

# Frequently Asked Questions

The following are a list of Frequently Asked Questions (FAQs) which can be used by HHAExchange (HHAX) System Users. Please note that any inquiry should first verify that the caller is one of the designated Super Users of the HHAX system before giving the caller information on contacting HHAX Customer Support directly. Refer to the [Communications section](#) of this guide.

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## Administration

### I need a new user ID. Who should I contact?

Users with the ADMIN Role at your Agency can create New HHAeXchange Users in the system. Refer to the [Creating New HHAeXchange Users Job Aid](#) for instructions.

### I need to deactivate a User. What should I do?

Users with the ADMIN Role at your Agency can deactivate HHAeXchange Users in the system. Refer to the [Creating New HHAeXchange Users Job Aid](#) (**Deactivate User Account** section) for instructions.

### What should I do if my password doesn't work?

To troubleshoot common password issues, request the user to check the following:

- Is the Login name entered correct?
- Is [Caps Lock] is selected?

If these troubleshooting tips do not work, the Super User can reset passwords for other users as follows:

1. Locate the user (**Admin > User Management > User Search**)
2. Edit the user, and select Change Password on the *Update User Account* Page

Refer the Super User to the HHAX [Admin Functions Process Guide](#) for further details.

### If I forget my password will I get locked out after too many attempts?

The system allows up to 4 attempts at login. Thereafter, the User needs to contact the Agency Administrator (Super User) to unlock or reset their password.

### How can I enable or disable permissions?

Only a Super User has the rights to enable/disable permissions for a role. To change permissions, the Super User is to follow the steps below:

1. Locate the user (**Admin > User Management > Edit Role**)
2. Select the **Section** (and optionally the user's **Role**) for the permission, then click **Search**.
3. Grant or remove individual permissions using the checkboxes and **Save**.

Refer the Super User to the HHAX [Admin Functions Process Guide](#) for further details.

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

If a permission has been changed, the user should be instructed to exit their active session, and log in again to the system to see the effect of the permission change.

### What are the different user Roles in HHAX?

There are several roles to which a User can be assigned to including **Admin**, **Coordinator**, and **Billing**. Each role is equipped to access the corresponding functionalities in the system. To learn about the different roles and how to assign, click [Assigning User Roles and Member Teams](#) to view the webinar recording. Click [here](#) to access the presentation slides.

### How can I set up EDI?

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

## System

### Do we have to use military time? Can it be changed?

Yes, the system is designed to operate on military time and cannot be changed.

### What are the system requirements? Is there a preferred web browser?

HHAX is a web-based solution requiring internet connection. The system works best with Internet Explorer.

### Are all the names and information used in training fictitious? If not, how do you protect client's info?

Yes, a training environment containing fictitious data is used to facilitate demos and webinars.

## Member Placement

### Will all MCO's send all Authorizations through HHAX where Agencies can bid before accepting a Member? Can a Member request or choose a preferred Agency?

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

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

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

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

### Are Placements sent to the Providers from the MCOs or the SCs? Are they randomly sent to all Providers or is a Provider identified first?

Member Placements are sent by MCOs.

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

Remaining with your EMR system is not an issue, however, some functionalities (such as Placement Acceptance, MCO Communications, and Billing the MCO) are managed via HHAX. In this case, please sign up for the portal by completing the survey and selecting the EDI Process as your EVV choice. Click [PA CHC Information Center Overview](#) to access details and guidance.

### Can a User be assigned to multiple teams?

Although Members can only be assigned to one team, Users can be assigned to multiple teams within an Agency. Users have Member access only to Members assigned to their teams. Refer to the [Team Function Process Guide](#) for complete details.

### Is there a time frame for accepting referrals or responding to a notification?

The default time to accept a Member Placement is set to 30 minutes in the system, but the MCO can set the time to whatever they want before sending the Placement.

## Member and Authorization Info

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

Troubleshooting Tips:

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

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

### I cannot find my *discharged* Member in the HHAExchange system.

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



The screenshot shows the HHAExchange Member Search page. The 'Status' dropdown menu is open, and the 'Discharged' option is highlighted with a red box. A red arrow points from the 'Search Member' button to the 'Discharged' option. The page includes fields for Member ID, Last Name, Member Team, Office, Admission ID, First Name, Coordinator, Phone Number, and MCO. A 'Search' button is located at the bottom of the form.

### I can't see the Authorization. Why?

Check the **Member > Authorization** page. If there is no record on the Authorization page, check back periodically over the next 1 to 2 days, as it may take up to 24 hours for a new Authorization to appear in the HHAX system.

If not available within 48 hours of receiving the Authorization letter, please contact your MCO Provider Relations Team to ensure the Authorization has been processed. If they cannot locate the Member, then the MCO will contact HHAExchange directly to ensure there are no interface issues.

### The Member information is incorrect. What should I do?

If the Member's Name, Gender, Date of Birth, Phone Number or Address is incorrect, please contact your MCO Provider Relations Team to update the required information. Refer the user to the HHAX [Member Management Process Guide](#) for further details.

### The Authorization is incorrect. What should I do?

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

### Are Authorizations sent by the MCOs in hours or in units?

Authorizations are sent in Units (which includes hours).

### Will all past Member Authorizations appear in the system?

The system displays the past 3 Authorizations which can be viewed in the Member's Authorization page as well as the Member's Calendar and Master Week. Refer to the [Authorizations Job Aid](#) for further details.

## Plan of Care (POC)/Duties

### Does the HHAX system capture the duties (tasks) which were offered but refused by a Member?

Yes, this information is captured in the **Other Duties** section in the Visit tab (when confirming the Visit). It can also be captured in the **Visit Quick Entry** page if manually entering a Visit(s).

### Is it mandatory to enter Duties for a Visit?

The POC requirements are governed by the MCO. Not all MCOs require a POC or Duties per Visit.

## Caregiver Management

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

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

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

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

## EVV Issues / Visit Quick Entry

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

The Caregiver should use a Timesheet to manually record the Start and End Times for their Visit and submit the completed form to their Administrator. Timesheet information can then be entered in to the Visit Quick Entry screen.

### What if Member doesn't have phone for EVV? MCOs offer phone but what if they refuse Caregivers to use it?

Although EVV will be required eventually (Summer 2019), manual entry can be performed via Visit Quick Entry. The Caregiver should use a Timesheet to manually record the Start and End Times for their Visit and submit the completed form to their Administrator. Timesheet information can then be entered in to the Visit Quick Entry screen. Refer to the [Visit Quick Entry Process Guide](#) for further guidance.

### How can EVV be recorded (documented) if a Member refuses services or is not home?

In these cases, manual entry can be performed via Visit Quick Entry. Record *Refused Duties* in applicable section. Refer to the [Visit Quick Entry Process Guide](#) for further guidance.

### Can we use both EVV and manual entry? If I chose the EVV option but I have a few Members that don't have landlines, am I able to use Visit Quick Entry in those cases or is that function not available to me because I chose the EVV option?

Yes, both options can be used.

### How do we enter these Visits into HHAX if we currently operate with paper timesheets?

These Visits are entered via the Visit Quick Entry (manual) function. Refer to the [Visit Quick Entry Process Guide](#) for further guidance.

### When using Visit Quick Entry, is it necessary to enter the schedule or can we enter total units for the week or month across each respective time frame?

Yes, the Visit Quick Entry function supports Multi-Visit creation and confirmation providing that the Visits are under Authorization. Single Visits can also be created if different information applies to respective Visits.

### Many service plans authorize hours at the Member's discretion, not a specific time. Must a schedule be entered in HHAX or can we manually enter the Caregiver hours without entering a schedule?

These Visits can be manually entered via the Visit Quick Entry function if each adheres to the Authorization requirements.

### Can I still create Visits for dates in the past?

If you are setup as Manual entry Agency, navigate to **Action > Visit Quick Entry** and enter the previous visits in bulk.

### How do I create a permanent schedule for the future?

If you are an EVV Agency, you can create a Master Week as a template for your weekly scheduled Visits.

### What is the difference between an EVV Agency and a Manual Visit Entry Agency; as we can do both?

There is a small difference. If you are EVV, you have the Master Week functions enabled for you. Manual Visit entry does not have the Master Week functionality to avoid Visit overlaps and duplication of Visits on the calendar.

## EVV Exceptions

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

If the Caregiver accidentally recorded an IN Call as an OUT call (or vice versa), this can be corrected as listed below:

1. Navigate to **Visit > Call Dashboard > Call Maintenance**
2. Search for the call using the status *Potential In/Out Mistake*
3. When the call is located, click the desired link (Out or In) the "Call Type" field.
4. Click the **OK** button to confirm the action.

### Can I link a call that was previously rejected?

Calls that have been **Rejected** can no longer be linked to a scheduled Visit. When rejecting a call, be absolutely sure that it cannot be linked to a Visit.

### I fixed a call exception and I still see the same call on the Call Maintenance page. What should I do?

If a fixed Call Exception does not clear, click the **Search** button to refresh the Call Maintenance page. The exception should no longer be listed once corrected.

### How soon are newly added Phone Numbers (Phone 2 and/or Phone 3) available the on a Member's Profile?

A newly added number is saved immediately in the Member's Profile and available for use in any subsequent calls. However, calls in the Call Dashboard require overnight reprocessing to link to the Visits.

### Many residents are moving away from landlines. Can the phone number entered be a cell phone number?

Your Agency is at liberty to make that decision; however, the EVV system accepts only the phone number(s) entered in the **Home Phone**, **Phone 2**, or **Phone 3** fields.

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

If you have TWO Caregivers rendering services, you could create TWO different shifts on the same day directly in the calendar or via **Action > Visit Quick Entry**.

## Billing-Related Issues

For Prebilling and Billing related questions, contact HHAeXchange Customer Support at [pasupport@hhaexchange.com](mailto:pasupport@hhaexchange.com).

### I cannot find a Visit for Invoicing. What do I do?

If a Visit cannot be found, it may have been caught by the Prebilling process. Please refer to the steps below to locate the Visit, and address the issue which is preventing it from being invoiced:

#### Prebilling Review

Visits that have been confirmed, but do not meet all validation requirements, are held in the Prebilling Page in HHAX. Follow the steps below to review Visits held in Prebilling:

1. Navigate to the **Billing > Prebilling Review** screen
2. Enter the desired search parameters to locate visits
3. Review the reason(s) the visit did not pass the validation in the Problem column

Refer to the [Prebilling Review Process Guide](#) for details and best practices to correct each validation reason listed in the Problem column.

#### Billing

Visits that have passed the Prebilling Review process, but do not meet all requirements for billing, are held in the Billing Page in HHAX. Follow the steps below to review visits held in Billing:

1. Navigate to the **Billing > Billing Review** screen
2. Enter the desired search parameters to locate visits
3. Select the **Detail View** to review the Hold Reason(s) for the visit that cannot be billed.

Refer to the [Billing Process Guide](#) for further details regarding the Billing Review process.

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

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

### At my Agency, Schedules are manually entered. Where can we verify Visits before Prebilling?

Visits entered via Quick Visit Entry are automatically confirmed. After entering the Visits, go to Pre-billing to check for any holds.

### Where is Employee Time verified before Prebilling?

If you are referring to Confirmation times, this information is found in the Member or Caregiver Calendars.

### How do I print an invoice?

Follow the steps below to print an invoice for further processing:

1. Navigate to the **Billing > Print Invoices** screen
2. Select the desired **Contract (MCO)** and click **Search**
3. Select the checkbox(es) to the left of the invoice(s) to be printed, and click **Print Invoice**

Refer to the [Billing Process Guide](#) for further details regarding invoices.

### When a billing invoice batch is created, do we need to create a separate one for each MCO or is it compiled all into one batch?

Yes, a separate batch per MCO must be created.

### Can I run a batch with multiple MCOs or do I need to do one for each?

Batches and invoices must be created per MCO. HHAX generates the claims per MCO as well.

### Does HHAX automatically send our invoice batches to the MCO's or are we required to do that?

HHAX sends out 837s directly to the MCOs.

### We have some clients that get TWO visits per day. How would we submit that?

The system can accommodate multiple visits for a Member in the same day within the same invoice, as long as the Service Code is the same.

**How do we know all claims were accepted by the MCO? Do we get 999 or 277 files back from either HHAX or the MCO?**

Providers receive an 835 file under the Remittances tab under the File Processing in our system. 277 and 999 would normally come from a clearinghouse providing information on issues with the formatting of the 837 files. Because HHAX is the sender and receiver of your files, no 999 or 277 files are needed.

**Once a batch is invoiced, how do we track results?**

Providers can see this information via **Admin > File Processing** as HHAX sends the 837 to the MCO's.

**How are the SC's to bill through HHAX?**

SCEs are to use the HC portal. They are entered as Caregivers, Employment Type "other Non-Skilled" and use three duties that have been established for SCE agencies.

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

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

**How do we find rejections or errors in our claims?**

You can use the Remittance tab in the File Processing page which displays all 835 files from the MCO's.

**If multiple visits are billed for one day for one client, do these visits roll into one claim?**

Yes, the Nightly Process merges multiple shifts in a day into one invoice number to prevent duplicate billing.

**We have a Member who receives TWO visits a day with TWO Caregivers per visit. Because I cannot enter both Caregivers on a single visit, how do I bill for both Caregivers?**

You need to create TWO Visits and add a Caregiver to each. HHAX then merges the TWO shifts into one invoice number to prevent duplicate billing.

**After we successfully submit a bill, we receive an email notification about 837. Can we do anything about that?**

You may either disregard the automatic email notification or you can disable it via **Admin > Provider** profile in the Automatic Notification section. Select **E-billing Batch Notification** and remove the existing emails from that area and/or select "Inactive" to stop notifications.

## Communications

HHAeXchange End User Inquiry Contact			
<b>Agency Super User</b>		<b>HHAX Customer Support</b>	
	<ul style="list-style-type: none"> <li>User Name or Password Inquiry</li> <li>How to search/view information in the HHAX system (e.g., Placements, Authorizations, Member, etc.)</li> <li>Rate for Member is incorrect</li> </ul>		<p style="text-align: center;"><a href="mailto:pasupport@hhaexchange.com">pasupport@hhaexchange.com</a></p> <ul style="list-style-type: none"> <li>Cannot locate EDI Visit or Billing files in the system</li> <li>System not functioning as expected (e.g., system slowness, page not appearing, etc.)</li> <li>Cannot clear Visit from Pre-billing</li> </ul>
		<b>MCO (via HHAX Note Function)</b>	
			<ul style="list-style-type: none"> <li>Inquiry regarding a specific Member</li> <li>Inquiry regarding MCO contract</li> </ul>

### Will the HHAX Support Desk be available 24 hours? Is it only by email?

The HHAX Support Desk operates from 7:30 a.m. -7:30 p.m. EST, Monday-Friday. Email is the preferred method at [pasupport@hhaexchange.com](mailto:pasupport@hhaexchange.com).

### Will all Notes always be available in your system?

Yes, all Notes are archived in the system. Refer to the [Communications Process Guide](#) for full details.

### Seems the EDI doesn't cover items such as Notes (Member and MCO Communications). Is there an exception when a Provider needs to log in to send notes to MCO?

Agencies using EDI must still connect via HHAX to send/receive Notes from the MCOs.

### Will we be able to communicate with staff through the system via email or text message?

Use the system to enter any related notes to Members or in general. Email and text messages are not recorded in the system.

### What types of documents can be attached in Notes? (PDF, excel, CSV, etc.)?

The system supports the attachment of common files to include PDF, Word, Excel, and CSV among others.

**Will the system "alert" us via email when there is a referral or notes? How would Providers be alerted when not currently logged in to the HHAX system (during non-business hours)?**

Common Notifications can be activated by the MCO to include Placement alerts via email. Alerts are intended for awareness purposes only. Users must login to the system to perform needed steps (e.g., reviewing and accepting a Member Placement).

**Should Providers (SCs) use the Notes section within the Member file to record all notes related to the Member's case, such as Plan of Care (POC) changes, demographic updates, allergy list update, back-up plans and any Notes that are normally stored in HCSIS and SAMS? (Replacing current service notes in HCSIS and journal entries in SAMS.)**

Yes, use the Member Notes section on the Member's profile page to document any notes.

## Rate Management

**The rate indicated on the HHAX system for the sole billing/service code (W1793) we use seems incorrect for one of the MCOs; indicating \$19.52 rather than \$17.52 per hour. Has the rate been indeed raised by \$2 per hour or is this an error?**

Some MCOs have chosen the "highest rate" across regions saved in the system. However, rates are calculated based on the Member's zip code. Therefore, at the time of adjudication, the claim is paid based on the Member's actual region.

Although, the system reflects \$19.52, the rate may remain as stated if the Member lives in the higher paying region, or reverts to \$17.52, if they do not (at the time of payment).

Please consult your MCOs for specifics on rates.

**For service coordination purposes, what is the difference between W1011R-1 and W1011R-2?**

These are two different rates. **R-1** and **R-2** indicate Region 1 and Region 2, respectively. Rates are calculated based on the Member's zip code. Therefore, at the time of adjudication, the claim is paid based on the Member's actual region.

**With two different regions and different rates, how do we know if the Members are attached to the correct bill rates?**

This is calculated automatically by the HHAExchange system based on the Member's zip code.

**We have been using Service Code W1793 only for Home Care services PCA. When choosing a Service Code, W1793 is no longer an option as it now contains characters at the end. Which one should we use for this Service Type?**

The W1793 is still there. The R1 and R2 indicate the two different regions.

## EDI/Import

**Do EDI Users ever use HHAX System for Pre-Billing? When is the EDI file compared to the HHAX system? Where do Users see alerts and warnings against HHAX data?**

EDI Providers receive a file with all Pre-Billing Exceptions for each billing file sent to HHAX. From this file, Providers can fix the Pre-Billing issues on their side.

**What about 3rd Party Users of HHAX?**

3rd Party Users of HHAX receive Prebilling and Billing Review edits in the files returned by the system. These agencies do not use the Prebilling or Billing Review pages in the HHAX system.

**How will Providers know if the MCO accepted their EDI file? I understand I can check the remit for denial, but what if I have a claim in the EDI file not accept?**

EDI Providers receive two exceptions files from HHAX (**Pre-Billing Exceptions** and **Billing Review Exceptions**), which are used for Providers to correct the problems on their system.

**After dropping our files into the FTP, how do we know if the invoices we submitted were “clean” or had errors? This has nothing to do with 835 files.**

HHAX sends you the Exception records.

**What is the file name for exception records? Does it read “billing exceptions” in the file name?**

Please refer to the [EDI Export Process Guide](#) which contains details such as the exception file names.

**How long does it take to get access to an EDI Import? I sent a request last Wednesday.**

Please email [paintegration@hhaexchange.com](mailto:paintegration@hhaexchange.com) with your inquiries. The EDI Team will contact you soon after to address your concerns.

## Non-Homecare Portal

### What is the difference between Non-Homecare (NHC) and Homecare?

Homecare Agency services consists of Skilled (RN, OT) and Non-Skilled home services provided directly to Patients. NHC is the Non-Homecare Portal which is used by UPMC Agencies to allow for tracking and billing of services which are NOT related to Homecare (such as building a ramp for a Member).

### My agency is a Service Coordination Entity (SCE). Do we need access to both the Homecare and the Non-Homecare Portals in HHAeXchange?

Yes. Please email [PAsupport@hhaexchange.com](mailto:PAsupport@hhaexchange.com) to ensure that your Agency has been identified as a **Service Coordination Entity**. Once requested, you will be setup with access to both a Homecare Agency as well as a Non-Homecare Agency Portal.