EVV system to the plans in Michigan through HHAeXchange Portal

What if we have an EVV System that we'd like to keep?

It's easy to connect your existing EVV system to the plans in Michigan through the HHAeXchange Portal. Ensure that you've completed the Provider Portal Enrollment Form, and the HHAeXchange Integrations Team will coordinate with you to create an interface to process your existing EVV visits and claims.

## Complete the HHAeXchange Provider Onboarding Form!

Regardless of the EVV solution selected, all impacted providers are required to complete the [HHAeXchange Provider Onboarding Form](#).

Please note that only one onboarding form per agency is required to create your HHAeXchange Portal. Once your portal is created, it will be linked to your relevant Michigan contracts in alignment with our phased go live schedule.



### What services require EVV?



If you provide Medicaid-funded personal care or home health care services such as assistance with ambulation, bathing, dressing, grooming, personal hygiene, meals, and homemaker services through any of the five programs listed above, then you must validate those services through an EVV system.



The Michigan Medicaid program covers PCS that are provided under the State Plan and waivers of the plan. The following services and their procedure codes listed by program encompass PCS.

MI Health Link	H2015	Comprehensive Community Support Services, per 15 minutes
	S5150	Unskilled Respite Care, not Hospice, per 15 minutes
	T1019	Personal Care Services (PCS), per 15 minutes

[MDHHS EVV LinkHHAExchange Website](#)

# MI Health Link EVV Implementation - Personal Care Services

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During the soft launch period, Behavioral Health, MI Choice, and MI Health Link providers will continue to submit claims the same way they do today.

On 9/9/2024 the HHAeXchange Agency Provider Portal will be available with payer data.

No later than 9/16/2024 agency providers should log into the HHAeXchange Agency Provider Portal and become familiar with the EVV tools available, and if choosing to use schedules begin creating schedules in the HHAeXchange Agency Provider Portal.

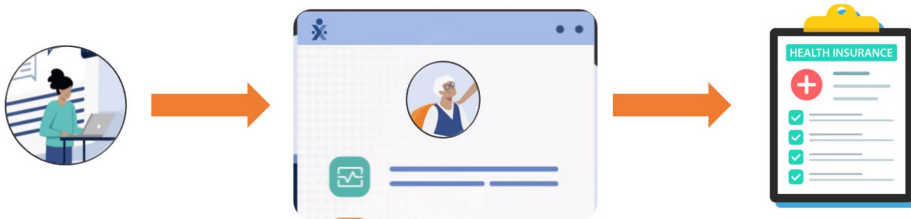
Beginning 9/16/2024 agency providers should start training and preparing their caregivers to ensure they are ready to use EVV tools for clocking in and out no later than 10/7/2024.

MDHHS will provide the ICO, and network providers with guidance on the end of the soft launch and the start of tying payments to EVV at a later date.

[Training Videos | HHAeXchange Knowledge Base](#)



Agency sends the Payer the member in HHAeXchange.



If your contracts fall under any of these below, **you will create the members**. If your contract isn't part of these below, the payer will be sending you the information:

Aetna Better Health Premier Plan HHCS

Blue Cross Complete

HAP CareSource

McLaren

Meridian

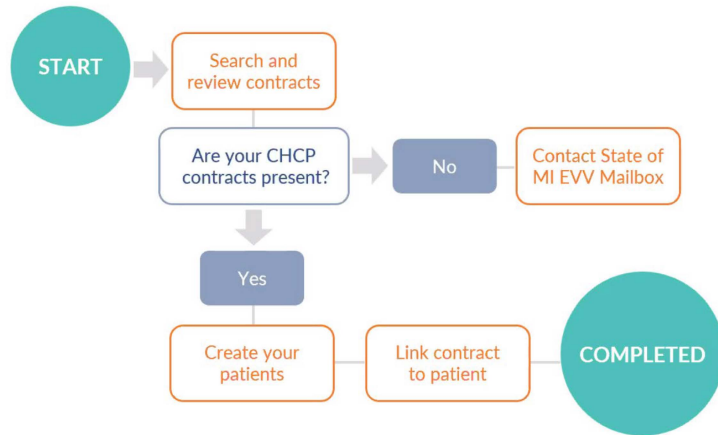
Molina

Priority Health Choice

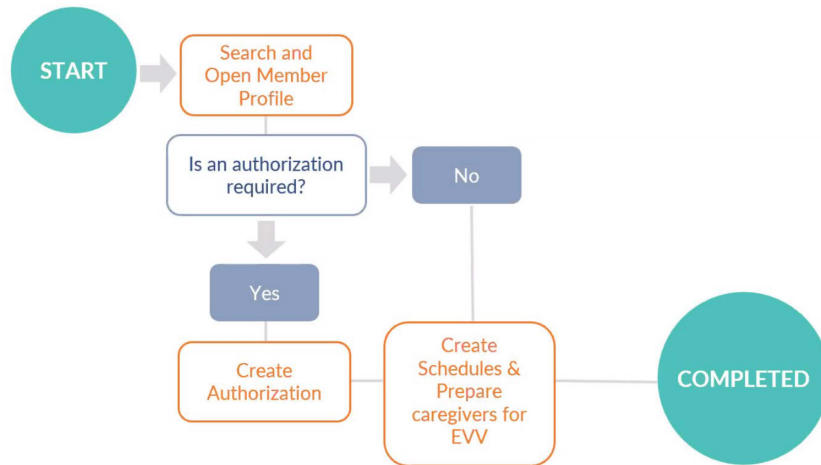
United Health Care

Upper Peninsula Health Plan

# Provider-Managed Patient Placement Workflow



# Provider-Managed Scheduling Workflow



## > Action Needed: Caregiver Timeline



Date: Today!

Ensure your Caregivers are in HHAExchange.

Enable EVV Access.



Date: by 9/13

Provide your caregivers the resources and information needed to perform EVV.



Date: 9/16

Start collecting EVV.



Date: 9/18

Attend open hours training to answer your questions.

## Preparing Caregivers

### You should determine...

- How do your caregivers use technology today?
- What appeals to your caregivers?
- Where they are in the caregiver lifecycle?

### Training Caregivers

- Require caregivers download the mobile app during training.
- Take advantage of EVV training tools and provide documentation.
- Set expectations and check in.



# > Frequently Asked Questions



Question/Issue	Answer/Resolution
<p>Provider reports they are missing a Member in their HHAeXchange Provider Portal.</p>	<p><b>Provider Managed Workflow:</b> Provider needs to create and connect Members in HHAeXchange.</p> <p><del>Payer Managed Workflow. Members should be received via placement from the payer's data source vendor. Consult with data source vendor and correct source system/Placement file to resolve.</del></p>
<p>Provider is not seeing a linked contract/payer</p>	<p>HHAeXchange is using the Provider file data to link portals. Please consult team responsible for managing Provider file Data.</p>
<p>Provider is sending Linked/ Payer Communications</p>	<p>Providers should not use the Linked communications functionality in HHAeXchange and should contact payer directly.</p>
<p>Should providers submit claims in HHAeXchange.</p>	<p>Claims will not be integrated with the EVV system at this time</p>
<p>Provider requests Implementation Resources</p>	<p>All resources can be accessed here:  <a href="https://www.hhaexchange.com/info-hub/michigan-information-center">https://www.hhaexchange.com/info-hub/michigan-information-center</a></p>

# Payer /Linked Contract Status

Waiver Program	Placement Workflow
<p>CHCP 9 Payers <i>*Medicaid Health Plans (MHPs)</i></p>	<p><b>Provider Managed</b></p>
<p>MI Choice 20 Payers</p>	<p><b>Payer Managed</b></p>
<p>Behavioral Health 46 Payers</p>	<p><b>Payer Managed</b></p>
<p>MI Health Link 6 Payers</p>	<p><b>Payer Managed</b></p>

# Live-In Caregiver Attestation Forms

- Agency to collect completed forms and documents from Caregivers
- Agency double check forms and documents to identify information is correct
- Forms not completed correctly will be denied and returned to the agency
- 2 Proofs of residence must be in the Caregivers name
- Agency to send forms to: [mhmltsscontracting@molinahealthcare.com](mailto:mhmltsscontracting@molinahealthcare.com)
- Exclusion from EVV is not an exclusion from providing a timecard

[MDHHS Live-In Caregiver Attestation](#)

# TAT-Turnaround Time

Services within  
5 Days of the  
Auth. Start Date

Documentation  
of member  
outreach

Circumstances  
outside of your  
control

Delay in billing

# 2024-Molina MMP Provider Manual

## PROVIDER MANUAL

(Provider Handbook)

Molina Healthcare of Michigan, Inc.

(Molina Healthcare or Molina)

Dual Options  
MI Health Link  
2024

Capitalized words or phrases used in this Provider Manual shall have the meaning set forth in your Agreement with Molina Healthcare. "Molina Healthcare" or "Molina" have the same meaning as "Health Plan" in your Agreement. The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at [MolinaHealthcare.com](https://www.MolinaHealthcare.com).

Last Updated: 06/2024



[Long Term Support Services \(molinahealthcare.com\)](http://molinahealthcare.com)

# NEW LTSS Website



# BIDs

- Home Modifications
- Deep Clean

- Required TAT
- Bid within 30 days
- Unable-Please reply stating
- Able-reply with estimate

# V12-Provider Portal

## **Adding practitioners to your making changes to your provider information?**

Please notify Molina Healthcare at least 30 days in advance when you have any of the following:

- Change in office location, office hours, phone, fax, or email
- Addition or closure of office location
- Change in Tax ID and/or NPI
- Open or close your practice to new patients

**First time user of our new online provider portal?** Please click [here](#) to receive a username and password to update your information.

**Existing users of our online provider portal:** Please click [here](#) to access our online provider portal to update your information.



# Member Eligibility & Benefits

Agency Responsibility

Must be checked monthly

Prior to Services/Billing

Delay in system from State

Delay in stopping Prior Auth.

Delay in notifying Agency

# Annual Provider Qualification for MI Health Link HCBS Waiver & Supplemental Services

## Provider Qualifications for MI Health Link HCBS Waiver and Supplemental Services

### Compliance Attestation

Molina Healthcare’s commitment to compliance includes ensuring our contracted provider partners under our MMP Plan and who are providing Waiver services to our members comply with the Center for Medicare and Medicaid Services (CMS) and Michigan Department of Health and Human Services (MDHHS) guidelines outlined in the Minimum Operating Standards for MI Health Link Program and MI Health Link HCBS Waiver for the services provided on our behalf.

As part of Molina Healthcare’s oversight of our provider partners, we require completion of this attestation to validate our provider partners have met the CMS and MDHHS requirements. The attestation is requested to be completed within 90 days of contracting and annually thereafter by the Chief Executive Officer, Chief Operating Officer or Compliance Officer. Molina Healthcare holds the right to audit providers at any time and request documentation that proves that providers meet the outlined requirements.

Please indicate the Waiver/Supplemental Services that your organization provides:

<input type="checkbox"/> Adaptive Equipment	<input type="checkbox"/> Home Delivered Meals
<input type="checkbox"/> Adult Day Program	<input type="checkbox"/> Non-Medical Transportation
<input type="checkbox"/> Assistive Technology	<input type="checkbox"/> Personal Care Services
<input type="checkbox"/> Chore Services	<input type="checkbox"/> Personal Emergency Response System (PERS)
<input type="checkbox"/> Community Transition Services	<input type="checkbox"/> Preventive Nursing Services
<input type="checkbox"/> Environmental Modifications	<input type="checkbox"/> Private Duty Nursing
<input type="checkbox"/> Expanded Community Living Supports (ECLS)	<input type="checkbox"/> Respite
<input type="checkbox"/> Fiscal Intermediary	

I attest our organization is in compliance with the following:

- 1- Provider Qualification Requirements as described in the Minimum Operating Standards for MI Health Link Program, MI Health Link HCBS Waiver and Appendix A.
- 2- Completion of required trainings and maintaining a record of completion (e.g. training logs, certificates of completion, system generated reports, spreadsheets). Documentation must include at least the employee names, date of employment, dates of completion and passing scores if captured, as described in Appendix B.
- 3- Criminal Background Checks for employees and subcontractors, as described in Appendix C.
- 4- Monthly Federal exclusion list screening and maintaining record of timely checks against those lists (i.e. OIG and SAMS lists).
- 5- Internal and downstream entity monitoring and auditing.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization Name (as it appears on your W9)

\_\_\_\_\_  
TIN

As part of Molina Healthcare’s oversight of our provider partners, we require completion of this attestation to validate our provider partners have met the CMS and MDHHS requirements.

# Billing Guidelines

Appeal/dispute- 120 days

Corrected claim- 90 days

Timesheet matches  
submission for claim

Bill only for services  
approved

# Upcoming quarterly training- Monday September 30th at 1:00PM

## Program and Policy Notes

### MI Health Link Program, Contractual, Policy Requirements and Highlights

#### MI Health Link Quarter 3 Training

*Monday September 30th, 2024 at 1:00PM*

The MI Health Link team is excited to announce the upcoming quarterly training is scheduled for Monday September 30th at 1:00PM and will be highlighting the long term supports and services LTSS programs. Together with program experts from the other LTSS areas the MI Health Link team will be covering the differences and the requirements of the various programs. Participants in this training will have a better understanding of the requirements for qualifying for each program and the varying benefits and services of each program. For more information or questions about this learning opportunity please email the waiver team at [MDHHS-MHL-Waiver@michigan.gov](mailto:MDHHS-MHL-Waiver@michigan.gov).

**Centralized Mailbox:**

[mhmltsscontracting@molinahealthcare.com](mailto:mhmltsscontracting@molinahealthcare.com)

**Sheri Dankert**- Contracting Manager:  
Credentialing & Contracting inquires

**Tania Mitchell**- Provider Relations Manager:  
Claims & Payment inquires

**Long-Term Support Specialist**- PA inquires

**LTSS Contact  
information**