

Frequently Asked Questions

The following are Frequently Asked Questions (FAQs) directed to HHAExchange (HHAX) System Users. Note that any inquiry is verified to ensure that the caller is a designated Super User of the HHAX system before giving the caller information on contacting HHAX Customer Support directly. Refer to the [Communications section](#) of this guide.

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Program

What steps do I need to take to be compliant with the EVV Mandate?

All information regarding EVV compliance is published on the [AR EVV Information Center](#). Take the following steps as an AR Provider:

- Complete the Provider Portal Survey found at [Provider Portal Questionnaire](#)
- Attend a Provider Information session. All sessions are complete; access a recorded session: [AR EVV Information Center](#)
- Complete System User Training
 - LMS credentials provided to all agencies upon Portal creation
- Start using or reporting your EVV visit data to HHAeXchange

What Providers will the 8/1/2021 mandate impact?

As of August 1, 2021, Providers can no longer bill through the MMIS for the following services:

- Attendant Care – S5125U2
- Personal Care 21 and Over – T1019U3
- Personal Care 21 and Under – T1019
- Respite – S5150

Where can I find additional information from the state of Arkansas on EVV?

Arkansas DHS is maintaining a EVV specific webpage that Providers should review for updated program information (<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/evv-info/>). All AR EVV information is located on the [HHAeXchange AR EVV Information Center](#).

Administration

I need a new user ID. Who should I contact?

Users with the ADMIN Role at your Agency can create New HHAeXchange Users in the system. Refer to the [Creating New HHAeXchange Users Job Aid](#) for instructions.

I need to deactivate a User. What should I do?

Users with the ADMIN Role at your Agency can deactivate HHAeXchange Users in the system. Refer to the [Creating New HHAeXchange Users Job Aid](#) (**Deactivate User Account** section) for instructions.

What should I do if my password doesn't work?

To troubleshoot common password issues, request the user to check the following:

- Is the Login name entered correctly?
- Is the Caps Lock key selected?

If these troubleshooting tips do not work, the Super User can reset passwords for other users as follows:

1. Locate the user (**Admin > User Management > User Search**)
2. Edit the user, and select Change Password on the *Update User Account* Page

Refer the Super User to the HHAX [Admin Functions Process Guide](#) for further details.

If I forget my password, will I get locked out after too many attempts?

The system allows up to 4 attempts at login. Thereafter, the User needs to contact the Agency Administrator (Super User) to unlock or reset their password.

How can I enable or disable permissions?

Only a Super User has the rights to enable/disable permissions for a role. To change permissions, the Super User is to follow the steps below:

1. Locate the user (**Admin > User Management > Edit Role**)
2. Select the **Section** (and optionally the user’s **Role**) for the permission, then click **Search**.
3. Grant or remove individual permissions using the checkboxes and **Save**.

Refer the Super User to the HHAX [Admin Functions Process Guide](#) for further details.

I enabled or disabled a permission(s), but nothing happened?

If a permission has been changed, instruct the user to exit their active session and log back in to the system to see the effect of the permission change.

How can I set up EDI integration with HHAeXchange?

Refer to the *EDI Process Section* in the [AR EVV Information Center](#) to obtain the most updated details of this process.

System

Do we have to use military time? Can it be changed?

Yes, the system is designed to operate on military time and cannot be changed.

What are the system requirements? Is there a preferred web browser?

HHAX is a web-based solution requiring internet connection. The system works best with Internet Explorer.

Are all the names and information used in training fictitious? If not, how do you protect client's info?

Yes, a training environment containing fictitious data is used to facilitate demos and webinars.

Member Placement

Will all Payers send all Authorizations through HHAX where Agencies can bid before accepting a Member? Can a Member request or choose a preferred Agency?

Typically, Members inform the Payer (PASSE or FFS) of their preferred Agency. The Payer, in turn, places the Member with that Agency. New Member cases are presented by the Payer as Placements in HHAX as either **Confirmed** or **Pending**.

- **Confirmed Placements** go directly from the Payer to the Provider without the need for the Provider to accept.
- With **Pending Placements**, Providers with multiple offices are expected to review the Placement information (the Member's service and scheduling requirements) before ultimately placing the Member in the desired office. When a Placement is accepted, all Member information stored on the Payer's system transfers to the Provider's system.

Member and Authorization Info

I'm using HHAeXchange as my EVV tool. What Member and authorization data will be provided from the PASSEs and State?

HHAeXchange is the contracted EVV solution for Arkansas Total Care and Empower. As their EVV solution, all Members and authorizations that fall under the EVV mandate are provided by each Payer and connected automatically to your Provider Portal for scheduling, confirming, and billing EVV compliant visits.

My Member is not in the system. What should I do?

Troubleshooting Tips:

1. When searching for Member via **Member > Search Member**, select "All" from the **Status** filter to ensure Member status has not changed from *Active*.
2. When searching for a Member via **Member > Search Member**, select "All" from the **Coordinator** filter to ensure the search returns all Members.

If the Member still cannot be located, contact your Payer Provider Services Team. If they cannot locate the Member, then they contact HHAeXchange directly to ensure there are no interface issues.

If urgent, then enter the Member manually and use the record to coordinate services until the Payer can complete the appropriate placement.

I cannot find my *discharged* Member in the HHAExchange system.

To find *discharged* Members, navigate to **Member > Search Member**. Note that the default value for Status is *Active*. To find a *discharged* Member, select *Discharged* from the **Status** filter which provides Search Results for Members who are no longer active.



I can't see the Authorization. Why?

Check the **Member > Authorization** page. If there is no record on the *Authorization* page, check back periodically over the next 1 to 2 days, as it may take up to 24 hours for a new Authorization to appear in the HHAX system.

If not available within 48 hours of receiving the Authorization letter, then contact your Payer Provider Relations Team to ensure the Authorization has been processed. If they cannot locate the Member, then the Payer contacts HHAExchange directly to ensure there are no interface issues.

The Member information is incorrect. What should I do?

If the Member's Name, Gender, Date of Birth, Phone Number or Address is incorrect, then contact your Payer Provider Relations Team to update the required information. Refer the user to the HHAX [Member Management Process Guide](#) for further details.

The Authorization is incorrect. What should I do?

If the Authorization letter received conflicts with what is in the HHAX system, then contact your Payer Provider Relations Team.

Will all past Member Authorizations appear in the system?

The system displays the past 3 Authorizations, viewed in the Member's Authorization page as well as the Member's Calendar and Master Week. Refer to the [Authorizations Job Aid](#) for further details.

Caregiver Management

How do we enter Caregivers in HHAExchange?

Initially, Caregivers were sent to each PASSE, and the PASSE sent the Caregiver information to HHAExchange. If this process was used, then Caregivers must be *activated* before they can be assigned to visits. Refer to the [Activating a Caregiver Profile Job Aid](#) for further details.

Caregivers can be directly entered into HHAeXchange. Caregivers can be manually entered (**Caregiver > New Caregiver**) or entered in bulk by using the Caregiver Bulk Import. Go to the [AR EVV Provider Info Center](#) and click on the **EDI PROCESS** section link for instructions.

The Caregiver’s Arkansas Medicaid Provider ID (Medicaid PIN) should be stored in the **Professional License Number** field. This should be directly entered by the agency when creating new Caregivers.

I sent my Caregivers to the PASSE, but I cannot find them in HHAeXchange – how can I locate them?

Caregivers that were initially sent to the PASSE and subsequently sent to HHAeXchange are loaded into the HHAeXchange system as *Applicants*. Caregivers must have *Employee* status to be assigned to visits. Refer to the [Activating a Caregiver Profile Job Aid](#) for further details.

Where is the Caregiver’s Arkansas Medicaid Provider ID stored on the Caregiver Profile? Why is it needed?

The Caregiver’s Arkansas Medicaid Provider ID (Medicaid PIN) is stored in the **Professional License Number** field in the Caregiver Profile in HHAeXchange. This is then transmitted to the PASSE on the claim when billing through HHAeXchange.

It is important to ensure that the Caregiver information and Caregiver Medicaid ID’s in HHAeXchange are accurate and current prior to submitting claims.

My Caregiver doesn’t have an Arkansas Medicaid Provider ID (Medicaid PIN). What should I do?

Any Caregiver providing personal care services must have an Arkansas Medicaid Provider ID (Medicaid PIN). Any Caregivers who need a PIN must submit a request to the state. Once the PIN is issued, the agency is responsible for ensuring Caregiver PINs remain current and are stored in HHAeXchange and with the PASSE.

EVV Issues / Visit Quick Entry

Member refused to let Caregiver use the phone. What should I do?

The Caregiver must use a Timesheet to manually record the Start and End Times for their visit and submit the completed form to their Administrator. Timesheet information can then be entered into the *Visit Quick Entry* screen or manually on the visit from the calendar view.

How do I create a permanent schedule for the future?

If you are an EVV Agency, you can create a Master Week as a template for your weekly scheduled visits. A Master Week allows for establishing a recurring 2 week schedule, as outlined in the [Master Week Job Aid](#). Additional scheduling job aids and tutorials are located in the Provider Support Center.

EVV Exceptions

The Caregiver clocked OUT instead of clocking IN. Can this be corrected?

If the Caregiver accidentally recorded an IN Call as an OUT call (or vice versa), then correct using the following steps:

1. Navigate to **Visit > Call Dashboard > Call Maintenance**
2. Search for the call using the status *Potential In/Out Mistake*
3. When the call is located, click the desired link (Out or In) the “Call Type” field.
4. Click the **OK** button to confirm the action.

For additional information on this process, please review the [Call Dashboard Problems and Resolutions Job Aid](#).

Can I link a call that was previously rejected?

Calls that have been **Rejected** can no longer be linked to a scheduled visit. When rejecting a call, be absolutely sure that it cannot be linked to a visit.

I fixed a call exception and I still see the same call on the Call Maintenance page. What should I do?

If a fixed Call Exception does not clear, click the **Search** button to refresh the *Call Maintenance* page. The exception should no longer be listed once corrected.

How soon are newly added Phone Numbers (Phone 2 and/or Phone 3) available the on a Member’s Profile?

A newly added number is saved immediately in the Member’s Profile and available for use in any subsequent calls. However, calls in the Call Dashboard require overnight reprocessing to link to the visits.

Many residents are moving away from landlines. Can the phone number entered be a cell phone number?

The phone number should be associated with a landline. If a landline is not available, the use the Mobile App. If your Caregiver does not have access to a smartphone, then coordinate with the contracted Payer to request a FOB.

Billing-Related Issues

For Prebilling and Billing related questions, contact HHAExchange Customer Support at support@hhaexchange.com.

Which Payers can I bill through HHAExchange?

HHAExchange is the EVV solution for Arkansas Total Care and Empower. You can bill through HHAExchange for these contracted Payers.

I have questions on the status of my claims. Who should I contact?

Direct all inquiries regarding the status of claims processing to the applicable PASSE.

- **Arkansas Total Care:** Claim status is located in the ARTC Provider Portal. Direct questions to ARTC Provider Services.
- **Empower:** Claim status is located in the Empower Provider Portal or InstaMed. Direct questions to Empower Provider Services.

I cannot find a visit for Invoicing. What do I do?

If a visit is not found, it may have been caught by the Prebilling process. Refer to the following steps to locate the visit, and address the issue preventing it from being invoiced:

Prebilling Review

Visits that have been confirmed, but do not meet all validation requirements, are held in the *Prebilling* page in HHAX. Follow the steps below to review visits held in Prebilling:

1. Navigate to the **Billing > Prebilling Review** screen
2. Enter the desired search parameters to locate visits
3. Review the reason(s) the visit did not pass the validation in the Problem column

Refer to the [Prebilling Review Process Guide](#) for details and best practices. Click [here](#) for a guide to specific problems and resolutions.

Billing

Visits that have passed the Prebilling Review process, but do not meet all requirements for billing, are held in the *Billing* page in HHAX. Follow the steps below to review visits held in Billing:

1. Navigate to the **Billing > Billing Review** screen
2. Enter the desired search parameters to locate visits
3. Select the **Detail View** to review the Hold Reason(s) for the visit that cannot be billed.

Refer to the [Billing Process Guide](#) for further details regarding the Billing Review process.

At my Agency, schedules are manually entered. Where can we verify visits before Prebilling?

Visits entered via *Quick Visit Entry* are automatically confirmed. After entering the visits, go to *Prebilling* to check for any holds.

Where is Employee Time verified before Prebilling?

If you are referring to Confirmation times, this information is located in the Member or Caregiver Calendars.

How do I print an invoice?

Follow the steps below to print an invoice for further processing:

1. Navigate to the **Billing > Print Invoices** screen.
2. Select the desired **Contract** (Payer) and click **Search**.
3. Select the checkbox(es) to the left of the invoice(s) to be printed and click **Print Invoice**.

Refer to the [Billing Process Guide](#) for further details regarding invoices.

When a billing invoice batch is created, do we need to create a separate one for each Payer or is it compiled all into one batch?

Yes, a separate batch per Payer must be created.

Can I run a batch with multiple Payers, or do I need to do one for each?

Batches and invoices must be created per Payer. HHAX generates the claims per Payer as well.

Does HHAX automatically send our invoice batches to the Payer's or are we required to do that?

HHAX sends out 837s directly to the Payers.

We have some clients that get TWO visits per day. How would we submit that?

The system can accommodate multiple visits for a Member in the same day within the same invoice, as long as the Service Code is the same.

How do we know all claims were accepted by the Payer?

Providers can review 835s for Arkansas Total Care and Empower in their Payer Portals where they have always been viewed. There is no change in this process with the addition of HHAeXchange for claim generation. Any questions on claim adjudication should be directed to the appropriate PASSE.

Once a batch is invoiced, how do we track results?

Providers can see this information via **Admin > File Processing** as HHAX sends the 837 to the Payers.

If multiple visits are billed for one day for one client, do these visits roll into one claim?

Yes, the Nightly Process merges multiple shifts in a day into one invoice number to prevent duplicate billing.

We have a Member who receives TWO visits a day with TWO Caregivers per visit. Because I cannot enter both Caregivers on a single visit, how do I bill for both Caregivers?




You need to create TWO visits and add a Caregiver to each. HHAX then merges the TWO shifts into one invoice number to prevent duplicate billing.

How do we handle rebills, adjustments, and voids?

Providers can handle any rebills, adjustments, and voids directly through the HHAX platform. A Claim Number or TRN is needed to adjust a claim which is provided in the 835 from each PASSE.

Specific instructions on how to rebill are located in the Provider Portal Support Center. Any additional questions or concerns on these processes can be directed to HHAeXchange Support Team at support@hhaexchange.com

Communications

HHAeXchange End User Inquiry Contact			
Agency Super User		HHAX Customer Support	
	<ul style="list-style-type: none"> • Username or Password Inquiry • How to search/view information in the HHAX system (e.g., Placements, Authorizations, Member, etc.) • Rate for Member is incorrect 		<p style="text-align: center;">support@hhaexchange.com</p> <ul style="list-style-type: none"> • Cannot locate EDI visit or Billing files in the system • System not functioning as expected (e.g., system slowness, page not appearing, etc.) • Cannot clear visit from Prebilling
		Payer (via HHAX Note Function)	
			<ul style="list-style-type: none"> • Inquiry regarding a specific Member • Inquiry regarding Payer contract

Will the HHAX Support Desk be available 24 hours? Is it only by email?

The HHAX Support Desk operates from 7:30 a.m. -7:30 p.m. EST, Monday-Friday. Email is the preferred method at support@hhaexchange.com.

Will all Notes always be available in your system?

Yes, all Notes are archived in the system. Refer to the [Communications Process Guide](#) for full details.

Seems the EDI doesn't cover items such as Notes (Member and Payer Communications). Is there an exception when a Provider needs to log in to send notes to Payer?

Agencies using EDI must still connect via HHAX to send/receive Notes from the Payers.

Will we be able to communicate with staff through the system via email or text message?

Use the system to enter any general or Member-related notes. Email and text messages are not recorded in the system.

What types of documents can be attached in Notes? (PDF, excel, CSV, etc.)?

The system supports the attachment of common files to include PDF, Word, Excel, and CSV among others.

Will the system "alert" us via email when there is a referral or notes? How would Providers be alerted when not currently logged in to the HHAX system (during non-business hours)?

Common Notifications can be activated by the Payer to include Placement alerts via email. Alerts are intended for awareness purposes only. Users must login to the system to perform needed steps (e.g., reviewing a new Member or accepting the Member into the appropriate office).

Should Providers use the Notes section within the Member file to record all notes related to the Member's case, such as Plan of Care (POC) changes, demographic updates, allergy list update, back-up plans and any additional notes?

Yes, use the Member Notes section on the Member's profile page to document any notes.

EDI/Import

If I have my own EVV solution, what steps do I need to complete to be ready for the EVV mandate?

To integrate between your 3rd Party Agency Management System and HHAX, Providers using a third party EVV system are required to comply with both the business requirements and technical specifications listed in the **EDI Welcome Packet**; click [here](#) to access. The import and export requirements, as well as the specific Code Tables are listed below.

These documents are also accessed via the HHAX website. The first step is to review the content of these documents and initiate contact with HHAX to begin the integration process.

[EDI Import Interface Guide](#)

[EDI Export Interface Guide](#)
[EDI Code Table Guide](#)

HHAX Website: <https://hhaexchange.com/ar/>

I currently use CareBridge as our EVV Vendor for all our PASSE Members. How do I bill for Members in this case?

Even if using CareBridge (or any other EVV vendor), billing for Arkansas Total Care and Empower flows through HHAExchange because HHAX is the EVV solution for those Payers. Integration between any other EVV vendor and HHAExchange is required for visit data to be collected in HHAX in the format necessary to process any billing.

Note: *AuthentiCare does not allow use of their EVV system for PASSE Members.*

Do EDI users ever use the HHAX system for Prebilling? When is the EDI file compared to the HHAX system? Where do users see alerts and warnings against HHAX data?

EDI Providers receive a file with all Prebilling Exceptions for each billing file sent to HHAX. From this file, Providers can fix the Prebilling issues on their side.

Aggregation

What does HHAExchange contribute to the state for purposes of Aggregation?

For visits and claims submitted to Arkansas Total Care and Empower, HHAExchange sends visit and encounter information for paid claims to Fiserv for aggregation.

