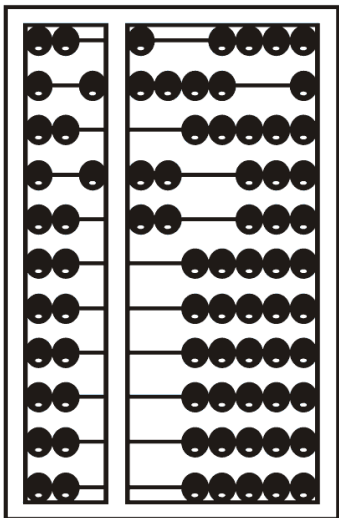


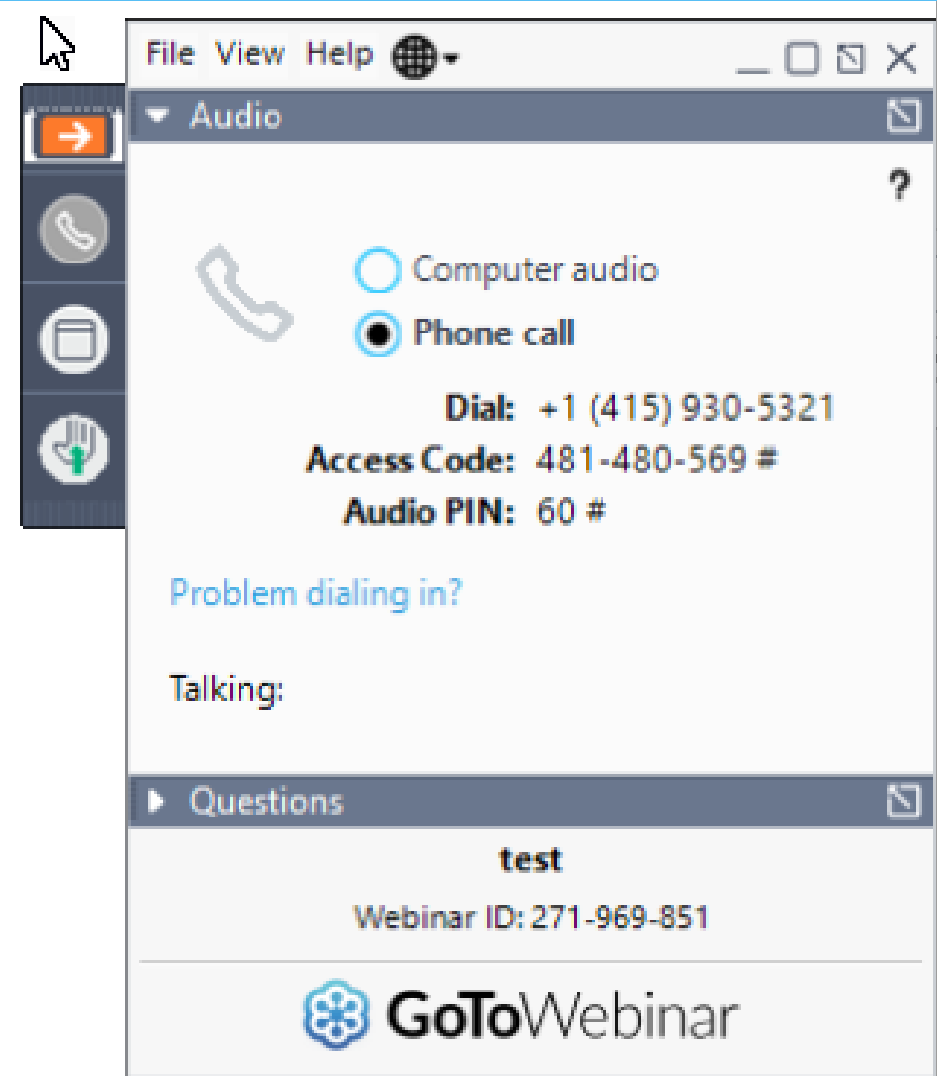
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Using GotoWebinar

Goto Webinar Control Panel

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

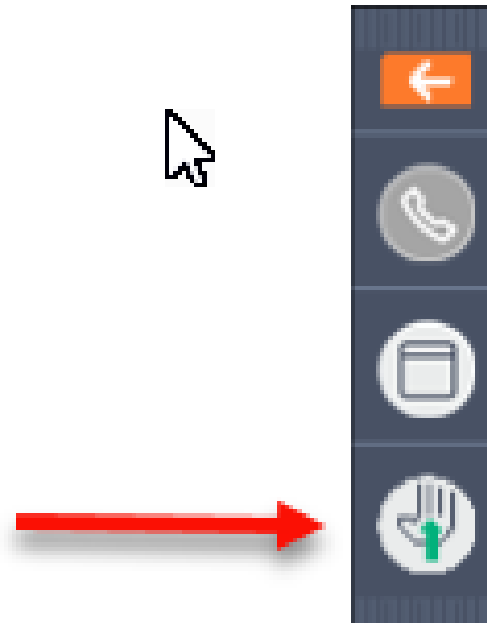


Communicating with Presenter

- * All participants are on mute
- * Two ways to communicate with us
 - * 1-Raise your hand
 - * 2-Type in a question
- * You can raise your hand in response to a question we ask
- * You can raise your hand if you would like us to take you off mute so you can ask speak
- * You can type in question in the question box

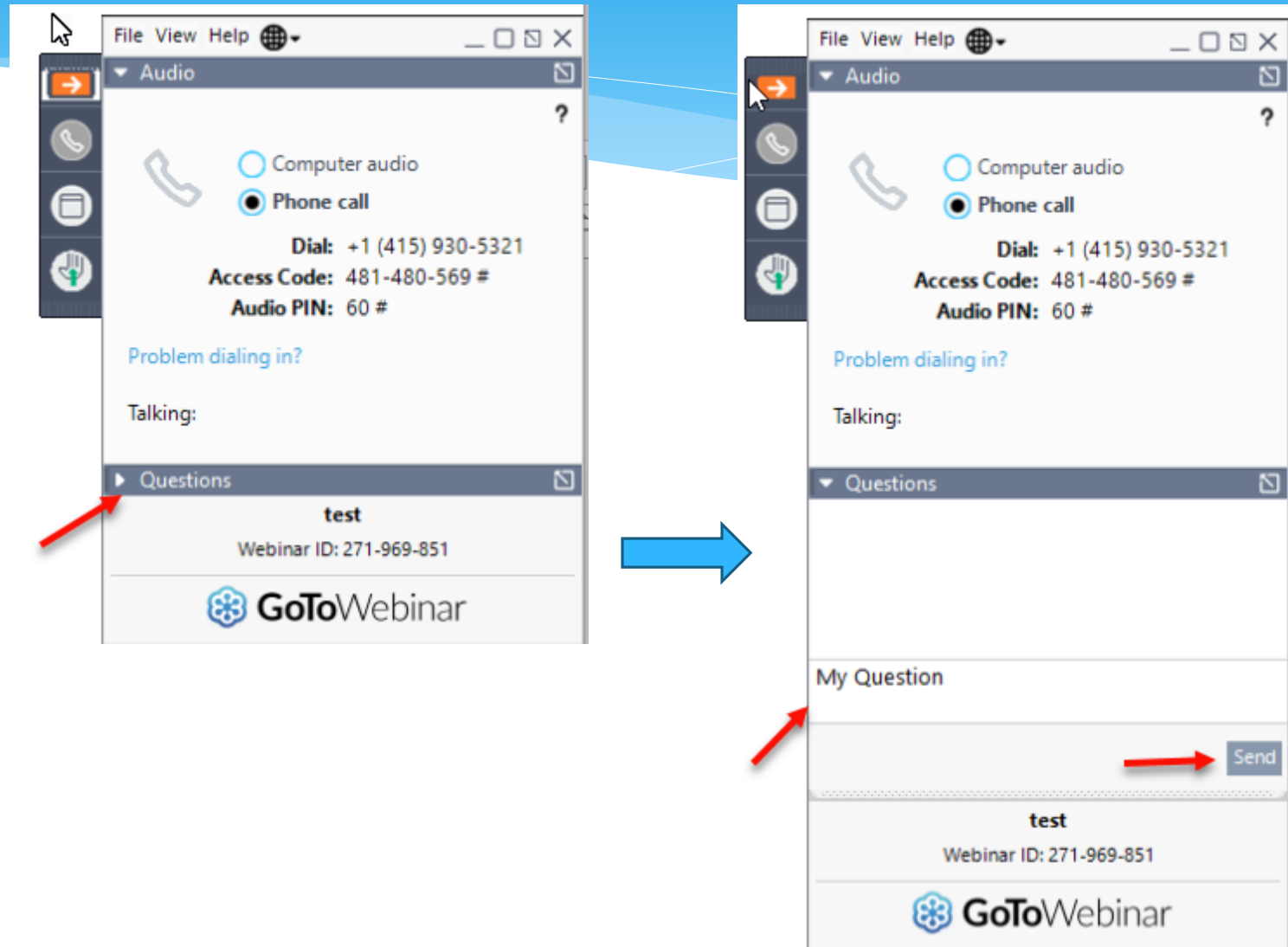
Raising your hand

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

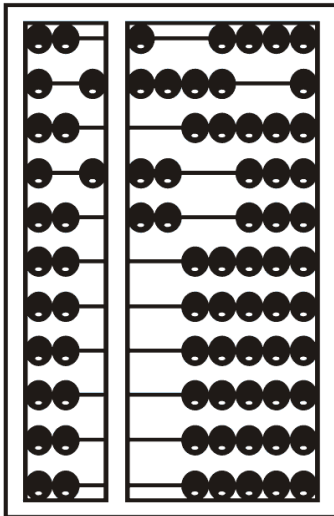


Typing in a Question

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



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Medicaid-Compliant Written Orders

Purpose of Webinar

Most contracts between counties and providers stipulates that the provider will comply with Medicaid regulations.

James McGuinness and Associates are currently reviewing and verifying Medicaid documentation for Nassau and Westchester Counties.

McGuinness would like all stakeholders of both counties to be aware of all the Medicaid requirements to ensure that successful Medicaid claiming occurs.

Today we will be focusing on written orders.

What is a Written Order?

** “The written order/written referral (prescription) is the document that establishes medical necessity for the related service to be furnished and constitutes medical direction of the ordering professional. In order to bill Medicaid, a written order/written referral from a qualified Medicaid provider is required. The written order/written referral must be “prospective” and must be kept on file. Faxed copies of the written order/referral are acceptable.”*

A written order is synonymous with the following terms:

- ☐ Prescription
- ☐ Speech Recommendation
- ☐ Written Referral

Written Orders

Since the written order is one of the key documents that will allow the Medicaid claiming process to move forward, we feel that all stakeholders should take part in insuring that all the “required” (8) elements are included on the written order.

- ☐ All therapists (OT, PT, SLP, etc.) should make sure that their written orders are Medicaid-compliant prior to servicing a child, and,
- ☐ Agencies should make sure that all the written orders they receive prior to servicing a child meet all Medicaid requirements.
- ☐ If the written order does not meet all the requirements, a new order should be requested immediately to ensure all services provided comply with the regulations.

What Should I be Checking?

- ❑ When a written order is submitted, what should I be checking?
 - ✓ Check the document to make sure all eight items are completed – No blanks.
 - ✓ Handwriting should be legible for all eight required elements.
 - ✓ Scanned documents should be checked to ensure that all content was scanned and the image is clear and readable.
 - ✓ Corrections must be crossed out and initialed. (i.e., ~~errors should be crossed out (TF)~~).
White-out is not permissible on any Medicaid documentation.

What is Required on a Written Order

Per the Medicaid Provider Policy and Billing Handbook (Update 9) on www.oms.nysed.gov/Medicaid, there are eight (8) required elements on a written order.

1. Child's Name
2. Term of Service
3. Service(s) being ordered (OT/PT/ST).
*The frequency and duration of the ordered service must be either specific on the order itself **or** the order can explicitly adopt the frequency and duration of the service in the IEP reference.*
4. Patient diagnosis/need for service(s)
5. Signature of the ordering practitioner
6. Date the order was written and signed
7. Ordering Practitioner's NPI **or** license number
8. Ordering Practitioner's Contact information with both address and phone number

1. CHILD'S NAME

What should be on the order?

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
<ul style="list-style-type: none">Child's First and Last Name (<i>Entire name spelled correctly</i>)	<ul style="list-style-type: none">No NameName spelled incorrectlyOnly first name (<i>or only last name</i>)Name of another childIncorrect date of birth

2. TERM OF SERVICE

What should be on the order?

Time Period of the Ordered Service

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
<p><u>Preferred Format:</u> (MM/DD/YY or MM/DD/YYYY)</p> <ul style="list-style-type: none">• July 1, 2018 – June 30, 2019• 7/1/18 – 6/30/19• 7/1/2018 – 6/30/2019	<p><u>Incomplete Dates:</u></p> <ul style="list-style-type: none">• No “Term of Service” listed on order• 2018 – 2019 or 18/19• 9/2018 – 6/2019• July 2018 – June 2019• September 2018 – August 2019* <p><i>* The Fiscal year for a school district ends on June 30; therefore, a new written order will need to be submitted beginning July 1.</i></p>

3. Service(s) Being Ordered

Frequency & Duration of Service

What should be on the order?

❑ The service (OT/PT/ST) should be listed on the order along with **one** of the following:

➤ **Option 1:*** Specific reference to adopt the frequency and duration “As per the IEP”
(If this option is used, the frequency and duration should not be written on the order.),

OR

➤ **Option 2:** Frequency and duration of the ordered service(s),

* Using this option is “best practice” and will reduce the chance of potential issues.

3. Frequency & Duration of Service

What should be on the order? - Continued

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
<ul style="list-style-type: none">• Frequency and duration <u>“As per IEP”</u> –OR– <u>Speech - 2x30 (Individual)</u> / <u>Speech - 2x30 (Group)</u>• If the frequency/duration <u>is</u> specified on the order, it should match the frequency/duration listed in the IEP.• If the frequency/duration is specified and does not match the IEP, <u>a new order should be requested</u>.• If an order template is being used with multiple services listed, make sure the correct services are checked.	<ul style="list-style-type: none">• OT 2X (<i>Frequency is listed, but not the duration</i>)• If <u>“As per IEP”</u> is delineated on the order, the specific reference of the frequency/duration should not be written on the order.• If the frequency and duration are adopted by IEP reference to a child’s <i>initial</i> IEP and a new IEP is generated due to a change in service, a new order is required.

4. Patient Diagnosis / Need for Service(s)

What should be on the order?

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
<ul style="list-style-type: none">• ICD Code – F82• Reason/Need for Service: <i>“Specific developmental disorder of motor function”</i>• Preferred practice would be to have both the ICD code as well as the reason/need for service delineated on the order.	<ul style="list-style-type: none">• The absence of an ICD code or reason/need for service.• A non-approved ICD code was listed on the written order without an explanation for the reason/need for services. Without the ICD code <u>or</u> the reason/need for services, the written order is not valid.

5. Signature of the Ordering Practitioner

Is the order signed?

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
<p>Acceptable methods of signing:</p> <ul style="list-style-type: none">• Signed with a hand-written signature• Signed with an electronic or digital signature*	<p>Unacceptable methods of signing:</p> <ul style="list-style-type: none">• Signature stamp• Scanned “image” of a signature (<i>i.e., JPEG</i>) or font substitution (<i>Signature</i>).

** Scanned images or font substitutions of signatures are not electronic/digital signatures. We will cover more on electronic signatures later in the presentation.*

6. Date the Order was Written & Signed

Was the order dated?

* Complete date the order was written and signed.

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
<p><u>Complete date format (MM/DD/YY):</u></p> <ul style="list-style-type: none">• June 1, 2019• 6/1/19• 6/1/2019	<ul style="list-style-type: none">• Absence of the date the order was written and signed.• The date was handwritten, crossed out and a new date written. The correction was not initialed or white-out was used in place of the cross-out before the correction was made.

7. Ordering Practitioner's NPI or License

What should be on the order?

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
<p><u>AND / OR:</u></p> <p>The NPI <u>or</u> license number is required on the order; however, <i>preferred practice</i> is to have both the NPI and license numbers on the order. Having both on the order will reduce the chance of potential issues.</p> <ul style="list-style-type: none">• NPI Number (<i>Is the NPI # 10 digits?</i>)• License Number (<i>Is the License # 6 digits?</i>)<ul style="list-style-type: none">○ NPI # - 1234567890○ License # - 123456	<ul style="list-style-type: none">• Absence of the NPI or license number. One <u>must</u> be delineated on the order.• NPI and license numbers are delineated on the order, but are not readable. (<i>Handwriting is illegible or a stamp was used and not readable.</i>)• A stamp of the practitioner's NPI/License # was used and was stamped over other pertinent information on the order.

8. Ordering Provider's Contact Information

(office stamp or preprinted address and telephone number)

What should be on the order?

Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
<ul style="list-style-type: none">• 123 Main Street <i>(Street address)</i> Anytown, NY 12345 <i>(City, State, Zip)</i> (555) 555-5555 <i>(Phone number Including area code)</i>	<ul style="list-style-type: none">• 123 Main Street Anytown, NY 12345 <i>(Phone number missing)</i>• 123 Main Street Anytown <i>(State, Zip and phone number missing)</i>• (555) 555-5555 <i>(Address is missing)</i>• The contact information is included, but not readable, or a stamp was used and the stamped information was placed over other pertinent information on the order.

Sample of a Medicaid-Compliant Written Order

Use the top section of this template to add your agency/school name, address and phone number.

This order template has a place to check the purpose of the order. There are five check boxes here, which are the primary reasons to generate a new order.

1. Annual Review
2. Change in Service
3. Transfer Meeting
4. Re-Eval Meeting
5. New Referral

SPACE FOR SCHOOL/AGENCY INFORMATION
(You can list your company address and phone number here to be sure that it is included on the order.)

PS&HSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

In accordance with the request by the Committee on Preshool 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 John Smith DOB 1/2/15

District Optional County Optional

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

(Check one)
Reason for Ref: ☐ Annual Review Meeting ☐ Change in Service ☐ Transfer Meeting ☐ Re-Eval Meeting ☐ New Referral

(Required)
Term of Service: School Year July 1, 2019 to June 30, 2020 (Frequency, Duration & Class Ratio as per the IEP)

Evaluation/Service	(Required) ICD CODE for EVALUATION(S)	(Required) ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
Audiological			
Occupational Therapy			
Physical Therapy			
Speech		<u>F90.2</u>	<u>Mixed receptive-expressive language disorder.</u>
Psychological/Psychological Counseling			
Skilled Nursing (Requires a Physician's Order)			

The most specific ICD code is required for each evaluation/service.
Medicaid requires that a written referral be in place prior to the initiation of evaluations/services.
* An order/referral for service must be completed for each IEP period.
A new order/referral must be completed whenever a review conducted during an IEP period results in a change in service (i.e., frequency/duration/ratio).

Signature Handwritten Signature or Electronic Signature Only Date Signed Date is Required
Original Signature Required - Stamp Not Permitted (800/34003) (Required)

Print Name PRINT NAME HERE (Stamp Accepted) Title M.D.

Address & Phone (Required) - (Stamp Accepted) (Required) License # 123456 (REQUIRED)
REQUIRED: COMPLETE ADDRESS & PHONE # (Required) NPI # 1234567890 (REQUIRED)
ABC Agency Medicaid # _____
123 Main St. New York City, NY 12345 Fax # _____
(000) 123-4567

(Signature of NYS Licensed and registered physician, a physician or a licensed nurse practitioner acting within the scope of practice [for psychological counseling services this also includes an appropriate school official and/or speech therapy services; a speech-language pathologist who has seen the child])

Written Order Templates

Best practice for all related service providers would be to use the “**most recent**” written order template available from the County or James McGuinness and Associates.

- ❑ At the start of each annual review season, check with your county representative to ensure that you are using the most updated written order template. Most counties update their written order template on an annual basis and can usually be found on the county’s website.
- ❑ A Medicaid-Compliant Written Order can also be found in the CPSE Portal Knowledge Base as well as the “Sample Medicaid-Compliant Written Order” that was shown during this presentation.

VERIFICATION PROCESS

When is a New Order Required?

- A new written order/referral for services must be completed for:
 - ✓ Each IEP period, *(If summer services are not included on the same IEP with the winter services, a separate written order is required for each session – even if the frequency/duration are the same.)*
 - ✓ Whenever reviews are conducted during an IEP period that results in a change of service,
 - ✓ The child moves to another school district and a new IEP is generated,
 - ✓ Newly-identified students.
- (* Annual Review/Re-Eval Meeting * Change in Service * Transfer Meeting * New Referral)
- An order that has the narrative, “As per IEP,” does not apply once the IEP changes. A new written order is required if any of the circumstances listed above occur.

VERIFICATION PROCESS

What makes an uploaded written order invalid?

- ❑ During the upload process, an incorrect Medicaid document (*Consent form instead of a written order*) or a document for a different child is uploaded.
- ❑ A document was scanned but is not readable due to lines and dark spots on the image.
- ❑ A document was scanned and some of the information was cut off.
- ❑ After uploading documents, open them to see how they scanned.

VERIFICATION PROCESS

Corrections Made to Medicaid Documents

What is the acceptable way to make a correction on Medicaid documentation?

- ☐ If a written order needs correction, the ordering provider/practitioner must put a line through the error and initial the change. (i.e., ~~material to be deleted~~ (TF))
- ☐ White out is not permissible when making corrections on any Medicaid documentation.*
- ☐ If corrections are not made in accordance with the Medicaid regulations, the document will be invalid for claiming.

* (Medicaid Questions and Answers (Question 133)

http://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf)

Electronic Signatures

Are Electronic Signatures Acceptable?

Yes, electronic signatures are acceptable if adequate security is in place and confidentiality is maintained. The use of an electronic signature has the same validity as a signature affixed by hand.*

- Providers must be prepared to authenticate or prove that the record was electronically signed by the person authorized to sign the record, and,
- Electronic signatures affixed by someone other than the actual practitioner are not allowable.
- James McGuinness and Associates, as the Medicaid claiming agent for the county, will require that an attestation be signed to acknowledge that all the requirements of the electronic signature meets the applicable requirements of the Medicaid Program found in federal and state (18 NYCRR) regulations.

* Medicaid Questions and Answers – Questions 129 & 130.

http://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf/

Electronic Signatures

*If you use electronic signatures an attestation is required.
What are you attesting to?*

- ✓ The signature meets all the requirements of federal and state laws and regulations.
- ✓ The signature has the features of an electronic signature and not the characteristics of a stamped signature, such as an image or font substitution.
- ✓ There is a record of who added the electronic signature, when the record was created, that the record was created through some type of secure authorization (password, PIN #, etc.), that the record cannot be altered or, if altered, records the original and altered versions, dates of creation and creator.
- ✓ There is adequate security in place to ensure that only the person authorized to sign the record can affix the electronic signature (password, pin, etc.)
- ✓ The electronic signature cannot be affixed by someone other than the actual practitioner.
- ✓ The electronic record is accessible to any auditing agency, which may require a certification that the paper reproduction is an exact copy of the electronic record.
- ✓ The content of the record meets the applicable requirements of the Medicaid Program found in federal and state (18 NYCRR) regulations to support the claim for payment.

CPSE Portal Electronic Digital Order

(for Speech Language Pathologists)

SLPs have the option to generate a digital written order in the Portal. Reasons to select this method versus a paper document are:

- ✓ This electronic digital order, when successfully generated (*all fields completed*), ensures that you have created a Medicaid-compliant order, and;
- ✓ The digital order does not have to be scanned and uploaded to the Portal saving the SLP and/or their agency the time that it takes to scan, upload and type in the order details.

We will be conducting a subsequent webinar specifically for SLPs to walk through the process of creating a digital order in the Portal.

Follow-up

- ❑ This presentation will be recorded and the PowerPoint presentation will be uploaded to the Knowledge Base in the Portal for future reference.
 - Search for help in our Knowledge Base: <http://support.cpseportal.com/Main/Default.aspx>
 - Email: support@CPSEPortal.com
- ❑ The following Medicaid-compliant items will also be posted to the Knowledge Base
 - A Medicaid-compliant checklist
 - A copy of the “sample” compliant written order (*that was shown during the presentation*)
 - A blank Medicaid-compliant written order template
- ❑ Medicaid References:
 - Provider Policy & Billing Handbook - <http://www.oms.nysed.gov/medicaid/handbook/>
 - Questions & Answers –http://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf