



# Online Trip Reservation Training Manual

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## Medicaid Transportation

The following is a step-by-step walk thru for Medical Providers use of Medical Answering Services Online Reservation System. The ordering system is for Medical Providers to utilize when ordering common Medicaid transportation. Upon completion you will receive a Reservation ID for tracking purposes. If you have any questions please call 1-800-850-5340. Dated January 1, 2017.

1. Enter your user name and password to access our secure online ordering system.
  - For new users enter your information into the “Request a User Account” option, you will receive an e-mail with your user name and temporary password.

**Please use your own separate user name and password and DO NOT share your login information.**

The screenshot shows a web browser window with the URL <https://www.medanswering.com/login.taf>. The page title is "Medical Answering Services Administration". It features three main sections:

- Welcome! Please Log In:** A form with "User Name:" and "Password:" input fields and a "Login" button.
- Forgot Your Username/Password?:** A form with "User Name:" and "Your Email:" input fields and a "Send It To Me" button.
- Request a User Account:** A form with "Your First Name:", "Your Last Name:", "Your Email:", and "Re-Enter Your Email:" input fields. It also includes a "Your Role:" dropdown menu currently set to "Medicaid Enrollee" and a "Continue" button.

The browser's taskbar at the bottom shows the time as 8:36 AM on 6/26/2015.

2. Once you've entered into the MAS system select “Order Trip” from the Main Menu.

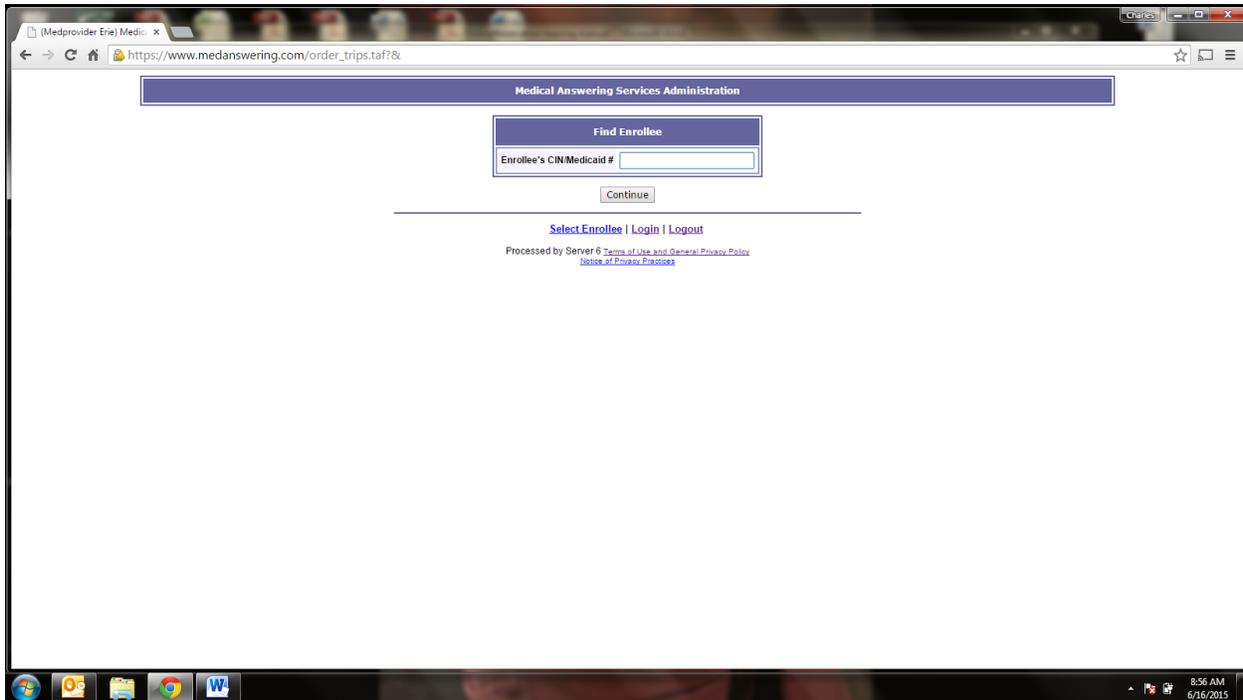
The screenshot shows a web browser window with the URL <https://www.medanswering.com/menu.taf>. The page title is "Medical Answering Services Administration". It features a "Main Menu" section with two options:

- Medicaid Menu
- Order Trip

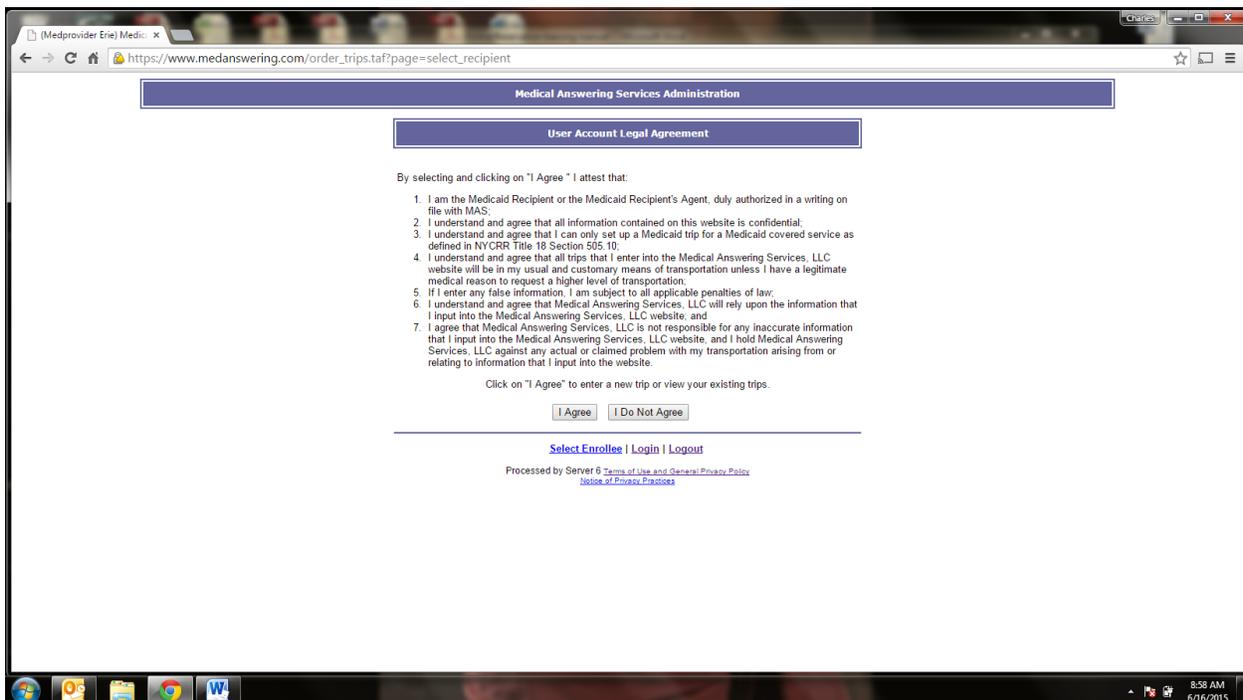
Below the menu, there are links for "Main Menu | Login | Logout" and a footer that reads "Processed by Server 6 Terms of Use and General Privacy Policy" with a link to "Notice of Privacy Practices".

The browser's taskbar at the bottom shows the time as 8:52 AM on 6/26/2015.

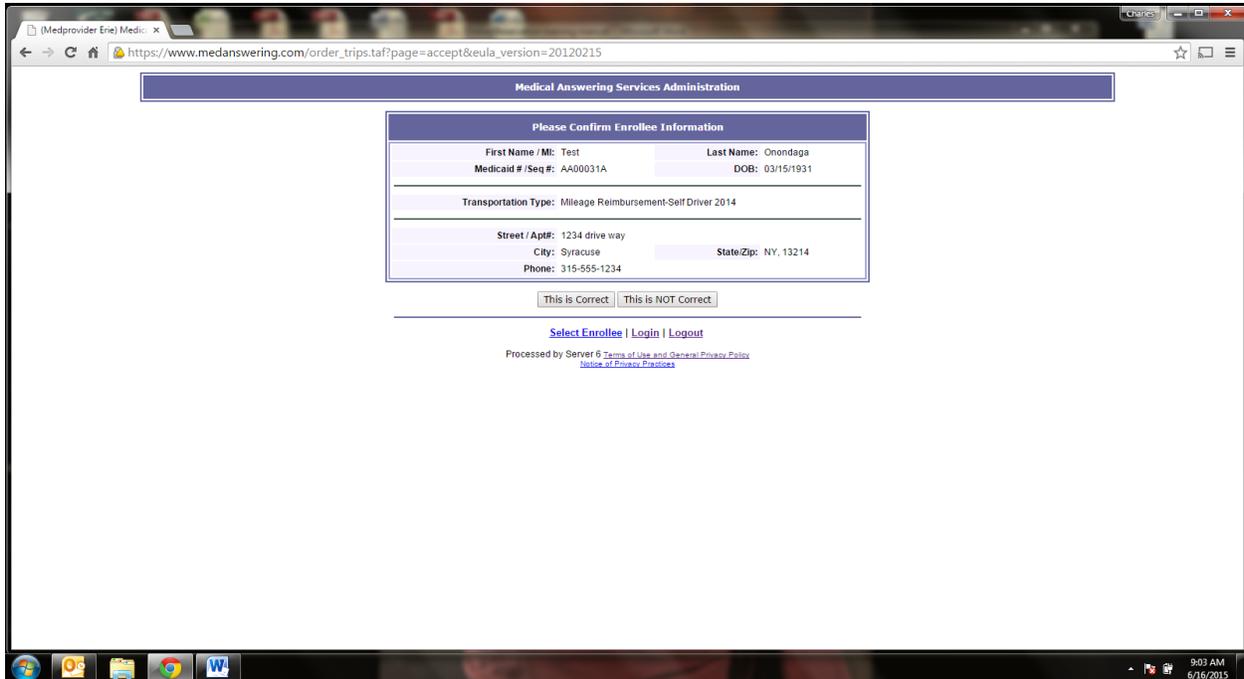
3. On the next screen you will want to enter the enrollee's Medicaid number to access their main page.



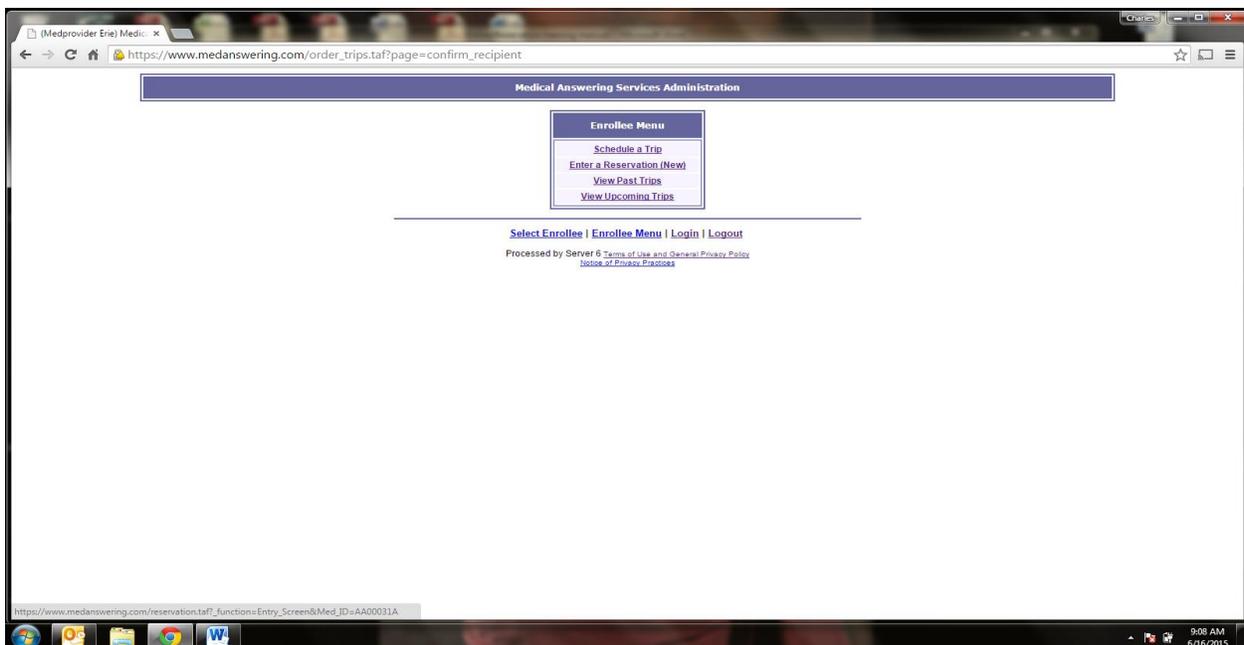
4. Attest to the Legal Agreement that you are using the MAS website for Medicaid purposes.



- Once you've signed the legal agreement you will need to confirm the enrollee's contact information. If the information is up to date select "This is Correct". If the information needs to be updated select "This is NOT Correct" and follow the instructions.



- Once you've arrived at the "Enrollee Menu" select "Enter a Reservation (New)".



7. You are now able to enter in a Medicaid Transportation Request. Enter in all required fields and include any additional instructions for the transportation vendor in the “Special Transportation Requests” section at the bottom.

- The enrollee’s information will be auto filled

- Enter the “Reason for the Trip”

- Enter the Doctor information and appointment date

- Fill in the Pick up and drop off information on each trip leg

- Select the transportation vendor and any special instructions

- **If you are entering information for a standing order, simply include “S/O” and the days of the week in the “Special Transportation Requests” section.**

Medicaid Transportation Request Form Screenshot:

**Enrollee Information**

- Transportation Type: Taxi, Wheelchair Van, Stretcher
- Enrollee Name First/Last: [Text Field]
- Medicaid ID# (CIN#): [Text Field]
- Enrollee Address: [Text Field]
- Enrollee Address Detail (I.E. Front door/Apt # etc.): [Text Field]
- Caller Name and Relation: [Text Field]
- Email Address (For Notification): [Text Field]
- DOB: [Text Field]
- Enrollee Phone Number: [Text Field]
- City/State/Zip: [Text Field]
- Alternate Phone Number: [Text Field]
- Caller Phone Number: Same As Enrollee  OR [Text Field]

**Trip Information**

- Reason For Trip: [Text Field]
- Doctor You Are Seeing: [Text Field]
- Appointment Date: [Text Field]
- Doctor Phone Number: [Text Field]

**First Leg**

- Pickup Address Same as Enrollee:
- Pickup Time: [Text Field] AM (recommend one hour before Appt)
- Pickup Address: [Text Field]
- Drop Off (appointment) Address: [Text Field]
- Drop Off Area (I.E. Front door/Unit 7 etc.): [Text Field]
- Appointment Time: [Text Field] AM
- City/State/Zip: [Text Field]

**Second Leg**

- Return Trip to Pick Up Address:
- Delete Trip Leg:
- Pickup Time: [Text Field] AM (Leave blank for Will Call)
- Pickup Address: [Text Field]
- Drop Off (appointment) Address: [Text Field]
- Drop Off Area (I.E. Front door/Unit 7 etc.): [Text Field]
- Appointment Time: [Text Field] AM
- City/State/Zip: [Text Field]

[Return Trip to Pick Up Address](#)  [Delete Trip Leg](#)  [Third Leg](#)

Pick Up Time  AM (Leave blank for Will Call) Appointment Time  AM  
 Pickup Address  City/State/Zip   
 Pickup Area (I.E. Front door/Apt # etc.)   
 Drop Off (appointment) Address  City/State/Zip   
 Drop Off Area (I.E. Front door/Unit 7 etc.)

[Return Trip to Pick Up Address](#)  [Delete Trip Leg](#)  [Fourth Leg](#)

Pick Up Time  AM (Leave blank for Will Call) Appointment Time  AM  
 Pickup Address  City/State/Zip   
 Pickup Area (I.E. Front door/Apt # etc.)   
 Drop Off (appointment) Address  City/State/Zip   
 Drop Off Area (I.E. Front door/Unit 7 etc.)

**Transportation Information**

Transportation Provider  Special Transportation Requests   
 Able to walk without assistance Yes  No   
 Have own wheelchair Yes  No   
 (Wheelchair and Stretcher ONLY) Over 250 Pounds Yes  No   
 If no, Wheelchair or stretcher needed Wheelchair  Stretcher   
 If no, would you like transport to provide Yes  No   
 5 or more stairs Yes  No   
 Comments

[Submit](#) [Clear Form](#)

[Main Menu](#) | [Enrollee Menu](#) | [Login](#) | [Logout](#)  
 Processed by Server 3 [Terms of Use](#) and [General Privacy Policy](#)  
[Notice of Privacy Practices](#)

- Once you have entered in all the necessary information and hit “Submit” at the bottom of the page you will be provided a reservation summary and a reservation ID number. This number can be used to track your reservation if you have any questions or concerns.

If you have any questions please call 1-800-850-5340