COMPANION RESOURCE

MN DHS EVV Compliance Webinar: Frequently Asked Questions

Based on October 22, 2026, session

Thank you for joining the MN DHS EVV Compliance webinar. You asked a lot of good questions, and we could not get to all of them live. This guide pulls together the questions we heard most, with short answers and next steps you can take one at a time.

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Getting Started with EVV

Where can I find the recording and the slides?

The recording and slides will be posted to the Minnesota Info Hub after the training, so you can watch at your own pace and pause on any section.

1. Open the Minnesota Info Hub [LINK].
2. Open the *Provider Information & Training* section
3. Find the recording and slides for this session.
4. Watch the section most relevant to your role, then come back to this FAQ for the details.

Where do I enroll with HHAeXchange as a new Provider? How do I get started?

1. Open the Minnesota Info Hub [LINK].
2. Open the *Overview* section
3. Read and follow the Getting Started with EVV steps

Which Tax ID should I use to enroll?

Use the Tax ID your agency uses to bill the State for services. In most cases this is your agency's nine-digit federal employer identification number (EIN).

How do I log into the HHAeXchange Provider Portal

HHAeXchange Provider Portal Login [LINK]

The only ADMIN user at our organization is no longer here. How do I get access to our HHAeXchange Provider Portal?

If the only ADMIN user at your organization is no longer there and you need to establish a new ADMIN user, you must contact HHAeXchange for assistance. **You may be asked to provide proof of agency**

ownership or employment in order to be granted access to your HHAeXchange Provider Portal for privacy and security reasons.

- Submit an HHAeXchange support ticket with as much detail as you can. Support Portal Login [LINK]. Using the Support Portal [LINK]
- If you cannot submit a Support ticket, call HHAeXchange Support: 855-573-1521

What is the MHCP MN-ITS System and how do I get access?

If you need a MN-ITS mailbox, please refer to the MHCP MN-ITS User Manual for instructions on how to register for MN-ITS and access your mailbox.

My organization has been restructured (i.e. Merger, Acquisition, Tax ID, NPI/UMPI Changes). What do I need to do with HHAeXchange?

Contact HHAeXchange **as soon as you know your organization is going through a restructuring or is getting a new identifier assigned.** Submit an HHAeXchange Support Ticket [LINK] and be as detailed as possible about what is happening.

- Example of ticket details needed:
  - Current organization(s) Name, EVV Vendor, Tax IDs, NPIs, UMPIs
  - New organization(s) Name, EVV Vendor, Tax IDs, NPIs, UMPIs
  - If you know your HHAeXchange Customer ID(s), include it in the ticket
  - Indicate when the restructuring is taking place
  - Explain what is happening: Merger, Acquisition, Identifier change, or other restructuring scenario
- What may need to happen:
  - If you are consolidating existing NPIs and UMPIs under a single Tax ID, HHAeXchange may need to assist you in consolidating existing HHAeXchange Provider Portals. Remember, all NPIs and UMPIs rendering services under the same Tax ID are required to operate within a single HHAeXchange Provider Portal
  - Your 3rd Party EVV Vendor may need to import historical data under one Tax ID then, when the restructuring takes place, they may need to import the data under the new Tax ID

Basic EVV Requirements

Who must comply with EVV requirements?

Providers who service clients funded by Medicaid (FFS and MCO Payers) and provide in-scope services. Minnesota Department of Human Services EVV Policy [LINK]

- In-scope service list can be found on the Minnesota Info Hub [LINK] *Services in Scope* section.
- DHS sent a provider notice on October 14, 2026, about EVV for expanded services. DHS is still working out the timeline for additional services, including Positive Supports, and will tell providers what to do when it is set.

What services require EVV (as of 10/22/26)?

1. Open the Minnesota Info Hub [LINK].
2. Open the *Services in Scope* section

Note: DHS has not started implementing services added by recent legislation. Providers do not need to take action for expanded services until DHS determines the implementation approach and notifies

affected providers of the next steps. Continue following the EVV requirements that currently apply to your services.

Using a 3rd Party EVV System?

In Minnesota, Providers can use any EVV system they would like as long as the system meets the Business Requirements [LINK] , can integrate with the HHAeXchange Aggregator, and follow the MN DHS Aggregator API Technical Specifications [LINK]. If you choose to use a 3rd Party EVV System, you are responsible for:

- The costs associated with using the 3rd Party EVV System
- Knowing who to contact for support at your 3rd Party Vendor
- Being familiar with and utilizing the MN DHS Aggregator API Technical Specifications [LINK] to resolve visit import rejections.
- Managing your visit import rejections when visits do not successfully import to the HHAeXchange Aggregator
- Knowing what actions a Caregiver or Office Staff person can take in the 3rd Party System EVV tools and web-application (if applicable) that would render a visit non-compliant.
- Monitoring your clients and authorizations imported by MN Payers and visits imported by your 3rd Party Vendor in your HHAeXchange Provider Portal.

What makes a visit compliant?

A visit is compliant when the six required details are captured: **caregiver, client, service, location, date, and time of visit**. Authorization is not one of the six, so an expired or missing authorization does not by itself make a visit non-compliant. Signatures are not required for EVV, although some services have their own signature or documentation rules that still apply.

How do I handle live-in caregivers?

- **Providers who use HHAeXchange:** Use the residing caregiver feature in the Client's HHAeXchange Profile to identify the live-in caregiver. The Provider Knowledge Base explains how to create a residing caregiver relationship [LINK].
- **Providers who use a 3rd Party EVV System:** You have 2 options:
  - **Residing Caregiver Setup in Client HHAeXchange Profile:** The Provider Knowledge Base explains how to create a residing caregiver relationship [LINK].
  - ***ResidingCaregiver* Field in Visit Import:** Send a "Yes" value in the *ResidingCaregiver* field for **every visit** you are importing to the Aggregator that is provided by a Live-In Caregiver. Review the Minnesota Department of Human Services Electronic Visit Verification (EVV) Data Aggregator API Specifications [LINK].
- Per MN DHS Live-In Caregiver Policy [LINK], make sure live-in caregivers use the EVV system at least once a day to record the times and services provided.

What if a visit takes place in the community instead of at the client's home?

Use the Community option so the visit is tagged correctly.

- **Providers who use HHAeXchange:**
  - Turn on the community check box in HHAeXchange [LINK].
  - Have the caregiver select Community on the map screen when clocking out. This removes the home radius, so the location is not checked against the home address.
  - Make sure GPS coordinates are captured at clock in and clock out.

- **Providers who use a 3rd Party System:**
  - Consult with your 3rd Party Vendor for information on how you can track visits in the Community.

What is the geofence tolerance range in Minnesota and what happens if my Caregiver's clock in and clock out coordinates are outside that range?

The geofence tolerance range in Minnesota is **500** ft.

- **Providers who use HHAeXchange:**
  - Use the Call Dashboard [LINK] feature to review GPS coordinates as they were captured at clock in and clock out by the mobile application and the coordinates of the client's address.
- **Providers who use a 3rd Party System:**
  - Consult with your 3rd Party Vendor for information on how to review and address issues with geofence tolerance within your system.

The mobile app does not work in rural areas, how do my caregivers clock in and clock out?

Rural areas may have spotty cellular device coverage. To address this please review the following options:

- **Providers who use HHAeXchange:**
  - Use the HHAeXchange Mobile App Offline Mode:
    - Set up Mobile Offline Mode in Portal [LINK].
    - HHAeXchange+ Mobile App Offline Mode [LINK].
- **Providers who use a 3rd Party System:**
  - Consult your 3rd Party Vendor for information on how to appropriately capture EVV using the EVV tools available.

Client Records and Authorizations

How do client records get into my HHAeXchange Provider Portal?

Client demographic records are imported to HHAeXchange Provider Portals in one of two ways:

1. **With Authorizations:** A client's record will be imported to a Provider's HHAeXchange Portal for the first time alongside the authorization.
2. **Auto-Placement:** A client's record can be pulled from the Payer's Portal into the Provider's Portal through the auto-placement service **for auto-placement services only [LINK].**

What happens if the client's Payer changes?

Clients are maintained at the Payer level, so a client will have a unique profile for each Payer. When a client transitions to a new Payer, a new client record and any applicable authorization(s) will be imported by the new Payer. Once the transition is complete, providers should discharge the client record tied to the former Payer.

What if I am no longer serving a client? Will they count as Active Census on my Monthly EVV Compliance Report?

Client Management Best Practices:

- All Providers should regularly log into HHAeXchange and review the active clients being imported by Minnesota Payers.

- If you are no longer serving a client, Providers can discharge the client placement in the Contracts section of the client's HHAeXchange profile [LINK].
- **Only discharge a client in HHAeXchange if you are no longer serving them.** If you will be submitting claims for the client for dates of service after the discharge date, you should not discharge the client.

The client is discharged and I cannot edit the discharge date?

If a Payer has already entered a discharge date, whether it is in the past or a future date, the Provider cannot change it. You must contact the Payer and ask them to edit or remove the discharge date.

How do authorizations get into my HHAeXchange Provider Portal?

Services that require prior authorization from a Payer will be imported to an HHAeXchange Provider Portal by matching the Provider identifier (NPI, UMPI, or Tax ID) on the authorization to the provider identifier in the HHAeXchange Portal. If the Provider identifier on the authorization cannot find a matching portal, the authorization will fail to import.

- **Providers who use HHAeXchange:**
  - Review the Provider identifiers configured in your HHAeXchange Provider Portal by reviewing your Office Setup [LINK]. NPIs go in the **NPI No.** field and UMPIs go in the **Secondary Identifier** field. You may need to set up another Office to accommodate more than one NPI and one UMPI. If so, please contact HHAeXchange Support to assist [LINK].
- **Providers who use a 3rd Party System:**
  - 3rd Party Provider's identifiers are automatically mapped on the Provider's behalf based on the individual Payer Provider Demographic files received by HHAeXchange. If a Payer is sending authorizations to a Provider's NPI, UMPI, or Tax ID, HHAeXchange will add those provider identifier values for the 3rd Party Provider in a backend table. **Remember to keep your Provider demographic records up to date with the Payers you work with.**

Authorizations are missing in HHAeXchange. What should I do?

Authorization data is received from the Minnesota Payers and loaded into HHAeXchange every day. something is missing, take these steps **in order**:

1. Are your **provider identifiers (NPI, UMPI, Tax ID)** properly enrolled and configured in your HHAeXchange Provider Portal? See the frequently asked question above regarding how authorizations are imported to HHAeXchange Provider Portals.
2. Review the **Services In Scope** section of the Minnesota Info Hub [LINK]. If the service on the authorization you are missing is not in the Services in Scope list, you will not receive an authorization in HHAeXchange.
3. Make sure you know who the **Payer** is for the client's eligibility and enrollment. Example: 3rd Party Providers will attempt to import a visit for a client with the wrong Payer. That can trigger a "Member not found" visit import rejection which appears as though the client is missing from the system. However, the Provider has the wrong Payer on the visit import.
4. Review the **authorization number**. If you do not have the authorization number from the Payer, chances are the Payer has not entered it into the source system. If the Payer has not entered the authorization in their system, it will also not be in HHAeXchange.
5. Know the difference between **Prior Authorization** and **Auto-Placement** Services.

- **Prior Authorization:** Prior authorization services require an authorization from the Payer before services can begin. Prior authorization services will have an authorization imported to HHAeXchange by the Payer
- **Auto-Placement:** Auto-placement services do not require prior authorization from the Payer, or, require prior authorization after the first X number of visits. In these instances, it is the Provider's responsibility to place the client in their HHAeXchange Provider Portal. Auto-placement instructions for both HHAeXchange users and 3rd Party Providers [LINK]. Please refer to the Minnesota Payer Eligible Service Codes section of the Auto-Placement by Service Code Knowledge Base topic to learn what services are eligible for Auto-Placement by specific MN Payers.

6. If a member or authorization is still missing:
   - **FFS Authorizations:** Contact the county lead agency, Tribe, other responsible party. For FFS authorizations, **DHS cannot make changes**. Contact the party that manages the authorization.
   - **Managed Care Organizations:** Contact the Managed Care Organization managing the client's care. You can find MCO contact information [LINK]. Document who you spoke with and when for future reference.

Is there anything I can do while I wait for the authorization to import to HHAeXchange?

- **Providers who use HHAeXchange:**
  - If a Payer does not send an on-time authorization for a client, you can create a TEMP authorization [LINK]. This allows you to schedule and complete EVV until the Payer sends the authorization.
- **Providers who use a 3rd Party System:**
  - If a Payer does not send an on-time authorization for a client, 3rd Party Providers will experience a visit import rejection like "Member Not Found" or "Visit date is not within the Eligibility Start and End Date range." In these cases, the 3rd Party Provider should continue outreach to the authorizing entity, monitor the HHAeXchange Provider Portal, along with their standard authorization delivery channels, to identify when the valid authorization has been successfully imported into HHAeXchange.

What if the authorization in HHAeXchange does not match the authorization I received from the Payer or the authorization has been updated?

Payers import authorizations and changes on a daily basis. Providers should **alert the Payer immediately** if the authorization in HHAeXchange is incorrect. If the authorization is used while it is still incorrect, it can cause required rework by the Payer and Provider to correct it. In all instances, please reach out to:

- **FFS Authorizations:** Contact the county lead agency, Tribe, other responsible party. For FFS authorizations, **DHS cannot make changes**. Contact the party that manages the authorization.
- **Managed Care Organizations:** Contact the Managed Care Organization managing the client's care. You can find MCO contact information [LINK]. Document who you spoke with and when for future reference.

Understanding EVV Compliance

What makes a visit compliant?

A visit is compliant when the six required details are captured electronically and not manually edited or entered after the fact: caregiver, client, service, location, date, and time of visit. **Providers must work with their EVV Vendor to know what actions a Caregiver or office staff may take which could impact a visit's compliance status.**

Do manual visit entries and visit edits hurt my compliance?

Yes, in two cases. Both are counted against your percentage:

- Manually entered visits are non-compliant, unless the visit is a live-in caregiver visit that is tagged correctly in the system.
- Changing the clock-in or clock-out time on a visit counts as a manual edit, even if you are fixing a caregiver who clocks out late.

Other edits, such as updating the service code or adding a note, do not count against compliance. **If you use another EVV system other than HHAeXchange, ask your vendor which actions affect compliance, because that depends on the system.**

TIP: Monitor individual Caregiver performance. If Caregivers are consistently forgetting to clock in and/or clock out, that will require manual entry or edit after the fact which will impact compliance.

What are the reasons a Provider can be non-compliant?

DHS makes the final compliance determination. DHS uses the monthly compliance report issued after the quarter ends and does not review individual visits or determine the cause of data issues. Compliance is measured at the Tax ID level. A Provider may be determined to be out of compliance due to any of the following:

- Not being enrolled with HHAeXchange
- Not having every Tax ID, NPI, and UMPI enrolled with HHAeXchange
- Missing EVV data for even one payer with whom your organization has an active census makes your entire Tax ID non-compliant. This applies even if you report EVV data for all your other payers.
- A Tax ID whose total compliant visits ÷ total confirmed visits is below the established compliance threshold

EVV Compliance Reporting

What report does DHS use to monitor and measure a Provider's compliance?

DHS uses the emailed Monthly EVV Compliance Report sent by HHAeXchange to measure a Provider's EVV compliance. Providers are required to have their EVV data in the HHAeXchange system by the 14th of the month following a quarter's end. DHS does not redetermine a finalized quarter based on data submitted after the cutoff.

Who receives the emailed Monthly EVV Compliance report, and what if I have not received it?

HHAeXchange emails the report each month to all active users with an Admin role in HHAeXchange. All providers get the report, whether or not they are compliant.

1. Log into your HHAeXchange Provider Portal
2. Review the users with Admin user roles and ensure they are active, if appropriate.
3. Add the right people as Admin users so the report reaches them. User Management Instructions [LINK].
4. If you still do not receive it:
    - Check your junk and spam folder.
    - Filter your emails for sender: secure-ssis@hhaexchange.com
    - Contact your email Vendor to ensure the above listed email address is not blocked by a spam blockers.
    - **Note:** HHAeXchange can confirm that emails are sent to specific email addresses, but HHAeXchange cannot troubleshoot your email system to determine why the emails are not going through.

No one at my organization is receiving the emailed Monthly EVV Compliance Report. What should I do?

1. Log into your HHAeXchange Provider Portal
2. Review the users with Admin user roles and ensure they are active, if appropriate.
3. Add the right people as Admin users so the report reaches them. User Management Instructions [LINK].
4. **Note:** HHAeXchange can confirm that emails are sent to specific email addresses, but HHAeXchange cannot troubleshoot your email system to determine why the emails are not going through.

If you cannot access your HHAeXchange Provider Portal, contact HHAeXchange Support. Review the Getting Started section of this FAQ to learn what to do if your organization's ADMIN user has changed.

What's the difference between the emailed Monthly EVV Compliance Report and the in-system EVV Compliance Reports available in the HHAeXchange Provider Portal?

Emailed Monthly EVV Compliance Report:

- DHS uses the emailed Monthly EVV Compliance Report sent by HHAeXchange to measure a Provider's EVV compliance.
- The emailed Monthly EVV Compliance Report will display a row for every Payer a Provider is linked with, regardless of whether there is an active census or EVV data associated with the Payer.
- The report will display data that is in the HHAeXchange system. This report will not display data that has not been successfully imported to the Aggregator from a 3rd Party System.

In-System EVV Compliance Reports (HHAeXchange Provider Portal)

- In-system EVV Compliance Reports will display data for only those Payers and/or Caregivers that have EVV data in HHAeXchange for the date range and filtered parameters.
- The in-system reports will not display a row of data for Payers with whom the Provider has active census but no EVV data.
- **Carefully review the filters as you run in-system EVV Compliance reports as they can significantly alter the data.**

Reminder: All EVV Compliance reporting represents point-in-time. Providers are continuously entering and updating EVV data. A report for the same time period may reflect different results depending on when the report is generated.

Getting Help

Who do I contact if my issue is not getting resolved?

1. If the issue is a HHAeXchange EVV System or Aggregator issue, submit an HHAeXchange support ticket with as much detail as you can: screenshots, the exact steps you took, and caregiver information. Detailed tickets are resolved faster.
   - Support Portal Login [LINK]. Using the Support Portal [LINK]
2. If you do not get the help you need, send the DSD Contact Form [LINK] with your HHAeXchange ticket number and a detailed description of the issue, what you've tried already, who you spoke with and when, etc.

Who do I contact for support if I use a 3rd Party System?

Contact your 3rd Party Vendor	Contact HHAeXchange
• EVV tool support (i.e. Mobile App, Telephony, or FOB) • What a Caregiver or office staff may do to render a visit non-compliant • Configuring Live-In Caregivers so the proper visit indicator imports to HHAeXchange. • Where to find your visit import rejections • Retrieving visit JSON data or external visit ID to submit HHAeXchange Support Ticket	• Enroll with HHAeXchange for a Provider Portal [LINK] • Integrate your 3rd Party System with HHAeXchange • Troubleshoot visit import rejections

Other

When will prepayment validation start?

A date has not been set. Before paying a claim, the system will check that claims for EVV service codes have an EVV record. Providers keep submitting claims the same way. DHS will tell all providers as soon as the date is known.

When will the legislatively required expanded services require EVV?

No action is needed. DHS has not started implementing services added by recent legislation. Providers do not need to take action for expanded services until DHS determines the implementation approach and notifies affected providers of the next steps. Continue following the EVV requirements that currently apply to your services..