



Transportation Vendor Training Manual

NYS Medicaid Transportation

Medical Answering Services

The following is a step-by-step Walk thru for Transportation Vendors use of Medical Answering Services online system. The online system is for transportation vendor to utilize when viewing trips and attesting to trips for billing. Once a trip has been entered into the system for your company you will then be able to view all necessary trip information, once completed you will be able to verify the driver and vehicle that completed the trip and attest to the trip so it is exported to CSC for billing @ 1-800-343-9000. Dated January 1, 2017.

MAS Public Website

Enter the MAS website by going to www.medanswering.com.

MAS
Medical Answering Services, LLC.

P.O. Box 11998, Syracuse, NY 13218
Toll Free: 1-800-850-5340

About MAS Medicaid Transportation Counties Served **MAS Contacts and Forms** Español

SECURE USER LOG-IN LOGIN

Click Here to Order Your Transportation On-line Physician Statement Forms Click Here to Report Suspected Medicaid Fraud

More Information:

Medicaid Recipient Information Transportation Vendor Information Medical Provider Information Public Information

Learn More → Learn More → Learn More → Learn More →

There is a wide array of information on the MAS website including

- county contacts
- transportation vendors by county
- Medicaid policy
- and much more.

Selecting “**Transportation Vendor Information: Learn More**” will provide links to useful material

Transportation Vendor Information: Learn More

Alerts

Contacts and Forms

Counties Served

Informacion en Espanol

Medicaid Enrollee Information

Medical Provider Information

Medicaid Transportation

Medicaid Transportation Provider Information

Policy

Public Information

Responsibility of Ordering Provider

Transportation Cost Saving Initiatives

Medicaid Transportation Vendor Information

All non-emergency Medicaid Transportation in counties managed by Medical Answering Services, LLC is subject to the prior approval of Medical Answering Services, LLC on behalf of the New York State Department of Health and such approval must be obtained prior to incurring expenses.

General Information

- [Medicaid Transportation Program Standards](#)
- [Common Medical Market Area](#)
- [EmedNY](#)
- [Transportation Policy Approved By NYSDOH](#)
- [Transportation Vendor Walk Thru](#)
- [Frequently Asked Questions](#)
- [DOH Medicaid Q&A](#)
- [MAS Trip Search Tips](#)

New York State Departments and Agencies

- Department of Health - <http://www.health.ny.gov/>
- Department of Motor Vehicles - <http://dmv.ny.gov/>
- Fair Hearing - <http://otda.ny.gov/hearings/request/>
- Office of the NYS Medicaid Inspector General - <http://otda.ny.gov/hearings/request/>
- Other Resources

- [Transportation Provider Policy Manual](#) -
- [Transportation Provider Billing Manual](#) -
- [Medicaid Update website](#)-
- [New York State Medicaid Transportation Regulation](#) -
- [Bus Operator Profile 2013-2014](#)

Important information available to vendors:

- ALERTS – Important alerts for vendors
- Contacts and Forms – click on this link to view Contacts, Documents, and Forms
 - Select the desired county to access Key Personnel for that county.
 - Select Documents and Forms to access the “Transportation Provider Information Form”. This form is needed when adding/changing services provided by your company. This form can be faxed to MAS Operations Attn: Terri Collins @ 315-299-2781.
- Transportation Policy Approved by NYSDOH – Policies approved by NYSDOH such as:
 - Attestation/Correction Policy
 - Mileage Policy
 - And more.

Access the Website

Each user will have a unique username and password, please DO NOT SHARE LOG-INS.

Welcome! Please Log In	
User Name:	<input type="text"/>
Password:	<input type="password"/>

Login

Forgot Your Password?	
User Name:	<input type="text"/>
Your Email:	<input type="text"/>

Send It To Me

Request a User Account	
Your First Name:	<input type="text"/>
Your Last Name:	<input type="text"/>
Your Email:	<input type="text"/>
Re-Enter Your Email:	<input type="text"/>
Your Role:	Medicaid Enrollee ▼

Continue

- Blocked Account/Forgotten Password- enter Username and Email in the “Forgot Your Password” section
 - A new password will be emailed to you.
- New users- enter your information into the “Request a User Account” field
 - Select Transportation Vendor as “Your Role”
 - An e-mail including username and temporary password will be sent to the address provided.

Once logged in, the system will display the Main Menu.

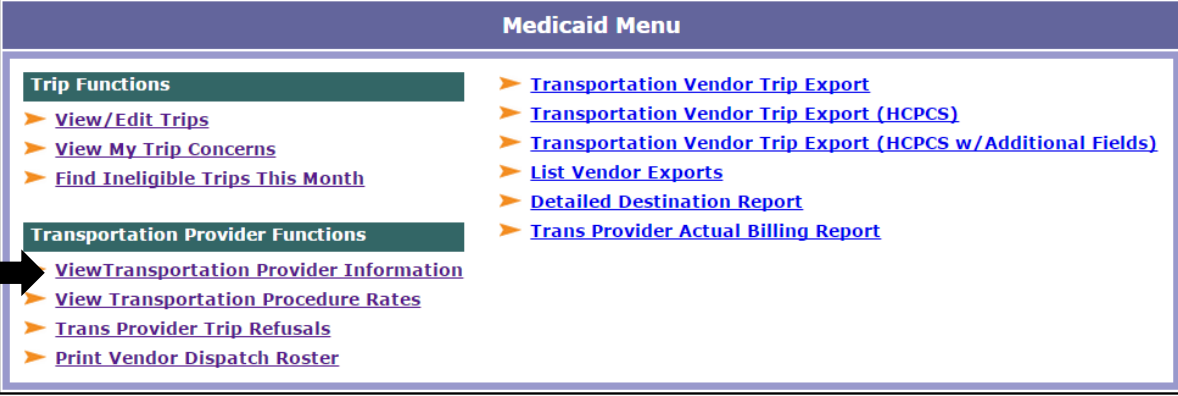
Medical Answering Services Administration	
Main Menu	
➤ View/Edit Trips	➤ View Trip Correction Requests
➤ View/Edit Changed Trips	➤ Medicaid Menu
➤ Sign-off on Trips	➤ Training Menu
➤ View Your Message Alerts	

[Medicaid Menu](#) | [Main Menu](#) | [Login](#) | [Logout](#)

Update Vendor Information

To access/update vendor information

- Select **Medicaid Menu**
- Then **View Transportation Provider Information**



The screenshot shows a web application menu titled "Medicaid Menu". It is divided into two main sections: "Trip Functions" and "Transportation Provider Functions". Under "Trip Functions", there are links for "View/Edit Trips", "View My Trip Concerns", and "Find Ineligible Trips This Month". Under "Transportation Provider Functions", there are links for "View Transportation Provider Information", "View Transportation Procedure Rates", "Trans Provider Trip Refusals", and "Print Vendor Dispatch Roster". A black arrow points to the "View Transportation Provider Information" link. To the right of the menu, there are additional links: "Transportation Vendor Trip Export", "Transportation Vendor Trip Export (HCPCS)", "Transportation Vendor Trip Export (HCPCS w/Additional Fields)", "List Vendor Exports", "Detailed Destination Report", and "Trans Provider Actual Billing Report". At the bottom of the menu, there are links for "Medicaid Menu", "Main Menu", "Login", and "Logout".

- Next select “**View/Edit**” next to the desired county.
 - You will be able to change **each county separately** or **save changes to all counties** if desired.

Transportation Provider County Listing

Note: You have a separate provider record for each county that you serve. You can view and add/edit drivers and vehicles by clicking on the links below.

	County
View/Edit	Albany
View/Edit	Broome
View/Edit	Cayuga
View/Edit	Columbia

Save Changes Save to All Counties

Edit Transportation Provider

Record ID: 17431 Status: Active

No Show Letters? Yes No

Provider ID: TRAINING NPI Number: Tax ID:

Company Name: Training Vendor

Address: 375 W Onondaga St
Syracuse, NY 13202
[Add/Replace Address](#)

Contact Methods: Phone FAX Email Post

Contact First/Last Name: Bryan Cohen

Phone 1/2/FAX: 8083490172 111-1111

Dispatch Email:

Contact Email:

Availability: Same Day Next Day

[Add Unavailable Dates](#)

Not Available Between: - (The vendor is unavailable between these dates inclusive. Or leave dates blank.)

UnAvailable On: 11/11/2016
 UnAvailable On: 11/24/2016
 UnAvailable On: 11/25/2016
 UnAvailable On: 11/26/2016
 UnAvailable On: 11/27/2016
 UnAvailable On: 06/10/2017

Tranportation Availability: Use Schedule?

Day	Start Time	Up to End Time	Set Hours As
Sunday			<input type="radio"/> Avail <input type="radio"/> Unavail
Monday			<input type="radio"/> Avail <input type="radio"/> Unavail
Tuesday			<input type="radio"/> Avail <input type="radio"/> Unavail
Wednesday			<input type="radio"/> Avail <input type="radio"/> Unavail
Thursday			<input type="radio"/> Avail <input type="radio"/> Unavail
Friday			<input type="radio"/> Avail <input type="radio"/> Unavail
Saturday			<input type="radio"/> Avail <input type="radio"/> Unavail

Office Hours Schedule

Office Availability: (Time periods during which the office will accept PHONE CALLS.)

(Use 24 hour time without colons. e.g. 0930 or 1330)

(Note: If available all day use 0000 and 2400 as start and end times.)

If trip availability needs to be confirmed outside of your Office Hours, the trip may be assigned to another vendor

Day	Start Time	Up to End Time	Ride Capacity
Sunday	0000	2400	<input checked="" type="radio"/> Avail <input type="radio"/> Unavail
Monday	0000	2400	<input checked="" type="radio"/> Avail <input type="radio"/> Unavail
Tuesday	0000	2400	<input checked="" type="radio"/> Avail <input type="radio"/> Unavail
Wednesday	0000	2400	<input checked="" type="radio"/> Avail <input type="radio"/> Unavail
Thursday	0000	2400	<input checked="" type="radio"/> Avail <input type="radio"/> Unavail
Friday	0000	2400	<input checked="" type="radio"/> Avail <input type="radio"/> Unavail
Saturday	0000	1700	<input checked="" type="radio"/> Avail <input type="radio"/> Unavail

Date Created/Modified: 01/26/2015, 01/26/2015

Save Changes Save to All Counties



Drivers - Add New Driver

Status	Last Name	First Name	MID	Expiration
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Vehicles - Add New Vehicle

Status	Vehicle Type	Vehicle Name	License Plate Number	Expiration
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On the above screen, vendors will update:

1. Contact information including:
 - Primary and secondary phone numbers
 - fax number
 - contact email address
 - dispatch email
 - Email will be used for all system generated emails such as trip change notifications.

2. Add Unavailable Dates-
 - to capture all dates the company will not be open that would otherwise fall within the typical hours of operation
 - if vendor is closed on weekends generally, there is no need to enter all weekend days as unavailable
 - Also used for dates fully booked.
 - Adding an unavailable date will not affect any trip already assigned to vendor but will prevent MAS from assigning anything new.

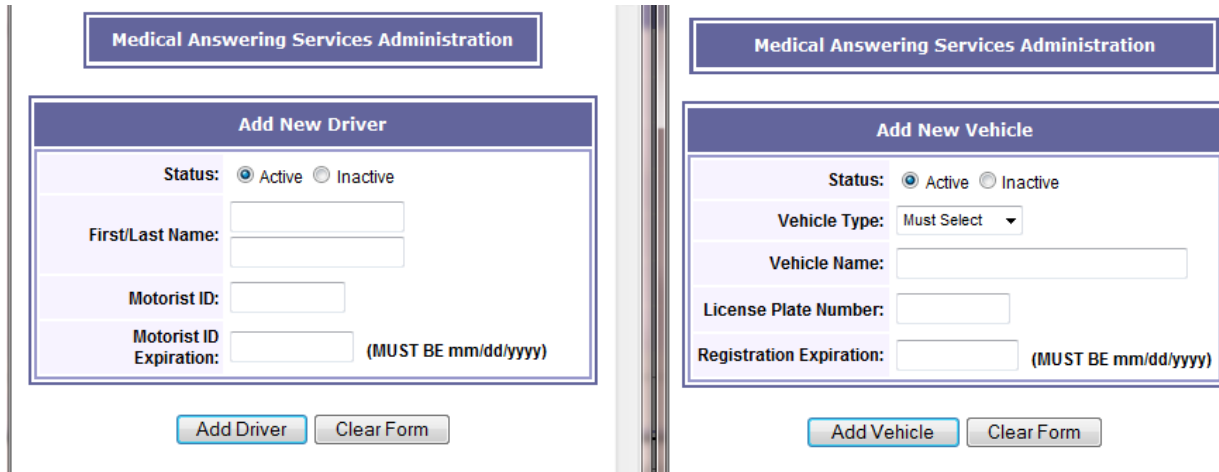
3. Hours of operations-
 - MAS will only assign trips that fall within your hours of operation.
 - Vendor will not be selectable for trips outside of those hours.

4. Office hours-
 - MAS will only call for last minute trips and changes. If a last minute trip/change is called in outside of your office hours MAS will not call you for that trip, even if the transport is within hours of operations.
 - Last minute is defined as:
 - Requests to add or change a trip for the same date of service
 - Requests to add or change a trip for the following date of service called into MAS after 5p.m.

5. Adding vehicles and drivers-
 - select **Add New Vehicle** or **Add New Driver** and follow the steps outlined below.

Enter Drivers and Vehicles

From the **Vendor Information** page, select **“Add New Driver”** or **“Add New Vehicle”**



- Enter the appropriate information in the corresponding field.
 - Drivers**
 - Drivers First/Last name
 - Motorist ID- Driver’s License Number
 - Motorist ID Expiration- Driver’s License expiration date
 - Vehicles**
 - Vehicle Type- Select from drop down
 - Vehicle Name- Name each vehicle so that it is easily identifiable when attesting
 - License Plate Number
 - Registration Expiration

Each driver and vehicle will now be selectable from the drop downs when attesting to a trip.

Copying Drivers/Vehicles to all counties

Drivers - Add New Driver					
	Status	Last Name	First Name	MID	Expiration
Edit	Active	Cohen	Bryan	123456789	12/31/2016



Vehicles - Add New Vehicle					
	Status	Vehicle Type	Vehicle Name	License Plate Number	Expiration
Edit	Active	Livery	Trainer Van	TestVeh	01/22/2027

- Driver and vehicle information must be entered for each county you operate in.
 - click **Edit** next to the driver and vehicle information
 - Then **Copy Driver/Vehicle to Other Counties**
 - check the desired counties to copy the information to
 - Select **Update** at the bottom of the screen.

VIEW VENDOR ROSTER IN THE MAS SYSTEM

From the **Main Menu**, select **View/Edit Trips**

Find Trip Authorizations

Invoice Number:	<input type="text"/>	Advanced Search
County:	<input type="text" value="Any"/>	
 Trip Status:	<input type="text" value="Any"/>	
PA Submission Result:	<input type="text" value="Any"/>	
Correction?	<input type="text" value="Any"/>	Changed Since Vendor Notified? <input checked="" type="radio"/> Either <input type="radio"/> Yes <input type="radio"/> No
Export Status:	<input type="text" value="Any"/>	
CIN/Medicaid Number:	<input type="text"/>	
First/Last Name:	<input type="text"/>	<input type="text"/>
DOB:	<input type="text"/>	(mm/dd/yyyy)
Standing Order?	<input checked="" type="radio"/> Any <input type="radio"/> Yes <input type="radio"/> No	
Part of Split S.O. Series?	<input checked="" type="radio"/> Any <input type="radio"/> Yes <input type="radio"/> No	
Parent Trip of S.O.?	<input type="checkbox"/> Yes (first day of a split standing order series)	
Child Trip of S.O.?	<input type="checkbox"/> Yes (subsequent days of a split standing order series)	
Printed/Emailed?	<input checked="" type="radio"/> Any <input type="radio"/> Yes <input type="radio"/> No	
Transport Type:	<input type="text" value="Any"/>	
Trans. Provider:	Training Vendor	
 Service Starts:	<input type="text"/>	- <input type="text"/> (mm/dd/yyyy)
Service Ends:	<input type="text"/>	- <input type="text"/> (mm/dd/yyyy)
Sort By:	<input type="text" value="Service Starts (Oldest to Newest)"/>	

- **Trip Status**

- Eligible- Authorized for transport
- Cancelled- Not authorized to transport
- Ineligible/Proceed- Enrollee currently under spend down.

Some additional search options include:

- **PA Submission Result-** Prior Approval Numbers used for billing
 - Accepted
 - Rejected
- **Correction?-** a request to correct an invoice
 - Needed
 - Completed
- **Standing Order**
 - Isolate standing orders

View/Print Vendor Roster

View Trip Authorizations													
There is 1 matching trip. (Vendor complete trips are green)													
Batch Print Trips Print Roster Export Roster													
(Note: ID with * means trip changed since vendor received trip.)													
Invoice Number	Status Billing Status	CIN Medicaid #	Recipient	Sex	Base Cost	Transport Type	Date Created	Service Starts	SO?	ATT?	Exp?	Exp Date	Fix
096117410	Eligible	AA00026A	Monroe, Test	M	\$32.00	Ambulatory-Monroe DOT	04/01/13 12:35 PM	04/10/13	No	No	No		

Batch Print Trips

- Generates a printer friendly version of trips including appointment details

Print Roster

- Generates a printer friendly version of trips including PA numbers and procedure codes if the trip has been exported

Export Roster

- Follow steps to export roster from the MAS system to another software program.

Invoice number

- Select this link to view invoice

Status Billing Status

- Eligible invoices are authorized for transport if enrollee's eligibility is active on date of service
 - **IT IS THE VENDORS RESPONSIBILITY TO CHECK ELIGIBILITY in ePaces ON THE DAY YOU TRANSPORT!** MAS confirms eligibility on the day the trip is authorized but Medicaid eligibility status can change.
- Ineligible proceed- enrollee has a "spend down".
- Cancelled, Pending, etc.- not yet authorized for transport

Recipient

- Select this link to view enrollee's main screen

Base Cost

- Total cost of load fee for all trip legs on invoice. This amount does not include mileage.

Service Starts

- Requested date of service

SO?

- Standing order- reoccurring appointments same location on the same days of the week at the same time each week.

ATT?/Exp?

- ATT?- invoice has or has not been attested to
- Exp?-invoice has or has not been exported

View/Reassign Invoice

View Trip Authorization

[Provider Print-out](#) - [Users](#) - [Notifications](#) - [Request Trip Reassign](#)

Invoice # 326313740	Prior Approval #: 0	Trip Type: Medicaid
Status: Eligible	Export Status (Date Exported): Edit - Not Ready for Export ()	Medicaid County #: 1 (Albany)
Medicaid OK? Yes	Correction? None	Accepted/Attestation/Miles? Yes / Pend / Yes Edit
Trans. Type: Taxi-Albany	Proc Code/Mod/Serv Cat: A0100 //	Printed/Emailed? No
Mileage Rate (Base): \$8.46 (\$)	Call Source: Facility Staff	Contact Method: FAX
Trans. Provider: Training Vendor (Choice-Med Prov)	Contact Name: Training @ MAS	Contact Phone: 518-123-4567
Need Wheelchair? No	Med. Provider: Provider, Test	Recipient (Medicaid): Test Albany, (AA00001A)
Standing Order? No	Recipient Phone: 518-555-1234	



[Request Correction](#) | [Sign Off On Trip](#)

Secondary Trip Services Summary for All Legs

Service	Serv ID	Proc Code	Proc Code Mod	Serv Cat.	Times Appr	Rate	Quant.	Amount	State Quant.	State Amount	Status
Mileage-Taxi Albany	3232	S0215			1	\$1.51	.00	\$0.00	0	\$0.00	New



Status	Pick-up Date/Time	Pick-up Location	Pick-up County	Bus Stop Available	Zone	Drop-off Date/Time	Drop-off Location	Drop-off County	Bus Stop Available	Zone	Miles	Cost	Attest	Instructions
Active	07/28/16 8:15 am	1234 Drive Way Home Albany, NY 12208	Albany	.05 miles		07/28/16 9:15 am	400 Patroon Creek Blvd 42 Albany, NY 12206	Albany	.00 miles		3.5	8.46	Pend	Additional Rider
Active	07/28/16 Will Call	400 Patroon Creek Blvd 42	Albany	.00 miles		07/28/16 Will Call	1234 Drive Way Home	Albany	.05 miles		3.5	8.46		

Provider Print out

- Generates a printer friendly version of invoice

Request Trip Reassign

- To reassign a trip vendor is not able to accommodate. The invoice will be submitted to MAS electronically for reassignment
 - MAS if the trip is within 48 hours this link will not be present. Please contact MAS to have trip reassigned

Request Correction/Sign Off On Trip

- You may enter a correction request or sign of on an invoice as explained in **Attesting to Trips**

ATTESTING TO TRIPS IN THE MAS SYSTEM

From the **Main Menu**, select **Sign-off On Trips**

Find Trips to Sign-off On Help!

County: Any

Transportation Provider: MAS Practice (Mon DO NOT USE)

Invoice Number:

CIN/Medicaid Number:

First/Last Name:

Trip Attestation: Any Pending Yes

Start Date of Trip: 04/09/2013 -

Find Trips Reset Form

Start Date of Trip- refines search to include desired date range

- The default setting for the date range is set two weeks prior to the current date of login
- To change the range of the search, different dates can be entered

Vendor may refine search to include the following specifics

County

- Default Any will include invoices from every county
- Selecting a specific county will exclude invoices from all other counties.

Invoice Number- to sign off on a specific invoice

CIN/Medicaid Number- to sign off on all invoices for a specific enrollee

First/Last Name- to sign off on all invoices for a specific enrollee

Trip Attestation

- Any- to view all invoices that have and have not been attested to.
- Pending- to view trips that have not been attested to
- Yes- to view trips that have been attested to

Select **Find Trips** to generate sign off list

Sign Off on Trips

Trip Attestation Sign-Offs										
<p>There is 1 matching trip. Please specify which trips were completed and fill in mileage where needed.</p> <p>PLEASE TAKE NOTICE: FILING FALSE STATEMENTS IS A CRIME If you attest to a trip that did not take place, you are filing a false statement and committing a crime. Anyone filing a false statement will be prosecuted to the fullest extent of the law.</p> <p>Pink rows need trip completion specified. Yellow rows need mileage specified.</p>										
Trip Date	Recipient	Trans. Type	Prim Proc Code (Mod)	Sec Proc Code (Mod)	Invoice Number	Trip Took Place?	Calc. Trip Mileage	SO?		
04/10/2013	Monroe, Test	Ambulatory-Monroe DOT	A0120	S0209	096117410	<input checked="" type="radio"/> Pending <input type="radio"/> Cancelled <input type="radio"/> No Show	6.6	No	Trip Sign-off	Correction

Review each invoice, including mileage link, to ensure all information is correct before attesting. Request a correction if needed.

Cancelled or No Show Trips:

Pending- Not yet attested to

Cancelled- If vendor is notified the trip was cancelled by the enrollee

No Show- If the enrollee is a no show and did not notify your company, or MAS, of a cancellation

- NYSDOH has implemented a 3 strike policy for enrollee “No Shows”. The **first occurrence** results in a letter being sent to the enrollee explaining the policy and how to correctly notify MAS of any changes to a trip. The **second occurrence** results in another contact from MAS and DOH explaining the importance of contacting MAS in the event of a cancellation. If the enrollee is a “No Show” a **third time**, they will be blocked from setting up transportation until the enrollee has come to a resolution with DOH.
 - If **No Shows Letters** is marked **No on the vendor’s account**, letters will not be automatically sent. Vendors may attest to trips as no shows and prompt MAS to issue a letter on a case by case scenario.
 - If **No Show Letters** is marked **Yes on vendor’s account**, a letter will be sent for each enrollee whos invoice is attested to as a no show.

Trip Sign-off- select to attest to invoice

Correction-select to request a correction

Vendor may attest to all cancelled and no show invoices at one time

- Select **Cancelled** or **No Show** to all that apply and select **Submit** at the bottom of the screen. The invoices will then be removed from the list, leaving those that require attestation.

Attest to Invoice(Trip Sign-Off)

Trip for: Sandra Brown — 0 INVOICE #: 241108610 — TRANSPORT TYPE: Taxi-Cortland, PROC CODE: A0100, MOD:

Status	Mileage Used	Pick-up Date/Time	Pick-up	Drop-off	Driver	Vehicle
<input checked="" type="radio"/> Active <input type="radio"/> Deleted	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/11/15 1:00 pm	5214 US Route 11 Unit 1057 HOMER, NY 13077	823 State Route 13 Cortland, NY 13045	Must Select ▼	Must Select ▼
<input checked="" type="radio"/> Active <input type="radio"/> Deleted	<input checked="" type="radio"/> Yes <input type="radio"/> No	06/11/15 3:00 pm	823 State Route 13 Cortland, NY 13045	5214 US Route 11 Unit 1057 HOMER, NY 13077	Must Select ▼	Must Select ▼

[Edit Drivers and Vehicles](#) | [Correction Request](#)

Specify Secondary Services						
Secondary Service	Proc Code	Proc Code Mod	Units or Mileage For ALL of Today's Legs	Check Box When Service NOT Needed	Pick-up Date	Trip From/To
Mileage-Taxi Cortland NEW	S0215		14.6	<input type="checkbox"/>	06/11/2015	5214 US Route 11 823 State Route 13

NOTE: You must click on the "Attest" button to finish attesting to this trip.

Attest to invoice (sign off)

- Enter **Driver** and **Vehicle** information for each trip leg
- Select **Attest** after confirming everything is accurate
 - PA # will be generated within 24 hours for billing purposes
 - For invoices that come back **Denied/Rejected**, request a **correction** stating the reason as explained below
 - If **mileage** is inaccurate or missing, request a **correction** as explained below

If a trip leg has been cancelled

- Select the **Deleted** option to remove a trip leg that was not needed, you DO NOT need to contact MAS

Removing Mileage from invoice

Mileage used

- Select No if you wish to remove mileage from an individual trip leg
 1. when more than one enrollee is transported in the same vehicle for **individual legs**, vendor may only claim mileage for the furthest distance

Check Box When Service NOT Needed

- Only check this box if mileage is to be removed from entire invoice
 1. when more than one enrollee is transported in the same vehicle for **the entire trip**, vendor may only claim mileage for the furthest distance

Attestation/Correction Policy

Vendor has **30 DAYS** from the date of service to attest to trips or request a correction. Overdue requests will be denied

For questions about the Attestation and Correction Policy:

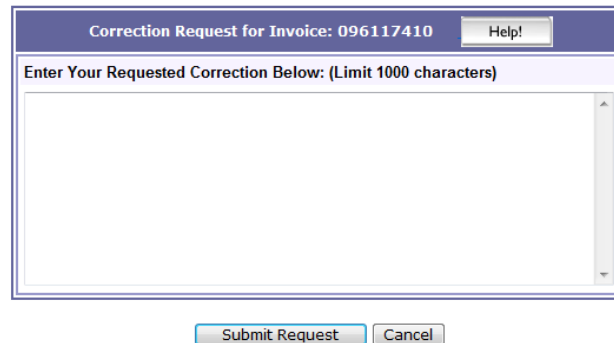
2. visit www.medanswering.com
3. click on **Transportation Vendor Information: Learn More**
4. Select **Transportation Policy Approved by NYSDOH**
5. Choose **Transportation Provider 30 Day Attestation and Correction Policy.**

Important time frames include:

- **30 Days from the date of service to attest** to a trip (unless outside of the control of the vendor, such as a correction)
- **90 Days from the date of service to bill** through eMedNY
- **MAS has 30 days to complete a correction** submitted by a vendor
 - Vendor will have another 30 days to attest after trip is corrected

Request Corrections

From any invoice or the sign off screen, select **Request Correction**



Correction Request for Invoice: 096117410 Help!

Enter Your Requested Correction Below: (Limit 1000 characters)

Submit Request Cancel

Vendor must **include what needs to be corrected** including specifics from CSC if provided

Some possible **examples** of corrections:

- Missing mileage link
- Incorrect transport type
- Tolls needed
- PA# came back rejected due to Invalid Medical Provider
- Invoice did not generate a PA

If any **information is incorrect** on the invoice, or there are any issues with the invoice, **request a correction**

Vendor has **30 DAYS** from the date of service to enter a correction

- MAS has **30 days** to complete the correction from the date it is entered.

Entering a correction is the appropriate way to communicate an issue with an invoice to MAS. *Please do not email MAS County Supervisors or Field Liaisons with correction requests.*

If an invoice is denied through eMedNY

- contact CSC first to determine what is wrong
- enter a correction through the MAS website including CSCs suggested resolution

MAS does not do any billing, you will need to contact CSC for any billing questions.

- Computer Sciences Corporation (CSC): 1-800-343-9000.