PTAR & MMTP

ADMINISTRATOR USER MANUAL

STATE OF NEW YORK
DEPARTMENT OF HEALTH

VERSION 2019-1
March 15, 2019

HIPAA Security and Privacy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that protects health insurance coverage for workers and their families when they change or lose employment. It includes the Privacy Rule (enacted April 14, 2003) that established regulations for the use and disclosure of Protected Health Information (PHI), the Security Rule (enacted April 25, 2005), that addressed electronic PHI (e-PHI), and established the requirements to protect the confidentiality, integrity and availability of PHI created, maintained and transmitted in electronic format, and Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH) that strengthened the HIPAA regulations.

HIPAA is intended to:

- Provide better access to health insurance.

- Limit fraud and abuse.

- Reduce the administrative costs of providing health care.

- Standardize the content and format of electronic health care transactions and promote their use.

- Ensure privacy and security of paper PHI and e-PHI.

Under HIPAA users are to:

- Utilize unique user IDs and passwords for each login.

- Only share PHI with co-workers who have a need to know and the appropriate access.

- Discuss PHI in private areas, not in public areas or in telephone conversations that can be easily overheard by others.

- Keep and protect written and electronic health information from the eyes of others who do not need the information in order to perform their assigned jobs.

- Ensure that casual visitors cannot access areas in which clinical or billing information is kept.

- Know when a person's PHI can be shared without the person's permission, and when written or oral permission is required.

- Ensure that all policies and procedures for safeguarding the confidentiality of PHI or other sensitive material are followed.

- Investigate and report to the appropriate Compliance Officer or designee any incident where the acquisition, access, use or disclosure of PHI is in a manner not permitted, or which compromises the security or privacy of PHI.

- Properly dispose of printed PHI and delete e-PHI.

- Access PHI on company owned equipment in secure locations and not in public settings such as malls and libraries.

PTAR users are responsible for the preservation, privacy, and security of data in their possession. While using the application, the user has access to data that contains PHI and must be guarded and disposed of appropriately if downloaded by the user. As covered entities (or vendors operating on behalf of a covered entity), any inappropriate use or disclosure of PHI must be handled as prescribed in the federal regulations above.

eMedNY Call Center

Questions concerning the PTAR program may be directed to the eMedNY Call Center. They can be reached by phone or the emedny.org website.

Phone Contact and Hours

      800-343-9000

      7:30 a.m.–6:00 p.m.

      Eastern Time, Monday through Friday (excluding holidays)

Website Contact

      https://www.emedny.org/contacts/emedny.aspx

Table of Contents

List of Figures

List of Tables

1   Introduction

The Public Transportation Automatic Reimbursement PTAR is a web-based system that allows participating providers and facilities to submit, track, reimburse and process payments for transactions for public transport costs for eligible Medicaid clients. The system also supports generation of reports and invoices support tracking and reimbursement of these transactions.

1.1   MMTP

The Methadone Maintenance Treatment Program (MMTP) is similar to PTAR in that clients are reimbursed for travel to methadone providers and, in turn, the providers request reimbursement from Medicaid or a managed care plan. The difference between the two programs is that MMTP's transactions are simpler than PTAR's, having only a client ID and date of service. As such, there are parallel MMTP functions for PTAR's batch and spreadsheet entry of transactions. The remaining PTAR functions seamlessly incorporate MMTP.

1.2   DOH/eMedNY Administrator

The DOH/eMedNY Administrator role is above the other PTAR roles that are strictly provider roles. It does not access any of the Reimbursement functions, but does access all the Services functions that the provider roles access except the Invoice Managed Care Plan function. In addition, the DOH/eMedNY Administrator role has access to two reports—Client Activity and Provider Activity that the provider roles do not.

The functions available to Administrator and Provider roles are listed below with the common functions rendered in italics.

Table 1 – Funtions Available to Administrator and Provider Roles

ADMINISTRATOR	PROVIDER
Services *Manage Provider Information* *Transaction History* *Payment History* *User Management* **Reporting** Client Activity Provider Report	**Reimbursements** PTAR Realtime Entry PTAR Batch Entry PTAR Spreadsheet Upload MMTP Batch Entry MMTP Spreadsheet Upload **Services*** *Manage Provider Information* Invoice Managed Care Plans *Transaction History* *Payment History* *User Management* * Some services are not available to all provider users

2 PTAR User Interface

The PTAR user interface is designed to be intuitive and easy to use. There are two key features:

- Short Description and Function Help
- User Function Bar

2.1 Short Description and Function Help

Every function of the application has a short description under its name along with a question mark to the far right of the name for its slide-out help file. Each help file explains the function in detail and provides step-by-step instructions.
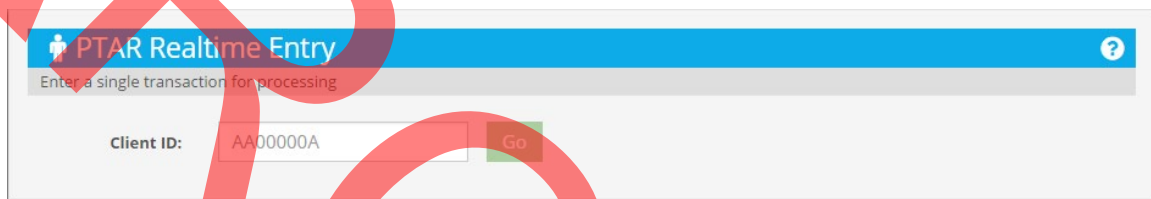
Figure 1 – User Interface—Short Description and Function Help

2.2 User Function Bar

The User Function Bar goes along the top of the PTAR window and provides easy access to functions and information.

Figure 2 – User Interface—User Function Bar

2.3 Initial Login Procedure

The initial login into PTAR requires all users to change their password and set up security questions for use in resetting their password.

- For new users, this is to change the system-assigned password
- For existing users, this is to update their password to the new password criteria

After entering their login credentials on the login page, the system redirects users to the eMedNY Self-Service Portal page.

2.3.1   eMedNY Self-Service Portal

The eMedNY Self-Service Portal provides users with functions for managing their password and related login credential functions. The portal uses the same login credentials as PTAR.
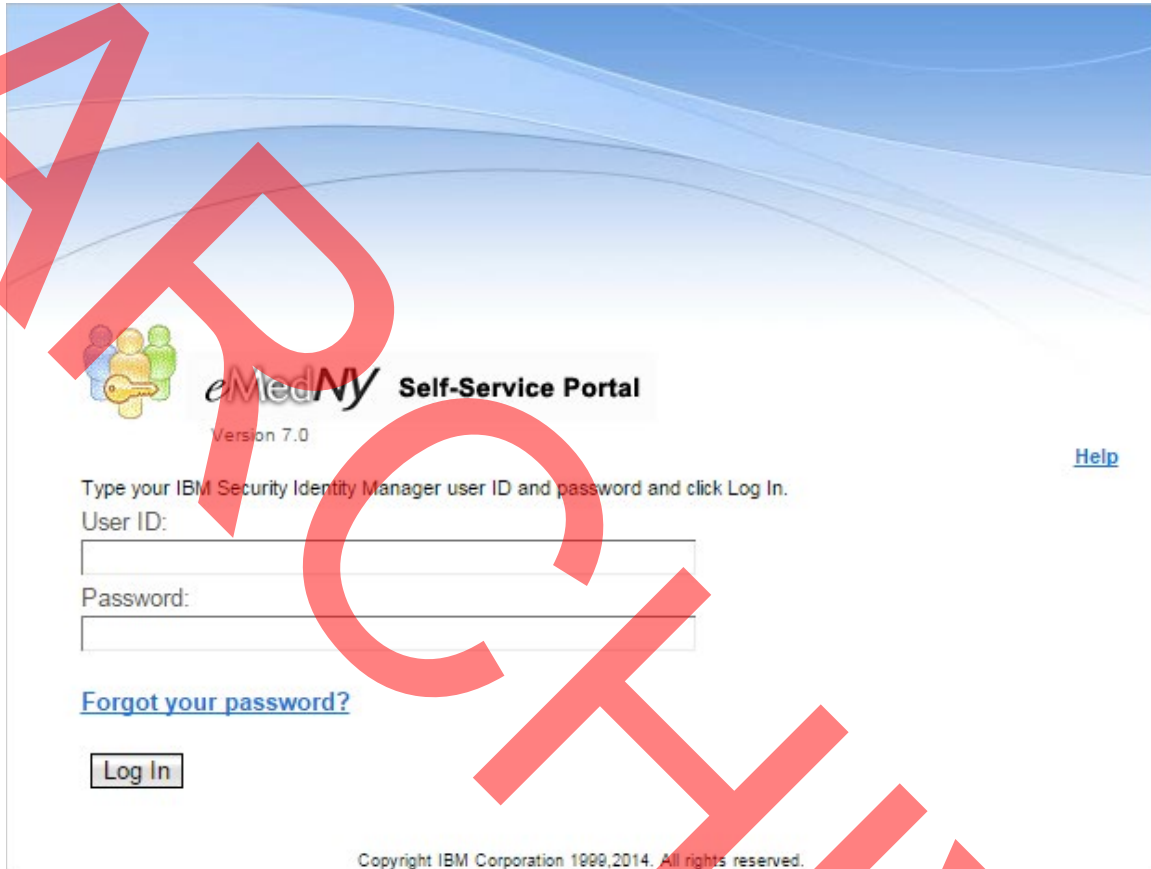
Figure 3 – eMedNY Self-Service Portal Login

2.3.2 Create New Password

Users create their new password on the Specify New Password page.

Figure 4 – eMedNY Self-Service Portal—Specify New Password

2.3.2.1 Password Criteria

The PTAR password criteria are as follows:

- One upper and lowercase letter
- Spaces not allowed
- At least eight characters long
- Two or more letters
- One special character from the following: !@#$()%^&*
- At least one number

After creating the password, users must create a set of questions on the Change Forgotten Password Information page.

2.3.2.2 Change Forgotten Password Information

The Change Forgotten Password Information page presents a set of security questions that are used to verify a user's identity before allowing a password reset.

Change Forgotten Password Information

Answer exactly 3 of the following questions to reset your password if you forget it.

In what city or town was your first job?

What is the name of your favorite childhood teacher?

What is the last name of your best friend?

What is the name of the company of your first job?

•••   Clear

What is the name of the first undergraduate college you attended?

What is your mother's middle name?

What school did you attend for sixth grade?

•••   Clear

What was the model of your first car?

•••   Clear

What was the name of your elementary / primary school?

What was your childhood nickname?

OK

Figure 5 – eMedNY Self-Service Portal—Change Forgotten Password Information

Users must select three of the questions by entering an answer below a question. After selecting three of the questions, the initial login into PTAR is complete.

2.3.3 Forgotten Password Retrieval Procedure

When users forget their password, they can reset it by going to the eMedNY Self-Service Portal and clicking the forgot password link after entering their username. The portal randomly presents one of the three security questions which the user may answer or skip to the next. Correctly answering a question allows the user to create a new password. Incorrectly answering all three locks the user's account.

3   My Dashboard

My Dashboard is the home page of the system. It has drop-downs to select a provider and its locations for use with Manage Provider Information and User Management. It also has search entry fields for clients and providers.
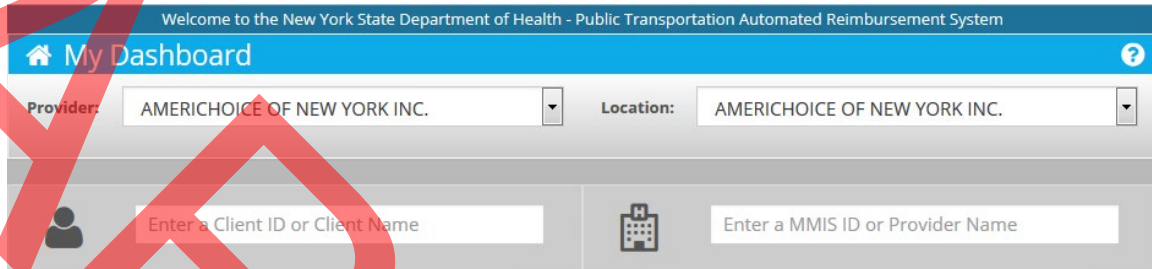
Figure 6 – My Dashboard

3.1   Provider and Location

The Provider and Location drop-downs allow users to select from among their providers and associated locations. If a user is associated with only one provider or location, the drop-down is still functional, but contains only the single value.

The Provider drop-down is linked to the Provider indicator in the system's user function bar. Changing the Provider on My Dashboard changes the Provider displayed in the bar and vice versa.

3.2   Submitted Spreadsheet Files with Outstanding Errors

This area lists any uploaded spreadsheets through PTAR or MMTP Spreadsheet Upload that have outstanding errors. Each item identifies three values pertinent to the uploaded transaction plus the date and time of the upload. The three values are:

- Total number of submitted transactions

- Number of accepted transactions (no errors)

- Number of rejected transactions
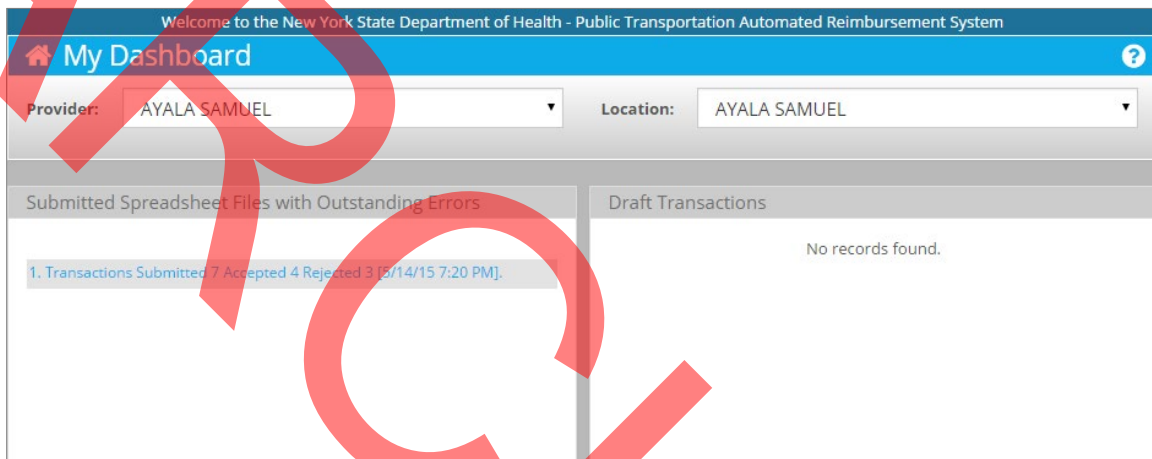
Figure 7 – My Dashboard with Spreadsheet Outstanding Errors Item

Users may click an item to download a spreadsheet that contains only the rejected transactions from the uploaded spreadsheet. The error spreadsheet lists each rejected original transaction as it was uploaded and an additional column for Error Details that lists the specific error or errors that caused the rejection.

Items remain in the area until the user downloads and opens the error spreadsheet. Until then, the system considers the errors to be outstanding.

3.3 Draft Transactions

Transactions saved as drafts in PTAR Realtime Entry (but not submitted) are displayed in this area. Users may click through to examine the saved transaction details.

Note: The system deletes draft transactions after 48 hours.

3.4 Client Search (Supervisor and Facility Administrator)

The Client search function accepts either a Client ID or Client name to perform the search.

When using the Client name, after three characters are entered, the system will begin suggesting matching clients in a drop-down under the field.
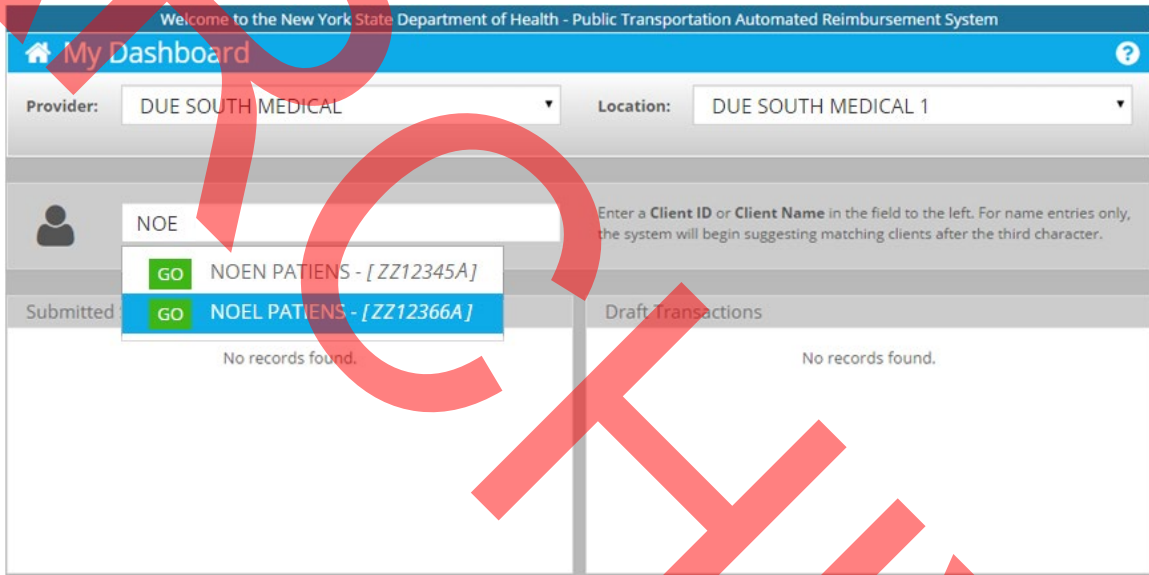
Figure 8 – My Dashboard Suggesting Clients—Supervisor and Facility Administrator

Clicking on a client in the drop-down displays the Client Details window containing the complete set of client information.

3.5 Client Details

Client Details lists a client's personal details.

Figure 9 – Client Details

3.5.1 Suspend Payment

The Suspend Payment detail indicates whether a client is in a suspension status and cannot receive reimbursement.

3.5.2 Pending Payments

The Pending Payments area lists transactions that have a pending or held status.

3.5.3 Pending Payment

A payment can be but has not been generated for the transaction.

3.5.4 Held

The payment for the transaction is pending because there is a hold.

3.6 Instructions

Set Provider and Location

1. Select the provider from the Provider drop-down
2. Select the location from the Location drop-down

Search for a Client

1. Enter a Client ID or Client Name
2. Select the client from the drop-down under the search field

4   Manage Provider Information

Manage Provider Information has two parts – Provider Details and Provider Locations.

Provider Details manages the main details for a provider:

- Name
- Provider Expense setting
- Managed Care Plans

Provider Locations manages the location or locations of the provider.

4.1   Provider Details

Provider Details lists the major details for a provider and provides the ability to change them with the exception of Provider ID.

Figure 10 – Manage Provider Information

The details are:

- Provider ID
- Provider Name
- Provider Expense
- Transactions Accepted

4.1.1   Provider ID

Provider ID is the ID assigned when the provider originally enrolled in Medicaid. It cannot be changed.

4.1.2 Provider Name

The name of the provider can be changed by altering the displayed name in the Provider Name field.

4.1.3 Provider Expense

Provider Expense indicates whether a provider can be the payer when a client or the managed care plan is not eligible on the date of service, or when there is an invalid coverage code. It is only used with PTAR Realtime Entry and when set to Yes, causes that function to display the Provider Expense button when any of those conditions exists.

4.1.4 Transactions Accepted

Transactions Accepted indicates and sets the managed care plans that the provider accepts. There are three choices:

- All Managed Care Plans
- No Managed Care Plans
- Some Managed Care Plans

The first two choices are self-explanatory. Selecting Some Managed Care Plans means that the provider does not accept one or more managed care plans and must exclude them from appearing in any selections. The Edit Managed Care Plan List function is activated when this option is selected.

Figure 11 – Edit Managed Care Plan List Function Activated

The function presents a popup with two lists: the Managed Care Plans list on the left contains the accepted managed care plans; the Exclusion(s) list on the right contains the excluded managed care plans.
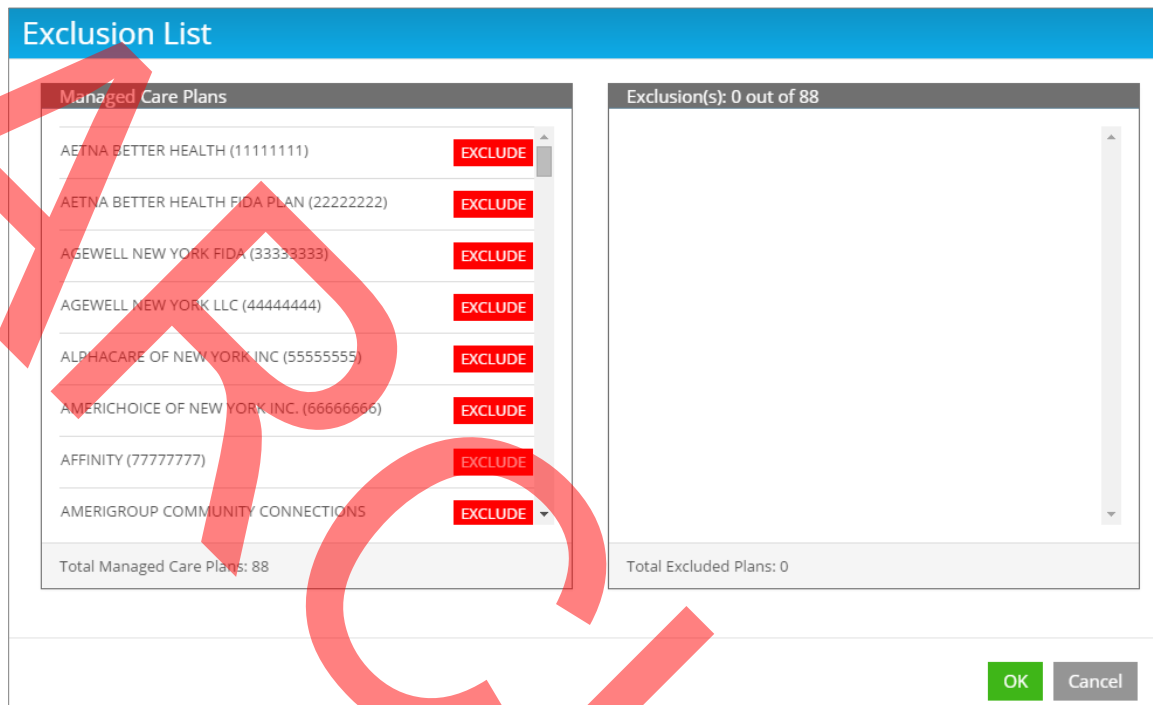
Figure 12 – Managed Care Exclusion List

Moving a plan from the Managed Care Plans list on the left (the accepted plans) to the exclusion list is done by clicking the Exclude button for the plan in the left pane. When a plan is excluded, it is moved to the Exclusions list on the right (the not accepted plans) and the counter for excluded plans is incremented by one.

Excluded plans have an Include button next to them that moves them back to the accepted list. When a plan is moved back to accepted, the Exclusion counter is decremented by one.

4.1.5 Instructions

Edit Provider Details

1. Edit the Provider Name field, or select a different value from the Provider Expense or Transactions Accepted drop-down
2. Click Save Provider

Exclude or Include Managed Care Plans

1. Select Some Managed Care Plans from the Transactions Accepted drop-down if it is not already selected
2. Click the Edit Managed Care Plan List button

3. Click the Exclude button for a plan in the Managed Care Plans list to move it to the Exclusion(s) list, or click the Include button for a plan in the Exclusion(s) list to move it back to the Managed Care Plans list

4.2   Provider Locations

Provider Locations manages a provider's location or locations by controlling whether all or just active locations are displayed, editing locations, and adding new locations.

4.2.1   Display Active Locations

Selecting Display Active Locations only displays locations that are active for a provider. Clearing it displays all locations for a provider.

4.2.2   Add Locations

Adding locations is done by clicking Add New Location to display the location popup with all empty fields except the Location field which defaults to the provider name. The expectation is that a location name will usually incorporate the provider name.

Figure 13 – Manage Provider Information—Add Location

The required fields are:

- Location
- Address 1
- City*
- State*

- Zip*
- Is Active*
- Attention*

As the Location field is entered, the title of the popup will update to match.

4.2.3 Edit Location

Clicking either the name of a location or the edit icon to the far right of the name displays the location popup to edit any of the fields for the location.

Figure 14 – Manage Provider Information—Edit Location

4.2.4 Instructions

Edit Provider Locations

1. Click either the name of a location or the edit icon to the far right of the name
2. Edit one or more of the fields
3. Click the OK button
4. Click the Save Provider button

Add a New Provider Location

1. Click Add New Location
2. Enter the following required fields, at a minimum

- ✓ Location
- ✓ Address 1
- ✓ City, State
- ✓ Zip
- ✓ Is Active
- ✓ Attention

3. Click the OK button
4. Click the Save Provider button

5 Transaction History

Transaction History is a customizable search for transactions. The customizations include provider, location and service date, and may be combined in multiple ways.

Figure 15 – Transaction History

The search results are transactions that match the search parameters. They are contained in a sortable grid that may consist of multiple pages depending on the number of matching transactions.

A download function allows downloading up to 10,000 transactions in a spreadsheet for offline examination and other purposes.

Transaction History has two areas:

- Search Fields (unlabeled)
- Transactions

5.1 Search Fields

There are seven search fields for transactions:

- Provider
- Location
- Program
- Filter On/Range
- Status
- Paid By
- Client ID

5.1.1 Provider, Location and Program

The Provider field selects a provider from the list of providers or ALL if there are multiple providers assigned to the user. Selecting the provider sets the available values for Location and Program:

5.1.1.1 Provider Set to ALL

- Location is set to ALL with no other values
- Plan is set to PTAR, MMTP and ALL

5.1.1.2 Provider Set to a Specific Provider

- Location is set to the provider's active locations plus the option to select ALL
- Plan is set to PTAR or MMTP based on the provider's participation plus the ALL option

5.1.2 Filter On/Range

Filter On and Range work together to set a date range of up to 31 days for either the Dates of Service or Creation Date of transactions.

5.1.2.1 Filter On

Filter On selects from two time events: Date of Service—when a client received services or Creation Date—when the transaction was created in the system.

5.1.2.2 Range

Range selects from four preset ranges and a fifth user-specified range. The preset ranges go from a single day through the last 31 days. The four present ranges display in parentheses the dates their range covers.

For example, using April 22, 2015 as the current day, the four Range presets are set as follows:

Table 2 – Transaction History Preset Date Ranges for April 22, 2015

RANGE PRESET	RANGE
Today Current day	Today (04/22/2015 - 04/22/2015)
This Week Current week beginning with Sunday through the current day	This Week (04/19/2015 - 04/22/2015)
This Month Current month beginning with the first day through the current day	This Month (04/01/2015 - 04/22/2015)
Last 31 Days Last 31 days beginning with the current day and going back to 31 days prior	Last 31 Days (03/22/2015 - 04/22/2015)

5.2   Transactions

The Transactions area contains the search result grid with a footer containing tallies for the number of transaction records and the total amount plus navigation and download buttons.

The results of a search return eleven pieces of information for each transaction. In addition to the returned information, the system provides the total of the transactions.

5.2.1   Client

Name and ID of the client.

5.2.2   Date of Service

The date the client received service.

5.2.3   Status

A two letter code indicating the status of the transaction:

- CM – Complete
- DR – Draft
- PB – Pending Batch
- PP – Pending Payment

5.2.4   Creation Date

The date the transaction was created in the system.

5.2.5   Total Amount

The total amount of the transaction.

5.2.6   Payer

A three letter code indicating the payer of the transaction:

- MCP – Managed Care Plan
- MED – Medicaid
- MMC – Medicaid for Managed Care
- NON – None
- PRE – Provider
- BHP – Essential Plan

5.2.7   RA

The Remittance Advice number

5.2.8 Deleted

Yes or No indicator for deletion of the transaction

5.2.9 Duplicate

Yes or No indicator that the transaction is a duplicate

5.2.10 Creation User

The ID of the user who submitted the transaction

5.2.11 Program

PTAR or MMTP

5.3   Sorting

The results can be sorted on any of the fields by clicking the header of the field. The first click sorts in ascending order, the second click in descending order and so on. A dark triangle indicates the field the report is sorted on and the direction of the arrow indicates the sort order.

5.3.1 Download Spreadsheet

The Download Spreadsheet function exports the search results in .xls format for offline processing in a spreadsheet application. A limit of 10,000 records may be downloaded.

5.3.2 Multiple Pages

The results are organized into pages when the number of results exceeds 10, with each page containing 10 providers except for the last page which contains one to 10 providers. For example, if a search returns 34 providers, there will be four pages of results:

- Page 1: Results 1–10
- Page 2: Results 11–20
- Page 3: Results 21–30
- Page 4: Results 31–34

Navigation buttons allow users to navigate among the pages using the Previous, Next and page number (1, 2, etc.) buttons. When there are five or more pages, the pages are organized in groups of five that can be navigated in groups using the grouping button (...) to advance or return through the groups.

5.4   Instructions

Search for Transactions

1. Specify one or more parameters (Note that the more parameters, the more precise the search and the fewer results)
2. Click Search

3. Optionally click the client name for a transaction to view its details

View The Details of a Transaction

1. Click the client name of an item in the Transactions area to review its details

2. Navigate among the tabs to examine the specific detail

Download Transactions

Note: No more than 10,000 transactions may be downloaded.

1. Conduct a search for transactions

2. Click the Download Spreadsheet button at the bottom of the Transactions area to download a spreadsheet containing the transactions

6   Payment History

Payment History is a customizable search of payments for a selected provider or all providers. Users may specify one or more of the Payment Filter Options (payment search fields) to combine them in multiple ways.

Figure 16 – Payment History

The search results are the payments that match the Payment Filter Options. There may be multiple pages of results depending on the number of matching payments.

Payment History has two areas:

- Payment Filter Options
- Payments

6.1   Payment Filter Options

The Payment Filter Options area contains the five payment search fields. The area is initially hidden to provide more room to view the Payments area. A button controls displaying and hiding of the area.

6.1.1 Payment Filter Options Button

The Payment Filter Options button on the right side of the Payment History description line displays or hides the Payment Filter Options area. The two states of the button visually indicate the action to be taken when clicked.
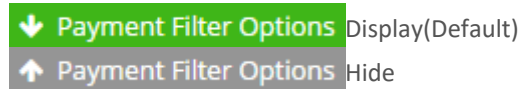
The Payment Filter Options area is initially hidden so the button is in the green state with the arrow pointing down indicating that clicking displays the area. When the area is displayed, the button is in the gray state with the arrow pointing up indicating that clicking it hides the area.

6.1.2 Payment Search Fields

There are five fields used to search for payments:

- Provider
- Payment Date Range (Start and End)
- FCN
- RA
- Paid By

Payment Date Range and Paid By have special cases.

6.1.2.1 Payment Date Range

Two fields are used to specify the payment date range – Start Date and End Date. Dates may be selected using the calendar tools to the right of the entry fields or entered directly in mm/dd/yyyy format.

The special cases for the date field involve using the Range drop-downs instead of individually setting the Start and End fields. The Range drop-down contains five presets relative to the current date. When it is used, the system populates the State and End fields based on the selection.

- Month to date
- Last 1 month
- Last 12 months
- Last year
- Year to date

For example, using February 26, 2014 as the current day, the five Range values set the State and End date fields as follows:

Table 3 – Payment History Date Ranges for February 26, 2014

RANGE	START	END
Month to date From first day of current month to current day	**02/01/2014**	**02/26/2014**
Last 1 month From corresponding day of previous month to current day	**01/26/2014**	**02/26/2014**
Last 12 months From corresponding day of previous year to current day	**02/26/2013**	**02/26/2014**
Last year Previous calendar year from January 1 to December 31	**01/01/2013**	**12/31/2013**
Year to date Current calendar year from January 1 to current date	**01/01/2014**	**02/26/2014**

6.1.3 Paid By

The Paid By field has three selectable values for the payer—Managed Care Plan, Medicaid and Essential Plan. Selecting Managed Care Plan displays the Plans drop-down to its right to select an individual managed care plan.

6.2 Payments For Provider

The Payments for Provider area contains the search results and the navigation controls. The header of the area lists the provider if one was specified as part of the search parameters or All if no provider was specified. When the results are for all providers, the individual payment details list the provider.

The search results consist of one or payment details. Each payment detail has a header line consisting of its identifier and the total. Below the header are the transaction lines for each payment.

RA# 98765432102				Total: $16.50
FCN: 123456789012302	Paid by: Essential Plan	Transaction: 1	Paid on: 03/04/2017	Amount: $5.50
FCN: 123456789012301	Paid by: Essential Plan	Transaction: 2	Paid on: 03/04/2017	Amount: $11.00

Figure 17 – Payment History Detail for a Remittance

6.2.1 Search Results Header

The search results header lists the payment identifier and the total.

6.2.1.1 Payment Identifier

The payment identifier can be one of three values:

- RA number if the payer is Medicaid or Essential Plan

- Invoiced if the payer is a managed care plan

- Complete if the payment is a recoupment

The provider name is listed after the payment identifier only if the search results are for All Providers. Otherwise it is not listed because the search results are for a single provider who is listed in the Payments for Provider header area.

6.2.1.2 Total

The total amount of the transaction(s) in the payment

6.2.2 Payment Details

The payment lists the individual element of a payment

6.2.2.1 FCN

The Financial Control Number or N/A if the payer is a managed care plan

6.2.2.2 Paid By

The managed care plan, Medicaid or Essential Plan

6.2.2.3 Transaction

The number of transactions within the payment

6.2.2.4 Paid On

The date the payment was made (For managed care payments, a PDF of the invoice is available for each result by clicking its PDF link)

6.2.2.5 Amount

The amount of the transaction for the listed FCN (If the number of transactions is greater than the one, the amount is the total of all the transactions for the FCN)

6.2.3 Multiple Pages

The results are organized into pages when the number of results exceeds five, with each page containing five payments except for the last page which contains one to five payments. For example, if a search returns 13 payments, there will be three pages of results with the last page having three payments:

- Page 1 – Results 1–5
- Page 2 – Results 6–10
- Page 3 – Results 11–13

Navigation buttons allow users to navigate among the pages using the Previous, Next and page number (1, 2, etc.) buttons. When there are five or more pages, the pages are organized in groups of five that can be navigated in groups using the grouping button (...) to advance or reverse through the groups.

6.3 Instructions

Search for Payments

1. Click Payment Filter Options to display the payment search fields if they are not already displayed
2. Specify one or more fields. (Note: the more fields specified, the more precise the search and therefore fewer results)
3. Click Search

Review The Invoice of A Payment

1. Click the PDF link of an item in the Payments area to download the PDF of its invoice
2. Open the PDF from the browser's download folder to review the invoice

7   User Management

User Management adds, displays, and edits users for a selected provider. The provider is selected using the Provider drop-down at the top of the page.

Figure 18 – User Management

7.1   User Properties

In terms of User Management, users have four properties:

- Name (specified separately as First and Last Name)
- Username
- Role
- Provider

The first three properties are specified when adding a user with the system assigning the Provider based on the selected provider. Additional providers, if applicable, may be assigned by editing a user.

7.1.1   Roles

There are three roles in the system with varying permissions. Most users will have the User role.

- User
- Supervisor
- Facility Administrator

7.2   View Users

The right side of the page contains a list of the users for the selected provider. Each row in the list contains the username on the left and an edit icon on the right. Clicking either the username or the icon brings up the User Details popup to edit a user.
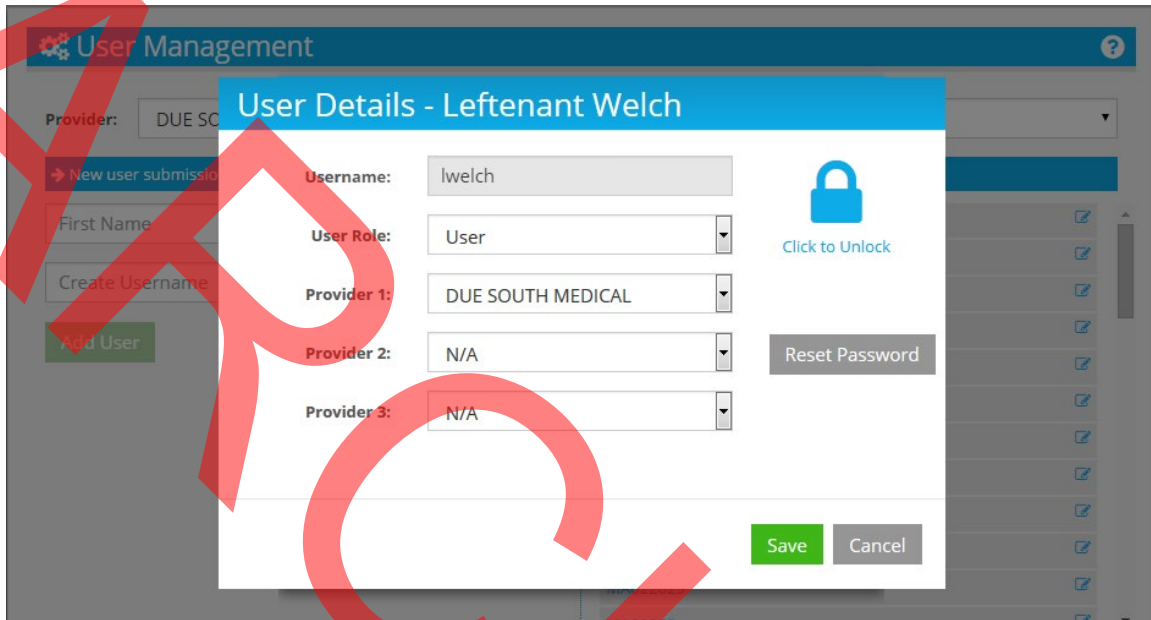

Figure 19 –   User Management—User Details

7.3   Edit a User

The User Details popup provides the following for editing:

- User Role
- Provider 1, 2, and 3 (separate fields)
- Lock/Unlock
- Reset Password

Editing User Role and Provider are self-explanatory.

7.3.1   Lock/Unlock

The Lock/Unlock function disables or enables a user. If Lock is set, the user is disabled and cannot access the system. All users are unlocked by default.

7.3.2   Reset Password

The Reset Password function resets a user's password by having the system generate a temporary password and display it to the admin. Users having their passwords reset are re-directed to the eMedNY Self-Service Portal when they log in to create a permanent password.

7.4   Instructions

Create User

1.   Select the applicable provider from the Provider drop-down

2.   Enter the user's first and last names in the First Name and Last Name fields

3.   Enter the username in the Create Username field

4.   Select the User Role from the Select User Role drop-down

5.   Click Add User to add the user

Edit User

1.   Select the applicable provider from the Provider drop-down; the active users of the provider display under Current list of active users by provider

2.   Click either a user's name or the edit icon on its far right to edit the user; the User Details popup displays

3.   Make changes as needed to User Role and the Provider (1, 2, and 3) fields

4.   Use the lock icon on the right to lock or unlock the user, if needed

5.   Click Save to update

Reset Password

1.   With a user selected for editing (User Details popup active), click Reset Password.

2.   Click Yes to the Are you sure? prompt. The system displays the user's temporary password.

3.   Record the temporary password.

4.   Click Close under the password.

5.   Notify the user of the temporary password and include a reminder that the system will re-direct to the eMedNY Self-Service Portal upon logging in to change it to a permanent one.

8 Client Activity Report

The Client Activity report displays transactions for a specified client. The displayed transactions may either be all available transactions or limited to transactions that fall within a date range set by the user. Transactions are retrieved using the client's ID and, optionally, the starting and ending dates of the service. A download function exports the search results in .xls format for offline processing in a spreadsheet application. If the client has no transactions in the system or for the dates of service, the system responds accordingly.

Figure 20 – Client Activity Report

The function consists of a single page with two areas: the parameter area containing the Client ID field and the dates of service fields, and the Search Result area that displays client information and the returned transactions plus the number of transactions and their total.

8.1 Search Results

Six pieces of information for each transaction

8.1.1 Program

The program under which the transaction occurred, PTAR or MMTP

8.1.2 Date of Service

The date of the activity

8.1.3 Provider Name

The name of the provider

8.1.4 Location Name

The name of the provider's location

8.1.5 Payer

A three letter code indicating the payer of the transaction:

- MED – Medicaid
- BHP – Essential Plan

8.1.6 Total Amount

The total amount of the transaction

8.1.7 Download Spreadsheet

The Download Spreadsheet function exports the search results in .xls format for offline processing in a spreadsheet application. A limit of 10,000 records may be downloaded.

8.1.8 Multiple Pages

The results are organized into pages when the number of results exceeds 10 with each page containing 10 providers except for the last page which contains one to 10 providers. For example, if a search returns 34 providers, there will be four pages of results:

- Page 1: Results 1–10
- Page 2: Results 11–20
- Page 3: Results 21–30
- Page 4: Results 31–34

Navigation buttons allow users to navigate among the pages using the Previous, Next and page number (1, 2, etc.) buttons. When there are five or more pages, the pages are organized in groups of five that can be navigated in groups using the grouping button (...) to advance or return through the groups.

8.2 Instructions

Retrieve Client Activity

1. Enter the Client ID
2. Optionally enter the dates of service using the calendar gadgets to the right of the fields or enter them directly in mm/dd/yyyy format (ex: January 7, 2015 would be 01/07/2015)
3. Click Search

Download the Results For Offline Processing

No more than 10,000 records may be downloaded.

1. In the Search Result area, click the Export button

2. Specify the location of the exported file in the File Location popup and click Save

9   Provider Report

Provider Report produces a report containing the providers that match one or more search fields. A download function exports the search results in .xls format for offline processing in a spreadsheet application.

Figure 21 – Provider Report

The search fields are:

- Provider ID
- Provider Name
- Location Name
- Location Address
- Location City
- Zip
- Active

Unlike other functions in the system that conduct searches, Provider Report does not require any particular field to be specified. There may be no field specified, all of them, and any combination in between. Note that the more fields specified, the more precise the search and the fewer providers that match.

9.1 Partial Matching

Another difference with other functions is that Provider Report allows partial matching rather than exact matching. Partial matching means that specifying any part of a field (one or more characters) returns all providers who match the partially specified value. For example, specifying only Fort for Location City and no other fields returns all providers who are located in Fort Ann, Fort Covington, Fort Edward, and Frankfort because Fort partially matches all of those cities. Partial matching can be done with any field.

The partial matching also works for partial values within a field meaning the partial values can be anywhere in the provider's information. For example, partially specifying a zip code of 12 returns all providers who have zip codes of 1**12**26, **12**204, and 100**12**.

9.2 Search Results

The results of a search return the seven search fields. In addition to the returned information, the system provides the number of providers matching the search.

9.2.1 Download Spreadsheet

The Download Spreadsheet function exports the search results in .xls format for offline processing in a spreadsheet application. A limit of 10,000 records may be downloaded.

9.2.2 Multiple Pages

The results are organized into pages when the number of results exceeds 10 with each page containing 10 providers except for the last page which contains one to 10 providers. For example, if a search returns 34 providers, there will be four pages of results:

- Page 1 – Results 1–10
- Page 2 – Results 11–20
- Page 3 – Results 21–30
- Page 4 – Results 31–34

Navigation buttons allow users to navigate among the pages using the Previous, Next and page number (1, 2, etc.) buttons. When there are five or more pages, the pages are organized in groups of five that can be navigated in groups using the grouping button (...) to advance or return through the groups.

9.3   Instructions

Retrieve Provider Report

Note: Partial values may be specified in any field.

1. Enter one or search fields
2. Click Search

Download Transactions

Note: No more than 10,000 transactions may be downloaded.

1. In the Providers area, click the Download Spreadsheet button
2. Open the downloaded file in a spreadsheet application