

From: oasas.sm.atar <atar@oasas.ny.gov>

Sent: Friday, July 25, 2025 5:23 PM

To: oasas.sm.atar <atar@oasas.ny.gov>

Subject: TIME-SENSITIVE: CMMA Webinar and other important resources (and actions needed for Week One)

Dear OASAS Provider:

Following the CMMA Policy Webinar held on 7/9/25, we want to bring your attention to the some important information (attached and below):

- Here's the webinar link for anyone who missed it live that day: [https://meetny-gov.webex.com/recording/service/sites/meetny-gov/recording/92d401e03f03103e877ffa62aa8f7a7a/playback](https://meetny.gov.webex.com/recording/service/sites/meetny-gov/recording/92d401e03f03103e877ffa62aa8f7a7a/playback);
- The slide deck from this webinar is also attached;
- Also attached is the FAQ as it relates to the webinar and key take-aways;
- The Transitional Enrollee Informational Sheet (in English) is attached; the Spanish-language version of this form can be found here: https://es.health.ny.gov/health_care/medicaid/members/transportation/medicaid_trans_cmma_policy.htm

In addition:

- As Week One of CMMA Implementation begins Monday, 7/28/25, there are **approximately 100+ OTP patients and 60 Outpatient patients** who as of today DO NOT have a Grace Period 2020. **Providers with Week One enrollees who are outside of their CMMA are urged to check either the MAS Portal or the HCS to enter these Grace Period 2020s immediately.** The slide deck also has instructions on accessing the Grace Period (and regular) 2020 form.
- It's important to remind everyone that a 2020 Grace Period 2020 is the same form in MAS as a regular 2020; however, there are drop-down fields you need to select, and a text comment box into which you will need to state any special circumstances. This affords programs (most importantly, patients) 60 days to provide time to ensure there is continuity of care.

Thank you.



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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*
 - *MAS Demonstration*
- *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>

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.

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



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



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)

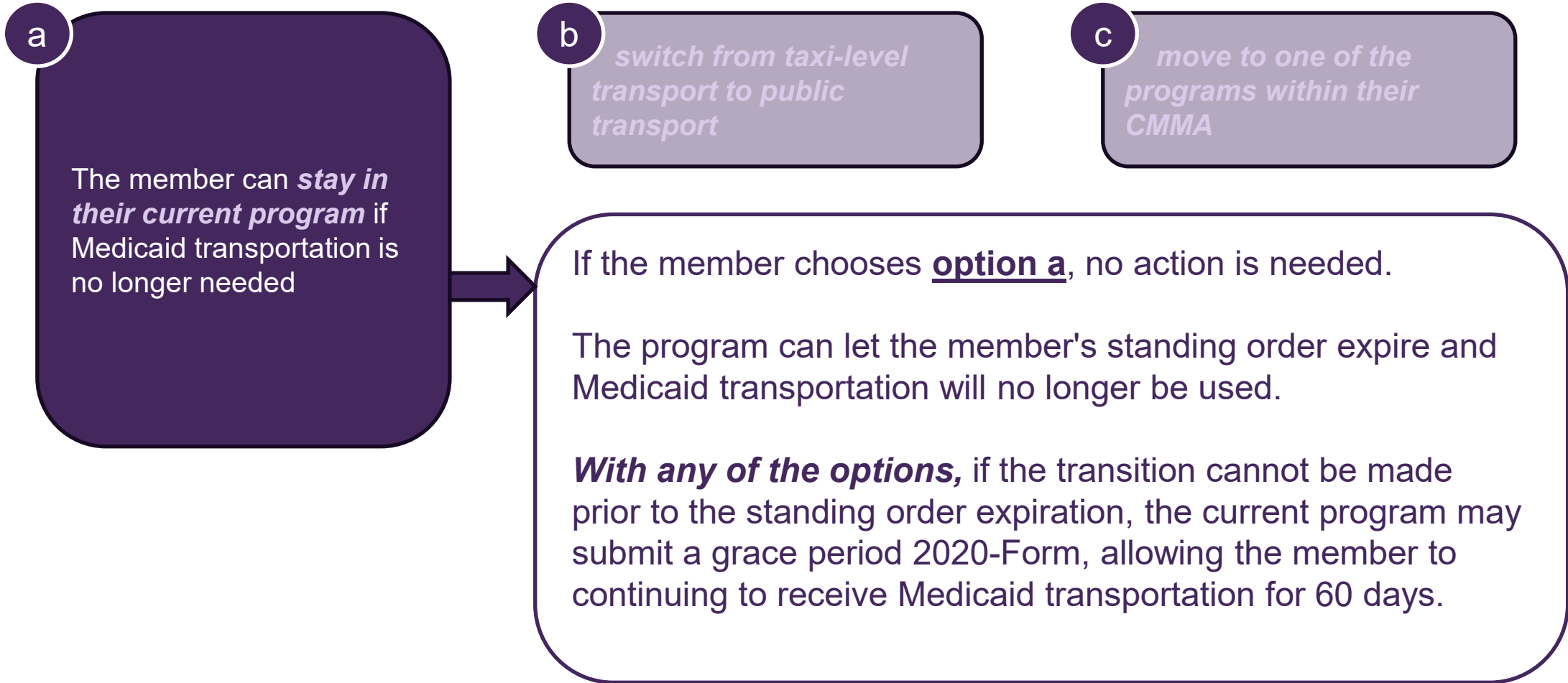
c

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

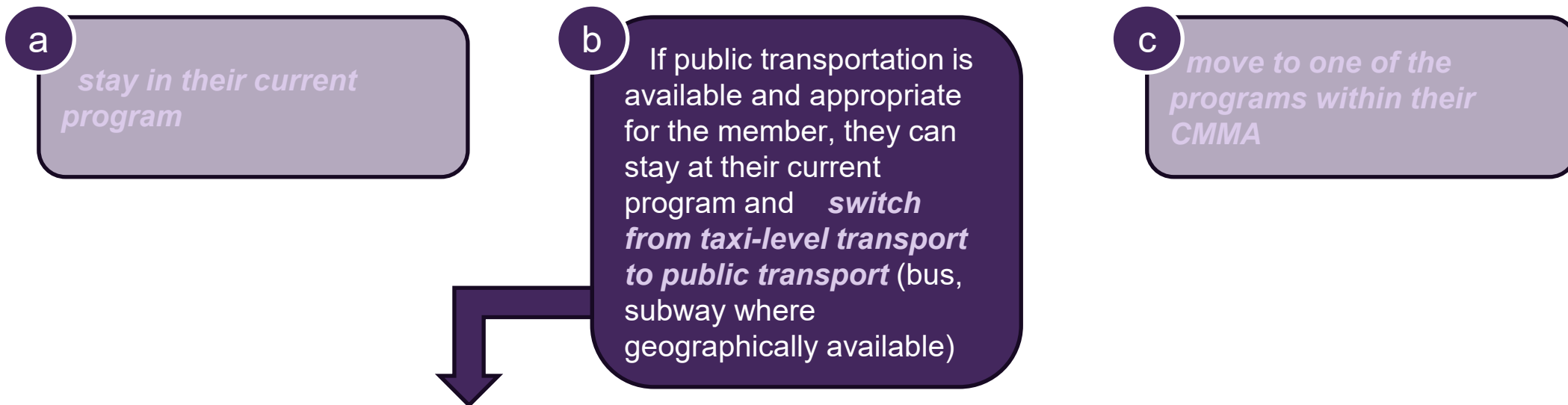


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OTP/OP Program Responsibilities (Step 5)



OTP/OP Program Responsibilities (Step 5)



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 continue 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).



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

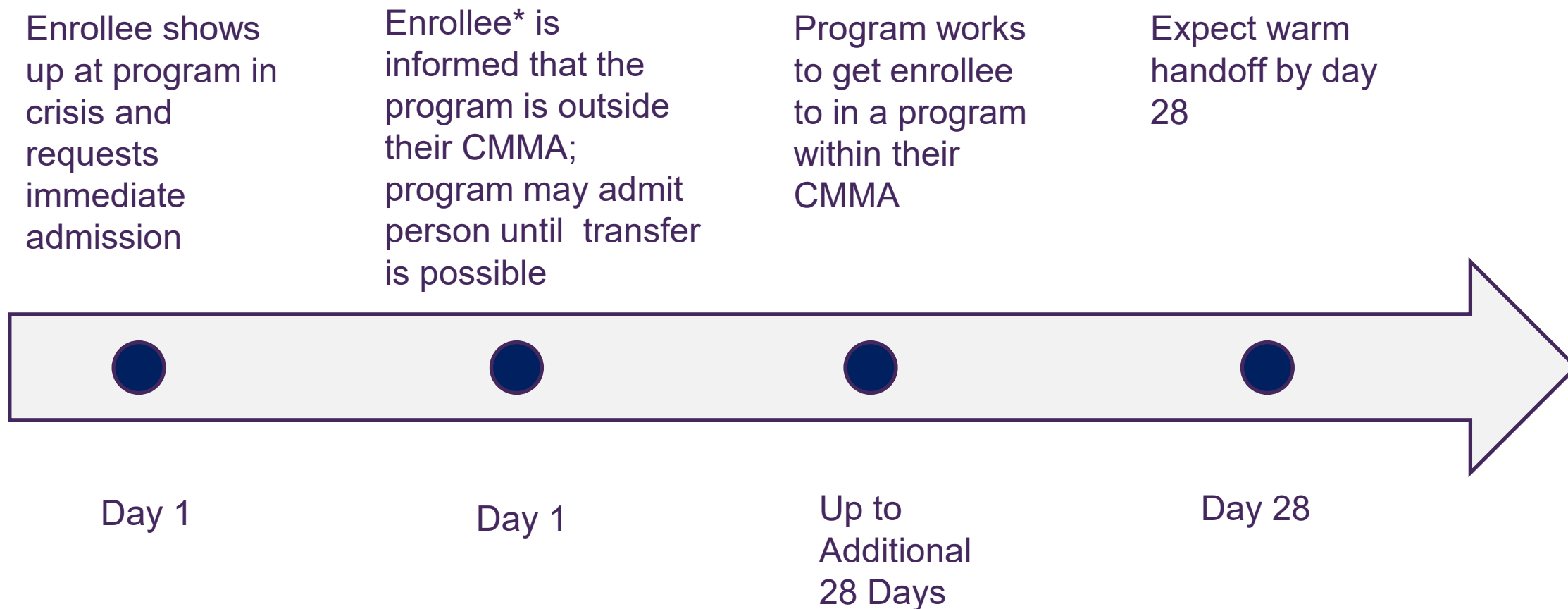
Programs are hearing that MAS is telling patients they cannot continue their transportation as of right now	Specific examples can be investigated by DOH and MAS. If an existing standing order changes (time or date of pick up, for example), this will prompt the MAS system to look for a valid 2020-Form. 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*

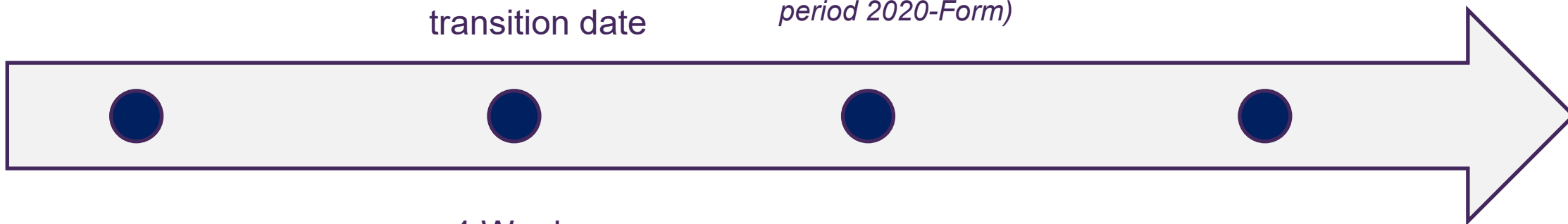
TIMELINE FOR EXISTING ENROLLEES

Weekly file sent
to OTP/OP
Programs

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

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

Expect warm
handoff by this
day



Day 1

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

Up to
Additional
60 Days

Approx 90
days after
day 1



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Finding Impacted Member Lists in the HCS



Office of Information
Technology Services

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?

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 main 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?

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**

Step 1

How do the HCDMS Assigner assign the Distribution Receiver?

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**

Step 2

How is the file downloaded?

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

Step 3

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**.

 Q42 Q42

A Driving Force in Non-Emergency
Medicaid Transportation Management
We believe healthier communities exist when its members have seamless access to healthcare

Treatment Category: Substance Use Disorder Treatment Medical Reason: OTP Services Destination Address: 375 W Onondaga St, Syracuse

[Search](#) [Back to Dashboard](#) [New Search](#)

Filter by Medicaid Number:

Bulk Standing Orders

Rows: 1

Outside of CMMA Sort to view trips nearing expiration

Enrollee	DOB	Med #	Day(s)	Freq	Expiration	Actions
Test Madison	1952-10-10	AA00025A	M,T,W,TH,F	Weekly	07/28/2025	Change Cancel Extend View
Test Cayuga	1982-06-04	AA05000A	M,T,W,TH,F	Weekly	08/05/2025	Change Cancel Extend View
Test Onondaga	1931-03-15	AA00031A	M,T,W,TH,F	Weekly	08/20/2025	Change Cancel Extend View
Test Oswego	1975-04-05	AA00035A	T,TH,F	Weekly	08/24/2025	Change Cancel Extend View
Test Onondagab	1982-06-04	AA31000A	W	Weekly	09/15/2025	Change Cancel Extend View



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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.

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

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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Topic	Question	Answer
Common Medical Marketing Area (CMMA)		
	What is CMMA?	<p>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</p>
	How is CMMA calculated?	<p>Use definition outlined on July 9, 2025, webinar slides. For Opioid Treatment Programs (OTPs), Comprehensive Outpatient Programs (COPs) 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, COP 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. Members using public transportation in NYC (or other regions of the state that utilize public transportation)</p>

		can continue to travel to distant programs if they continue to use public transit.
	Where can I see who has an upcoming 2020 that will expire?	Log into the MAS system as shown in the July 9, 2025, webinar. Additionally, these files are sent weekly via the Health Commerce System (HCS).
	Why doesn't the CMMA measurement seem correct?	Many variables are considered for the CMMA calculation. Each enrollee will have a unique distance based on their address in ePaces.
	What is the most efficient way to update this address?	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. CMMA will be calculated based on the address in ePaces.
	Will areas like NYC with a dense population of OTP/OP facilities limit or remove one's ability to choose a program?	Not necessarily the case; it depends upon the patient's closest OTP, COP or OP to their address. Then, there are three options if they're attending a program outside their CMMA (remain in-care without covered Medicaid transportation by taxi, maintain in the same program with use of carfare, or relocate to a closer program within their CMMA).
	What happens when a provider will not accept someone into their program even though it's within the CMMA?	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

		<p>referring (not receiving) provider to document that treatment is not available locally</p> <p>The program seeking to get a patient into another program should reach out to the SOTA Team (SOTA.mailbox@oasas.ny.gov) to let us know of any barriers to care; we can reach out to the program that is not accepting the patient to get a better understanding of any issue (CAVEAT: This is particularly important if the program was not afforded a reason why the other program is refusing to accept the patient).</p>
	<p>If i need to explain what an CMMA is to a member what should I tell them?</p>	<p>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.</p> <ul style="list-style-type: none"> •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.

		https://masvmwp01.medanswering.com/wp-content/uploads/2025/06/OTP-OP-CMMA-Transition-Enrollee-Information-5.29.25.pdf
	How does CMMA work with health systems that want to keep enrollees within their network of providers, but those providers are outside of the CMMA.	Generally, CMMA doesn't consider keeping an enrollee in a health systems network. To remain compliant with CMS guidance enrollees should go to the nearest qualified medical provider.
	If a patient resides in a shelter and is relocated to a different shelter outside the CMMA, do they need to move treatment also?	CMMA is based on the enrollees address in ePaces. If an enrollee moves, they should update their address to maintain receiving the transportation benefit.
	What is the definition of a long distance for MAS?	<p>Long distance does not have a standard definition, and programs should refer to the Common Medical Marketing Area look-up tool within the MAS portal to determine which programs are within the member's CMMA.</p> <p>For OTPs, COPs and 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, COP 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.</p>
Going out of CMMA		

	Are you forcing enrollees to go to an in CMMA medical provider?	No. Enrollees are transported to the patient's closest qualified medical provider. However, an enrollee may continue to go to the distant OTP if they choose to their address. Then, there are three options if they're attending a program outside their CMMA (remain in-care without covered Medicaid transportation by taxi, maintain in the same program with use of carfare, or relocate to a closer program within their CMMA).
	Is there any way for patients that are outside the CMMA to remain at their assigned clinic?	This would need to be for extenuating circumstances only and considered on a case-by-case basis, should the three options still not being optimal (remain in-program without Medicaid transportation by taxi covered, utilize public transportation [if feasible], or transfer to the provider within the patient's CMMA).
	In cases where our OTP provides OTP services and also addiction psychiatry, can we keep patients in our clinic when the OTP closest to home does not have the ability to provide psychiatry services? Many rural communities lack psychiatry services	This would only be considered on a case-by-case basis, should the three options still not being optimal (remain in-program without Medicaid transportation by taxi covered, utilize public transportation [if feasible], or transfer to the provider within the patient's CMMA).
	What if patients are banned from receiving services from a certain location/program?	MAS will review justifications submitted on 2020-forms and determine if travel outside the member's CMMA is necessary. Any documentation that supports the

		justification, such as a court order, can be submitted to MAS with the 2020-form.
	What if a patient only attends the program 1x monthly and has been with the program for numerous years with coordination of care and successful recovery outcomes	This would only be considered on a case-by-case basis, should the three options still not being optimal (remain in-program without Medicaid transportation by taxi covered, utilize public transportation [if feasible], or transfer to the provider within the patient's CMMA).
	What if no other OTPs in the person's CMMA will accept the person due to treatment such as opioid-based or benzo. based treatment? Some OTPs DO not provide such important patient care	There may still OTPs out there that have providers who take a harder line (e.g., such as a case where patients aren't accepted based on their benzodiazepine use or other factors). For continuity of patients' care, we would like to ensure this would not cause the patient(s) from bouncing between programs for fear of them being lost.
	-What happens if a client is refusing to go to any of the other programs closer to them for various reasons? Such as - it could be a risk/triggering for them to be there.-	This would only be considered on a case-by-case basis should the three options still not being optimal (remain in-program without Medicaid transportation by taxi covered, utilize public transportation [if feasible], or transfer to the provider within the patient's CMMA).
	What about OP clinics that offer MH services that are out of the areas?	A regular 2020-form can be submitted when ongoing treatment from a program outside the member's CMMA is clinically necessary. The 2020-form must be completed by a referring provider and cannot indicate a referral to the provider's own program. MAS will determine when the submitted 2020-

		form can be approved based on the submitted justification.
	How does it work if a patient has unstable housing?	CMMA is based on the enrollee's address in ePaces. If an enrollee moves, they should update their address to maintain receiving the transportation benefit. 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.
	Will guidance be provided to all levels of care to ensure patients transitioning to different levels of care are staying within their CMMA. Could patients potentially wait to get into treatment (i.e. halfway houses) as many halfway houses may be out of a patient's CMMA. The county may not be changed in Medicaid for temporary housing situations	This would need to be considered on a case-by-case basis, should the three options still not being optimal (remain in-program without Medicaid transportation by taxi covered, utilize public transportation [if feasible], or transfer to the provider within the patient's CMMA).
	If a standing order does not expire until December - is that client still expected to transfer to a program in their MMA by end of July?	The first day (day 1) that a program should start working on transitioning a member closer to their home differs by patient and is no earlier than July 28, 2025; Day 1 is 4 weeks prior to the expiration of patient's standing

		order for transport. Some members may want to transfer to a program closer to their home before their standing order expires and, in those cases, the program should assist the member in finding a suitable location.
	What happens if the enrollee refuses to relocate to a closer provider?	There are still three options remain in-program without Medicaid transportation by taxi covered, utilize public transportation [if feasible], or transfer to the provider within the patient's CMMA.
	Will there be exceptions for clients who are unable to attend a facility that is closer to them due to personal conflicts, privacy, or discharge status not being able to attend the program closest to them?	This would need considered on a case-by-case basis, should the three options still not being optimal (remain in-program without Medicaid transportation by taxi covered, utilize public transportation [if feasible], or transfer to the provider within the patient's CMMA).
	Admittedly it should be rare, but what do we do if we admit a patient but then the facility we are referring to denies due to clinical concerns, not capacity? Some programs admit with more/less discretion than others.	This should be noted on a 2020 form. It will be brought to the attention of OASAS. OASAS along with DOH and MAS can collaborate on how to best proceed.
	What is the process for asking for exceptions - that someone outside a zone should stay at the clinic? For example, a patient who is blind and it	MAS will review justifications submitted on 2020-forms and determine if travel outside the member's CMMA is necessary. Any documentation that supports the

	would be a severe hardship to change programs.	justification can be submitted to MAS with the 2020-form.
2020 Form		
	Who completes the 2020 form?	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)
	When does the 2020 form expire?	2020 form expiration dates can be found on the enrollee profile page in the MAS system under the “Forms” tab.
	How do we know the status of a 2020 form once submitted?	The review process for the NYS 2020- Form begins once the form has been submitted, and it may take up to 7-10 business days to complete the review. <i>A member of the MAS Utilization Review team will be in touch with you if any additional information is needed. You may also check on the status of a form under the tab labeled “Forms” on the enrollee profile in the MAS system.</i>

	Can we see why a 2020 was denied?	The status of a 2020 form will be updated for the medical provider to see in the secure MAS portal.
	If a standing order does not expire until December - is that client still expected to transfer to a program in their MMA by end of July?	The first day (day 1) that a program should start working on transitioning a member closer to their home differs by patient and is no earlier than July 28, 2025; Day 1 is 4 weeks prior to the expiration of patient's standing order for transport. Some members may want to transfer to a program closer to their home before their standing order expires and, in those cases, the program should assist the member in finding a suitable location.
	If a program has a waitlist, they would be required to complete all 2020 forms for the clients they cannot accept?	The receiving program with a waitlist will need to complete a 2020 indicating such.
	If the closer OTP is unable to accept new patients, a new 2020 should be filed by who? The current OTP or the one that cannot accept the patient?	The 2020 would be completed by the program who cannot accept the patient. Please refer to the July 9th webinar slide deck for more information on this option (see step 5c).
	If a 2020 is submitted for a simple pickup or drop off time change how long does it take for the form to be reviewed and approved?	A NYS 2020-Form is not required for a pickup or drop off time change.

Grace Period 2020 Form		
	What is a grace period 2020 form?	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 for transportation to be covered. The grace period 2020 form can be found on the MAS medical provider portal.
	Who can complete a grace period 2020 form? How long is it good for?	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.
	Where is the grace period 2020 form located?	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. Programs will select “Substance Use Disorder Treatment Grace Period” from the “Justification Reason” drop down and note in the “Justification” section of the form the timeframe (up to 60 days).

	Is the grace period 2020 form different from a regular 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.” In the justification reason drop down within the 2020-form, ‘Substance Use Disorder Treatment Grace Period’ is an option:
	If we want to request transportation beyond the 60-day grace period, because it's clinically appropriate for them to stay in this specific treatment program- would we then do the regular 2020 form?	Transportation beyond the grace period would be considered case by case. Generally, no self-referrals will be allowed past the grace period. A regular 2020-form can be submitted when ongoing treatment from a program outside the member’s CMMA is clinically necessary. The 2020-form must be completed by a referring provider and cannot indicate a referral to the provider’s own program. MAS will determine when the submitted 2020-form can be approved based on the submitted justification.
	During Lesley’s presentation, did I hear correctly that the Grace Period 2020 is ending in 2026?	No; to clarify, in Lesley’s presentation, in the slide that said, “Step 6: Continue to repeat this process with all members who are traveling out of their CMMA in the four weeks prior to the expiration of the member’s standing order. This process will conclude in early 2026.”

Public Transit		
	We only distribute MetroCard's and use no other forms of transport; how does all of this interact with PTAR?	Members using public transportation in NYC can continue to travel to distant programs if they continue to use public transit.
Health Commerce System (HCS)		
	When we inquired with Health Commerce System to get access to the report, they weren't able to add that as of yesterday. They informed us "Your organization type does not have that role."	For questions about the HCS please contact them directly.
	What is the health commerce system?	<p>The Health Commerce System (HCS) has been developed by New York State Department of Health (NYSDOH) as a secure system for collecting and distributing data among state entities, health facilities/providers and partners. The purpose of this document is to:</p> <ul style="list-style-type: none"> • Describe the policy that the user of the HCS must agree to and the conditions that must be met to obtain and retain an HCS account. • Enroll using the HCS User Account process to permit an HCS account to be established for a new user of the HCS. • Describe the policy for and methods of providing an existing user of the HCS with an association to this organization.

	How can we find out who is the contact you've as the appointed person for HCS? Would you be able to let us know?	Contact medtrans@health.ny.gov
	Only one user is able to access Health Commerce System? Backup users will need to be identified and enrolled.	We are working on adding the ability to add additional users. You can also utilize the MAS system to see upcoming expiring 2020 forms.
	How are we able to add contact person in the HCS?	Contact medtrans@health.ny.gov