



*Transportation Provider Training Manual*

*A Driving Force in Non-Emergency*

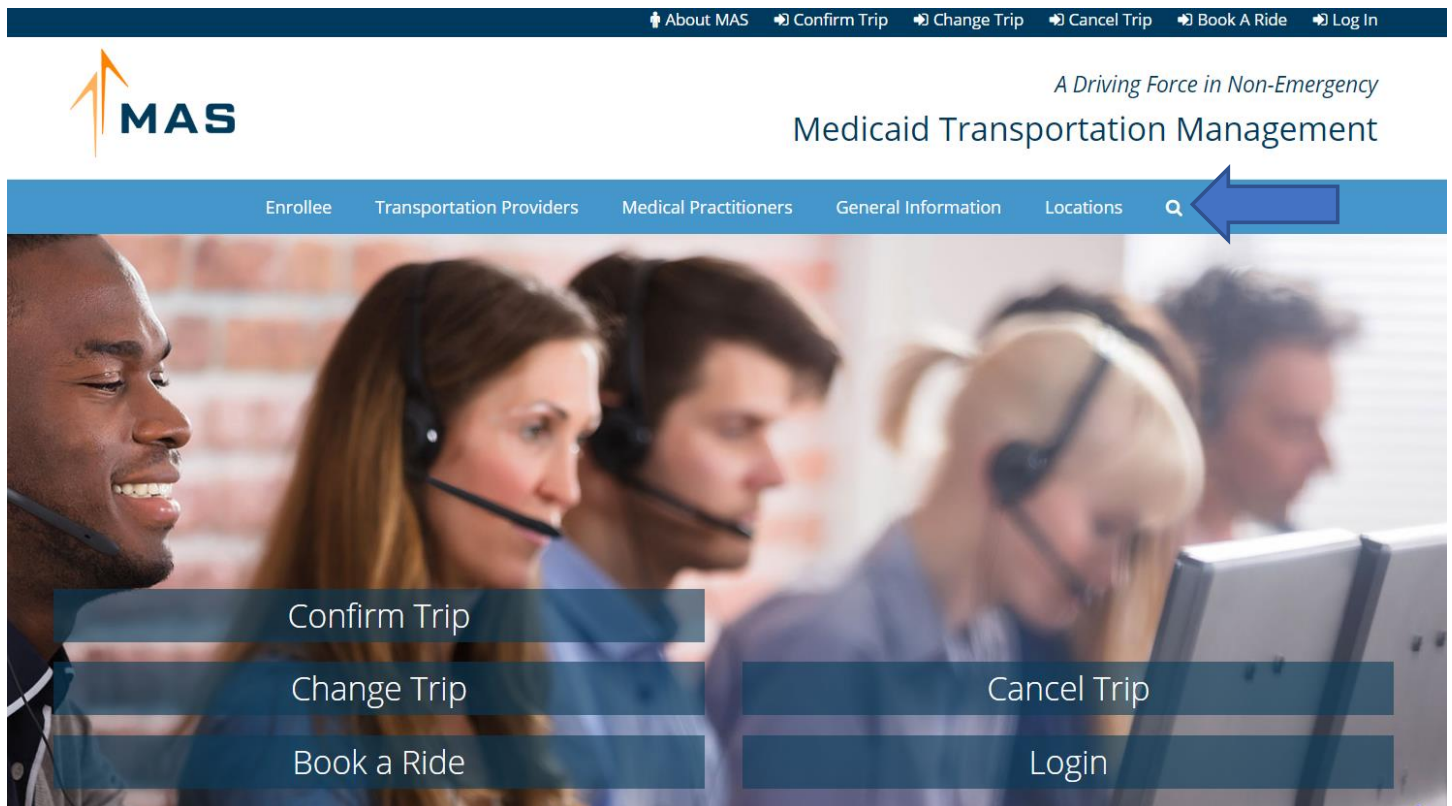
**MEDICAID TRANSPORTATION MANAGEMENT**

# Table of Contents

<b>MAS PUBLIC WEBSITE .....</b>	<b>1</b>
<i>LOCATIONS BY REGION.....</i>	<i>2-3</i>
<i>ADVANCED TRANSPORTATION MANAGEMENT TEAMS.....</i>	<i>4</i>
<b>ACCESSING THE WEBSITE .....</b>	<b>5</b>
<i>HOW TO LOGIN.....</i>	<i>5</i>
<i>BLOCKED ACCOUNT / FORGOTTEN PASSWORD.....</i>	<i>5</i>
<b>VIEWING TRANSPORTATION PROVIDER PROFILE.....</b>	<b>6</b>
<i>HOW TO UPDATE PROFILE.....</i>	<i>7-8</i>
<i>ADDING HOURS OF OPERATIONS.....</i>	<i>7-8</i>
<i>ADDING AVAILABILITY ZIP CODES.....</i>	<i>7-8</i>
<i>ADDING DAILY RIDE CAPACITY.....</i>	<i>7-8</i>
<i>ADDING DRIVERS AND VEHICLES.....</i>	<i>8-9</i>
<b>VIEW/PRINT TRIP ROSTER IN MAS SYSTEM.....</b>	<b>10</b>
<i>PRINT TRANSPORTATION PROVIDER DISPATCH ROSTER.....</i>	<i>10</i>
<i>VIEW/ EDIT TRIPS IN SYSTEM.....</i>	<i>11-13</i>
<i>INVOICE EXAMPLE.....</i>	<i>14</i>
<i>REASSIGNING A TRIP.....</i>	<i>14</i>
<b>ATTESTING TO TRIPS IN MAS SYSTEM.....</b>	<b>15</b>
<i>SIGNING OFF ON TRIPS.....</i>	<i>16</i>
<i>CANCELLED OR NO-SHOW TRIPS.....</i>	<i>16</i>
<i>HOW TO DELETE A TRIP LEG.....</i>	<i>17</i>
<i>SECONDARY SERVICES.....</i>	<i>17</i>
<i>ATTESTATION POLICY.....</i>	<i>19</i>
<b>REQUESTING A CORRECTION.....</b>	<b>18</b>
<i>HOW TO REQUEST A CORRECTION.....</i>	<i>18</i>
<i>CORRECTION POLICY.....</i>	<i>19</i>
<b>TRIP CONCERNS.....</b>	<b>20</b>
<i>HOW TO VIEW A TRIP CONCERN.....</i>	<i>20</i>
<i>HOW TO RESPOND TO A TRIP CONCERN.....</i>	<i>20-21</i>
<i>HOW TO FILE AN INCIDENT REPORT.....</i>	<i>22</i>
<b>TRANSPORTATION PROVIDER SCORECARD.....</b>	<b>23</b>
<i>WHAT IS A SCORECARD?.....</i>	<i>23</i>
<b>ADDING/EDITING USERS IN MAS SYSTEM .....</b>	<b>24</b>
<i>SUPERVISOR ACCESS.....</i>	<i>24</i>
<i>ADDING / EDITING USERS.....</i>	<i>24</i>
<b>MAS HOURS OF OPERATIONS.....</b>	<b>25</b>
<i>TRAINING MENU.....</i>	<i>25</i>

## MAS Public Website

Enter the MAS website by going to [www.medanswering.com](http://www.medanswering.com)



On the website, you will find an array of various tools to access important information including:

- Key MAS Contacts
- Login Options for Users
- Documents and Forms
- Transportation Providers by County
- Preferred Provider Opportunities
- Group Ride Opportunities
- How to Schedule Transportation
- Report Suspected Medicaid Fraud
- Medicaid Policies and Procedures
- How to become a Medicaid NEMT Provider

If you are unable to find any of these features using the tool bar above, please use the search option on the top right to *Locations*.

## Locations by Regions

Select your region from the MAS Website (You can also select "Locations" from the top navigation bar)

- Click on your specific Region
- On the next page select your county

The screenshot shows the MAS website interface. At the top, a dark blue navigation bar contains links: About MAS, Confirm Trip, Change Trip, Cancel Trip, Book A Ride, and Log In. Below this is the MAS logo and the tagline "A Driving Force in Non-Emergency Medicaid Transportation Management". A secondary blue navigation bar includes links for Enrollee, Transportation Providers, Medical Practitioners, General Information, and Locations. A blue arrow points to the search icon next to the Locations link. The main content area features a background image of call center agents and a grid of buttons: Confirm Trip, Change Trip, Cancel Trip, Book a Ride, and Login.

SELECT YOUR REGION BELOW

*Not sure? Click here*



Western Region



Fingerlakes & Northern NY

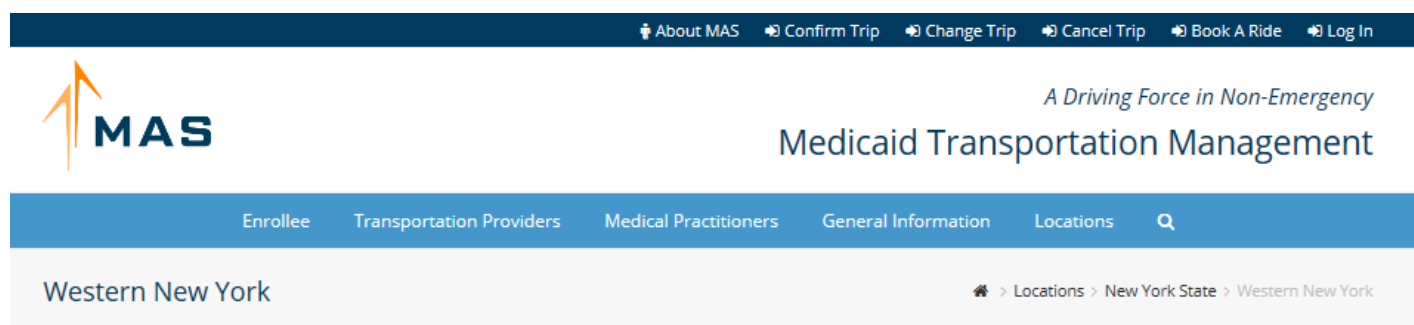


Hudson Region



New York City

## Location County Selection- Erie



The screenshot shows the MAS website interface. At the top, there is a dark blue navigation bar with links: About MAS, Confirm Trip, Change Trip, Cancel Trip, Book A Ride, and Log In. Below this is the MAS logo on the left and the tagline "A Driving Force in Non-Emergency Medicaid Transportation Management" on the right. A light blue navigation bar contains links for Enrollee, Transportation Providers, Medical Practitioners, General Information, and Locations, along with a search icon. Below the navigation bar, the page title "Western New York" is displayed on the left, and a breadcrumb trail "Locations > New York State > Western New York" is on the right.

### NYSDOH's Western New York Medicaid Initiative Region Counties

Below are the counties grouped by the New York State Department of Health, as part of its Western New York Medicaid Initiative. For the numbers associated with each county, visit [here](#).

---

📍

Allegany  
 Cattaraugus  
 Chautauqua  
 Erie  
 Genesee  
 Niagara  
 Wyoming

#### The next screen will be the county main page. The county main page includes:

- Local county government links and information
- A list of all transportation providers at all service levels in that county
- Links to public transit information
- Information on how to schedule transportation through MAS
- **Advanced Transportation Managers and other county key contacts**

# Advanced Transportation Management Teams

[Enrollee](#)
[Transportation Providers](#)
[Medical Practitioners](#)
[General Information](#)
[Locations](#)


## Resources

[Erie County Site](#)
[Erie Social Services](#)
[Erie County Public Transportation Options](#)
[Erie Transportation Providers](#)
[Order Transportation – Enrollee](#)
[Order Transportation – Provider](#)
[Para Espanol?](#)

## Order Transportation

1-800-651-7040

1-315-299-2786

[Secure LogIn](#)
[Create a New Account](#)

## MAS Erie Staff

### Personnel

### Position

### Email

### Phone

Sciuga, Daniella

Regional Medicaid Administrator

[dsciuga@medanswering.com](mailto:dsciuga@medanswering.com)

(315) 299-2751

Nelson, Andre

Regional Medicaid Specialist

[anelson@medanswering.com](mailto:anelson@medanswering.com)

(315) 299-2739

Serrano, Jovanna

Regional Medicaid Specialist

[jserrano@medanswering.com](mailto:jserrano@medanswering.com)

(315) 299-2753

Garcia, Javier

Field Liaison

[jgarcia@medanswering.com](mailto:jgarcia@medanswering.com)

(315) 729-4989

Collins, Terri

Director of Operations

[tcollins@medanswering.com](mailto:tcollins@medanswering.com)

(315) 299-2799

Bartlett, Jennifer

VP of Compliance, QA and Policy

[jbartlett@medanswering.com](mailto:jbartlett@medanswering.com)

(315) 299-2758

Cosby, Notchaca

Director of Medicaid

[ncosby@medanswering.com](mailto:ncosby@medanswering.com)

(315) 299-2792

Crysler, Stephani

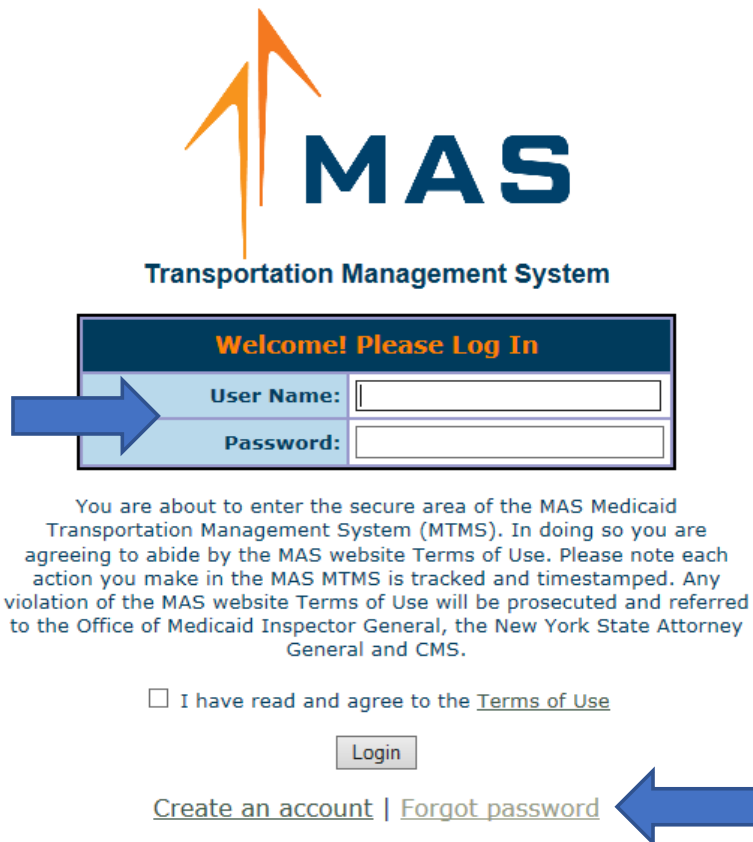
Assistant Director of Medicaid

[scrysler@medanswering.com](mailto:scrysler@medanswering.com)

(315) 299-2743

**Above, you will find Resources as well as Key MAS Contacts available for any questions you may have that are not searchable on our website.**

## Accessing the Website



**MAS**  
Transportation Management System

**Welcome! Please Log In**

**User Name:**

**Password:**

You are about to enter the secure area of the MAS Medicaid Transportation Management System (MTMS). In doing so you are agreeing to abide by the MAS website Terms of Use. Please note each action you make in the MAS MTMS is tracked and timestamped. Any violation of the MAS website Terms of Use will be prosecuted and referred to the Office of Medicaid Inspector General, the New York State Attorney General and CMS.

I have read and agree to the [Terms of Use](#)

[Create an account](#) | [Forgot password](#)

## How to Login

To access the website, click *Login* on the MAS homepage and then enter your username and password

- If you have forgotten your password, use the “**Forgot Password**” option to reset your password. A temporary password will be emailed to the email address MAS has on file.
- Each user will have a unique username and password, **PLEASE DO NOT SHARE LOG-INS**

## View Transportation Provider Profile

To access/update Transportation Provider information

- Select **Main Menu**
- Then **View Transportation Provider Profile**



To begin updating your complete profile, click the view/edit option next to **each** county listed on your account.

### Transportation Provider County Listing

	County
<a href="#">View/Edit</a>	Albany
<a href="#">View/Edit</a>	Allegany
<a href="#">View/Edit</a>	Broome
<a href="#">View/Edit</a>	Cattaraugus
<a href="#">View/Edit</a>	Cayuga
<a href="#">View/Edit</a>	Chautauqua
<a href="#">View/Edit</a>	Chemung
<a href="#">View/Edit</a>	Chenango

**\*\*Please note:** Each county listed represents a NYS Medicaid county profile for enrollees who may live within your service area. Each profile must be updated to ensure accuracy of transportation availability for all eligible enrollees.



# How to Update Transportation Provider Profile

Edit Transportation Provider Profile

County: **Dutchess**

Status: Active

Provider ID: TRAINING    NPI Number:

Company Name: Training Vendor

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

First Name	Last Name	Email Address	Phone Number
Dispatch Contact:		na@na.com	315-xxx
Contact 1:	Bryan Cohen	na@na.com	
Owner/Manager Contact 2:			

Routing/Dispatch Company: Self

Billing Company: Self

Zip Codes Available for Medicaid Transportation: 10940 10963 12458 12566 12701 12719 12720 12721 12722 12723 12724 12725 12726 12727 12729 12732 12733 12734 12736 12737 12738 12740 12741 12742 12743 12745 12747 12748 12749 12750 12751 12752 12754 12759 12762 12763 12764 12765 12766 12767 12768 12769 12770 12775 12777 12778 12779 12780 12781 12783 12784 12785 12786 12787 12788 12789 12790 12791 12792 10503 10504 10505 10506 10510 10514 10517 10521 10526 10527 10528 10532 10533 10535 12507 12508 12511 12512 12522 12527 12538 12540 12545 12564 14805 14818 14841 14847 14863 14865 14869 14876 14878 14886 14887 14891 14893

Use Zip Codes? Yes  No

Trans Providers MUST change choice when desired.

Available to Accept Medicaid Trip Assignments for Today? Yes  No

Available to Accept Medicaid Trip Assignments for Tomorrow? Yes  No

### Please Indicate Hours of Availability and Ride Capacities for Medicaid Trip Assignments

UnAvailable On: 08/07/2018    08/14/2018    08/16/2018

[Add Unavailable Dates](#)

Use Schedule? Yes  No

Use Daily Ride Capacity? Yes  No

Day	Start Time	Up to End Time	Daily Ride Capacity
Sunday	<input type="text" value="0000"/>	<input type="text" value="2400"/>	<input type="text" value="9999"/>
Monday	<input type="text" value="0000"/>	<input type="text" value="2400"/>	<input type="text" value="9999"/>
Tuesday	<input type="text" value="0000"/>	<input type="text" value="2400"/>	<input type="text" value="9999"/>
Wednesday	<input type="text" value="0000"/>	<input type="text" value="2400"/>	<input type="text" value="9999"/>
Thursday	<input type="text" value="0000"/>	<input type="text" value="2400"/>	<input type="text" value="9999"/>
Friday	<input type="text" value="0000"/>	<input type="text" value="2400"/>	<input type="text" value="9999"/>
Saturday	<input type="text" value="0000"/>	<input type="text" value="2400"/>	<input type="text" value="9999"/>

Available for Trip Assignment:  
 (Time periods of Availability for Trip Assignment)

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

If unavailable all day leave start and end times blank.)

Date & Time Modified: 07/15/2018 01:01:02 By (Training Vendor)



## 5 Drivers - [Add New Driver](#)

Status	Last Name	First Name	MID	Expiration
<a href="#">Edit</a> Active	k	jk	234567890	01/03/2019
<a href="#">Edit</a> Active	Onon	Trainer	123456789	01/01/2027
<a href="#">Edit</a> Inactive	Test	Megan	12345648	05/30/2018

## Vehicles - [Add New Vehicle](#)

Status	Vehicle Type	Vehicle Name	License Plate Number	Expiration
<a href="#">Edit</a> Active	Livery	Trainer Van	TestVeh	01/22/2027

## On the above screen, providers will update:

### 1. NYSDOH Transportation Provider Contact Information

- Transportation provider information: matching eMedNY records
- Dispatch email - this email will be used for all system generated emails
- Contact email addresses
- Primary and secondary phone numbers

### 2. Zip Codes Available for Medicaid Transportation

- The transportation provider profile must indicate the zip codes in which the transportation provider will accept trip assignments
  - Zip code selections are based off pick up locations (not drop offs)
  - Only select the zip codes for where you would like trips to **originate** from
  - To begin, click the **Edit** button in the zip code section and add all applicable zip codes
  - **Always click "Save Changes" after adding zip codes to each profile**

### 3. Transportation Provider Availability

- Transportation provider availability
  - Availability to accept Medicaid trips today/tomorrow?
    1. Select yes or no
- Transportation unavailable dates
  - Days not accepting Medicaid trip assignments (holidays)
    1. Select dates from pop-up calendar and save changes
    2. Adding an unavailable date will not affect any trip already assigned to a provider but will prevent MAS from assigning anything new

### 4. Transportation Provider Hours of Operation & Daily Ride Capacity

- Indicate the days and hours you are available for trip assignments
  - MAS will only assign trips that fall within your hours of operation
  - A provider will not appear as available in the MTMS for trips outside of their profile hours
  - Times must be entered in military time; for 24 hours, enter 0000-2400
- Daily ride capacity
  - Refers to how many trips a provider can complete
  - A trip can be one leg, or multiple legs; the "daily ride capacity" is referring to how many trips (invoices) you can handle, regardless of the number of trip legs.

**Blank fields indicate no availability. All items noted above be changed an unlimited amount of times.**

### 5. Adding Vehicles and Drivers

- Select **add new vehicle** or **add new driver**. The next page will assist you in how to manage your drivers and vehicles.

## Adding Drivers and Vehicles

On the Transportation Provider Profile page select “**Add New Driver**” or “**Add New Vehicle**”

Drivers - <u>Add New Driver</u>					
	Status	Last Name	First Name	MID	Expiration
<a href="#">Edit</a>	Active	k	jk	234567890	01/03/2019
<a href="#">Edit</a>	Active	Onon	Trainer	123456789	01/01/2027
<a href="#">Edit</a>	Inactive	Test	Megan	12345648	05/30/2018

Vehicles - <u>Add New Vehicle</u>					
	Status	Vehicle Type	Vehicle Name	License Plate Number	Expiration
<a href="#">Edit</a>	Active	Livery	Trainer Van	TestVeh	01/22/2027

### 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

### Copying Drivers and Vehicles to All Counties

- Driver and Vehicle Information Must Be Entered for Each County Profile Listed on Account
- Click *Edit* Next to The Driver and Vehicle Information
- Then Copy Driver/Vehicle to Other Counties
- Select Update at The Bottom of The Screen

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

## View Print Trip Roster in MAS System

From the **Medicaid Menu**, select **Print Transportation Provider Dispatch Roster**

Vendor Dispatch Roster

<b>County:</b>	Any <input type="button" value="v"/>
<b>Trans. Provider:</b>	Training Vendor
<b>Service Date:</b>	07/17/2018 (mm/dd/yyyy)
<b>Number of Days:</b>	3 <input type="button" value="v"/>
<b>Sort By:</b>	Pick-up Time, Name <input type="button" value="v"/>

### County

- To refine search to include an individual county
- Leave as "Any" to pull all trips for desired date

### Service Date

- Enter the desired date of service
- Number of days
  - To extend search for 1, 2, or 3 days beyond date entered

### Sort By

- Select the desired sorting criteria

Selecting **Display Roster** generates a list of Transportation Provider trips for the selected day(s) of service. See below screenshot:

### Training Vendor Dispatch Roster for 07/17/2018 - 07/19/2018

Date Time	MA# Phone #	Name Invoice #	Pick-up Location	Drop-off Location	Tx Type Add'l Services
07/17/18 9:30 am	AA00022A (315) 555-1234	Jefferson, Test 664007100	1234 Drive Way Watertown, NY 13601 Latitude: 43.988666 Longitude: -75.91745	1 Test Drive Test, NY 00000 Latitude: 40.899385 Longitude: -73.97113	VTC-Jefferson Adult
					Mileage-VTC Jefferson, Mileage-Taxi Jefferson
07/17/18 12:30 pm	AA00013A (845) 555-1234	Dutchess, Test 661033060	1234 Drive Way Poughkeepsie, NY 12601 Latitude: 41.698604 Longitude: -73.91489	200 Westage Business Ctr Dr Fishkill, NY 12524 Latitude: 41.527321 Longitude: -73.89552	Taxi-Dutchess Base
			Additional Rider		Mileage-Taxi Dutchess

## View / Edit Trips

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

Find Trip Authorizations	
Invoice Number:	<input type="text"/> <a href="#">Advanced Search</a>
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)
Date Exported:	<input type="text"/> - <input type="text"/> (mm/dd/yyyy)
Sort By:	Service Starts (Oldest to Newest) <input type="text"/>

Above, you will see a screenshot of searchable fields to find a variety of different invoices on your roster representing trip statuses from the past, present, and the future. More info about what these fields represent on the next page.

## View/Edit Trips cont.

### Invoice Number

- Search by individual invoice number

### County

- Search by Enrollee Medicaid County Code
- Selecting *All* will show all invoices from all Enrollees representing any Medicaid County Code on your roster

### Trip Status

- Eligible- authorized for transport
- Cancelled- not authorized to transport
- Ineligible/Proceed- Enrollee currently under spend down (speak to a supervisor for any questions regarding spend down Enrollees)
- CXL Overdue Attest- trip has not been attested to within 30-days
- Attestation Overdue- trip was attested to beyond 30-days

### PA Submission Result- prior approval numbers captured in the system for trans provider billing

- Accepted
- Rejected

### CIN/Medicaid Number

- Search by Enrollee Medicaid ID

### First/Last Name

- Search by Enrollee full name

### Transport Type

- Sort by transport types provided

### Correction? – status of invoice via a Correction request

- Needed
- Completed
- Not Needed
- Overdue

### Standing Order?

- Sort invoices by standing orders

### Service Starts

- Search date range of invoice criteria to view (include a date in both boxes for the most accurate search)

Once a View/Edit search has taken place, the following will be viewable:

View Trip Authorizations																	
There is 1 matching trip. (Vendor complete trips are green)																	
<a href="#">Batch Print Trips</a>   <a href="#">Print Roster</a>   <a href="#">Export Roster</a>																	
(Note: ID with * means trip changed since vendor received trip.)																	
Invoice Number	Status Billing Status	Action Req'd	CIN Medicaid #	Recipient	Sex	Base Cost	Calc Mileage	Transport Type	Date Created	Age in Min.	Service Starts	SO?	ATT?	Exp?	Exp Date PA #	Changed Since Viewed	Fix
<a href="#">664007100</a>	Eligible	Call Complete	AA00022A	<a href="#">Jefferson, Test</a>	F	\$6.00	104.70	VTC-Jefferson Adult	07/18/18 03:45 PM	28	07/17/18	No	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 (example screenshot on next page)

### Status Billing Status

- Eligible invoices are *authorized* for transport if Enrollee's eligibility is active on the date of trip request
- It is the Transportation Provider's responsibility to check eligibility in ePaces on the day you transport!** Be aware that MAS confirms eligibility on the day the trip is *authorized* but Medicaid eligibility status can change.

### Enrollee

- 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 to the same location on the same days of the week at the same times each week

### ATT?

- Invoice has or has not been attested to

### Exp?

- Invoice has or has not been exported

## Invoice Example

View Trip Authorization	
Provider Print-out   Email - Users - Notifications	
Invoice # 661048800	Prior Approval #:
Status: Eligible	Trip Type: Medicaid
Medicaid OK? Yes	Export Status (Date Exported): Ready for Export ()
Trans. Type: Wheelchair-Herkimer	Medicaid County #: 21 (Herkimer)
Mileage Rate (Base): \$38.84 (\$)	Correction? None
Trans. Provider: <a href="#">Training Vendor</a> (ChoiceRecipient)	Accepted/Attestation/Miles? Yes / Pend / Yes
Need Wheelchair? No	Proc Code/Mod/Serv Cat: A0130 //
Standing Order? No	Printed/Emailed? No
Call Source: Recipient (List)	Contact Method: Verbal
Contact Name: self	Contact Phone: same
Med. Provider: <a href="#">Provider, Test</a>	
Recipient (Medicaid): Test Herkimer, (AA00021A)	Recipient Phone: (315) 555-1234

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

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	07/19/18 2:00 pm	1234 Drive Way front Little Falls, NY 13365	Herkimer			07/19/18 3:15 pm	321 E Albany St st 300 Herkimer, NY 13350	Herkimer						there are 2 stairs enrollee weighs less than 250

Service	Serv ID	Proc Code	Proc Code Mod	Serv Cat.	Times Appr	Rate	Quant.	Amount	State Quant.	State Amount	Status
Mileage-Ambulette Herkimer	12322	S0209				\$2.01		\$		\$	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	07/19/18 Will Call	321 E Albany St st 300 Herkimer, NY 13350	Herkimer			07/19/18 Will Call	1234 Drive Way front Little Falls, NY 13365	Herkimer			12.0	38.84	Pend	

Service	Serv ID	Proc Code	Proc Code Mod	Serv Cat.	Times Appr	Rate	Quant.	Amount	State Quant.	State Amount	Status
Mileage-Ambulette Herkimer	12322	S0209				\$2.01		\$		\$	New

When an invoice number is clicked, the above will appear. This example represents a round trip for an enrollee with additional ***Instructions*** noted.

**If you are ever unable to accommodate an invoice, please contact the Call Center and Reassign the trip as soon as possible**



## Attesting to Trips in MAS System

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

The screenshot shows a web form titled "Find Trips to Sign-off On" with a "Help!" button. The form contains the following fields and options:

- County:** A dropdown menu set to "Any".
- Transportation Provider:** A text field containing "Training Vendor".
- Invoice Number:** An empty text input field.
- CIN/Medicaid Number:** An empty text input field.
- First/Last Name:** Two adjacent empty text input fields.
- Trip Attestation:** Radio buttons for "Any" (selected), "Pending", and "Yes".
- Start Date of Trip:** A date field showing "06/14/2018" followed by a hyphen and an empty date input field.

At the bottom of the form are two buttons: "Find Trips" and "Reset Form".

**Transportation Providers may refine search to include the following specifics:**

### **County**

- Default **Any** will include invoices from every county Medicaid code transported
- 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 by Medicaid ID

### **First/Last Name**

- To sign off on all invoices for a specific Enrollee by name

### **Trip Attestation**

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

### **Start Date of Trip**

- The default setting for the date range is 30 days prior to the current date
- To change the range of the search, different dates can be entered

Select **Find Trips** to generate sign off list. Example screenshot on next page.

## Signing off on trips (attesting)

Trip Attestation Sign-Offs <span style="float: right;">Help!</span>											
There are 57 matching trips. By selecting "Trip Completed" you are confirming your company's fulfillment of the Medicaid Trip Assignment. <b>Bill New York State Medicaid only for services provided.</b>											
Trip Date	Recipient	Trans. Type	Prim Proc Code (Mod)	Sec Proc Code (Mod)	Invoice Number	Trip Took Place?	Calc. Trip Mileage	Estimated Trip Cost	SO?		
07/14/2018	Albany, Test	Taxi-Albany	A0100	S0215	661134620	<input checked="" type="radio"/> Pending <input type="radio"/> Cancelled <input type="radio"/> No Show	7.4	\$1,1600	No	<a href="#">Trip Completed</a>	<a href="#">Correction</a>
07/14/2018	Albany, Test			A0170 (CG)	661134620						

Above you will see a screenshot of what the Trip Sign Off Screen looks like once criteria has been chosen. What each field means is below.

### Pending

- Trip has not been signed off on yet

### Cancelled

- If Transportation Provider is notified the trip was cancelled by the enrollee

### No Show

- If the enrollee is a no show and did not notify your company, they should be marked as No Show
- If the Transportation Provider has any questions regarding how to handle a frequently occurring no show enrollee, please reach out to your counties Advanced Transportation Managers

### Trip Completed

- Select to attest to invoice (more info on next page)

### Correction

- Select to request a Correction (more info on following pages)

**\*\*Transportation Providers may attest to all cancelled and no-show invoices at one time by doing the following:**

- Select *Cancelled* or *No-Show* radio buttons 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 completed)

Sign-off on Trip

Help!

**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.**

Trip for: Test Albany — 0 INVOICE #: [661134620](#) — TRANSPORT TYPE: Taxi-Albany, PROC CODE: A0100, MOD:

Status	Pick-up Date/Time	Pick-up	Drop-off	Driver	Vehicle
<input checked="" type="radio"/> Active <input type="radio"/> Deleted	07/14/18 8:15 am	1234 Drive Way Albany, NY 12208	400 Patroon Creek Blvd Albany, NY 12206	Must Select Onon, Trainer Onon, Trainer	Must Select ▾
<input checked="" type="radio"/> Active <input type="radio"/> Deleted	07/14/18 Will Call	400 Patroon Creek Blvd Albany, NY 12206	1234 Drive Way Albany, NY 12208	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	Pick-up Date	Trip From/To	
Tolls-Universal	A0170	CG	1	07/14/2018	1234 Drive Way	400 Patroon Creek Blvd
Mileage-Taxi Albany	S0215		3.7	07/14/2018	1234 Drive Way	400 Patroon Creek Blvd
Mileage-Taxi Albany	S0215		3.7	07/14/2018	400 Patroon Creek Blvd	1234 Drive Way



Attest

Reset

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

### Cancel a Trip Leg

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

### Attest to Invoice (Sign Off)

- Enter **Driver** and **Vehicle** information for each trip leg
- Select **Attest** after confirming everything is accurate

### Secondary Services

- All secondary services are included on each invoice per trip leg, the transportation provider is responsible for billing only the appropriate services and amounts based on NYS DOH Medicaid billing policy & guidelines. If any secondary services are missing, please complete a **Correction Request**.
- Tolls (Tolls-Universal)- the actual amount of the toll will be entered when billing, not in the MAS system when signing off on a trip. You will see the rate for tolls as **\$0.00** in the MAS system.

Once a trip has been attested to, a PA# will be generated within 24 hours for billing purposes. For invoices that come back **denied/rejected**, request a **Correction** stating the reason.

**\*To verify Procedure Rates and Codes are correct, please go to the Medicaid Menu, then choose *View Transportation Provider Procedure Rates***

## How to Request a Correction

From any invoice or from the Trip Sign Off screen, select **Request Correction**

The screenshot shows a dialog box titled "Correction Request for Invoice: 661134620". Inside the dialog, there is a text input field with the placeholder text "Enter Your Requested Correction Below: (Limit 1000 characters)". Below the input field are two buttons: "Submit Request" and "Cancel". A "Help!" button is located in the top right corner of the dialog's title bar.

Transportation Providers must **include what needs to be corrected** including specifics from CSRA, if available.

Some possible **examples** of Corrections:

- Mileage link missing
- Incorrect transport type
- Duplicate invoice
- PA# came back rejected due to invalid medical provider
- Invoice did not generate a PA

If an invoice is denied through eMedNY after a PA is accepted in the MAS system:

- Contact CSRA first to determine why the claim has been denied
- Enter a Correction through the MAS website including CSRA's suggested resolution
- In general, if any **information is incorrect** on the invoice, or there are any issues with the invoice, **request a Correction**.

**Entering a Correction is the appropriate way to communicate an issue** with an invoice to MAS. Please **do not email** MAS county regional administrators or Field Liaisons with **Correction requests**. Corrections are completed in the order they are received.

**\*MAS does not do any billing**, you will need to contact CSRA for any billing questions.

- eMedNY (CSRA): 1-800-343-9000

## Correction Request Status



\*To check the status of any Correction Request submitted to MAS, go to the Main Menu, then choose “**View Trip Correction Requests**”

## Attestation/Correction Policy

**Transportation Providers have 30 days from the date of service to attest to trips or request a Correction. Overdue requests will be denied.**

Important timeframes include:

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

**Request for prior authorization after the 30-day required attestation period may be denied**

# Trip Concerns

View Unread Message Alerts				
There is <b>1</b> unread message. <a href="#">View Read Messages</a>				
		From	Date	Subject
	<a href="#">View</a>	System	09/29/2016	Trip Concern

If a concern requires a Transportation Provider response, a message alert will appear upon user login. Select **view** to open with message which includes instructions to access the concern. Please see below.

Read Message Alert	
Message ID:	106194
Date Created:	09/29/2016
From User:	System
Subject:	Trip Concern
Message:	You currently have open trip concern number 70682 that needs to be addressed. Please go to the View My Trip Concerns screen under the Medicaid Menu to see your open trip concerns

### Medicaid Menu

**Trip Functions**

- [View/Edit Trips](#)
- [View My Trip Concerns](#)
- [Find Ineligible Trips This Month](#)

**Transportation Provider Functions**

- [View Transportation Procedure Rates](#)
- [Trans Provider Trip Refusals](#)
- [Print Vendor Dispatch Roster](#)
- [Transportation Vendor Trip Export](#)

- [Transportation Vendor Trip Export \(HCPCS\)](#)
- [Transportation Vendor Trip Export \(HCPCS w/Additional Fields\)](#)
- [List Vendor Exports](#)
- [Transportation Provider Scorecard](#)
- [Detailed Destination Report](#)
- [Trans Provider Actual Billing Report](#)
- [Add/Edit Users](#)

Trip Concerns				
ID	Date	Status	Invoice Number	Concern
<a href="#">70682</a>	09/29/16 01:43 AM	Needs Review	<a href="#">326791600</a>	Late pick-up/return

Click the **ID number** to access the concern

[Add Doc](#) | [View Docs](#)

Edit Trip Concern

Concern ID: 70682	
Trip Invoice #: <a href="#">326791600</a>	
Status: Provider Review	
Source: MAS	
Concern Regarding: Training Vendor	Recipient: Test Albany
Concern Type: Trans-Late Reassign	
Concern Description: Late pick-up/return	
Description:	
09/29/2016 01:45 AM: Bryan Cohen Test Concern	
Progress/Resolution:	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
Date Created/Last Modified: 09/29/2016 01:43 AM, 09/29/2016 01:45 AM	

Respond to the concern in the **Progress/Resolution** field of the concern.

To upload documentation to trip concern response, select **add doc** at the top to upload a file to the concern.

Add Trip\_Concern Document Record

File to Upload:	<input type="text"/> <input type="button" value="Browse..."/>
Document Title:	<input type="text"/>
Description: (Up to 500 chars)	<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>

Click **browse** to find the desired file to be uploaded as shown above

Enter a **title and description** before selecting **save & upload**

**\*If the Trip concern has already been viewed, it will be stored in the View My Trip Concerns option on the Medicaid Menu until closed. Once closed, it will no longer be viewable by the Transportation Provider.**

## Trip Concerns / Incident Reports

- ❖ If you need to document a situation that took place during a trip, whether off hours or not, you should contact MAS to enter a "Trip Concern", any Customer Service Representative is capable of entering a trip concern.
- ❖ To report an incident that occurred during transportation pertaining to an accident, ticketing while transporting a enrollee, or possible misuse of transportation by a enrollee, and/or other incidents, please view our website and go to the **Transportation Providers** tab, **Forms and Resources**, and review the **MAS Incident Report Instructions** and then complete an **Incident Form**. The Incident Form can be faxed to 315-558-6768.



## Transportation Provider Scorecard

To View your Transportation Provider Scorecard, go to the Medicaid Menu then choose **Transportation Provider Scorecard**. An example is below.

**Run Date:** 07/17/2018

**Date Range:** 01/01/2018 - 06/30/2018

**Transportation Provider:** Training Vendor

**Total Trips:** 60    **Total Trip Concerns:** 1    **Total Surveys:** 0

Category	Incidents	Score	Score Key				
			A	B	C	D	F
Charged/requested cash	0	A	0	1	2	3	4
Driver conduct	0	A	0	5	6	7	8
Heat/AC	0	A	0	1	2	3	4
Late pick-up/return	0	A	5	10	11	14	15
No Show Vendor	0	A	0	2	4	5	7
Safety	0	A	0	1	2	3	4
Smoking	0	A	0	1	2	3	4
Reassigns Within 48 Hours	0	A	0	1	2	3	4
Total Reassigns	0	A	0	1	2	3	4
How Long Did They Wait for Pickup	0	A	0	1	2	3	4
On Time For Appointment	0	A	0	1	2	3	4
How Long Did They Wait For Return Ride	0	A	0	1	2	3	4
Perception Of Safety	0	A	0	1	2	3	4
Condition Of Vehicle	0	A	0	1	2	3	4

**The purpose of the Transportation Provider Scorecard is to monitor and ensure quality assurance of the transportation provider in conjunction with the Medicaid Ridership Program.**

## Adding/Editing Users in MAS System

From the **Medicaid menu** select **Add/Edit Users**. You will be taken to the below screen:

View Users

There are 2 matching users. Displaying matches 1 through 2.

Add New User

User Name	Status	Name	Group Name	Email	Security Level	Date Created	Login Count	Last Login	
<a href="#">tvendor434</a>	Active	Training Vendor	Transportation-Ulster	mhickey@medanswering.com	Trans_Provider_Super	11/05/2012	1253	07/15/2018	<a href="#">Disable User</a>
<a href="#">tvendorlowaccess417</a>	Inactive	Training Vendor Low Access	Training Vendor	skrogh@medanswering.com	Trans_Provider	03/27/2017	8	11/29/2017	<a href="#">Disable User</a>

To add a new user, select **Add New User** and enter the necessary information.

Add New User

**Username:** Auto-generated  
**Password:** Auto-generated  
**Company:**   
**First Name:**   
**Last Name:**   
**Email Address:**   
**Work Phone:**   
**Security Level:**   
**Trans Provider:**

### Security level

- Supervisor Access- only users with Supervisor access in the system can add/edit users. If you are not set up as this and would like access, please email [web\\_access@medanswering.com](mailto:web_access@medanswering.com)
- Trans Provider- The general level of access. Can perform all functions with the exception of adding and deleting users.
- Trans Provider Low- Will only be able to view and print roster.

### Delete User

- To delete a user account select **Disable User** on the **Add New User** screen and the MAS system will mark their account as inactive.

**\*Each person accessing the MAS website must have their own username and password. Do not share logins to ensure security of data.**

## Training Options

- If you need additional training on the MAS system, please contact a Field Liaison for assistance. A county Field Liaison will be listed on each Location county page, or a general inquiry can be sent to [field\\_liaisons@medanswering.com](mailto:field_liaisons@medanswering.com)
- To access our online Training Menu, please visit the Main Menu, then click **Training Menu**.



## MAS Hours of Operation

- MAS operates 24/7, 365 days a week. The calling hours for enrollees are 7am-6pm Monday through Friday.
- If you need assistance at any time, please contact the Call Center and press the appropriate option for Transportation Providers. Your county specific number will be located on the Locations tab on the main page. Please see pages 2-4 on how to access.