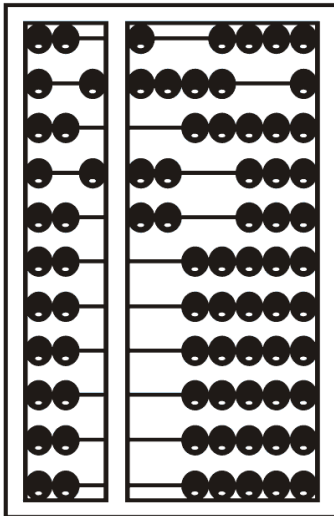


JAMES MCGUINNESS
& ASSOCIATES INC.
Consultants



NEW ORDER SCREEN

(New Interactive Upload Process)

OCTOBER 2022

INTRODUCTIONS

- Deborah Frank, McGuinness Medicaid Specialist
- Kelly Knowles, McGuinness Medicaid/CPSE Portal/eSTACs

MEDICAID@CPSEPORTAL.COM

McGuinness now has a separate Portal mailbox strictly for Medicaid Issues. The mailbox is **MEDICAID@CPSEPORTAL.COM**.

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

- Medicaid Compliance
- Medicaid Documentation; including how to upload documentation
- IEP Issues
- Prescriptions & Digital Recommendation Issues
- Credential Verification Issues

ANNOUNCEMENTS

- ❑ Today's webinar is for anyone that will need to upload a *paper* prescription to the Portal (OT/PT/ST/Psy Counseling).
- ❑ If you are an SLP, you will continue to create digital orders in the Portal.
- ❑ Today's webinar will be recorded. The PowerPoint Presentation, the recording and questions and answers from the webinar will be emailed to all registrants.

TOPICS COVERED

Medicaid Compliance for Prescriptions

Required Elements of a Medicaid Prescription

How to Upload the Prescription

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

1) Upload Image

2) Image Details Screen

Interactive Entry

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

Manual Selection

- Practitioner's Address, Phone, Signature

3) Order Details Screen

- Service, Frequency/Duration, ICD Code

4) Attach Enrollments to Details

Unmatched Enrollments

MEDICAID COMPLIANCE FOR PRESCRIPTIONS

- ❑ Most contracts between counties and providers stipulates that the provider will comply with Medicaid regulations.
- ❑ Since the written order is one of the key documents that will allow the Medicaid claiming process to move forward, we have made design changes that should ensure a higher percentage of Medicaid compliant prescriptions.
- ❑ There are eight (8) required elements of a Medicaid prescription.
- ❑ The new prescription screen mirrors the list of the eight required prescription elements in the Medicaid Handbook (Page 21).

WHAT ARE THE EIGHT REQUIRED ELEMENTS OF A MEDICAID PRESCRIPTION?

Per the **Medicaid Provider Policy and Billing Handbook** (Update 9) Page 21, www.oms.nysed.gov/Medicaid, there are eight (8) required elements on a written order. The new screen correlates with this list.

1. **Child's Name**
2. **Term of Service/Period of Service**
3. **Ordering Practitioner's Information**
 - **Name**
 - **Address/Phone**
 - **NPI #**
4. **Date** the order was written and signed
5. **Signature** of the ordering practitioner

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

6. **Service(s) being ordered** (OT/PT/ST).
7. **Frequency/Duration/Class Designation** **Or** **As Per IEP Reference**
8. **Patient diagnosis** (ICD Code)

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

PRESCRIPTION MENUS

(Caseload Maintenance & Medicaid Menus)

- ❑ Prescriptions will be uploaded by therapists and/or billing admins.
- ❑ Therapists and Billing Admins will use different menus to upload the prescription.
- ❑ Once the prescription screen is accessed, the upload process is the same for therapists and billing admins.
- ❑ First I will go over the different menu options and then we will look at the new prescription upload process.

PRESCRIPTION MENUS

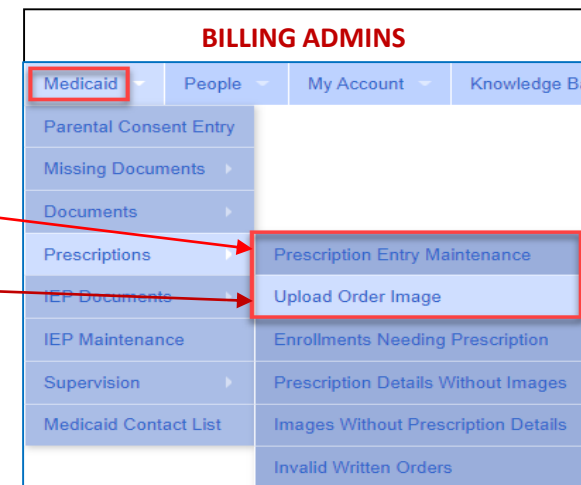
(Therapists & Billing Admins)

Before you can upload a paper prescription to the Portal you must scan and save the prescription to your computer (Desktop).

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

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

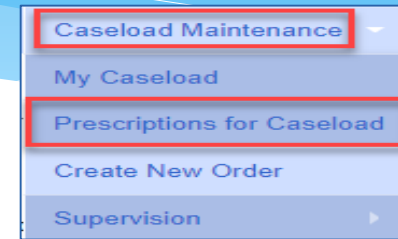
2. **Medicaid** >
1) Prescriptions > Prescription Entry Maintenance &
2) Prescriptions > Upload Order Image
(for Billing Admins)



PRESCRIPTION MENU (Therapists)

❑ For Therapists:

Caseload Maintenance > Prescriptions for Caseload



❑ Click the **“Upload”** link in the **Upload Rx** Column.

❑ The prescription template comes up – To start the process you will upload the prescription image.

Prescriptions / Written Orders for Caseload

Filter By _____

Provider:

Session: 2022 - 2023 Winter

Search

ESID	Last Name	First Name	From Date	To Date	Description	Rx Status	View Images	Upload Rx	
RS2223W0198283			9/7/2022	6/23/2023	ST 1x30 Individual	POTENTIAL	View existing images	Upload	Create Speech Recommendation
RS2223W0198284			9/7/2022	6/23/2023	ST 1x60 Individual	POTENTIAL	View existing images	Upload	Create Speech Recommendation
RS2223W0197941			9/7/2022	6/23/2023	ST 2x30 Individual	VERIFIED	View	View	

Upload Document _____

Choose File No file chosen

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

Upload Image

PRESCRIPTION MENU (Billing Admins – Option 1)

☐ For Billing Admins – Option 1

Medicaid > Prescriptions > Prescription Entry Maintenance



- Enter Last Name, First Name and click **SEARCH**
- Click **Select**.

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

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

	Child Number	Last Name	First Name	DOB	CIN	District	County	MatchStatus	
<input type="button" value="Select"/>	C28000166857			1/3/2016	FU92125M	LEVITTOWN UFSD	NASSAU	County Record	Details

- Click the **“Upload Prescription Image”** button. To start the process you will upload the prescription image.

County: **NASSAU** District: **LEVITTOWN UFSD** DOB: **1/3/2016**

Prescription Entries

From	To	Order Type	Frequency	Signed By	NPI	Date Signed	ICD Codes	Status		
7/9/2021	6/30/2022	Speech Therapy	PER IEP	SHERI MORGASEN	1326326505	7/9/2021	F80.9	VERIFIED	View	Edit Entry
7/1/2020	6/30/2021	Occupational Therapy	PER IEP	FAWZIA KAZMI	1609836501	11/6/2020	F81.9	VERIFIED	View	Edit Entry
7/1/2020	6/30/2021	Speech Therapy	PER IEP	STEPHANIE NEUGEBAUER	1306255229	9/10/2020	F80.9	VERIFIED	View	Edit Entry

Upload Document

No file chosen

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

Or...

PRESCRIPTION MENU

(Billing Admins – Option 2)

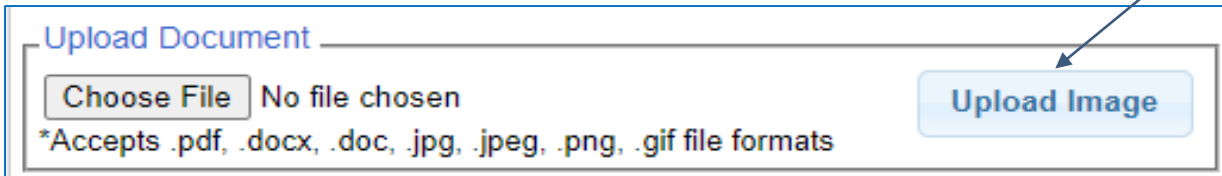
❑ For Billing Admins – Option 2

Medicaid > Prescriptions > Upload Order Image

As soon as you click on **Upload Order Image**, the prescription template comes up.

To start the process you will upload the prescription image.

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



Upload Document _____

Choose File No file chosen

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

Upload Image



Medicaid People My Account Knowledge B

Parental Consent Entry

Missing Documents

Documents

Prescriptions

IEP Documents

IEP Maintenance

Supervision

Medicaid Contact List

Prescription Entry Maintenance

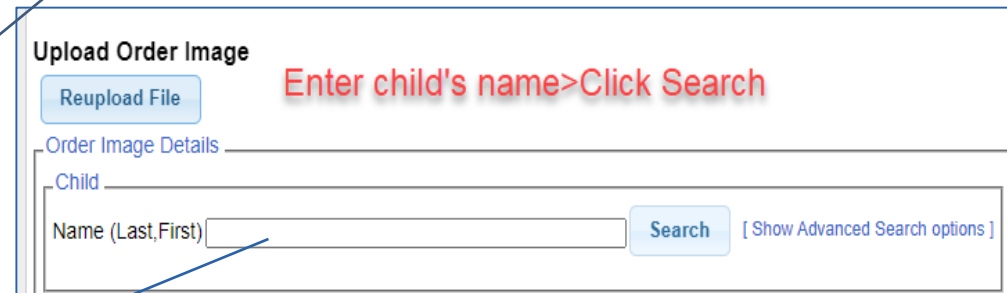
Upload Order Image

Enrollments Needing Prescription

Prescription Details Without Images

Images Without Prescription Details

Invalid Written Orders



Upload Order Image

Reupload File Enter child's name > Click Search

Order Image Details _____

Child _____

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

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

QUESTIONS

HOW TO UPLOAD A PAPER PRESCRIPTION (Four-Step Process)

1) **Upload** the Order Image

Upload Document

Choose File No file chosen Upload Image

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

2) Enter the **Image Details Screen - Required Field Checklist** (*five of the eight required Medicaid items*)

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SA#
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input checked="" type="checkbox"/> Signature	

Save Order Image

3) Select and/or Enter the **Order Details Screen** (*Service Type, ICD Code, Frequency/Duration – the remaining three required Medicaid items*)

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
<input type="text"/>	<input type="text"/>	7/1/2021	6/30/2022	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Add Detail

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

Apply To Enrollments

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

Attach

Finish and Go To Child Details

PRESCRIPTION UPLOAD SCREEN

(Prescription Entry Screen – Scanned Prescription)

The screenshot below shows you what you will see on the uploading screen.

- On **left** is the screen that you will use to enter five of the eight required elements of a Medicaid prescription.
- On the **right** is the scanned prescription – where you will obtain the information to enter to the **Image Details** Screen.

PRESCRIPTION ENTRY SCREEN

Upload Order Image

Reupload File

Order Image Details

Child

JONES, JANE County: **NASSAU** District: **LEVITTOWN UFSD** DOB: **1/3/2016** Redo Search

Period of Service

Applies to entire school year

Applies to specific school year / session

Applies to specific date range

Required Field Checklist

Child Name JANE JONES

Time Period of Service

Ordering Practitioner's Name

Ordering Practitioner NPI/ License

Ordering Practitioner's Address

Ordering Practitioner's Phone Number

Signature Date

Signature

SCANNED PRESCRIPTION

OrderImageHandler... 1 / 1 | - 80% +

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name **Jones, Jane** DOB **1/3/2016**

District **Levittown UFSD** County **Nassau**

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

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

(REQUIRED)
Term of Service: School Year **July 1, 2022 to June 30, 2023** (Frequency, Duration & Class Ratio as per the IEP)

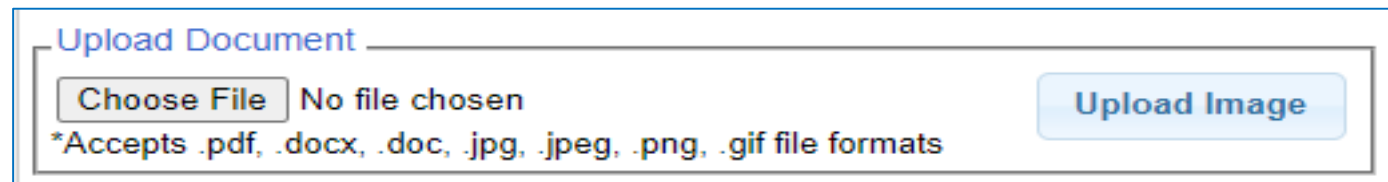
STEP 1 – UPLOADING THE ORDER IMAGE

(For Therapists & Billing Admins)

At this point in the process...

- ❑ **Therapists** have clicked the “*Upload Rx Image*” link (Prescriptions for Caseload) and are ready to upload the prescription image (Step 1).

- 1) Click Choose File
- 2) Browse to document on computer, and
- 3) Click Upload Image



Upload Document

Choose File No file chosen

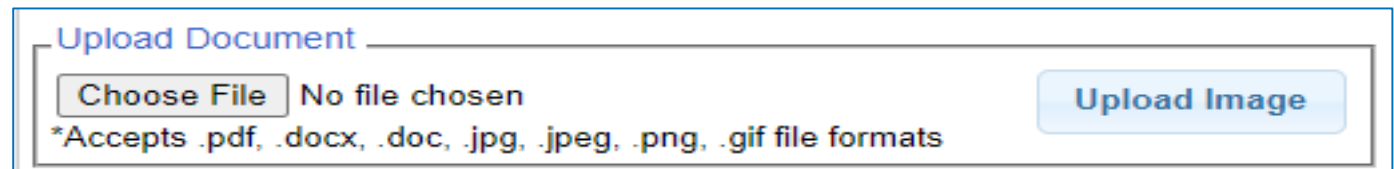
*Accepts .pdf, .docx, .doc, .jpg, .jpeg, .png, .gif file formats

Upload Image

- ❑ **Billing Admins** have entered the child's name into the name box and clicked Search.

- After the child was searched, the Select link was clicked.
- The *Upload Prescription Image* button was clicked and are ready to upload the prescription image (Step 1).

- 1) Click Choose File
- 2) Browse to document on computer, and
- 3) Click Upload Image



Upload Document

Choose File No file chosen

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

Upload Image

BOTH GROUPS WILL FOLLOW THE SAME STEPS/SCREENS TO ENTER/UPLOAD THE HARDCOPY PRESCRIPTION.

STEP 2 – IMAGE DETAILS SCREEN (& Required Field Checklist)

- ❑ Now that Step 1 has been completed, *uploading the prescription image*, you are ready to move to Step 2, completing the *Image Details Screen*.
- ❑ The **Image Details** screen (*Required Field Checklist*) will begin to populate with the first Medicaid element, the **Child's Name**, to start the process.
- ❑ Each subsequent Medicaid element following the **Child's Name** will populate after each element has been entered. This will ensure that each Medicaid element is entered as it is delineated on the hardcopy prescription.
- ❑ If any of the required Medicaid components are missing or illegible, you will not be able to continue with the upload process.
- ❑ If you cannot continue with the upload process because of missing or illegible information, you will need to request a replacement prescription from the ordering practitioner.

Step 2 – IMAGE DETAILS SCREEN

(Interactive Entry & Manual Selection)

Interactive Entry – (Order Image Screen – Step 2)

1. **Child's Name**
2. **Term of Service/Period of Service**
3. **Ordering Practitioner's Information**
 - **Name**
 - **Address**
 - **NPI#**
4. **Date** the order was written and signed

As you can see, the Medicaid elements shown in the Medicaid Handbook (this list) has been incorporated into the new screen.

Manual Selection – (Order Image Screen)

5. **Ordering Practitioner's Address/Phone #**
6. **Order Practitioner's Signature**

Preview of New Image Details Screen

The screenshot displays the 'Order Image Details' form with the following sections:

- Child**: County: NASSAU, District: LEVITTOWN UFSD, DOB: 1/3/2016, Redo Search button.
- Period of Service**: Radio buttons for 'Applies to entire school year' (selected), 'Applies to specific school year / session', and 'Applies to specific date range'. A dropdown menu shows '2021 - 2022'.
- Ordering Provider Details**:
 - Ordering Practitioner Details**: NPI: 1912322454, Name: CAROLYN LEMONS, Address: 522 GLENWOOD AVE, NEW BOSTON, OH 456625505.
 - Date Signed: 09/22/2022, Redo NPI Search button.
- Required Field Checklist**:
 - Child Name: SAKI
 - Time Period of Service: 7/1/2021 to 6/30/2022 (202122)
 - Ordering Practitioner's Name: CAROLYN LEMONS
 - Ordering Practitioner NPI/ License: 1912322454
 - Ordering Practitioner's Address
 - Ordering Practitioner's Phone Number
 - Signature Date: 09/22/2022
 - Signature

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

STEP 2 – IMAGE DETAILS SCREEN

(Required Field Checklist)

- ❑ Now you will begin entering the required Medicaid information from the scanned prescription to the **Image Order** Entry Screen.
- ❑ Before we begin, please keep an eye on the “**Required Field Checklist**” box.
 - As you progress through the entering process, beginning with the child’s name, each required Medicaid element will be auto-checked in the selection boxes to the left of the Medicaid item in the **Required Field Checklist**.
 - You will also see a list of the entered information building (in red) to the right of the **Required Field Checklist**.

The screenshot displays a web form titled "Upload Order Image for". It includes a "Reupload File" button and a "Child" section with fields for County (WESTCHESTER), District (NEW ROCHELLE), and DOB (9/8/2018), along with a "Redo Search" button. Below this is the "Required Field Checklist" section, which contains a list of items with checkboxes. The "Child Name" checkbox is checked, and a red box highlights it. To the right of the checklist, a red arrow points to the text "The Name begins the running list." and "SKY" is displayed in red text.

Upload Order Image for [Redacted]

Reupload File

Order Image Details

Child

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

Period of Service

Applies to entire school year [Dropdown]

Applies to specific school year / session [Dropdown]

Applies to specific date range [Date Range]

Required Field Checklist

Child Name The Child's Name is already checked. SKY

Time Period of Service

Ordering Practitioner's Name

Ordering Practitioner NPI/ License

Ordering Practitioner's Address

Ordering Practitioner's Phone Number

Signature Date

Signature

STEP 2 - IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Child's Name)

❑ The *child's name* auto-fills in three places on the template.

- 1) At the **top** of the screen
- 2) In the **Child Box**, and
- 3) In the **Required Field Checklist** box.

Since you already Searched and Selected the correct child (Billing Admins) or clicked the link in the Prescriptions for Caseload grid (Therapists), the child's name is...

- Auto-filled in the template.
- The Child Check box has been auto-selected.
- The Child's Name appears in the Required Field List.

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

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year [Dropdown]

Applies to specific school year / session [Dropdown]

Applies to specific date range [Date Range]

Required Field Checklist

Child Name **3)** SKY [Redacted]

Time Period of Service

Ordering Practitioner's Name

Ordering Practitioner NPI/ License

Ordering Practitioner's Address

Ordering Practitioner's Phone Number

Signature Date

Signature

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Period of Service – Three Options)

- ❑ The first item that you will enter is the **Period of Service** (*Term of Service*) for the prescription.
- ❑ The **Period of Service** shows three options for the provider to select.

- 1) Applies to entire school year
- 2) Applies to specific school year/session
- 3) Applies to specific date range

Period of Service

Applies to entire school year

Applies to specific school year / session

Applies to specific date range

- ❑ What you enter in this section is pre-determined by what is written on the hardcopy prescription.

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Period of Service – Option #1 – Applies to Entire School Year)

- 1) **Applies to entire school year**, will be selected if the term of service dates are delineated on the prescription as **7/1 to 6/30**.

Period of Service

Applies to entire school year 2022 - 2023 ▼

Applies to specific school year / session

Applies to specific date range

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

(REQUIRED)
Term of Service: School Year **July 1, 2022** to **June 30, 2023** (Frequency, Duration & Class Ratio as per the IEP)

(Please type in the last two digits of the school year. Format: 3333.)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Time Period of Service – Option #2 – Applies to Specific School Year/Session)

- 2) **Applies to specific school year/session**, will be selected if the term of service dates are delineated on the prescription as **7/1 to 8/30** or **9/1 to 6/30**.

Period of Service

Applies to entire school year

Applies to specific school year / session **2022 - 2023 Summer**

Applies to specific date range

Period of Service

Applies to entire school year

Applies to specific school year / session **2022 - 2023 Winter**

Applies to specific date range

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

(REQUIRED)
Term of Service: **School Year 7/1/22 to 8/30/22** (Frequency, Duration & Class Ratio as per the IEP)

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

(REQUIRED)
Term of Service: **School Year 9/1/22 to 6/30/23** (Frequency, Duration & Class Ratio as per the IEP)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Time Period of Service – Option #3 – Applies to Specific Date Range)

- 3) ***Applies to specific date range***, will be selected if there are “***specific***” term of service dates delineated on the prescription such as ***7/5 to 8/5*** or ***9/8 to 6/21***. These are specific dates that are more specific than session dates, which encompass the entire session. This option must be selected if the prescription has this type of specificity.

Period of Service

Applies to entire school year

Applies to specific school year / session 2022 - 2023 Winter

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

Period of Service

Applies to entire school year

Applies to specific school year / session 2022 - 2023 Winter

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

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

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

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

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

(REQUIRED)
Term of Service: School Year 9/8/22 to 6/21/23 (Frequency, Duration & Class Ratio as per the IEP)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Period of Service)

- ❑ The first item that you will enter is the **Period of Service** (Term of Service) for the prescription.
 - If the period of service is not delineated on the prescription, you will need to secure a replacement prescription.
 - After you select the appropriate term of service option (as indicated on the hardcopy prescription), you will need to **enter the school year**. When you select the school year, the next section of the entry screen populates, The Ordering Practitioner's Name, Address and NPI #.

Upload Order Image for [Redacted]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Required Field Checklist

Child Name

Time Period of Service

Ordering Practitioner's Name

Ordering Practitioner NPI / License

Upload Order Image for [Redacted]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: [] Ends With: [] State: [] Search

Last Name: Begins With: [] Ends With: [] Clear

First Name: Begins With: [] Ends With: []

Date Signed: [] Redo NPI Search

The child's name and term of service dates selected appear in the checklist.

Required Field Checklist

Child Name [Redacted] Now two boxes are checked.

Time Period of Service 7/1/2021 to 6/30/2022 (202122)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

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

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

Upload Order Image for [Redacted]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Search Criteria

NPI: Begins With: Ends With: State: Search

Last Name: Begins With: Ends With: Clear

First Name: Begins With: Ends With:

Date Signed: Redo NPI Search

Required Field Checklist

Child Name

Time Period of Service 7/1/2021 to 6/30/2022 (202122)

Ordering Practitioner's Name

Ordering Practitioner NPI/ License

Ordering Practitioner's Address

Ordering Practitioner's Phone Number

Signature Date

Signature

Upload Order Image for [Redacted]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Search Criteria

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

Last Name: Begins With: Ends With: Clear

First Name: Begins With: Ends With:

	NPI	Last Name	FIRST Name	Credentials	Address1	City	State	Zip
Select	1912322454	LEMONS	CAROLYN		522 GLENWOOD AVE	NEW BOSTON	OH	456625505

Date Signed: Redo NPI Search

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

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

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

Upload Order Image for [Redacted]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Search Criteria

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

Last Name: Begins With: Ends With:

First Name: Begins With: Ends With: Clear

Select	NPI	Last Name	First Name	Credentials	Address1	City	State	Zip
<input checked="" type="checkbox"/>	1912322454	LEMONS	CAROLYN		522 GLENWOOD AVE	NEW BOSTON	OH	456625505

Date Signed: Redo NPI Search

Upload Order Image for [Redacted]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: 1912322454
Name: CAROLYN LEMONS
Address: 522 GLENWOOD AVE
NEW BOSTON, OH 456625505

Date Signed: Redo NPI Search

Required Field Checklist

Four checkboxes are now checked.

Child Name
 Time Period of Service
 Ordering Practitioner's Name
 Ordering Practitioner NPI/ License

Ordering Practitioner's Address
 Ordering Practitioner's Phone Number
 Signature Date
 Signature

Practitioner's name, address and NPI # auto fills

The Required Field List is growing.

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

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Signature Date)

- ❑ Next you will enter the **signature date** from the scanned prescription.
If the signature date is not on the prescription, you will need to secure a replacement prescription.
- ❑ After you enter the signature date, the **Signature Date** field is auto-checked in the **Required Field Checklist** and the signature date appears in the growing list of fields on the right.

Upload Order Image for [REDACTED]

Reupload File

Order Image Details

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

Period of Service

Applies to entire school year 2021 - 2022

Applies to specific school year / session

Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: 1912322454
Name: CAROLYN LEMONS
Address: 522 GLENWOOD AVE
NEW BOSTON, OH 456625505

Date Signed: 9/1/22 Redo NPI Search

Required Field Checklist

Five check boxes are now checked.

<input checked="" type="checkbox"/> Child Name	[REDACTED]
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input type="checkbox"/> Ordering Practitioner's Address	
<input type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	9/1/22
<input type="checkbox"/> Signature	

Signature date fills in here.

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

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

Required Field Checklist	
<input checked="" type="checkbox"/> Child Name	SAKI
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input type="checkbox"/> Ordering Practitioner's Address	
<input type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input type="checkbox"/> Signature	

A new order/referral must be completed whenever reviews conducted during an IEP period results in a change in service (i.e., freq

Signature	<u>Carolyn Lemons</u>	Date Signed	9/1/22
<small>(Original Signature Required – Stamps Not Permitted)</small>			
Print Name	<u>Carolyn Lemons, M.D.</u>	Title	
Address & Phone (REQUIRED) - (Stamp Accepted)		(REQUIRED) License #	<u>123456</u>
ABC Therapy 123 Main Street City, ST 12345		(REQUIRED) NPI #	<u>1912322454</u>
Phone: (518) 346-5555		Medicaid #	

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST (Saving the Required Field Checklist – Image Details – Save Order Image)

- ❑ After you check the three remaining boxes, you will click the **Save Order Image** button.

Upload Order Image for

[Reupload File](#)

Order Image Details

Child
CHRISTIAN, SKYLAR County: **WESTCHESTER** District: **NEW ROCHELLE** DOB: **9/8/2018** [Redo Search](#)

Period of Service

Applies to entire school year 2021 - 2022 [v](#)
 Applies to specific school year / session [v](#)
 Applies to specific date range

Ordering Provider Details

Ordering Practitioner Details

NPI: **1912322454**
Name: **CAROLYN LEMONS**
Address: **522 GLENWOOD AVE
NEW BOSTON, OH 456625505**

Date Signed: 9/1/22 [Redo NPI Search](#)

Required Field Checklist

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

Check boxes if information is on Rx.

[Save Order Image](#)

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Saving The Required Field Checklist)

- ❑ You will notice in screenshot #1 that the last check box (Signature) remains unchecked. You will also notice there is no **SAVE** button at the bottom of the screen.

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SAK [REDACTED]
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input type="checkbox"/> Signature	

Last item unchecked →

No Save Button ↓

- ❑ Screenshot #2 shows all the boxes checked, which will now allow you to **SAVE**.

- ❑ All eight items must be checked and/or entered or you will not have the option to **SAVE**.

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SAK [REDACTED]
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input checked="" type="checkbox"/> Signature	

Save Order Image

STEP 2 – IMAGE DETAIL SCREEN – REQUIRED FIELD CHECKLIST

(Saving the Required Field Checklist – Image Details – Save Order Image)

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

Upload Order Image

Order File saved successfully. Please enter details.

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

Save Order Image

QUESTIONS

About the Order Image Screen

STEP 3 – ENTERING THE ORDER DETAILS

❑ The following items were not addressed in part two (the Image Details/Checklist) of the upload process and will need to be entered on this screen (Step 3 – Order Details) to complete the process.

- 1) The **Service Type** (OT/PT/ST/PSY)
- 2) The **ICD Code**
- 3) The **Frequency, Duration, Class Designation (I/G)** (Only choose one option below – Not Both.)
 - a) If the prescription has narrative that states that the frequency and duration will be delivered “**As per the IEP,**” you will check the **Per IEP** box on the **Order Detail Screen**.

Order Details

Service Type	ICD	Start Date *	End Date	Frequency	Duration	I/G	Per IEP	Add Detail
Occupational Therapy	R62.50	7/1/2022	6/30/2023			▼	<input checked="" type="checkbox"/>	Add Detail

- b) If the prescription has the **specific frequency/duration and class designation (I/G)** delineated on the prescription, you will enter that information into the respective boxes on the **Order Detail Screen**.

Order Details

Service Type	ICD	Start Date	* Date	Frequency	Duration	I/G	Per IEP	Add Detail
Occupational Therapy	R62.50	7/1/2022	6/30/2023			▼	<input type="checkbox"/>	Add Detail

- Click the **Add Detail** link. (The link changes from **Add Detail** to **Edit/Delet**)
- * The **Start** and **End** Dates auto-fill with the period of service dates that were entered on the Image Detail Screen.

SHOW FILE DETAILS BUTTON

- ❑ Once you get to the Order Details screen, you can check the Image Details by clicking the **Show File Details** button.
- ❑ To return to the Order Details screen from the Order Image Details Screen, click the **Hide File Details** button.

Upload Order Image

Order File saved successfully. Please enter details.

Show File Details

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	Add Detail
		7/1/2021	6/30/2022					

Upload Order Image

Hide File Details Click Hide File Details to return to the Order Details Screen.

Order Image Details

Child
County: **NASSAU** District: **LEVITTOWN UFSD** DOB: **1/3/2016** Redo Search

Period of Service
 Applies to entire school year 2021 - 2022
 Applies to specific school year / session
 Applies to specific date range

Ordering Provider Details
Ordering Practitioner Details
NPI: 1912322454
Name: CAROLYN LEMONS
Address: 522 GLENWOOD AVE
NEW BOSTON, OH 456625505
Date Signed: 09/22/2022 Redo NPI Search

Required Field Checklist

<input checked="" type="checkbox"/> Child Name	SA
<input checked="" type="checkbox"/> Time Period of Service	7/1/2021 to 6/30/2022 (202122)
<input checked="" type="checkbox"/> Ordering Practitioner's Name	CAROLYN LEMONS
<input checked="" type="checkbox"/> Ordering Practitioner NPI/ License	1912322454
<input checked="" type="checkbox"/> Ordering Practitioner's Address	
<input checked="" type="checkbox"/> Ordering Practitioner's Phone Number	
<input checked="" type="checkbox"/> Signature Date	09/22/2022
<input checked="" type="checkbox"/> Signature	

Save Order Image

STEP 4 – ATTACHING THE ENROLLMENT – FINAL STEP

- ❑ After you enter the remaining three details (Service Type, ICD Code Frequency/Duration) and click the **Add Detail** link, you will see the following screen.
- ❑ The next step is attaching the enrollment(s) to the prescription – Step 4 of the process.
- ❑ Click **Select** for each therapy
(which will bring up all the enrollments for the selected service type within the selected period of service).
- ❑ Click the **“Attach”** link to link the enrollment(s) to the prescription.

Upload Order Image

Show File Details

Order Details

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

Upload Order Image

Show File Details

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select	Speech Therapy	f80.9	7/1/2022	6/30/2023				<input checked="" type="checkbox"/>	Edit Delete
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Add Detail

Apply To Enrollments

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

Finish and Go To Child Details

STEP 4 – ATTACHING THE ENROLLMENT – FINAL STEP

- ❑ After you click the **Attach** link, the link changes to show “**Detach**.” The prescription is now uploaded and is attached to the child’s enrollment(s).

Upload Order Image

[Show File Details](#)

Order Details

	Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select	Speech Therapy	f80.9	7/1/2022	6/30/2023				<input checked="" type="checkbox"/>	Edit Delete
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="7/1/2022"/>	<input type="text" value="6/30/2023"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	Add Detail

Apply To Enrollments

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

[Finish and Go To Child Details](#)

FINISH AND GO TO CHILD DETAILS

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

Apply To Enrollments

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

Finish and Go To Child Details 

REVIEWING THE PRESCRIPTION DETAILS (Written Orders Tab)

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

Enrollments **Written Orders** IEPs Consents Documents CINs

Upload Prescription Image

Prescription Images

Description	SchoolYear	Signed By	Date Signed	Date Uploaded	Invalid Reason	Invalidated	Invalidated By	
	202223	CAROLYN LEMONS	9/1/2022	9/20/2022				manage
	202223	NORA GERSTEIN	7/5/2022	7/5/2022				manage
OT Prescription	202122	MAURICE CHIANESE	8/24/2021	9/10/2021				manage
	202122	KATRINA MACKEN	9/2/2021	9/2/2021				manage

Prescription Entries

From	To	Service	Frequency	Signed By	Date Signed	
7/1/2022	6/30/2023	Speech Therapy	PER IEP	CAROLYN LEMONS	9/1/2022	manage
7/5/2022	6/30/2023	Speech Therapy	PER IEP	NORA GERSTEIN	7/5/2022	manage
7/1/2021	6/30/2022	Occupational Therapy	PER IEP	MAURICE CHIANESE	8/24/2021	manage
9/2/2021	6/30/2022	Speech Therapy	PER IEP	KATRINA MACKEN	9/2/2021	manage

FINISHING AN INCOMPLETE PRESCRIPTION

(Lookup>Child Lookup>Written Orders Tab)

1. Click the Manage Link in the Images Table.
2. Enter the required Order information.
3. Click Select to attach the enrollment(s)

Upload Prescript **1. Click the “Manage” Link.**

Prescription Images

Description	SchoolYear	Signed By	Date Signed	Date Uploaded	Invalid Reason	Invalidated	Invalidated By	
	202223	CAROLYN LEMONS	9/10/2021	10/13/2022				manage

Upload Order Image for Jones, Jane

Show File Details **2. Enter the required Order Information.**

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
		7/1/2022	6/30/2023				<input type="checkbox"/>	Add Detail

Enter the Service Type
ICD Code
Per IEP or Frequency, Duration & I/G
Click ADD DETAIL

OrderImageHandler... 1 / 1 | - 75% + | [Zoom In] [Zoom Out]

PSSHSP REFERRAL FOR EVALUATION OR RECOMMENDATION FOR SERVICES

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

Student Name Jones, Jane DOB 1/2/17

District Schenectady City School District County Schenectady

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

Click the “Select” Link to attach the enrollments.

3.

Order Details

Service Type	ICD	Start Date	End Date	Frequency	Duration	I/G	Per IEP	
Select Occupational Therapy	R62.50	7/1/2022	6/30/2023	2.00	30	I	<input type="checkbox"/>	Edit Delete
		7/1/2022	6/30/2023				<input type="checkbox"/>	Add Detail

FINISHING AN INCOMPLETE PRESCRIPTION (Written Orders Tab)

As you can see from the screenshot below, there are two prescriptions that have Image Entries, but do not have any Prescription Entries.

To finish entering the Order Details and Enrollment Details, just click the **“Manage”** link at the end of the row.

After you complete the prescription, you should see an entry in the Prescription Entries Table that corresponds with the entry in the Images Table.

Child Details (Jones, Jane)
Child Number: C53000231487
DOB: 1/2/2017 Gender: F
Address: County: SCHENECTADY
District: Schenectady
Matched?: N
, NY

Enrollments Written Orders IEPs Consents Documents CINs

Upload Prescription Image Images are saved.
Rx not complete.

Prescription Images

Description	SchoolYear	Signed By	Date Signed	Date Uploaded	Invalid Reason	Invalidated	Invalidated By	
	202223	CAROLYN LEMONS	9/10/2021	10/13/2022				manage
	202223	CAROLYN LEMONS	9/1/2022	10/10/2022				manage

Prescription Entries

No prescription entries found for child Order Details are missing.

LIVE DEMONSTRATION

QUESTIONS

About Entering the
Order Details and/or
Attaching the Enrollment

UNMATCHED ENROLLMENTS

How does this work when the county/school district doesn't create an enrollment until after the service starts?

- **Do Not wait** for the “official” enrollment to be entered by the county/school district before uploading a prescription. You will most likely have to begin treating the child prior to the creation of the official enrollment.
- Agencies & Independent Providers have the ability to create “**unmatched**” children and enrollments.
- Unmatched children and enrollments are **placeholders**. They **exist so you can work contemporaneously** while waiting for the official record to be created (*by the county or school district*).
- With an unmatched child and/or enrollment, you can **complete treatment logs, create digital orders, upload prescriptions**, etc.
- When the official record is created, the billing provider (*agency/independent provider*) will need to “**match**” the temporary (*unmatched*) record to the official record. The matching process moves all the written orders, treatment logs, etc., to the “official” record and the temporary (*unmatched*) record is deleted.
- **Independent providers will need to complete both processes** (*creating the unmatched child/enrollment and then matching*).

UPCOMING TRAINING TIMELINE

(All Presentations are at 10:00 AM & 3:30 PM)

☐ **1/12/23** – Medicaid-Compliant Written Orders Training

☐ **1/18/23** – How to Complete a Speech Recommendation (for SLPs)

*Effective 7/1/22 Sullivan County is requiring SLPs to use the digital option for **all** prescriptions.*

☐ **1/23/23** – Supervision (UDO/USO/Pre-License) – **New Screen**

McGuinness Medicaid-in-Education Contact Information

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Shanell Boyd, McGuinness Medicaid Team – sboyd@jmcguinness.com – Extension #32

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>
 - Portal Support Email: Support@cpseportal.com
 - Medicaid Support Email: Medicaid@CPSEPortal.com
 - Questions/Guidance regarding Medicaid compliance:
Contact Deborah Frank dfrank@jmcguinness.com, 518-393-3635, Ext. #41

□ HELPFUL LINKS

CPSE Portal Knowledge Base Links for Medicaid

<http://support.cpseportal.com/kb/a231/medicaid-knowledge-base-links.aspx>