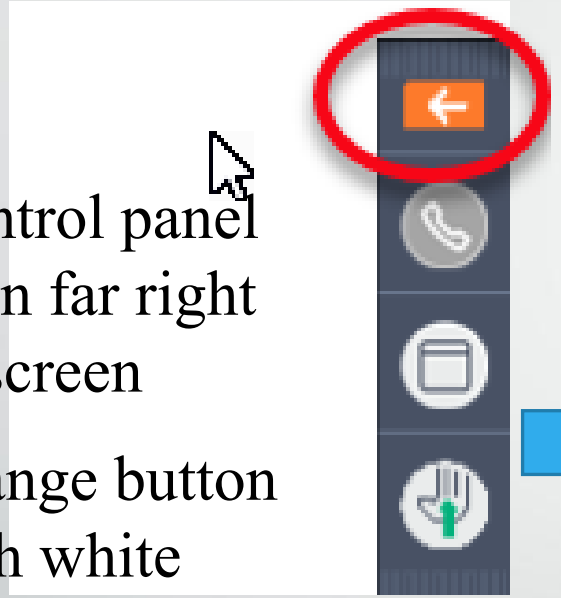
JAMES McGUINNESS
& ASSOCIATES INC.
Consultants

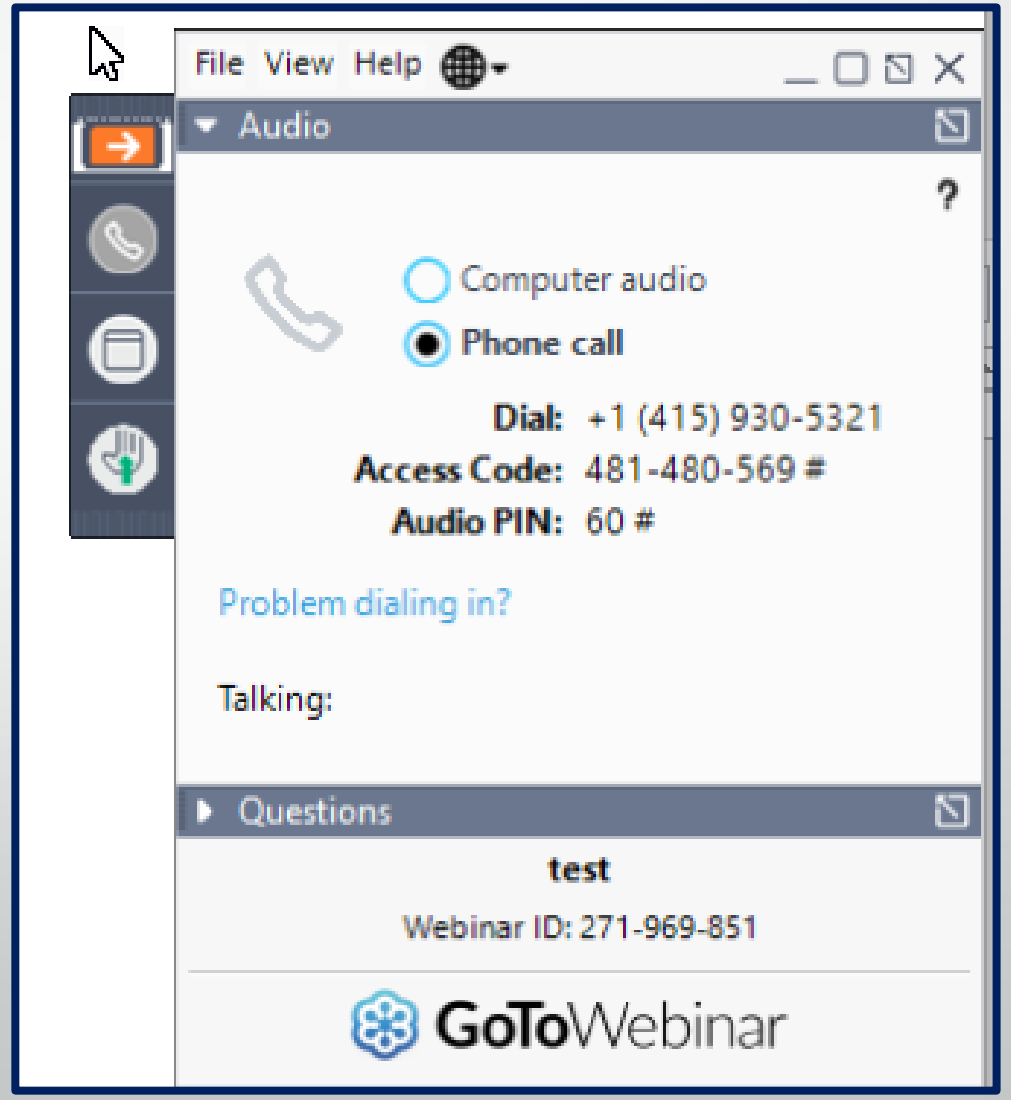
Using Go To Webinar

Preschoolsupport@CPSEPortal.com

Go To Webinar Control Panel

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





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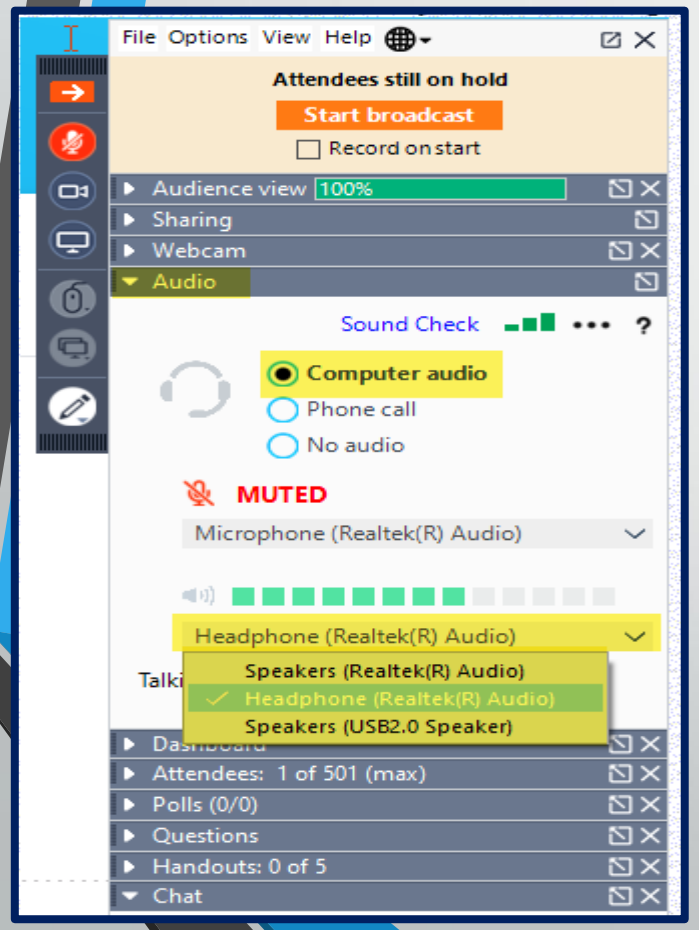
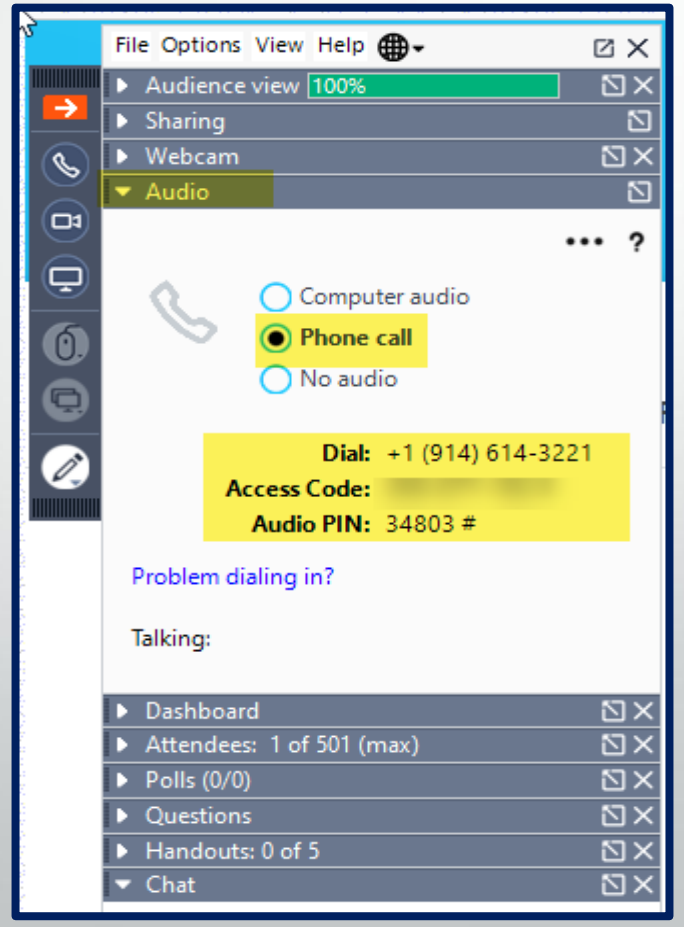
Communicating with Presenter

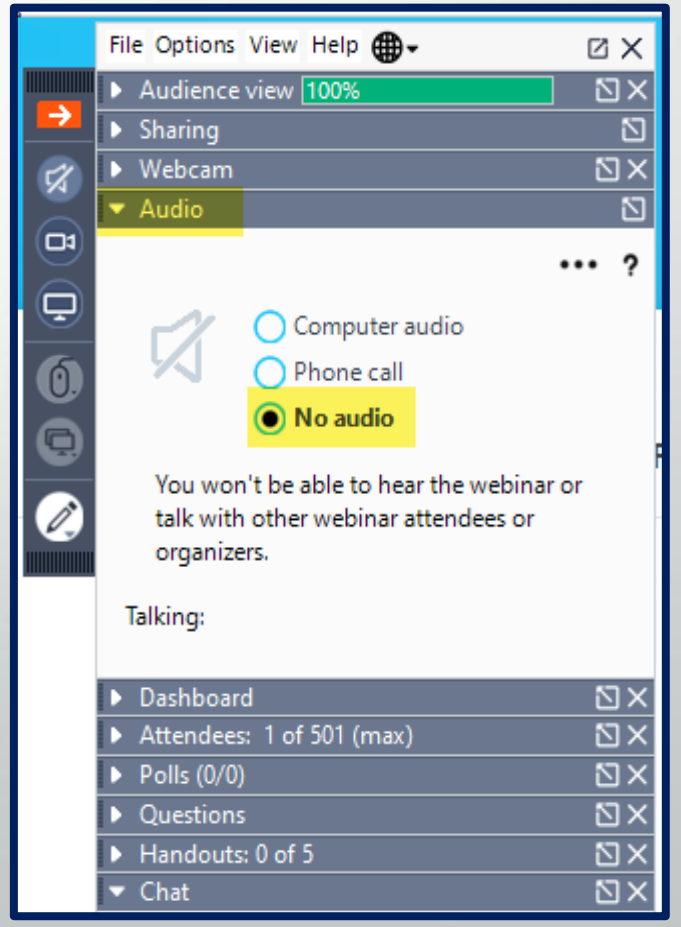
- All participants are on mute.
- You can raise your hand in response to a question we ask. Do not raise your hand to ask a question.
- You can type in question in the question box.

Can’t Hear the Webinar?

- Under the Audio tab, you can choose Computer Audio, Phone Call or No Audio. If you choose **No Audio**, you will not be able to hear the webinar!

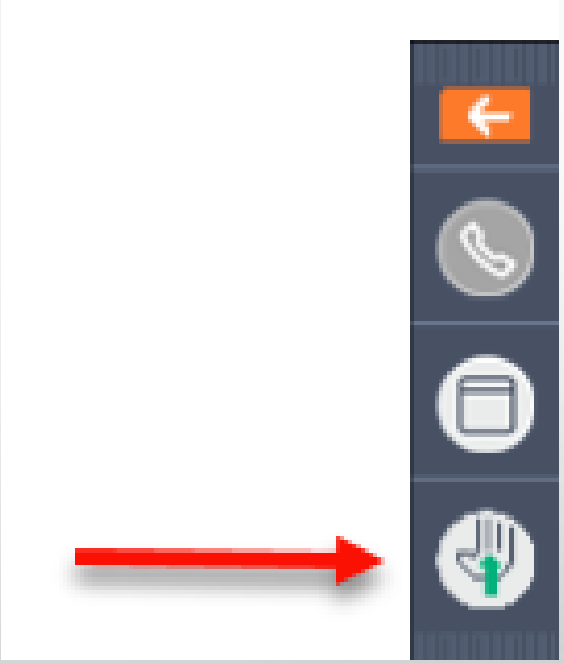






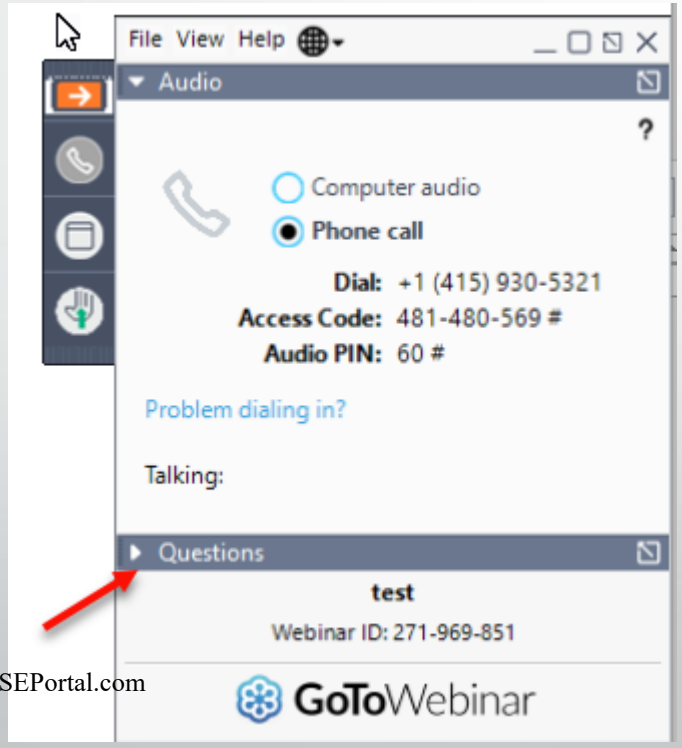
Raising your hand

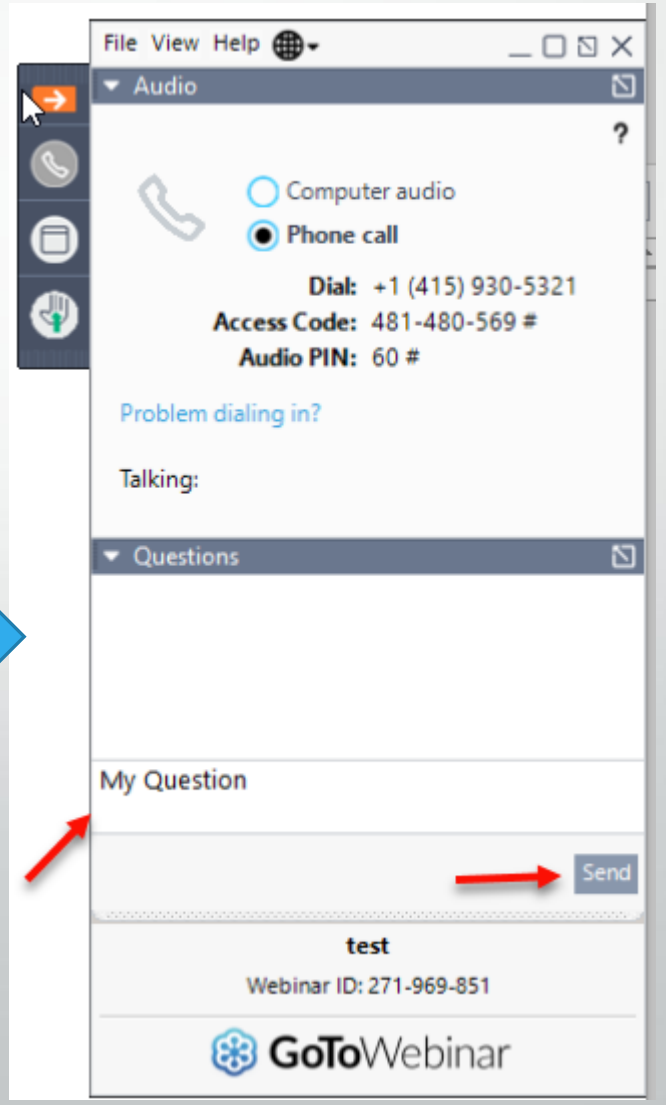
- On bottom left of control panel is a button with a hand icon.
- Click that button to raise your hand.



Typing in a Question

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

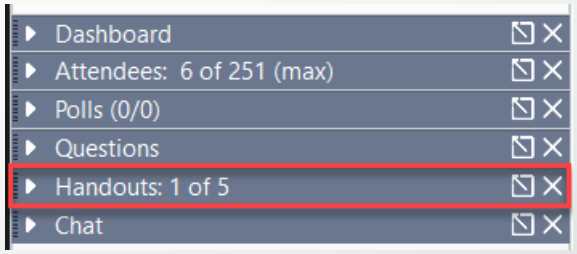




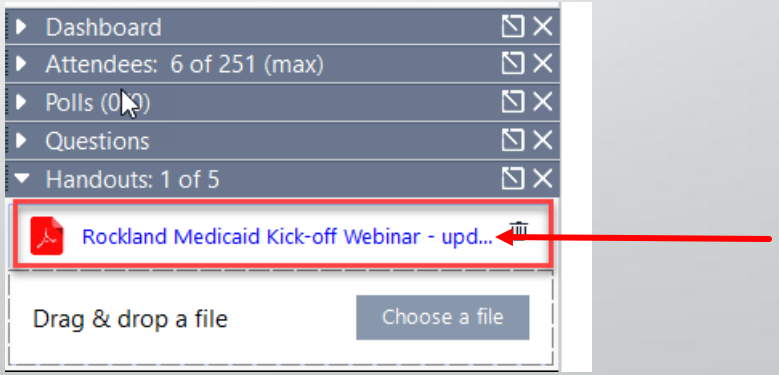
Handouts

If you would like to download the handout:

- Click the “Handouts” icon on the control panel.



- Click the link for the handout that you would like to download.



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Preschool Webinar – Medicaid For Counties that Do Not Use the CPSE Portal

Preschoolsupport@CPSEPortal.com

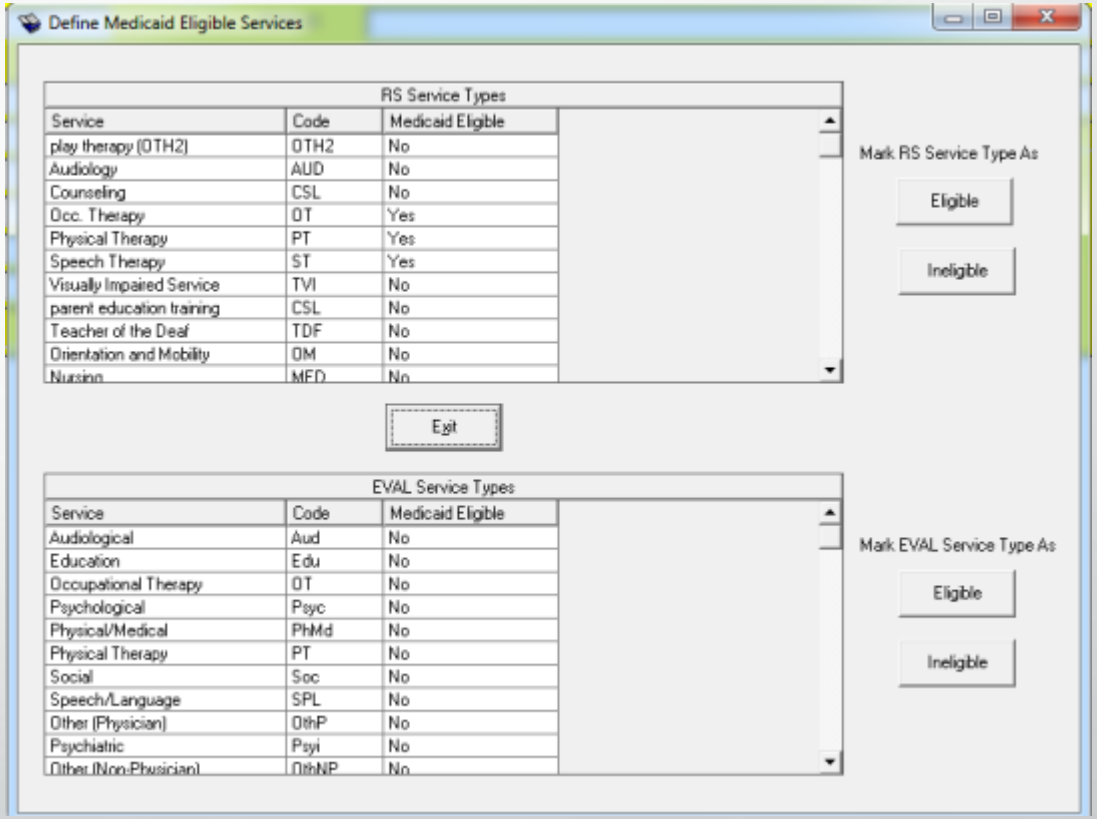
PHI Disclaimer:

All Child information displayed in this webinar are from scrambled Preschool Databases.

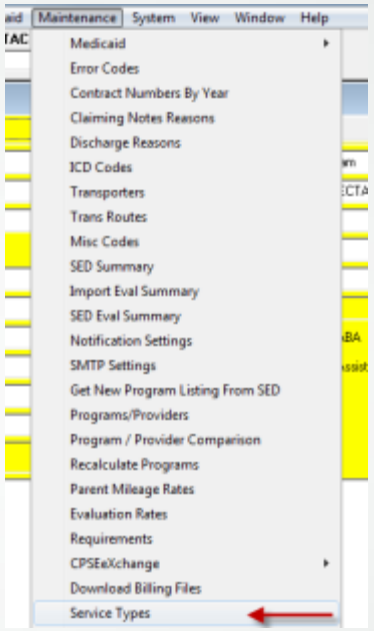
No real child information will be displayed.

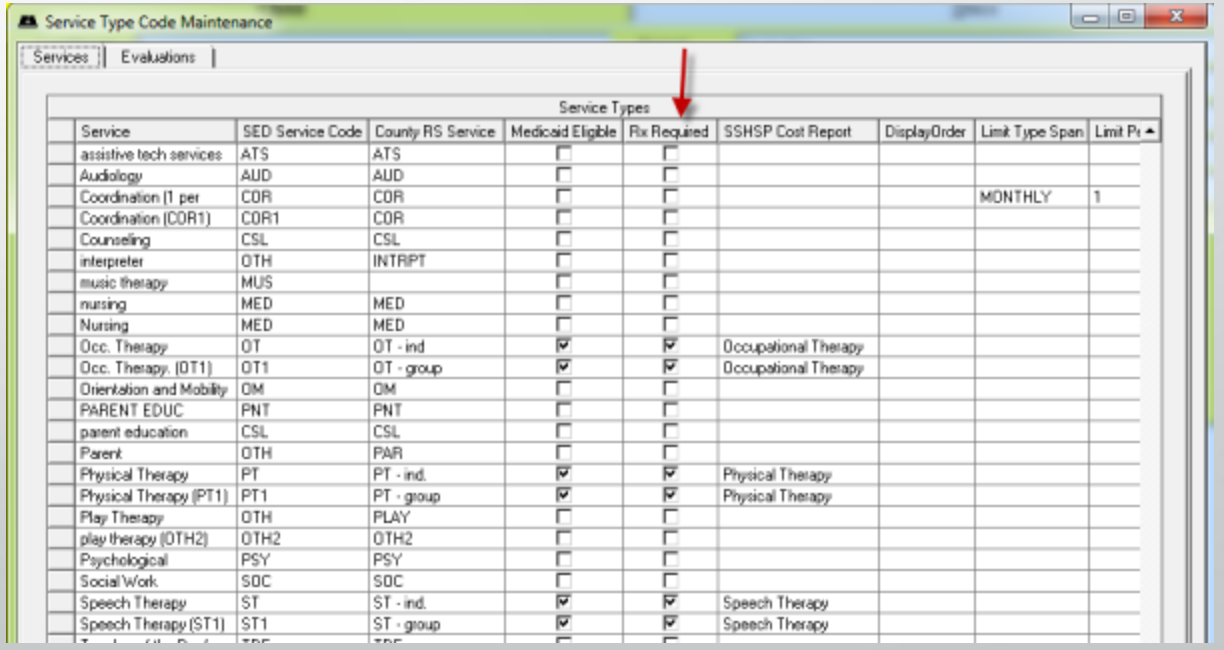
Defining Eligible Services

- Navigate to Medicaid->Define Eligible Services
- Indicate which services your County will bill Medicaid



- Determine if there is a script required by going to Maintenance > Service Types
- Mark which services need a prescription or recommendation.



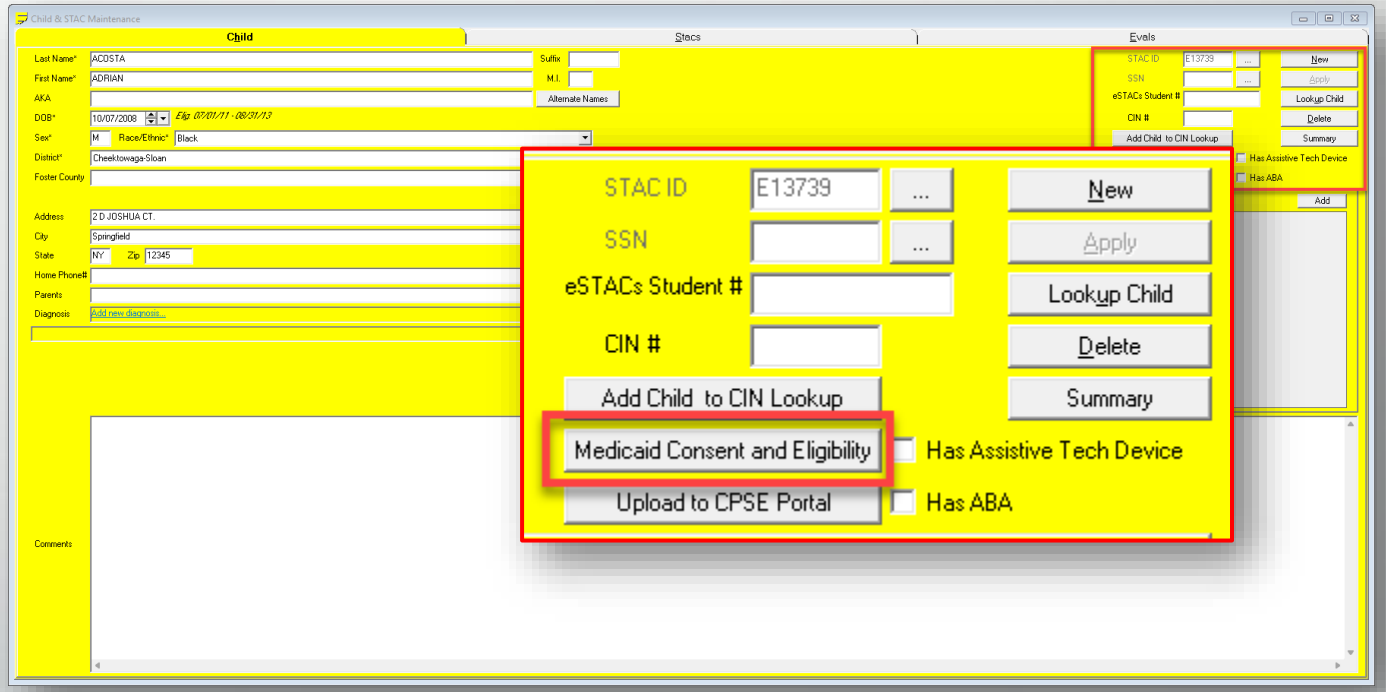


Service	SED Service Code	County RS Service	Medicaid Eligible	Rx Required	SSHSP Cost Report	DisplayOrder	Limit Type Span	Limit P
assistive tech services	ATS	ATS	☐	☐				
Audiology	AUD	AUD	☐	☐				
Coordination (1 per	COR	COR	☐	☐			MONTHLY	1
Coordination (COR1)	COR1	COR	☐	☐				
Counseling	CSL	CSL	☐	☐				
interpreter	OTH	INTRPT	☐	☐				
music therapy	MUS		☐	☐				
nursing	MED	MED	☐	☐				
Nursing	MED	MED	☐	☐				
Occ. Therapy	OT	OT - ind	☑	☑	Occupational Therapy			
Occ. Therapy. (OT1)	OT1	OT - group	☑	☑	Occupational Therapy			
Orientation and Mobility	OM	OM	☐	☐				
PARENT EDUC	PNT	PNT	☐	☐				
parent education	CSL	CSL	☐	☐				
Parent	OTH	PAR	☐	☐				
Physical Therapy	PT	PT - ind.	☑	☑	Physical Therapy			
Physical Therapy (PT1)	PT1	PT - group	☑	☑	Physical Therapy			
Play Therapy	OTH	PLAY	☐	☐				
play therapy (OTH2)	OTH2	OTH2	☐	☐				
Psychological	PSY	PSY	☐	☐				
Social Work	SOC	SOC	☐	☐				
Speech Therapy	ST	ST - ind.	☑	☑	Speech Therapy			
Speech Therapy (ST1)	ST1	ST - group	☑	☑	Speech Therapy			

Entering Consents

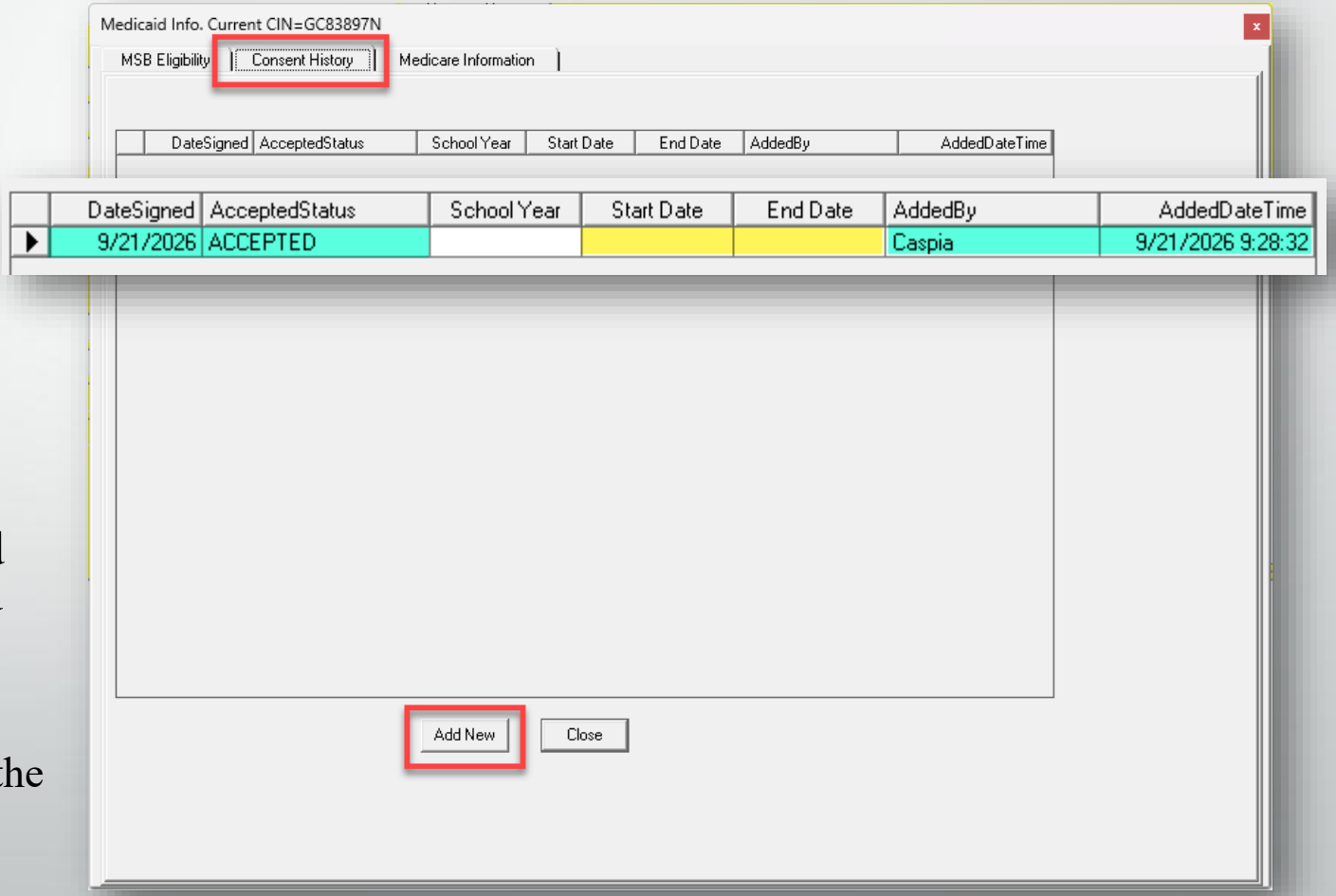
Parental Consents

- Parental Consents are a required part of Medicaid billing
- These are required **PRIOR** to looking up any child's CIN or billing for services
- A child's consent and eligibility history is located on the yellow child screen



Entering Consents

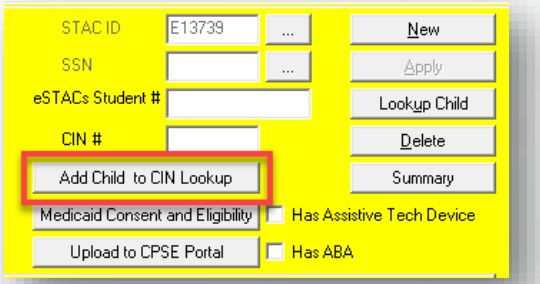
- Navigate to “Consent History”
- Click “Add New”
- The following information is required:
  - Date Signed, Accepted Status, Start Date, End Date
  - School Year is no longer used.
  - Note: Signed, Status, Added By, and Added Date/Time will be auto-filled
    - Accepted Status can be changed to ‘Refused’ if applicable
    - Date Signed should be changed to the date the consent was signed



CIN Look Up

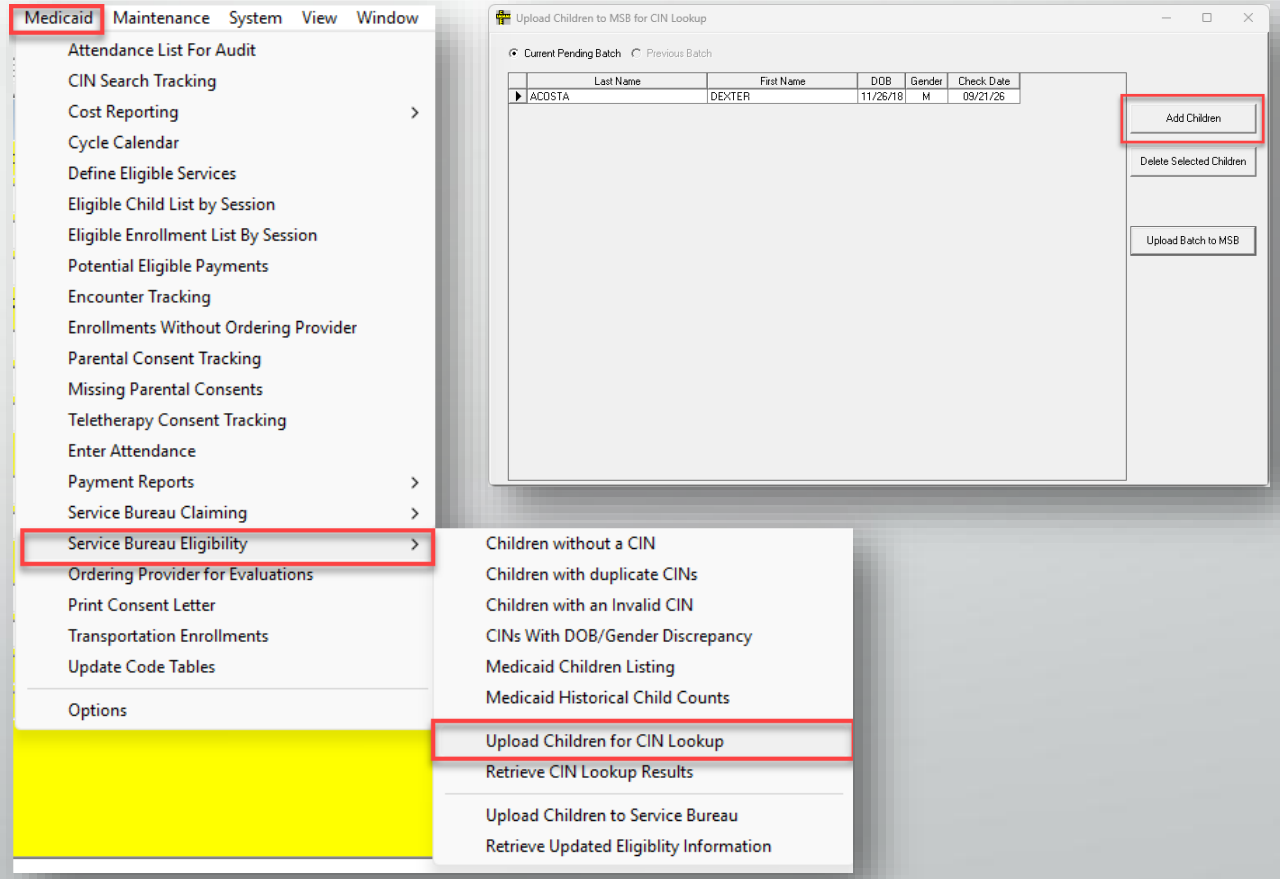
From Child Screen (Individually)

- Click “Add Child to CIN Lookup”
- Adding will display a new search on the right side of the window.
- Previous lookups will display on the left
- This does not send the CIN Lookup; it only adds it to the current batch



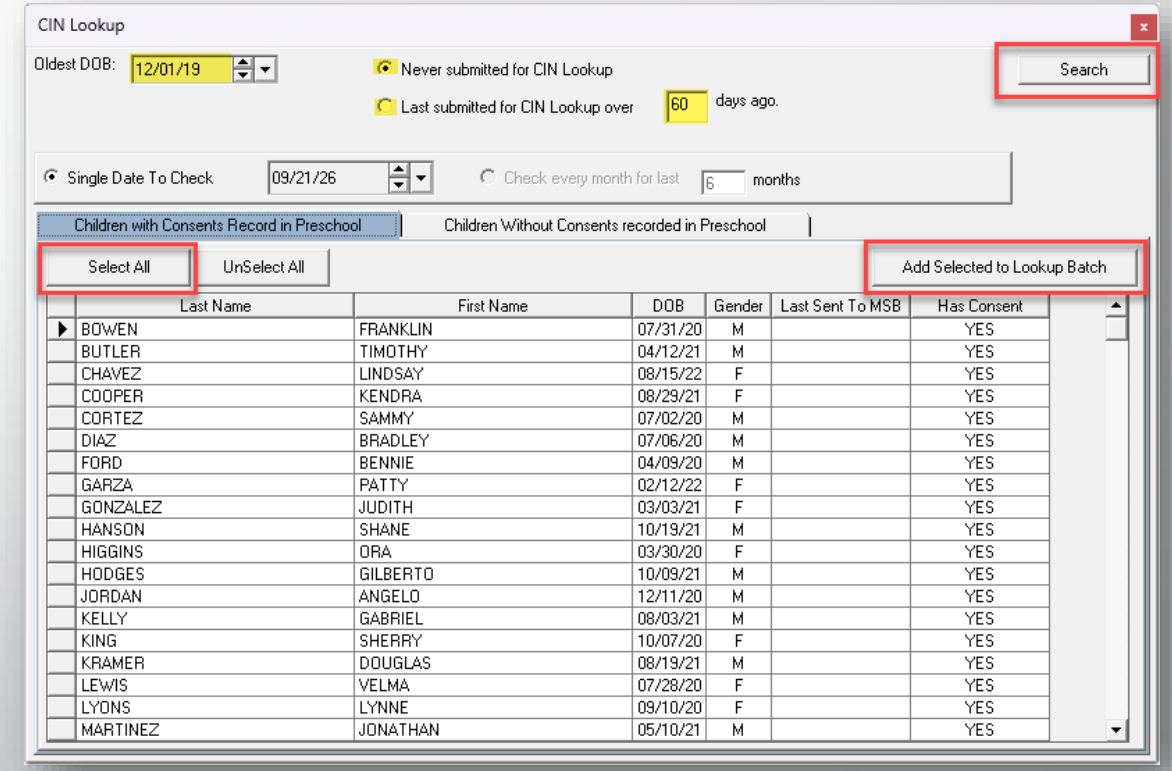
Upload Children for CIN Lookup (Batch)

- Will automatically display any children manually added via the previous method (via Child Screen).
- Navigate to Medicaid >> Service Bureau Eligibility >> Upload Children for CIN Lookup
- Click “Add Children” and “Search”



CIN Lookup (Batch) Cont.

- CIN Lookup can be filtered by several settings
  - Oldest DOB, Last Lookup (Never or date range).
- Click “Search”
- Select all children to add to batch and click “Add Selected to Lookup Batch.”



Last Name	First Name	DOB	Gender	Last Sent To MSB	Has Consent
BOWEN	FRANKLIN	07/31/20	M		YES
BUTLER	TIMOTHY	04/12/21	M		YES
CHAVEZ	LINDSAY	08/15/22	F		YES
COOPER	KENDRA	08/29/21	F		YES
CORTEZ	SAMMY	07/02/20	M		YES
DIAZ	BRADLEY	07/06/20	M		YES
FORD	BENNIE	04/09/20	M		YES
GARZA	PATTY	02/12/22	F		YES
GONZALEZ	JUDITH	03/03/21	F		YES
HANSON	SHANE	10/19/21	M		YES
HIGGINS	ORA	03/30/20	F		YES
HODGES	GILBERTO	10/09/21	M		YES
JORDAN	ANGELO	12/11/20	M		YES
KELLY	GABRIEL	08/03/21	M		YES
KING	SHERRY	10/07/20	F		YES
KRAMER	DOUGLAS	08/19/21	M		YES
LEWIS	VELMA	07/28/20	F		YES
LYONS	LYNNE	09/10/20	F		YES
MARTINEZ	JONATHAN	05/10/21	M		YES

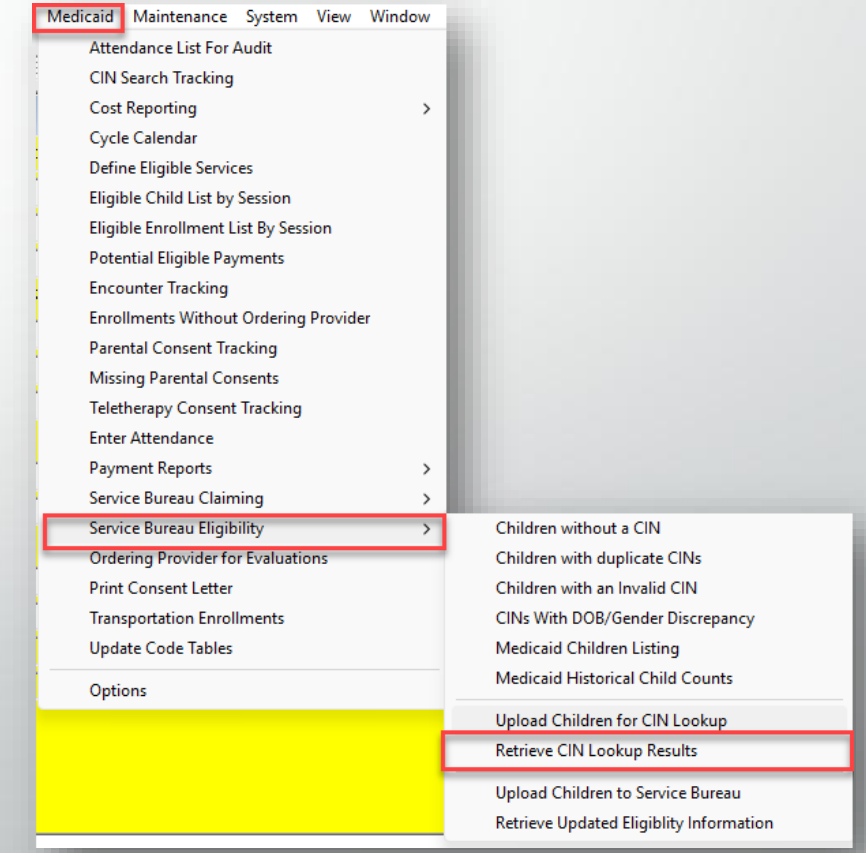
Upload the Batch

- All selected children will display on the batch screen
- Click “Upload Batch to MSB”
- The batch will need to be retrieved before CINs are updated

Last Name	First Name	DOB	Gender	Check Date
ACOSTA	DEXTER	11/26/18	M	09/21/26
BOWEN	FRANKLIN	07/31/20	M	09/21/26
BUTLER	TIMOTHY	04/12/21	M	09/21/26
CHAVEZ	LINDSAY	08/15/22	F	09/21/26
COOPER	KENDRA	08/29/21	F	09/21/26
CORTEZ	SAMMY	07/02/20	M	09/21/26
DIAZ	BRADLEY	07/06/20	M	09/21/26
FORD	BENNIE	04/09/20	M	09/21/26
GARZA	PATTY	02/12/22	F	09/21/26
GONZALEZ	JUDITH	03/03/21	F	09/21/26
HANSON	SHANE	10/19/21	M	09/21/26
HIGGINS	ORA	03/30/20	F	09/21/26
HODGES	GILBERTO	10/09/21	M	09/21/26
JORDAN	ANGELO	12/11/20	M	09/21/26
KELLY	GABRIEL	08/03/21	M	09/21/26
KING	SHERRY	10/07/20	F	09/21/26
KRAMER	DOUGLAS	08/19/21	M	09/21/26
LEWIS	VELMA	07/28/20	F	09/21/26
LYONS	LYNNE	09/10/20	F	09/21/26
MARTINEZ	JONATHAN	05/10/21	M	09/21/26
MORGAN	ERNESTO	05/28/20	M	09/21/26
MORRIS	WILLIAM	01/25/21	M	09/21/26
MURPHY	JONATHAN	10/11/20	M	09/21/26
OLSON	RUBEN	05/06/20	M	09/21/26
PATEL	JOHNNIE	06/27/22	M	09/21/26
PERKINS	BOBBY	07/23/21	M	09/21/26
PERRY	CLAUDE	09/19/21	M	09/21/26

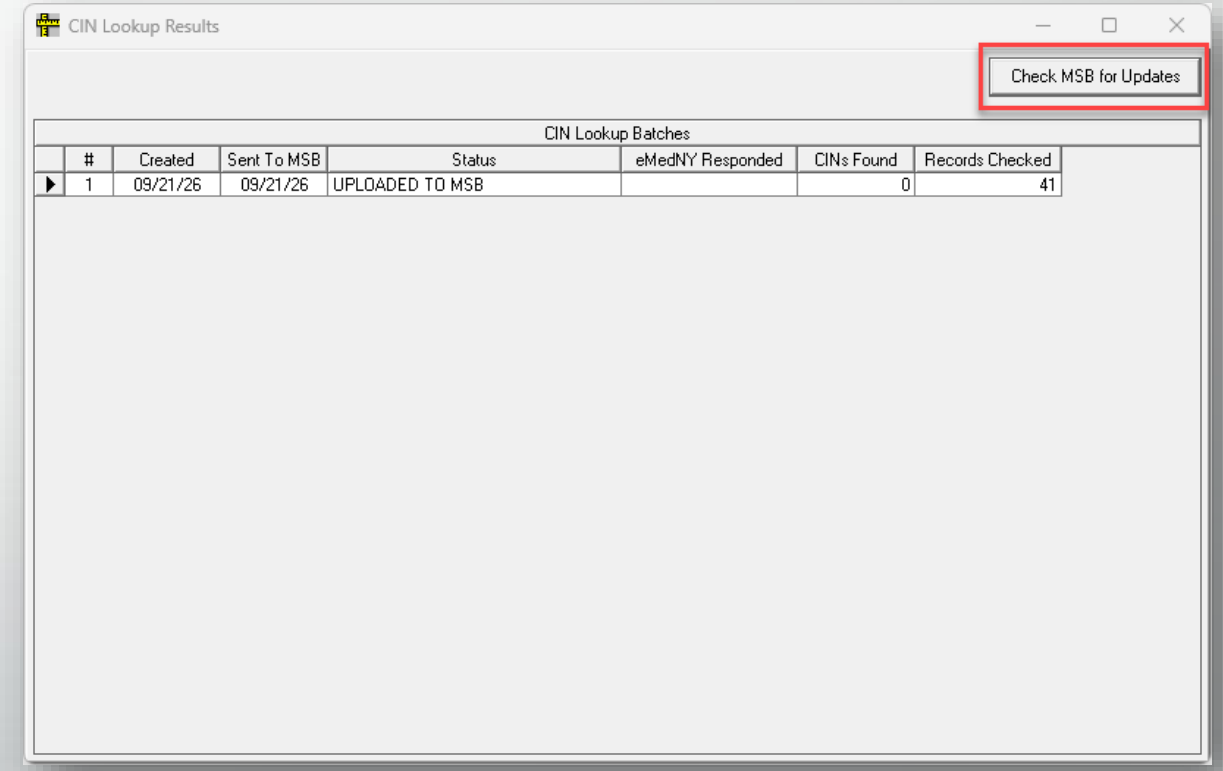
Retrieving a CIN Batch

- Batches are typically processed every 24 hours.
- To retrieve a batch, navigate to Medicaid >> Service Bureau Eligibility >> Retrieve CIN Lookup Results



Retrieving a CIN Batch Cont.

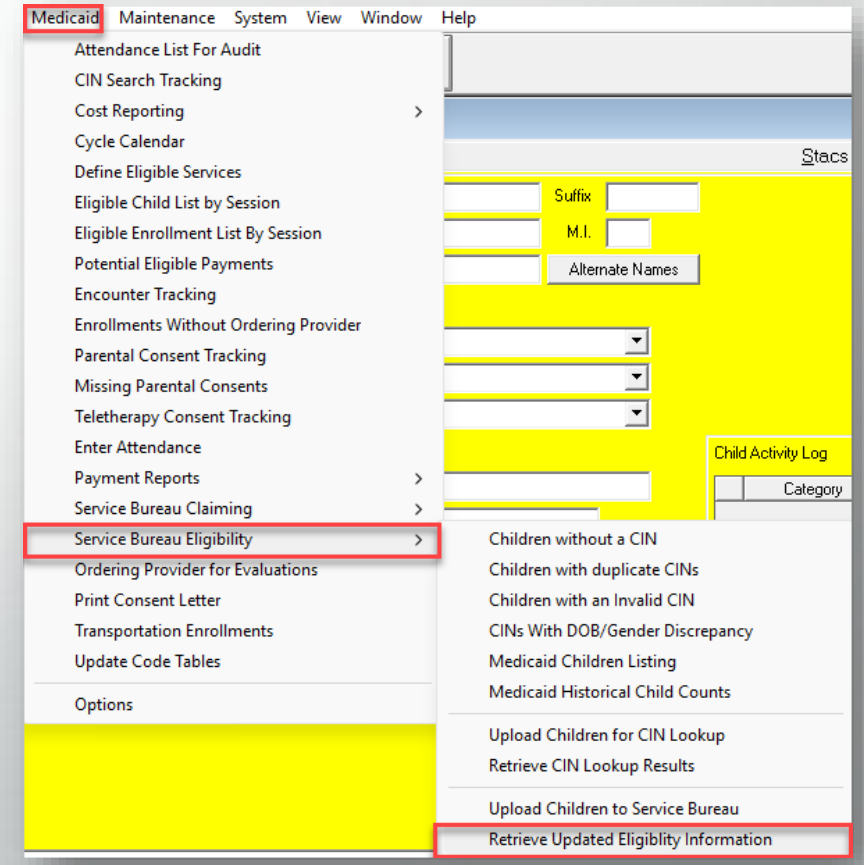
- This screen will display any previously submitted batches.
- Click “Check MSB for Updates”
- CINs will be added automatically once the batch has been processed.



Eligibility

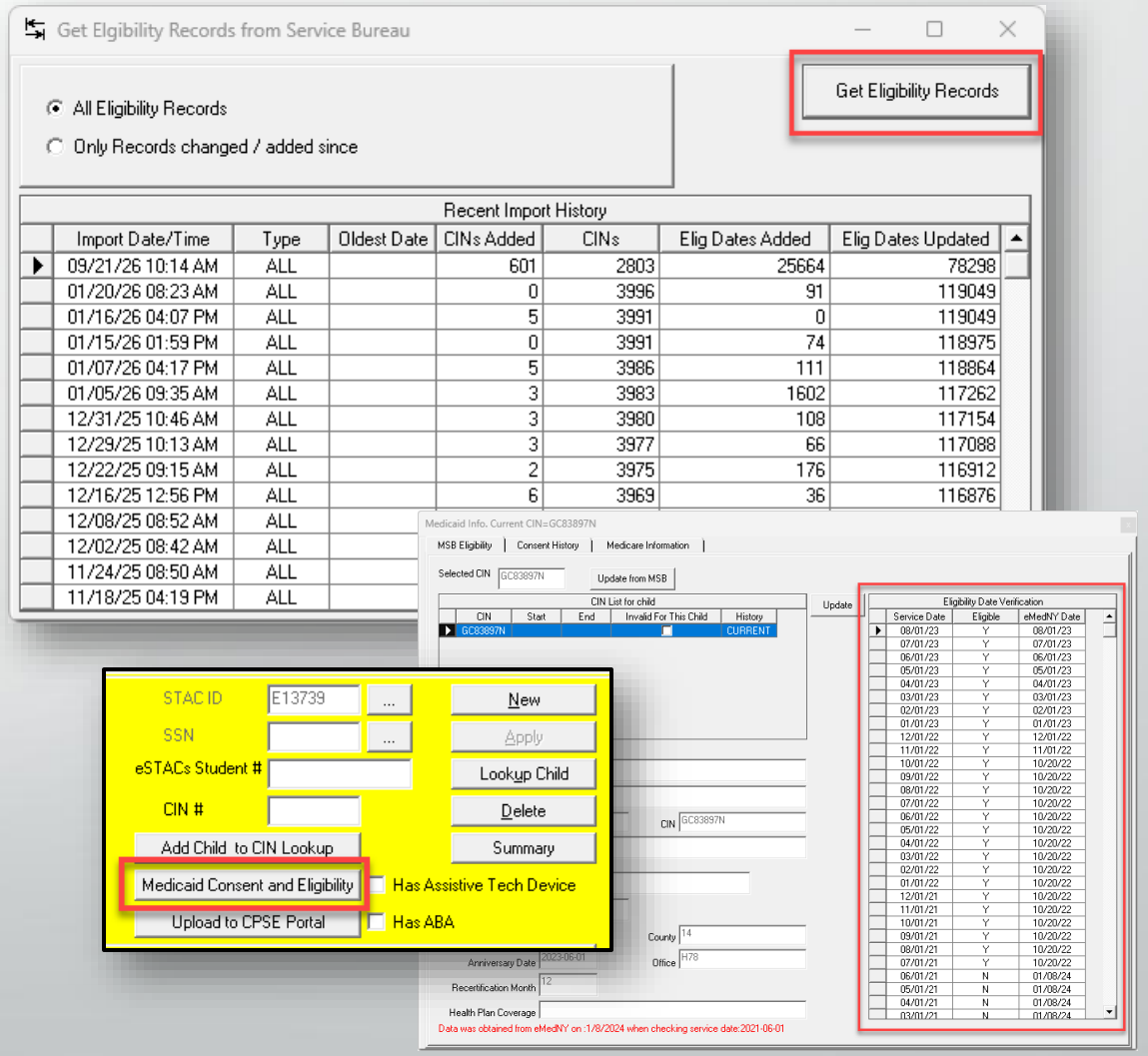
Retrieving Eligibility

- Once CINs are uploaded and added to a child's record, they need to be checked for eligibility.
- Navigate to Medicaid >> Service Bureau Eligibility >> Retrieve Updated Eligibility Information



Retrieving Eligibility Cont.

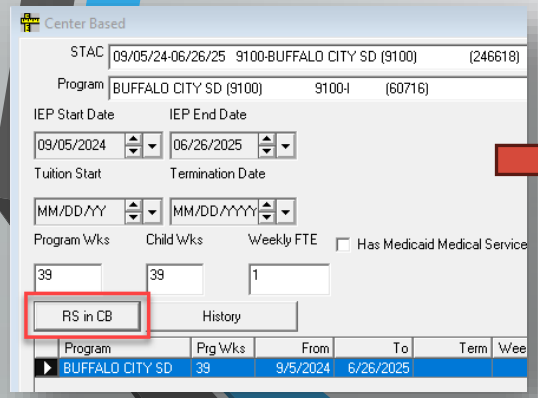
- This screen displays all previous eligibility requests.
- Click “Get Eligibility Records” to retrieve eligibility.
- This will update the child’s records automatically and add an eligibility verification.
  - This can be viewed from the “Medicaid Consent and Eligibility” button on the yellow Child Screen

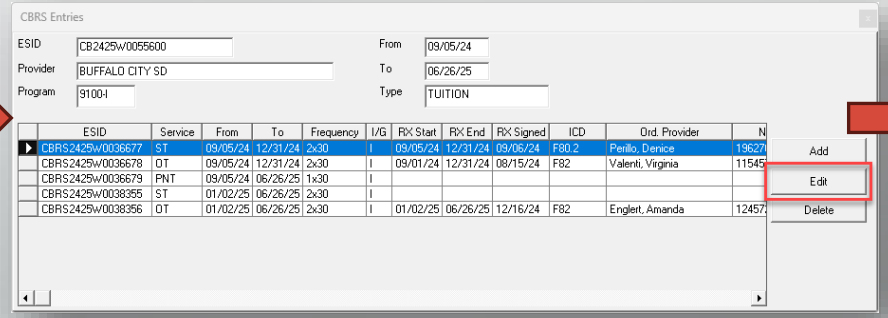


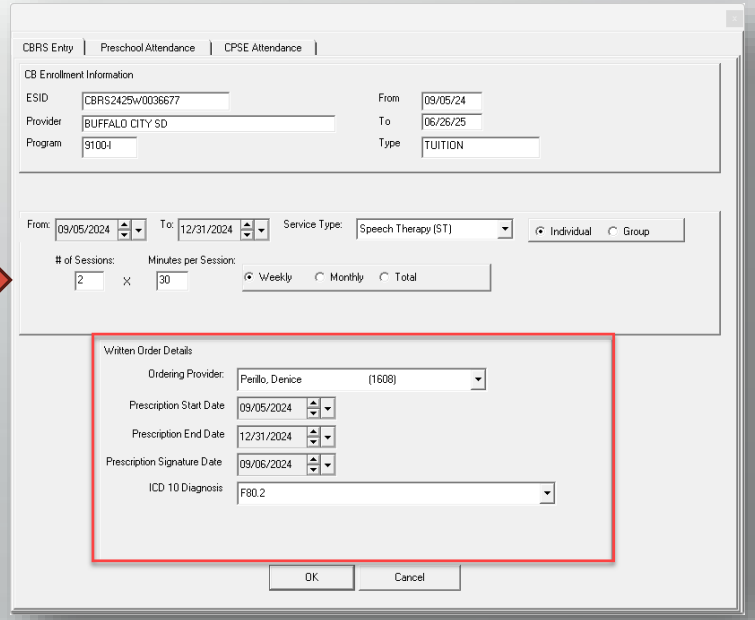
Adding Script info to Enrollments

Adding Script Information (CBRS)

- Click the “CB” tab to view the child’s enrollments
- Click the “RS in CB” button to view CBRS enrollments and click “Edit”
  - This can also be entered when entering the CBRS enrollment initially.
- Required information includes the ordering provider, Prescription start date, end date, signature date, and ICD-10 diagnosis.

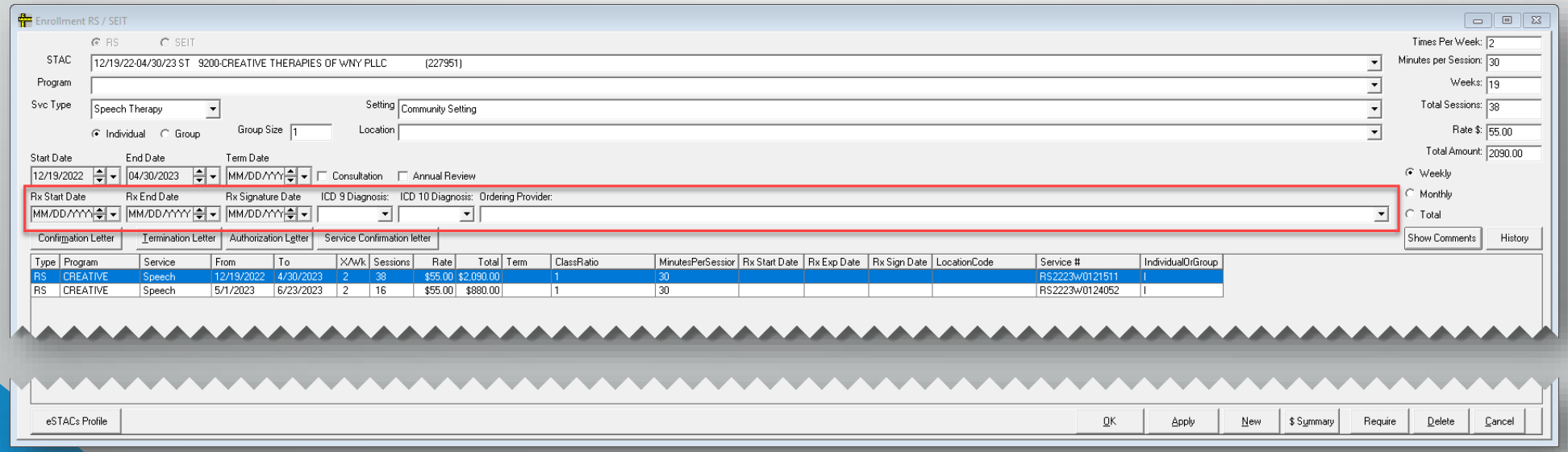






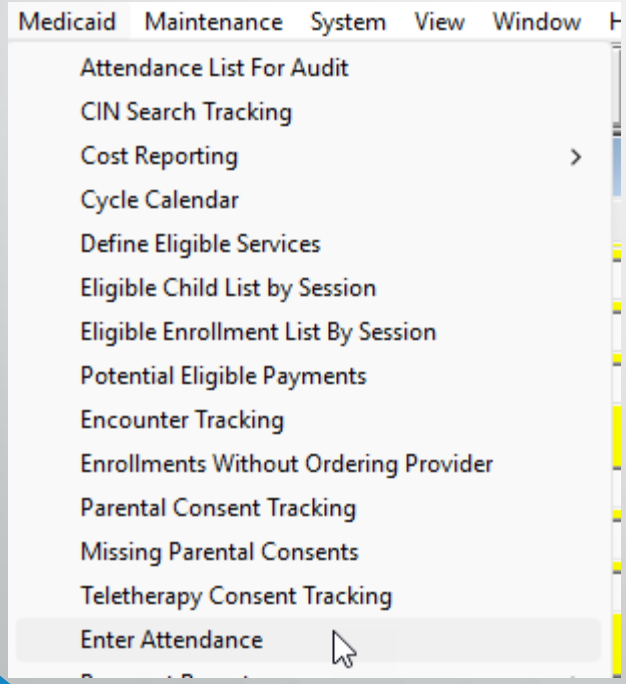
Adding Script Information (RS/ SEIT)

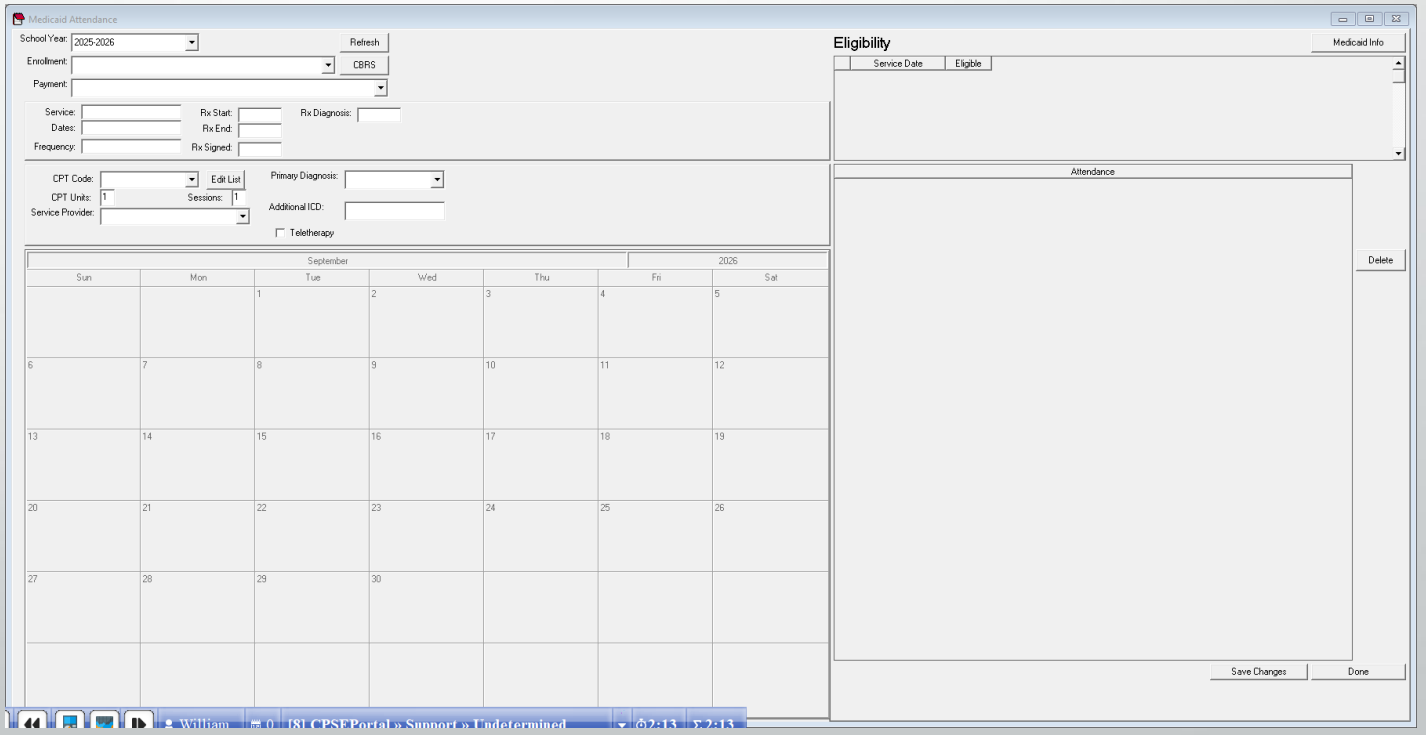
- Click the “RS/SEIT” tab to view the child’s enrollments
- RX information is entered in the fields below the enrollment start and end dates.
- Required information includes RX start date, end date, signature date, ICD-10 diagnosis, and ordering provider.
- Click “Apply” to save



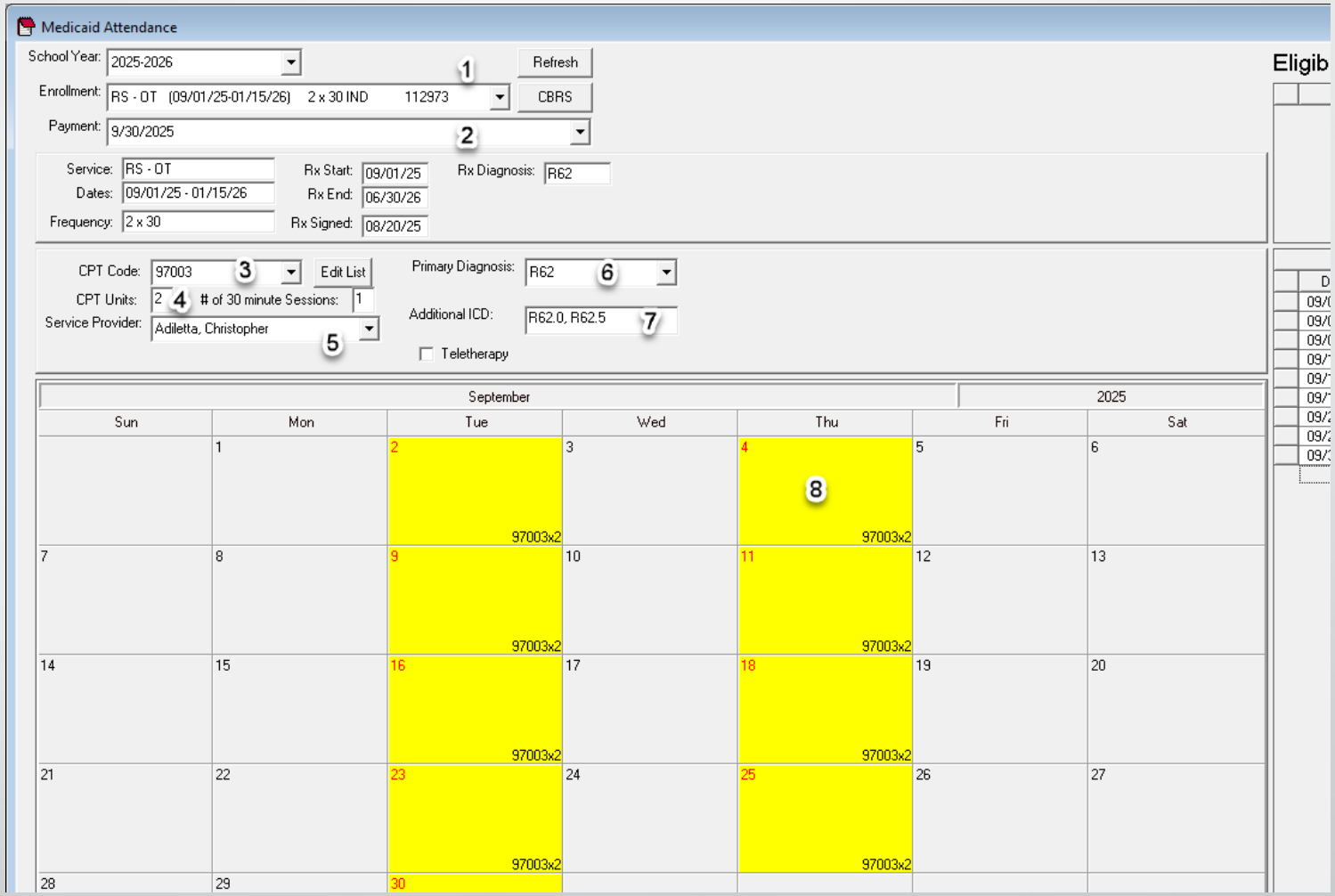
Entering Medicaid Attendance

- Attendance is entered for the currently selected child, so first lookup the child
- Next, use the top menu to navigate to Medicaid->Enter Attendance

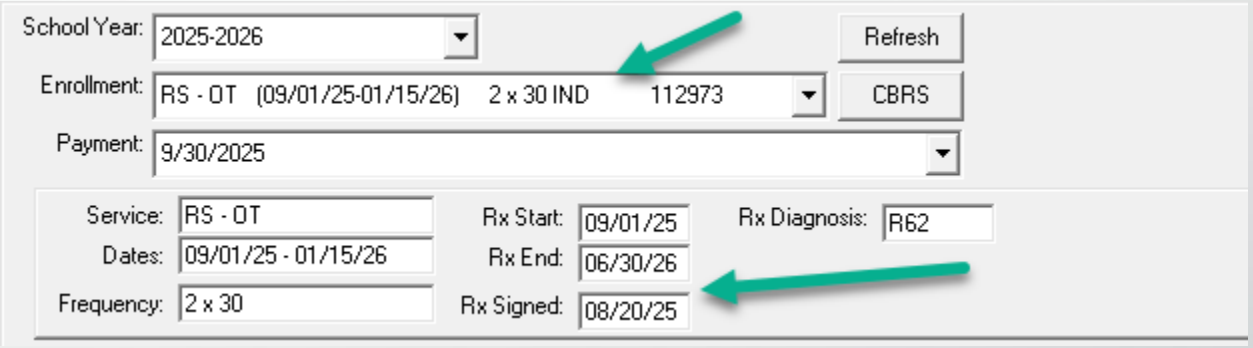




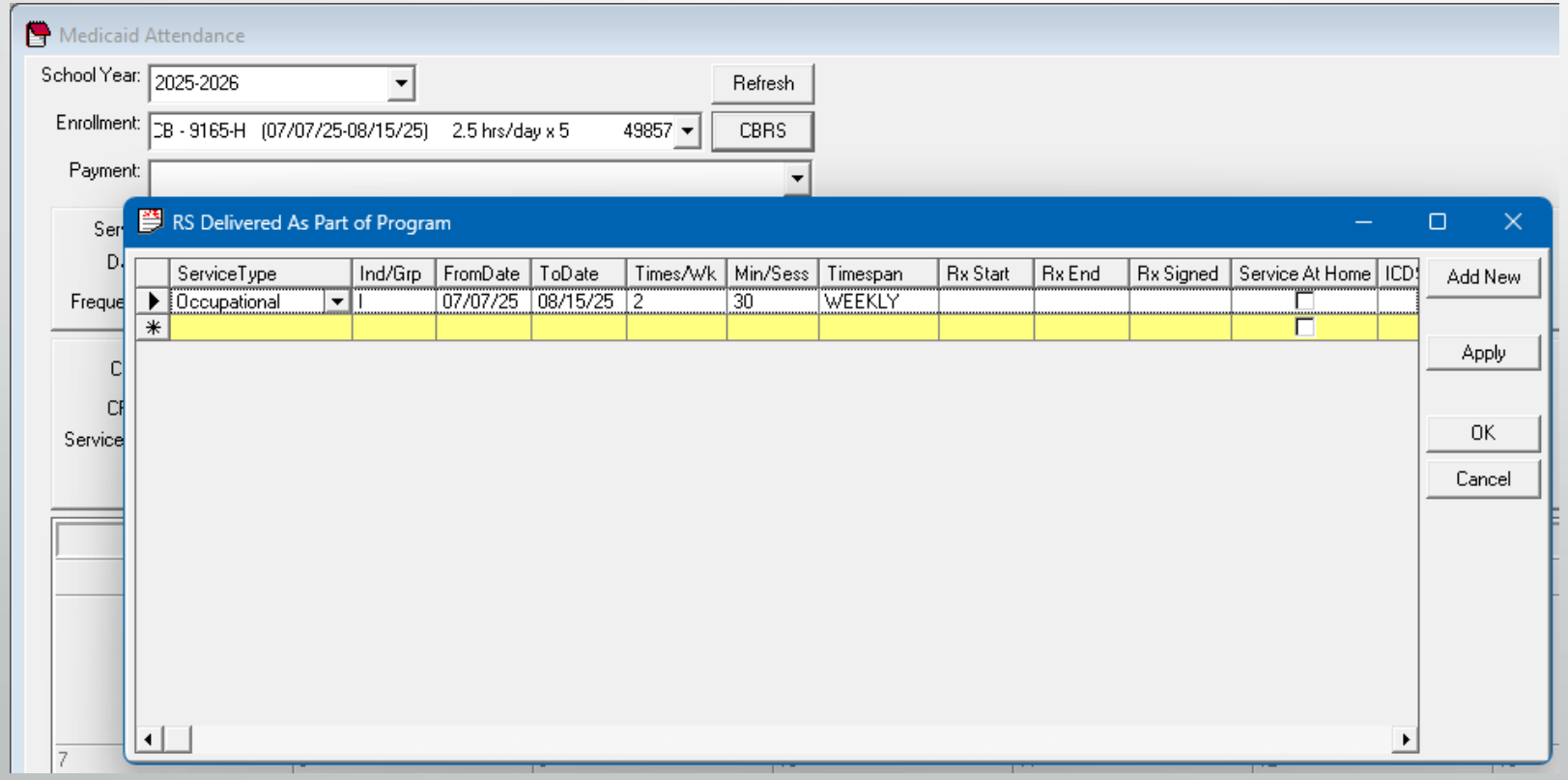
1. Select an Enrollment
2. Select a payment for that enrollment
3. Select CPT from dropdown
4. Enter the # of units
5. Select Service Provider
6. Select Primary Diagnosis
7. Enter any additional ICD
8. Click the dates on the calendar that the child attend



- The enrollment list will show enrollments for the child and list the school year
  - CBRS & RS that are for services marked as Medicaid eligible
  - CB
  - Trans
  - Evals for types that are marked as Medicaid Eligible
- Select the enrollment
  - This will populate the payments dropdown for that enrollment (A payment is required before attendance can be entered.)
  - Once the payment is selected the enrollment and script details will be filled in.
  - This will also populate the service provider list with the service providers that are associated with the vendor for the given enrollment.

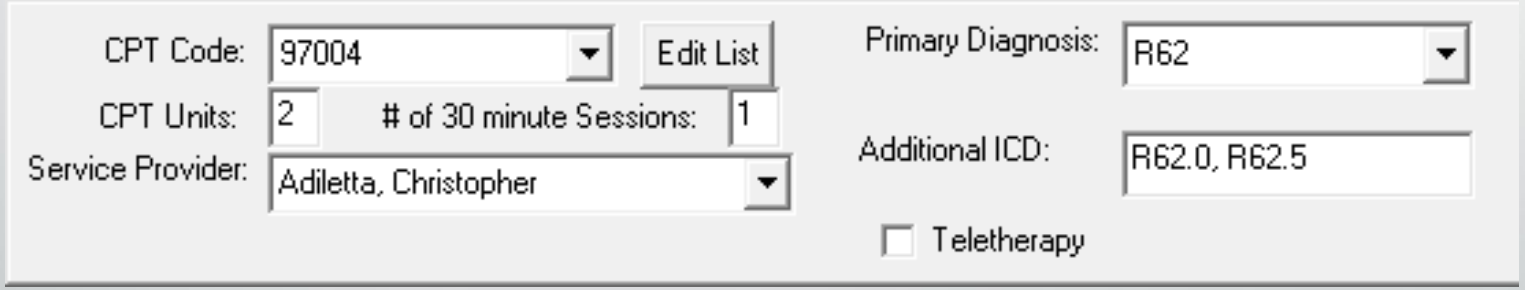


- If the selected enrollment is CB you will be able to click the CBRS button to see the corresponding CBRS enrollments.



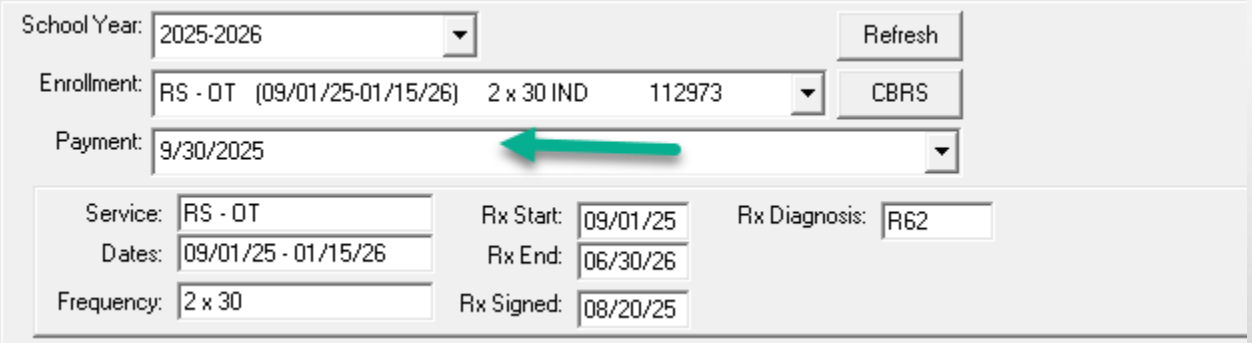
- **CPT, ICD, and Provider**

1. CPT Code – Enter the CPT code for that you wish to claim
2. Units – Enter the # of units for that CPT code
3. Service Provider – the list is limited to the providers that are associated with the vendor for the selected enrollment
4. Primary or Principle Diagnosis-enter the principle diagnosis for the claim
5. Additional ICD – enter any additional ICD codes separated by commas



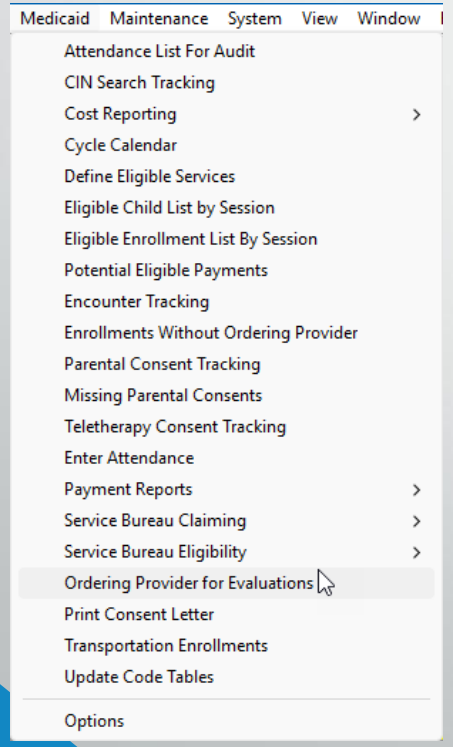
- **Payment List**

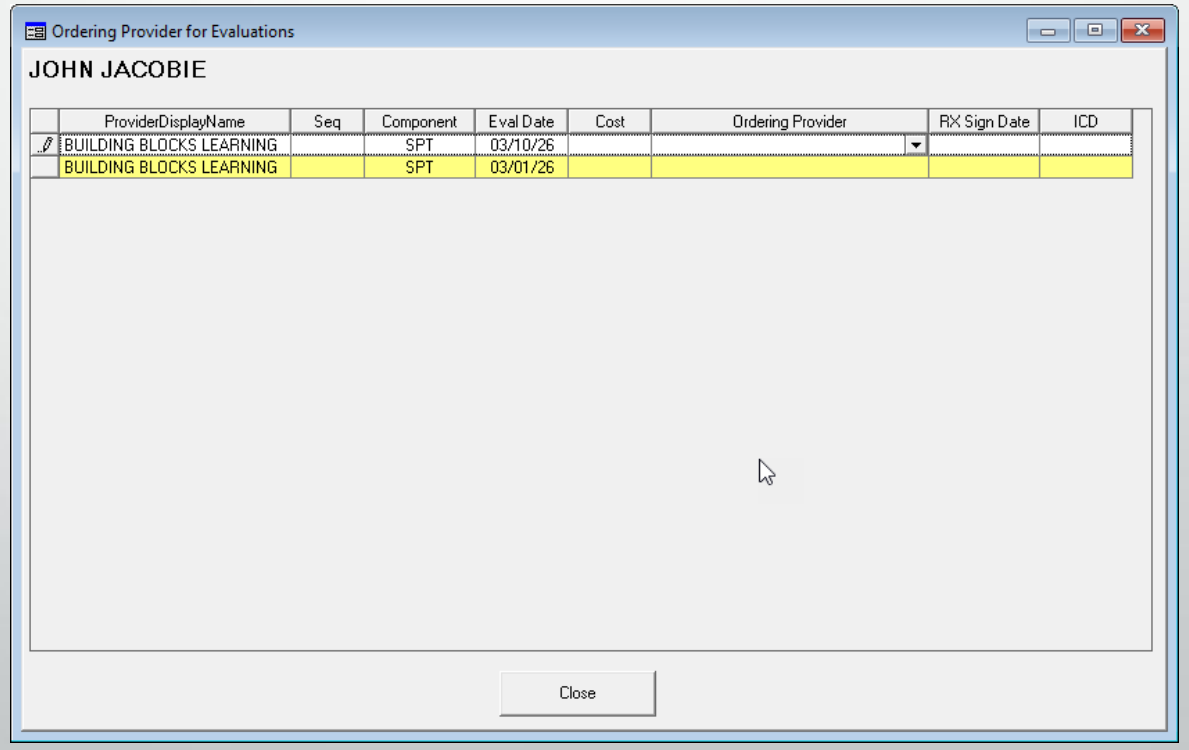
1. Shows all processed payments for the selected enrollment
2. Choosing a payment sets the calendar for that month
3. Attendance can only be entered for months that have been paid



- **Ordering Providers for Evals**

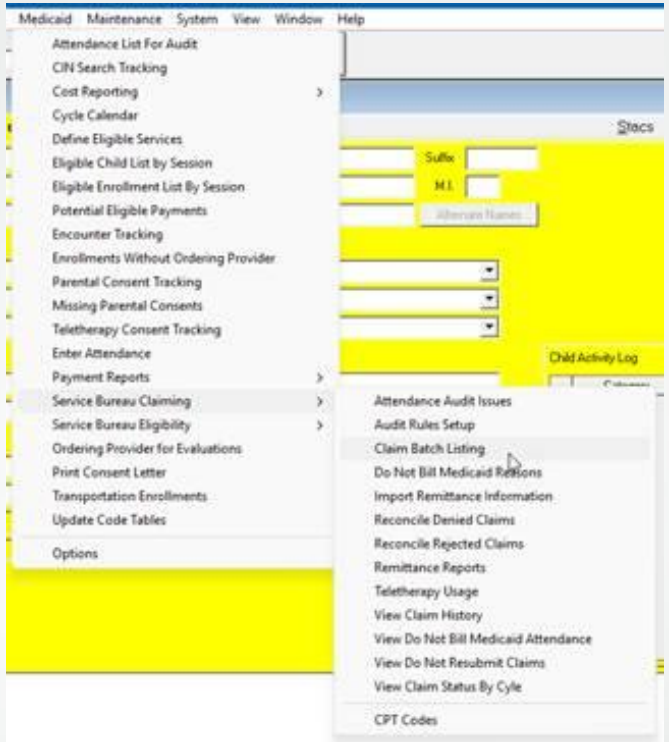
1. Based on current child, lookup child first
2. Navigate the menu Medicaid- >Ordering Provider for Evaluations
3. Select the appropriate ordering provider from the dropdown corresponding to each component

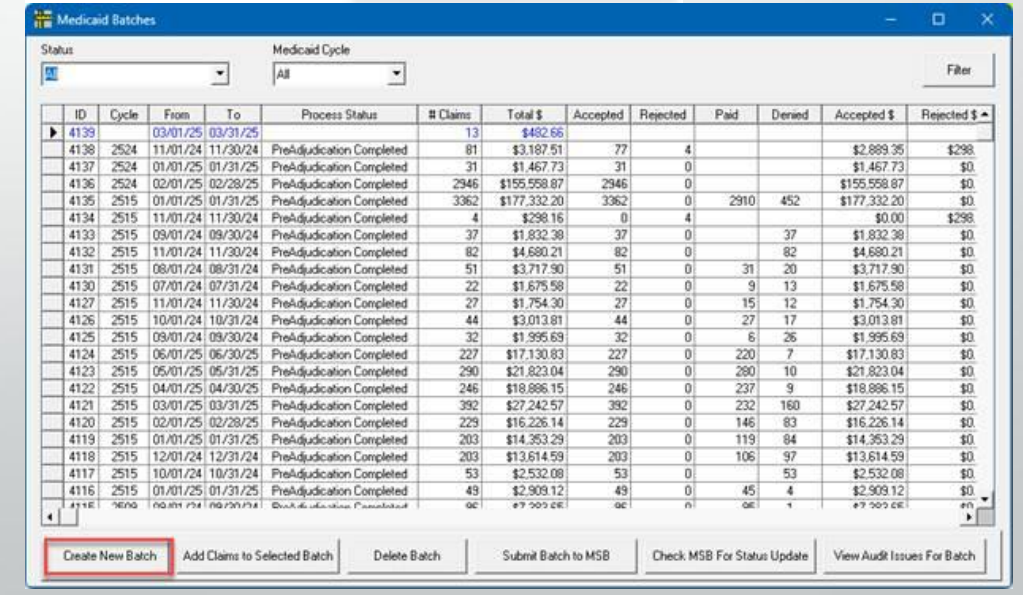




Creating a Medicaid Batch

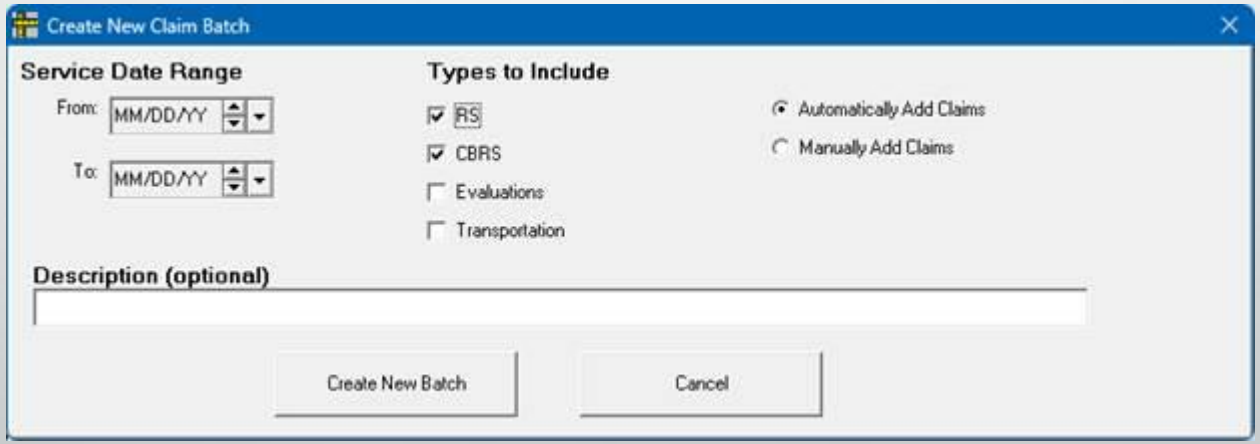
- To Create a Medicaid Batch, Start by going to Medicaid > Service Bureau Claiming > Claim Batch Listing.
- Then click the Create New Batch Button.



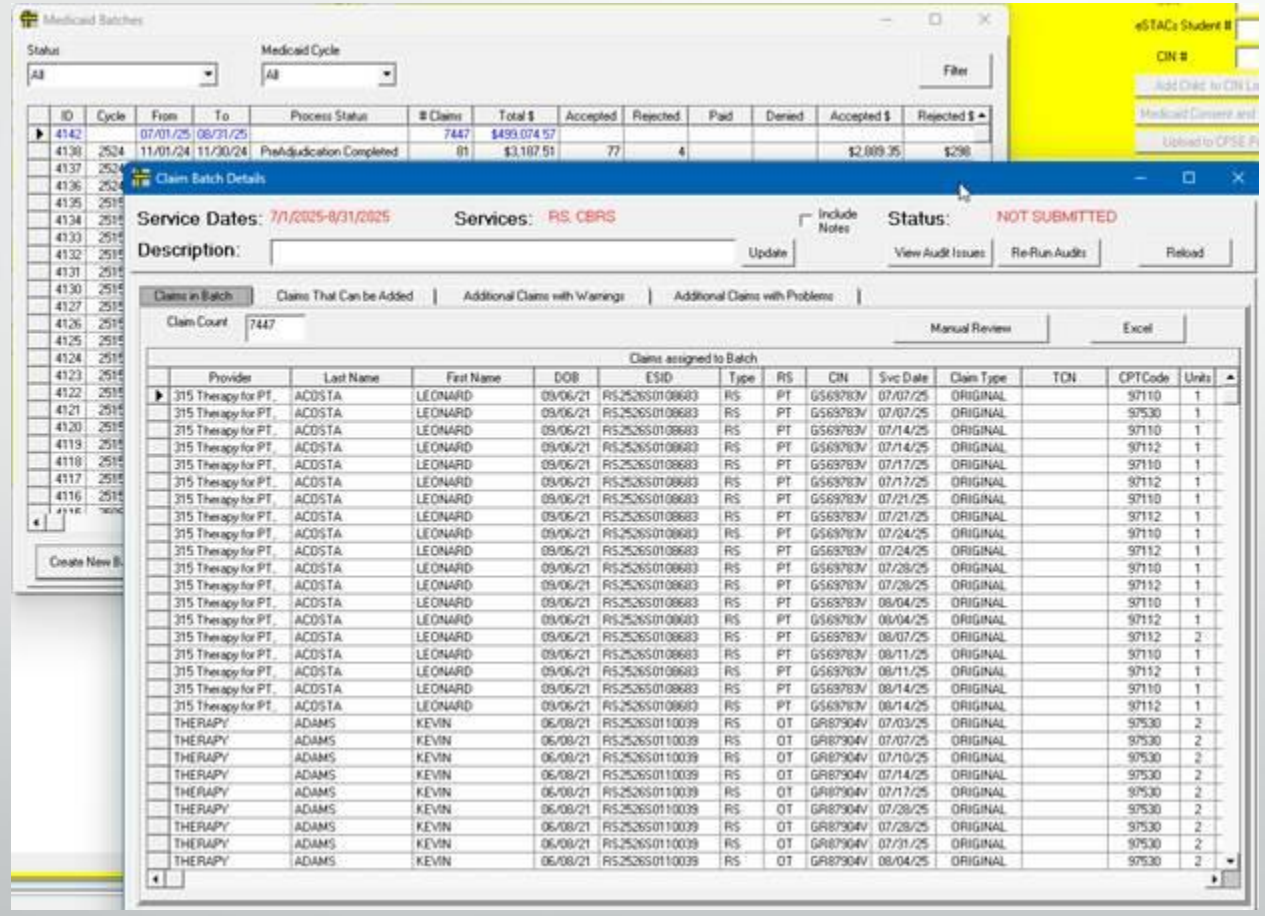


ID	Cycle	From	To	Process Status	# Claims	Total $	Accepted	Rejected	Paid	Denied	Accepted $	Rejected $
4139		03/01/25	03/31/25		13	$482.66						
4138	2524	11/01/24	11/30/24	PreAdjudication Completed	81	$3,187.51	77	4			$2,889.35	$298.
4137	2524	01/01/25	01/31/25	PreAdjudication Completed	31	$1,467.73	31	0			$1,467.73	$0.
4136	2524	02/01/25	02/28/25	PreAdjudication Completed	2946	$155,558.87	2946	0			$155,558.87	$0.
4135	2515	01/01/25	01/31/25	PreAdjudication Completed	3362	$177,332.20	3362	0	2910	452	$177,332.20	$0.
4134	2515	11/01/24	11/30/24	PreAdjudication Completed	4	$298.16	0	4			$0.00	$298.
4133	2515	09/01/24	09/30/24	PreAdjudication Completed	37	$1,832.38	37	0		37	$1,832.38	$0.
4132	2515	11/01/24	11/30/24	PreAdjudication Completed	82	$4,680.21	82	0		82	$4,680.21	$0.
4131	2515	08/01/24	08/31/24	PreAdjudication Completed	51	$3,717.90	51	0	31	20	$3,717.90	$0.
4130	2515	07/01/24	07/31/24	PreAdjudication Completed	22	$1,675.58	22	0	9	13	$1,675.58	$0.
4127	2515	11/01/24	11/30/24	PreAdjudication Completed	27	$1,754.30	27	0	15	12	$1,754.30	$0.
4126	2515	10/01/24	10/31/24	PreAdjudication Completed	44	$3,013.81	44	0	27	17	$3,013.81	$0.
4125	2515	09/01/24	09/30/24	PreAdjudication Completed	32	$1,995.69	32	0	6	26	$1,995.69	$0.
4124	2515	06/01/25	06/30/25	PreAdjudication Completed	227	$17,130.83	227	0	220	7	$17,130.83	$0.
4123	2515	05/01/25	05/31/25	PreAdjudication Completed	290	$21,823.04	290	0	280	10	$21,823.04	$0.
4122	2515	04/01/25	04/30/25	PreAdjudication Completed	246	$18,886.15	246	0	237	9	$18,886.15	$0.
4121	2515	03/01/25	03/31/25	PreAdjudication Completed	392	$27,242.57	392	0	232	160	$27,242.57	$0.
4120	2515	02/01/25	02/28/25	PreAdjudication Completed	229	$16,226.14	229	0	146	83	$16,226.14	$0.
4119	2515	01/01/25	01/31/25	PreAdjudication Completed	203	$14,353.29	203	0	119	84	$14,353.29	$0.
4118	2515	12/01/24	12/31/24	PreAdjudication Completed	203	$13,614.59	203	0	106	97	$13,614.59	$0.
4117	2515	10/01/24	10/31/24	PreAdjudication Completed	53	$2,532.08	53	0		53	$2,532.08	$0.
4116	2515	01/01/25	01/31/25	PreAdjudication Completed	49	$2,909.12	49	0	45	4	$2,909.12	$0.

- A new window will open. On this window, select the Service Date Range, the Service Types you want to include, and choose to have Preschool automatically add claims to the batch.
- **<u>*Please ensure that the Service Date Range is within the Current eMedNY Claiming Limit*</u>**
- When you are ready click Create New Batch



- Once the Batch is created it will open the Claim Batch Details, this screen will display everything that is on the batch, as well as everything that is available to be added or items with problems that prevent them from being added to the batch.



- On the batch, claims are sorted into four categories.

Tab	Description
Claims in Batch	Claims that have already been added to the current batch
Claims that can be Added	Claims that meet the batch criteria (dates and types) and pass all the audits
Additional Claims with Warnings	Claims that meet the batch criteria (dates and types) however they did not pass an audit that are of type “WARNING”
Additional Claims with Problems	Claims that meet the batch criteria (dates and types) however they did not pass one or more audits that are of type “FAILURE”

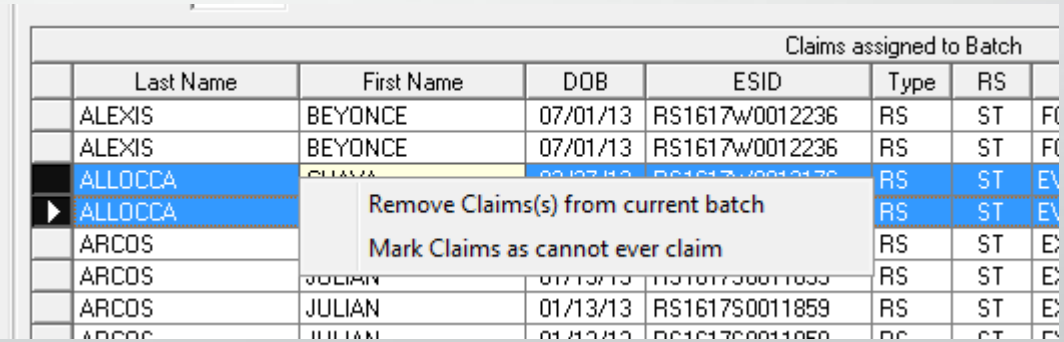
- On the Claims that Can be Added tab, you can select claims you want to add, right click and add them to the batch.
- If you want to remove claims from the batch, you can select them, right click and remove them from the batch.

Claims That Can Be Added

Last Name	First Name	DOB	ESID	Type	RS	CIN	Svc Date	Clai
GARCIA	SAMUEL	06/13/12	RS1617W0012131	RS	ST	EW66019A	10/28/16	
HERRMANN	ERIC	07/31/12	RS1617W0011756	RS	ST	FM98341B	10/13/16	
LARKIN	JAKE	10/04/13	RS1617W0012222	RS	ST	EZ17062S	10/28/16	
LEGGETT	EFRAIM	08/04/12	RS1617W0011876	RS	ST	EX37129E	10/13/16	
LORENZO	JOSEPH	04/11/13	RS1617W0012219	RS	ST	EZ81004Z	10/19/16	
MEZZASALAMA	KYLE	07/20/12	RS1617W0011894	RS	OT	EW85483W	10/14/16	
MEZZASALAMA	KYLE				OT	EW85483W	10/18/16	
MEZZASALAMA	KYLE				OT	EW85483W	10/28/16	
PAPACHRISTOU	SHLO				ST	FP16993X	10/21/16	
PARKS	THOMAS	12/19/11	RS1617W0012070	RS	PT	EZ62226W	10/14/16	
PARKS	THOMAS	12/19/11	RS1617W0012070	RS	PT	EZ62226W	10/14/16	

Add Claims(s) to current batch

Mark Claims as cannot ever claim

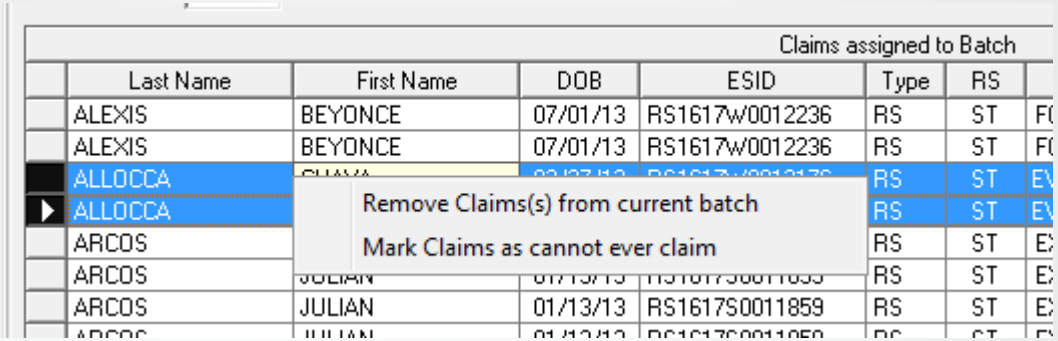


Claims assigned to Batch

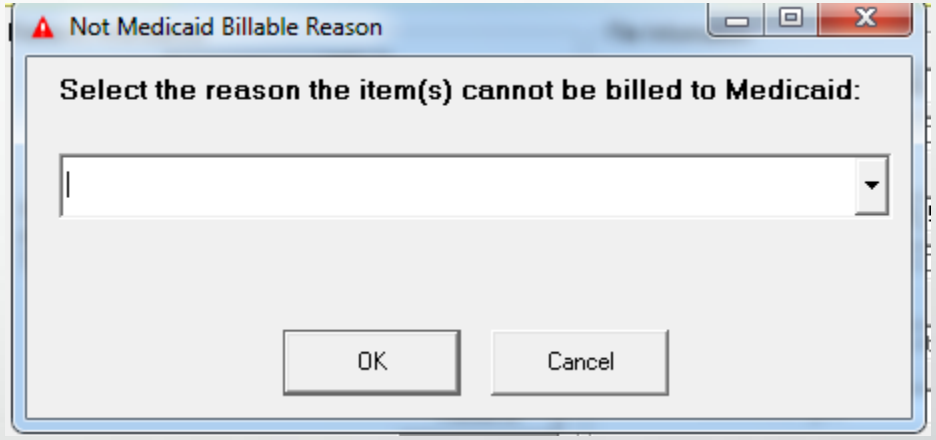
Last Name	First Name	DOB	ESID	Type	RS	
ALEXIS	BEYONCE	07/01/13	RS1617W0012236	RS	ST	F
ALEXIS	BEYONCE	07/01/13	RS1617W0012236	RS	ST	F
ALLOCCA				RS	ST	E
ALLOCCA				RS	ST	E
ARCOS				RS	ST	E
ARCOS				RS	ST	E
ARCOS	JULIAN	01/13/13	RS1617S0011859	RS	ST	E

Remove Claims(s) from current batch

Mark Claims as cannot ever claim

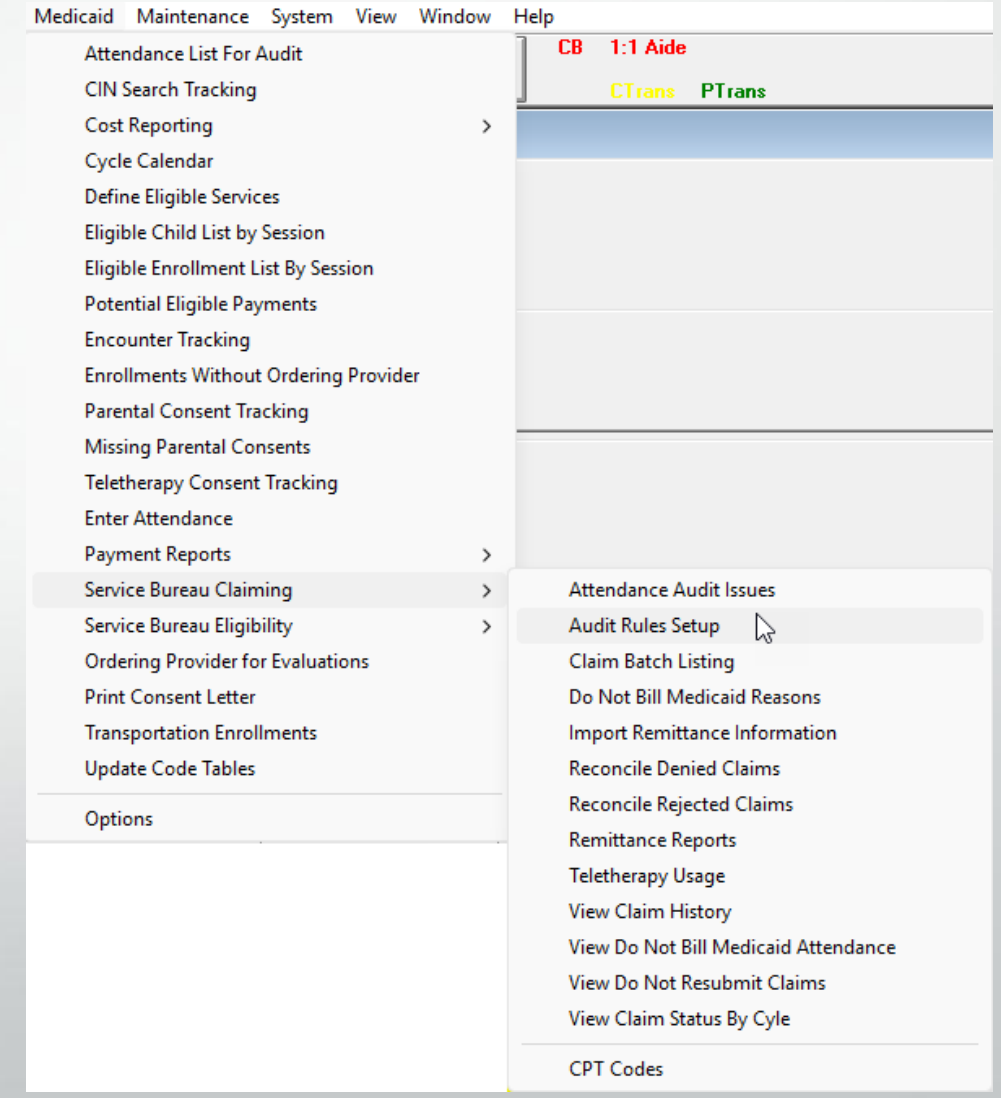


- If you determine that there is a claim with problems that prevent it from being claimed and that those problems can never be corrected you can mark it as Cannot Ever Claim.
- Once you do this you will be asked to Select a reason.
- You can add reasons in the Do Not Bill Medicaid Reasons screen found in the Service Bureau Claiming menu.



Medicaid Audit Rules

- Preschool has the ability to verify and validate lots of information automatically
- The County can choose which audits it would like the system to enforce
- To maintain this list, navigate to Medicaid->Service Bureau Claiming >Audit Rules



- This is the list of current rules
- More may get added over time
- To choose to use this rule, click the “Enforce” check box, then select Failure or Warning

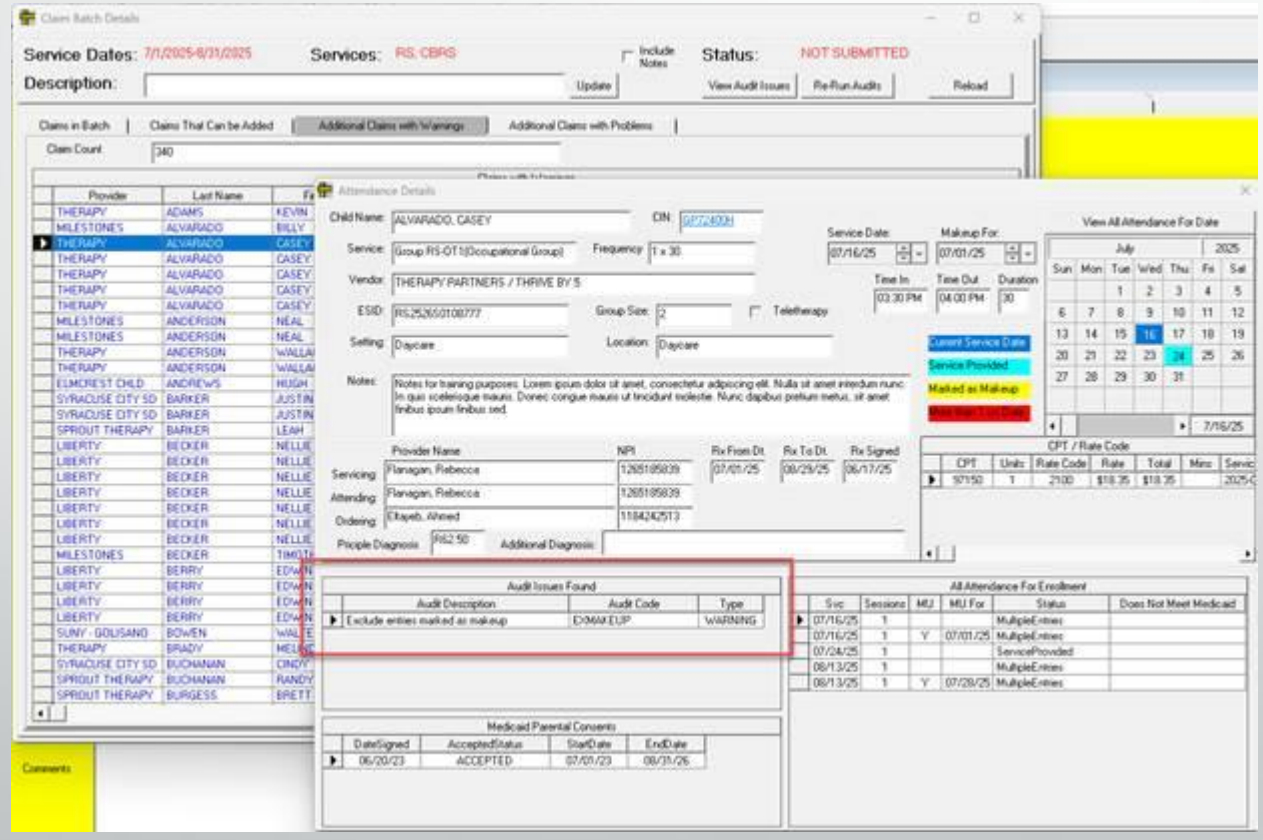
Medicaid Audit Categories

Code	Applies to CPSE Portal entries	Category	Description	Enforce	AuditType
CBRS_CBATTENDANCE	☐	CB Attendance	Require CB Attendance on day of CBRS	☐	FAILURE
TRANS_CBATTENDANCE	☐	CB Attendance	Require CB Attendance on day of Transportation	☑	FAILURE
CONSENTDATE	☐	CONSENT	Service Date must be between Consent from and to dates	☑	FAILURE
CONSENTENTERED	☐	CONSENT	Require Medicaid Parental Consent to be entered	☑	FAILURE
CONSENTREFUSED	☐	CONSENT	Exclude for consents marked with a REFUSED	☑	FAILURE
CONSENTSIGNATUREDATE	☐	CONSENT	Service Date must on or after Consent Signed Date	☐	FAILURE
DOESNOTMEETMEDICAIDF	☑	CPSE FIELDS	Attendance marked as DoesNotMeetMedicaid	☑	FAILURE
REQLOCATION	☑	CPSE FIELDS	Require location to be entered	☐	FAILURE
REQNOTES	☑	CPSE FIELDS	Require notes to be entered	☐	FAILURE
REQSETTING	☑	CPSE FIELDS	Require setting to be entered	☐	FAILURE
CMSTIMEDCPTRULEOF8PE	☑	CPTCODE	Timed CPT code units for the ENROLLMENT exceed the	☐	WARNING
CMSTIMEDCPTRULEOF8PE	☑	CPTCODE	Timed CPT code units for the DAY exceed the units based on	☐	WARNING
DONOTBILLCPT	☐	CPTCODE	Exclude entries where CPT code marked as do not bill	☑	FAILURE
DUPLICATECPTFORDATE	☑	CPTCODE	Entries where CPT Code is duplicated on date for child	☐	WARNING
GROUPCPTCODE	☐	CPTCODE	Exclude entries when CPT code group type does not match	☑	FAILURE
MEDICAIDRATECODE	☐	CPTCODE	CPT Code must have corresponding Medicaid Rate Code	☑	FAILURE
PERSESSIONCPT	☐	CPTCODE	Check for extra units for non-time based CPT codes	☑	WARNING
TIMEDCPT	☑	CPTCODE	Check the actual duration vs units for time based CPT codes	☑	WARNING
UNITS	☐	CPTCODE	Require Attendance to have at least one cpt code unit	☑	FAILURE
ENROLLDATES	☐	DATES	Exclude entries where service date is outside enrollment dates	☐	FAILURE
ELIGIBLEONDATE	☐	ELIGIBILITY	Exclude entries where child is not marked as medicaid eligible	☐	WARNING
EXMAKEUP	☑	FREQUENCY	Exclude entries marked as makeup	☑	WARNING
FREQUENCY	☐	FREQUENCY	Exclude entries that exceed enrollment frequency	☐	FAILURE
GROUPOF1	☑	GROUP	Exclude groups of 1	☑	WARNING
REQICD	☐	ICD	Require Attendance to have at least one ICD	☑	FAILURE
REQVALIDICD	☐	ICD	Require Attendance to have at least one Billable ICD	☑	FAILURE
ATTPROVIDERNPI	☐	NPI	Require Attending provider to have valid NPI	☑	FAILURE
ORDPROVIDERNPI	☐	NPI	Require Ordering provider to have valid NPI	☑	FAILURE
OPRAAPPROVED	☐	OPRA	Require ordering provider to me marked as OPRA approved	☑	FAILURE
RXDATE	☐	PRESCRIPTION	Service Date must be between RX from and to dates	☑	FAILURE
RXSIGNATUREDATE	☐	PRESCRIPTION	Service Date must be after RX signed date	☑	FAILURE
COSIGNATURE45	☑	SIGNATURE	Require cosignature date within 45 days of service date	☑	FAILURE
SIGNATURE45	☑	SIGNATURE	Require signature date within 45 days of service date	☑	FAILURE
REQUIREFACETOFACE	☑	SUPERVISION	Require face to face supervision activity on or prior to	☐	FAILURE
CBRSTELE_BYPASS_CBAT	☑	TELETHERAPY	ByPass CBRS_CBATTENDANCE audit for CBRS Teletherapy	☑	FAILURE
NOTTELE_DURINGALLOWE	☐	TELETHERAPY	Flag for Not Teletherapy when during allowed period	☐	WARNING
TELE_DURINGALLOWED	☐	TELETHERAPY	Flag for Teletherapy when during allowed period	☐	WARNING
TELETHERAPYNOTALLOW	☐	TELETHERAPY	Check for Teletherapy Not allowed	☑	FAILURE
TELETHERAPYREQUIRED	☐	TELETHERAPY	Enforce Teletherapy Requirement	☑	FAILURE
IEPDURATION	☑	TIMES	Exclude entries where duration is less than enrollment	☐	FAILURE
OVERLAP	☑	TIMES	Entries where Attendance Overlap with another	☐	WARNING
THIRTYMINS	☑	TIMES	Exclude entries where duration is less than 30 minutes	☑	FAILURE

Close

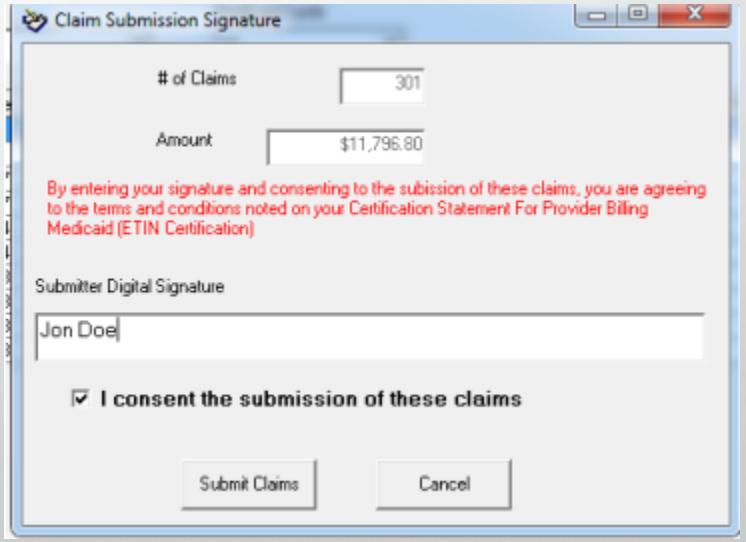
Reviewing Batch Audits

- On the Additional Claims with Warnings tab, or the Additional Claims with Problems tab you can view Audit failures by double clicking on them.
- The Audit Issues Found box will tell you what the problem is.
- From there you can determine if the issue can be corrected or not.
- If the issue can be corrected, once it is corrected, re run the audits by clicking the ‘ReRun Audit’ button at the top.



Submit Medicaid Batch

- When you are ready to submit the batch click the Submit Batch to MSB Button at the bottom.
- Preschool will ask for digital signature confirming your intent to submit claims to Medicaid.
- Type in your name and click the check box
- Click the “Submit Claims” button



- After you submit a batch it will be sent for Pre-Adjudication
- Our MSB sweeps batches to eMedNY every 15 minutes
- A Pre-Adjudication response is usually available within an hour.
- You can click Check MSB for updates to check for a Pre-Adjudication response.

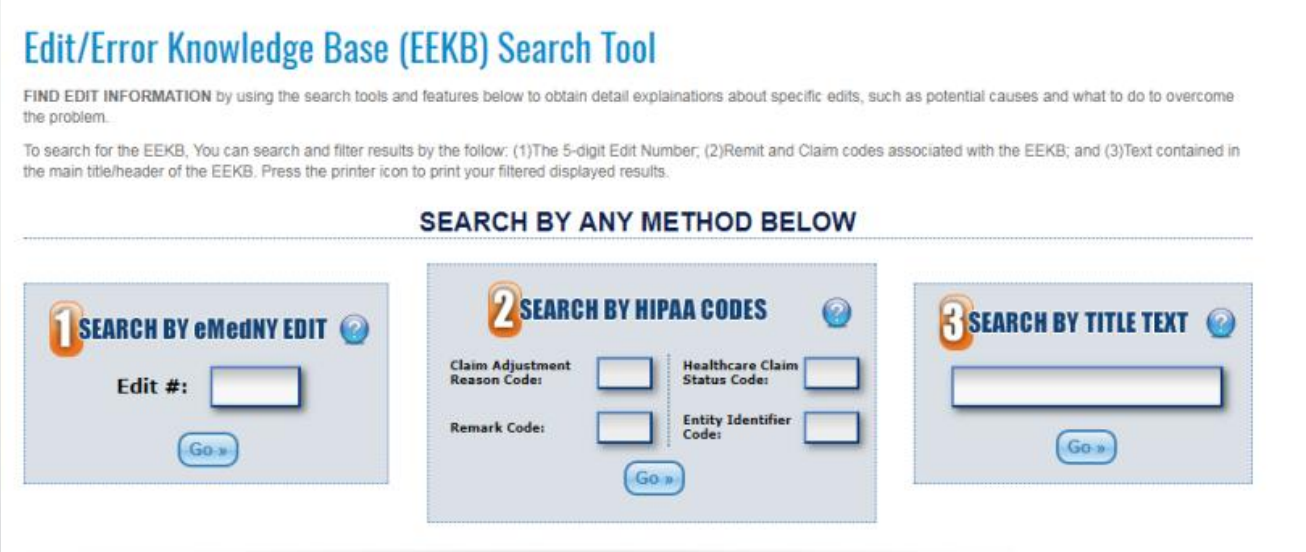
Reconciling Denied and Rejected Claims

Rejection vs. Denial

- **Rejection**
- Prior to adjudication
- Problems are reported with
  - Category Code
  - Claim Status Code
  - Entity Code (optional)

- **Denial**
- Result of the adjudication process
- Problems are reported with
  - Claim Adjustment Reason Group Code (typically CO)
  - Claim Adjustment Reason Code
  - Remark Code

- **eMedNY Error Search**
- You can use the eMedNY website to look up errors.
- Go to the eMedNY HIPPA Support Tab and select the Edit/Error Knowledge Base (EEKB) Search Tool.

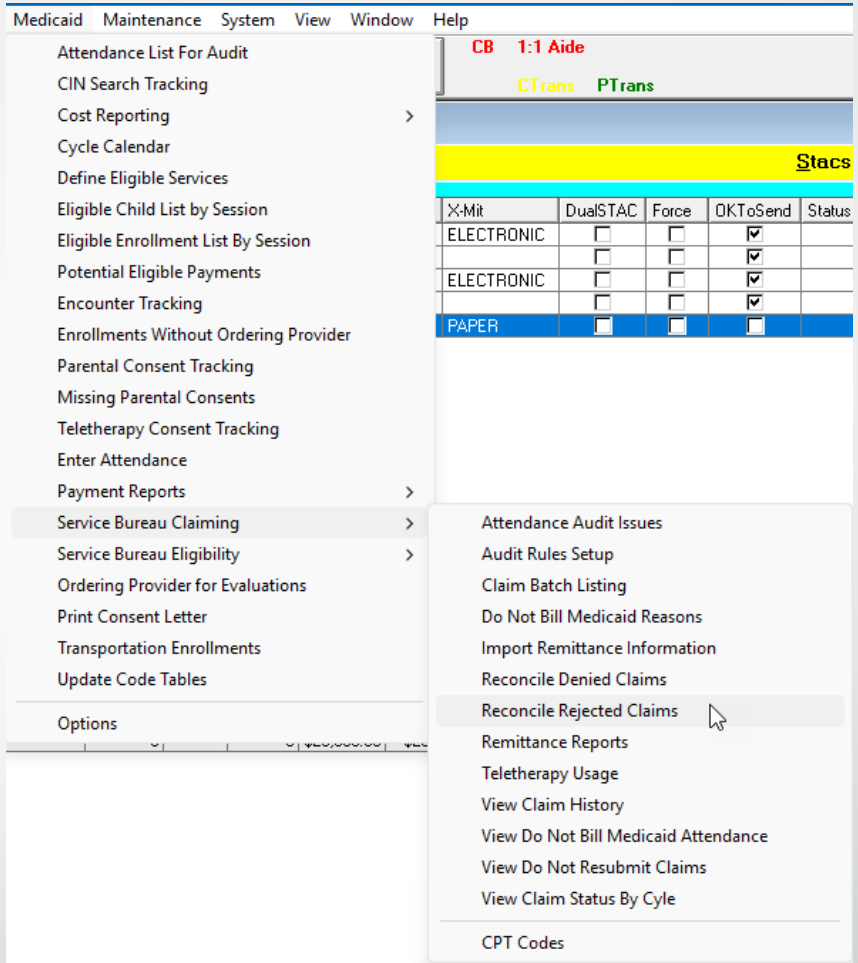


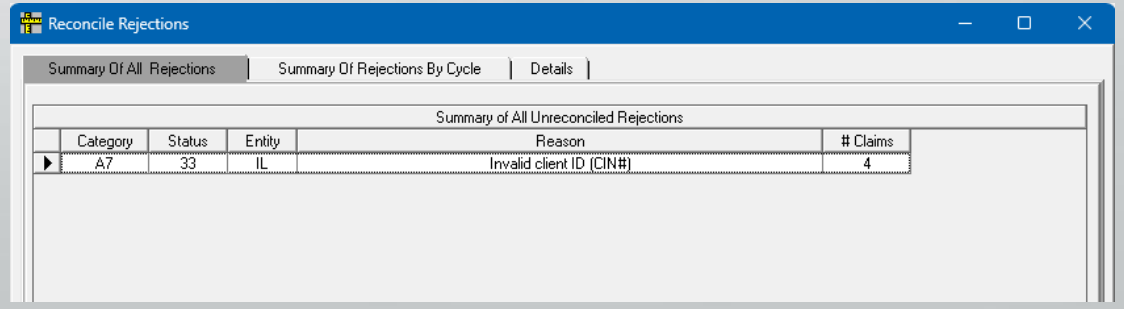
- **MSB Problem Reporting**
- When a claim is rejected or denied, Preschool will supply you with the standard HIPAA codes from eMedNY
- However, Preschool will also provide a descriptive error message as well as potential/suggested resolution

- **Claim Reconciliation**
- The Medicaid claiming process in Preschool is designed with the intent that every claim submitted to Medicaid is “reconciled”
- Paid (and partial paid) claims are automatically reconciled
- Rejected and Denied claims are reconciled by either
  - Resubmitting the claim without any changes
  - Resubmitting the claim with modifications
  - Marking the claim to indicate that it will never be re-submitted

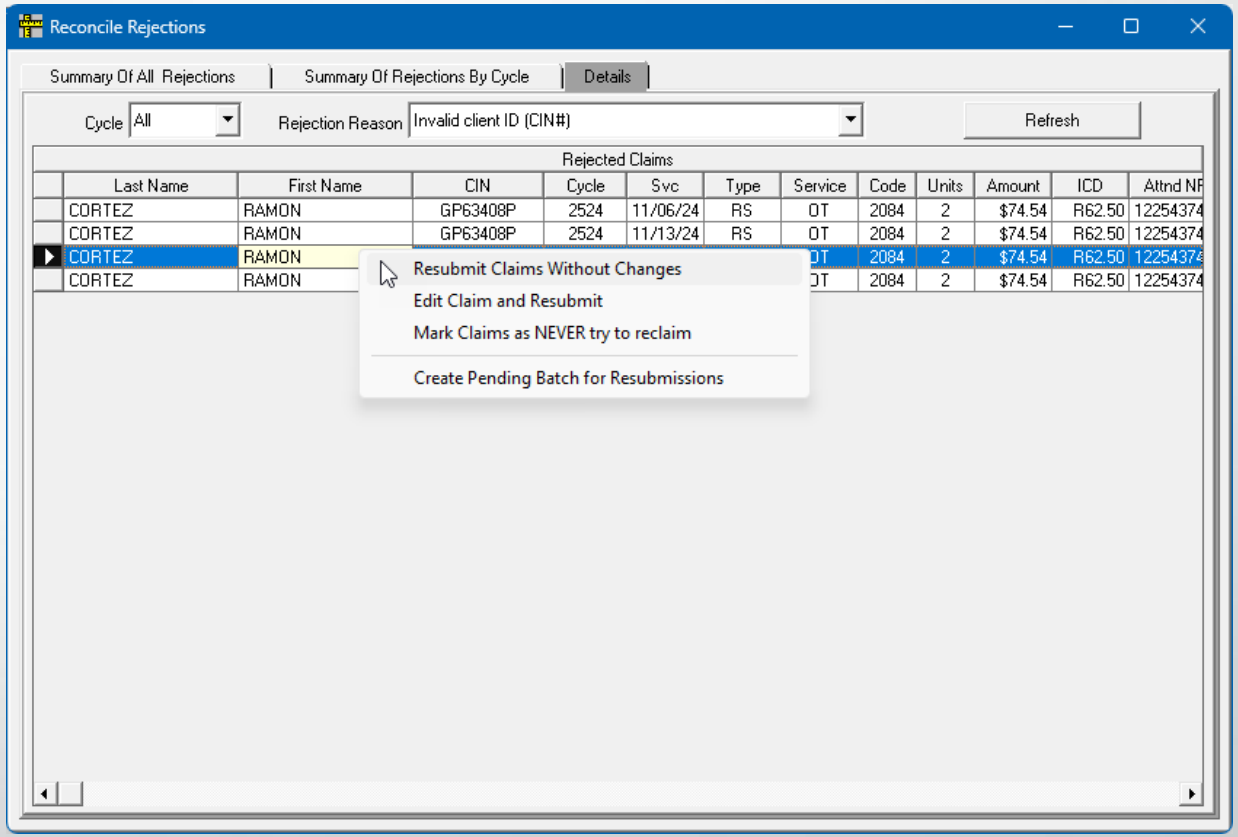
Reconciling Rejections

- **Reconciling Rejections**
- Using the menu, go to Medicaid->Service Bureau Claiming->Reconcile Rejected Claims
- Screen only shows unreconciled claims
- The screen has 3 tabs
  - Summary of all rejections
  - List one row for each error
  - Double clicking will take you to the Details tab
- Summary of Rejections by Cycle
  - Lists one row for each error by cycle
  - Double clicking will take you to the Details tab
- Details
  - Lists one row per claim

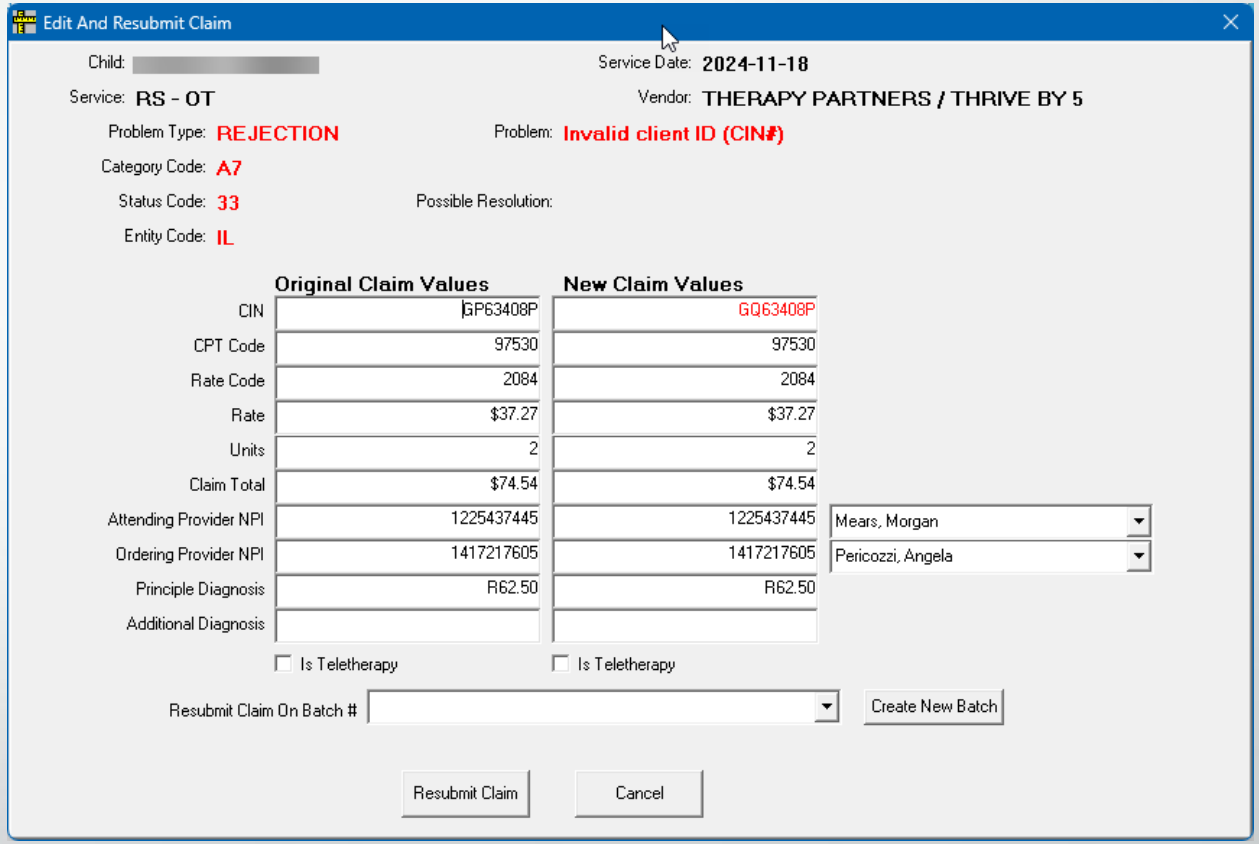




- **Reconciling Rejections**
- On the Details tab you can select multiple rows
- By right clicking you can see a menu with options
  - Resubmit claims
  - Mark Claims Do Not try to Reclaim
  - Create Pending Batch for Resubmissions
- Double clicking a claim brings you to edit and resubmit a claim

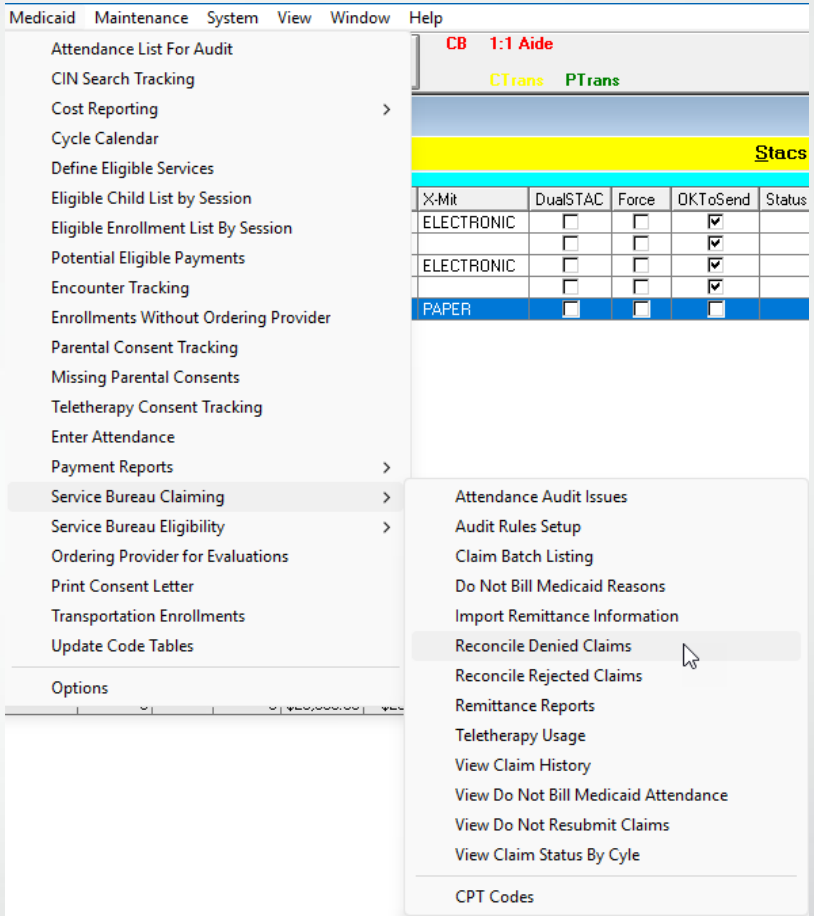


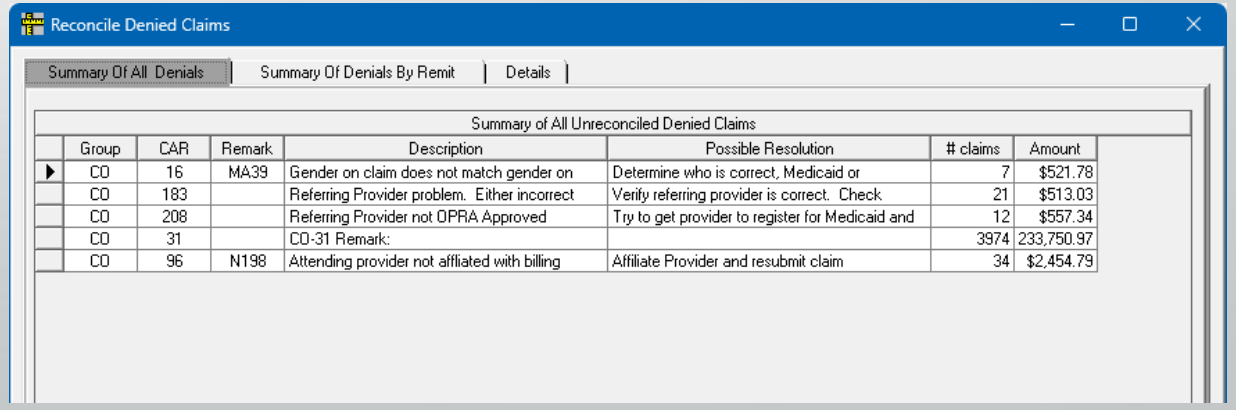
- **Editing a Claim for Resubmission**
- Top of screen shows child and date with the problem information
  - Left hand shows what was submitted
  - Right hand shows what the new claim will be
  - You can change the new claim values
  - Any value changed will show in red
- In order to resubmit, a pending (not submitted) batch must exist. If none exist, create one
- Select the batch for the new claim and click "Resubmit Claim"



Reconciling Denials

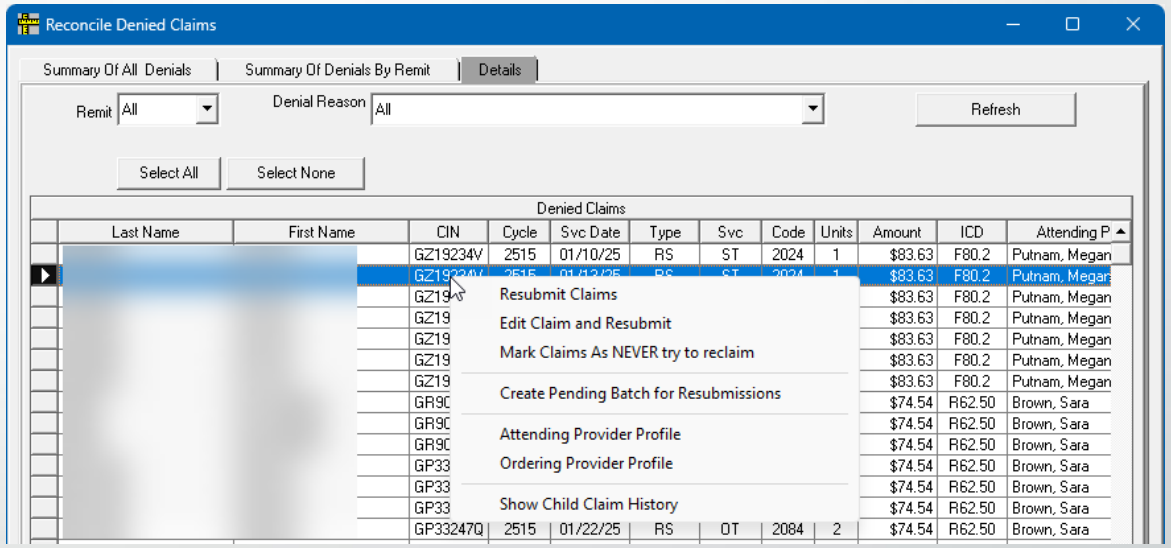
- **Reconciling Denials**
- Using the menu, go to Medicaid->Service Bureau Claiming->Reconcile Denied Claims
- Screen only shows unreconciled claims
- The screen has 3 tabs
  - Summary of all Denials
    - List one row for each error
    - Double clicking will take you to the Details tab
- Summary of Denials by Cycle
  - Lists one row for each error by cycle
  - Double clicking will take you to the Details tab
- Details
  - Lists one row per claim



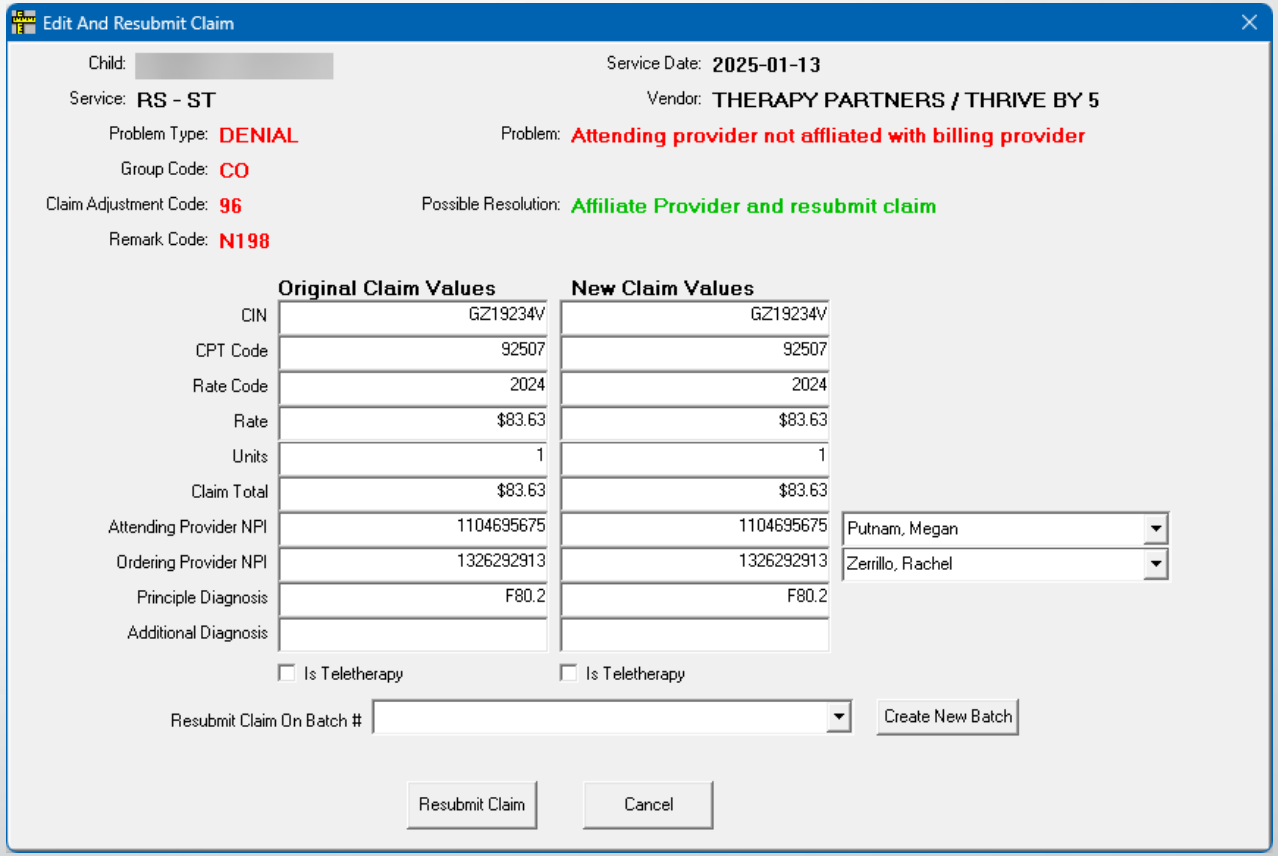


Group	CAR	Remark	Description	Possible Resolution	# claims	Amount
CO	16	MA39	Gender on claim does not match gender on	Determine who is correct, Medicaid or	7	$521.78
CO	183		Referring Provider problem. Either incorrect	Verify referring provider is correct. Check	21	$513.03
CO	208		Referring Provider not OPRA Approved	Try to get provider to register for Medicaid and	12	$557.34
CO	31		CO-31 Remark:		3974	233,750.97
CO	96	N198	Attending provider not affiliated with billing	Affiliate Provider and resubmit claim	34	$2,454.79

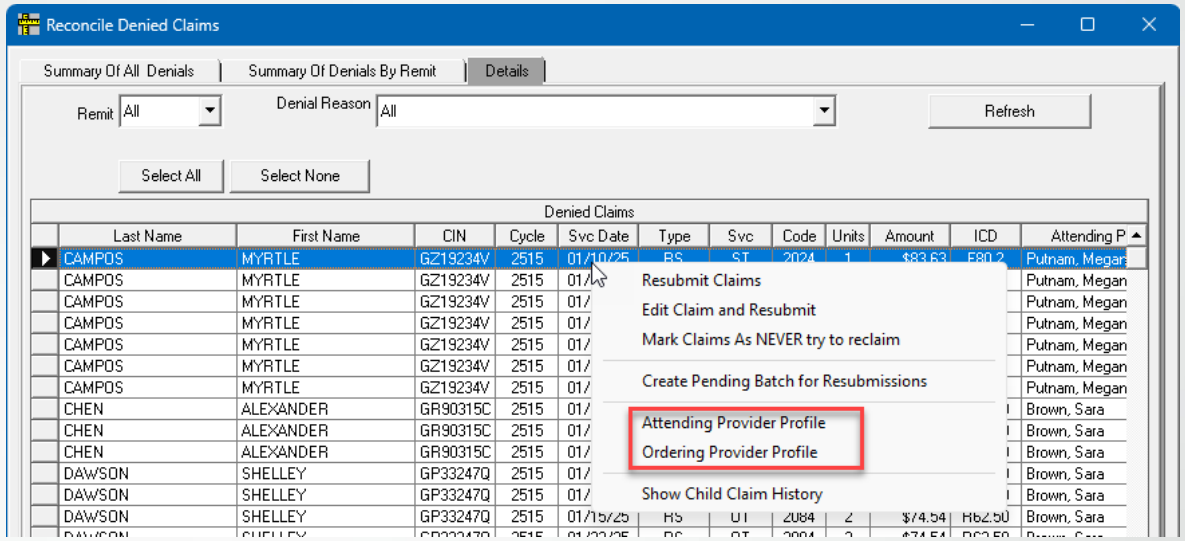
- **Reconciling Denials**
- On the Details tab you can select multiple rows
- By right clicking you can see a menu with options
  - Resubmit claims
  - Mark Claims Do Not try to Reclaim
  - Create Pending Batch for Resubmissions
- Double clicking a claim brings you to edit and resubmit a claim

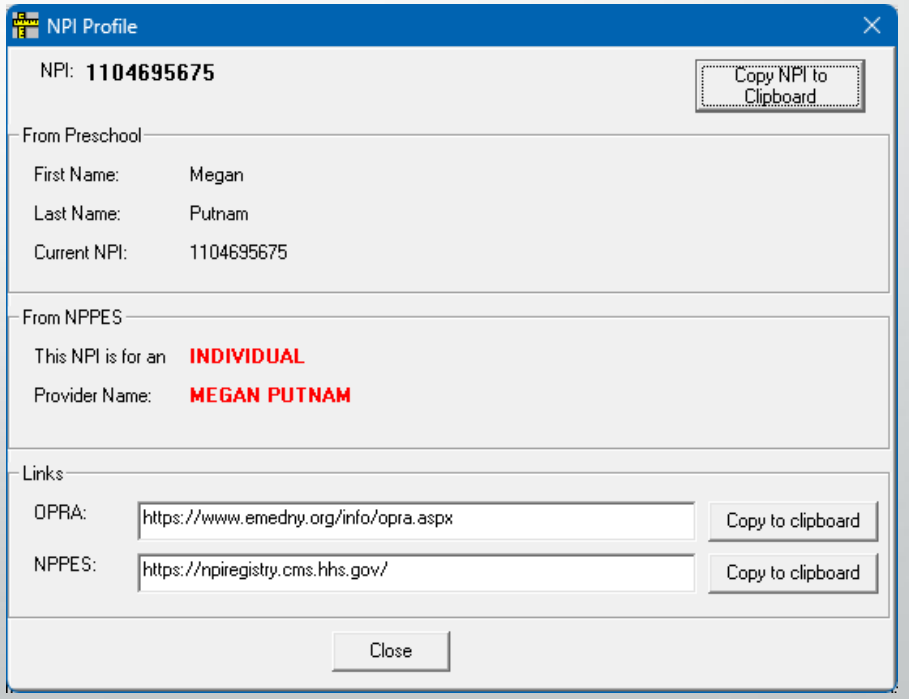


- **Editing a Claim for Resubmission**
- Top of screen shows child and date with the problem information
  - Left hand shows what was submitted
  - Right hand shows what the new claim will be
  - You can change the new claim values
  - Any value changed will show in red
- In order to resubmit, a pending (not submitted) batch must exist. If none exist, create one
- Select the batch for the new claim and click "Resubmit Claim"



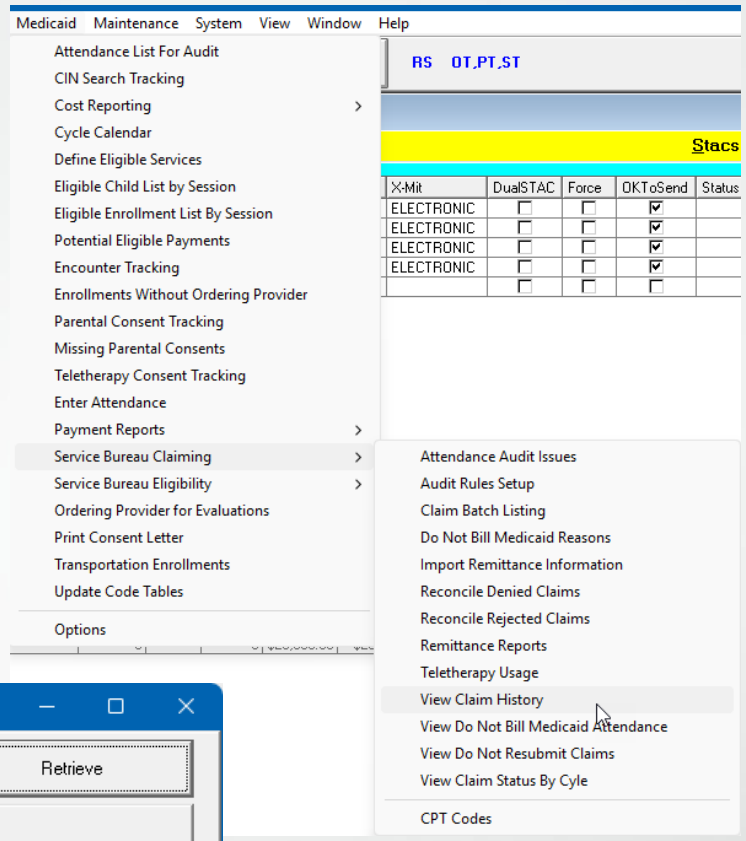
- **Provider Profile**
- While reconciling denied claims, you can view details about either the attending or ordering provider
- The screen shows you the NPI, the data that you have in Preschool for that person and what the NPI Registry (NPPES) has for that NPI
- We provide links for other websites and buttons to copy the NPI and addresses to your clipboard so you can past them in your web browser

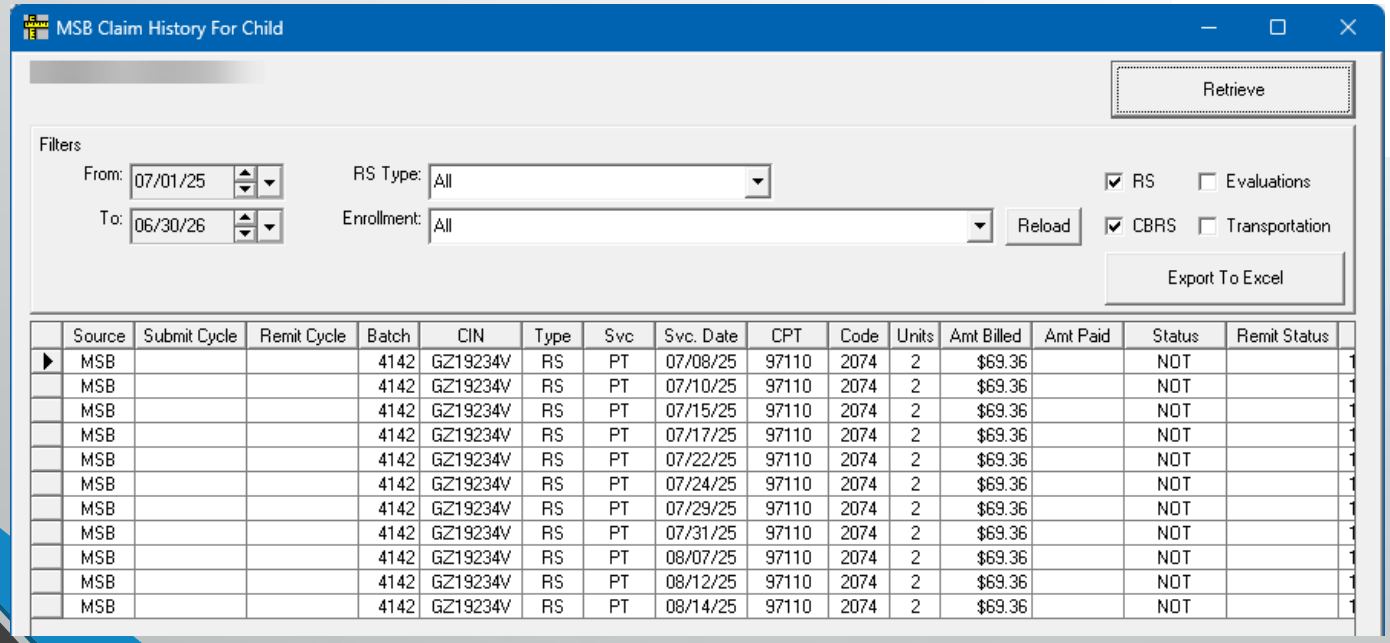




Child Claiming History

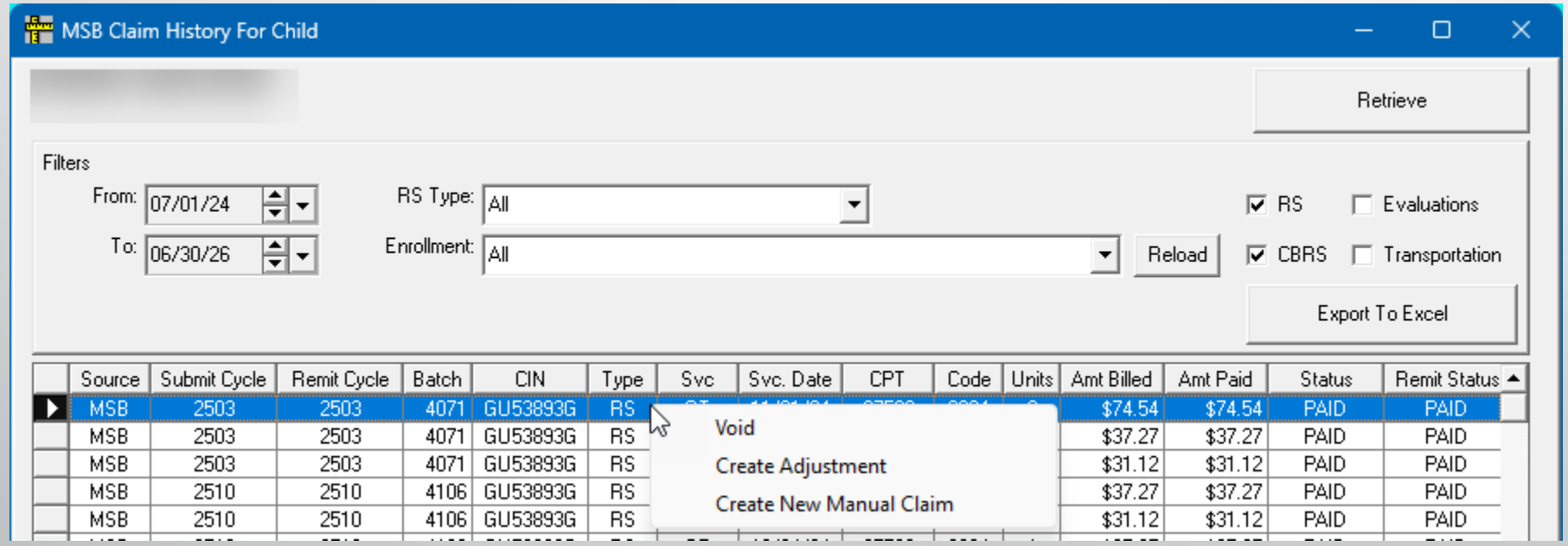
- **Child Claim History**
- To view the Medicaid Claiming History for a child, start by looking up a child.
- Then go to Medicaid > Service Bureau Claiming > View Claim History



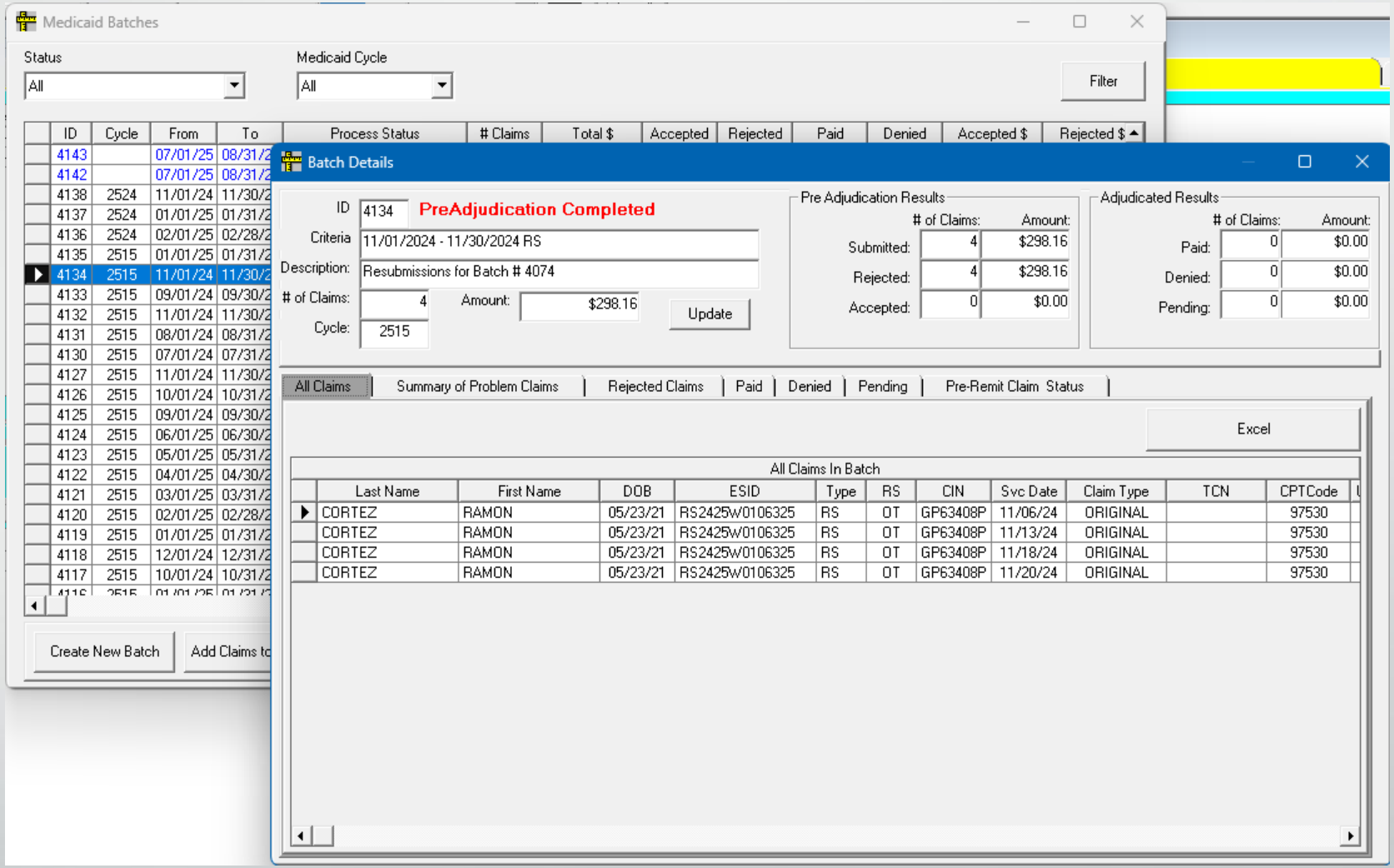


Source	Submit Cycle	Remit Cycle	Batch	CIN	Type	Svc	Svc. Date	CPT	Code	Units	Amt Billed	Amt Paid	Status	Remit Status
MSB			4142	GZ19234V	RS	PT	07/08/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/10/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/15/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/17/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/22/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/24/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/29/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	07/31/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	08/07/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	08/12/25	97110	2074	2	$69.36		NOT	
MSB			4142	GZ19234V	RS	PT	08/14/25	97110	2074	2	$69.36		NOT	

- **Void/Adjust Claim**
- From the Child Claim History Screen, you can void or adjust a claim by right clicking it.

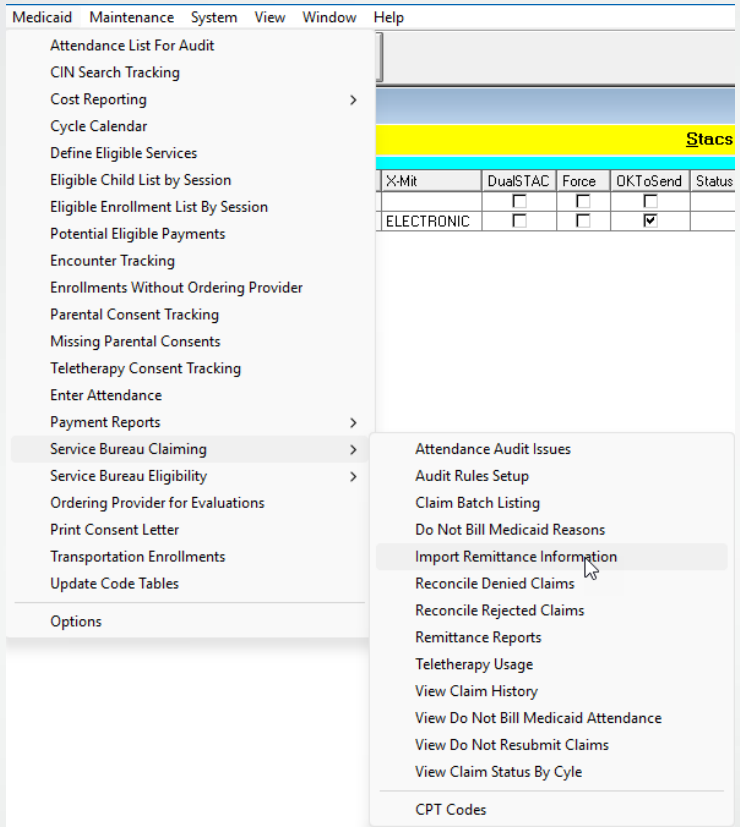


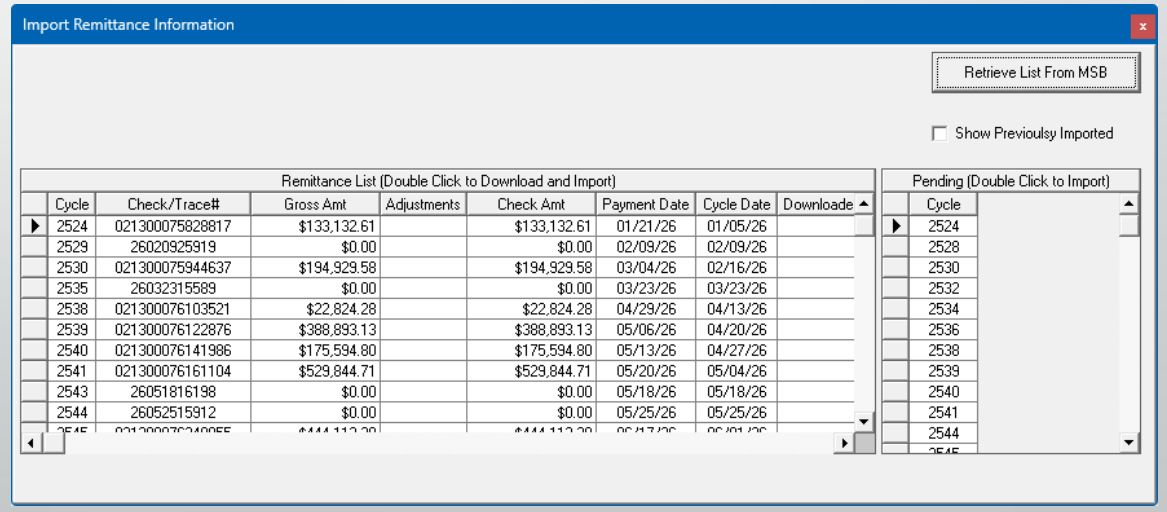
- **Submitted Claim Batch Details**
- Open the claim batch listing screen
- Double click a row of a submitted batch



Importing and Viewing Remittances

- **Import Remittance**
- Use the menu to go to Medicaid->Service Bureau Claiming->Import Remittance Information
- Click “Retrieve List from “MSB”
- Left grid will list any new remittances
- Right grid will list new pending reports
- Double a click a row to download item. The information is downloaded from MSB and imported into your database

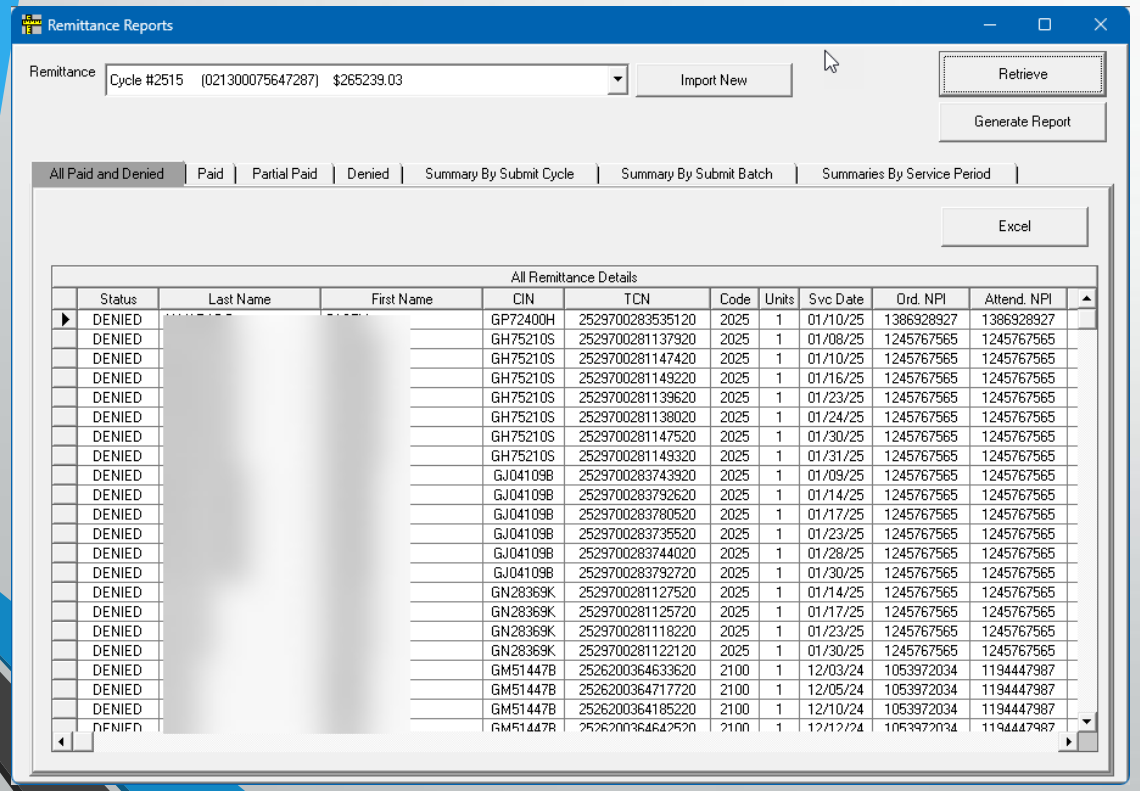




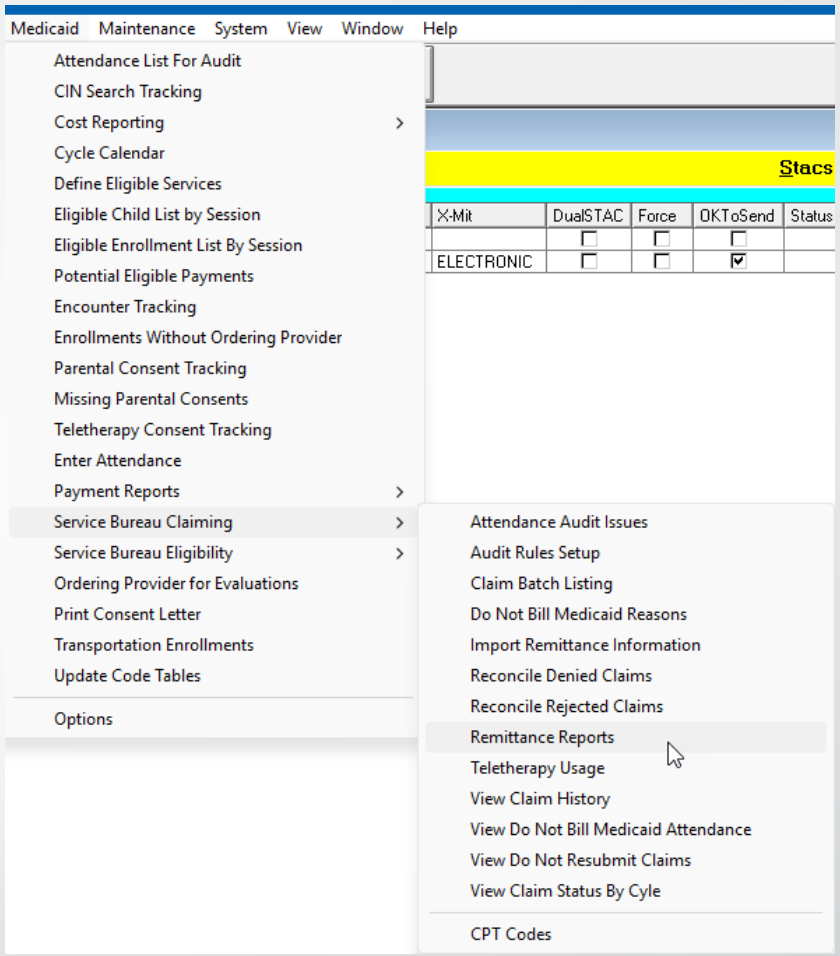
Cycle	Check/Trace#	Gross Amt	Adjustments	Check Amt	Payment Date	Cycle Date	Downloade
2524	021300075828817	$133,132.61		$133,132.61	01/21/26	01/05/26	
2529	26020925919	$0.00		$0.00	02/09/26	02/09/26	
2530	021300075944637	$194,929.58		$194,929.58	03/04/26	02/16/26	
2535	26032315589	$0.00		$0.00	03/23/26	03/23/26	
2538	021300076103521	$22,824.28		$22,824.28	04/29/26	04/13/26	
2539	021300076122876	$388,893.13		$388,893.13	05/06/26	04/20/26	
2540	021300076141986	$175,594.80		$175,594.80	05/13/26	04/27/26	
2541	021300076161104	$529,844.71		$529,844.71	05/20/26	05/04/26	
2543	26051816198	$0.00		$0.00	05/18/26	05/18/26	
2544	26052515912	$0.00		$0.00	05/25/26	05/25/26	

Cycle
2524
2528
2530
2532
2534
2536
2538
2539
2540
2541
2544

- **Remittance Reports**
- Choose a remittance
- Click Retrieve to populate grids
- Each Grid can be exported to Excel
- “Generate Report” creates a printable report



Status	Last Name	First Name	CIN	TCN	Code	Units	Svc Date	Ord. NPI	Attend. NPI
DENIED			GP72400H	2529700283535120	2025	1	01/10/25	1386928927	1386928927
DENIED			GH75210S	2529700281137920	2025	1	01/08/25	1245767565	1245767565
DENIED			GH75210S	2529700281147420	2025	1	01/10/25	1245767565	1245767565
DENIED			GH75210S	2529700281149220	2025	1	01/16/25	1245767565	1245767565
DENIED			GH75210S	2529700281139620	2025	1	01/23/25	1245767565	1245767565
DENIED			GH75210S	2529700281138020	2025	1	01/24/25	1245767565	1245767565
DENIED			GH75210S	2529700281147520	2025	1	01/30/25	1245767565	1245767565
DENIED			GH75210S	2529700281149320	2025	1	01/31/25	1245767565	1245767565
DENIED			GJ04109B	2529700283743920	2025	1	01/09/25	1245767565	1245767565
DENIED			GJ04109B	2529700283792620	2025	1	01/14/25	1245767565	1245767565
DENIED			GJ04109B	2529700283780520	2025	1	01/17/25	1245767565	1245767565
DENIED			GJ04109B	2529700283735520	2025	1	01/23/25	1245767565	1245767565
DENIED			GJ04109B	2529700283744020	2025	1	01/28/25	1245767565	1245767565
DENIED			GJ04109B	2529700283792720	2025	1	01/30/25	1245767565	1245767565
DENIED			GN28369K	2529700281127520	2025	1	01/14/25	1245767565	1245767565
DENIED			GN28369K	2529700281125720	2025	1	01/17/25	1245767565	1245767565
DENIED			GN28369K	2529700281118220	2025	1	01/23/25	1245767565	1245767565
DENIED			GN28369K	2529700281122120	2025	1	01/30/25	1245767565	1245767565
DENIED			GM51447B	2526200364633620	2100	1	12/03/24	1053972034	1194447987
DENIED			GM51447B	2526200364717720	2100	1	12/05/24	1053972034	1194447987
DENIED			GM51447B	2526200364185220	2100	1	12/10/24	1053972034	1194447987
DENIED			GM51447B	2526200364642520	2100	1	12/12/24	1053972034	1194447987



- **Remittance Reports cont.**

Printed On: 09/21/26

DEMO DATA (14)

Preschool Program

Page # 1

Cycle: 2545

Payment Reference Number: 021300076240852

Payment Date: 6/17/2026

Gross Payment: $90,248.50

Adjustments:

Check Amount: $90,248.50

			Last Name	First name	DOB	CIN	TCN	Svc. Date	Code	Units	Billed	Paid
DENIED			Duplicate Claim / 2nd service									
DENIED	97	M86	CRAWFORD	BONNIE	05/08/21	GQ70887P	2614200466620920	11/20/25	2024	1	$83.63	$0.00
DENIED	97	M86	GIBSON	TONI	08/08/22	GT94716G	2614600446357920	07/11/25	2053	1	$208.58	$0.00
DENIED	97	M86	GONZALEZ	OTIS	06/14/22	GU05860R	2614200466615720	11/18/25	2024	1	$83.63	$0.00
DENIED	97	M86	MCGUIRE	COLIN	11/10/21	GT89688D	2614200351041020	11/06/25	2074	2	$69.36	$0.00
DENIED	97	M86	SPENCER	ROSALIE	08/18/21	GQ74086R	2614200336695120	11/21/25	2024	1	$83.63	$0.00
				Claim Adjustment Reason Code:		97						
			Sub Total DENIED	**Remark Code:**		M86		# Claims		**5**	**$528.83**	**$0.00**
			Sub Total DENIED					# Claims		**5**	**$528.83**	**$0.00**
PAID												
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322523820	11/05/25	2084	2	$74.54	$74.54
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322529020	11/06/25	2084	2	$74.54	$74.54
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322521420	11/12/25	2084	2	$74.54	$74.54
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322527020	11/13/25	2084	2	$74.54	$74.54
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322523920	11/19/25	2084	2	$74.54	$74.54
PAID			ADAMS	RAUL	10/15/22	GW70590H	2614600322529120	11/20/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276834220	11/04/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276838220	11/06/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276830720	11/12/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276832320	11/13/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276834320	11/18/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276838320	11/21/25	2084	2	$74.54	$74.54
PAID			ALLEN	ALEXANDER	06/06/22	GV24495E	2614100276830820	11/24/25	2084	2	$74.54	$74.54

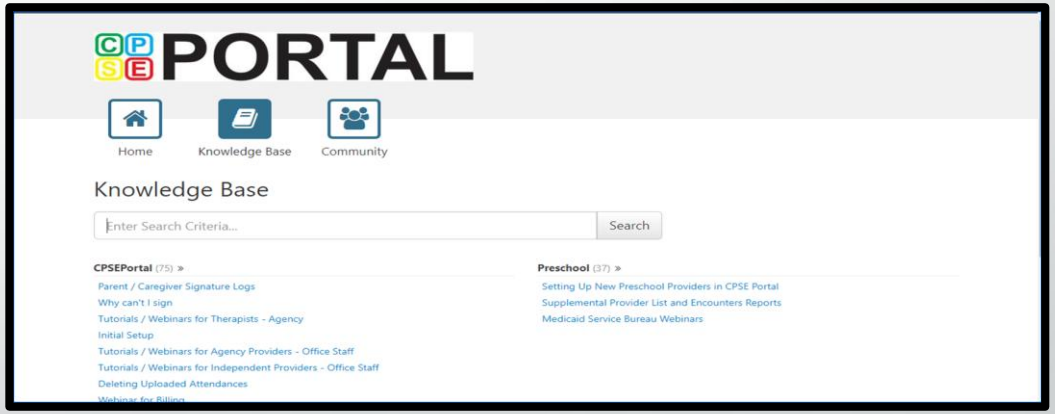
Closing

Knowledge Base Articles

- Creating and Submitting Medicaid Batches
  - http://support.cpseportal.com/kb/a878/creating-and-submitting-medicaid-batches.aspx
- Entering Medicaid Attendance
  - http://support.cpseportal.com/kb/a736/entering-medicaid-attendance-in-preschool.aspx
- View Child's Medicaid Claiming History
  - http://support.cpseportal.com/kb/a682/how-to-see-a-childs-medicaid-claiming-history.aspx

Preschool Knowledge Base

- The Knowledge Base provides numerous articles, trainings, webinars and other pertinent information that will help answer your questions before having to contact Preschool support.
- You can simply click the Knowledge Base tab in the CPSE Portal or you can go to:
- ***http://support.cpseportal.com/kb***



Survey

- At the end of this webinar there will be a 5 questions survey
- If you have time, please complete the survey as it will help us to improve our future webinars

Closing Remarks

- If you need assistance with Preschool the Preschool Helpdesk is available through email at preschoolsupport@cpseportal.com
  - When you send us an email:
    - Do **not** use child's name
    - Use ESID #, Child # or STAC ID #
  - Include any error or warning messages you received