Questions and Answers (Q&As)

EVV HHAeXchange Town Hall Webinar

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Texas Health and Human Services ● **hhs.texas.gov**

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Alternative Device

Question: How long does it take to receive devices?
Answer: If there is available inventory, HHAX will ship the ordered Alternative Device(s) in 5 business days. If there is not enough inventory, HHAeXchange will notify the program provider or FMSA that HHAX has placed a back order for them, and they can expect to receive their Alternative Devices as they become available.

Question: I installed a FOB to a client. I added the device ID, Seal ID, and location in the general section for client. When service provider clocked in the call did not link to visit? What am i missing?
Answer: Please review the Call Dashboard for the reason why the visit did not link.

Question: Is there a way to enter token device numbers on HHA?
Answer: Yes, in HHAX from the Member > General page, flag the 'Enable FOB Confirmation' button and enter the FOB Device ID.

Question: When the attendant calls the IVR line, it asks for their ID. When do they enter the number on the alternative device?
Answer: They need to enter their Time and Attendance PIN which can be found in the HHAX portal from Service Provider > Profile page.

Question: Who will pay for the Alternative Device? Agency or Member?
Answer: Program providers and FMSAs are assigned a certain number of alternative devices (with a minimum of one device) free of charge. If the program provider or FMSA has assigned all of their free devices, either the program provider, FMSA or consumer directed services (CDS) employer may purchase additional alternative devices with specific caveats: For members using the agency option or the service responsibility option (SRO), the program provider must not charge the member for an alternative device. For members using the CDS option, the FMSA may choose to pay for additional alternative devices or the CDS employer may choose to purchase an alternative device using the Employer Support Services funds in their CDS budget.

Question: When will Devices be phased out? Mobile device isn't user friendly. Is it worth to purchase devices, all PSOs are majority using devices?
Answer: At this time, HHSC does not have a timeline for the phase out of alternative devices. More information on the phase out will be communicated through GovDelivery for EVV. You can sign up to receive updates on the HHSC EVV webpage. The new alternative device policies on qualifications for an alternative device or limitations on alternative devices do not apply to proprietary system operators. However, HHSC will phase out alternative devices for all program providers and FMSAs, including those PSOs. HHSC chose to limit the number of alternative devices with the new state vendor (HHAeXchange) to modernize the EVV program, increase program integrity, and reduce state EVV contract costs.

Question: The phone number for the IVR does not offer an option to enter the token device. Is there another number available?
Answer: For the IVR line you should hear 'Press 3 for FOB confirmation'. This is the option you should choose.

Question: We don't get a lot of information regarding the FOB device. What's the protocol for FOB users? Do they log in through the app or the 833 IVF line?
Answer: You can use the mobile app or the 833 IVR line assigned to your agency.

Authorization

Question: For our waiver attendants (HCS and TXHL), they can clock in, but they can't clock out, because it asks for a service code when clocking out, but there are no service codes in the drop- down menu. I'm assuming that should be the S5150 and T2016 for respite and CFC. How do we get this resolved?
Answer: Please ensure that there is an authorization tied to the member for the date of service. The mobile app is pulling the service code from the associated authorization.

Question: How do I find total hours for Member and Attendant to show hours are not over the Authorization amount? I see nothing to show this information.
Answer: The authorization tab will reflect hours utilized for each authorization. If you need a detailed report of hours worked, the Time and Attendance report in HHAX will provide that detail.

Question: How do I fix red visit? Not to fix attendant access to the App when it will not allow because of the email.
Answer: A red visit means that the visit does not match the authorization (either there is no authorization for that date, the service code does not match, or there are not enough remaining units). Please ensure the visit details match the auth and the visit will become green. The attendant can still access the app and the schedule even if the visit is red.

Question: How would we know which authorization is active?
Answer: Review the From and To dates on the authorization to determine if the date of service falls within the date range. HHAX will tie the visit to the matching authorization based off the dates and service code.

Question: I have Authorization with two services Personal care & Respite care, but system will only accept one. How do I get this corrected?
Answer: Please create two separate authorizations in HHAX for this, each with a different service code.

Question: In HHA, you cannot edit the period and service code on the authorization. The only option is to delete and reenter the authorization. We did this and calls all changed to pink. How can we resolve this?
Answer: Once there are transactions against the authorization, then the service code and authorization type cannot be changed. If changes are needed, then the auth can be deleted or the dates can be edited and a new auth entered. Please make sure that the new auth matches the services, dates, and units and the visits will show as green.

Question: Information within HHAeXchange on hours available is not accurate. It shows all Respite used and there is zero utilized. Same issue with CFPH services shows all hours used. Why and how to resolve?
Answer: Please check that the authorization imported or added into HHAX has units associated with it. The number of units should be greater than 0.

Question: On Authorizations, what if we only use HHAEXCHANGE for EVV, and we are unable to enter the authorizations ourselves? How long after we enter the member's profile will the authorization be uploaded?
Answer: Please check the role assigned to your username. Admin access will allow you to add and edit authorizations.

Question: On the mobile app. Why do some of my care providers have service codes to choose and other do not?
Answer: Please make sure the member has an authorization or a schedule created as this will display
the service code in the mobile app.

Question: We are HCS and TxHmL providers, and we are unable to pull authorizations for year 2023-2024 from the FFS authorization option on HHAeXchange. How can we import authorizations?
Answer: In the HHAeXchange portal, please navigate to the Member > FFS Authorizations page. From there you can see all FFS authorizations for members in your portal and decide which ones you want to accept or reject.

Question: When our provider is trying to clock out, it is asking for service provider to choose a service code, however the drop down doesn't provide a selection for staff to choose. The provider is not able to clock out correctly.
Answer: Please ensure that there is an authorization, or a schedule entered, as the service code from there will display in the mobile app.

Question: Why "Authorization not available with this service code", T1019/U9, in all days of service in Calendar?
Answer: Please ensure there is a valid authorization with units available for the service code and date of service assigned to the member.

Question: When I want to add authorization for a Family Care member it is asking for a budget number. I have not received response from HHAeXchange.
Answer: Some program Members are assigned a budget dollar amount (rather than units) to determine the services provided. The Budget Amount field is used for the total budget dollar amount.

Question: System does show hours transferred over for IPC; it is showing all used which is NOT accurate.
Answer If you click on the authorization number in the Member > Authorization page then you can see all the visits that have utilization against the auth. You can edit the auth to add more hours if needed.

Question: Red Visit has authorization, and the visit is match but not showing green on the calendar. How to fix this?
Answer: Please confirm the authorization service code matches the visit and enough units are remaining for that date of service.

Question: How do we link our visits with the Authorization on the calendar? It shows a red thumbs down saying something is missing from the Authorization, but everything has been entered correctly.
Answer: If the visits are showing red, the visits are not in compliance with the authorization. The scheduled visits should be confirmed against the authorization tied to the visit. Confirm that the time allotment aligns, service codes, and the Service provider tied to the visit. The visit will be green as long the visit aligns with the authorization on file and the authorization has enough remaining units.

Question: I just heard that there has to be a schedule and auth on file for the service code to show up. For waiver members, there is usually not a schedule, because we go off of their timesheets. How do we enter a schedule for TXHL and HCS, when there isn't one?
Answer: You do not need to enter a schedule. If there is no schedule, make sure there is an authorization entered and the service code will pull from there. For unscheduled visits, make sure that the service provider is associated to the member's profile from the member general tab so they can be connected in the mobile app.

Question: How do I move item out of the EVV Aggregation when no one will the help, such as visit does not have Authorization when I have the Authorization shown on the system.
Answer: Make sure that the authorization aligns with service documented on the visit. The service code should match the authorization and units should be available. If the visit is green on the calendar, that will indicate the authorization aligns and the visit can be submitted to the aggregator.

Question: How can we add tasks when inputting an authorization in HHAeXchange?

Answer: For more information on authorization management in HHAeXchange please review the 'Authorization Process Guide' found within your support center. If you are referring to care tasks or duties performed by the service provider, that can be managed in your member's profile under 'plan of care'. If you need further assistance, please feel free to join us for Open Hours through November, where we will take questions and demo system functionality. The link to join open hours webinars is available on the 'Open Hours Tab' within our Provider Information Center page: https://www.hhaexchange.com/info-hub/texas.

Question: Most PAS and CAS Authorizations are weekly Authorization. As such we schedule visits on weekly variable schedule. However HHAexchange System does not have function to set up weekly variable visit schedule. We asked them to tell or show us how to set up weekly variable visit on the schedule. They promised to get back to us to us 4 days ago. So far we have not heard from them. Meanwhile 99% of our visits are rejected because of that. What is the solution?

Answer: Weekly Variable Schedule is available in HHAX from the Member > Calendar page. If you do not see this, please navigate to your Office Settings in HHAX and ensure this schedule type is enabled.

Claim Billing

Question: On the HHCS service bill codes table, T1000 does not have any modifiers in the list. Do you only want visits where T1000 is billed without modifiers, or do you want T1000 with any modifiers? We are getting rejections for T1000 with modifiers saying its not an EVV service.

Answer: T1000 is PDN which is an optional EVV service. Visits for T1000 (PDN) can optionally be captured irrespective of modifiers. EVV claim match process is not performed for optional EVV services. The claim for T1000 (PDN) will need to be submitted with modifiers as modifiers as required by payer guidelines. Please email details about the T1000 modifier rejection to TMHP at EVV@tmhp.com.

Question: Are providers required to bill claims through HHAX or can they be sent directly to TMHP?

Answer: The claims can be submitted directly to TMHP using one of the approved TMHP claims billing methods. As part of the free EVV system solution, HHAX does offer free claims billing capability if the providers would like to utilize them.

Question: Can you send a Link for the HHA table Billing Code? Showing the Respite Care Information.

Answer: The link to the EVV Personal Care Services Bill Codes Table (PDF) is available on the HHSC EVV webpage. The EVV Home Health Care Services Bill Codes Table (PDF) is available on the EVV 21st Century Cures Act webpage.

Question: As a Home Health Agency, is it correct that we must start (as of 1.1.24) billing our claims directly to TMHP and NOT our MCO's as usual? Please explain/clarify.
Answer: That is correct, as per Cures Act Expansion of Home Health Care Services (HHCS), all EVV relevant HHCS managed care claims should be submitted to TMHP – and it should actually start for claims with dates of service on or after 12/1/2023. TMHP will perform the EVV Claims to Visit Match process and forward the claim with EVV Match Result Code to the Payer, the Payer could be HHSC, LTC or one of the MCOs.

Question: Do we know the time frame from when TMHP receives the claim to it being forwarded to the payer.
Answer: Claims submitted to TMHP, are forwarded within 24 hours to the payer.

Question: If we are billing directly to TMHP, how will we bill since we have specific contracts with our different MCO's?
Answer: As per Cures Act Expansion of Home Health Care Services (HHCS), all EVV relevant HHCS claims should be submitted to TMHP. TMHP will perform the EVV Claims to Visit Match process and forward the claim with EVV Match Result Code to the Payer, the Payer could be HHSC, LTC or one of the MCOs. TMHP has a claim forwarding logic which will determine the MCO who the Member has the Medicaid eligibility and the details found on the claim submitted to TMHP. TMHP will forward the claim to the appropriate MCO.

Question: How long from the time we submit a claim batch for billing for us to see it in TMHP?
Answer: The claims once accepted by TMHP can be viewed immediately on TMHP TexMedConnect claims portal. The timeline to get the latest claims status of the accepted claims may vary depending on the Payer system response.

Question: How long will take for them to process and for us to get paid? How long is going to take TMHP to send to MCOs and for the agency to get paid?
Answer: Assuming this is the question around claims payment? With the transition of providers to HHAeXchange or Home Health Care Services expansion, there were no changes made to how the claims are processed by the Payers. The Claims payment should follow the standard timeline. If you have questions around a specific claim or payment, please reach out to the payer, HHSC, LTC or MCOs.

Question: When billing EVV claims to TMHP, do we need to adhere to Medicaid billing regulations? Ex: we bill with 1 unit for some MCO's as we get reimbursed per visit, TMHP requires 4 units. How will we bill, according to our contract or by TMHP guidelines?
Answer: Yes, bill EVV services to TMHP according to Fee-For-Service or MCO payer guidelines. Claims for MCO services will be forwarded to the MCO payer.

Question: I need help with billing showing I need the Primary Diagnosis and I have added this under this under the Authorization & rate, but I have billing with no Rate. How do I fix this?
Answer: Navigate to Admin > Payer Setup > Search Payer > Billing Rates > Edit and make sure there is a rate entered there. If Plan Code rates are an option, make sure the rate is entered in each value as well (if the rate is the same for all regions, then enter the same rate in each field).

Question: How do we add multiple diagnostic codes?
Answer: You can add multiple diagnostic codes on the member's payer field but there must be a primary diagnostic code all others will be secondary.

Question: How do I un-bill or remove the batch as it's not showing billing amount? And also want Primary diagnosis. How to I fix this?
Answer: You can navigate to invoice search by invoice to find the correct visits. At the visit level, select the 'Un-export' option (on the right of the table). Add all rates at the service code and plan code level as well as any diagnostic code information. Once the rates and diagnostic codes are added, you can reinvoice and re-batch / bill the claims.

Question: It is my understanding that HHSC will not be rejecting/denying claims until Dec 22 or 31st. Do claims still have to at least be in the EVV aggregator to bill?
Answer: HHSC has implemented a claims bypass for dates of service from October 1, 2023, through December 31, 2023. During this time period, claims requiring an EVV visit can be submitted and paid prior to having an EVV visit on file. But use of the EVV system is still required during this time and an EVV visit must eventually be on file. Claims submission will remain the same as it was prior to the October 1 or November 1 go- live date with HHAeXchange depending on what group of providers you were in. Keep in mind, all claims requiring an EVV visit must be submitted to TMHP through TexMedConnect or via EDI through a third-party.

Q: We understand from TMHP that HHAX has suspended all requirements for claim matching and EVV compliance monitoring until further notice.
Answer: HHSC will bypass EVV claims matching for dates of service Oct. 1, 2023, through Dec. 31, 2023. This means payers will not deny EVV claims that do not have a matching EVV visit for these dates of service. During this period, program providers, FMSAs and CDS employers and service providers must use the EVV system to record visits, including manual visits.

HHSC has extended the compliance reviews grace period for EVV Usage and EVV Landline Phone Verification reviews for personal care services. The extended grace period is from July 1, 2023, through May 31, 2024.

Question: We have 223 united healthcare claims denied for missing NPI and Taxonomy. When will this be fixed, or updates provided to correct?
Answer: Please email EVV@tmhp.com with the details of your claims, TMHP does not update the claims received by TMHP except adding the EVV Claims to Visit Match result code, if the NPI and Taxonomy was not submitted with the original claims, that may be the reason for rejection, the user should check how the claim was submitted, if you are using a third-party billing system, you need to discuss this issue with them.

Question: You mentioned that we should make sure the NPI and Taxonomy are included in the claim. Can you publish how to do that?
Answer: Please refer to Texas Medicaid Companion Guide found at: [Electronic Data Interchange (EDI) | TMHP](), also note that TMHP has free claims billing Portal "TexMedConnect" which has the claims billing templates for the provider to submit their claims using the Portal screens. Please visit for more information: [TexMedConnect and My Account Guides | TMHP]().

Clock In/Clock Out

Question: Providers are given clock in/out successful, and it is not showing records of their clock out times. All providers have been linked to their client, they all have schedules, and they are all authorized why is there clock out times not showing?
Answer: Review the call dashboard to see if any clock in and/or clock out are present there that need to be manually linked to the visits. This happens when not all requirements of the EVV clock in and out are met and auto linked to the member. Your team can review and determine if the EVV is valid and link from there. This can be accessed with the click path: Visit >> Call Dashboard.

Question: For attendants, when clocking in//out do attendants have a certain number of minutes to clock in/out for the time to be round up/down? Or its just exact time no rounding up/down?
Answer: The EVV system rounds up to the next quarter hour increment when the actual hours worked are eight minutes or more than the previous quarter hour increment. The EVV system rounds down to the previous quarter hour increment when the actual hours worked are seven minutes or less from the previous quarter hour. Please see [EVV Policy 8090, Rounding Rules]() of the [EVV Policy Handbook]().

Question: What is the purpose for the "member not in list" selection in the App? You cannot assign a member to the clock in/out that was made...so what is the point of that selection?
Answer: This will allow the service provider to still clock in and out electronically. The clock in and out will hit the call dashboard and be worked by the agency to associate with the correct member and service.

Question: Many of our providers have been clocking in and out successfully however their clock out times are not showing any records of the times. They have been authorized, linked to member, and schedules have been made what is the issue?
Answer: Please review the Call Dashboard to see if the call did not link for a specific reason.

Question: Service providers clock in (new visit), and when they go to clock out, no visit is pending. The call dashboard does not capture the visit. How can we resolve this?
Answer: Please ensure the service provider is going back to the same schedule or member in the mobile app to clock out successfully. Any missing clock in our out can be added manually.

Question: We are having issues with the HHAeXchange app. Needing help with the choosing a service code when clocking out. The drop down is blank, and caregivers are not able to clock out.
Answer: Please ensure the member has an authorization or a schedule set up as that will populate the service code dropdown.

Question: We have staff saying they can clock in on mobile app, but then they cannot log out. It is not showing up when the administrators check the visits.
Answer: Please contact HHAeXchange support at 1-833-430-1307 or TXsupport@hhaexchange.com with details of the issue with the mobile app for assistance.

Question: The app was not working at the beginning of a shift and the service provider could not clock in, so she clocked in later in the shift, outside of the 7 minute or 23 minute window. How can I correct the time on the calendar to reflect the time she actually worked? The portal won't let me do that, so now I cannot bill for her actual shift worked.
Answer: You will need to manually add the visit start time on the visit info tab.

Compliance

Question: What is caregiver compliance, incomplete confirmation how do I find it and how do I fix this?
Answer: Caregiver compliance is a 'soft hold' as a reminder to confirm caregivers are being compliant. it is showing because there is incomplete confirmation on the visit – please review the visit and confirm the clock in and out is present either through EVV or manually. Once the confirmation is present with clock in and out, the hold will release.

Question: When will a penalty be applied if there is no EVV compliance?

Answer: Due to the transition to the new HHAX EVV System, a compliance grace period for EVV Usage and Landline reviews has been implemented from July 1, 2023, through May 31, 2024. During this time frame, payers may still perform usage and landline reviews, but will not take any enforcement actions.

Question: Will we be penalized for manually entering and verifying visits due to attendants being unable to clock in or out? We have been having many issues with the app not working even though the schedules and authorizations are in the system.
Answer: A program provider, FMSA or CDS employer must manually enter an EVV visit into the EVV system when a service provider or CDS employee fails to clock in or out of the EVV system or an HHSC-approved clock in or clock out method is not available. Manually entered visits will negatively impact the EVV Usage Score. Due to the transition though, a compliance grace period for EVV Usage and Landline reviews has been implemented from July 1, 2023, through May 31, 2024. During this time frame, payers may still perform usage and landline reviews, but will not take any enforcement actions. Refer to [EVV Policy 11000, Usage](#) of the [EVV Policy Handbook](#) for more information.

Data Transfer

Question: Any information missing from Vesta to HHAX, (ex: authorizations, visits, new clients, new attendants) Are we supposed to enter all information in HHA and if so, will it be duplicated?
Answer: If it's currently missing it was not transferred so the agency will need to add. This will not cause duplicates.

Question: Some of my active clients in Vesta did not transition to HHAeXchange. What do we need to do to fix this?
Answer: There are two options, if they are just a handful, you can set them up manually by entering the Medicaid ID, and service start date, to pull the Member eligibility through HHAeXchange, or you can work with DataLogic to ensure they send those member data to TMHP, which was loaded in HHAeXchange. Please note, some of the data which TMHP received from the legacy vendor could not be loaded due to data mismatch or missing information.

Question: When will client/att. schedules be transitioned into the system, or will they be inputted manually?
Answer: Schedules will not be imported into the HHAeXchange system, unless you set up an API with a third-party system (such as a billing system). Please manually import schedules if you do not have a third- party system. If you wish to integrate your third-party with HHAeXchange, please visit the [HHAeXchange Texas Info Hub](#).

Electronic Methods

Question: If an attendant only carries a flip phone, what would be the next step?

Answer: For members using the Agency Option or Service Responsibility Option (SRO), an alternative device may be assigned to a member if the member's service provider does not have a smartphone or tablet; and the member does not have a landline or does not allow the service provider to use their landline For members using the consumer directed services (CDS) option, an alternative device may be assigned to a CDS employer if: the CDS employee does not have a smartphone or tablet; the CDS employer does not have a landline or does not allow the CDS employee to use their landline; and the CDS employer does not allow the CDS employee to use their smart phone or tablet. Note that if the CDS employer purchased or pays for a landline, smartphone, or tablet with CDS funds from their Employer Support Services budget, they may not refuse to allow the CDS employee to use the smartphone or tablet. Instructions for ordering an alternative are available on the HHAX webpage. For free devices based on your census - Texas Alternative Device Order Form; For paid devices - HHAeXchange Alternative Device Online Store – HHAeXchange Alternative Device Commerce.

For more information on the alternative device policy, please see the standalone Alternative Device Policy (PDF) found on the EVV website.

Question: Are landlines still going to be available for the attendants to clock in and out?

Answer: Yes. The service provider or CDS employee may use the member's landline, if the member agrees, for clocking in and clocking out of the EVV system. They do this by calling the EVV vendor's or EVV PSO toll-free number. If a member does not agree to allow the service provider or CDS employee to use their landline or if the member's landline is frequently not available for the service provider or CDS employee to use, the service provider or CDS employee must use another approved clock in and clock out method.

Forms

Question: For PAS services, will HHAX be including necessary forms in their portal such as 2067's, attendant orientation forms?

Answer: These forms are not in scope and are not required to be included in the HHAeXchange system. Please contact your HHSC program area or MCO to determine the requirements for developing your own internal form.

Question: How can we run monthly background checks in HHAX and will they meet TAC requirements?

Answer: This background check is not part of the state funded solution in HHAeXchange.

Question: Are timesheets allowed in place of EVV visits?
Answer: No. A service provider or CDS employee must use an HHSC-approved clock in and clock out method to begin and end service delivery when providing EVV services to a member in the home or the community. If the clock in and clock out method malfunctions, the EVV system must allow the program provider, FMSA or CDS employer to manually enter EVV visits.

Question: Where can I get step by step instructions to begin with HHAexchange?
Answer: There is a step by step process on the HHAeXchange website Texas EVV Vendor Information Center | HHAeXchange - on the "welcome packet" tab there are two welcome packets depending on the nature of your agency and how you will use HHAeXchange. You will want to make sure you filled out a survey with your agency information, complete LMS training and testing, and review the HHAeXchange portal prior to Nov. 1.

Question: Will this webinar be recorded? I can't write this fast and I'm missing tons of much needed information.
Answer: A Q&A document will be sent to attendees after
the meeting, with full questions and answers to the questions submitted during the webinar.

Question: New HHSC updates state a service delivery verification form is required to manually confirm provider hours in the EVV system while they await an alternative device an no other option is available. Is there a time sheet in HHAX or is the agency required to create this to comply with this
requirement?
Answer: Contact your program staff to determine if they have a specific form to use, and if not, what information they need for confirmation of service delivery. Then use that information to create a manual visit until you receive the alternative device.

General Question

Question: Other Vendor systems have proven to work for many years. Why can't HHAeXchange use the same format to make it simpler for agencies?
Answer: Each software works bit different, especially when provided by two separate companies. HHAX has implemented functions as per HHSC EVV Business Rules. Please email the issues if any you may be facing so we can help address them. The user experience will be different compared to what was offered by the legacy EVV vendors vs. offered by HHAeXchange, but it should meet the HHSC business rules for EVV.

Question: We already joined HHAeXchange premium when will we receive all patient forms like 3040, 3050, 2067, SV, annual visit? What section on the member profile will it be located?
Answer: Please contact your Client Success Manager for this.

Question: The speaker said we could print out the pdf handout for this webinar and could click on the tab here to download above the 'Questions/Chat' tab but there is nothing there. Is there a different place to obtain the pdf?
Answer: The PDF with the questions and answers will be emailed to attendees after the meeting.

Question: Is there an 800 # to call in the token numbers if using the token device?
Answer: Yes. Please use the IVR number assigned to your agency. Your agency administrator received an email from HHAeXchange with your Spanish and English IVR phone numbers. If you cannot find that email, please reach out to the HHAeXchange support team and they can provide.

Question: My problem is from the very first time I installed & registered to the HHA+ app. I got pretty far into the registration part and was at the point of where I had received my MOBILE ID number. This number was to be provided to my agency to be linked with them. Now when I got out of the app & tried to log in. It wouldn't let me. It said that email was already taken but it is my email.
Answer: The wrong application was downloaded and installed. You must download the HHAeXchange+ mobile app.

Mobile App

Question: The HHAexchange Plus is not working for provider to use. Do we need to use the old one until or do ticket for help?
Answer: No, do not use the old version. Please enter a ticket with the specific issue for review.

Question: Service providers clock in (new visit), and when they go to clock out, no visit is pending. The call dashboard does not capture the visit.
How can we resolve this?
Answer: Please ensure the service provider is going back to the same schedule or member in the mobile app to clock out successfully. Any missing clock in our out can be added manually.

Question: West Texas Centers- Unable to use the mobile app at ALL. When staff login either they member does not show up, or if a member is selected it will not allow them to clock in. Updates in the apps has been completed multiple times.
Answer: Please ensure the service provider is on the most recent version of the mobile app. Also, adding a schedule and/or linking the member to the service provider on the member profile will ensure they can see the member and clock in and out. Service providers are able to successfully clock in and out so please submit a ticket with the service provider impacted.

Question: We still cannot see some clients in the App set up like others that can be seen. This has been in your support queue since 10/6 and there still has been a resolution. We have been manually having to enter clock in/outs for all these clients since then. To try to fix this issue, I have been altering member profiles, altering service provider profiles, we have deleted and re-downloaded the app, with no resolution to this problem. How can I get a quicker resolution than using the support center?

Answer: Please ensure that you have associated the member with the service provider in the Member's profile or added a schedule to the calendar.

Question: What is the reason that the "community" selection in the HHA App is not mentioned in the training, nor was mentioned in preliminary information shared prior to 10/1? This option was not mentioned until 10/13 during a Q&A session with HHA representatives. This caused many problems and left many items in the call dashboard that could not be resolved and had to be manually entered into the schedule.

Answer: The community selection is covered in the HHAX Learning Management System and Knowledge Base. Please see the HHAeXchange+ Mobile App Caregiver guide available in the HHAX Knowledge Base.

Question: What should we do if we are using the most recent version of HHAeXchange, but our attendants continue to have issues with their schedules on the app. They are there one day and the next day they are not.

Answer: Please submit a ticket to the [HHAeXchange Client Support Portal](#). In order for us to help you resolve, we would need to understand the person impacted, their username, and type of phone. You can also call HHAeXchange at 1-833-430-1307 or email TXsupport@hhaexchange.com.

Question: One of my service attendants received the following message on her mobile app yesterday, "The following connections(s) were deactivated. Please contact your Agency or FMSA if you need assistance." It shows the NPI number for our TxHmL program. How do I address this?

Answer: Please generate a new activation code and provide it to the service provider so that they can be linked to your agency.

Question: Where do I get the "Activation code" for my service providers?

Answer: Navigate to the Service Provider profile in HHAX > Mobile App settings to review the activation code.

Question: Why do activation codes expire?

Answer: Codes expire after 7 days if they have not been used to link a service provider to your agency. This is in place for security reasons and to help ensure agencies link the appropriate service providers.

Question: I have 4 staff who are unable to get past the mobile app activation phase due to an error message "Unable to Save - The entered information does not match our records and incorrect Activation Code and details." I have checked the portal info. against the info entered by service provider on the mobile app and it matches. Please help.
Answer: Please make sure that the service provider installed the correct mobile app. If you are still having difficulty, you can generate a new code for the service provider. Please note that the code expires after 7 days if the service provider has not been linked using the generated code.

Question: When trying to clock out on the mobile app, the system asks for a service code, but the drop down is blank. We have used this allocation successfully in the past. I can't select multiple services on one authorization.
Answer: Each service requires a separate authorization.

Question: We have individuals who had access to clock in and out one day and then after the last update, it states their credentials are incorrect. How do we resolve this?
Answer: Ensure the service provider is on the most recent mobile app version. If the issue still exists, please submit a ticket to HHAeXchange and include details of the service provider impacted**.**

Questions: We are having issues with attendants unable to clock out using the mobile app. They can sometimes clock in, but when they go to clock out it asks to create a new schedule instead of giving them the option to clock out.
Answer: Please make sure your attendant is not clocking out accidentally right after they clock in.

Question: How can an attendant clock out, if at clock in, they clock out accidently? The app does not allow to clock out once the mistake is done and its saying pending approval from agency. On call dashboard agency rejects duplicate visit but will not refresh on attendant app to allow them to clock out how do I resolve the issue?
Answer: You will need to manually confirm/add the clock out time in the HHAeXchange Portal. This can be done from the Visit tab.

Question: If attendant is escorting client to a Dr's appt. and unable to clock out due to the GPS, what's the next step?
Answer: When clocking out, they can select a different service delivery location in the mobile app if they are not at the member's home.

Question: We are having trouble installing the app on some smart devices, we have restarted and updated, and the app is not appearing on these devices. How do we fix this? Is there particular devices that cannot download the app?
Answer: The mobile app is compatible with Apple and Android devices. There are minimum requirements defined for each device in the app store.

Question: What do we do once we have a Ticket(s) and no help as of today from the time we submit the tickets. I have attendant unable to access the HHA+ Mobile app to this day we have tickets from the start also make another one 2 days ago. I was told I would get a call that day or the next and still no one has called or helped us. Now what do we do?
Answer: You can review the status of your ticket in the [HHAX Client Support Portal](). Please email TMHP at [EVV@tmhp.com]() and provide the agency name and ticket numbers for escalation.

Question: Why is it when there is a visit created and a service provider clocks in and out it creates another visit with her calls instead of calls linking to visit that was already created.
Answer: Please make sure that the service provider is selecting the schedule in the mobile application before clocking in and out. If they used the unscheduled functionality, it would create a separate visit from the created schedule.

Question: Attendant have downloaded the new App many times and still dealing with problem and stating the email is being used when yes it's there email. How and went will this be fix.
Answer: The email used must be unique to each user. You cannot share emails between attendants. If you continue to experience issues, please submit a ticket to HHAeXchange.

Question: Is attendant GPS location from mobile app being used for anything other than EVV purposes?
Answer: No, HHAeXchange will only use the geo- location data to document the location of the service delivery visit. According to HHSC business rules, HHAeXchange must not sell, share, or allow use of the geo-location data by a third party for any reason.

Question: If i work for 2 providers, do I need to make another log in for each company?
Answer: You will need to link your mobile application to the profile for each agency, that way you can see members from each agency.

Question: I have one service provider who cannot see any members on his mobile app, but I selected this staff on each member's profile and he is still unable to see anyone. Please help.
Answer: Please make sure that your service provider has the correct version the mobile app installed.

Question: There are some Samsung phones that do not allow the app to be downloaded.
Answer: The application is compatible with Apple and Android devices. Minimal requirements are identified in the app store. Please ensure the phone being used meets those requirements.

Question: Several of our attendants have tried to change their passwords. Their notifications are turned on. When they click the password reset link in the email, it states their identity has been verified and to return to the app and click the push notification. When they return to the app, it just shows the login. There is no push notification. It does not work.
Answer: Please submit a ticket to HHAeXchange to investigate. Please provide username and phone model having the issue.

Question: I just downloaded the HHAeXchange app. It is asking for email and password; do I have to sign up on the app to get a password? and do my service providers have to do the same thing? If so, what if the service provider doesn't have an email?
Answer: Yes, all users on the mobile app need to register. If they do not have an email and don't want to create one, then they should use a different EVV clock in/clock out method.

Question: Is there a way for the agency to assist with resetting password for caregivers using mobile app? Most of our caregivers are having difficulties resetting their passwords as they get lock out and having the perform "forgot password", but the process is too hard for them to do due to opening email and to push a notification on their cell phone. A lot of the times, they do not receive the notification. It is too difficult.
Answer: The caregivers should utilize the self-service function for resetting the password. Please ensure they have enabled push notifications for the HHA+ application to make it easier for them to reset.

Question: Can the option to "select a service code" be removed from the mobile app on the administrative side. The agency is responsible for scheduling the attendant for the specific service, why make them also select? It seems to be an issue.
Answer: If there is a schedule set up with a service code, then the caregiver does not need to select a service code in the mobile app.

Question: There are auths in the system, but the service codes are not showing in the app.
Answer: Please submit a ticket to HHAeXchange that includes the attendant impacted.

Question: Everything you have stated is needed for the service codes to appear at clock out are in place; however, there are still no service codes showing on the app at clock out. We have sent this issue to HHAX multiple times, and they have not helped us.
Answer: Please email TMHP at EVV@tmhp.com and provide the agency name and ticket numbers for escalation and review of this specific example.

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Question: Can we change the email for an attendant after they registered with one?

Answer: No, you will need to inactivate that profile from Admin > Mobile User Management in your HHAX portal and then have the attendant register again with the different email.

Question: The New app or the updated version is not working is not allow any attendant to do anything.

Answer: Please submit a ticket to HHAeXchange that includes the attendant impacted.

Question: This morning, more than half of our service attendants are stating that the HHAX App is not allowing them to clock in. What should we do?

Answer: Please create a ticket using the Client Support Portal with details on what error message your Service Providers are receiving. Please remember we will send out notifications to everyone in case of outages.

Feedback: I notice a lot of questions about the app. They should make sure that they are using the app that has the+ sign at the end. That was the problem my staff was having using the wrong app.

Response: Thank you for the feedback, HHSC and TMHP have recognized this as a known issue and are actively working to ensure service providers are aware of the correct mobile application.

Proprietary System Operator (PSO)

Question: When will TMHP announce new dates for Proprietary System EVV Operational Readiness Review?

Answer: PSO Onboarding Session dates have yet to be announced. Please continue to check the Proprietary System web page on TMHP for the latest news and updates. Also, be sure to sign up for GovDelivery notifications for EVV PSO news and updates.

Question: Why is VESTA being used by other agencies and are still using the tokens? Business is being affected by this because employees are declining to use the new app. They are moving to the agencies that are still using the old tokens.

Answer: Some program providers and FMSAs were approved as a proprietary system operator (PSO) to use the Vesta EVV proprietary system. PSOs and their proprietary system vendors may agree on the use of alternative devices/tokens. The use of alternative devices/tokens by a PSO depends on the agreement between the PSO and their selected proprietary system. There are no PSO onboarding sessions scheduled for the remainder of 2023. Program providers and FMSAs interested in becoming a PSO should see the TMHP EVV Proprietary Systems webpage for PSO onboarding information.

Question: I just filled out a PSO form to remain using Vesta as our proprietary system. When can we know if that will be accepted?
Answer: There will be available sessions in 2024. In the meantime, you must complete onboarding with HHAeXchange and utilize HHAX's EVV system.

Question: If we already applied to be a PSO, do we need to apply again when the next session opens up? We were denied during our most recent application.
Answer: Email TMHP at EVV_PSO@tmhp.com to request a status of your EVV Proprietary System Request Form.

Provider Onboarding

Question: We are a home health company, and this is the first time we are required by Medicaid to use EVV for OT and PT services. We are still waiting for a call back to be able use your system and integrate our system. Who can help us? Thanks.
Answer: Please send your inquiry to EVV@tmhp.com and someone will help assist, please include details on when you submitted your provider onboarding form with HHAeXchange, your NPI/APIs, and if you bill MCOs.

Reports

Question: On the HHAeXchange Time and Attendance Report (New), why is it that the Actual Confirmed Hours column does not have the total hours worked by the attendant?
Answer: This is the report's format. The report is based off the member total schedule, not the attendant. The Time and Attendance report can be downloaded to excel to generate the totals for attendants.

Question: Do you have a type of report to run for utilization of hours with the range date to choose for ALL clients?
Answer: Within HHAeXchange, click Reports > Other Reports > Time and Attendance Report.

Question: Is there a report we can print to see hold visits on aggregation trans manager?
Answer: There is not a printable report available. All information is available in the EVV Transaction Manager screen as a workable dashboard.

Question: How do you run a visit log to see a particular attendant's visits before billing? In the HHAeXchange, it shows visits for everybody.
Answer: This can be viewed in the time and attendance report or in Visit>Visit Search.

Question: How to run a report for clients who have their authorization end date within that month & including their total used hours?
Answer: There is not a report available in HHAeXchange that meets these criteria.

Question: Why can't we separate attendant reports by service code?
Answer: Service Providers do not have a service code assigned to their profile in HHAX. They have disciplines, which you can see on the profile or on the service provider reports.

Question: How can we track quarterly supervisory visits due? VESTA had a calendar in members profile for this.
Answer: This functionality is not part of the state funded solution.

Question: With Vesta we received a detailed report regarding attendant's call log. I notice that the report we're able to print only allows limited info i.e. the reason codes aren't available. Will HHAX at some point give us a more detailed report?
Answer: Please use the standard system report "EVV Reason Code Usage and Free Text Report" for that information.

Question: Is the Time and Attendance report the only report available on HHAeXchange to show hours worked. That report does show an overall total for scheduled hours or overall total for the actual confirmed hours.
Answer: Yes, that is the only report available at this time. You can export the report and summarize if needed.

Question: On the "Time & Attendant Report" why are billable confirmed hours not automatically totaled within a selected date range?
Answer: The Time and Attendance report is a detailed report that can be exported and summarized as need for payroll or billing outside of the HHAeXchange Portal.

Question: How to know which Visit Logs were aggregated in TMHP? Can we see which Visit logs were aggregated to TMHP on HHAX? How to run a report for utilization of hours with its certain range date?
Answer: You can pull the EVV Visit Log Report within the EVV Portal. The TMHP LMS has the associated EVV Visit Log Report job aid to assist you in pulling the report. If you have any questions or need assistance obtaining this information, please contact TMHP's EVV mailbox at EVV@tmhp.com.

Schedules

Question: I am having trouble replacing a new provider. When I attempt to enter the code, the schedule keeps giving me an error. What do I do?
Answer: It sounds like you are referring to scheduling a new service provider for a visit. When searching and assigning a caregiver or service provider please follow the steps outline in the 'Caregiver Search and Communications Guide' or submit a ticket here.

Question: I'm trying to schedule members for an ongoing schedule, and I am only allowed to schedule for 1 week. How do I fix to have schedule for at least the authorized allotted time?
Answer: Use the master week functionality to create a recurring schedule. Ensure the To Date is left open or far out in the future so the master week rolls over.

Question: Our providers do not have set schedule they work based on client's needs. Do we have to assign a master schedule?
Answer: No, schedules are not required. For unscheduled visits, make sure to assign the service provider to the member profile so that they can see their information in the mobile app.

Question: Shifts are not showing, and Attendant have to create one and when I see service for that day, I have dup visit. Why can't they see the Visits & what can be done to fix this?
Answer: Please check the schedule created to ensure it is associated with the correct attendant.

Question: With this new program, we are only able to have our service providers do two visits, what happens when an individual needs to have more than two visits because this is person centered and they want to change their schedule. In Vesta, we had the option to create different schedules for the day; sometimes even four visits.
Answer: There is no limit to the number of schedules you can create for a member. If the member has multiple visits, then multiple schedules can be created on their calendar.

Question: Your system seems to rely heavily on schedules, even though they are not required. Our service providers do not work according to set schedules, so it is impossible for us to set schedules.
How do we avoid the amount of call dashboard maintenance that we are having to do at this point due to not having schedules in place.
Answer: Schedules are not required in HHAX. If you are not using a schedule, then make sure to link the caregiver to the member via the Member > General page. This will allow the caregiver to see the member in the mobile app, and they will be able to select the member when clocking in/out for an unscheduled visit.

Question: Once a Master week is entered, why is it duplicating the visit on the following business day (during this interface)?
Answer: If there was a Master Week deleted this causes the duplicates. If there was no Master Week deleted then a ticket needs to be entered, please provide examples if possible.

Question: For scheduling, why do I have to create a schedule every month? Is there a way for the schedule to roll over to the next month?
Answer: You will want to use the Master week functionality for scheduling. "The Master Week function is used to generate a permanent schedule for a Patient who receives the same service on a regular basis. The system uses the Master Week's information to update the Patient's Calendar every night for 14 days into the future in a process known as a rollover. Any changes to the Master Week are reflected in future visits when it rolls over again". Follow the Scheduling Process Guide that outlines how to create a master week for your members.

Question: Is there an option to create 2 master schedules?
Answer: Yes, alternative master week schedules can be created.

Question: HHAexchange does not have option to set up variable weekly visit schedule. We asked them but they have not responded. How do we resolve this problem?
Answer: Weekly Variable Schedules can be created from the Member > Calendar page in HHAeXchange. Ensure that this schedule type is enabled in your Office Setup page if you are not seeing this option.

Service Code

Question: When I manually imported schedule for member, the service code is incorrect and when I change it to the correct service code, it just changes back to the incorrect code. What do I do?
Answer: There is not a process to manually import a schedule. A schedule must be added on the member calendar or by using the master week function. If you are having issues with the schedule, delete the schedule added in error.

Question: I just heard that there has to be a schedule and auth on file for the service code to show up. For waiver members, there is usually not a schedule, because we go off of their timesheets. How do we enter a schedule for TxHmL and HCS, when there isn't one?
Answer: You do not need to enter a schedule. If there is no schedule, make sure there is an authorization entered and the service code will pull from there. For unscheduled visits, make sure that the service provider is associated to the member's profile from the member general tab so they can be connected in the mobile app.

Question: Why is there no service code for Respite care?
Answer: Respite service codes are loaded to HHAeXchange. Please refer to the bill code tables for EVV PCS Service Bill Codes Table (PDF) and for EVV HHCS Service Bill Codes Table (PDF) for details. These bill codes tables can be found on the HHSC EVV webpage.

Support

Question: Calling HHAeXchange has led to long on hold times and when choosing to have a call back, it may take up to two days to receive that call and by that time there are so many issues to address it is hard to work through them.
Answer: HHAeXchange and Accenture are actively working to improve their ability to handle support inquiries via the call center. Additionally, HHAeXchange has introduced Open Hours webinars for providers to ask questions to HHAeXchange support in a group setting and 1-1 Training Sessions for providers to get support from a HHAeXchange training specialist. More information about those resources can be found on the [HHAeXchange website](#).

Question: I have already gotten a ticket# and have not received a phone call. I did however get an email for the link to the portal but without getting my email problem fixed. I cannot go into portal.
Answer: Please review the response provided by the TCC representative. Your email issue was addressed, and instructions provided to download the correct mobile application.

Question: What is the reason that we cannot get an email that our support ticket status was updated? We have to supply our email to open the ticket. If you want a resolution or have to respond, you have to continue to log in and check the status via the portal.
Answer: Navigate to Admin > Payer Setup > Search Payer > Billing Rates > Edit and make sure there is a rate entered there. If Plan Code rates are an option, make sure the rate is entered in each value as well (if the rate is the same for all regions, then enter the same rate in each field).

Question: What is the reason that we cannot get an email that our support ticket status was updated? We have to supply our email to open the ticket. If you want a resolution or have to respond, you have to continue to log in and check the status via the portal.
Answer: An email is sent when any update or comment has been made to your ticket. To review the response, you must login to the client support portal to see that update. The full response is not included in the email to prevent sharing any confidential information via an unsecure email.

Question: Why don't you have Screen share; I need help and ticket are no help.
Answer: If you need remote support (screen share) please navigate to the support center in your HHAeXchange Provider Portal. There is an option for remote support on the left-hand side of the menu.

Question: Having trouble with software. What do we do?
Answer: Please email your issues listed in an email to EVV@tmhp.com, Please include your NPIs/APIs.

Question: Will there ever be a representative from HHAX that can visit our offices in person to answer questions and help with transition?
Answer: HHAeXchange offers a number of methods to provide answers to questions and assist with the transition. Please take advantage of the LMS, 1 on 1 trainings, open hours, the Getting Started Webinar, and customer support.

System Design

Question: Web design will be the same as current or will be upgraded for more convenience?
Answer: There is no planned change to the current web design.

System Use

Question: We have multiple clients with TMHP/Cas authorization that are not migrating into HHAX and we are unable to enter them into HHAX because HHAX gives the message that unable to enter due to Medicaid number already in use. We have multiple tickets into HHAX with no response.
Answer: Make sure to only create one patient profile per Medicaid Number. The CAS authorizations will appear in the FFS Authorizations page in HHAeXchange, or they can be entered manually.

Question: CDS employers can't see the visits in the service portal for approval. Is approval necessary for CDS visits?
Answer: Depending on the CDS Option selected by the CDS Employer, approval may or may not be required. Please ensure the CDS Employer's access in the Services Portal for them to view and approve shifts if they require that access.

Question: What is the reason (occasionally) the clock in time changes to one minute later when the clock out is completed?
Answer: Please provide a detailed example to HHAeXchange Support. The system should maintain the time clocking in and out.

Question: I have several service providers who are seeing several sessions in progress for multiple days. There is a clock out button, but nothing happens when they click it. They can't start a new session either. How can they end the previous sessions, so they are able to clock in/out for the current one?
Answer: This should not be occurring. Please send details for Service Providers and open sessions to customer service for review**.**

Question: Can the service provider use their personal cell phone to clock in and out using IVR?
Answer: The service provider can use their personal cell phone to clock in and clock out through the HHAX mobile app or calling the IVR for the alternative device method.

Question: How to assign an attendant to a member?
Answer: From the member profile, click the general tab on the left. The function is called "Service Providers with Member Mobile Access." Please review the Service Provider Management course in your Learning Management System to view the actual tutorial for this
workflow.

Question: We have an attendant that is using the device. When she tries to put in her assignment ID, it says she is not in the system, or it is incorrect. We have triple checked the ID numbers and they are correct. What is she supposed to do now?
Answer: Please make sure you are providing your Service Providers with the Time and Attendance Pin from their Service Provider Profile. Make sure they are selecting option 3 when calling the IVR number to verify it is a FOB clock in/out.

Question: How do we verify a visit? How do we verify if they clocked in?
Answer: You have to verify with member if the visit was not confirmed by a EVV method. Once confirmed with member you will have to manually enter the start and end times to the visit.

Question: Is there a legend we can reference to assist with hold issues?
Answer: The support center will house PDFs and guides for HHAeXchange System Functionality. If you are referring to Prebilling holds for example that can be found in our Prebilling process guide.

Question: The EVV Transaction Manager shows visits on hold and reasons and why they are on hold. Why are visits that are validated and ready not being automatically sent to the Aggregator?
Answer: Visits that are auto confirmed are automatically sent to the aggregator. If a visit is on hold, once the hold is cleared then it will be moved to the ready tab for review. If the visit is ready to be sent to the aggregator, then it needs to be marked to be sent from the Ready tab in the Transaction Manager.

Question: How can we see a total count of what visits are pending and still need maintenance?
Answer: Navigate to Visit > Call Dashboard to see all exceptions for the visit.

Question: What should I do if all attendant clock in and outs are going into the dashboard. Already called HHA exchange, but no answers were provided.
Answer: Please review the Call Dashboard lunch and learn video posted on the training tab of the HHAeXchange Info Hub. This covers each rejection and how to manage. Setting up the member profile and authorization correctly, should help minimize rejections.

Question: Why on my the HHAeXchange page on the call maintenance calls it shows the Service Providers name but it does not show the Members name on the list.
Answer: The member name is listed on the call dashboard in the 7th column.

Question: Please have a clear instruction for caregiver who have consecutive shifts, exactly how do they perform the clock in and out for the system to link their visits accordingly on their calendar. Example on what they need to do on their mobile app for each shift is greatly appreciated.
Answer: For consecutive shifts, the two member profiles in HHAeXchange need to be set as linked (from the Member > General page). Once they are linked, then the caregiver needs to just clock in once at the beginning and clock out once at the end and that will log the visit for both shifts.

Question: Can the HHAeXchange system be set so that the schedule for a caregiver can be automatically link when he/she starts 30 minutes late and ends 30 minutes later than his/her scheduled time?
Answer: No, per state requirements the tolerance window for a Daily Fixed schedule is 7 minutes. This time can be expanded to 22 minutes by enabling the expanded call time window on the member profile.

Question: After entering a new member in HHAX. How long does it take for them to get off of "waiting" status and into "active"? They got received the authorization, but they are still under waiting.
Answer: The member should switch status upon linking the authorization, your understanding is correct. Please submit a ticket to [HHAeXchange Support](#) so we can see the example and do further review.

Question: If I needed to work with a Client and I'm the Admin, do I need to create a Service Provider profile for myself in order to provide services?
Answer: Yes, any individual providing services to the member needs to have a Service Provider profile set up in HHAeXchange.

Question: What is the path for help with screen sharing one on one assistance.
Answer: On the HHAeXchange website, you can navigate to the "open hours / talk to a trainer" tab. On there you can sign up for a 1:1 session that works for your team. [Texas EVV Vendor Information Center | HHAeXchange](#)

Question: Is the Texas EVV Identifier number for billing still the same as it was with DataLogic/Vesta for billing?
Answer: The Texas EVV Attendant ID is the last four digits of the employee's social security number or passport number and last name of the person providing EVV services. The Texas EVV Attendant ID is available on the service provider's profile within the HHAeXchange system.

Question: Almost all the visits clocked in HHA are rejected. How do you fix hundreds and thousands of rejected calls in order to be exported to TMHP and be able to submit claim.
Answer: To minimize the number of rejected calls, please ensure the member profile is set up correctly, the service provider is associated with the member, and a valid authorization exists. Note that the EVV claims bypass applies for dates of service 10/1/2023 - 12/31/23 to assist providers during this transition. An FAQ has been published on the HHAeXchange Info Hub as well as a "Lunch and Learn" video to help you manage calls on the Call Dashboard that are rejecting.

Question: New clients and attendants manually entered into Vesta does not migrate to HHA, therefore require double entry.
Answer: Profile data entered into a Legacy System between 08/11/2023 – 09/01/2023; 09/02/2023 – 09/15/2023; between 09/16/2023 – 10/01/2023, and any remaining data between 10/01/2023 and as the providers transitions until all the providers have fully transitioned from the legacy EVV vendors will occur after the initial production load per the Data Conversion Plan. HHSC will check with Accenture to confirm the date this catch-up/delta profile data will be loaded.

Question: How do we amend a visit to account for Non EVV time provided during shift - for example transportation?
Answer: Non EVV time can be entered by added a downward bill adjustment from the bill info tab. Another option is to select the non-EVV duty from the Visit Info tab and enter a value there for record keeping.

Question: How you identify GPS calls from the Calendar, and how are they verified?
Answer: If you click on the visit > visit info tab, then you will see an icon that identifies if the EVV was done via GPS or not.

Question: We still cannot see some clients in the App set up like others that can be seen. This has been in your support queue since 10/6 and there still has been a resolution. We have been manually having to enter clock in/outs for all these clients since then. To try to fix this issue, I have been altering member profiles, altering service provider profiles, we have deleted and re-downloaded the app, with no resolution to this problem. How can I get a quicker resolution than using the support center?
Answer: Please ensure that you have associated the member with the service provider in the Member's profile or added a schedule to the calendar.

Question: Provider's DOB on HHAX is incorrect and we are unable to update this. It is preventing providers from receiving codes. A ticket was created 2 days ago and no response.
Answer: You are able to edit the DOB from the Service Provider profile in HHAeXchange (Service Provider > Profile > Edit).

Third Party Integration

Question: Do you know when HHA exchange will be able to receive the interface from Vesta. We us HHA exchange for EVV and the vesta interface is on hold. We were told that the HHA exchange was not ready.
Answer: Please contact Vesta directly for an update on their completion of this. They are targeting 11/1 for it to be set up.

Question: If we are being integrated with a 3rd party vendor, do we still need to create a service provider profile in HHAeXchange, or will this info be transferred over from the 3rd party vendor? We don't want to create duplicates.
Answer: If you are integrating the Service Provider data from your third party system, then you do not need to manually create the profile in HHAeXchange as well.

Question: We are having issues with our third-party software, they say they weren't given the credentials on time. We were the given the go live date of October 1, which is not helpful since none of our info is able to transfer from our third party software to HHAeXchange. I don't understand why all agencies couldn't have gone live on November 1 regardless of when we received our credentials.
Answer: Please contact HHAeXchange support at 1-833- 430-1307 or TXsupport@hhaexchange.com for assistance with integrating your third-party system. The HHAeXchange go-live date was extended for providers that received their HHAeXchange portal credentials after September 22. This allowed for additional time for those providers and FMSAs to complete data migration, review information, and train staff

Question: We currently use VESTA for all other areas except EVV. Will we need to enter schedules and authorizations in the HHA portal for the HHAexchange application to work properly?
Answer: You have the option to integrate third-party systems with HHAeXchange. Please review the third party system integration tab on the HHAX Info Hub for more details. If you do not want to set up an integration, then data will need to be entered manually in HHAeXchange.

Training

Question: My go live date is 11/1/2023 and I have received LMS Credentials and have taken the training. It has been more than 5 business days and I have not received my login credentials to the portal. Who do I contact?
Answer: Please check your spam folder to make sure your credentials have not been delivered there. If you have not received, please use the Client Support Portal to open a ticket for resolution.

Question: I have tried to schedule a One on One meeting and there are no spot available will this change and open up the One on One again with screen share as this is much needed.
Answer: More slots will continue to be opened. Please email HHAeXchange.

Question: We were told that the one-on-one training is only for Enterprise customers.
Answer: The 1-1 training is for all HHAeXchange users. Please contact TMHP at EVV@tmhp.com for clarification.

Question: I requested to get a one-on-one training, but I never received an email for the link.
Answer: The invitation link is sent out automatically to the email you register with. Please log onto our web site and sign up for a new session. Contact our Support team if you do not receive an invitation to your 1v1 session.

Question: Will you offer anymore slots for one on one training? All of the slots are full through Nov. 11th or 13th.
Answer: HHAX will continue to provide ongoing opportunities for training. A combination of office hours, 1 on 1 training, and lunch and learns. Please visit the HHAX Info Hub regularly for any training updates.

Question: The response time for questions with HHA Ex is 48hrs. This is way too long of a wait time just for a resolution. HHA Ex has 1on1 training sessions, but the sessions are completely full, and they fill extra fast. We can't get anything done in this manner. Vesta had live 1on1 techs from day one. Can this be rectified? Daily training sessions with HHA Ex sessions stay full. Can they have several training sessions per day but not one session per day? Please assist.
Answer: HHAeXchange provides multiple options for training. We offer 1 on 1 training, open hours webinars, lunch and learns, as well as the HHAX Learning Management System.

Feedback: When describing accessing the HHAX portal/application, it would be helpful for presenter to share screen showing the steps visually. It would help to see the application and the steps being described.
Response: Accessing the HHAX portal is covered in the LMS and the HHAX knowledge base. Please ensure all users are taking the required training.

Question: We are Phase 1, Go live Oct 1. Received portal Sept 18th. How are we expected to learn such an intricate system within 2 weeks to be able to do EVV Maintenance?
Answer: The Provider onboarding was rolled out earlier in August to support the aggressive timeline for the transition. In order to support the provider, the EVV Visit Maintenance for any visit prior to transitioning to HHAeXchange should be performed in the legacy system (Vesta or AuthentiCare). All the training and their recorded sessions are available on the HHAeXchange website.

Transition

Question: We should have been in phase 1, but HHSC put us in phase 2. Now, none of our EVV records are being sent to the aggregator. What do we need to do to fix this?
Answer: Please contact TMHP at EVV@tmhp.com with your NPI, which EVV system you are using, and relevant dates of service for assistance.

Question: Why can't we all go back to using Vesta? There were no problems with that app.
Answer: HHSC was required to perform a competitive solicitation as the existing EVV contract was expiring and the Center for Medicare and Medicaid Services (CMS) mandated us to perform a solicitation. Through the competitive solicitation process, Accenture was selected as the EVV Vendor Manager along with HHAeXchange as the state funded EVV system. In the future (2024), there will be more proprietary system onboarding sessions in which you could choose to select your own EVV proprietary system. Keep in mind, if you choose to go with your own proprietary system, you will be responsible for the costs of the EVV system.

Visit

Question: How do you delete a visit on the client's calendar that should not be there?
Answer: If there are confirmed times on the visit then it cannot be deleted. If the visit is scheduled but not confirmed, then there is a trashcan icon on the bottom right of the visit on the calendar which can be used to delete it.

Question: What is caregiver compliance, incomplete confirmation how do I find it and how do I fix this?
Answer: Caregiver compliance is a 'soft hold' as a reminder to confirm caregivers are being compliant. it is showing because there is incomplete confirmation on the visit – please review the visit and confirm the clock in and out is present either through EVV or manually. Once the confirmation is present with clock in and out, they hold will release.

Question: What is unbalanced caregiver compliance, how do I find it and how do I fix this?
Answer: Caregiver Compliance is a soft hold in the Prebilling module and can be ignored.

Question: Is there a way we can correct all the visits sitting on the Call Dashboard having one issue like no schedule?
Answer: Visits on call dashboard can only be corrected 1 by 1. The Bulk visit module is where they can update in bulk. If there is no schedule they can auto-create from the call dashboard all of these and will create all the visits on the members calendar. They will still have to confirm these visits.

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Question: I've had visits go to visit maintenance for what seems to be that the visit is less than 15 minutes. Is that a valid threshold. Are visits less than 15 mins approved and paid or not?
Answer: The tolerance window on Daily Fixed Schedules is 7 minutes from the scheduled start or end time. This can be expanded to 22 minutes using the optional expanded call time setting on the member profile. Variable schedules can be used if you don't want to enforce this window.

Question: Can you provide a link or the job aid specific for visit maintenance in the HHA Exchange Portal? I am reviewing the current data and I am unsure how to do this.
Answer: This job aid can be found from the Support Center within the [HHAX Portal](#).

Question: Why are hours not pulling over once approved, I have schedule set for 4 hour and they work 5 and the billing still show 4. How do I fix this to show the correct hours work and when don't the system pull the correct information.
Answer: The billable hours can be adjusted on the Bill Info tab for the visit.

Question: Can we set up the program so the hours actually worked that exceed the scheduled hours scheduled can be downgraded automatically?
Answer: If you enable the expanded call time window (Member > General) then you have the option to enable the automatic downward adjustment as well which will adjust the confirmed hours down to the scheduled hours.

Question: How do we print a visit plan in HHA?
Answer: Please review the reports available in the HHAeXchange Portal based off your specific needs. Report > Visit > Visit > Visit Log will provide visit details.

Question: How long are visit meant to be in the Sent EVV aggregator before it moves to approved or rejected?
Answer: After it is sent the visit will be approved or rejected within 24 hours.

Question: Visits are not allowing a 7-minute variant. How can we fix that?
Answer: Please submit a ticket with an example. HHAX does support the 7 minute tolerance window and the extended time of 22 minutes.

Question: What do we do when a visit is not correctable in the Call Dashboard, but the service provider actually did the work?
Answer: Please confirm the visit manually with the time provided from the service provider. Ensure the service provider is aware of the proper steps for clocking in and out based on the error code in the call dashboard.

Question: What do I need to do with my visits that are showing HOLD in the aggregator?
Answer: There is no "HOLD" on visits on the EVV Aggregator, maybe you are referring to HHAeXchange Call Dashboard where your call in/out are showing? If that is the case, you need to clear out the reasons for the call in/out to be not linked to a visit, so that the visit can then be exported to the TMHP EVV Aggregator.

Question: I need to submit claims for visit dates prior to 9/30/23 and I do not see the data integration for claims to be submitted in HHAeXchange. What do I do?
Answer: HHAeXchange EVV System went live on Oct. 1, assuming you transitioned to HHAeXchange on Oct. 1, any claims for EVV prior to Oct. 1 should be submitted using the previous system you were using. You will not be able to bill claims prior to Oct. 1 in HHAeXchange system since that system was not active prior to Oct. 1. Alternatively, you can also use TMHP free claims billing portal, please refer to: [TexMedConnect and My Account Guides | TMHP](#) for more information on how to use.

Question: What does it mean when some visit were rejected with the reason The Employee EVV User First name and Last name on the EVV user ID is populated. Because these service provider have their profiles with first name and last name. how do we fix this issue for a resubmission?
Answer: This is a technical issue on the HHAeXchange side which is being reviewed. No provider action needed at this time.