



Guidelines for MCO Service Delivery Networks - Version 3.0

BACKGROUND: An MCO must provide, or arrange for, the full range of comprehensive health services covered in the approved benefit package to enrollees.

PHL §4403, IL §4303, Title 10 NYCRR Part 98 - 1.13

Medicaid, HIV Special Needs Plan (HIV SNP), Child Health Plus (CHP), Health and Recovery Plan (HARP), and Commercial - Refer to appropriate contract

Overview of Core Provider Types

The service delivery network or provider network for a Managed Care Organization (MCO) is reviewed on a county specific basis and shall be comprised of primary care, specialty care, ancillary providers, and related institutions consistent with the benefit package. Each county network must include one (1) hospital where available; however, counties with high population density require additional hospitals (see [Attachment 1](#)). Furthermore, Medicaid provider networks must also include traditional Medicaid providers (e.g. Presumptive Eligibility Provider, FQHC, etc.), as available.

The MCO is required to have the full array of contracted providers listed in Tables 1 and 2 of the Provider Network Data System (PNDS) Data Dictionary (see [Attachment 2](#) & [Useful Links](#)), in each county. In rural counties, this may not be possible due to lack of available providers. In counties where this is evident, MCOs may contract with providers in adjacent counties (see *Service Area* below) to fulfill the network requirements. [Attachment 2](#) provides a sample and the link to the listing of the core provider and service types for Medicaid, HIV SNP, HARP, CHP, and Commercial Programs.

Network Requirements

Capacity Requirements

To satisfy the requirements outlined in Tables 1 and 2 of the PNDS Data Dictionary (see [Attachment 2](#)), the network must include sufficient numbers of each provider type, be geographically distributed, and ensure choice of primary and specialty care providers. Ratios of provider to members for primary care and associated physician extenders (Nurse Practitioner, Physician Assistants, Nurse Midwives) have been established and are reflected in [Attachment 3](#). Basic guidelines are as follows (exceptions are listed in *Attachments* and the following sections):

- Public Health Law requires that members be allowed a choice of at least three (3) geographically accessible primary care providers (PCP). PCP types differ between children and adults and the minimum PCP network requirements found in [Attachment 3](#) reflect this difference.
- MCOs are required to contract with a minimum of two (2) of all other required specialist provider types in each county, where available. Additional providers may be required based on enrollment and to ensure geographic accessibility.



Traditional Medicaid Providers (excludes Commercial networks)

MCOs are required to contract with one (1) of the following traditional Medicaid providers per county:

- Presumptive Eligibility Providers (PEPs) (See next section)
- Federally Qualified Health Centers (FQHCs)*
- Designated AIDS Centers (DACs)

*FQHC: An MCO is required to offer a contract with an FQHC in each county where an FQHC exists. A list of FQHC's in New York State can be found here:

https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/ny/

Presumptive Eligibility Providers (PEP)

As defined in the Medicaid Model Contract, Section I; *Presumptive Eligibility Provider (PEP)* means a provider designated by the Department of Health (DOH) as qualified to determine the presumptive eligibility for pregnant women to allow them to receive prenatal services immediately. These providers assist such women with the completion of the full application for Medicaid and they may be comprehensive Prenatal Care Programs, Local Public Health Agencies, Certified Home Health Agencies, Public Health Nursing Services, Article 28 facilities, and individually licensed physicians and certified nurse practitioners.

Regional Perinatal Center (RPC) means a DOH designated hospital or hospitals housing a perinatal care service which meets the standards for a Level III perinatal care service which also includes highly specialized services that may not be available at all Level III hospitals. An RPC serves a geographic area or a group of perinatal affiliates and can cover PEP services.

MCOs are required to make maternal and neonatal referrals and transfers within the DOH's statewide perinatal regionalization system consistent with sections 405 and 721 of the Compilation of the Rules and Regulations of the State of New York (NYCRR) Title 10. Each birthing hospital is required to have an affiliation and transfer agreement with an RPC with the following time/distance standard:

- Maximum allowable surface travel time to reach an RPC hospital shall be two hours under usual weather and road conditions, and the receiving hospital shall be accessible and convenient to the mother's place of residence whenever possible.

The link identifying DOH designated Regional Perinatal Centers is:

https://profiles.health.ny.gov/hospital/designated_center/Regional+Perinatal+Center

Please note, it is highly recommended that the above identified sections of NYCRR Title 10 be reviewed in their entirety to assure compliance with all parts of the regulations.

Behavioral Health Networks

The behavioral health network of an MCO is required to provide mental health and alcohol and substance



abuse services to enrollees. These benefits are provided through contracts with individual providers, outpatient facilities and inpatient facilities.

In the case of outpatient mental health, at least one contracted facility in the county must be licensed by the Office of Mental Health (OMH) pursuant to Article 31 of the Mental Hygiene Law, or be a facility operated by OMH. In the case of mental health inpatient services, at least one contracted facility must be either a psychiatric center under the jurisdiction of the OMH or a unit or part of a hospital operating under Article 28 of the Public Health Law.

The provision of alcohol and substance abuse services must also be provided by contracted Office of Alcohol and Substance Abuse (OASAS) Certified or authorized outpatient; inpatient; and, residential facilities/programs. Such programs are certified or authorized by the OASAS pursuant to Article 32 of the Mental Hygiene Law.

MCOs may contract with a behavioral health Independent Practice Associations (IPA) that is comprised of mainly facilities or directly with facilities rather than with individual providers. In these cases, the MCO is required to either:

- Identify the individual providers that are employed at those facilities via the physician and other provider's data file submitted via the PNDS; OR
- Identify, through the ancillary data file submitted via the PNDS, each facility and the types of services that are available at each facility. For example, provider record will be used to identify the type of facility but must also include the additional services codes to reflect behavioral health services available at the facility such as psychology, child psychiatry, social work, or psychiatry.

If the MCO only submits the facilities and services provided, then the MCO is required to identify, by name, specialty and license number, each of the individual practitioners practicing at these facilities with their annual 4th quarter PNDS submission.

Additional requirements for Medicaid Managed Care Plan Behavioral Health Networks are listed in [Attachment 4](#).

Out of County Ancillary Providers

The PNDS is now able to capture the service area of ancillary provider types that operate from a single office location but often provide services in multiple counties. These providers types include:

- Certified Home Health Care (CHHA)
- Consumer Directed Personal Care (CDPC)
- Durable Medical Equipment (DME)
- Fiscal Intermediary (FI)
- Hospice Care
- Licensed Home Health Care – Personal Care Assistance (LHHA/PCA)
- Medical Laboratories
- Personal Emergency Response System (PERS)



Service Area Geography

Service Area

The service area is defined as a county. The PNDS utilizes zip code lookup to determine the Service Area. In counties (except New York City) where there is a lack of health care resources and consistent with utilization patterns of consumers, the service area may include a county and portions of adjacent counties, as identified by the Service Area. This service area extension is on average about 10 miles beyond the county border but can extend to at most 30 miles. In rural areas, which do not support all the required services (e.g. inpatient hospital, inpatient behavioral health services), the county service area may extend to the closest available provider. (See [Attachment 5](#) for the list of urban & rural regions by county)

Time and Distance Standards

For networks serving Medicaid, HIV SNP, HARP, and CHP members, the time and distance standard (from a member's residence to an available participating provider) is as follows:

- **Metropolitan areas** - 30 minutes by public transportation
- **Non-Metropolitan areas** - 30 minutes or 30 miles by public transportation or by car
- **Rural areas** - transportation requirements may exceed these standards if justified

For Commercial networks, the time and distance standards are as follows:

- **For PCPs** - 30 minutes or 30 miles
- **For all other providers** - Preferred that they satisfy the 30 minutes or 30-mile standard

Review of Provider Networks by DOH

Network Submissions to the PNDS

The MCO must satisfactorily submit its health care provider network electronically to the PNDS. This system captures both individual practitioners and facility-based services and uses this data to identify deficiencies in MCO provider networks, by county and specialty.

Periodicity of Review

The Medicaid, HIV SNP, HARP, CHP, and Commercial networks are all reviewed on a quarterly basis.



Attachments



Attachment 1

Hospital Contracting Requirements

Applies to: *Medicaid, HIV SNP, HARP, CHP, Commercial*

County	Minimum Hospital Contracting Requirements
Bronx, New York, Queens, Kings, Nassau, Suffolk, Westchester, Erie	3 per county
Albany, Chautauqua, Monroe, Niagara, Oneida, Onondaga, Orange, Richmond, St. Lawrence	2 per county
All Other Counties	1 per county (where available*)

*There are **no hospitals** available in the following counties: Greene, Hamilton, Seneca, Tioga, Washington. Medicaid Contract Section 21.16(a): If no General Acute Hospitals “are located within thirty (30) minutes travel time/thirty (30) miles travel distance, the Contractor must include the next closest site in its network.”



Attachment 2

Samples of Tables 1 and 2 from Data Dictionary V 8.0, February 2018

Full tables found at the end of the Data Dictionary

These tables are subject to change regularly; please refer to the latest full version of the Data Dictionary found at https://www.health.ny.gov/health_care/managed_care/docs/dictionary.pdf or in the [PNDS Reference Downloads Section](#)

LEGEND:
 * - Used for Adequacy Measures
 N - Not Used for Adequacy Measures

Sample: Table 1 - Core Listing of Required Providers by Program Type

Table 1 - Core Listing of Required Providers by Program Type

Category of Service	Primary Designation	Provider Type	Specialty Codes	Commercial MCO off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/EP	NYSOH Dental	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	Commercial Non-MCO Dental	FIDA IDD	
Primary Care Providers																			
Family Practice	1, 3	01, 12	50	*	*	*	*(SNP-1)	N	*	N	*	*	N	*	*	N	N	*	
General Practice	1, 3	01, 12	776	*	*	*	*(SNP-1)	N	*	N	*	*	N	*	*	N	N	*	
Internal Medicine	1, 3	01, 12	60	*	*	*	*(SNP-1)	N	*	N	*	*	N	*	*	N	N	*	
Nurse Practitioners	1	2	050, 060, 150, 776	*(NP)	*(NP)	*(NP)	*(SNP-1)	N	N	N	*	*(NP)	N	*(NP)	*(NP)	N	N	*	
Pediatrics	1, 3	01, 12	150	*	*	*	*(SNP-1)	N	N	N	N	N-EP / *QHP	N	N	*	N	N	N	
Obstetrics/Gynecology Care																			
Gynecology	2, 3	01, 12	905	*	*	*	*	N	*	N	*	*	N	*	*	N	N	*	
Nurse Midwife/Certified Midwife	2, 3	03, 50	782	*	*	*	*	N	N	N	*	*	N	*	*	N	N	*	
Obstetrics & Gynecology (OB/GYN)	2, 3	01, 12	89	*	*	*	*	N	N	N	*	*	N	*	*	N	N	*	



Sample: Table 2 - Core Listing of Required Services by Program Type

Table 2 - Core Listing of Required Services by Program Type

Category of Service	Designated Service Codes	Additional Service Codes	Commercial MCO off of the NYSOH	CHP	Medicaid	HIV Special Needs	MAP & MLTC	PACE	Medicaid Advantage	FIDA	NYSOH QHP/EP	HARP	Commercial Non-MCO Medical	Commercial Non-MCO Vision	FIDA IDD
Ancillary/Tertiary Care Services															
Adult BH HCBS Community Psychiatric Supports and Treatment (CPST)	839		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult BH HCBS Education Support Services	862		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult BH HCBS Family Support & Training	855		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult BH HCBS Habilitation	854		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult BH HCBS Intensive Crisis Respite	857		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult BH HCBS Intensive Supportive Employment	860		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult BH HCBS Ongoing Supported Employment	861		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult BH HCBS Peer Support	837		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult BH HCBS Pre-Vocational Services	858		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult BH HCBS Psychosocial Rehabilitation (PSR)	836		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult BH HCBS Short Term Crisis Respite/ Short Term Crisis Respite	856		N	N	N	*	N	N	N	N	N	*	N	N	*
Adult BH HCBS Transitional Employment	859		N	N	N	*	N	N	N	N	N	*	N	N	N
Adult Day Health Care	664		N	N	*	*	*	*	N	*	N	*	N	N	*
AIDS Designated Centers	011, 321	408	N	N	*	*	N	N	N	N	N	*	N	N	N
Assertive Community Treatment	816		N	N	*	*	N	N	N	*	N	*	N	N	*
Assisted Living	666		N	N	N	N	N	N	N	*	N	N	N	N	N



Attachment 3

Patient to Provider Ratio Guidelines

Network Requirements: Minimum of three (3) geographically accessible primary care providers per member to allow for choice. Otherwise, the following guidelines apply:

Healthcare Practitioner	Enrollees Per Professional		
Primary Care Service	HIV SNP	Medicaid, CHP, HARP	Commercial
General/Family Practice	350**	1,500	2,500 - 4,070
Internal Medicine	350**	1,500	3550
OB/GYN	350**/1,500	1,500	8,320 - 10,400
Pediatrics	350**/1,500	1,500	6,600 - 8,250
General Dentist***	2,000	2,000	

***Adult and pediatric HIV primary care specialists: For one physician extender for an Individual Provider, add 900 members.*

**** See Medicaid Contract Section 21.17(a)*

***Primary Care Physician Contracting Requirements per County:
 Child vs. Adult
 Applies to: Medicaid, HIV SNP, CHP, HARP, Commercial***

Member Type	Eligible PCP Provider Types	Minimum PCP Requirements
Adult*	<ul style="list-style-type: none"> - Internal Medicine - Family Practice - General Practice 	<i>3 total per county Statewide</i>
Child	<ul style="list-style-type: none"> - Pediatrician - Family Practice 	<i>3 total per county Statewide</i>

**For HIV SNP Plans, 3 AIDS/HIV Specialists required for Adults. Child PCP requirement must be met for enrollment of non-HIV children of HIV members.*



Attachment 3 (cont.)

Specialist Caseload Ratios

Practitioner	Practitioner/100K Population	Population/Practitioner
Allergy/Immunology	0.8	121,780
Cardiology	3.1	32,210
Dermatology	2.8	35,420
Emergency Medicine	5.4	18,490
Endocrinology	0.8	121,780
Gastroenterology	2.6	38,410
Hematology/Oncology	3.6	27,740
Infectious Disease	0.9	110,960
Neonatology	0.5	192,040
Nephrology	1.1	90,780
Neurology	1.1	94,210
Ophthalmology	4.6	21,520
Orthopedic Surgery	6	16,530
Otolaryngology	3.2	31,210
Pathology	5.4	18,490
Rehab Medicine	1.3	78,020
Plastic Surgery	1.1	92,470
Psychiatry	15.4	6,494



Attachment 4

Additional Medicaid Managed Care Network Requirements

Nursing Home Contracting Requirements

Applies to: Medicaid, HIV SNP, HARP, CHP, Commercial

County	Non-Specialty Nursing Home Contracting Requirements	Specialty Nursing Home Contracting Requirements
Kings, Queens, Bronx, Suffolk, Nassau, Westchester, Erie, Monroe	<i>8 per county</i>	<i>2 per county of each type of Specialty Nursing Home in each county (where available). Specialty NHs include:</i> <ol style="list-style-type: none"> 1. AIDS 2. Behavioral Intervention 3. Vent 4. Pediatric 5. Pediatric Vent 6. TBI
New York, Richmond	<i>5 per county</i>	
Oneida, Dutchess, Onondaga, Albany	<i>4 per county</i>	
Broome, Niagara, Orange, Rockland, Rensselaer, Chautauqua, Schenectady, Ulster	<i>3 per county</i>	
All Other Counties	<i>2 per county (where available)</i>	

Network requirements for specialty nursing homes can be found here:

https://www.health.ny.gov/health_care/medicaid/redesign/mco_snf_special_network_require_state_final.htm

Pharmacy Network

Applies to: Medicaid, HIV SNP, HARP, CHP, Commercial

The MCO must contract with 24-hour pharmacies and must ensure that all Enrollees have access to at least **one** such pharmacy within thirty (30) minutes from the Enrollee’s residence (by car or public transportation) unless none are located within such distance. If there is not a twenty-four (24) hour pharmacy “located within thirty (30) minutes travel time from the Enrollee’s residence, the Contractor must include the closest site in its network.”



Attachment 4 (cont.)

***Long Term Services and Supports (LTSS) Contracting Standards
Applies to: Medicaid, HIV SNP, HARP, CHP, Commercial***

Category of Service	Minimum Required	Service Area
Consumer Directed Personal Assistance Services (CDPC/Fiscal Intermediaries)	<i>2 per county</i>	<i>Statewide</i>
Adult Day Health Care	<i>3 per county</i>	<i>Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester</i>
	<i>2 per county</i>	<i>Rest of State</i>
Designated AIDS Centers	<i>2 per county</i>	<i>Bronx, Kings, Manhattan, Queens, Richmond, Nassau, Suffolk, Westchester</i>
	<i>1 per county where available</i>	<i>Rest of State</i>



Behavioral Health Services Contracting Standards
Applies to: Medicaid, HIV SNP, HARP, CHP, Commercial**

Category of Service	Urban Counties	Rural Counties**
Office of Mental Health (OMH)		
Outpatient Mental Health Clinic	<i>The higher of 50% of all licensed clinics or minimum of 2 per county</i>	<i>The higher of 50% of all licensed clinics or minimum of 2 per region*</i>
Outpatient Mental Health Clinic – State Operated	<i>All in county</i>	<i>All in region</i>
Personalized Recovery Oriented Services (PROS); Intensive Psychiatric Rehabilitation Treatment (IPRT); or Continuing Day Treatment	<i>The higher of 50% of the total sites offering those three services, or minimum of 2. Where there are PROS programs within the county or region, the MCO must contract with the PROS programs first to meet its minimum network requirement.</i>	
Assertive Community Treatment (ACT)	<i>2 per county</i>	<i>2 per region</i>
Partial Hospitalization	<i>2 per county</i>	<i>2 per region</i>
Inpatient Psychiatric Services	<i>2 per county</i>	<i>2 per region</i>
Home and Community Based Service (HCBS) Services (HARPs and HIV SNPS only)	<i>2 of each service type per county (as available)</i>	<i>2 of each service type per region (as available)</i>
Comprehensive Psychiatric Emergency Program (CPEP) and 9.39 ERs	<i>2 per county</i>	<i>2 per region</i>
Other Licensed Practitioner (OLP)	<i>The higher of 50% of all programs designated or minimum of 2 per county designated where available</i>	<i>The higher of 50% of all programs designated or minimum of 2 per region designated where available</i>
Psychosocial Rehabilitation Services (PSR)	<i>The higher of 50% of all programs designated or minimum of 2 per county designated where available</i>	<i>The higher of 50% of all programs designated or minimum of 2 per region designated where available</i>
Community Psychiatric Supports and Treatment (CPST)	<i>The higher of 50% of all programs designated or minimum of 2 per county designated where available</i>	<i>The higher of 50% of all programs designated or minimum of 2 per region designated where available</i>



Office of Alcohol and Substance Abuse Services (OASAS)		
Inpatient Chemical Dependency (ASA Inpatient)	<i>2 per county</i>	<i>2 per region</i>
Medically Managed Detox Services	<i>2 per county</i>	<i>2 per region</i>
Medically Supervised Detoxification Services (inpatient and outpatient)	<i>2 per county</i>	<i>2 per region</i>
Outpatient Chemical Dependency (Clinic and Outpatient Rehabilitation)	<i>50% of all licensed clinics or at least 2 per county, whichever is greater</i>	<i>50% of all licensed clinics or at least 2 per county, whichever is greater</i>
Opioid Treatment Program	<i>All programs in the county; For NYC - all programs in NYC</i>	<i>All programs in region</i>
Residential Substance Abuse Treatment Services (Stabilization, Rehabilitation)	<i>2 per county</i>	<i>2 per region</i>
Buprenorphine prescribers	<i>All authorized prescribers in the contractor's service area (Rural/Urban NOT applicable)</i>	

*** Region is defined as the catchment area beyond the border of a county as determined by the State and set forth in the State-issued Behavioral Health Guidance document.**

****Rural County/Region rules apply only to Medicaid, HIV SNP, and HARP.**



Home and Community Based Service (HCBS)
Applies to: HARP, HIV SNP

For MCO's that also provide services through the HARP product, the network must include a minimum of 2 providers of each type of Home and Community Based Service (HCBS). The plan is required to contract with an adequate number of Crisis Intervention service providers and Essential Community Behavioral Health Providers in accordance with guidance issued in the Medicaid Managed Care Contract and the Behavioral Health Guidance document.

HCBS (HARP & HIV SNP ONLY)	Urban Counties	Rural Counties
Community Psychiatric Support and Treatment (CPST)	<i>2 per county</i>	<i>2 per region</i>
Psychosocial Rehab (PSR)	<i>2 per county</i>	<i>2 per region</i>
Empowerment Services (Peer Supports)	<i>2 per county</i>	<i>2 per region</i>
Family Support and Training	<i>2 per county</i>	<i>2 per region</i>
Habilitation	<i>2 per county</i>	<i>2 per region</i>
Intensive Crisis Respite	<i>2 per county</i>	<i>2 per region</i>
Short term Crisis Respite	<i>2 per county</i>	<i>2 per region</i>
Education Support Services	<i>2 per county</i>	<i>2 per region</i>
Pre-vocational Services	<i>2 per county</i>	<i>2 per region</i>
Intensive Supported Employment (ISE)	<i>2 per county</i>	<i>2 per region</i>
Ongoing Supported Employment (OSE)	<i>2 per county</i>	<i>2 per region</i>
Transitional Employment	<i>2 per county</i>	<i>2 per region</i>



Community First Choice Option Contracting Standards (CFCO)
Applies to: Medicaid, HIV SNP, HARP
(Services to begin 1/1/20)

Category of Service	Urban Counties	Rural Counties
Assistive Technology	<i>2 per county</i>	<i>2 per region</i>
Home-Delivered Meals	<i>2 per county</i>	<i>2 per region</i>
Skill Acquisition Maintenance and Enhancement (SAME)	<i>2 per county</i>	<i>2 per region</i>

**MCOs are required to contract with the providers where available.*

***MCOs are required to offer contracts to any OPWDD Community Habilitation (CM) provider that serves at least 5 enrollees.*

****For other OPWDD CH/SAME providers (less than 5 enrollees), the plan should at a minimum offer single case agreement to ensure continuity of care for individuals.*

Hemophilia Treatment Providers
Applies to: Medicaid and HARP

**Hemophilia Treatment Centers	<i>1 Per County-Urban</i>	<i>1 Per Region-Rural</i>
**Other Clotting Factor Pharmacies	<i>1 Per County-Urban</i>	<i>1 Per Region-Rural</i>

*** MCOs must contract with Hemophilia Treatment Providers that currently serve five (5) or more members of **the** MCO.*



Attachment 5

List of Regional Planning Consortium (RPC)/Urban & Rural Regions by County

County	RPC Regions	Urban or Rural Regions
Albany	Northeast Region	Urban
Allegany	Finger Lakes Region	Rural
Bronx	New York City Region	Urban
Broome	Finger Lakes Region	Rural
Cattaraugus	Finger Lakes Region	Rural
Cayuga	Central Region	Rural
Chautauqua	Finger Lakes Region	Rural
Chemung	Finger Lakes Region	Rural
Chenango	Central Region	Rural
Clinton	Utica-Adirondack Region	Rural
Columbia	Central Region	Rural
Cortland	Central Region	Rural
Delaware	Central Region	Rural
Dutchess	Mid-Hudson Region	Urban
Erie	Western Region	Urban
Essex	Utica-Adirondack Region	Rural
Franklin	Utica-Adirondack Region	Rural
Fulton	Northeast Region	Rural
Genesee	Western Region	Rural
Greene	Central Region	Rural
Hamilton	Utica-Adirondack Region	Rural
Herkimer	Utica-Adirondack Region	Rural
Jefferson	Utica-Adirondack Region	Rural
Kings	New York City Region	Urban
Lewis	Utica-Adirondack Region	Rural
Livingston	Finger Lakes Region	Rural
Madison	Central Region	Rural
Monroe	Western Region	Urban
Montgomery	Northeast Region	Rural
Nassau	Long Island Region	Urban
New York	New York City Region	Urban
Niagara	Western Region	Urban
Oneida	Utica-Adirondack Region	Urban
Onondaga	Central Region	Urban
Ontario	Finger Lakes Region	Rural
Orange	Mid-Hudson Region	Urban
Orleans	Western Region	Rural



County	RPC Regions	Urban or Rural Regions
Oswego	Utica-Adirondack Region	Rural
Otsego	Central Region	Rural
Putnam	Northern Metro Region	Rural
Queens	New York City Region	Urban
Rensselaer	Northeast Region	Rural
Richmond	New York City Region	Urban
Rockland	Northern Metro Region	Urban
Saratoga	Northeast Region	Urban
Schenectady	Northeast Region	Rural
Schoharie	Central Region	Rural
Schuyler	Finger Lakes Region	Rural
Seneca	Finger Lakes Region	Rural
St. Lawrence	Utica-Adirondack Region	Rural
Steuben	Finger Lakes Region	Rural
Suffolk	Long Island Region	Urban
Sullivan	Mid-Hudson Region	Rural
Tioga	Finger Lakes Region	Rural
Tompkins	Central Region	Rural
Ulster	Mid-Hudson Region	Rural
Warren	Northeast Region	Rural
Washington	Northeast Region	Rural
Wayne	Finger Lakes Region	Rural
Westchester	Northern Metro Region	Urban
Wyoming	Western Region	Rural
Yates	Finger Lakes Region	Rural

Useful Links

Resource	Link
PNDS Login	https://pnds.health.ny.gov/Account/Login
NYS Health Profiles	https://profiles.health.ny.gov/
PNDS Data Dictionary	https://www.health.ny.gov/health_care/managed_care/docs/dictionary.pdf
PNDS Lookup	https://pndslookup.health.ny.gov/
Quest Analytics	https://www.questanalytics.com/