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 Super Users 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 NC?

HHAeXchange (HHAX) is contracted with all 7 LME/MCOs and all 4 of the 5 PHPs as their EVV solution. Through HHAX, each plan is providing you with a free EVV solution to manage Patients, view authorizations, schedule, confirm, and bill EVV compliant visits. Each Provider has a portal allowing them to manage EVV across all Patients they service in the state.

NC DHHS recently awarded the State EVV RFP to Sandata. What is their role vs HHAeXchange?

HHAeXchange is the EVV solution for the LME/MCOs and PHPs are responsible for providing free EVV tools to manage those Patients and aggregating all visit data across the LMEs and PHPs. This includes aggregating data from Providers that have EVV solution in place today and are not using HHAeXchange.

Sandata was selected as the State's EVV solution to provide tools and collect visit data for EVV mandated services provided to FFS Patients and to aggregate visit data from the LME/MCOs and PHPs. HHAX collects and reports the visit data for the LME and PHPs to the state aggregator.

How does this impact the Provider? Will the Provider be required to use separate EVV solutions for FFS vs Managed Care Patients?

If the Provider is contracted or servicing Patients with any of the LMEs or PHPs, then the Provider can elect to use our free tools to manage EVV for their FFS Patients as well so they are only operating in one tool or application for the Medicaid Program.

If a Provider has their own EVV solution implemented that meets the state and plan requirements, then they are accountable for integrating and providing their visit data with Sandata for FFS and separately with HHAeXchange for the managed care Patients.

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

All information regarding EVV compliance is published on the NC EVV Information Center. As a Provider in NC, take the following steps:

- Complete the Provider Portal Survey found at Provider Portal Questionnaire
- Follow the directions outlined in the EVV welcome packet
    - HHAeXchange Provider EVV Welcome Packet
    - HHAeXchange Provider EDI Welcome Packet
- Attend a Provider Information Session – recordings are on the NC 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 all Providers of Personal Care Assistance services, Individual Supports (DDD), Community Based Supports (DDD), In-Home Respite (DDD and MLTSS) and Home Based Supportive Care (MLTSS).

Does EVV apply to services provided in the community?

All services requiring an in-home visit are subject to the EVV mandate. EVV applies to visits that start and end in the home.

Where can I find additional information from NC DHHS on EVV?

NC DHHS maintains a EVV-specific webpage that Providers can review for updated program information (NC DHHS EVV). Visit the HHAeXchange NC EVV Information Center to access all NC 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 HHAX 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 HHAX 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 correct?
- Is [Caps Lock] 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 in again to the system to see the effect of the permission change.

What are the different user Roles in HHAX?

There are several roles to which a User can be assigned to including **Admin**, **Coordinator**, and **Billing**. Each role is equipped to access the corresponding functionalities in the system. To learn about the different roles and how to assign, click Creating new users to view process guide.

How can I set up EDI?

Please refer to the EDI Process Section in the NC 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.

Patient Placement

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

Typically, Patients inform the LME/MCO of their preferred Agency. The LME/MCO, in turn, places the Patient with that Agency. New Patient cases are presented by the LME/MCO as Placements in HHAX as either **Confirmed** or **Pending**.

- **Confirmed Placements** go directly from the Payer to the Provider without the need for Provider to accept.
- With **Pending Placements**, Providers are free to review the Placement information (the Patient's service and scheduling requirements) before ultimately deciding whether to accept or reject it. When a Placement is *accepted*, all Patient information stored on the Payer's system transfers to the Provider's system.

Is the auto-email also used to inform Providers of new referrals?

An automated email notification (Common Notifications) for new Placements can be set up by the Agency Admin (Super User). The Placement email is for notification purposes only; a new Placement can only be accepted by a user that is logged into the HHAX system.

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. In this case, please sign up for the portal by completing the survey and selecting the EDI Process as your EVV choice. Click NC EVV Information Center Overview to access details and guidance.

Patient and Authorization Info

I'm using the HHAeXchange EVV Tool. What Patient and Authorization data will be provided from the Payers?

HHAeXchange is the contracted EVV solution for all 7 LME/MCOs and 4 of the 5 PHPs. As their EVV solution, all Patients and Authorizations that fall under the EVV mandate are provided by each Payer and connected automatically to the Provider Portal for scheduling, confirming, and billing EVV compliant visits.

If services are provided for NC DHHS FFS Patients, then Providers can manually enter Patient and Authorization data to schedule and confirm EVV compliant visits.

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

Troubleshooting tips:

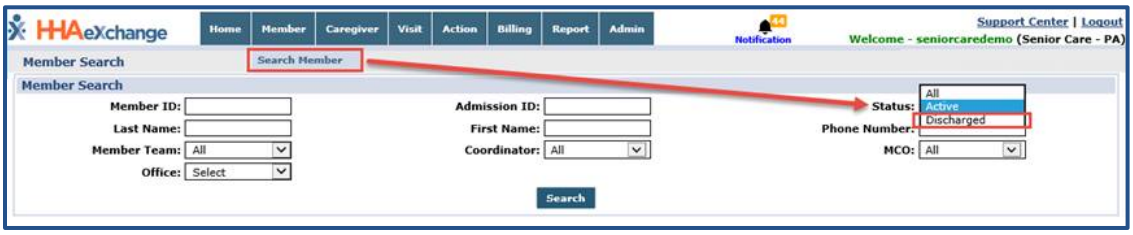
1. When searching for Patient via ***Patient > Search Patient***, select "All" from the **Status** filter to ensure Patient Status has not changed from ACTIVE.
2. When searching for a Patient via ***Patient > Search Patient***, select "All" from the **Coordinator** filter to ensure the search returns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

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

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

I cannot find my *discharged* Patient in the HHAeXchange system.

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



I can't see the Authorization. Why?

Check the ***Patient > Authorization*** page. If there is no record on the Authorization page, then 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, please contact your Payer Provider Relations Team to ensure the Authorization has been processed. If they cannot locate the Patient, then the Payer will contact HHAeXchange directly to ensure there are no interface issues.

The Patient information is incorrect. What should I do?

If the Patient's Name, Gender, Date of Birth, Phone Number or Address is incorrect, please contact your Payer Provider Relations Team to update the required information. Refer the user to the HHAX Patient Placement and Management Process Guide for further details.

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 Payer Provider Relations Team.

Are Authorizations sent by the Payers in hours or in units?

Authorizations are sent in Units (which includes hours).

Will all past Patient Authorizations appear in the system?

The system displays the past 3 Authorizations which can be viewed in the Patent's Authorization page as well as the Patient's Calendar and Master Week.

Caregiver Management

Do we have to enter in our Caregivers or is there a way to import them from our ADP system?

Caregivers can be either manually entered (***Caregiver > New Caregiver***), or by using the Caregiver Bulk Import. Go to the NC EVV Provider Info Center and click on the **EDI PROCESS** section link for instructions.

Is there a way to add all my Caregivers by uploading an excel/csv file instead of adding them one by one?

Yes, use the Caregiver Bulk Import Process Guide for instructions on how to import multiple records into HHAX.

EVV Issues / Visit Quick Entry

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

The Caregiver should 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.

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), 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) 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 the on a Patient's Profile?

A newly added number is saved immediately in the Patient'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 I can 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 or via **Action > Visit Quick Entry**.

Billing-Related Issues

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

What Payers can I bill through HHAeXchange?

HHAeXchange is the EVV solution all 7 LME/MCOs. All claims are created through the HHAeXchange Portal and sent electronically via an 837 e-Billing file. Creating and submitting the 837 through HHAeXchange is the process being implemented by each of the LME/MCOs to ensure that all EVV mandated services submitted and paid are EVV compliant.

Agencies have the ability to receive an 835 e-Remittance file back into the HHAeXchange Portal. This is up to the Provider and corresponding LME/MCO.

If HHAX is creating the 837, the Provider has no knowledge of the claim number. Without knowledge of the claim number, how do Providers apply the payment?

Third Party Providers (with their own EVV solution) import the claim number for HHAX to pass along. If Providers use the HHAX system to create the invoice, then HHAX provides the claim number for their records. Providers can apply payments using their third-party invoice number or the number issued by HHAX.

Who maintains synchronicity of the records to produce clean claims?

HHAeXchange works with each LME to maintain accuracy for Patient, Provider, and authorization data through automated file interfaces. Each LME provides guidance on how rates are managed within the platform.

If the NPI is wrong, the Provider may be unaware, and the claim will "Black Hole" and the Provider may not be aware for weeks.

RCO team at HHAX proactively monitors and provides mitigation or communication to Providers. Within the HHAX platform, Providers have full visibility into the lifecycle of a visit from scheduling, confirming, claim submission, and status (999 & 277 responses).

How do we handle rebills, adjustments, and voids?

Providers can handle any rebills, adjustments, and voids directly through the HHAX platform. A **TRN** (Claim Number) is needed to adjust a claim, provided in the 835 from each LME. Specific instructions on how to rebill are found in the Provider Portal Support Center. Detailed training will also be made available prior to go live through LMS and a series of webinars.

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

If a visit cannot be found, it may be caught by the Prebilling process. Refer to the steps below to locate the visit and address the issue that is 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 Process Guide for details and best practices to correct each validation reason listed in the Problem column.

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.

Help, I am being held up in Prebilling for Caregiver Compliance.

Although Caregiver Compliance appears as a warning in the Prebilling stage, this validation does not stop you from billing.

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, then refer to the Patient or Caregiver Calendars to find this information.

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 complied 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 Patient 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? Do we get 999 or 277 files back from either HHAX or the Payer?

Providers receive an 835 file from the LMEs following each LMEs current remittance process. 277 and 999 normally come from a clearinghouse providing information on issues with the formatting of the 837 files. Because HHAX is the sender and receiver of your files, no 999 or 277 files are needed. For visibility, the **Claim Status** is displayed in your Provider Portal.

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.

Do we need to sign up for Remittance Advices or is that automatic?

Remittance information is automatic and seen in ***Admin > File Processing*** tab.

How do we find rejections or errors in our claims?
Use the Remittance tab in the *File Processing* page which displays all 835 files from 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 Patient 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.

After we successfully submit a bill, we receive an email notification about 837. Can we do to anything about that?
You can either disregard the automatic email notification or you can disable it via ***Admin > Provider*** profile in the Automatic Notification section. Select **E-billing Batch Notification** and remove the existing emails from that area and/or select "Inactive" to stop notifications.

Communications

HHAeXchange End User Inquiry Contact

Agency Super User

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

HHAX Customer Support

support@hhaexchange.com

- 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)

- Inquiry regarding a specific Patient
- 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 (Patient 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 Patients 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. Users must login to the system to perform needed steps (e.g., reviewing and accepting a Patient 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 using a third party EVV system 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 packet and initiate contact with HHAX to begin the integration process.

Technical Specification document: HHAeXchange EVV EDI Technical Specifications NC
HHAX Website: https://hhaexchange.com/nc-lme/

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 on their side.