

UPLOADING PRESCRIPTIONS

(2025 – Orange County)

INTRODUCTIONS

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TOPICS COVERED

❑ **How to Upload a Prescription**

- Therapist Menu
- Billing Admin Menu (Two Options)
- **PRESCRIPTION UPLOAD SCREEN** (Four-Step Process)

1) Upload Image

2) Image Details Screen

Interactive Entry

- Child Name
- Time Period
- Ordering Practitioner Name & Credentials
- Signature Date

Manual Selection

- Practitioner's Address, Phone, Signature

3) Order Details Screen

- Service, Frequency/Duration, ICD Code

4) Attach Enrollments to Details

MEDICAID COMPLIANCE FOR PRESCRIPTIONS

- ❑ Most contracts between counties and providers stipulates that the provider will comply with Medicaid regulations.
- ❑ Since the written order is one of the key components that will allow the Medicaid claiming process to move forward, McGuinness has redesigned the upload process to coincide with the eight required items on a Medicaid prescription.

WHAT ARE THE EIGHT REQUIRED ELEMENTS OF A MEDICAID PRESCRIPTION?

Per the **Medicaid Provider Policy and Billing Handbook** (Update 10) Page 21, www.oms.nysed.gov/Medicaid, there are eight (8) required elements on a written order. The prescription upload screen correlates with this list.

1. Child's Name
2. Term of Service/Period of Service
3. Ordering Practitioner's Information

- Name
- Address/Phone
- NPI #

4. Date the order was written and signed
5. Signature of the ordering practitioner


Items 1-5 will be entered on the Image Details Screen.

6. Service(s) being ordered (OT/PT/ST).
7. Frequency/Duration/Class Designation **Or** As Per IEP Reference
8. Patient diagnosis (ICD Code)

Items 6-8 will be entered on the Order Details Screen.

PORTAL MENUS

(Service Providers & Billing Admins)




PORTAL

Portal Menus for a Service Provider

[Home](#)
[Activities](#)
[Attendance](#)
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PORTAL

Portal Menus for a Billing Admin

[Home](#)
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Provider	Service Provider	Supervisor	QA Supervisor	Basic	Billing Admin	Full Service	
[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	edit
<input type="text"/> ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Add

PRESCRIPTION MENUS

(Caseload Maintenance & Medicaid Menus)

- ❑ Prescriptions can be uploaded by Billing Admins or Therapists.
- ❑ Therapists and Billing Admins will use different menus in the Portal to upload the prescription.
- ❑ While the menus will be different for Therapists and Billing Admins, the upload process is exactly the same.
- ❑ First I will go over the different menu options and then we will look at the upload process.

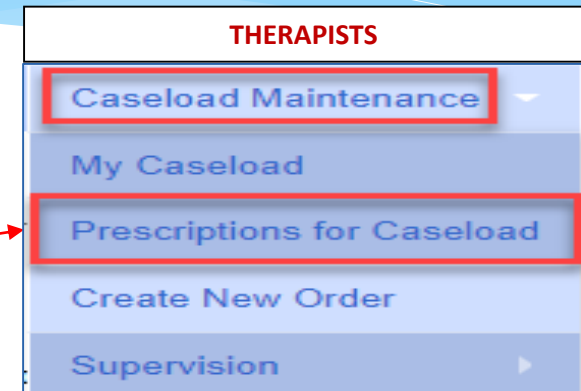
PRESCRIPTION MENUS

(Therapists & Billing Admins)

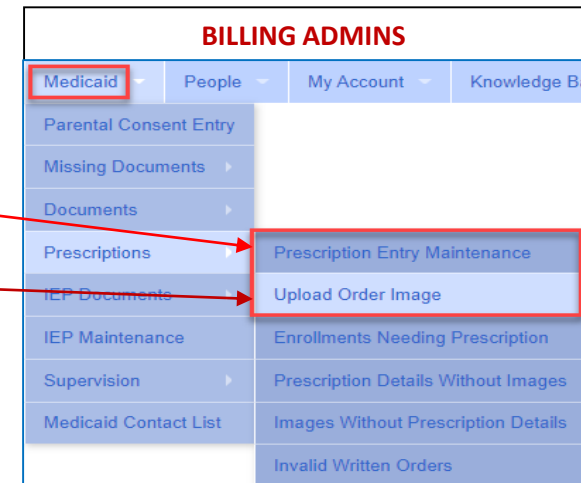
Before you can upload a paper prescription to the Portal the prescription must be scanned and saved to your computer (Desktop or folder).

A prescription can be uploaded from two different menus in the Portal:

1. **Caseload Maintenance** > Prescriptions for Caseload
(for Therapists)



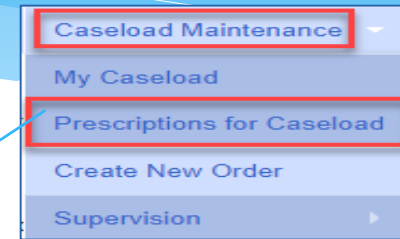
2. **Medicaid** >
 - 1) Prescriptions > Prescription Entry Maintenance &
 - 2) Prescriptions > Upload Order Image
(for Billing Admins)



PRESCRIPTION MENU (Therapists)

❑ For Therapists:

Caseload Maintenance > Prescriptions for Caseload



❑ Click the “**Upload**” link in the Upload Rx Column.

❑ The Upload Document prompt comes up – To start the process you will upload the prescription image.

Prescriptions / Written Orders for Caseload

Filter By

Provider:



Session:

2022 - 2023 Winter



Search

ESID	Last Name	First Name	From Date	To Date	Description	Rx Status	View Images	Upload Rx	
RS2223W0198283			9/7/2022	6/23/2023	ST 1x30 Individual	POTENTIAL	View existing images	Upload	Create Speech Recommendation
RS2223W0198284			9/7/2022	6/23/2023	ST 1x60 Individual	POTENTIAL	View existing images	Upload	Create Speech Recommendation
RS2223W0197941			9/7/2022	6/23/2023	ST 2x30 Individual	VERIFIED	View	View	

Upload Document

Choose File

No file chosen

*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

Upload Image

PRESCRIPTION MENU

(Billing Admins – Option 1)

❑ For Billing Admins – Option 1

Medicaid > Prescriptions > Prescription Entry Maintenance



- Enter Last Name, First Name and click **SEARCH**
- Click **Select**.

Name (Last,First) [Show Advanced Search options]

Name (Last,First) [Show Advanced Search options]

	Child Number	Last Name	First Name	DOB	CIN	District	County	MatchStatus	
Select	C28000166857			1/3/2016	FU92125M	LEVITTOWN UFSD	NASSAU	County Record	Details

- Click the **“Upload Prescription Image”** button. To start the process you will upload the prescription image.

County: **NASSAU** District: **LEVITTOWN UFSD** DOB: **1/3/2016**

Upload Prescription Image

Prescription Entries **Prescription Images**

Prescription Entries

From	To	Order Type	Frequency	Signed By	NPI	Date Signed	ICD Codes	Status			
7/9/2021	6/30/2022	Speech Therapy	PER IEP	SHERI MORGASEN	1326326505	7/9/2021	F80.9	VERIFIED	View	Edit Entry	
7/1/2020	6/30/2021	Occupational Therapy	PER IEP	FAWZIA KAZMI	1609836501	11/6/2020	F81.9	VERIFIED	View	Edit Entry	
7/1/2020	6/30/2021	Speech Therapy	PER IEP	STEPHANIE NEUGEBAUER	1306255229	9/10/2020	F80.9	VERIFIED	View	Edit Entry	

Upload Document

No file chosen

*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

Or...

PRESCRIPTION MENU

(Billing Admins – Option 2)

❑ For Billing Admins – Option 2

Medicaid > Prescriptions > Upload Order Image

As soon as you click on **Upload Order Image**,
the prescription template comes up.

To start the process you will upload the
prescription image.

Click **Choose File, Browse** to Rx Image, Click **Upload Image**.

Upload Document

No file chosen

*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

Medicaid | People | My Account | Knowledge Base

Parental Consent Entry

Missing Documents

Documents

Prescriptions

IEP Documents

IEP Maintenance

Supervision

Medicaid Contact List

Prescription Entry Maintenance

Upload Order Image

Enrollments Needing Prescription

Prescription Details Without Images

Images Without Prescription Details

Invalid Written Orders

Upload Order Image

Enter child's name > Click Search

Order Image Details

Child

Name (Last, First) [Show Advanced Search options]

	Child Number	Last Name	First Name	DOB	CIN	District	County
Select	C28000166857			1/3/2016	FU92125M	LEVITTOWN UFSD	NASSAU

QUESTIONS

Are there any questions about the different menu options?

PRESCRIPTION UPLOAD SCREEN

(Upload Order Image Screen – Scanned Prescription)

The screenshot below shows you what you will see on the uploading screen.

- On **left** is the screen that you will use to enter five of the eight required elements of a Medicaid prescription.
- On the **right** is the scanned prescription – where you will obtain the information to enter to the **Image Details** Screen.

Upload Order Image

Reupload File

PRESCRIPTION ENTRY SCREEN

Order Image Details

Child

JONES, JANE County: **NASSAU** District: **LEVITTOWN UFSD** DOB: **1/3/2016** [Redo Search](#)

Period of Service

☐ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

Required Field Checklist

☒ Child Name **JANE JONES**

☐ Time Period of Service

☐ Ordering Practitioner's Name

☐ Ordering Practitioner NPI/ License

☐ Ordering Practitioner's Address

☐ Ordering Practitioner's Phone Number

☐ Signature Date

☐ Signature

SCANNED PRESCRIPTION

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name **Jones, Jane** DOB **1/3/2016**

District **Levittown UFSD** County **Nassau**

Agency

(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)

Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)

Term of Service: School Year **July 1, 2022** to **June 30, 2023** (Frequency, Duration & Class Ratio as per the IEP)

HOW TO UPLOAD A SCANNED HARDCOPY PRESCRIPTION (Four-Step Process)

1) Upload the Order Image

Upload Document

No file chosen

*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

2) Enter the **Image Details Screen - Required Field Checklist** (Five of the eight required Medicaid items will be entered.)

Three of the eight required Medicaid items will be selected.

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SA#
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input checked="" type="checkbox"/> Signature	

3) Select and/or Enter the **Order Details Screen** (Service Type, ICD Code, Frequency/Duration)

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
	<input type="text" value="v"/>	<input type="text"/>	7/1/2021	6/30/2022	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="checkbox"/>	<input type="button" value="Add Detail"/>

4) Attach the enrollment to the prescription.

Apply To Enrollments

Provider Name	ESID	From Date	To Date	Service	Status	
BROOKVILLE CENTER FOR CHILDREN SER	CBRS2223S0047009	07/04/2022	08/12/2022	ST 3x30 I	ON PREVIOUS ORDER	<input type="button" value="Attach"/>
BROOKVILLE CENTER FOR CHILDREN SER	CBRS2223W0047014	09/06/2022	06/23/2023	ST 3x30 I		

STEP 1 – UPLOADING THE ORDER IMAGE

(For Therapists & Billing Admins)

At this point in the process...

- ❑ **Therapists** have clicked the “**Upload**” link (Prescriptions for Caseload) and are ready to upload the prescription image (Step 1).

- 1) Click Choose File
- 2) Browse to document on computer, and
- 3) Click Upload Image

View Images	Upload Rx	
View existing images	Upload	Create Speech Recommendation

- ❑ **Billing Admins** have either...

- Entered the **child's name** into the name box and clicked **Search** (from the Prescription Entry Maintenance Screen), OR...
- The **Upload Order** button was clicked from the Medicaid Menu and are ready to upload the prescription image (Step 1).

- 1) Click Choose File
- 2) Browse to document on computer, and
- 3) Click Upload Image

Name (Last,First) <input type="text"/>	<input type="button" value="Search"/>	[Show Advanced Search options]
--	---------------------------------------	--

Upload Document	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload Image"/>
*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats	

BOTH GROUPS WILL FOLLOW THE SAME STEPS/SCREENS TO ENTER/UPLOAD THE HARDCOPY PRESCRIPTION.

Step 2 – IMAGE DETAILS SCREEN

(Two Parts: Interactive Entry & Manual Selection)

Interactive Entry – (Order Image Screen – Step 2)

1. Child's Name
2. Term of Service/Period of Service
3. Ordering Practitioner's Information:
 1. Name, Address
 2. NPI #
 3. Date the order was written and signed

As you can see, the Medicaid elements shown in the Medicaid Handbook (this list) has been incorporated into the new screen.

Manual Selection – (Order Image Screen)

6. Ordering Practitioner's Address
7. Ordering Practitioner's Phone #
8. Order Practitioner's Signature

Preview of Image Details Screen

The screenshot displays the 'Order Image Details' screen with the following sections:

- Child**: Fields for County (NASSAU), District (LEVITTOWN UFSD), and DOB (1/3/2016). A 'Redo Search' button is present.
- Period of Service**: Radio buttons for 'Applies to entire school year' (selected), 'Applies to specific school year / session', and 'Applies to specific date range'. A dropdown menu shows '2021 - 2022'.
- Ordering Provider Details**:
 - Ordering Practitioner Details**: Fields for NPI (1912322454), Name (CAROLYN LEMONS), and Address (522 GLENWOOD AVE, NEW BOSTON, OH 456625505).
 - Date Signed**: 09/22/2022. A 'Redo NPI Search' button is present.
- Required Field Checklist**:
 - ☒ Child Name
 - ☒ Time Period of Service
 - ☒ Ordering Practitioner's Name
 - ☒ Ordering Practitioner NPI/ License
 - ☐ Ordering Practitioner's Address
 - ☐ Ordering Practitioner's Phone Number
 - ☒ Signature Date
 - ☐ Signature

Red arrows point from the manual selection list on the left to the corresponding fields in the checklist: 'Ordering Practitioner's Address' points to the 'Ordering Practitioner's Address' checkbox, 'Ordering Practitioner's Phone #' points to the 'Ordering Practitioner's Phone Number' checkbox, and 'Order Practitioner's Signature' points to the 'Signature' checkbox.

Values shown next to the checklist items:

- Child Name: SAKI
- Time Period of Service: 7/1/2021 to 6/30/2022 (202122)
- Ordering Practitioner's Name: CAROLYN LEMONS
- Ordering Practitioner NPI/ License: 1912322454
- Signature Date: 09/22/2022

* Service, Frequency/Duration and Diagnosis Code will be entered on the next screen, Order Details Screen

STEP 2 – IMAGE DETAILS SCREEN

(Required Field Checklist – Interactive Entry)

- ❑ Before we begin, please keep an eye on the “**Required Field Checklist**” box.
 - As you progress through the entering process, beginning with the child’s name, each required Medicaid element will be auto-checked in the selection boxes to the left of the Medicaid item in the **Required Field Checklist**.
 - You will also see a list of the entered information building (in red) to the right of the **Required Field Checklist**.

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child

[Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☐ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

Required Field Checklist

☒ Child Name The Child's Name is already checked. SKY

☐ Time Period of Service

☐ Ordering Practitioner's Name

☐ Ordering Practitioner NPI/ License

☐ Ordering Practitioner's Address

☐ Ordering Practitioner's Phone Number

☐ Signature Date

☐ Signature

Required Field Checklist

Now you will begin the Interactive Entry from the scanned prescription beginning with the Period of Service.

IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Child's Name – Fills in Automatically to Start the Process)

❑ The **child's name** auto-fills in three places on the template.

- 1) At the **top** of the screen
- 2) In the **Child Box**, and
- 3) In the **Required Field Checklist** box.

Since you already Searched and Selected the correct child (Billing Admins) or clicked the link in the Prescriptions for Caseload grid (Therapists), the child's name is...

- Auto-filled in the template.
- The Child Check box has been auto-selected.
- The Child's Name appears in the Required Field List.

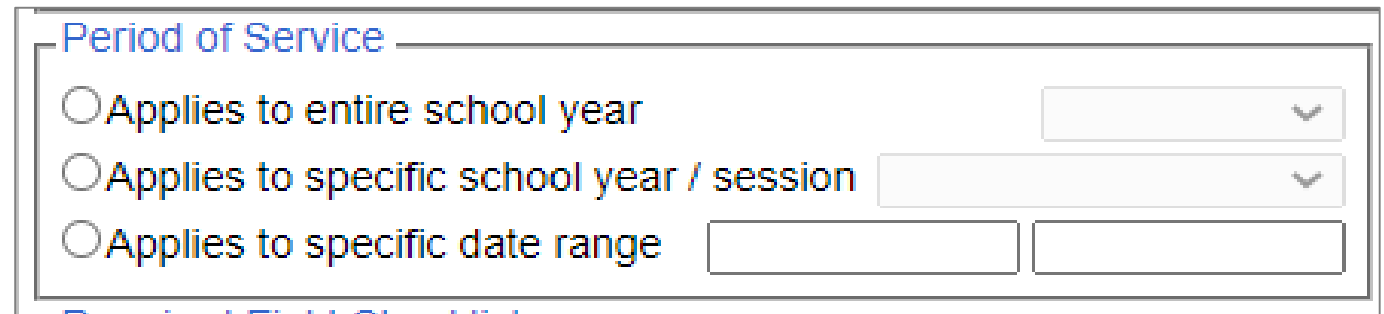
The screenshot shows a web form titled "Upload Order Image for". At the top, there is a red "1)" pointing to a greyed-out text field. Below this is a "Reupload File" button. The "Order Image Details" section contains a "Child" field with a red "2)" pointing to it, followed by "County: WESTCHESTER", "District: NEW ROCHELLE", and "DOB: 9/8/2018". There is a "Redo Search" button. The "Period of Service" section has three radio button options: "Applies to entire school year", "Applies to specific school year / session", and "Applies to specific date range". The "Required Field Checklist" section has a list of checkboxes: "Child Name" (checked with a red "3)" pointing to it), "Time Period of Service", "Ordering Practitioner's Name", "Ordering Practitioner NPI/ License", "Ordering Practitioner's Address", "Ordering Practitioner's Phone Number", "Signature Date", and "Signature".

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Period of Service – Three Options)

- ❑ The first item that you will enter is the **Period of Service** (*Term of Service*) for the prescription.
- ❑ The **Period of Service** shows three options for the provider to select.

- 1) Applies to entire school year
- 2) Applies to specific school year/session
- 3) Applies to specific date range



Period of Service

☐ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

- ❑ What you enter in this section is pre-determined by what is written on the hardcopy prescription.

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Time Period of Service – Option #1 – Applies to Entire School Year)

- 1) ***Applies to entire school year***, will be selected if the term of service dates are delineated on the prescription as ***7/1 to 6/30***.

Period of Service

☒ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

2022 - 2023 ▼

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)
Term of Service: School Year July 1, 2022 to June 30, 2023 (Frequency, Duration & Class Ratio as per the IEP)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Time Period of Service – Option #2 – Applies to Specific School Year/Session)

- 2) ***Applies to specific school year/session***, will be selected if the term of service dates are delineated on the prescription as ***7/1 to 8/30 or 9/1 to 6/30***.

Period of Service

☐ Applies to entire school year

☒ Applies to specific school year / session **2022 - 2023 Summer**

☐ Applies to specific date range

Period of Service

☐ Applies to entire school year

☒ Applies to specific school year / session **2022 - 2023 Winter**

☐ Applies to specific date range

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Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)
Term of Service: **School Year 7/1/22 to 8/30/22** (Frequency, Duration & Class Ratio as per the IEP)

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)
Term of Service: **School Year 9/1/22 to 6/30/23** (Frequency, Duration & Class Ratio as per the IEP)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Time Period of Service – Option #3 – Applies to Specific Date Range)

- 3) ***Applies to specific date range***, will be selected if there are “***specific***” term of service dates delineated on the prescription such as ***7/5 to 8/5*** or ***9/8 to 6/21***. These are specific dates that are more specific than session dates, which encompass the entire session. This option must be selected if the prescription has this type of specificity or if the child has their annual reviews using a calendar year.

Period of Service

☐ Applies to entire school year

☐ Applies to specific school year / session 2022 - 2023 Winter

☒ Applies to specific date range 7/5/22 8/5/22

Period of Service

☐ Applies to entire school year

☐ Applies to specific school year / session 2022 - 2023 Winter

☒ Applies to specific date range 09/08/2022 06/21/2023

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)
Term of Service: School Year 7/5/22 to 8/5/22 (Frequency, Duration & Class Ratio as per the IEP)

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements
(Name of Agency, Center-based Program or Individual Provider / Phone)

(Check One)
Reason for Rx: ☐ Annual Review Meeting ☒ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(REQUIRED)
Term of Service: School Year 9/8/22 to 6/21/23 (Frequency, Duration & Class Ratio as per the IEP)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Time Period of Service)

- ❑ After you select the appropriate term of service option (as indicated on the hardcopy prescription), you will need to **enter the school year**. When you select the school year, the next section of the entry screen populates, The Ordering Practitioner's Name, Address and NPI #. (See next slide.)

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] **Select one.** County: **WESTCHESTER** District: **NEW ROCHELLE** DOB: **9/8/2018** Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session [Dropdown]

☐ Applies to specific date range [Date Range]

Required Field Checklist

☒ Child Name [Redacted]

☐ Time Period of Service

☐ Ordering Practitioner's Name

☐ Ordering Practitioner NPI/ License

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: **WESTCHESTER** District: **NEW ROCHELLE** DOB: **9/8/2018** Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session [Dropdown]

☐ Applies to specific date range [Date Range]

Ordering Provider Details

Search Criteria

NPI: Begins With: [] Ends With: [] State: [] Search

Last Name: Begins With: [] Ends With: [] Clear

First Name: Begins With: [] Ends With: []

Date Signed: [] Redo NPI Search

The child's name and term of service dates selected appear in the checklist.

Required Field Checklist

☒ Child Name [Redacted]

☒ Time Period of Service 7/1/2021 to 6/30/2022 (202122)

Now two boxes are checked.

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Ordering Practitioner's Name, Address & NPI #)

- ❑ You will now see that the **Ordering Provider Details** box has filled in with the **NPI search criteria**. You can enter the NPI # for the ordering practitioner from the scanned prescription **or** if you cannot read the NPI # on the prescription you can enter the practitioner's name (and click **Search**).
- ❑ When you click **Search**, the name, address and NPI # for the ordering practitioner appears below the NPI search. Click **Select** in the list for the correct person (if more than one).

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: **WESTCHESTER** District: **NEW ROCHELLE** DOB: **9/8/2018** Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: Ends With: State: Search

Last Name: Begins With: Ends With: Clear

First Name: Begins With: Ends With: Clear

Date Signed: Redo NPI Search

Required Field Checklist

☒ Child Name

☒ Time Period of Service 7/1/2021 to 6/30/2022 (202122)

☐ Ordering Practitioner's Name

☐ Ordering Practitioner NPI/ License

☐ Ordering Practitioner's Address

☐ Ordering Practitioner's Phone Number

☐ Signature Date

☐ Signature

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: **WESTCHESTER** District: **NEW ROCHELLE** DOB: **9/8/2018** Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: 1912322454 Ends With: State: Search

Last Name: Begins With: Ends With: Clear

First Name: Begins With: Ends With: Clear

Date Signed: Redo NPI Search

	NPI	Last Name	First Name	Credentials	Address1	City	State	Zip
Select	1912322454	LEMONS	CAROLYN		522 GLENWOOD AVE	NEW BOSTON	OH	456625505

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Ordering Practitioner's Name, Address & NPI #)

- ❑ After you click **Select**, you will see that the **Ordering Practitioner Details** box has filled in with the Ordering Practitioner's information (Name, Address and NPI #).
- ❑ You will also see that four checkboxes are now checked and the NPI number for the ordering practitioner is now listed in the growing list of Medicaid elements to the right.

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: 1912322454 Ends With: State: Search

Last Name: Begins With: Ends With:

First Name: Begins With: Ends With: Clear

	NPI	Last Name	First Name	Credentials	Address1	City	State	Zip
Select	1912322454	LEMONS	CAROLYN		522 GLENWOOD AVE	NEW BOSTON	OH	456625505

Date Signed: Redo NPI Search

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child [Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: 1912322454
Name: CAROLYN LEMONS
Address: 522 GLENWOOD AVE
NEW BOSTON, OH 456625505

Date Signed: Redo NPI Search

Required Field Checklist

Four checkboxes are now checked.

☒ Child Name
☒ Time Period of Service
☒ Ordering Practitioner's Name
☒ Ordering Practitioner NPI/ License

☐ Ordering Practitioner's Address
☐ Ordering Practitioner's Phone Number
☐ Signature Date
☐ Signature

Practitioner's name, address and NPI # auto fills

The Required Field List is growing.

7/1/2021 to 6/30/2022 (202122)
CAROLYN LEMONS
1912322454

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Signature Date)

- ❑ Next you will enter the **signature date** from the scanned prescription.
If the signature date is not on the prescription, you will need to secure a replacement prescription.
- ❑ After you enter the signature date, the **Signature Date** field is auto-checked in the **Required Field Checklist** and the signature date appears in the growing list of fields on the right.

The screenshot shows a web form titled "Upload Order Image for". It includes a "Reupload File" button and a "Child" section with fields for County (WESTCHESTER), District (NEW ROCHELLE), and DOB (9/8/2018), along with a "Redo Search" button. The "Period of Service" section has three radio buttons: "Applies to entire school year" (selected), "Applies to specific school year / session", and "Applies to specific date range". The "Ordering Provider Details" section includes "Ordering Practitioner Details" with NPI (1912322454), Name (CAROLYN LEMONS), and Address (522 GLENWOOD AVE, NEW BOSTON, OH 456625505). The "Date Signed" field is highlighted with a red box and contains the value 9/1/22, with a "Redo NPI Search" button next to it. The "Required Field Checklist" section lists seven items: Child Name, Time Period of Service, Ordering Practitioner's Name, Ordering Practitioner NPI/ License, Ordering Practitioner's Address, Ordering Practitioner's Phone Number, and Signature Date. The first five items are checked, and a red arrow points to them with the text "Five check boxes are now checked." The "Signature Date" item is also checked, and a red box highlights the date 9/1/22 in the field next to it, with a red arrow pointing to it from the text "Signature date fills in here." The "Signature" item is unchecked.

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child

[Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

☒ Applies to entire school year 2021 - 2022

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: 1912322454

Name: CAROLYN LEMONS

Address: 522 GLENWOOD AVE
NEW BOSTON, OH 456625505

Date Signed: 9/1/22 Redo NPI Search

Required Field Checklist

☒ Child Name

☒ Time Period of Service

☒ Ordering Practitioner's Name

☒ Ordering Practitioner NPI/ License

☐ Ordering Practitioner's Address

☐ Ordering Practitioner's Phone Number

☒ Signature Date

☐ Signature

Five check boxes are now checked.

7/1/2021 to 6/30/2022 (202122)

CAROLYN LEMONS

1912322454

Signature date fills in here.

9/1/22

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Manual Selection)

- ❑ Five check boxes have auto-filled throughout the **entering** process so far.
- ❑ Three checkboxes remain unchecked.

These fields will require the person uploading the prescription to view the scanned prescription for the **Ordering Practitioner's address, phone number and signature**.

- ❑ If the Ordering Practitioner's contact information and signature is listed on the prescription, you will check these (3) boxes.
- ❑ If these items are not listed on the prescription, you will not be able to proceed any further and you should secure a replacement prescription.

Required Field Checklist	
<input checked="" type="checkbox"/> Child Name	SAKI [REDACTED]
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input type="checkbox"/> Ordering Practitioner's Address	
<input type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input type="checkbox"/> Signature	

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Saving the Required Field Checklist – Image Details – Save Order Image)

- ❑ After you check the three remaining boxes, the **Save Order Image** Button populates to the screen. you will click the **Save Order Image** button.

Upload Order Image for CHRISTIAN, SKYLAR

[Reupload File](#)

Order Image Details

Child
CHRISTIAN, SKYLAR County: **WESTCHESTER** District: **NEW ROCHELLE** DOB: **9/8/2018** [Redo Search](#)

Period of Service
☒ Applies to entire school year **2021 - 2022**
☐ Applies to specific school year / session
☐ Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details
NPI: **1912322454**
Name: **CAROLYN LEMONS**
Address: **522 GLENWOOD AVE
NEW BOSTON, OH 456625505**

Date Signed: **9/1/22** [Redo NPI Search](#)

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SKYLAR CHRISTIAN
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input type="checkbox"/> Signature Date	9/1/22
<input checked="" type="checkbox"/> Signature	

Check boxes if information is on Rx.

[Save Order Image](#)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Saving The Required Field Checklist)

- ❑ You will notice in screenshot #1 that the last check box (Signature) remains unchecked. You will also notice there is no **SAVE** button at the bottom of the screen.

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SAK [REDACTED]
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input type="checkbox"/> Signature	

Last item unchecked

No Save Button

- ❑ Screenshot #2 shows all the boxes checked, which will now allow you to **SAVE**.
- ❑ All eight items must be checked and/or entered or you will not have the option to **SAVE**.

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SAK [REDACTED]
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input checked="" type="checkbox"/> Signature	

Save Order Image

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Saving the Required Field Checklist – Image Details – Save Order Image)

- ❑ After you click the **Save Order Image** button, you will receive a message indicating that the Order File saved successfully. (Yellow bar/top of screen).

Upload Order Image

Order File saved successfully. Please enter details.

Required Field Checklist	
<input checked="" type="checkbox"/> Child Name	SKY
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	9/1/22
<input checked="" type="checkbox"/> Signature	

Check boxes if information is on Rx.

Save Order Image

QUESTIONS

About the Order Image Screen

STEP 3 – ENTERING THE ORDER DETAILS

❑ The following items (*Order Details*) needs to be completed.

- 1) The **Service Type** (OT/PT/ST/PSY)
- 2) The **ICD Code**
- 3) The **Frequency, Duration, Class Designation (I/G)** (Only choose one option below – Not Both.)
 - a) If the prescription has narrative that states that the frequency and duration will be delivered “**As per the IEP**,” you will check the **Per IEP** box on the **Order Detail Screen**.

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Occupational Therapy	R62.50	7/1/2022	6/30/2023			✓	<input checked="" type="checkbox"/>	Add Detail

- b) If the prescription has the **specific frequency/duration and class designation (I/G)** delineated on the prescription, you will enter that information into the respective boxes on the **Order Detail Screen**.

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Occupational Therapy	R62.50	7/1/2022	6/3 * 3	2	30	G	<input checked="" type="checkbox"/>	Add Detail

* The **Start** and **End** Dates auto-fill with the period of service dates that were entered on the Image Detail Screen.

- Click the **Add Detail** link. (The link changes from *Add Detail* to *Edit/Delete*.)

SHOW FILE DETAILS BUTTON

- ❑ Once you get to the Order Details screen, you can check the Image Details by clicking the **Show File Details** button.
- ❑ To return to the Order Details screen from the Order Image Details Screen, click the **Hide File Details** button.

Upload Order Image

i Order File saved successfully. Please enter details.

Show File Details

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
	<input type="text"/>	<input type="text"/>	7/1/2021	6/30/2022	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Add Detail

Upload Order Image

Hide File Details Click Hide File Details to return to the Order Details Screen.

Order Image Details

Child

County: **NASSAU** District: **LEVITTOWN UFSD** DOB: **1/3/2016** [Redo Search](#)

Period of Service

☒ Applies to entire school year

☐ Applies to specific school year / session

☐ Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: 1912322454
Name: CAROLYN LEMONS
Address: 522 GLENWOOD AVE
NEW BOSTON, OH 456625505

Date Signed: 09/22/2022 [Redo NPI Search](#)

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SA <input type="text"/>
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input checked="" type="checkbox"/> Signature	

[Save Order Image](#)

STEP 4 – ATTACHING THE ENROLLMENT – FINAL STEP

- ❑ After you enter the (Service Type, ICD Code Frequency/Duration) and click the **Add Detail** link, you will see the following screen.
- ❑ The next step is attaching the enrollment(s) to the prescription – Step 4 of the process.
- ❑ Click **Select** for each therapy shown on the screen.
(which will bring up all the enrollments for the selected service type within the selected period of service).
- ❑ Click the **“Attach”** link to link the enrollment(s) to the prescription.

Upload Order Image

Show File Details

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select	Speech Therapy	F80.9	7/1/2021	6/30/2022				<input checked="" type="checkbox"/>	Edit Delete Add Detail
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	

Upload Order Image

Show File Details

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select	Speech Therapy	f80.9	7/1/2022	6/30/2023				<input checked="" type="checkbox"/>	Edit Delete Add Detail
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	

Apply To Enrollments

Provider Name	ESID	From Date	To Date	Service	Status	
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223S0047009	07/04/2022	08/12/2022	ST 3x30 I	ON PREVIOUS ORDER	<input checked="" type="checkbox"/>
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223VW0047014	09/06/2022	06/23/2023	ST 3x30 I		<input type="checkbox"/>

Finish and Go To Child Details

STEP 4 – ATTACHING/DETACHING THE ENROLLMENT

- After you click the **Attach** link, the link changes to show “**Detach**.” The prescription is now uploaded and is attached to the child’s enrollment(s). You can click the link again to change the status back to “Attach” to remove the enrollment from the prescription.

Upload Order Image
[Show File Details](#) [Reupload File](#)

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select	Speech Therapy	f80.9	7/1/2022	6/30/2023				<input checked="" type="checkbox"/>	Edit Delete
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="7/1/2022"/>	<input type="text" value="6/30/2023"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	Add Detail


Apply To Enrollments

Provider Name	ESID	From Date	To Date	Service	Status	
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223S0047009	07/04/2022	08/12/2022	ST 3x30 I	ON PREVIOUS ORDER	
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223W0047014	09/06/2022	06/23/2023	ST 3x30 I	ATTACHED	Detach

[Finish and Go To Child Details](#)

FINISH AND GO TO CHILD DETAILS

- ❑ If you click the “**Finish and Go To Child Details**” button, you can check the Portal details for the uploaded prescription from the **Written Orders Tab**.

Apply To Enrollments					
Provider Name	ESID	From Date	To Date	Service	Status
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223S0047009	07/04/2022	08/12/2022	ST 3x30 I	ON PREVIOUS ORDE
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223W0047014	09/06/2022	06/23/2023	ST 3x30 I	
Finish and Go To Child Details 					

REVIEWING THE PRESCRIPTION DETAILS

(Written Orders Tab)

After you click the **“Finish and go to Child Details”** button, this screen comes up.

- ❑ Click on the **Written Orders** Tab to view Prescriptions.
- ❑ You can see that a prescription was entered and includes the following information:
 - The school year for the prescription
 - Who signed the prescription
 - Signature date of the prescription
 - The date the prescription was uploaded

Enrollments **Written Orders** IEPs Consents Documents CINs

Upload Prescription Image

Prescription Images

Description	SchoolYear	Signed By	Date Signed	Date Uploaded	Invalid Reason	Invalidated	Invalidated By	
	202223	CAROLYN LEMONS	9/1/2022	9/20/2022				manage
	202223	NORA GERSTEIN	7/5/2022	7/5/2022				manage
OT Prescription	202122	MAURICE CHIANESE	8/24/2021	9/10/2021				manage
	202122	KATRINA MACKEN	9/2/2021	9/2/2021				manage

Prescription Entries

From	To	Service	Frequency	Signed By	Date Signed	
7/1/2022	6/30/2023	Speech Therapy	PER IEP	CAROLYN LEMONS	9/1/2022	manage
7/5/2022	6/30/2023	Speech Therapy	PER IEP	NORA GERSTEIN	7/5/2022	manage
7/1/2021	6/30/2022	Occupational Therapy	PER IEP	MAURICE CHIANESE	8/24/2021	manage
9/2/2021	6/30/2022	Speech Therapy	PER IEP	KATRINA MACKEN	9/2/2021	manage

FINISHING AN INCOMPLETE PRESCRIPTION

(Written Orders Tab)

Upload Prescription Image

Click the "Manage" Link.

1.

Prescription Images

Description	SchoolYear	Signed By	Date Signed	Date Uploaded	Invalid Reason	Invalidated	Invalidated By	
	202223	CAROLYN LEMONS	9/10/2021	10/13/2022				manage

Upload Order Image for Jones, Jane

Show File Details

2.

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
		7/1/2022	6/30/2023					Add Detail

Enter the Service Type
ICD Code
Per IEP or Frequency, Duration & I/G
Click ADD DETAIL

OrderImageHandler...

1 / 1 | - 75% + | [Icons]

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preschool Special Education, a referral for evaluation and/or a recommendation for services as noted below will be provided as specified in the Individualized Education Program (IEP) designed by the Committee. (Check one or both as required.) ☐ Evaluation ☐ Services

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

Agency Achievements
(Name of Agency, Center-based Program or Individual Provider / Phone)

3.

Click the "Select" Link to attach the enrollments.

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select	Occupational Therapy	R62.50	7/1/2022	6/30/2023	2.00	30	I	<input type="checkbox"/>	Edit Delete
			7/1/2022	6/30/2023				<input type="checkbox"/>	Add Detail

FINISHING AN INCOMPLETE PRESCRIPTION (Written Orders Tab)

As you can see from the screenshot below, there are two prescriptions that have Image Entries, but do not have any Prescription Entries.

To finish entering the Order Details and Enrollment Details, just click the ***“Manage”*** link at the end of the row.

After you complete the prescription, you should see an entry in the *Prescription Entries* Table that corresponds with the entry in the *Images* Table.

Child Details (Jones, Jane)
Child Number: C53000231487
DOB: 1/2/2017 Gender: F
Address: , NY
County: SCHENECTADY
District: Schenectady
Matched?: N

Enrollments Written Orders IEPs Consents Documents CINs

Upload Prescription Image

Images are saved.
Rx not complete.

Prescription Images

Description	SchoolYear	Signed By	Date Signed	Date Uploaded	Invalid Reason	Invalidated	Invalidated By	
	202223	CAROLYN LEMONS	9/10/2021	10/13/2022				manage
	202223	CAROLYN LEMONS	9/1/2022	10/10/2022				manage

Prescription Entries

No prescription entries found for child

Order Details are missing.

LIVE DEMONSTRATION

QUESTIONS

About Entering the Order Details

Attaching the Enrollment

McGuinness Medicaid-in-Education Contact Information

James McGuinness and Associates, Inc.

1482 Erie Boulevard

Schenectady, NY 12305

Phone: (518) 393-3635

Fax: (518) 393-9938

Deborah Frank, McGuinness Medicaid Specialist & Team Leader – dfrank@jmcguinness.com – Extension #41

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Ellen Farney, McGuinness Medicaid Team – efarney@jmcguinness.com – Extension #50

Darcy McMullen, McGuinness Medicaid Team – dmcmullen@jmcguinness.com – Extension #34

Follow-up

- ❑ This presentation will be recorded and the PowerPoint presentation will be uploaded to the Portal Knowledge Base for future reference.
 - Search for help in our Knowledge Base: <http://support.cpseportal.com/Main/Default.aspx>
 - Portal Support Email: Support@cpseportal.com
 - Medicaid Support Email: Medicaid@CPSEPortal.com
 - Questions/Guidance regarding Medicaid compliance:
Contact Deborah Frank dfrank@jmcguinness.com, 518-393-3635, Ext. #41

❑ HELPFUL LINKS

CPSE Portal Knowledge Base Links for Medicaid

<http://support.cpseportal.com/kb/a231/medicaid-knowledge-base-links.aspx>