

How to Find and Understand Your EVV Compliance

Minnesota Providers

Spring 2026



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agenda

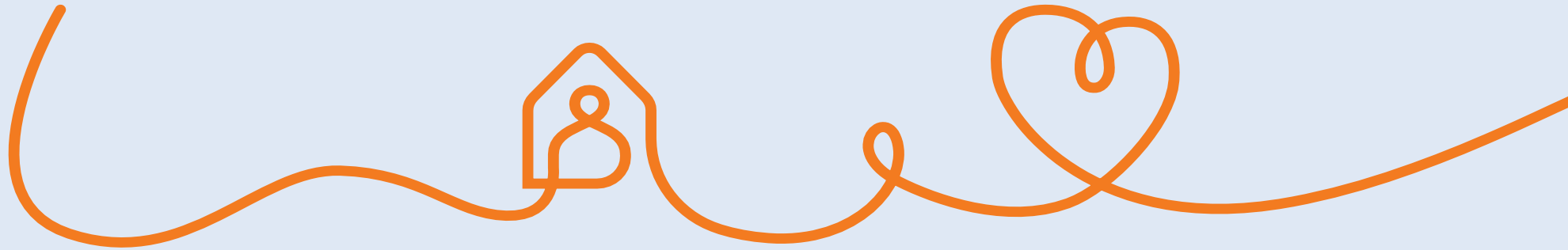


- What is EVV Compliance?
- EVV Lifecycle
- EVV Compliance Reporting
- Best Practices



What is EVV Compliance?

EVV Compliance



EVV Compliance: Electronic Visit Verification (EVV) compliance means meeting federal and state requirements to electronically document key details of in-home care visits—such as caregiver, service type, date, time, and location—to prevent fraud and ensure accurate billing. It ensures providers use approved systems and follow reporting rules set by the 21st Century Cures Act.

➤ MN DHS EVV Compliance Policy

DHS monitors and enforces EVV compliance at the provider's tax ID level across all Payers (FFS and MCOs) by using:

- Monthly compliance reports for monitoring and correction.
- Quarterly compliance reviews for enforcement decisions.

DHS calculates compliance based on all NPI/UMPI number(s) associated with a tax ID across all Payers.

- A provider's overall compliance is affected by the performance of every NPI/UMPI under that tax ID across all Payers that have Census.
- Non-compliance for any NPI, UMPI, or for any Payer Contract could impact overall EVV Compliance

➤ EVV Compliance Calculation

For each Payer, EVV Compliance is calculated:

- $\text{Total \# of EVV Confirmed Visits} \div \text{Total \# of Confirmed Visits} = \text{EVV Compliance \%}$

DHS combines all EVV Compliance % across all Payers with active Clients and calculates an average. Example:

- $40\% (\text{Payer A}) + 90\% (\text{Payer B}) + 15\% (\text{Payer C}) \div 3 \text{ Payers} = 48\% \text{ Average EVV Compliance \%}$

Definitions:

- **Confirmed Visit:** Visits that have all 6 Cures Act Required data points (date, time, caregiver, care recipient, location, service)
 - **EVV Confirmed Visits:** Visits that **electronically capture** the 6 Cures Act required data points and are **not manually entered or edited after the fact**
 - **Manually Confirmed Visits:** Visits that have all 6 Cures Act required data points that have been manually entered or edited. These visits are not EVV Compliant.
- **Unconfirmed Visit:** Visits that missing one or more of the 6 Cures Act required data points. These visits are not EVV Compliant and are not matched to a Paid Claim

Visit Status Examples

EVV Confirmed

 **Captured Electronically**
Date

 **Captured Electronically**
Clock In/Out

 **Captured Electronically**
Location

 **Captured Electronically**
Care Recipient

 **Captured Electronically**
Caregiver

 **Captured Electronically**
Service

Manually Confirmed

 **Captured Electronically**
Date

 **Manually Edited**
Clock In/Out

 **Captured Electronically**
Location

 **Captured Electronically**
Care Recipient

 **Captured Electronically**
Caregiver

 **Captured Electronically**
Service

Unconfirmed

 **Captured Electronically**
Date

 **Clock In Captured Electronically**
Clock In/Out **Missing Clock Out**

 **Captured Electronically**
Location

 **Captured Electronically**
Care Recipient

 **Captured Electronically**
Caregiver

 **Manually Edited**
Service

➤ Exceptions

Exceptions are the reason a visit will not be compliant

- There are 7 possible exceptions that could be applied to a visit in Minnesota:
 - Caregiver did not clock in
 - Caregiver did not clock out
 - Missing both clock in and clock out
 - Unknown employee (temp caregiver)
 - If IVR/Telephony – phone number that the Caregiver called from does not match Client profile
 - If Mobile App – the GPS coordinates captured during clock in or clock out are outside of the tolerance range
 - Visit time (clock in and/or clock out) has been manually entered or adjusted



EVV Lifecycle

➤ EVV Lifecycle



Agency Schedules visit.
(Unscheduled Visits are **acceptable** in Minnesota)



Caregiver Clocks In and Out
of the visit **using EVV Tools**
(e.g. Mobile App or
Telephony)



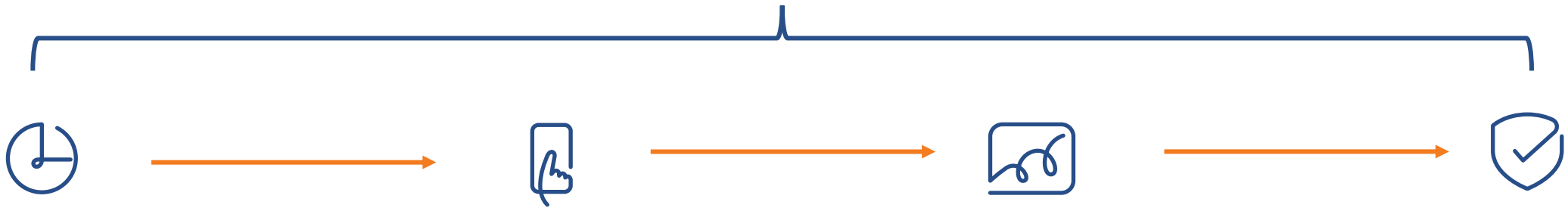
Agency conducts Visit
Maintenance to add or edit
visits to get all visits into a
Confirmed status.



Agency **proactively**
monitors EVV Compliance
% with reporting tools made
available by HHAExchange

> EVV Lifecycle

EVV Compliance is impacted by the Provider and Caregiver's practices and procedures throughout the EVV Lifecycle



Agency Schedules visit.
(Unscheduled Visits are **acceptable** in Minnesota)

Caregiver Clocks In and Out of the visit **using EVV Tools** (e.g. Mobile App or Telephony)

Agency conducts Visit Maintenance to add or edit visits to get all visits into a **Confirmed** status.

Agency **proactively monitors EVV Compliance** % with reporting tools made available by HHAeXchange

Regular **Visit Maintenance** is essential for proactive EVV compliance management because it allows agencies to **catch and correct visit errors** early—before they impact billing, claims, or compliance metrics. By routinely reviewing and resolving discrepancies, organizations ensure **cleaner data, fewer rejections, and stronger overall compliance performance.**

Visit Maintenance




EVV Compliance Reporting

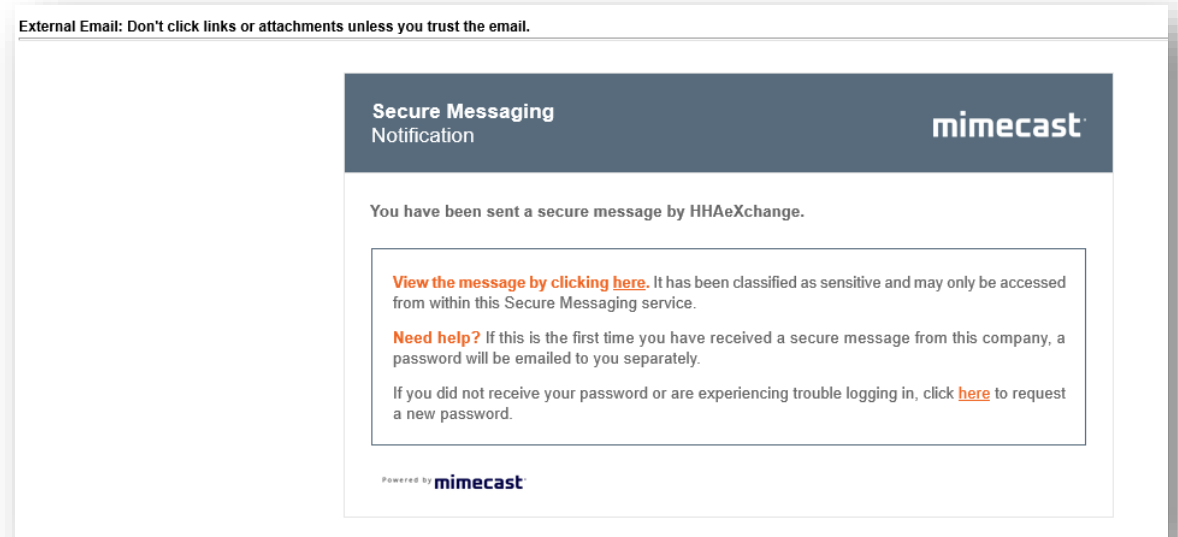
➤ Types of EVV Compliance Reports

Direct Emailed Reports

Direct emailed EVV Compliance Reports are proactively sent to each Minnesota Provider by HHAeXchange via secure email. Providers need to be enrolled with HHAeXchange and have at least one HHAeXchange Provider Portal user with an ADMIN user role. Only Provider Portal users with ADMIN user roles will receive this email. Helpful Article: [Create a New User](#)

TIPS

- Email will come from: secure-ssis@hhaexchange.com
- Check your junk folder if the email is not in your inbox
- If you don't see the email at all, speak with your IT lead about allow-listing HHAeXchange's email address above
- Report will be titled:
 - "MN EVV Compliance Report_Agency Name"
- Email may look like this 





Emailed Monthly EVV Compliance % Report

This is the report MN DHS uses to monitor and enforce compliance

Report Summary:

- This report will provide visibility to Providers on the Quarterly EVV Compliance % they will be held accountable to by MN DHS
- Two Report Periods:
 - Prior Quarter
 - Quarter to Date

Metrics Provided:

- Total Active Census for the Reporting Period
- Total # of EVV Compliant Visits
- Total # of Visits w/ an Exception
- Total # of Confirmed Visits
- EVV Compliance %
- Live-In Caregiver Visits Excluded
- Compliance Threshold
- Meets Threshold

Payer Name/ Contract	Provider Name	VendorID	Tax ID	Reporting Period Prior Quarter	Total Active Census Prior Quarter	Total # of EVV Compliant Visits Prior Quarter	Total # of Visits w/ an Exception Prior Quarter	Total # of Confirmed Visits Prior Quarter	EVV Compliant Percent Prior Quarter	Count Of Live-In Caregiver Visits Excluded Prior Quarter	Compliance Threshold Prior Quarter	Meets Threshold Prior Quarter
Payer A	Provider Name	123456	123456789	10/01/2025-12/31/2025	250	6000	19000	25000	24.00	2200	50	N
Payer B	Provider Name	123456	123456789	10/01/2025-12/31/2025		0	0	0		0	50	N/A
Payer C	Provider Name	123456	123456789	10/01/2025-12/31/2025		0	0	0		0	50	N/A
Payer D	Provider Name	123456	123456789	10/01/2025-12/31/2025	95	0	0	0	0	0	50	N
Payer E	Provider Name	123456	123456789	10/01/2025-12/31/2025		0	0	0		0	50	N/A
Payer F	Provider Name	123456	123456789	10/01/2025-12/31/2025	175	4900	200	5100	96.08	0	50	Y
Payer G	Provider Name	123456	123456789	10/01/2025-12/31/2025	25	2400	3300	5700	42.1	500	50	N
Payer H	Provider Name	123456	123456789	10/01/2025-12/31/2025	175	4500	2900	7400	60.81	100	50	Y
Payer I	Provider Name	123456	123456789	10/01/2025-12/31/2025		0	0	0		0	50	N/A
Payer J	Provider Name	123456	123456789	10/01/2025-12/31/2025	1	250	650	900	27.78	20	50	N

➤ Emailed Monthly EVV Compliance % Report

DHS calculates compliance based on all NPI/UMPI number(s) associated with a tax ID across all Payers.

- A provider’s overall compliance is affected by the performance of every NPI/UMPI under that tax ID across all Payers that have Census.
- Non-compliance for any NPI, UMPI, or for any Payer Contract could impact overall EVV Compliance

Payer Name/ Contract	Provider Name	VendorID	Tax ID	Reporting Period Prior Quarter	Total Active Census Prior Quarter	Total # of EVV Compliant Visits Prior Quarter	Total # of Visits w/ an Exception Prior Quarter	Total # of Confirmed Visits Prior Quarter	EVV Compliant Percent Prior Quarter	Count Of Live-In Caregiver Visits Excluded Prior Quarter	Compliance Threshold Prior Quarter	Meets Threshold Prior Quarter
Payer A	Provider Name	123456	123456789	10/01/2025-12/31/2025	250	6000	19000	25000	24.00	2200	50	N
Payer B	Provider Name	123456	123456789	10/01/2025-12/31/2025		0	0	0		0	50	N/A
Payer C	Provider Name	123456	123456789	10/01/2025-12/31/2025		0	0	0		0	50	N/A
Payer D	Provider Name	123456	123456789	10/01/2025-12/31/2025	95	0	0	0	0	0	50	N
Payer E	Provider Name	123456	123456789	10/01/2025-12/31/2025		0	0	0		0	50	N/A
Payer F	Provider Name	123456	123456789	10/01/2025-12/31/2025	175	4900	200	5100	96.08	0	50	Y
Payer G	Provider Name	123456	123456789	10/01/2025-12/31/2025	25	2400	3300	5700	42.1	500	50	N
Payer H	Provider Name	123456	123456789	10/01/2025-12/31/2025	175	4500	2900	7400	60.81	100	50	Y
Payer I	Provider Name	123456	123456789	10/01/2025-12/31/2025		0	0	0		0	50	N/A
Payer J	Provider Name	123456	123456789	10/01/2025-12/31/2025	1	250	650	900	27.78	20	50	N

- The Provider is linked to 10 Payers in Minnesota
- The Provider has at least one active Client with 6 Payers. The Provider is not reporting EVV data for Payer D.
- DHS will add all Compliance % from “EVV Compliant Percent Prior Quarter” and divide by the number of Payers with active census

24% (Payer A) + **0%** (Payer D) + **96.08%** (Payer F) + **42.1%** (Payer G) + **60.81%** (Payer H) + **27.78%** (Payer J) / 6 Payers = **41.79%**

Review Client Status

Review Individual Client Record & Edit Discharge

Date

- Log into your HHAeXchange Provider Portal and click the 'Patient' Module
- Select 'Search Patient'
- Search the Client's information (Ex: First or Last Name)
- Navigate to 'Contracts' section of the Client's record
- Select the 3 dots in the Placement (i.e. Contract) you want to Discharge
- Enter applicable Discharge date.

Only discharge a Client's Placement (Contract) if you are not providing services to that Client.

- **Discharge date should be when you ended services with the Client**
- **You should not discharge a Client if you will submit claims for dates of services provided after the discharge date**

The screenshot displays the HHAeXchange Provider Portal interface. At the top, the navigation bar includes 'Home', 'Patient', 'Caregiver', 'Visit', 'Action', 'Billing', 'Payroll', 'Clinical', 'Report', and 'Admin'. The 'Patient' menu is highlighted with a red box. Below the navigation bar, the patient's name 'A J' is shown with an 'Active' status. A red box highlights the name 'DEMO PATIENT'. The patient's information includes 'Date of Birth', 'Patient [Alt ID]', 'Admission ID', 'Home Phone', 'Address', 'Languages', 'Contract' (Life Care Demo Payer (KHC)), 'Coordinators' (George Test), and 'Office' (UMA healthcare). The left sidebar contains a 'Patient Search' section and a list of menu items: 'General', 'Contracts/Insurance' (highlighted with a red box), 'Profile', 'Eligibility Check', 'Auth/Orders', 'Compliance', 'Special Requests', 'Master Week', 'Calendar', 'Visits', and 'POC/PCP'. The main content area shows the 'Contracts' section with a table of 'Contract Placements'. The table has columns: Placement ID, Contract, Is Primary Contract, Alt Patient ID, Service Start Date, Rank, Source Of Adm, Service Code, Plan Code, Discharge Date, Discharge To, and Action. A red box highlights the 'Action' column for the first row, which contains a dropdown menu. The dropdown menu options are: 'Edit Service Start Date', 'Edit Rank', 'Edit Service Code', 'Edit Discharge Date' (highlighted with a red box), 'Delete Placement', 'Upload Document', 'Patient Contract History', and 'Patient Diagnosis Code Override'. Below the table is the 'Contract Status History' section with a table of columns: Placement ID, Date, Contract, and Note. The first row shows a contract added on 4/24/2024 at 3:51:00 PM for Life Care Demo Payer (KHC).

➤ Review Clients by Payer/Contract

Find your active Clients by Payer/Contract

- Log into your HHAExchange Provider Portal and click the 'Patient' Module
- Select 'Search Patient'
- Select applicable Payer/Contract from 'Contract' drop down

UMA Healthcare (PE Training Use Only) [ID# N/A] | Cloud

Patients

Search Patients

Last Name First Name Admission ID Status

— Advanced Filters

Patient ID Alt. Patient ID Phone Number Coordinator

Patient Team Offices Location Branch

Contract Discipline Medicaid ID

Default Patient ⓘ

Search Results (20)

Patient	Patient ID	Admission ID	Status	Office	Coordinators	Start Date	Active Contract	Phone Number	Team	Location	Branch	Disciplines
 DOB: XX/XX/XXXX			Active	UMA health care training		11/08/2024	Life Care Demo Payer (434)					PCA
 DOB: XX/XX/XXXX			Active	UMA health care training		11/01/2023	Life Care Demo Payer (434)					PCA, HHA

Client Discharge Best Practices

Only discharge a Client's Placement (Contract) if you are not providing services to that Client.

- Discharge date should be when you ended services with the Client
- You should not discharge a Client if you will submit claims for dates of services provided after the discharge date

Payer-entered Discharge Dates Cannot be Edited by a Provider

- If a Payer has already entered a discharge date on a linked contract, the Provider cannot override it. In this instance, the Provider must reach out to the Payer and request the discharge date be edited.

Discharge Date **Cannot** be Edited ↓

Contracts										Copy Contract Details	Add Contract
Placement ID	Contract	Is Primary Contract	Alt Patient ID	Service Start Date	Source Of Adm	Service Code	Discharge Date	Discharge To	Action		
		<input checked="" type="checkbox"/>		12/10/2024	--	--	12/31/2999	Other community agency	...		

Discharge Date **Can** be Edited ↓

Contracts										Copy Contract Details	Add Contract
Placement ID	Contract	Is Primary Contract	Alt Patient ID	Service Start Date	Source Of Adm	Service Code	Discharge Date	Discharge To	Action		
		<input checked="" type="checkbox"/>		03/23/2026	--	--	--	--	...		

➤ Emailed Monthly EVV Compliance % Report

Report Recommendations:

- Ensure those responsible for EVV Compliance % monitoring and management are receiving this report or have easy access to it.
- Ensure you are capturing and reporting EVV via **Linked Contracts** only. Internal contract EVV data is not transmitted to MN DHS or MCOs.
- Filter out those Payers for whom the Provider has “NO” census. Providers are not expected to have EVV data for Payers with whom they have no active Clients.
- If a Provider *only has Live-In Caregiver* visits for a certain payer and time period, those visits are excluded from EVV Compliance monitoring and enforcement by MN DHS.
- Compliance % calculation is all about **timing**. Compliance reports reflect a snapshot in time, and because EVV data is continuously entered and updated, the same report period may show different results depending on when the report is generated.

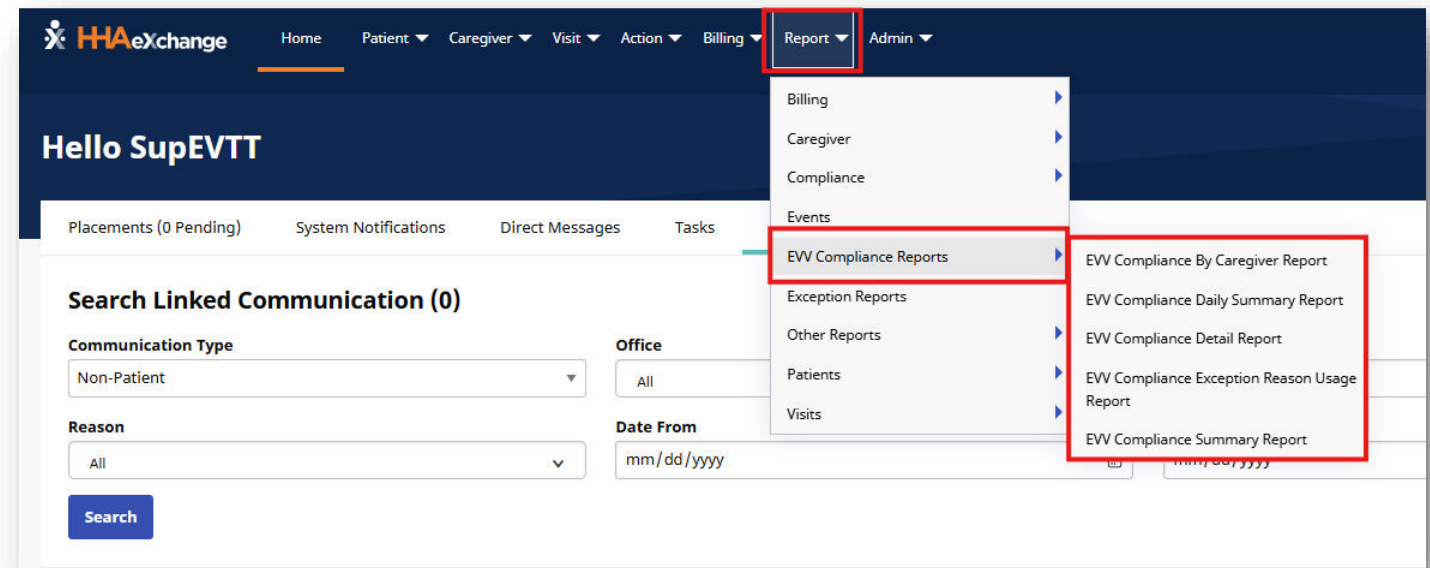
Types of EVV Compliance Reports

In-System Reports

In-System EVV Compliance Reports are found by logging into the HHAeXchange Provider Portal, navigating to the Reports Module and selecting EVV Compliance Reports

TIPS


- Designate a staff Client to regularly run and review these reports
- Ensure Visit Maintenance is being performed prior to running reports



EVV Compliance by Caregiver

Summary

The EVV Compliance by Caregiver report provides EVV Compliance % based on Caregiver for selected date range


EVV Compliance By Caregiver (New)
Page 1 of 26
Report Date: 03/11/2026 10:08

Office(s): [Redacted] **From Date:** 10/1/2025 **To Date:** 12/31/2025

Caregiver: All **Type of Service:** All **Coordinator:** All
Discipline(s): All **Service Code(s):** All **Contract(s):** All
Caregiver Location(s): All **Caregiver Team(s):** All **Caregiver Branch(es):** All
Include Type: All **Exclude Residing Caregivers:** Yes

Sr.#	Contract	Caregiver Code	Caregiver Name	Total Visits	Confirmed Visits	Total EVV Compliant Visits	Billed Visits	Missed Visits	Visit with Exceptions	% Exceptions	EVV Compliance Percentage
1	Community First Services and Support PCA FFS	[Redacted]	[Redacted]	41	41	0	0	0	41	100.00%	0.00%
2	Community First Services and Support PCA FFS	[Redacted]	[Redacted]	68	68	0	0	0	68	100.00%	0.00%
3	UCare MN	[Redacted]	[Redacted]	64	64	0	0	0	64	100.00%	0.00%
4	Community First Services and Support PCA FFS	[Redacted]	[Redacted]	19	19	0	0	0	19	100.00%	0.00%
5	UCare MN	[Redacted]	[Redacted]	88	88	1	0	0	87	98.86%	1.14%
6	Medica MN	[Redacted]	[Redacted]	43	43	27	0	0	16	37.21%	62.79%
7	Waiver Services FFS	[Redacted]	[Redacted]	92	92	0	0	0	92	100.00%	0.00%
8	Waiver Services FFS	[Redacted]	[Redacted]	117	117	0	0	0	117	100.00%	0.00%

Suggested Use:

Use this report to identify Caregivers who may need additional training and support to achieve EVV Compliance

EVV Compliance Daily Summary Report

Summary

The EVV Compliance Daily Summary Report provides a per contract per day EVV Compliance %.

HAExchange **EVV Compliance Daily Summary Report** Page 1 of 23
Report Date: 03/11/2026 10:15 AM

Office(s): [Redacted] From Date: 10/1/2025 To Date: 12/31/2025

Type of Service: All Coordinator: All Include Type: All
 Discipline(s): All Service Code(s): All Contract(s): All
 Patient Team(s): All Patient Location(s): All Patient Branch(es): All
 Reason: All ExcludeCaregivers: Yes

Sr.#	Contract	Date	Total Visits	Total Compliant Visits	Confirmed Visits	Billed Visits	Missed Visits	Visits with Exceptions	% Exceptions	EVV Compliance Percentage
1	Blue Cross MN	10/01/2025	1	1	1	0	0	0	0.00%	100.00%
2	Blue Cross MN	10/01/2025	8	2	8	0	0	6	75.00%	25.00%
3	Community First Services and Support PCA FFS	10/01/2025	96	10	96	0	0	86	89.58%	10.42%
4	Medica MN	10/01/2025	5	1	5	0	0	4	80.00%	20.00%
5	Medica MN	10/01/2025	52	6	52	0	0	46	88.46%	11.54%
6	UCare MN	10/01/2025	51	11	51	0	0	40	78.43%	21.57%
7	UCare MN	10/01/2025	246	50	246	0	0	196	79.67%	20.33%
8	Waiver Services FFS	10/01/2025	60	3	60	0	0	57	95.00%	5.00%
9	Blue Cross MN	10/02/2025	8	2	8	0	0	6	75.00%	25.00%
10	Community First Services and Support PCA FFS	10/02/2025	92	9	92	0	0	83	90.22%	9.78%

Suggested Use:

Use this report to better understand daily or weekly EVV Compliance trends

➤ EVV Compliance Detail Report

Summary

The EVV Compliance Detail Report will outline the exact reason a visit is not Compliant. The below example indicates the Caregiver did not clock out of the visit.

EVV Exception	Exception Info
2 - No out call	Visit: User: EvwAPIUser (EVTT)-Provider (01/06/26 02:42) Reason: No reason Act. Taken: Notes: Updated By EvwAPIUser (EVTT)-Provider ----- Visit: 1303-1503 User: EvwAPIUser (EVTT)-Provider (01/06/26 02:42) Reason: No reason Act. Taken: Notes: Updated By EvwAPIUser (EVTT)-Provider

Suggested Use:

Use this report to better understand exception trends. What's the most common reason visits aren't compliant?

Hint:




You can use a pivot table based on the **EVV Exception** column to quickly measure and compare the volume of exceptions across a selected time period.

➤ EVV Compliance Exception Reason Usage Report

Summary

The EVV Compliance Exception Usage Report will detail why edits are being made on non-compliant visits. In the below example, this Provider has 2 visit edit reasons displaying, "Data Entry Error" and "No Reason"


EVV Compliance Exception Reason Usage Report (New)
Page 1 of 1
Report Date: 03/11/2026 10:35

Office(s): [Redacted] **From Date:** 10/1/2025 **To Date:** 12/31/2025

Type of Service: All **Coordinator:** All **Include Type:** All
Patient Team(s): All **Patient Location(s):** All **Patient Branch(es):** All
Discipline(s): All **Contract(s):** All **Exclude Residing Contracts:** Yes
Reason: All

Reason ↓	Contract ↓	Total Exception ↓	Breakdown(%)
Total Exceptions:75.89%		Total Confirmed Visits:52,629	Total Exceptions:39,938
Data Entry Error	Medica MN	3	00.01%
Data Entry Error	JCare MN	3	00.01%
Data Entry Error	Waiver Services FFS	1	00.00%
No reason	Blue Cross MN	19	00.05%
No reason	Blue Cross MN	605	01.51%
No reason	Community First Services and Support PCA FFS	6,768	16.95%

Suggested Use:

Use this report to better why exceptions are occurring. As your staff perform Visit Maintenance, strongly encourage them to select the most appropriate reason for visit editing or manual entry.

EVV Compliance Summary Report

Summary

The EVV Compliance Summary Report closely resembles the Monthly Emailed EVV Compliance % Report. It will detail a per contract EVV Compliance % for the date range selected.

Office(s):-		From Date: 10/1/2025		To Date: 12/31/2025		Page 1 of 1			
Type of Service: All		Coordinator: All		Contract(s): All		Report Date: 03/11/2026 10:39			
Caregiver Team(s): All		Caregiver Location(s): All		Caregiver Branch(es): All					
Service Code(s): All		Include Type: All		Exclude Residing No Caregivers:					
Sr.#	Contract	Total Visits	Total EVV Compliant Visits	Confirmed Visits	Billed Visits	Missed Visits	Visits with Exceptions	% Exceptions	EVV Compliance Percentage
1	Blue Cross MN	86	67	86	0	0	19	22.09%	77.91%
2	Blue Cross MN	787	182	787	0	0	605	76.87%	23.13%
3	Community First Services and Support PCA FFS	7,473	705	7,473	0	0	6,768	90.57%	9.43%
4	Medica MN	485	76	485	0	0	409	84.33%	15.67%
5	Medica MN	4,688	734	4,688	0	0	3,954	84.34%	15.66%
6	UCare MN	3,942	724	3,942	0	0	3,218	81.63%	18.37%
7	UCare MN	23,739	4,534	23,738	0	0	19,204	80.90%	19.10%
8	Waiver Services FFS	6,198	437	6,198	0	0	5,761	92.95%	7.05%
Total:		47,398	7,459	47,397	0	0	39,938	84.26%	15.74%

Suggested Use:

Use this report to monitor EVV Compliance % per contract at varied intervals (ex: Weekly, Monthly, Quarterly, Yearly). Reminder: The Emailed EVV Compliance % Report will only give Prior Quarter and Quarter to Date reporting periods.

> In-System EVV Compliance Reports

Report Recommendations:

- The emailed Monthly EVV Compliance % report is what Managed Care Organizations and the state of Minnesota use to monitor and enforce EVV Compliance.
- Ensure those responsible for EVV Compliance % monitoring and management know how to access and use these reports and do so regularly and proactively
- Ensure you are capturing and reporting EVV via **Linked Contracts** only. Internal contract EVV data is not transmitted to MN DHS or MCOs.
- Closely review each Filter before generating the report. Common Filters to review:
 - Include Type (Change to 'All'; will auto-filter to 'Billed Only')
 - Type of Service (Change to 'All'; will auto-filter to 'Non-Skilled')
 - Exclude Residing Caregivers (Change to 'Yes'; will auto-filter to 'No')

Office(s):	All	*From Date:		*To Date:	
Type Of Service:	--All--	Coordinator:	All	Include Type:	All
Patient Location(s):	All	Patient Team(s):	All	Patient Branch(es):	All
Discipline(s):	All	Contract(s):	All	Exclude Residing Caregivers:	Yes
Reason:	All				



Best Practices

Best Practices

Best Practices:

- Be **proactive**:
 - Don't wait for your Compliance % to dip below the accepted threshold. Proactively access the reports available to you and manage areas of risk.
- Be **attentive**:
 - Ensure you know which Caregivers may need more training and support. Ensure you know which visit exceptions are occurring most often so you can specifically provide training and support in those areas.
- Be **informed**:
 - Know where to go for the most up to date and accurate information EVV in Minnesota. Review and bookmark the resources on the following slides.

Resources

Review & bookmark these important resources

- **HHaEXchange:**

- Knowledge Base: Go-to resource for learning about the HHaEXchange system
 - [HHaEXchange Provider Knowledge Base](#)
 - [3rd Party Provider Knowledge Base](#)
- [Minnesota Info Hub](#): Up to date information and resources on EVV in Minnesota including previously recorded trainings and webinars.

- **Minnesota Department of Human Resources:**

- [MN DHS EVV Website](#): Source of truth for EVV Policies in Minnesota
- [MN DHS EVV Policy](#)
- [MN DHS Live-In Caregiver Policy](#)

- Managing Live-In (Residing) Caregivers
 - HHaEXchange Providers: [Residing Caregiver Section](#)
 - 3rd Party Providers: Import visit with “Yes” in ResidingCaregiver field
 - [3rd Party Provider Technical Specification](#)
 - [EVV Best Practices](#)

thank you