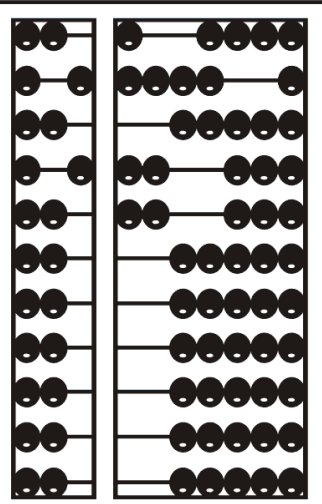


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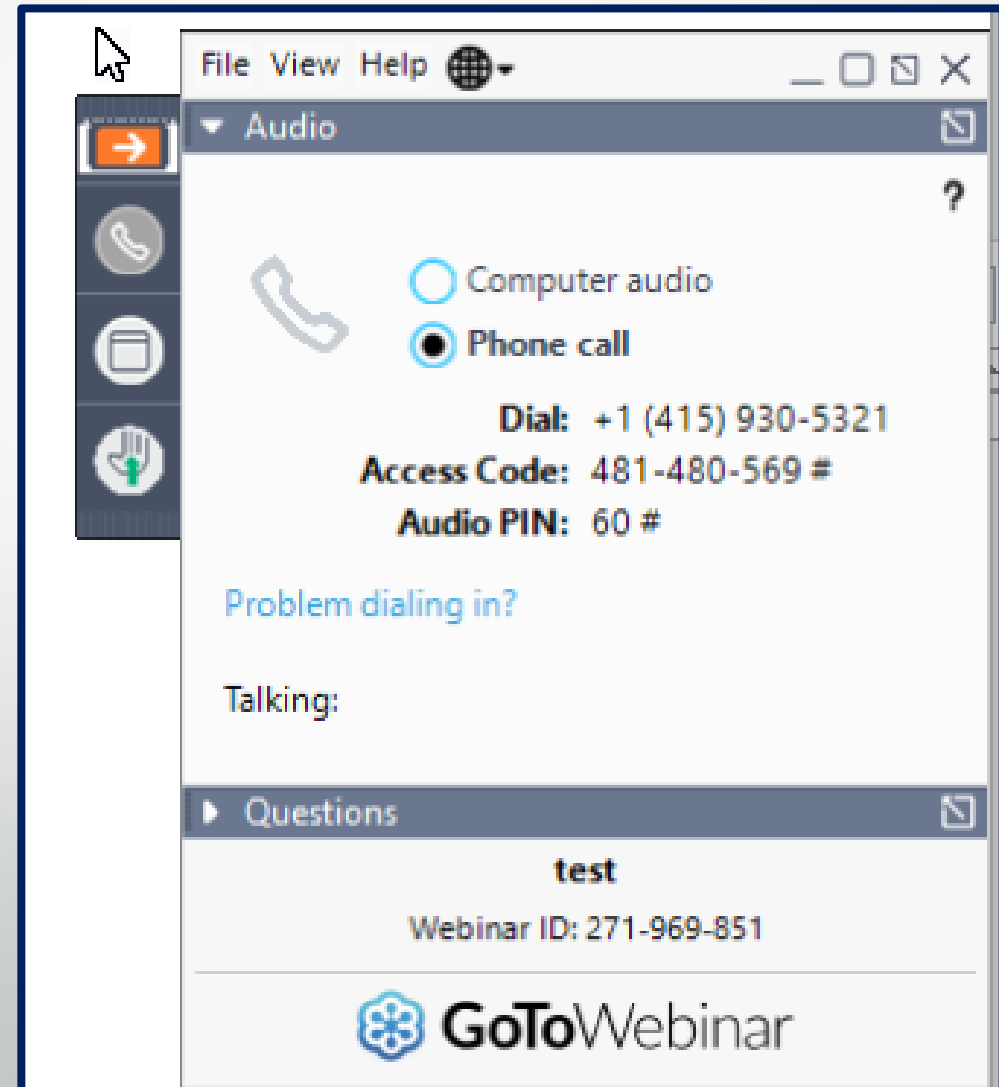


Using Go To Webinar

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

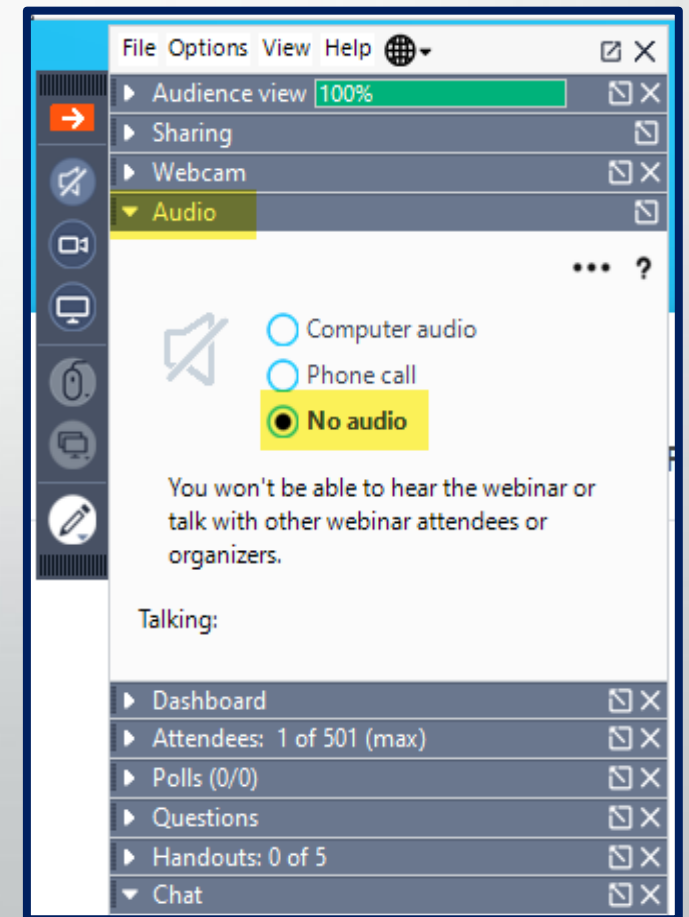
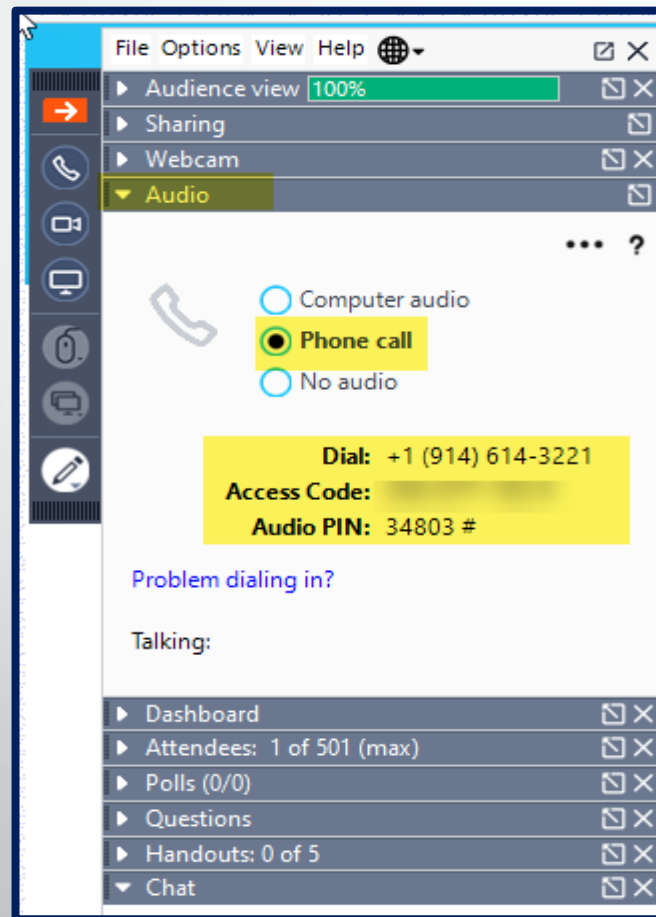
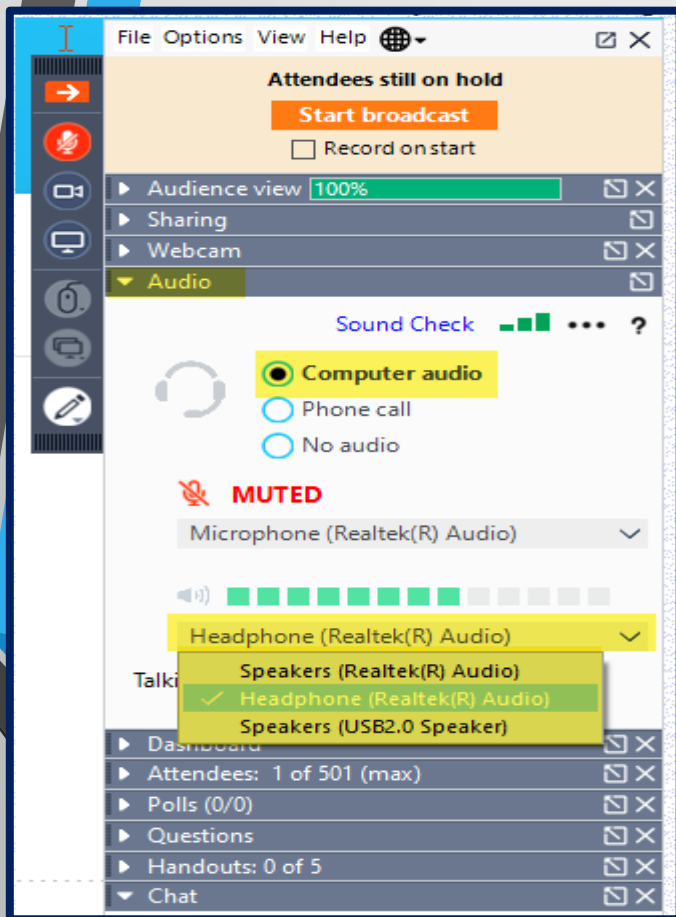


Communicating with Presenter

- 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.

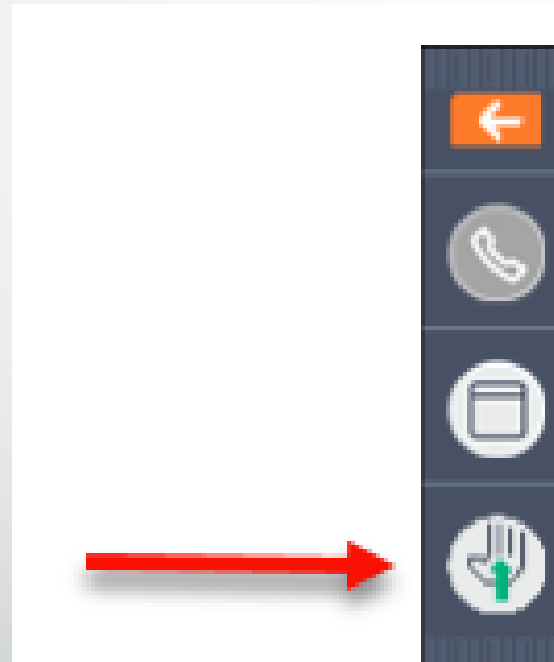
Can't Hear the Webinar?

- 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!



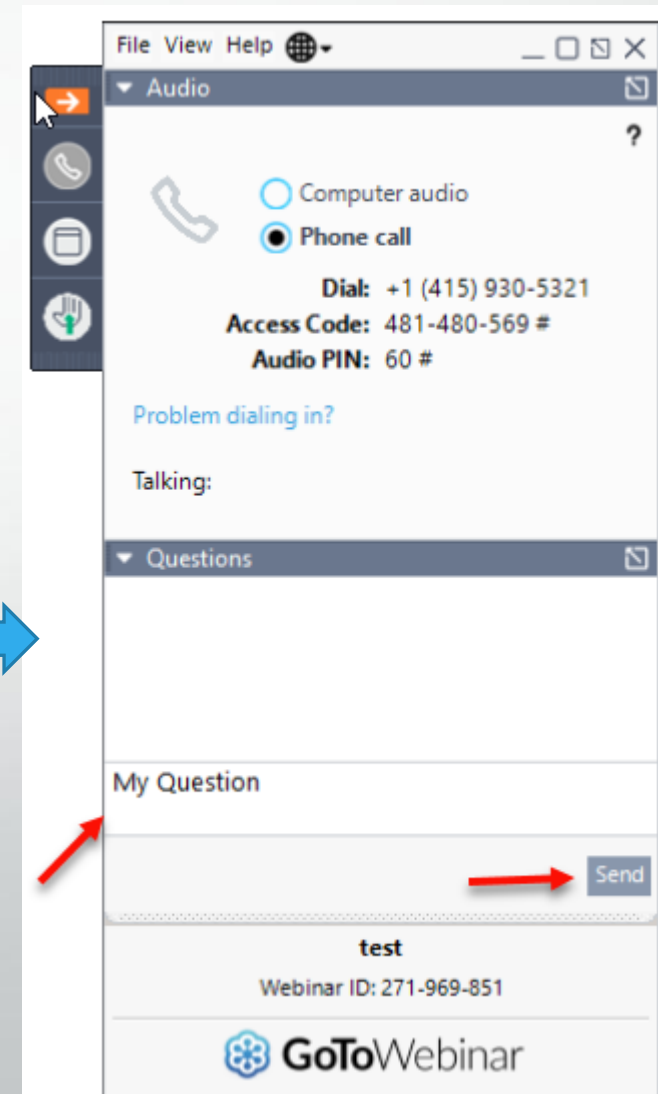
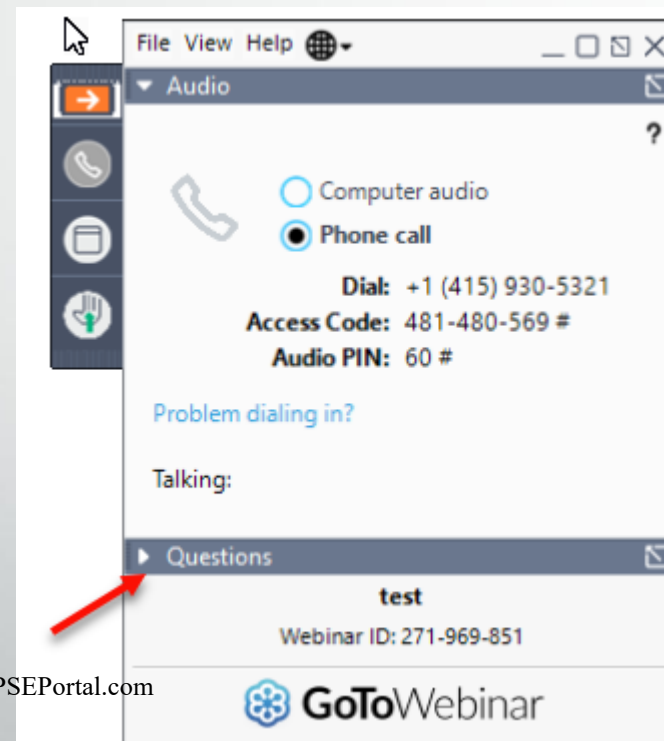
Raising your hand

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



Typing in a Question

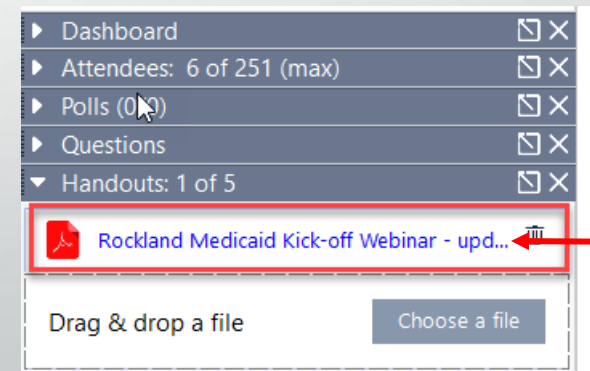
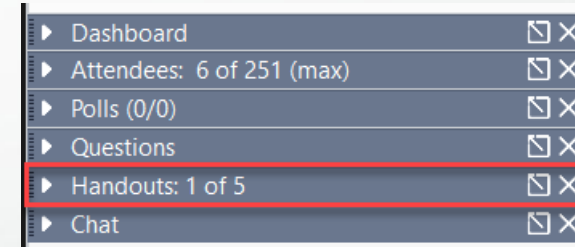
- Click the question bar to expand questions section.
- Type in your question and click send.



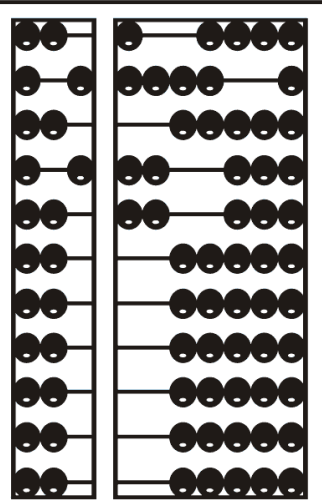
Handouts

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.

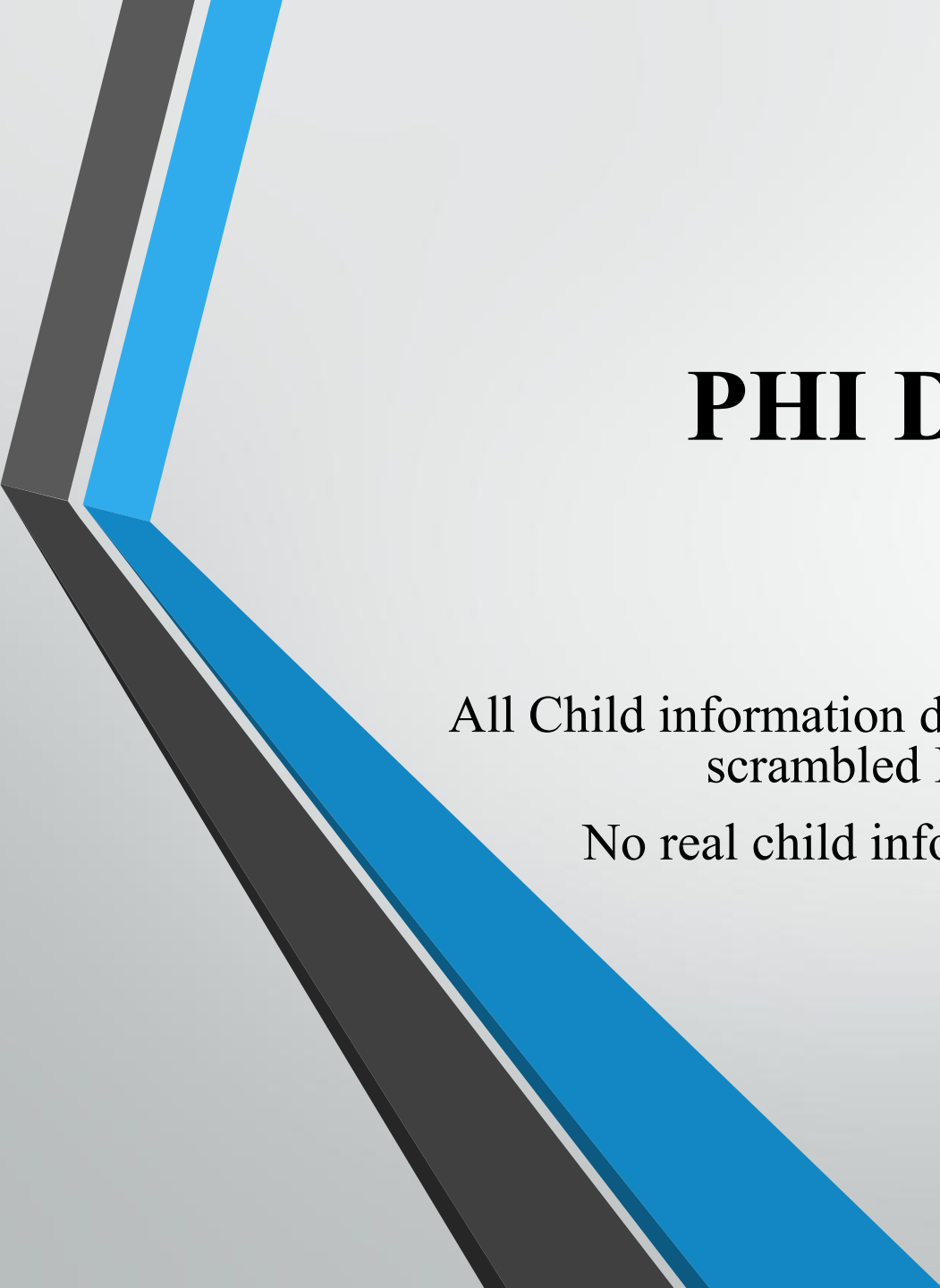


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Preschool Webinar – Medicaid For Counties that Do Not Use the CPSE Portal

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

Define Medicaid Eligible Services

RS Service Types		
Service	Code	Medicaid Eligible
play therapy (OTH2)	OTH2	No
Audiology	AUD	No
Counseling	CSL	No
Occ. Therapy	OT	Yes
Physical Therapy	PT	Yes
Speech Therapy	ST	Yes
Visually Impaired Service	TVI	No
parent education training	CSL	No
Teacher of the Deaf	TDF	No
Orientation and Mobility	OM	No
Nursing	MFD	No

Mark RS Service Type As

Eligible

Ineligible

Exit

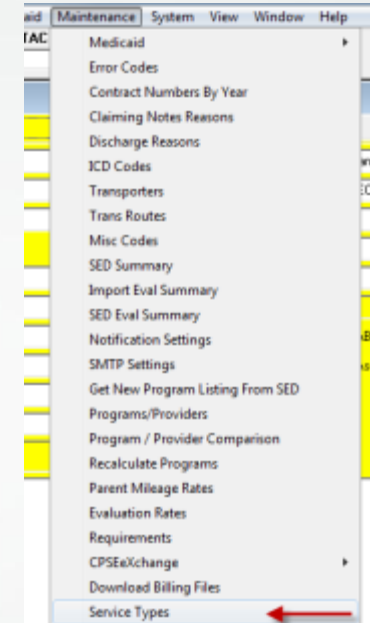
EVAL Service Types		
Service	Code	Medicaid Eligible
Audiological	Aud	No
Education	Edu	No
Occupational Therapy	OT	No
Psychological	Psyc	No
Physical/Medical	PhMd	No
Physical Therapy	PT	No
Social	Soc	No
Speech/Language	SPL	No
Other (Physician)	OthP	No
Psychiatric	Psi	No
Other (Non-Physician)	OthNP	No

Mark EVAL Service Type As

Eligible

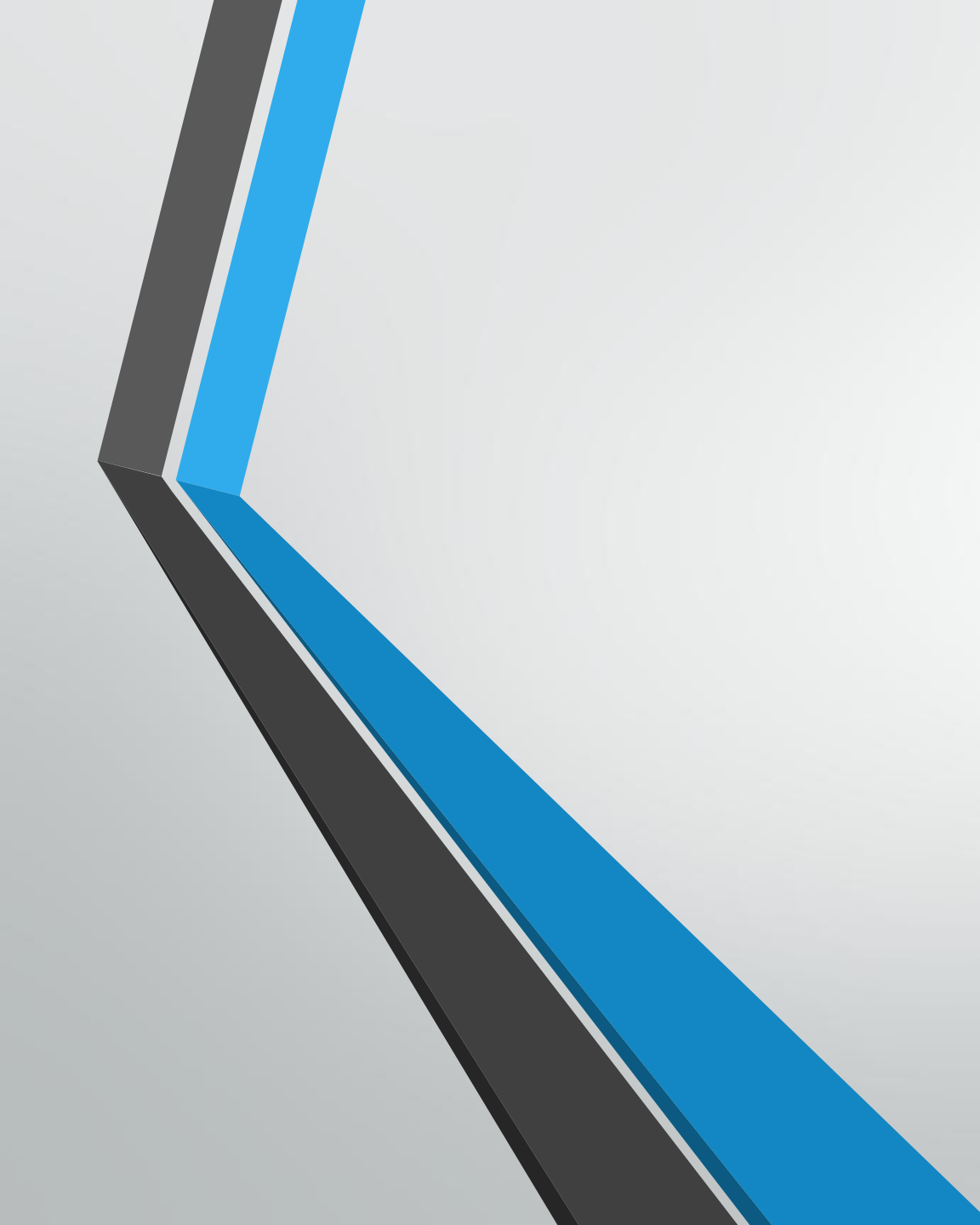
Ineligible

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



The screenshot shows the 'Service Type Code Maintenance' window. It has two tabs: 'Services' and 'Evaluations'. The 'Services' tab is active, displaying a table with columns: Service, SED Service Code, County RS Service, Medicaid Eligible, Rx Required, SSHSP Cost Report, DisplayOrder, Limit Type Span, and Limit Pr. A red arrow points to the 'Service Types' column header in the table.

Service	SED Service Code	County RS Service	Medicaid Eligible	Rx Required	SSHSP Cost Report	DisplayOrder	Limit Type Span	Limit Pr
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

Child & STAC Maintenance

Child

Last Name* ACOSTA Suffix M.I.
First Name* ADRIAN
AKA
DOB* 10/07/2008 Elg: 07/01/11 - 08/31/12
Sex* M Race/Ethnic* Black
District* Cheektowaga-Sloan
Foster County
Address 2 D JOSHUA CT.
City Springfield
State NY Zip 12345
Home Phone#
Parents
Diagnosis Add new diagnosis...

STAC ID E13739 **New**
SSN **Apply**
eSTACs Student # **Lookup Child**
CIN # **Delete**
Add Child to CIN Lookup **Summary**
Medicaid Consent and Eligibility ☐ **Has Assistive Tech Device**
Upload to CPSE Portal ☐ **Has ABA**

Entering Consents

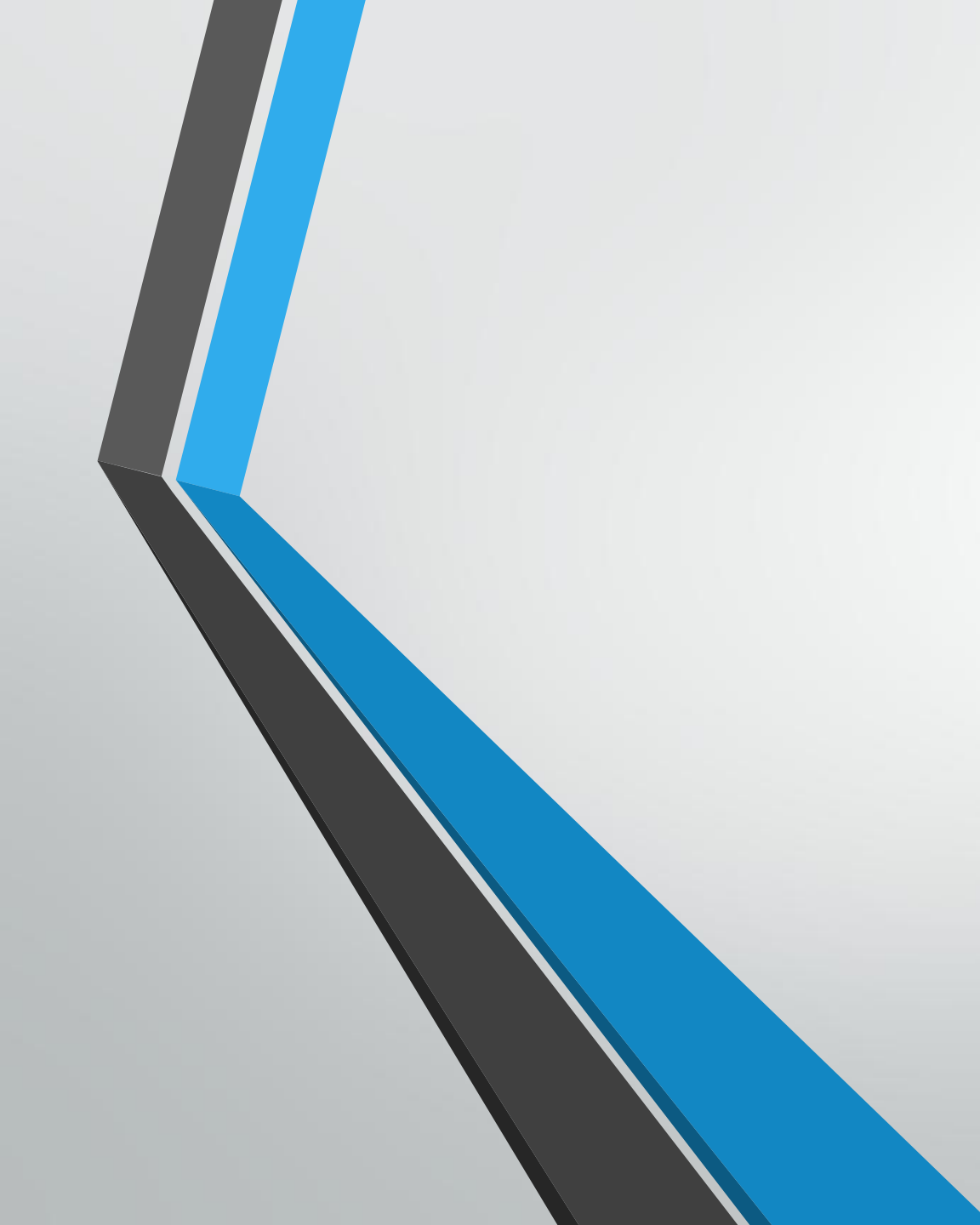
- Navigate to “Consent History”
- Click “Add New”
- The following information is required:
 - Date Signed, Accepted Status, Start Date, End Date
 - School Year is no longer used.
 - Note: Signed, Status, Added By, and Added Date/Time will be auto-filled
 - Accepted Status can be changed to ‘Refused’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

Medicaid Info. Current CIN=GC83897N

MSB Eligibility **Consent History** Medicare Information

DateSigned	AcceptedStatus	School Year	Start Date	End Date	AddedBy	AddedDateTime
9/21/2026	ACCEPTED				Caspia	9/21/2026 9:28:32

Add New Close



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

STACID: E13739 ...
SSN: ...
eSTACs Student #:
CIN #:

Medicaid Consent and Eligibility ☐ Has Assistive Tech Device ☐
Upload to CPSE Portal ☐ Has ABA ☐

Add Child to CIN Lookup

Accepted consent signed on 09/21/26 recorded in system.

Last Name: **ACOSTA**
First Name: **DEXTER**
Gender: **M**
DOB: **11/26/18**
CPSE Services Eligibility: **07/01/21 - 08/31/23**

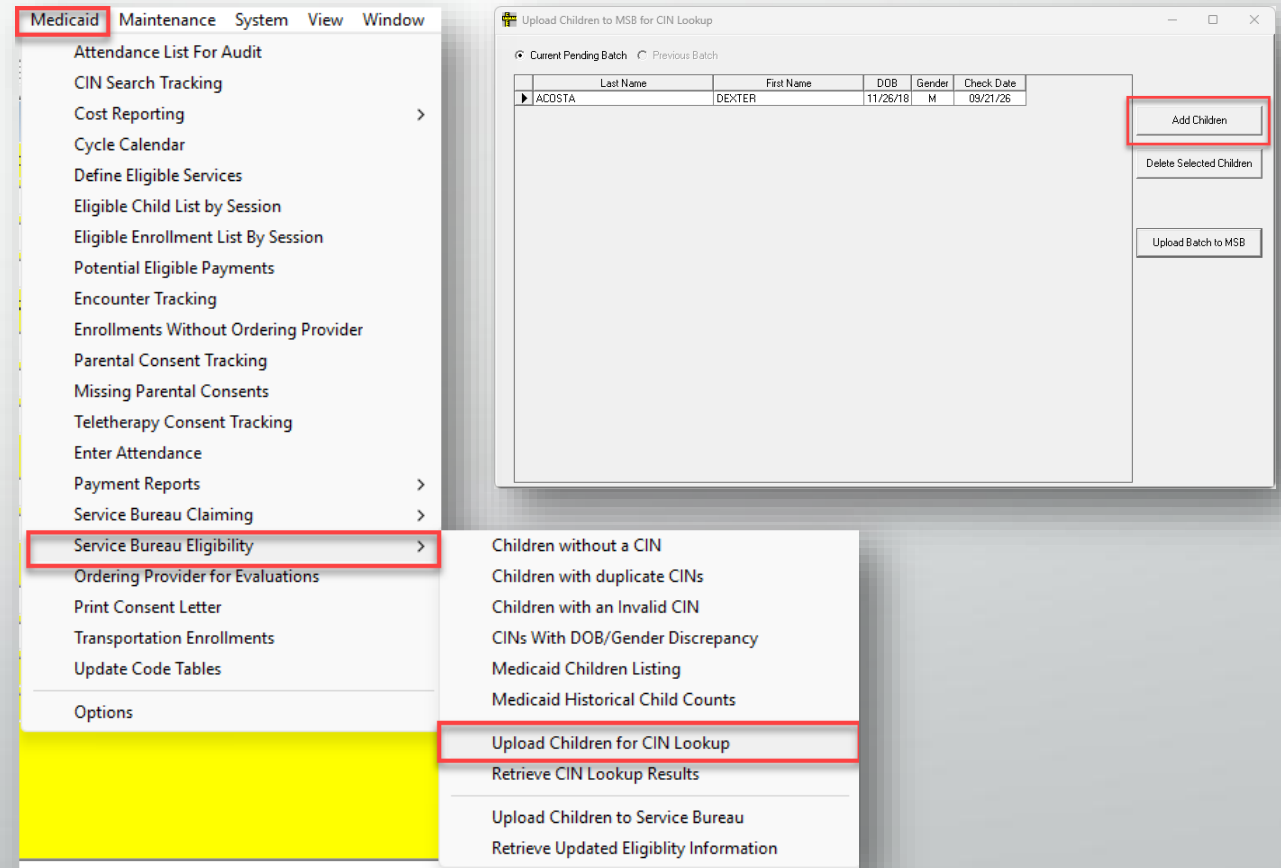
Last Name:
First Name:
Date of Eligibility to Check:

Previous Searches for Child					
Last Name	First Name	DOB	Gender	Date	

New Searches for Child					
Last Name	First Name	DOB	Gender	Date	

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”



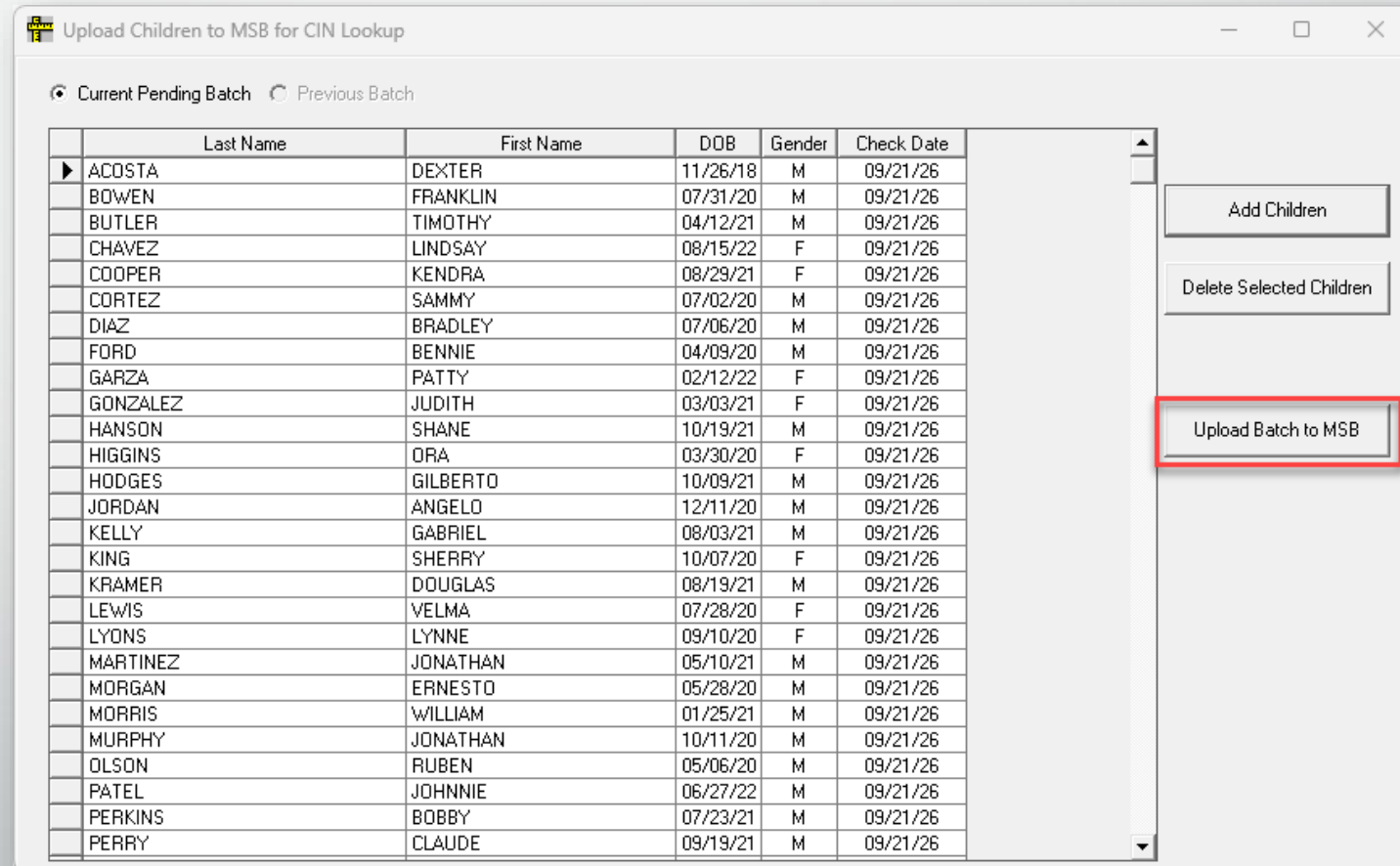
CIN Lookup (Batch) Cont.

- 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



Upload Children to MSB for CIN Lookup

Current Pending Batch Previous Batch

	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

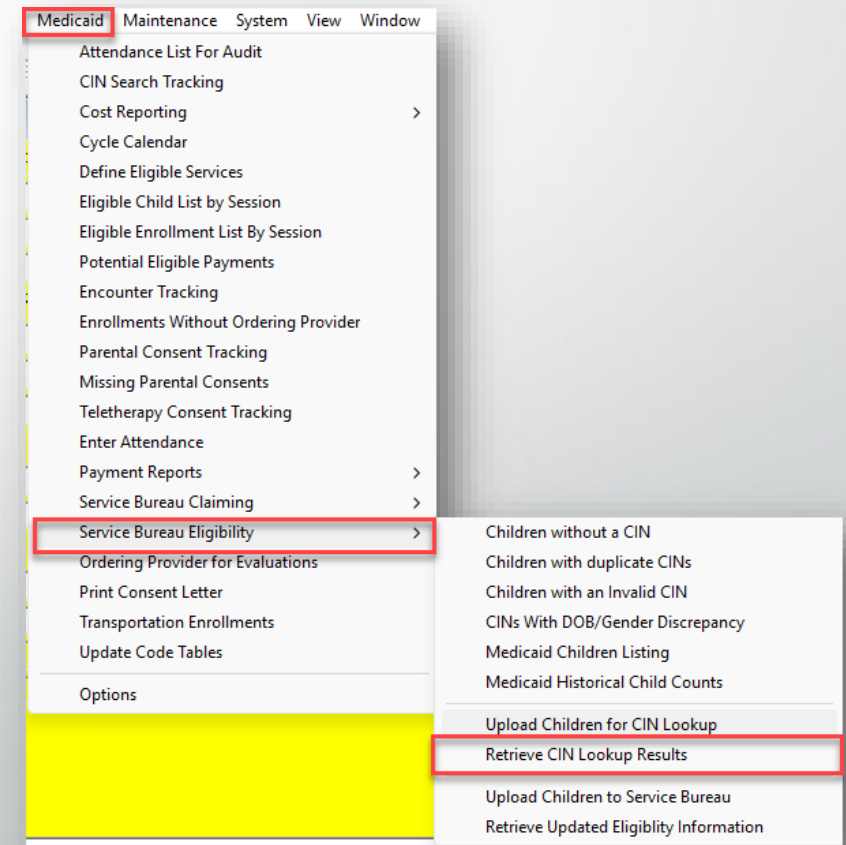
Add Children

Delete Selected Children

Upload Batch to MSB

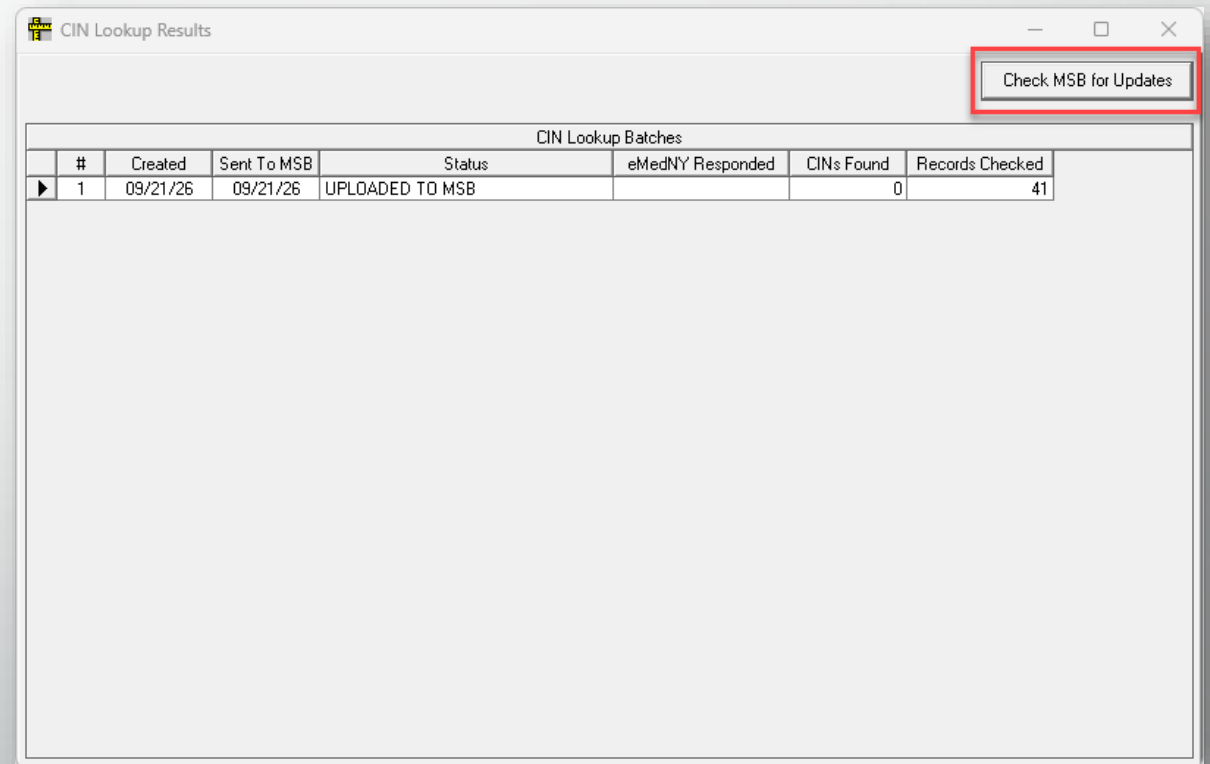
Retrieving a CIN Batch

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

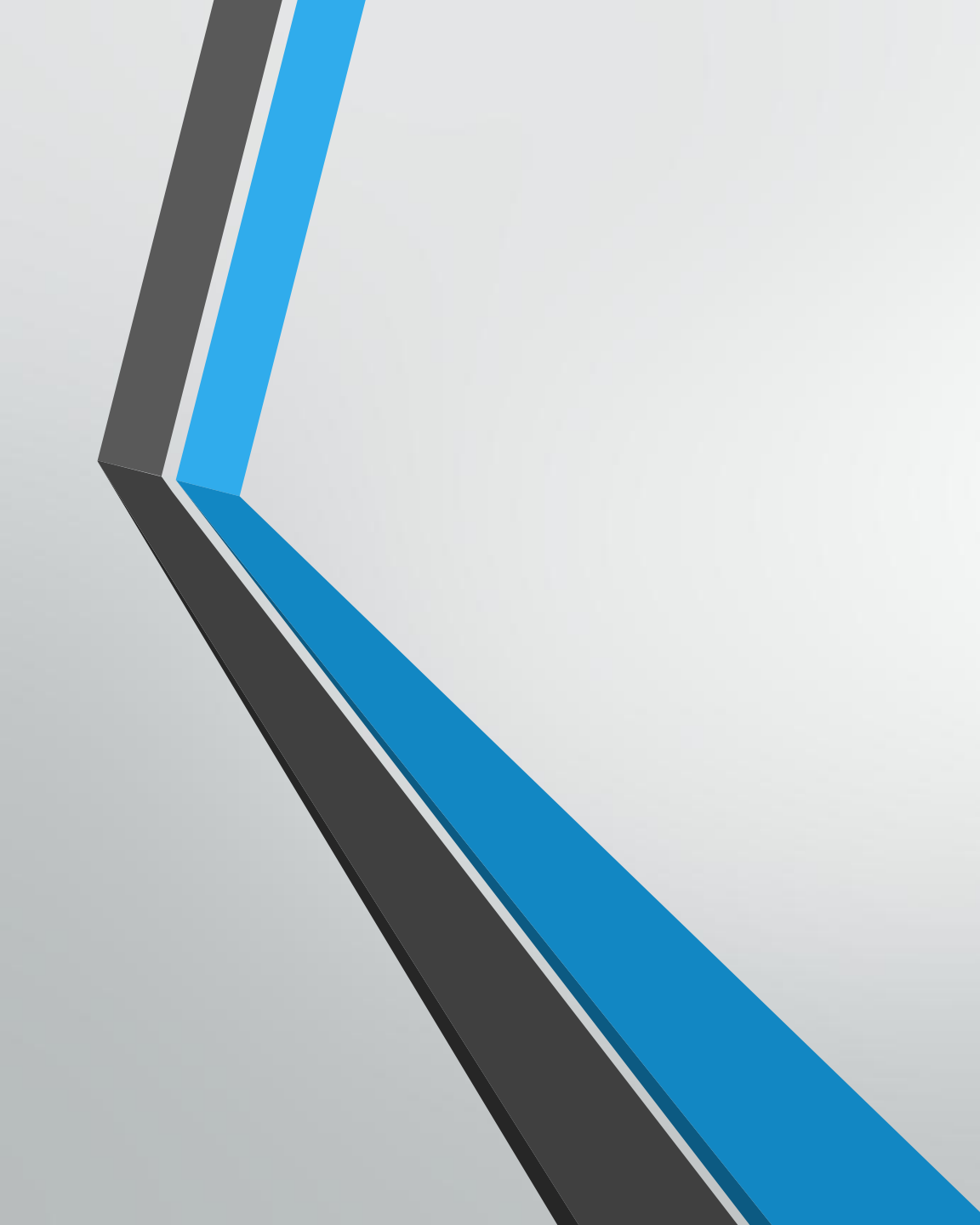


Retrieving a CIN Batch Cont.

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



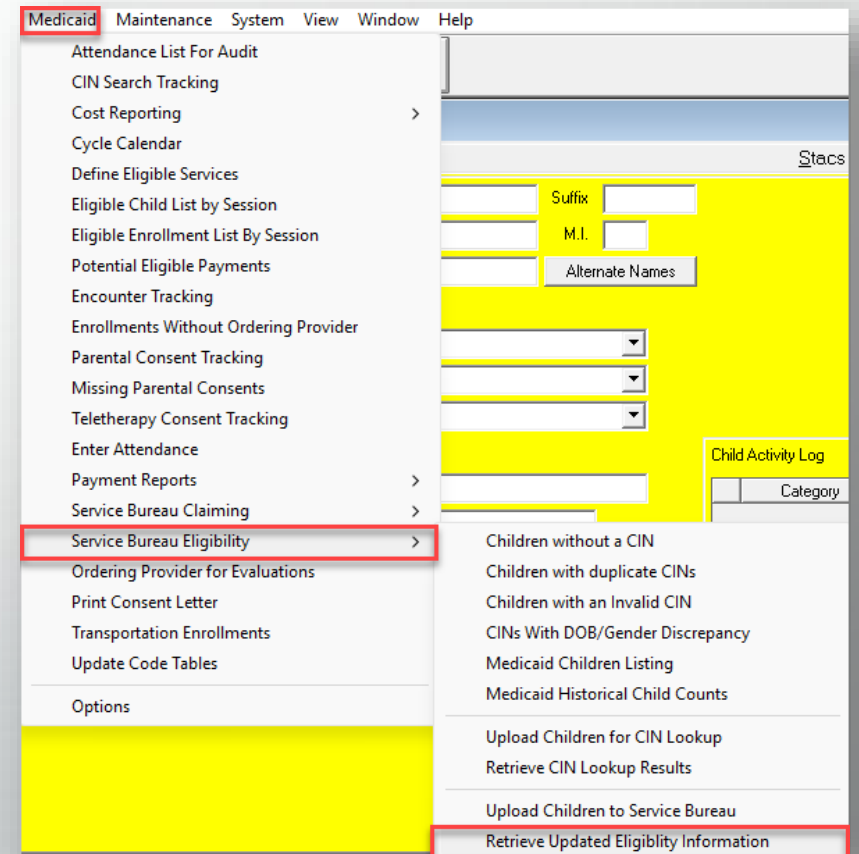
CIN Lookup Batches							
#	Created	Sent To MSB	Status	eMedNY Responded	CINs Found	Records Checked	
1	09/21/26	09/21/26	UPLOADED TO MSB		0	41	



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.

Center Based

STAC 09/05/24-06/26/25 9100-BUFFALO CITY SD (9100) (246618)

Program BUFFALO CITY SD (9100) 9100-I (60716)

IEP Start Date 09/05/24 IEP End Date 06/26/25

Tuition Start Termination Date

MM/DD/YY MM/DD/YYYY

Program Wks 39 Child Wks 39 Weekly FTE 1 ☐ Has Medicaid Medical Service

RS in CB History

Program	Prg Wks	From	To	Term	Week
BUFFALO CITY SD	39	9/5/2024	6/26/2025		

CBRS Entries

ESID CB2429w005600 From 09/05/24 To 06/26/25

Provider BUFFALO CITY SD Type TUITION

Program 9100-I

ESID	Service	From	To	Frequency	I/G	RX Start	RX End	RX Signed	ICD	Ord. Provider	N
CBRS2429w0036677	ST	09/05/24	12/31/24	2x30	I	09/05/24	12/31/24	09/06/24	F80.2	Perillo, Denise	19627
CBRS2429w0036678	OT	09/05/24	12/31/24	2x30	I	09/01/24	12/31/24	08/15/24	F82	Valenti, Virginia	11545
CBRS2429w0036679	PNT	09/05/24	06/26/25	1x30	I						
CBRS2429w0036395	ST	01/02/25	06/26/25	2x30	I						
CBRS2429w0036396	OT	01/02/25	06/26/25	2x30	I	01/02/25	06/26/25	12/16/24	F82	Engler, Amanda	12457

Add Edit Delete

CBRS Entry | Preschool Attendance | CPSE Attendance

CB Enrollment Information

ESID CBRS2429w0036677 From 09/05/24 To 06/26/25

Provider BUFFALO CITY SD Type TUITION

Program 9100-I

From 09/05/24 To 12/31/24 Service Type Speech Therapy (ST) ☒ Individual ☐ Group

of Sessions: 2 x Minutes per Session: 30 ☒ Weekly ☐ Monthly ☐ Total

Written Order Details

Ordering Provider: Perillo, Denise (1608)

Prescription Start Date 09/05/2024

Prescription End Date 12/31/2024

Prescription Signature Date 09/06/2024

ICD 10 Diagnosis F80.2

OK Cancel

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

Enrollment RS / SEIT

STAC: 12/19/22-04/30/23 ST 9200-CREATIVE THERAPIES OF WNY PLLC (227951)

Program: [Empty]

Svc Type: Speech Therapy

Setting: Community Setting

Individual [X] Group [] Group Size: 1 Location: [Empty]

Start Date: 12/19/2022 End Date: 04/30/2023 Term Date: MM/DD/YYYY

Consultation [] Annual Review []

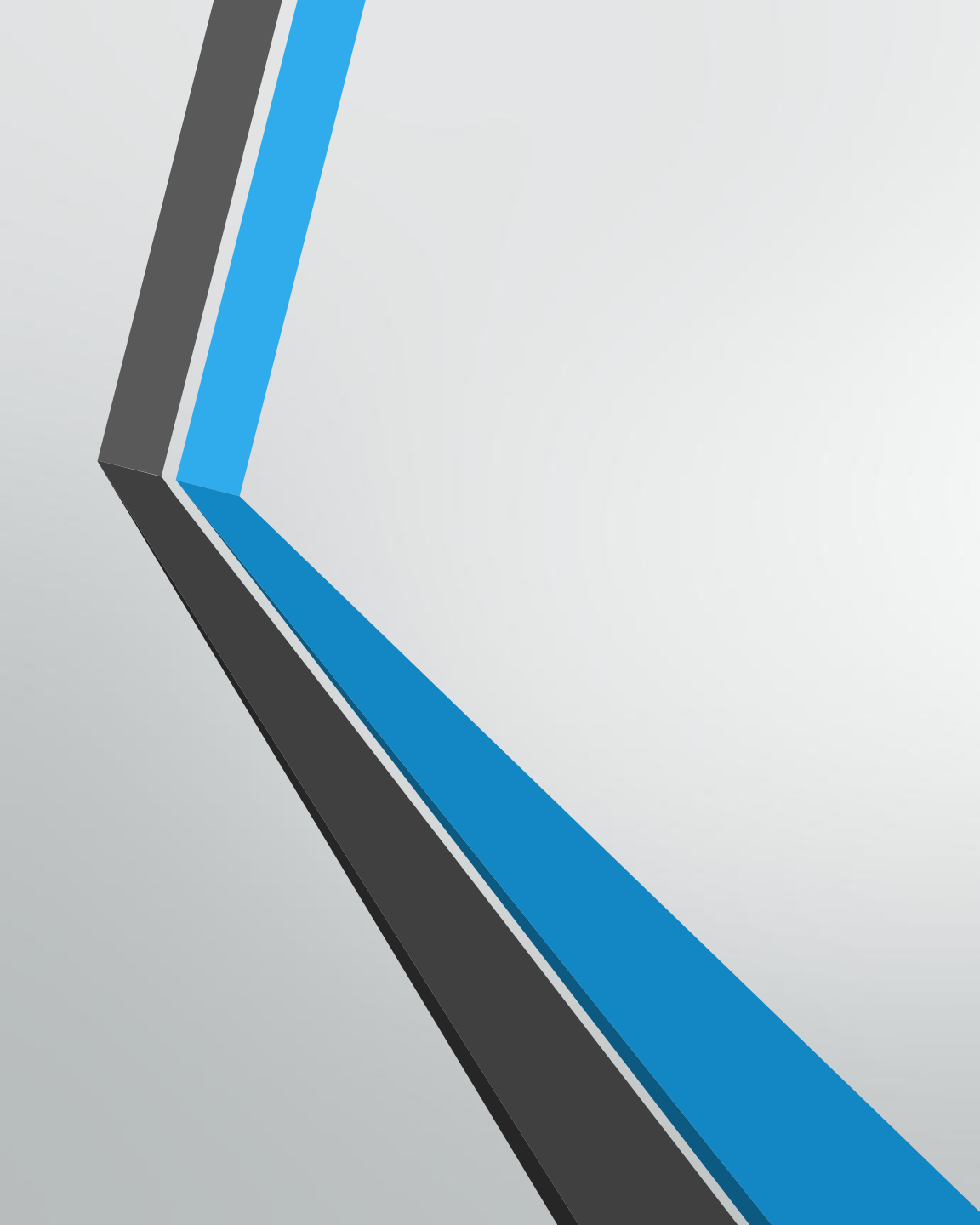
Rx Start Date: MM/DD/YYYY Rx End Date: MM/DD/YYYY Rx Signature Date: MM/DD/YYYY

ICD 9 Diagnosis: ICD 10 Diagnosis: Ordering Provider: [Empty]

Confirmation Letter [] Termination Letter [] Authorization Letter [] Service Confirmation letter []

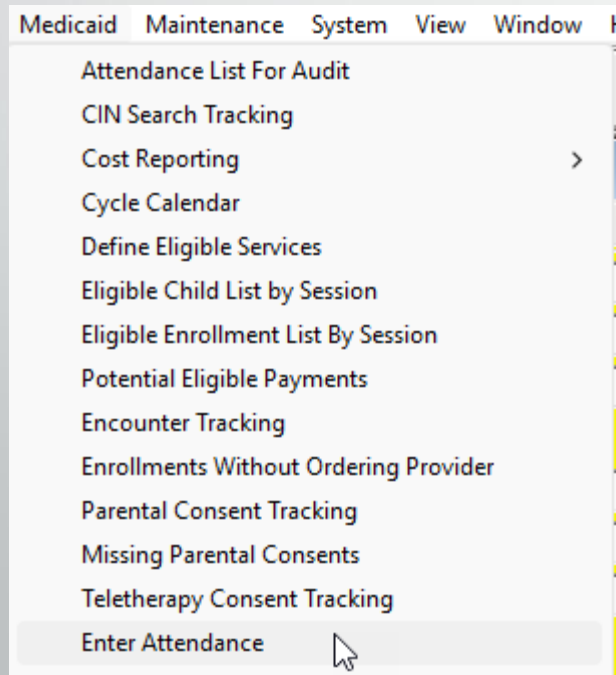
Type	Program	Service	From	To	X/Wk	Sessions	Rate	Total	Term	ClassRatio	MinutesPerSession	Rx Start Date	Rx Exp Date	Rx Sign Date	LocationCode	Service #	IndividualOrGroup
RS	CREATIVE	Speech	12/19/2022	4/30/2023	2	38	\$55.00	\$2,090.00	1		30					RS2223W/0121511	I
RS	CREATIVE	Speech	5/1/2023	6/23/2023	2	16	\$55.00	\$880.00	1		30					RS2223W/0124052	I

eSTACs Profile [Empty] OK Apply New \$ Summary Require Delete Cancel



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



Medicaid Attendance

School Year: 2025-2026 Refresh

Enrollment: CBRS

Payment:

Service: Rx Start: Rx End: Rx Diagnosis:

Dates: Rx Signed:

Frequency:

CPT Code: Edit List Primary Diagnosis:

CPT Units: 1 Sessions: 1 Additional ICD:

Service Provider: Teletherapy

Eligibility

Service Date Eligible

Attendance

Save Changes Done

September				2025			
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30				

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

Medicaid Attendance

School Year: 2025-2026 1 Refresh

Enrollment: RS - OT (09/01/25-01/15/26) 2 x 30 IND 112973 2 CBRS

Payment: 9/30/2025

Service: RS - OT Rx Start: 09/01/25 Rx Diagnosis: R62
 Dates: 09/01/25 - 01/15/26 Rx End: 06/30/26
 Frequency: 2 x 30 Rx Signed: 08/20/25

CPT Code: 97003 3 Edit List Primary Diagnosis: R62 6
 CPT Units: 2 4 # of 30 minute Sessions: 1 Additional ICD: R62.0, R62.5 7
 Service Provider: Adiletta, Christopher 5 ☐ Teletherapy

September					2025	
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2 97003x2	3	4 97003x2 8	5	6
7	8	9 97003x2	10	11 97003x2	12	13
14	15	16 97003x2	17	18 97003x2	19	20
21	22	23 97003x2	24	25 97003x2	26	27
28	29	30 97003x2				

Eligib

- 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.

School Year: 2025-2026

Enrollment: RS - OT (09/01/25-01/15/26) 2 x 30 IND 112973

Payment: 9/30/2025

Service:	RS - OT	Rx Start:	09/01/25	Rx Diagnosis:	R62
Dates:	09/01/25 - 01/15/26	Rx End:	06/30/26		
Frequency:	2 x 30	Rx Signed:	08/20/25		

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

Medicaid Attendance

School Year: 2025-2026 Refresh

Enrollment: CB - 9165-H (07/07/25-08/15/25) 2.5 hrs/day x 5 49857 CBRS

Payment:

RS Delivered As Part of Program

ServiceType	Ind/Grp	FromDate	ToDate	Times/Wk	Min/Sess	Timespan	Rx Start	Rx End	Rx Signed	Service At Home	ICD10
Occupational	I	07/07/25	08/15/25	2	30	WEEKLY				☐	
*										☐	

Add New

Apply

OK

Cancel

- **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

CPT Code:	97004	Edit List	Primary Diagnosis:	R62	
CPT Units:	2	# of 30 minute Sessions:	1		
Service Provider:	Adiletta, Christopher			Additional ICD:	R62.0, R62.5
				☐ Teletherapy	

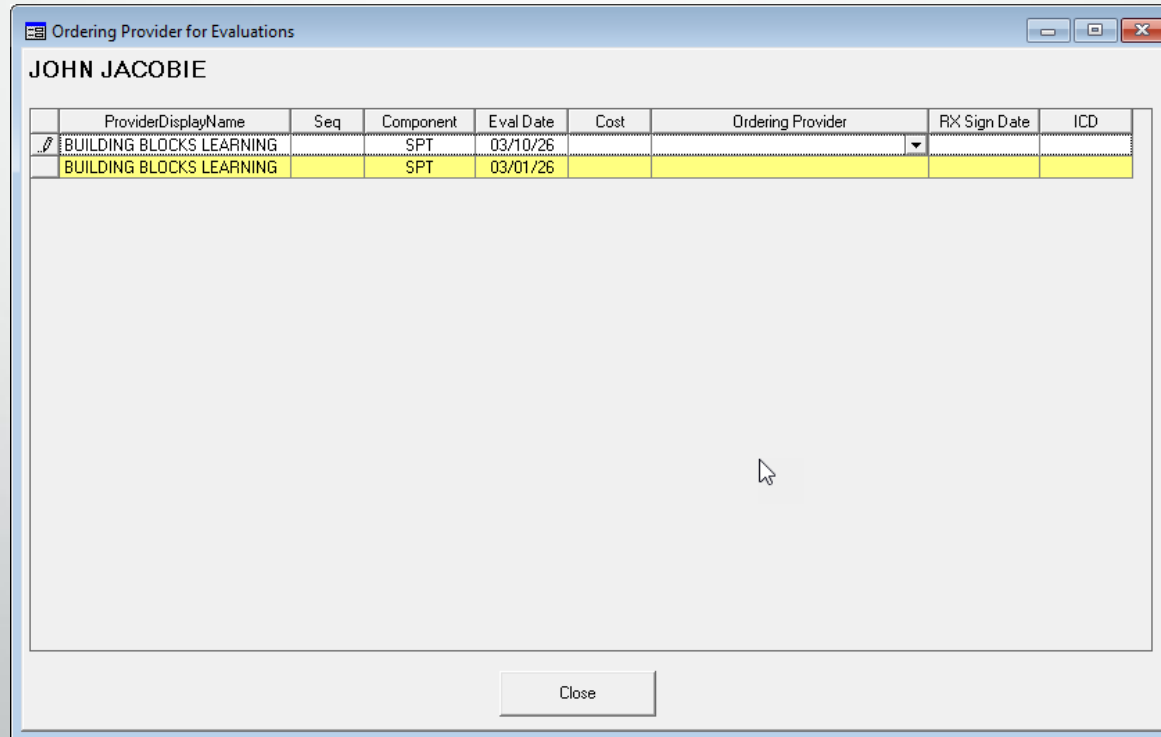
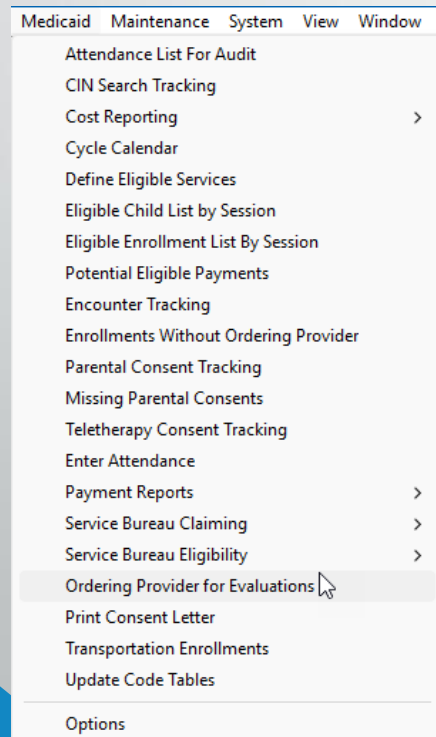
- **Payment List**

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

School Year:	2025-2026	Refresh
Enrollment:	RS - OT (09/01/25-01/15/26) 2 x 30 IND 112973	CBRS
Payment:	9/30/2025	
Service:	RS - OT	Rx Start: 09/01/25
Dates:	09/01/25 - 01/15/26	Rx End: 06/30/26
Frequency:	2 x 30	Rx Signed: 08/20/25
		Rx Diagnosis: R62

- **Ordering Providers for Evals**

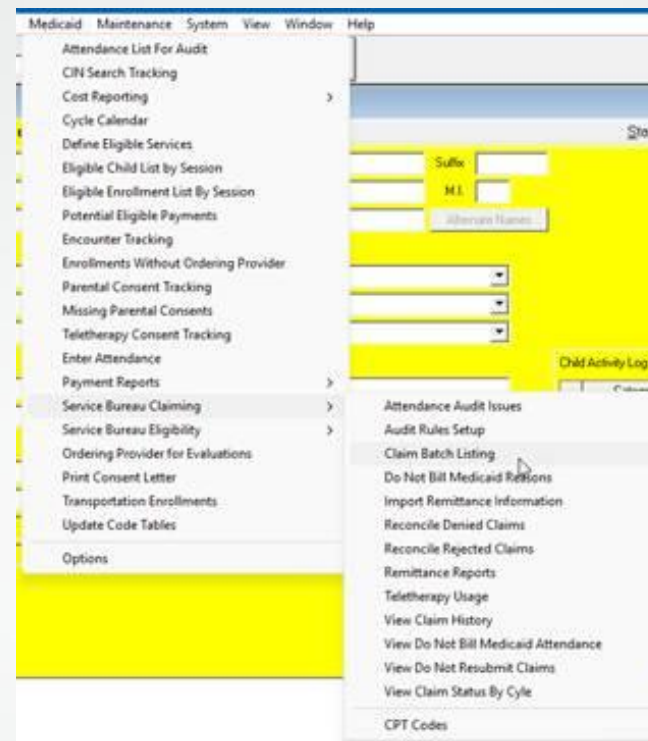
1. Based on current child, lookup child first
2. Navigate the menu Medicaid- >Ordering Provider for Evaluations
3. Select the appropriate ordering provider from the dropdown corresponding to each component





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.



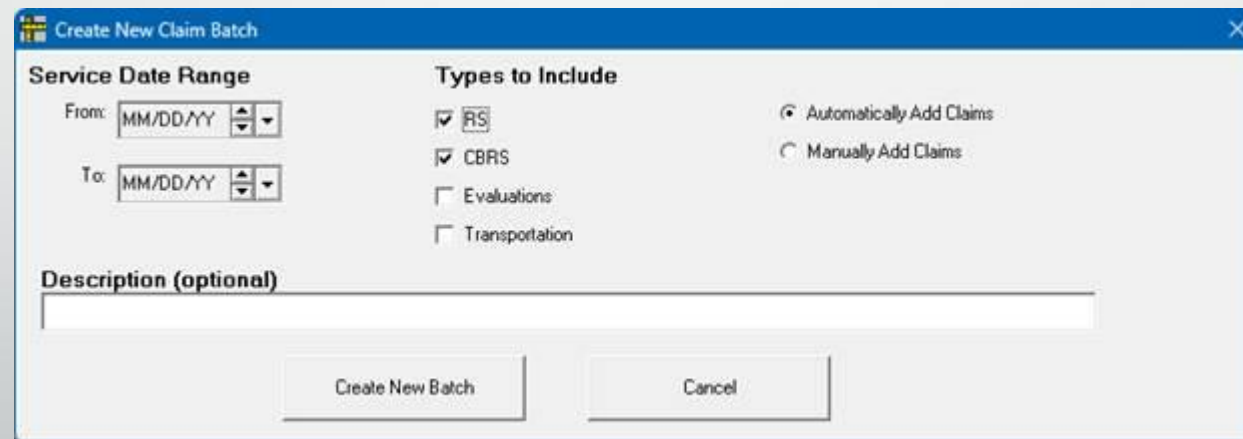
Medicaid Batches

Status: Medicaid Cycle: Filter

ID	Cycle	From	To	Process Status	# Claims	Total \$	Accepted	Rejected	Paid	Denied	Accepted \$	Rejected \$
4139	2524	03/01/25	03/31/25	PreAdjudication Completed	13	\$482.66						
4138	2524	11/01/24	11/30/24	PreAdjudication Completed	81	\$3,187.51	77	4			\$2,889.95	\$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
4115	2515	12/01/24	12/31/24	PreAdjudication Completed	92	\$7,509.28	92	0			\$7,509.28	\$0

Create New Batch Add Claims to Selected Batch Delete Batch Submit Batch to MSB Check MSB For Status Update View Audit Issues For Batch

- 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.
- ***Please ensure that the Service Date Range is within the Current eMedNY Claiming Limit***
- When you are ready click Create New Batch



The screenshot shows a Windows-style dialog box titled "Create New Claim Batch". It contains the following elements:

- Service Date Range:** Two date pickers labeled "From:" and "To:" with the format "MM/DD/YY".
- Types to Include:** A list of checkboxes for "RS", "CBRS", "Evaluations", and "Transportation". The "RS" checkbox is checked.
- Add Claims Method:** Two radio buttons: "Automatically Add Claims" (selected) and "Manually Add Claims".
- Description (optional):** A single-line text input field.
- Buttons:** "Create New Batch" and "Cancel" buttons at the bottom.

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.

Medicaid Batches

Status: All Medicaid Cycle: All Filter

ID	Cycle	From	To	Process Status	# Claims	Total \$	Accepted	Rejected	Paid	Denied	Accepted \$	Rejected \$
4142	2524	07/01/25	08/31/25	Pref adjudication Completed	7447	\$493,074.57	77	4			\$2,009.35	\$298

Claim Batch Details

Service Dates: 7/1/2025-8/31/2025 Services: RS, CBRS Include Notes Status: NOT SUBMITTED

Description: Update View Audit Issues Re-Run Audits Reload

Claims in Batch Claims That Can Be Added Additional Claims with Warnings Additional Claims with Problems

Claim Count: 7447 Manual Review Excel

Provider	Last Name	First Name	DOB	ESID	Type	RS	CIN	Svc Date	Claim Type	TCON	CPT Code	Units
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/07/25	ORIGINAL		97110	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/07/25	ORIGINAL		97530	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/14/25	ORIGINAL		97110	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/14/25	ORIGINAL		97112	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/17/25	ORIGINAL		97110	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/17/25	ORIGINAL		97112	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/21/25	ORIGINAL		97110	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/21/25	ORIGINAL		97112	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/24/25	ORIGINAL		97110	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/24/25	ORIGINAL		97112	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/28/25	ORIGINAL		97110	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	07/28/25	ORIGINAL		97112	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	08/04/25	ORIGINAL		97110	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	08/04/25	ORIGINAL		97112	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	08/07/25	ORIGINAL		97112	2
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	08/11/25	ORIGINAL		97110	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	08/11/25	ORIGINAL		97112	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	08/14/25	ORIGINAL		97110	1
315 Therapy for PT	ACOSTA	LEONARD	09/06/21	RS-252650108683	RS	PT	G569783V	08/14/25	ORIGINAL		97112	1
THERAPY	ADAMS	KEVIN	06/08/21	RS-252650110039	RS	OT	GR87904V	07/03/25	ORIGINAL		97530	2
THERAPY	ADAMS	KEVIN	06/08/21	RS-252650110039	RS	OT	GR87904V	07/07/25	ORIGINAL		97530	2
THERAPY	ADAMS	KEVIN	06/08/21	RS-252650110039	RS	OT	GR87904V	07/10/25	ORIGINAL		97530	2
THERAPY	ADAMS	KEVIN	06/08/21	RS-252650110039	RS	OT	GR87904V	07/14/25	ORIGINAL		97530	2
THERAPY	ADAMS	KEVIN	06/08/21	RS-252650110039	RS	OT	GR87904V	07/17/25	ORIGINAL		97530	2
THERAPY	ADAMS	KEVIN	06/08/21	RS-252650110039	RS	OT	GR87904V	07/28/25	ORIGINAL		97530	2
THERAPY	ADAMS	KEVIN	06/08/21	RS-252650110039	RS	OT	GR87904V	07/28/25	ORIGINAL		97530	2
THERAPY	ADAMS	KEVIN	06/08/21	RS-252650110039	RS	OT	GR87904V	07/31/25	ORIGINAL		97530	2
THERAPY	ADAMS	KEVIN	06/08/21	RS-252650110039	RS	OT	GR87904V	08/04/25	ORIGINAL		97530	2

- 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	Claim
	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	DT	EW85483A	10/14/16	
	MEZZASALAMA	KYLE			RS	DT	EW85483A	10/18/16	
	MEZZASALAMA	KYLE			RS	DT	EW85483A	10/28/16	
	PAPACHRISTOU	SHLO			RS	ST	FP16993K	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	

Claims assigned to Batch							
	Last Name	First Name	DOB	ESID	Type	RS	
	ALEXIS	BEYONCE	07/01/13	RS1617w0012236	RS	ST	FO
	ALEXIS	BEYONCE	07/01/13	RS1617w0012236	RS	ST	FO
	ALLOCCA	CHAMA	03/03/13	RS1617w0012170	RS	ST	EV
	ALLOCCA				RS	ST	EV
	ARCOS				RS	ST	EV
	ARCOS	JULIAN	01/13/13	RS1617S0011859	RS	ST	EV
	ARCOS	JULIAN	01/13/13	RS1617S0011859	RS	ST	EV

- 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.

Claims assigned to Batch							
	Last Name	First Name	DOB	ESID	Type	RS	
	ALEXIS	BEYONCE	07/01/13	RS1617W0012236	RS	ST	F0
	ALEXIS	BEYONCE	07/01/13	RS1617W0012236	RS	ST	F0
	ALLOCCA	CLARA	02/13/13	RS1617W0012135	RS	ST	EV
	ALLOCCA	CLARA	02/13/13	RS1617W0012135	RS	ST	EV
	ARCOS				RS	ST	E0
	ARCOS	JULIAN	01/13/13	RS1617S0011859	RS	ST	E0
	ARCOS	JULIAN	01/13/13	RS1617S0011859	RS	ST	E0
	ARCOS	JULIAN	01/13/13	RS1617S0011859	RS	ST	E0

Not Medicaid Billable Reason

Select the reason the item(s) cannot be billed to Medicaid:

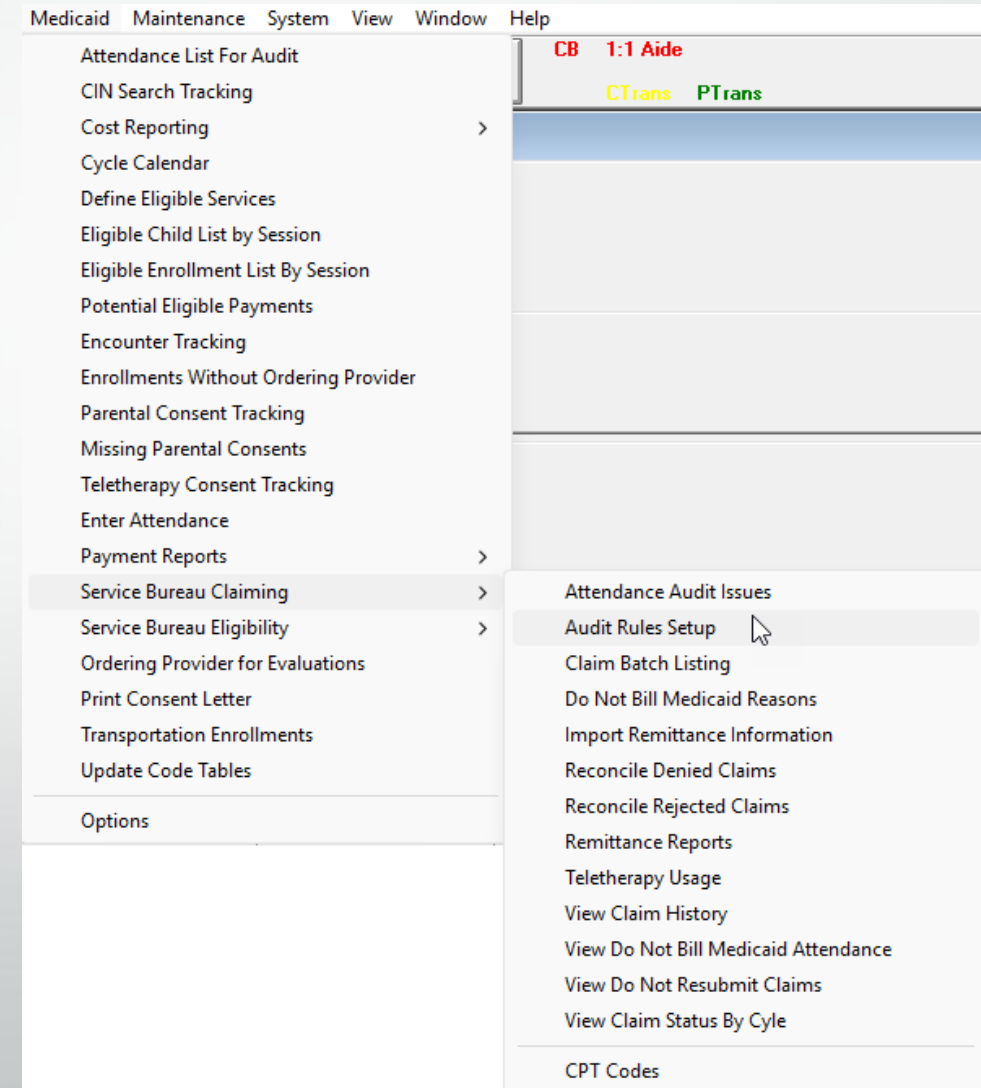
OK

Cancel



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

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
CONSENTERED	☐	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 be 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
REQUIREFACE TOFACE	☒	SUPERVISION	Require face to face supervision activity on or prior to	☐	FAILURE
CBRS TELE_BYPASS_CBAT	☒	TELE THERAPY	ByPass CBRS_CBATTENDANCE audit for CBRS Teletherapy	☒	FAILURE
NOTTELE_DURINGALLOWED	☐	TELE THERAPY	Flag for Not Teletherapy when during allowed period	☐	WARNING
TELE_DURINGALLOWED	☐	TELE THERAPY	Flag for Teletherapy when during allowed period	☐	WARNING
TELE THERAPYNOTALLOW	☐	TELE THERAPY	Check for Teletherapy Not allowed	☒	FAILURE
TELE THERAPYREQUIRED	☐	TELE THERAPY	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



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.

Claims Batch Details

Service Dates: 7/1/2025-8/31/2025 Services: RS, CBPS Include Notes Status: NOT SUBMITTED

Description: Update View Audit Issues Re-Run Audits Reload

Claims in Batch Claims That Can Be Added Additional Claims with Warnings Additional Claims with Problems

Claim Count: 340

Provider Last Name First Name Attendance Details

Provider	Last Name	First Name
THERAPY	ADAMS	KEVIN
MILESTONES	ALVARADO	BILLY
THERAPY	ALVARADO	CASEY
THERAPY	ALVARADO	CASEY
THERAPY	ALVARADO	CASEY
THERAPY	ALVARADO	CASEY
MILESTONES	ANDERSON	NEAL
MILESTONES	ANDERSON	NEAL
THERAPY	ANDERSON	WALLA
THERAPY	ANDERSON	WALLA
ELMOREST CHILD	ANDREWS	HUGH
SYRACUSE CITY SD	BARKER	JUSTIN
SYRACUSE CITY SD	BARKER	JUSTIN
SPROUT THERAPY	BARKER	LEAH
LIBERTY	BECKER	NELLIE
LIBERTY	BECKER	NELLIE
LIBERTY	BECKER	NELLIE
LIBERTY	BECKER	NELLIE
LIBERTY	BECKER	NELLIE
LIBERTY	BECKER	NELLIE
MILESTONES	BECKER	TIMOTHY
LIBERTY	BERRY	EDWARD
LIBERTY	BERRY	EDWARD
LIBERTY	BERRY	EDWARD
SUNY - GOLSAND	BOWEN	WALLACE
THERAPY	BRADY	MELISSA
SYRACUSE CITY SD	BUCHANAN	CINDY
SPROUT THERAPY	BUCHANAN	RANDY
SPROUT THERAPY	BURGESS	BRETT

Child Name: ALVARADO, CASEY CN: 007245004

Service: (Group RS-OT)(Occupational Group) Frequency: 1 x 30

Vendor: THERAPY PARTNERS / THRIVE BY 5

ESID: RS-25250100777 Group Size: 2 Teletherapy

Setting: Daycare Location: Daycare

Notes: Notes for training purposes. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nulla sit amet interdum nunc. In quis volutpat mauris. Donec congue mauris ut tristique molestie. Nunc dapibus pretium metus, sit amet finibus posui finibus sed.

Service Date: 07/16/25 Makeup For: 07/01/25

Time In: 03:30 PM Time Out: 04:00 PM Duration: 30

Current Service Date Service Provided Marked as Makeup

View All Attendance For Date

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5		
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

CPT / Rate Code

CPT	Units	Rate Code	Rate	Total	Min	Service
97150	1	2100	\$18.35	\$18.35		2025-07-16

Audit Issues Found

Audit Description	Audit Code	Type
Exclude entries marked as makeup	0-MAKEUP	WARNING

Medicaid Parental Consent

Date Signed	Accepted/Status	Start Date	End Date
06/20/23	ACCEPTED	07/01/23	08/31/26

Comments



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

Medicaid Batches

Status: [All] Medicaid Cycle: [All] Filter

ID	Cycle	From	To	Process Status	# Claims	Total \$	Accepted	Rejected	Pad	Denied	Accepted \$	Rejected \$	Pad \$	Denied \$	eMedNY Dt	BatchStatus
14	07/01/16	08/31/16			301	\$11,796.80										NOT SUBMITTED
13	06/01/16	10/31/16														NOT SUBMITTED

Claim Submission Signature

of Claims: 301

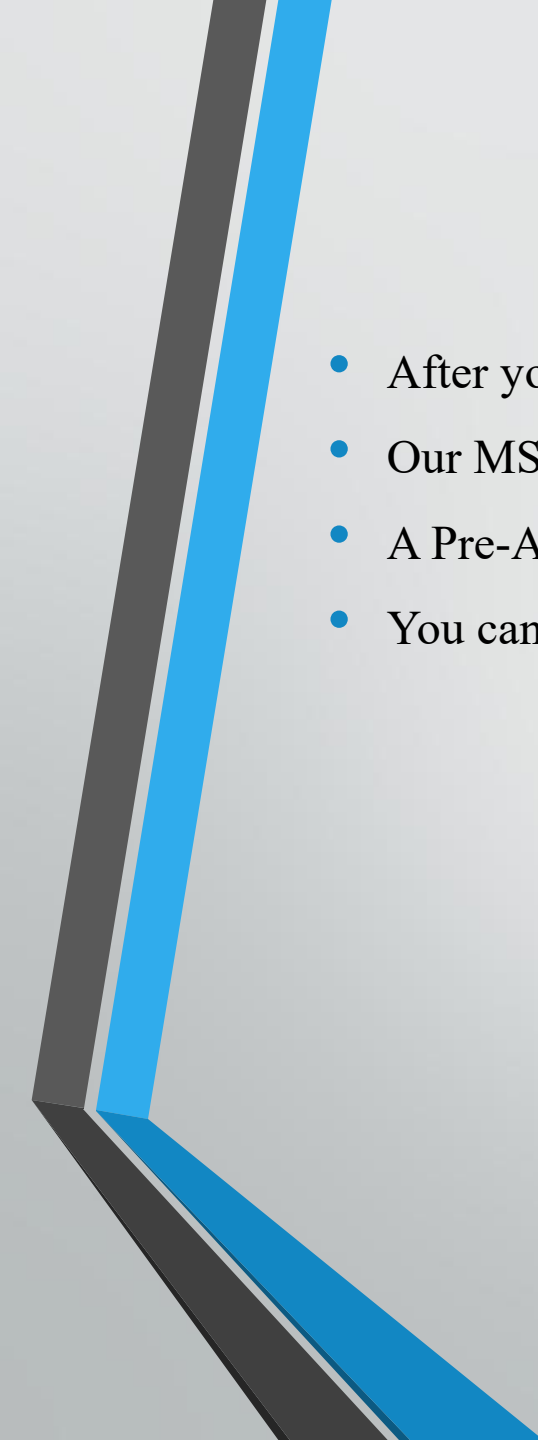
Amount: \$11,796.80

By entering your signature and consenting to the submission of these claims, you are agreeing to the terms and conditions noted on your Certification Statement For Provider Billing Medicaid (ETIN Certification)

Submitter Digital Signature

Jon Doe

☒ I consent the submission of these claims

- 
- 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 HIPAA Support Tab and select the Edit/Error Knowledge Base (EEKB) Search Tool.



Edit/Error Knowledge Base (EEKB) Search Tool

FIND EDIT INFORMATION by using the search tools and features below to obtain detail explanations about specific edits, such as potential causes and what to do to overcome the problem.

To search for the EEKB, You can search and filter results by the follow: (1)The 5-digit Edit Number; (2)Remit and Claim codes associated with the EEKB; and (3)Text contained in the main title/header of the EEKB. Press the printer icon to print your filtered displayed results.

SEARCH BY ANY METHOD BELOW

1 SEARCH BY eMedNY EDIT

Edit #:

[Go »](#)

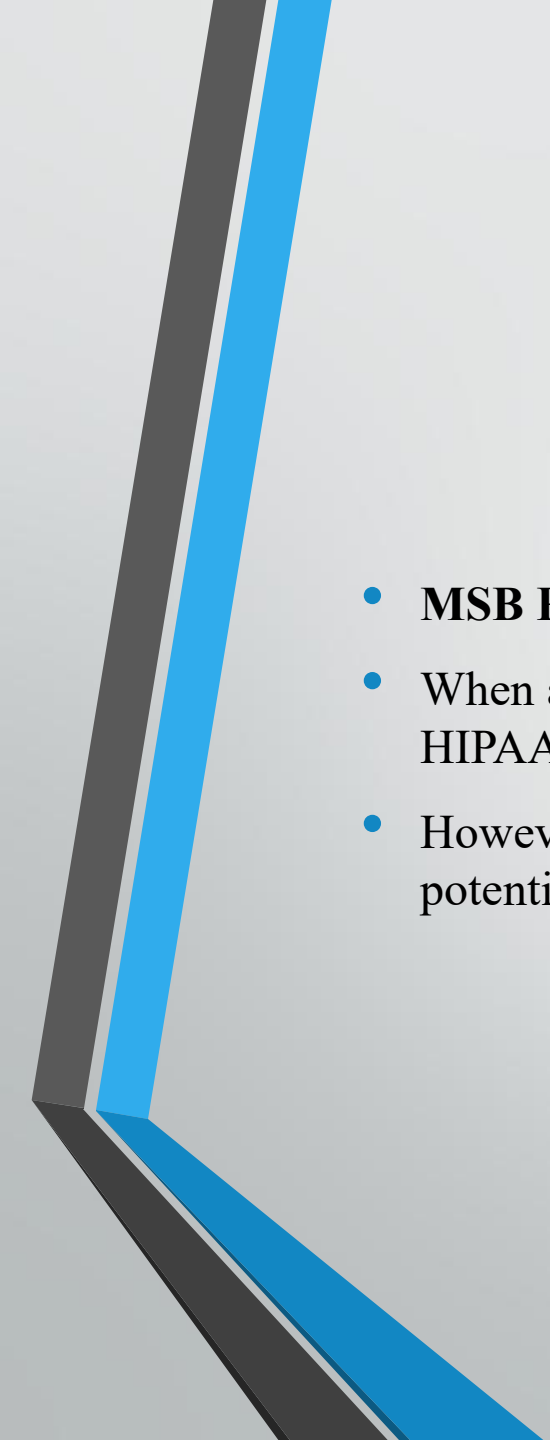
2 SEARCH BY HIPAA CODES

Claim Adjustment Reason Code:		Healthcare Claim Status Code:	
Remark Code:		Entity Identifier Code:	

[Go »](#)

3 SEARCH BY TITLE TEXT

[Go »](#)

- 
- **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

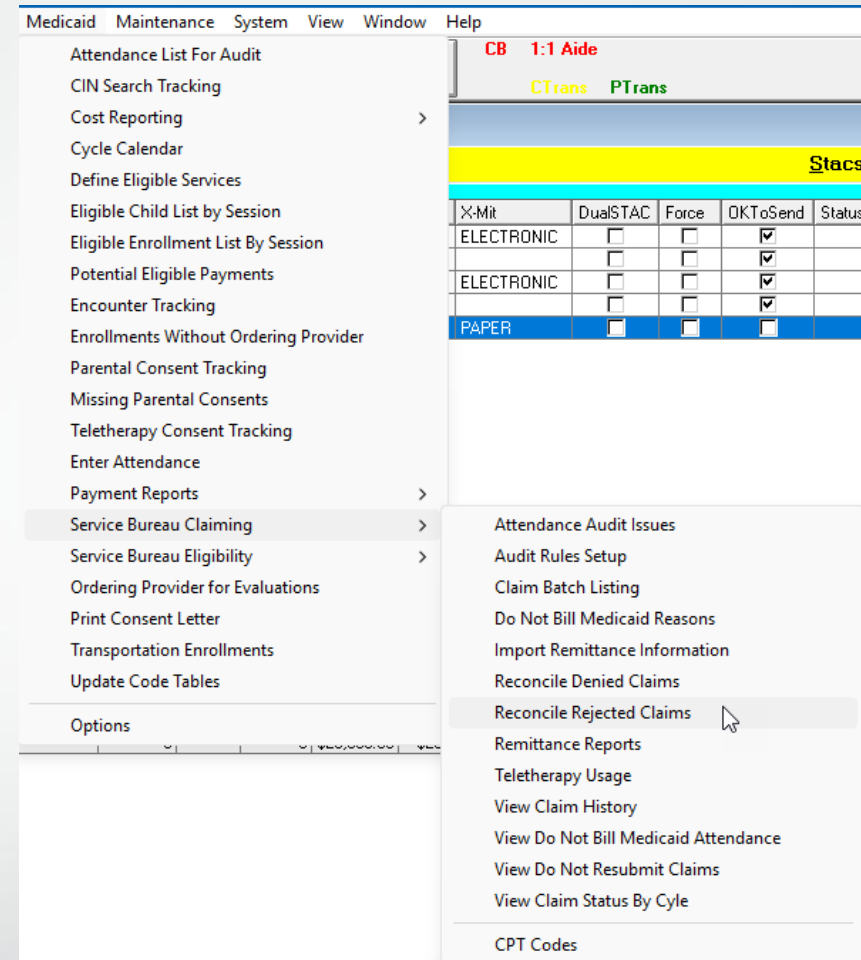
- **Claim Reconciliation**

- 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



Reconcile Rejections

Summary Of All Rejections | Summary Of Rejections By Cycle | Details

Summary of All Unreconciled Rejections				
Category	Status	Entity	Reason	# Claims
A7	33	IL	Invalid client ID (CIN#)	4

- **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

Reconcile Rejections

Summary Of All Rejections | Summary Of Rejections By Cycle | Details

Cycle: All Rejection Reason: Invalid client ID (CIN#) Refresh

Rejected Claims												
	Last Name	First Name	CIN	Cycle	Svc	Type	Service	Code	Units	Amount	ICD	Attnr NF
	CORTEZ	RAMON	GP63408P	2524	11/06/24	RS	OT	2084	2	\$74.54	R62.50	12254374
	CORTEZ	RAMON	GP63408P	2524	11/13/24	RS	OT	2084	2	\$74.54	R62.50	12254374
▶	CORTEZ	RAMON					DT	2084	2	\$74.54	R62.50	12254374
	CORTEZ	RAMON					DT	2084	2	\$74.54	R62.50	12254374

Resubmit Claims Without Changes
 Edit Claim and Resubmit
 Mark Claims as NEVER try to reclaim
 Create Pending Batch for Resubmissions

- **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”

Edit And Resubmit Claim

Child: Service Date: **2024-11-18**

Service: **RS - OT** Vendor: **THERAPY PARTNERS / THRIVE BY 5**

Problem Type: **REJECTION** Problem: **Invalid client ID (CIN#)**

Category Code: **A7**

Status Code: **33** Possible Resolution:

Entity Code: **IL**

	Original Claim Values	New Claim Values
CIN	GP63408P	GQ63408P
CPT Code	97530	97530
Rate Code	2084	2084
Rate	\$37.27	\$37.27
Units	2	2
Claim Total	\$74.54	\$74.54
Attending Provider NPI	1225437445	1225437445
Ordering Provider NPI	1417217605	1417217605
Principle Diagnosis	R62.50	R62.50
Additional Diagnosis		

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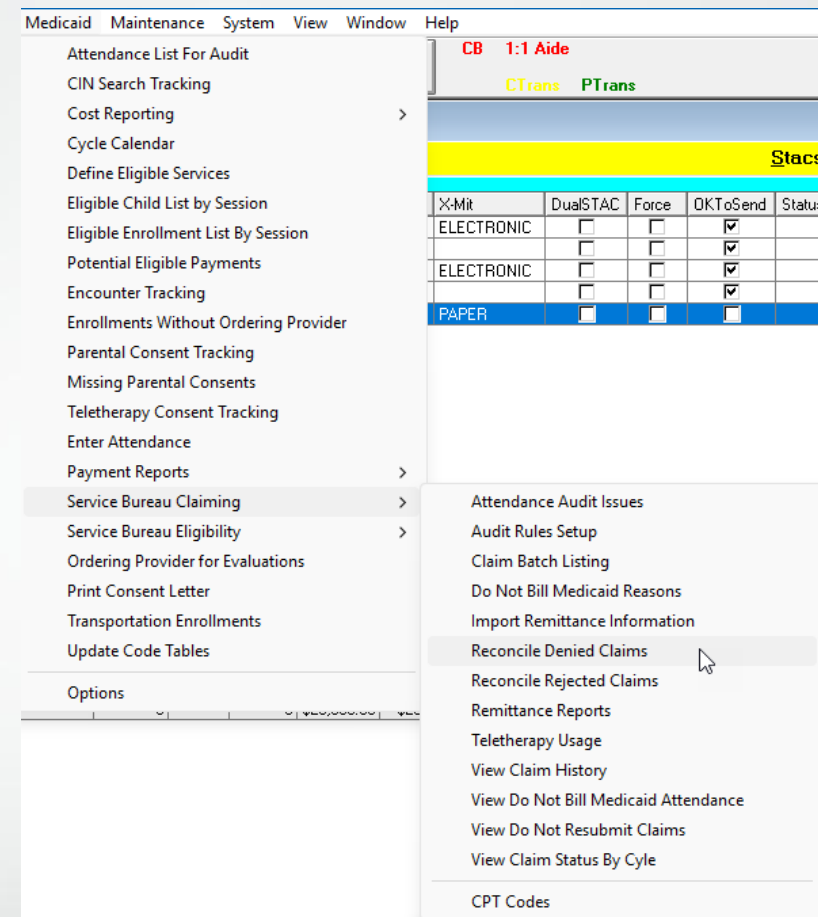
Resubmit Claim On Batch # Create New Batch

Resubmit Claim
Cancel



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



Reconcile Denied Claims

Summary Of All Denials | Summary Of Denials By Remit | Details

Summary of All Unreconciled Denied Claims							
	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

Reconcile Denied Claims

Summary Of All Denials | Summary Of Denials By Remit | **Details**

Remit: All Denial Reason: All Refresh

Select All Select None

Denied Claims											
Last Name	First Name	CIN	Cycle	Svc Date	Type	Svc	Code	Units	Amount	ICD	Attending P
		GZ19234V	2515	01/10/25	RS	ST	2024	1	\$83.63	F80.2	Putnam, Megan
		GZ19234V	2515	01/12/25	RS	ST	2024	1	\$83.63	F80.2	Putnam, Megan
		GZ19							\$83.63	F80.2	Putnam, Megan
		GZ19							\$83.63	F80.2	Putnam, Megan
		GZ19							\$83.63	F80.2	Putnam, Megan
		GZ19							\$83.63	F80.2	Putnam, Megan
		GZ19							\$83.63	F80.2	Putnam, Megan
		GR9C							\$74.54	R62.50	Brown, Sara
		GR9C							\$74.54	R62.50	Brown, Sara
		GR9C							\$74.54	R62.50	Brown, Sara
		GP33							\$74.54	R62.50	Brown, Sara
		GP33							\$74.54	R62.50	Brown, Sara
		GP33							\$74.54	R62.50	Brown, Sara
		GP33247Q	2515	01/22/25	RS	OT	2084	2	\$74.54	R62.50	Brown, Sara

- **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”


Edit And Resubmit Claim

Child:

Service: **RS - ST**

Problem Type: **DENIAL**

Group Code: **CO**

Claim Adjustment Code: **96**

Remark Code: **N198**

Service Date: **2025-01-13**

Vendor: **THERAPY PARTNERS / THRIVE BY 5**

Problem: **Attending provider not affiliated with billing provider**

Possible Resolution: **Affiliate Provider and resubmit claim**

Original Claim Values		New Claim Values	
CIN	GZ19234V		GZ19234V
CPT Code	92507		92507
Rate Code	2024		2024
Rate	\$83.63		\$83.63
Units	1		1
Claim Total	\$83.63		\$83.63
Attending Provider NPI	1104695675	1104695675	Putnam, Megan
Ordering Provider NPI	1326292913	1326292913	Zerrillo, Rachel
Principle Diagnosis	F80.2	F80.2	
Additional Diagnosis			

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Resubmit Claim On Batch #

- **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 (NPES) 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

Reconcile Denied Claims

Summary Of All Denials

Summary Of Denials By Remit

Details

RemitAll

Denial ReasonAll

Refresh

Select All

Select None

Denied Claims

	Last Name	First Name	CIN	Cycle	Svc Date	Type	Svc	Code	Units	Amount	ICD	Attending P
▶	CAMPOS	MYRTLE	GZ19234V	2515	01/10/25	BS	ST	2024	1	\$83.63	E80.2	Putnam, Megan
	CAMPOS	MYRTLE	GZ19234V	2515	01/10/25							Putnam, Megan
	CAMPOS	MYRTLE	GZ19234V	2515	01/10/25							Putnam, Megan
	CAMPOS	MYRTLE	GZ19234V	2515	01/10/25							Putnam, Megan
	CAMPOS	MYRTLE	GZ19234V	2515	01/10/25							Putnam, Megan
	CAMPOS	MYRTLE	GZ19234V	2515	01/10/25							Putnam, Megan
	CAMPOS	MYRTLE	GZ19234V	2515	01/10/25							Putnam, Megan
	CHEN	ALEXANDER	GR90315C	2515	01/10/25							Brown, Sara
	CHEN	ALEXANDER	GR90315C	2515	01/10/25							Brown, Sara
	CHEN	ALEXANDER	GR90315C	2515	01/10/25							Brown, Sara
	DAWSON	SHELLEY	GP33247Q	2515	01/10/25							Brown, Sara
	DAWSON	SHELLEY	GP33247Q	2515	01/10/25							Brown, Sara
	DAWSON	SHELLEY	GP33247Q	2515	01/10/25							Brown, Sara
	DAWSON	SHELLEY	GP33247Q	2515	01/10/25							Brown, Sara

Resubmit Claims

Edit Claim and Resubmit

Mark Claims As NEVER try to reclaim

Create Pending Batch for Resubmissions

Attending Provider Profile

Ordering Provider Profile

Show Child Claim History

NPI Profile

NPI: 1104695675

Copy NPI to Clipboard

From Preschool

First Name: Megan

Last Name: Putnam

Current NPI: 1104695675

From NPES

This NPI is for an **INDIVIDUAL**

Provider Name: **MEGAN PUTNAM**

Links

OPRA: <https://www.emedny.org/info/opra.aspx> Copy to clipboard

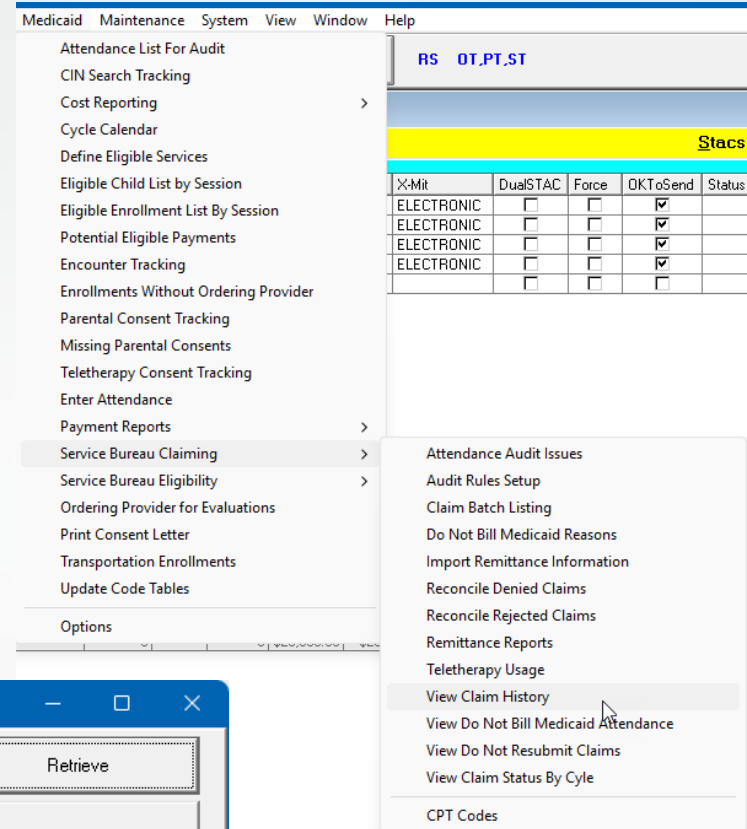
NPES: <https://npiregistry.cms.hhs.gov/> Copy to clipboard

Close



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



MSB Claim History For Child

Filters

From: 07/01/25 To: 06/30/26 RS Type: All Enrollment: All

Retrieve

Export To Excel

	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	1
	MSB			4142	GZ19234V	RS	PT	07/10/25	97110	2074	2	\$69.36		NOT	1
	MSB			4142	GZ19234V	RS	PT	07/15/25	97110	2074	2	\$69.36		NOT	1
	MSB			4142	GZ19234V	RS	PT	07/17/25	97110	2074	2	\$69.36		NOT	1
	MSB			4142	GZ19234V	RS	PT	07/22/25	97110	2074	2	\$69.36		NOT	1
	MSB			4142	GZ19234V	RS	PT	07/24/25	97110	2074	2	\$69.36		NOT	1
	MSB			4142	GZ19234V	RS	PT	07/29/25	97110	2074	2	\$69.36		NOT	1
	MSB			4142	GZ19234V	RS	PT	07/31/25	97110	2074	2	\$69.36		NOT	1
	MSB			4142	GZ19234V	RS	PT	08/07/25	97110	2074	2	\$69.36		NOT	1
	MSB			4142	GZ19234V	RS	PT	08/12/25	97110	2074	2	\$69.36		NOT	1
	MSB			4142	GZ19234V	RS	PT	08/14/25	97110	2074	2	\$69.36		NOT	1

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

MSB Claim History For Child

Retrieve

Filters

From: 07/01/24 To: 06/30/26 RS Type: All Enrollment: All

☒ RS ☐ Evaluations ☒ CBRS ☐ Transportation

Reload Export To Excel

	Source	Submit Cycle	Remit Cycle	Batch	CIN	Type	Svc	Svc. Date	CPT	Code	Units	Amt Billed	Amt Paid	Status	Remit Status
▶	MSB	2503	2503	4071	GU53893G	RS						\$74.54	\$74.54	PAID	PAID
	MSB	2503	2503	4071	GU53893G	RS						\$37.27	\$37.27	PAID	PAID
	MSB	2503	2503	4071	GU53893G	RS						\$31.12	\$31.12	PAID	PAID
	MSB	2510	2510	4106	GU53893G	RS						\$37.27	\$37.27	PAID	PAID
	MSB	2510	2510	4106	GU53893G	RS						\$31.12	\$31.12	PAID	PAID

Void
Create Adjustment
Create New Manual Claim

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

Medicaid Batches

Status: Medicaid Cycle:

ID	Cycle	From	To	Process Status	# Claims	Total \$	Accepted	Rejected	Paid	Denied	Accepted \$	Rejected \$
4143		07/01/25	08/31/25									
4142		07/01/25	08/31/25									
4138	2524	11/01/24	11/30/24									
4137	2524	01/01/25	01/31/25									
4136	2524	02/01/25	02/28/25									
4135	2515	01/01/25	01/31/25									
4134	2515	11/01/24	11/30/24									
4133	2515	09/01/24	09/30/24									
4132	2515	11/01/24	11/30/24									
4131	2515	08/01/24	08/31/24									
4130	2515	07/01/24	07/31/24									
4127	2515	11/01/24	11/30/24									
4126	2515	10/01/24	10/31/24									
4125	2515	09/01/24	09/30/24									
4124	2515	06/01/25	06/30/25									
4123	2515	05/01/25	05/31/25									
4122	2515	04/01/25	04/30/25									
4121	2515	03/01/25	03/31/25									
4120	2515	02/01/25	02/28/25									
4119	2515	01/01/25	01/31/25									
4118	2515	12/01/24	12/31/24									
4117	2515	10/01/24	10/31/24									
4116	2515	01/01/25	01/31/25									

Batch Details

ID: 4134 **PreAdjudication Completed**

Criteria: 11/01/2024 - 11/30/2024 RS

Description: Resubmissions for Batch # 4074

of Claims: 4 Amount: \$298.16

Cycle: 2515

Pre Adjudication Results

	# of Claims:	Amount:
Submitted:	4	\$298.16
Rejected:	4	\$298.16
Accepted:	0	\$0.00

Adjudicated Results

	# of Claims:	Amount:
Paid:	0	\$0.00
Denied:	0	\$0.00
Pending:	0	\$0.00

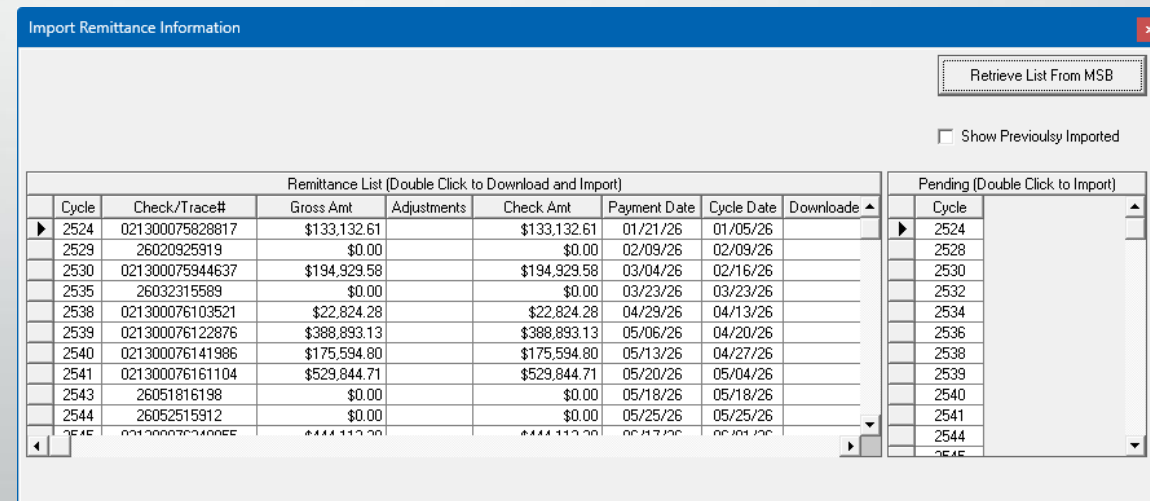
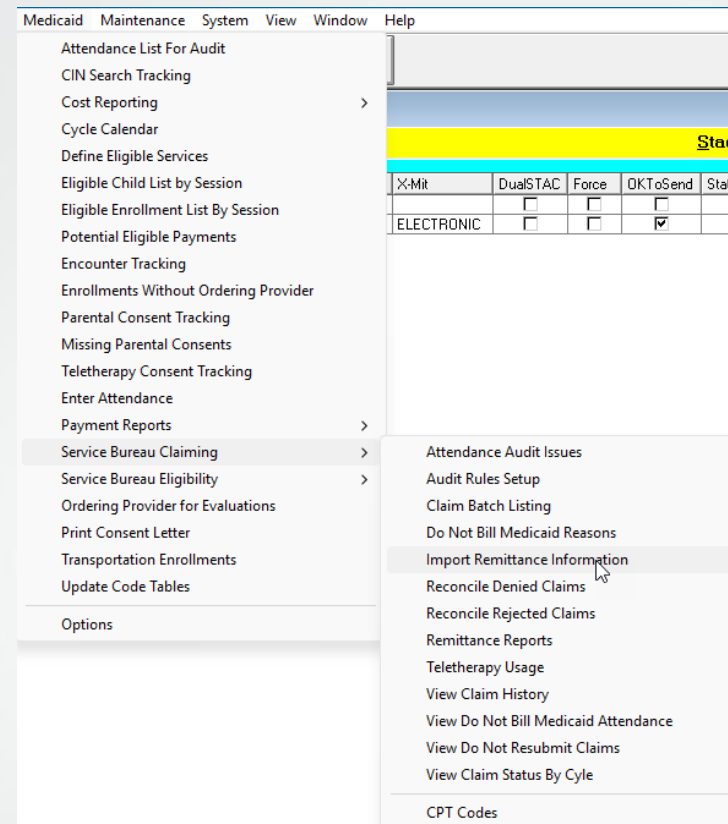
All Claims In Batch

	Last Name	First Name	DOB	ESID	Type	RS	CIN	Svc Date	Claim Type	TCN	CPTCode	U
▶	CORTEZ	RAMON	05/23/21	RS2425W0106325	RS	OT	GP63408P	11/06/24	ORIGINAL		97530	
	CORTEZ	RAMON	05/23/21	RS2425W0106325	RS	OT	GP63408P	11/13/24	ORIGINAL		97530	
	CORTEZ	RAMON	05/23/21	RS2425W0106325	RS	OT	GP63408P	11/18/24	ORIGINAL		97530	
	CORTEZ	RAMON	05/23/21	RS2425W0106325	RS	OT	GP63408P	11/20/24	ORIGINAL		97530	



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



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

Remittance Reports

Remittance: Cycle #2515 (021300075647287) \$265239.03

Import New

Retrieve

Generate Report

All Paid and Denied | Paid | Partial Paid | Denied | Summary By Submit Cycle | Summary By Submit Batch | Summaries By Service Period

Excel

All Remittance Details										
	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

Medicaid Maintenance System View Window Help

Attendance List For Audit

CIN Search Tracking

Cost Reporting

Cycle Calendar

Define Eligible Services

Eligible Child List by Session

Eligible Enrollment List By Session

Potential Eligible Payments

Encounter Tracking

Enrollments Without Ordering Provider

Parental Consent Tracking

Missing Parental Consents

Teletherapy Consent Tracking

Enter Attendance

Payment Reports

Service Bureau Claiming

Service Bureau Eligibility

Ordering Provider for Evaluations

Print Consent Letter

Transportation Enrollments

Update Code Tables

Options

Attendance Audit Issues

Audit Rules Setup

Claim Batch Listing

Do Not Bill Medicaid Reasons

Import Remittance Information

Reconcile Denied Claims

Reconcile Rejected Claims

Remittance Reports

Teletherapy Usage

View Claim History

View Do Not Bill Medicaid Attendance

View Do Not Resubmit Claims

View Claim Status By Cyle

CPT Codes

Stacs

X-Mit	DualSTAC	Force	OKToSend	Status
	☐	☐	☐	
ELECTRONIC	☐	☐	☒	

- Remittance Reports cont.

Printed On: 09/21/26

Page # 1

DEMO DATA (14)

Preschool Program

Cycle: 2545

Gross Payment: \$90,248.50

Payment Reference Number: 021300076240852

Adjustments:

Payment Date: 6/17/2026

Check Amount: \$90,248.50

			Last Name		First name	DOB	CIN	ICN	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
Sub Total			DENIED	Claim Adjustment Reason Code: 97									
				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
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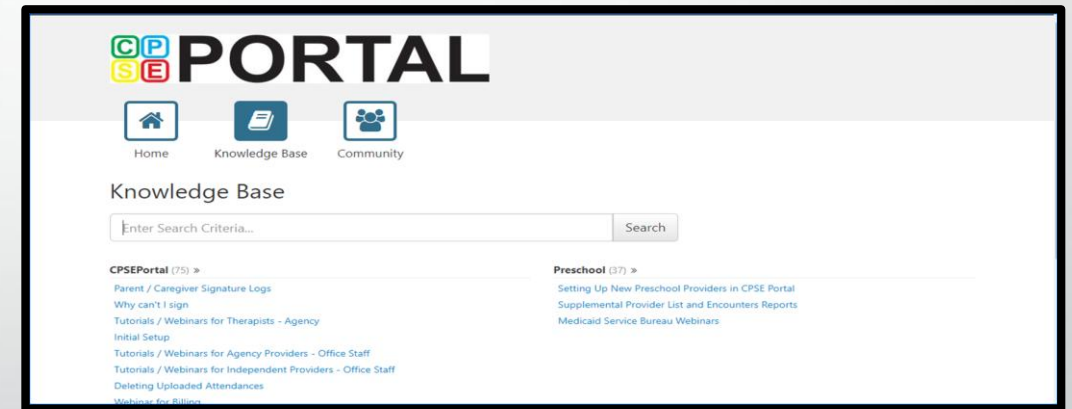
Closing

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