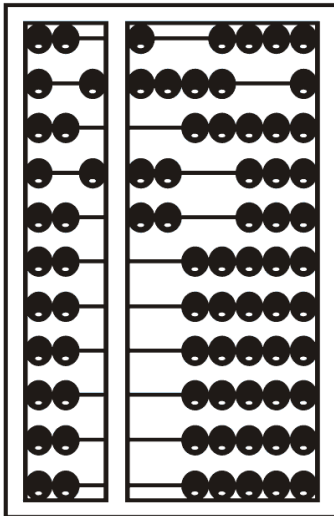


JAMES MCGUINNESS
& ASSOCIATES INC.
Consultants



UPLOADING MEDICAID DOCUMENTS

(May 2024)

INTRODUCTIONS

□ ***Deborah Frank, McGuinness Medicaid Specialist***

- Kelly Knowles, Medicaid/CPSE Portal/eSTACs
- Danielle Croskey, Medicaid Team
- Ellen Farney, Medicaid Team

TOPICS COVERED

How to Upload a Parental Consent

How to Upload an IEP

How to Upload a Prescription

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

1) Upload Image

2) Image Details Screen

Interactive Entry

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

Manual Selection

- Practitioner's Address, Phone, Signature

3) Order Details Screen

- Service, Frequency/Duration, ICD Code

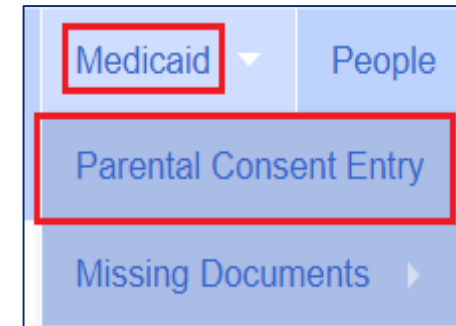
4) Attach Enrollments to Details

Unmatched Enrollments

HOW TO UPLOAD A PARENTAL CONSENT

Before a Parental Consent can be uploaded, it must be scanned to your computer (desktop).

Go to Medicaid>PARENTAL CONSENT ENTRY



- Type in the Last Name>Search>Select

A screenshot of a search interface. At the top, there is a search bar labeled 'Name (Last,First)' with the text 'Type Last Name' inside. To the right of the search bar is a 'Search' button, also highlighted with a red box. Below the search bar is a table with the following columns: Child Number, Last Name, First Name, DOB, CIN, District, and County. The first row of the table has the following values: 'Select' (highlighted with a red box), 'C66000092', an empty cell, an empty cell, '9/22/2014', an empty cell, and an empty cell. A red arrow points from the 'Search' button to the 'Select' button in the table.

	Child Number	Last Name	First Name	DOB	CIN	District	County
Select	C66000092			9/22/2014			

HOW TO UPLOAD A PARENTAL CONSENT

After you click **Select**, the following screen appears.

- Click Upload Consent



ABRI County: **DUTCHESS** District: **Dover** DOB: **9/30/2003** [Redo Search](#)

[Upload Consent](#)

[Parent Refused To Consent](#)

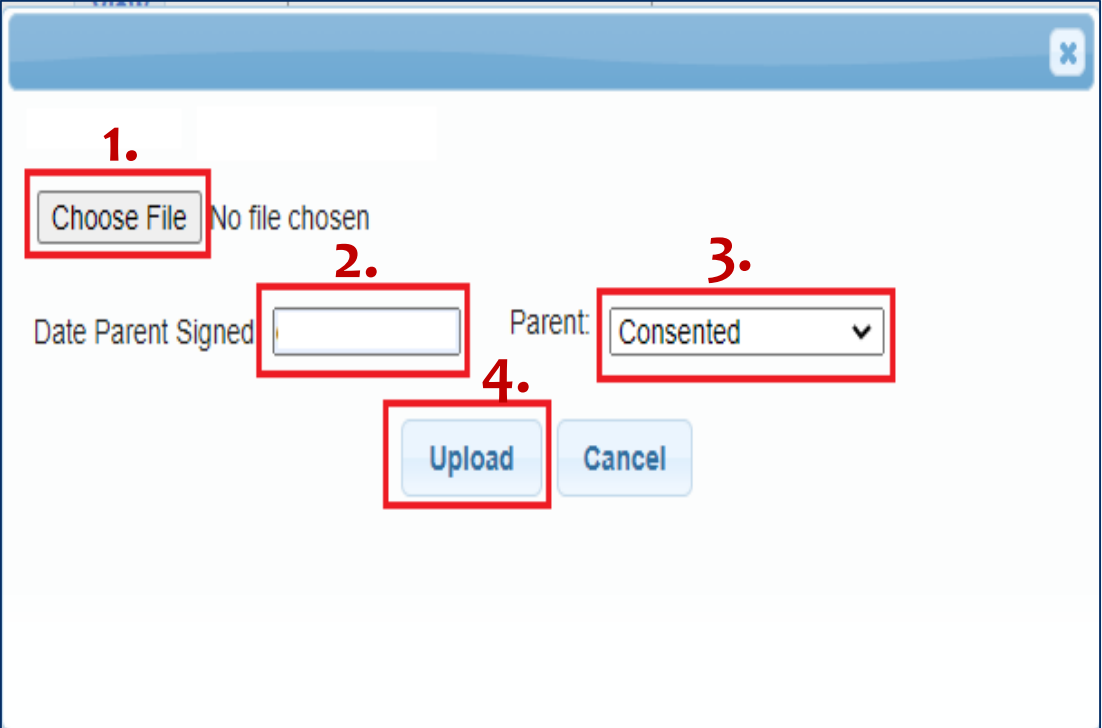
[Record Inability to Obtain Consent](#)

No parental consents found.

HOW TO UPLOAD A PARENTAL CONSENT

After you click *Upload Consent*, the following screen appears.

- 1) Click **Choose File**
- 2) Fill in the **date** the Parent **signed**
- 3) Select **Consented** from the drop-down
(If the parent refused to give consent, you will select “Refused to Consent” in the drop-down.)
- 4) Click **Upload**
Parental Consent is now uploaded!



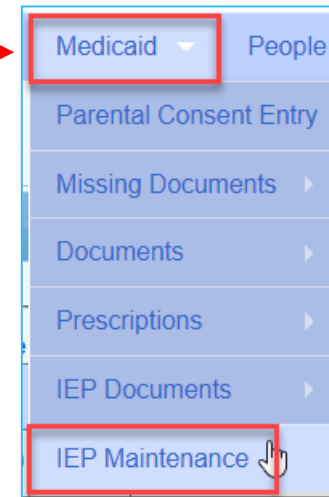
The screenshot shows a web form for uploading parental consent. It features a file selection area with a 'Choose File' button (labeled 1.) and the text 'No file chosen'. Below this is a 'Date Parent Signed' input field (labeled 2.) and a 'Parent:' dropdown menu (labeled 3.) with 'Consented' selected. At the bottom are 'Upload' (labeled 4.) and 'Cancel' buttons.

LIVE DEMONSTRATION

HOW TO UPLOAD AN IEP

Before an IEP can be uploaded, it must be scanned to your computer (desktop).

Go to Medicaid>IEP Maintenance



1. Type in the Name of the Child>SEARCH>Click SELECT

A screenshot of a web application interface. At the top left, the text 'IEP Maintenance' is enclosed in a red box. Below it is a search form with a text input field containing '1. Type in Last Name' in red text. To the right of the input field is a 'Search' button, also highlighted with a red box. Further right is a link '[Show Advanced Search options]'. Below the search form is a table with columns: 'Child Number', 'Last Name', 'First Name', 'DOB', 'CIN', 'District', and 'County'. The first row of the table has a 'Select' button in the first column, highlighted with a red box, followed by the value 'C6600009' in the 'Child Number' column, and '9/22/2014' in the 'DOB' column.

HOW TO UPLOAD AN IEP (Continued)

2. Select the School Year

3. Enter Effective Date

(Start Date of Service)

IEP INFORMATION	
Projected IEP Start Date:	07/06/2020
Projected IEP End Date:	06/25/2021
Projected Date of Annual Review:	06/25/2021
Projected Date for Reevaluation:	01/07/2022
Extended School Year:	Yes

4. Choose File

(Browse to where the Rx is saved on your computer)

5. Click Upload IEP

IEP Maintenance

County: District: DOB: [Redo Search](#)

IEPs on File To upload a new IEP, please first select a school year

School Year 2.

File: No file chosen Effective Date:

LIVE DEMONSTRATION

QUESTIONS?

Are there any questions on uploading Consents or IEPs?

UPLOADING PRESCRIPTIONS

MEDICAID COMPLIANCE FOR PRESCRIPTIONS

- ❑ Most contracts between counties and providers stipulates that the provider will comply with Medicaid regulations.
- ❑ Since the written order is one of the key documents that will allow the Medicaid claiming process to move forward, we recently made design changes to the prescription upload process that should ensure a higher percentage of Medicaid compliant prescriptions.
- ❑ There are eight (8) required elements of a Medicaid prescription.
- ❑ The new prescription screen mirrors the list of the eight required prescription elements in the Medicaid Handbook (Page 21).

WHAT ARE THE EIGHT REQUIRED ELEMENTS OF A MEDICAID PRESCRIPTION?

Per the **Medicaid Provider Policy and Billing Handbook** (Update 9) Page 21, www.oms.nysed.gov/Medicaid, there are eight (8) required elements on a written order. The new screen correlates with this list.

1. **Child's Name**
2. **Term of Service/Period of Service**
3. **Ordering Practitioner's Information**
 - **Name**
 - **Address/Phone**
 - **NPI #**
4. **Date** the order was written and signed
5. **Signature** of the ordering practitioner

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

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

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

PRESCRIPTION MENUS

(Caseload Maintenance & Medicaid Menus)

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

PRESCRIPTION MENUS

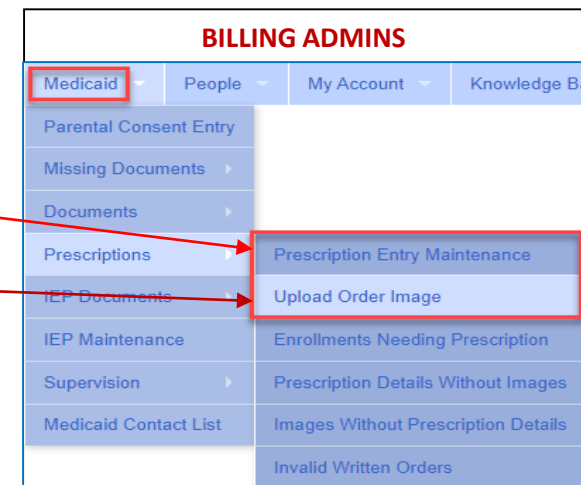
(Therapists & Billing Admins)

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

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

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

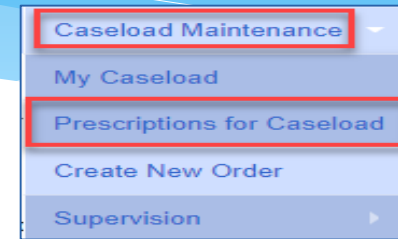
2. **Medicaid** >
1) Prescriptions > Prescription Entry Maintenance &
2) Prescriptions > Upload Order Image
(for Billing Admins)



PRESCRIPTION MENU (Therapists)

❑ For Therapists:

Caseload Maintenance > Prescriptions for Caseload



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

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

Prescriptions / Written Orders for Caseload

Filter By _____

Provider:

Session: 2022 - 2023 Winter

Search

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

Upload Document _____

Choose File No file chosen

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

Upload Image

PRESCRIPTION MENU (Billing Admins – Option 1)

For Billing Admins – Option 1

Medicaid > Prescriptions > Prescription Entry Maintenance



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

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

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

	Child Number	Last Name	First Name	DOB	CIN	District	County	MatchStatus	
<input type="button" value="Select"/>	C28000166857			1/3/2016	FU92125M	LEVITTOWN UFSD	NASSAU	County Record	Details

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

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

Prescription Entries

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

Upload Document

No file chosen

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

Or...

PRESCRIPTION MENU

(Billing Admins – Option 2)

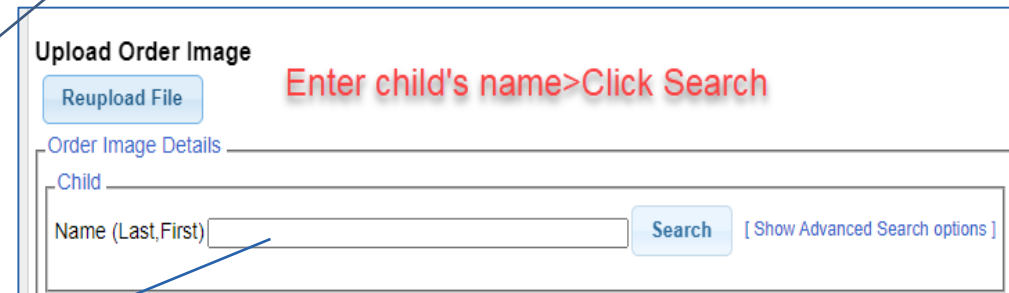
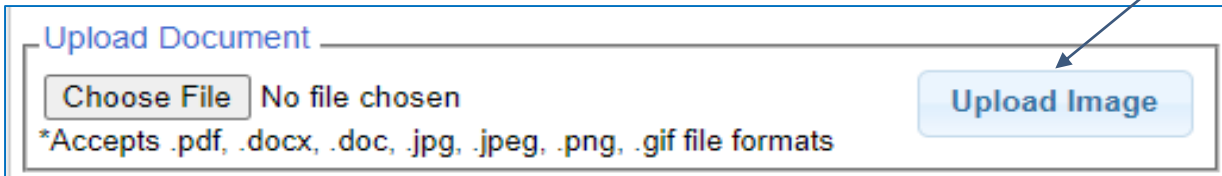
❑ For Billing Admins – Option 2

Medicaid > Prescriptions > Upload Order Image

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

To start the process you will upload the prescription image.

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



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

QUESTIONS

Are there any questions about the different menu options?

PRESCRIPTION UPLOAD SCREEN

(Upload Order Image Screen – Scanned Prescription)

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

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

Upload Order Image

PRESCRIPTION ENTRY SCREEN

Reupload File

Order Image Details

Child
JONES, JANE County: **NASSAU** District: **LEVITTOWN UFSD** DOB: **1/3/2016** Redo Search

Period of Service

Applies to entire school year

Applies to specific school year / session

Applies to specific date range

Required Field Checklist

Child Name **JANE JONES**

Time Period of Service

Ordering Practitioner's Name

Ordering Practitioner NPI/ License

Ordering Practitioner's Address

Ordering Practitioner's Phone Number

Signature Date

Signature

OrderImageHandler... 1 / 1 | 80% +

SCANNED PRESCRIPTION

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

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

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

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

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

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

HOW TO UPLOAD A PAPER PRESCRIPTION (Four-Step Process)

1) **Upload** the Order Image

Upload Document

Choose File No file chosen Upload Image

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

2) Enter the **Image Details Screen** – **Required Field Checklist** – **Five Items are Interactive / Three Items are Selected**

Required Field Checklist

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

Save Order Image

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

Order Details

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

4) **Attach the enrollment(s)** to the prescription.

Apply To Enrollments

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

Attach

Finish and Go To Child Details

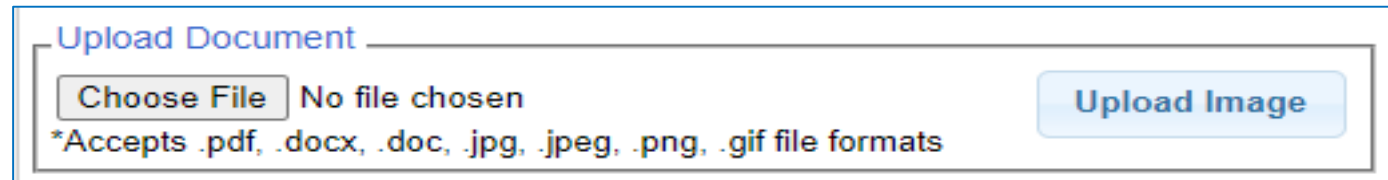
STEP 1 – UPLOADING THE ORDER IMAGE

(For Therapists & Billing Admins)

At this point in the process...

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

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



Upload Document

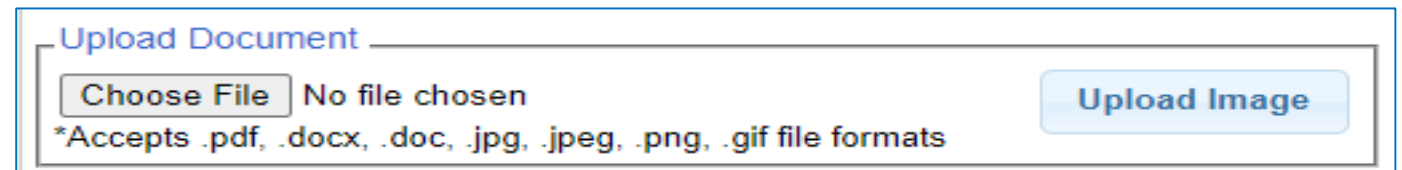
Choose File No file chosen

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

Upload Image

- ❑ **Billing Admins** have **entered the child's name** into the name box and clicked **Search** (Prescription Entry Maintenance).
 - After the child was searched, the **Select** link was clicked.
 - The **Upload Order** button was clicked and are ready to upload the prescription image (Step 1).

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



Upload Document

Choose File No file chosen

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

Upload Image

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

Step 2 – IMAGE DETAILS SCREEN

(Two Parts: Interactive Entry & Manual Selection)

Interactive Entry – (Order Image Screen – Step 2)

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

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

Manual Selection – (Order Image Screen)

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

Preview of New Image Details Screen

Order Image Details

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

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

Ordering Provider Details

Ordering Practitioner Details

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

Date Signed: 09/22/2022 Redo NPI Search

Required Field Checklist

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

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

STEP 2 – IMAGE DETAILS SCREEN

(Required Field Checklist – Part 2 of Step 2 – Manual Selection)

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

The screenshot shows a web interface for uploading an order image. The title is "Upload Order Image for Hansen, Mark". Below the title is a "Hide File Details" button. The "Order Image Details" section includes a "Child" field with the name "Hansen, Mark", County: "ERIE", District: "Buffalo", and DOB: "4/3/2019". There is a "Redo Search" button. The "Period of Service" section has three radio button options: "Applies to entire school year" (selected), "Applies to specific school year / session", and "Applies to specific date range". The "Required Field Checklist" section has a checked box for "Child Name" and a list of other fields: "Time Period of Service", "Ordering Practitioner's Name", "Ordering Practitioner NPI/ License", "Ordering Practitioner's Address", "Ordering Practitioner's Phone Number", "Signature Date", and "Signature". A red box highlights the "Child Name" checkbox, and a red arrow points from it to the text "Mark Hansen" in the "Child Name" field. Another red arrow points from the text "Mark Hansen" to the "Child Name" checkbox. A text box on the right says: "The name begins the running list. The child's name is already checked."

STEP 2 - IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Child's Name – Fills in Automatically to Start the Process)

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

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

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

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

Upload Order Image for **Mark Hansen** 1)

Reupload File

Order Image Details

Child
Hansen, Mark 2) County: ERIE District: Buffalo DOB: 4/3/2019 Redo Search

Period of Service

Applies to entire school year 2023 - 2024

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: Ends With: State: Search

Last Name: Begins With: Ends With: Clear

First Name: Begins With: Ends With: Clear

Date Signed: Redo NPI Search

Required Field Checklist

Child Name → 3) Mark Hansen

Time Period of Service

Ordering Practitioner's Name

Ordering Practitioner NPI/ License

Ordering Practitioner's Address

Ordering Practitioner's Phone Number

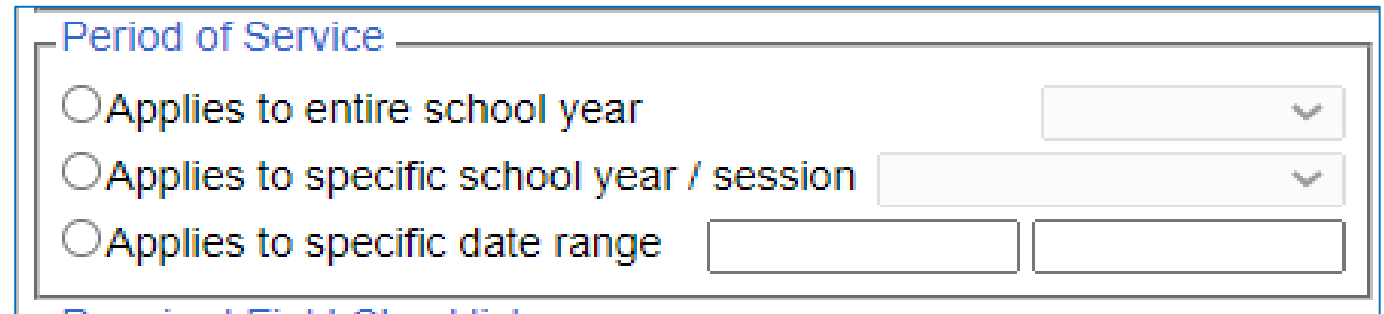
Signature Date

Signature

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

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

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



Period of Service

Applies to entire school year

Applies to specific school year / session

Applies to specific date range

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

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

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

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

Period of Service

Applies to entire school year 2022 - 2023 ▼

Applies to specific school year / session

Applies to specific date range

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

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

(Please type in the last two digits of the school year. Format: 3333.)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

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

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

Period of Service

Applies to entire school year

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

Applies to specific date range

Period of Service

Applies to entire school year

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

Applies to specific date range

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

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

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

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

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

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

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

Period of Service

Applies to entire school year

Applies to specific school year / session 2022 - 2023 Winter

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

Period of Service

Applies to entire school year

Applies to specific school year / session 2022 - 2023 Winter

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

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

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

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

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

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

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

Upload Order Image for [Redacted]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year [2021 - 2022] Applies to specific school year / session [] Applies to specific date range [] []

Required Field Checklist

Child Name [Redacted]
 Time Period of Service
 Ordering Practitioner's Name
 Ordering Practitioner NPI/ License

Upload Order Image for [Redacted]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year [2021 - 2022] Applies to specific school year / session [] Applies to specific date range [] []

Ordering Provider Details

Search Criteria

NPI: Begins With: [] Ends With: [] State: [] Search
Last Name: Begins With: [] Ends With: [] Clear
First Name: Begins With: [] Ends With: []

Date Signed: [] Redo NPI Search

Required Field Checklist

Child Name [Redacted]
 Time Period of Service [7/1/2021 to 6/30/2022 (202122)]

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

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

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

Upload Order Image for [Redacted]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: Ends With: State: Search

Last Name: Begins With: Ends With: Clear

First Name: Begins With: Ends With:

Date Signed: Redo NPI Search

Required Field Checklist

Child Name

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

Ordering Practitioner's Name

Ordering Practitioner NPI/ License

Ordering Practitioner's Address

Ordering Practitioner's Phone Number

Signature Date

Signature

Upload Order Image for [Redacted]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Search Criteria

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

Last Name: Begins With: Ends With: Clear

First Name: Begins With: Ends With:

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

Date Signed: Redo NPI Search

SEARCHING FOR AN NPI

- 1) When entering the NPI Number, enter the **entire NPI #** into the **NPI designation box**. Don't split up the NPI number into the *Begins With* and *Ends With* boxes.
- 2) If you enter an NPI # and the practitioner's NPI does not come up, **enter NY in the State box**.
- 3) If you still don't see a response, try searching with the **Last/First Name** (after clearing out the previous information).

The screenshot shows a web application interface for searching NPI numbers. The interface is divided into several sections:

- Order Image Details**: A section with a blue header.
- Child**: A section containing the name "Douglas, Adam", County: "ERIE", District: "Buffalo", and DOB: "1/2/2019". A "Redo Search" button is located to the right.
- Period of Service**: A section with three radio button options: "Applies to entire school year" (selected), "Applies to specific school year / session", and "Applies to specific date range". A dropdown menu shows "2023 - 2024".
- Ordering Provider Details**: A section with a blue header.
- Search Criteria**: A section with three rows of search criteria: "NPI:", "Last Name:", and "First Name:". Each row has "Begins With:" and "Ends With:" input boxes. A "State:" dropdown menu is set to "NY". A "Search" button is to the right of the "NPI" row, and a "Clear" button is to the right of the "Last Name" row.
- Date Signed**: A section with an input box and a "Redo NPI Search" button.

Red boxes and arrows highlight the "NPI" search criteria fields and the "State" dropdown menu.

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

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

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

Upload Order Image for [REDACTED]

Reupload File

Order Image Details

Child

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Search Criteria

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

Last Name: Begins With: Ends With:

First Name: Begins With: Ends With: Clear

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

Date Signed: Redo NPI Search

Upload Order Image for [REDACTED]

Reupload File

Order Image Details

Child

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

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

Date Signed: Redo NPI Search

Required Field Checklist

Four checkboxes are now checked.

Child Name

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

Ordering Practitioner's Name CAROLYN LEMONS

Ordering Practitioner NPI/ License 1912322454

Ordering Practitioner's Address

Ordering Practitioner's Phone Number

Signature Date

Signature

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

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

The screenshot displays the 'Upload Order Image' form. At the top, there is a 'Reupload File' button. Below it, the 'Order Image Details' section includes a 'Child' field with a 'Redo Search' button, and fields for 'County: WESTCHESTER', 'District: NEW ROCHELLE', and 'DOB: 9/8/2018'. The 'Period of Service' section has three radio button options: 'Applies to entire school year' (selected), 'Applies to specific school year / session', and 'Applies to specific date range'. The 'Ordering Provider Details' section includes 'Ordering Practitioner Details' with fields for NPI, Name, and Address, and a 'Date Signed' field containing '9/1/22'. A 'Redo NPI Search' button is also present. The 'Required Field Checklist' section at the bottom lists several fields with checkboxes. Five checkboxes are checked: 'Child Name', 'Time Period of Service', 'Ordering Practitioner's Name', 'Ordering Practitioner NPI/ License', and 'Signature Date'. A red arrow points to these five checked boxes with the text 'Five check boxes are now checked.' The 'Signature Date' field is highlighted with a red box, and a purple arrow points from the text 'Signature date fills in here.' to this field.

Upload Order Image for [REDACTED]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: 1912322454

Name: CAROLYN LEMONS

Address: 522 GLENWOOD AVE
NEW BOSTON, OH 456625505

Date Signed: 9/1/22 Redo NPI Search

Required Field Checklist

Child Name

Time Period of Service

Ordering Practitioner's Name

Ordering Practitioner NPI/ License

Ordering Practitioner's Address

Ordering Practitioner's Phone Number

Signature Date

Signature

Five check boxes are now checked.

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

CAROLYN LEMONS

1912322454

Signature date fills in here.

9/1/22

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

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

These fields will require the person uploading the prescription to view the scanned prescription for the *Ordering Practitioner's address, phone number and signature.*
- ❑ If the Ordering Practitioner's contact information and signature is listed on the prescription, you will check these (3) boxes.
- ❑ If these items are not listed on the prescription, you will not be able to proceed any further and you should secure a replacement prescription.

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

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

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

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

Upload Order Image for CHRISTIAN, SKYLAR

[Reupload File](#)

Order Image Details

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

Period of Service

Applies to entire school year **2021 - 2022** Applies to specific school year / session Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

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

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

Required Field Checklist

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

Check boxes if information is on Rx.

[Save Order Image](#)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Saving The Required Field Checklist)

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

Required Field Checklist

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

Last item unchecked →

No Save Button ↓

- ❑ Screenshot #2 shows all the boxes checked, which will now allow you to **SAVE**.

- ❑ All eight items must be checked and/or entered or you will not have the option to **SAVE**.

Required Field Checklist

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

Save Order Image

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Saving the Required Field Checklist – Image Details – Save Order Image)

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

Upload Order Image

Order File saved successfully. Please enter details.

Required Field Checklist

- Child Name SKY
- Time Period of Service 7/1/2021 to 6/30/2022 (202122)
- Ordering Practitioner's Name CAROLYN LEMONS
- Ordering Practitioner NPI/ License 1912322454
- Ordering Practitioner's Address
- Ordering Practitioner's Phone Number
- Signature Date 9/1/22
- Signature

Check boxes if information is on Rx.

Save Order Image

Child Details (Hansen, Mark)
 Child Number: C14000243368 CIN: STAC ID:
 DOB: 4/3/2019 Gender: M
 Address: County: ERIE District: Buffalo Matched?: N
 , NY

Enrollments Written Orders IEPs Consents Documents CINS

New Upload Order Screen

Prescription Images

Description	SchoolYear	Signed By	Date Signed	Date Uploaded	Invalid Reason	Invalidated	Invalidated By
Order File created from CPSE Portal	202324	CAROLYN LEMONS	9/1/2023	1/31/2024			manage
	202324	KIMBERLY SISTI	9/25/2023	9/25/2023			manage

Prescription Entries

From	To	Service	Frequency	Signed By	Date Signed	
7/1/2023	6/30/2024	Occupational Therapy	PER IEP	CAROLYN LEMONS	9/1/2023	manage
7/1/2023	6/30/2024	Speech Therapy	PER IEP	KIMBERLY SISTI	9/25/2023	manage

At this point, you can go to the **Written Orders Tab** on the **Child Lookup Menu** and see the saved Image entries in the **Prescription Images Table** – click the **Manage Link**.

QUESTIONS

About the Order Image Screen

STEP 3 – ENTERING THE ORDER DETAILS

❑ The following items were not addressed in part two of the upload process (*Step 2 – Image Details*) and will need to be entered on this screen (*Step 3 – Order Details*) to complete the process.

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

Order Details

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

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

Order Details

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

- Click the **Add Detail** link. (The link changes from **Add Detail** to **Edit/Delet**
- * The **Start** and **End** Dates auto-fill with the period of service dates that were entered on the Image Detail Screen.

ENTERING THE ORDER DETAILS

Entering Multiple Services

- ❑ If you receive a Multi-Discipline prescription, you can enter all of the services at once. Do not create a new prescription upload for each service separately.
- ❑ After you click “Add Detail” at the end of the row, a new line populates so any additional therapies can be added.

Order Details

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

Upload Order Image for Hansen, Mark

Show File Details

After you click "Add Detail" a new line populates for additional therapies.

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	Unit	I/G	Per IEP	
Select	Occupational Therapy	R62.50	7/1/2023	6/30/2024					<input checked="" type="checkbox"/>	Edit Delete
			7/1/2023	6/30/2024			Weekly		<input type="checkbox"/>	Add Detail

ENTERING THE ORDER DETAILS

Entering Multiple ICD Codes

- ❑ If you receive a prescription with multiple ICD codes, enter all of the codes. In addition, enter the principal diagnosis code first.
- ❑ Enter the first ICD Code, add a comma and then enter the additional ICD code(s) using a comma to separate codes.

Order Details

Select	Service Type	ICD	Start Date	End Date	Frequency	Duration	Unit	I/G	Per IEP
	Occupational Therapy	R62.50, F84.0	7/1/2023	6/30/2024			Weekly		<input checked="" type="checkbox"/>
			7/1/2023	6/30/2024			Weekly		<input type="checkbox"/>

PRESCRIPTION FOR PRESCHOOL BASED RELATED SERVICES

Student's Name: _____ DOB: 10/08/2020
 Agency/School: _____ District: _____
(Agency, Center Based School or Individual Provider)

Period Of Service
 School year 07/01/2023-06/30/2024 *

The child named above is recommended for the following service(s). Services when provided will be in accordance with the Individualized Education Program designed by the Committee.

Note: Please provide an ICD-10 code for each service selected

Commonly used ICD-10 codes for reference	Service/Therapy (Please check any that apply) Require: ICD-10 Code for each service.
OT: F82, R62.50, F84.0	<input checked="" type="checkbox"/> OT ICD-10 Code <u>F84.0, R62.50</u>
PT: F82, R62.50, F84.0	<input checked="" type="checkbox"/> PT ICD-10 Code <u>F84.0, R62.50</u>
Speech: F80.9, F80.2, F84.0	<input type="checkbox"/> Speech ICD-10 Code _____

SHOW FILE DETAILS BUTTON

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

Upload Order Image

Order File saved successfully. Please enter details.

Show File Details

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	Add Detail
		7/1/2021	6/30/2022					

Upload Order Image

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

Order Image Details

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

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

Ordering Provider Details
Ordering Practitioner Details
NPI: 1912322454
Name: CAROLYN LEMONS
Address: 522 GLENWOOD AVE
NEW BOSTON, OH 456625505
Date Signed: 09/22/2022 **Redo NPI Search**

Required Field Checklist

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

Save Order Image

STEP 4 – ATTACHING THE ENROLLMENT – FINAL STEP

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

Upload Order Image

Show File Details Reupload File

Order Details

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

- ❑ Click the **“Attach”** link to link the enrollment to the prescription.

Upload Order Image

Show File Details Reupload File

Order Details

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

Apply To Enrollments

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

Finish and Go To Child Details

STEP 4 – ATTACHING THE ENROLLMENT – FINAL STEP

- ❑ After you click the **Attach** link, the link changes to show “Detach.” The prescription is now uploaded and is attached to the child’s enrollment(s).
- ❑ The status of the prescription will show as “*missing*” until the enrollment(s) are attached. (You will not be able to submit billing if the prescription is not attached to the enrollment.)

Upload Order Image

[Show File Details](#) [Reupload File](#)

Order Details

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

Apply To Enrollments

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

[Finish and Go To Child Details](#)

FINISH AND GO TO CHILD DETAILS

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

Apply To Enrollments

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

Finish and Go To Child Details 

REVIEWING THE PRESCRIPTION DETAILS

(Written Orders Tab)

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

❑ Click on the **Written Orders** Tab to view Prescriptions.

❑ You can see that a prescription was entered and includes the following information:

- The school year for the prescription
- Who signed the prescription
- The signature date of the prescription
- The date the prescription was uploaded

Enrollments **Written Orders** IEPs Consents Documents CINs

Upload Prescription Image

Prescription Images

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

Prescription Entries

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

FINISHING AN INCOMPLETE PRESCRIPTION

(Written Orders Tab)

Upload Prescription Image

Click the "Manage" Link.

1.

Prescription Images

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

Upload Order Image for Jones, Jane

Show File Details

2.

Order Details

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

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

OrderImageHandler... 1 / 1 | 75% +

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

3.

Click the "Select" Link to attach the enrollments.

Order Details

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

FINISHING AN INCOMPLETE PRESCRIPTION (Written Orders Tab)

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

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

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

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

Enrollments Written Orders IEPs Consents Documents CINs

Upload Prescription Image Images are saved.
Rx not complete.

Prescription Images

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

Prescription Entries

No prescription entries found for child Order Details are missing.

LIVE DEMONSTRATION

QUESTIONS

About Entering the Order Details Attaching the Enrollment

PRESCRIPTION TROUBLESHOOTING

PRESCRIPTION TROUBLESHOOTING

❑ NPI ENTRY

- Enter the entire NPI # into the first box next to the NPI field. If you split up the NPI # in each of these boxes, you will not receive a result.
- After you enter the NPI # and click Search, you will need to “**Select**” the NPI search item.

Upload Order Image

Reupload File

Order Image Details

Child
Hansen, Mark County: ERIE District: Buffalo DOB: 4/3/2019 Redo Search

Period of Service

Applies to entire school year 2022 - 2023
 Applies to specific school year / session
 Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: 1912322454 Ends With: State: Search
Last Name: Begins With: Ends With: Clear
First Name: Begins With: Ends With:

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

Upload Order Image

Reupload File

Order Image Details

Child
Hansen, Mark County: ERIE District: Buffalo DOB: 4/3/2019 Redo Search

Period of Service

Applies to entire school year 2022 - 2023
 Applies to specific school year / session
 Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

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

PRESCRIPTION TROUBLESHOOTING

NO SAVE BUTTON

The Save Button will not populate to the screen until all of the eight boxes have been entered/selected. If any of these items cannot be entered or selected that means a replacement prescription should be requested (which will have a subsequent signature date).

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

No Save Button

Last item unchecked →

PRESCRIPTION TROUBLESHOOTING

❑ THE SIGNATURE DATE HAS NOT BEEN ENTERED.

- Since the Signature Date is entered last just before the Manual Selection, it often gets skipped in the entry process.
- If the Signature Date is not entered, the SAVE button will not populate.

Upload Order Image

[Reupload File](#)

Order Image Details

Child
Hansen, Mark County: ERIE District: Buffalo DOB: 4/3/2019 [Redo Search](#)

Period of Service

Applies to entire school year 2022 - 2023 ▼
 Applies to specific school year / session ▼
 Applies to specific date range [] []

Ordering Provider Details

Ordering Practitioner Details

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

Date Signed: [] [Redo NPI Search](#)

Required Field Checklist

<input checked="" type="checkbox"/>	Child Name	Mark Hansen
<input checked="" type="checkbox"/>	Time Period of Service	7/1/2022 to 6/30/2023 (202223)
<input checked="" type="checkbox"/>	Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/>	Ordering Practitioner NPI/ License	1912322454
<input type="checkbox"/>	Ordering Practitioner's Address	
<input type="checkbox"/>	Ordering Practitioner's Phone Number	
<input type="checkbox"/>	Signature Date	
<input type="checkbox"/>	Signature	Not entered/checked.

PRESCRIPTION TROUBLESHOOTING

❑ ONE (OR MORE) OF THE ITEMS THAT REQUIRE MANUAL SELECTION HAVE NOT BEEN SELECTED.

- The person uploading the prescription must visually inspect the scanned prescription to ensure that the ordering practitioner's **Address**, **Phone Number** and **Signature** are delineated on the prescription and are legible.
- If all of the Required Fields are not selected, the SAVE button will not populate to the screen.

Upload Order Image

[Reupload File](#)

Order Image Details

Child
Hansen, Mark County: **ERIE** District: **Buffalo** DOB: **4/3/2019** [Redo Search](#)

Period of Service
 Applies to entire school year **2022 - 2023** ▼
 Applies to specific school year / session ▼
 Applies to specific date range

Ordering Provider Details

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

Date Signed: **1/18/2023** [Redo NPI Search](#)

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	Mark Hansen
<input checked="" type="checkbox"/> Time Period of Service	7/1/2022 to 6/30/2023 (202223)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input type="checkbox"/> Ordering Practitioner's Address	
<input type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	1/18/2023
<input type="checkbox"/> Signature	

Highlighted fields have not been selected.

UNMATCHED ENROLLMENTS

How does this work when the county/school district doesn't create an enrollment until after the service starts?

- **Do Not wait** for the “official” enrollment to be entered by the county/school district before uploading a prescription. You will most likely have to begin treating the child prior to the creation of the official enrollment.
- Agencies & Independent Providers have the ability to create “**unmatched**” children and enrollments.
- Unmatched children and enrollments are **placeholders**. They **exist so you can work contemporaneously** while waiting for the official record to be created (*by the county or school district*).
- With an unmatched child and/or enrollment, you can **complete treatment logs, create digital orders, upload prescriptions**, etc.
- When the official record is created, the billing provider (*agency/independent provider*) will need to “**match**” the temporary (*unmatched*) record to the official record. The matching process moves all the written orders, treatment logs, etc., to the “official” record and the temporary (*unmatched*) record is deleted.
- **Independent providers will need to complete both processes** (*creating the unmatched child/enrollment and then matching*).

McGuinness Medicaid-in-Education Contact Information

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Follow-up

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

❑ HELPFUL LINKS

CPSE Portal Knowledge Base Links for Medicaid

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