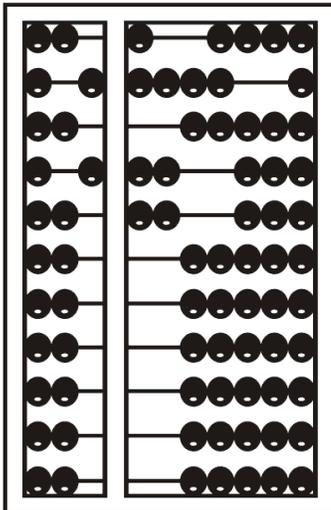


JAMES MCGUINNESS
& ASSOCIATES INC.
Consultants



2022-23
Annual Review Process
for Full-Service
Medicaid Counties
(March 2022)

INTRODUCTIONS

□ **McGuinness Medicaid**

- Deborah Frank, McGuinness Medicaid Specialist
- Kelly Knowles, Client Relationship Manager (*Medicaid, CPSE Portal, eSTACs*)

NEW - MEDICAID@CPSEPORTAL.COM - NEW

McGuinness now has a separate Portal mailbox strictly for Medicaid Issues. The mailbox is **MEDICAID@CPSEPORTAL.COM**. You will see this noted on the bottom of every slide.

Here are some things that you can address to the Medicaid mailbox:

- Medicaid Compliance
- Medicaid Documentation
 - ✓ IEPs
 - ✓ Prescriptions & Digital Recommendations
 - ✓ Uploading Medicaid Documentation

TOPICS COVERED

❑ IEPs

- *Service Dates in the Portal do not Match IEP*
- *Service Frequency & Duration in the Portal do not Match IEP*
- *Date of Birth in the Portal does not Match IEP*
- *CBRS or RS Enrollment - Make sure the Portal Enrollment Type Matches the IEP*

❑ Prescriptions

- *Medicaid-Compliant Prescription Templates*
- *Hard-Copy Prescriptions*
- *Digital Speech Recommendations*

❑ OPRA

❑ Document Verification

❑ Unmatched Children & Enrollments

- *Create the 2022-23 Unmatched Child & Enrollment Record*
- *Create an Unmatched Enrollment for the Summer and Winter Sessions*
- *CBRS versus RS Unmatched Enrollments*

INDIVIDUAL EDUCATION PLANS (IEPs)

- ❑ When the **PORTAL ENROLLMENT DATES** do not match the service dates on the IEP, McGuinness will reach out to the agency, county or school district (*depending on the county*) to request that the Portal enrollment dates be changed to match the IEP.
- ❑ When the **PORTAL FREQUENCY AND DURATION** do not match the IEP frequency and duration on the IEP, McGuinness will reach out to the agency, county or school district (*depending on the county*) to confirm the correct service delivery and if required request the enrollment be changed to match the frequency/duration on the IEP.
- ❑ When the **PORTAL SHOWS A DATE OF BIRTH** for a preschool child that differs from the date of birth delineated on the child's IEP, McGuinness will reach out to the agency, county or school district (*depending on the county*) to confirm the child's actual date of birth and if required request that the Portal DOB be changed.

INDIVIDUAL EDUCATION PLANS (IEPs)

- ❑ The child's **service dates, frequency/duration, date of birth and school district** ***should always be confirmed prior to delivering any services to the child.*** If the Portal does not match the IEP, Medicaid cannot be billed. Notify the appropriate person for your county/school district to report any IEP discrepancies and make any necessary changes.
- ❑ IEPs should be uploaded to the Portal as soon as they are finalized so McGuinness can confirm that the Portal Enrollment information (*dates, frequency/duration, DOB*) matches the uploaded IEP.

MATCHING PORTAL TO IEP

Red Arrow shows the **Portal Service** to the **IEP Service**

Green Arrow shows the **Portal Enrollment Dates** to the **IEP Service Dates**

Purple Arrow shows the Portal Enrollment **Frequency/Duration** to the **IEP Mandate**

Blue Arrow shows the Portal **DOB** to the **IEP DOB**

Pink Arrow shows the Portal **School District** to the **IEP School District**

PORTAL

Child Name: DOB: 5/23/2019

County: WESTCHESTER District: YONKERS

Child's IEPs

School Year	Effective Date	Uploaded Date	Verified By	Verified Date		Invalidate
202122	05/02/22	03/18/22			Select	Invalidate
202122	05/02/22	03/18/22			Select	Invalidate

Verification

	Provider	ESID	From Date	To Date	Service
<input type="checkbox"/>	Elizabeth Seton Children's School	CBRS2122W0059349	05/02/2022	06/30/2022	OT 2x30 Individual
<input type="checkbox"/>	Elizabeth Seton Children's School	CBRS2122W0059350	05/02/2022	06/30/2022	PT 2x30 Individual
<input type="checkbox"/>	Elizabeth Seton Children's School	CBRS2122W0059351	05/02/2022	06/30/2022	ST 2x30 Individual

Effective Date:

IEP

Yonkers Public Schools
Special Education Department
One Larkin Center
Yonkers, NY 10701

Student: Date of Birth: 05/23/2019 Gender: Male ID #: 920483

Address: Age as of meeting date: 2:9 Native Language: English

Contacts: Home/Mobile #: Work #: Email:

School Year: 2021-2022 Placement: Approved Preschool Special Education School: Grade:

Special Alerts:

Program:

IEP INFORMATION

Projected IEP Start Date: 05/02/2022

Projected IEP End Date: 06/30/2022

Projected Date of Annual Review: 03/08/2023

Projected Date for Reevaluation: 02/07/2025

Extended School Year: No

Behavior Intervention Plan: No

Supplementary Aids and Services: No

SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

Service	Frequency/Duration	Classroom/Therapy Room
Special Class: 6:1+2	05/02/2022 - 06/30/2022 5 x Daily, 5hr	Special Classes
Occupational Therapy: Individual	05/02/2022 - 06/30/2022 2 x Weekly, 30min.	Classroom/Therapy Room
Physical Therapy: Individual	05/02/2022 - 06/30/2022 2 x Weekly, 30min.	Classroom/Therapy Room
Speech/Language Therapy: Individual	05/02/2022 - 06/30/2022 2 x Weekly, 30min.	Classroom/Therapy Room

RELATED SERVICE ENROLLMENTS (CBRS or Related Services)

- Make sure that the Portal enrollment type (CBRS or RS) matches the IEP. If the child is in a classroom setting, the enrollment should be CBRS.

IEP INFORMATION		SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES			
Projected IEP Start Date:	07/05/2021	Special Class (Full Day Center Based Program - Special Class):	09/09/2021 - 06/23/2022	5 x Weekly, 5hr.	HASC
Projected IEP End Date:	06/23/2022	8:1+2			
Projected Date of Annual Review:	06/24/2022	Speech/Language Therapy: Individual	09/09/2021 - 06/23/2022	3 x Weekly, 30min.	Therapy Room
Projected Date for Reevaluation:	05/10/2022	Occupational Therapy: Individual	09/09/2021 - 06/23/2022	3 x Weekly, 30min.	Therapy Room
Extended School Year:	Yes	Physical Therapy: Individual	09/09/2021 - 06/23/2022	3 x Weekly, 30min.	Therapy Room
Behavior Intervention Plan:	Yes	Psychological Counseling Services: Individual	09/09/2021 - 06/23/2022	2 x Weekly, 30min.	Classroom
Supplementary Aids and Services:	Yes	Parent Training: Individual	09/09/2021 - 06/23/2022	1 x Monthly, 1hr.	HASC
Assistive Technology:	No	Special Class (Full Day Center Based Program - Special Class):	07/05/2021 - 08/13/2021	5 x Weekly, 5hr.	HASC
Supports for School Personnel:	No	8:1+2			
Testing Accommodations:	No	Speech/Language Therapy: Individual	07/05/2021 - 08/13/2021	3 x Weekly, 30min.	Therapy Room
Participate State/District Assessments:	N/A	Occupational Therapy: Individual	07/05/2021 - 08/13/2021	3 x Weekly, 30min.	Therapy Room
Special Transportation:	Yes	Physical Therapy: Individual	07/05/2021 - 08/13/2021	3 x Weekly, 30min.	Therapy Room
		Psychological Counseling Services: Individual	07/05/2021 - 08/13/2021	2 x Weekly, 30min.	Classroom
		Parent Training: Individual	07/05/2021 - 08/13/2021	1 x Monthly, 1hr.	HASC

IEP DOES NOT MATCH PORTAL

How to Proceed

- ❑ What do you do when the IEP service dates, frequency and duration do not match the enrollment information in the Portal?
 - Notify the County or School District to report the discrepancy.
 - Do *not* add attendances to the County enrollment (if created).
 - Create an unmatched enrollment that matches the IEP that you received so you can service the child while the discrepancy is being investigated.

HOW TO UPLOAD AN IEP

☐ Go to Medicaid>IEP Maintenance

Type in the name of the child>Click **Search**>Click **Select** for the correct child.

1. **Select the School Year** from Drop-Down
2. **Choose File>Browse** to IEP document
3. **Enter the IEP Effective Date**
4. **Click Upload IEP**

IEP Maintenance

County: WESTCHESTER District: EASTCHESTER DOB: 10/8/2016

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

School Year 1

School Year	Effective Date	
2021 - 2022	7/5/2021	<input type="button" value="Download File"/>

File: No file chosen 2 3 4

Portal Knowledge Base Article

How to Upload an IEP: <http://support.cpseportal.com/kb/a190/uploading-an-iep.aspx>

QUESTIONS

Are there any questions about IEPs?

PRESCRIPTIONS

Medicaid-Compliant Prescription Template

The Portal has a blank Medicaid-Compliant template available through the Knowledge Base (link below). All full-service Medicaid counties will accept this template.

(<http://support.cpseportal.com/kb/a266/medicaid-compliant-prescription-template.aspx>.)

PRESCRIPTIONS

(Hard-Copy Prescriptions)

- ❑ Request the prescription as soon as possible following the child's annual review meeting. This will give you (the agency) and McGuinness time to review the prescription for Medicaid compliance prior to the start of the school session (Summer/Fall).
 - As soon as you receive the prescription from the ordering practitioner, **review the prescription for Medicaid Compliance**. The link below to a Medicaid-Compliant Written Order Checklist will assist you with this process. (<http://support.cpseportal.com/kb/a173/medicaid-compliant-written-order-checklist.aspx>)
 - If all the Medicaid components are delineated on the prescription in accordance with Medicaid (as per the Medicaid Handbook, Page 21) and are legible, **upload the prescription to the Portal**.
 - If the prescription is **not** Medicaid-compliant, **immediately request a replacement prescription** from the ordering provider *(which will have a subsequent signature date)*.
- ❑ If you are not sure if the prescription is Medicaid compliant, contact the McGuinness Medicaid Department or Medicaid@CPSEPortal.com.

CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER

- This checklist shows the **(8) required elements** of a Medicaid prescription in the first column of the table.
- In the last two columns, the checklist shows the **valid** versus **invalid** way to express each required element on the prescription.
- The bottom of this checklist shows **when a new prescription is required**.
- The Knowledge Base Link to this checklist will be included in the webinar follow-up email.

CHECKLIST FOR A MEDICAID-COMPLIANT WRITTEN ORDER		
<i>What should I be checking?</i>		
<ul style="list-style-type: none"> ✓ Handwriting should be legible for all eight required elements. ✓ Scanned documents should be checked to ensure that all content was scanned and the image is clear/readable. ✓ Corrections must be crossed out and initialed. White out is not permissible on Medicaid documentation. ✓ Check for any missing information – (Items left blank.) OR, Make sure a stamp is not covering other pertinent information. 		
(8) Required Elements	Medicaid Compliant (Valid)	Non-Medicaid Compliant (Invalid)
1. CHILD'S NAME	•Child's First & Last Name (spelled correctly)	•No Name •Name spelled incorrectly •Only first name (or only last name) •Name of another child •Incorrect date of birth
2. TERM OF SERVICE	Preferred format for expressing dates - (MM/DD/YY) •July 1, 2018 – June 30, 2019 •7/1/18 – 6/30/19 •7/1/2018 – 6/30/2019	Incomplete Dates: •2018 – 2019 or 18/19 •9/2018 – 6/2019 •July 2018 – June 2019 •No "Term of Service" listed on the order
3. SERVICE(S) BEING ORDERED Frequency & Duration of Service (The service (OT/PT/ST) should be listed on the order along with ONE of the following options – NOT BOTH)	<p>Option 1:* Specific reference to adopt the frequency and duration "as per the IEP." (If this option is used, the frequency/duration should not be delineated on the order.) * Using this option is "best practice" and will reduce the chance of potential issues. –OR–</p> <p>Option 2: Actual Frequency and Duration of Service</p> <p>•Frequency and duration "As per the IEP" –OR– Speech 2x30 (I) – Speech 1x30 (G)</p> <p>•If the frequency/duration is specified on the order, it should match the frequency/duration listed on the IEP. If the frequency/duration is specified and does not match the IEP, a new order should be requested.</p> <p>•If an order template is being used with multiple services, make sure the correct services are checked.</p>	<p>•OT 2X (frequency listed, but not the duration) •As per the regulations, either the reference to the IEP or the specific frequency/duration should be used on the order; not both.</p> <p>•If the frequency/duration are adopted by IEP reference, on the order and the frequency/duration changes, a new written order is required; "as per IEP" no longer applies once the IEP changes.</p>
4. Patient Diagnosis / Need for Service(s)	•ICD Code – F82 • "Specific developmental disorder of motor function"	•The absence of an ICD code or reason/need for service.
5. Signature of the Order Practitioner Is the order Signed?	Acceptable methods of signing: •Signed with a hand-written signature •Signed with an electronic or digital signature*	Unacceptable methods of signing: •Signature stamp •Scanned "image" of signature (i.e., JPEG) or font substitution
6. Date the Order was Written & Signed	•June 1, 2019, •6/1/19, or •6/1/2019	•Absence of the date the order was signed. •Date is unclear •An unacceptable correction was made.
7. Ordering Practitioner's NPI or License #	NPI or license number is required on the order; however, both the NPI and license number are preferred* on the order. •NPI number (Is the NPI # 10 digits?) 1234567890 •License number (Is the license # 6 digits?) 123456 * Having both the NPI and License number on the order will reduce the chance of potential issues.	•Absence of the NPI or the license number. One must be delineated on the order. •NPI and license numbers are listed on order, but are not readable. (Handwriting is illegible or a stamp was used and not readable.) •A stamp of the practitioner's NPI/License # was used and was stamped over other pertinent information on the order.
8. Ordering Practitioner's Contact Information	• 123 Main Street (Street Address) Anytown, NY 12345 (City, State, Zip) (516) 555-5555 (Phone number w/ area code)	• 123 Main Street Anytown, NY 12345 (Phone # missing) • 123 Main Street Anytown (State, zip & phone # missing) • The contact information is included, but not readable, or a stamp was used and the stamped information was placed over other pertinent information on the order.
<p>A NEW WRITTEN ORDER IS REQUIRED FOR THE FOLLOWING REASONS: (Annual Review Meeting • Change in Service • Transfer Meeting • New Referral)</p> <ul style="list-style-type: none"> ✓ Each IEP period (Annual Review, Summer Session/Winter Session if not listed on the same IEP) ✓ Whenever a review meeting results in a change of service (frequency/duration/class size) ✓ The child transfers to another school district (This requires a new IEP so a new order is required.) ✓ New Referrals (Newly-identified students) <p>* The "As per IEP" reference does not apply once the IEP changes. A new order is required for any of the circumstances listed above.</p>		

PRESCRIPTIONS

(Corrections to Hard-Copy Prescriptions)

- ❑ Corrections to prescriptions can be made **only** when the prescription is being prepared and **only** by the ordering practitioner! Once the prescription is delivered to the patient or the agency, the prescription cannot be altered (after-the-fact) in an effort to meet Medicaid requirements.
- ❑ If the prescription that you receive does not meet Medicaid requirements (or is illegible), a **replacement** prescription should be requested, which will have a subsequent signature date.

PRESCRIPTIONS

(Replacement Prescriptions)

Suggestion for Obtaining a Medicaid-Compliant Replacement Prescription:

1. Print out the invalid prescription from the Portal and note the reason (*on the invalid Rx*) that the prescription does not meet Medicaid requirements. (e.g., practitioner's contact information was missing).
2. Complete a new prescription (*on a Medicaid-compliant template*) and include the missing or illegible information. (e.g., *If the doctor's contact information was missing or not readable, include that information on the replacement prescription.*)
3. Prepare a fax cover sheet that explains that you need a Medicaid-compliant prescription and that you are transmitting the previous (non-compliant prescription) along with the new (Medicaid-compliant) prescription and requesting that the doctor sign and date the replacement prescription. The prescription will have a *subsequent* signature date.

PRESCRIPTIONS

(Recommended Replacement Prescription Process)

1) Non-Compliant Rx - Contact Info Missing

PRESCRIPTION/RECOMMENDATION FOR PRESCHOOL SERVICES

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

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

Period of Service: School Year 7/1/2020 - 6/30/2021

Diagnosis (ICD-10 code) REQUIRED

You must provide the **MOST SPECIFIC ICD-10 CODE(S)** for each service checked.

Service/Therapy	ICD-10 Code
<input checked="" type="checkbox"/> OT	F82
<input checked="" type="checkbox"/> PT	F82
<input type="checkbox"/> Speech	
<input type="checkbox"/> Psych Co*	
<input type="checkbox"/> NU**	

*Psych Co = Psychological Counseling Services
 **NU = nursing services (in addition to the prescription, a specific Dr.'s order with detailed instructions is required)

Physician/Physician's Assistant/Nurse Practitioner/SLP Information:
 (Please print or use stamp):

Name (REQUIRED):	Sharon Inkeles, MD
Address:	NYS Lic 160924
Phone Number:	Medicaid 01033967
License # (REQUIRED):	NPI 1376625954
NPI # (REQUIRED):	
Medicaid # (Optional):	

Signature of Physician/P.A./Nurse Practitioner/SLP: _____ Date Signed: 5/14/21
Must be hand written signature; STAMPED SIGNATURE WILL NOT BE ACCEPTED

Note: Medicaid requires that all services recommended by a Physician, Physician's Assistant, Nurse Practitioner or Licensed Speech Pathologist must be signed prior to or on the start date of services.

Doctor's address & phone # are missing

2) Replacement Rx - w/ Contact Info Filled In

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name: _____ DOB: _____
 District: _____ County: _____
 Agency: _____
(Name of Agency, Center-based Program or Individual Provider / Phone)

Reason for Ref: Annual Review Meeting Change in Service Transfer Meeting Re-Eval Meeting New Referral

Term of Service: School Year July 1, 2020 to June 30, 2021 (Frequency, Duration & Class Ratio as per the IEP)

Evaluation/Service	ICD CODE for EVALUATION(S)	ICD CODE for SERVICE(S) *	Medical Diagnosis/Purpose of Treatment
<u>Audiological</u>		F82	
Occupational Therapy		F82	
Physical Therapy			
Speech			
Psychological/Psychological Counseling			
Skilled Nursing (Requires a Physician's Order)			

The most specific ICD code is required for each evaluation/service.
 Medicaid requires that a written referral be in place prior to the initiation of evaluations/services.
* A new order/referral for services must be completed for each IEP period.
 ** A new order/referral must be completed whenever reviews conducted during an IEP period result in a change in service.

Signature: _____ Date Signed: 5/14/21
(Original Signature Required - Stamps Not Permitted)

Print Name: _____ Title: M.D.

Address & Phone (REQUIRED) - (Stamp Accepted)	License #	160924
Stony Brook Advanced Pediatric Care 260 Middle Country Road - Suite 107 Smithtown, NY 11787 (631) 265-7518	NPI #	1376625954
	Medicaid #	01033967
	Fax #	

(Signature of NYS licensed and registered physician, a physician or a licensed nurse practitioner acting within the scope of practice (for psychological counseling)

3) Fax Coversheet - w/ both Rxs

SAMPLE FAX MESSAGE

TO	Community Care Pediatrics	Phone #	555-555-5555
Agency	ABC School District	FAX #	555-555-5666
School District			
DATE	00/00/00	# of Pages	
FROM	Amazing Kids Agency		
SUBJECT	Replacement Prescription Required for <u>Child Name?</u>		

The prescription that we recently received from your office for the child noted above not Medicaid compliant, which is required for all County health-related services.

I am transmitting to you the original (non-compliant Medicaid) prescription that you signed on Date? along with a replacement prescription (that now includes all the required Medicaid information) for your signature and signature date.

Please fax the signed replacement prescription to: Fax #

If you require additional information, I can be reached at phone number?

Thank you.

CENTER-BASED PROGRAM CHANGE (Is a New Prescription Required?)

Question:

If a child's Center-Based Program changes or an Aide is added and as a result new enrollments need to be created, is a new prescription required for the center-based related services (CBRS)?

Answer:

No. *If the child's frequency and duration (for the center-based related services) has not changed, a new prescription is not required.*

If, however, the child has a "review meeting" and the service delivery changes, a new prescription is required.

PRESCRIPTIONS SHOULD BE UPLOADED CONTEMPORANEOUSLY

- ❑ We have noticed that agencies/service providers have been uploading prescriptions late in the school year. If the prescription that you are uploading is not Medicaid-compliant and the prescription is uploaded late in the school year, the county loses the opportunity to claim Medicaid for that period of time.
- ❑ If the prescription is uploaded before, or at the start of the school session, and a non-compliant prescription is uploaded, a replacement prescription can be obtained early in the school session.

PRESCRIPTIONS

(Troubleshooting for Uploading Hard-Copy Prescriptions)

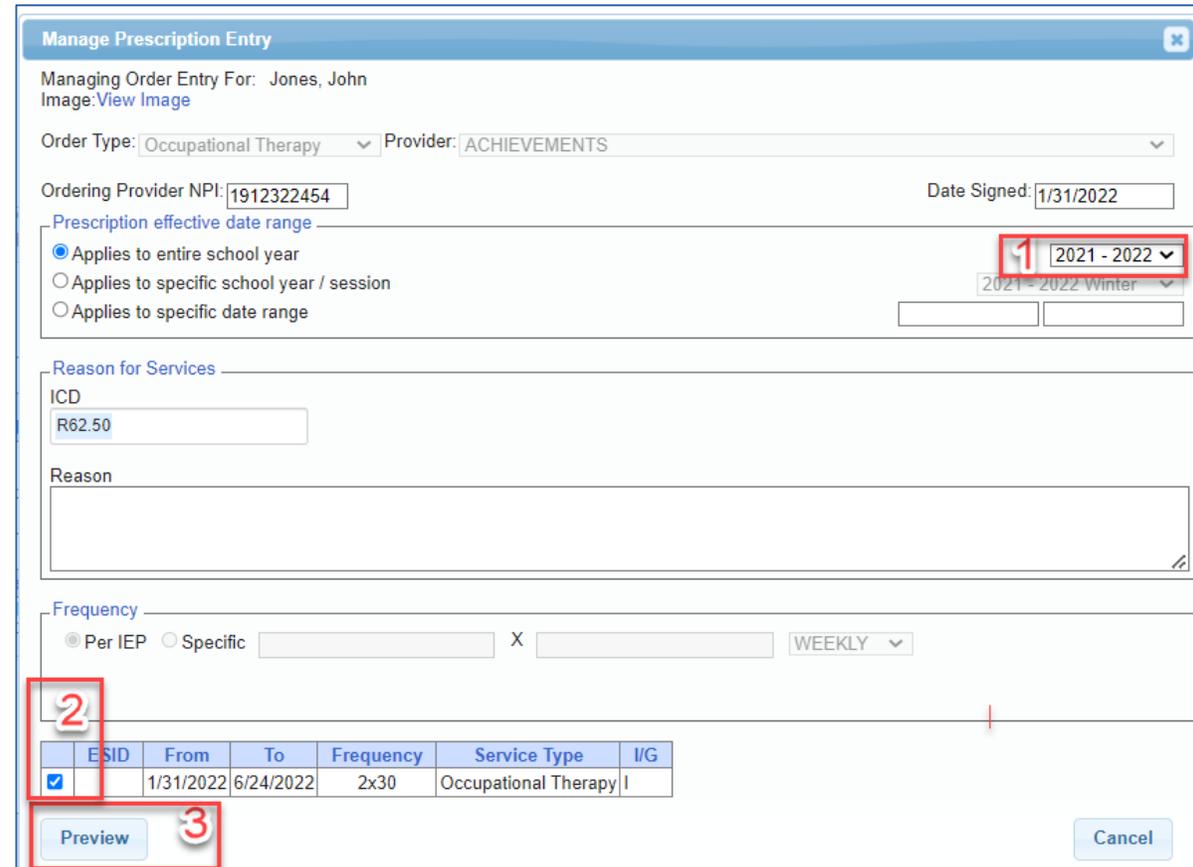
Listed below are some troubleshooting solutions for missing (or incomplete) prescriptions.



On the Prescriptions DETAILS Screen

(Enter **Rx Entry** or Enter **Prescription Entry**):

- 1) Did you select the **correct school year**?
- 2) Did you **select the enrollment** (ESID #(s) that the Rx covers?
- 3) Did you **Preview / Save & Done**?



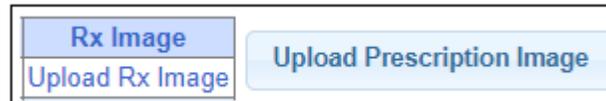
ESID	From	To	Frequency	Service Type	I/G
<input checked="" type="checkbox"/>	1/31/2022	6/24/2022	2x30	Occupational Therapy	I

PRESCRIPTIONS

(Troubleshooting for Uploading Hard-Copy Prescriptions)

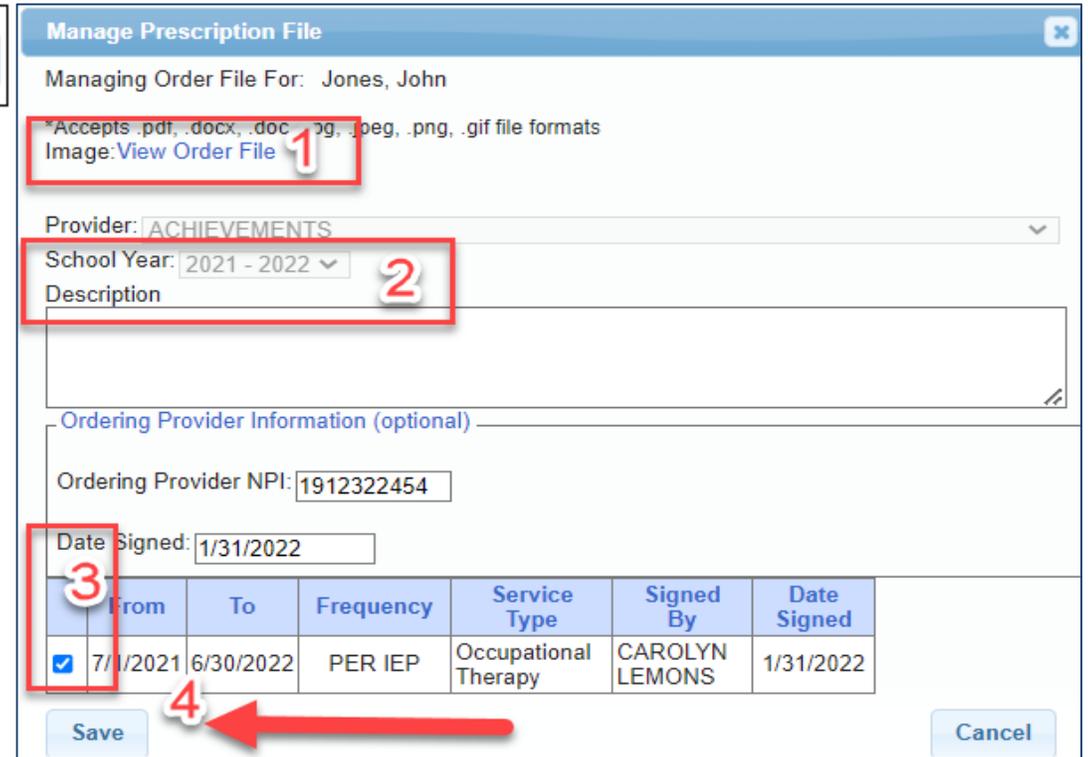
Listed below are some troubleshooting solutions for missing (or incomplete) prescriptions.

On the Prescription IMAGE Screen (Rx Image or Upload Prescription Image):



Rx Image
Upload Rx Image Upload Prescription Image

- 1) Did you **attach the Rx image** to the Rx Details?
- 2) Did you select the **correct school year** for the prescription?
- 3) Did you **select the eligible order(s)**?
- 4) Did you click **SAVE**.



Manage Prescription File

Managing Order File For: Jones, John

*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats
Image: View Order File **1**

Provider: ACHIEVEMENTS

School Year: 2021 - 2022 **2**

Description

Ordering Provider Information (optional)

Ordering Provider NPI: 1912322454

Date Signed: 1/31/2022 **3**

	From	To	Frequency	Service Type	Signed By	Date Signed
<input checked="" type="checkbox"/>	7/1/2021	6/30/2022	PER IEP	Occupational Therapy	CAROLYN LEMONS	1/31/2022

Save **4** Cancel

QUESTIONS

Are there any questions about hard-copy prescriptions?

DIGITAL SPEECH RECOMMENDATIONS

- ❑ There are many benefits of using the digital option for Speech recommendations.
 - The digital recommendation is ***Medicaid-compliant*** and ***verified*** upon completion,
 - The resulting digital order does not need to be ***scanned, entered and uploaded*** to the Portal,
 - The digital recommendation will limit (or eliminate) requests for ***replacement prescriptions***.

- ❑ All full-service Medicaid counties have discontinued the practice of filling out paper prescription forms and are now ***requiring*** their SLPs to complete the digital speech recommendation in the Portal.

Knowledge Base Tutorial, “How to Create Digital Orders” - <http://support.cpseportal.com/kb/a163/creating-a-digital-speech-recommendation.aspx>

DIGITAL SPEECH RECOMMENDATIONS

(A Few Things to Note About the Digital Speech Recommendation)

1. Digital Speech Recommendations are ***ESID specific***; a digital recommendation will need to be created for the summer and winter sessions as well as for group and individual enrollments. *(For example, if you are treating a child for both the summer and winter sessions and providing individual and group sessions for that child, four digital recommendations must be completed; one for each enrollment.)*
2. The signature date of the digital recommendation is the date that the SLP completed the digital recommendation in the Portal and that date is the first date that Medicaid can be billed. Any sessions that were provided ***prior*** to the digital recommendation signature date will not be covered by the digital recommendation (and cannot be submitted to Medicaid).

DIGITAL SPEECH RECOMMENDATIONS

(A Few Things to Note About the Digital Speech Recommendation - Continued)

IMPORTANT!

3. Make sure you are on the **correct screen** for the digital speech recommendation!

(If you are **not** prompted to **digitally sign with your PIN #**, you are on the screen to enter the prescription details for the hard-copy prescription upload process – **not** the Digital Speech Recommendation screen.)

- To create the digital speech recommendation (if no other prescriptions exist) go to **Caseload Maintenance**>**Prescriptions for Caseload** and click the “Create **Speech Recommendation link** (in the last column).

ESID	Last Name	First Name	From Date	To Date	Description	Rx Status	Rx Entry	Rx Image	No Link - Rx exists
RS2122WC			9/3/2021	6/24/2022	ST 1x60 Individual	VERIFIED	View	View	
RS2122WC			9/3/2021	6/24/2022	ST 1x60 Individual	INVALIDATED: Missing Provider contact info	Enter Rx Info	Upload Rx Image	Create Speech Recommendation

- If a prescription has been uploaded previously for the child (e.g., Rx from the doctor), the **Create Speech Recommendation link** is no longer available (as shown above).

To create a **subsequent** speech recommendation go to **Caseload Maintenance**>**Create New Order**>**Type in the name** of the child>Click **Search**>Click **Select** for the correct child.

CORRECT vs INCORRECT SCREEN

(To Enter the Digital Speech Recommendation)

❑ **Correct** screen to create a Digital Recommendation

- Caseload Maintenance>

Prescriptions for Caseload>CREATE SPEECH RECOMMENDATION



If the Create Speech Recommendation Link is not showing on the Prescriptions for Caseload Screen,
Go to **Create New Order**>Type in the Child's Name > Search

❑ **Incorrect** screen to create a Digital Order

- Caseload Maintenance>

Rx Entry
(Paper Prescription Upload)

Prescriptions / Written Orders for Caseload

Filter By
 Provider: Session:

ESID	Last Name	First Name	From Date	To Date	Description	Rx Status	Rx Entry	Rx Image	
CBRS2122W0019742	ALLRED	MARILU	9/7/2021	6/23/2022	ST 4x30 Individual	MISSING	Enter Rx Info	Upload Rx Image	Create Speech Recommendation
CBRS2122W0019724	BEAUCHAMP	JOSHUA	9/7/2021	6/23/2022	ST 1x30 Individual	MISSING	Enter Rx Info	Upload Rx Image	Create Speech Recommendation
CBRS2122W0019725	BEAUCHAMP	JOSHUA	9/7/2021	6/23/2022	ST 1x30 Group	MISSING	Enter Rx Info	Upload Rx Image	Create Speech Recommendation

Incorrect Screen (with red X over Rx Entry column)

Correct Screen (with red arrow pointing to Create Speech Recommendation link)

CORRECT vs INCORRECT SCREEN

(To Enter the Digital Speech Recommendation)

CORRECT SCREEN – Digital Option

Prescriptions for Caseload > **Create Speech Recommendation Link**

--OR-- **Create New Order** > Type Child's Name > SEARCH

Create Digital Order

Caseload Maintenance > Prescriptions for Caseload, or Caseload Maintenance > Create New Order

Create recommendation for Speech Services

Prescription effective date range

Applies to entire school year 2020 - 2021

Applies to specific school year / session 2020 - 2021 Winter

Applies to specific date range

Reason for Services

ICD

Search by code or description...

Reason

Preview and Sign

CORRECT SCREEN

INCORRECT SCREEN – Paper Option

Prescriptions for Caseload > **Enter Rx Entry**

Manage Prescription Entry

Managing Order Entry For Image: Attach To Image

Order Type: Provider:

Ordering Provider NPI: Date Signed:

Prescription effective date range

Applies to entire school year 2020 - 2021

Applies to specific school year / session 2020 - 2021 Winter

Applies to specific date range

Reason for Services

ICD

Search by code or description

Reason

INCORRECT SCREEN

Frequency

Per IEP Specific x WEEKLY

No eligible enrollments found

No place to sign.

Preview Cancel

DIGITAL SPEECH RECOMMENDATIONS

(Prescriptions from Medical Practices)

- ❑ In order for Medicaid to pay on a claim, the ordering/prescribing practitioner **must** be enrolled in Medicaid. Community practitioners do **not** have to be enrolled in Medicaid. As a result, the county is expecting all SLPs to complete a digital speech recommendation in the Portal (*that coincides with the child's first speech session*) when speech services are prescribed by a community medical practice.
 - This will ensure that the referral meets Medicaid requirements, and
 - Because a county OPRA provider has written the referral, the provided sessions will be billable to Medicaid.

DIGITAL SPEECH RECOMMENDATIONS

(Timing of the Speech Recommendation)

- ❑ As per the **Medicaid Questions & Answers, No. 94**, if the SLP has not seen the child previously, the SLP must wait until the **first session with the child** before the prescription can be completed.*
 - If the digital recommendation is completed on the same date as the initial session with the child, the initial session will be a Medicaid-compliant session.
 - If the digital recommendation is **not** completed on the same date as the initial session with the child, each session that was provided without a speech recommendation (in place) must be marked on the session note **“Not Medicaid Eligible.”**

* The speech recommendation **can** be created **prior** to the first session with the child if the child was seen previously by the SLP or if the SLP completed the child's evaluation.

DIGITAL SPEECH RECOMMENDATIONS

(Timing of the Speech Recommendation - Continued)

Question #94:

Can a NYS licensed and currently registered speech-language pathologist (SLP) who has not seen the student write a referral for speech therapy?

Answer: No.

***The SLP cannot write a referral if they have not seen the student.** 18NYCRR 505.11 states that a written order must contain a diagnostic statement and purpose of treatment. **It is not acceptable under the Medicaid program for the ordering or referring professional never to have met with the child** as it is incompatible with the obligations of the ordering practitioner to assure that the ordered care, services, or supplies will meet the recipient's needs and restore him or her to the best possible functional level. [December 13, 2010]*

(http://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf)

DIGITAL SPEECH RECOMMENDATIONS

(Speech Supervisors)

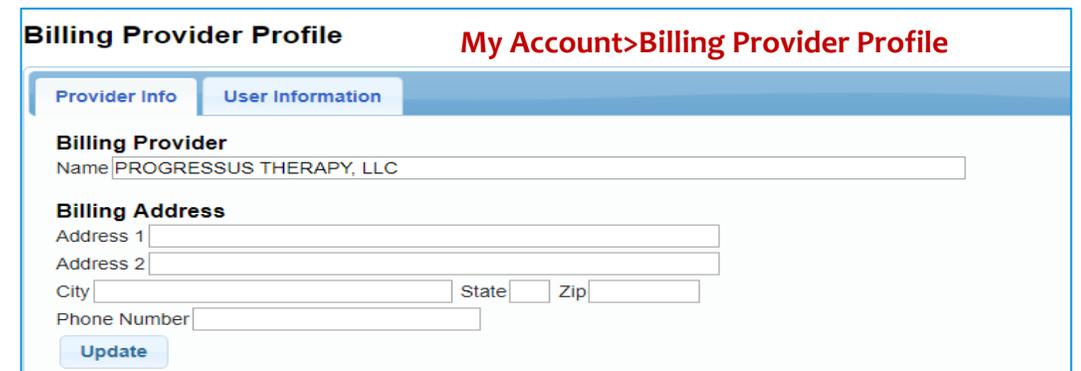
- ❑ As per the Medicaid (Q&A #94), the speech supervisor should not be completing a digital recommendation for ***all*** children unless the speech supervisor is actively treating ***all*** children.
- ❑ Speech supervisors should only prepare speech recommendations for students that they are treating regularly (UDO/CFY, etc).

Digital Speech Recommendations Webinar (June 7 & 9 – 3:30)

❑ A webinar on Digital Speech Recommendations is scheduled for **June 7 & June 9**.

Topics include:

- One-Time Set-up (Agency/SLP)
- How to create the Digital Speech Recommendation
- Digital Speech Recommendation Troubleshooting
- And more...



The screenshot shows a web form titled "Billing Provider Profile" with a breadcrumb trail "My Account > Billing Provider Profile". The form has two tabs: "Provider Info" (selected) and "User Information". Under "Billing Provider", there is a "Name" field containing "PROGRESSUS THERAPY, LLC". Under "Billing Address", there are fields for "Address 1", "Address 2", "City", "State", "Zip", and "Phone Number". An "Update" button is located at the bottom of the form.

❑ Billing providers (*Independent Providers and Agencies*) should check their billing provider profile in the Portal to ensure that a complete address and phone number with area code is entered. Digital recommendations cannot be created without this information. To add your billing information go to **My Account > Billing Provider Profile**.

QUESTIONS

Are there any questions about Digital Speech Recommendations?

ORDERING, PRESCRIBING, REFERRING, ATTENDING (for SLPs Only)

- In order for Medicaid to pay on a claim, the ordering/referring provider must be enrolled with Medicaid as an Ordering, Prescribing, Referring or Attending (OPRA) provider.
(If you are a “servicing provider” only (OT/PT) – not ordering/referring, OPRA enrollment is not required.)
- Most counties require that their SLPs (*who are recommending/ordering*) be OPRA enrolled so the services they provide will be Medicaid reimbursable.
- How do you know if you are enrolled? The link below will allow you to search eMedNY to determine your eligibility.

Enrolled Practitioner’s Search Page: (to check your enrollment status):

<https://www.emedny.org/info/opra.aspx>

ENROLLED PRACTITIONER'S SEARCH

Enter your **NPI**>Click **Search**.

If not enrolled, you will see,
“**NO RESULTS FOUND.**”

If enrolled, you will see ,
“**1 match found**” with all your
pertinent information.

ENROLLED PRACTITIONERS SEARCH

(including OPRAs)

Individuals who order/prescribe/refer/attend services payable by the fee-for-service Medicaid Program must be enrolled in the fee-for-service Medicaid Program. Billing/rendering providers should use this search feature to confirm the individual is enrolled.

Searching by NPI brings the best result. If NPI is not provided on the script, the billing/rendering provider should search by name or license number to obtain the NPI. The billing/rendering provider **MUST** then confirm with the individual that the correct NPI was identified in the search.

Find Enrolled Practitioners (including OPRAs)

Search By:

- NPI
- License Number
- Provider Name

NPI number:

NO RESULTS FOUND

The screenshot shows the eMedNY website interface. At the top, there is a navigation bar with links for 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', and 'eM Too'. Below the navigation bar, the page title is 'ENROLLED PRACTITIONERS SEARCH (including OPRAs)'. The main content area contains the same search form as shown in the previous image, but with a red arrow pointing to the search results. The search results show '1 match found' and a table with the following data:

NPI	LICENSE NUMBER	PROFESSION CODE	NAME
1508	000083	058	

Ordering, Prescribing, Referring, Attending – OPRA

Helpful Links / Phone # - eMedNY

- ❑ **eMedNY Call Center Phone Number: 1-800-373-9000**
- ❑ **Enrolled Practitioner's Search Page:** (to check your enrollment status):
<https://www.emedny.org/info/opra.aspx>
- ❑ **Next Anticipated Revalidation Date:** (to check your revalidation status):
<https://health.data.ny.gov/Health/Medicaid-Enrolled-Provider-Listing/keti-qx5t/data>
- ❑ **Provider Enrollment & Maintenance Screen:** (Application)
New Enrollment • Revalidation • Reinstatement/Reactivation
<https://www.emedny.org/info/ProviderEnrollment/ther/index.aspx>
- ❑ **Revalidation Information:** (Enrolled – Required to Revalidate)
<https://www.emedny.org/info/ProviderEnrollment/revalidation/index.aspx>
- ❑ **Link to Frequently Asked Questions (FAQs):**
https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/Core_OPRA_FAQs.pdf
- ❑ **Link to Change your Address**
<https://www.emedny.org/info/ProviderEnrollment/changeaddress.aspx>

QUESTIONS

Are there any questions about OPRA?

DOCUMENT VERIFICATION

- ❑ McGuinness needs to see the enrollment details in order to verify Medicaid documentation.

- ❑ Prior to uploading the 2022-23 IEP or Prescription, please create an unmatched child/enrollment.
 - Search for the child in the Portal. If the child is not in the Portal, please create an “unmatched” child.
 - If the child’s enrollment is not in the Portal, please create an “unmatched” enrollment.

- ❑ This process will allow McGuinness to verify the documentation early in the process and will limit IEP/Prescription requests early in the school session.

UNMATCHED CHILDREN & ENROLLMENTS

- The child's 2022-23 official enrollment will not be created yet. As a result, an Unmatched Child and/or Enrollment will need to be created so you can upload the Medicaid documentation (IEP and/or Rx).
- Create an unmatched enrollment for both the summer and winter sessions and attach the appropriate documentation (IEP and/or Rx).
- Make sure the Portal enrollment type (CBRS or RS) matches the IEP. If the child is in a classroom setting, the enrollment(s) should be CBRS.
- After the official enrollment is entered and the child has an ESID #, the agency can match the unmatched records to the official record. During this process all the information (session notes & documentation) will be merged to the official record.

HOW TO CREATE AN UNMATCHED CHILD

- ❑ Go to Caseload Maintenance>**Unmatched Children**>Click Add Child
- ❑ Fill in the “Add Child” Screen>Click Add

(Make sure this information is correct, if the official record has different information (i.e., different DOB or service dates), the two records will not match.)



Unmatched Children **Add Child** **Click "Add Child"**

Add Child

Provider **ACHIEVEMENTS** County District Last Name First Name MI Gender DOB

Address 1 Address 2 City State New York Zip Home Phone SEDSTACID

Add

Fill in the information highlighted in red and click ADD.

Address1	City	State	Zip	HomePhone	Enrollments	Attempt Match	Edit	Delete
		NY			Enrollments	Attempt Match	Edit	Delete
		NY			Enrollments	Attempt Match	Edit	Delete
		NY			Enrollments	Attempt Match	Edit	Delete

***To Edit or Delete an unmatched child, click the appropriate button at the end of the row.**

Add

Fill in the information highlighted in red and click ADD.

***To Edit or Delete an unmatched child, click the appropriate button at the end of the row.**

HOW TO CREATE AN UNMATCHED ENROLLMENT (Center-Based, Related Service & SEIT)

Go to Caseload Maintenance > **Add/Edit Unmatched Enrollments**

Unmatched Children Screen

Enrollment Type	Attempt Match	Edit	Delete
Enrollments	Attempt Match	Edit	Delete
Enrollments	Attempt Match	Edit	Delete
Enrollments	Attempt Match	Edit	Delete

Type the child's name into the Name box > Click SEARCH

Unmatched Enrollments

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

- Fill in all the pertinent information in the table (Session, From/To Dates, Enrollment Type, RS Type, I/G, Freq/Dur, Etc.).
- Click "Add" at the end of the row.

Unmatched Enrollments

County: NASSAU District: NEW HYDE PARK-GARDEN CITY PARK UFSD DOB: 10/27/2009

Provider	Session	From	To	Enrollment Type	RS Type	I or G	Units	Minutes	Timespan	
<input type="text"/>	Weekly	<input type="button" value="Add"/>								

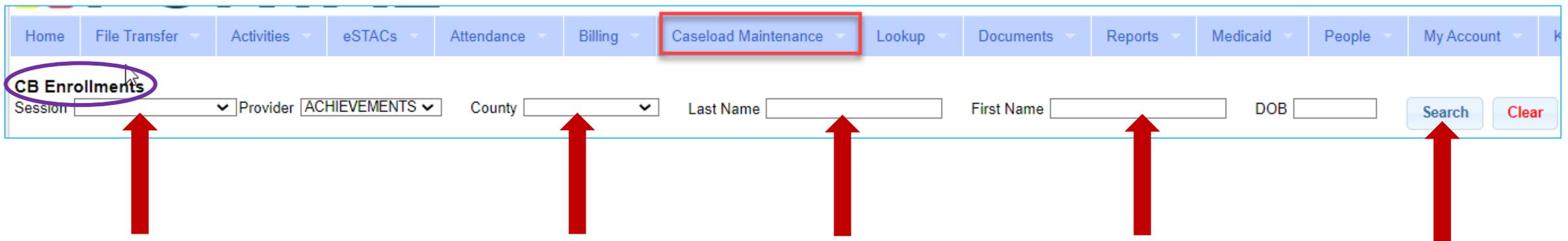
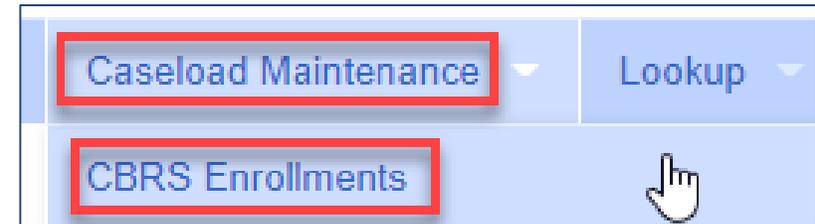
Fill in all the pertinent information > click Add

HOW TO CREATE AN UNMATCHED CB ENROLLMENT & UNMATCHED CBRS ENROLLMENTS

After the Unmatched CB Enrollment has been created, you can create the CBRS.

Step 2

Caseload Maintenance > CBRS Enrollments

A screenshot of a search form. The top navigation bar includes 'Home', 'File Transfer', 'Activities', 'eSTACs', 'Attendance', 'Billing', 'Caseload Maintenance', 'Lookup', 'Documents', 'Reports', 'Medicaid', 'People', and 'My Account'. The 'Caseload Maintenance' menu item is highlighted with a red box. Below the navigation bar, the 'CB Enrollments' link is circled in purple. The search form includes a 'Session' dropdown, a 'Provider' dropdown with 'ACHIEVEMENTS' selected, a 'County' dropdown, 'Last Name' and 'First Name' text boxes, and a 'DOB' text box. There are 'Search' and 'Clear' buttons. Red arrows point to the 'Session' dropdown, 'County' dropdown, 'Last Name' text box, 'First Name' text box, and 'Search' button.

HOW TO CREATE AN UNMATCHED CBRS ENROLLMENT

Unmatched CB Enrollment for Aletha Abraham

CB Enrollments

Session Provider County Last Name First Name DOB

County	District	Last Name	First Name	ElectronicServiceID	Provider	Program	Start Date	End Date	
SCHENECTADY	Schenectady	ABRAHAM	ALETHA		ACHIEVEMENTS	9165-	09/04/2019	06/26/2020	Select

Showing top 25 results...

Included Services for ABRAHAM, ALETHA

Enter the CBRS Unmatched Enrollment(s) for Aletha Abraham

ElectronicServiceID	From	To	RS Type	I or G	Units	Minutes	Timespan	
	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text"/>	<input type="text"/>	WEEKLY <input type="text" value="v"/>	<input type="button" value="Add"/>

COMPLETED UNMATCHED CB & CBRS ENROLLMENTS

Unmatched CB Enrollment for Aletha Abraham

CB Enrollments

Session Provider County Last Name First Name DOB

County	District	Last Name	First Name	ElectronicServiceID	Provider	Program	Start Date	End Date	Select
SCHENECTADY	Schenectady	ABRAHAM	ALETHA	CB1920W0009825	ACHIEVEMENTS	9165-	09/04/2019	06/26/2020	Select

Showing top 25 results...

Included Services for ABRAHAM, ALETHA **Completed Unmatched CBRS Enrollment(s) for Aletha Abraham**

ElectronicServiceID	From	To	RS Type	I or G	Units	Minutes	Timespan
	9/4/2019	6/26/2020	ST	I	1.00	30	WEEKLY
	9/4/2019	6/26/2020	ST1	G	1.00	30	WEEKLY
	9/4/2019	6/26/2020	OT	I	1.00	30	WEEKLY
	9/4/2019	6/26/2020	PT	I	1.00	30	WEEKLY

QUESTIONS

Do you have any questions about entering
Unmatched Enrollments?

HELPFUL LINKS

❑ The following Knowledge Base Links will be included with the webinar follow-up:

- How to Upload an IEP
- Medicaid-Compliant Written Order [Templates](#)
- Medicaid-Compliant Written Order [Checklist](#)
- How to Upload (Hard-Copy) Prescriptions & Prescription Troubleshooting
- How to Complete a Digital Speech Recommendation
- OPRA Information
- Entering Unmatched Children & Enrollments
- Adding Unmatched CBRS Enrollments
- Matching Unmatched Children & Enrollments

❑ The following Medicaid References will be included with the webinar follow-up:

- Provider Policy & Billing Handbook
- Medicaid Questions & Answers

UPCOMING WEBINAR TRAININGS

Digital Speech Recommendations - Portal

Target Audience: SLPs, Agencies, Billing Admins & Independent Speech Providers

6/7/22 @ 3:30: <https://attendee.gotowebinar.com/register/6736902776723862032>

6/9/22 @ 3:30: <https://attendee.gotowebinar.com/register/923487932532665360>

EnterClaims Digital Order

Target Audience: SLPs using EnterClaims, CLAIMS Agencies & CLAIMS Billing Admins

5/24/22 @ 3:30: <https://attendee.gotowebinar.com/register/791283754009398288>

QUESTIONS

Before we conclude today's webinar presentation, are there any other questions?

FOLLOW-UP

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