Molina Healthcare

Provider Open Forum

MOLINA HEALTHCARE

Agenda

- Introduction to Arielle
- MHL to MICH Transition
  - HIDE -SNP
  - Standard Remarks Requirement
  - MHL/MICH EVV Communication – Email sent to providers on 11/21/2025
  - MDHHS EVV Compliance Proposed – 4/1/2026
- Expansion
- LSM Training – MDHHS Free Training
- 2026 Provider Manual
- Availity E&B Issue
- Claims
  - Appeals/dispute
- 2025 Provider Attestations
- Molina Logo for Advertising

Arielle Goodson

MMI-Provider Contracts Manager HP – Core • MMI Provider Network

- **Contracting Manager**:
- Sheri Dankert
- Arielle Goodson- Please Welcome!!
- Contracting related information
- Credentialing information
- Open forum related information

- **Provider Relations Manager**: Vanessa Mesler
- Claims related information
- Payment related information
- General Questions

- All email communication for Contracting Manager & Provider Relations Manager should be sent to our centralized email address.
- **Email Communication: mhmltsscontracting@molinahealthcare.com**

MI Health Link Transitions to MI Coordinated Health

- Through the Home and Community-Based Services (HCBS) Waiver, MICH enrollees who require a Nursing Home Level of Care but prefer to live in the community can receive assistance in their own homes or residential settings rather than in institutional settings like nursing homes.
- MICH is a Highly-Integrated Dual Eligible Special Needs Plan (HIDE SNP) for Michigan residents. It offers a broad range of medical and behavioral health services, pharmacy, home and community-based services and nursing home care, all in a single program designed to meet individual needs.

Q: ***Where can I find more information about the MI Coordinated Health program?***
A: ***To learn more about the MI Coordinated Health program please click below***
Information For Health Plans & Providers.

Home and Community-Based Services

Through the Home and Community-Based Services (HCBS) Waiver, MICH enrollees who require a Nursing Home Level of Care but prefer to live in the community can receive assistance in their own homes or residential settings rather than in institutional settings like nursing homes. Each enrollee can receive the basic services Michigan Medicaid covers, care coordination, and one or more of the following services in the waiver:

- Adaptive medical equipment and supplies
- Adult day health (adult day care)
- Assistive technology
- Chore services
- Environmental modifications
- Expanded Community Living Supports (ECLS)
- Fiscal intermediary
- Home delivered meals
- Individualized goods and services
- Non-medical transportation
- Personal Emergency Response Systems (PERS)
- Preventive nursing services
- Private duty nursing
- Respite services
- Vehicle modifications

MHL/MICH EVV Communication

- Email communication was sent out to all LTSS providers on 11/21/2025
- Providers who need to complete the onboarding process with HHAX should visit the HHAeXchange Michigan Information Center website at https://www.hhaexchange.com/info-hub/michigan.
- To stay up to date on EVV in Michigan visit www.Michigan.gov/EVV

Dear MI Health Link (MHL) / MI Coordinated Health (MICH) network provider,

The purpose of this communication is to remind providers that effective with the January 1, 2026, transition of the MHL program to MICH, a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP), certain Medicaid services require Electronic Visit Verification (EVV). 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 home health care services (HHCS) provided under a Medicaid State Plan of the Social Security Act or under a waiver of the State Plan. For additional information regarding the transition of the MHL program to MICH and the specific MICH services requiring EVV, visit 2520-MICH-P.pdf. *Please note – This version of the bulletin was released as a draft for public comment and is subject to change. A final version will be released prior to the launch of the program on January 1, 2026*

For providers who have completed onboarding with the state's EVV vendor, HHAeXchange (HHAX), and who have been reporting EVV visits since the MHL EVV implementation in September 2024, there is no change. Your unique agency provider portal and credentials are unchanged. If you use the state's free HHAX system, your caregivers will be able to report visits using the state approved reporting methods as they do today. If you use your own EVV system, your third-party vendor will continue to submit visit data to the state's aggregator, HHAX, as they do today.

As stated above, all MICH providers must use EVV for specific services, unless otherwise exempt. For information on services requiring EVV, exemptions to EVV, and other EVV requirements visit EVV Policy Bulletins & L-Letters.

Providers who need to complete the onboarding process with HHAX should visit the HHAeXchange Michigan Information Center website at https://www.hhaexchange.com/info-hub/michigan. This site also includes information on integrating your third-party EVV system, and other valuable information.

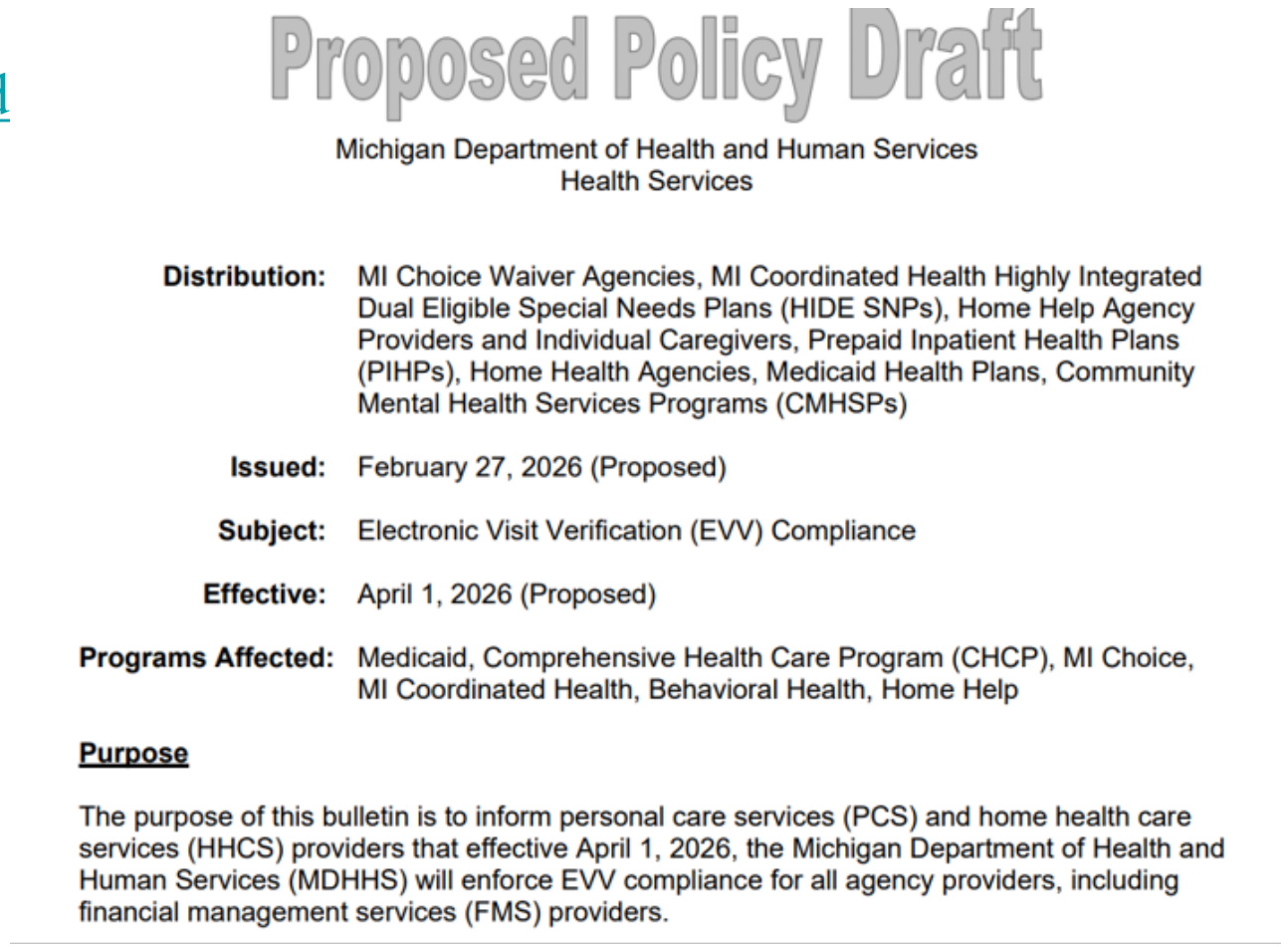
To stay up to date on EVV in Michigan visit www.Michigan.gov/EVV

Providers should refer to their HIDE SNP for plan-specific guidance where necessary.

April 1st, 2026

MDHHS EVV Compliance

- 2549-EVV-P.pd



Proposed Policy Draft

Michigan Department of Health and Human Services
Health Services

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, Community Mental Health Services Programs (CMHSPs)

Issued: February 27, 2026 (Proposed)

Subject: Electronic Visit Verification (EVV) Compliance

Effective: April 1, 2026 (Proposed)

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

Purpose

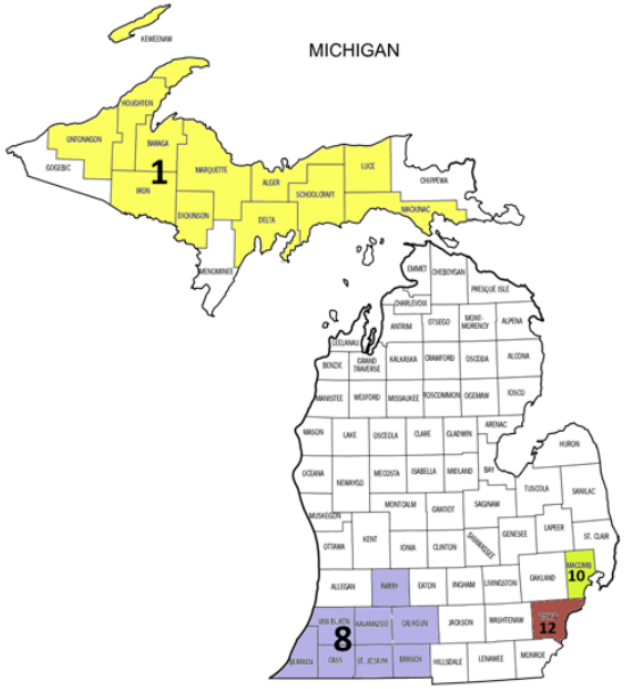
The purpose of this bulletin is to inform personal care services (PCS) and home health care services (HHCS) providers that effective April 1, 2026, the Michigan Department of Health and Human Services (MDHHS) will enforce EVV compliance for all agency providers, including financial management services (FMS) providers.

Program Eligibility

MI Coordinated Health (MICH) is a Highly-Integrated Dual Eligible Special Needs Plan (HIDE SNP) for Michigan residents that:

- Are aged 21 or older.
- Are enrolled in both Medicare and Medicaid.
- Do not live in a state-operated veteran's home.
- Are not currently enrolled in hospice care.
- Live in the Michigan counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne or any county in the Upper Peninsula (except Chippewa, Gogebic, and Menominee).

Coverage Area



Region 1: UPHP (Not available in Chippewa, Gogegbic, or Menominee Counties in 2026)

Region 8: Aetna, Molina (Not available in St.Joseph County in 2026), Priority, UnitedHealthcare, Wellcare-Meridian

Region 10: Aetna, AmeriHealth, HAP CareSource, Humana, Molina, Priority, UnitedHealthcare, Wellcare-Meridian

Region 12: Aetna, AmeriHealth, HAP CareSource, Humana, Molina, Priority, UnitedHealthcare, Wellcare-Meridian

LMS Training

The MI Health Link LMS will be retired effective January 1, 2026

- **Effective January 1, 2026** Training content in the MI Health Link Learning Management System (LMS) will no longer be available. Users will still be able to log in to review transcripts and download past certificates, but training courses will no longer be available.
- **Effective May 1, 2026** The MI Health Link LMS will be fully deactivated.

Action Required

- Complete any required training before December 31, 2025.
- It is also recommended to download your transcript and copies of past certificates for your records prior to January 1, 2026

Further Questions?

For technical assistance with the MI Health Link LMS, please contact eLearning@mphi.org.

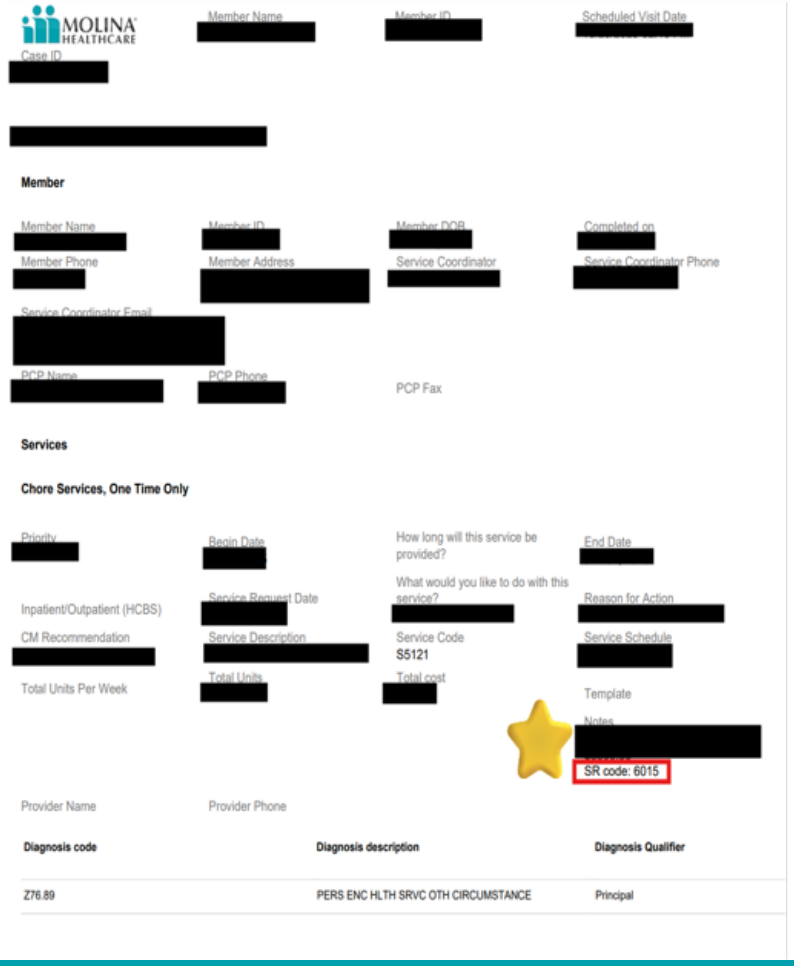
For policy-related questions: IntegratedCare@Michigan.gov.

January 1st, 2026

Standard Remarks Requirement

- **1/1/2026 - Standard Remarks Required**
  - Information for Helath Plans & Providers - State of Michigan
- What is a Standard Remark Code?
  - The **MDHHS Standardized Remark Code** refers to a set of codes used by the Michigan Department of Health and Human Services
  - (MDHHS) for various administrative and reporting purposes. These codes are utilized for claim adjudication, remittance advice and other health-related transactions.
- Currently Located – Minimum Operating Standards for MI Health Link Program and MI Health Link HCBS Waiver
  - Page 136
- MICH_HCBS_Waiver_Requirements_Resource_Document_V2.pdf
  - Page 72
- Availity - Professional Claim –
  - Claims & Encounters overview
  - REC_AP_FacilityClaim
- **More information to come as we learn more!**

Standard Remarks



MOLINA HEALTHCARE

Member Name [redacted] Member ID [redacted] Scheduled Visit Date [redacted]

Case ID [redacted]

[redacted]

Member

Member Name [redacted] Member ID [redacted] Member DOB [redacted] Completed on [redacted]

Member Phone [redacted] Member Address [redacted] Service Coordinator [redacted] Service Coordinator Phone [redacted]

Service Coordinator Email [redacted]

PCP Name [redacted] PCP Phone [redacted] PCP Fax

Services

Chore Services, One Time Only

Priority [redacted] Begin Date [redacted] How long will this service be provided? End Date [redacted]

What would you like to do with this service? [redacted]

Inpatient/Outpatient (HCBS) Service Request Date [redacted] Reason for Action [redacted]

CM Recommendation [redacted] Service Description [redacted] Service Code S5121 Service Schedule [redacted]

Total Units Per Week Total Units [redacted] Total cost [redacted] Template

Notes [redacted]

SR code: 6015

Provider Name Provider Phone

Diagnosis code	Diagnosis description	Diagnosis Qualifier
Z76.89	PERS ENC HLTH SRVC OTH CIRCUMSTANCE	Principal

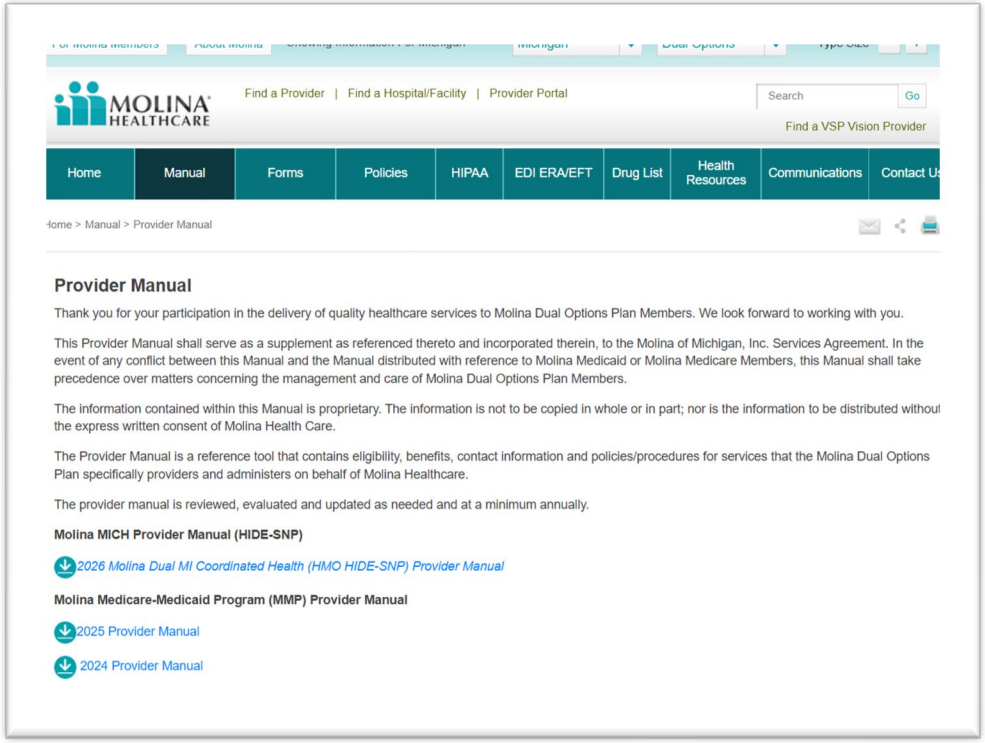
2026 Provider Manual

2026 Provider Manual Molina Dual MI Coordinated Health (HMO HIDE-SNP)

PROVIDER MANUAL

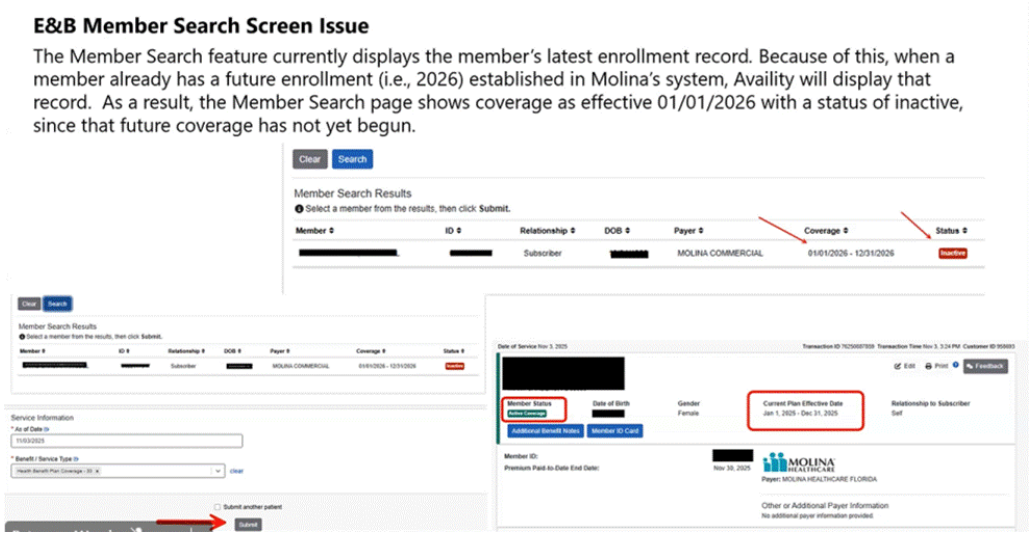
Manuals are also available on the Molina Website

Molina Healthcare - Provider Manuals



Availity E&B Issue – RESOLVED

- **Eligibility & Benefits (E&B) Display**
  - The Member Search Display screen currently shows the member's latest enrollment record.
  - If a member has a future enrollment in Molina's system (e.g., effective 01/01/2026), Availity will display that record.
  - As a result, the Member Search page may show coverage as effective 01/01/2026 with a status of **inactive**, since that future coverage has not yet begun.
- **Important:**
  - This is only a **display issue** on the initial search screen.
  - Once the provider continues the member search, the system will return the correct **current 2025 benefit coverage**.



Claims

Appeals/dispute

- Provider disputes/appeals **must** be submitted within 90 days from the remittance date.
- Dispute/appeals **must** be submitted electronically:
  - Availity Essentials Provider Portal (preferred)
    - Availity.com/molinahealthcare
  - Fax:(248)925-1768

- In the event the dispute/appeal is upheld – send an email to mhmltsscontracting@molinahealthcare.com
  - Include: Claim number, patient information, appeal number, and appeal discission
- Availity disputes: A step-by-step guide
- Claims Correction in Availity

Please return ASAP to be compliant

- Complete form fully
- Select ALL services you are contracted for
- Origination Name
- TIN
- Signature and date
- If unsure of contracted services, please reach out to request a copy of your agreement
- Return the form to Molina Healthcare by via email at mhmltsscontracting@molinahealthcare.com

Failure to return the State mandated form can result in being terminated from the Molina Health Plan of MI

Molina Logo

Molina Logo is available for Agency branding material for Contracted Providers

- Please request by emailing mhmltsscontracting@molinahealthcare.com

Survey

We Value Your Feedback

As a valued provider partner, your feedback is important. Please complete this survey to ensure we make the LTSS Forums as valuable to you as possible.

This survey will take approximately 5 minutes to complete. Thank you!

Michigan Long-Term Support Services Forum Survey