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Common Medical Marketing Area (CMMA) in Medicaid Transportation

Presented by NYS Department of Health and
Office of Addiction Services and Supports

July 9, 2025

Today's Agenda

- *Welcome*
- *Background*
  - *Definitions; Policy Review*
- *Identifying Impacted Members*
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- *Program Responsibilities*
- *Addressing Program Concerns*
- *Resources*
- *Q&A*

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Background

CMS Requirements

Transportation Access Requirements

Medicaid transportation has two main requirements to ensure the most suitable means of providing transportation when there is no other option available to the beneficiary:

1) that it is the least costly and most appropriate mode suited to the needs of the beneficiary, and

2) that it provides transport to the nearest qualified provider.

Nearest Qualified Provider

In general, it is not proper and efficient to transport a beneficiary a lengthy distance to see a provider when there are closer qualified participating providers. For that reason, unless there is a medical need to see a more distant provider, the State generally must ensure the availability of transportation to the nearest qualified provider of the services the beneficiary needs.

https://www.medicaid.gov/sites/default/files/2023-09/smd23006.pdf

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Common Medical Marketing Area (CMMA) Definition

- The Common Medical Marketing Area (CMMA) is the geographic area from which a community customarily obtains its medical care and services. The CMMA is not necessarily set by geographic or county borders. Rather, the CMMA can vary depending upon the medical specialty or services required that are accessible locally, as well as the individual needs of each enrollee.
- If the closest provider is not able to accept a patient or is at capacity, by default the next available provider would be within the CMMA.
- Transportation outside of CMMA requires Form 2020 to be completed by a referring (not receiving) provider to document that treatment is not available locally.
- CMMA Policy impacts all medical reasons, not just substance use services.
- For Opioid Treatment Programs (OTPs) and Outpatient Programs (OPs), the CMMA includes all OTP and OP facilities within the enrollee's county or borough of residence. Additionally, the CMMA also includes any OTP or OP facility outside of the enrollee's county or borough of residence where the distance is less than or equal to the maximum average distance traveled to receive these services within the county or borough.

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Policy Enforcement / CMMA Transition

- DOH and OASAS notified programs of a late June transition date and roll out in a mandatory May 12 webinar attended by OTP and Outpatient Programs throughout the State and in response to program concerns, have since delayed the transition to July 28, 2025. The upcoming policy enforcement will impact members traveling long distances to opioid treatment services, including outpatient treatment (this policy is already enforced for other appointment types)
- Members new to treatment presenting at a program who are in need of intake should be admitted by the program. Programs have 28 days to transition these members to services closer to their homes (if Medicaid transportation to and from the program is needed). Members who call the program seeking admission should be referred to a program closer to their homes if transportation is needed.
- As of July 28th, 2025, when a standing order for a member's transportation to a distant treatment program expires, the program will have 60 days to help the member transition to a program closer to their home.
  - To continue attending their current program during the 60 days, the program must complete a 'Grace Period 2020-Form.' After 60 days, members with a need for services not available locally must have an approved 2020-Form filed in order for transportation to be covered.
  - Programs can use a CMMA tool within the MAS portal to find programs within the member's CMMA
  - Members can elect to stay at their current program but transportation may not be covered

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Identifying Impacted Members

Identifying Impacted Members

- Beginning June 10, MAS began sending weekly lists of impacted members to each program's elected point person via the Health Commerce System (HCS).
- As of June 24, the MAS Medical Provider Portal has a feature that allows programs to identify those members traveling outside of the CMMA with a sort option by 'standing order' expiration date.

OTP Facility Name
OTP Facility Address

Explanation of information below:

-Total number of enrollees that are currently patients at your program outside of their CMMA.
-The individuals listed below have standing orders that end in the particular week indicated in the column titled, "Standing Order Ending Week of".
-Attached to this transmittal is the OASAS/NYSDOH approved enrollee focused CMMA transition information sheet. This sheet should be provided to and reviewed with each enrollee involved in this transition.
-There will be a one time grace period available of 1-8 weeks following the end of their standing order for their specific transition needs.

Standing Order Ending Week of	Enrollee County	Enrollee First Name	Enrollee Last Name	Enrollee DOB	CIN
6/30/2025	Jefferson	First Name 1	Last Name 1	10/18/1985	AA00000A
6/30/2025	Oswego	First Name 2	Last Name 2	2/18/1998	AA00000B
6/30/2025	Madison	First Name 3	Last Name 3	7/24/1979	AA00000C
6/30/2025	Cayuga	First Name 4	Last Name 4	3/1/1987	AA00000D
6/30/2025	Madison	First Name 5	Last Name 5	6/26/1985	AA00000E
7/7/2025	Cayuga	First Name 6	Last Name 6	1/12/1989	AA00000F
7/7/2025	Cayuga	First Name 7	Last Name 7	3/12/1972	AA00000G
7/7/2025	Cayuga	First Name 8	Last Name 8	4/25/1986	AA00000H
7/7/2025	Jefferson	First Name 9	Last Name 9	11/1/1979	AA00000I
7/7/2025	Madison	First Name 10	Last Name 10	5/4/1970	AA00000J

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Bulk Standing Order Demonstration (MAS)

Screenshots available in **Resources Section** of this slide deck

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Program Responsibilities

OTP/OP Program Responsibilities

Step 1: Retrieve the impacted member list from the HCS and/or determine impacted members using MAS' Medical Provider Portal

Step 2: Beginning with members with the soonest standing order expirations, determine the member's home county (available on the member list)

Step 3: Use MAS' CMMA Look Up Tool to determine programs that are within CMMA based on the member's home county

Step 4: Download the Enrollee Information Sheet to give to impacted members: https://www.health.ny.gov/health_care/medicaid/members/transportation/docs/medicaid_trans_cmma_policy.pdf

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OTP/OP Program Responsibilities

Step 5: Plan a time to meet with the member and discuss options:

a

The member can ***stay in their current program*** if Medicaid transportation is no longer needed

b

If public transportation is available and appropriate for the member, they can stay at their current program and ***switch from taxi-level transport to public transport*** (bus, subway where geographically available)

c

The member can ***move to one of the programs within their CMMA***

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OTP/OP Program Responsibilities (Step 5)

a

The member can ***stay in their current program*** if Medicaid transportation is no longer needed

b

switch from taxi-level transport to public transport

c

move to one of the programs within their CMMA

If the member chooses **option a**, no action is needed.

The program can let the member's standing order expire and Medicaid transportation will no longer be used.

With any of the options, if the transition cannot be made prior to the standing order expiration, the current program may submit a grace period 2020-Form, allowing the member to continuing to receive Medicaid transportation for 60 days.

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OTP/OP Program Responsibilities (Step 5)

a ***stay in their current program***

b If public transportation is available and appropriate for the member, they can stay at their current program and ***switch from taxi-level transport to public transport*** (bus, subway where geographically available)

c ***move to one of the programs within their CMMA***

If the member chooses **option b**, the program must call MAS or use their online portal to change or end the member's standing order/submit a new 2015-Form.

NYC based programs then use the PTAR System rather than MAS.

With any of the options, if the transition cannot be made prior to the standing order expiration, the current program may submit a grace period 2020-Form, allowing the member to continuing to receive Medicaid transportation for 60 days.

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OTP/OP Program Responsibilities (Step 5)

a *stay in their current program*

b *switch from taxi-level transport to public transport*

c *The member can move to one of the programs within their CMMA*

If the member chooses **option c,** the program must call the OTP/OP program within the member's CMMA to confirm capacity and schedule a transition date on behalf of the member.

If the program cannot accept the member, inform the member and select another program within CMMA (repeating this process until a transition is confirmed). Once confirmed, the new program should use the MAS online portal to input the member's standing order. If no program has capacity or cannot accommodate the specific needs of the member, MAS should be notified. MAS will require the within-CMMA program to complete a 2020-Form for the member, indicating they have no capacity and approving the member to travel to a distant site.

With any of the options, if the transition cannot be made prior to the standing order expiration, the current program may submit a grace period 2020-Form, allowing the member to continuing to receive Medicaid transportation for 60 days.

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OTP/OP Program Responsibilities

Step 6: Continue to repeat this process with all members who are traveling out of CMMA in the four weeks prior to the expiration of the member's standing order. This process will conclude in early 2026.

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Addressing Program Concerns

Program Concern	DOH Response
OTPs and OPs are unable to access lists of impacted members from the Health Commerce System (HCS)	DOH to prepare a document explaining steps to take to retrieve lists of impacted members once logged into HCS (See Guide in Resources Section); MAS also developed a feature to identify impacted members within the MAS portal (available June 24)
Programs were not given clear instruction/training on how to transition members to a site closer to home	OASAS outlined expectations of programs on a May 12th webinar, and a list of steps are presented within this slide deck to assist programs
Phrasing of grace period "up to 60 days" creates concern that 60 days will not always be allowable	"Up to" language is intended to allow members who wish to move sooner to do so. All members will be given 60 days if they wish to use the full grace period (if the grace period 2020-Form is submitted).

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Program Concern	DOH Response
Members should hear about this policy from DOH rather than hearing it only from their programs	**DOH sent a targeted text to impacted members on June 30th, linking to explanatory document** "You are receiving this message as a Medicaid member who has used Medicaid transportation recently. Medicaid covers transportation to the closest qualified provider. You may be impacted if you are receiving services from a provider that is not the closest available provider. Please review upcoming changes here: https://www.health.ny.gov/health_care/medicaid/members/transportation/docs/medicaid_trans_cmma_policy.pdf" “Usted está recibiendo este mensaje como miembro de Medicaid que ha usado transporte de Medicaid recientemente. Medicaid cubre el transporte al proveedor calificado más cercano. Usted puede verse afectado si está recibiendo servicios de un proveedor que no es el proveedor disponible más cercano. Por favor, revise los próximos cambios aquí: https://www.health.ny.gov/health_care/medicaid/members/transportation/docs/medicaid_trans_cmma_policy.pdf”

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Program Concern	DOH Response
Implementation timeline is too rushed	Implementation has been pushed back four weeks to July 28, 2025. Implementation is taking a phased approach over a 6-month period, based on each member's transportation order expiring and building a grace period after that expiration. DOH developed a visual timeline (slides 23-24) to help programs. Discussions around the need for this policy have been ongoing for several months.
Implementation is planned for a holiday week (June 30-July 4)	In response to program concerns, implementation has been pushed back four weeks. Implementation starts on 7/28/25 but there is no immediate impact to patients because they have 60 days to transition existing patients and 28 days for any new patients.
The way a CMMA is determined is arbitrary and may require someone to travel further if they are closer to a program in a contiguous county	This is not accurate – CMMA includes a patient's county (and more); it includes programs in adjoining counties if travel to that county is no further than travel from the furthest distance within the county. Members using public transportation in NYC can continue to travel to distant programs as long as they continue to use public transit.

Program Concern	DOH Response
Programs are hearing that MAS is telling patients they cannot continue their transportation as of right now	Specific examples can be investigated by DOH and MAS. If an existing standing order changes (time or date of pick up, for example), this will prompt the MAS system to look for a valid 2020-Form. During the phase-in of this policy, the existing program can complete a 2020-Form for their patients with existing standing orders.
The notice to patients refers to OTP and outpatient programs. The CMMA look-up's OTP drop-down appears to include some outpatient programs that do not provide methadone in some regions.	OASAS reviewed the MAS program categories and provided feedback. If a program disagrees with how they are categorized please email medtrans@health.ny.gov and DOH will research with OASAS before passing the information along to MAS.

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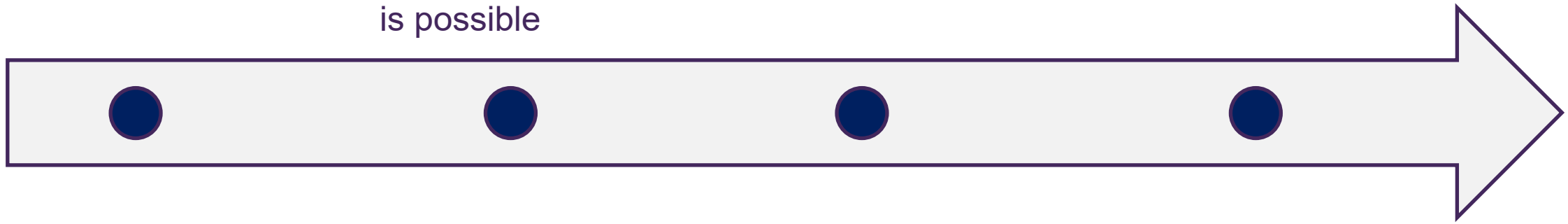
Resources

TIMELINE FOR NEW ENROLLEES*



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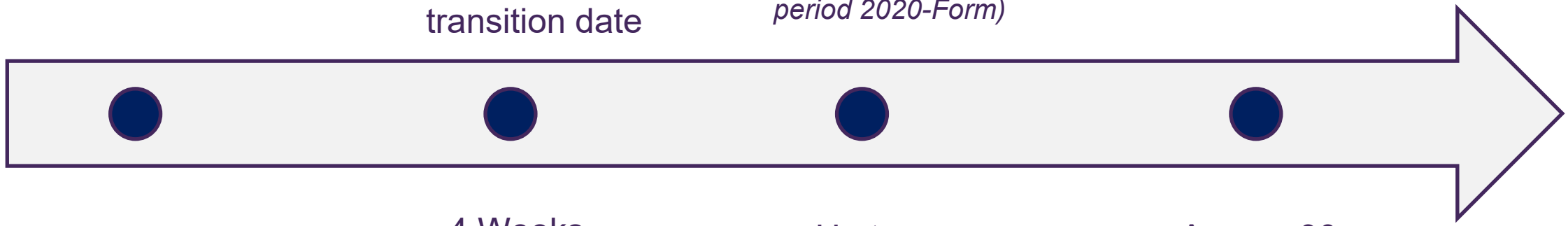
**New enrollees who need Medicaid transportation at taxi level or higher*

TIMELINE FOR EXISTING ENROLLEES



Day 1

Weekly file sent to OTP/OP Programs

Day 1 differs by patient and is no earlier than June 30, 2025; Day 1 is 4 weeks prior to the expiration of patient's standing order for transport

4 Weeks Later

Programs should take action to review transition options with patient and set transition date

Up to Additional 60 Days

If action isn't appropriate within 4 weeks more time is available *(program completes grace period 2020-Form)*

Approx 90 days after day 1

Expect warm handoff by this day

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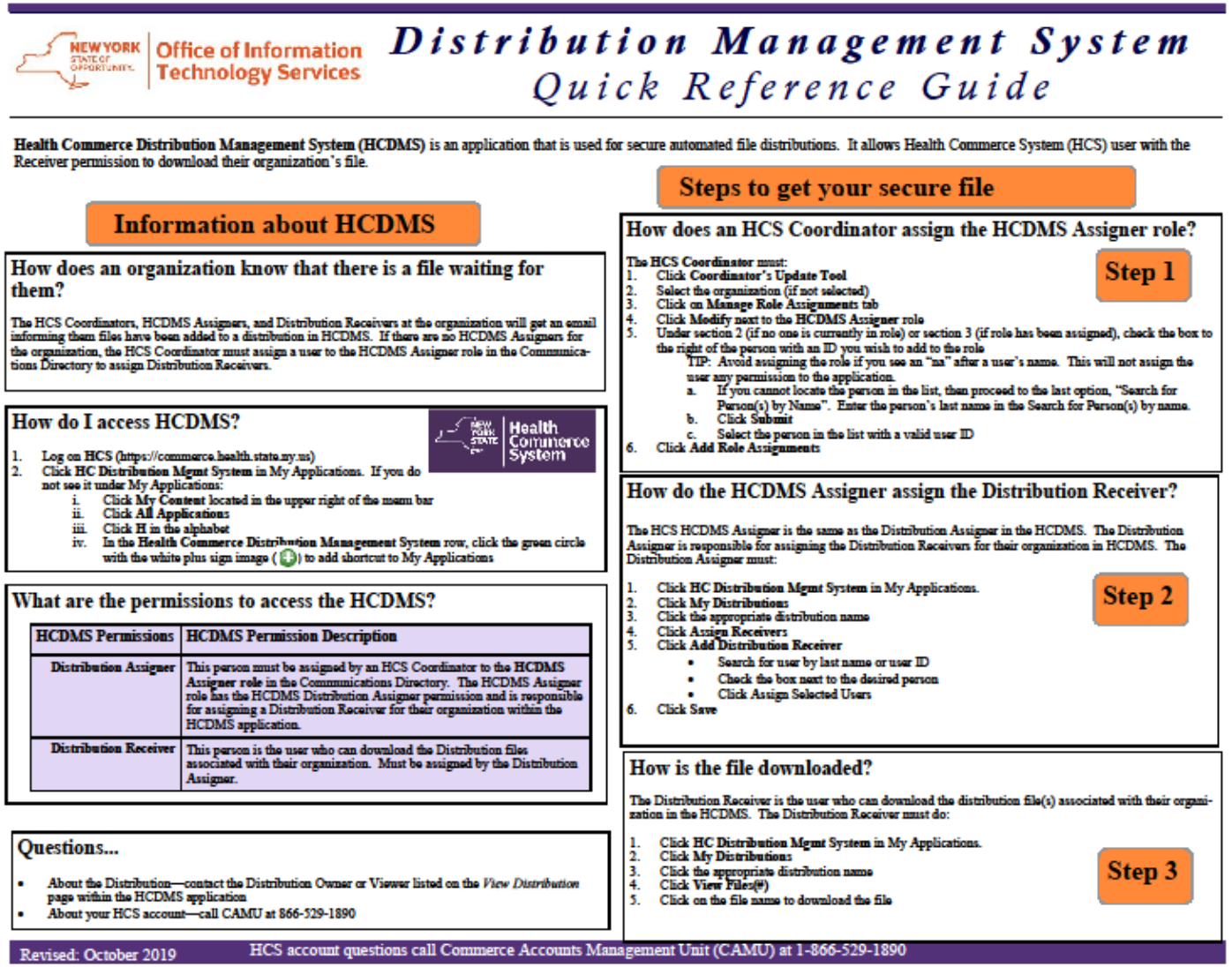
Finding Impacted Member Lists in the HCS



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Distribution Management System
Quick Reference Guide

Health Commerce Distribution Management System (HCDMS) is an application that is used for secure automated file distributions. It allows Health Commerce System (HCS) user with the Receiver permission to download their organization's file.

Information about HCDMS

How does an organization know that there is a file waiting for them?

The HCS Coordinators, HCDMS Assigners, and Distribution Receivers at the organization will get an email informing them files have been added to a distribution in HCDMS. If there are no HCDMS Assigners for the organization, the HCS Coordinator must assign a user to the HCDMS Assigner role in the Communications Directory to assign Distribution Receivers.

How do I access HCDMS?

Health Commerce System

1. Log on **HCS** (https://commerce.health.state.ny.us)
2. Click **HC Distribution Mgmt System** in My Applications. If you do not see it under My Applications:
   i. Click **My Content** located in the upper right of the menu bar
   ii. Click **All Applications**
   iii. Click **H** in the alphabet
   iv. In the **Health Commerce Distribution Management System** row, click the green circle with the white plus sign image ( ) to add shortcut to My Applications

What are the permissions to access the HCDMS?

HCDMS Permissions	HCDMS Permission Description
Distribution Assigner	This person must be assigned by an HCS Coordinator to the **HCDMS Assigner role** in the Communications Directory. The HCDMS Assigner role has the HCDMS Distribution Assigner permission and is responsible for assigning a Distribution Receiver for their organization within the HCDMS application.
Distribution Receiver	This person is the user who can download the Distribution files associated with their organization. Must be assigned by the Distribution Assigner.

Questions...

- About the Distribution—contact the Distribution Owner or Viewer listed on the *View Distribution* page within the HCDMS application
- About your HCS account—call CAMU at 866-529-1890

Steps to get your secure file

How does an HCS Coordinator assign the HCDMS Assigner role?

Step 1

The **HCS Coordinator** must:
1. Click **Coordinator's Update Tool**
2. Select the organization (if not selected)
3. Click on **Manage Role Assignments** tab
4. Click **Modify** next to the **HCDMS Assigner** role
5. Under section 2 (if no one is currently in role) or section 3 (if role has been assigned), check the box to the right of the person with an ID you wish to add to the role
   TIP: Avoid assigning the role if you see an "na" after a user's name. This will not assign the user any permission to the application.
   a. If you cannot locate the person in the list, then proceed to the last option, "Search for Person(s) by Name". Enter the person's last name in the Search for Person(s) by name.
   b. Click **Submit**
   c. Select the person in the list with a valid user ID
6. Click **Add Role Assignments**

How do the HCDMS Assigner assign the Distribution Receiver?

Step 2

The HCS HCDMS Assigner is the same as the Distribution Assigner in the HCDMS. The Distribution Assigner is responsible for assigning the Distribution Receivers for their organization in HCDMS. The Distribution Assigner must:

1. Click **HC Distribution Mgmt System** in My Applications.
2. Click **My Distributions**
3. Click the appropriate distribution name
4. Click **Assign Receivers**
5. Click **Add Distribution Receiver**
   - Search for user by last name or user ID
   - Check the box next to the desired person
   - Click **Assign Selected Users**
6. Click **Save**

How is the file downloaded?

Step 3

The Distribution Receiver is the user who can download the distribution file(s) associated with their organization in the HCDMS. The Distribution Receiver must do:

1. Click **HC Distribution Mgmt System** in My Applications.
2. Click **My Distributions**
3. Click the appropriate distribution name
4. Click **View Files(#)**
5. Click on the file name to download the file

Revised: October 2019 HCS account questions call Commerce Accounts Management Unit (CAMU) at 1-866-529-1890

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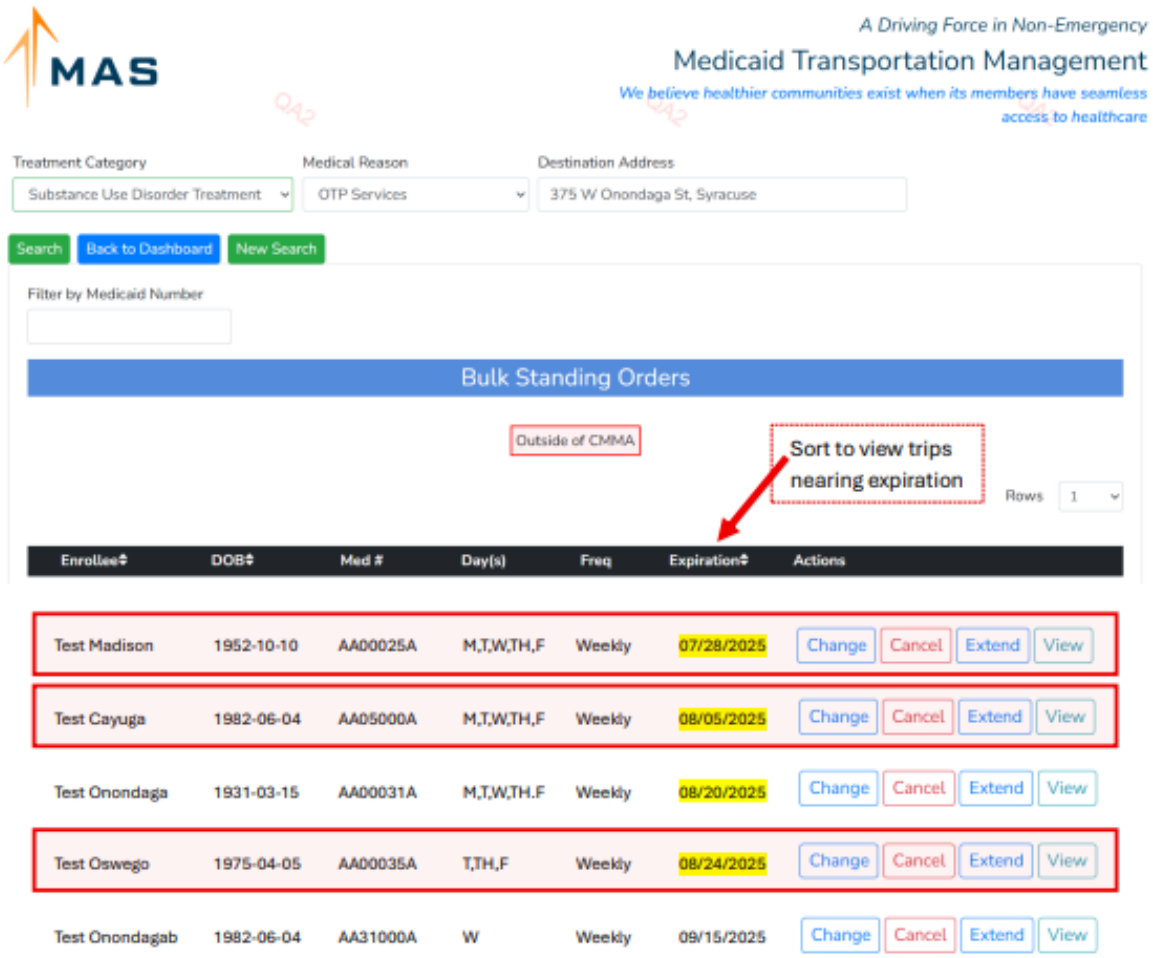
Identifying Impacted Members within the MAS Portal

Process for CMMA identification

MAS has updated the Bulk Standing Order tool for easy identification of Substance Use Disorder Treatment Program Standing Orders receiving care/treatment out of CMMA. To identify the enrollees requiring transfer to a program within CMMA, please utilize the following process:

- Log into the MAS system and select **Manage** from top left-hand corner of the screen and select **Bulk Standing Orders.**
- Within **Bulk Standing Orders**, select the appropriate treatment category (**Substance Use Disorder Treatment**) and medical reason (**OTP, OP**) and enter your facility address. Please select the address from the drop-down menu.
- Sort by expiration date.
- Orders having expired within the preceding 30 days will be visible. If out of CMMA, MPs will receive CMMA notification upon trip entry/extend.
- Future orders nearing expiration and out of CMMA will be highlighted in red.



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2020-Form vs. Grace Period 2020-Form

- ***There is only one 2020-Form.*** When this form is submitted with the intent to extend approval for a member to travel to their current, distant program for a period of 60-days after their standing order for transportation expires, DOH and MAS think of this use as a "Grace Period 2020."
- When requesting a 60-day grace period on the 2020-Form, the medical provider should include a note in the justification section of the form indicating this is a 60-day grace period request.
- Medical Providers can find this form within the MAS Medical Provider (MP) Portal and submit the form electronically.
- Step-by-Step Process for Electronic NYS 2020-Form Submissions
    1. Access the MAS **(**www.medanswering.com**)** system using your credentials.
    2. Once logged in, you will be at the **MP Dashboard**.
    3. Locate and click the **"Select Enrollee"** button.
    4. Input the **Date of Birth (DOB)** AND **Medicaid CIN** or **Last Name**, then click **"Search"**.
    5. After selecting the correct enrollee, click the **"Forms"** tab.
    6. Choose **"New 2020 Form"** to begin the submission.

Additionally, if a NYS 2020-Form is required during the trip creation process, the MAS system will prompt you to enter the form at that time.

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Q&A

- Please use the chat feature to enter any questions about the CMMA policy or process
- Questions specific to individual programs or members will be taken offline

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Contacts and Links

For CMMA Policy-Related Matters

Bureau of Health Access, Policy and Innovation

Transportation email: medtrans@health.ny.gov

Phone: 518-473-2160

https://www.health.ny.gov/health_care/medicaid/members/medtrans_overview.htm

For Patient-Related Transportation Matters

Statewide Transportation Broker- MAS
https://www.medanswering.com

For OTP and Comprehensive Outpatient Matters:

OASAS' Bureau of Opioid Treatment
SOTA Mailbox: SOTA.mailbox@oasas.ny.gov

For Outpatient Matters:

OASAS' PICM Mailbox: PICM@oasas.ny.gov

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