



Transportation Provider

NYS Medicaid Transportation

Medical Answering Services

Field Liaison: _____

Phone Number: _____

Email Address: _____

The following is a step-by-step manual for Transportation Vendors' use of Medical Answering Services online system. The online system is used when viewing and attesting to invoices. Once a trip has been entered into the system, the vendor will then be able to view all necessary trip information. Once completed, the vendor will be able to verify the driver and vehicle that completed the trip and attest to the invoice which is then exported to CSC for billing. Contact CSC @ 1-800-343-9000 for questions relating to billing. For all questions and concerns relating to the MAS system, please contact your county Field Liaison or a member of your MAS regional team. MAS Field Liaisons are available to come to your place of business to provide system training, in addition to phone and e-mail support.

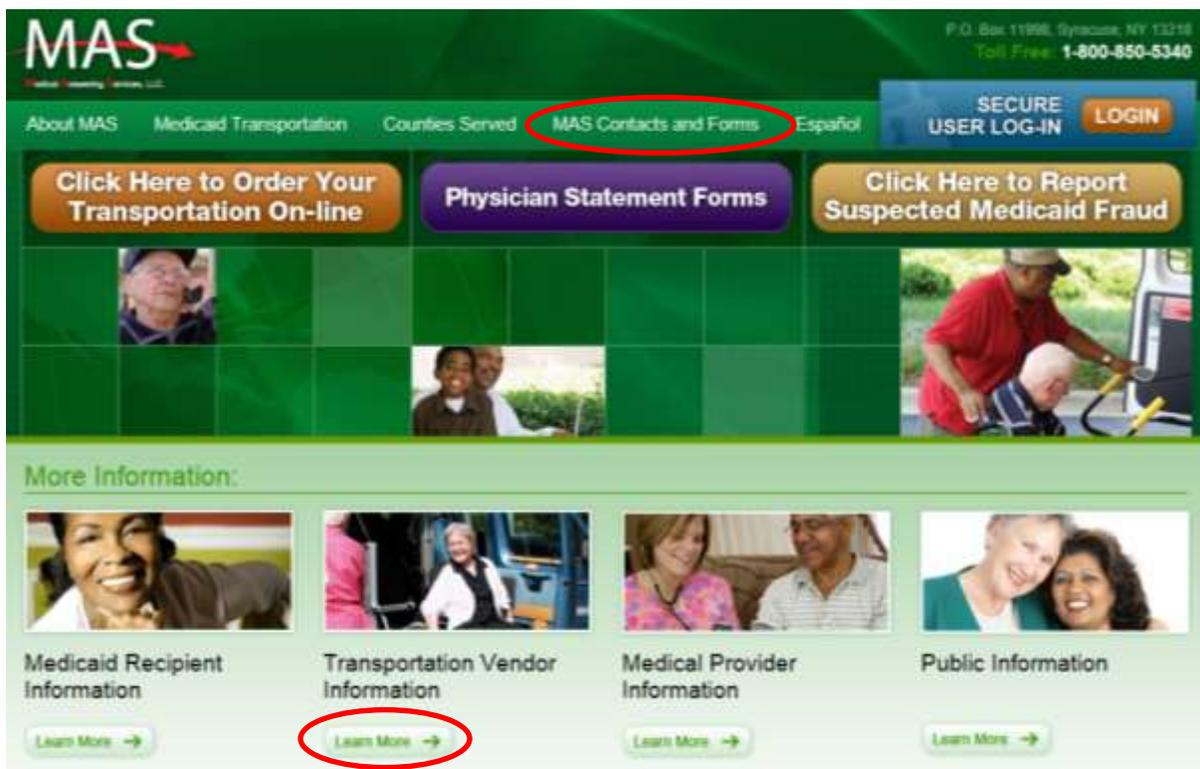
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MAS Public Website

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



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"/>
<input type="button" value="Login"/>	

Forgot Your Password?	
User Name:	<input type="text"/>
Your Email:	<input type="text"/>
<input type="button" value="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 ▾
<input type="button" value="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- Please see MAS User Supervisor Access

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 Profile/Information

To access/update vendor information

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



- 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: 09/10/2017

Transportation 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

(Time periods during which transportation can be provided.)
 (Use 24 hour time without colons, e.g. 0900 or 1330)
 (Note: if available all day use 0000 and 2400 as start and end times.
 If unavailable all day leave start and end times blank.)

Office Hours Schedule

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

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

(Use 24 hour time without colons, e.g. 0900 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.)

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
--------	-----------	------------	-----	------------

Vehicles - Add New Vehicle

Status	Vehicle Type	Vehicle Name	License Plate Number	Expiration
--------	--------------	--------------	----------------------	------------

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 TRIP 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

Print Vendor Dispatch

From the **Medicaid Menu**, select **Print Vendor Dispatch Roster**

Vendor Dispatch Roster

County:

Trans. Provider: Training Vendor

Service Date: (mm/dd/yyyy)

Number of Days:

Sort By:

- 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 Day
 - 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 vendor trips for the selected day(s) of service.

Training Vendor Dispatch Roster for 09/26/2016

Date Time	State Phone #	Name Invoice #	Pick-up Location	Drop-off Location	To Type Add'l Services
09/26/16 8:15 am	AA00001A 518-555-1234	Albany Taxi 325791000	1234 Drive Way Albany, NY 12208 Latitude: 42.848719 Longitude: -73.80681	1455 Western Ave Albany, NY 12203 Latitude: 42.681100 Longitude: -73.83770	Taxi-Albany
			Additional Rider		Mileage-Taxi Albany, Tolls-Universal, Taxi-Albany LOT/AdjCh
09/26/16 WH Call	AA00001A 518-555-1234	Albany Taxi 325791000	1455 Western Ave Albany, NY 12203 Latitude: 42.681100 Longitude: -73.83770	1234 Drive Way Albany, NY 12208 Latitude: 42.848719 Longitude: -73.80681	Taxi-Albany
					Mileage-Taxi Albany, Tolls-Universal, Taxi-Albany LOT/AdjCh

Trips are only displayed once in this list. Subsequent searches for the same date of service will only display new trips added to the vendor roster since the last search.

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 OK? Yes	Medicaid County #: 1 (Albany)	
Trans. Type: Taxi-Albany	Correction? None	
Mileage Rate (Base): \$8.46 (\$)	Accepted/Attestation/Miles? Yes / Pend / Yes Edit	
Trans. Provider: Training Vendor (Choice-Med Prov)	Proc Code/Mod/Serv Cat: A0100 //	
Need Wheelchair? No	Printed/Emailed? No	
Standing Order? No		
Call Source: Facility Staff	Contact Method: FAX	
Contact Name: Training @ MAS	Contact Phone: 518-123-4567	
Med. Provider: Provider, Test		
Recipient (Medicaid): Test Albany, (AA00001A)	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**

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 "MAS Practice (Mon DO NOT USE)".
- 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:** Three radio buttons labeled "Any", "Pending" (which is selected), and "Yes".
- Start Date of Trip:** A date input field showing "04/09/2013" followed by a separator "-" and an empty date input field. A black arrow points to this field.

Below the form are two buttons: "Find Trips" and "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.</p> <p>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	096117448	<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)

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 #: 326791600 — TRANSPORT TYPE: Taxi-Albany, 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	09/26/16 8:15 am	1234 Drive Way Albany, NY 12208	1450 Western Ave Albany, NY 12203	Must Select ▼	Must Select ▼
<input checked="" type="radio"/> Active <input type="radio"/> Deleted	<input checked="" type="radio"/> Yes <input type="radio"/> No	09/26/16 Will Call	1450 Western Ave Albany, NY 12203	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	Check Box When Service NOT Needed	Pick-up Date	Trip From/To
Mileage-Taxi Albany	S0215		7.8	<input type="checkbox"/>	09/26/2016	1234 Drive Way 1450 Western Ave
Taxi-Albany LDT/AddOn	A0100	TG	<input type="text"/>	<input type="checkbox"/>	09/26/2016	1234 Drive Way 1450 Western Ave
Tolls-Universal	A0170	CG	<input type="text"/>	<input type="checkbox"/>	09/26/2016	1234 Drive Way 1450 Western Ave

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

Cancel a Trip Leg

- 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

Long Distance Travel (LDT/Add On)

- Enter the number 1 in the box for Long Distance Travel Add On.
 1. Long Distance Travel Add On is not approved in all counties. Refer to policy and billing manuals for details

Tolls (Tolls Universal)

- Enter the number 1 in the box to add tolls.
 1. The actual amount of the toll will be entered when billing, not in the MAS system when signing off on.

Attestation Update

MAS has made a **change to the system regarding the way secondary services appear** on invoices and the attestation screen. The change will help the MAS system continue to be sure each trip leg has the most accurate information.

Attestation update example

Example- New York City

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	10/09/17 8:00 am	10232 Jamaica Ave Jamaica, NY 11418	Queens			10/09/17 9:00 am	124 W 95th St New York, NY 10025	New York			12.8	35.00	Pend	

Service	Serv ID	Proc Code	Proc Code Mod	Serv Cat.	Times Appr.	Rate	Quant.	Amount	State Quant.	State Amount	Status
Livery-Manhattan Surcharge	99437	A0100	SC			\$25.00		\$ 0.00		\$	New
Mileage-Livery in NYC	97736	S0215				\$3.02		\$		\$	New
Tolls-Universal	78347	A0170	CG			\$45.00		\$		\$	New



Active	10/09/17 Will Call	124 W 95th St New York, NY 10025	New York			10/09/17 Will Call	10232 Jamaica Ave Jamaica, NY 11418	Queens			12.8	35.00	Pend	
--------	--------------------	----------------------------------	----------	--	--	--------------------	-------------------------------------	--------	--	--	----------------------	-------	------	--

	Service	Serv ID	Proc Code	Proc Code Mod	Serv Cat.	Times Appr.	Rate	Quant.	Amount	State Quant.	State Amount	Status
Delete	Livery-Manhattan Surcharge	99437	A0100	SC			\$25.00		\$ 0.00		\$	New
Delete	Mileage-Livery in NYC	97736	S0215				\$3.02		\$ 0.00		\$	New



Example- Upstate NY

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
Edit Copy Active	10/19/17 4:00 pm	700 E Brighton Ave Syracuse, NY 13205	Onondaga	.00 miles		10/19/17 5:00 pm	5100 W Taft Rd Liverpool, NY 13088	Onondaga	.00 miles		10.9	26.55		
Delete	Mileage-Ambulette Onondaga	Serv ID: 131	Proc Code: S0209	Proc Code Mod:	Serv Cat:	Times Appr:	Rate: \$2.51	Quant.:	Amount: \$	State Quant.:	State Amount: \$	Status: New		
Edit Copy Active	10/19/17 7:00 pm	5100 W Taft Rd Liverpool, NY 13088	Onondaga	.00 miles		10/19/17 8:00 pm	700 E Brighton Ave Syracuse, NY 13205	Onondaga	.00 miles		10.9	26.55		
Delete	Mileage-Ambulette Onondaga	Serv ID: 131	Proc Code: S0209	Proc Code Mod:	Serv Cat:	Times Appr:	Rate: \$2.51	Quant.:	Amount: \$0.00	State Quant.:	State Amount: \$	Status: New		
Delete	Wheelchair-Onondaga OH Secondary (Primary)	Serv ID: 3771	Proc Code: A0130	Proc Code Mod: TV	Serv Cat:	Times Appr:	Rate: \$30.50	Quant.:	Amount: \$0.00	State Quant.:	State Amount: \$	Status: New		



Trip leg addresses are now available within the secondary services box

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-Livery in NYC	S0215		4.8	<input type="checkbox"/>	10/09/2017	10232 Jamaica Ave	124 W 95th St
Livery-Manhattan Surcharge	A0100	SC	<input type="text"/>	<input type="checkbox"/>	10/09/2017	10232 Jamaica Ave	124 W 95th St
Tolls-Universal	A0170	CG	<input type="text"/>	<input type="checkbox"/>	10/09/2017	10232 Jamaica Ave	124 W 95th St
Mileage-Livery in NYC	S0215		4.8	<input type="checkbox"/>	10/09/2017	124 W 95th St	10232 Jamaica Ave
Livery-Manhattan Surcharge	A0100	SC	<input type="text"/>	<input type="checkbox"/>	10/09/2017	124 W 95th St	10232 Jamaica Ave



New York City- In the event a trip leg includes a mileage payment, the first 8 miles will be automatically deducted leaving only the mileage you can attest to and claim, according to NYSDOH policy.



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-Livery in NYC	S0215		4.8	<input type="checkbox"/>	10/09/2017	10232 Jamaica Ave	124 W 95th St
Livery-Manhattan Surcharge	A0100	SC	<input type="text"/>	<input type="checkbox"/>	10/09/2017	10232 Jamaica Ave	124 W 95th St
Tolls-Universal	A0170	CG	<input type="text"/>	<input type="checkbox"/>	10/09/2017	10232 Jamaica Ave	124 W 95th St
Mileage-Livery in NYC	S0215		4.8	<input type="checkbox"/>	10/09/2017	124 W 95th St	10232 Jamaica Ave
Livery-Manhattan Surcharge	A0100	SC	<input type="text"/>	<input type="checkbox"/>	10/09/2017	124 W 95th St	10232 Jamaica Ave

In the example above, the total mileage for each trip leg is 12.8 miles. On the attestation screen, the mileage shows as 4.8 miles. That number is the approved billable amount. Each PA will be for the correct billable mileage, without any manual adjustments necessary.

New York City- The Manhattan surcharge will now be per leg, not per trip. If invoice has two trips legs that qualify for the surcharge, enter a 1 in each of the surcharge boxes. Please see the example below.

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-Livery in NYC	S0215		4.8	<input type="checkbox"/>	10/09/2017	10232 Jamaica Ave	124 W 95th St
Livery-Manhattan Surcharge	A0100	SC	<input type="text" value="1"/>	<input type="checkbox"/>	10/09/2017	10232 Jamaica Ave	124 W 95th St
Tolls-Universal	A0170	CG	<input type="text"/>	<input type="checkbox"/>	10/09/2017	10232 Jamaica Ave	124 W 95th St
Mileage-Livery in NYC	S0215		4.8	<input type="checkbox"/>	10/09/2017	124 W 95th St	10232 Jamaica Ave
Livery-Manhattan Surcharge	A0100	SC	<input type="text" value="1"/>	<input type="checkbox"/>	10/09/2017	124 W 95th St	10232 Jamaica Ave

Tolls will remain the same. The toll box will still only appear once, enter 1 (one) in this box when toll code is needed.

Request Corrections

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

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 why the claim has been denied
- enter a correction through the MAS website including CSCs suggested resolution if needed

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

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

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 for prior authorization after the 30 day required attestation period may be denied.

Trip Concerns

View Unread Message Alerts				
There is 1 unread message. View Read Messages				
		From	Date	Subject
	View	System	09/29/2016	Trip Concern

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

If a concern requires a vendor response, a message alert will appear upon user login.

- Select **View** to open with message which includes instructions to access the concern.

Medicaid Menu	
Trip Functions	<ul style="list-style-type: none"> > 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
<ul style="list-style-type: none"> > View/Edit Trips > View My Trip Concerns > Find Ineligible Trips This Month 	
Transportation Provider Functions	
<ul style="list-style-type: none"> > View Transportation Provider Information > View Transportation Procedure Rates > Trans Provider Trip Refusals > Print Vendor Dispatch Roster 	

- Select **View My Trip Concerns** from the **Medicaid Menu**

Trip Concerns				
ID	Date	Status	Invoice Number	Concern
70682	09/29/16 01:43 AM	Needs Review	326791600	Late pick-up/return

- Click the **ID Number** to access the concern

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

Edit Trip Concern	
Concern ID:	70682
Trip Invoice #:	326791600
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:	<input type="text"/>
Date Created/Last Modified:	09/29/2016 01:43 AM, 09/29/2016 01:45 AM

Save Changes

Reset

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

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)	<input type="text"/>

Save & Upload

Reset Values

- Click **Browse** to find the desired file to be uploaded.
 - Enter a **Title and Description** before selecting **Save & Upload**

MAS User Supervisor Access

Add/Delete Users

From the **Medicaid Menu** select **Add/Edit Users**

User Name	Status	Name	Group Name	Email	Security Level	Date Created	Login Count	Last Login	
testvendor	Active	test test1	Training Vendor	mcollins@medanswering.com	Trans_Provider	06/06/2011	157	08/19/2011	Disable User
tendor134	Active	Training Vendor	Training Vendor	bcohen@medanswering.com	Trans_Provider_Super	11/05/2012	532	03/15/2012	Disable User

Add New User

- Select **Add New User** and enter the necessary information.

Add New User

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

- Select Add User once information is entered and the MAS system will auto-generate a username and password.
 - Once this user logs in they will be prompted to create their own password.
- **Security Level**
 - **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** 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.