

ADVANCED BILLING WEBINAR

10-1-26

Questions & Answers

Topic/Category	
UNMATCHED CHILDREN & UNMATCHED ENROLLMENTS	
Q	Can you create an unmatched enrollment in the portal when the agency uses claims?
A	Yes, but all session notes and digital orders are entered into claims so there is no reason to create unmatched records in the CPSE Portal.
Q	When you create an unmatched CB enrollment, it doesn't show an ESID #.
A	That is correct. The ESID # will be blank and you can identify the child by their Child #.
Q	Once the county enrollment(s) show up, we have been deleting them. I deleted them because now they have become duplicates. Is this the correct process?
A	You should match them to the county record. Then they will no longer be a duplicate record.
SUPERVISION	
Q	Do you have to create the plans to bill?
A	Yes, you will need to create the supervision plan(s) and enter the face-to-face dates.
Q	Are the supervision plans only for the CBRS vouchers?
A	No, supervision applies to anyone being supervised. This can be either RS or CBRS.
Q	Will you be addressing COTA co-signers?
A	Below are Knowledge Base articles and the Supervision webinar. Any additional questions can be sent to the Medicaid team at Medicaid@cpseportal.com . 1) Co-Sign Attendance: https://support.cpseportal.com/kb/a39/co-sign-attendance.aspx?KBSearchID=45172 2) Why Don't Entries Show Up to Co-sign: https://support.cpseportal.com/kb/a91/why-dont-entries-show-up-to-co-sign.aspx?KBSearchID=45173 3) Supervision webinar: https://support.cpseportal.com/kb/a786/02-supervision.aspx?KBSearchID=45091
Q	Can you let us know those specific positions you mentioned for Supervision.

A	This is the link to the Supervision webinar which contains all this information: https://support.cpseportal.com/kb/a786/02-supervision.aspx?KBSearchID=45091
SERVICE CYCLE CALENDAR	
Q	If we have different sites with different start dates, would we use the service cycle calendar?
A	The Service Cycle Calendar is only for agencies that are following a 6 or 8 day cycle.
PRESCRIPTIONS	
Q	If a service is split with a TSSH and a SLP can the SLP do the script for both or is it split with the supervisor and the other SLP?
A	If a service is split, each SLP should do their own script.
Q	If a child changes district, do we need new scripts for all related services? We thought that if the services do not change the original script is ok.
A	If a child changes school districts, then a new prescription is needed because there is now a new IEP under the new school district. Even if the new district keeps all the services the same, a new prescription is needed.
Q	Our county is asking for new scripts with location changes.
A	If there is a location change on an IEP, a new prescription is not needed. Since the county that you are referring to is not a Full-Service Medicaid county, you must adhere to their requests.
Q	Is a new prescription required if the mandate changes?
A	Yes. A new prescription is required if the frequency or duration changes.
Q	If a child has a related service frequency of two but the locations are different, do you need two different prescriptions or can you attach one prescription for both enrollments.
A	You can use the same prescription if the frequency on the prescription is for a frequency of two. If the frequency is only for one, then another prescription is needed.
Q	I thought speech doesn't need a prescription.
A	Speech, OT, PT and CSL all need prescriptions for the county to bill for Medicaid services. You will not be able to submit your voucher to the county unless a prescription is uploaded into the Portal for any of these services. SLP's should be creating digital orders for their caseload.
SERVICE LOCATIONS	
Q	As a related service provider, sometimes in the past the schedule was once a week at the child's home, and once a week at the child's preschool. How would I write up that location?

A	For your session at the child's home, your setting would be home and your location would be home or the address of the child's home. For your session at the child's preschool, your setting would be preschool and your location would be the name & address of the preschool.
Q	What if we see the child once a week at grandma's house, and once a week at the child's home?
A	For your session at the child's home, your setting would be home and your location would be home or the address of the child's home. For your session at grandma's house, your setting would be home and your location would be grandma's house & address of grandma's house.
Q	Can the setting be preschool? We've been advised they must be either therapy room or classroom.
A	Here are the 10 settings that Medicaid allows: 1) Home 2) Daycare 3) Preschool 4) Nursery School 5) Universal Pre-K 6) Medical Site 7) Community Setting 8) Facility Location/Private Office 9) Therapy Room 10) Teletherapy
Q	I was informed to enter the location based on the IEP location.
A	The location that is listed on the IEP is the setting for the session note. The location on the session note is the name & address of the setting.
NEW CBRS BILLING FEATURE	
Q	When will this new feature start?
A	We do not have a specific start date currently. We are anticipating a possible start date for November. Also, each county can select their own start date. The start date and the time frame that the county selects will be outlined in an email and in an upcoming CBRS Billing webinar.
Q	Just want to confirm, if we do not supply tuition-based services, this will not affect our related service and SEIT invoicing.
A	The new CBRS billing feature only affects Center Based billing agencies. If you are an agency that only does SEIT and/or Related Services, this will NOT affect you.
Q	What if there is a staff shortage and there is no provider available to enter missed session notes?
A	The county or McGuinness Medicaid staff will be able to enter a waiver for that service in the Portal which will allow the service to be bypassed for billing.
Q	What if the district does not put in the information that makes the CBRS unmatched and for months the information is not put in to match this service.
A	You cannot bill on an unmatched enrollment. Therefore, the unmatched CB & CBRS cannot be vouchered. Your other students that are not unmatched can be vouchered and billed to the county. Once the district submits the CB & CBRS, then you can match the services, voucher and bill for the services.

Q	We reach out to the districts to put in the information, but they still do not put it in. What are our options to get this information in so we can bill for CB & CBRS.
A	You should reach out to the county. The county can then contact the district to find out what the holdup is.
Q	What is the window to create and submit vouchers once the month ends?
A	This varies by each county. Our suggestion is to bill monthly so you do not fall behind.
Q	If we find that we omitted entries in the prior month billing, can we add it to the subsequent month, or would we need to create a new voucher for just that entry?
A	You would need to create a new voucher. Please do not combine months together unless your county has approved this. Some counties do allow you to bill July & August together.
Q	What if you have a provider that has left and you did not get them to sign their last note. Can you still skip that last entry for the CBRS?
A	You should contact the provider first to see if they can log into the Portal and sign the note(s). If they cannot, then you would need to contact the county or the Medicaid team to enter a waiver.
Q	We will submit the CBRS zero dollar voucher from the portal. Do we still need to print the voucher, and sign, and mail to the county?
A	Yes, if that is what your county requires.
Q	If short weeks are programmed into the portal - how does that impact as sessions on the IEP are not set up for short weeks but yearly.
A	Usually, only total or Per IEP is used for summer services. Most districts do not use the total or Per IEP option as they would then need to figure out how many sessions can be delivered during the full school year and consider school breaks. With the new CBRS billing feature, the Portal will consider when the enrollment starts & ends and if sessions can be delivered in a portion of 2 months. For example: if a service is 2x30, and the month of September ends on a Wednesday, the Portal will know that one session could be in the last week of September and the other session can be in the first week of October.
MISCELLANEOUS	
Q	In the CLAIMS system, once the attendance is removed from voucher can you fix it in the system and then rebill the log notes?
A	All CLAIMS questions should be directed to your CRM.
Q	If there is an invalid ICD10 code on an attendance, and the enrollment in claims has since been corrected to include a valid ICD10 code, would we be able to fix this on the attendance any way other than sending the attendance back through Enter Claims? Is there a way to remove invalid ICD10 codes from CLAIMS - such as R62.5.
A	All CLAIMS questions should be directed to your CRM.

Q	If the county does not opt for the Provider Re-assignment, will there be a block on billing?
A	No. If the “edit” in the Portal is not turned on for your county, then there will be no billing errors for this feature.
Q	Are therapists able to do make-up sessions? If the mandate is 2x per week, the 3rd session would be a make-up correct?
A	Yes, you are correct. The third session would be marked as a make-up and the make-up date needs to be entered on the attendance.
Q	For a make-up, the therapist is out and misses the first session of the week. On the last day of the week the therapist is back, and can complete the scheduled session and a 2nd session, would that be a make-up, or another scheduled session? Can you complete a make-up session within the week, if you haven't met the weekly frequency?
A	There are no make-up sessions if you have not met the enrollment frequency. Make-ups are only for missed sessions prior to the current week. For example: 1) If you have met your frequency for the current week and now you provide an additional session, the additional session is marked as a make-up. 2) The provider sees the child on Mondays & Wednesdays and the enrollment is for 2x30. The child was absent on Monday, serviced on Wednesday and serviced on Friday, Friday is NOT a make-up. The provider is meeting the enrollment frequency on Friday. 3) Make-up sessions do not need to be marked as “Does not meet Medicaid requirements”.
Q	If a SEIT provider is not yet certified, can we bill for SEIT services?
A	Please refer to your county, as SEIT services are not Medicaid billable.
Q	Our therapist has left our agency. Is there any way to fix errors on those vouchers?
A	Send an email to the Medicaid team and they can review your vouchers to see what errors can be corrected on their end. The email is Medicaid@cpseportal.com
Q	Once the district enters an enrollment, does the county have any part in verifying before the agency has the option to attempt to match?
A	Some smaller counties will review the entries to make sure that they match the IEP. Larger counties do not have the staffing to review all entries. If the entry is wrong, do not match it. Contact the district to make changes on their end.
Q	I am having trouble inviting my Psychologist to the Portal. I've entered her certificate and it doesn't register it, but the Portal accepted her NPI. Now she cannot log in to enter notes.
A	When inviting new staff, you do not need to enter the certificate #. You will need to email Support@cpseportal.com and someone on the Help Desk will assist you.
Q	For new billing admins or agencies, can you show the actual vouchers or forms you are referring to?

A	For any new agencies, we would suggest that you watch the webinars for new to Portal. The link below will bring you to New Implementation for Orange County. You may not be in this county, but the webinars are similar for all counties. LINK: https://support.cpseportal.com/kb/c98/new-implementation-for-orange-county.aspx
Q	Can a classroom schedule be used for related services only or only for Center Based?
A	The classroom schedule is only for Center Based teachers to take attendance.