

## **Chat Q & A from CMMA Meeting with all OTPs (Monday, 5/12/25)**

### **CMMA GEOGRAPHIC AREA-RELATED:**

1. *Is it possible to get maps of the areas that our OTPs are in of the CMMA?*
  - While not available as an interactive map, programs may use a newly created tool within the MAS system to identify programs within the enrollee's Common Medical Marketing Area (CMMA). A demonstration of this tool is available within the recording of the May 12 Mandatory Meeting webinar:  
<https://www.youtube.com/watch?v=J4jpxkPxbkU>
2. *Some members currently reside in a different county than the one where they originally enrolled in Medicaid which may still reflect their previous address. If the roundtrip travel occurs entirely within the county where the patient now resides will the system still approve the ride?*
  - An OTP or COP within the enrollee's county of residence is considered within CMMA. The enrollee is responsible for updating their address with the Local Department of Social Services (LDSS) and/or New York State of Health, Health Plan Marketplace within 10 business days, in accordance with DSS policy. Please note that failure to update the address with either DSS or the NYS Health Plan Marketplace may result in delays in receiving important recertification notices. These notices are sent to the address on file at the time of the enrollee's initial benefits application.
3. *What to do if a presenting individual claims to live within a programs CMMA but their ID Medicaid indicates they reside elsewhere*
  - The enrollee is responsible for updating their address with the Local Department of Social Services (LDSS) and/or Medicaid within 10 business days, in accordance with DSS policy. Please note that failure to update the address with either DSS or Medicaid may result in delays in receiving important recertification notices. These notices are sent to the address on file at the time of the patient's initial benefits application.
4. *When the clients apply for their Medicaid, there are some that have changed their address from the time they applied. Do they need to change their address through Medicaid since it might affect their ability to go to a certain clinic?*

- Yes. The enrollee is responsible for updating their address with the Local Department of Social Services (LDSS) and/or Medicaid within 10 business days, in accordance with DSS policy. Please note that failure to update the address with either DSS or Medicaid may result in delays in receiving important recertification notices. These notices are sent to the address on file at the time of the patient's initial benefits application.

5. *What criteria is used by the tracking tool to determine CMMA?*

- The CMMA tracking tool was developed to include all OTP and OP Facilities within the enrollee's county of residence. Additionally, any OTP or OP Facility that is outside the enrollee's county of residence, up to the maximum average distance traveled for anyone receiving the same level of service within the county, is considered within CMMA.  
Enrollees living in New York City who take public transportation (bus or subway) to their program using the Public Transit Automated Reimbursement (PTAR), will not appear on the weekly lists of expiring Standing Orders that MAS will share with programs. These enrollees can continue to travel outside of CMMA as long as public transportation remains available.

**EXPIRING 2020-RELATED:**

1. *Who completes the 2020 form and Standing Orders for OTP clients, their PCP?*

- While an enrollee is transitioning to a program within their CMMA, a "grace period 2020 Form" may be completed by their existing program that allows them to continue receiving treatment at their current out-of-CMMA program for a limited time; a grace period 2020 can be completed for a period not exceeding 60 days to ensure continuity of treatment for the member.

For all non-grace period 2020 Forms, the receiving provider is prohibited from completing the NYS 2020 Form. Per DOH policy, a referring medical provider must complete a 2020 Form (found within the [MAS Medical Provider Portal](#))

## 2. How long will MAS take to approve 2020s?

- The NYS 2020 Form will be reviewed by MAS within 7-10 business days of receipt. To facilitate efficient review of the NYS 2020 Form by MAS, we encourage programs to submit the NYS 2020 Form electronically through the [MAS Medical Provider Portal](#)

### **MAS-RELATED:**

1. *LCR has an MMU in Sullivan, the only OTP currently in Sullivan. Based on the fact that it is an MMU, it has very limited capacity and limited staff. The PRU does not have a waitlist, so MAS is aware without impacting the home clinic PRU. How do you expect our staff to complete 2020 forms for all the clients that we cannot treat in such a high need area? Will there be funding for additional positions as completing 2020 forms will be a difficult task for clients that aren't ours as we do not have the necessary consent for the patient to enter their information into the MAS system? This would require our staff to be in constant contact with the receiving OTP they the receiving OTP obtain consent and receive a copy of consent and then complete the 2020 form.*
- DOH and OASAS would encourage the facilities to arrange dosing schedules in a way that meets all local capacity guidelines. There is no Medicaid transportation funding available to pay for clinic work. Releases can be secured to facilitate safe sharing of information.
2. *Who is responsible for monitoring the availability of the other program? How should programs verify whether a program within the individuals CMMA has capacity?*
- Care coordination is a shared responsibility between the OTP where the individual is enrolled and the OTP within the individual's CMMA.
3. *How should programs verify whether a program within the individuals CMMA has capacity?*
- This would be the shared responsibility between the OTP where the patient is (or has presented) and the OTP within the CMMA to coordinate care
4. *What does "ongoing MAS transportation" mean?*

- The “Guidance for OTP Admissions Utilizing Medicaid Transportation Outside a Common Medical Marketing Area (CMMA) Workflow” explains that “Once an OTP within the CMMA has availability, a transfer must be initiated if the patient requires ongoing Medicaid transportation. The programs must complete the transfer within 28 days of availability.” In this context, “ongoing MAS transportation” means continued transportation outside of the enrollee’s CMMA.
5. *When transferring a patient, it can sometimes take the sending program a long time to cancel the standing order, is there a way to streamline this process to avoid treatment disruption?*
- Each week, programs will receive a list of enrollees whose standing orders are scheduled to expire in four weeks. In order to continue receiving Medicaid transportation, these enrollees will need to transition to OTP or OP services located closer to their home address. The current standing orders will conclude at the end of the four-week period, enabling the receiving OTP or OP provider to initiate a new standing order beginning with the enrollee’s first scheduled trip.

#### **DOH-RELATED:**

1. *Can you please provide the contact of who will respond to patient issues and also provider issues when this is implemented?*
- Patients and providers may contact DOH, MAS, or OASAS, depending on their question or concern:
    - Questions related to Medicaid transportation policies can be directed to the Department of Health at [medtrans@health.ny.gov](mailto:medtrans@health.ny.gov) or at 518-473-2160
    - General questions about setting up transportation to medical appointments can be made through the MAS online portal <https://www.medanswering.com/> or by calling the MAS Contact Center (Downstate: 844-666-6270; Upstate: 866-932-7740), <https://www.medanswering.com/contact-center/>
    - Questions related to OTP patient advocacy can be directed to the Office of Addiction Services and Supports at [PatientAdvocacy@oasas.ny.gov](mailto:PatientAdvocacy@oasas.ny.gov) or at 1-800-553-5790

#### **OTHER CONCERNS:**

1. *Can there be a system such as prior auth that allows providers to advocate for patients who they feel have genuine clinical need rather potential financial gain?*

- The individual's clinical needs remain prioritized (not financial gain). If an individual is presenting for admission to an OTP outside the CMMA, it is the responsibility of that OTP to help find another *within* that individual's CMMA (if Medicaid transportation is required). If Medicaid transportation is not required, Treatment location is the individual's choice.

2. *Will the slides be distributed for review?*

- Yes. Please see the webinar (complete with slides) by following this link:  
<https://youtu.be/J4jpxkPxbkU>

3. *What does "Place in Pre-Admission for billing purposes" mean? The regs indicate that admission occurs when a patient receives their first dose.*

- Correct (the patient can receive their first dose of methadone on the day of admission). This is what the OASAS' Updated OTP Interim Treatment Guidance refers to (as Interim Treatment, and for clarification, there is no Pre-Admission. If there is no capacity, the patient can be considered an admission into Interim Treatment (formerly known as Interim Maintenance).

4. *Can you please clarify the pre-admission for billing for unscheduled walk ins? How can an OTP medicate if a patient is not admitted?*

Individuals only may receive their first dose of methadone on day #1 of the OTP admission, after completion of the medical screening and signed consents.

5. *Can there be multiple point people for each agency?*

- There can be more than one point person per program as long as they are coordinating responsibility.

6. *It is difficult to understand the impact of the policy without knowing the CMMA.*

- We recommend that programs review the CMMA tool with the MAS system to better CMMA boundaries. Medical providers can use a newly created tool within the MAS system to determine which programs are within an enrollee's Common Medical Marketing Area (CMMA). A demonstration of this tool is available within the recording of the May 12 Mandatory Meeting webinar:  
<https://www.youtube.com/watch?v=J4jpxkPxbkU>

7. *It is also difficult to know the impact of implementing without understanding how many individuals will be impacted by expiring orders over what time frame.*

- MAS will be distributing this information on a weekly basis beginning in early June for programs with enrollees whose standing orders are expiring within four weeks. It is critical that each program identify a point of contact for MAS to correspond with in order to share this information.

8. *Will there be a replay link available?*

- Yes; please click this link for the replay: <https://youtu.be/J4jpxkPxbkU>