PTAR & MMTP
USER MANUAL

STATE OF NEW YORK
DEPARTMENT OF HEALTH

VERSION 2019-1
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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

Role-Specific Contents

USER

SUPERVISOR

FACILITY ADMINISTRATOR

DOH/eMedNY ADMINISTRATOR

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 History

The PTAR application was developed by the New York City Human Resources Administration/Department of Social Services (HRA/DSS) in 2010 to administer its new reimbursement program. It remained with HRA until late 2013 when NYSDOH took over the PTAR program and transferred it to eMedNY.

1.1.1 Initial Version—HRA

The initial version of the application under eMedNY was the same as the HRA version with the only changes made below the surface to enable it to run in its new hosting environment. Then came the actual eMedNY version.

1.1.2 Current Version—eMedNY

The eMedNY version of the PTAR application saw a complete rewrite from the underlying technology to the user roles leaving only the name in common with its predecessor.

1.1.2.1 MMTP

A major addition to the PTAR application as part of the eMedNY upgrade was the incorporation of the Methadone Maintenance Treatment Program (MMTP). 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. Otherwise, the remaining PTAR functions seamlessly incorporate MMTP without need for separate functions.

1.1.2.2 Roles

The roles of PTAR underwent significant change in both abilities and number. The Data Entry and Cashier roles gave way to a single role simply called User. The Supervisor role remains, but with slightly different abilities because the approval function of the original version ceased being part of the application. Above the Supervisor role, the eMedNY version added the Facility Administrator role that allows local administrators to create users and other management functions.

1.1.2.3 User Interface

The combination of the intuitive interface with the streamlined roles and functions significantly changed the user experience for the better.

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.
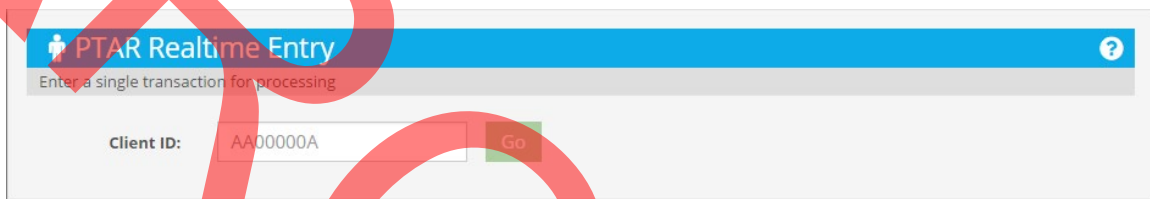
Figure 1 – User Interface—Short Description and Function Help

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.
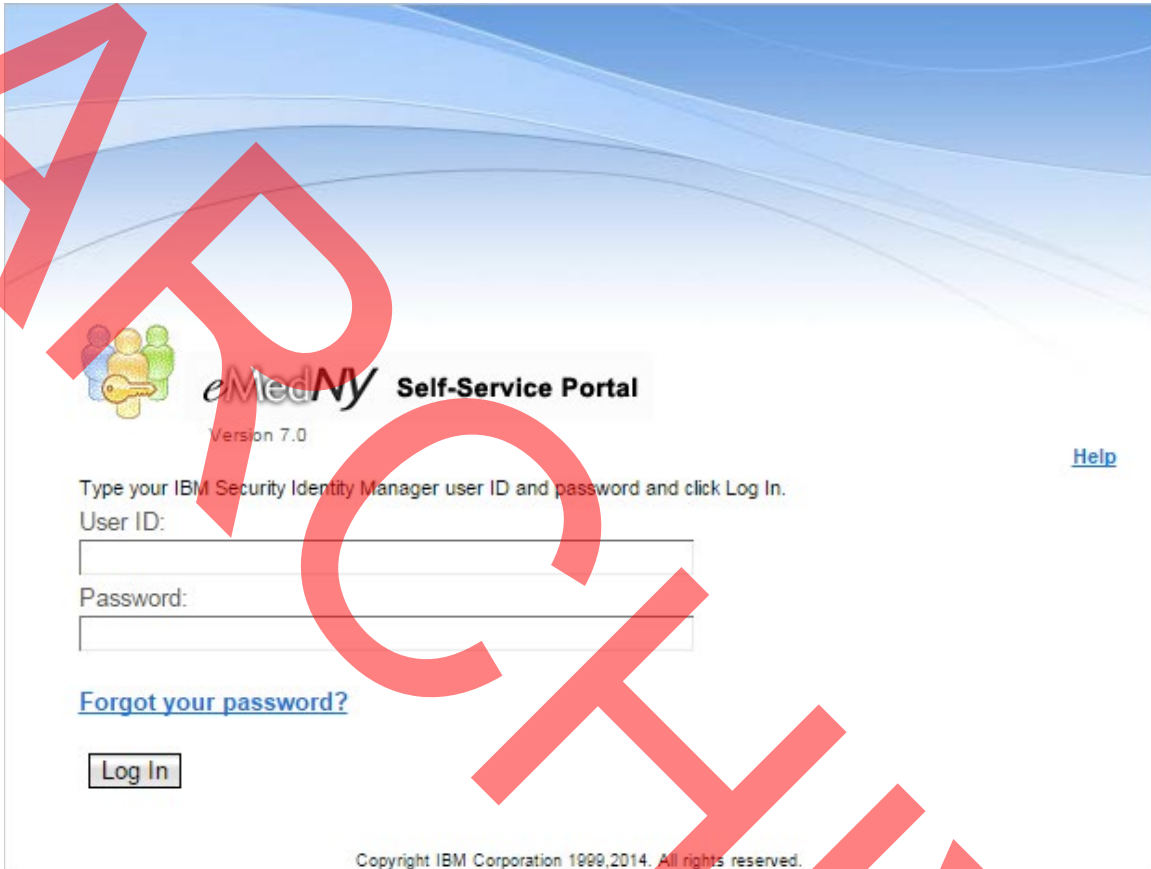
Figure 3 – eMedNY Self-Service Portal Login

2.3.1.1 Create New Password

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

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

2.3.1.1.1 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.

2.3.1.2 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.

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.

2.3.2 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 displays the current provider and location setting of the user, and lists recently uploaded spreadsheets containing errors and submitted transactions.

An additional function for Supervisors and Facility Administrators only is a search function for clients.
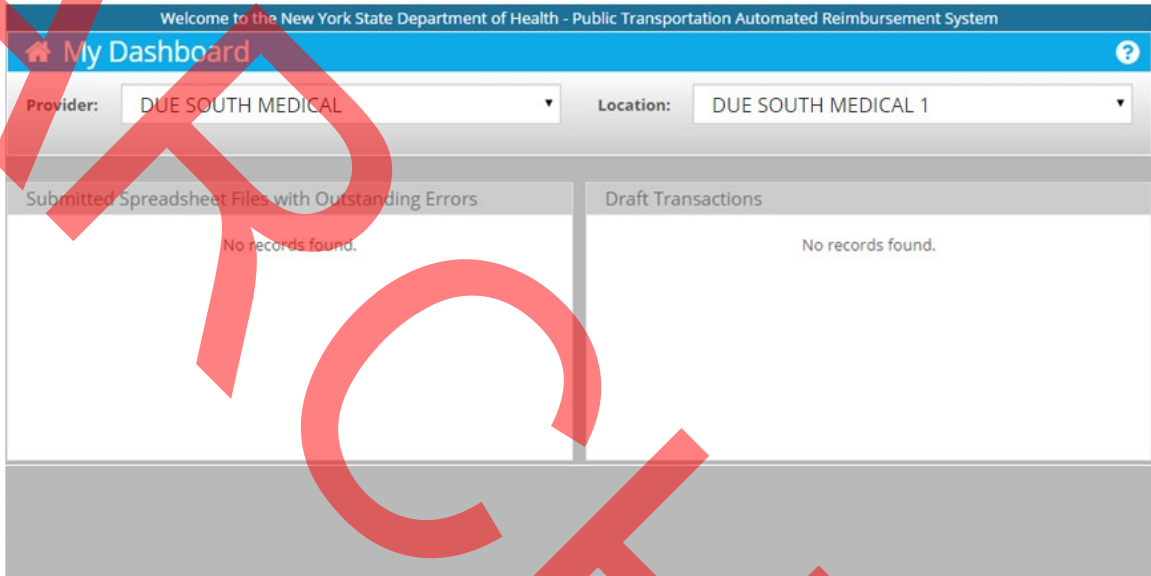
Figure 6 – My Dashboard—User
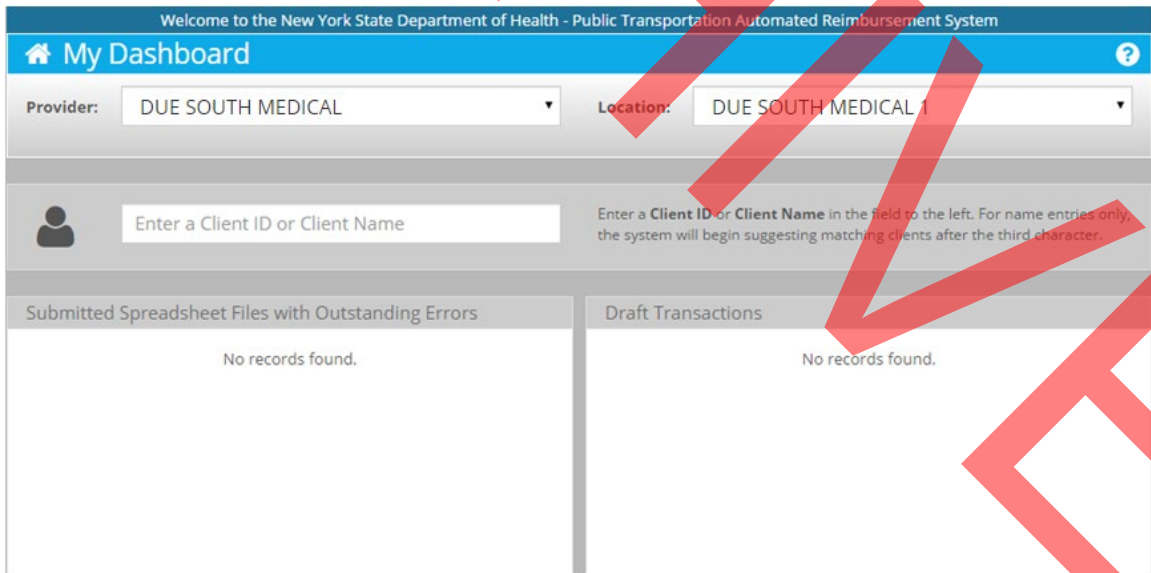
Figure 7 – My Dashboard—Supervisor and Facility Administrator

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.

- Total number of submitted transactions

- Number of accepted transactions (no errors)

- Number of rejected transactions
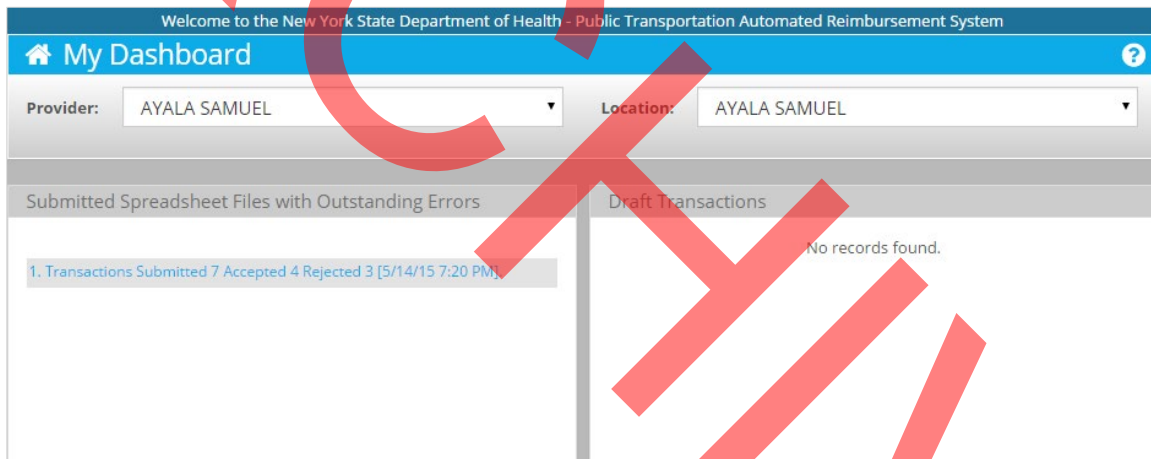
Figure 8 – My Dashboard with Spreadsheet Outstanding Errors Item

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.
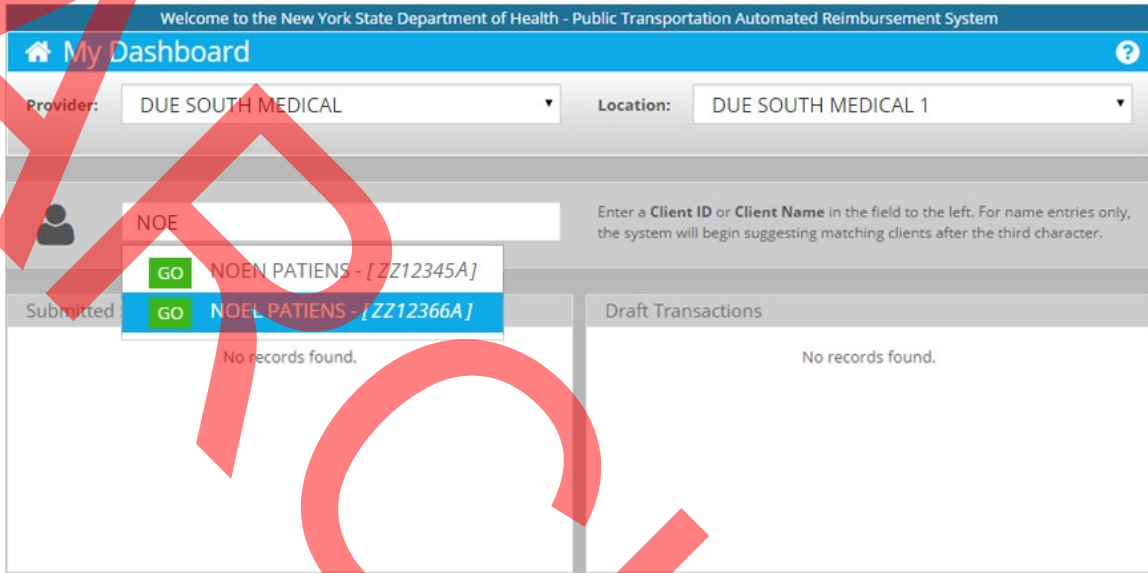
Figure 9 – My Dashboard Suggesting Clients—Supervisor and Facility Administrator

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

3.4.1 Client Details

Client Details lists a client's personal details:

Figure 10 – Client Details

3.4.1.1 Suspend Payment

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

3.4.1.2 Pending Payments

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

3.4.1.2.1 PENDING PAYMENT

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

3.4.1.2.2 HELD

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

3.5 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 PTAR Realtime Entry

PTAR Realtime Entry submits a single PTAR transaction for a client on the current day for immediate processing. Previous submissions are listed in the Submission History area.

Figure 11 – PTAR Real-time Entry

4.1 Submit an Entry

Submitting a realtime entry begins with entering the ID of the client. The system then checks for the following:

- Duplicate transaction

- Payer – Medicaid or Managed Care or Essential Plan

- Eligibility on the date

A duplicate transaction means a transaction has already been submitted for the client and no further processing will be done. The payer is used if the client has eligibility on the date. If not, the provider may take on the expense if enabled for Provider Expense.

Whether the client is eligible or the provider is taking on the expense, the visit information is entered in the same manner.

4.1.1   Visit Information

Visit information is entered on the Client Information/Payment Information page. It consists of

- Client Payment
- Round-trip
- Transport Program
- Escort Payment
- Location

Figure 12 – PTAR Real-time Entry—Visit Information Entry

4.1.2   Save As Draft

If an entry cannot be completed for submission, users can choose to save it as a draft and complete it at a later time. Drafts are listed on My Dashboard under Draft Transactions.

Note: The system deletes draft transactions after 48 hours.

4.1.3 Digital Signature

After entering the visit information on the left side, a digital or physical signature must be captured.

DIGITAL SIGNATURE CAPTURE	This version of PTAR has added support for the Scriptel signature pad device in addition to the Topaz devices already supported and in use. While there are no plans to discontinue support for Topaz devices under Internet Explorer versions 10 and 11, it is recommended that users move to a Scriptel device to ensure ongoing performance. The Scriptel devices require no installation nor browser configuration, provide robust security, and work across all supported browsers. If you wish to purchase or obtain more information on a Scriptel or Topaz device, please call Computime at 800-423-8826, send an email to mailto:sales@ctstl.com, or visit their website at http://computimeonline.com/.

4.2 Submission History

Each history item lists the transaction ID, Client ID and date of service. Clicking the Client ID displays the Transactions Details page for the transaction.

4.2.1 Transaction Details

The Transaction Details page is a multi-tabbed page listing the details and status of transactions submitted to the system. The four tabs are:

- At a Glance
- Details
- Eligibility
- Audit History

In addition to the tabs, the status of the transaction is displayed at all times. The statuses are:

- Complete
- Draft
- Pending Payment
- Pending Batch

4.2.2 At a Glance

At a Glance lists the main details of a transaction including Client ID, payer, and amount.

Figure 13 – Transaction Details—At a Glance Tab

4.2.3 Details

Details expands At a Glance to list the provider's name and location, payment mode, type of trip and other information.
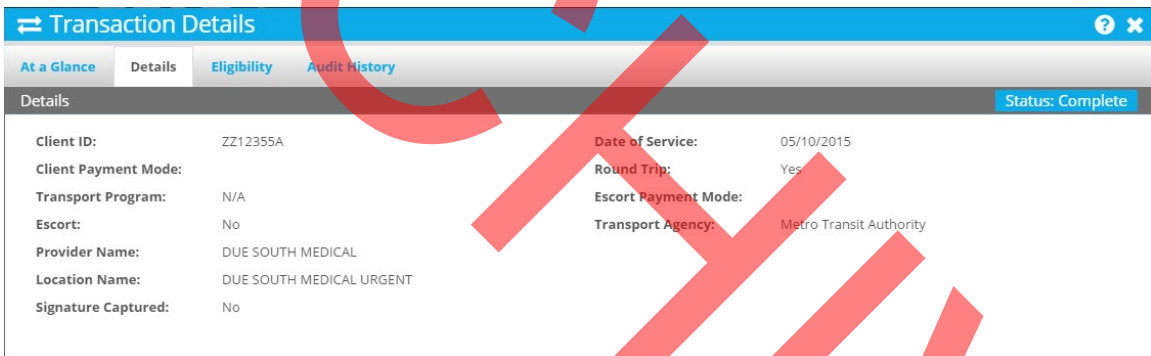
Figure 14 – Transaction Details—Details Tab

4.2.4 Eligibility

Eligibility lists the eligibility description and status code, the amounts for client and escort, if there is an escort plus the payer and the Plan ID if the payer is a managed care plan.
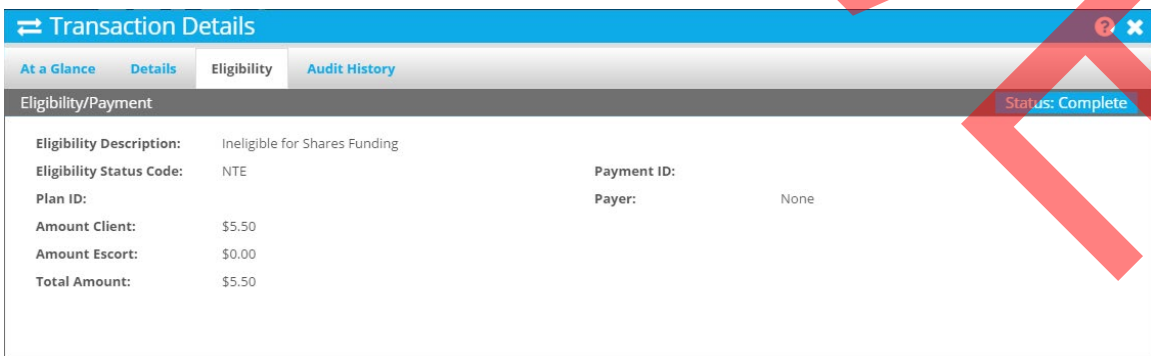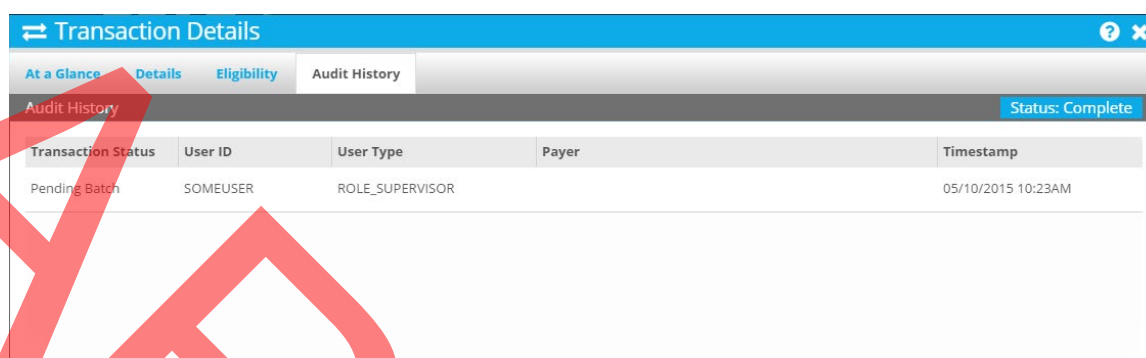
Figure 15 – Transaction Details—Eligibility Tab

4.2.5 Audit History

Audit History lists the auditing information history.

Figure 16 – Transaction Details—Audit History Tab

4.3 Instructions

Submit Transaction

1. Enter the Client ID
2. Click Go
3. Specify the transaction details
4. Click Finish to submit

Review a Submitted Transaction

1. Click the Client ID of an item in the Submission History area
2. Review the displayed details

5   PTAR Batch Entry

PTAR Batch Entry submits PTAR transactions for offline processing. Offline processing means there is no immediate feedback when a transaction is submitted. Previous submissions are listed in the Submission History area.

Figure 17 – PTAR Batch Entry

PTAR transactions have the following transaction parameters:

- Client ID
- Date of Service
- Client Payment Mode
- Round Trip*
- Transport Program*
- Escort Payment Mode*
- Location

> *Round Trip, Transport Program and Escort Payment Mode are optional parameters. Not selecting them indicates a round-trip, no transport program and no escort, respectively.

When the Save button is clicked, the system submits the transaction and lists it in the Submission History area.

5.1   Date Range and Selection

The date range for PTAR transactions is up to 120 days prior to the current date. For example, if the current date is January 14, 2015, any date(s) between it and September 16, 2014 may be selected with the days in September preceding the 16th shown in gray.

The calendar displays one month at a time and opens to the current date. Valid days in the 120 day range display on a white background and invalid days display in gray. The left and right arrows on each side of the Month-Year calendar title allow navigation backward and forward by a single month.

5.2   Instructions

Set Provider and Location

Submit PTAR Batch Transaction for a Single Date

1.   Enter the Client ID

2.   Select the date of the transaction using the Date of Service calendar. The valid range is up to 120 days prior to the current date

3.   Select the Client Payment Mode

4.   Select the Round Trip indicator

5.   Optionally select the Transport Program and the Escort Payment Mode

6.   Select the Location

7.   Click Save to submit the transaction. The Submission History area displays the saved transaction

Review the Details of a Submitted Transaction

1.   Click the Client Name of an item in the Submission History area to view its details

2.   Navigate among the tabs to examine the specific transaction information

6   PTAR Spreadsheet Upload

PTAR Spreadsheet Upload submits multiple transactions for a selected location from an uploaded spreadsheet. The spreadsheet allows users to prepare the transactions offline. A supplied downloadable template provides assistance in preparing transactions for upload.

Figure 18 – PTAR Spreadsheet Upload

Previous uploads are listed in the Submission History area. A validation function checks a spreadsheet after it is uploaded and reports statistics including errors that can be downloaded for further examination.

6.1   Maximum Transaction Count

Uploaded PTAR spreadsheets may not contain more than 5,000 transactions. Spreadsheets larger than 5,000 are completely rejected. There is no partial processing.

6.2   Location

The Location drop-down contains the locations associated with the user. Selecting a location sets it for the user thereafter until it is changed. Uploaded transactions are entered in the system for the selected location.

6.3   Template

The system supplies a downloadable spreadsheet template that can be populated and uploaded, or users may create one from scratch as long as it matches the column layout of the template and is in .xls format.

Figure 19 – PTAR Spreadsheet Upload Template

6.3.1   Columns

The template has six columns that match the parameters entered using PTAR Batch Entry. Each row of the spreadsheet represents one transaction. Every entry must be the specific format or value indicated by the column header.

> **Note:**   Row 1 of the template is always considered a heading row meaning that the system will ignore any data in it. The best approach when not using the supplied template is to always use a header row to avoid any problems.

The specific column formats are shown in the table below.

Table 1 – PTAR Upload Spreadsheet Template Column Formats

COLUMN	FORMAT OR VALUE
Client ID (Medicaid or BHP)	xxxxxxx
Date of Service (MM/DD/YYYY)	mm/dd/yyyy
Roundtrip: Y = Yes N = No	Y or N
Client Payment Mode: T = Transit Card C = Cash	T or C
Escort Payment Mode: T = Transit Card C = Cash N = N/A	T or C or N
Transport Program: A = Access A Ride N = N/A	A or N

6.4   Submission History Area

The Submission History lists previously uploaded spreadsheets. Each item lists the total number of uploaded transactions, date and time of the upload, and identifies by color and wording whether the spreadsheet contained errors. Green indicates all transactions were accepted with no errors. Red indicates that one or more transactions were rejected with a count given of the number of failed transactions out of the total number of transactions (e.g., five of six transactions failed).
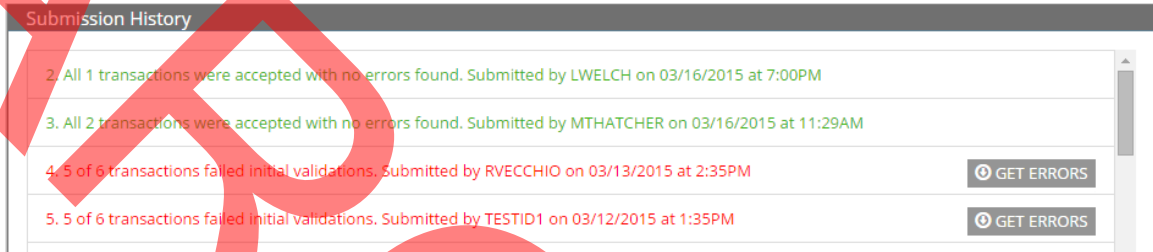
Figure 20 – PTAR Spreadsheet Upload—Submission History Area

Users may the Get Errors button to the right of an error 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 with an additional column for Error Details that lists the specific error or errors that caused the rejection.

6.5   Common Errors

Common errors include an invalid Client ID (Client Not Found), out of range start date (The Start date of service is too far in the past), and invalid value for a field (e.g., Invalid Payment Type for Escort).

Figure 21 – PTAR Spreadsheet Upload—Error Transactions Spreadsheet

6.6 Instructions

> *Note:* *NO MORE THAN 5,000 TRANSACTIONS MAY BE UPLOADED IN A SINGLE SPREADSHEET.*

First Time Usage Including Template Download

1. Select the location from the location grid

2. Click the Template link to download the File Upload spreadsheet template. The web browser prompts to open or save the template

> *Note:* Steps 3 and 4 are performed offline in a spreadsheet application.

3. After opening the template in a spreadsheet application, enter the appropriate values for each transaction in a separate row. Refer to the column headings or the table above for the proper field formats and values

4. Save the spreadsheet

> *Note:* The remaining steps are performed online in the system.

5. Click Browse; the File Upload dialog displays

6. Navigate to the location containing the updated template

7. Select the template and click Open; the dialog closes and the File field displays the selected template

8. Click Upload; the file successfully accepted message displays

9. Check the validation message and act on any errors

Spreadsheet Populated and Ready for Upload

1. Optionally select the Location from the drop-down if it is not correct.

2. Click Browse; the File Upload dialog displays

3. Navigate to the location containing the updated template

4. Select the template and click Open; the dialog closes and the File field displays the selected template

5. Click Upload; the file successfully accepted message displays

6. Check the validation message and act on any errors

7 MMTP Batch Entry

MMTP Batch Entry submits one or more client-specific MMTP transactions for offline processing. Offline processing means there is no immediate feedback when a transaction is submitted. For clients with service on multiple dates, the transactions can be combined in one submission.

Figure 22 – MMTP Batch Entry

MMTP transactions have three required components for all submissions:

- Client ID
- Location
- Date of Service

The Client ID is specified using the Client ID field. The location is set using a drop-down containing the provider's locations. The date of service for a transaction is specified by selecting (clicking) the appropriate day on the calendar. When the Save button is clicked, the system submits the transaction and lists it in the Submission History area in the bottom portion of the page.

Submission History

1. Transaction for ALAISAN, AIMO (ZZ12346A) on 04/22/2015 was submitted on 05/19/2015 at 8:49AM by someuser

2. Transaction for ALAISAN, AIMO (ZZ12346A) on 03/03/2015 was submitted on 05/19/2015 at 8:49AM by someuser
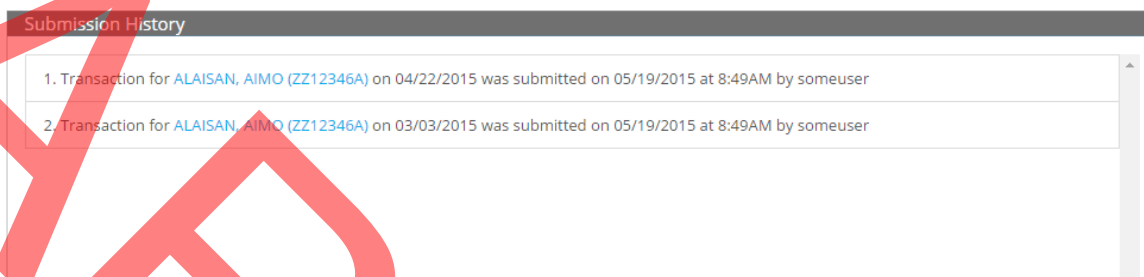
Figure 23 – MMTP Batch Entry Submission History Area

7.1 Location

The Location drop-down contains the locations associated with the user. Selecting a location sets it for the user thereafter meaning it retains the selected value for subsequent logins.

7.2 Calendar and Date of Service

The Date of Service is set using the calendar to select the applicate date or dates. A selected date is indicated by a green background in its square. By default, the current date is always selected, but can be cleared by clicking it.

The calendar not only provides the mechanism for selecting dates, it also indicates the date range for MMTP transactions.

7.2.1 Date Range

The date range for MMTP transactions is up to 120 days prior to the current date. The calendar indicates the range by displaying either four or five months depending on the current date. For example, if the date is January 31, four months can hold the 120 day range because it ends on October 3, but if the date is January 14, the range requires five months because it extends into September for the last date of September 16 in the range. When the range spans five months, four are visible with a horizontal scroll bar providing access to the fifth and oldest month.

The valid days in a month are shown in white and the invalid days are shown in gray. Using the example above of January 31, 2015, any date(s) between it and October 3, 2014 may be selected with the days in October preceding the 3rd shown in gray to indicate they are outside the range.

Figure 24 – MMTP Batch Entry Calendar Showing 120 Day Range

7.3 Multiple Date Submissions

For clients with service on multiple dates, the transactions can be combined in a single submission by selecting each of the dates. The system takes the single submission and turns it into a separate submission for each selected date.

The effect of doing a multiple date submission is that the calendar resembles a checkerboard. For example, this is how the calendar would look after selecting January 3, 9, and 14, and December 22.

Figure 25 – MMTP Batch Entry Calendar with Multiple Dates Selected

Submitting a batch entry on January 22, 2015 with those dates selected for a client named Aimo Alaisan results in four separate transactions listed in the Submissions History area all submitted by the same user at the same time beginning with the most recent of the four (January 14) to the oldest (December 22):

- Transaction for Alaisan, Aimo on 01/14/2015 was submitted on 01/22/2015 at 11:46AM by someuser

- Transaction for Alaisan, Aimo on 01/09/2015 was submitted on 01/22/2015 at 11:46AM by someuser

- Transaction for Alaisan, Aimo on 01/03/2015 was submitted on 01/22/2015 at 11:46AM by someuser

- Transaction for Alaisan, Aimọ on 12/22/2014 was submitted on 01/22/2015 at 11:46AM by someuser

7.4 Instructions

Submit MMTP Batch Transaction for a Single Date

1. Enter the Client ID
2. Optionally select the Location from the drop-down if it is not correct
3. Select the date of the transaction by clicking the day on the appropriate calendar
4. If the date is not on the four visible calendars, but is within the 120 day window, use the scroll bar to make the oldest calendar visible
5. Click Save to submit the transaction; the Submission History area displays the saved transaction

Submit MMTP Batch Transaction for Multiple Dates

1. Enter the Client ID
2. Optionally, select the Location from the drop-down if it is not correct
3. Select the dates of the transaction by clicking the days on the appropriate calendars
4. If one or more of the dates are not on the four visible calendars, but are within the 120 day window, use the scroll bar to make the oldest calendar visible
5. Click Save to submit the request; the Submission History area displays a separate transaction for each selected date

Review the Details of a Submitted Transaction

1. Click the Client Name of an item in the Submission History area to view its details
2. Navigate among the tabs to examine the specific transaction information

8 MMTP Spreadsheet Upload

MMTP Spreadsheet Upload submits multiple transactions for a selected location from an uploaded spreadsheet. The spreadsheet allows users to prepare the transactions offline.

Figure 26 – MMTP Spreadsheet Upload

Previous uploads are listed in the Submission History area. A validation function checks a spreadsheet after it is uploaded and reports statistics including errors that can be downloaded for further examination.

8.1 Maximum Transaction Count

Uploaded MMTP spreadsheets may not contain more than 15,000 transactions. Spreadsheets larger than 15,000 are completely rejected. There is no partial processing.

8.2 Location

The Location drop-down contains the locations associated with the user. Selecting a location sets it for the user thereafter until it is changed. Uploaded transactions are entered in the system for the selected location.

8.3   Template

The system supplies a downloadable spreadsheet template that can be populated and uploaded, or users may create one from scratch as long as it matches the column layout of the template and is in .xls format.

Figure 27 – MMTP Spreadsheet Upload Template

8.3.1   Columns

The template has two columns that match the parameters entered using MMTP Batch Entry with each row representing one transaction. The entries must be the specific format or value indicated by the column header.

> **Note:** Row 1 of the template is always considered a heading row meaning that the system will ignore any data in it. The best approach when not using the supplied template is to always use a header row to avoid any problems.

The specific column formats are listed in the table below.

Table 2 – MMTP Upload Spreadsheet Template Column Formats

COLUMN	FORMAT OR VALUE
Client ID (Medicaid or BHP)	xxxxxxxx
Date of Service (MM/DD/YYYY)	mm/dd/yyyy

8.4 Submission History Area

The Submission History area lists previously uploaded spreadsheets. Each item lists the total number of uploaded transactions, date and time of the upload, and identifies by color and wording whether the spreadsheet contained errors. Green indicates all transactions were accepted with no errors. Red indicates that one or more transactions were rejected with a count given of the number of failed transactions out of the total number of transactions (e.g., 5 of 6 transactions failed).
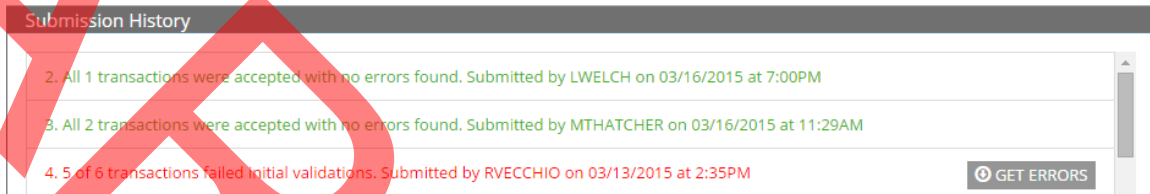
Figure 28 – MMTP Spreadsheet Upload—Submission History Area

Users may click the Get Errors button to the right of an error 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 with an additional column for Error Details that lists the specific error or errors that caused the rejection.

8.4.1 Common Errors

Common errors include an invalid Client ID (Client Not Found) and out of range start date (The Start date of service is too far in the past).

Figure 29 – MMTP Spreadsheet Upload—Error Transactions Spreadsheet

8.5 Instructions

NO MORE THAN 15,000 TRANSACTIONS MAY BE UPLOADED IN A SINGLE SPREADSHEET.

First Time Usage Including Template Download

1. Select the location from the location grid

2. Click the Template link to download the File Upload spreadsheet template; the web browser prompts to open or save the template

    Steps 3 and 4 are performed offline in a spreadsheet application.

3. After opening the template in a spreadsheet application, enter the appropriate values for each transaction in a separate row

4. Refer to the column headings or the table above for the proper field formats and values

5. Save the spreadsheet

The remaining steps are performed online in the system.

6. Click Browse; the File Upload dialog displays

7. Navigate to the location containing the updated template

8. Select the template and click Open; dialog closes and the File field displays the selected template

9. Click Upload; the file successfully accepted message displays

10. Check the validation message and act on any errors

Spreadsheet Populated and Ready for Upload

1. Optionally select the Location from the drop-down if it is not correct

2. Click Browse; the File Upload dialog displays

3. Navigate to the location containing the updated template

4. Select the template and click Open; the dialog closes and the File field displays the selected template

5. Click Upload; the file successfully accepted message displays

6. Check the validation message and act on any errors

9   Invoice Managed Care Plans

Invoice Managed Care Plans prepares invoices for the managed care plans used by clients. Multiple clients who use the same managed care plans may be combined on the same invoice.

Figure 30 – Invoice Managed Care Plans

The invoices are PDFs that may be sent to a managed care plan either as an email attachment or printed and sent via snail mail. Users have the option of individually generating invoices or using the Invoice All function to generate invoices for all displayed plans.

9.1   Create an Invoice

The function displays all available invoice candidates with an Invoice button on the far right. Clicking the button generates the invoice and replaces the Invoice button with a PDF button.

9.2   Transactions

Clicking the Plan ID for an invoice candidate displays the transactions contained in the invoice.

9.3   Bulk Invoice by Threshold Amount

The Invoice All above Threshold function provides the ability to generate multiple invoices at a time.

The Threshold Amount drop-down selects the amount that invoices must exceed to be created. There are four values:

- All
- $50
- $100
- $500

Selecting All creates invoices regardless of the amount and is the only way to create multiple invoices for smaller amounts without clicking them individually. Otherwise, the intent is to recognize that providers tend to allow invoices to build to a certain level that $50, $100 and $500 should cover.

9.4   Invoice PDF

The PDF button that replaces the Invoice button for a candidate's button, downloads the invoice PDF to the user's system where it can be examined and ultimately sent to the managed care plan.

Figure 31 – Managed Care Invoice

9.5   Instructions

Generate an Individual Invoice

1. Click the Invoice button for the appropriate managed care plan; the button changes to PDF

2. Click the PDF button to download the generated invoice

3. Either save and then attach the PDF to an email or print it for sending via the post office to the managed care plan

Use Threshold Amount to Select the Invoice Amount Level to Generate

1. Set the Threshold Amount to one of the set values that an invoice must match or exceed or All

2. Click Invoice All Above Threshold to generate invoices for the invoices that exceed the selected level or all invoices

3. Click PDF on each invoice to download the generated invoice

4. Either save and then attach the PDF to an email or print it for sending via the post office to the managed care plan

10 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 32 – 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

10.1 Search Fields

There are seven search fields for transactions:

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

10.1.1 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:

Provider Set to ALL

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

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

10.1.2 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.

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.

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 3 – 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)

10.2 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.

Table 4 – Transaction Information Returned—Descriptions

INFORMATION GIVEN FOR EACH TRANSACTION	DESCRIPTION
Client	Name and ID of the client
Date of Service	Date the Client received service
Status	CM – Complete DR – Draft PB – Pending Batch PP – Pending Payment
Creation Date	Date the transaction was created in the system
Total Amount	Total amount of the transaction
Payer	MCP – Managed Care Plan MED – Medicaid MMC – Medicaid for Managed Care NON – None PRE – Provider BHP – Essential Plan
Remittance Advice	RA – remittance advice number
Deleted	Yes or No indicator for deletion of transaction
Duplicate	Yes or No indicator for duplicate transaction
Creation User	ID of the user who submitted the transaction
Program	PTAR or MMTP

10.3 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.

10.3.1 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.

10.3.2 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.

10.4 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 details

Download Transactions

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

11 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 33 – 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.
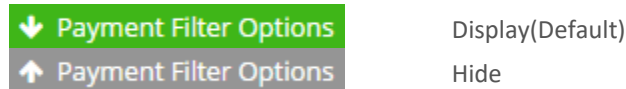
Payment History has two areas:

- Payment Filter Options
- Payments

11.1 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.

11.1.1 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.

↓ Payment Filter Options	Display(Default)
↑ Payment Filter Options	Hide

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.

11.1.2 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.

11.1.2.1 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 5 – 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

11.1.3 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.

11.2 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 34 – Payment History Detail for Remittance

11.2.1 Search Results Header

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

11.2.1.1 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.

11.2.1.2 Total

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

11.2.2 Payment Details

The payment lists the individual element of a payment.

11.2.2.1 FCN

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

11.2.2.2 Paid By

The managed care plan, Medicaid or Essential Plan

11.2.2.3 Transaction

The number of transactions within the payment.

11.2.2.4 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)

11.2.2.5 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.

11.2.3 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.

11.3 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 that 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

12 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.

12.1 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 35 – Manage Provider Information

The details are:

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

12.1.1 Provider ID

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

12.1.2 Provider Name

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

12.2 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.

12.2.1 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.

12.2.1.1 Some Managed Care Plans

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 36 – 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.
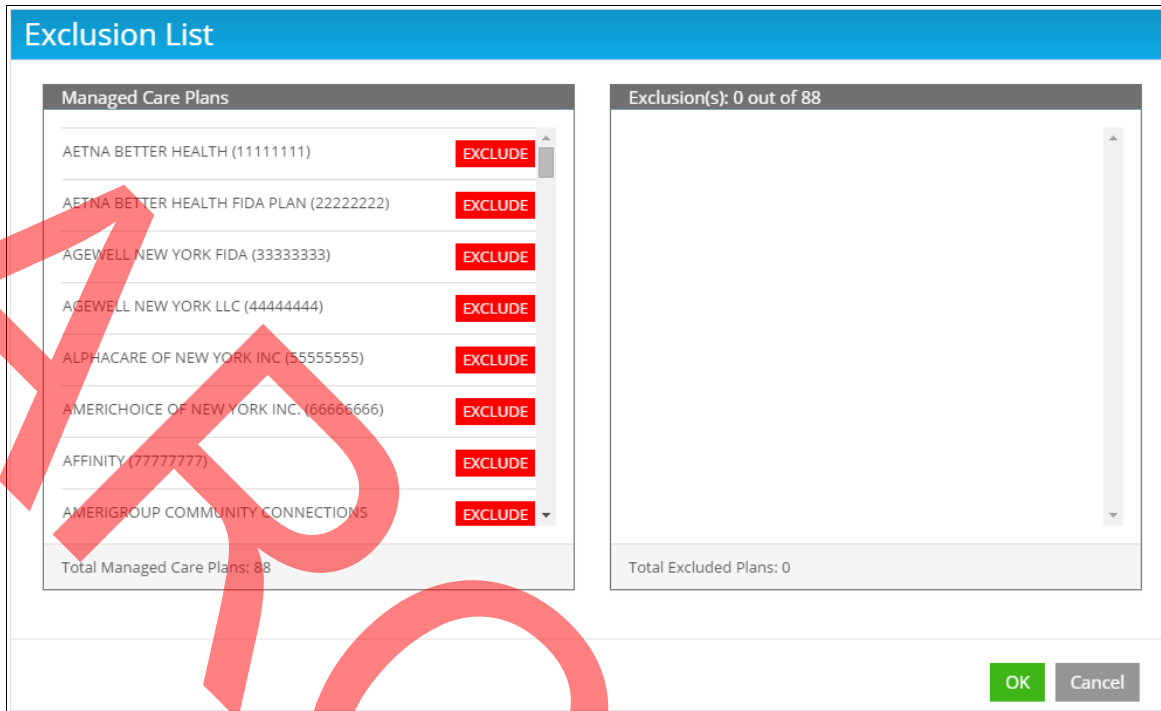
Figure 37 – Managed Care Exclusion List

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.

12.3 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

12.4 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.

12.4.1 Display Active Locations

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

12.4.2 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 38 – 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.

12.4.3 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 39 – Manage Provider Information—Edit Location

12.5 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 required fields at a minimum: Location, Address 1, City, State, Zip, Is Active, and Attention
3. Click the OK button
4. Click the Save Provider button

13 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 40 – User Management

13.1 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.

13.1.1 Roles

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

- User
- Supervisor
- Facility Administrator

13.2 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.
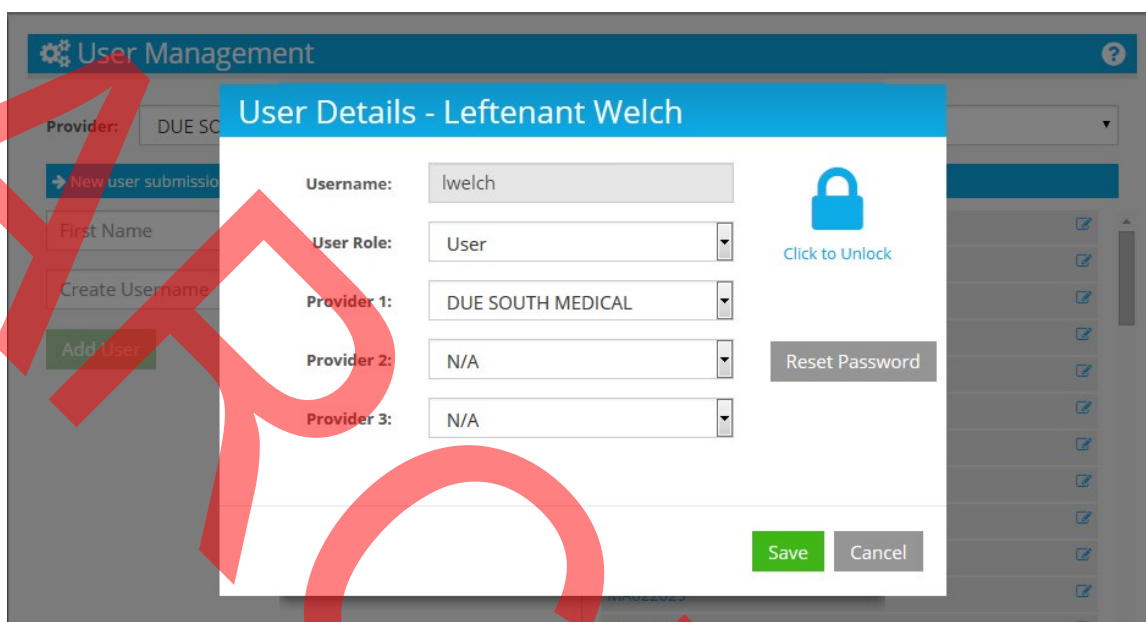

Figure 41 – User Management—User Details

13.3 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.

13.3.1 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.

13.3.2 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.

13.4 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
2. The active users of the provider display under Current list of active users by provider
3. Click either a user's name or the edit icon on its far right to edit the user; the User Details popup displays
4. Make changes as needed to User Role and the Provider (1, 2, and 3) fields
5. Use the lock icon on the right to lock or unlock the user, if needed
6. Click Save to update

Reset Password

1. Select User for editing (User Details popup active)
2. Click Reset Password
3. Click Yes to the Are you sure? Prompt; the system displays the user's temporary password
4. Record the temporary password
5. Click Close under the password
6. 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