EVV provider FAQ

Below are answers to frequently asked questions about electronic visit verification for providers.

December EVV quarterly session

Responses to questions raised at the Dec. 11, 2023, session:

Compliance

Are there any compliance updates?

DHS has previously announced that the soft launch for all phases of EVV will continue into 2024. At this time, DHS expects that provider agencies are onboarding their members and caregivers to the EVV system and are sending EVV visit data through their EVV system.

Onboarding

Whom should we contact to start EVV?

You can find more information on getting started by going to the [DHS EVV website](#) and following the directions under the "Providers" tab. Look for "First step for all providers" to find common answers and directions for next steps, including links to the HHAeXchange enrollment surveys.

All providers must complete an enrollment survey whether they choose to use the state EVV system or a third-party system.

How do we update our contact information with HHAeXchange?

The email used to complete the survey will be the email used to receive communication from HHAX. If you need to update an email address, contact HHAX.

Services requiring EVV

It is still unclear to me what insurance providers require EVV for Medicare-certified home health visits. For example, traditional Medical Assistance, managed care Medical Assistance, etc.?

Both straight MA and MA through an MCO require EVV.

If an employee is delivering a service remotely (i.e., respite/IHS, etc.), should they select Home or Community if they are not delivering the service in the participant's home?

If the service has a specific remote modifier, then EVV would not be required. Otherwise, they will need to select Community.

Which services require EVV? A commonly used Home Health Service code is: G0495 but that is not listed on your chart. Are you saying that we do not need to provide EVV data for those G0495 visits?

Review the DHS EVV website under the "Required services" tab. If the service is listed, then EVV is required. If the service is not listed, EVV is not required at this time.

Geofence

I have never seen a community button in my HHA app. Where can that be found? Because sometimes I have people I pick up while they are out in the community or drop them off somewhere other than their home.

When the caregiver is clocking in and out in the HHAeXchange mobile app, they will have the option to select a community checkbox when they are outside of the 500-foot geofence. Please contact HHAX via their client support portal if you cannot find the community checkbox.

Are the home vs. community visits treated differently by DHS?

No. The geofence is not a barrier to receiving services and does not prevent the person from receiving services wherever they go. DHS needs to be able to identify when a person is receiving services at "home" vs. when they are receiving services in the "community."

Service authorizations

If we don't have service agreements for some clients and they only get PCA services, who is the payer?

Providers may check a member's eligibility and health plan status in MN-ITS. MN-ITS will note if a member is enrolled with a prepaid health plan.

Do we need to wait until a client shows up in HHAX before providing services to them? Sometimes we don't get the service agreement right away, but service will begin.

No, you do not need to wait. You may manually enter the information into HHAX.

Due to revalidation, I had a change from a consolidated UMPI to a consolidated NPI. Since the change, our service agreements are not linking to HHAX. Neither HHAX nor DHS have been able to help me. Who can actually help me with this issue?

Contact the EVV team using the DSD Contact form and include your HHAX ticket numbers.

If a patient has another primary and MA is secondary, do we send the EVV data real time, or do we just send if the primary doesn't pick up all of the claim?

Contact the EVV team using the DSD Contact form and include your HHAX ticket numbers.

Members not showing up in portal

I have missing members, what do I do?

If your agency is missing members who are authorized to receive services that require EVV, do the following:

1. Provider agencies may have different offices for the different types of services provided. Please confirm that your agency has accurately reported to HHAX all the services that your agency provides along with all UMPI/NPI numbers and any site-specific taxonomy codes. If you need to update this, contact HHAX via the support portal.
2. Review the list of EVV required services to confirm that EVV is required. Note the modifiers.
3. If the service being provided does not require a prior authorization (many home health services and some services with MCOs) there will not be a member profile or an authorization to flow into the system. In these cases, providers will manually create the member profile and the authorization.
4. Confirm your agency has an ACTIVE authorization for the individual(s) you're missing.
5. Confirm the missing individual(s) has ACTIVE MA/health plan.

In most cases, the above steps will identify the issue. If the issue persists, contact HHAX via the support portal.

Should I be doing another survey to add a second office? Or just put in another ticket?

Contact HHAX and provide them your UMPI number and ask them to create a waiver office for your program.

How should we manually add members who receive services that do not require a prior authorization?

Consult the training materials in your provider portal and in the HHAeXchange learning management system (LMS).

HHAX questions

Our experience with HHAX support is it can take some time to get a response. Do you have an escalation process to include DHS?

When you use the HHAX Client Support Portal, we recommend allowing HHAX some time to address your inquiry. Be patient and allow the support team up to 10 business days to respond.

We are having issues linking a PCA worker to HHAX because they are already linked through a different provider. How can we get around that?

Reach out to HHAX using the HHAX Client Support Portal.

Engagement

When do we anticipate that this recording will be posted?

This recording will be posted on the Electronic Visit Verification (EVV) quarterly updates page. Scroll down the webpage (about halfway) until you see the "Electronic Visit Verification (EVV)" header.

Everyone is asking great questions. Could the facilitators copy these questions into an email and send them out to everyone? There are so many. It makes it tough to keep up during the webinar.

The answers to questions asked at quarterly updates will be posted on this page.

Did you email these slides to us all before the meeting?

This recording and the PowerPoint slides will be posted on the Electronic Visit Verification (EVV) quarterly updates page. Scroll down the webpage (about halfway) until you see the "Electronic Visit Verification (EVV)" header. You will also be able to find this information eventually on the EVV website as well.

Live-in caregivers

Will DHS create a modifier for live-in caregivers that would allow them to be "exempt" from this process in HHAX?

There is no modifier for live-in staff. Live-in caregivers must clock in and clock out using the EVV system at least once per workday. Caregivers may choose any time during the day to clock in and immediately clock out. The time of day does not matter as long as there is a clock in/clock out using the EVV system. The shifts may later be manually adjusted to reflect the number of hours worked and services provided during each shift.

Is the manual mode acceptable for caregivers who live in the same home with the client? Can they use the manual mode?

For live-in staff who are properly identified in the EVV system as live-in/residing caregivers, it is expected that they will clock in and clock out using the EVV system at least once per workday. These shifts may be manually adjusted to reflect the actual number of hours worked and services provided during each shift. Alternatively, live-in caregivers may use the EVV system in real-time as any other caregiver would.

EVV policies

Can we get a link for the EVV policy for live-in caregivers?

Read all EVV policies at the links below:

- Electronic visit verification (EVV) policy
- Electronic visit verification (EVV) live-in caregiver policy
- Electronic visit verification (EVV) device usage policy
- Electronic visit verification (EVV) verification methods policy.

Timesheets and billing

Is it mandatory to fill out timesheets to stay compliant if our agency is using HHAeXchange to report caregivers' work time with clients?

Paper timesheets may still be used in some cases. HHAX may not cover all the tasks involved in payroll data entry because EVV is designed to record only the time spent directly working with members. Additionally, the EVV system may not meet all statutory documentation requirements for all services your agency provides. Caregivers also have additional time for such activities as training, paperwork and troubleshooting that HHAX will not capture.

Is billing still through MN-ITS?

There are no changes to billing processes for EVV at this time. Providers will continue their current billing processes.

So, if billing isn't affected by free HHAX, what happens to the verification data HHAX receives? Does that cycle around to DHS?

Billing is not required to go through EVV at this time. Billing and claims will be reviewed using a post payment review process to match claims to EVV visit data.

Devices

PCAs and providers were told there was a toll-free phone number/fob process that would be available for those without access to tablets/smart phones. Does DHS plan to offer this option?

A telephone line is available for providers using the HHAeXchange system. If you are using HHAX and do not see this available, then you need to contact HHAX via their support portal.

Would DHS be open to asking HHAX to allow telephony when using a third party? Not all third parties offer IVR/telephony and HHAX has the data to allow usage for this limited usage scenario.

No. Providers using third-party EVV systems must work with their third-party EVV vendor for IVR/telephony options and other device options.

How do staff who are not able or do not know how to use technology devices clocking in and out? Also, there is a language barrier to even navigate the telephonic method.

We know providers, caregivers and members need time to learn the EVV system they selected and that it will take time for EVV to become routine. Your program may need to spend time and resources to ensure everyone understands and is trained on how to use your chosen EVV system. The state system from HHAeXchange offers two options for verifying EVV. Caregivers may use the mobile application available in numerous language options or may use the telephony option which is currently only available in English.

What if staff are providing services in the community but don't have a smart phone to use the app?

There are public resources available such as the Federal Lifeline benefit that people may qualify for to get a smart device. In some cases, both member and caregiver may qualify.

If the member or worker lack access to a phone, you may explore publicly available resources such as Lifeline, Telephone Assistance Plan (TAP) or the Affordable Connectivity Program (ACP). These are programs available that can either provide a wireless smart phone to the member or worker (i.e., something like Assurance wireless, or what you may have heard referred to as "Obama Phone" years ago), and discounts on phone and internet service through select providers. There are income requirements for these programs but often members and some caregivers qualify. [More info is available from the Minnesota Commerce Department](#).

Safe at Home

If someone is in the Safe at Home program, how do we communicate that in HHAX?

Right now, if you're in the Safe at Home program and getting services or providing services, you won't need to use an EVV system. It doesn't matter if your provider picked a third-party system or the state-selected one – participants in the Safe at Home program are not required to use EVV.

Signatures

Are signatures required for EVV?

Signatures are not required when using the EVV system; however, some services that require EVV have additional documentation and signature requirements that may be met outside of EVV. Review this page for more information.

If a system allows for electronic timesheets with recipient's PIN as an authorization for services, may this be used instead of paper timesheets for the signature requirement of timesheets?

In many cases, yes. Please review this page for the statutory requirements surrounding electronic signatures.

Shift adjustments/manual edits

What should we do if a caregiver forgets to call in/call out during their shift? Are they required to document their times on paper timesheet?

Provider agencies may fix the EVV clock in or clock out with a manual shift adjustment in the EVV system on the administrative side. Providers should follow their existing internal processes for notifying workers when an adjustment has been made.

HHAX technical issues

Question about the quick visit entry: Is there an approval somewhere on HHAX or is just entering the visit on the calendar sufficient?

Reach out to HHAX using the >HHAX Client Support Portal. Additional training and reference materials are available in your provider portal and LMS.

Managed care organizations (MCOs)

Can we get a list of contact information for who we should contact for each payer if they are not automatically assigned to us? There are many different contact numbers on your website.

See the EVV website under the "Contact us" tab. If you are still unsure whom to contact, use the DSD Contact Form to reach out to the EVV team directly. DHS is developing a contact list specifying whom to reach out to at each MCO about their EVV process.

Here is what we have been sending to the MCOs via HHAX: "We need this member sent from MMIS by DHS to the HHAX system so that they get connected to our provider portal."¬ Can you confirm this is what we should be asking them?

Provider agencies do not need to request that specific members be added to their portal from the MCOs. Each MCO follows an automated process of uploading members and authorizations into the EVV system when a prior authorization is required.

When a prior authorization is not required, it is the provider agency's responsibility to add the member and authorization to the system manually.

We have not received direction from our MCO even though we have met with them multiple times. The MCO does not require any prior authorization except for EW. Why would we have to do EVV on something that does not require a service authorization?

Not all services that require EVV require prior authorizations. The EVV requirements are determined based on the federal 21st Century Cures Act, which is the federal law requiring EVV.

September EVV quarterly session

Responses to questions raised at the Sept. 25, 2023, session:

Live-in caregivers

How do live-in caregivers have flexibility to clock in not in real-time?

Live-in caregivers must clock in and clock out into the EVV system at least once per workday. Live-in caregivers may use any of the EVV methods available to them, including the mobile application or interactive voice response (IVR). Caregivers may choose any time during the day to clock in and immediately clock out. The time of day does not matter as long as there is a clock in/clock out using the EVV system. The shifts may later be adjusted manually to reflect the number of hours worked and services provided during each shift.

If a live-in caregiver isn't clocking in using real time, wouldn't that pose a future risk of that caregiver clocking incorrect time either upon clock in or clock out, creating an overlap in a different service or other employment overlap, etc.?

Yes, shifts must be edited on a daily basis to reflect the actual time worked and services provided, to prevent potential overlap of a different service.

How is shared care handled for live-in staff?

Shared care live-in staff will clock in and clock out the same as non-live-in staff. Each staff member must clock in and clock out separately (as two individual shifts), each single shift requires clock in and clock out.

What does adding a residing caregiver do? Does it change something or is it just informational in the patient profile?

The residing caregiver allows for documentation of the live-in caregiver within HHAeXchange. This is informational in the patient profile and EVV for these users and will follow the same methods as a non-live-in caregiver. For more information about live-in caregivers, see the Live-in caregiver policy.

IVR

Does IVR only work if clients use a home phone or can it work with a cell phone? I have elderly clients who don't have a computer or email but also don't have a home phone.

IVR must be made from the client's landline that is listed on their profile.

Our agency does not provide live-in caregivers. How is the caregiver code assigned to staff members? Is the patient signature required for EVV?

The caregiver code is the unique code assigned to each caregiver in the HHAX system. They are created automatically.

How were we supposed to be notified about receiving an IVR line? I never received anything in my private letter on MN-ITS or via email.

If you are a current user, HHAX is working to give providers lines. If you are new, you should receive it when you receive your credentials. It will be sent to the email used to complete the HHAX enrollment form.

When using IVR, how do you choose the service code for the service you are providing?

When using IVR, if there is only one service authorized to the provider agency, the system will automatically associate the visit with the authorized service code. When there are two or more services authorized to the provider agency, the call will go to the call maintenance dashboard for the provider agency to associate the call with the accurate service codes and times.

How do we provide duty ID to the staff members?

You can use the IVR process guide to list out all the duties and share with your caregivers. You can access the process guide within the support center in your portal.

How do we provide assignment ID to the care worker if they are using a phone to clock in/out? Or do they need to know?

Assignment ID is only for the IVR verification method. The assignment ID can be found in the caregiver's profile in HHAeXchange.

If you are using IVR and clocking in using the client's home phone, does this meet all six required data points for EVV including the GPS component since they are using the client's phone?

Yes. The IVR call in and call out must be made from the member's landline that's on file which confirms you are at the location. See also the Device usage policy and the Verification methods policy.

Geofence

DHS reduced the EVV geofence, which is a virtual perimeter around the home address of the member receiving services, from 500 miles to 500 feet from a member's home effective Dec. 1, 2023. Provider agencies using EVV systems must select the "community" option when providing services or visits outside the geofence range. State-selected HHAeXchange users must check the community box in the mobile application. Third-party system users must work with their EVV vendor.

What are the updates regarding the geofence? I am not seeing any updates to the specs posted in the HHAX Electronic Visit Verification (EVV) Data Aggregator Specifications that reflect the geofence update.

This was updated with the July 25 and 27 [spec update](#). Search for "locationtype" to find details of optional community tags on visits outside the established geofence.

The specifications do not collect a geofence. As you can see in the current specification, the visit coordinates must be submitted. The geofence validation occurs in HHAX upon visit import. Third-party providers may note if a visit is conducted in the community by populating that field as outlined in the specifications. Providers using third-party EVV systems will continue to submit coordinates for their visit data. The specifications now include a field to insert a value when a visit occurs in the community and should not be subject to geofence validation in HHAX.

Does the provider send a reason code if outside the geofence? Will claims be rejected due to this when it's time for claim rejection? Would this be considered a manual visit?

There is not a reason code required for visits outside the geofence; however, agencies have the option to tag the visit as a "community" visit to avoid rejection or other issues with the visit.

If a patient's plan is to go to community activities, how will the GPS read the patient's and caregiver's location?

When the Community Visit checkbox is selected on the mobile app, the visit that is recorded will not be validated against the geofence. Providers should still instruct caregivers to record a clock in and clock out when in the community and selecting the Community Visit option so that these visits can be captured without validation to the home address. Community visits will still capture the GPS location at clock in and clock out.

How will the geofence be enforced with third-party vendors?

Third-party EVV systems must maintain accountability to the state by submitting data that meets the state's requirements to the HHAX data aggregator.

How is HHAX getting the member addresses to know what to compare to?

Members' addresses are sent from DHS MMIS to the provider's portal.

Is the geofence then just an informational thing and will not cause any claim issues as long as it is marked as community?

The 21st Century Cures Act requires that location of the service provided be collected as one of the six EVV data points. The geofence is a 500-foot perimeter around the person's home address that identifies visits as taking place in the home. The HHAeXchange system has a "community visit" checkbox that allows caregivers to acknowledge they are clocking in or out from a location greater than 500 feet from the person's home. When the provider identifies the visit as a community visit, this enables the visit not to log a GPS or location error that must be resolved on the administrative side by the provider agency.

At this time, claims are not submitted via the EVV system and EVV data or errors will not cause any claim denials.

When I clock in GPS at client's home and then leave in the community, do I need to change GPS on app before leaving with client?

GPS location data is captured at the clock in and clock out of the visit. During the visit, caregivers do not need to make additional clock in/out (known as EVV calls) when changing locations. There is no GPS tracking or location requirements during a service visit.

For providers in more remote areas, depending on updates on smart phones, cell towers, etc., sometimes GPS locations pull slightly off from the accurate location. How would a provider notate this in the system?

The caregiver has the ability to leave a note in the mobile app when clocking out and can view how far they are from the member's address in the mobile app. Provider agencies can also add a note on the visit through the call dashboard in their provider portal.

HHAX technical questions

My agency has a specific question about something in the HHAeXchange system. What do we do?

Submit a support request to HHAeXchange through their support portal here: Client Support Portal. After you reach out to HHAX with your question, you will receive a ticket number. If the problem still exists or if your question was not answered, use the DSD Contact Form. Select "PCA and EVV questions" in the drop-down menu, and then select "EVV policy and questions"; your questions will be routed to the EVV team. Include your HHAX ticket number. We cannot elevate your question until you have reached out to HHAX first and received a ticket number.

Why is the clock in red?

Submit your question to HHAeXchange through their Client Support Portal.

Does the free version of HHAX have all action buttons?

Yes.

I received a welcome letter with a code; however, it said I had to set up password within 12 hours. I did not get to it within a 12-hour window. Will that password still work?

No. All password resets and new passwords expire after 12 hours. When requesting a new account or password, be aware of this limitation and make sure you are able to access email in a timely manner. If you need an additional password reset or other assistance, submit a support request to HHAeXchange through their Client Support Portal.

How do I change a patient address?

You can add a second and third address straight from the member's profile within the HHAX system.

As a provider, are we only allowed to use one option, either the call-in option or the app option? (Many clients don't have a landline)

The HHAeXchange EVV system offers two EVV verification methods, the mobile application and IVR. Additional verification methods might be available for provider agencies using third-party EVV systems. Providers choosing these third-party systems will need to work with their vendor to determine which options are available to them.

We provide IHS with training. We have been able to bill phone calls in the past. How would we go about doing that with EVV? Would we just do an unscheduled visit out of range for the length of the phone call?

With HHAX, you can clock in and clock out as an unscheduled visit in the community.

Can providers manually input authorizations into HHA? A rep said this can only be done at the county or MCO level. We reached out to county and MCO and they said they are unsure how to do this. Do you know who can help us?

Yes, providers are able to input a TEMP authorization into the system if needed. This is true for all provider portals: FMS, CFSS, Waiver and HHS.

When someone has multiple services, such as IHS, PCA, etc., how do we identify the services on their shift? Last time I looked, the client was loaded into the system multiple times with no differentiating factors to use to know which to choose

When using the mobile app, caregivers can select the service code for the service they are providing, or they can use scheduled visits and the service code would be locked and all they must do is clock in/out. If the caregiver selects the wrong code, the provider agency will need to go back and update later to the correct service.

How do we add a patient to the HHAX system? There is no option to add a new patient.

Provider portals are automatically updated from MMIS with member information through the HHAX EVV Aggregator.

How would the caregiver clock in/clock out if the caregiver and patient are out of town together for the weekend?

If caregivers are helping a member in the community, they should use the "community" checkbox.

Compliance

Our agency has served people before we have a service agreement from MN-ITS. However, we are not able to assign a worker or do EVV for these individuals. How would be enter the EVV data once compliance is being enforced?

DHS has not yet released policy for these instances. As this time, please focus on onboarding and having your workers and members who have service authorizations use EVV.

What will our responsibility be to ensure an abuse of community visit doesn't occur? Caregivers clock in from home or on the way to the client's home. If we enable community visit, that would not come over as "out of range" for further review

The responsibility of agencies is crucial in preventing any misuse of the community visit option. Caregivers must adhere to the requirement of clocking in and out within a 500-foot radius of the member's residential address. While we encourage the use of the "community" checkbox for accurate documentation during community-based support, it's essential that agencies monitor and ensure its correct use. The community checkbox should only be employed when caregivers are genuinely engaged in community-based member support. It is not intended as a means to circumvent the mandatory clock-in and clock-out procedure within the 500-foot geofence. Agencies should actively monitor and ensure that caregivers are following the rules to maintain compliance and avoid abuse and fraud.

Note that location data is still captured at the clock in and clock of out an EVV visit. Clocking in early or in unallowable locations is considered fraud. Provider agencies are able to check the location of the clock in and clock out to ensure accuracy of location data and maintaining program integrity.

What are the six data points that must be present when logging in?

The type of service, individual receiving the service, date of the service, location of the service, individual providing the service and the time that the service begins and ends. For more information, see the Electronic visit verification webpage and Electronic visit verification (EVV) in the Community-Based Services Manual.

Shift adjustments/manual edits

If a caregiver forgets to clock in/out and the agency manually enters time, what is the required documentation for the change? Should a paper timecard be filled out by client/caregiver to reflect the manual entry?

DHS has not yet released policy on this specific topic. If your agency is using HHAeXchange, you have access to the services portal which can help with keeping a record of these shift adjustments.

Last time I was told edits for EVV clock ins and clock outs are not allowed. Has that rule been amended? Is there a limit on allowable adjustments? What happens if someone has too many?

Shift adjustments and edits should be limited whenever possible, but we understand there are circumstances in which edits will be unavoidable. DHS is not enforcing compliance that will result in claim denials or reversals. DHS is developing compliance policies as we move toward full implementation of EVV.

DHS recognizes that providers, caregivers and members need time to learn to use EVV and that it will take time for it to become routine. Until a compliance requirement is published, DHS will be monitoring usage and use to ensure providers are prepared before being required to meet compliance thresholds. DHS is required to report quarterly usage to the federal Centers for Medicare & Medicaid Services (CMS).

For live-in staff who are properly identified in the EVV system as live-in/residing caregivers, we expect providers to adjust shifts manually to reflect the number of hours worked and services provided during each shift. Or they can clock in and clock out in real time.

Is the responsible party able to make those kinds of adjustments, too? or do they just approve those?

Yes, if a member has a responsible party, they may log in and propose shift adjustments in the services portal.

EVV third-party vendor

Do we need a log in to HHAeXchange, even if we went with a different vendor as our EVV system provider?

If you are using a third-party vendor, you should not need to log into HHAX.

For third-party users, would they need to log into HHAX to link a visit manually or to reject a visit?

Providers using third-party EVV systems do not need to manually manage visits in the HHAX portal. HHAX will only receive approved visits from third-party EVV systems. Any rejected visits from a third party will reject in their source system for provider agencies to manage and resend.

If we're using a third-party EVV system, do we need to send data to HHAX daily or can we do that weekly even though the caregiver is doing daily clock in clock out on third-party EVV?

Third-party providers can use the HHAX EVV API which can import visits in real-time. EVV does not need to be sent to HHAX for import on a real-time basis for purposes of the daily clock in and out activities as long as those occur in the provider's third-party EVV system.

HHAX services portal

How do you set up a services portal?

Service Portal Management is under the admin tab in your main HHAX portal.

What if the patient does not have the ability to access the patient service portal? Is that something the agency should be approving on behalf of the patient?

The services portal is an optional feature that provider agencies may choose to allow members and caregivers to review, adjust, approve or reject recorded shifts.

Not all EVV services require shift approval by the member. Only PCA services require the member/patient to approve shifts. The agency is not allowed to approve shifts for the patient. For more information, see PCA Documentation Requirements. For PCA services, if the patient does not have access to the patient service portal, the agency will need to find another way for the patient to approve shifts. This could be via a responsible party, continued use of paper time and activity documentation, or assisting the member in finding resources that enable them to access the services portal.

Where do visits in the service portal go once approved? We have a responsible party who has been using the service portal and we cannot see any visits that the DSP logs and cannot see the visit once it has been approved by the responsible party either

Visits are always viewable through the service portal. Visits that have not been approved by the member/responsible party or caregiver are viewable to the provider agency with a flag "missing service portal approval." Once the shifts are approved in the services portal, the status changes to "approved locked." Provider agencies can search for visits using the above statuses.

Members and caregivers/responsible parties can review previously approved shifts by filtering through the "approved locked" shifts.

Signatures/approvals

How do we capture the caregiver signature in the HHAX app? When our caregivers clock out it allows the client or responsible party to sign the timecard but there is not a spot for the caregiver signature.

Signatures are not required when using the EVV system; however, if you are providing PCA services, you have two options to meet the time and activity documentation requirements for caregivers and members:

For caregiver signature/acknowledgement you have two options:

- [current process] The caregiver will clock in and clock out using your program's EVV system as usual and additionally they will sign a time and activity documentation on a paper format.
- Your program may choose to use the Service Portal in the HHAX system. There is no actual handwritten signature required in the HHAX system. Before staff clock out, it's a button to push for acknowledgement. When a staff member clocks out, a Tennessen warning will pop up for staff to acknowledge before allowing staff to clock out. That acknowledgement counts as the staff's signature.

For member signatures/approvals, you have two options:

- The member can sign a time and activity documentation in a paper format. They could potentially use the DHS PCA provider time and activity documentation.
- Your program may choose to use the Service Portal in the HHAX system. A member should never interact with the HHAX app on a staff member's phone. For member/responsible party approval of a shift, the member/responsible party will receive an email to click a button to approve shifts. The member/responsible party can approve shifts by checking their email anytime and approve each shift at their convenience.

In-scope services

Does the EVV system include H2014 UC U3 customers?

Yes, H2014:UC:U3 is a service code in-scope for EVV.

See also the EVV website under the [Required services tab](#) or this [detailed list of required services for EVV](#).

Timesheets

Will timesheets ever be eliminated?

HHAX as a free system is not intended to be a timekeeping or payroll system. DHS is exploring with HHAX what additional features and support to create efficiencies will be available.

Internet and cell phone resources

Has the question about clients with no internet and no land line been answered with respect to the client verifying the shift?

There are public resources available such as the Federal Lifeline benefit that people may qualify for to get a smart device. In some cases, both member and caregiver may qualify.

If the member or worker lack access to a phone, you may explore publicly available resources such as Lifeline, Telephone Assistance Plan (TAP) or the Affordable Connectivity Program (ACP). These are programs available that can either provide a wireless smart phone to the member or worker (i.e., something like Assurance wireless, or what you may have heard referred to as "Obama Phone" years ago), and discounts on phone and internet service through select providers. There are income requirements for these programs but often members and some caregivers can qualify. The state Commerce Department has published [more information](#) about these programs.

Overview

What is EVV?

Electronic visit verification is a system for verifying, through an electronic verification system, that services have been provided. Section 12006(a) of the federal [21st Century Cures Act (PDF)](#) requires states to use EVV for all Medicaid personal care services, including some waiver services, and home health services. Providers of affected services must begin to use EVV in collaboration with the Minnesota Department of Human Services. DHS will provide guidance and policies to provider agencies to ensure the requirements of the 21st Century Cures Act are met. Providers may create additional EVV policies but they must conform to DHS EVV requirements.

What information must be collected using EVV?

The EVV system must verify that home or community-based service visits occur by collecting six points of data electronically:

- Type of service performed
- Who received the service
- Date of service
- Location of service delivery
- Who provided the service
- When the service begins and ends.

What services are required to use EVV?

In Minnesota, personal care services that will be required to use EVV are:

- Consumer Directed Community Supports (CDCS) direct support
- Consumer Support Grant (CSG) direct support
- Crisis respite
- Homemaker-assistance with personal cares
- Independent community living support (in-person)
- Individualized home supports, with and without training (in-person)
- Night supervision
- Personal care assistance
- Respite care services (in-home).

In Minnesota, home health services that will be required to use EVV are:

- Home health aide
- In-home occupational therapy
- In-home physical therapy
- In-home respiratory therapy
- In-home speech and language therapy
- Skilled nurse visits
- Direct skilled nurse visits.

Additional services might be subject to EVV. If DHS adds additional services, we will communicate these changes via eList and website updates.

For a list of services that require EVV, see the Electronic visit verification webpage under the Required services tab or this detailed list of required services for EVV.

Is EVV required for services in both the home and in the community?

Yes. EVV is required for all mandated services, regardless of where services start and end.

May providers require a worker to use EVV for services that are not in-scope?

Providers may choose to use their EVV system for other services not in-scope, but only in-scope services will be reported to the state-selected EVV system from HHAeXchange.

Are live-in caregivers required to use EVV?

Live-in caregivers are exempt from some EVV requirements, according to federal guidance. Live-in caregivers must enter the following required information into the EVV system at least once per day:

- Type of service performed
- Person who received the service
- Date of the service
- Location of the service delivery
- Person who provided the service
- When the service begins and ends.

DHS offers the option for provider agencies to have live-in caregivers will interact with the EVV system on a daily basis instead of in real-time. Live-in caregivers must clock-in and clock-out into the EVV system at least once per workday using any of the EVV methods available to them. Caregivers may choose anytime during the day to clock-in and immediately clock-out. The time of day does not matter as long as there is a clock in/clock out using the EVV system. The shifts can later be manually adjusted to reflect the number of hours worked and services provided during each shift.

Provider agencies can choose to require live-in caregivers to interact with the EVV system in real time.

See also CBSM – EVV live-in caregiver policy.

How will Safe at Home members and caregivers maintain address confidentiality within the EVV system?

At this time, participants in the Safe at Home program should not use EVV in any capacity. DHS is working to determine the appropriate options to ensure information remains confidential.

Does EVV mean that people will receive a reduction in services?

No, EVV does not affect the services a person is authorized to receive.

Minnesota's system

What model is Minnesota DHS using for EVV?

DHS has selected a hybrid EVV model. Providers may choose the state-provided EVV system, or a third-party EVV system that meets state requirements. Third-party systems must meet the requirements of the 21st Century Cures Act and maintain accountability to the state by submitting data to the state's system.

Who is the state-selected EVV vendor?

DHS has selected HHAeXchange (HHAX) to provide the electronic visit verification (EVV) system for Minnesota. The contract was finalized on May 25, 2021. For more information about HHAeXchange, visit the [HHAeXchange Minnesota Provider Information Center](#).

Who will pay for the EVV system?

DHS will not charge a fee to providers to use the state-selected EVV system. However, we understand that providers may need to spend time and resources to make a change this large and to comply with state and federal requirements.

Providers who choose to use a third-party EVV system will pay for their chosen system.

What is the timeline for EVV?

As of Oct. 16, 2023, all Minnesota providers are to use EVV. Providers of services in scope need to complete the EVV onboarding process and begin using their EVV system now. For a list of services that require EVV, see the EVV website under the [Required services tab](#) or this [detailed list of required services for EVV](#) .

- **Phase 1**: Financial management services (FMS) for personal care services. Launched June 20, 2022.
- **Phase 2**: Remaining personal care services. Launched Dec. 12, 2022.
- **Phase 3**: Managed care organizations (MCOs) for personal care services. Launched June 5, 2023.
- **Phase 4**: Home health services. Launched Oct. 16, 2023. All home health service providers launched, regardless of payer.

We know providers, caregivers and members need time to learn the EVV system they selected and that it will take time for EVV to become routine. We are not enforcing compliance that will result in claim denials or reversals in 2023 and into the beginning of 2024. We will monitor EVV use until we publish compliance requirements to ensure you are prepared to meet them.

We are required to report EVV use to the Centers for Medicare & Medicaid Services quarterly and identify providers who are not using an EVV system. We will provide technical assistance to providers identified in the reports as we move toward compliance requirements.

What does implementation mean for providers?

The Department of Human Services is using what we learned from the first two electronic visit verification launches to help develop policies and guidance for providers so they are able to comply with state and federal EVV requirements.

Providers of services that have launched for EVV services in the initial phases of the system launch need to complete the EVV onboarding process and begin using their EVV system now.

We know providers, caregivers and members need time to learn the EVV system they selected and that it will take time for EVV to become routine. We are not enforcing compliance that will result in claim denials or reversals in 2023. We will monitor EVV use until we publish compliance requirements to ensure you are prepared to meet them.

We are required to report EVV use to the Centers for Medicare & Medicaid Services quarterly and identify providers who are not using an EVV system. We will provide technical assistance to providers identified in the reports as we move toward compliance requirements.

What devices are used to verify EVV?

DHS recommends caregivers use the mobile application to verify EVV visits within the state EVV system, HHAeXchange (HHAX), whenever possible. DHS and HHAX offer a secondary verification method for EVV using a telephone system known as interactive voice response (IVR).

Providers who use a third-party EVV system will need to work with their vendor on device options for EVV. DHS does not oversee devices for third-party system users. Providers may use what works best for their organization as long as it captures the required EVV data.

What if the member or caregiver does not have access to the internet, a landline phone or a cell phone?

DHS does not provide any devices for EVV. There are public resources available, such as the Federal Lifeline benefit that people might qualify for to get a smart device. In some cases, both member and caregiver might qualify.

If the member or worker lacks access to a phone, they may explore publicly available resources such as Lifeline, Telephone Assistance Plan (TAP) or the Affordable Connectivity Program (ACP). These are programs that can either provide a wireless smart phone to the member or worker, or discounts on phone and internet service through select providers. The state Commerce Department has published more information about these programs.

What languages will be available in the EVV system?

DHS understands there are barriers for some people to use the EVV system. The HHAX mobile application is available in multiple languages to meet the needs of Minnesotans. In addition, the HHAX mobile application uses visuals which make it easy to use even when language is an issue.

Available languages include:

- English (North America)
- Spanish (Latin America)
- French (European)
- Chinese (Traditional)
- Russian
- Haitian Creole
- Korean
- Albanian
- Arabic
- Armenian
- Bengali
- Polish
- Uzbek
- Vietnamese
- Hmong
- Thai
- Somali
- Cambodian
- Karen (Burmese)

Note: Other languages may be added in future releases.

HHAX training materials are available in Spanish, Hmong, Somali, Vietnamese and Russian.

Providers who use a third-party EVV system will need to work with their vendor to meet the language needs of the people they serve and their caregivers.

How will providers bill for services?

At this time, there is no change to how providers bill for services provided. Providers will continue to use the billing processes they use now. DHS continues to explore billing enhancements for the HHAX system.

What if a provider wants to switch EVV systems?

Providers will need to fill out an updated Provider Enrollment Form and create a ticket through the HHAeXchange support portal to notify HHAX and DHS of the change.

- Provider Enrollment Survey for PCA and Waiver: Provider Enrollment Form
- Provider Enrollment Survey for Home Health: Provider Enrollment Form

Providers who switch EVV systems will need to follow the steps to either join the HHAX system or to connect their third-party system.

Are schedules required to verify EVV visits?

A schedule is not required to confirm EVV-compliant visits. There is a scheduling feature in the HHAX system that providers may use if they choose.

What are the location requirements for EVV?

In Minnesota, EVV is required for both home and community visits. DHS has established a 500-foot, or about 1.5 football fields in length, geofence around a person's home address. This virtual perimeter identifies where the visit took place. For visits occurring outside the 500-foot geofence, there is a checkbox in the HHAeXchange system to acknowledge that the caregiver is outside of the geofence and notes the visit as a community visit.

Providers using third-party EVV systems will need to work with their vendors to configure their geofence to 500 feet and actions for visits outside the geofence.

Are signatures required when using EVV?

Signatures are an optional component of the EVV system. Not all EVV services require shift approval by the member, but providers may choose to require signatures for services.

If choosing to require signatures in the EVV system, providers must ensure that their EVV system meets the following criteria for electronic signatures as determine by Minnesota Statutes 325L.02(h) and 325L.09:

- "Electronic signature" means an electronic sound, symbol or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.
- An electronic signature must be attributable to a person. An electronic signature is attributable to a person if it was the act of the person, which can be shown from the context and surrounding circumstances at the time of its creation, execution or adoption.

You should know that some service providers might need extra documentation for the services they offer. These documentation requirements might not be covered by the EVV system. For questions about specific programmatic documentation and signature requirements, contact the program policy or licensing area at DHS directly.

HHAX system users

What are the first steps providers need to take to use the HHAX system?

Providers must complete the HHAX provider enrollment survey for the services they provide to begin the process. The email used to complete the survey will be the email used to receive communication from HHAX. Then users will review the information sessions posted to the [HHAX Minnesota Provider Information Center](#).

- [Personal care provider enrollment survey](#)
- [Home health provider enrollment survey](#).

What happens after I complete the provider enrollment form?

Once providers complete the form, they will receive their learning management system credentials typically within three to five days. Check the email used to complete the form.

How will I receive my login credentials to the HHAX portal?

Once providers complete the survey, they will receive their HHAX system portal credentials in the email used to complete the survey. The admin user at your agency will be responsible for adding all additional staff to HHAX.

How can I access the portal?

Access the HHAX system portal via a web browser, available on a phone, tablet or computer.

How will member and authorization information be added?

For services that have prior authorizations, HHAX connects with DHS for member and authorization data from the MMIS system. Members are then connected to their provider portal.

For services that do not require prior authorization, providers should contact their payer directly for processes and procedures. In the HHAeXchange system, services not requiring a prior authorization will need to be manually entered into the system by the provider agency.

Where are member and authorizations found in HHAeXchange?

HHAX creates a single provider portal for all providers based on the provider tax ID. HHAX then creates service type-specific offices once the provider has submitted the Provider Enrollment Form and has provided their UMPI/NPI numbers. There are potentially four different offices a provider may have in their portal:

- FMS
- CFSS (includes PCA services)
- Waiver
- Home Health.

For specific questions about setting up a specific office in your portal, use the HHAX Client Support Portal.

How will caregiver information be added?

Once providers have received portal credentials, they can begin entering caregiver information into the EVV system. Please review the guides provided by HHAX on the process to enter caregiver information and connecting them to members.

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

The HHAX mobile app has an offline mode for cases where cell or internet service is not available. Once cell service or internet service reconnects the information will automatically upload into the application.

Third-party EVV system users

What are the specifications and requirements to connect to the HHAX aggregator?

The HHAX aggregator is the name of the system for collecting EVV data from providers and members and reporting it to DHS. Providers should review the following specifications and requirements on the HHAX Minnesota Provider Information Center webpage under the EDI tab before beginning the process to connect to the aggregator:

- Business requirements: Business Requirements for Third Party EVV Data Aggregation MN
- Technical specification document: HHAeXchange EVV API Technical Specifications MN

What steps do providers need to take to connect to the HHAX aggregator?

Providers must complete the [Provider Enrollment form](#) to indicate they will be using a third-party EVV system and the name of the system they will be connecting to the data collector. The email used to complete the survey will be the email used to receive communication from HHAX.

Once you complete the survey, use the [HHAX Client Support Portal](#) to create a ticket. Select the box titled "Provider EDI Integration." HHAX will send providers an attestation form they will need to complete before the connection can begin.

What information do providers need to review?

- Review the information session recordings found on the HHAX Minnesota Provider Information Center.
- Review the EDI webinar found on the EDI process tab on the HHAX Minnesota Provider Information Center.

I have completed the attestation form, what happens next?

Providers will begin testing in the testing environment with their third-party vendor and HHAX. Once testing is successful, agencies will receive their production credentials.

Providers then can begin sending data to HHAX. Providers need to review any rejections they receive and correct them in a timely manner.

How will I receive my login credentials to the HHAX system portal?

Once providers complete the provider enrollment survey, they will receive their HHAX system portal credentials in the email used to complete the survey. The admin user at your agency will be responsible for adding all additional staff into HHAX.

Training

I am using the HHAX EVV system. How will I receive training?

Providers will have access to the learning management system (LMS) where they can access modules to help them navigate the system. Providers will also have access to process guides and job aides in their provider portals.

I am using a third-party EVV system. How will I receive training?

Providers who use a third-party EVV system need to work with their vendor for training in their EVV system. Third-party EVV system providers will have access to the HHAX LMS to complete the EDI module. They will have access to the other modules in LMS to use for reference when reviewing data.

How will providers receive access to the HHAX learning management system?

Providers will receive their LMS credentials within three to five business days of completing the provider enrollment survey.

How will caregivers, members and responsible parties receive training on the HHAX system?

Providers are responsible for training and ensuring caregivers, members and responsible parties feel comfortable with the system.

Providers who use HHAeXchange will have access to tools and materials to train caregivers, members and responsible parties on how to use the system.

Providers who use a third-party system will need to work with their vendor on how to train caregivers, members and responsible parties.

What languages will the trainings be offered in?

Training material provided by HHAX are available in several languages, including Hmong, Russian, Somali, Vietnamese and Spanish. Providers who use a third-party EVV system will need to work with their vendor to meet the language needs of their organization.

Continued engagement

Will there be continued community engagement opportunities?

DHS is committed to engaging providers, recipients, direct workers and other interested community members as we begin to use EVV. To receive announcements about engagement sessions, sign up for eList announcements on the [Electronic visit verification webpage](#) under the Public input tab.

How do I stay up-to-date on current EVV information?

Visit the [Electronic visit verification webpage](#) where you can see the latest updates. To receive notification of updates, select the Contact us tab and scroll to the end of the page and sign up using your email. You may then update the subscription to select "General stakeholder news: disability services."

Where can I find more information about HHAeXchange and Minnesota's EVV?

- DHS EVV team: DSD Contact Form
    - Policy-related questions
    - DHS-specific questions
- Electronic visit verification webpage
- HHAX system users: MNsupport@hhaexchange.com
- Third-party system users: EDISupport@hhaexchange.com
    - Phone: 855-573-1521
    - System use/training questions
    - Onboarding into the system
    - All issues directly related to the system or technical questions
- HHAX Minnesota Provider Information Center

Members and caregivers should contact their provider agency with questions or concerns they have about EVV.