

## **Appendix 4.7**

### **County-Specific Standards**

**New York State Managed Care Program  
County Participation Options**

*Albany County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in County
3. Medical Transportation  Emergency Non-Emergency	Included in capitation  Included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	Plan cooperation required in the collection of data for quality assurance focus studies initiated by the Albany County Department of Mental Health and Albany County Department of Health, should comparable data not be obtainable from the State.

Notes:

- Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Allegany County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standards
2. Service Area	Western part of county or entire county
3. Medical Transportation Emergency Non-Emergency	Not included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	N/A No public hospital
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	State standards

Notes:

- Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Broome County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation Emergency Non-Emergency	Not included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be excluded
6. Data Reporting to County	Plans must submit the following to County: Utilization and encounter data collected pursuant to Section 2.14 of the Qualification Document; Enrollment summaries comparing actual to projected enrollment by rate category.

Notes:

- Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Cattaraugus County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	SDOH standard
2. Service Area	All zip codes in county
3. Medical Transportation Emergency Non-Emergency	Not included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	State Standards

Notes:

- Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Cayuga County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Requiring County-wide coverage
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	Will not be enrolled
6. Data Reporting to County	No County-specific data reporting requirements

Notes:

- Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Chautauqua County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	SDOH standard
2. Service Area	Plans may propose to serve less than the full county in a manner defined by the plan (using contiguous zip codes).
3. Medical Transportation  Emergency Non-Emergency	Not included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled (case by case basis)
6. Data Reporting to County	State Standard

Notes:

- Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Chemung County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standards
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Not included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	N/A No public hospital
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	   Will be enrolled
6. Data Reporting to County	State standards

Notes:

- Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Chenango County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	Yes
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	Will not be enrolled
6. Data Reporting to County	Yes require plans to submit\ certain enrollment and encounter-related reports to LDSS.

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Clinton County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	1:1500
2. Service Area	All zip codes in county
3. Medical Transportation Emergency Non-Emergency	Not included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	N/A
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	Yes require plans to submit\ certain enrollment and encounter-related reports to county.

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Columbia County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation Emergency Non-Emergency	Not included in capitation Included in capitation
4. Public Hospital Contract Mandate (1)	Yes
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Cortland County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">Emergency Non-Emergency</div>	<div style="text-align: center;">Included in capitation Not included in capitation</div>
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">HR Adults Foster Care Children</div>	<div style="text-align: center;">Will be included Will be included</div>
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Delaware County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">Emergency Non-Emergency</div>	<div style="text-align: center;">Included in capitation Not included in capitation</div>
4. Public Hospital Contract Mandate (1)	Plans must contract with the following: “The Hospital”
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">Foster Care Children</div>	Will be excluded
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Dutchess County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standards
2. Service Area	Will accept proposals for less than entire county
3. Medical Transportation Emergency Non-Emergency	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No public hospitals
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Case by case included
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Erie County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">Emergency Non-Emergency</div>	<div style="text-align: center;">Not included in capitation Not included in capitation</div>
4. Public Hospital Contract Mandate (1)	Plans must contract with the following: Erie County Medical Center
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  <div style="text-align: right; padding-right: 20px;">Foster Care Children</div>	<div style="text-align: center;">Will be included (8/99)</div>
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Essex County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All of county or only parts of county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">Emergency Non-Emergency</div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	N/A
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">Foster Care Children</div>	Will not be enrolled
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Franklin County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Willing to contract with plans for less than county service area
3. Medical Transportation Emergency Non-Emergency	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	NA
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Fulton County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	Plans must adhere to maximum ratio of 1,000 to 1
2. Service Area	All zip codes in county
3. Medical Transportation Emergency Non-Emergency	Included in capitation Delete non-emergency transportation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be excluded
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.



**New York State Managed Care Program  
County Participation Options**

*Greene County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	Will be enrolled
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Herkimer County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Plans may exclude the following zip codes from their service area: 13420; 13331; 13472. The zip codes must be added within one year.
3. Medical Transportation  Emergency Non-Emergency	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Jefferson County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation  Emergency Non-Emergency	  Delete Delete
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	  Will be excluded
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Lewis County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Not included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	With Lewis County General
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	   Will be enrolled
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Livingston County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Will accept proposals for less than entire county
3. Medical Transportation Emergency Non-Emergency	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	Yes
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Madison County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	Yes
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	Will not be enrolled
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Monroe County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation Emergency Non-Emergency	Included in capitation Included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be excluded
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Montgomery County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Partial county service area is acceptable
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">Emergency Non-Emergency</div>	<div style="text-align: center;">Included in capitation Not included in capitation</div>
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  <div style="text-align: right; padding-right: 20px;">Foster Care Children</div>	Will be excluded
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Nassau County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Included in capitation
4. Public Hospital Contract Mandate (1)	Yes, with Nassau County Medical Center
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	 Will be enrolled
6. Data Reporting to County	Will require data reporting to LDSS

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Niagara County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation  Emergency Non-Emergency	Included in capitation Included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates Any new MCO should include the MOU with the Niagara County Dept. of Health as do the current plans.
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) SSI -related will be enrolled - <u>no</u> cap  Foster Care Children	Will be enrolled
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

\* Would like any new plan to include the MOU with the Niagara Co. Dept. of Health as do the current plans.

**New York State Managed Care Program  
County Participation Options**

*New York City*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	NYC will not award contracts for a service area which is less than one borough; and will not contract for a service area consisting of a single borough, except with respect to the boroughs of Bronx, Brooklyn, and Manhattan.
3. Medical Transportation Emergency Non-Emergency	Included in capitation Included in capitation
4. Public Hospital Contract Mandate (1)	No public hospital contract mandate
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Direct care foster children are currently not enrollable, but will be in the future, upon written notice from the Agency for Children's Services (ACS).
6. Data Reporting to County	Additional requirements as specified in the contract

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Oneida County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	<div style="text-align: center;">                     Included in capitation                      Not included in capitation                 </div>
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	<div style="text-align: center;">                     Will be enrolled                 </div>
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Onondaga County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation  Emergency Non-Emergency	Included in capitation Included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	Weekly updates on providers closed to new patients and providers not in their network. Plans agree to use the Central New York Immunizations Information System and the Perinatal Data Systems. Dental services - include in benefit package if the plan is able to develop a network to provide these services.

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Ontario County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Requiring County-wide coverage
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	Will be enrolled on a case-by-case basis
6. Data Reporting to County	County requires the continued use of its enrollment/disenrollment tracking system.

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Orange County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Whole County
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not Included in capitation
4. Public Hospital Contract Mandate (1)	N/A
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	Will be enrolled on a case by case basis
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Orleans County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation  Emergency Non-Emergency	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled on a case by case basis
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Oswego County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Request all zip codes in county (flexible)
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	<div style="text-align: center;">                     Included in capitation                      Not included in capitation                 </div>
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	<div style="text-align: center;">                     Included (unless excluded)                 </div>
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Otsego County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	Standard ratios
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	Will be enrolled
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Putnam County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	Plans must adhere to maximum ratio of 500:1
2. Service Area	All zip codes in county
3. Medical Transportation  Emergency Non-Emergency	Not Included in capitation Plan Option
4. Public Hospital Contract Mandate (1)	Plans must contract with the following: Westchester County Medical Center
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Rensselaer County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation Emergency Non-Emergency	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	Plans must submit the following to County: Encounter data on a quarterly basis and copies of quality assurance related data submitted to the State.

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Rockland County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Requiring County-wide coverage
3. Medical Transportation  Emergency Non-Emergency	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	Plans must contract with the following: Rockland County Department of Hospitals
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	Additional requirements are identified in the county contract.

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Saratoga County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Requiring County-wide coverage
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">Emergency</div> <div style="text-align: right; padding-right: 20px;">Non-Emergency</div>	Not included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  <div style="text-align: right; padding-right: 20px;">Foster Care Children</div>	Will be enrolled on a case-by-case basis
6. Data Reporting to County	No County-specific data reporting requirements

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Schenectady County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	<div style="text-align: center;">                     Included in capitation                      Not included in capitation                 </div>
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	<div style="text-align: center;">                     Will be enrolled                 </div>
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Schoharie County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation Emergency Non-Emergency	Included in capitation Included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be excluded
6. Data Reporting to County	Plans must submit the following to County: A monthly list of new providers and providers who are closed to new members.

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Schuylers County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Requiring County-wide coverage
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	yes
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	Will be enrolled on a case-by-case basis
6. Data Reporting to County	No County-specific data reporting requirements

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Seneca County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Plans may exclude the following zip codes from their service area: 14847; 14860; 14888; 14886
3. Medical Transportation  Emergency Non-Emergency	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be enrolled
6. Data Reporting to County	

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Steuben County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	1:1500
2. Service Area	Yes, we have 3
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	N/A
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	   Case by case
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*St. Lawrence County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	1:1500
2. Service Area	All zip codes in county
3. Medical Transportation Emergency Non-Emergency	None included unless provider willing to do emergency only
4. Public Hospital Contract Mandate (1)	Yes, Massena
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Possible- case by case basis
6. Data Reporting to County	Copies of transmission letters for assistance in client education

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Suffolk County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Full county proposals only
3. Medical Transportation Emergency Non-Emergency	Included in capitation At Plan Option
4. Public Hospital Contract Mandate (1)	N/A no public hospital
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	At FC Parent Option
6. Data Reporting to County	No data other than in model contract

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Sullivan County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Whole County
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not Included in capitation
4. Public Hospital Contract Mandate (1)	N/A
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	Will be enrolled on a case by case basis
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Tioga County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">Emergency Non-Emergency</div>	<div style="text-align: center;">Not included in capitation Not included in capitation</div>
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  <div style="text-align: right; padding-right: 20px;">Foster Care Children</div>	<div style="text-align: center;">Will be enrolled</div>
6. Data Reporting to County	State standard

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Tompkins County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	1:1500
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	 Case by case
6. Data Reporting to County	Nothing specific to our county

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Ulster County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Entire or parts of county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	MCO option MCO option
4. Public Hospital Contract Mandate (1)	N/A
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	 Case by case basis
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Warren County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Preferred but not required
4. Public Hospital Contract Mandate (1)	No
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	Will not be enrolled
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Washington County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation Emergency Non-Emergency	Included in capitation Preferred but not required
4. Public Hospital Contract Mandate (1)	No
5. Inclusion of Optional Populations Foster Care Children	Case by case
6. Data Reporting to County	C/THP Data following current format

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Wayne County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	1:1500
2. Service Area	All zip codes in county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  <div style="text-align: right; padding-right: 20px;">Foster Care Children</div>	Inclusion dependent on available providers
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Westchester County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	All zip codes in county
3. Medical Transportation  Emergency Non-Emergency	Included in capitation Included in capitation
4. Public Hospital Contract Mandate (1)	(see below)
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  Foster Care Children	Will be excluded
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

\* If Westchester Medical Center is, by definition, a public hospital then we must mandate that health plans contract with WMC.

**New York State Managed Care Program  
County Participation Options**

*Wyoming County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State Standards
2. Service Area	Full and/or partial are acceptable
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	Included in capitation Not included in capitation
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation)  <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	   Determined on a case by case basis
6. Data Reporting to County	State standards

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.

**New York State Managed Care Program  
County Participation Options**

*Yates County*

Participation Area	Specific County Options
1. Member-to-Provider Ratio	State standard
2. Service Area	Entire county
3. Medical Transportation <div style="text-align: right; padding-right: 20px;">                     Emergency                      Non-Emergency                 </div>	<div style="text-align: center;">                     Included in capitation                      Not included in capitation                 </div>
4. Public Hospital Contract Mandate (1)	No contract mandates
5. Inclusion of Optional Populations (Prior to 1115(a) implementation) <div style="text-align: right; padding-right: 20px;">                     Foster Care Children                 </div>	<div style="text-align: center;">                     Will be enrolled                 </div>
6. Data Reporting to County	State standard.

Notes:

1. Counties may also specify reporting and coordination requirements for health plans with respect to their public health agencies; such requirements will be delineated in protocols to be released prior to the contract award.