JAMES McGUINNESS & ASSOCIATES INC.
Consultants

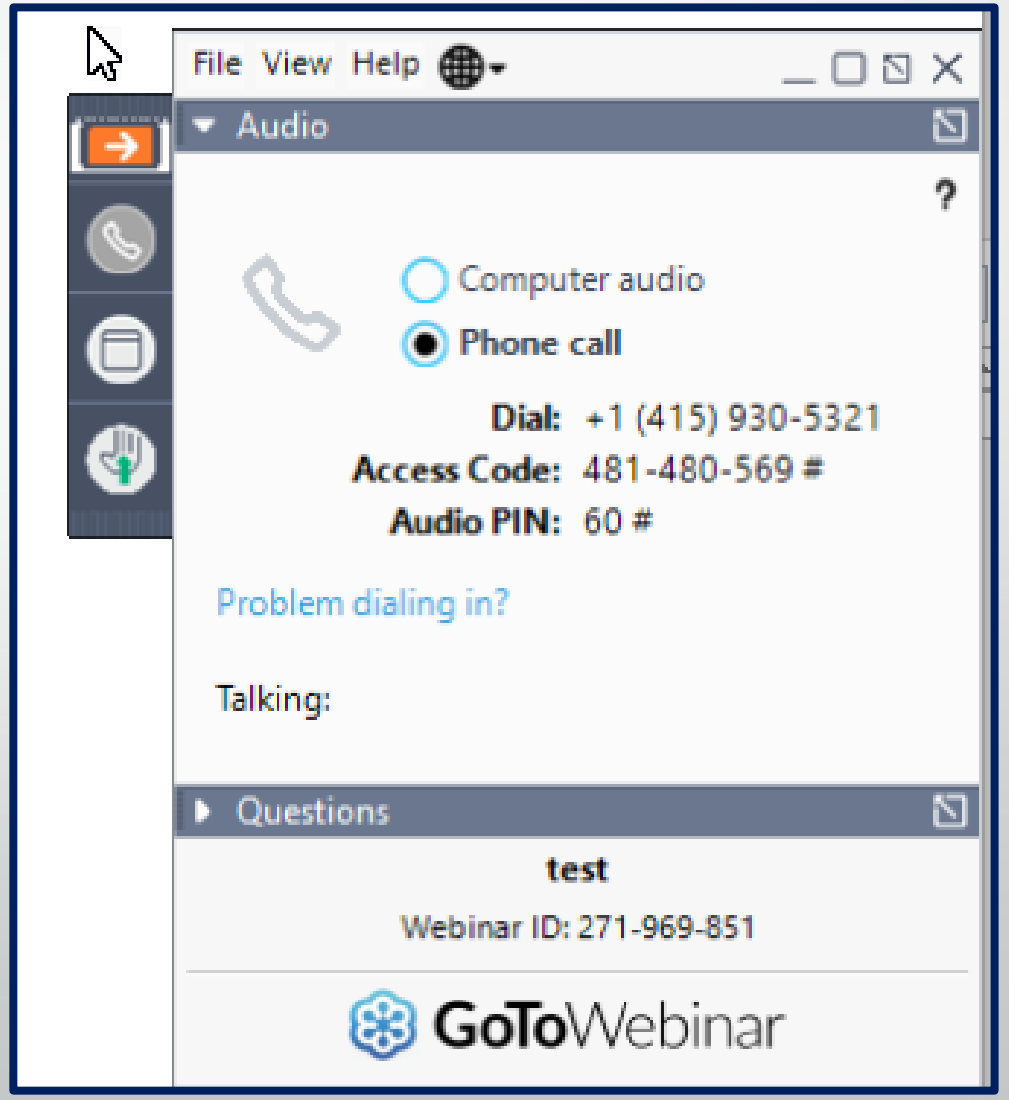
Using Go To Webinar

Preschoolsupport@CPSEPortal.com

Go To Webinar Control Panel

- Control panel is on far right of screen
- Orange button with white arrow expands and shrinks control panel





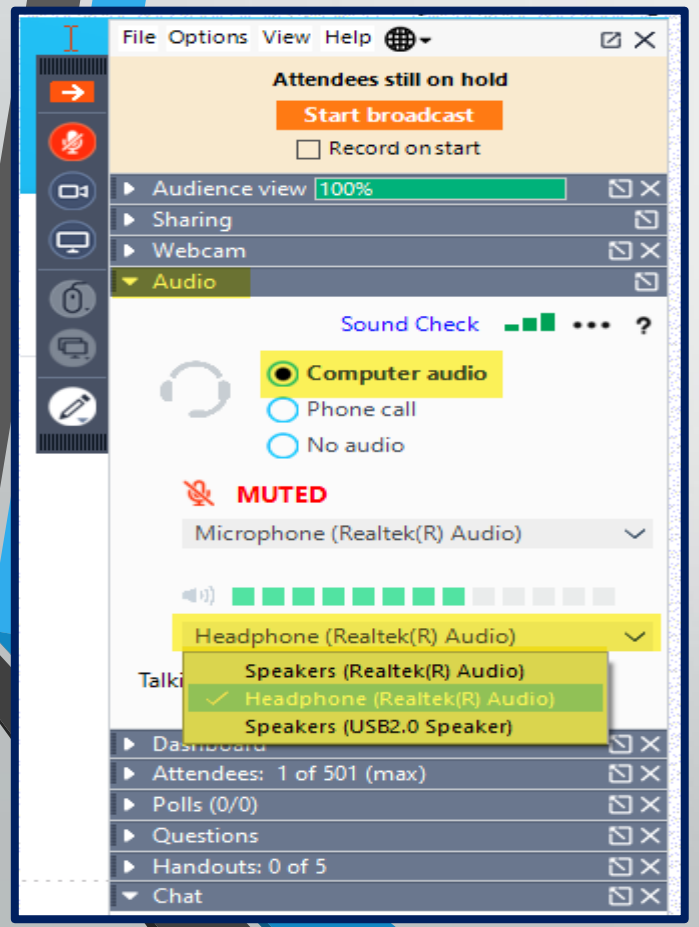
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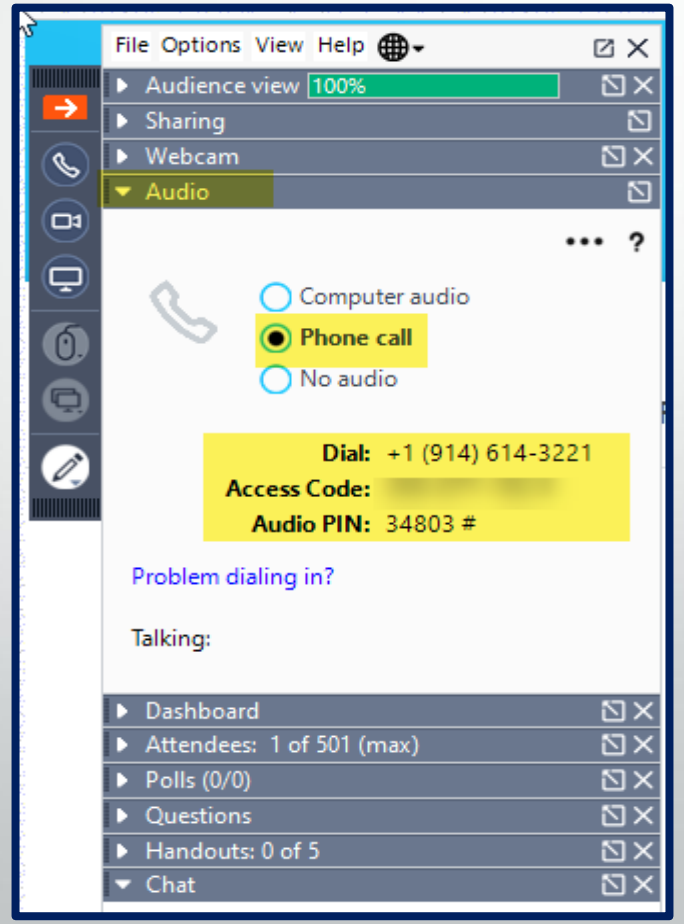
Communicating with Presenter

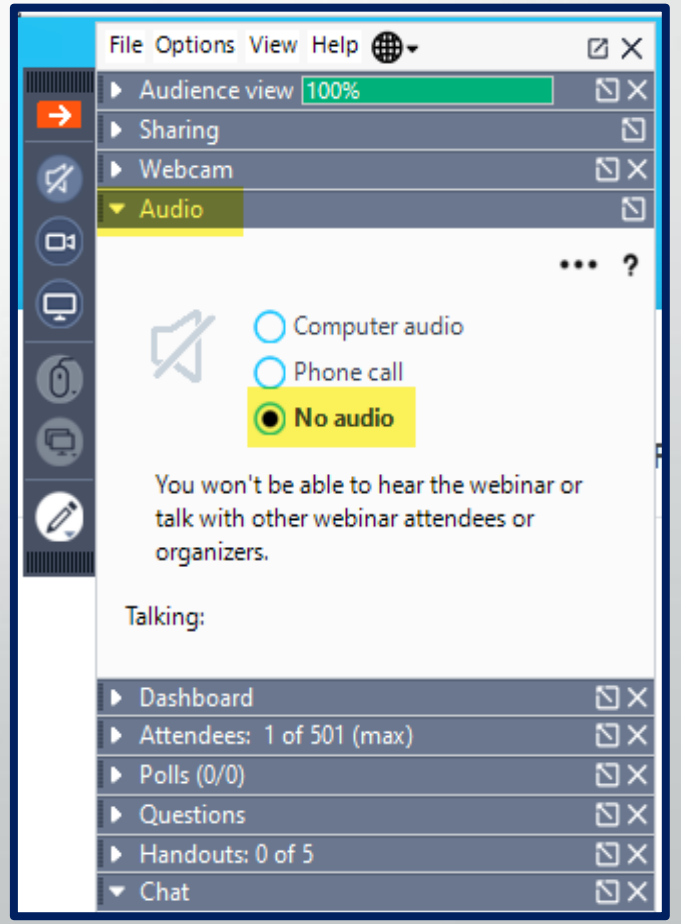
- All participants are on mute.
- You can raise your hand in response to a question we ask. Do not raise your hand to ask a question.
- You can type in question in the question box.

Can’t Hear the Webinar?

- Under the Audio tab, you can choose Computer Audio, Phone Call or No Audio. If you choose **No Audio**, you will not be able to hear the webinar!

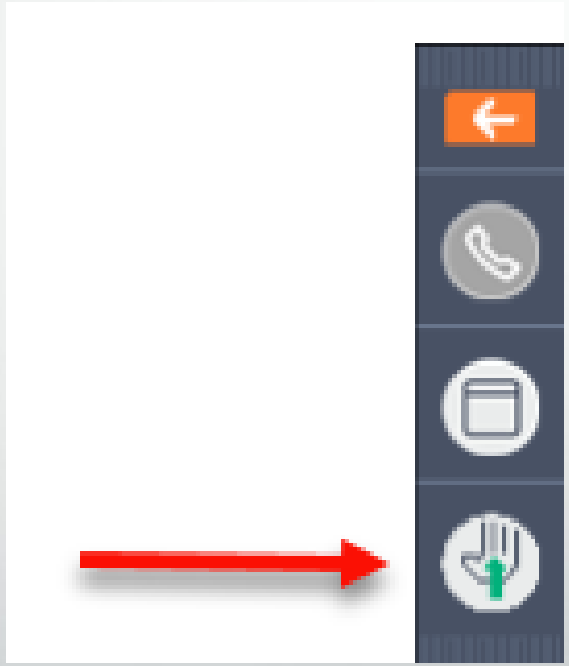






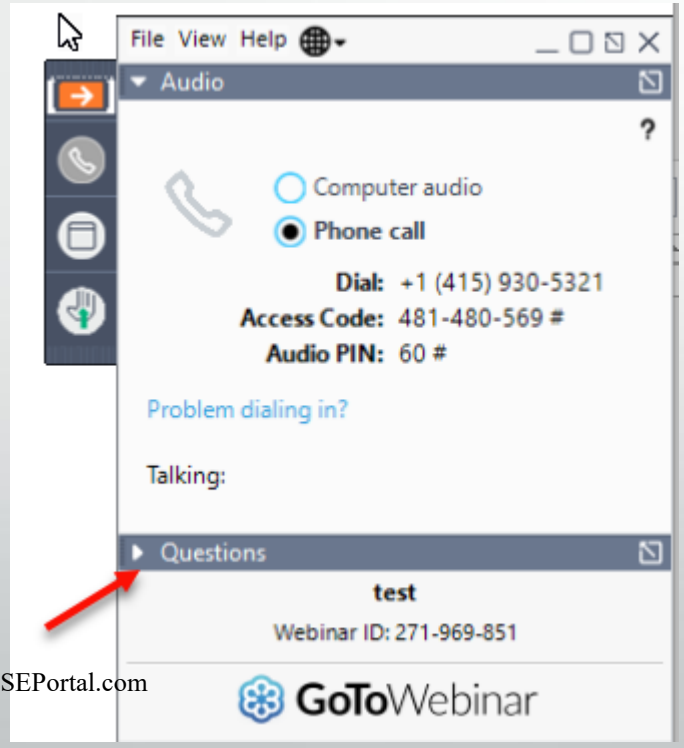
Raising your hand

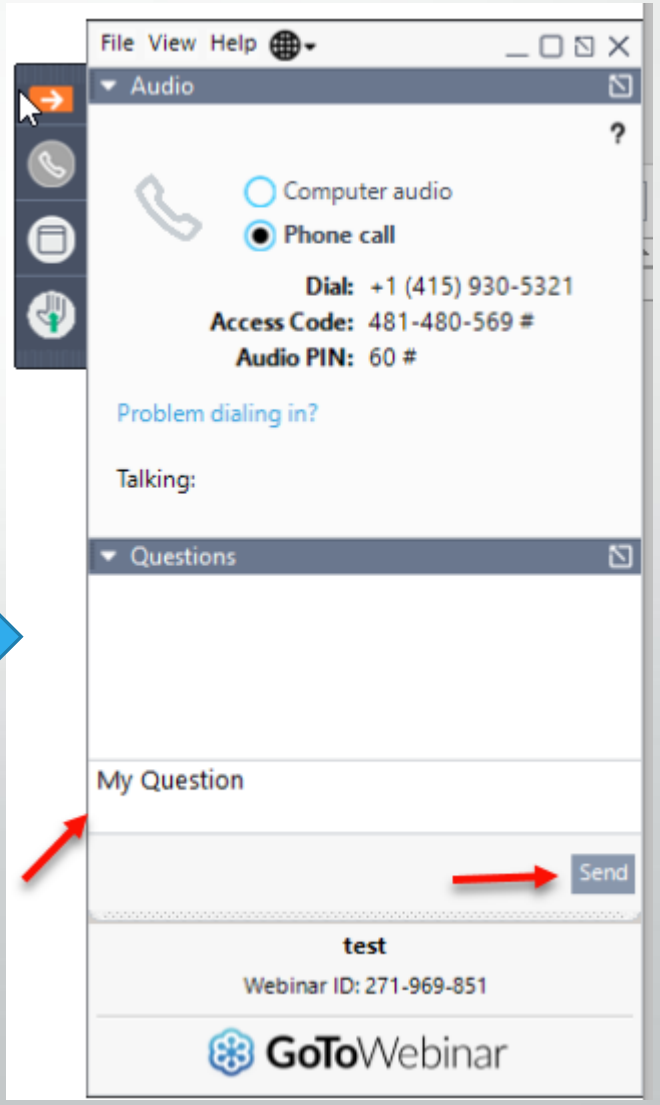
- On bottom left of control panel is a button with a hand icon.
- Click that button to raise your hand.



Typing in a Question

- Click the question bar to expand questions section.
- Type in your question and click send.



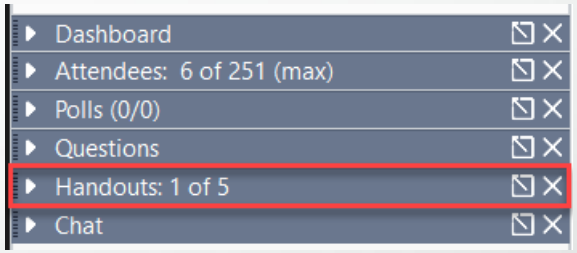


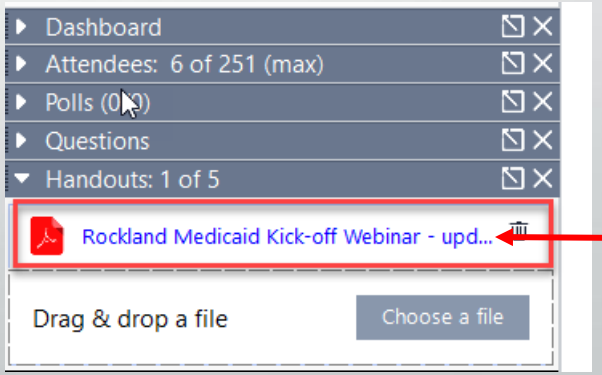
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Handouts

If you would like to download the handout:

- Click the “Handouts” icon on the control panel.
- Click the link for the handout that you would like to download.





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Preschool Webinar – Medicaid For Counties that Use the CPSE Portal

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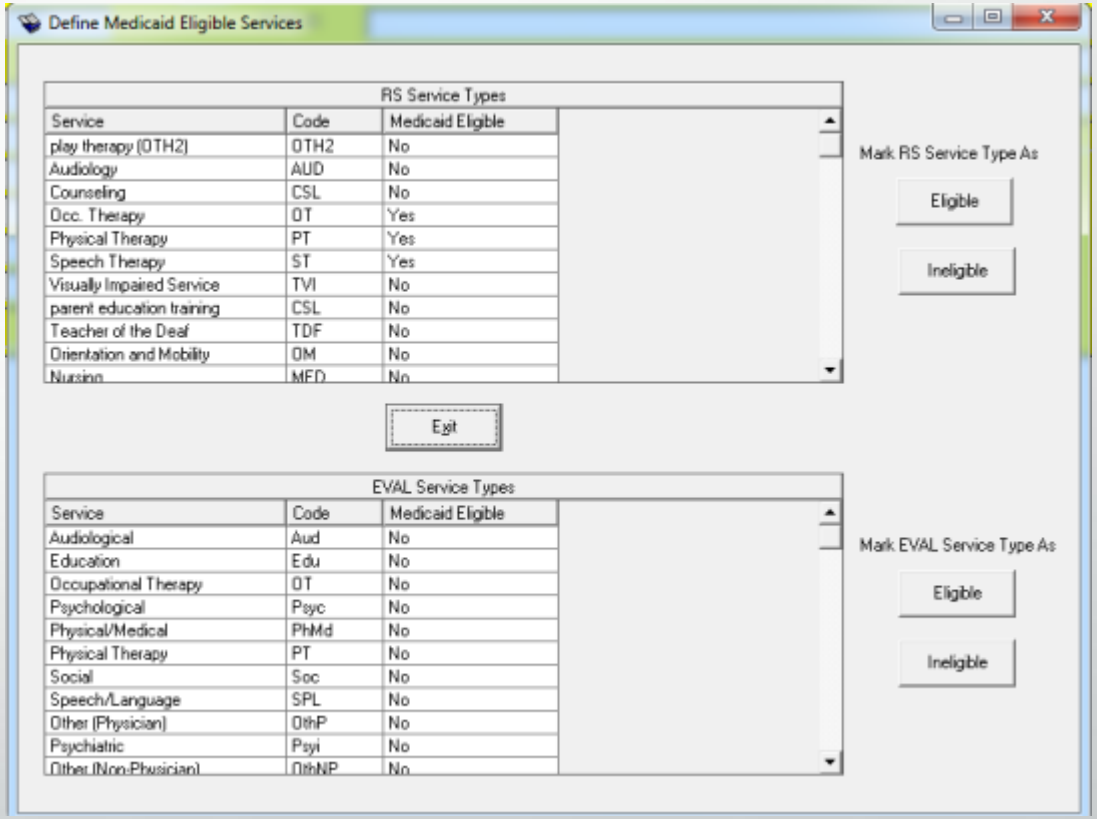
PHI Disclaimer:

All Child information displayed in this webinar are from scrambled Preschool Databases.

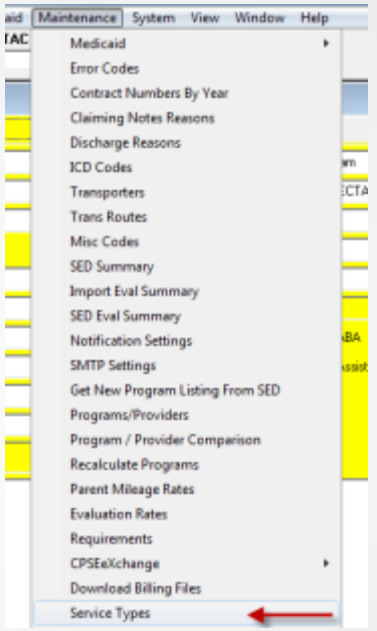
No real child information will be displayed.

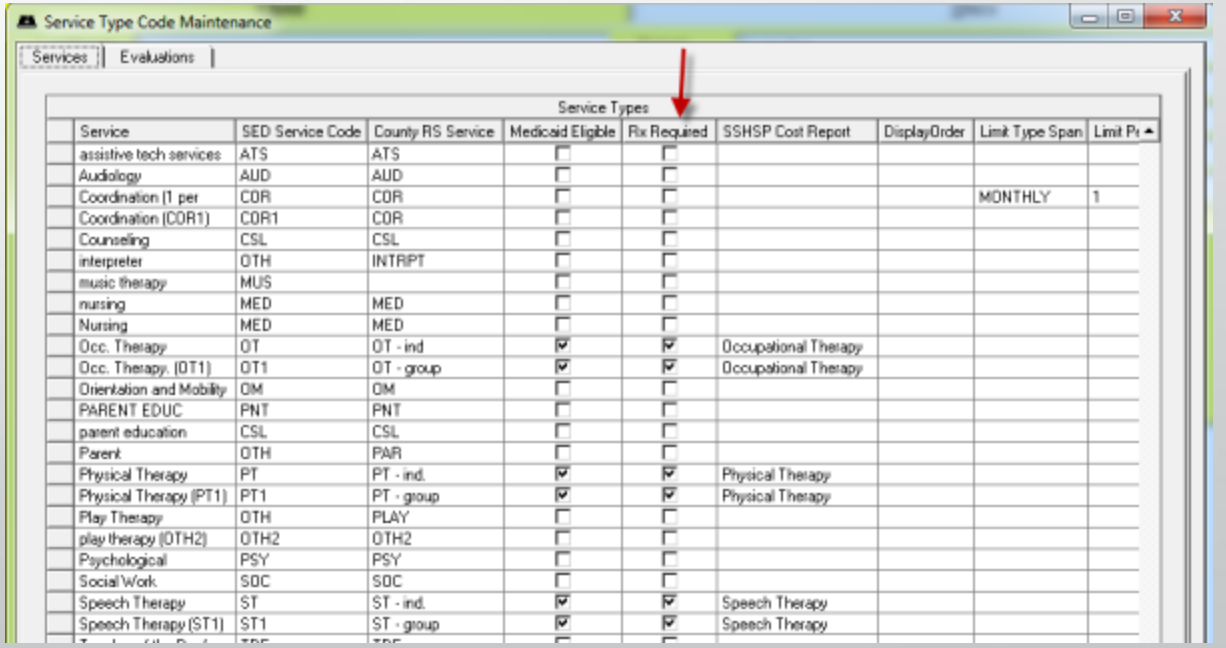
Defining Eligible Services

- Navigate to Medicaid->Define Eligible Services
- Indicate which services your County will bill Medicaid



- Determine if there is a script required by going to Maintenance > Service Types
- Mark which services need a prescription or recommendation.



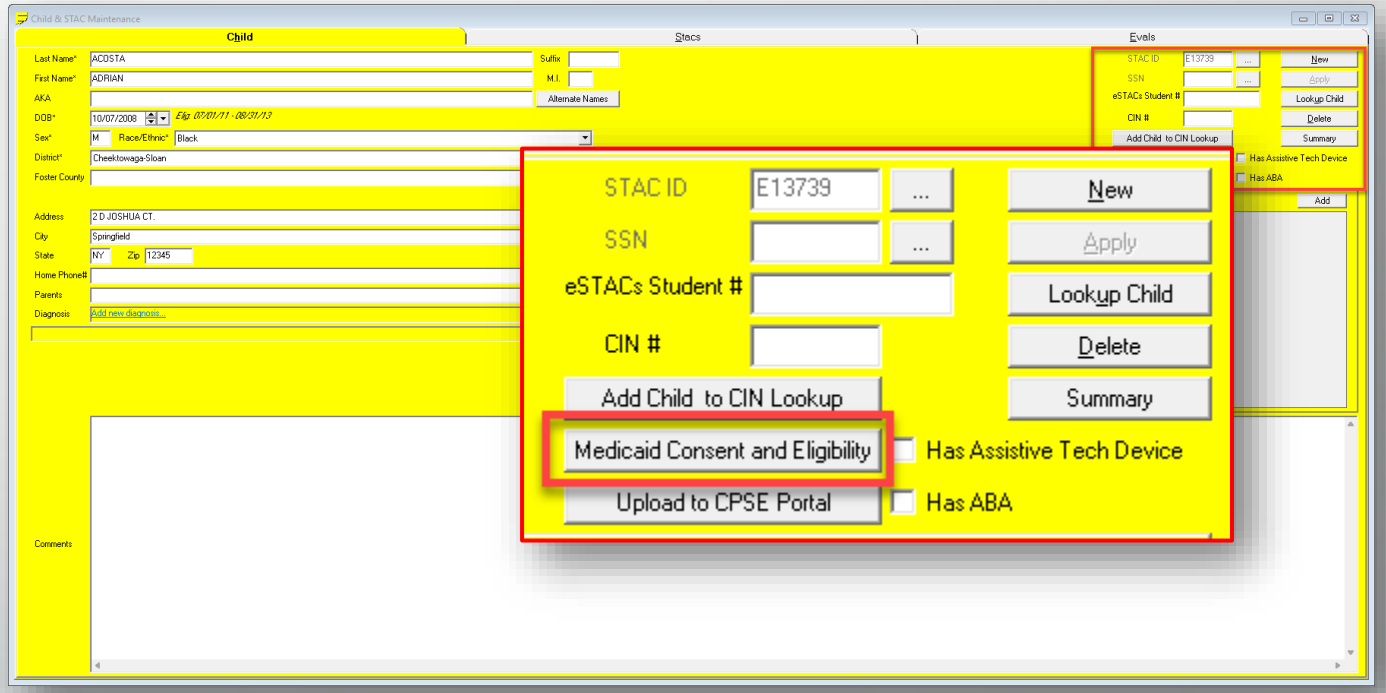


Service	SED Service Code	County RS Service	Medicaid Eligible	Rx Required	SSHSP Cost Report	DisplayOrder	Limit Type Span	Limit Pe
assistive tech services	ATS	ATS	☐	☐				
Audiology	AUD	AUD	☐	☐				
Coordination (1 per	COR	COR	☐	☐			MONTHLY	1
Coordination (COR1)	COR1	COR	☐	☐				
Counseling	CSL	CSL	☐	☐				
interpreter	OTH	INTRPT	☐	☐				
music therapy	MUS		☐	☐				
nursing	MED	MED	☐	☐				
Nursing	MED	MED	☐	☐				
Occ. Therapy	OT	OT - ind	☑	☑	Occupational Therapy			
Occ. Therapy. (OT1)	OT1	OT - group	☑	☑	Occupational Therapy			
Orientation and Mobility	OM	OM	☐	☐				
PARENT EDUC	PNT	PNT	☐	☐				
parent education	CSL	CSL	☐	☐				
Parent	OTH	PAR	☐	☐				
Physical Therapy	PT	PT - ind.	☑	☑	Physical Therapy			
Physical Therapy (PT1)	PT1	PT - group	☑	☑	Physical Therapy			
Play Therapy	OTH	PLAY	☐	☐				
play therapy (OTH2)	OTH2	OTH2	☐	☐				
Psychological	PSY	PSY	☐	☐				
Social Work	SOC	SOC	☐	☐				
Speech Therapy	ST	ST - ind.	☑	☑	Speech Therapy			
Speech Therapy (ST1)	ST1	ST - group	☑	☑	Speech Therapy			

Entering Consents

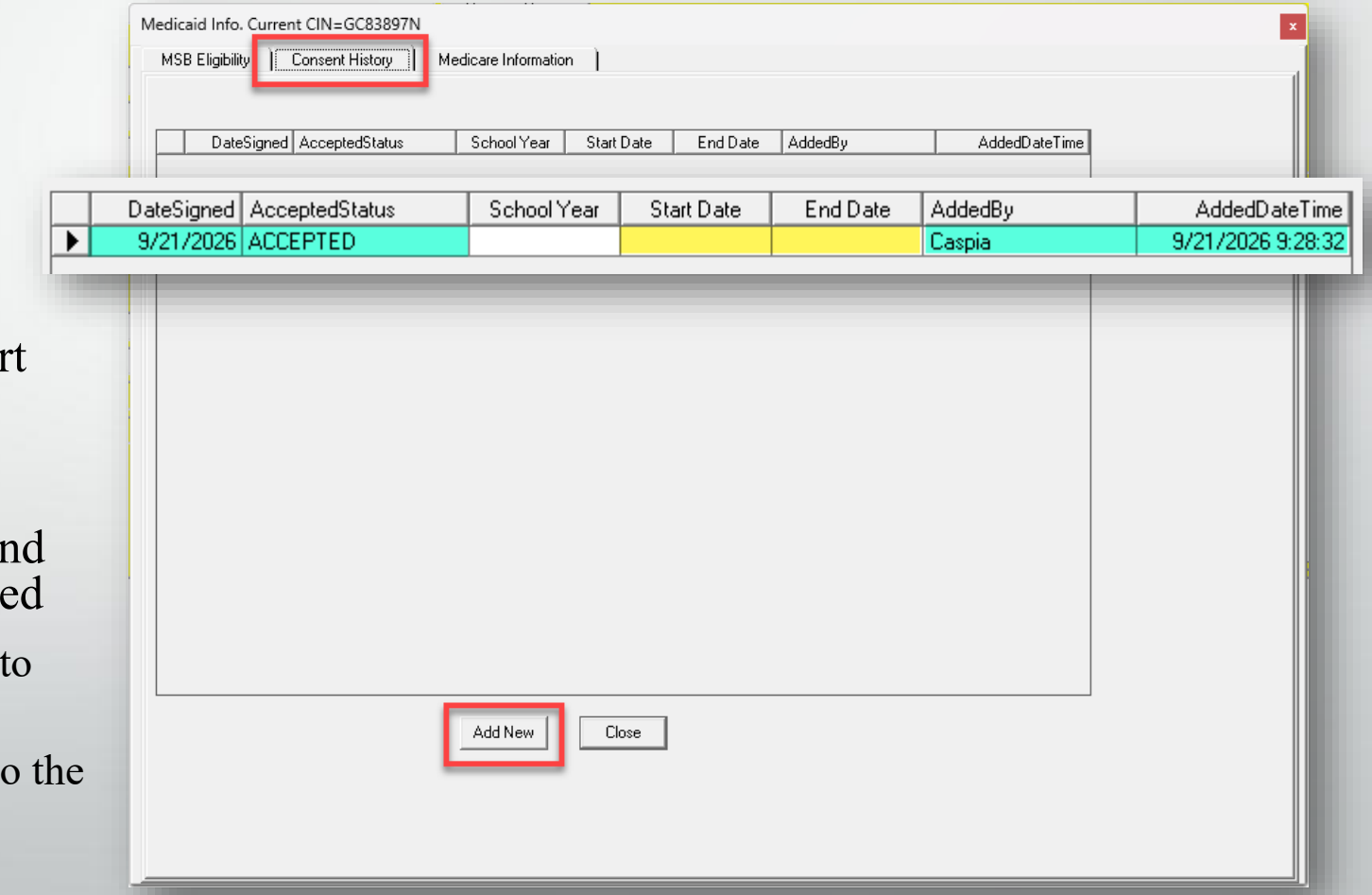
Parental Consents

- Parental Consents are a required part of Medicaid billing
- These are required **PRIOR** to looking up any child's CIN or billing for services
- A child's consent and eligibility history is located on the yellow child screen



Entering Consents

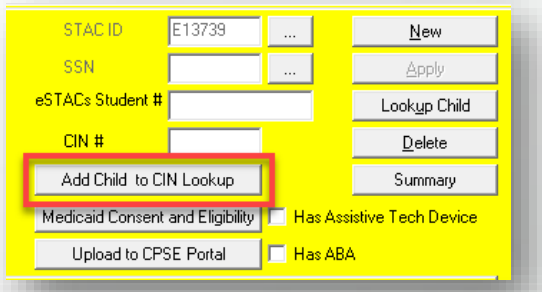
- Navigate to “Consent History”
- Click “Add New”
- The following information is required:
  - Date Signed, Accepted Status, Start Date, End Date
  - School Year is no longer used.
  - Note: Signed, Status, Added By, and Added Date/Time will be auto-filled
    - Accepted Status can be changed to ‘Refused’ if applicable
    - Date Signed should be changed to the date the consent was signed

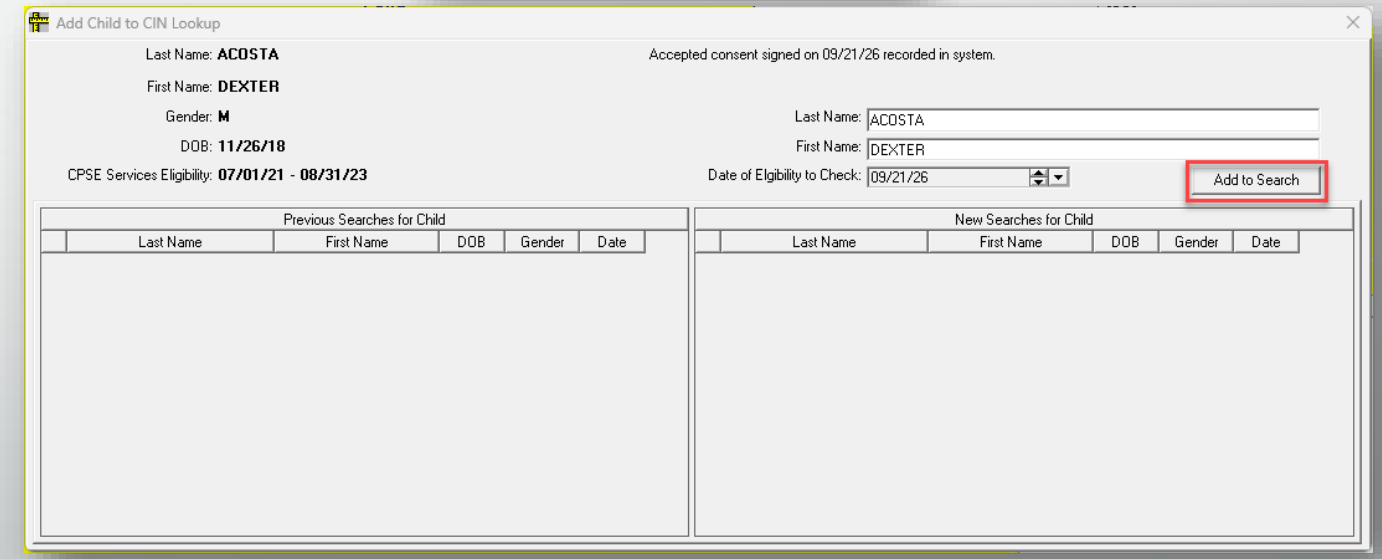


CIN Look Up

From Child Screen (Individually)

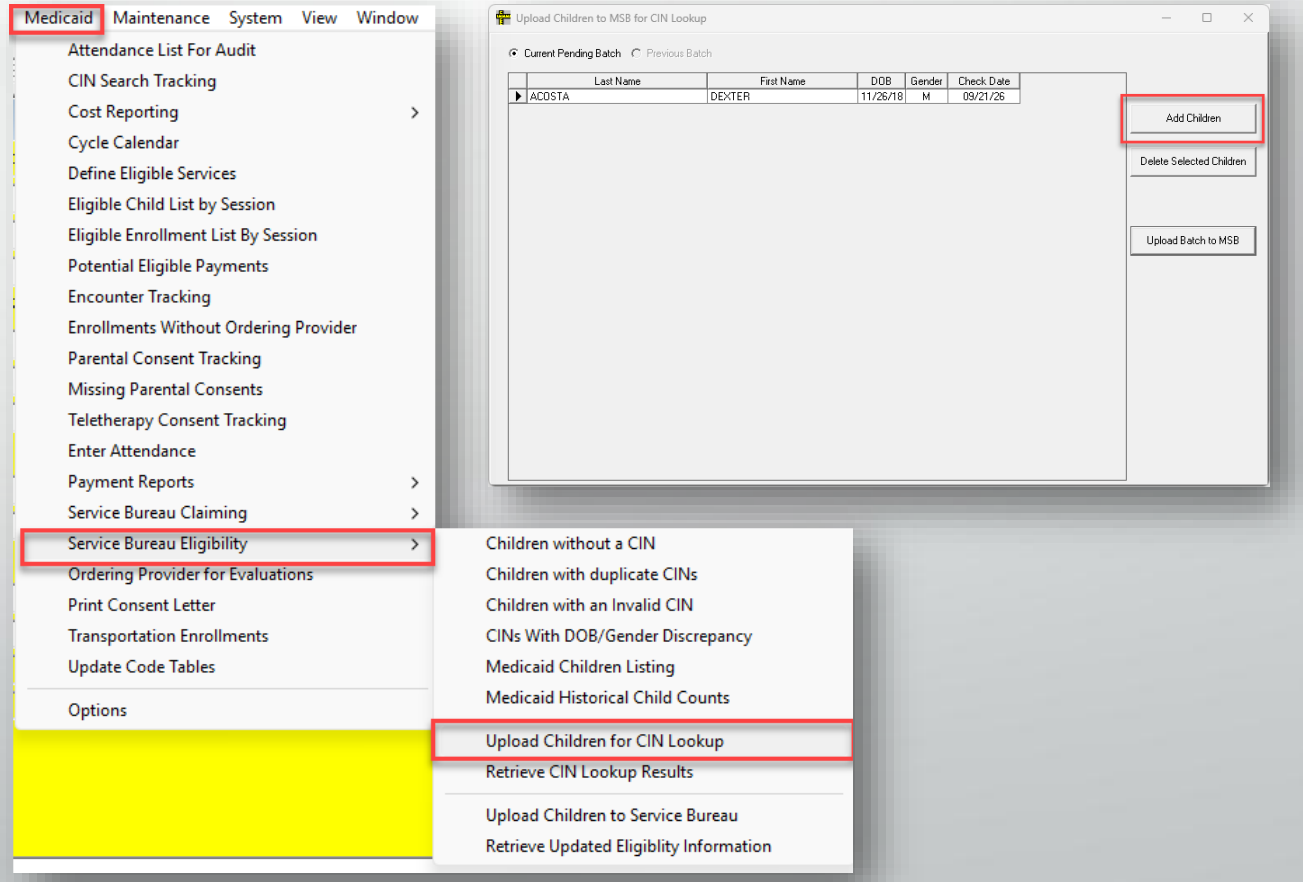
- Click “Add Child to CIN Lookup”
- Adding will display a new search on the right side of the window.
- Previous lookups will display on the left
- This does not send the CIN Lookup; it only adds it to the current batch





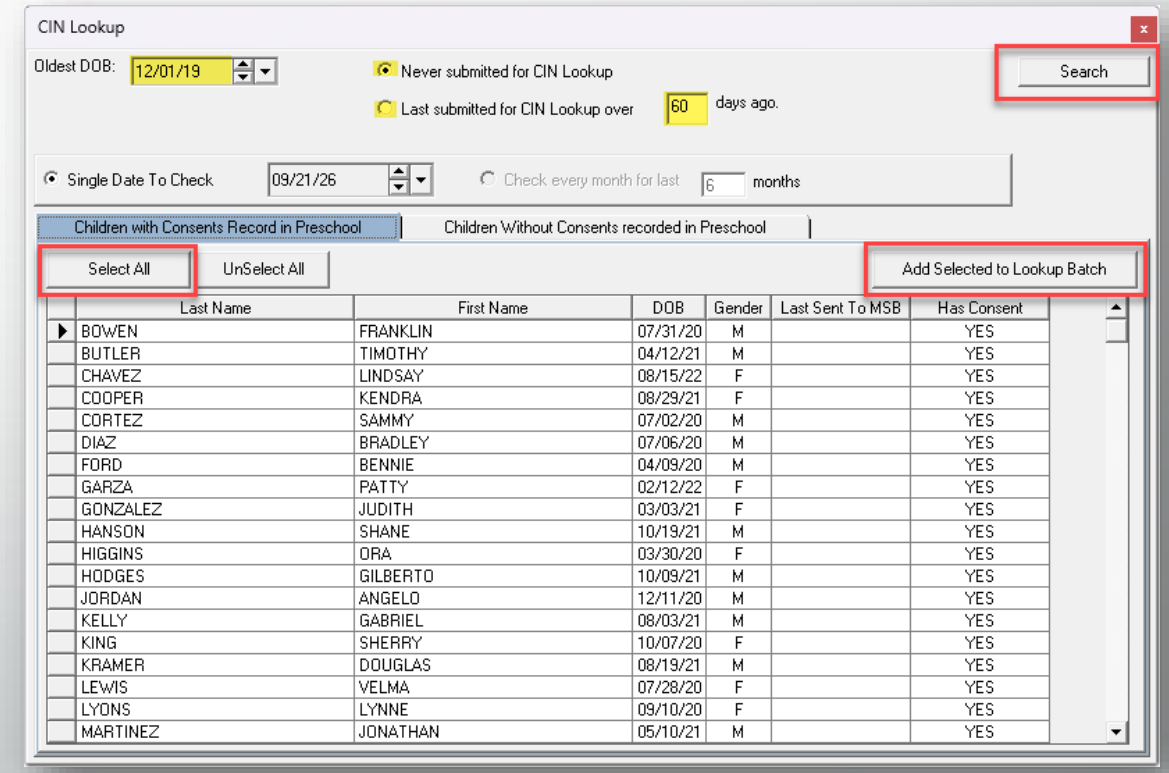
Upload Children for CIN Lookup (Batch)

- Will automatically display any children manually added via the previous method (via Child Screen).
- Navigate to Medicaid >> Service Bureau Eligibility >> Upload Children for CIN Lookup
- Click “Add Children” and “Search”



CIN Lookup (Batch) Cont.

- CIN Lookup can be filtered by several settings
  - Oldest DOB, Last Lookup (Never or date range).
- Click “Search”
- Select all children to add to batch and click “Add Selected to Lookup Batch.”



Last Name	First Name	DOB	Gender	Last Sent To MSB	Has Consent
BOWEN	FRANKLIN	07/31/20	M		YES
BUTLER	TIMOTHY	04/12/21	M		YES
CHAVEZ	LINDSAY	08/15/22	F		YES
COOPER	KENDRA	08/29/21	F		YES
CORTEZ	SAMMY	07/02/20	M		YES
DIAZ	BRADLEY	07/06/20	M		YES
FORD	BENNIE	04/09/20	M		YES
GARZA	PATTY	02/12/22	F		YES
GONZALEZ	JUDITH	03/03/21	F		YES
HANSON	SHANE	10/19/21	M		YES
HIGGINS	ORA	03/30/20	F		YES
HODGES	GILBERTO	10/09/21	M		YES
JORDAN	ANGELO	12/11/20	M		YES
KELLY	GABRIEL	08/03/21	M		YES
KING	SHERRY	10/07/20	F		YES
KRAMER	DOUGLAS	08/19/21	M		YES
LEWIS	VELMA	07/28/20	F		YES
LYONS	LYNNE	09/10/20	F		YES
MARTINEZ	JONATHAN	05/10/21	M		YES

Upload the Batch

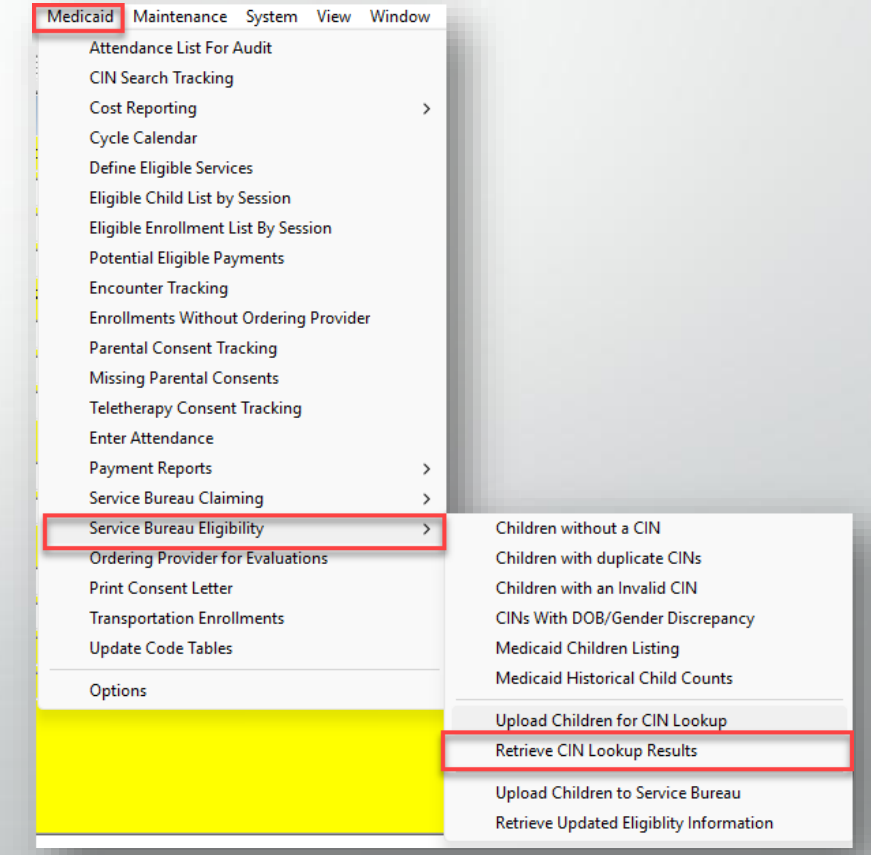
- All selected children will display on the batch screen
- Click “Upload Batch to MSB”
- The batch will need to be retrieved before CINs are updated



Last Name	First Name	DOB	Gender	Check Date
ACOSTA	DEXTER	11/26/18	M	09/21/26
BOWEN	FRANKLIN	07/31/20	M	09/21/26
BUTLER	TIMOTHY	04/12/21	M	09/21/26
CHAVEZ	LINDSAY	08/15/22	F	09/21/26
COOPER	KENDRA	08/29/21	F	09/21/26
CORTEZ	SAMMY	07/02/20	M	09/21/26
DIAZ	BRADLEY	07/06/20	M	09/21/26
FORD	BENNIE	04/09/20	M	09/21/26
GARZA	PATTY	02/12/22	F	09/21/26
GONZALEZ	JUDITH	03/03/21	F	09/21/26
HANSON	SHANE	10/19/21	M	09/21/26
HIGGINS	ORA	03/30/20	F	09/21/26
HODGES	GILBERTO	10/09/21	M	09/21/26
JORDAN	ANGELO	12/11/20	M	09/21/26
KELLY	GABRIEL	08/03/21	M	09/21/26
KING	SHERRY	10/07/20	F	09/21/26
KRAMER	DOUGLAS	08/19/21	M	09/21/26
LEWIS	VELMA	07/28/20	F	09/21/26
LYONS	LYNNE	09/10/20	F	09/21/26
MARTINEZ	JONATHAN	05/10/21	M	09/21/26
MORGAN	ERNESTO	05/28/20	M	09/21/26
MORRIS	WILLIAM	01/25/21	M	09/21/26
MURPHY	JONATHAN	10/11/20	M	09/21/26
OLSON	RUBEN	05/06/20	M	09/21/26
PATEL	JOHNNIE	06/27/22	M	09/21/26
PERKINS	BOBBY	07/23/21	M	09/21/26
PERRY	CLAUDE	09/19/21	M	09/21/26

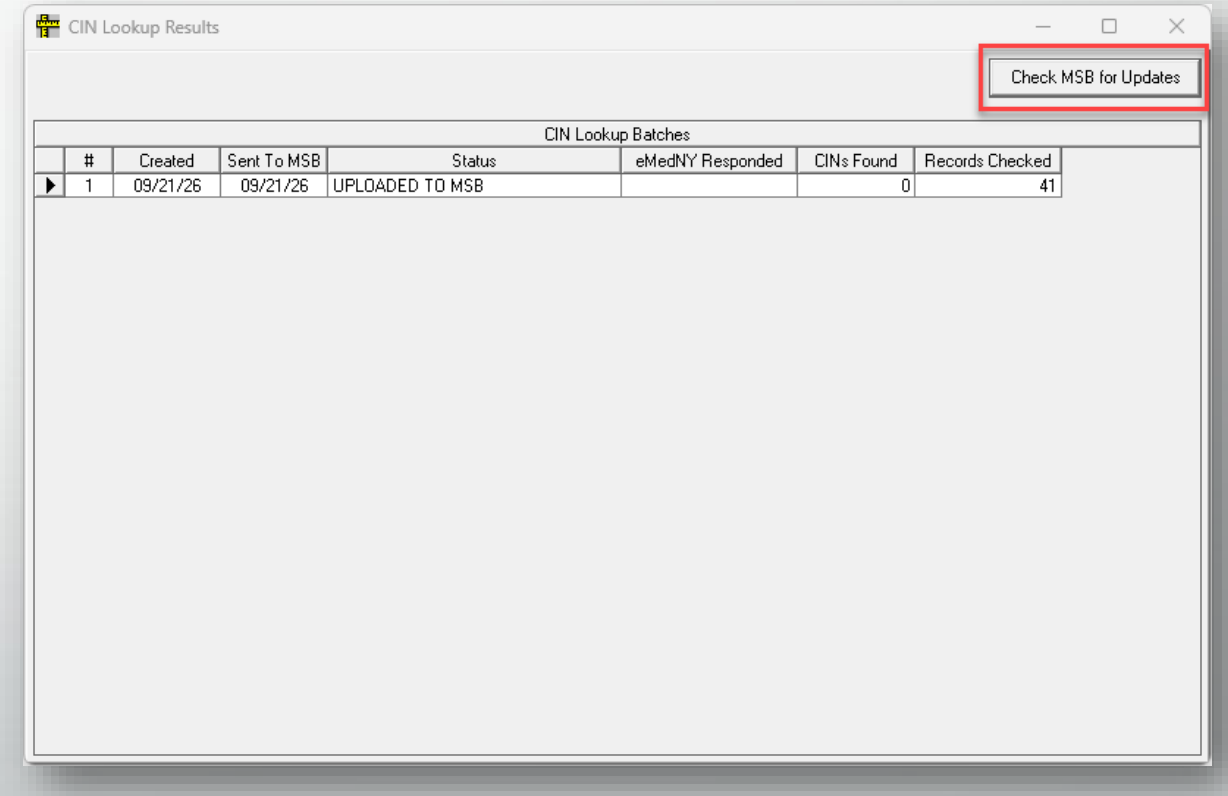
Retrieving a CIN Batch

- Batches are typically processed every 24 hours.
- To retrieve a batch, navigate to Medicaid >> Service Bureau Eligibility >> Retrieve CIN Lookup Results



Retrieving a CIN Batch Cont.

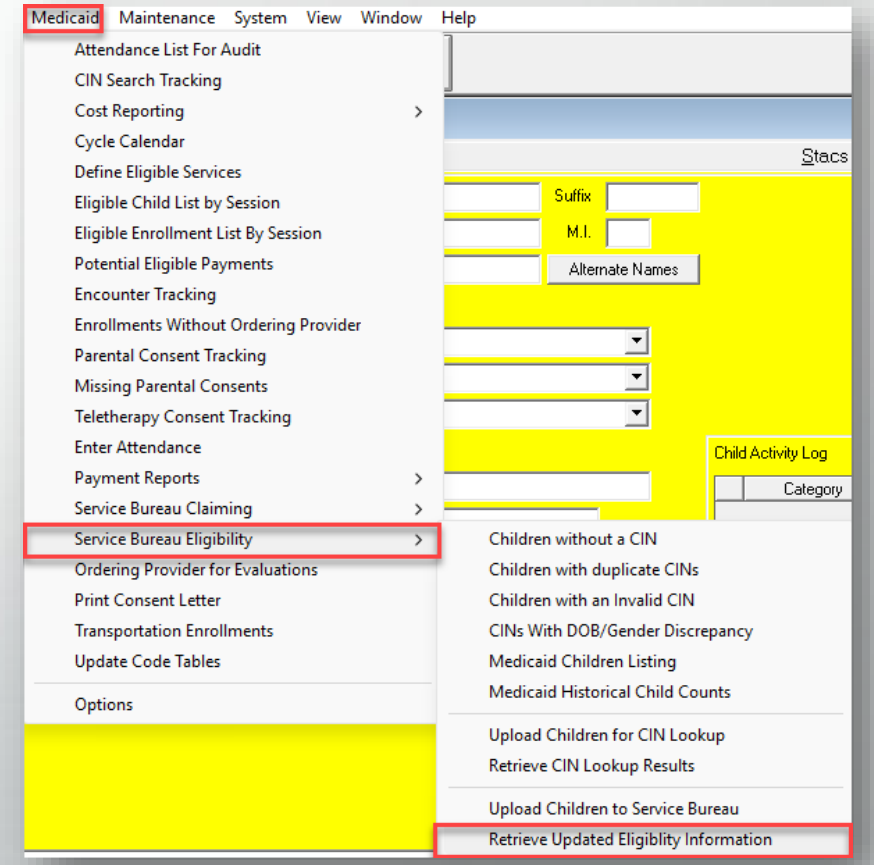
- This screen will display any previously submitted batches.
- Click “Check MSB for Updates”
- CINs will be added automatically once the batch has been processed.



Eligibility

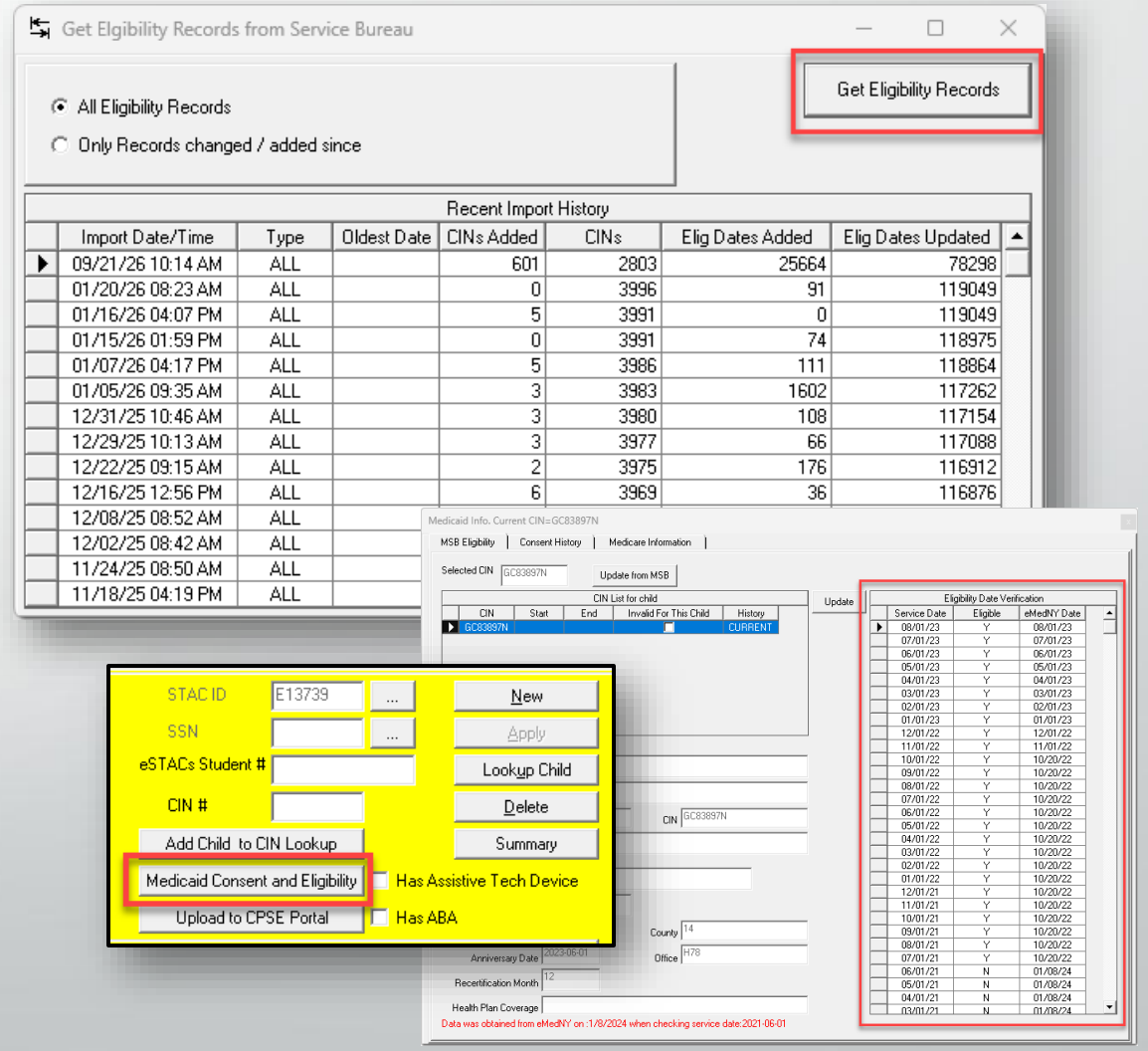
Retrieving Eligibility

- Once CINs are uploaded and added to a child's record, they need to be checked for eligibility.
- Navigate to Medicaid >> Service Bureau Eligibility >> Retrieve Updated Eligibility Information



Retrieving Eligibility Cont.

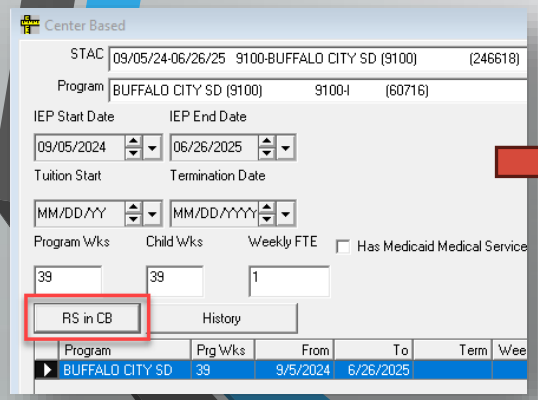
- This screen displays all previous eligibility requests.
- Click “Get Eligibility Records” to retrieve eligibility.
- This will update the child’s records automatically and add an eligibility verification.
  - This can be viewed from the “Medicaid Consent and Eligibility” button on the yellow Child Screen

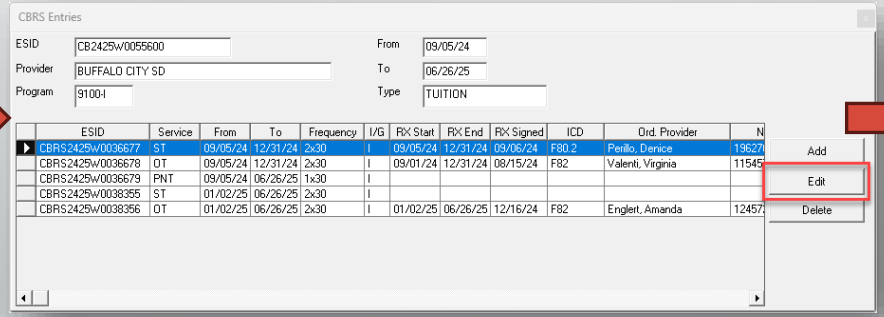


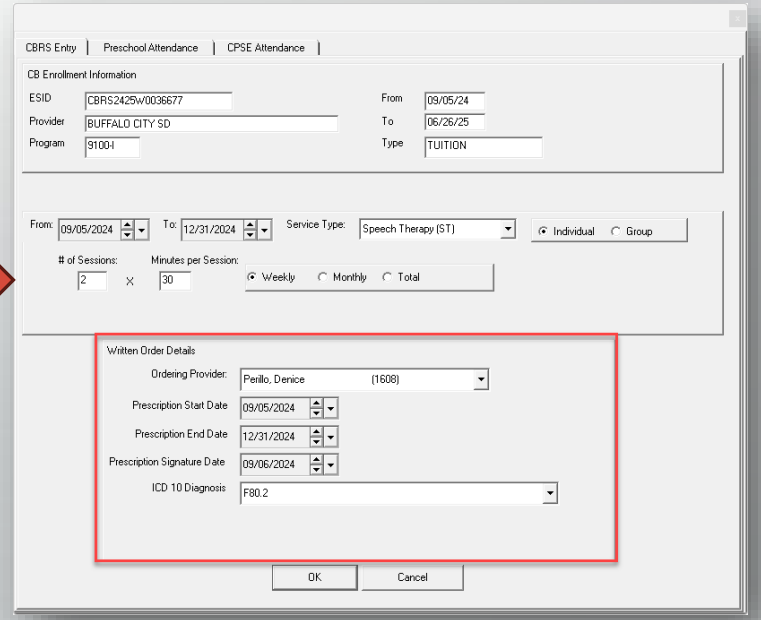
Adding Script info to Enrollments

Adding Script Information (CBRS)

- Click the “CB” tab to view the child’s enrollments
- Click the “RS in CB” button to view CBRS enrollments and click “Edit”
  - This can also be entered when entering the CBRS enrollment initially.
- Required information includes the ordering provider, Prescription start date, end date, signature date, and ICD-10 diagnosis.

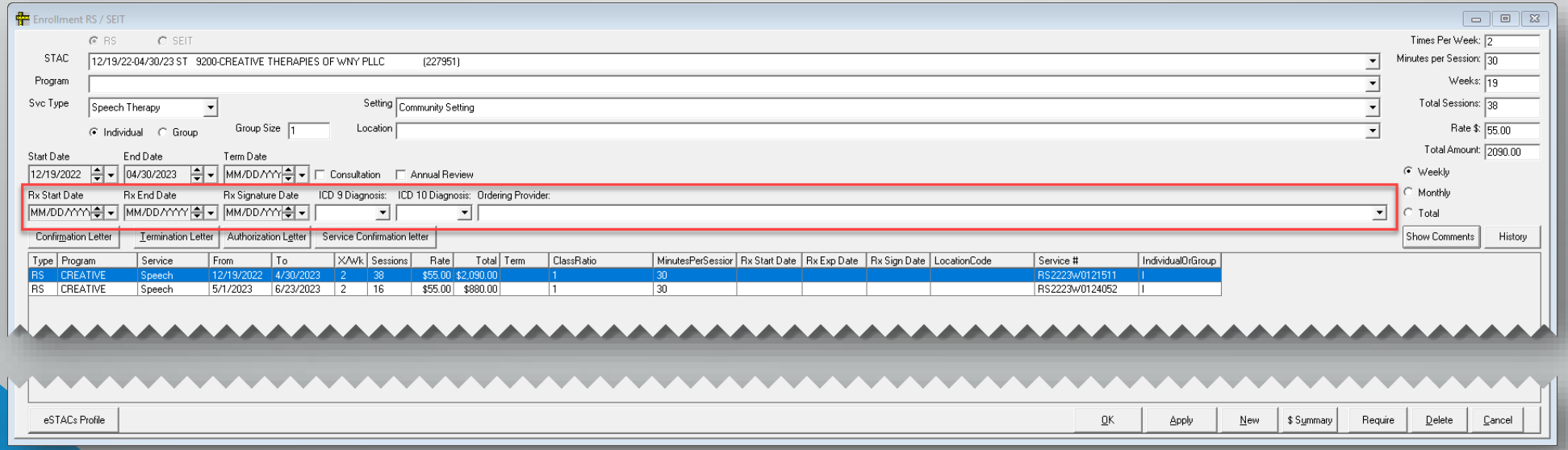






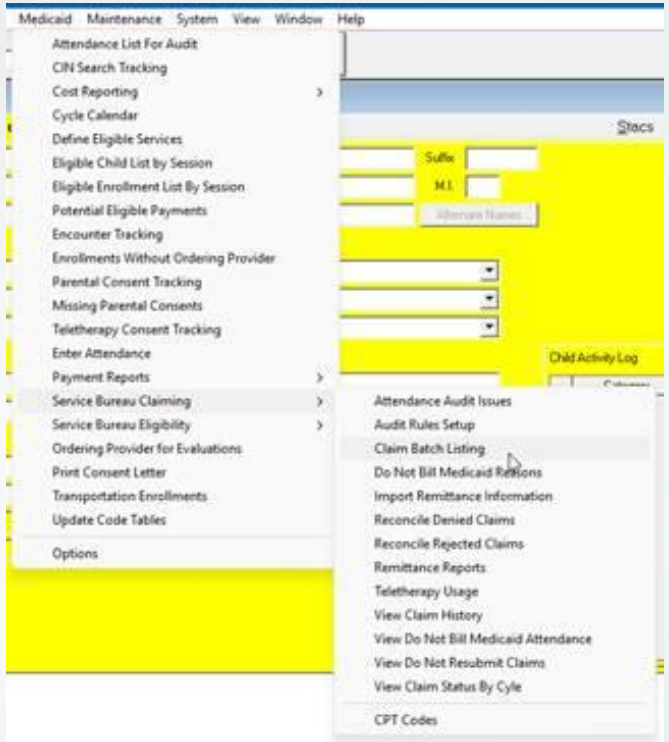
Adding Script Information (RS/ SEIT)

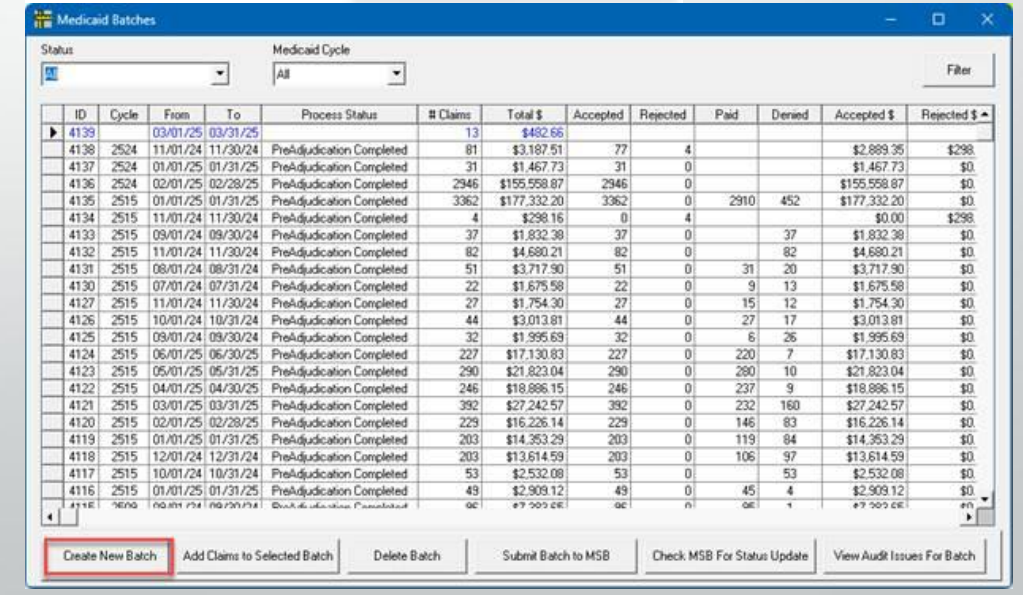
- Click the “RS/SEIT” tab to view the child’s enrollments
- RX information is entered in the fields below the enrollment start and end dates.
- Required information includes RX start date, end date, signature date, ICD-10 diagnosis, and ordering provider.
- Click “Apply” to save



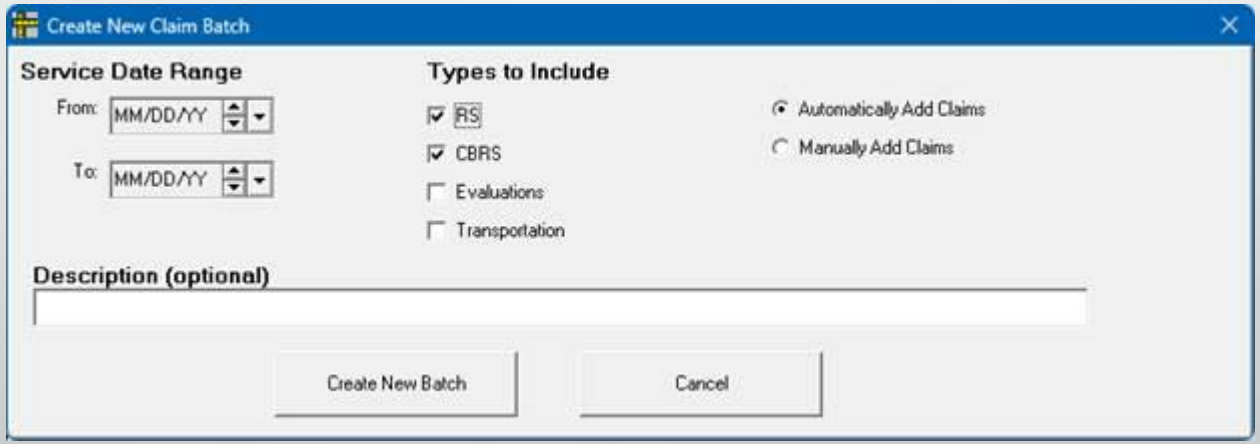
Creating a Medicaid Batch

- To Create a Medicaid Batch, Start by going to Medicaid > Service Bureau Claiming > Claim Batch Listing.
- Then click the Create New Batch Button.

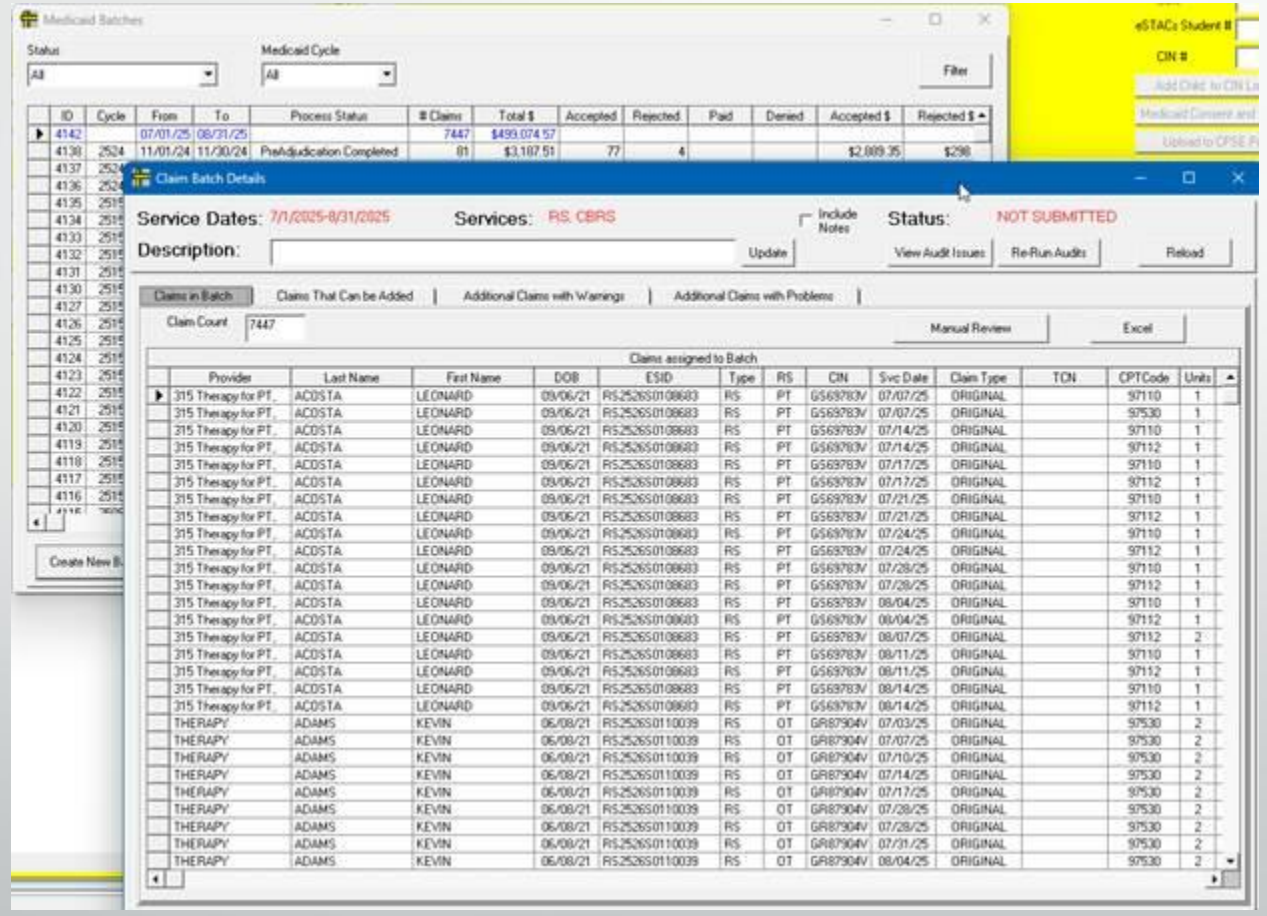




- A new window will open. On this window, select the Service Date Range, the Service Types you want to include, and choose to have Preschool automatically add claims to the batch.
- **<u>*Please ensure that the Service Date Range is within the Current eMedNY Claiming Limit*</u>**
- When you are ready click Create New Batch



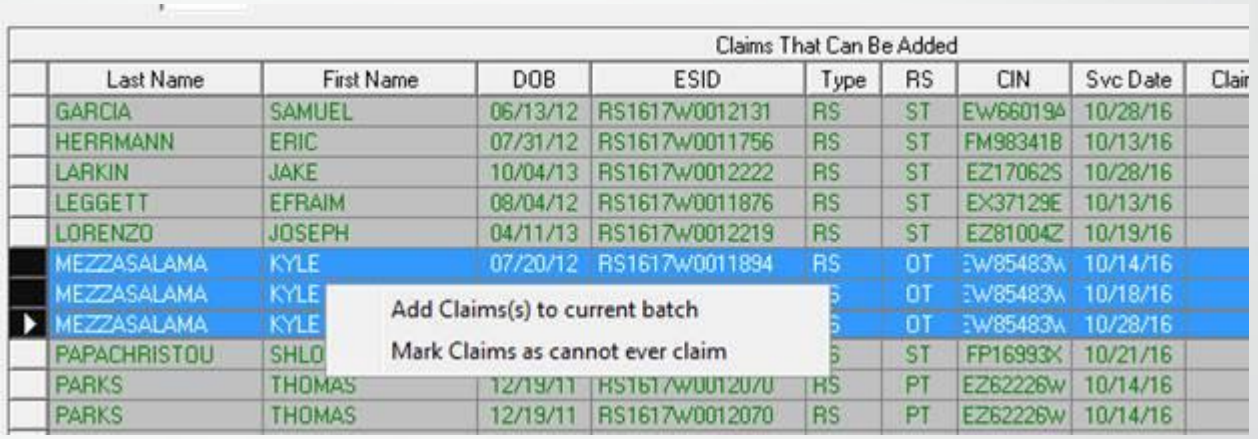
- Once the Batch is created it will open the Claim Batch Details, this screen will display everything that is on the batch, as well as everything that is available to be added or items with problems that prevent them from being added to the batch.

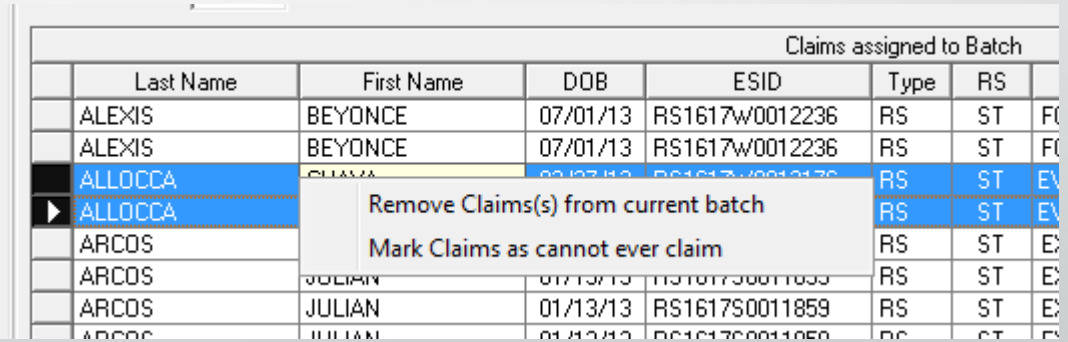


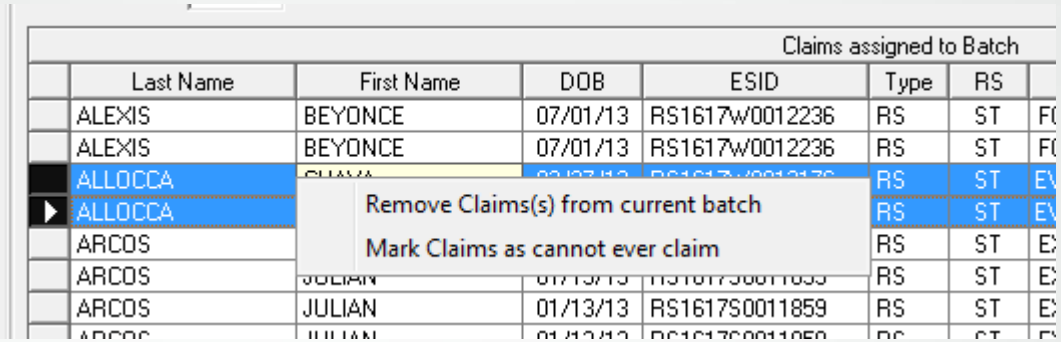
- On the batch, claims are sorted into four categories.

Tab	Description
Claims in Batch	Claims that have already been added to the current batch
Claims that can be Added	Claims that meet the batch criteria (dates and types) and pass all the audits
Additional Claims with Warnings	Claims that meet the batch criteria (dates and types) however they did not pass an audit that are of type “WARNING”
Additional Claims with Problems	Claims that meet the batch criteria (dates and types) however they did not pass one or more audits that are of type “FAILURE”

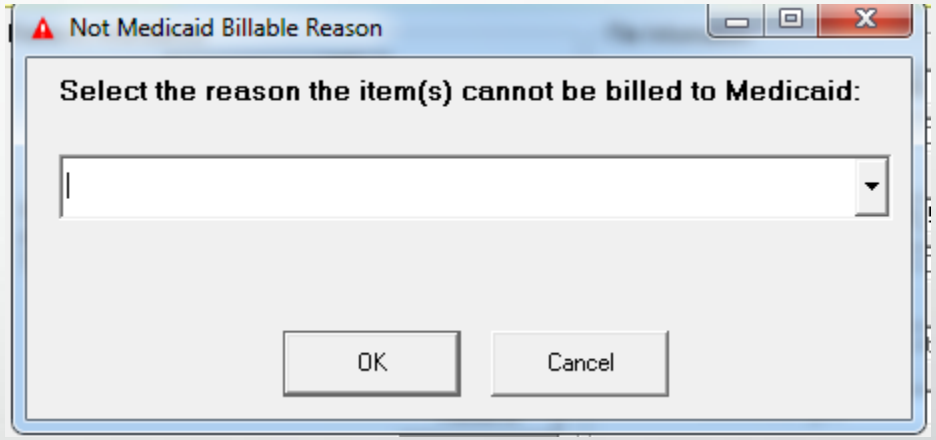
- On the Claims that Can be Added tab, you can select claims you want to add, right click and add them to the batch.
- If you want to remove claims from the batch, you can select them, right click and remove them from the batch.





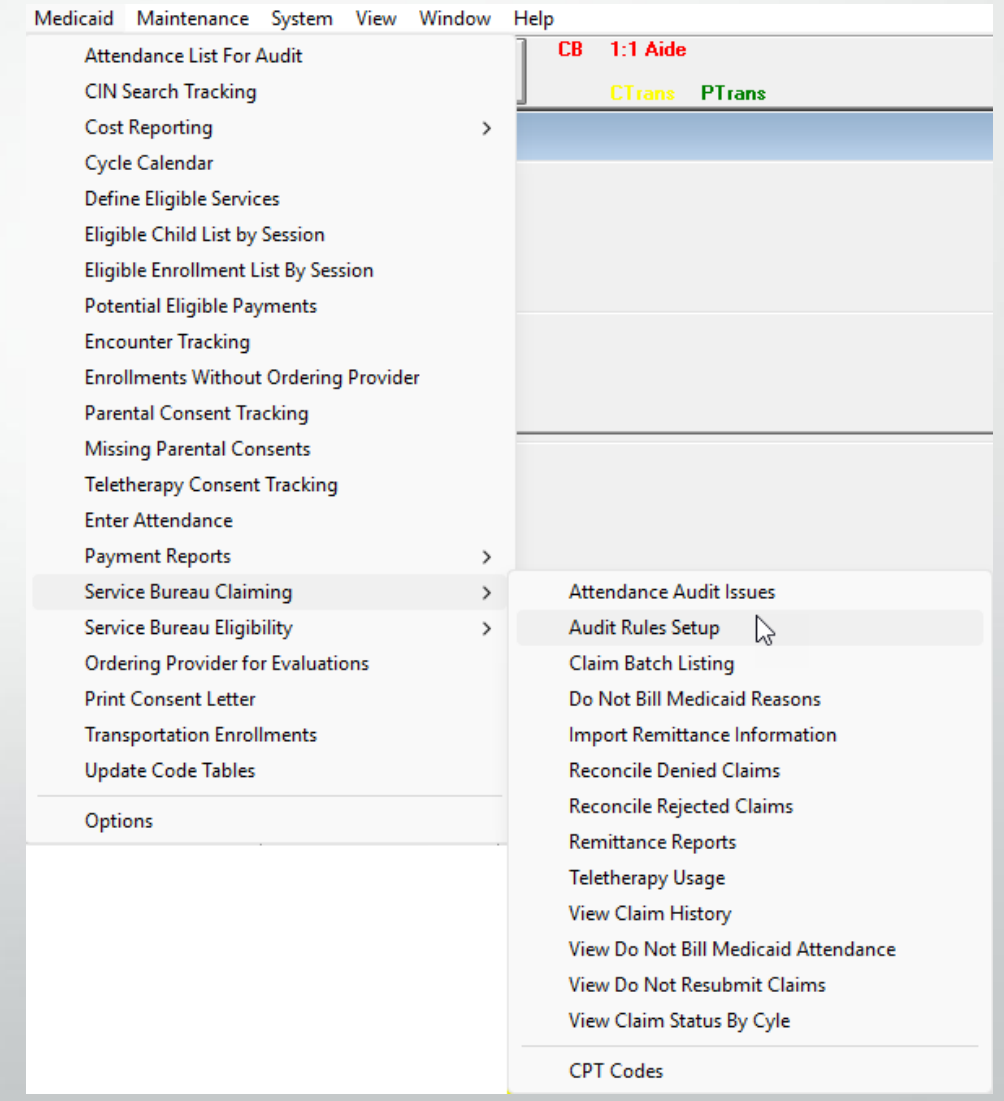


- If you determine that there is a claim with problems that prevent it from being claimed and that those problems can never be corrected you can mark it as Cannot Ever Claim.
- Once you do this you will be asked to Select a reason.
- You can add reasons in the Do Not Bill Medicaid Reasons screen found in the Service Bureau Claiming menu.

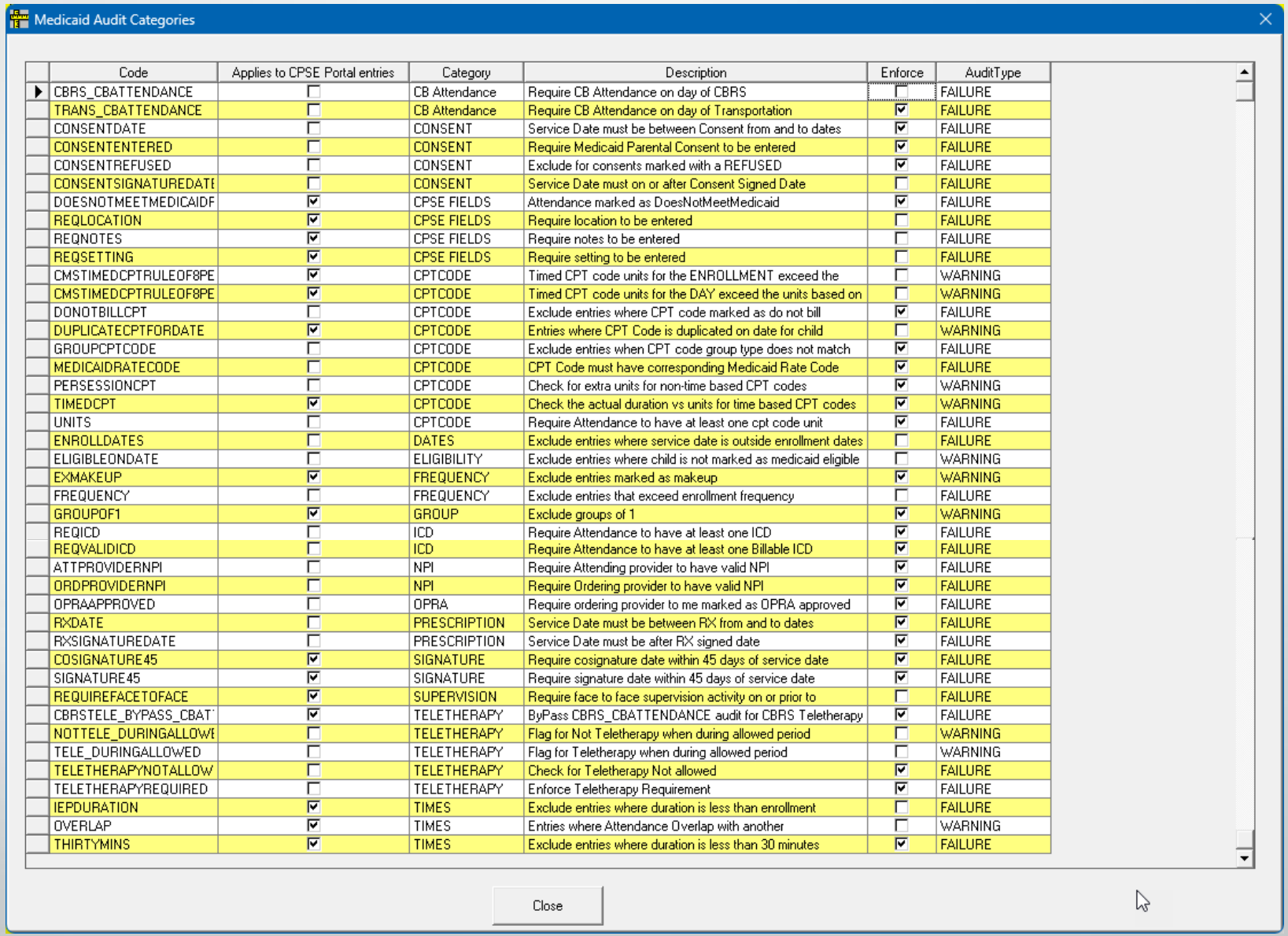


Medicaid Audit Rules

- Preschool has the ability to verify and validate lots of information automatically
- The County can choose which audits it would like the system to enforce
- To maintain this list, navigate to Medicaid->Service Bureau Claiming >Audit Rules



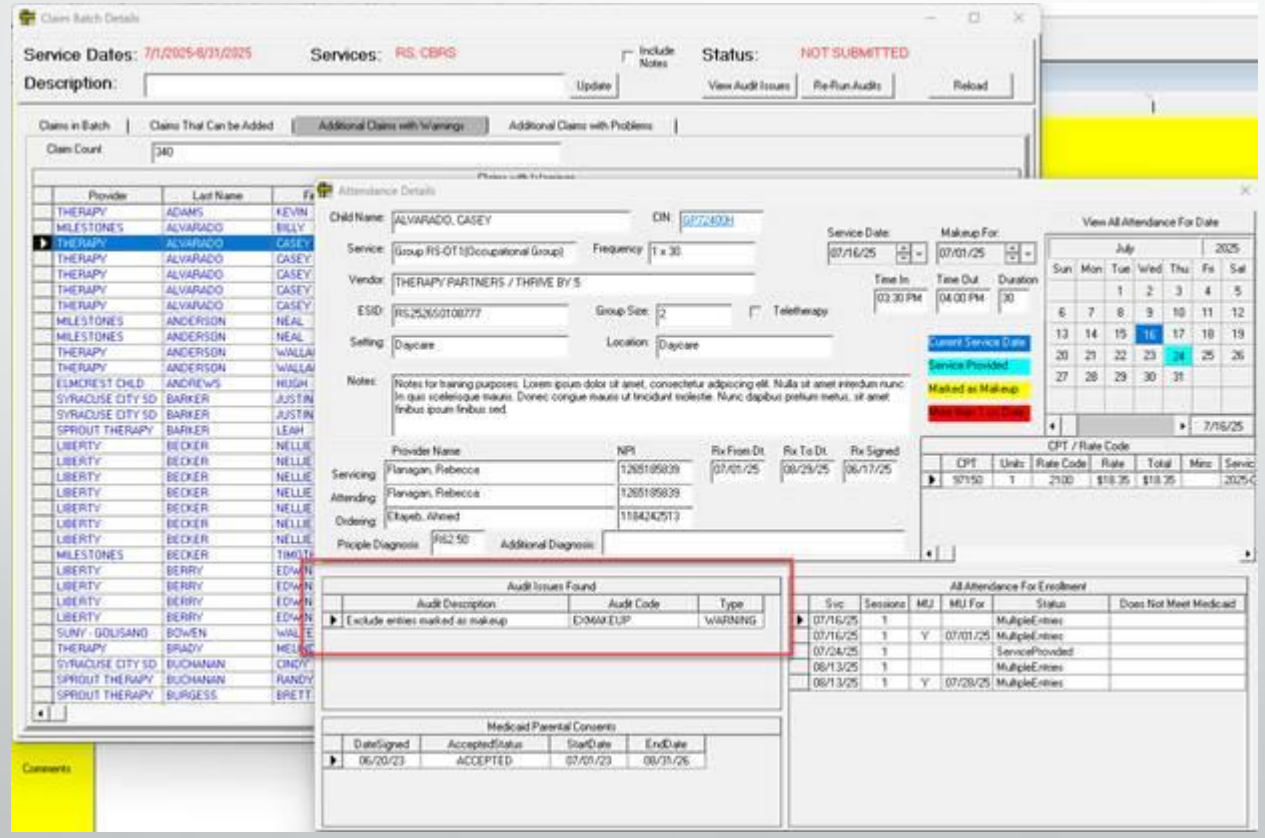
- This is the list of current rules
- More may get added over time
- To choose to use this rule, click the “Enforce” check box, then select Failure or Warning



Code	Applies to CPSE Portal entries	Category	Description	Enforce	AuditType
CBRS_CBATTENDANCE	☐	CB Attendance	Require CB Attendance on day of CBRS	☐	FAILURE
TRANS_CBATTENDANCE	☐	CB Attendance	Require CB Attendance on day of Transportation	☑	FAILURE
CONSENTDATE	☐	CONSENT	Service Date must be between Consent from and to dates	☑	FAILURE
CONSENTENTERED	☐	CONSENT	Require Medicaid Parental Consent to be entered	☑	FAILURE
CONSENTREFUSED	☐	CONSENT	Exclude for consents marked with a REFUSED	☑	FAILURE
CONSENTSIGNATUREDATE	☐	CONSENT	Service Date must on or after Consent Signed Date	☐	FAILURE
DOESNOTMEETMEDICAIDF	☑	CPSE FIELDS	Attendance marked as DoesNotMeetMedicaid	☑	FAILURE
REQLOCATION	☑	CPSE FIELDS	Require location to be entered	☐	FAILURE
REQNOTES	☑	CPSE FIELDS	Require notes to be entered	☐	FAILURE
REQSETTING	☑	CPSE FIELDS	Require setting to be entered	☐	FAILURE
CMSTIMEDCPTRULEOF8PE	☑	CPTCODE	Timed CPT code units for the ENROLLMENT exceed the	☐	WARNING
CMSTIMEDCPTRULEOF8PE	☑	CPTCODE	Timed CPT code units for the DAY exceed the units based on	☐	WARNING
DONOTBILLCPT	☐	CPTCODE	Exclude entries where CPT code marked as do not bill	☑	FAILURE
DUPLICATECPTFORDATE	☑	CPTCODE	Entries where CPT Code is duplicated on date for child	☐	WARNING
GROUPCPTCODE	☐	CPTCODE	Exclude entries when CPT code group type does not match	☑	FAILURE
MEDICAIDRATECODE	☐	CPTCODE	CPT Code must have corresponding Medicaid Rate Code	☑	FAILURE
PERSESSIONCPT	☐	CPTCODE	Check for extra units for non-time based CPT codes	☑	WARNING
TIMEDCPT	☑	CPTCODE	Check the actual duration vs units for time based CPT codes	☑	WARNING
UNITS	☐	CPTCODE	Require Attendance to have at least one cpt code unit	☑	FAILURE
ENROLLDATES	☐	DATES	Exclude entries where service date is outside enrollment dates	☐	FAILURE
ELIGIBLEONDATE	☐	ELIGIBILITY	Exclude entries where child is not marked as medicaid eligible	☐	WARNING
EXMAKEUP	☑	FREQUENCY	Exclude entries marked as makeup	☑	WARNING
FREQUENCY	☐	FREQUENCY	Exclude entries that exceed enrollment frequency	☐	FAILURE
GROUPOF1	☑	GROUP	Exclude groups of 1	☑	WARNING
REQICD	☐	ICD	Require Attendance to have at least one ICD	☑	FAILURE
REQVALIDICD	☐	ICD	Require Attendance to have at least one Billable ICD	☑	FAILURE
ATTPROVIDERNPI	☐	NPI	Require Attending provider to have valid NPI	☑	FAILURE
ORDPROVIDERNPI	☐	NPI	Require Ordering provider to have valid NPI	☑	FAILURE
OPRAAPPROVED	☐	OPRA	Require ordering provider to me marked as OPRA approved	☑	FAILURE
RXDATE	☐	PRESCRIPTION	Service Date must be between RX from and to dates	☑	FAILURE
RXSIGNATUREDATE	☐	PRESCRIPTION	Service Date must be after RX signed date	☑	FAILURE
COSIGNATURE45	☑	SIGNATURE	Require cosignature date within 45 days of service date	☑	FAILURE
SIGNATURE45	☑	SIGNATURE	Require signature date within 45 days of service date	☑	FAILURE
REQUIREFACETOFACE	☑	SUPERVISION	Require face to face supervision activity on or prior to	☐	FAILURE
CBRSTELE_BYPASS_CBAT	☑	TELETHERAPY	ByPass CBRS_CBATTENDANCE audit for CBRS Teletherapy	☑	FAILURE
NOTTELE_DURINGALLOWE	☐	TELETHERAPY	Flag for Not Teletherapy when during allowed period	☐	WARNING
TELE_DURINGALLOWED	☐	TELETHERAPY	Flag for Teletherapy when during allowed period	☐	WARNING
TELETHERAPYNOTALLOW	☐	TELETHERAPY	Check for Teletherapy Not allowed	☑	FAILURE
TELETHERAPYREQUIRED	☐	TELETHERAPY	Enforce Teletherapy Requirement	☑	FAILURE
IEPDURATION	☑	TIMES	Exclude entries where duration is less than enrollment	☐	FAILURE
OVERLAP	☑	TIMES	Entries where Attendance Overlap with another	☐	WARNING
THIRTYMINS	☑	TIMES	Exclude entries where duration is less than 30 minutes	☑	FAILURE

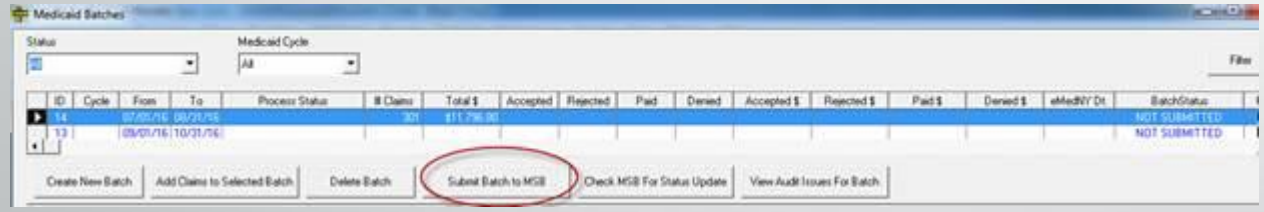
Reviewing Batch Audits

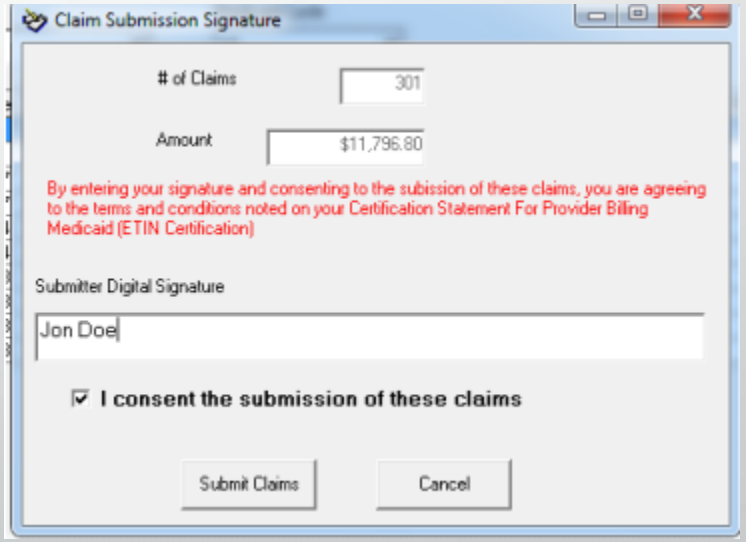
- On the Additional Claims with Warnings tab, or the Additional Claims with Problems tab you can view Audit failures by double clicking on them.
- The Audit Issues Found box will tell you what the problem is.
- From there you can determine if the issue can be corrected or not.
- If the issue can be corrected, once it is corrected, re run the audits by clicking the ‘ReRun Audit’ button at the top.



Submit Medicaid Batch

- When you are ready to submit the batch click the Submit Batch to MSB Button at the bottom.
- Preschool will ask for digital signature confirming your intent to submit claims to Medicaid.
- Type in your name and click the check box
- Click the “Submit Claims” button





- After you submit a batch it will be sent for Pre-Adjudication
- Our MSB sweeps batches to eMedNY every 15 minutes
- A Pre-Adjudication response is usually available within an hour.
- You can click Check MSB for updates to check for a Pre-Adjudication response.

Reconciling Denied and Rejected Claims

Rejection vs. Denial

- **Rejection**
- Prior to adjudication
- Problems are reported with
  - Category Code
  - Claim Status Code
  - Entity Code (optional)

- **Denial**
- Result of the adjudication process
- Problems are reported with
  - Claim Adjustment Reason Group Code (typically CO)
  - Claim Adjustment Reason Code
  - Remark Code

- **eMedNY Error Search**
- You can use the eMedNY website to look up errors.
- Go to the eMedNY HIPPA Support Tab and select the Edit/Error Knowledge Base (EEKB) Search Tool.



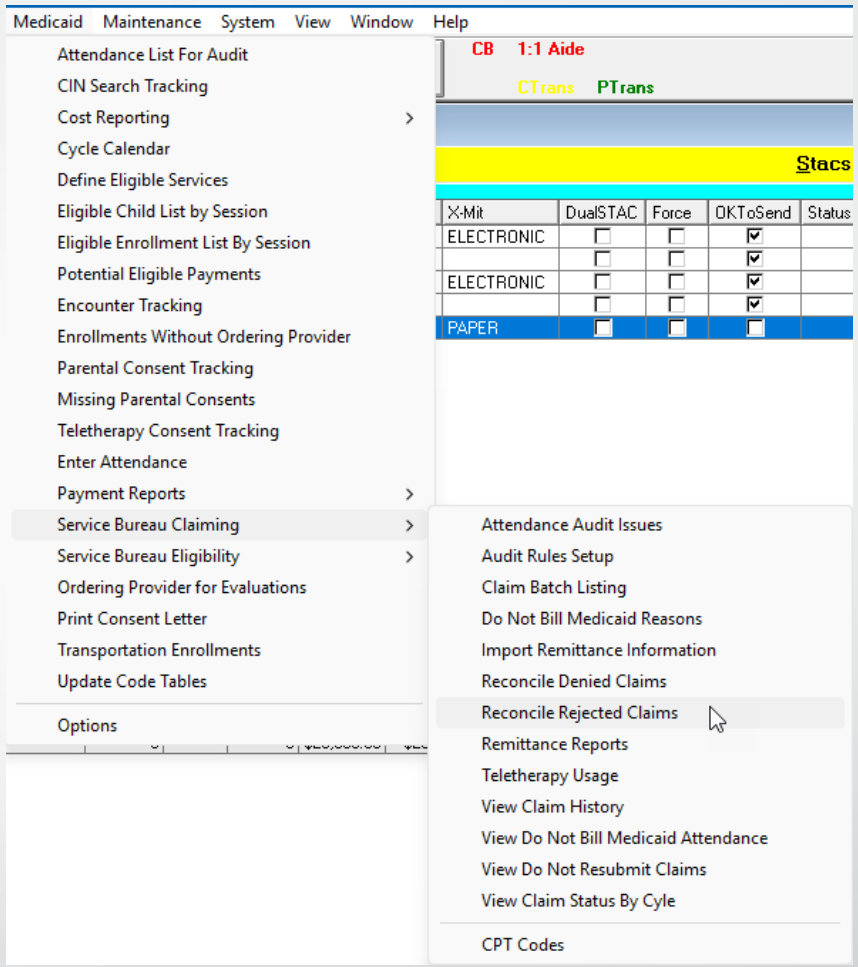


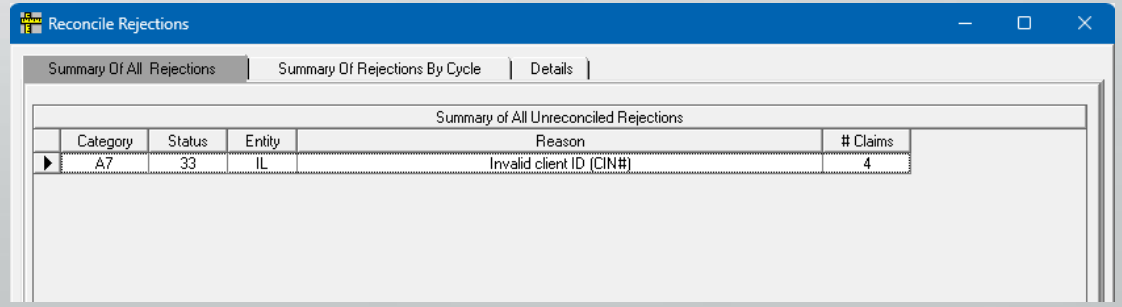
- **MSB Problem Reporting**
- When a claim is rejected or denied, Preschool will supply you with the standard HIPAA codes from eMedNY
- However, Preschool will also provide a descriptive error message as well as potential/suggested resolution

- **Claim Reconciliation**
- The Medicaid claiming process in Preschool is designed with the intent that every claim submitted to Medicaid is “reconciled”
- Paid (and partial paid) claims are automatically reconciled
- Rejected and Denied claims are reconciled by either
  - Resubmitting the claim without any changes
  - Resubmitting the claim with modifications
  - Marking the claim to indicate that it will never be re-submitted

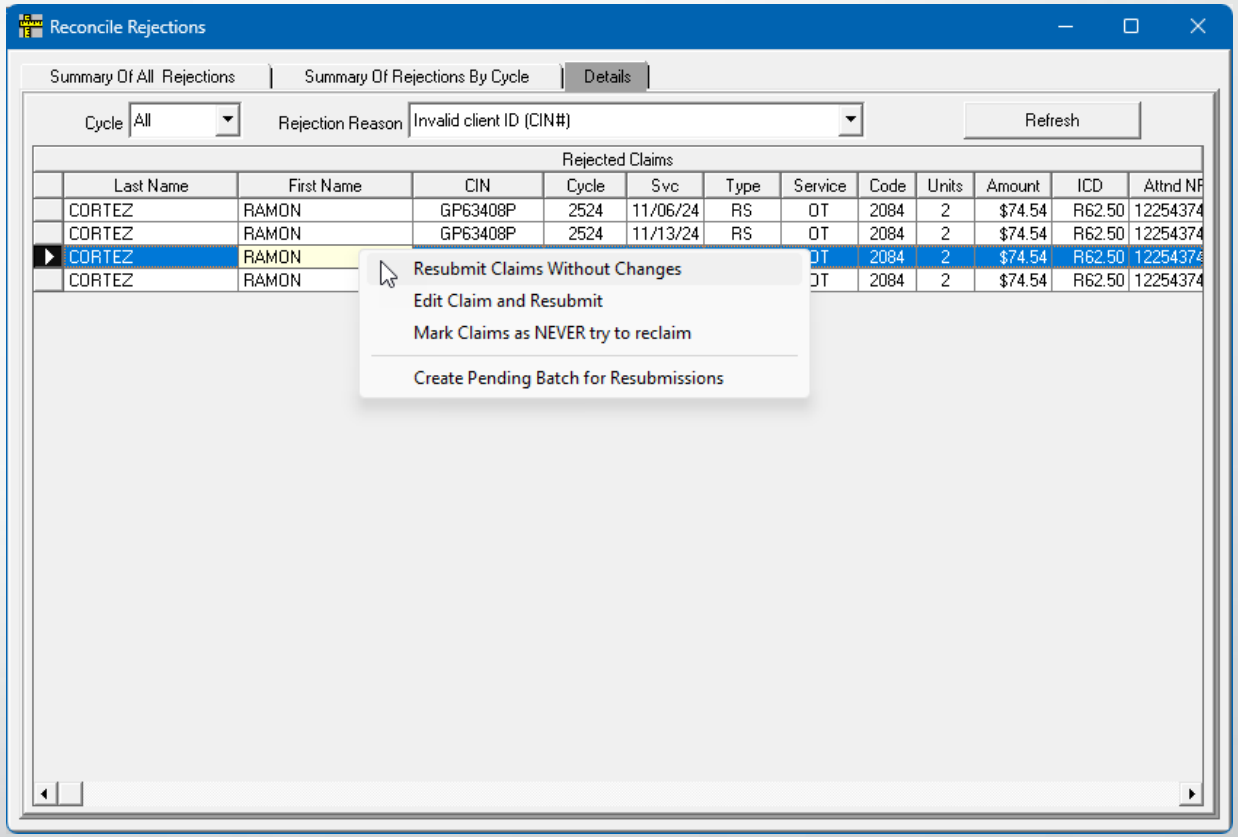
Reconciling Rejections

- **Reconciling Rejections**
- Using the menu, go to Medicaid->Service Bureau Claiming->Reconcile Rejected Claims
- Screen only shows unreconciled claims
- The screen has 3 tabs
  - Summary of all rejections
  - List one row for each error
  - Double clicking will take you to the Details tab
- Summary of Rejections by Cycle
  - Lists one row for each error by cycle
  - Double clicking will take you to the Details tab
- Details
  - Lists one row per claim

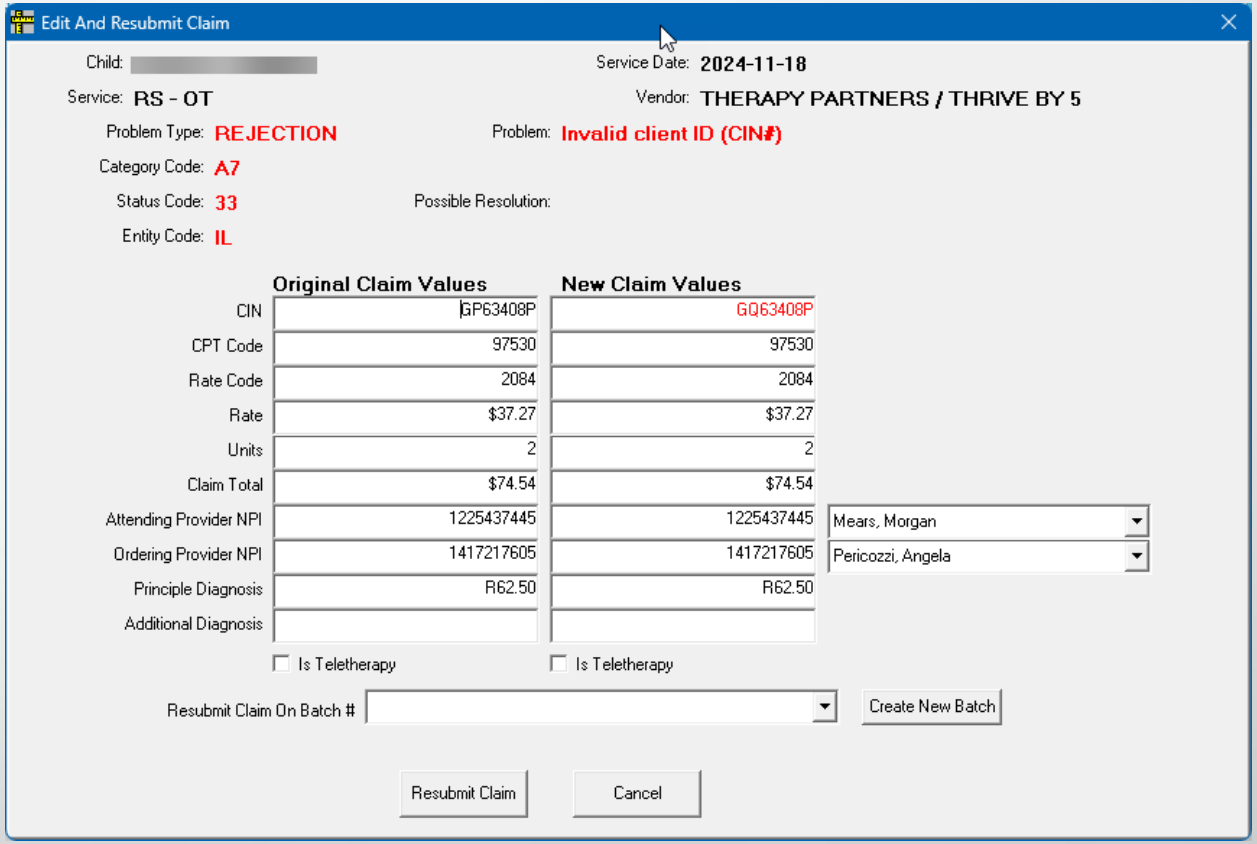




- **Reconciling Rejections**
- On the Details tab you can select multiple rows
- By right clicking you can see a menu with options
  - Resubmit claims
  - Mark Claims Do Not try to Reclaim
  - Create Pending Batch for Resubmissions
- Double clicking a claim brings you to edit and resubmit a claim

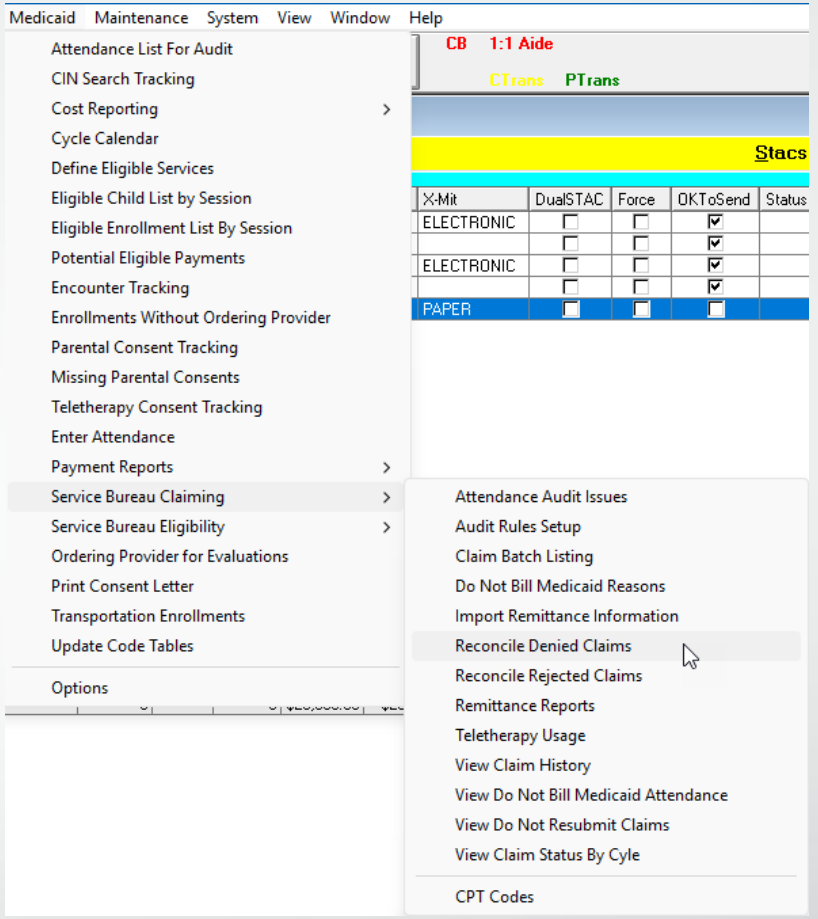


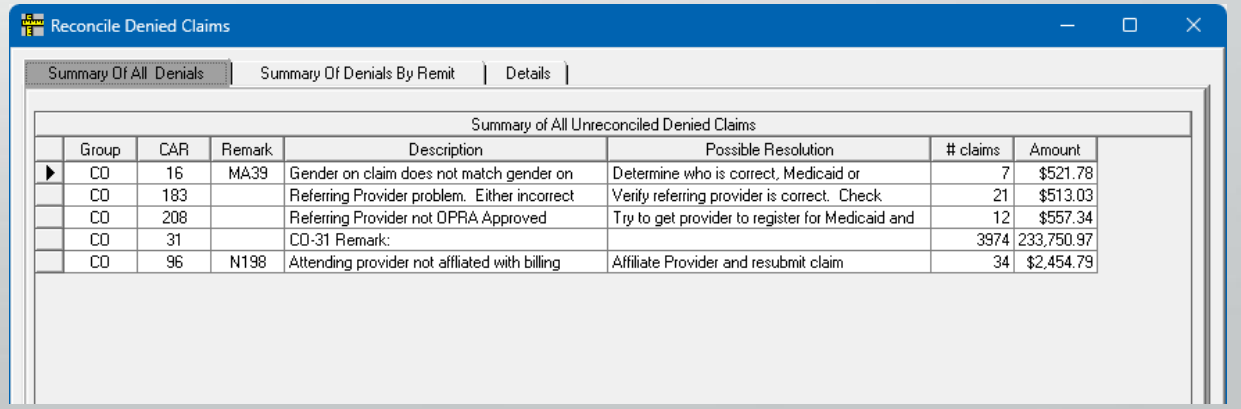
- **Editing a Claim for Resubmission**
- Top of screen shows child and date with the problem information
  - Left hand shows what was submitted
  - Right hand shows what the new claim will be
  - You can change the new claim values
  - Any value changed will show in red
- In order to resubmit, a pending (not submitted) batch must exist. If none exist, create one
- Select the batch for the new claim and click “Resubmit Claim”



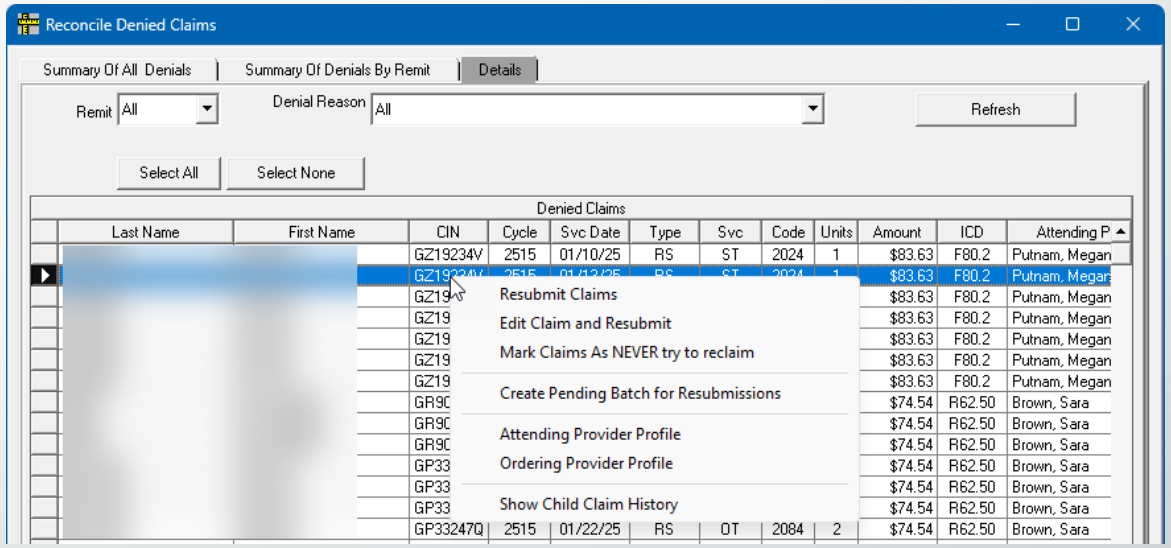
Reconciling Denials

- **Reconciling Denials**
- Using the menu, go to Medicaid->Service Bureau Claiming->Reconcile Denied Claims
- Screen only shows unreconciled claims
- The screen has 3 tabs
  - Summary of all Denials
    - List one row for each error
    - Double clicking will take you to the Details tab
- Summary of Denials by Cycle
  - Lists one row for each error by cycle
  - Double clicking will take you to the Details tab
- Details
  - Lists one row per claim

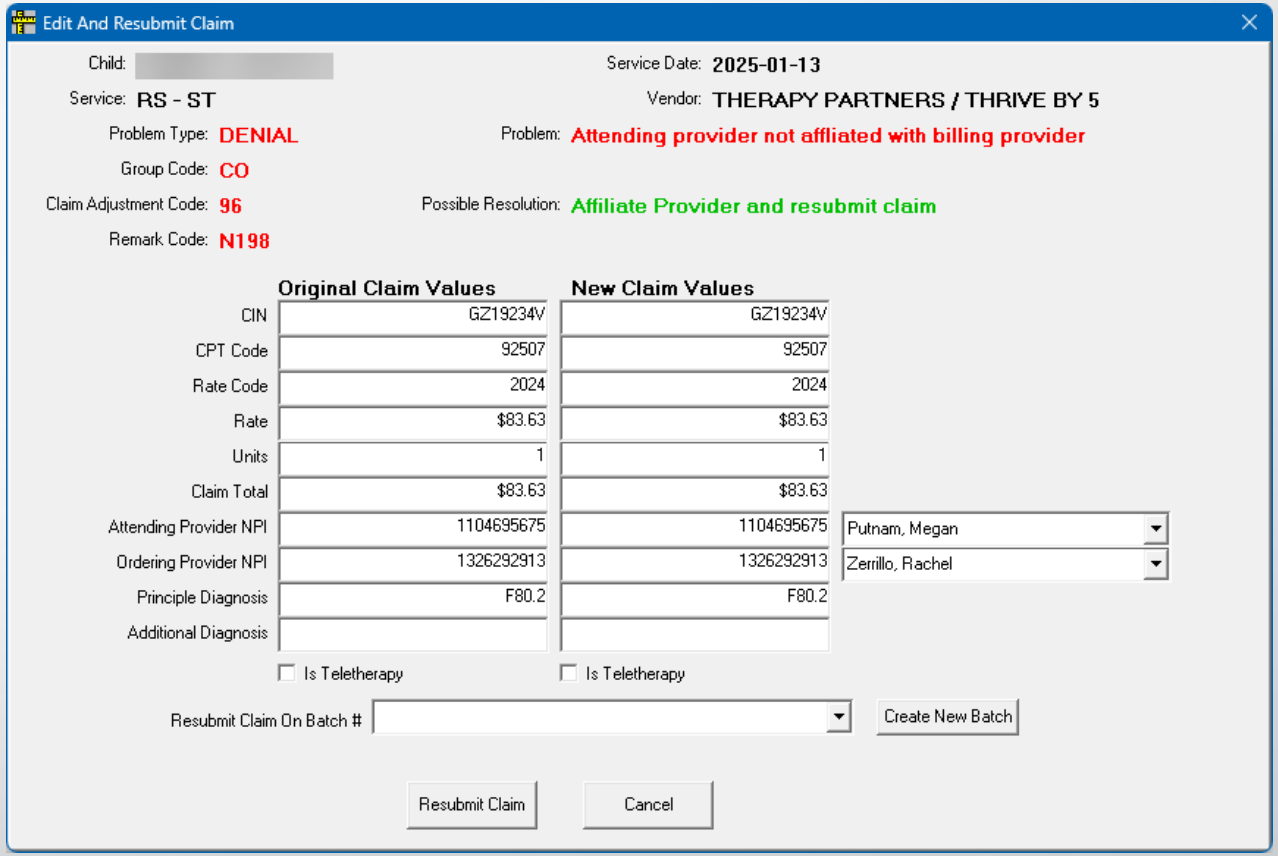




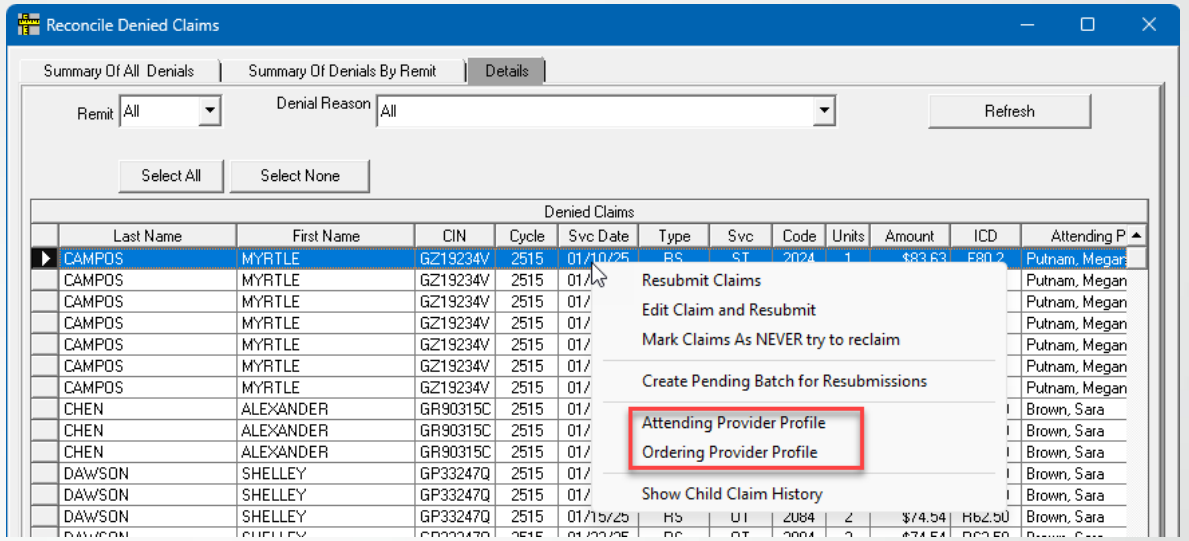
- **Reconciling Denials**
- On the Details tab you can select multiple rows
- By right clicking you can see a menu with options
  - Resubmit claims
  - Mark Claims Do Not try to Reclaim
  - Create Pending Batch for Resubmissions
- Double clicking a claim brings you to edit and resubmit a claim

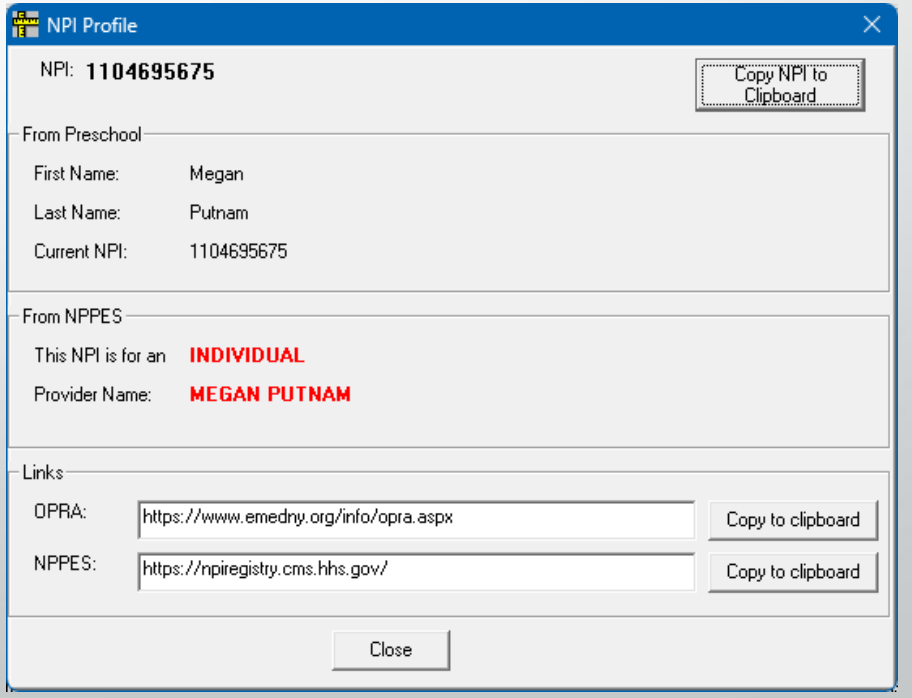


- **Editing a Claim for Resubmission**
- Top of screen shows child and date with the problem information
  - Left hand shows what was submitted
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- In order to resubmit, a pending (not submitted) batch must exist. If none exist, create one
- Select the batch for the new claim and click “Resubmit Claim”



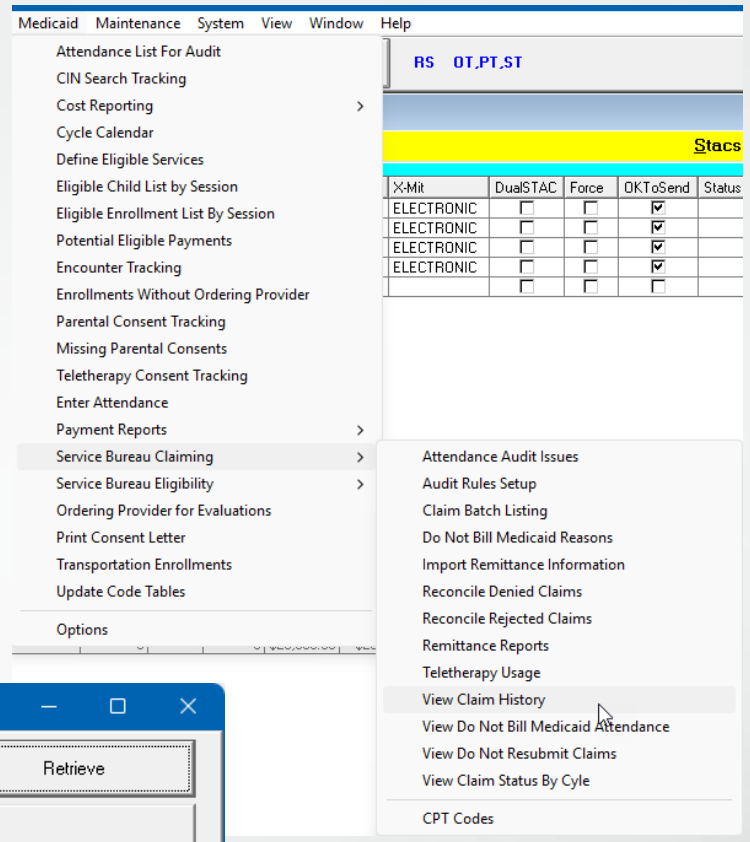
- **Provider Profile**
- While reconciling denied claims, you can view details about either the attending or ordering provider
- The screen shows you the NPI, the data that you have in Preschool for that person and what the NPI Registry (NPPES) has for that NPI
- We provide links for other websites and buttons to copy the NPI and addresses to your clipboard so you can past them in your web browser

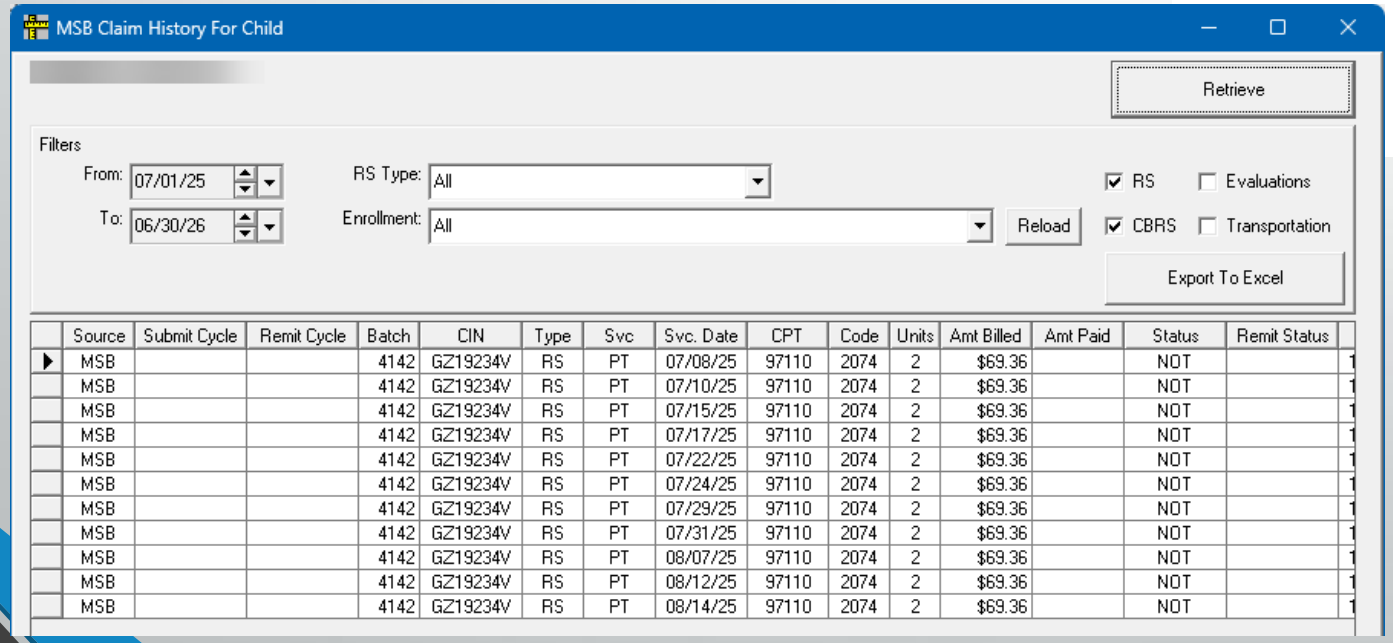




Child Claiming History

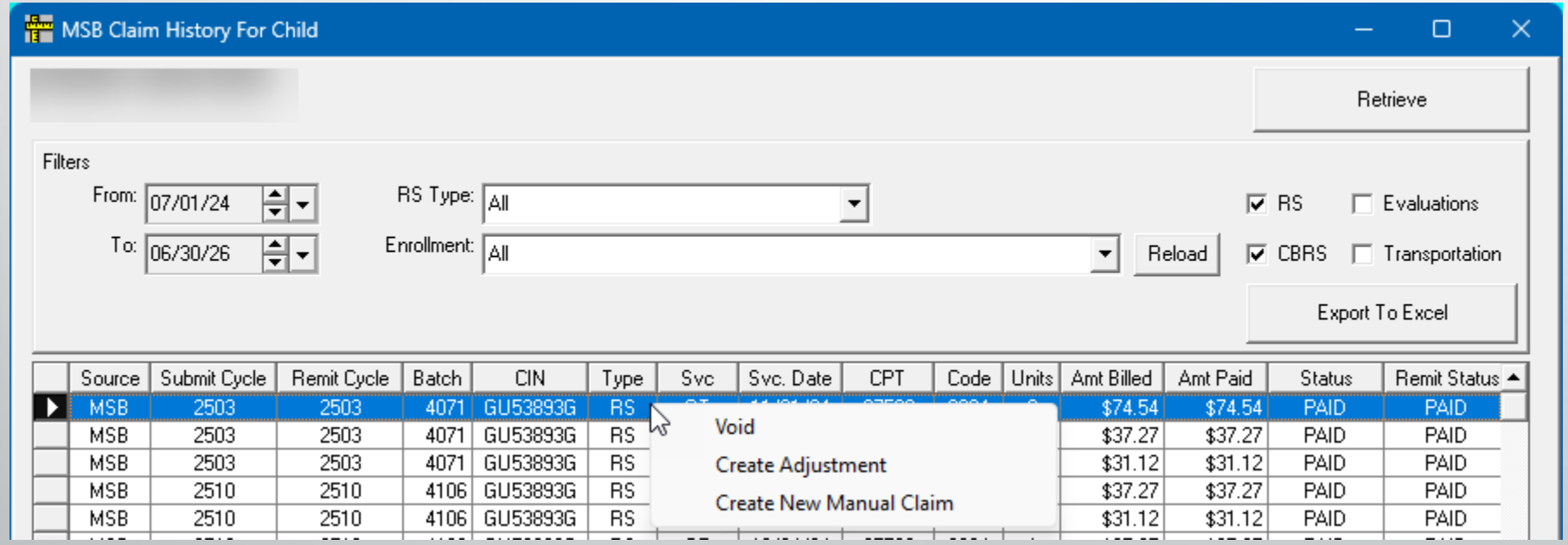
- **Child Claim History**
- To view the Medicaid Claiming History for a child, start by looking up a child.
- Then go to Medicaid > Service Bureau Claiming > View Claim History



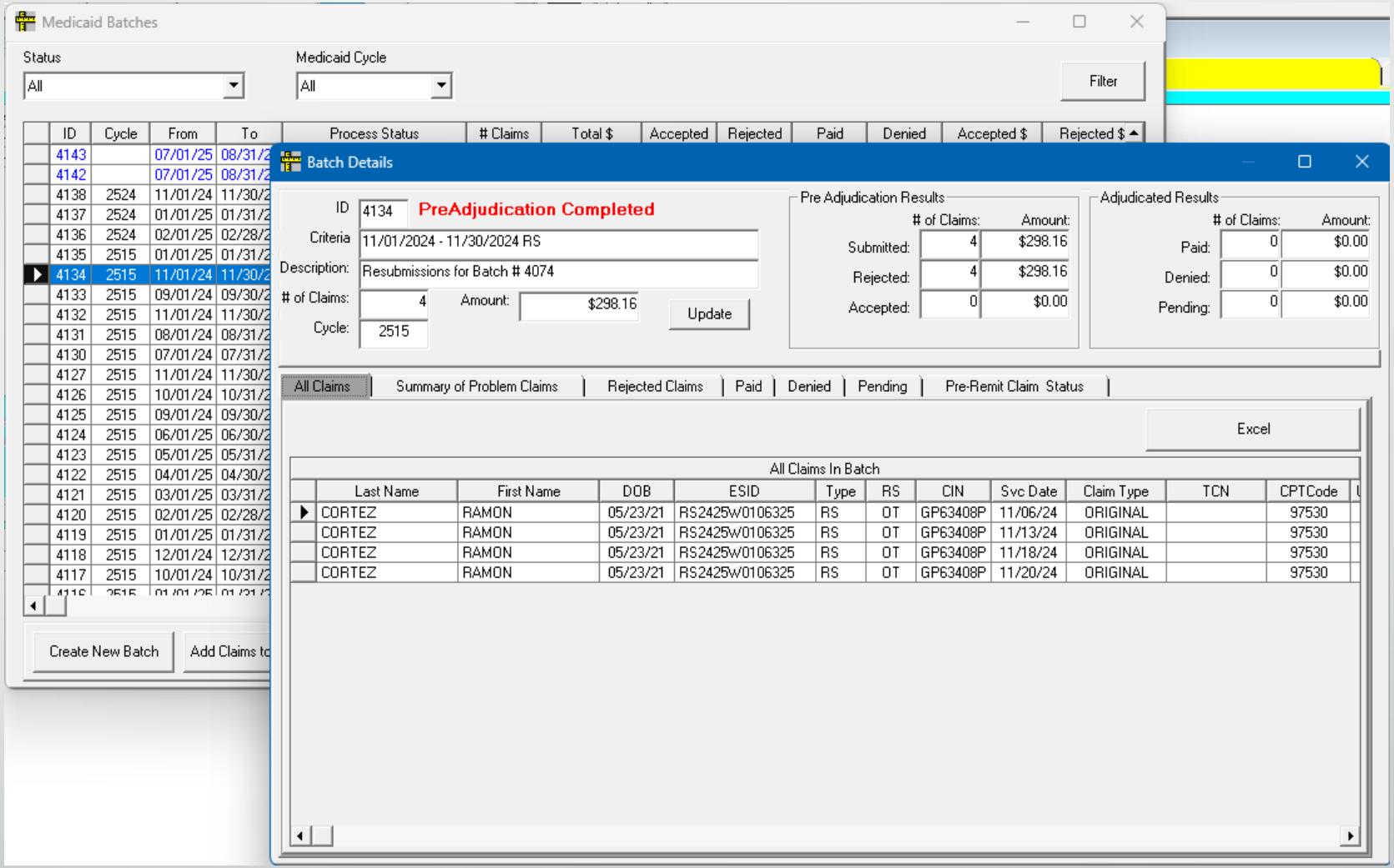


Source	Submit Cycle	Remit Cycle	Batch	CIN	Type	Svc	Svc. Date	CPT	Code	Units	Amt Billed	Amt Paid	Status	Remit Status
MSB			4142	GZ19234V	RS	PT	07/08/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/10/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/15/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/17/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/22/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/24/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/29/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/31/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	08/07/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	08/12/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	08/14/25	97110	2074	2	$69.36		NOT	

- **Void/Adjust Claim**
- From the Child Claim History Screen, you can void or adjust a claim by right clicking it.

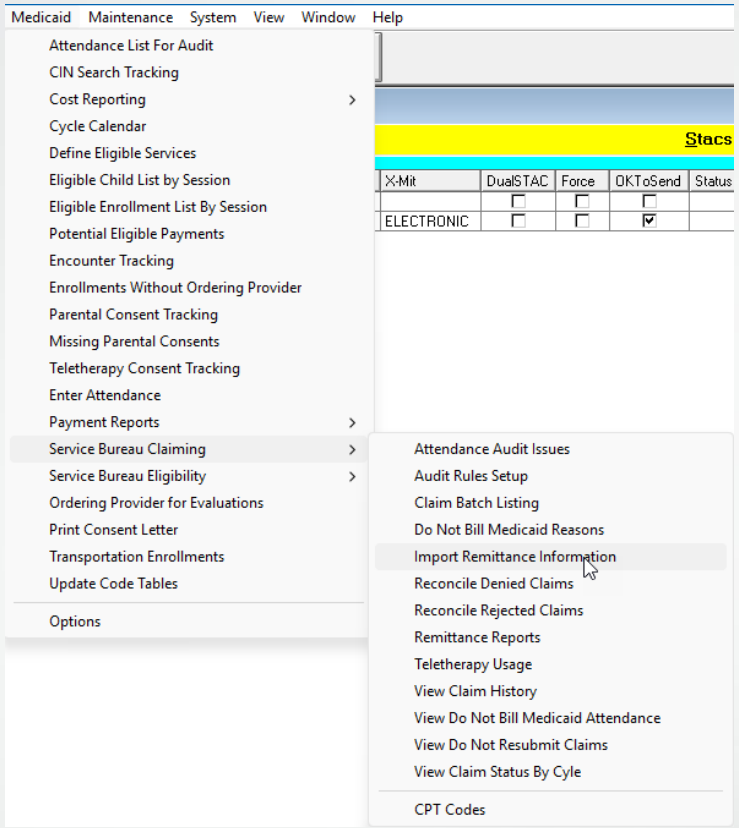


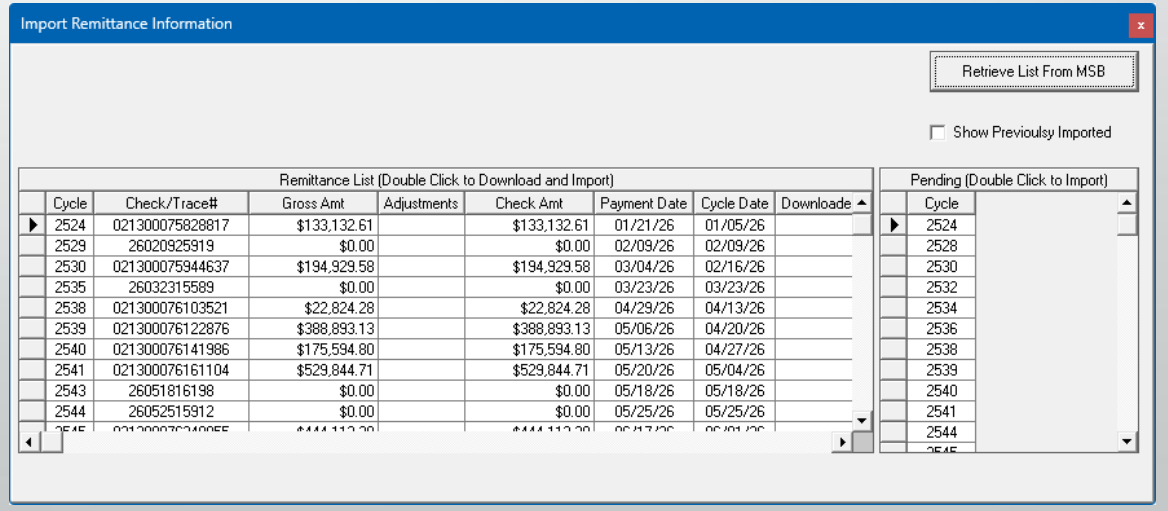
- **Submitted Claim Batch Details**
- Open the claim batch listing screen
- Double click a row of a submitted batch



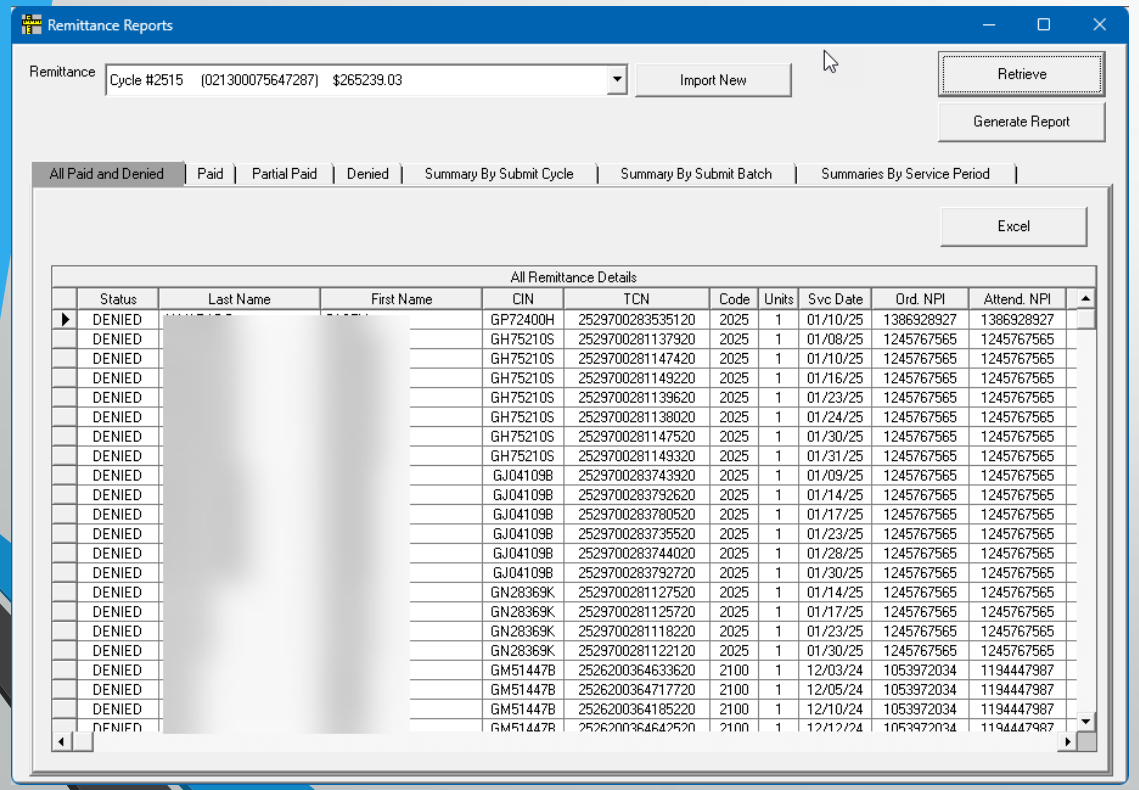
Importing and Viewing Remittances

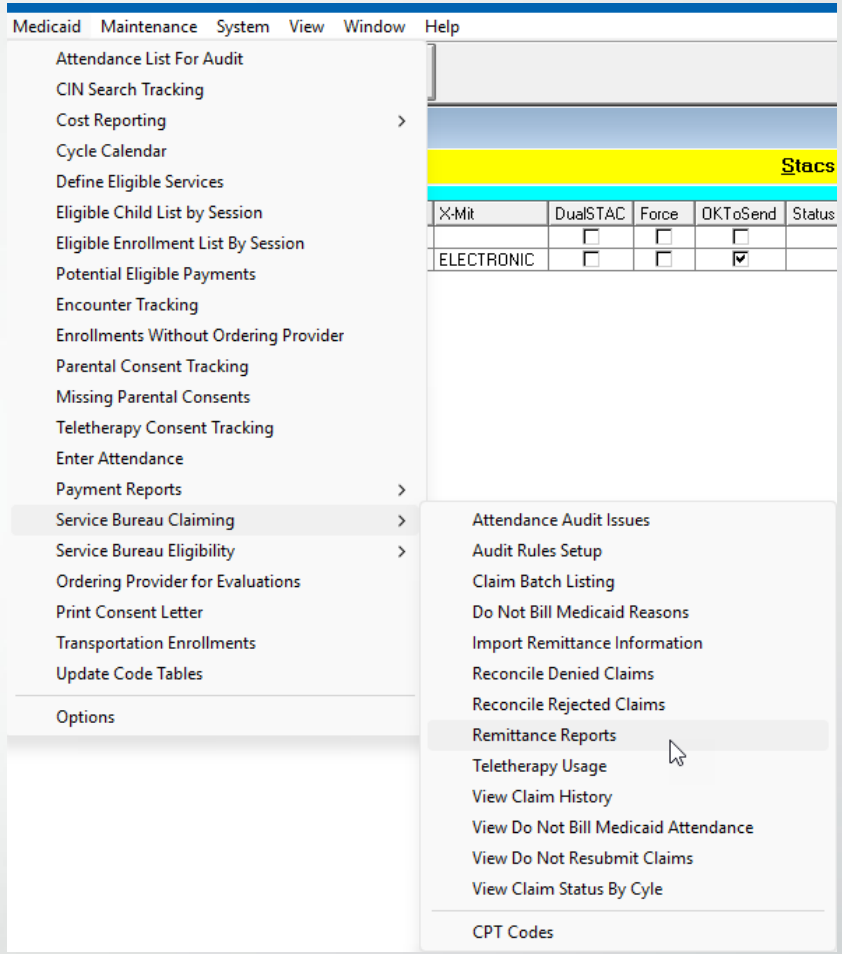
- **Import Remittance**
- Use the menu to go to Medicaid->Service Bureau Claiming->Import Remittance Information
- Click “Retrieve List from “MSB”
- Left grid will list any new remittances
- Right grid will list new pending reports
- Double a click a row to download item. The information is downloaded from MSB and imported into your database





- **Remittance Reports**
- Go to Medicaid > Service Bureau Claiming > Remittance Reports
- Choose a remittance
- Click Retrieve to populate grids
- Each Grid can be exported to Excel
- “Generate Report” creates a printable report





- **Remittance Reports cont.**

Printed On: 09/21/26

DEMO DATA (14)

Preschool Program

Page # 1

Cycle: 2545

Payment Reference Number: 021300076240852

Payment Date: 6/17/2026

Gross Payment: $90,248.50

Adjustments:

Check Amount: $90,248.50

			Last Name	First name	DOB	CIN	TCN	Svc. Date	Code	Units	Billed	Paid
DENIED		Duplicate Claim / 2nd service										
DENIED	97	M86	CRAWFORD	BONNIE	05/08/21	GQ70887P	2614200466620920	11/20/25	2024	1	$83.63	$0.00
DENIED	97	M86	GIBSON	TONI	08/08/22	GT94716G	2614600446357920	07/11/25	2053	1	$208.58	$0.00
DENIED	97	M86	GONZALEZ	OTIS	06/14/22	GU05860R	2614200466615720	11/18/25	2024	1	$83.63	$0.00
DENIED	97	M86	MCGUIRE	COLIN	11/10/21	GT89688D	2614200351041020	11/06/25	2074	2	$69.36	$0.00
DENIED	97	M86	SPENCER	ROSALIE	08/18/21	GQ74086R	2614200336695120	11/21/25	2024	1	$83.63	$0.00
			Sub Total DENIED	**Claim Adjustment Reason Code:** 97								
				Remark Code: M86				# Claims		**5**	**$528.83**	**$0.00**
			Sub Total DENIED					# Claims		**5**	**$528.83**	**$0.00**
PAID												
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322523820	11/05/25	2084	2	$74.54	$74.54
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322529020	11/06/25	2084	2	$74.54	$74.54
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322521420	11/12/25	2084	2	$74.54	$74.54
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322527020	11/13/25	2084	2	$74.54	$74.54
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322523920	11/19/25	2084	2	$74.54	$74.54
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322529120	11/20/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276834220	11/04/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276838220	11/06/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276830720	11/12/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276832320	11/13/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276834320	11/18/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276838320	11/21/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276830820	11/24/25	2084	2	$74.54	$74.54

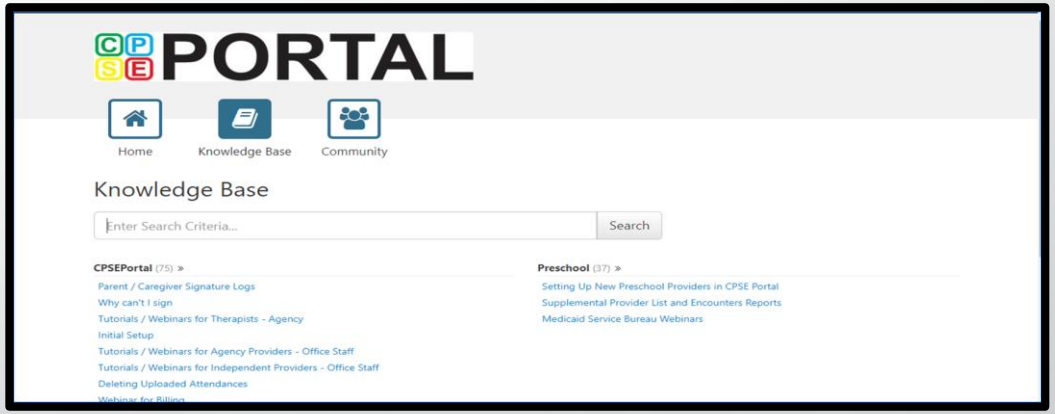
Closing

Knowledge Base Articles

- Creating and Submitting Medicaid Batches
  - http://support.cpseportal.com/kb/a878/creating-and-submitting-medicaid-batches.aspx
- View Child's Medicaid Claiming History
  - http://support.cpseportal.com/kb/a682/how-to-see-a-childs-medicaid-claiming-history.aspx

Preschool Knowledge Base

- The Knowledge Base provides numerous articles, trainings, webinars and other pertinent information that will help answer your questions before having to contact Preschool support.
- You can simply click the Knowledge Base tab in the CPSE Portal or you can go to:
- ***http://support.cpseportal.com/kb***



Survey

- At the end of this webinar there will be a 5 questions survey
- If you have time, please complete the survey as it will help us to improve our future webinars

Closing Remarks

- If you need assistance with Preschool the Preschool Helpdesk is available through email at preschoolsupport@cpseportal.com
  - When you send us an email:
    - Do **not** use child's name
    - Use ESID #, Child # or STAC ID #
  - Include any error or warning messages you received