

Frequently Asked Questions

The following are a list of Frequently Asked Questions (FAQs) which can be used by HHAeXchange (HHAX) System Users. Please note that any inquiry should first verify that the caller is one of the designated Admins 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 is the role of HHAeXchange in Minnesota?

HHAeXchange is contracted with Minnesota DHS as the EVV Aggregator Solution. Through HHAeXchange, the State provides you with a free EVV solution to manage Members, view authorizations, schedule, and confirm EVV compliant visits. Each provider has a Portal allowing them to manage EVV across all the Members they service in the state.

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

All information regarding EVV compliance is published on the [Minnesota EVV Information Center](#). As a Provider in MN, take the following steps:

- Complete the Provider Portal Survey found at [Provider Portal Questionnaire](#)
- Follow the directions outlined in the EVV Welcome Packet (to be shared at a later date)
- Attend a Provider Information Session by watching one of the recordings on the MN EVV Information Center
- Complete System User Training
- Start using or reporting EVV visit data to HHAeXchange

Which Providers does EVV impact?

The EVV mandate applies to any agencies who provide the service codes listed on the [MN EVV Information Center](#) under **Services in Scope**.

Can Providers require a worker to use EVV for services that are not in-scope? For example, basic homemaker?

Only in-scope services are included at go-live with the state-provided EVV system and are accepted by the aggregator.

Are remote services in-scope for EVV?

Services with distinct remote procedure codes, such as individualized home supports-remote, are not in-scope for EVV. For services provided in-person with some remote components, but no distinction in how the service is billed, DHS is continuing to work with HHAX to determine best practices.

Are Providers who provide Individualized Home Supports with Training required to use EVV?

Yes.

Are Live-In Caregivers exempt from EVV?

DHS is exploring with HHAeXchange on how to use the flexibility for Live-In Caregivers made available in the CMS guidance in the [Aug. 8, 2019 Informational Bulletin](#). We do not know yet how this will be achieved. We expect the exemption of Live-In Caregivers to be a key discussion topic in the coming weeks and for Provider training.

Does EVV apply to services provided in the community?

Yes, EVV services in scope must be verified for services delivered in the community.

When must Home Health Services begin to use EVV? When can Home Health Service Providers begin using the HHAX system?

The anticipated implementation date is before January 1, 2023, Centers for Medicare & Medicaid Services (CMS) deadline. The DHS and HHAX teams will share more information about training and Portal access for Home Health Services after the Go-Live date for personal care services.

What are the roles of MCOs at Go-Live?

We do not know the specifics of the role of MCOs at Go-Live. We anticipate that the roles of MCOs at Go-Live are a key topic for Provider training.

Where can I find additional information from Minnesota DHS on EVV?

Minnesota DHS maintains an EVV-specific webpage that Providers can review for updated program information, [Electronic Visit Verification/Minnesota Department of Human Services \(mn.gov\)](https://www.mn.gov/electronic-visit-verification). Visit the [HHAeXchange Minnesota Provider Information Center](#) to access all Minnesota EVV information.

Administration

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

Users with the ADMIN Role at your Agency can create New Users in the HHAeXchange system. Further instructions are shared upon receiving access to the HHAeXchange system.

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. Further instructions are shared upon receiving access to the HHAeXchange system.

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 [Caps Lock] selected?

If these troubleshooting tips do not work, the Admin 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*.

Further instructions are shared upon receiving access to the HHAeXchange system.

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 must contact the Agency Administrator (Admin) to unlock or reset their password.

How can I enable or disable permissions?

Only an Admin has the rights to enable/disable permissions for a role. To change permissions, the Admin 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**.

Further instructions are shared upon receiving access to the HHAeXchange system.

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

If a permission has been changed, the User needs to exit their active session and log in again to the system to see the permission change.

What are the different User Roles in HHAX?

There are several roles to which an Agency system User can be assigned including **Admin**, **Coordinator**, and **Billing**. Each role is equipped to access the corresponding functionalities in the system. Further instructions are shared upon receiving access to the HHAeXchange system.

How can I set up EDI?

Please refer to the EDI Process Section in the [Minnesota EVV Information Center](#) to obtain the most updated details of this process.

Implementation and Timeline

What are the next steps after completing the enrollment form?

After completing the HHAeXchange provider enrollment form, Providers receive a Welcome Packet a few weeks before Go-Live, based on the EVV option chosen by the Provider. The Welcome Packets include information on the next steps for Providers to become EVV compliant by the Go-Live date. Welcome Packets are specific to the EVV option elected on the enrollment form.

When can Providers expect to receive a Welcome Packet and how is it delivered?

Welcome Packets are sent out a few of weeks ahead of the Go-Live date. Welcome Packets are sent via email to the email provided in the enrollment form and will be available on the [Minnesota EVV Information Center](#).

What should a Provider do if they have not received a Welcome Packet?

If the Provider has completed the enrollment form, then they receive a Welcome Packet a few weeks before Go-Live. If a Provider has not completed the enrollment form, then they must complete the enrollment form location on [Minnesota EVV Information Center](#) before receiving a Welcome Packet.

When will information about system training be sent? How is it delivered?

Provider training takes place a couple weeks before Go-Live. More information on Provider training is available in the Welcome Packets.

When will Providers have access to the HHAeXchange Portal?

Providers will have access to the Portal a few weeks before the Go-Live date.

System

Does the HHAX system integrate with MMIS?

Yes, HHAX integrates with DHS for Member and Authorization data, which is sourced from the MMIS 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, Chrome, and Microsoft Edge.

What are the accessibility options for verification within the HHAX system?

HHAEExchange and Evvie apply accessibility options based on regulations set by the state of Minnesota.

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.

What types of reports are available in the system? Are they all exportable? What file format are exported reports in?

For Agency Providers, the types of reports range from Member information, visit data, billing, compliance and more. The exportable formats are XML, CSV, PDF, HTML, Excel, TIFF File, and Word.

What if I would like to use other HHAX system features that are not part of the free version?

DHS does not charge a fee to Providers to access the state-selected system. For additional details regarding other versions of the HHAEExchange platform, please visit HHAExchange.com and select [Contact Us](#) to get in touch with our team.

Mobile App System

Does the telephone/call-in option provide directions to the Caregiver/Member in alternative languages. If so, what languages are offered?

Both clock-in methods, IVR (phone) and mobile app, have multiple language options. The languages currently supported in the HHAeXchange system are Somali, Hmong, Russian, Spanish, and Vietnamese, among other languages. HHAX is working with MN DHS to meet the additional language needs of Minnesota.

What devices can the HHAX application be used on? Is it supported by IOS and Android?

The HHAX application is supported on both Android and iOS operating systems.

How is GPS used with Telephony?

The GPS function is only used with the mobile app.

How is GPS used in the community?

Similar to services used at home, the mobile application captures GPS coordinates only at Clock-In and Clock-Out for services performed in the community.

Member Placement

Does Member information auto-populate from DHS or must it be entered by the Provider?

The information populates from the DHS fee-for-service (FFS) MMIS system when the Member and authorization is sent as a placement and connected to the Provider Portal.

Are automated emails used to inform Providers of new referrals?

The Agency Admin (Admin) can set up an automated email notification (Common Notifications) for new Placements. The Placement email is for notification purposes only; a User that is logged into the HHAX system can only accept a new Placement.

We wish to remain with our current electronic medical records (EMR) system. How can we connect to the HHAX system to obtain referrals?

Remaining with your EMR system is not an issue, however, some functionalities, such as Placement Acceptance, Payer Communications, and Billing the Payer, are managed via HHAX. Please sign up for the Portal by completing the enrollment form and selecting the EDI Process as your EVV choice. Click [MN EVV Information Center Overview](#) to access details and guidance.

Member and Authorization Info

When will the authorizations be placed into HHAExchange

A few weeks before go-live, fee for service Members and Authorizations are uploaded into the HHAX system via an interface with the State's database. This ensures that accurate placements appear in Provider Portals.

How quickly do Authorizations show up in the HHAX system?

Authorizations load into the HHAExchange system on a daily basis from the Minnesota MMIS system.

Can services be provided to an individual before the service authorization is in the system?

If a placement or authorization is not received ahead of the services needing to be rendered, then the Provider can manually enter the Member's information. A temp authorization will be in place and services can be provided. However, the Provider must wait for the true authorization from the Payer to complete billing.

I am using the HHAExchange EVV Tool. What Member and Authorization data is provided from the State?

HHAExchange is the contracted EVV Aggregator for the State of Minnesota. As the EVV solution, all Members and Authorizations in-scope for EVV are provided by the State. Provider Portals are automatically updated with Members and Authorizations connected to their organization.

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

Troubleshooting tips:

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

If the Member still cannot be located, please contact your **State Provider Relations Team**. If they can locate the Member within the state system, then they will contact HHAExchange directly to ensure there are no interface issues.

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

To find a *discharged* Member, navigate to **Patient > Search Patient**. 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.



Why can I not see the Authorization?

Check the **Patient > Authorization** page. If there is no record on the Authorization page, then check back periodically over the next 1 to 2 calendar 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, please contact your **State Provider Relations Team** to ensure the Authorization has been processed. If they can locate the Member within the state system, then the State will contact 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 are incorrect, contact your **State Provider Relations Team** to update the required information. Further instructions are shared upon receiving access to the HHAeXchange system.

The Authorization is incorrect. What should I do?

Review the Authorization letter. If the Authorization letter received conflicts with what is in the HHAX system, please contact your **State Provider Relations Team**.

Will all past Member Authorizations appear in the system?

The system stores all authorizations from go-live for EVV, which can be viewed in the Member Authorization page. The last three authorizations are shown on the Member Calendar page and Master Week.

For a service where multiple staff are working with multiple individuals during a shift, what is considered best practice for EVV?

The best process is for workers to clock in/out for each Member that they are servicing to record time properly.

Caregiver Management

What is the process for importing Caregivers? Batch import option? What format can they be sent in, excel, PDF, template?

For Provider Agencies (non-FMS), Providers are responsible for entering Caregivers into HHAX. There are two options available to enter Caregivers:

- **Option 1:** Caregivers can be manually entered in the system (*Caregiver > New Caregiver*).
- **Option 2:** For Providers with a high number of Caregivers to enter, use the EDI import option. Additional details are provided on the [HHAExchange Minnesota Provider Information Center](#), under the EDI PROCESS tab. Work with our EDI Support team in MN to assist with this Excel template.

A CSV import template is used for FMS Providers.

What information is visible to Caregivers?

Caregivers have access to information through the HHAExchange Family Provider Portal. Caregivers access information through the Mobile App or Telephony (IVR) for clock-in and clock-out. Provider Agency Caregivers have the Plan of Care (POC) list to record the tasks performed during a visit for the Member. More information is shared with Providers during training.

FMS Providers will also have access to use the Caregiver Portal.

What does the Assignment ID represent?

For Agency Providers, the **Assignment ID** is a unique value assigned to the Caregiver. The **Assignment ID** is generated once the Caregiver creates their HHAExchange mobile app account.

How are Caregivers trained to use the system?

Provider Agencies are responsible for training their Caregivers. Information for Provider Agencies on training Caregivers is covered during Provider training. Provider Agencies have access to job aids and resources to train their Caregivers on how to use EVV for clocking in and out and reviewing schedules.

EVV Functions and Setup

What is the most common way to verify EVV?

The method of EVV varies from Agency to Agency. As part of the State's free EVV tools, HHAExchange offers two methods, the Mobile App and Telephony (IVR), to Providers. These two methods are used for Caregivers and Members to verify EVV.

What methods can be used to verify EVV?

Mobile device

HHAX mobile application can be downloaded on the caregiver or member's cellphone. DHS is expecting that most people will use the mobile application to verify EVV services. DHS expects that the mobile app will be the easiest and most efficient for people to use and the most reliable method of meeting EVV requirements regardless of where services are being delivered. The application is support by iOS and Android.

Other Methods

DHS is developing process and policy on other options (including Interactive Voice Response/IVR) to make available to Providers.

How is time verified?

For Agency and FMS Providers, time is verified in the mobile app or IVR.

Is information sent directly to DHS prior to Agency review? How is information corrected, such as the service type, prior to sending the data? (i.e., PCA, Shared PCA services, Respite, IHS, etc.)

Provider agencies can review and correct visit information as needed. FMS Providers can review and correct visit information as needed. All corrections must be made before the shift is approved for both Agency Providers and FMS Providers.

I have two enrollment UMPIDs. Do I need to register both UMPIDs?

Providers must enter UMPIDs that are active and will be used to provide services in-scope for EVV into the HHAX Provider enrollment form.

Who enters plan of care (POC) into the HHAX system?

For Agency Providers, a list of duties is available to Providers performing PCA and CFSS services. The Agency can set a Plan of Care (POC) per Member using the available list of duties. For FMS Providers, there is no plan of care list of duties in the Evvie system. As CFSS rolls out in the future, a list of duties will be available for Members and Caregivers to use.

Are schedules required to have an EVV compliant visit?

A schedule is not required to confirm EVV compliant visits.

What are the flexible scheduling options within the system?

For Agency Providers, scheduling is optional. Providers can schedule visits as needed, create a recurring schedule (Master Week), or use scheduling tools such as **Copy and Paste** or **Copy and Create**. For FMS Providers, there are no scheduling options.

Whose phone should be used when using telephony? Can it be a cell phone or a landline?

If Caregiver is using the Telephony method to verify EVV, they must use the Member's phone to confirm using a landline.

EVV Issues

Does the EVV GPS monitor a Caregiver even when not working? Will GPS be tracked even when not using the mobile app?

No, GPS is only used at the time of clock-in and clock-out.

How are services verified when there is no cell service or internet service?

There is an offline mode, for cases where the service is not available for the mobile app. Once services are reconnected, the information syncs into the application.

How are missed visits and visit edits resolved within the HHAX system?

For Agency Providers, the missed visits only apply when a schedule is pre-defined. If there is a schedule in place, the Provider must use the *Prebilling Review* function to resolve edits. For FMS Providers, there are no missed visits because there is no schedule component. Edits are managed in the Portal for both Agency Provider and FMS Providers.

How do I create a permanent schedule for the future?

If you are using the state selected system as an HHAX EVV Agency, you can create a Master Week as a template for your weekly scheduled visits within the Provider Portal.

Billing-Related Items

Will the current billing process change at Go-Live?

Providers continue to bill through their existing method as EVV launches. Billing out of the EVV will not be available at the time of go-live.

EVV Exceptions

Can telephony be used in the community from a cell phone?

Because EVV requires location to be verified, the number used for telephony must be a landline connected with the member's address in their EVV system profile.

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

If the Caregiver accidentally clocked IN and OUT (or vice versa), this can be corrected as listed below:

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) in the "Call Type" field.
4. Click the **OK** button to confirm the action.

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 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 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.

How can I fix the calendar when a shift is covered by a different Caregiver?

If you have TWO Caregivers rendering services, you can create TWO different shifts on the same day directly in the calendar. If the shift was covered by another worker, and the calls did not automatically link, this can be fixed via the **Call Dashboard** by updating the scheduled Caregiver.

Policy

Is a signature required at completion of care to sign that those services are received? Does this process change if a responsible party is involved? Is the process the same for the app and telephony?

Yes, the signature is required at completion of case to sign that those services are received. The process to record the signatures is covered during training for mobile app and telephony.

Does the EVV system replace paper timesheets?

The goal for the EVV system at the go-live date is compliance with the requirements of the Federal 21st Century Cures Act and Minnesota Statutes 256B.073. DHS is exploring with HHAeXchange what additional features and support to create efficiencies will be available.

Who will pay for the EVV system?

DHS does not charge a fee to Providers to access the state-selected system. However, we understand that Providers might need to spend time and resources to make a change this large and to comply, in partnership and cooperation with DHS. Providers who choose to use their own EVV systems are responsible for the cost of the chosen system.

What are the penalties for not complying by implementation date?

DHS does not have a definitive answer at this time. DHS is developing compliance policies as we move toward implementation of EVV.

Is there an option to have devices provided if a recipient or Caregiver do not have a smart phone or landline? How do Agencies acquire and use the FOB option? Who pays for it?

DHS is working on policies related to the use of FOBs when a smart device or a landline is not available.

Communications

HHaEXchange Contact Information:

Phone: 855.573.1521

Email: MNsupport@hhaexchange.com

HHaEXchange End User Inquiry Contact

Agency Admin



- Username or Password Inquiry
- How to search/view information in the HHAX system (e.g., Placements, Authorizations, Member, etc.)
- Rate for Member is incorrect

HHAX Customer Support



- Upcoming implementation information
- 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 Pre-billing

Payer (via HHAX Note Function)



- EVV Implementation and or EVV policy information
- Inquiry regarding a specific Member
- Inquiry regarding Payer contract

MN DHS Contact Information

Email: DHS.128@state.mn.us

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 mnsupport@hhaexchange.com.

Will all Notes always be available in your system?

Yes, all Notes are archived in the system. Further instructions are shared upon receiving access to the HHAeXchange system.

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 related notes to Members or in general. 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 and can be enabled through **Admin > Office Setup**. Users must login to the system to perform needed steps (e.g., reviewing and accepting a Member Placement).

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 are required to comply with both the business requirements and technical specifications listed below; also accessed via the HHAX website. The first step is to review the content of the information below, complete the enrollment form and then initiate contact with HHAX to begin the integration process. After completing the HHAExchange provider enrollment form, Providers receive an EDI Welcome Packet a few weeks before go-live. The Welcome Packet contains all the necessary steps to become EVV compliant.

Business Requirements Link: [Business Requirements for Third Party EVV Data Aggregation MN](#)

Technical Specification document: [HHAExchange EVV API Technical Specifications MN](#)

Please submit a ticket to the HHAX EDI Support Email at: EDISupport@hhaexchange.com with the subject line 'MN EVV'.

Website: <https://hhaexchange.com/mn/>

Will Providers who use a third party EVV system also need login to the HHAX Portal?

Providers using their own EVV system are not required to login into their HHAX Portal. However, as best practice, we suggest Providers review the data in their Portal, as they are responsible for ensuring that all visit data is accepted into the HHAX aggregator.

If a Provider uses 2 different systems for business purposes, can data from both systems be integrated effectively into the aggregator?

The HHAX Integration Team will assist with integrating EVV compliant systems to the HHAX aggregator.

Can a Provider choose to use HHAX EVV first then transition to a third party EVV vendor?

Yes, Providers can switch from one EVV system to another.

Do EDI Users ever use HHAX System for Pre-Billing? 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 in their system.