

Frequently Asked Questions

The following is a list of Frequently Asked Questions (FAQs) which can be used by HHAExchange (HHAX) Portal users for the Texas Health and Human Services Commission (HHSC) EVV Implementation. For any additional information regarding this implementation, please visit [the HHAX Texas Info Hub](#) for resources, trainings, and communications.

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Program

What is HHAeXchange’s role in Texas?

HHAeXchange (HHAX) has partnered with the Texas Medicaid & Healthcare Partnership (TMHP) and the Texas Health and Human Services Commission (HHSC) to help Texas program providers and financial management services agencies (FMSAs) remain compliant with state and federal EVV laws. HHAeXchange is the only state-funded EVV vendor. As part of this agreement, HHAeXchange’s Portal is available at no cost (free) to program providers, FMSAs, and Consumer Directed Services (CDS) employers.

What steps do I need to take to successfully begin implementing HHAeXchange?

HHAX publishes all information regarding EVV compliance on the [Texas EVV Vendor Information Center](#). As a Provider in Texas, take the following steps:

- Complete the [HHAeXchange Provider Onboarding Form](#)
- Follow the directions outlined in your HHAeXchange Welcome Packet:
 - If you represent a **Program Provider** - [Click Here](#)
 - If you represent a **Financial Management Services Agency** - [Click Here](#)
- Complete your HHAeXchange Learning Management System (LMS) coursework or watch the System User Training webinar. Once this is completed, each user at your agency needs to complete a short test on system functionality and receive a certificate of completion.
- Receive login credentials for the HHAeXchange Portal. Within 48-hours of passing the LMS test, HHAeXchange emails the login credentials for the HHAeXchange Portal.
- Successfully log into your EVV Provider Portal with HHAeXchange.
- Complete EVV system onboarding.

Which services are in scope?

Effective as of 2016 (and later), EVV is required for personal care services due to state laws and rule.

EVV is required due to federal law – 21st Century Cures Act (Section 12006):

- Effective January 1, 2021, EVV is required for Medicaid [personal care services](#).
- Effective January 1, 2024, EVV is required for Medicaid [home health care services](#).

Refer to [Personal Care Services Required to Use EVV \(PDF\)](#) and [Home Health Care Services Required to Use EVV \(PDF\)](#) on the HHSC EVV webpage for details.

Where can I find additional information from Texas on EVV?

Visit the [HHSC EVV webpage](#), the Texas Medicaid & Healthcare Partnership (TMHP) [EVV web page](#), [and](#) the [Texas EVV Vendor Information Center](#) to access Texas specific EVV information.

Administration

I need to add a staff member and create a new user ID. Who should I contact?

All users with access to a HHAeXchange Portal should first review the System User Training webinar or HHAeXchange Learning Management System (LMS) courses and pass the test. Upon completion, users with the ADMIN Role at your Agency can create New Users in the HHAeXchange 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, correct?
- Is [Caps Lock] on?

If these troubleshooting tips do not work, the Admin role 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 Admin 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 will lock user accounts after five unsuccessful logins. Once the account is locked, the User needs to contact the Agency Administrator (Super User) to unlock or reset their password.

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 the HHAeXchange Portal?

The Admin role assigns users to roles including **Admin**, **Coordinator**, and **Billing**. Each role accesses the corresponding functionalities in the system. To learn about the different roles and how to assign, Refer to the [Creating New HHAeXchange Users Job Aid](#) to view the process guide.

System

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 and Authorization Information

Will members and authorizations be imported from my previous EVV system?

HHAeXchange partnered with Vesta / Data Logic and First Data/AuthentiCare to import up to 5 years of historical member and authorization data. This data was processed into HHAeXchange and will be available for review once users are able to login to your portal.

There is member information that is incorrect. What should I do?

After reviewing member profiles, if you find any incorrect or missing information, select the 'Edit' option on the member profile. Add or edit information as needed. Click Save to save your changes.

What is a member status and how do I change member status to Discharged if they are no longer Active?

All Patient Profiles have a Status, used to assess the condition of the Patient's case. The following status options are available:

- Active: Indicates that a Contract has been assigned to the Patient, and scheduling is permitted.
- Waiting: Signifies that no Contract has been assigned to the Patient
- Hospitalized: The Patient has an active Contract but has been placed in the hospital and not receiving services.
- Hold: The Patient has an active Contract but has been placed on hold (other reason aside from hospitalization) and is not receiving services.
- Discharged: The Patient has been discharged from all Contracts.

To change a member's status from Active to Discharged:

1. Navigate to Patient > Search Patient > Patient Profile > Contracts.
2. Click the Edit link in the Discharge Date column.
3. The Discharge Date window opens. Enter the Date* of the Discharge and select where the Patient is being Discharged To*. For record keeping purposes, choose a Reason for discharge, and/or leave a Note in the free text field provided.
4. Click the Save button.

If the Patient is discharged from their only Contract, then their status updates to Discharged.

More information on member status can be found in the [Patient Intake Guide-Texas](#).

How can I add a new member?

To create a new member profile, users can follow the workflow below.
 Steps for creating New Member Profile are outlined in the [Patient Intake Guide](#) – Texas (pg. 24 - pg. 25)

Once profile is created, enter the appropriate office and add key demographic information (one of the following combinations):

- Medicaid ID and Member Last Name
- Medicaid ID and date of birth (DOB)
- Member First and Last Name and DOB

Click “Check Medicaid Eligibility and Import Patient Data” (this allows for real-time eligibility verification). Once response is received:

- Certain fields are auto populated from the validation and will not be editable (ex. Medicaid ID, First/Last Name, Gender, DOB).
- Certain fields are editable (ex. Address, City, State, Zip+4).
- If a discrepancy is identified between what was initially put in HHAX compared to Medicaid data, the HHAX user is alerted, and they can accept or reject updates.

Once the member profile is finalized and validated, add a payer contract to the member profile.

- Upon adding the payer contract to the member profile, HHAExchange will validate that the member is actually contracted with this payer.
- If the member is contracted with the payer, successful placement will occur. The payer contract will populate on the member profile.
- If the member is NOT contracted with the payer, rejection of placement will occur.

NOTE: Successful linking of the payer contract for every member is required for sending visits to the EVV Aggregator

Will the HHAExchange system check my member’s eligibility?

All member profiles will be validated against Texas Medicaid data once daily. Member profiles can also be validated through a real-time verification process; this is used for the member entry process described above.

What is a plan code, and how do I set this up in HHAExchange?

The Plan Code, known as the Payer Plan Code, is the code used to identify a specific payer (HHSC or a managed care organization).

To enter a payer, click on ‘Payers’ located on the left-hand navigation panel within a member’s page in HHAExchange. There you will be able to add a Payer from the available drop down. You will enter the service start dates and click save to continue.

Member acceptance via payer plan code / payer contract eligibility is required prior to authorization entry.

How do I add new authorizations to HHAeXchange?

Fee-for-Service (FFS)

- Authorizations are retrieved once daily but can be added manually as well.
- For newly added or retrieved authorizations, they can be reviewed on the FFS Auth dashboard (**Member > FFS Authorizations**) with the following options:
 - View authorization and accept (as is from payer)
 - View authorization and accept with edits.
 - View authorization and reject.

MCOs

- Your agency should manually enter MCO authorizations; no integration with MCO systems occurs.

Note: Please note that some FFS and MCO authorizations may already be in HHAeXchange. HHAeXchange partnered with DataLogic/Vesta and First Data/AuthentiCare to import up to 5 years of historical member and authorization data.

Service Provider Management

Do we have to enter in our service providers?

Historical service provider data was transferred into the HHAeXchange system from DataLogic/Vesta and First Data/AuthentiCare. For any new service providers that need to be added, they can be either manually entered (**Service provider > New Service provider**), or added using the Service Provider Bulk Import. Go to the [Texas EVV Vendor Information Center](#) for more information.

Is there a minimum amount of service providers I can submit in a Service Provider Bulk Import?

Providers are encouraged to manually enter service provider information if they have a census of 50 service providers or less. If your agency has 50+ service providers that require entry into the HHAX system, please submit a ticket via our [Client Support Portal for assistance in adding service providers](#).

Where can I access Training Support and Resources for my agency and service providers?

Your primary resource will be the HHAeXchange Texas Knowledge Base. Once you have logged into your HHAX Provider Portal, you will see the Support Center link (located in the menu found at the top right corner of the webpage). The Knowledge Base holds all process guides, videos, and PDFs detailing the functionalities of our system.

Helpful information and resources can also be found on the Texas Information Center Page on our website. <https://www.hhaexchange.com/info-hub/texas>. The various tabs on the left-hand side of the info center page house useful instructions, training information, and links to additional implementation information.

What does employment type mean for my service providers?

When setting up service provider profiles, the employment type should correspond with the type of services the service provider provides (i.e., Personal Care Assistant, Registered Nurse, Physical Therapist, etc.). These values should coordinate with the “Accepted Services” listed for the members. In other words, the employment type, authorization discipline, and member accepted services should all align in HHAeXchange.

Once my service providers are added, how can I link them to my members?

Service providers can be linked with members for ease of access for scheduling/ EVV purposes by navigating to **Member>Search Member>Member General>Edit**. On the edit screen, any service providers assigned to this member can be added (one or more can be assigned).

Can I associate my service providers with multiple offices?

Yes, you can assign service providers to multiple offices if they service members from multiple office locations. There can be a primary office assigned and secondary offices added. These updates can be made by navigating to **Service Provider>Service Provider Search>Edit profile**.

Can agencies assign more than one service provider to a member?

Yes, you can assign multiple service providers to a member.

EVV Exceptions

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

If the service provider 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) under the “Call Type” field.
4. Click the **OK** button to confirm the action.

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 the 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. Please note that only one phone number can be assigned to the Member Home and should be associated with the member’s home address. Alternate phone numbers such as secondary and tertiary numbers must be assigned to either Family Home or Neighbor Home.

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

If you have two service providers 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 service provider.

What are the most common Call Dashboard issues and how can I learn more about Call Dashboard maintenance?

The top Call Dashboard issues are as follows:

1. Call from caregiver Number/Caller ID not Available.
2. No Schedule on calendar.
3. GPS Signal Out of Range.
4. Out of Window.
5. Phone Number Not Found.

To learn more about the Call Dashboard functionality in HHAeXchange please watch the [Texas Lunch and Learn Call Dashboard Video](#).

How to access the Call Dashboard: Click on ‘Visit’ from the navigation bar and select Call Dashboard.

- When maintaining calls on the Call Dashboard, please follow EVV policy guidelines for visit maintenance by selecting the most appropriate Reason Code and Reason Code Description.

Resolutions to the top Call Dashboard issues are listed below.

How do I resolve the Call Dashboard status “Call from caregiver Number/Caller ID not Available”?

Cause: You will see this Call Dashboard status if a caregiver clocks in/out by calling from their personal phone. HHSC policy requires clock in and out from the member’s landline phone. If a service provider wants to use their personal phone, they must download and use the HHAeXchange+ app.

Prevention: Ensure the member’s phone number is entered correctly within the member profile and labeled accurately as home phone. Ensure the Service Provider clocks in/out from the member’s landline phone on file in the HHAeXchange system.

How to Resolve:

This call is invalid and cannot be linked. Confirm the visit manually by:

1. Click on the calendar icon next to the Service Provider name.
2. Under **Actions**, click the icon to edit visit info.
3. Add the correct Visit Start and End Time.
4. Select the appropriate reason code and reason code description.
5. Click **Save**.
6. On the Call Dashboard, Click on **Reject** in the **Action** column to discard the call.

How do I resolve the Call Dashboard Status “No Schedule on Calendar”?

Cause: HHAX requires a Clock In and Clock Out to create a complete visit/service. When either is missing, the call will land on the Call Dashboard as “No Schedule on Calendar”. The majority will be cleared once a valid clock in and clock out has been documented. Other scenarios that will cause a “No Schedule on Calendar” exception:

- IVR/Landline call but either no Authorized service exists on the member profile or multiple authorized services on profile.
- Member marked as No EVV Required.

Prevention:

Mobile App: Ensure your service provider clocks in and out and selects the correct service code.

IVR Landline/Alternative Device: Ensure the service provider clocks in and out and you have scheduled the visits in advance.

How to Resolve:

Option 1:

1. Click on the number in the **Caller ID** column.
2. In the **Edit** column, click **New Schedule**.
3. Complete the required fields in the visit window's *Schedule* tab.
4. Click **Save-- OR If the EVV is invalid, click on Reject in the Action column to discard the call. Only reject a call if documented EVV is not associated with that visit.**

Option 2:

1. Click Automatic Creation of Schedule on the dashboard.
2. From the Automatic Creation of Schedule window enter your search criteria and click search.
3. Select visits and enter missing information.
4. Click **Process and Close**.

How do I resolve the Call Dashboard status “GPS Signal Out of Range”?

Cause: Service Provider is clocking in/out more than 1320 ft from the member home, or the Service Provider didn't change the service location at clock in/out.

Prevention: The HHAeXchange+ mobile app displays the user location when clocking in or out and informs the user when they are outside of the acceptable range. When clocking in or clocking out is performed outside of this area, the HHAeXchange+ mobile app will prompt the user to choose an alternate location (Family Home, Neighbor Home, or Community).

Ensure the Service Provider utilizes the GPS tolerance prompt to validate they are within the 250ft tolerance range of the member's home. If the visit is not in the home instruct the Service Provider to toggle the service location to Family Home, Neighbor Home, or Community).

In some scenarios, the coordinates attributed to an address by Google Maps do not properly reflect the actual coordinates of the Patient's home. This is particularly true of rural addresses but may also occur in cities when a Patient lives in a large apartment complex.

How to resolve:

When the coordinates attributed to an address by Google Maps do not properly reflect the actual coordinates of the Patient's home, users may update the coordinates of a Patient's address using the coordinates associated with GPS based EVV that is being held on the **Call Maintenance tab of the Call Dashboard**. This allows program providers and financial management services agencies (FMSAs) to correct the coordinates attributed to an address by Google by replacing them with the more accurate EVV coordinates.

1. Click on the pin next “GPS Signal Out of Range”.
2. A map will pop up displaying a pin for the location of the services provided in blue and a pin for the member's home address in pink.
3. To set the coordinates for the blue pin as the new home address, click **Save**.

All other 'GPS signal out of range' calls must be rejected.

Further information is located in the **Editing GPS Coordinates** section of the [Call Dashboard](#) topic in your support center.

How do I resolve the Call Dashboard status “Out of Window”?

Cause: The Service Provider Clock In/Out is outside of the state-approved duration window for a daily variable schedule in HHAeXchange.

Prevention: Ensure the service provider clocks in/out within the EVV policy duration window for daily variable schedules in HHAeXchange.

How to resolve:

1. Click on the Caregiver in the **Caregiver Name** column.
 Click **Link** to connect the EVV to the visit Enter the correct reason and action for the out of window duration based on HHSC EVV Policy.
 Only reject a call if documented EVV is not associated with that visit.

How do I resolve the Call Dashboard status “Phone Number Not Found”?

Cause: Service Provider placed the call on a phone that blocks caller ID.

Prevention: Ensure the Service Provider unblocks the member’s landline home phone number when clocking in/out.

How to resolve:

1. Click on the calendar icon next to the Service Provider name.
2. Under **Actions** click the icon to edit visit info.
3. Add the correct Visit Start and End Time.
4. Select the appropriate reason code and reason code description.
5. Click on **Reject** in the **Action** column to discard the call.
6. Provider must validate the visit took place and create a manual visit in HHAeXchange.

Can I link a call that was previously rejected?

Yes, you can reverse call rejections.

1. From the call dashboard click on the Rejected Calls tab
2. Enter your search criteria and click **Search**.
3. Locate the call you wish to link and click the dot under those actions column.
4. From the Call Rejection Details window, Select Reverse Call Rejection.
5. Click **Close** to complete.

Third-Party System Integration/Import

If I have my own 3rd party system , what steps do I need to complete to be ready for the EVV mandate?

Application programming interfaces (APIs) can be used to exchange data between third-party software systems, such as payroll systems and electronic health record systems, and the HHAeXchange Portal.

Program providers and financial management services agencies who want to integrate their third-party software systems with HHAeXchange can refer to the specifications listed in the [HHAeXchange Web Service API Guide](#) (PDF).

Note: Third-party systems are not used to collect clock in and clock out times for EVV visits.

Which APIs are available to integrate with HHAeXchange?

- Service Provider (Create, Update, Search, Get)
- Member (Create, Update, Search, Get)
- Schedule (Create, Update, Search, Get)
- Visit (Search, Get)
- Authorization (Create, Update)

How do I begin the integration process?

To begin the integration process, submit [a ticket through the HHAeXchange Client Support Portal](#).

Scheduling and Visits

Is scheduling required in HHAeXchange?

No, scheduling is not required in HHAeXchange. If you would like to create a schedule, that can be done using the following options:

- Master week functionality.
- Scheduling from the Calendar.
- If utilizing 3rd party system, your vendor will be responsible for sending data to HHAeXchange.

What schedule types are available for use in the HHAeXchange system?

- No Schedule**
- If member and service provider are linked, clock in and out can be documented, either manually or using EVV, for a visit without a schedule.
 - Visits will auto-verify if there are no critical exceptions (e.g., valid service code, clock in + out received, phone number matches member profile etc.)
 - This is the default schedule type for any visit that is confirmed without a schedule.
- Daily Fixed**
- Schedule created for a specific time per day. Time in and Time out on each schedule is required for this schedule type.
 - Auto-verification and call linking will still occur as normal as long as clock in and out match the schedule (if EVV is within 7 minutes of start/end times AND within 7 minutes of overall duration).
 - *Schedule time: 0800 – 1200*
 - 0800 – 1200; 0800 – 1207; 0753 - 1200 > auto-link
 - 0800 – 1208; 0752 – 1200; 0755 – 1205 > do not link
 - **Optional Expanded Time – if EVV is within 7 minutes of start/end times AND within 14 minutes overall.**
 - 0800 – 1200; 0755 – 1205 > auto-link
 - 0800 – 1208; 0755 – 1210 > do not link
 - **Automated Downward Adjustment – Visit End Time adjusted to match the scheduled duration.**

- 0753 – 1207 > auto-link > Visit End Time auto-adjusted to 1200 so billable hours = 4:00h

Daily Variable

- Schedule created for a specific amount of time per day, but exact scheduled times are not set and can be selected by the caregiver. Scheduled Visit Duration is required when setting visits with this schedule type.
- Auto-verification / call linking if EVV is within 7 minutes of scheduled duration.
 - *Daily Variable Schedule: 4hr daily variable schedule*
 - 0800 – 1200 (4:00h); 0800 – 1207 (4:07h); 1400 – 1757 (3:57h) > auto-link
 - 0800 – 1208 (4:08h); 1355 – 1805 (3:10h) > do not link
 - **Optional Expanded Time – if EVV is within 22 mins of scheduled duration.**
 - 0800 – 1200 (4:00h); 0800 – 1207 (4:07h); 0800 – 1220 (4:20h) > auto-link
 - 0800 – 1223 (4:23h) > do not link
 - **Automated Downward Adjustment – Visit End Time adjusted to match the scheduled duration.**
 - 0800 – 1220 (4:20h) > auto-link > Visit End Time auto-adjusted to 1200 so billable hours = 4:00h

Weekly Variable

- Schedule created for a specific amount of time per week, but exact scheduled times are not set and can be selected by the service provider. Scheduled Visit Duration is required when setting visits with this schedule type.
- If needed, weekly duration can be adjusted throughout week, but can only reduce up to what’s already been confirmed.
 - *Schedule: 20hr weekly variable schedule*
 - M - 0800 - 1200 (4:00, 4:00 for the week) → Link
 - T - 0700 - 1200 (6:00, 10:00 for the week) → Link
 - W - 0300 - 1230 (9:30, 19:30 for the week) → Link
 - Th - 0600 - 0800 (2:00, 21:30 for the week) → Do not link.
 - F - 0200 - 0300 (1:00, 22:30 for the week) → Do not link

What happens if you schedule a visit, and the service provider does not make it there on time? Do we manually adjust?

If the visit time documented by the service provider is outside the time window outlined in the state allowed policy, please follow the steps outlined in the ‘Out of Window’ call dashboard FAQ above. You will manually confirm the visit and enter the associated reason codes.

Will the service provider have to clock in and out for multiple services?

If a service provider is providing multiple services for a member on a single date of service (DOS), service providers would clock in and out for one service and then would need to clock in and out for the other service.

If there is an employee who is not computer or tech savvy are they allowed to use another method to clock in and out?

There are three options for EVV data collection. If the service provider cannot use the mobile app, the member may authorize the service provider to use their home phone landline to clock in and out using Interactive Voice Response (IVR). The third option is utilizing an alternative device.

Are providers able to print forms required by HHSC from the HHAeXchange system?

The system is designed to maintain the visit date electronically. All data required for various HHSC forms are stored in the HHAX system, but the system will not automatically generate, export, or send forms.

Will the service provider be able to clock in and out multiple times with it being a split shift for the one client?

The service provider can clock in and out for each shift that they are assigned or if they are doing an unscheduled shift, they will have the ability to do so when they clock in and out.

After the go-live, if service providers are not able to record visits in HHAeXchange, what will we need to do with the visits that we cannot verify?

Service providers who cannot clock in and out via the app, Interactive Voice Response or using an alternative device following go-live will need to have their shifts manually verified and entered in the HHAeXchange Portal by an administrator or coordinator user in HHAeXchange.

Claims & Billing

Is billing through HHAeXchange required?

Billing through HHAX is optional.

Is prebilling only applicable if I am billing through HHAeXchange?

Prebilling is applicable to all users, whether you are billing through HHAeXchange or not. **Prebilling** is one of the *Exception* pages in the HHAeXchange (HHAX) system. The *Exception* pages are automated auditing processes which ensure that visits with missing or incorrect information do not get invoiced and billed.

Is billing included in the free version of HHAeXchange?

Yes, billing is available in the HHAeXchange free version, **HHAeXchange +**.

What are the requirements to bill through HHAeXchange if we decide to do so?

Billing through HHAeXchange is optional but if you would like to bill via HHAeXchange, please review the Billing course in your HHAeXchange [learning management system \(LMS\)](#) for additional information. The HHAeXchange LMS covers all requirements to complete the billing process.

Mobile App, IVR, and Alternative Device

When can we receive our alternative devices?

HHAX provides alternative devices in accordance with HHSC policy, issuing alternative devices for 7.5% of each program provider’s/FMSA’s member census. Please refer to the “Alternative Devices” section of the [HHAeXchange Texas State Info Hub](#) for more information on ordering alternative devices.

Where can I order alternative devices?

You can order devices now on the HHAX website. Please refer to the “Alternative Devices” section of the [HHAeXchange Texas State Info Hub](#) for more information on ordering alternative devices.

What if I want more alternative devices above the 7.5% threshold?

If you need to request additional devices above the 7.5% threshold, HHSC is allowing the purchase of alternative devices for qualifying members at \$12.00 (price includes shipping) each plus applicable sales tax. Please refer to the “Alternative Devices” section of the [HHAeXchange Texas State Info Hub](#) for more information on ordering alternative devices.

Once an order for an alternative device has been submitted, how long will it take to receive the device?

HHAX will ship alternative devices within 5 days of the order. Delivery is based upon ground shipping times.

Once I receive my alternative device, what do I need to do to set it up?

The provider portal user will activate and linked to the appropriate member upon receipt. To assign a device to a member in the HHAeXchange system:

- Navigate to the desired Member’s profile from Member Menu on the navigation bar; select Search Member; and click on the member’s name to open the member page.
- Select the **General page**.
- On the General page, click **Edit**.
- Select the **Enable FOB Confirmation checkbox**. The alternative device (FOB) Device ID and Seal ID fields become available. Complete these fields with the provided numbers on the devices.
- Click **save** to register the member.

Note: Per HHSC policy, by assigning an alternative device to a member, your agency is attesting that the member has no access to a landline or mobile device for EVV. The provider must ensure that alternative devices are located in the member home and used only for EVV in the member home.

What mobile application should the service provider download?

Service providers can navigate to the app store on their mobile device and search for “HHAeXchange+”. This will return the search result for the HHAeXchange+ mobile application. The description of this application specifies that it should be used for service providers in the state of Texas. **NOTE:** The HHAeXchange app will not work in Texas; only HHAeXchange+

How close does my service provider need to be to the member’s home when clocking in or out using the mobile application?

HHSC policy requires service providers to be within 1320 feet of the member’s home for clock in or clock out via the mobile app to register with that member’s profile.

What if the service provider does not have Wi-Fi connection or cellular service coverage?

The initial setup of the mobile application must be completed in an area with connection (i.e., Wi-Fi, cellular data network, etc.). Once completed, service providers can turn on Offline mode. With this feature enabled, service providers can clock in and out successfully while offline.

When utilizing Offline mode, the clock in and out will then be loaded successfully once within range of cellular connection or Wi-Fi.

How do I link my service provider’s mobile device to their HHAeXchange profile?

Once service providers create their account on their HHAeXchange+ application, you will need to link it to the service provider profile in the HHAeXchange Portal. Once linked, the service provider will be able to view any assigned members and schedules in their mobile application.

Once logged in to the HHAeXchange Portal, navigate to the “Service Provider” section of the top menu and select “Search Service Provider” to view each service provider’s profile. On the profile page, select “Mobile Application Access” to generate a code for linking to that service provider’s mobile device.

How do I reset the mobile app password for my service providers?

A service provider can reset their own password directly from the login screen using the “Forgot Password?” link.

How do I find my landline number / IVR line as a provider?

Once you have logged into your HHAX Provider Portal, click on the “Admin” tab on the Menu Bar and then on “Provider Profile” to view the IVR phone number.

For assistance with corrections or issues with your IVR line, please submit a ticket via the client support portal to HHAeXchange Technical Customer Care: <https://www.hhaexchange.com/supportrequest>

If a service provider is using the phone to clock in and out, how will they record the services performed?

The service provider can add codes for services performed when they clock out using the mobile app or IVR. Documentation of service performed is optional in HHAeXchange.

Services in Scope

I have questions on the services in scope; who should I contact?

Services in scope are:

- Medicaid personal care services that require EVV due to state law prior to 2021.
- Medicaid [personal care services that require EVV due to the 21st Century Cures Act, effective January 1, 2021.](#)
- Medicaid [home health care services that require EVV due to the 21st Century Cures Act, effective January 1, 2024.](#)

Please contact HHSC with any questions at EVV@hhs.texas.gov

If a provider has multiple provider numbers, will they need to register each separately?

Only one set-up form should be submitted for the Agency Tax ID. When completing the set-up form, please use the Add Office option to add additional provider numbers (Tax ID Number (TIN) National Provider Identifier (NPI), etc.). Only provider NPI/TIN utilized for services requiring EVV should be noted.

Visit Aggregation

How do I check the status of my visits being sent to the EVV Aggregator?

The HHAeXchange EVV Aggregation Transaction Manager lists all visits that have been submitted to the EVV Aggregator and displays if the EVV visits were accepted.

To access, select EVV Aggregation Transaction Manager in the Admin drop-down menu.

If corrections are needed on the visit for it to be accepted, that will be specified in this report for review and updating as needed. Visits can be resubmitted for acceptance after corrections are completed.

All visits should be in an ‘accepted’ status prior to billing. For more information on Transaction Manager Ruse Holds and Resolutions please reference the [HHAeXchange \(HHAX\) Electronic Visit Verification \(EVV\) Aggregation Transaction Manager Rule Holds and Resolutions](#) document.

How often are visits being sent to the aggregator?

HHAEExchange submits visits to the aggregator upon submission by the agency. All visits should be submitted to the aggregator prior to billing.

Consumer Directed Services (CDS)

I am a CDS Employer / Employee, how does the HHAEExchange system apply to me?

HHAEExchange Portal provides a connection for FMSAs to oversee CDS Employees, CDS Employers, and Designated Representatives, EVV documentation, and visit edits/approvals. Review the next question for a breakdown of different user permissions.

What is the Services Portal?

The Services Portal is an online tool. CDS Employers and CDS Employees use it to manage visits. HHAEExchange Services Portal is managed by the FMSA for each CDS Employee, CDS Employer and Designated Representative.

In the Services Portal, a CDS Employer can:

- See visits.
- Approve visits.
- Deny visit.
- Update visits.
- Schedule visits.

In the Services Portal, a CDS Employee can:

- View visits.
- Request visit updates.
- Dispute visits updates.
- Respond to visit changes made by the employer.

What are my options for Clocking in and Clocking Out?

CDS employees can clock in and out using any of the three HHSC-approved methods and HHAX-specific guidance below:

Mobile Application

- Employees use the HHAEExchange + mobile app to clock in and clock out and record duties.
- [HHAEExchange+ Mobile App Caregiver Guide](#)

Landline Telephone

- HHAX will assign a unique, toll-free number to each agency. If allowed to do so by the member, CDS employees can call this number from the member’s home landline phone to clock in and clock out.
- [EVV Phone Instructions](#)

Alternative Device (AD)

- An AD is an electronic device that allows a CDS employee to clock in and clock out of the EVV system. Using the instructions below, CDS employees can use codes from the AD to clock in and clock out from any phone or via the HHAX Mobile App within seven days of the visit.
- [Getting Started with an Alternative Device](#)

Links and training resources can be found on the [Texas Consumer Directed Service Info Hub](#).

What training must CDS employees and CDS employers complete?

The HHAExchange [Consumer info-hub](#) has interactive walkthroughs and videos for CDS employees and employers as well as an attestation upon completion. Click the Training tab to access the CDS training materials.

What data points are required to grant service portal access for a member or representative? ?

Financial Management Service Agencies (FMSAs) are responsible for setting up the member and representative profiles. The values that are required to grant Services Portal access for a member or representative are the following:

- Email address.
- User First Name, Last Name.
- Member Last Name, First Name, Medicaid ID.

For more information on how to manage the Services Portal please reference the [Services Portal Management Process Guide](#).

Support

Where can I get support?

For questions or help with HHAExchange, please contact the Client Support Team:

- Email HHAExchange at TXsupport@hhaexchange.com.
- Submit requests through our [Client Support Portal](#).
- Contact us by phone 1-833-430-1307.
- Live chat within HHAExchange portal.

Visit your Texas EVV [Provider Information Center](#) to access all information related to this implementation.

What are the hours for the HHAX Support Desk?

The HHAX Texas Support Desk operates 7:00 AM - 7:00 PM CT, Monday-Friday and 9:00 AM – 1:00 PM CT Saturday and Sunday. If a request is submitted or a call is placed outside of these hours, we will address on the following day.

HHAEExchange Learning Management System (LMS)

Where and how can I access the HHAEExchange Learning Management System?

The HHAEExchange LMS contains all system training content and the test required prior to receiving HHAEExchange Portal credentials.

The HHAEExchange LMS can be accessed through the link below:

- [HHAEExchange LMS](#)

Note: Only one username is provided per agency. Providers can share usernames/passwords with all members of their agency that require training.