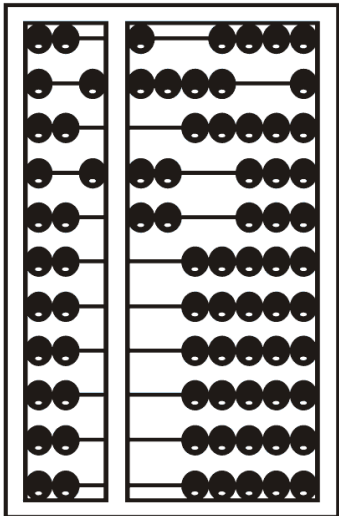


JAMES MCGUINNESS
& ASSOCIATES INC.
Consultants



UPLOADING PRESCRIPTIONS AND MCGUINNESS VERIFICATIONS

INTRODUCTIONS

Who will you be working with at McGuinness?

- Deborah Frank, McGuinness Medicaid Specialist
- Kelly Knowles, McGuinness Medicaid Team

TOPICS COVERED

☐ Unmatched Enrollments & Medicaid Documentation (Review)

☐ Uploading Prescriptions

- Unmatched Children & Enrollments
- Uploading a Prescription (Therapists)
- Uploading a Prescription (Billing Admins)
- Viewing & Printing Prescriptions (Therapists/Billing Admins)
- How do You Know if You Uploaded Your Prescription Successfully?
- Prescription Troubleshooting

☐ Verification Process for Prescriptions

☐ New Prescription Template (Rockland County Approved)

☐ Next Webinar Training – Save the Date

☐ McGuinness Medicaid-in-Education Contact Information

☐ Follow-up

UPLOADING MEDICAID DOCUMENTATION

- ❑ Providers will be expected to upload prescriptions to the Portal for the 2021-22 ten-month session (service dates beginning 9/1/21) so McGuinness can confirm that all the Medicaid requirements are in place for claiming.
- ❑ Prescriptions should be uploaded for all children – not just Medicaid children.
- ❑ How do you upload the prescription if the child is not in the Portal – no enrollment exists?

Entering Temporary Children & Enrollments “Unmatched Records”

- ❑ A child’s “official” enrollment is not always created prior to the first day of a school session. Until the “official” enrollment is created providers can create an “Unmatched Child” and an “Unmatched Enrollment.”
- ❑ These “unmatched” records are temporary placeholders; they exist so that providers can complete session notes and upload Medicaid documentation contemporaneously.

1. Add the “Unmatched Child” first. Once the unmatched child is created, you will be able to create the unmatched enrollment.

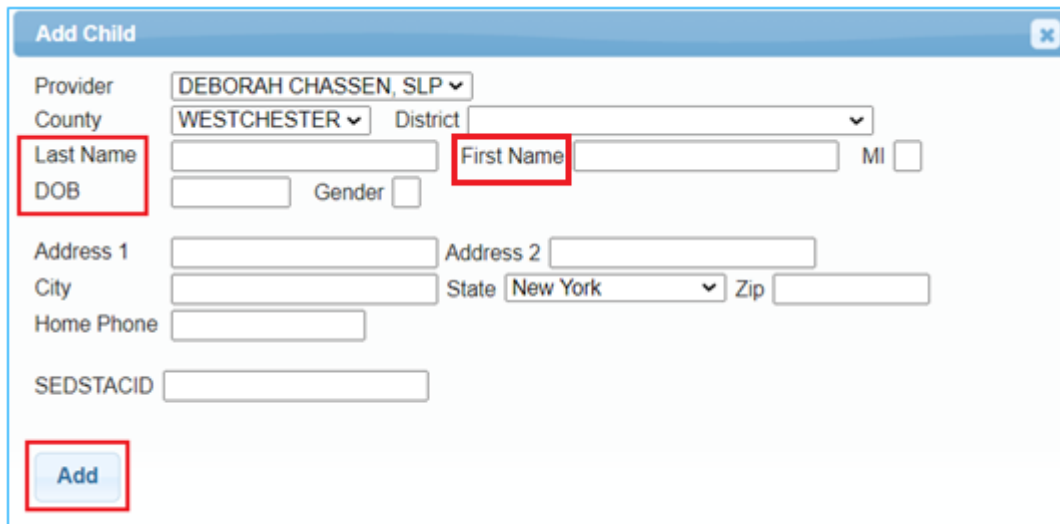
- Unmatched Children

Add Child

Child Number	Last Name	First Name	MI	DOB	County	District	Address1	City	State	Zip	HomePhone				
C				11/10/2015					NY			Enrollments	Attempt Match	Edit	Delete
C				10/19/2016					NY			Enrollments	Attempt Match	Edit	Delete
C				1/18/2014					NY			Enrollments	Attempt Match	Edit	Delete
C				3/11/2016					NY			Enrollments	Attempt Match	Edit	Delete

Entering Temporary Children & Enrollments (Continued)

- Fill in the as much information as you have; however, you can create the record with as little as the county, child's name and DOB.
- After you click **ADD**, the unmatched child record is created.



The screenshot shows a web form titled "Add Child" with a close button (X) in the top right corner. The form contains the following fields and controls:

- Provider:** A dropdown menu with "DEBORAH CHASSEN, SLP" selected.
- County:** A dropdown menu with "WESTCHESTER" selected.
- District:** A dropdown menu.
- Last Name:** A text input field, highlighted with a red box.
- First Name:** A text input field, highlighted with a red box.
- MI:** A small text input field.
- DOB:** A text input field, highlighted with a red box.
- Gender:** A radio button.
- Address 1:** A text input field.
- Address 2:** A text input field.
- City:** A text input field.
- State:** A dropdown menu with "New York" selected.
- Zip:** A text input field.
- Home Phone:** A text input field.
- SEDSTACID:** A text input field.
- Add:** A button at the bottom left, highlighted with a red box.

Editing an Unmatched Child

- ❑ The information you entered for the unmatched child may be different than what the county entered. You can edit your unmatched child to match the official record. If the County entered the enrollment incorrectly, contact the county so the enrollment can be edited on their end.
- ❑ Go to **Caseload Maintenance>Unmatched Children**
- ❑ Click **Edit**

Unmatched Children													
Add Child													
Child Number	Last Name	First Name	MI	DOB	County	District	Address1	City	State	Zip	HomePhone		
C66000159808	HERRARA	KRISTIE		11/10/2015	WESTCHESTER	NEW ROCHELLE	600 PELHAM ROAD	NEW ROCHELLE	NY	10805		Enrollments	Attempt Match
C66000152996	MENDEZ	KAMALU		10/19/2016	WESTCHESTER	NEW ROCHELLE	7 DAVENPORT AVE	NEW ROCHELLE	NY	10805	281 844 5019	Enrollments	Attempt Match
C66000075197	Pirzinger	Luke		1/18/2014	WESTCHESTER	NEW ROCHELLE			NY			Enrollments	Attempt Match
C66000159811	SEBASKI	WYETH		3/11/2016	WESTCHESTER	SCARSDALE	27 FERNCLIFF ROAD	SCARSDALE	NY	10583		Enrollments	Attempt Match

Editing an Unmatched Child

- ❑ After you click Edit, the following screen will allow you to edit the unmatched child. Edit [only] the field(s) that are incorrect and click **Update** at the end of the row.

Unmatched Children [Add Child](#)

Child Number	Last Name	First Name	MI	DOB	County	District	Address1	City	State	Zip	HomePhone	Enrollments	Attempt Match	
C52000155289	<input type="text" value="ABRAMS"/>	<input type="text" value="EDDIE"/>		<input type="text" value="8/10/2015"/>	SARATOGA	<input type="text" value="WATERFORD-HALFMOON UFSD"/>			NY					<div><div>Update</div><div>Cancel</div></div>

Entering Temporary Children & Enrollments (Continued)

2. Now that the “unmatched child” has been successfully created, you will be able to create the **“unmatched enrollment.”**

- Go to **Caseload Maintenance>Add/Edit Unmatched Enrollment>Select**

- ✓ Session
- ✓ From/To Dates
- ✓ Enrollment Type (RS)
- ✓ RS Type (OT/PT/ST)
- ✓ I/G
- ✓ Units/Minutes (2x30)
- ✓ Timespan (Weekly)
- ✓ Click **ADD**

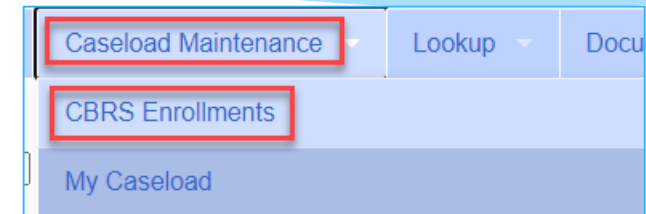
Provider	Session	From	To	Enrollment Type	RS Type	I or G	Units	Minutes	Timespan	
	Select Session	Enr. Start	Enr. End	RS	OT/PT/ST		2	30	Weekly	Add

- The unmatched enrollment has now been added.
- You can now use this temporary enrollment to enter your session notes and upload documentation.

HOW TO CREATE AN UNMATCHED CBRS ENROLLMENT

❑ Go to **Caseload Maintenance>CBRS Enrollments**

- Select the **correct session**,
- Enter the **Provider**
- Enter the **County**
- Enter the child's information (**Last Name, First Name, DOB**)
- Click **Search**
- Click **Select** at the end of the row for the CB enrollment.



CB Enrollments

Session Provider County Last Name First Name DOB

County	District	Last Name	First Name	ElectronicServiceID	Provider	Program	Start Date	End Date	
SCHENECTADY	Burnt Hills- Ballston Lake	Smith	Lisa		ACHIEVEMENTS	-G	01/20/2020	06/25/2020	Select

HOW TO CREATE AN UNMATCHED CBRS ENROLLMENT

- Fill in the following CBRS data.

- ✓ From and To **Dates**
- ✓ **RS Type** (OT/PT/ST)
- ✓ **Individual or Group**
- ✓ **Units** (Frequency)
- ✓ **Minutes** (Duration)
- ✓ **Time Span** (Weekly, Monthly, etc.)
- ✓ Click **ADD**

The screenshot shows the 'CB Enrollments' form. At the top, there is a navigation bar with links like Home, File Transfer, Activities, etc. Below this, the 'CB Enrollments' section contains several input fields: 'Session' (2019 - 2020 Winter), 'Provider' (ACHIEVEMENTS), 'County' (SCHENECTADY), 'Last Name' (Smith), 'First Name' (Lisa), and 'DOB' (7/29/16). Below these fields is a table with columns: County, District, Last Name, First Name, Electronic ServiceID, Provider, Program, Start Date, End Date, and a 'Select' button. The table contains one row with data: SCHENECTADY, Burnt Hills-Baldon Lake, Smith, Lisa, [blank], ACHIEVEMENTS, G, 01/20/2020, 06/25/2020. Below the table is a section titled 'Included Services for' with a large red arrow pointing to it. This section contains a table with columns: ElectronicServiceID, From, To, RS Type, I or G, Units, Minutes, Timespan, and buttons for Edit and Delete. The table has two rows. The first row has data: [blank], 12/14/2020, 6/25/2021, ST, I, 2.00, 30, WEEKLY. The second row has input fields for From (12/14/2020), To (6/25/2021), RS Type (dropdown), I or G (dropdown), Units (input), Minutes (input), and Timespan (WEEKLY dropdown). The 'Add' button is highlighted with a red box.

ElectronicServiceID	From	To	RS Type	I or G	Units	Minutes	Timespan	Edit	Delete
	12/14/2020	6/25/2021	ST	I	2.00	30	WEEKLY		
	12/14/2020	6/25/2021					WEEKLY	Add	

UNMATCHED CBRS ENROLLMENT (Process Complete)

CB Enrollments

Session Provider County Last Name First Name DOB

County	District	Last Name	First Name	ElectronicServiceID	Provider	Program	Start Date	End Date	
SCHENECTADY	Schenectady	ABRAHAM	ALETHA	CB1920W0009825	ACHIEVEMENTS	9165-	09/04/2019	06/26/2020	Select

Showing top 25 results...

Included Services for ABRAHAM, ALETHA

ElectronicServiceID	From	To	RS Type	I or G	Units	Minutes	Timespan	
CBRS1920W0020774	9/4/2019	6/26/2020	ST	I	1.00	30	WEEKLY	
CBRS1920W0020775	9/4/2019	6/26/2020	ST1	G	1.00	30	WEEKLY	
CBRS1920W0020776	9/4/2019	6/26/2020	OT	I	1.00	30	WEEKLY	
CBRS1920W0020777	9/4/2019	6/26/2020	PT	I	1.00	30	WEEKLY	

Questions?

We will answer any questions regarding Unmatched Children/Enrollments.

HOW TO UPLOAD A PRESCRIPTION

(Two Options)

Option 1: Hard Copy Paper Upload Process

Option 2: Digital Speech Recommendation (for SLPs only)

This process will be addressed in a separate webinar on 9/28/21.

SAMPLE PRESCRIPTION

Scan to your computer

Entering the prescription into the Portal is a Two-step process. Entering the details of the prescription and uploading the image.

Step 1 is entering the following details from the prescription into the “Prescriptions Details Screen” in the Portal.

- 1) Order Type (Service)
- 2) Ordering practitioner's NPI #
- 3) Signature Date
- 4) School Year
- 5) ICD Code(s)
- 6) Frequency can be entered or default to “As per 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 Odilia Aaron DOB 12/16/19

District _____ County _____

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, 2019 to June 30, 2020 (Frequency, Duration & Class Ratio as per the IEP)

(Please type in the last two digits of the school year. Format YYYY.)

Evaluation/Service	(Required) ICD CODE for EVALUATION(S)	(REQUIRED) ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
Audiological			
Occupational Therapy		<u>R62.0</u>	Delayed milestone in childhood
Physical Therapy			
<u>Speech</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 services must be completed for each IEP period.
A new order/referral must be completed whenever reviews conducted during an IEP period results in a change in service (i.e., frequency/duration/class size).

Signature Carolyn Lemons MD Date Signed 7/1/19

(Original Signature Required - Stamps Not Permitted) (Required)

Print Name Carolyn Lemons, M.D. Title M.D.

Address & Phone (REQUIRED) - (Stamp Accepted) (REQUIRED) License # 78564

123 Main Street (REQUIRED) NPI # 1912322454

City, State 12345 Medicaid # _____

(SSS) 345-6789 Fax # _____

(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 for speech therapy services, a speech-language pathologist who has seen the child.)

SAMPLE PRESCRIPTION

Step 2 is entering the following details for the Prescription image.

- ☐ School Year (#4)
- ☐ NPI # of the ordering practitioner (#2)
- ☐ The prescription signature date (#3)

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 Odilia Aaron DOB 12/16/19

District _____ County _____

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, 2019 to June 30, 2020 (Frequency, Duration & Class Ratio as per the IEP) **4**

(Please type in the last two digits of the school year. Format YYXX.)

Evaluation/Service	(Required) ICD CODE for EVALUATION(S)	(REQUIRED) ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
Audiological			
Occupational Therapy		<u>R62.0</u> 5	Delayed milestone in childhood
Physical Therapy			
<u>Speech</u> 1			
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 services must be completed for each IEP period.
A new order/referral must be completed whenever reviews conducted during an IEP period results in a change in service (i.e., frequency/duration/class size).

Signature Carolyn Lemons MD Date Signed 7/1/19 **3**
(Original Signature Required - Stamps Not Permitted) (Required)

Print Name Carolyn Lemons, M.D. Title M.D.

Address & Phone (REQUIRED) - (Stamp Accepted) (REQUIRED) License # 78564
123 Main Street (REQUIRED) NPI # 1912322454 **2**
City, State 12345
(555) 345-6789 Medicaid # _____
Fax # _____

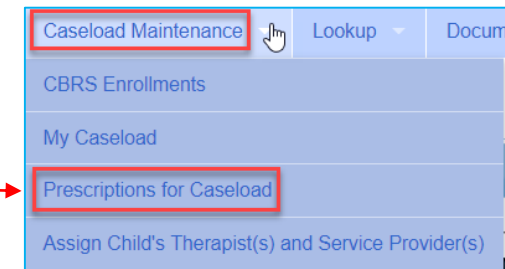
(Signature of NYS licensed and registered physician, a physician or a licensed nurse practitioner acting within the scope of practice (for psychological counseling services this also includes an appropriate school official and for speech therapy services, a speech-language pathologist who has seen the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

HOW TO UPLOAD A PAPER PRESCRIPTION (Two Menu Options)

❑ Before you can upload a prescription to the Portal you must scan and save the prescription to your computer (Desktop).

❑ You can upload a prescription from two different menus in the Portal:

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



2. **Medicaid>Prescriptions>Prescription Entry Maintenance***
(for Billing Admins)



*** Important Note Regarding Prescriptions:** Beginning with a **September 1, 2021** service date, providers will not be able to submit a voucher in the Portal until a prescription has been uploaded.

MENUS TO UPLOAD PRESCRIPTIONS

(Option 1 – Therapist – Caseload Maintenance>Prescriptions for Caseload)

Option 1

Therapist (Caseload Maintenance>Prescriptions for Caseload)

Select the row for the child and the specific service type/ESID # from grid.

Prescriptions / Written Orders for Caseload

Filter By _____

Provider: Session:

ESID	Last Name	First Name	From Date	To Date	Description	Rx Status	Rx Entry	Rx Image
RS1920W0023094	AARON	ODILIA	11/25/2019	6/26/2020	ST 2x30 Individual	MISSING	Enter Rx Info	Upload Rx Image
RS1920W0023097	AARON	ODILIA	11/25/2019	6/26/2020	PT 2x30 Individual	MISSING	Enter Rx Info	Upload Rx Image
RS1920W0023095	AARON	ODILIA	12/16/2019	6/26/2020	OT 1x30 Individual	MISSING	Enter Rx Info	Upload Rx Image
RS1920W0023096	AARON	ODILIA	12/16/2019	6/26/2020				

Prior to upload
Step 1 Step 2

After upload, the links
change to "View."

Prescriptions / Written Orders for Caseload

Filter By _____

Provider: Session:

ESID	Last Name	First Name	From Date	To Date	Description	Rx Status	Rx Entry	Rx Image
RS2122W01			9/10/2021	6/24/2022	ST 1x30 Individual	ENTERED	View	View
RS2122W01			9/10/2021	6/24/2022	ST 1x30 Individual	ENTERED	View	View
RS2122W01			9/3/2021	6/24/2022	ST 1x60 Individual	VERIFIED	View	View

MENUS TO UPLOAD PRESCRIPTIONS

Options 2 – Billing Admin

Medicaid>Prescriptions>Prescription Entry Maintenance

Option 2:

Billing Admin

(Medicaid>Prescriptions>**Prescription Entry Maintenance**>Type in Name of Child>Select)

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

	Child Number	Last Name	First Name	DOB	CIN	District	County	MatchStatus	
<input type="button" value="Select"/>	C01000146232	AARON	ODILIA	7/25/2015	FP64980U	North Colonie 0809	Albany	County Record	Details

AARON, ODILIA County: **Albany** District: **North Colonie 0809** DOB: **7/25/2015**

Step 1 **Step 2**

Prescription Entries

From	To	Order Type	Frequency	Signed By	NPI	Date Signed	ICD Codes	Status			
7/1/2019	6/30/2020	Occupational Therapy	PER IEP	CAROLYN LEMONS	1912322454	12/10/2019	R62.50	ENTERED	View	Edit Entry	Delete
7/1/2019	6/30/2020	Physical Therapy	PER IEP	INES MUIA-CHISENA	1992821615	7/1/2019	R62.0	ENTERED	View	Edit Entry	Delete

How to Upload a Paper Prescription (Prescription Entry - Therapists & Admins)

Step One

From the script Enter Items 1 through 5:

1. Select **Order Type**
2. **NPI**
3. **Date Signed**
4. **School Year**
5. **ICD**
6. **Frequency (Default)**

Then...

1. Select **Enrollment**
2. Click **Preview**
3. Click **Save & Done**

Manage Prescription Entry

Managing Order Entry For:
Image: [Attach To Image](#)

Order Type: Speech Therapy
Provider:
Ordering Provider NPI:
Date Signed:
Prescription effective date range:
☒ Applies to entire school year
☐ Applies to specific school year / session
☐ Applies to specific date range
2020 - 2021
2020 - 2021 Summer
Reason for Services
ICD
Search by code or description...
Reason
Frequency
☒ Per IEP ☐ Specific
X WEEKLY
ESID From To Frequency Service Type I/G
☒ RS2021W0 9/8/2020 6/23/2021 3x30 Speech Therapy I
Preview. If everything is correct, click **SAVE & DONE**

Manage Prescription Preview

Preview
Child:
Service: Speech Therapy
Dates Covered: 7/1/2020 - 6/30/2021
Frequency: Per IEP
Reason:
ICD Code(s):

ICDCode	Description
F84.0	Autistic disorder

Ordered By
Name:
NPI: 1992821
Date Signed: 8/6/20
Save & Done Cancel

How to Upload a Paper Prescription Image Entry – (Therapists & Admins)

Step 2

Click **Choose File** and browse to the Rx image on your computer.

From the prescription:

1. Fill in the correct **school year**.
2. Optional – You can type in a description.
3. Fill in the **NPI #**.
4. Fill in the **signature date** of the Rx.
5. Check the **eligible order**.
6. Click **Save**

The screenshot shows the 'Manage Prescription File' form. Red boxes and arrows highlight the following elements:

- Choose File** button (labeled 'No file chosen')
- School Year** dropdown menu (set to '2020 - 2021')
- Description** text area (placeholder: 'You can type a description here. (e.g., Summer Speech Rx.)')
- Ordering Provider Information (optional)** section, which includes:
 - Ordering Provider NPI** (173021)
 - Date Signed** (7/1/2020)
- Eligible order** checkbox (checked) in the table
- Save** button

	From	To	Frequency	Service Type	Signed By	Date Signed
<input checked="" type="checkbox"/>	7/1/2020	6/30/2021	PER IEP	Speech Therapy		7/1/2020

DEMONSTRATION

UPLOADING A PRESCRIPTION:

THERAPISTS

- ☐ How can you tell if you successfully entered your prescription?
- ☐ How do you print the prescription?

How do you know if you completed your Rx? (For Therapists – Prescriptions for Caseload)

❑ How do you know if you successfully completed your prescription?

The **Rx Status Column** on the **Prescriptions for Caseload** screen will let you know whether the prescription has been **Entered, Verified, Missing* or Invalidated**. If invalidated, you will see the reason why it has been invalidated.

** If the prescription was not entered correctly, the status will show as “missing.”*

ESID	Last Name	First Name	From Date	To Date	Description	Rx Status	Rx Entry	Rx Image	
CBRS2021SC			7/6/2020	8/14/2020	ST 3x30 Individual	ENTERED	View	View	
CBRS2021SC			7/6/2020	8/14/2020	ST 3x30 Individual	INVALIDATED: Computer-generated signature stamp used.	Enter Rx Info	Upload Rx Image	Create Speech Recommendation
CBRS2021SC			7/6/2020	8/14/2020	ST 3x30 Individual	MISSING	Enter Rx Info	Upload Rx Image	Create Speech Recommendation

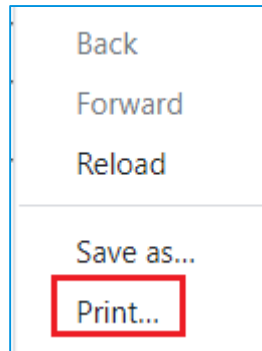
The link will change to “**View**” when the Rx has been successfully uploaded.

How to print Prescription from Prescriptions for Caseload - (Therapists)

- ❑ Click the “**View**” link in either the **Rx Entry** or **Rx Image** column.

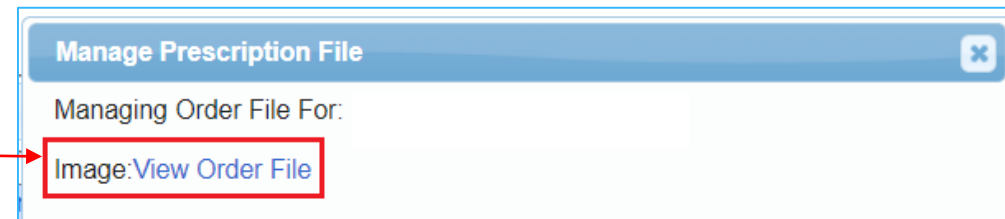
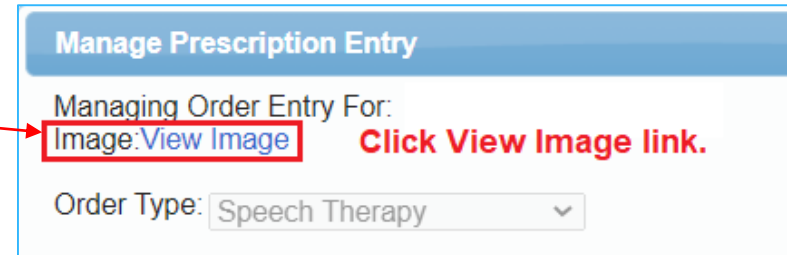
ESID	Last Name	First Name	From Date	To Date	Description	Rx Status	Rx Entry	Rx Image	
RS2021W0			9/8/2020	6/23/2021	ST 2x45 Individual	ENTERED	View	View	
RS2021W0			9/8/2020	6/23/2021	ST 3x30 Individual	MISSING	Enter Rx Info	Upload Rx Image	Create Speech Recommendation

- ❑ From the **Rx Entry** column, click “**View.**”
- ❑ Click the “**View Image**” link.
- ❑ Right Click>**Print**



**** OR ****

- ❑ From the **Rx Image** column, click “**View.**”
- ❑ Click the “**View Order File**” link.
- ❑ Right Click>**Print**



ADMINS

- ☐ How can you tell if you successfully entered your prescription?
- ☐ How do you print the prescription?

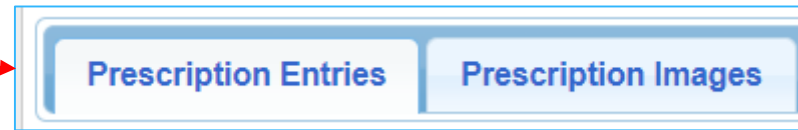
How do you know if you completed your Rx?

(For Admins – Prescription Entry Maintenance)

❑ How do you know if you successfully completed your prescription?

- There are two tabs on the **Prescription Entry Maintenance Screen**

- 1) Prescription **Entries**, and
- 2) Prescription **Images**



Each tab has a “**Status**” column

- The **Prescription Entries Tab** will show you whether the prescription was **Entered, Verified, Invalidated** or **Missing**.

A screenshot of the Prescription Entries tab. It shows a table with columns: From, To, Order Type, Frequency, Signed By, NPI, Date Signed, ICD Codes, and Status. The Status column contains two entries: "INVALIDATED: Signed with a signature stamp." and "VERIFIED". Red arrows point from the text "Status" in the previous block to these entries.

From	To	Order Type	Frequency	Signed By	NPI	Date Signed	ICD Codes	Status	View	Edit Entry	Delete
7/1/2019	6/30/2020	Speech Therapy	PER IEP		1730278607	7/1/2018	R47.89	INVALIDATED: Signed with a signature stamp.	View	Edit Entry	Delete
7/1/2018	6/30/2019	Speech Therapy	PER IEP		1730278607	7/1/2018	R47.89	VERIFIED	View	Edit Entry	Delete

- The **Prescription Images Tab** will show you whether the image is “**Attached**” or “**Unattached**” to the Prescription Image.

A screenshot of the Prescription Images tab. It shows a table with columns: School Year, Description, Signed By, Date Signed, Date Uploaded, and Image Status. The Image Status column contains two entries: "ATTACHED TO ORDER" and "UNATTACHED TO ORDER". Red arrows point from the text "Image Status" in the previous block to these entries.

School Year	Description	Signed By	Date Signed	Date Uploaded	Image Status	View	Edit Image	Delete
201920	speech		7/1/2018	7/11/2019	ATTACHED TO ORDER	View	Edit Image	Delete
201819	Order File created from CPSE Portal		7/1/2018	12/5/2018	UNATTACHED TO ORDER	View	Edit Image	Delete

How to print the Prescription from Prescription Entry Maintenance - (Admins)

- Click on the **Prescription Entries** or **Prescription Images** Tab. Click the “View” Link. The Rx image will appear. Right click on the Rx image and click **Print**.

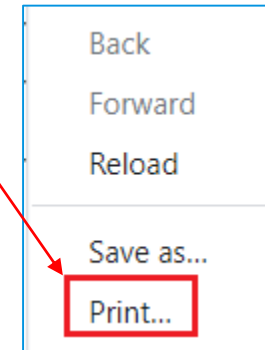
The interface consists of two main sections, each with a header bar containing 'Enter Prescription Entry' and 'Upload Prescription Image' buttons, and a tabbed interface with 'Prescription Entries' and 'Prescription Images' tabs.

Prescription Entries Section:

From	To	Order Type	Frequency	Signed By	NPI	Date Signed	ICD Codes	Status		
7/1/2019	6/30/2020	Speech Therapy	PER IEP		1609183052	12/3/2019	F80.0,F80.2	VERIFIED	View	Edit Entry

Prescription Images Section:

School Year	Description	Signed By	Date Signed	Date Uploaded	Image Status		
201920	ST Rx		12/3/2019	12/20/2019	ATTACHED TO VERIFIED ORDER	View	Edit Image



TROUBLESHOOTING

(Prescription Uploading)

- ❑ The following issues will prevent you from completing your prescription successfully.
 - ✓ Prescription **Entry** Details (Step 1) were not completed and/or saved (Preview/Save & Done).
 - ✓ The enrollment that applies to the Rx was not selected on the Prescription **Entry** Details Screen.
 - ✓ Prescription **Image** (Step 2) was not uploaded or was uploaded and not attached to the Prescription Details Screen.
 - ✓ The Eligible Orders on the **Image** Details Screen was not selected.
 - ✓ The correct school year was not selected so the correct ESID # is not associated with the prescription.
 - ✓ The prescription was invalidated because one of the eight mandated criteria did not meet Medicaid requirements. As a result, billing cannot move forward.
 - ✓ All the items noted above will result in the following error message,
“Details of Prescription/order not entered for enrollment.”

TROUBLESHOOTING

Entering Prescription Details

Image is not attached to the Rx Details.

If the Image is attached it reads, "View Image."

Managing Order Entry For:
Image:View Image

Did you select the enrollment(s)?

Did you click PREVIEW?

Did you Click SAVE & DONE?

Manage Prescription Entry

Managing Order Entry For:
Image:Attach To Image

Order Type: Speech Therapy Provider: ACHIEVEMENTS

Ordering Provider NPI: Date Signed:

Prescription effective date range

☒ Applies to entire school year
☐ Applies to specific school year / session
☐ Applies to specific date range

2019 - 2020

Reason for Services

ICD
Search by code or description...

Reason

Frequency

☒ Per IEP ☐ Specific X WEEKLY

	ESID	From	To	Frequency	Service Type	I/G
<input type="checkbox"/>	CBRS1920W0020774	9/4/2019	6/26/2020	1x30	Speech Therapy	i
<input type="checkbox"/>	CBRS1920W0020775	9/4/2019	6/26/2020	1x30	Speech Therapy Group	g

Preview

Cancel

Did you select the correct school year?

Manage Prescription Preview

Preview

Child:

Service: Speech Therapy

Dates Covered: 7/1/2020 - 6/30/2021

Frequency: Per IEP

Reason:

ICD Code(s)	ICD Code	Description
	F84.0	Autistic disorder

Ordered By

Name:

NPI: 1992821

Date Signed: 8/6/20

Save & Done Cancel

TROUBLESHOOTING

Entering Image Details

Is the Image attached?

“View Order File” indicates that the image is attached.

Manage Prescription File

Managing Order File For

Image: [View Order File](#)

Provider: ACHIEVEMENTS

School Year: 2019 - 2020

Description

Ordering Provider Information (optional)

Ordering Provider NPI: 1023253093

MRS. LORI STAFFA, M.S.ED, CCC-SLP

Date Signed: 7/1/2019

	From	To	Frequency	Service Type	Signed By	Date Signed
<input checked="" type="checkbox"/>	7/1/2019	6/30/2020	PER IEP	Physical Therapy	INES MUIA-CHISENA	7/1/2019
<input type="checkbox"/>	7/1/2019	6/30/2020	PER IEP	Occupational Therapy	CAROLYN LEMONS	7/1/2019

Save

Cancel

Did you select the eligible order(s)?

Did you click SAVE?

Questions?

We will answer any questions.

VERIFYING A PRESCRIPTION

What do we look at when verifying a Prescription?

We will only be touching on this topic today.

On 9/30/21 we will have a webinar on Medicaid-Compliant Written orders. This explains all the required components of a written order as well as the “valid” versus “invalid” way for those components to be expressed on a Medicaid prescription.

PRESCRIPTION VERIFICATION (Continued)

- ☐ The agency or therapist will be responsible for obtaining and uploading the prescription/speech recommendation.
- ☐ **Medicaid Q&A #114** - Review for completeness prior to uploading....
- ☐ It is important to note that the therapist/agency **must have a copy of the prescription “in hand”** before providing the service. The district will not be uploading the prescription.

PRESCRIPTION VERIFICATION (Continued)

❑ What is McGuinness looking for when they verify a prescription?

The Medicaid Provider Policy & Billing Handbook (page 21) lists (8) eight elements that are required on a Medicaid prescription.

1. The complete **name** of the child
2. The **complete date** the order was written and signed (MM/DD/YY)
3. The **service(s)** being ordered (OT/PT/ST)
Frequency/duration of the ordered service must be either specified on the order itself (2x30 I)
**** OR ****
The order can explicitly adopt the frequency/duration of the service by IEP reference (As per IEP)
4. Ordering **provider's contact information** (Street, City, State, Zip, Phone – Including Area Code.)
5. **Signature** of the ordering practitioner (Stamps are not permitted; including computer-generated signatures)
6. The **time period** for which the services are being ordered (Specific Dates 7/1/yy-6/30/yy -or- School Year 2020-2021)
7. The ordering practitioners **NPI and/or license number**
8. Patient **diagnosis** and/or reason/need for ordered service(s) (ICD Code)

Customizable Medicaid-Compliant Prescription Template

Available through the CPSE Portal Knowledge Base

Link to Knowledge Base Customizable Medicaid-Compliant Prescription Template:
<http://support.cpseportal.com/kb/a172/medicaid-compliant-prescription-template.aspx>

Rockland County is expecting providers to use this template beginning **January 1, 2022** for all services except Speech.

Rockland County is expecting SLPs to use the Digital Speech Recommendation feature in the Portal for new children or changes in service beginning **October 1, 2021**.

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.)

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 John Smith DOB 1/2/15

District Optional County Optional

Agency Optional
(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 <u>July 1, 2019</u> to <u>June 30, 2020</u> (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		F80.2	Mixed receptive-expressive language disorder.
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 services 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 – Stamps Not Permitted (REQUIRED) (Required)

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

Address & Phone (Required) - (Stamp Accepted)

REQUIRED: COMPLETE ADDRESS & PHONE #

ABC Agency
123 Main St.
New York City, NY 12345
(000) 123-4567

(Required) License # 123456 (REQUIRED)

(Required) NPI # 1234567890 (REQUIRED)

Medicaid # _____

Fax # _____

(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 for speech therapy services, a speech-language pathologist who has seen the child.)

Questions?

We will answer any questions.

Next Webinar – Save the Date

- ❑ Our next webinar training will focus on **Credential Verification** through the Portal.
- ❑ This process must be completed before you can bill through the Portal.
- ❑ This presentation is scheduled for:
Tuesday, September 23rd at **10:00 a.m. & 2:00 p.m.** (Two presentations)
- ❑ **Save the date!**

McGuinness Medicaid-in-Education Contact Information

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Kelly Knowles, McGuinness Medicaid Team – kknowles@jmcguinness.com – Extension #28

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>
 - Email: support@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>