
Medicaid Transportation - Common Medical Marketing Area Policy and Procedure

Common Medical Marketing Area

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 an enrollee requests Medicaid Transportation to a provider or service outside of their CMMA when the service or specialty is available within the CMMA, the request will be denied. (18 NYCRR § 505.10 (d) (7) (vi)).

POLICY:

When an enrollee requests transportation to specialty medical care outside of their CMMA, a 2020-U Form (see attached) is required. The enrollee will continue to be required to travel by the most medically appropriate, cost effective mode of transportation regardless of the location of where the services are to be rendered.

Traveling outside a CMMA is **ONLY** appropriate when one of the following conditions is met:

- When the medical care and services required are **not** available within the CMMA of the enrollee's community.
- When the medical need to continue a specialized regimen of care or service with a specific provider necessitates travel outside the enrollee's CMMA despite the fact that the medical care or service is available within the CMMA.
- When there are any other circumstances which are unique to the enrollee and the transportation manager and/or the New York State Department of Health determines that travel outside the CMMA is appropriate.

Unless specifically authorized by the Department of Health, the transportation manager will not authorize transportation outside the CMMA when the enrollee has been noncompliant with local medical providers and is unable to receive services locally based on their own actions.

When necessary, the transportation manager may require the physician to submit a letter outlining the medical necessity to travel outside the CMMA. If a letter of medical necessity is required the transportation manager will contact the enrollee directly and provide the enrollee with the information to be included.

Please note completion of the CMMA 2020-U Form does not guarantee authorization of Medicaid-funded transportation outside the CMMA. It is the responsibility of the Medicaid non-emergency transportation manager to determine eligibility for travel outside the CMMA. Any omission of the requested information will cause a delay in a determination.

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PROCEDURE:

The CMMA 2020-U Form can be obtained by 1) visiting the transportation manager's website, 2) calling the transportation manager, or 3) requesting the CMMA form from the referring physician. Once the form is obtained the following steps must be taken:

1. The CMMA 2020-U Form must be fully completed and signed by the referring physician. (Please note that the accepting physician is not to sign the form and authorize transportation to their facility.) The medical justification and diagnosis with a care plan duration must be included on the CMMA 2020-U form.
2. Once the form is completed, it must then be submitted to the transportation manager for review and approval. The transportation manager requests that the form is submitted seven (7) business days prior to the date of the appointment to ensure adequate time for review, approval, and arrangement of the trip.
3. The transportation manager is contractually bound to ensure the request to travel outside of a CMMA is appropriate and may ask for additional information to determine the legitimacy of the request. Any omission of the requested information will cause a delay in a determination.
4. Once the information is reviewed, enrollees will receive notification by the transportation manager of the determination.