

## Illinois EVV Townhall – Frequently Asked Questions

March 26, 2026

### Scope, Programs, and Applicability

- Q: Is the free HHAeXchange (HHA) version only for MCO and Medicaid participants?

A: The free version of HHAeXchange is available to any provider agency authorized by IDoA, DRS, DDD, DSCC, HFS, or MCOs to provide personal care services (PCS) or home health care services (HHCS).

- Q: Are FIDE-SNP plans required to use EVV?

A: Yes. Provider agencies have been required to use EVV for Home Health Care Services (HHCS) and Personal Care Services (PCS) billed to Medicare-Medicaid Alignment Initiative (MMAI) MCOs since December 31, 2023. Members receiving services under FIDE-SNP plans are in scope for EVV, including plans that transitioned from MMAI.

- Q: When did EVV become required for FIDE-SNP plans?

A: MMAI ended in Illinois on December 31, 2025, and FIDE-SNP began on January 1, 2026. Payer IDs remain the same for MCOs that transitioned from offering MMAI to FIDE-SNP and are as follows:

- Aetna Better Health of Illinois HCI - 191256
- Aetna FIDE-SNP - 192238
- CountyCare Health Plan Illinois HCI - 191258
- Humana Health Plan FIDE-SNP - 192239
- Illinois Blue Cross Blue Shield HCI - 191257
- Molina Healthcare of Illinois HCI and FIDE-SNP - 191260
- Meridian Health Plan, Inc. (DBA Wellcare) HCI and FIDE-SNP – 191259

- Q: Which programs are monitored separately for compliance?

A: Compliance is monitored separately for each Illinois Medicaid Program, including IDoA, DRS, DSCC, DDD, and HFS State Plan.

- Q: What does PCS mean under IDoA?

A: PCS stands for Personal Care Services and, under IDoA, includes Homemaker services.

## Compliance Rules & Manual Edits

- Q: Many of our staff are concerned about using their full social security number (SSN), especially with the periodic security breaches that occur. If there is a security breach, will HHA exchange, 3rd party vendor, or agency be held responsible? I reached out to HHA exchange and was told some states use the last 4 digits of the SSN because of concerns of security breaches. Should we be concerned about this?

A: The State presented their rationale for requiring tracking of full caregiver SSNs and addressed privacy concerns during the Illinois EVV Townhall webinar on August 20, 2024. The recording and presentation slides are available at <https://hfs.illinois.gov/medicalproviders/electronicvisitverification/evvtownhallmeetings.html>.

- Q: What is the EVV compliance threshold and why does it exist?

A: The compliance threshold is 75%, which allows for real-world exceptions, such as technology failures or emergency situations.

- Q: Do manual edits count against EVV compliance?

A: Yes. Visits that require manual entry or editing of clock-in or clock-out times are considered noncompliant.

- Q: Can missing clock-outs be manually entered if services were provided?

A: Yes, missing clock-outs may be manually entered, but the visit will remain noncompliant. Specific documentation attesting to a clock in and/or clock out time needs to align with the EVV Compliance Policy associated with the program in which the customer is being served, such as aligning with what's in the IDoA EVV Policy when serving a CCP customer.

- Q: Are customers (e.g., clients, participants, patients, individuals) required to use the EVV system for validating a visit occurred, either through digital signature or a unique code?

A: At this time, State Medicaid programs (including programs managed by MCOs) do not require customers to confirm visits within an EVV system or mobile application. Provider agencies should refer to Medicaid Program (e.g., DSCC, DRS, IDoA, DDD, or HFS for State Plan) policy to determine whether customer-signed timesheets are required.

- Q: Do scheduled visit times affect EVV compliance?

A: No. Scheduled times are not included in the compliance calculation. Only actual EVV clock-in and clock-out times are evaluated.

- Q: If a caregiver clocks in 15 minutes after the start of a scheduled visit, does that count as non-compliance?

A: Provider agencies may use scheduling features within HHAExchange or a third-party EVV system, but scheduling is not a State requirement. State Medicaid programs are not monitoring caregiver compliance with schedules, but rather, programs are monitoring whether visits capture all six elements (type of service performed, individual receiving the service, date of service, location of service delivery, individual providing the service, time the service begins and ends) required by the Federal 21<sup>st</sup> Century Cures Act without manual edit or entry and whether visits support claims submitted by the provider and as authorized by the respective Illinois Medicaid program.

- Q: One of the scenarios appearing in the HHAExchange system as an exception is one (1) minute of overlap between 1st visit and 2nd visit for two different clients or two different Home Care Aides (HCAs). Are we obligated to manually edit the clock in or out to remove that 1 minute of overlap?

A: Yes, the overlap must be resolved to remove the exception. Please review [HHAExchange's Provider Knowledge Base](#) article on [Overlapping Shifts](#) for additional guidance.

- Q: Can EVV visit times be adjusted to align with billing or payroll?

A: No. EVV times must always reflect the actual time the service was delivered, regardless of billing or payroll needs. When provider agencies using third-party EVV vendors adjust EVV visit start and end times, this counts as manually editing visits. See HHAExchange's API guidance (<https://knowledge.hhaexchange.com/EDI/Content/Documentation/EDI/API-EVV-Data-Aggregator-Specs-IL-P.htm>). Billing rules, such as rounding of start or end time to the nearest 15 minutes, should only be applied when developing claims reports for submission to the respective IL Medicaid program or MCO. Billing is not currently offered under the free HHAExchange solution, but the State will begin exploring it as an option in Summer 2026.

Provider agencies using third-party EVV vendors for billing should consult with their third-party vendor regarding methods for submission of claims to Illinois Medicaid Programs and MCOs that do not involve edits to visit data. Visit data should reflect actual time spent with the customer and will be monitored by Illinois Medicaid programs to determine whether authorized services are sufficient to meet customer needs.

- Q: What roles do the Managed Care Organizations (MCOs) play in monitoring EVV compliance?

A: HFS requires the MCOs to ensure 1) education to provider agencies regarding Illinois Department of Healthcare and Family Services (HFS) State Plan, Illinois Department on

Aging (IDoA) Community Care Program (CCP), and Illinois Department of Human Services – Division of Rehabilitation Services (DRS) Home Services Program (HSP) EVV policy requirements and EVV readiness (e.g., active IMPACT enrollment, completion of HHAeXchange Provider Enrollment survey, integration of third-party EVV systems with HHAeXchange when applicable, etc.); 2) successful MCO transmission of authorization data to HHAeXchange when required and resolution of authorization rejections; 3) support to provider agencies regarding authorization concerns.

The following Illinois Medicaid Programs with customers enrolled in MCOs for payment and management of services monitor provider agency EVV compliance: HFS State Plan, IDoA CCP, and DRS HSP. Compliance monitoring is comprehensive, meaning the Medicaid Program looks at all visit data the provider agency has submitted over a State Fiscal Year (SFY) quarter, including visits to MCO customers, and determines 1) whether the visits capture all six elements required under the Cures Act; and 2) whether claims provider agencies submit for services subject to EVV requirements are supported by visit data.

- Q: How is the state monitoring EVV overall?

A: The State is monitoring provider agency compliance based on performance per IL Medicaid Program, including the following:

- Illinois Department on Aging - S5130 billed to DoA or the MCOs
- Illinois Department of Human Services - Division of Rehabilitation Services (DRS) - S5130, T1003, T1002, T1004, G0299, and G0300 billed to DRS or the MCOs
- Division of Specialized Care for Children (DSCC) - HHCS billed to DSCC
- Illinois Department of Human Services - Division of Developmental Disabilities (DDD) - PSW or HHCS billed to DDD
- HFS State Plan - HHCS billed to HFS or the MCOs

- Q: Will Illinois Medicaid Programs and MCOs transition to payment based on EVV data?

A: Given the current Federal heightened scrutiny of Medicaid programs and recent feedback from Federal Centers for Medicare & Medicaid (CMS), HFS does plan on exploring pathways toward implementation of EVV hard claims edits across Illinois Medicaid Programs and MCOs. However, the State has not yet begun the discovery process for EVV-based payments. PCS and HHCS provider agencies will receive advanced notice and training prior to any implementation of EVV-based payments.

### **Missed Visits and Temporary Caregivers**

- Q: How should canceled visits be documented in HHAeXchange?

A: Canceled visits should be marked as "Missed" in HHAeXchange. Missed visits do not count against compliance.

- Q: Are temporary caregivers considered noncompliant?

A: Only visits labeled under a "Temp Caregiver" placeholder are noncompliant. Visits associated with a real caregiver record remain compliant.

- Q: Could you please clarify why a temporary caregiver would be considered non-compliant when they are assigned to fill a scheduling gap and ensure continuity of care for the client?

A: "Temporary caregiver" in HHAExchange is truly an unidentified individual, and the visit will have "Temp Caregiver" listed as the name of the caregiver on the visit. If a provider is using a real caregiver record to attach to a visit, as they just happen to be temporarily serving the customer, then that will show as compliant. To avoid "temporary caregiver" status, a provider agency should ensure all caregivers are properly entered into the agency's EVV portal.

### **GPS, Location, and IVR**

- Q: Why does EVV sometimes show caregivers outside the home?

A: GPS inaccuracies can occur in rural areas, apartment buildings, or dense housing. This may cause clock-ins and clock outs to appear outside the allowed area.

- Q: What should agencies do when GPS inaccuracies are persistent?

A: Agencies can update the member's address PIN in HHAExchange, work with their vendor, and submit a support ticket if needed.

- Q: What should I do if my clinician or caregiver is confirmed to be in the home, but the GPS data for the visit clock-in or clock-out shows the location as out of range?

A: This scenario can occur in certain locations, such as apartment buildings or rural areas, where GPS accuracy may be limited. Provider agencies using HHAExchange can update the member's "home" coordinates either directly in the HHAExchange system or through the HHAExchange Mobile App. Please see HHAExchange Knowledge Base article, "[Track Location Where EVV is Performed](#)." Providers submitting visits via EDI should work with their third-party vendor to update the "home" coordinates within their system.

- Q: Is there a fixed GPS radius for EVV compliance?

A: Yes, Illinois uses a 500-ft geofence. Clocking in/out outside the allowed radius would count as non-compliant EVV.

- Q: Our agency noticed a Homemaker can clock in miles away from the customer's home. How do we handle that?

A: When a service is legitimately provided in the community, rather than in the customer's home, the "community" button can be used, and the GPS location for service delivery will be logged. If you have concerns with providers in your agency potentially clocking in/out from places other than at where the service is stated to be delivered, your agency can use the GPS coordinates to help determine where and why.

- Q: Can IVR be used when GPS fails?

A: When permitted, IVR may be used only from a landline belonging to the customer, with caller ID captured. If the customer has caller ID blocked, the block must be turned off for the clock in and clock out times to be compliant.

- Q: Are cell phones permitted for IVR use?

A: No. Federal EVV requirements require objective location verification, which generally excludes cell phones.

### Exemptions

- Q: Are Live-In Caregiver PSWs required to use EVV?

A: If a caregiver has a **valid Live-In Caregiver exemption that is active**, the caregiver is not required to use EVV. If it lapses, EVV usage is required, and nonuse becomes noncompliant.

### Third-Party EVV & Data Transmission

- Q: Do agencies using third-party EVV need to add clients and caregivers in HHAeXchange?

A: No. Information should flow into HHAeXchange automatically through third-party transmission.

- Q: Our agency completed the survey and sent the credentials to our third-party vendor, but we have not received our HHAeXchange provider portal. We have also not heard back from the third party about whether the integration process has been completed. What next steps do we need to take to make sure the EVV information is being transmitted to HHA and to get access to our portal in HHA?

A: Credentials for your agency to view your portal within HHA and credentials for your third-party vendor to transmit EVV to HHA are sent to your agency administrator when the provider enrollment survey and attestation are completed. If your third-party vendor has received these credentials, then your agency should follow up to see at where the third-party vendor is in the process for testing and transmitting of EVV to HHA.

- Q: What should providers do if third-party data is not syncing, meaning the data in the third-party vendor's system is not showing up within the provider's HHA portal?

A: Your agency should check with your third-party EVV vendor to ensure your agency's EVV data is being transmitted to HHA for aggregation. If your vendor says EVV is being sent, then your agency should open a ticket via the [EDI Customer Support Portal](#) to give a summary of the issue and to request assistance from HHA. If the ticket is unresolved within two business days, escalate the issue to the appropriate IL Medicaid Program via email.

- Q: Can we collaborate with our 3rd Party Vendor and HHA at the same time when we are having a problem?

A: Yes. HHA has a collaborative feature that will allow multiple "users" to be added to the tickets submitted within the Customer Support Portal. Please review [HHA's Provider Knowledge Base article](#) on the [Client Support Portal](#) as it covers the collaborator feature. To be added to a ticket, third-party vendor representatives must submit [requests](#) to HHAeXchange for a Client Support profile. Please ensure your third-party vendor representative has your provider agency's HHA Customer ID and Tax Identification Number (TIN).

- Q: Do third-party transmission issues excuse noncompliance?

A: No. Compliance remains the responsibility of the provider. Agencies may switch to the free HHAeXchange option at any time.

- Q: Can providers switch from a third-party system back to HHAeXchange?

A: Yes. Agencies may switch to the free HHAeXchange solution if third-party integration issues persist. To do this, please submit a [ticket](#) to HHA's Technical Customer Care team, advising them of your intent to switch from one method to another, and a team member will be able to direct you through the proper steps. The steps for switching can also be found on the State Info Hub within the detailed [FAQ](#).

### **Procedure Codes, Authorizations, and Billing**

- Q: Why does HHAeXchange require procedure codes with modifiers such as S5130:DOA?

A: Modifiers identify which Medicaid program authorized the service and drive EVV validation.

- Q: Must EVV procedure codes exactly match billing codes? For example, HHA specs require IDoA Homemaker services to be coded as S5130:DOA; although, when sending claims for billing purposes, Homemaker services must be coded as S5130.

A: Not always. EVV is authorization-driven, and billing systems may require different formatting. Guidance from HHA to third-party vendors on how to handle this will be forthcoming since the ":DOA" and ":DRS" can be programmed within third-party vendor systems to be ignored.

- Q: What should providers do when authorizations are missing or incorrect?

A: Only IDoA, IDHS-DRS, and the MCOs are communicating authorizations to HHAeXchange. For IDoA authorization concerns, please reach out to [Aging.EVV.Support@illinois.gov](mailto:Aging.EVV.Support@illinois.gov). For IDHS-DRS authorization concerns, please reach out to [DHS.EVV@illinois.gov](mailto:DHS.EVV@illinois.gov). For MCO authorization concerns, please reach out to the respective MCO's EVV email contact as listed on the [MCO EVV Contact](#) list. Unresolved authorization concerns may be escalated to [HFS.EVV@illinois.gov](mailto:HFS.EVV@illinois.gov).

- Q: Can providers manually add members while awaiting an authorization?

A: Yes. Providers may manually place members into HHAeXchange when an authorization has not yet loaded.

- Q: What should we do if we didn't receive an authorization for an MCO customer?

A: Email the MCO at the corresponding email address to request an authorization to be sent to HHA:

MCO	EVV E-mail
Aetna Better Health of Illinois HCI	<i>General Authorization Inquiries:</i> <a href="mailto:UMInquiryABHIL@AETNA.com">UMInquiryABHIL@AETNA.com</a>
Aetna FIDE-SNP	<a href="mailto:AetnaLMMAlEVVCompliance@aetna.com">AetnaLMMAlEVVCompliance@aetna.com</a>
CountyCare Health Plan Illinois HCI	<a href="mailto:countycare.ewv@cookcountyhealth.org">countycare.ewv@cookcountyhealth.org</a>
Humana Health Plan FIDE-SNP	<a href="mailto:ILMMAl-LTSSCM@humana.com">ILMMAl-LTSSCM@humana.com</a>

Illinois Blue Cross Blue Shield HCI	<a href="mailto:LTSS_SupportCtr@bcbsil.com">LTSS_SupportCtr@bcbsil.com</a>
Meridian IL HCI & FIDE-SNP	<a href="mailto:MeridianEVV@centene.com">MeridianEVV@centene.com</a>
Molina of IL HCI & FIDE-SNP	<a href="mailto:ltssseti@molinahealthcare.com">ltssseti@molinahealthcare.com</a>

- Q: Can our third-party vendor send EVV data on MCO customers when there isn't an MCO authorization in HHA for the MCO customer?

A: Third-party vendors can still successfully transmit EVV for MCO customers absent an MCO authorization. The third-party vendor may see a notice regarding lack of an authorization, but the EVV should still successfully transmit. Outreach to the MCO by the provider agency is still encouraged to ensure an active authorization exists within the HHA system.

- Q: Does the free HHAeXchange option include a billing feature that allows provider agencies to submit claims to MCOs and Illinois Medicaid Programs?

A: Not currently. The State and HHAeXchange will explore offering this feature in the future. Provider agencies should continue with current billing processes until further notice.

- Q: How do we remove a customer from our HHA portal since the customer has been discharged from services?

A: If a customer is no longer active with your agency, you would "inactivate" the customer since all current and past customers for whom EVV has been entered remain within an agency's portal and are never deleted. Please refer to HHA's Learning Management System to view a module about how to inactivate a customer.

- Q: If we are using third-party EVV, will we have the capability to receive placements directly in HHAeXchange? Does the paid HHAeXchange Enterprise version have the capacity to do both billing to MCO and receiving placements directly via authorization from both MCOs and IDoA?

A: All provider agencies, including provider agencies using third-party EVV vendors, have portals within the free State solution version of HHAeXchange. If your third-party vendor has established integration with HHAeXchange for your agency, placements will flow through between HHAeXchange and your third-party vendor. Billing is not live within the free State solution version of HHAeXchange. Provider agencies using the paid version, HHAeXchange Enterprise, are able to generate invoices and export in 837 format but still need to follow external payer billing processes. Unless billing is live for a payer (IL Medicaid Program or MCO) within the HHAeXchange, providers do not have the ability to bill the payer directly through HHAeXchange.

## IDs, Addresses, and Data Accuracy

- Q: What Medicaid ID should be used in EVV?

A: The Medicaid RIN should be used as the Medicaid ID for MCO members.

- Q: What number should we be entering into the Medicaid ID? More specifically, most of our clients have RIN numbers in the IDOA Portal, but some do not. In the last training, they said to use the eCCPIS number, which is the client ID number. We just want to clarify what number we are to use.

A: When IDoA authorizes the services, the eCCPIS number should be used. HHA is developing and disseminating soon additional guidance on this to all HHA users.

- Q: What should be done if a customer's address changes?

A: Update the address in HHAExchange and notify the payer. Medicaid members should also notify their public aid caseworker.

## Support, Resources, and Enforcement

- Q: There is a linked communication tab in the HHAExchange home tab. However, we are currently not able to send or receive any communication through this feature.

A: This feature is specific to authorization concerns. IL has determined not to use this feature at this time. Provider agencies with authorization concerns should outreach the respective payer's EVV email address for assistance.

- Q: How long should providers wait for HHAExchange support responses?

A: If no response is received within two business days, provider agencies may add the respective program to the ticket as a collaborator or escalate the issue to the respective program EVV inbox and provide the ticket number:

Program	Email
State Plan Home Health Care Services (HHCS)	<a href="mailto:HFS.EVV@illinois.gov">HFS.EVV@illinois.gov</a>
DDD HHCS and PSW Agencies	<a href="mailto:DHS.DDDEVV@illinois.gov">DHS.DDDEVV@illinois.gov</a>
DSCC HHCS Agencies	<a href="mailto:0365-dscc-evt@UIC365.onmicrosoft.com">0365-dscc-evt@UIC365.onmicrosoft.com</a>
IDoA Homemaker Agencies	<a href="mailto:Aging.EVV.Support@illinois.gov">Aging.EVV.Support@illinois.gov</a>

DRS Homemaker and HHCS Agencies	<a href="mailto:DHS.EVV@illinois.gov">DHS.EVV@illinois.gov</a>
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- Q: Where can providers find EVV training and reporting resources?

A: Training materials and recordings are available through HHAeXchange Illinois Info Hubs: 1) [IDoA and DRS Info Hub](#); and 2) [HFS State Plan, DSCC, and DDD Info Hub](#).

- Q: If a provider completes a CAP and later becomes noncompliant, do consequences restart?

A: Yes. Future noncompliance follows the updated EVV procedures effective April 1, 2026.

- Q: Are providers protected from enforcement due to vendor issues?

A: No. Providers remain responsible for compliance regardless of vendor's performance.

- Q: We have a staff person providing care for our agency and another agency. Her HHAeXchange mobile application will not allow her to toggle between agencies. How should we advise her?

A: Your employee should have two connections in the application and use one login. After login, she should choose the connection she needs to work with. If this is not working, please submit a ticket to the [HHAeXchange Client Support Portal](#).

- Q: I ran into a problem adding a client in HHAeXchange prior to receiving an electronic authorization. After the electronic authorization was sent to HHAeXchange, the same client shows up twice. What should I do?

A: This is the expected behavior when you manually create a client. To manage the duplicate issue, please refer to this article in the [HHAeXchange Provider Knowledge Base – Internal vs. Linked Contract Member](#).