GoodLooking

EVV Guide

For Home Health Agencies in Texas



"Once again, EVV mandates show just how out of touch our government is with its citizens. If the goal is to destroy healthcare, they are doing a good job."

- Jack Kovar

ALERT: December 27, 2023

Over the past several months, we have done our very best to integrate the HealthTrust Software platform with the HHA Exchange system, in order to help our clients synchronize their patient, employee, and visit data between the two platforms.

Throughout that time period, we have consistently encountered bugs with the HHA Exchange platform at every level. Its technology, its API functionality, its API documentation, and its overall system design have had bugs, inconsistencies, and incorrect documentation.

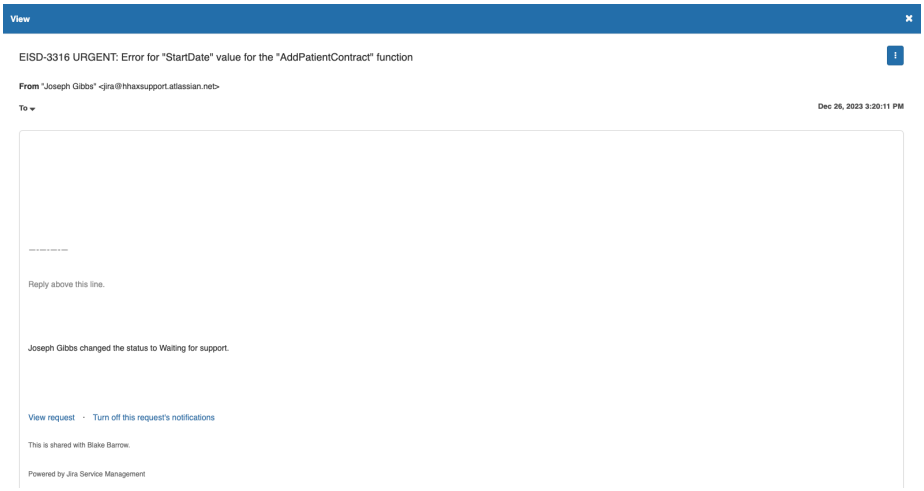
Not only are there bugs and incorrect documentation, their system *requires* the entry of many additional data elements that are unnecessary for the EVV program (namely, payer contracts, authorizations, and coordinators, plus several other fields).

Even though these data elements should not be required, we have developed an integration that sends those records from our system to HHA Exchange, but we have repeatedly been stopped by bugs in the HHA Exchange system.

It is very clear that HHA Exchange, intentionally or otherwise, designed their system to discourage agencies from using a third party application such as ours.

Unfortunately, it has become evident that HHA Exchange also has little to no incentive to fix the bugs in their system. HHSC has not offered to extend the implementation deadline (likely because they failed to request one from CMS and will lose Medicaid funding under the CARES Act if they don't implement EVV January 1, 2024).

We have requested support and system updates from HHA Exchange to have their platform operate correctly. As of today, the best response we have received is a message (days later) saying "Joseph Gibbs changed the status to Waiting for support."


View

EISD-3316 URGENT: Error for "StartDate" value for the "AddPatientContract" function

From "Joseph Gibbs" <jira@hhaxsupport.atlassian.net>

To

Dec 26, 2023 3:20:11 PM

Reply above this line.

Joseph Gibbs changed the status to Waiting for support.

View request · Turn off this request's notifications

This is shared with Blake Barrow.

Powered by Jira Service Management

Unfortunately, as of today, the best advice we can offer our clients is to manually enter your payer contract, authorization, and visit data into the HHA Exchange online portal.

Then, call your federal and state senators and representatives and let them know the implementation of the EVV program is going to destroy the pediatric physical and occupational therapy market in our state.

I hate that this is the best option we can offer our clients. I despise how much time, effort, and energy have been wasted (both with our team and at all of our client locations) to continue lining the pockets of shitty corporations like Accenture and HHA Exchange.

We will keep working to do what is right. If they fix their bugs or fix their system, we will continue our integration testing and push updates to our clients.

But for now, you need to do what you can to protect your agency. Enter your data, download the mobile app, and do what testing you can before January 1.

Note: We will continue to have the TMHP automatic billing feature enabled, so your PT and OT charges can be sent to TMHP instead of the MCO. However, as of now, the system cannot verify if the visits have been reconciled in HHA Exchange. You will need to ensure the visits are reconciled in HHA Exchange before billing those dates of service in HealthTrust (starting January 1st).

We will also leave the patient and agent sync enabled on the EVV Dashboard screen so you can synchronize those data sets. But we cannot sync visits because authorizations are required before visits can be synced, and that is where the HHA Exchange bug still blocks us.

We will continue praying for all of you. Let us know if we can help in any way.

Sincerely,

Jack Kovar, CEO

EVV in Texas, again.

Dear home health administrators,

The Texas legislature, lobbyists, and lazy bureaucrats decided to force electronic visit verification on Texas providers, again.

This is now the seventh time in the past decade that home health providers have been forced to implement an unnecessary system, with another incompetent government vendor, with another set of confusing, arbitrary, and asinine rules.

We wouldn't normally rant like this, but, in Texas parlance, it chaps our hide to see how the amazing home health professionals in our home state are being put out of business by corrupt politicians and the incompetent out-of-state vendors who paid them off.

We will do our best to help you implement EVV as efficiently as possible. We are, however, severely hampered by the incompetence of the Texas Medicaid program and its selected EVV vendor HHA Exchange.

This guide is designed to help you navigate the complex and confusing world of Texas EVV, especially as it relates to our HealthTrust Software, PediCharts, and GoodLooking platforms.

We are publishing this guide, frankly, before it is ready, because providers need it. We will continue to update it as HHA Exchange and HHSC fix their systems and as we build better tools to integrate with them.

We just wanted you to know that we are in your corner and will do everything we can to make the best of a bad situation.

With that in mind, the rest of this guide will be more professional and will hopefully help you and your team implement EVV as quickly as possible.

Thank you for letting me rant.

Sincerely,

Jack Kovar, CEO
GoodLooking

Overview of EVV

Electronic Visit Verification is a process whereby service workers (nurses, therapists, aides, etc.) verify that the right person is making the right type of visit at the right location at the right time for the right patient.

They do this by using either a telephone with caller ID or a mobile application with GPS capabilities, clocking in and out of a visit, and logging the details of the visit.

Then, when a home health agency tries to bill for those visits, the payer matches up the visits with the EVV system to ensure that the visit was properly documented. If it was, then the claim gets paid. If not, the claim gets denied.

Theoretically, this should cut down on fraud and abuse in the home health industry.

In reality, all it does is line the pockets of EVV vendors and politicians while keeping healthcare providers from getting paid what they are owed.

Texas has attempted, unsuccessfully, to implement EVV for skilled home health services on a number of occasions.

This year, because of the Federal CARES Act, EVV is now mandated for many skilled home health services, including physical therapy, occupational therapy, and nursing visits covered by Medicaid (including Medicaid MCOs).

The down and dirty of the process looks like this:

1. Providers set up an account with HHA Exchange, the government-approved EVV vendor.
2. Providers sync their employee, patient, authorization, and visit data from their practice management system (ie. HealthTrust Software) to HHA Exchange. For HealthTrust clients, this happens once en masse, for data that already exists in the HealthTrust system, when the EVV program is started and then every 30 minutes thereafter for records that are newly created or edited. This helps ensure that the correct, up to date data is synchronized between HealthTrust and HHA Exchange.
3. Each clinician who performs EVV-covered visits either downloads and uses an app or uses a telephony system to clock in and out of their visits. This tracks the location, patient, employee, time in, time out, and type of service provided during the visit. The clinician still uses HealthTrust to document all their clinical data as usual, but must also clock in and out using the HHA Exchange app (or telephony system).
4. HealthTrust Software pulls completed visit data from HHA Exchange to help agencies reconcile the clock in/out EVV information with the visit information on the HealthTrust schedule.
5. Once the visits are reconciled, the agency can bill the visits as normal (almost). For EVV-covered services, the claims must be sent to TMHP instead of to the Medicaid MCO. For non-EVV services, the claims continue to be billed as usual.

This guide breaks down this process in the following sections.

The EVV Process

There are seven phases to using EVV:

- Phase 1: Set up your HHA Exchange account and office
- Phase 2: Turn on EVV in HealthTrust Software
- Phase 3: Make sure your data is up-to-date
- Phase 4: Sync your initial data
- Phase 5: Give your clinicians mobile EVV access
- Phase 6: Reconcile visits
- Phase 7: Bill for EVV visits

Each of these phases is described in greater detail in the following sections.

Phase 1: Setting up the HHA Exchange Office

Note: Hopefully you have already completed this process. If not, this needs to be done ASAP!

1. Contact HHA Exchange and get access to their online portal

Visit https://www.hhaexchange.com/info-hub/texas and complete their process for accessing their online EVV portal.

Once you have access to the portal, log in by going to
https://app.hhaexchange.com/identity/account/login

Once logged in, find your Office ID by clicking Admin->Office Setup->Search Office. The Office ID is listed next to your office name.

2. Get your API credentials

Prior to using HHAeXchange, each customer will need to apply to receive their specific Provider APIs from HHAeXchange.

To do this, please fill out the HHAeXchange Provider API Integrations request form using the following link: https://hhaxsupport.atlassian.net/servicedesk/customer/portal/10/group/1054/create/1300

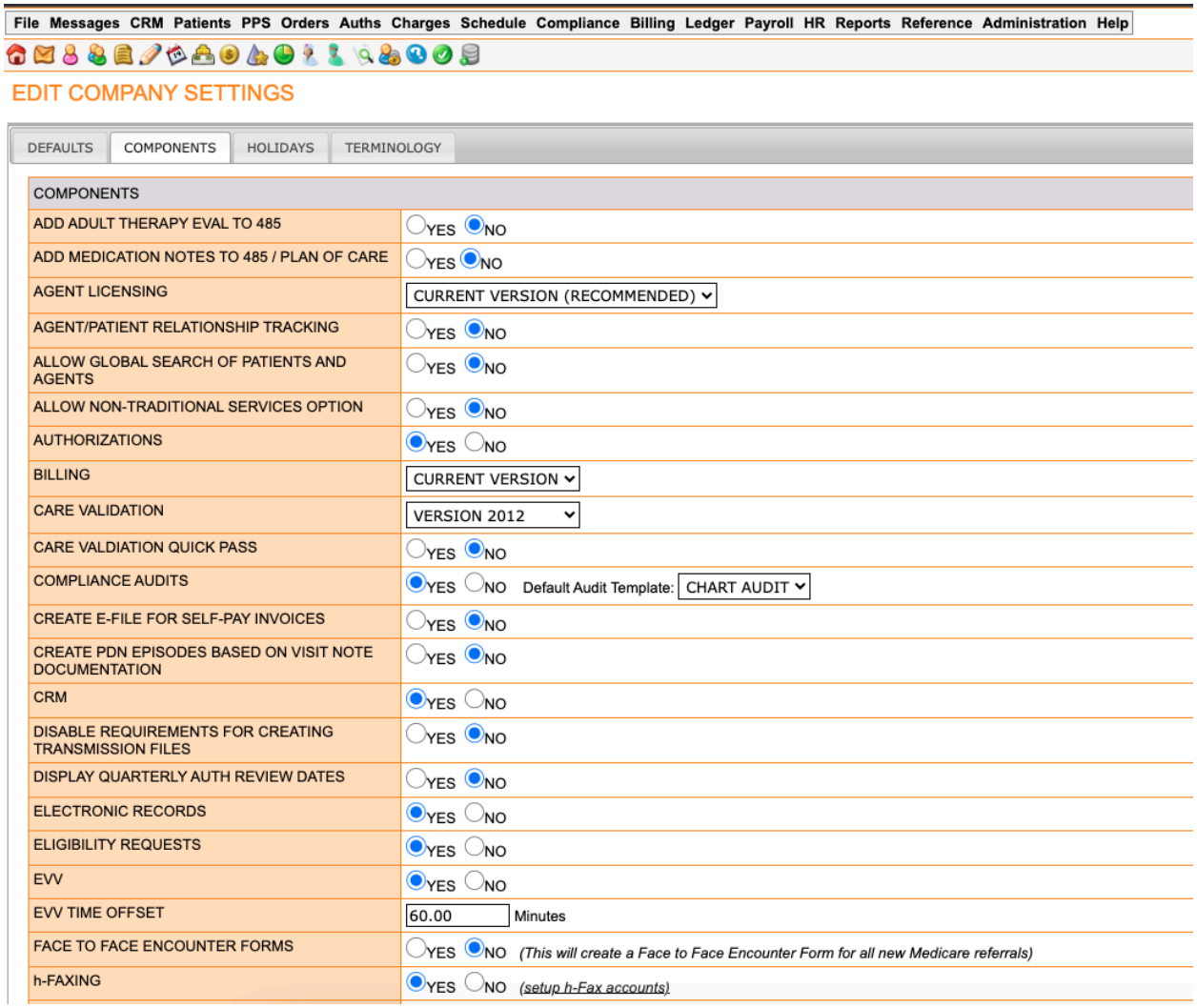
Once you have filled out the Provider API Integrations form, you will receive a unique App Name, App Secret, and App Key for your agency. Please forward those credentials to support@healthtrustsoftware.com.

NOTE: The Provider API Integrations request form will ask you for contact information for the HealthTrust Software IT department. For this section, you may list the IT contact as Blake Barrow and use blake@healthtrustsoftware.com as the email address. The IT contact number for HealthTrust Software is 877-442-4555.

Phase 2: Turn on EVV in HealthTrust

1. Update your Company Settings

Go to Administration -> Company Settings. Click the Components tab. Set the “EVV” to Yes and the “EVV Time Offset” field to “60” and click the Submit button.



2. Update your Office

Go to Reference -> Providers (this might also be called Offices or something similar). Click on the office that will use EVV. In the “EVV Office ID” field, enter the Office ID from HHA Exchange and click the Submit button.

Repeat this step for every office that will use the EVV program.

Phase 3: Update your data in HealthTrust

Most of the HealthTrust data that gets sent to HHA Exchange should already be up to date. However, we suggest that agencies review their employee, patient, and visit data to make sure it matches the information provided here.

1. Update your Agents/Employees

Go to HR -> Agents or Reference -> Agents (this might also be called Employees or something similar). Click on each agent that will use EVV. Make sure the following fields have been completed:

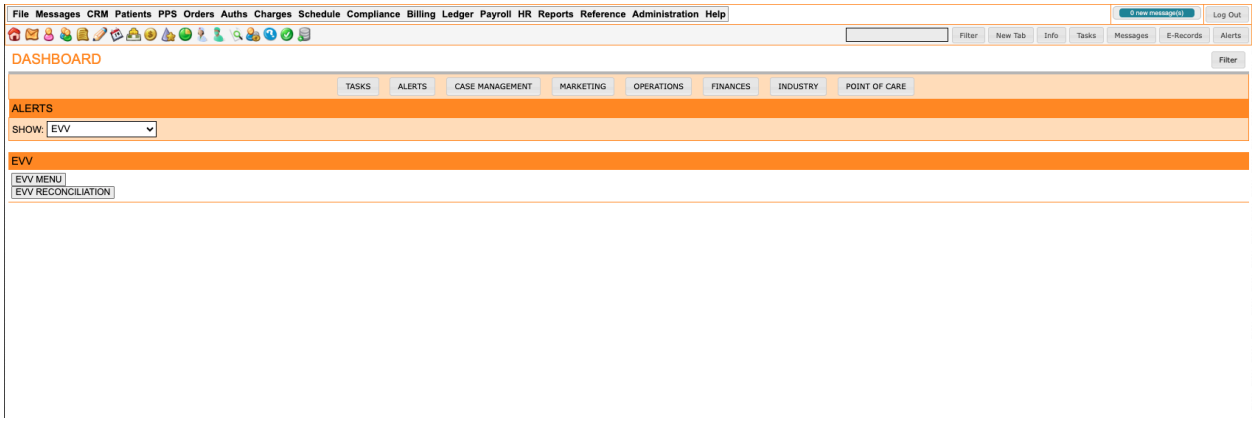
- Last Name
- First Name
- Zip Code
- Date of Birth
- Application Date
    - Note, if this field is not completed, we will send the current date as the application date when syncing to HHA Exchange.
- Licensure
    - Note, only agents with CNA, Home Health Aide, OT, OTA, PT, PTA, LPN, RN, and “Other” licensure types will be synced to HHA Exchange.
- Limit to Provider
    - Note, if this is not completed, we will send the OfficeID of the first provider/office in your Provider list.
- Social Security Number
    - Note, since this field is required for the sync process but is not actually used by HHA Exchange, if this field is not completed in HealthTrust, we will send a randomly generated 9-digit number to HHA Exchange as the agent’s social security number.

Repeat this step for every agent/employee that will use the EVV program.

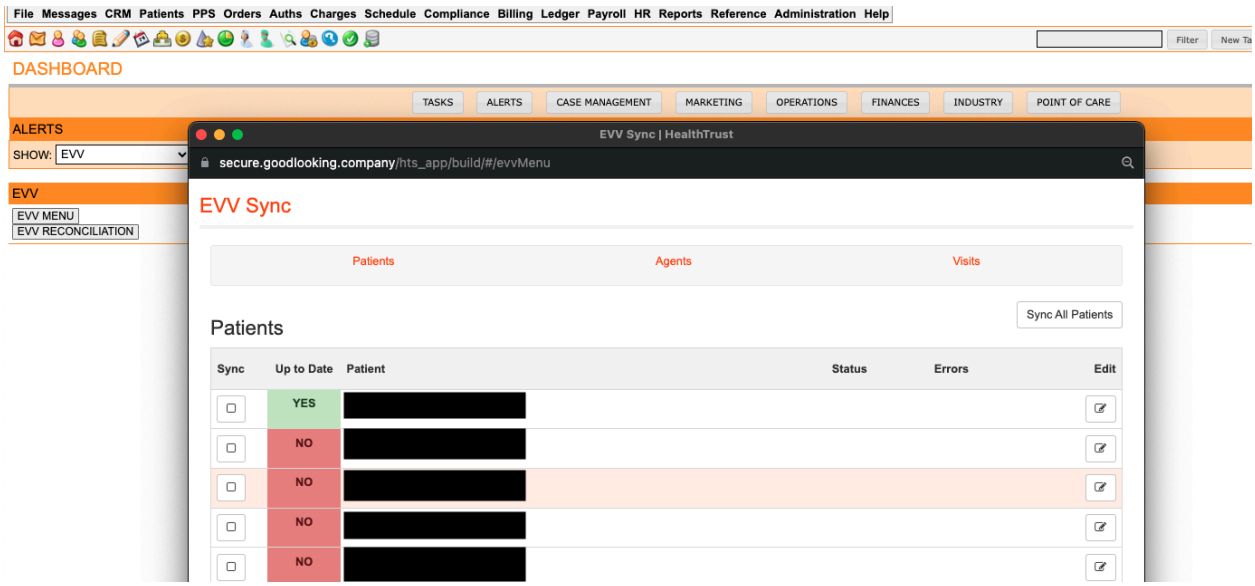
Phase 4: Sync your data

Once your data is ready to sync, you can start the first “en masse” data sync between HealthTrust and HHA Exchange.

All data syncing happens from the File -> Dashboard -> Alerts -> EVV screen.



Click the EVV MENU button.



1. Sync your agent data

Click the Agents tab. Select the agents you want to sync to HHA Exchange. Scroll to the bottom of the page. Click the Sync button. Each selected agent will be sent to HHA Exchange and a Success or Failure message will appear once completed.

If there are any failures, a message with the error will be displayed. Correct the error by clicking the Edit button next to the agent and sync again.

The Up to Date column will show you if the agent has been synchronized successfully since the last time the agent record was created or edited.

2. Sync your patient data

Click the Patients tab. Select the patients you want to sync to HHA Exchange. Scroll to the bottom of the page. Click the Sync button. Each selected patient will be sent to HHA Exchange and a Success or Failure message will appear once completed.

If there are any failures, a message with the error will be displayed. Correct the error by clicking the Edit button next to the patient and sync again.

The Up to Date column will show you if the patient has been synchronized successfully since the last time the patient record was created or edited.

3. Sync your visit data

WARNING!
We are asking all agencies to not sync visit data at this time until further testing has been completed!

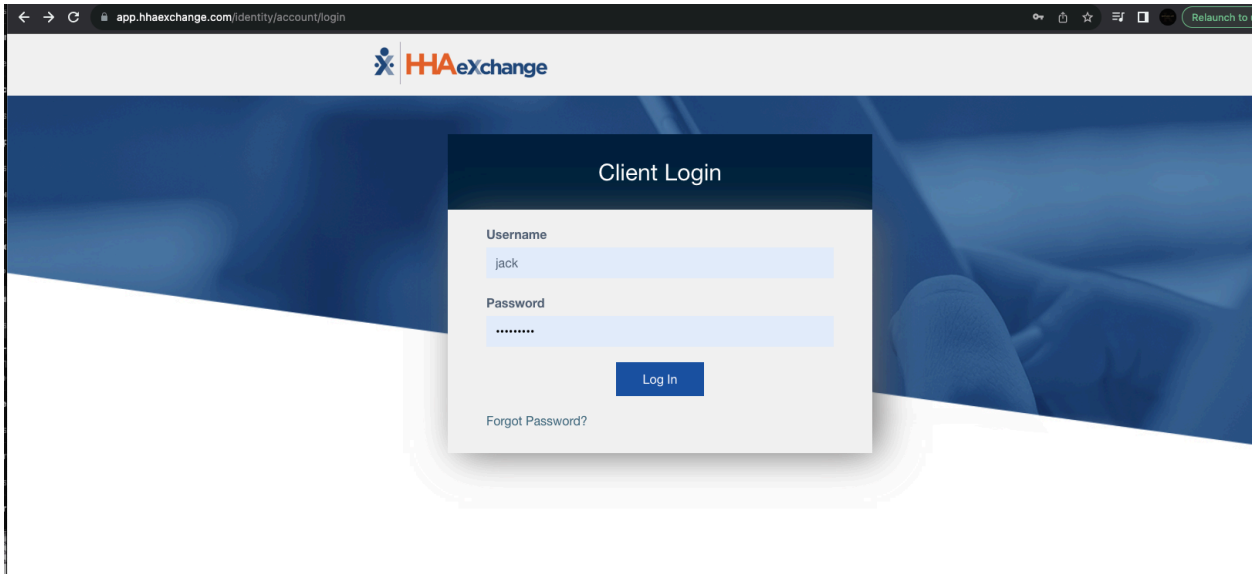
This feature will be available soon. For now, to initiate mobile app testing, you can log into the HHA Exchange portal and manually enter test visits via their schedule.

Phase 5: Give clinicians EVV mobile access

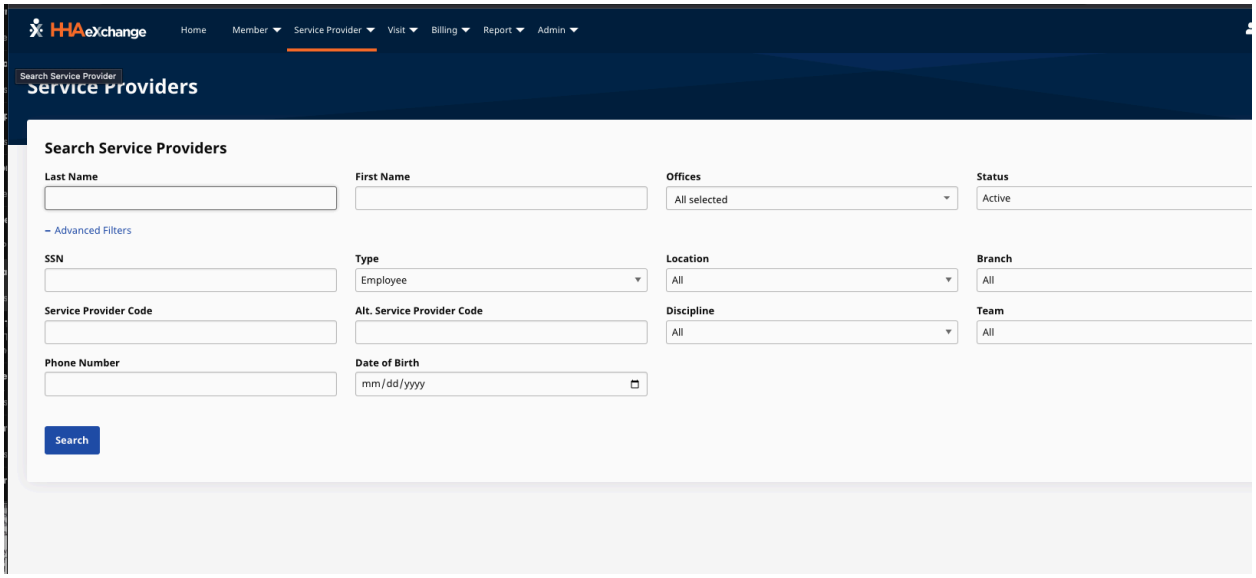
Once your agent data is synchronized to HHA Exchange, you can give your clinicians access to the HHA Exchange mobile app.

1. Get activation code

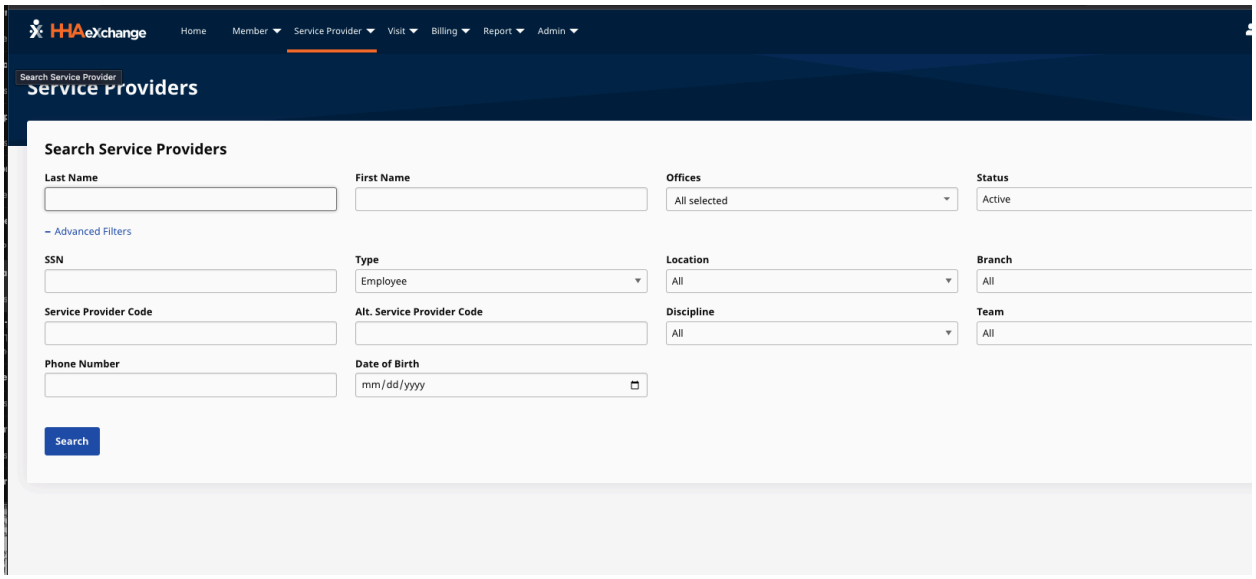
Log into the HHA Exchange portal.



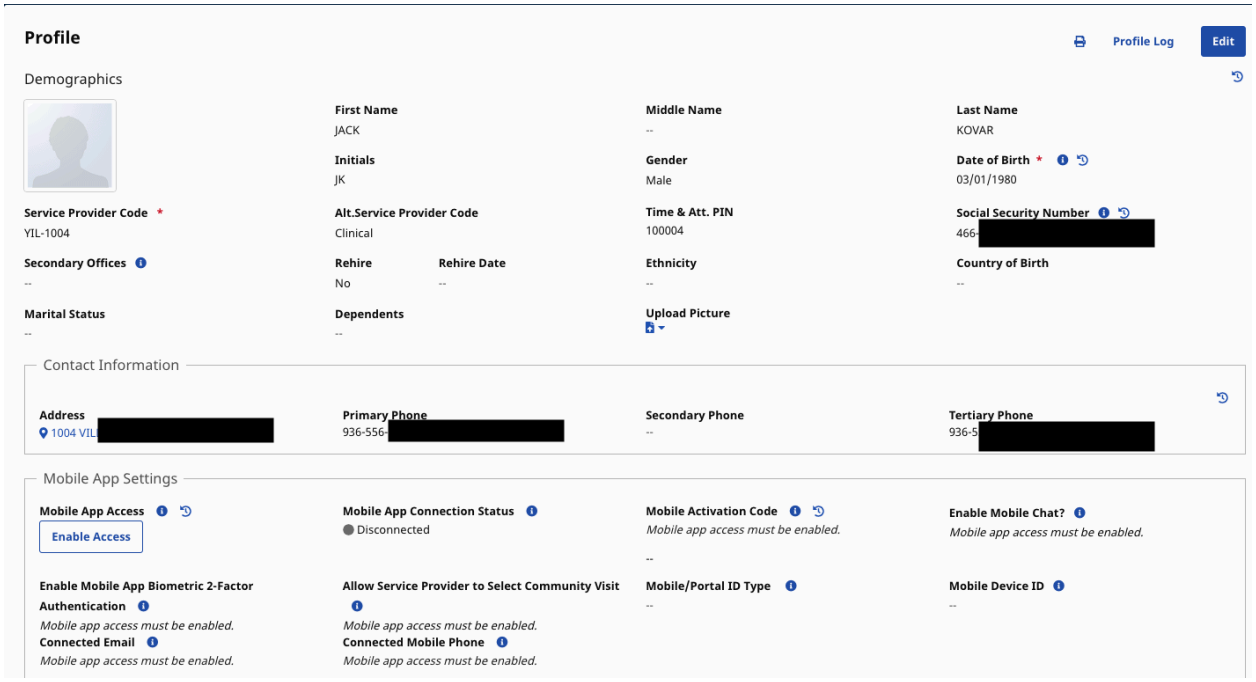
Go to Service Provider -> Search Service Provider.



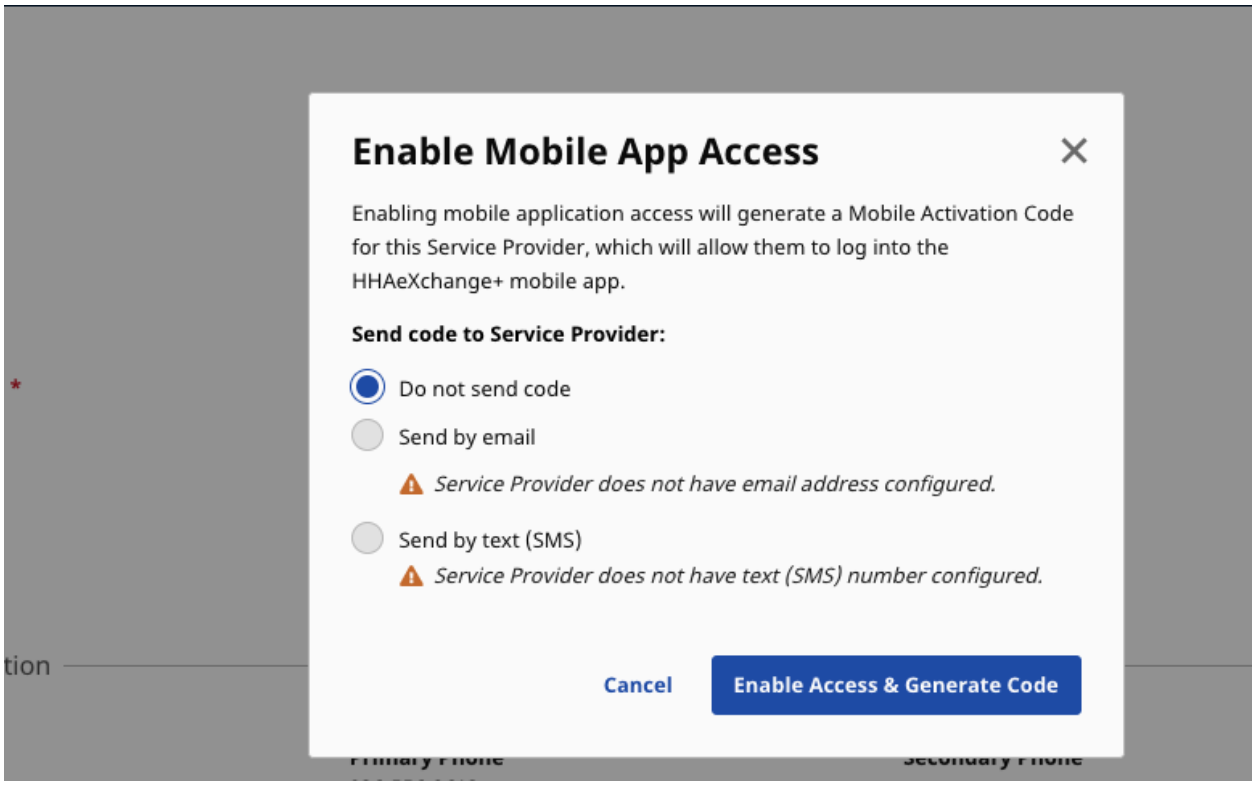
Click Search



Click on the agent profile. Then click the “Enable Access” button under Mobile App Access.



On the popup screen, choose the option that works best for you. If you choose “Do not send code”, you can view the activation code on the next screen and will need to send that code to your clinician. They need that code to activate their mobile app.



Repeat for each agent that needs mobile app access.

2. Have clinicians download the mobile app

Each clinician should visit the Apple App Store or Google Play Store on their smart device.

Search for “HHAeXchange+” in the store.



Note: Yes, these assholes also have an app called “HHAeXchange” (without the plus sign) that DOES NOT WORK. Make sure you download the app with the “+” symbol at the end of the name.

Download and launch the app.

Go through the Create Account process. The clinician will need their activation code to make this process work.

- Select Language
- Choose Create New Account
- Enter your email and password
- Open your email and confirm your account
- Log into the app
- Choose “Perform Electronic Visit Verification”
- Enter your activation code, provided by the agency
- Fill out the fields in the Complete Verification form

3. Fix the things HHA Exchange forces you to do before a patient is active, before a visit shows up on the schedule, and before a visit can actually be completed

Yes, those three things all require extra steps.

To actually activate a patient (so the patient is selectable on the mobile app)

1. Log into HHA Exchange.
2. Click Member -> Search Member -> Change the Status Filter to “All” -> Click Search.
3. Choose the patient.
4. Click Payer. Click Add. You must choose the payer, start date, and service code to make the patient active.

Now, more work to get a patient to show up on the app:

5. Select General (in the patient record) -> Click the Edit button on the right. In the “Service Providers with Mobile Member Access” field, enter the clinicians who should be able to see the patient.

Now, more work to get a visit to show up on the app:

6. Click on Schedule. Add a Weekly Variable Hours schedule.
7. Click on the Schedule and add a visit.

Now, more work to be able to actually complete the visit (without this step, the visit shows up and the clinician can clock in, but they won’t be able to clock out!)

8. Click on Auth. Click Add. Choose the payer, discipline, service code. Enter TEMP for authorization number. Enter a From and Through date.

NOTE:
These are all the things we are still trying to automate for you that should not be required for EVV in Texas.

We are building an authorization sync process; however there are several items that HHA Exchange does not correctly handle, forcing us to build “work-arounds”.

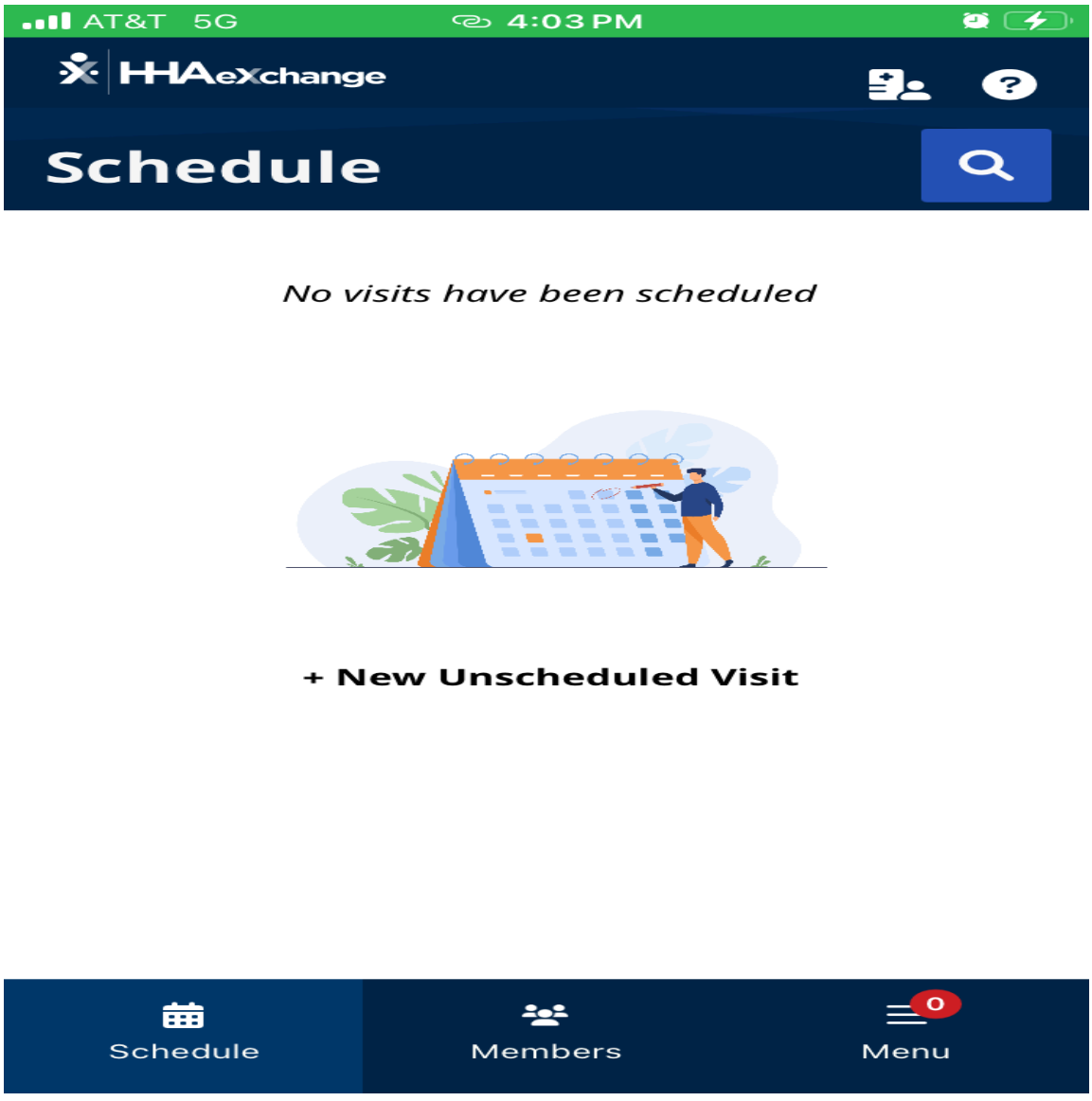
For now, you have to manually complete those steps before you can complete a visit in the EVV app.

4. Have clinicians use the mobile app for testing

Once the app account is created and the clinician logs in, they should see their schedule on the main screen. Note, their schedule will be blank until visits (and possibly some other data) has been entered in the HHA Exchange portal.

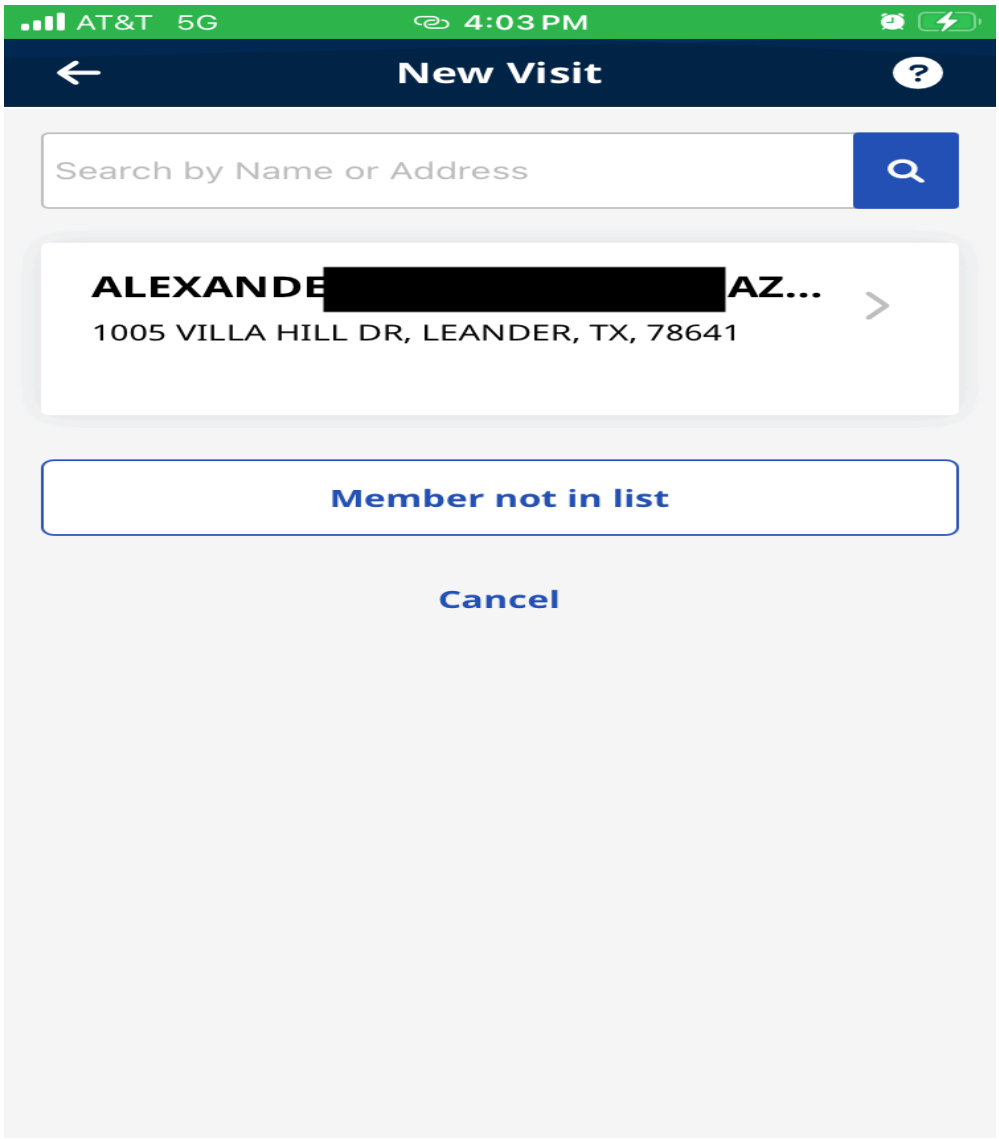
Here are some screenshots from the HHA Exchange app showing the flow of documenting an EVV visit.

Once logged in, the main schedule screen shows (likely with no visits on it unless you have entered them in the HHA Exchange portal and also jumped through a few other hoops - we are working to make that easier).



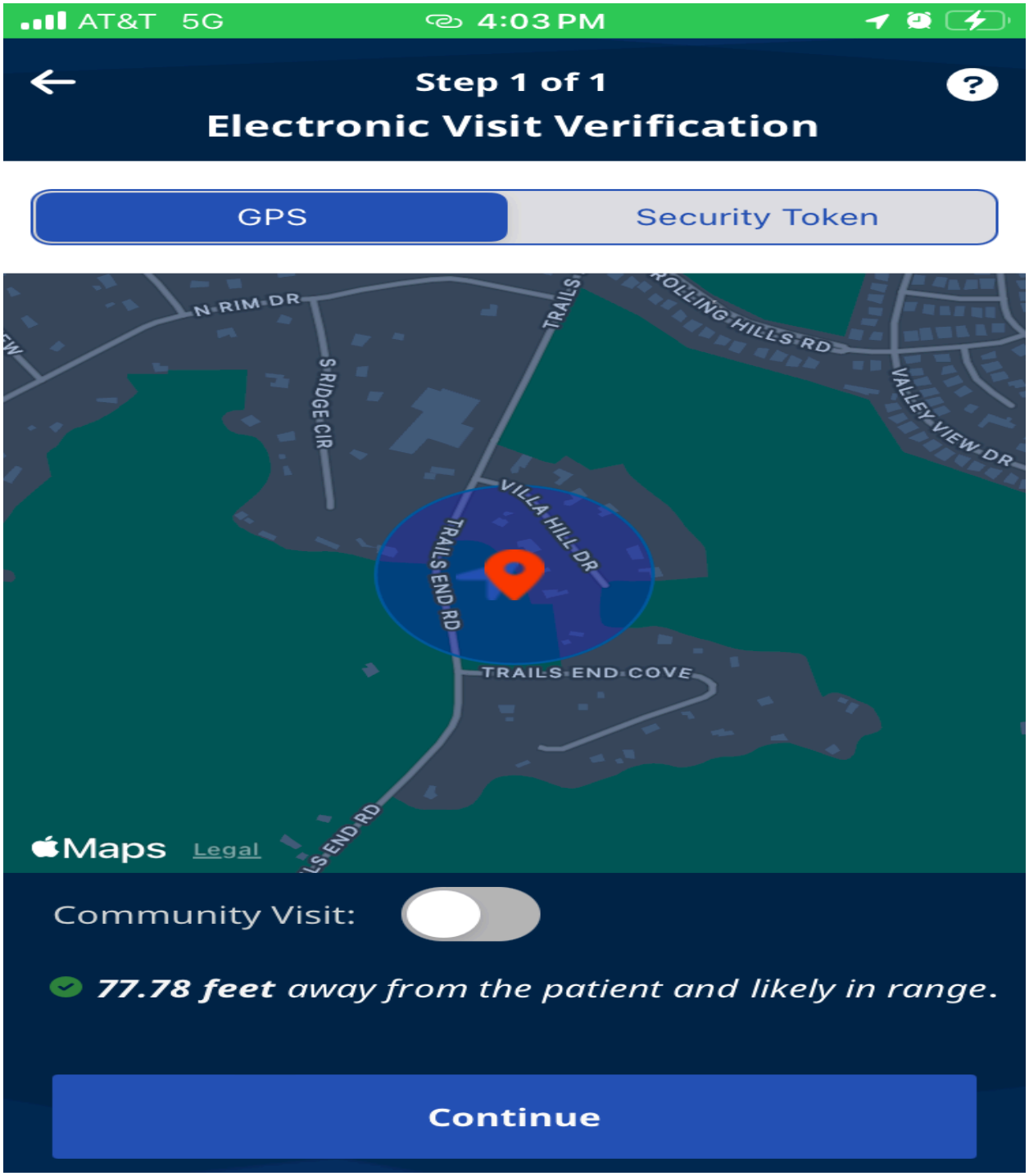
Click the button to start a manual visit for an unscheduled patient.

Starting a new visit for a patient:

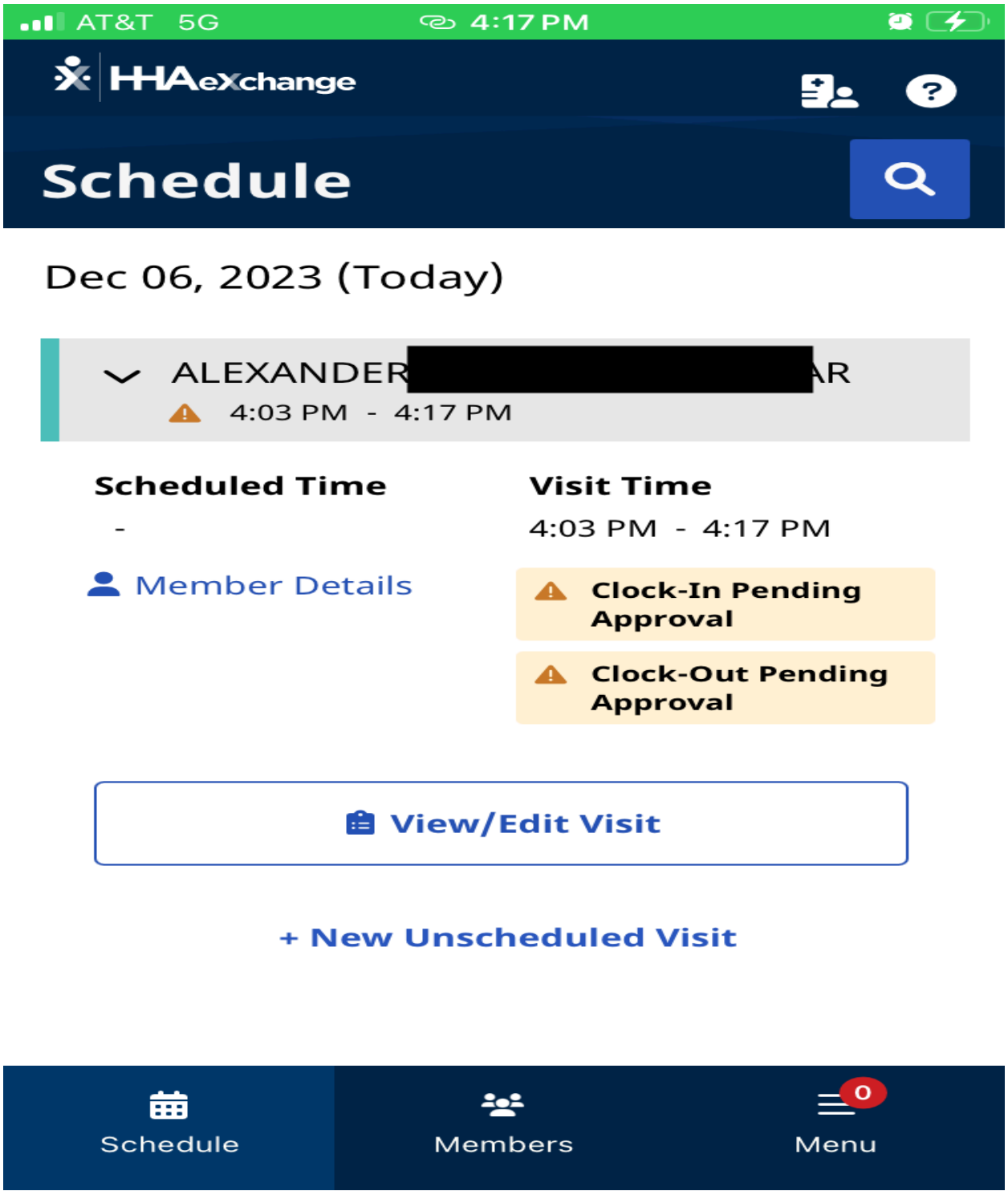


The GPS is working! The app shows you where you are, in case you didn't know.

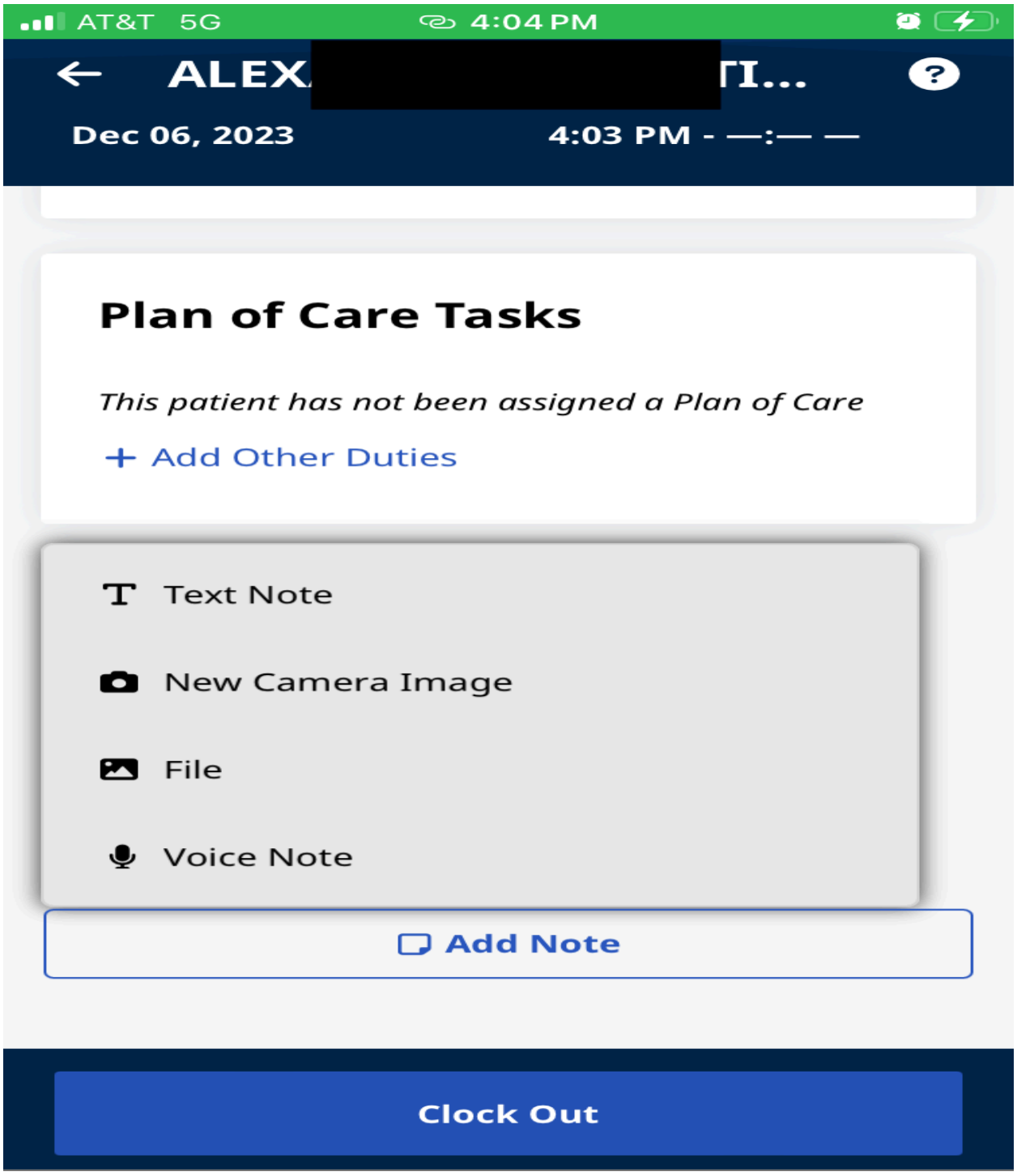
Choose Community Visit if you are doing a visit that is not at the home of the patient (like at a local park).



If you do have visits in the HHA Exchange app (and you've jumped through their unnecessary bs system), you might see a schedule with a visit on it. You can click the button to start the visit.



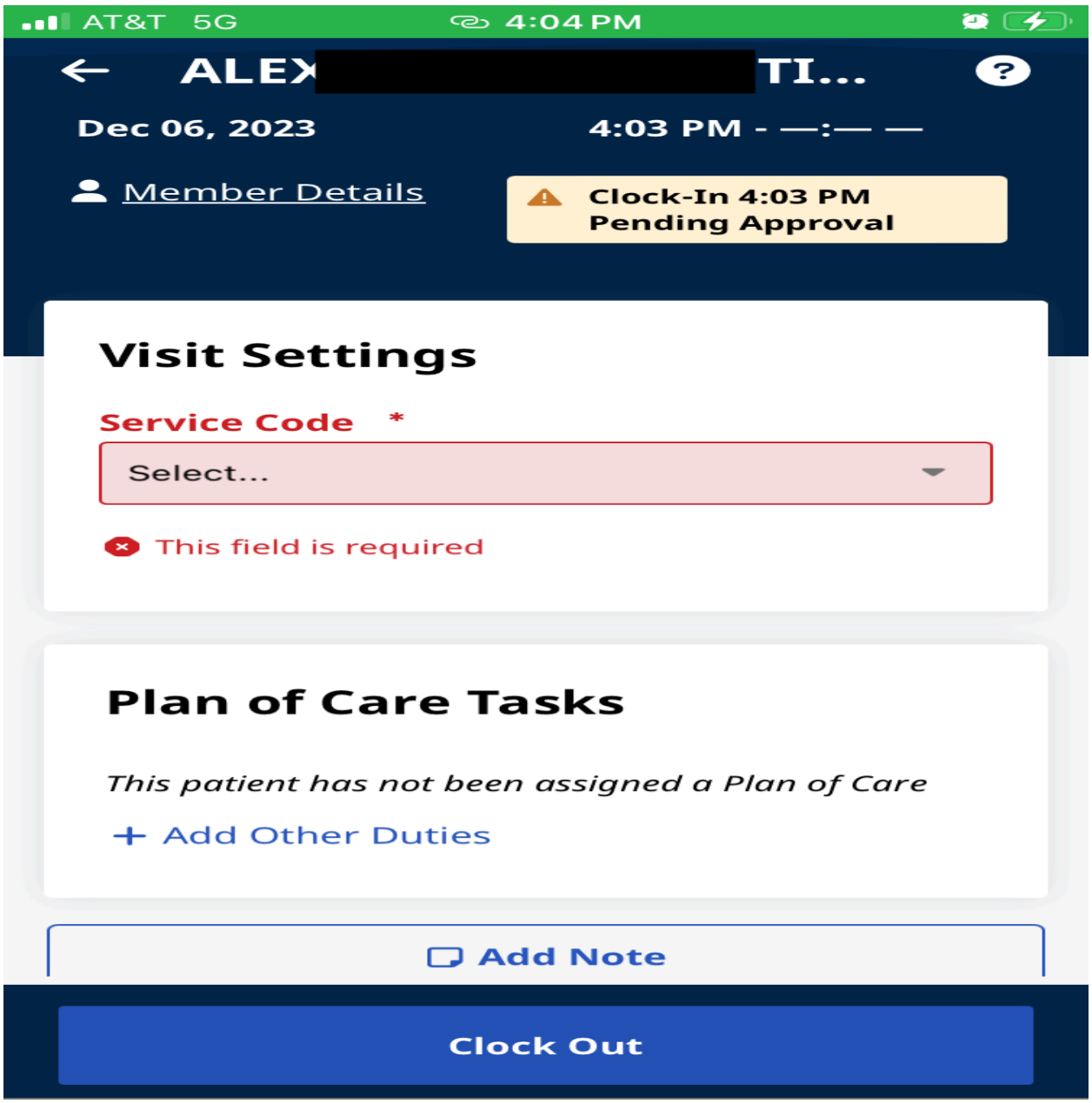
Doing a visit. It gives you options to document Plan of Care Tasks, but you don't actually have to do anything other than clock in and clock out.



At the end of the visit, clock out (or at least try to; that is also unnecessarily difficult).

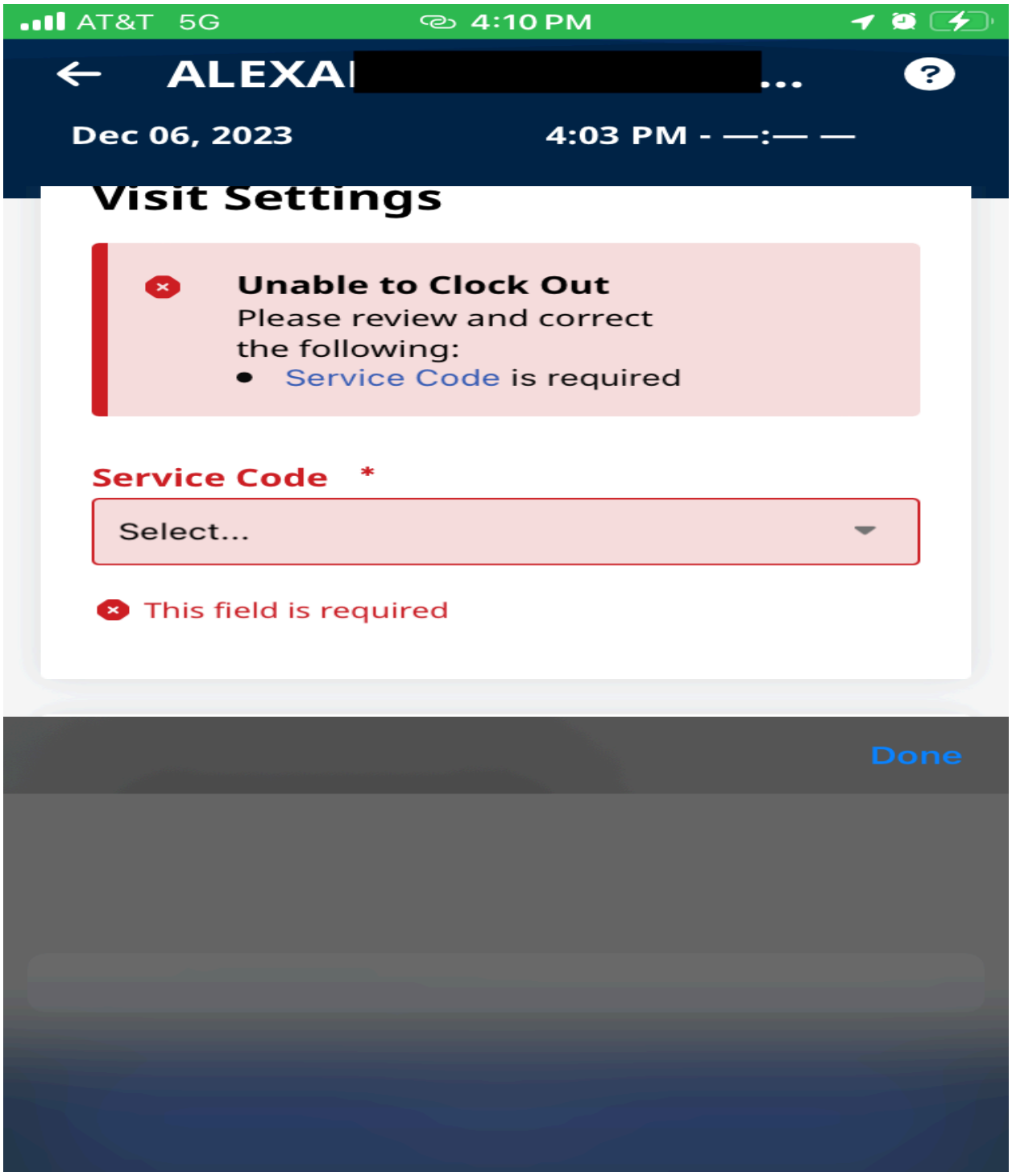
You have to have a Service Code before the app lets you clock out of a visit.

Service Codes come from the Auth inside of the HHA Exchange portal. We are still working to get that sync process correct. Until then, you might have to manually key in an auth before you can end a visit. If you get stuck in the loop of death (meaning it lets you start a visit but not end a visit), you have to force shutdown the app to get out of the visit, but it will stay clocked in).

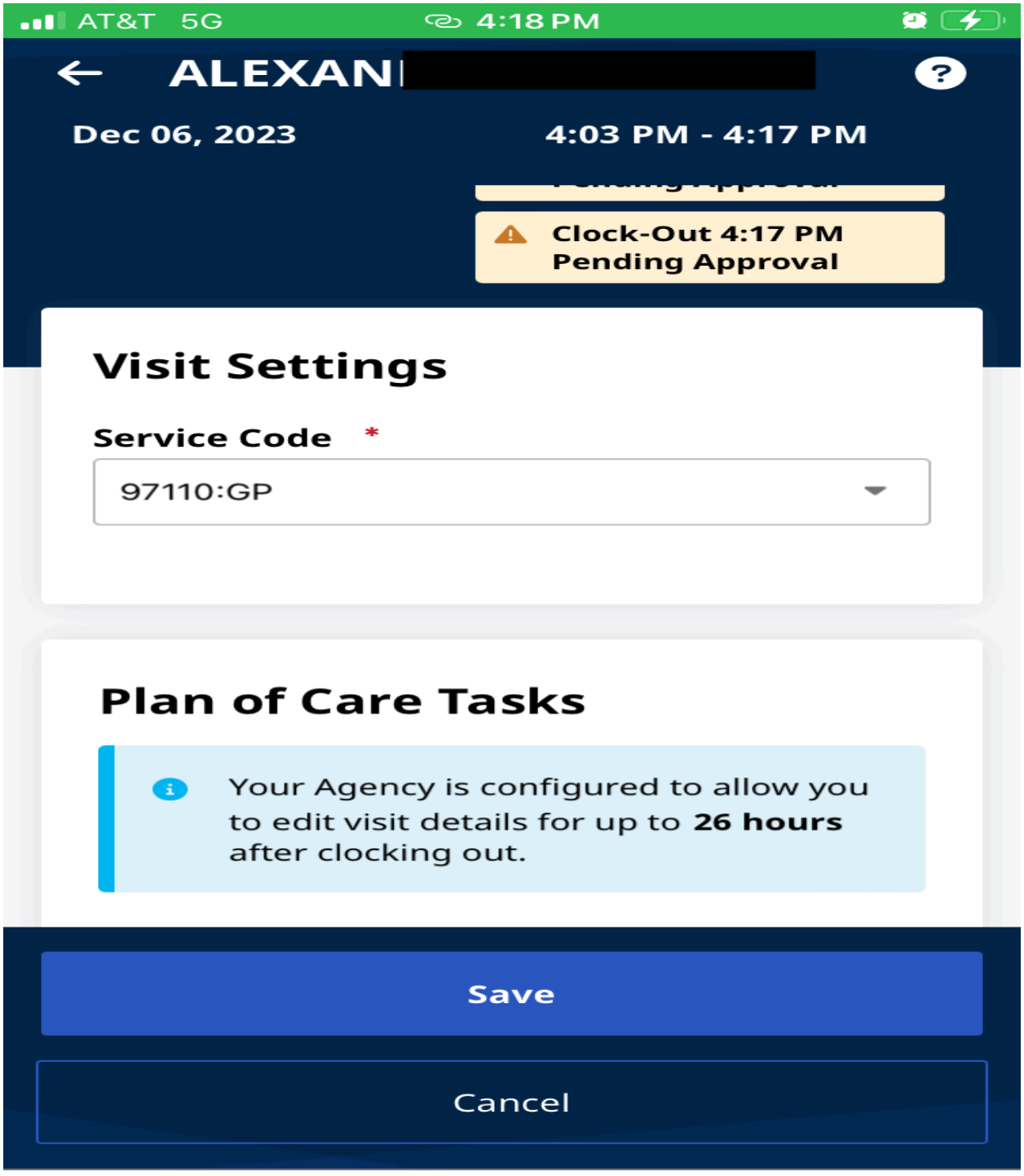


This is what the error looks like. “Service Code is required” even though one doesn’t exist in the dropdown box and nothing can be selected.

To fix this problem, you have to go to the HHA Exchange portal and manually enter an auth with a Service Code (which is really a HCPCS code with a billing modifier). Then the code should show in the visit Service Code list.



Now, we can clock out.



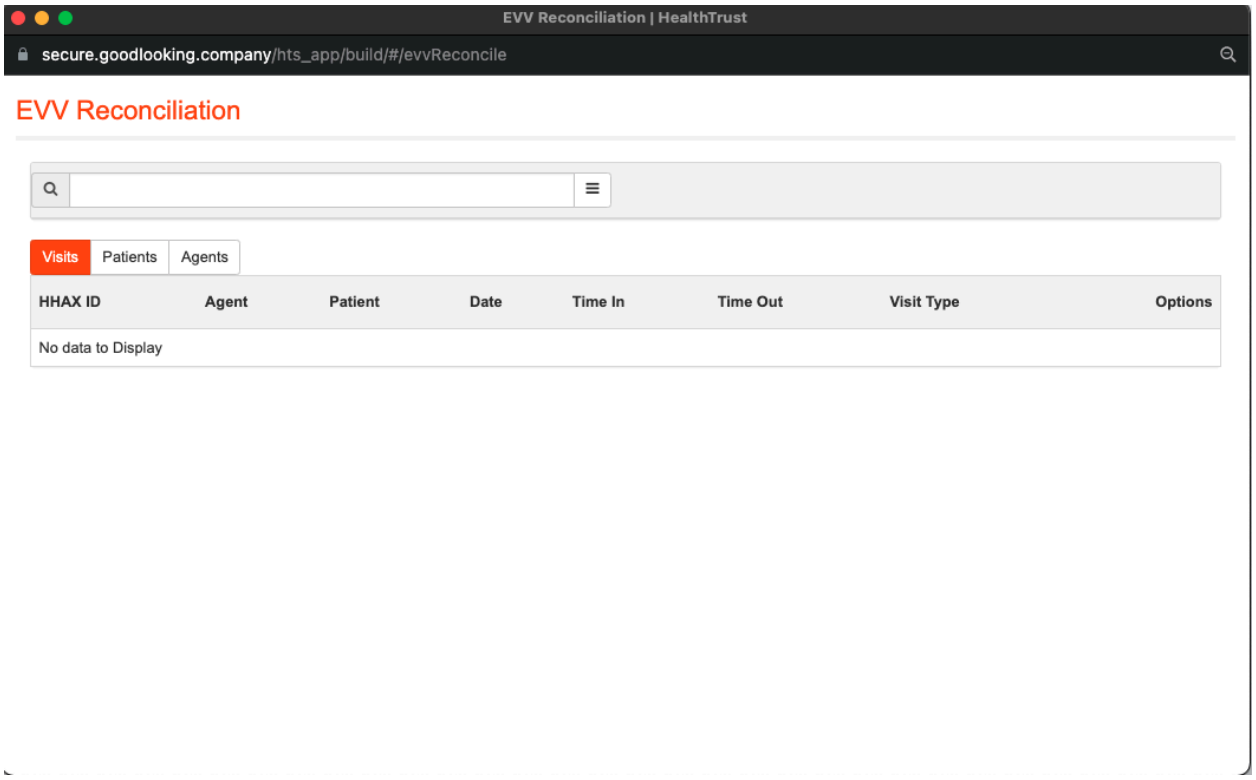
Phase 6: Reconcile your EVV visits

Once a visit is completed, it should automatically be reconciled in the HHA Exchange portal. HealthTrust syncs with HHA Exchange every 30 minutes to pull completed EVV data and reconciles it to the schedule inside the HealthTrust program

1. Review Visit Data

Go to the Dashboard -> Alerts -> EVV and click the EVV Reconciliation button. A list of visits that need to be reconciled will show up.

Follow the prompts to reconcile the visit.



NOTE:
We will continue to update this guide based on user testing once EVV visits are synced back to the system.

Phase 7: Bill your EVV visits

This is a two phase process, one for pre-January 1 and one for post-January 1.

1. December 1st - December 31st

All EVV-covered services need to be billed to TMHP (rather than the Medicaid MCO); however, you don't actually have to use the EVV program to document visits, visits do not have to be reconciled, and EVV data is not needed.

We have added a feature in HealthTrust that automatically routes claims to TMHP instead of the MCO for EVV services. This allows you to continue using the system with almost no changes.

To activate this feature, go to Reference -> Payers and click on each payer that has EVV-covered services. Enter "86916" (the Payer ID for TMHP) in the EVV Payer ID box on the first screen. Repeat this for every payer that has EVV services.

You will also need to update each Service that is an EVV-covered service. Go to Reference -> Services, choose the service, and choose "Yes" next to "Is this an EVV Covered Service?". Hit Submit and repeat for all applicable services.

If the EVV Payer ID field is completed, when you bill an EVV-covered service, the system will automatically change the Payer ID on the claim to 86916. This tells the clearinghouse to route the claim to TMHP instead of the MCO. TMHP will then route the claim to the MCO.

NOTE:
This updated billing process went live on December 14th at 11:00pm Central.

NOTE 2:
The automatic "bill to TMHP" option only works for primary claims at the current time. We are working to do the same with secondary and tertiary claims. We expect to have this working within the next ten days, but for now, secondary and tertiary claims that need to go to TMHP will have to be manually entered.

2. January 1, 2024 and beyond

Complete the process in section 1 to set up your payers and services.

Starting with dates of service January 1, 2024 and later, you will also need to:

1. Ensure that EVV-covered visits have been reconciled in the HealthTrust program (via the EVV Reconciliation dashboard).
2. If any visits have not been reconciled, you will receive an error when creating the claim.
3. There may also be some extra steps required inside of the HHA Exchange portal. We hope not, but there is conflicting information about HHA Exchange is exporting reconciled date to TMHP. We will continue monitoring this.

NOTE:

We will continue to update this part of the guide based on user testing once EVV visits are synced back to the system and EVV visits are verified by TMHP.

FAQs

Here are the answers to some frequently asked questions.

How do I get the app credentials from HHA Exchange?

To do this, please fill out the HHAeXchange Provider API Integrations request form using the following link:
https://hhaxsupport.atlassian.net/servicedesk/customer/portal/10/group/1054/create/1300

Once you have filled out the Provider API Integrations form, you will receive a unique App Name, App Secret, and App Key for your agency. Please forward those credentials to support@healthtrustsoftware.com.

NOTE: The Provider API Integrations request form will ask you for contact information for the HealthTrust Software IT department. For this section, you may list the IT contact as Blake Barrow and use blake@healthtrustsoftware.com as the email address. The IT contact number for HealthTrust Software is 877-442-4555.

How do I turn on EVV in HealthTrust?

1. Administration->Company Settings->Components->EVV (Yes)
2. Enter your HHA Exchange Office ID for each provider office that uses EVV.

How do I set up a payer as an EVV payer so HealthTrust sends the claim to TMHP?

Reference->Payers->Choose payer and enter EVV Payer ID 86916. Repeat for each payer.

I am getting a MedicaidNumber error when syncing patients

Make sure the patient's Medicaid Number is entered as the Insured ID # on the primary insurance tab.

What if Medicaid is a secondary or tertiary payer?

We are working on a solution for that. For now, enter the Medicaid Number as the Insured ID # on the primary insurance tab and then sync. Then you can change the Insured ID # back to what it should be.

What fields are required for agents to sync?

Last, First, Zip Code, Date of Birth, Application Date, Licensure

What happens if there isn't an Application Date entered for an agent?

When you sync, HealthTrust will use the current date as the Application Date. This should be fine, since you won't have EVV visits from before this date in HHA Exchange anyway.

What happens if there isn't a Social Security # entered for an agent?

When you sync, HealthTrust will create a randomly generated 9-digit number to use as the Social Security Number for the agent. The HHA Exchange online portal does not require a SS#, but their API does. So we are assuming a real SS# is not actually required. This assumption may change since HHA Exchange continues to *make an ass of u and me*.

What licensure types are covered by EVV?

CNA, Home health aide, OT, OTA, PT, PTA, LPN, RN, Other

I synced a patient record but don't see them in HHA Exchange. What's up?

Besides our blood pressure, it's probably that patients are not Active in HHA Exchange until a payer record is set up, which also includes adding a service code and other b.s. information. There is a small section in this manual that shows how to fix that.

When searching for a patient, choose "All" in the Status filter before clicking Search. That will allow you to see the patients that aren't active yet.

How do we handle visits that are done outside the patient's home?

In the HHA Exchange app, choose the Community option when starting the visit.

What about if the patient has more than one address?

Our sync process can handle two addresses: the primary address and the "Treating Address if Different" address on the patient profile. If you need more addresses than this, you can enter those manually in the HHA Exchange portal.

My clinician started and clocked in to a visit, but now it won't let them clock out. What's up?

It's probably that an Authorization isn't entered for the patient. There is a small section in this manual that shows how to fix that.

What do we do when a patient is discharged and then readmitted?

Good question and one we are trying to figure out. It looks like HHA Exchange only allows one record per Medicaid Number. So we will likely have to solve that problem in the near future

Why does the sync screen show all employees/patients/visits?

Because we haven't completely fixed it yet. We are working to make that sync screen easier to use. For now, we are erring on the side of giving you too much information.

I see PT and OT, where is ST?

Hanging out in the diva lounge. Those celebrities don't have to do EVV in Texas.

So we have to bill PT and OT directly to TMHP but ST goes to the MCO. WTF?

Yep. Same payer, same contract, different rules.

Luckily for you, we have your back. Just make sure you have the payer set up with an EVV Payer ID and your PT & OT services set as EVV services. When you bill, we will route those services to TMHP on the claim. We will keep ST going to the MCO as usual.

How do I get an activation code for my clinicians?

We outline the steps in this guide. Just follow those steps.

If you need to get a new activation code, follow the same steps but click the Refresh icon next to the activation code.

How often do we need to sync data to HHA Exchange?

You just do the sync once when you first need to load data from HealthTrust to HHA Exchange.

After that, HealthTrust syncs data to HHA Exchange every 30 minutes (note, this isn't actually happening yet but will in the near future).

You can always revisit the sync page and manually sync, but you shouldn't have to do that in the future.

Do I need to do anything in the HHA Exchange portal before billing?

We don't think so, but that is subject to change after January 1st. Right now, you can do everything in HealthTrust. We think that will continue after January 1st, but the instructions from HHA Exchange are really vague.

What happens if I bill an EVV service to the actual MCO?

You should get a rejection. Then rebill it to TMHP.

Or save yourself the headache and just bill TMHP the first time.

Why are you guys so ornery?

We hate when big businesses, insurance companies, lobbyists, and bureaucrats collude to screw over healthcare providers.

How much money is Texas wasting on this EVV program?

You can see the details of the HHSC solicitation here:
https://www.txsmartbuy.com/esbddetails/view/HHS0011055

The vendor said the award was valued at **$152,218,455.00**.

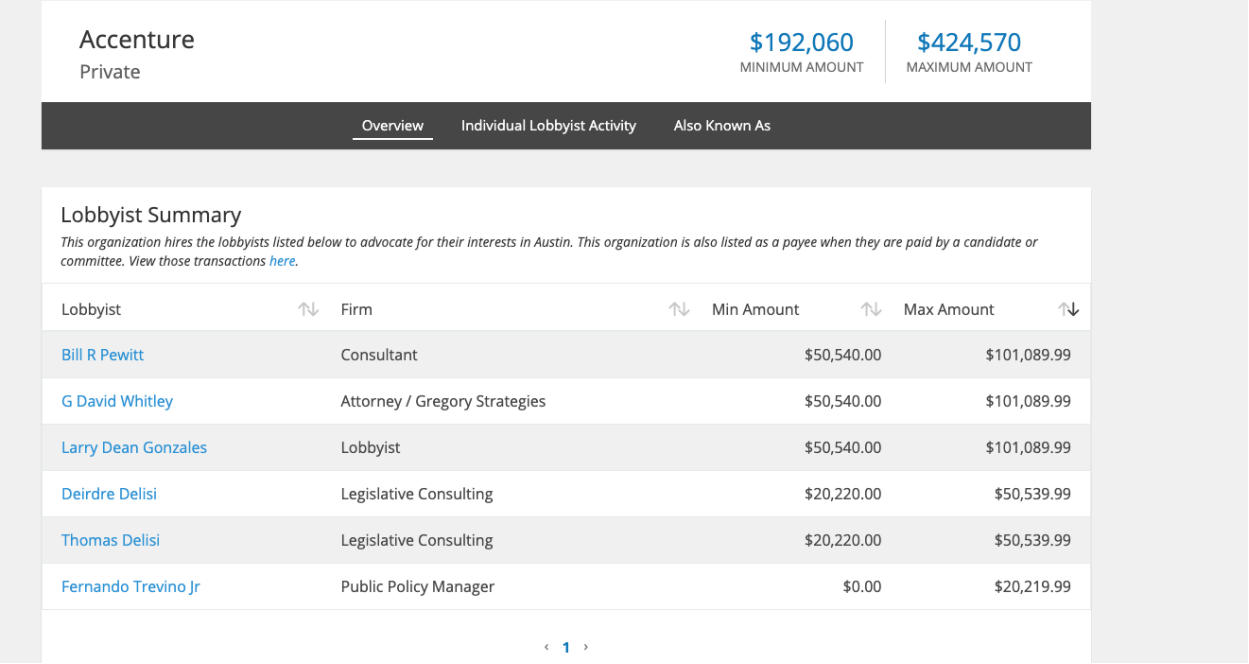
But please remember, there wasn't enough in the state budget to increase pay rates for clinicians.

Who did this to us?

Vendor: Accenture State Healthcare Services LLC

Sub-contractor: Homecare Software Solutions LLC DBA HHAeXchange

Lobbyist for Accenture:



Accenture
Private

$192,060
MINIMUM AMOUNT

$424,570
MAXIMUM AMOUNT

Overview | Individual Lobbyist Activity | Also Known As

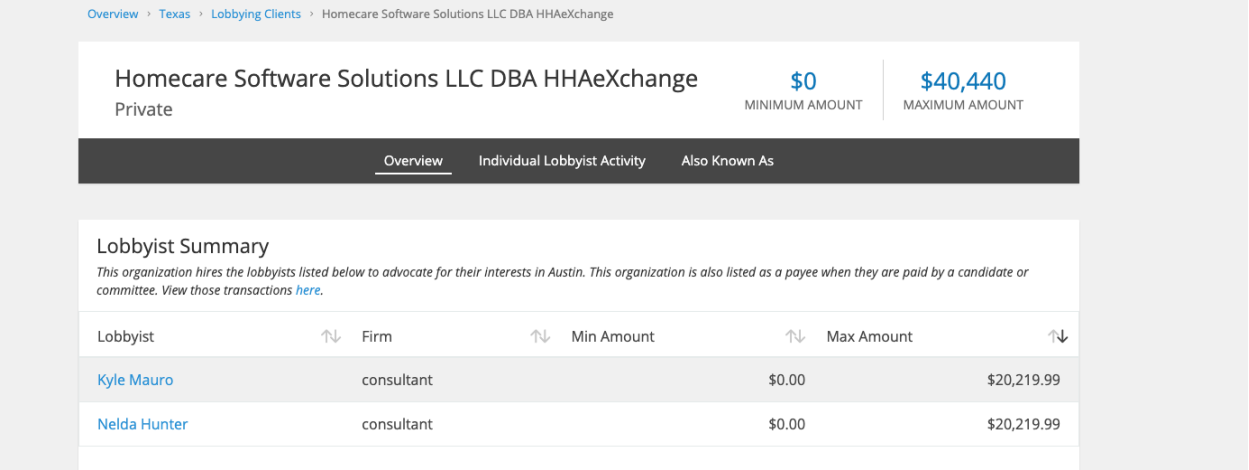
Lobbyist Summary

This organization hires the lobbyists listed below to advocate for their interests in Austin. This organization is also listed as a payee when they are paid by a candidate or committee. View those transactions here.

Lobbyist	Firm	Min Amount	Max Amount
Bill R Pewitt	Consultant	$50,540.00	$101,089.99
G David Whitley	Attorney / Gregory Strategies	$50,540.00	$101,089.99
Larry Dean Gonzales	Lobbyist	$50,540.00	$101,089.99
Deirdre Delisi	Legislative Consulting	$20,220.00	$50,539.99
Thomas Delisi	Legislative Consulting	$20,220.00	$50,539.99
Fernando Trevino Jr	Public Policy Manager	$0.00	$20,219.99

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Lobbyist for HHAeChange: Kyle Mauro & Nelda Hunter with HillCo Partners



What do they get out of it?

Beside a boatload of money, here's what they also get.

HHAeXchange is receiving and uploading daily data (historical visit and profile data) from current EVV vendor systems, DataLogic Vesta and First Data AuthentiCare, into the HHAeXchange Provider Portal.

HHAeXchange is importing the following historical data: "

- Up to five years data of:
    - Members
    - CDS Employers
    - Service Providers/CDS Employees
    - Authorizations

What do providers get out of it?

$0.

Well, you also get the opportunity to prove you aren't committing fraud.

Even though you already went to school, sat through professional licensing exams, received and maintain your professional license, are licensed as a home health agency, are surveyed and audited by multiple federal, state, and payer entities, complete massive amounts of clinical documentation, and have clinical notes signed by the patient and/or parent, you now get the special opportunity to send your patients' protected healthcare data to a vendor with antiquated technology and have them (via their shitty technology) tell you whether you are committing fraud or not and whether you should get paid or not.

Oh, and in case you were wondering, HHAeXchange's EVV program doesn't actually stop fraud from happening:
https://www.attorneygeneral.gov/wp-content/uploads/2023/04/2023-04-04-Criminal-Complaint-APOOF.pdf

The sync menus don't look right or show a 404 error. What is wrong?

This is almost certainly a caching issue. Hard refresh your browser (Command + Shift + R on a Mac) and try again. If that doesn't work, try using incognito mode or open a different browser. Once your cache is cleared, it will almost certainly resolve the issue.

I'm not seeing the agent tab. What is wrong?

This is probably due to 1) you don't have EVV turned on under Company Settings or 2) you don't have security permissions to view Agents, Patients, etc. Check your Company Settings and your Security Group settings and ensure you have the appropriate permissions.

When syncing a lot of agents or patients, the sync process froze up. Now it shows that some patients/agents are not synced. What do I do?

There is a known bug when the sync process "freezes up". A lot of times, the patient or agent was actually synced to HHA Exchange, but the "linking" with our system did not get updated. We are working on this issue.

For now, if you try to resync a record and get the error "Patient with the same Medicaid Number already exists." or similar, then the original sync did work and the patient/agent is in HHAX. You don't have to do anything else.

If you get any other error message, the sync for that patient/agent did not work, so you need to fix the error and resync.