Frequently Asked Questions – MS DOM EVV

The following are a list of Frequently Asked Questions (FAQs) which can be used by System Users for the Mississippi Division of Medicaid (MS DOM) EVV Implementation for **Waiver and State Plan PDN/PCS providers.**

For any additional information regarding this implementation, please visit Mississippi's State Info Hub for resources, trainings, and communications.

Program **5**

What is HHAeXchange's role in Mississippi? 5

What steps do I need to take to successfully begin implementing HHAeXchange? 5

Where can I find additional information from Mississippi on EVV? 5

Agency & Office Administration **5**

I need to add or deactivate a staff member and need a new user ID. Who should I contact? 5

What should I do if my password doesn't work? 5

If I forget my password, will I get locked out after too many attempts? 6

How can I enable or disable permissions? 6

I enabled or disabled a permission(s), but nothing happened? 6

What are the different user Roles in HHAX? 6

How can I make sure my Offices are set up properly? 6

Patient and Placement Info – Waiver Providers **7**

Will we have to accept our current patients when they are uploaded or will that be done automatically as well? 7

I am receiving placements as pending, but I only have one office? 7

How do I accept new placements as a provider? 7

I am a 1915(c) and/or 1915(i) Waiver Service Provider (including E&D providers), and I do not see some of my patients? 7

Are we receiving updates Prior Authorizations/Referrals for our patients? 7

How will this system effect those clients who have medical hours? 7

I have some members without PAs, are they still loading into my portal? 8

Patient and Placement info – State Plan PDN/PCS **8**

I am a Private Duty Nursing/PCS service provider and I do not see some some of my patients? 8

Caregiver Management **8**

Do we have to enter in our Caregivers or do they get loaded by the State? 8

Is there a way to add all my Caregivers by uploading an excel/csv file instead of adding 8

them one by one 8

Is there a minimum number of caregivers I can submit in a Caregiver Bulk Import? 8

Where can I access Training Support and Resources for my agency and caregivers? 8

Will providers be able to assign more than 1 caregiver to a client? 9
Communications 9
Can providers communicate via HHAX with MS DOM directly? 9
EDI/Third Party EVV Vendor 9
If I have my own EVV solution, what steps do I need to complete to be ready for the EVV mandate? 9
Do providers have a deadline for sending their EDI date to HHAX? 10
Once providers enter schedules in their 3rd party system, will it need to be re-entered in HHA or will this crossover automatically once we enter schedule? 10
Scheduling and Visit Confirmation 10
Do we have to use the calendar for scheduling? 10
What happens if you schedule a visit and an employee does not make it there on time for whatever reason? Do we manually adjust? 10
Are the members approving the work/tasks completed each day? 10
Will the caregiver have to clock in and out for multiple services? 10
Does a physical service note still have to be submitted? 11
If there is an employee who is not computer or tech savvy are they allowed to use another method to clock in/out ? 11
Are timesheets only necessary when a signature is not obtained using the app? 11
Are providers able to print out the visit to use for the paper form? 11
Will the PCA be able to clock in/out multiple times with it being a split shift for the one client? 11
Would the scheduled time be the time that the beneficiary would want the worker to come into their home? Some beneficiary's times varies from day to day. 11
If a provider administrator schedules a patient and a PCA is late, does that effect providers or is it consider a miss visit? 11
How would providers stick with scheduled visits for members who have a lot of doctor's visits, etc.? Is it ok to enter unscheduled visits? 12
What is considered an "unscheduled visit"? 12
Billing & Claims 12
Is claims submission optional or mandated through HHAX? **Error! Bookmark not defined.**
Will MESA still be available for Waiver and SP PDN/PCS Providers? 12
How long will MESA be available for Waiver and SP PDN/PCS Providers? 12
How do I check the status of the claims I submitted in HHAX? 12
When billing, the diagnosis codes were available in eLTSS, where will these codes be available? 12
Are members automatically receiving their rates for each service provided? 12
What is the deadline to submit claims to be included in the same week for processing? 12
Currently, if someone misses a visit (ex. for a client getting 2 hours 3X weekly) the employee can make up the shift for the client and work 4 hours the next shift (as long as they do not exceed the

monthly unit maximum). Will we still be reimbursed based on the monthly maximums and not by the weekly breakdown? 13

With this transition, will there be any delays in payments? 13

Are visits where Medicaid is the secondary payer subject to EVV? 13

When is it appropriate to manually enter visits in the EVV system?

Manually entering EVV visits is only appropriate when real-time electronic clock-ins fail due to extenuating circumstances. It should not be used as a primary method of tracking, but rather as a corrective measure. Examples include when the EVV system is down for maintenance or error, the DCW/Caregiver's mobile application/device is malfunctioning, a FOB has been requested for a member but not delivered yet, or an authorization/placement has not yet been uploaded but the provider has requested it from DOM via the HHAX Linked Communication Message Center. Overusing manual entries can lower your EVV compliance rate which may result in claims being delayed or audited. For audit purposes, you must retain concrete service delivery documentation (e.g., paper timesheets with member signature, exact times, location) to justify any manual entry.

How do I bill in HHAX?

For step-by-step instructions on how to bill in HHAX, please review the Billing Walkthrough Overview video on Vimeo: https://vimeo.com (see your State Info Hub for the direct link). Additional billing training materials are available in your HHAX Support Center.

When do the claims for billing need to be complete in HHAX?

Providers billing directly through HHAX: Claims must be exported from HHAX to MESA by 5:00 PM on Thursday to be included in Gainwell's weekly processing cycle that begins Friday evening.
Providers using a 3rd party system: Claims must be exported from your 3rd party system by 5:00 PM on Wednesday, then exported from HHAX to MESA by 5:00 PM on Thursday to be included in Gainwell's weekly processing cycle that begins Friday evening.

When should I check my Remittance Advice (RA) to see if my claims were successful?

Check your Remittance Advice on Monday after the weekend by completing a Claims Search or pulling the RA directly from MESA.

How do I check my Remittance Advice (RA) to see if any claims have been denied?

You can access step-by-step instructions on how to check your Remittance Advice for denied claims in this training video (beginning at minute 19:05): https://www.youtube.com/watch?v=lLeapclHFHs

What do I do if my claims are not making it to MESA?

Providers have access to the Rejected Claims report in HHAX. If claims are reaching MESA but being denied, the error code will appear on your Remittance Advice in MESA. For additional information,

refer to the "Why can't the payer see the claims I submitted?" article in the HHAX Knowledge Base: https://www.hhaexchange.com/knowledge-base.

How do I un-bill and re-bill a claim?

For step-by-step instructions on how to un-bill and re-bill a claim, refer to the "Unbill a Visit" article in the HHAX Knowledge Base: https://knowledge.hhaexchange.com/unbill-a-visit

How do I discharge a member?

For step-by-step instructions on how to discharge a member, refer to the "Discharge a Patient on the Contracts Page" article in the HHAX Knowledge Base: https://knowledge.hhaexchange.com/discharge-a-patient

Mobile App, IVR, and FOB.....13

If a caregiver leaves to run an errand for the patient, what do they need to do on the app?..... 13

Which app am I downloading as a Caregiver/Agency?..... 13

If the caregiver is using the mobile app, what happens when they are in an area where the data does not work? Will the app use their data plan once they are back in a service area? 13

How do I retrieve the mobile ID?..... 14

How do I reset mobile app password for my caregivers?..... 14

What if the caregiver does not have Wi-Fi connection or internect access? 14

How do I find my IVR line as a provider? 14

Does telephone option require the use of client's landline? What if client does not have a landline? 14

If a caregiver is using the phone to clock in and out, how will they record the task preformed? Will there be an option on the phone call or will they just state the task on the timesheet? 14

How do I request an FOB device as a waiver provider? 14

Support.....15

Where can I get support? 15

Will the HHAX Support Desk be available 24 hours?..... 15

LMS 15

Where/How can I access the Learning Management System? 15

Program

What is HHAeXchange's role in Mississippi?

HHAeXchange is contracted with MS DOM as the EVV Solution. Through HHAeXchange, the State is providing you with a Free EVV solution to manage members, schedule, and confirm EVV compliant visits. Each provider will have one portal that will allow them to manage EVV across all members they service in the state.

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

All information regarding EVV compliance is published on the Mississippi EVV Information Center. As a Provider in Mississippi, take the following steps:

- Complete the Mississippi Provider Set Up:
  - MS DOM Provider Portal Set Up Form
- Follow the directions outlined in the MS DOM Welcome Packet for EVV Providers
  - MS DOM EVV Welcome Packet
  - EDI Provider EVV Welcome Packet
- Complete your Learning Management System Coursework
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Where can I find additional information from Mississippi on EVV?

Mississippi DOM maintains a EVV-specific webpage that Providers can review for updated program information (MS DOM EVV). Visit the HHAeXchange Mississippi EVV Information Center to access all Mississippi EVV information.

Agency & Office Administration

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

Users with the ADMIN Role at your Agency can create New Users in the HHAeXchange system. These credentials must not be shared amongst staff at your agency. Refer to the Creating New HHAeXchange Users Job Aid 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 correctly?
- Is [Caps Lock] 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>Search***)
2. Click on the Action Icon, and select **Change or Reset Password** on the *Update User Account* Page (top right corner of the screen)

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 (Admin Role) to unlock or reset their password.

How can I enable or disable permissions?

Only a "Admin" 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, instruct the user to exit their active session and log in again to the system to see the effect of the permission change.

What are the different user Roles in HHAX?

HHAeXchange offers three user roles: **Admin**, **Coordinator**, and **Billing**. The **Admin** role provides full access to all functionality in HHAeXchange and is typically assigned to agency directors, administrators, or office managers. The **Coordinator** role is designed to support scheduling, case management, and caregiver management workflows, and does not include access to the Admin or Billing modules. The **Billing** role provides the permissions needed to complete billing workflows in HHAeXchange.

How can I make sure my Offices are set up properly?

It is imperative that you have your offices and agency profile edited accordingly in order to bill out of HHAeXchange. You can review the Administration in HHAeXchange video for additional content and learning. Please ensure that your Agency TAX ID, NPI and Secondary Identifier (Provider Medicaid ID) is set up properly for Billing purposes. You can confirm your MESA identifiers in your MESA Provider Portal, or by emailing EVV@Medicaid.MS.Gov.

Patient and Placement Info – Waiver Providers

Will we have to accept our current patients when they are uploaded or will that be done automatically as well?

Placement will be driven off the placement import. If the NPI/Tax ID match, the placement will be sent as confirmed to the provider. If we only receive Tax ID (some providers are atypical and will not have an NPI), the provider will need to accept the case and place the member in the correct location.

I am receiving placements as pending, but I only have one office?

If your agency submitted a Provider Set Up Form, and the Administrator indicated that the agency has multiple Medicaid Provider IDs under the same TAX ID, you will have multiple offices set up for your Agency, resulting in placements going to "Pending Placements"

How do I accept new placements as a provider?

The *Pending Placement* section in the **Home** Module contains new Patient cases sent to an Agency from Mississippi DOM. Providers will have to:

1. Click on the Admission ID link of the Placement.
2. The Patient Info page opens containing Patient details such as demographic information and authorizations. Go to the bottom of the page for the Placement options.
3. In the Placement section, either **Accept** or **Deny** the Placement.

I am a 1915(c) and 1915(i) service provider, and I do not see some of my patients?

Waiver providers have received all members/patients as part of the first phase of this EVV implementation. If you are not receiving the service specific authorization in HHAX within 48 hours of receiving them from Case Managers, please message DOM the member's name, Medicaid ID and a copy of the referral/signed PSS in the Linked Communications/Message Center.

Are we receiving updates Prior Authorizations/Referrals for our patients?

Prior Authorizations have been successfully loaded for each applicable member. Providers must review all data within the PA to ensure its accuracy. If you are not receiving the service specific authorization in HHAX within 48 hours of receiving them from Case Managers, please message DOM the member's name, Medicaid ID and a copy of the referral/signed PSS in the Linked Communications/Message Center.

How will this system effect those clients who have medical hours?

All of the hours included in the PSS for the service (including CAT hours) will be included in the authorization for the month and will require EVV clock-in/out.

I have some members without PAs, are they still loading into my portal?

For waiver providers who are missing or receiving inaccurate service specific PAs, please send notice to MS DOM in the Linked Communications portal in the provider portal Homepage and include:

- Member Full Name
- Medicaid ID
- Copy of the signed PSS and Service Auth/Referral form.

Patient and Placement info – State Plan PDN/PCS

I am a Private Duty Nursing/PCS service provider and I do not see some some of my patients?

If you are not receiving current patients you are servicing for State Plan PDN services, please message DOM the member's name, Medicaid ID and a copy of the referral/signed PSS in the Linked Communications/Message Center.

Caregiver Management

Do we have to enter in our Caregivers or do they get loaded by the State?

Caregivers can be either manually entered **(Caregiver > New Caregiver),** or by using the Caregiver Bulk Import (if your agency has more than 50 caregivers).

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.

- **Please Note:** There is a minimum count of Caregivers of fifty (50) to utilize the Caregiver Bulk Import. If your agency has fifty (50) or less Caregivers, you will enter them manually.

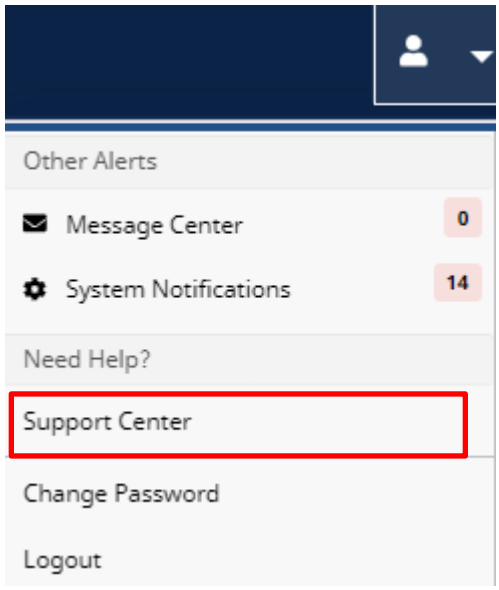
Is there a minimum number of caregivers I can submit in a Caregiver Bulk Import?

Providers are encouraged to manually enter Caregiver information if they have a census of 50 caregivers or less. If your agency has 50+ Caregivers that require entered in the HHAX system, please submit a ticket via our Client Support Portal.

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

Once you have logged into your HHAX Provider Portal, you can click on the top right far left corner of your screen, with the people icon and select the Support Center Tab. (See Image Below)

The Support Center tab holds all process guides, videos, and PDFs detailing the functionalities of our system.



Will providers be able to assign more than 1 caregiver to a client?

Yes, you can assign multiple caregivers to a member.

Communications

Can providers communicate via HHAX with MS DOM directly?

Yes. Providers can utilize the Linked Communications function within their HHAX Provider Portal to send MS DOM a message. Please note there are specific reasons to reach out to the state for via the HHAX system.
You can review the Member Notes and Linked Communication training here as well.

EDI/Third Party EVV Vendor

If I have my own EVV solution, what steps do I need to complete to be ready for the EVV mandate?

To integrate between your 3rd Party Agency Management System and HHAX, Providers using a third party EVV system are required to comply with both the business requirements and technical specifications listed below; also accessed via the HHAX website. The first step is to review the content of the packet and initiate contact with HHAX to begin the integration process.

Technical Specification document: HHAeXchange EVV API Technical Specifications MS
Visit the Mississippi EVV Information Center

EDI Providers can also review the EDI Onboarding Webinar for more information on how to successfully integrate with our system.

Please note that EDI providers will submit Caregiver Bulk Import requests via their interface. For claims submissions, Home Health providers will have to add their Attending Physicians Information in HHAX under the Patient's Profile > Physicians. We will notify providers once we have this functionality available in their Patient's Profile.

Do providers have a deadline for sending their EDI date to HHAX?

Yes. Providers must begin to send data to HHAX for dates of service 12/11/2023 forward.

Once providers enter schedules in their 3rd party system, will it need to be re-entered in HHA or will this crossover automatically once we enter schedule?

If you are using a 3rd party EVV system then you will have to integrate with HHAX's system to send that data over. More information on EDI onboarding can be found on the State Info Hub under EDI Process.

Scheduling and Visit Confirmation

Do we have to use the calendar for scheduling?

Scheduling is optional for Mississippi providers

- Providers can schedule a single visit or can utilize the HHAX Master Week to create a rolling schedule
- Scheduled services that are not performed should be marked as a Missed Visit with the appropriate reason and action taken.

What happens if you schedule a visit and an employee does not make it there on time for whatever reason? Do we manually adjust?

You can manually adjust the schedule time if they clocked in or clocked out outside of the window.

Are the members approving the work/tasks completed each day?

MS DOM requires patient signature for tasks completed each visit. For SP PDN/PCS, the existing documentation outside of EVV will persist.

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

Caregivers would clock in and out for the one service and then would need to clock in and out for the other service.

Does a physical service note still have to be submitted?
Medicaid Administrative Code requires providers to maintain documentation to substantiate the provision of services. For shifts in which the HHAX mobile application is used to capture all of the required elements, paper documentation will not be required. If all of the required elements are not gathered (i.e. IVR or FOB is utilized), then paper documentation will still be needed. DOM encourages providers to continue the paper documentation process for a period after go-live to ensure that all required documentation is being gathered and is accessible for audit purposes.

If there is an employee who is not computer or tech savvy are they allowed to use another method to clock in/out ?
There are 3 options for EVV data collection. The mobile app is the preferred method. If the mobile app cannot be used, the member may authorize the DCW to use their home phone or mobile phone to clock in/out using IVR telephony. The third option is utilizing a FOB (waiver only).

Are timesheets only necessary when a signature is not obtained using the app?
If all of the required information, clock-in/out date/time, tasks completed, notes, etc. are captured in the application at clock-out then paper documentation is not required. For SP PDN/PCS services, paper documentation is always required for visits not completed using the mobile application. Similarly, paper timesheets are always required for visits not completed using the mobile application for waiver services.

Are providers able to print out the visit to use for the paper form?
The system is designed to maintain the visit date electronically. Reports are available to print for audits and documentation as needed.

Will the PCA be able to clock in/out multiple times with it being a split shift for the one client?
The direct care worker is able to call in/out for each shift that are assigned or if they are doing unscheduled they will have the ability to do so when they call in/out.

Would the scheduled time be the time that the beneficiary would want the worker to come into their home? Some beneficiary's times varies from day to day.
The caregiver/worker can clock without or with a schedule. The times of service can be scheduled or clocked unscheduled based on the members agreed upon service time.

If a provider administrator schedules a patient and a PCA is late, does that effect providers or is it consider a miss visit?
A clock in tolerance has been set based on DOM guidelines. If the caregiver/worker clocks within that window, no action will be required.

How would providers stick with scheduled visits for members who have a lot of doctor's visits, etc.? Is it ok to enter unscheduled visits?
Schedules are not required. Caregivers/workers can perform unscheduled visits as needed.

What is considered an "unscheduled visit"?
An unscheduled visit would be one that has not been created in the provider portal. A direct care worker is able to utilize the mobile app to create an unscheduled visit.

Billing & Claims

Will MESA still be available for Waiver and SP PDN/PCS Providers?
In instances where data is missing that is required for EVV capture or claims submission, providers will continue to have temporary access to the MESA system for claims submission. Once all implementation issues are resolved, hard edits will be implemented in MESA to ensure that claims are submitted appropriately through the EVV.

How long will MESA be available for Waiver and SP PDN/PCS Providers?
DOM has not defined an exact date for turning on hard edits to prevent billing directly through MESA as we are still working to ensure providers are successfully billing via HHAX first. In the meantime, if you have everything you need for a member in HHAX, you should be billing your claims through the HHAX immediately. If you have a member where you are missing a service specific authorization, you can continue to bill those members directly in MESA until you get them.

How do I check the status of the claims I submitted in HHAX?
For now, providers must log into their MESA portal to check the status of their claims either via 1) Claims Search or 2) Remittance Advice. Please review How to Find Your Remittance Advice on MESA

When billing, the diagnosis codes were available in eLTSS, where will these codes be available?
Providers are required to obtain and manage diagnosis codes for each member. Diagnosis codes can be obtained from the Case Manager or the client's physician. Providers manage their DX Codes for each member. You can review the process on the Member Management Training Video.

Are patients automatically receiving their rates for each service provided?
Rates for each service code will be managed by the provider. Providers can review the Rate Management training on your LMS as well for additional information.

What is the deadline to submit claims to be included in the same week for processing?
Providers will need to have their claims submitted by end of day Thursdays, to be able to process those claims by end of week, on Fridays.

Currently, if someone misses a visit (ex. for a client getting 2 hours 3X weekly) the employee can make up the shift for the client and work 4 hours the next shift (as long as they do not exceed the monthly unit maximum). Will we still be reimbursed based on the monthly maximums and not by the weekly breakdown?

Each waiver member is authorized to receive a maximum amount of units per month, the PSS gives direction on how to meet the service requirement. Hours missed can be served on a different day, so long as it is done at the request/benefit of the waiver member.

With this transition, will there be any delays in payments?

No, there will not be delays in payments. While providers work through any technical issues with billing via HHAX, DOM will allow providers to continue to submit claims directly to MESA. However, if you have all of the needed information for billing via HHAX, we encourage you to begin doing so for those members immediately.

Are visits where Medicaid is the secondary payer subject to EVV?

Yes. Visits where Medicaid is primary or secondary payer is subject to EVV. Additional information on secondary billing can be found on our Knowledge Base at Secondary Billing.

EDI providers can submit secondary billing via API. Please review the MS API Guide for additional information on submitting secondary claims.

Mobile App, IVR, and FOB

If a caregiver leaves to run an errand for the patient, what do they need to do on the app?

The caregiver will stay clocked in until their shift is over.

Which app am I downloading as a Caregiver/Agency?

The HHAeXchange Mobile App is available on the Apple Store and Google Store for download. Please note, download the app titled "HHAeXchange". It will be the first result you get on your search.

If the caregiver is using the mobile app, what happens when they are in an area where the data does not work? Will the app use their data plan once they are back in a service area?

The HHAX app will not require direct care staff to use their personal data plans. HHAeXchange mobile app has a feature called offline mode which allows caregivers to clock in and out via GPS coordinates for instances like this. Initial Setup must be completed in an area with connection (i.e. free wifi, etc.). Once completed, clock-in and out can be done in offline mode. The clocks will then be loaded successfully once they get back in range for cellular connection or Wifi.

You can find additional information on setting up and using offline mode at Offline Mode Setup and Offline Mode Worker Guide.

How do I retrieve the mobile ID?
When first setting up the mobile app, the system will create the mobile ID> Navigate to Settings and User Agreement to find the Mobile ID.

How do I reset mobile app password for my caregivers?
A caregiver can reset their own password directly from the login screen using the “Forgot Password?” link.

What if the caregiver does not have Wi-Fi connection or internect access?
Caregivers can turn on Offline Mode. With this feature enabled, Caregivers can Clock IN/OUT successfully while offline. Review this process with the Caregiver Mobile App Process Guide. (Offline Mode p. 62) [OFFLINE MODE FLYER LINK - Please provide per Nancy Dampier request] Additional information can be found on the Support Center by entering “Offline Mode” on the Search Bar icon.

How do I find my IVR line as a provider?
Once you have logged into your HHAX Provider Portal, click on the “Admin” tab at the Menu Bar and then on “Agency Profile” to view the IVR Line. If your IVR line is not populating, please submit a ticket via the Client Support Portal and include the following information: Your Agency Name, TAX ID, and email address.

Does telephone option require the use of client's landline? What if client does not have a landline?
The call must be made from the member's phone number on file. This can be a landline phone or mobile phone.

If a caregiver is using the phone to clock in and out, how will they record the task preformed? Will there be an option on the phone call or will they just state the task on the timesheet?
The caregiver is able to add duties when they clock out using the mobile app or the IVR.

How do I request an FOB device as a waiver provider?
1. The Case Manager (CM)/Support Coordinator (SC)/Targeted Case Manager (TCM) will install the FOB with a security tie in the member's home. 2. The CM/SC/TCM will submit a linking form to HHA. 3. Once submitted, a request will be routed directly to HHAX Support to activate the device. 4. The device will be activated within one (1) business day of the request being submitted.

Support

Where can I get support?

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

- HHAeXchange Client Support Portal
- Phone: 1-855-400-4429

Visit your Mississippi EVV Provider Information Center to access all information related to this implementation.

For policy questions, please contact DOM:

- Email: EVV@medicaid.ms.gov
- Via the Linked Communications center in HHAX

Will the HHAX Support Desk be available 24 hours?

The HHAX Support Desk operates from 7:30 a.m. -7:30 p.m. EST, Monday-Friday. Please submit a request through or Client Support Portal for all requests.

LMS

Where/How can I access the Learning Management System?

The HHAeXchange Learning Management System can be accessed through the link below:

HHaeXchange LMS

Please Note, only one username is provided per Agency and provides can share username/passwords across all members of their Agency that require training.