Medical Practitioner Training Manual

Medicaid Transportation
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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

- Key Contacts
- Documents and Forms
- Transportation vendors by county
- How to schedule transportation
- Report suspected Medicaid Fraud
- Medicaid Policies and Procedures

Regional Medicaid Team

- 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
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

- 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
  - Regional Medicaid Team and other county key contacts

Getting to your health care should not create more work for you.

MAS has collected important information for Erie County for your convenience.

Resources
- Erie County Site
- Erie Social Services
- Erie County Public Transportation Options
- Erie Transportation Providers
- How to Order Transportation - Enrollee
- How to Order Transportation - Provider
- Para Español?

Order Transportation
- 1-800-651-7060
- 1-815-292-2786
- Secure Login
- Create a New Account

MAS Erie Staff

Personnel
- Siobhan, Danielle
- Habib, Andrea
- Siemens, Joanna
- Garcia, Emily
- Buehler, Howard
- Mullin, Ted
- Ballet, Janet
- Oackle, Kristina
- Ulliyot, Stephanie

Position
- Regional Medicaid Administrator
- Regional Medicaid Specialist
- IT Director
- Call Center Director
- Director of Operations
- Director of Compliance, QA and Policy
- Director of Medicaid
- Assistant Director of Medicaid

Email
- dsouza@mediensewing.com
- ejeremi@mediensewing.com
- jpsica@mediensewing.com
- hjaychoy@mediensewing.com
- tjchaitte@mediensewing.com
- njockey@mediensewing.com
- eckleyr@mediensewing.com

Phone
- (315) 292-2715
- (315) 292-2715
- (315) 292-2715
- (315) 292-2715
- (315) 292-2715
- (315) 292-2715
- (315) 292-2715
- (315) 292-2715
**MAS Phone System Prompts**

When calling MAS you will hear the following prompts:

<table>
<thead>
<tr>
<th>Main Greeting</th>
<th>“Thank you for calling Medical Answering Service, Medicaid Transportation. Please listen closely as our options have changed.”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Menu Prompts</td>
<td>“For Discharge, please press 1', 'Medical Providers, please press 2', 'Medicaid Enrollees, please press 3', 'Transportation vendors, please press 4’”</td>
</tr>
<tr>
<td>Provider Menu Prompts</td>
<td>“To Cancel, Change, or Confirm a scheduled trip, press 1', 'To Schedule a new trip to a previous location, press 2', 'To speak to a Customer Service Representative, please press 3', 'To repeat this menu, please press *’</td>
</tr>
<tr>
<td>Enrollee Menu Prompts</td>
<td>’To Cancel, Change, or Confirm a scheduled trip, please press 1’, 'To Schedule a new trip to a previous location, please press 2', 'For Spanish, please press 3', 'For Russian, please press 4', 'For Mandarin, please press 5’, 'For Mandarin, please press 5’, 'For Cantonese, please press 6', 'To speak to a Customer Service Representative, press 7’, 'To repeat this menu, please press *’</td>
</tr>
</tbody>
</table>
Schedule Transportation Online- Book a Ride

Please follow the steps below to schedule Medicaid Transportation for your hospital discharges using the new MAS “Book a Ride” Online Ordering System. The new ordering option was specifically designed to be fast, accurate and capable of immediate confirmation with no user name or password necessary.

To begin the “Book a Ride” process, first go to the MAS website, www.medanswering.com. On the main page click the option in the middle of the page titled “Book a Ride”.

1. On the next screen you will begin the ordering process.

2. Enter the Medicaid enrollee’s last name, date of birth, and the last four digits of the Medicaid enrollee’s social security number (SSN#). Check the box for I’m not a robot.
3. Select **Authenticate**

Book a Trip for an Enrollee as an Enrollee, Family Member or Medical Provider

![Authenticate Enrollee](image)

4. The next screen will be the trip entry screen (in the event you are unable to locate an enrollee please call your MAS county contact number and follow the appropriate prompts for additional scheduling options)

**Trip Entry Instructions**

- **Confirm Enrollee Contact Information**

![Trip Information for Reservation: New](image)

- **Caller Name and Relation (Self, Parent, Discharge Planner/Medical Practitioner)** field should be filled out along with the **Caller Phone Number**.
Trip Details

• Select the *Reason for Trip* dropdown menu (ER Discharge, Hospital Discharge, Doctor Appt)

• **Selecting the Medical Provider**
  • A doctor’s name is needed for all transportation for billing purposes.
  • If the enrollee already has a *Preferred Medical Provider* listed on their account, the information will autofill in the appropriate field (there is no need to change to discharging physician).
  • If the doctor is not auto filled, search for the doctor’s name in the drop down. If the name is not in the drop down list, please write first and last name in the *Medical Provider Name* field.

• Enter the date of the appointment or discharge in the *Appointment Date* field.

• **To Order a Hospital Discharge please use the “First Leg” information fields**
  • Enter the *Pick-Up Time*, this will be the time the transportation provider will arrive.
  • Enter the specific address where the enrollee will be picked up.
  • Include the *Pickup Area*, for example ER, the Unit, Floor, or room number.
  • Uncheck the box for “Return Trip to Pick Up Address” for discharges

• **For Hospital Discharges do not enter any information in the Second Leg, Third Leg, or Fourth Leg areas.**

• **Transportation Information**
• Select the desired transportation provider from the *Transportation Provider* dropdown.

• Document any instructions for the driver in the *Special Transportation Requests* field (e.g. Uses a walker, use back door, suite number)

• Answer the questions regarding *needing assistance* and use of a *wheelchair or stretcher*.

• Select *Submit*.

Selecting *Submit* will generate an invoice, which can be located at the bottom of the page.
Your transportation request is now complete!
Transportation Request Forms

- If you would like to fax your trips into MAS you can obtain the transportation requests forms on the MAS website. To find the forms on the MAS website please follow the steps below.

1. First go to the MAS website at www.medanswering.com

2. Select Medical Practitioner from the top navigation bar to go to the Medical Practitioner page. There is also a drop down list for you to select “Medical Practitioner- Forms & Resources” if you would like to go directly to the form & resources page.

3. On the next page you will see all the MAS forms listed including “Transportation Request Form and Transportation Request Spreadsheet”. The Transportation Request Form is for sending in individual appointment requests. The Transportation Request Spreadsheet is for setting up appointments for multiple individuals on one form.
Resources and forms collected in one place.

Standing Order Renewal Policy: Standing orders are set up on a bi-annual basis, set to expire at the end of June and December. Standing orders scheduled at any time between December and May, will expire in June. Those placed June through November, will expire in December. Please Note: Standing orders do not auto-renew; rather either the medical practitioner or enrollee will need to renew by June 15, or December 15.

2015 (Verification of Transportation Abilities) Form: An enrollee’s transportation ability registered within the MAS system by this form. This form is filled out by the enrollee’s relevant medical practitioner and indicates what mode of transportation the enrollee is capable of using on a day to day basis.

2020 Form (Outside Common Medical Area Form): The information on this form helps in establishing an enrollee’s need for transportation outside their common medical market. This occurs when necessary care is receivable only outside the community generally. Transportation may be authorized for a Medicaid enrollee when the appropriate Medicaid-covered treatment is unavailable locally per NYCRR Title 18 §505.10, §360, 92 ADM 21, and/or review by representatives of the NYS Department of Health and or its agents. Please note: While this completed form is required, completion of this form does not guarantee authorization of Medicaid-funded transportation outside the common medical market area. The Medicaid program will not authorize transportation outside the common medical market area when the enrollee has been non-compliant with local medical providers and the enrollee is unable to receive services locally based on their own actions. For guidance on completion of this form, please call the Health Department’s transportation manager, MAS, at the appropriate number for your borough or county.

MAS Individual Trip Request Form and Transportation Request Spreadsheet
MAS, at (315) 299-2786. The Transportation Request Form can be filled out to request funds for one MACS Transportation Request Spreadsheet for multiple rides.
Transportation Request Form:

Fax Completed Form to 315-299-2786

TO: Medicaid Transportation, 375 W. Onondaga St. #15, P.O. Box 11998, Syracuse, NY 13218

FROM: __________________ at __________________

Phone #: (____) ____-_______ Fax #: (____) ____-_______

DATE COMPLETED: _____/_____/_____

Client Name: ___________________________ Sex: □ Male or □ Female
Medicaid #: ____________ DOB: /____/____ Client’s Phone #: (____) ____-____

Pickup Address: ______________________________

Drop off Address: ______________________________

□ Medicaid or □ Title XX(Services Case) Client’s Phone #: (____) ____-____

Pickup/Start Date: ____/____/____ Pickup Time: _________

Reason for Trip(s) ___________________________________________

Transportation Vendor: ______________________________

Appt. Time: ___________________________

Round Trip: □ Yes or □ No, If “Yes” approx time of return pickup: ___________________________

Standing Order: □ Yes or □ No, If “Yes” days of week □ M □ Tu □ W □ Th □ F □ Sa □ Su

Addition to Standing Order: □ Yes or □ No

Transp. Mode: □ Bus □ Taxi □ Wheelchair □ Ambulatory □ Stretcher

If wheelchair, does client □ Have or □ Need a wheelchair

Client’s medical provider: __________________________ Medicaid Provider NPI#: ____________

Special Instructions: ___________________________________________

______________________________________________________________

If you any questions regarding this form, or any Medicaid Transportation Prior Approval request, please call Medical Answering Services, LLC at 315-701-7551. Please destroy all previous versions of this form.

Revised 01/23/2012
**Transportation Request Spreadsheet:**

<table>
<thead>
<tr>
<th>Recipient Name</th>
<th>CIN Number</th>
<th>Date Of Service</th>
<th>Appt Time</th>
<th>Mode Of Transport</th>
<th>Pick-Up Address</th>
<th>Drop-Off Address</th>
<th>Ordering Med Prov</th>
<th>Vendor</th>
<th>Round Trip?</th>
<th>Standing Order?</th>
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Documents and Forms

- You can access all non-emergency medical transportation forms by going to www.medanswering.com and selecting the “Medical Practitioners” tab on the top navigation bar.
  
  ***You can also access the page with the forms by utilizing the search function.

- The next page contains all forms, including the 2015 and 2020 form.

**2015 (Verification of Transportation Abilities) Form:** An enrollee’s transportation ability registered within the MAS system by this form. This form is filled out by the enrollee’s relevant medical practitioner and indicates what mode of transportation the enrollee is capable of using on a day to day basis.

**2020 (Out of Common Medical Area) Form:** The information on this form helps in establishing an enrollee’s need for transportation outside their common medical area. This occurs when necessary care is receivable only outside the community generally. Transportation may be authorized for a Medicaid enrollee when the appropriate Medicaid-covered treatment is unavailable locally per NYCRR Title 18 §505.10, §360, 92 ADM 21, and/or review by representatives of the NYS Department of Health and/or its agents.
Resources and forms collected in one place.

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**Medicaid Transportation**

- General Information
- Public Info
- Modes of Transportation
- Terms and Definitions
- Rates and Fees
2015 (Verification of Transportation Abilities Form)

Form 2015 (5/2015)

Verification of Medicaid Transportation Abilities

Patient Name: ___________________________ Patient Date of Birth ______/____/____
Patient Address: ___________________________ Patient Medicaid Number: ____________
Patient Telephone: _______________________

1. Can the patient use public transit? Yes ☐ No ☐ If you checked NO, please proceed to #2.

2. In the left column below, please check the medically necessary mode of transportation you deem appropriate for this patient:
   a) Taxi: The patient can get to the curb, board and exit the vehicle unassisted, or is a collapsible wheelchair user who can approach the vehicle and transfer without assistance, but cannot utilize public transportation.
   b) Ambulette Ambulatory: The patient can walk but requires assistance.
   c) Ambulette Wheelchair: The patient is a wheelchair user, requires lift-equipped or roll-up wheelchair vehicle and assistance.
   d) Stretcher Van: The patient is confined to a bed, cannot sit in a wheelchair, and does not require medical attention/monitoring during transport.
   e) ALS Ambulance: The patient is confined to a bed, cannot sit in a wheelchair, and requires medical attention/monitoring during transport for reasons such as isolation procedures, oxygen not self-administered by patient, isolated patient.
   f) ALS Ambulance: The patient is confined to a bed, cannot sit in a wheelchair, and requires medical attention/monitoring during transport for reasons such as IV requiring monitoring, cardiac monitoring and tracheotomy.

3. If you selected letter (a-d) above, please use the space below to justify the corresponding mode of transportation by providing the following required information:
   a. Enter all relevant medical, mental health or physical conditions and/or limitations that impact the required mode of transportation for this patient.
   b. Enter the level of assistance the patient needs with ambulation. (Example = patient requires 2 person assistance, patient requires 1 person assistance etc.)
   c. Enter the corresponding housing situations that may impact the patient’s ability to access the selected mode of transportation. (Example = wheelchair bound patient resides on the 2nd floor of a building with no elevator.

4. Is the requested mode of transport a temporary, long term, or permanent need of the patient? Please note that "long term" and "temporary" transport is valid only for the time period indicated. Checking the "permanent" or "long term" box may require additional clarification for approval. It is the medical practitioner's responsibility to notify Medical Answering Services if a change in the enrollee's condition occurs that would necessitate a change in level of service.
   ☐ Temporary until _____/____/____ ☐ Long Term until _____/____/____ ☐ Permanent
   (Date) (Date)

CERTIFICATION STATEMENT: I (or the entity making the request) understand that orders for Medicaid-funded travel may result from the completion of this form. I (or the entity making the request) understand and agree to be subject to and bound by all rules, regulations, policies, standards and procedures of the New York State Department of Health, as set forth in Title 18 of the Official Compilation of Rules and Regulations of New York State. Provider Manuals and other official bulletins of the Department, including Regulation 504.8(2) which requires providers to pay restitution for any direct or indirect monetary damage to the program resulting from improper or inappropriately ordering services. I (or the entity making the request) certify that the statements made hereon are true, accurate and complete to the best of my knowledge; no material fact has been omitted from this form.

_________________________ ___________________________ ___________________________
Physician’s Name (PRINT) 10-digit NPI # Date Signature

_________________________ ___________________________ ___________________________
Hospital/Clinic/Office Name Hospital/Clinic/Office Address

_________________________ ___________________________ ___________________________
Name of person who completed this form Title Telephone # Fax #

Fax to: (315)299-2786

Form must be completed in its entirety or it will not be processed or approved

2/11/2018
REQUEST FOR TRANSPORTATION OUTSIDE THE COMMON MEDICAL MARKETING AREA

The information provided below will assist the Medicaid program in determining the need for transportation outside the common medical market, i.e., the area where the community generally receives its medical care. Transportation may be authorized for a Medicaid enrollee when the appropriate Medicaid-covered treatment is unavailable locally per NYCDH Title 18 §§505.10, §530-.92 ADM 21, and/or review by representatives of the NYS Department of Health and/or its agents. While this completed form is required, completion of this form does not guarantee authorization of Medicaid-fundet transportation outside the common medical marketing area. The Medicaid program will not authorize transportation outside the common medical marketing area when the enrollee has been non-compliant with local medical providers and that enrollee is unable to receive services locally based on their own actions. For guidance on completion of this form, please call the Health Department’s transportation manager, Medicaid Answering Services, at (644) 944-6370.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Patient Date of Birth</th>
<th>Patient Medicaid Identification Number</th>
</tr>
</thead>
</table>

1. In the right column, please indicate whether you are the referring physician. (If yes, please move to question 2.)

YES | NO

2. In the right column, please indicate whether the medical services to which you are referring the enrollee are available locally. (If yes, please move to question 3.)

YES | NO

3. If the services are available locally, please explain below why the local services are inappropriate for this enrollee.

4. In the right column, please indicate whether the referral is to see a specialist. (If no, move to question 5. If yes, please answer the following questions.)

YES | NO

4a. To which specialty is the enrollee being referred?

4b. What is the specialist’s name?

4c. What is the specialist’s service location?

4d. In the right column, please indicate whether this referral will require multiple appointments.

YES | NO

5. Is this referral for Primary Care, Mental Health, Physical Therapy, lab work, or IME? (If yes, move to question 6.)

YES | NO

6. If the appointment is for Primary Care, Mental Health, Physical Therapy, lab work, or IME, please explain why the services must be sought outside the local area.

<table>
<thead>
<tr>
<th>Referring Physician’s Name (PRINT)</th>
<th>NPI #</th>
<th>Telephone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/Clinic/Facility/Practitioner Name</td>
<td>Hospital/Clinic/Facility/Practitioner Address</td>
<td></td>
</tr>
</tbody>
</table>

Name of the staff member who helped complete this form | Title | Telephone # |

Signature of referring physician

DATE THIS FORM WAS COMPLETED

CERTIFICATION STATEMENT: I (or the entity making the request) understand that orders for Medicaid-funded travel may result from the completion of this form. I (or the entity making the request) understand and agree to be subject to and bound by all rules, regulations, policies, standards and procedures of the New York State Department of Health, as set forth in Title 18 of the Official Compilation of Rules and Regulations of New York State, Provider Manuals and other official bulletins of the Department, including Regulation 501.48.22 which requires providers to pay/reimburse for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services. I (or the entity making the request) certify that the statements made herein are true, accurate and complete to the best of my knowledge, no material fact has been omitted from this form.

Fax completed form to (315) 299-2786/(315) 299-2723

NYS DEPARTMENT OF HEALTH FORM 2003-0 (11/2013)
Modes of Medicaid transportation

All non-emergency transportation is subject to the prior approval of MAS on behalf of the NYS Department of Health and such approval must be obtained prior to incurring expenses. In an emergency medical situation dial 911 for assistance.

**Private Vehicle**

If a Medicaid enrollee uses a private vehicle for their regular daily activities, the enrollee is to utilize the same means of transportation for medical care and services.

A Medicaid enrollee who uses a private vehicle for medical care and services may be eligible for mileage reimbursement.

**Bus - Public**

If a Medicaid enrollee uses a bus for their regular daily activities, the enrollee is to utilize the same means of transportation for medical care and services.

If an enrollee uses the bus for medical care and services bus passes may be available, enrollee should contact their local caseworker.

**Bus - Commercial**

If a commercial bus is medically appropriate and the most cost-effective mode of transportation for medical care and services, it should be utilized.

**Taxi – Ambulatory**

Prior authorization of taxi and livery services is required to ensure that a Medicaid enrollee uses the means of transportation most appropriate to their medical needs. Orders for taxi/livery services should be made in advance by either the enrollee or the enrollee’s medical provider.

Taxi services may be available curb to curb or as ambulatory when enrollee is in need of door through door assistance.

**Ambulette**

Ambulette transportation may be requested if any of the following conditions is present:

- The Medicaid enrollee needs to be transported in a recumbent position;
- The Medicaid enrollee is wheelchair-bound and is unable to use a taxi, livery, private vehicle or public transportation;
- The Medicaid enrollee has a disabling physical condition which requires the use of a walker or crutches and is unable to use a taxi, livery, private vehicle or public transportation;
- An otherwise ambulatory Medicaid enrollee requires radiation therapy, chemotherapy, or dialysis treatments, which result in a disabling post-treatment physical condition, making the enrollee unable to access transportation without the personal assistance of an ambulette service;
- The Medicaid enrollee has a disabling physical condition other than one described above or a disabling mental condition requiring personal assistance provided by an ambulette service; or
- The ordering practitioner certifies in a manner designated by and submitted to the Department that the Medicaid enrollee cannot be transported by a taxi, livery, private vehicle, or public transportation, necessitating use of an ambulette service.

**Ambulance**

Ambulance services are covered by the New York State Medicaid Program. In non-emergency situations, a determination must be made by the appropriate prior authorization official whether the use of an ambulance is medically necessary as opposed to a non-specialized mode such as an ambulette, taxi service, livery service or public transportation.

The Medicaid enrollee’s physician, physician’s assistant, or nurse practitioner must order non-emergency ambulance services.

Non-emergency ambulance transportation may be ordered when the Medicaid enrollee is in need of services that can only be administered by an ambulance service. The ordering practitioner must note in the enrollee’s patient record the condition which qualifies the use of non-emergency ambulance services. An ordering practitioner or facilities and programs ordering transportation on the practitioner behalf, which do not meet these rules, may be sanctioned according to the regulations established by the New York State Department of Health.

**Train**

If a train is medically appropriate and the most cost-effective mode of transportation for medical care and services, it should be utilized.

**Commercial Air**

If commercial air travel is medically appropriate and the most cost-effective mode of transportation for medical care and services, it should be utilized.
Online Standing Order Renewal Process

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

- First go to the MAS website ([www.medanswering.com](http://www.medanswering.com)) and select “Login”
- On the next screen enter your user name and password to login to the secure MAS system
• Blocked Account/Forgotten Password
  o enter Username and Email in the “Forgot Your Password” section
  o A new password will be emailed to you.
• New users
  o Select “Create an Account”

Viewing Message Alerts

Messages may contain important information or updates in regard to Medicaid Transportation. Users are required to read alerts before continuing to schedule a transportation request.

• Select Medicaid Menu
• Click **Standing Order Renewal**

![Medicaid Menu]

• Begin typing in **address**, select correct match.
  • Enter medical **Reason for Trip**
  • Or enter **Medicaid Number**

• Take special note of the address and how it is typed in
  • *750 E Adams* may not yield the same results as *750 East Adams*
  • If user’s list of enrollees does not show up, go back to select an alternate address option

• Enter medical **Reason For Trip** Or **Medicaid Number**
  • Entering a **medical reason** with no Medicaid Number will provide list of orders to that address, for that medical reason, for all enrollees with a current order
  • Entering **Medicaid Number** with Any medical reason will provide list of orders for that one Medicaid enrollee

![Enter Facility Information]
The next page will be for you to Renew Standing Orders

- **Renewal dates** auto filled
  - January- June, then July- December
- **Confirm days of the week**
  - Must check days that apply
  - Must **uncheck** days that do **not** apply
    - If enrollee has a day attached to that order outside of their regular schedule, on a holiday for example, that day of the week may be checked
- Choose **weekly** or **bi-weekly**
- Confirm/edit details such as **times and addresses** (Reach out to MAS contact or call center for changes to addresses or transportation provider)
- Check **Renew** box.

 ****If this box is not checked, orders will not be renewed

- For **holiday closures and changes**, complete list of dates at the bottom of the screen.
  - If facility is closed on 12/25/2017, and everyone will be seen the following day, enter dates in respective boxes.
  - If facility is closed and there is no alternate date, enter closed date and leave second box blank.
- Click **Create** once all information is entered
  - List will only yield **20 results per screen**
  - Once first list is completed, there will be an option to continue to the next set of 20 on the following screen
• Please wait while renewals are processed

- List of invoice numbers provided as confirmation
  • This invoice number represents the initial date of the standing order and can be communicated to vendors as needed
  • Select Continue to move on to next list of standing orders to be renewed
NYC PTAR System

- MAS does not authorize transportation for the NYC PTAR System.
- For additional information on the PTAR system please go to:

  https://www.emedny.org/selfhelp/PTAR/archive.aspx

<table>
<thead>
<tr>
<th>Version</th>
<th>Archive Date</th>
<th>Manual Document</th>
</tr>
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<tbody>
<tr>
<td>2015-5</td>
<td>(September 2015)</td>
<td>Archived May 13, 2016 PTAR/MMTP Facility Administrator User ID Request Form (PDF 68KB)</td>
</tr>
<tr>
<td>2015-4</td>
<td>(June 2015)</td>
<td>Archived September 14, 2015 PTAR/MMTP Facility Administrator User ID Request Form (PDF 73KB)</td>
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<td>2014-1</td>
<td>(May 2014)</td>
<td>Archived July 2, 2015 PTAR FAX (PDF 587KB)</td>
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<tr>
<td>2015-3</td>
<td>Archived June 18, 2015 PTAR/MMTP Facility Administrator User ID Request Form (PDF 79KB)</td>
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<td>2015-1</td>
<td>Archived June 5, 2015 PTAR/MMTP Facility Administrator User ID Request Form (PDF 59KB)</td>
<td></td>
</tr>
</tbody>
</table>
Upstate New York Bus Pass Agency Ordering

Access the Website

![MAS Transportation Management System]

- **Blocked Account/Forgotten Password**
  - Enter Username and email in the “Forgot Your Password” section
  - A new password will be emailed to you.

- **New users**
  - Select “Create an Account”

**Viewing Message Alerts**

Messages may contain important information or updates regarding Medicaid Transportation.

- Users are required to read alerts before continuing to schedule a transportation request.
Bus Pass Availability and Distribution

Bus passes are available to agencies for distribution to eligible NYS Medicaid enrollees attending to and from Medicaid billable services at an agency’s location.

- It is the responsibility of an ordering agency to verify Medicaid eligibility prior to issuing a bus pass.
- Regardless of the number of passes distributed, orders should be submitted to MAS each month to keep agency status active.

Bus Pass Type Usage

- The number of appointments per month, as well as the number of passes/tokens required per trip, should be considered when determining the type of pass/token an enrollee is issued. This may vary depending on the county in which the trip takes place.
- Bus Passes will be issued to enrollees in consideration of both your agency participant’s dynamics as well as the number of times per month/passes per visit needed.

Roster Based and Replenishment Agencies

Replenishment Agency

- A replenishment agency is responsible to purchase an initial supply of bus passes directly from the public transit entity.
  - By the 15th of the current month the agency will log passes distributed to each enrollee.
  - MAS will reimburse for the passes distributed.
- Agencies must have online requests entered prior to the 15th of each month to guarantee delivery by the first of the next month.
  - Subsequent requests will be processed but cannot guarantee delivery prior to the first of the next month.
- When online ordering is complete. Agency must email MAS bus pass department
  - MAS will review each agency request and issue passes to the respective agency for each Medicaid Enrollee that is Medicaid eligible for transportation at time of request.

Roster Based Agency

- A roster based agency is aware of the number of appointments an enrollee has at their location in advance.
- A roster-based agency will request passes using the MAS online system by the 15th of the month prior to month of service.
  - MAS will mail passes to the agency for distribution.
• Agencies must have online requests entered prior to the 15\textsuperscript{th} of each month to guarantee delivery by the first of the next month.  
  o Subsequent requests will be processed but cannot guarantee delivery prior to the first of the next month.
• When online ordering is complete, Agency must email MAS bus pass department  
  o MAS will review each agency request and issue passes to the respective agency for each Medicaid Enrollee that is Medicaid eligible for transportation at time of request.

**Creating Agency Roster**

Enrollees must be added to agency’s roster prior to requesting bus passes.

• **Find Enrollee to Be Added**

![Medicaid Menu](image)
• From **Medicaid Menu**, select **Add/Edit Recipients**

![Advanced Search](image)

- Enter the enrollee’s identifying information (such as Medicaid number) to refine search.
- Change Status to **Any**
- Select **Find Recipients**

- On the next screen, select the enrollee’s name from the list to enter the enrollee’s profile
Add Enrollee to Agency Roster

- Select the Agency name in the appropriate Bus Pass Agency drop down list on the enrollee’s profile.

- Select your Agency name in the next available Bus Pass Agency drop down menu
  - Enrollees may have multiple agencies requesting passes
  - Up to three separate agencies can be added to an enrollee’s profile
  - Each agency must be listed in the profile for passes to be ordered online by that agency

- Select Save Changes to add enrollee to agency

***Enrollee is now associated with the selected agency.
• Return to the **Medicaid Menu** to proceed with requesting passes or replenishments

**Ordering Passes**

Bus pass agency must log each pass requested for distribution or replenishment in the MAS system.

• Each type and quantity of bus pass, per enrollee, must be logged in MAS system

**List enrollee by bus pass agency**

![Medicaid Menu](image)

• From the **Medicaid Menu**, select Add/Edit Recipients

![Find Recipients](image)

• Select **Bus Pass Agency** from list
• Change Status to **Any**
• Select **Find Recipients** to generate a list of enrollees associated with selected agency
Order Passes and Replenishments

- At the top of the list of agency’s enrollees, select **Request Bus Passes** to access the bus pass request list.

- Using the drop down menus “**Bus Pass Type 1 & Quantity**” and “**Bus Type 2 & Quantity**”, select the type of bus pass being requested and the number of that particular pass needed.
  - Each type and quantity of bus pass, per enrollee, must be logged in MAS system
  - Up to 2 types of passes can be chosen for each enrollee (Ex. 5 Day Swiper, quantity of 1 and Single Ride Tokens, quantity of 6)

- **Choose Coverage month**
  - Select the month the passes were or will be in use

- Once all selections have been made, click **Submit to complete the process**
  - MAS will review your requested bus passes to either issue or decline a pass based on Medicaid eligibility.
List of Managed Long Term Care Plans

Medicaid Managed Care Provider Manual:

https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf

The following Managed Care Plans are NOT ACCEPTED IN THE UPSTATE 55 MAS COUNTIES

- AC - Catholic MLTC - ArchCare Senior Life, 866-263-9083
- AG - Agewell NY LLC, 866-586-8044
- AH – Aetna Better Health, 855-456-9126
- AL - Alphacare of NY Inc, 888-770-7815
- AP - Catholic Managed LTCS MLTC, 800-934-7704
- C7 - Center Light Health Care Pace, 877-226-8500
- CC - Complete Senior Care Inc, 888-303-4333
- CH – Catholic Health Plan Life PACE, 855-671-3341
- CP - Centers Plan for Healthy Living LLC, 855-270-1600
- E7 - Senior Care Connection, 855-376-7888
- EC – Extended MLTC LLC, 866-389-2656
- ED - Elderplan Inc Home First, 866-398-2656
- EG - Erie Niagara MLTCP Inc, 800-894-2464
- EH - Kalos Health, 800-894-2464
- EL – CTP – Catholic Health Plan Life FIDA Plan, 855-494-9945
- FC – AgeWell New York FIDA, 866-586-8044
- FD – AlphaCare Signature FIDA, 855-632-5742 (Plan closed 12/31/16)
- FF – HealthPlus Amerigroup FIDA Plan (Closed 01/01/16)
- FG – ArchCare Community Advantage FIDA (Closed 11/30/15)
- FH – CenterLight Healthcare FIDA (Plan closed 12/31/16)
- FI – FIDA Care Complete, 800-247-1447
- FL – Healthfirst AbsoluteCare FIDA, 855-675-7630
- FN – EmblemHealth Dual Assur. FIDA Plan (Plan closed 01/01/16)
- FP – ICS Community Care Plus FIDA, 877-427-2525
- FQ – Integra FIDA Plan (Plan closed 01/01/16)
- FR – Metroplus FIDA, 844-288-3432
- FT – North Shore – LJJ FIDA Live Well, 855-776-7545
- FW – VillageCare MAX Full Advantage FIDA Plan, 800-268-3425
- FY – VNSNY Choice FIDA Complete, 866-783-1444
- FZ – WellCare Advocate Complete FIDA (Plan closed 12/31/16)
- GD – Fidelis Care at Home, 888-343-3547
- GN – Guildnet, 800-932-4703
- H1 - Senior Health Partners Inc, 866-585-9280
- HC - Hamaspik Choice, 855-552-4642
- HP – HIP MLTC Partial (Plan closed 01/01/16)
- IC - iCircle Services of the Finger Lake, 844-424-7253
- IL – Elder One (Independent Living), 855-457-4636
- IT - Integra MLTC Inc, 855-661-0002
- IS – Pace CNY, 888-728-7223
- IX – Independent Care Systems, 877-427-2525
- KX – Amerigroup Community Connections, 866-805-4587
- M3 – Evercare Choice Inc (Elant Choice), 877-255-3678
- MF - Montefiore HMO, 855-556-6683
- MH – HealthFirst Complete Care, 888-260-1010
- MP – MetroPlus MLTC, 855-355-6582
- MZ - Senior Network Health, 888-355-4764
- N6 - Total Aging in Place (Fallon Health Weinberg), 716-250-3100
- NA - Niagara Advantage Health Plan LLC, 866-843-7526
- NS – North Shore – LJ Health Plan, 855-421-3066
- PC - Prime Health Choice, 855-777-4630
- PO – Partners Health Plan FIDA IDD, 855-747-5483
- SW – Senior Whole Health, 877-353-0185
- TF - Center Light HealthCare Select (Plan closed 05/01/17), 877-226-8500
- TS - Total Senior Care Inc, 866-939-8613
- UH - United Health Care of NY, Inc. MLTCP, 877-512-9354
- VA - VNA Homecare Options, 855-877-8868
- VC - VNS Choice, 888-867-6555
- VN – VNS, 866-469-7774
- WN - Wellcare of NY Inc., 212-463-6100
- Y2 – Neighborhood Health (Closed)
- Y9 – Liberty Health Advantage, 866-542-4269
- YD - Fidelis Dual Advantage, 718-896-6500
- YF - Fidelis Care of NY, 877-533-2404
- YG – GuildNet, Inc MAP M/M, 800-932-4703
- YH - Senior Whole Health, 877-353-0185
- YL – Elderplan MAP, 866-386-9437
- YM – MetroPlus MA Advantage (Closed 01/01/16)
- YN – VNS Choice Plus M/M, 866-597-6674
- YO – Empire BCBS HealthPlus (Amerigroup Advantage Plus), 866-805-4589
- YT - Touchstone HLTH Prestige M/M, 914-288-1157 (Eligible only in Westchester)
- YU – United Health Care M/M, 866-362-3368
- YY – Affinity, 866-247-5678
- ZH - Health Insurance Plan of Greater NY, 646-447-5180
The following Managed Care Plans will not be authorized for NYC

- AC - Catholic MLTC - ArchCare Senior Life, 866-263-9083
- AG - AgeWell New York LLC, 866-586-8044
- AH - Aetna Better Health, 855-456-9126
- AL - AlphaCare of New York, 888-770-7815
- AP - Archcare Community Life, 866-467-9351
- C7 - Centerlight (formally CCM), 877-226-8500
- CC - Complete Senior Care, 888-303-4333
- CH - Catholic Health Life PACE, 855-671-3341
- CP - Centers Plan for Healthy Living, 855-270-1600
- Elant Choice (Health Advantage Plan Inc)
- E7 - Senior Care Connection (Eddy), 855-376-7888
- EC - Extended MLTC, LLC, 866-389-2656
- ED - Elderplan dba Homefirst, 866-389-2656
- EH – River Spring at Home (Elderserve), 800-370-3600
- FI – Elder Plan RDA Total Care, 718-921-7979
- GD - Fidelis Care at Home, 888-343-3547
- H1 - Senior Health Partners Inc, 800-633-9717
- IL - Independent Living for Seniors d/b/a ElderOne, 855-457-4636
- IS - Loretto/PACE CNY/Independent Living Services HMO, 888-728-7223
- IT - Integra MLTC Inc, 855-661-0002
- IX - Independent Care Systems, 877-427-2525
- KX - Amerigroup Community Connections [Care Plus Conn], 866-805-4589
- MF - Montefiore HMO, LLC, 855-556-6683
- MH - MHI Healthfirst Complete Care, 888-260-1010
- MP - Metroplus MLTC, 855-355-6582
- MZ - Senior Network Health LLC, 888-355-4764
- N6 - Total Aging in Place, 866-882-8185
- NS – NorthShore, LJ Health Plan, Inc, 855-421-3066
- PO – Partners Health Plan Inc, 646-844-4020
- SW - Senior Whole Health, 877-353-0185
- TF - Centerlight Select (formally CCM Select), 877-226-8500
- TS - Total Senior Care Inc, 866-939-8613
- UH - UnitedHealth Personal Assist, 855-345-6582
- VA - VNA Homecare Options LLC, 855-877-8868
- VC - VNS Choice, 888-867-6555
- VL – VillageCareMAX, 800-469-6292
- YF - Fidelis Care of NY, 877-533-2404
- YG - GuildNet, Inc, MAP M/M, 800-932-4703
- YH - Senior Whole Health M/M Plus, 877-353-0185
- YL - Elderplan MAP, 866-386-9437
- YN - VNS Choice Plus M/M, 866-597-6674
- YU - United Health Care M/M
- YO - Amerigroup Advantage Plus, 866-805-4589
- WN - Wellcare of NY MLTC, 212-463-6100
- ZH - HIP of Greater NY, 866-447-9717
MAS Hours of Operation

- MAS operates 24/7, 365 days a week. The calling hours for enrollees are 8am-5pm Monday-Friday.
  - Please contact MAS as far in advance as possible when scheduling your non-emergency medical transportation. Enrollees should contact MAS a minimum of 3 days in advance of their medical appointment.

- Please contact MAS during normal business hours (8am-5pm, Monday-Friday) for information on processing and/or the status of 2015 and 2020 forms.

- Please contact MAS during normal business hours (8am-5pm, Monday-Friday) for scheduling of long distance/commercial travel trips.

- 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 enter a trip concern, you can either call your MAS County number and provide the Customer Service Representative with the appropriate information to document the situation or fill out a secure online submission on the MAS website. The Trip Concern option can be found on the MAS website, www.medanswering.com

- In the event you encounter an issue during off hours you can call MAS on your general county number and ask to speak with a supervisor, we have supervisors and managers staffed 24/7.

2/11/2018