



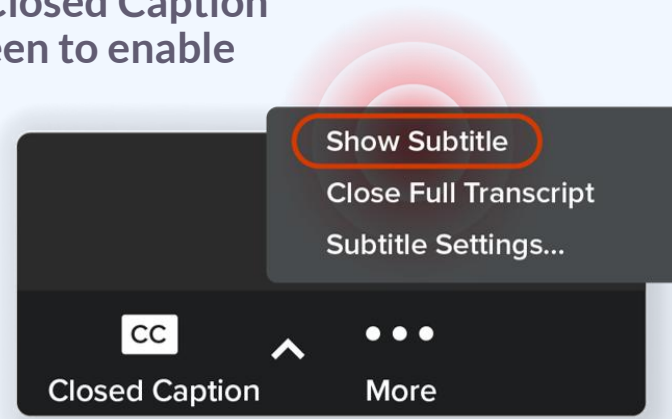
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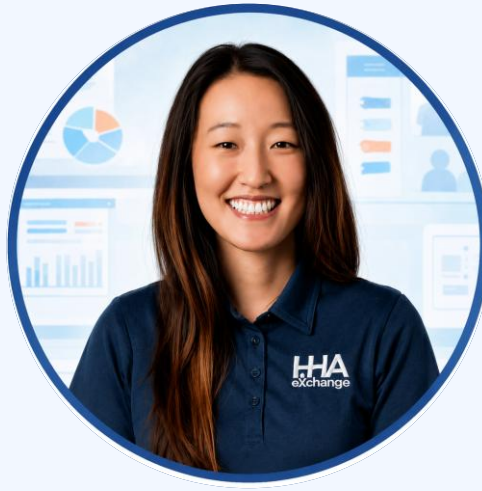
NY Getting Started: Enterprise Provider Contract Management

September 2026

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speakers



Ashley Cho

Role: Sr Training Specialist

Tenure: 5 years

Areas of Expertise: Billing and
Revenue Cycle

agenda

- EVV Overview
- Contract Management
- Manage your Patients
- Caregiver Management & Mobile App
- Prepare for Your Next Steps
- Resources & Support
- Questions?

Overview & Who Is This Webinar For?



This session provides a high-level overview of the upcoming payer implementation and introduces the key steps for getting started with HHAeXchange. Providers will review EVV basics, patient and caregiver management, how to merge patient profiles, initial setup, key resources, and next steps to prepare for the implementation.

Who should attend?

1

Enterprise Providers

Providers using the paid Enterprise HHAeXchange portal.

Agency Administrators, Office Managers, Scheduling Coordinators, Billing Managers and other provider stakeholders.



➤ Objectives of Today's Webinar

You will be able to:

Understand EVV basics and how HHAeXchange supports the NY payer implementation.

Navigate key contract and patient workflows, including patient placements and bulk patient merge

Review patient and caregiver management to support scheduling and EVV readiness.

Identify your next steps and resources for continued training and implementation support.





EVV Overview

› What is Electronic Visit Verification?



EVV confirms service delivery through electronic clock-in and clock-out capture.



EVV helps ensure accurate documentation, support compliance, and improve care quality.



> Six Elements of a Cures Compliant Visit



Who

Patient



Who

Caregiver



What

Type of
Service



Where

Location
of Service



When

Date of
Service



When

Time of
Service

➤ What Makes a Visit Non-Compliant?



WHAT IT MEANS

A visit is non-compliant when required EVV data is missing, incorrect, or does not align with the scheduled visit.



HOW IT'S IDENTIFIED

In HHAEExchange, non-compliant visits are flagged as **EVV Exceptions** for review and correction.



WHY IT MATTERS

- Non-compliant visits can:
- Delay billing
- Trigger additional review
- Require manual corrections
- Increase audit risk



COMMON EVV EXCEPTIONS:

✗ No EVV captured 📍 Location mismatch ⌚ Missing clock-in/out 🔗 Not linked to schedule ➡ Manual confirmation used

EVV Compliance: From Risk to Control

What creates EVV risk — and what reduces it

What creates EVV risk:

- Gaps in setup, scheduling, or caregiver readiness
- Misalignment between visits, services, and authorizations
- Inconsistent EVV capture across similar visits
- Manual confirmations may require additional review
- Data inconsistencies can delay prebiling and claims processing

What reduces EVV risk:

- Intentional setup before visits begin
- Consistent scheduling and service alignment
- Clear standards for how EVV is captured and reviewed
- Complete, accurate, electronically captured EVV data
- Ongoing monitoring and audit/readiness review

Prevent issues early: setup → capture → review → readiness



Contract Management



Linked Payer Setup

How the linked NY payer is managed in HHAeXchange



Payer Managed

The linked payer is managed by the payer.



Payer Sends Information

The payer sends Patient Placements & Authorizations into HHAeXchange.



Service Lists

Service lists are available and managed by the payer.



Rate / Dx Code

Rate and diagnosis code(s) are configured based on the payer setup.



Payer Managed

Payer sets up and manages the Rate / Dx Code.



Provider Managed

Provider sets up and manages the Rate / Dx Code.



Note: Configuration may vary based on payer setup. Confirm details with your payer.



NY Provider Info Center

Your go-to resource for payer-specific EVV and implementation guidance



Use the Provider Info Center to find:

- 1 Payer Requirements & Updates**
EVV requirements, implementation updates, and important deadlines.
- 2 Service Codes & Billing Guidance**
Service code information and resources to support setup and billing.
- 3 Training & Webinars**
Upcoming and on-demand training for key HHAeXchange workflows.
- 4 EVV / EDI Resources & FAQs**
Job aids, FAQs, EDI guidance, and implementation resources.

Bookmark the Provider Info Center for the latest updates and resources.

The screenshot shows the HHAeXchange Provider Info Center website. At the top, there's a navigation bar with links for Support, Login, and State Info Centers. Below this, the main header includes the HHAeXchange logo and a 'Request a Demo' button. The page title is 'Provider Info Center'. A sub-header states: 'Homecare providers: here is your go-to source for the most up-to-date training, forms, EDI processes, FAQs, and contact information.' Below this is a search bar and a 'Filter by State' dropdown menu set to 'New York'. The main content area displays six payer-specific resource cards for New York:

- Aetna**: Aetna Better Health of New York. Includes a 'Go to Info Hub' link.
- teamcare**: A MEDICARE AND MEDICAID PACE PROGRAM. Includes a 'Go to Info Hub' link.
- elderplan homefirst**: Includes a 'Go to Info Hub' link.
- VILLAGECAREMAX**: VillageCareMAX of New York. Includes a 'Go to Info Hub' link.
- VNS Health**: VNS Health Info Center. Includes a 'Go to Info Hub' link.

Use the Provider Info Center to stay current as payer resources and training opportunities are updated.

Agency & Office Setup Check



Before you begin scheduling and EVV workflows, take a few minutes to review your agency and office settings.

1

Review Agency Profile

Confirm your agency-level information and structure are current.



- Agency name and general information
- Internal structure and applicable restrictions
- Confirm key agency details before moving forward

[Admin Agency Profile Overview](#)

2

Review Office Setup (for Multi-Office Agencies)

If your agency has multiple offices, review each office separately.



- Office name, code, grouping, and status
- Scheduling and EVV/mobile settings
- Office address and other applicable details

[Review Office Setup](#)

3

Confirm Before You Start

Use this review as a readiness check before scheduling and EVV activity.



- Correct users are tied to the appropriate office
- Review settings after any updates
- Save changes after making updates

Quick check: Review your Agency Profile first. If you have multiple offices, review each Office Setup before continuing.



Manage Your Patients



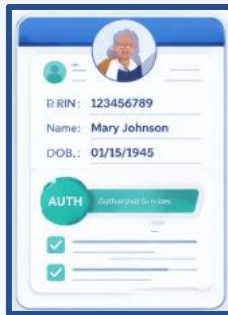
Patient Placement

How a payer placement flows into HHAeXchange

For a linked payer, the payer sends the patient placement to HHAeXchange, where it is received and made available to the provider.

1

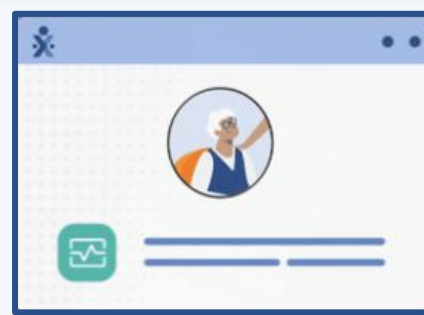
Payer Sends Placement



Patient placement and authorization information is sent by the payer.

2

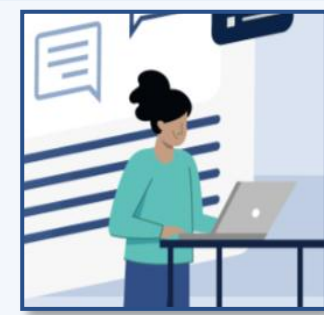
HHAeXchange Receives Placement



The placement is received in HHAeXchange and associated with the member profile.

3

Provider Accesses Placement



The placement becomes available to the provider through the HHAeXchange Provider Portal.

Key takeaway: Linked payer placements originate with the payer and flow into HHAeXchange for provider access.

> Patient Placement: Single Office

What happens when your agency has only one office?



Single office? Placements can be automatically accepted.

No office selection is needed during placement acceptance.



1. Placement arrives

The payer sends the patient placement into HHAeXchange.



2. Placement is automatically accepted

With only one office, the placement is automatically accepted for your agency.



3. Review in Accepted with No Master Week

Open the Accepted with No Master Week tab to confirm the placement is available for follow-up.

Quick check

Look for the placement here:

Accepted with No Master Week

Placements (11 Pending)			
Placements			
Pending (1)	Accepted with Temp Caregiver (8)	Staffed (0)	Accepted with No Master Week(2)
Name *	Admission ID *	Office *	Start Date *
Gemstone Jessie	KHC-32423423423	UMA healthcare	05/01/2025
Svensen Thor	UMA-213213125	UMA MI office	05/01/2025

Provider tip: With a single office, focus your review on the placement status and follow-up—not office assignment.



Patient Placement: Multiple Offices

When your agency has more than one office, review the placement and assign the correct office before accepting.

1

Open Pending Placements

Go to the Placements tab and select Pending to view placements awaiting action.

2

Review & Assign Office

Open the Admission ID, review the placement details, and select the correct office and coordinator.

3

Accept the Placement

Confirm the assignment, then select Accept. The placement moves out of Pending.

What should you look for?

- Correct patient and admission
- Correct office
- Correct coordinator
- Appropriate start / stop dates
- Payer / contract information

Patient	Admission ID	Office	Start Date	Stop Date	Frequency
XXXXX	32423423423	Unspecified Office	05/01/2025		
XXXXX	5141341354	UMA healthcare	11/12/2024		

Provider Tip

For multiple offices, select the correct office and coordinator before accepting the placement. Then use Accepted with No Master Week to confirm it is available for follow-up.

Single-office reminder: placements may be automatically accepted; review Accepted with No Master Week to confirm the placement is available for follow-up.

Hello georgem

- Placements (11 Pending)
- Events
- System Notifications
- Direct Messages
- Tasks
- Linked Communication

Placements

- Pending (2)
- Accepted with Temp Caregiver (8)
- Staffed (0)
- Accepted with No Master Week(1)

Patient ^	Admission ID ⇅	Office ⇅	Start Date ⇅	Stop Date ⇅	Frequency ⇅	Service Category ⇅	Service Type ⇅	Request Sent At ⇅	Status ⇅	Cut Off Time ⇅	Contract Name ⇅
XXXXX	32423423423	Unspecified Office	05/01/2025			Home Health	PCA	5/15/2025 1:09:05 PM (Eastern)	Pending(Broadcast)	5/15/2025 3:09:05 PM (Eastern)	Life Care Demo Payer
XXXXX	5141341354	UMA healthcare	11/12/2024			Home Health	PCA	11/11/2024 12:41:42 PM	Pending	11/16/2043 11:20:42 PM	Life Care Demo Payer



Payer Authorization

What providers should know about authorizations on linked contracts



Payer-controlled authorization • Linked contract authorization details are generally read-only for providers.



What You Can Review

- Auth. # and contract
- Effective dates
- Discipline & service code
- Max & remaining authorization / allocation details



What You Can't Edit

- Payer-supplied authorization values
- Most authorization fields on linked contracts
- Billing diagnosis codes from the payer (Vary by payer)
- Changes must come from the payer



If the Payer Changes It

- Updated details appear on the provider platform
- Review the updated authorization before scheduling/billing
- Use the latest payer-supplied information



Provider tip: Use the Auth/Orders page to review authorization details and units. If an authorization needs to change, confirm the change with the payer.



Bulk Patient Merge

Instead of merging one by one, linked patient records can be merged into internal patient records.



Purpose:

- Merges multiple existing internal patient records with the new linked patient record.
- Reduces manual one-by-one patient merges.
- Supports efficient payer Go-Live transitions

Why It Matters:

- Saves significant administrative time.
- Ensures patient history remains intact.
- Helps organizations transition large patient populations accurately.

Provider Managed Providers have control over which internal patient records get merged and several other items



Before You Begin Checklist

Complete or review these items before beginning to ensure the process is performed seamlessly.



What To Do:

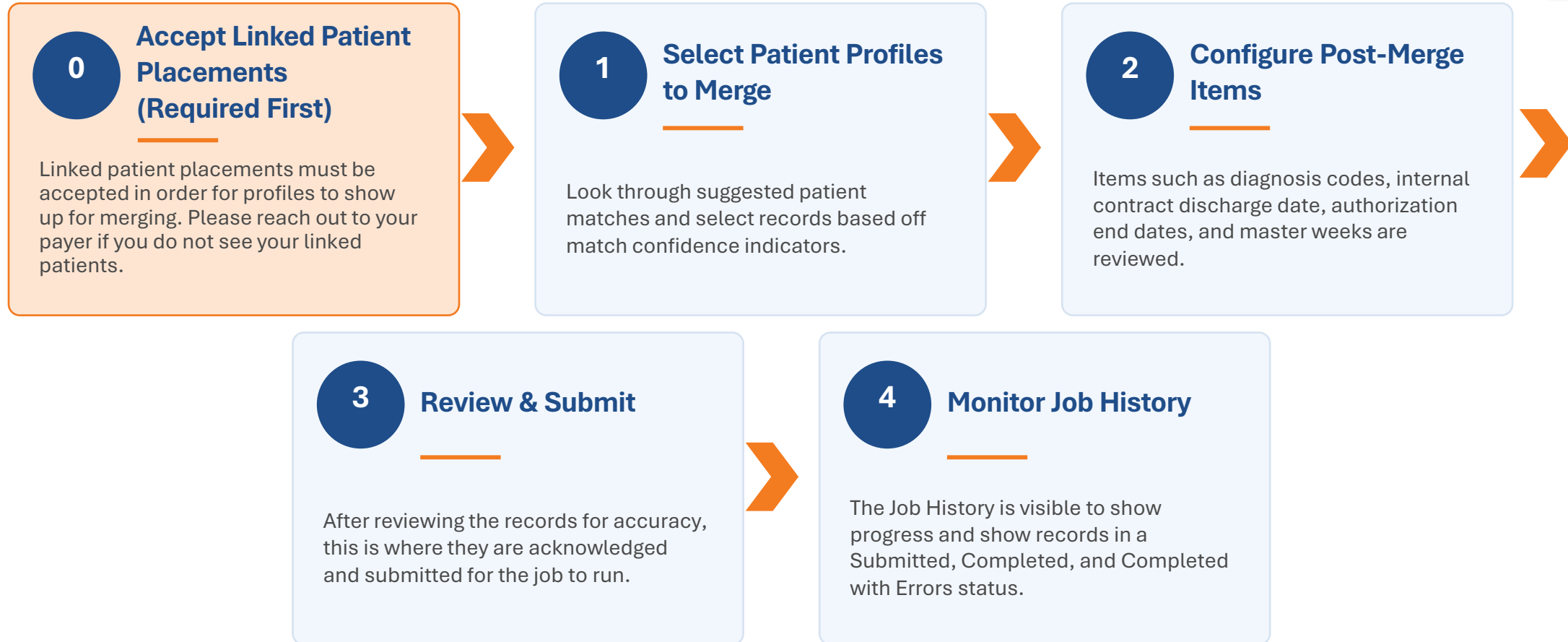
- **Accept linked patient placements** – patients won't show unless this has been completed
- **Confirm Go-Live date of each NY payer** – this will determine discharge dates and master week effective dates
- **Prepare service code mapping** – internally created service codes may not exactly match the linked ones
- **Reserve uninterrupted time to complete process** – there is no save-and-resume, it must be done in one sitting
- **Confirm who has permissions for merging** – this process is permission based – check the Action menu for “Bulk Patient Merge”



Note: Accepting linked patient placements is crucial to beginning the bulk merge processes otherwise a merge cannot happen with the internal record.

Bulk Patient Merge: Process Overview

The 4-Step Process



 **Provider tip:** Perform the bulk patient merge before your linked patient's authorization start date so that you are able to perform services as soon as possible.

Step 1: Select Patients to Merge

Complete or review these items before beginning to ensure the process is performed seamlessly.



Match Review • The below items are how patient records are identified, flagged, and matched.



How matches are identified

- Medicaid ID
- Social Security Number (SSN)
- First Name + Last Name + Date of Birth
- Matches are assigned a “Match & Confidence” status



Parent vs Child Records

- The existing internal patient record becomes the **PARENT** record and keeps all historical data
- The new linked patient record becomes the **CHILD** record and is added onto the parent
- The linked record will always merge into the internal record for data integrity



Duplicate Records

- If there are multiple internal patient records that could match the linked one, it will be flagged as “Duplicate Record”
- Only two records can be merged at a time
- Review each flagged pair and select the correct internal record to merge



Office Migration

- If your records are in different offices, it will be flagged with a “Office Migration Required”
- Merged patients must belong to the same office
- By default, the system moves the merged record to the office of the internal (parent) record



Provider tip: Providers should merge patient records as accurately as possible and remember that only two records can be matched at a time.

Step 1: Select Patients to Merge (Visual)

Action > Bulk Patient Merge



Action > Bulk Patient Merge

1

Match Identifiers

The criteria for how matches are made and how high the Match confidence is.

2

Parent and Child Records

Child = Internal record
Parent = Linked record

3

Validation & Status

Is Office Migration required?
Is it a Duplicate Record? Is it ready to merge?

1 Match Review 2 Post-Merge Configuration 3 Review & Confirm 4 Execution

STEP 1 OF 4

Match Discovery & Review

Merge candidates were identified by matching on Medicaid ID, SSN, or First name + Last name + DOB.

1 MATCH IDENTIFIERS

How bulk merge works What this tool does, and what can be merged

Linked + Internal 1014

Search Match basis Office Payer Validation Child Record Status Parent Record Status

Name, Medicaid ID, Admission ID... All Select one or more Select one or more All Select one or more Select one or more 0 of 1014

Search Reset

Match & Confidence

High Medicaid ID

High Medicaid ID

2 PARENT AND CHILD RECORDS

Child Record	Parent Record
LINKED Discharged MIGRATE HERE DOB XX/XX/XXXX ADMISSION ID XXXX MEDICAID ID XXXXX SSN — PAYER Senior Whole Health (STF)	INTERNAL Discharged DESTINATION DOB XX/XX/XXXX ADMISSION ID XXXX MEDICAID ID XXXXX SSN — PAYER AlphaCare Of New York Inc. CDPAP (Internal)
LINKED Discharged DOB XX/XX/XXXX ADMISSION ID XXXX MEDICAID ID XXXXX SSN — PAYER Senior Whole Health (STF)	INTERNAL Discharged DOB XX/XX/XXXX ADMISSION ID XXXX MEDICAID ID XXXXX SSN — PAYER Senior Whole Health of New York CDPAP STAFFING (Internal)

Validation

Office migration required Duplicate record — also in another row

Ready to merge Duplicate record — also in another row

2 VALIDATION & STATUS

Step 1: Select Patients to Merge (Visual)

Clicking “View” gives you additional details



Open up additional details by clicking on the “View” option to the right of every record match.

Ensure all details match as much as possible before proceeding with the merge.

Match detail

Matched on **Medicaid ID**

LINKED		INTERNAL	
CHILD		PARENT	
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME
XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX
DATE OF BIRTH	OFFICE	DATE OF BIRTH	OFFICE
XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX
TIN	NPI	TIN	NPI
XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX	XX/XX/XXXX
PATIENT STATUS	MEDICAID ID	PATIENT STATUS	MEDICAID ID
• Active	XXXXXX	• Active	XXXXXX
SSN		SSN	
—		—	
PAYER	START DATE	PAYER	START DATE
ElderServe Health (AJH)	02/28/2025	ElderServe Health, Inc	02/28/2025
PAYER STATUS		PAYER STATUS	
• Active		• Active	

Merge always initiates from the **linked (child)** record into the **internal (parent)** record. Direction follows the configured merge direction and is enforced for every internal↔linked pair.

Step 1: Select Patients to Merge (Finalization)

Complete or review these items before beginning to ensure the process is performed seamlessly.



1 Match Review 2 Post-Merge Configuration 3 Review & Confirm 4 Execution

Search: Name, Medicaid ID, Admission ID... Match basis: All Office: Select one or more Payer: Select one or more Validation: Ready Child Record Status: 1 of 2 Selected Parent Record Status: 1 of 5 Selected 4 of 11

Search Reset

Match & Confidence	Child Record	Parent Record	Validation	Actions
☒ • High	LINKED [REDACTED] • Active Medicaid ID [REDACTED] DOB [REDACTED] ADMISSION ID [REDACTED] MEDICAID ID [REDACTED] SSN [REDACTED] PAYER ElderServe Health (AJH)	INTERNAL [REDACTED] • Active DOB [REDACTED] ADMISSION ID [REDACTED] MEDICAID ID [REDACTED] SSN [REDACTED] PAYER ElderServe Health, Inc (Internal)	✓ Ready to merge	View
☒ • High	LINKED [REDACTED] • Active Medicaid ID [REDACTED] DOB [REDACTED] ADMISSION ID [REDACTED] MEDICAID ID [REDACTED] SSN [REDACTED] PAYER ElderServe Health (AJH)	INTERNAL [REDACTED] • Active DOB [REDACTED] ADMISSION ID [REDACTED] MEDICAID ID [REDACTED] SSN [REDACTED] PAYER ElderServe Health, Inc (Internal)	✓ Ready to merge	View
☒ • High	LINKED [REDACTED] • Active Medicaid ID [REDACTED] DOB [REDACTED] ADMISSION ID [REDACTED] MEDICAID ID [REDACTED] SSN [REDACTED] PAYER ElderServe Health (AJH)	INTERNAL [REDACTED] • Active DOB [REDACTED] ADMISSION ID [REDACTED] MEDICAID ID [REDACTED] SSN [REDACTED] PAYER ElderServe Health, Inc (Internal)	✓ Ready to merge	View
☒ • High	LINKED [REDACTED] • Active Medicaid ID [REDACTED] DOB [REDACTED] ADMISSION ID [REDACTED] MEDICAID ID [REDACTED] SSN [REDACTED] PAYER ElderServe Health (AJH)	INTERNAL [REDACTED] • Active DOB [REDACTED] ADMISSION ID [REDACTED] MEDICAID ID [REDACTED] SSN [REDACTED] PAYER ElderServe Health, Inc (Internal)	✓ Ready to merge	View

← Back → Continue to configuration

1. Once reviewed, select the record matches you would like to merge.

2. Select “Continue to configuration” to complete this step.

Step 2: Post-Merge Configuration

Optional configuration updates to make transitioning to the linked contract smoother.



Copy Diagnosis Code

Copy the same diagnosis code from the internal patient to the new linked patient.



Discharge the Internal Contract

Set the internal patient's discharge date and reason code since you'll be using the linked contract going forward.



End Date Authorizations

Set an end date on the internal contract authorizations – we recommend using the same discharge date.



Update Master Weeks

Use the same master week schedule, just update the "From Date", Primary Bill To and Service Codes.

If you don't want a particular service code updated, choose "Do Not Map" and return to it later.



Step 2: Post-Merge Configuration (Scenario)

An example scenario for NY payers going live on 10/01.

Sunny Days Home Care has an internal patient that needs to be merged with the new linked payer contract – Riverside Health Plan – effective 10/01. Here's how they would complete each configuration option:

Copy Diagnosis Code: Enabled – so that the diagnosis code on the internal patient carries over to the new Riverside Health Plan contract.

Discharge Internal Contract: Set to 09/30 – one day before the linked contract goes live.

End-Date Authorization: Set to 09/30 – one day before the linked contract goes live.

Update Master Week: Master Week start date set to 10/01 – the date of the Go-Live. Every internal contract service code is mapped to its Riverside Health Plan equivalent starting day one.

Note: This is recommended because you want the internal contract to end where the new linked contract begins.

Step 2: Post-Merge Configuration (Visual)

Optional configuration updates to make transitioning to the linked contract smoother.



1 Match Review 2 Post-Merge Configuration 3 Review & Confirm 4 Execution

STEP 2 OF 4

Post-Merge Configuration

This step performs bulk updates after the merge is complete to close out the internal contract so you can start seamlessly using the linked contract on the new merged patient profiles. It's most useful for new payer go-lives, where you need to move all patients from an internal contract over to a linked contract — the goal is to close out the internal contract and start using the linked contract moving forward, without a lot of manual updates to get there.

1 The configurations you set here apply to **all patients selected for this merge in Step 1**. Where a setting is configured per payer, it applies to every one of those selected patients having that payer.

Job History

1 Copy DX Code OFF

2 Discharge Internal Contract OFF

3 End-Date Internal Contract Authorizations OFF

4 Update Master Week OFF

CONFIGURATION 1 OF 4 · 1 REVIEWED

Copy DX Code

Copies the Primary DX Code from the patient payer level (if populated) from the internal record to the linked record.



Primary DX Code will not be copied over from the internal record

Next: Discharge Internal Contract →

← Back

→ Continue to review



Step 3: Review & Submit

Once all data points have been reviewed, it is now time to submit the records for merging.



To Do List:



Review the summary

Review everything from Steps 1 & 2 – including which patients have an office migration and which post-merge configurations were enabled.



Check the confirmation box

This button will complete the merge process.

4

Things to Keep In Mind:



The merge does not happen instantly

Plan to allocate time to have the job run. It takes roughly 2-3 minutes per patient record. If merging more than 10 patients, the job will run overnight to complete.



Once submitted, you'll land on the confirmation page

There you'll find a link to the Job History for the merge that was submitted.



You made it almost to the very end where you confirm the records you wish to merge!

Step 4: Check Job History

Once all data points have been reviewed, it is now time to submit the records for merging.



Job History Statuses:

Submitted – job is in queue or in progress

Completed – merge finished successfully

Completed with errors – patients with issues (i.e. discharge date set before a billed visit) will need further review

The screenshot shows a 'Merge job' interface for job ID 621dcf62-05d5-4e86-aedd-7566b1ea0ba4. It indicates 4 patients submitted by Import Support. The progress section shows 0 Successful merges, 0 Failed, and 4 Pending. Below this is a 'Post-merge configuration' section with 3 configurations included. The 'Merged records' section includes a search bar and a table of records.

Patient	CHILD → PARENT	Office	Outcome	Action
DOB XX/XX/XXXX	ElderServe Health (AJH) → ElderServe Health, Inc		Pending Awaiting patient merge	
DOB XX/XX/XXXX	ElderServe Health (AJH) → ElderServe Health, Inc		Pending Awaiting patient merge	
DOB XX/XX/XXXX	→ ElderServe Health, Inc		Pending Awaiting patient merge	



Provider tip: You have 5 days to unmerge a merged profile. It can only be completed after a merge has been completed.

How It All Comes Together – Demo Video & Checklist

Bulk Patient Merge Video



[Bulk Patient Merge Video](#)

Watch the video that goes over the whole process step by step in a demo portal.

Bulk Patient Merge Checklist



[Bulk Patient Merge Checklist](#)

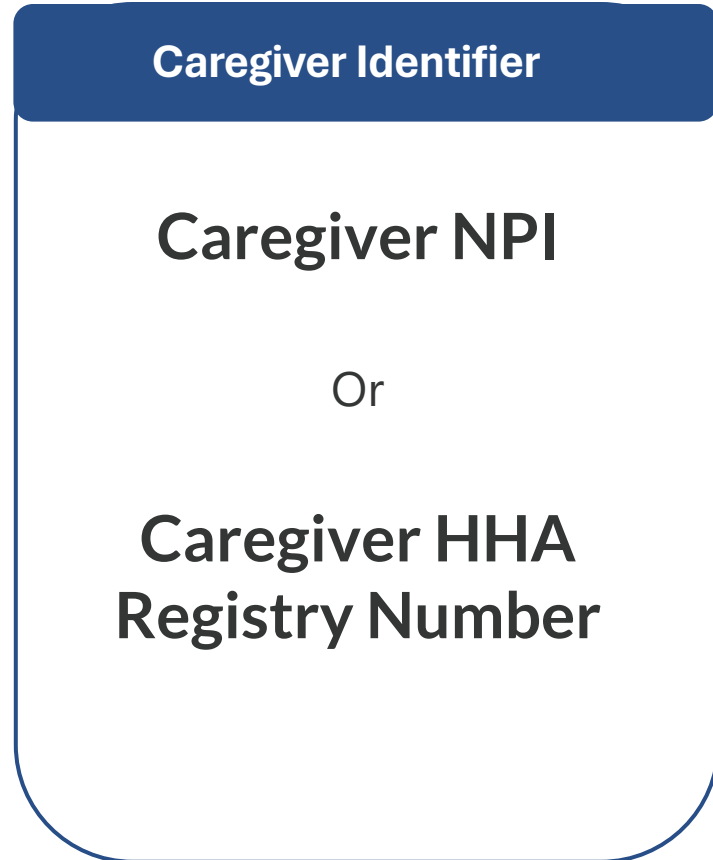
Review this checklist to ensure you are prepared and walk through the steps in an organized process.



Caregiver Management & Mobile App

Caregiver Credentials

Accurate caregiver identifiers ensures data is accurate for billing.



Before Submitting Billing

Check that a caregiver's profile includes their NPI or their HHA Registry Number.

These identifier allow the state of NY to identify the caregiver in the NY Caregiver Registry.



WHY IT MATTERS

Having the right credentials allows the state of NY to accurately identify the caregiver and allow for accurate billing.

Caregiver Migration to HHAeXchange + Mobile App

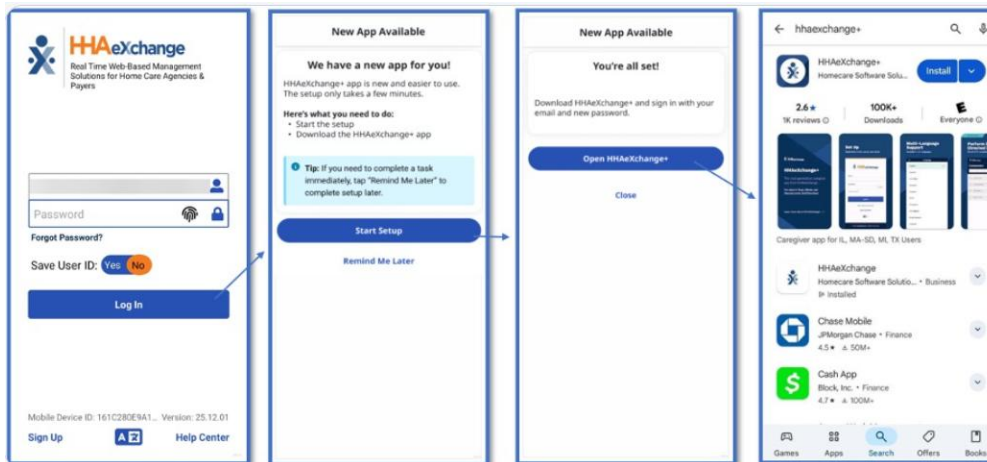
Ensure existing caregivers are EVV-ready on the new HHAeXchange + Mobile App before their next visit.

Steps for Existing Caregivers

- 1 Caregiver signs into the current HHAeXchange app
- 2 Select “Start Setup” when a pop up appears with “New App Available”
- 3 Follow the guided transition steps
- 4 Start using the HHAeXchange + app!



Do not download the mobile app twice



Caregiver Resources

Use the QR code to access the caregiver resource.



Caregiver

Guide for existing caregivers to transition to the HHAeXchange + app seamlessly.

Caregiver Setup for New Caregivers

Make sure caregivers are EVV-ready before the first visit.

EVV-Ready Caregiver Checklist

- 1 Ensure the caregiver profile is complete and current
- 2 Match the discipline to authorized services
- 3 Link the caregiver to the correct services
- 4 Test EVV tools before the first visit
- 5 Use the existing Mobile ID for multi-agency caregivers
- 6 Do not download the Mobile App more than once



Multi-agency caregivers: use the caregiver's existing Mobile ID. Do not download the app more than once.

Caregiver Resources

Use the QR code to access the caregiver resource.



[Caregiver](#)

Review caregiver readiness before visits begin.

Tip: Ask during hiring whether the caregiver works for multiple agencies to help prevent setup issues later.

Mobile App Setup: Activation Code



How the activation code moves from the agency to the caregiver

1 Agency sends the code

Go to the Caregiver profile, select Enable Access, then generate the Mobile Activation Code.

2 Caregiver receives the code

The caregiver receives the activation code, downloads the mobile app, and completes registration.

3 Caregiver activates access

The caregiver logs in, enters the Activation Code, selects Submit Code, and completes the required information.

Agency setup: Enable Mobile App Access

Activation codes are generated from the caregiver profile. The agency can choose how the code is sent based on the caregiver notification preferences.

Tip: Have the caregiver complete registration before the first EVV visit.

Allen Don

Active

Home Phone

--

Address

CHICAGO, IL, 60629

Languages

--

Date of Birth

1987-01-29

Caregiver Code

UMA-1066

Availability Updated

4/5/2024

Provider (Office)

UMA Healthcare (PE Training Use Only)
(UMA MI office)

Team

Select

Caregiver Hours

H 0 | V 0

- Profile
- Compliance
- Calendar
- Visits
- In Service
- Rates
- Notes
- Preferences
- Absence/Restriction
- Availability
- Payroll Info
- Pay Check
- Patient History
- Others
- Document Management

Profile

Profile Log

[Edit](#)

Caregiver Type *

Employee

Demographics



First Name

Don

Initials

DA

Alt.Caregiver Code

--

Rehire

No

Rehire Date

--

Dependents

--

Middle Name

--

Gender

Male

Time & Att. PIN

100066

Ethnicity

--

Upload Picture

Last Name

Allen

Date of Birth *

01/29/1987

History

Social Security Number *

675-54-7865

History

Country of Birth

--

Secondary Offices

--

Marital Status

--

Contact Information

Address

CHICAGO, IL, 60629

Primary Phone

--

Secondary Phone

--

Tertiary Phone

--

[History](#)
[Chat](#)



Mobile App Setup: Download & Registration

How caregivers get the HHAeXchange+ Mobile App ready for use

1

Caregiver Registers

Download the HHAeXchange+ Mobile App and complete the mobile app registration.

2

Confirm Profile Match

Verify the caregiver profile is complete and confirm the demographics match the mobile app registration.

3

Link the Mobile ID

Open the caregiver profile, select Edit, find Mobile App Settings, enter the Mobile ID and Mobile Type, then select Save.

Provider check: Complete registration before the first EVV visit

Make sure the caregiver profile is complete, the mobile registration matches, and the Mobile ID is linked in HHAeXchange before the caregiver starts capturing EVV.

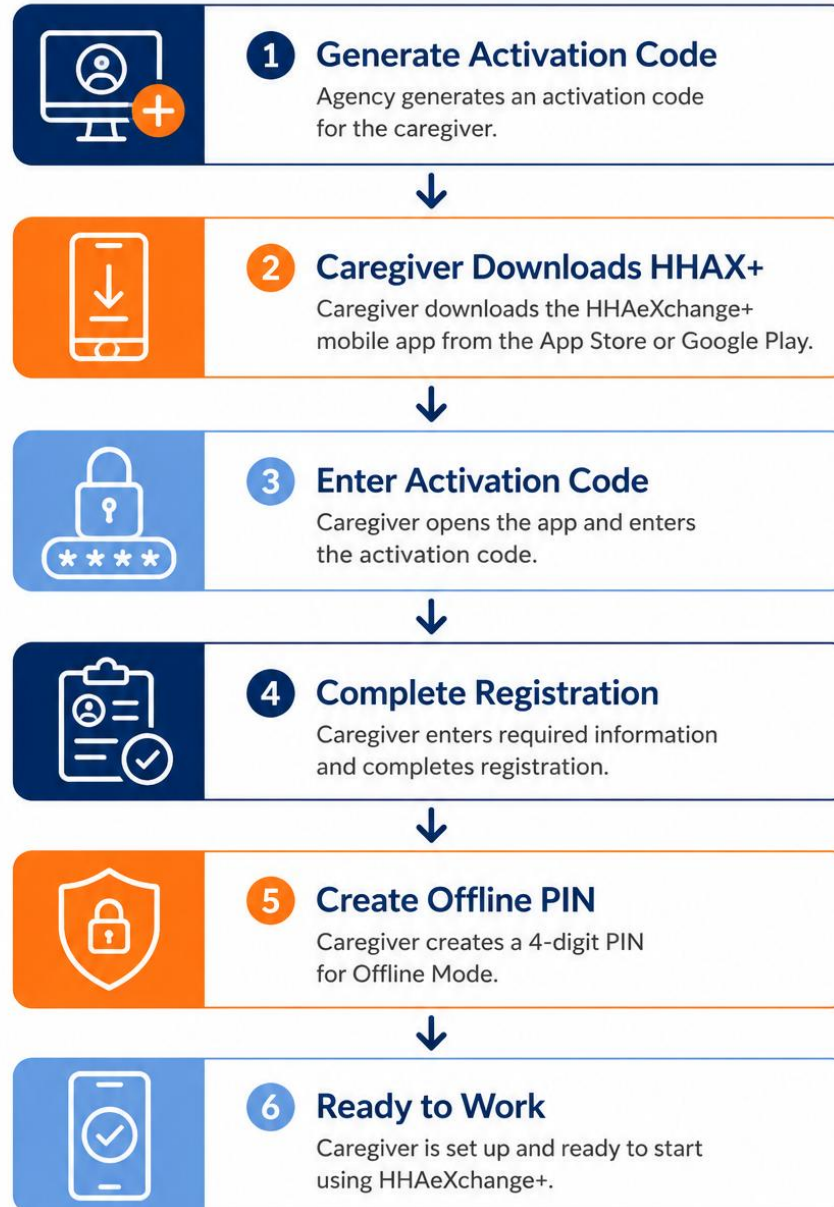
Download & register

Verify profile

Link Mobile ID



New Caregiver Registration at a Glance





Managing Mobile App Users

Admin > Mobile User Management



Mobile User Management (+)

A centralized place to manage service providers using HHAeXchange+.

- Search for mobile app users
- View caregiver app status
- Verify app version
- Update caregiver email
- Reset passwords

Mobile User Management (+)

Mobile User Management (+)

Management Search

Office Name

Last 4 SSN

Caregiver Email ID

First Name

Last Name

App Version

Search

Search Results (32)

Office Name	Caregiver Name	Date Of Birth	Phone Number	Last 4 SSN	Email Address	Status	App Version	Edit	Password
UMA healthcare		06/15/1992		3333		Active	UMA	✕	Reset
UMA healthcare		01/11/1988		4242		Active	UMA	✕	Reset
UMA healthcare		02/26/1990		1234		Active	UMA	✕	Reset
UMA healthcare		01/01/1990		5452		Active	UMA	✕	Reset
UMA healthcare		10/06/1998		1234		Active	UMA	✕	Reset
UMA healthcare		01/01/1990		4124		Active	UMA	✕	Reset
UMA healthcare		09/01/1970		9876		Active	UMA	✕	Reset
UMA healthcare		08/12/1984		3321		Active	UMA	✕	Reset
UMA healthcare		04/01/2000		3223		Active	UMA	✕	Reset
UMA healthcare		06/01/1980		1234		Active	UMA	✕	Reset
UMA healthcare		01/01/1990		1994		Active	UMA	✕	Reset

Use Mobile User Management (+) to search, review, and manage caregiver app access.

Tip: Keep caregiver mobile access current using Mobile User Management.



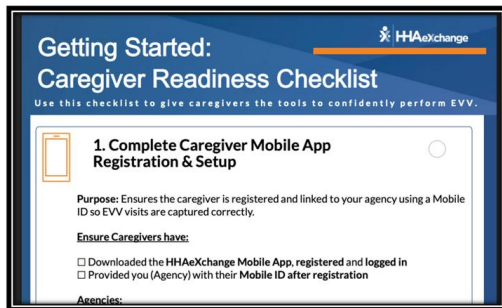
Caregiver Readiness

Resources to help caregivers prepare for EVV and their first visit

Before the first EVV visit, make sure caregivers know how to register, use the mobile app, and follow the EVV workflow. **Use the resources below as your readiness checklist.**

Caregiver Readiness Checklist

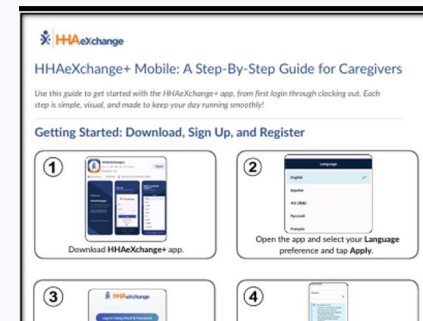
Use this checklist to confirm the caregiver is prepared for EVV and mobile app use before the first visit.



[Caregiver Readiness Checklist](#)

HHAeXchange+ Caregiver User Guide

A step-by-step reference for downloading, registering, and getting started with the mobile app.



[HHAeXchange+ Caregiver User Guide](#)



Prepare for Your Next
Steps

➤ Attend your next Webinar



Register for the next Scheduling & Visit Capture webinar

September 15 @ 11AM ET

- Learn how to schedule & accurately capture EVV



Scan to Register

NY Easy EVV: Scheduling & Visit Capture Webinar

[NY Easy EVV: Scheduling & Visit Capture Webinar](#)



Register for the NY Easy EVV: Visit Maintenance Webinar

September 24 @ 11AM ET

- Learn how to correct and maintain visits for EVV compliance and billing.



Scan to Register

NY Easy EVV: Visit Maintenance Webinar

[NY Easy EVV: Visit Maintenance Webinar](#)



Register for the Billing Webinar

October 1 @ 11AM ET

- Learn how to accurate EVV turns into accurate claims being billed out of HHAeXchange.



Scan to Register

What's New in NY? Billing in HHAeXchange Webinar

[What's New in NY? Billing in HHAeXchange Webinar](#)



On-Demand eLearning

- Complete foundational training at your pace
- Revisit courses any time as reference



Scan to Enroll

On-Demand eLearning

[HHAeXchange University](#)

➤ Next Steps!

Stay connected – watch for email communications and follow HHAeXchange for upcoming training opportunities.

Upcoming Webinars & Events

- **Daily Office Hours** — [Register Here](#)
(offered daily @ 11 AM ET)
- **Teach Me Tuesday Series** — [Register Here](#)
(Every Tuesday @ 2 PM ET)

The screenshot displays the HHAeXchange website's 'Upcoming HHAeXchange Customer Events' page. The header includes the HHAeXchange logo, navigation links for Providers, Payers, Caregivers, Resources, and Company, and a 'Request a Demo' button. Below the header, the page title 'Upcoming HHAeXchange Customer Events' is followed by a brief introduction: 'We look forward to seeing you at one of our customer training webinars or in-person training events.' A search bar and a filter dropdown (set to 'Filter by Event Type (1 selected)') are provided. The main content area features six event cards arranged in two rows of three. Each card includes the HHAeXchange logo, the event title 'Teach Me Tuesdays', a 'Live Trainings' button, and the event details. The events are: 1) 'Teach Me Tuesdays: Rebilling' on September 15, 2026 at 2:00 PM ET; 2) 'Daily Onboarding Office Hours' every weekday at 11 AM ET; 3) 'Teach Me Tuesdays: Visit Maintenance' on July 14, 2026 at 2:00 PM ET; 4) 'Teach Me Tuesdays: Billing' on July 21, 2026 at 2:00 PM ET; 5) 'Teach Me Tuesdays: Payroll' on July 28, 2026 at 2:00 PM ET; and 6) 'Teach Me Tuesdays: Rebilling' on August 4, 2026 at 2:00 PM ET.

Event Title	Event Date & Time
Teach Me Tuesdays: Rebilling	LIVE TRAINING SEPTEMBER 15, 2026 AT 2:00 PM ET
Daily Onboarding Office Hours	EVERY WEEKDAY AT 11AM ET
Teach Me Tuesdays: Visit Maintenance	LIVE TRAINING JULY 14, 2026 AT 2:00 PM ET
Teach Me Tuesdays: Billing	LIVE TRAINING JULY 21, 2026 AT 2:00 PM ET
Teach Me Tuesdays: Payroll	LIVE TRAINING JULY 28, 2026 AT 2:00 PM ET
Teach Me Tuesdays: Rebilling	LIVE TRAINING AUGUST 4, 2026 AT 2:00 PM ET



Resources & Support

➤ NEW: NY EVV Compliance Info Hub

Homecare providers: here is your go-to source for the most up-to-date regulatory summaries, how-to guides, training videos, payer-specific information, and FAQs



ProvidersPayersCaregiversResourcesCompanyRequest a Demo



New York EVV Compliance Info Center

TABLE OF CONTENTS^
OVERVIEW
PROVIDER TRAINING & RESOURCES
EVV COMPLIANCE REPORTING
NY PAYERS

Overview

What Is the NYS DOH EVV Mandate?

The New York State Department of Health (DOH) mandate is a new requirement for all health plans operating in New York to report on their Electronic Visit Verification (EVV) compliance data.

It's a major shift in homecare compliance requirements aimed at reducing fraud, waste, and abuse.

If you are a home care provider delivering services to members of a New York-contracted health plan, this mandate sets new expectations for how visits are captured, verified, and reported.

As part of this mandate, health plans must submit quarterly reports on EVV compliance across their provider networks.

[NY EVV Compliance Info Hub](#)

Getting Started

Your Onboarding Journey Starts here



[Getting Started: Your Onboarding Journey Starts Here!](#)

A screenshot of the HHAeXchange website's 'Getting Started' page. The page has a light blue header with the HHAeXchange logo and a search bar. A left sidebar contains a navigation menu with links to Home, Getting Started (highlighted), Upgrade To Enterprise, What's New, Frequently Asked Questions, Troubleshooting, Training Videos, Documentation, and Contact and Support. The main content area is titled 'Getting Started' and includes a sub-header 'Your Onboarding Journey Starts Here' with a sun icon. The text welcomes users and outlines the 6 stages of onboarding. A right sidebar titled 'IN THIS ARTICLE' lists the current page and a link to '6 Stages of Onboarding with HHAeXchange at a Glance'. The page ends with a list of the first two onboarding steps: 'Get Started' and 'Build your Foundation'.

HHAeXchange

Search

Home

Getting Started

Upgrade To Enterprise

What's New

Frequently Asked Questions

Troubleshooting

Training Videos

Documentation

Contact and Support

You are here: Getting Started

Getting Started

Your Onboarding Journey Starts Here ☀️

Welcome — we're so glad you're here.

Starting something new can feel big, but you're not doing it alone. This page gives you everything you need to get started and feel confident using your new system.

We've put your onboarding steps into 6 stages. These steps help you see where you are, what comes next, and how to keep moving forward with success.

And remember - we're here to support and guide you every step of the way.

Join our weekly live onboarding trainings and daily office hours [here](#).

6 Stages of Onboarding with HHAeXchange at a Glance

From your first login to being fully up and running, here's the path ahead:

1. **Get Started** - Meet your Project Manager and learn the onboarding steps and goals.
2. **Build your Foundation** - Set up your system for everyday work.

IN THIS ARTICLE

Getting Started

Your Onboarding Journey Starts Here

6 Stages of Onboarding with HHAeXchange at a Glance

Need Help Along the Way?



On-Demand eLearning

Build confidence with HHAeXchange at your own pace



Learn at your pace

Complete foundational training when it works for you — and revisit courses whenever you need a refresher.



A resource for new and existing users

The training can be shared with new users, and all users are encouraged to review the Overview video.

System User Training — LMS Credentials

LMS modules are optional. You will receive LMS credentials to access videos, documents, and test questions covering the HHAeXchange Provider Portal.

Start Learning

Scan the QR code or use the link below to access the LMS.



[Learning Management System](#)

Need Help?

We're here to help. Use the resources below based on your questions or needs.



Payer-Related Questions

Contact Payer Provider Relations

For questions related to payer requirements, participation, or payer-specific policies.

Reach out to your Payer Provider Relations team.



HHAeXchange Questions

Contact HHAeXchange Support

For questions related to onboarding, EVV, billing, technical support, or system functionality.

Support@HHAeXchange.com



For payer-specific questions, contact your payer. For HHAeXchange questions, contact HHAeXchange Support.

thank you