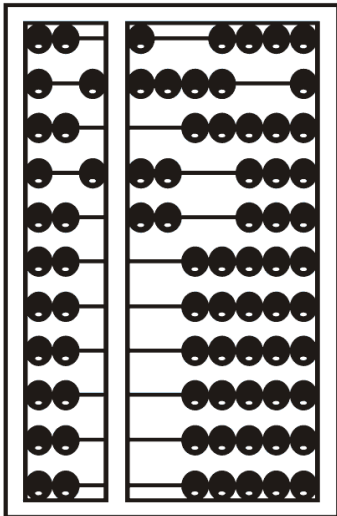


JAMES MCGUINNESS  
& ASSOCIATES INC.  
Consultants



# UPLOADING MEDICAID DOCUMENTATION

*(September 2025)*

# INTRODUCTIONS

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

- Kelly Knowles, McGuinness Medicaid/CPSE Portal/eSTACs
- Ellen Farney, Medicaid Client Relationship Manager
- Darcy McMullen, Medicaid Client Relationship Manager

# TOPICS COVERED

## ☐ **How to Upload a Parental Consent**

## ☐ **How to Upload a Prescription**

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

### **1) Upload Image**

### **2) Image Details Screen**

#### **Interactive Entry**

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

#### **Manual Selection**

- Practitioner's Address, Phone, Signature

### **3) Order Details Screen**

- Service, Frequency/Duration, ICD Code

### **4) Attach Enrollments to Details**

# HOW TO UPLOAD A PARENTAL CONSENT

- ❑ Before a Consent can be uploaded, it must be scanned and saved on your computer.
- ❑ Go to **Medicaid>Parental Consent Entry**
  - Type in the child's Last Name > click **Search** > Click **Select**

Name (Last,First)   [ Show Advanced Se

	Child Number	Last Name	First Name	DOB	CIN	District	County
<input type="button" value="Select"/>	C14000243368	Hansen	Mark	4/3/2019		Buffalo	ERIE

- Medicaid
- Parental Consent Entry**
- Missing Documents
- Documents
- Prescriptions
- IEP Documents
- IEP Maintenance
- Supervision
- Medicaid Contact List

- Click the **Upload Consent Button**

**Hansen, Mark** County: ERIE District: Buffalo DOB: 4/3/2019

Date Signed	Status	View Consent	Delete Consent
7/9/2024	CONSENTED	<input type="button" value="View"/>	
5/1/2024	CONSENTED	<input type="button" value="View"/>	<input type="button" value="Delete"/>
5/1/2024	CONSENTED	<input type="button" value="View"/>	<input type="button" value="Delete"/>

# HOW TO UPLOAD A PARENTAL CONSENT

- ❑ After you click the Upload Consent Button, the following screen populates.
  - 1) Click **Choose File**
  - 2) Enter the **Date** that the parent signed the Parental Consent Form  
(In the Parent drop-down box, if the parent refuses Consent, select Refused to Consent.)
  - 3) If there is a **CIN #** on the form enter it into the **Reported CIN** box
  - 4) Click **Upload**

Hansen, Mark Buffalo

1 Choose File No file chosen

Date Parent Signed: 2

Parent: Consented

3 Reported CIN:

4 Upload Cancel

Refused to Consent  
Consented  
Refused to Consent

If the parent refuses to sign the form, you will select **Refused to Consent** from the drop-down.

Otherwise, it should indicate "Consented."

# DEMONSTRATION

(How to Upload a Parental Consent)

# PRESCRIPTIONS

*(Medicaid Compliance / How to Upload a Prescription)*

# MEDICAID COMPLIANCE FOR PRESCRIPTIONS

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

# WHAT ARE THE EIGHT REQUIRED ELEMENTS OF A MEDICAID PRESCRIPTION?

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

1. **Child's Name**
2. **Term of Service/Period of Service**
3. **Ordering Practitioner's Information**
  - **Name**
  - **Address/Phone**
  - **NPI #**
4. **Date** the order was written and signed
5. **Signature** of the ordering practitioner
6. **Service(s) being ordered** (OT/PT/ST).
7. **Frequency/Duration/Class Designation (I/G)\***
8. **Patient diagnosis** (ICD Code)

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

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

\* **As Per IEP** is no longer an option for the frequency and duration.

# HOW TO UPLOAD A SCANNED HARDCOPY 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**

Three of the eight required Medicaid items will be manually 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

Five of the eight required Medicaid items will be entered.

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	Add Detail
		7/1/2021	6/30/2022				<input type="checkbox"/>	

This option should no longer be used.

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

Apply To Enrollments

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

Finish and Go To Child Details

# PRESCRIPTION MENUS

(Caseload Maintenance & Medicaid Menus)

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

# PRESCRIPTION MENUS (Step 1)

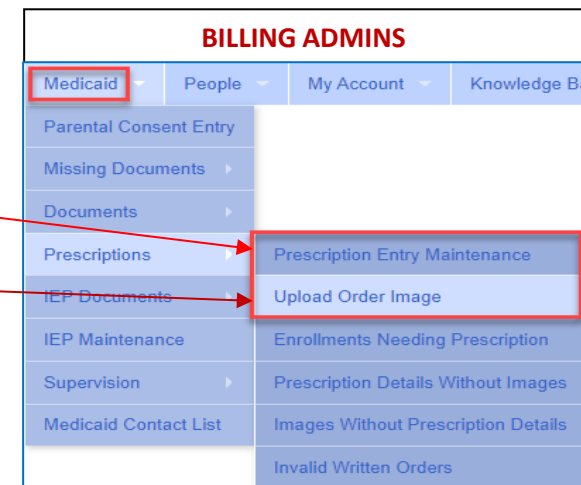
(Therapists & Billing Admins)

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

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

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

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

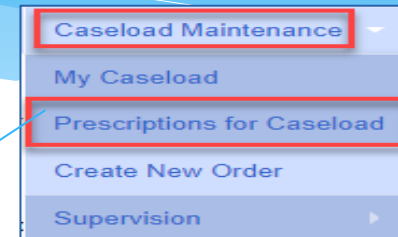


# PRESCRIPTION MENU (Step 1)

## (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:

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 (Step 1)

(Billing Admins – Option 1)

## For Billing Admins – Option 1 (Prescription Entry Maintenance)

**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	<a href="#">Details</a>

- 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	<a href="#">View</a>	<a href="#">Edit Entry</a>
7/1/2020	6/30/2021	Occupational Therapy	PER IEP	FAWZIA KAZMI	1609836501	11/6/2020	F81.9	VERIFIED	<a href="#">View</a>	<a href="#">Edit Entry</a>
7/1/2020	6/30/2021	Speech Therapy	PER IEP	STEPHANIE NEUGEBAUER	1306255229	9/10/2020	F80.9	VERIFIED	<a href="#">View</a>	<a href="#">Edit Entry</a>

Upload Document

No file chosen

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

Or...

# PRESCRIPTION MENU (Step 1)

(Billing Admins – Option 2)

## ❑ For Billing Admins – Option 2 (Upload Order Image)

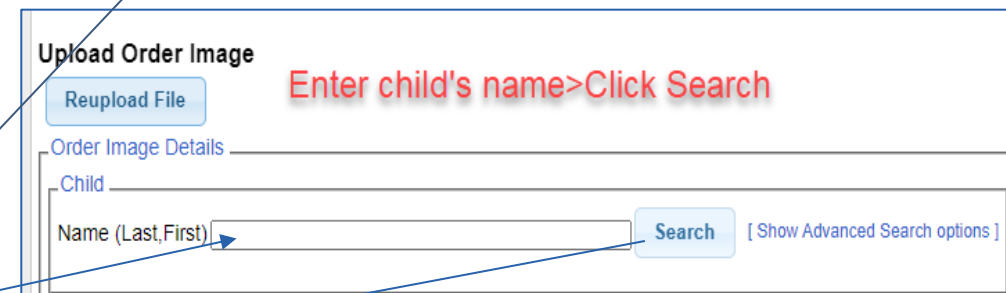
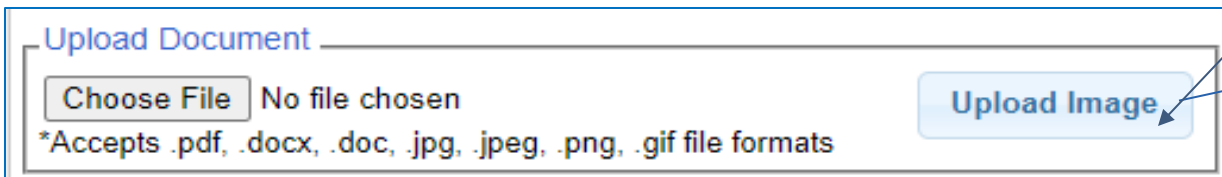
**Medicaid** > Prescriptions > Upload Order Image

As soon as you click on **Upload Order Image**,  
The **Upload Order Image** screen comes up.

To start the process you will upload the  
prescription image.

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

Now you will need to SEARCH for the child & SELECT.



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

# QUESTIONS

About the different **menu options** for uploading paper prescriptions?

# HOW TO UPLOAD A SCANNED HARDCOPY 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**

Three of the eight required Medicaid items will be manually selected.

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

SAP  
7/1/2021 to 6/30/2022 (202122)  
CAROLYN LEMONS  
1912322454  
09/22/2022

Save Order Image

Five of the eight required Medicaid items will be entered.

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	Add Detail
		7/1/2021	6/30/2022				<input type="checkbox"/>	

This option should no longer be used.

4) **Attach the enrollment** 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 checked="" 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 2 - PRESCRIPTION UPLOAD SCREEN

(Upload Order Image Screen – Scanned Prescription)

The screenshot below shows you what you will see on the upload 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

**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)

# Step 2 - IMAGE DETAILS SCREEN

## (Required Field Checklist – Interactive Entry)

- ❑ As you begin the entering process, 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-selected 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**.

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**.

Required  
Field  
Checklist →

Upload Order Image for **1)** [Redacted]

Reupload File

Order Image Details

Child **2)** [Redacted] County: WESTCHESTER District: NEW ROCHELLE DOB: 9/8/2018 Redo Search

Period of Service

Applies to entire school year [Dropdown]

Applies to specific school year / session [Dropdown]

Applies to specific date range [Date Range]

Required Field Checklist

Child Name → **3) SKY** [Redacted]

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 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:**
  3. **Name, Address**
  4. **NPI #**
  5. **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 this screen.*

## **Manual Selection** – (Order Image Screen – Step 2)

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

## Preview of Image Details Screen

The screenshot displays the 'Order Image Details' form. It includes sections for 'Child' information (County: NASSAU, District: LEVITTOWN UFSD, DOB: 1/3/2016), 'Period of Service' (radio buttons for 'Applies to entire school year', 'Applies to specific school year / session', and 'Applies to specific date range'), and 'Ordering Provider Details' (NPI: 1912322454, Name: CAROLYN LEMONS, Address: 522 GLENWOOD AVE, NEW BOSTON, OH 456625505, Date Signed: 09/22/2022). A 'Required Field Checklist' at the bottom shows a list of fields with checkboxes and corresponding values: Child Name (SAKI), Time Period of Service (7/1/2021 to 6/30/2022 (202122)), Ordering Practitioner's Name (CAROLYN LEMONS), Ordering Practitioner NPI/ License (1912322454), Ordering Practitioner's Address (checkbox), Ordering Practitioner's Phone Number (checkbox), Signature Date (09/22/2022), and Signature (checkbox). Red arrows point from the manual selection list on the left to the checkboxes for 'Ordering Practitioner's Address', 'Ordering Practitioner's Phone Number', and 'Signature' in the checklist.

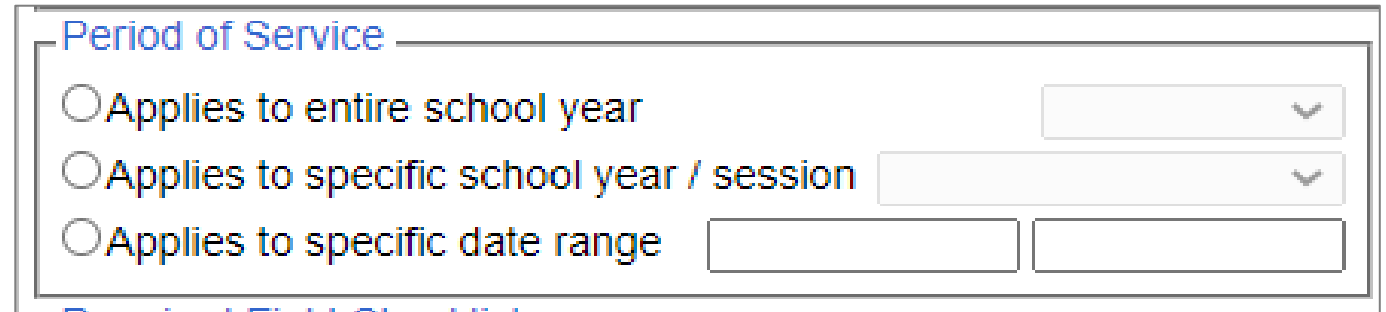
\* **Service, Frequency/Duration and Diagnosis Code** will be entered on the next screen, **Order Details Screen**

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

## (Period of Service/Term 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** (Default)
- 2) **Applies to specific school year/session**
- 3) **Applies to specific date range**



The screenshot shows a form field titled "Period of Service". It contains three radio button options:

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

Each option is followed by a corresponding input field: a dropdown menu for the first option, another dropdown menu for the second option, and two text boxes for the third option.

- ❑ 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***. (This option is also the “Default” if nothing else is selected.)

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 generic session dates, which encompass the entire session. This option must be selected if the prescription has this type of specificity OR if the child has their annual reviews using a calendar year.

Period of Service

Applies to entire school year

Applies to specific school year / session 2022 - 2023 Winter

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

Period of Service

Applies to entire school year

Applies to specific school year / session 2022 - 2023 Winter

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

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

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

**PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES**

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

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

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

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

# STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Ordering Practitioner's Name, Address & NPI #)

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

Upload Order Image for [REDACTED]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Search Criteria

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

Last Name: Begins With: Ends With:

First Name: Begins With: Ends With: Clear

Select	NPI	Last Name	First Name	Credentials	Address1	City	State	Zip
<input checked="" type="checkbox"/>	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.

**Five (5) elements have been auto-selected and five (5) entries appear in the list of entries.**

Upload Order Image for [REDACTED]

Reupload File

Order Image Details

Child

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: 1912322454

Name: CAROLYN LEMONS

Address: 522 GLENWOOD AVE  
NEW BOSTON, OH 456625505

Date Signed: 9/1/22 Redo NPI Search

Required Field Checklist

Child Name

Time Period of Service

Ordering Practitioner's Name

Ordering Practitioner NPI/ License

Ordering Practitioner's Address

Ordering Practitioner's Phone Number

Signature Date

Signature

Five check boxes are now checked.

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

CAROLYN LEMONS

1912322454

Signature date fills in here.

9/1/22

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

- ❑ Five check boxes have auto-filled throughout the **entering** process so far.
- ❑ Three checkboxes remain unchecked.  
These fields will require the person uploading the prescription to view the scanned prescription for the **Ordering Practitioner's address, phone number and signature**.
- ❑ If the Ordering Practitioner's contact information and signature is listed on the prescription, you will check these (3) boxes.
- ❑ If these items are not listed on the prescription, you will not be able to proceed any further and you should secure a replacement prescription.

*The last three elements require a visual inspection of the Rx and will be manually selected.*

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

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

**Upload Order Image**

**Order File saved successfully. Please enter details.**

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

**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

# QUESTIONS

## About the Order Image Screen (Step 2)


# HOW TO UPLOAD A SCANNED HARDCOPY 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**

Three of the eight required Medicaid items will be manually 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




Five of the eight required Medicaid items will be entered.

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 IE	Add Detail
		7/1/2021	6/30/2022				<input checked="" type="checkbox"/>	





This option should no longer be used.

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

Apply To Enrollments

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

Finish and Go To Child Details



# STEP 3 – ENTERING THE ORDER DETAILS

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

- 1) The **Service Type** (OT/PT/ST/PSY)
- 2) The **ICD Code**
- 3) The **Frequency, Duration, Class Designation (I/G)**

The prescription must have the **specific frequency/duration and class designation (I/G)** delineated on the prescription. That information will be entered into the respective boxes on the **Order Detail Screen** and then click the **Add Detail** link at the end of the row. The link will change from **Add Detail** to **Edit/Delete**. After you click the **Add Detail** link, a new row will populate so you can enter additional service types. (Do not select the Per IEP selection box.)

Since all Full-Service Medicaid counties are no longer accepting **Per IEP** prescriptions, you should not be selecting the **Per IEP** option on the Order Details Screen.

Order Details

Service Type	ICD	Has Reason	Start Date	End Date	Frequency	Duration	Unit	I/G	Per IEP	Add Detail
Occupational Therapy ▼	R62.50	<input type="checkbox"/>	7/1/2023	6/30/2024	2	30	Weekly ▼	I ▼	<input type="checkbox"/>	Add Detail

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

# 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, you can 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	
		7/1/2021	6/30/2022					<a href="#">Add Detail</a>

**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](#)


# HOW TO UPLOAD A SCANNED HARDCOPY 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**

Three of the eight required Medicaid items will be manually 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



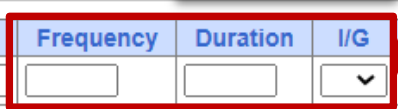


Five of the eight required Medicaid items will be entered.


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 IE	Add Detail
		7/1/2021	6/30/2022				<input type="checkbox"/>	



This option should no longer be used.






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

Apply To Enrollments

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

Finish and Go To Child Details



# STEP 4 – ATTACHING THE ENROLLMENT – FINAL STEP

- ❑ After you enter the (Service Type, ICD Code Frequency/Duration) and click the **Add Detail** link, you will see the following screen.
- ❑ The next step is attaching the enrollment(s) to the prescription – Step 4 of the process.
- ❑ Click **Select** for each therapy shown on the screen.  
(which will bring up all the enrollments for the selected service type within the selected period of service).
- ❑ Click the **“Attach”** link to link the enrollment(s) to the prescription.  
(If the enrollments are not attached, the order will have a **“Potential”** Status.)

Upload Order Image

Show File Details

Order Details

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

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 Add Detail
			7/1/2022	6/30/2023				<input type="checkbox"/>	

Apply To Enrollments

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

Finish and Go To Child Details

# STEP 4 – ATTACHING/DETACHING THE ENROLLMENT

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

**Upload Order Image**

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

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select	Speech Therapy	f80.9	7/1/2022	6/30/2023				<input checked="" type="checkbox"/>	Edit Delete
	<input type="text"/>	<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	<input type="checkbox"/>
BROOKVILLE CENTER FOR CHILDRES SER	CBRS2223W0047014	09/06/2022	06/23/2023	ST 3x30 I	ATTACHED	<input type="checkbox"/> <a href="#">Detach</a>

[Finish and Go To Child Details](#)

# FINISH AND GO TO CHILD DETAILS

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

Apply To Enrollments

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

Finish and Go To Child Details 

# REVIEWING THE PRESCRIPTION DETAILS (Written Orders Tab)

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

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

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

# HOW TO UPLOAD A SCANNED HARDCOPY 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

Three of the eight required Medicaid items will be manually 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

Five of the eight required Medicaid items will be entered.

## 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 IE	Add Detail
		7/1/2021	6/30/2022				<input type="checkbox"/>	

This option should no longer be used.

## 4) Attach the enrollment to the prescription.

Apply To Enrollments

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

Finish and Go To Child Details

# FINISHING AN INCOMPLETE PRESCRIPTION

(Lookup > Child Lookup > 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**  
**Frequency, Duration & I/G or Per IEP**  
**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 show 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; these are unfinished uploads.

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

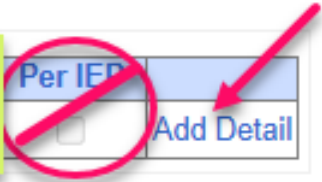
No prescription entries found for child      Order Details are missing.

# Please Note

Listed below are a few things to note when uploading prescriptions...

- ❑ **Multiple Services** can be entered for one upload
- ❑ Enter **all ICD Codes** from the Rx to the **Order Details Screen** (use a comma to separate codes).
- ❑ Do not select the **Per IEP** option – **Enter the specific frequency, duration, unit, I/G**
- ❑ If there is an ICD code on the Rx, do not select the “**Has Reason**” option.
- ❑ Make sure you **attach the enrollment(s)** to the prescription
- ❑ When entering information during the upload, **enter the information EXACTLY** as it appears on the prescription

Order Details

Service Type	ICD	Has Reason	Start Date	End Date	Frequency	Duration	Unit	I/G	Per IEP	Add Detail
Occupational Therapy ▼	F82, F84.0	<input type="checkbox"/>	7/1/2025	6/30/2026	2	30	Weekly ▼	I ▼	<input type="checkbox"/>	

# DEMONSTRATION

(How to Upload a Prescription)

# QUESTIONS

About Entering the Order Details  
Attaching the Enrollment

# UPCOMING WEBINARS

## May

- 5/6/26: Medicaid-Compliant Written Orders
- 5/13/26: Medicaid Compliant Session Notes
- 5/20/26: OPRA

## June

- 6/2/26: Successful Medicaid Claiming Using CLAIMS, CLAIMS Online, & EnterClaims
- 6/3/26: Digital Speech Recommendations (for Portal SLPs)
- 6/4/26: EnterClaims Digital Orders
- 6/10/26: Supervision/UDO Process

## July

- 7/28/26: EnterClaims Digital Orders
- 7/29/26: Digital Speech Recommendations (for Portal SLPs)

## August

- 8/4/26: Successful Medicaid Claiming Using CLAIMS, CLAIMS Online, & EnterClaims
- 8/5/26: Supervision/UDO Process

# Follow-up

- ❑ Anyone registered for this webinar will receive an email containing a link to follow-up material for this webinar. **The follow-up material will include:**
  - A recoding of the webinar
  - The webinar slides
  - Knowledge Base links referenced during the presentation
  - Questions asked during the webinar and answers given
  
- ❑ 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>
  - **Medicaid Support Email:** [Medicaid@CPSEPortal.com](mailto:Medicaid@CPSEPortal.com)
  
- ❑ **HELPFUL LINKS**  
CPSE Portal Knowledge Base Links for Medicaid  
<http://support.cpseportal.com/kb/a231/medicaid-knowledge-base-links.aspx>

# McGuinness Medicaid-in-Education Contact Information

**James McGuinness and Associates, Inc.**  
1482 Erie Boulevard  
Schenectady, NY 12305  
Phone: (518) 393-3635  
Fax: (518) 393-9938

**Deborah Frank**, McGuinness Medicaid Specialist & Team Leader – [dfrank@jmcguinness.com](mailto:dfrank@jmcguinness.com) – Extension #41

**Kelly Knowles**, McGuinness Medicaid Team – [kknowles@jmcguinness.com](mailto:kknowles@jmcguinness.com) – Extension #28

**Ellen Farney**, McGuinness Medicaid Team – [efarney@jmcguinness.com](mailto:efarney@jmcguinness.com) – Extension #50

**Darcy McMullen**, McGuinness Medicaid Team – [dmcullen@jmcguinness.com](mailto:dmcullen@jmcguinness.com) – Extension #34

**Medicaid Support Email:** [Medicaid@CPSEPortal.com](mailto:Medicaid@CPSEPortal.com)