

# 2014 Health Care Disparities in New York State

*A Report on Health Care Disparities for Government Sponsored  
Insurance Programs*



Department  
of Health

[health.ny.gov](http://health.ny.gov)

<b>Executive Summary</b>	<b>3</b>
<b>Section 1. Overview</b>	<b>5</b>
<b>Section 2. Managing Preventive Care and Acute Illnesses in Adults</b>	<b>6</b>
<b>Section 3. Managing Cardiovascular Conditions</b>	<b>10</b>
<b>Section 4. Managing Respiratory Conditions</b>	<b>13</b>
<b>Section 5. Managing Diabetes</b>	<b>17</b>
<b>Section 6. Managing Medications</b>	<b>21</b>
<b>Section 7. HIV/AIDS Comprehensive Care</b>	<b>24</b>
<b>Section 8. Behavioral Health</b>	<b>27</b>
<b>Section 9. Child Preventive Care</b>	<b>30</b>
<b>Section 10. Caring for Children and Adolescents with Illnesses</b>	<b>34</b>
<b>Section 11. Preventive Counseling for Children and Adolescents</b>	<b>38</b>
<b>Section 12. Preventive Care for Women</b>	<b>42</b>
<b>Section 13. Satisfaction with Care</b>	<b>46</b>
<b>Section 14. Geographic Variation</b>	<b>49</b>
<b>Section 15. Technical Notes</b>	<b>53</b>

## Executive Summary

The New York State Medicaid Managed Care (MMC) program provides health insurance coverage to over four million people annually. The program encompasses a racially and ethnically diverse population across the state. This report examines disparities in the quality of care among Medicaid members enrolled in MMC during 2013 by various demographic characteristics. The purpose is to identify areas where disparities exist, and to document how these disparities may have changed over time.

Within this report, “health disparities” refer to potential differences in performance between selected populations within the MMC program based upon gender, age, race/ethnicity, Medicaid aid category, cash assistance, mental health condition, geographic location and primary language spoken. This is the first year an indicator of primary spoken language has been included in the report. Recognizing language barriers as a key factor related to health care access, utilization and quality performance, the New York State Department of Health views it as a priority area to examine.

Research from the Institute of Medicine (IOM) and the Agency for Healthcare Research and Quality (AHRQ) shows that racial and ethnic minorities face more barriers to care than Whites, and persons in lower socioeconomic groups receive poorer quality of care than those in higher socioeconomic groups. Because the range of socioeconomic status within the Medicaid managed care population in New York State is generally representative of lower income strata and the population is racially and ethnically diverse, monitoring disparities in this population is important to ensure high quality of health care for all the residents in the state.

Throughout this report, White race is the standard used to contrast rate of performance to other races. Disparities between Blacks and Whites found in this report are similar to those at the national level. For the 59 quality measures considered in this report, Blacks had lower rate of performance than Whites for 29% of the measures (down considerably from 35% in 2012) after adjusting for demographic differences. However, among the Asian and Hispanic groups, rate of performance was the same or better than Whites for the majority of the 59 measures. As shown in the report, Asians and Hispanics performed lower than Whites in 17% and 15% of the measures respectively.

### Additional Highlights:

- Income inequality (represented as “Cash Assistance” in this report) affects quality of care. Members with cash assistance scored substantially lower in terms of screening and controlling their cholesterol level, the amount of preventive care for children and adolescents (i.e., less counseling regarding physical activity, depression, and tobacco use), and the amount of preventive care for women (i.e., fewer screenings for breast and cervical cancer, and less frequent prenatal and postpartum care).

- Disparities exist by gender; men are less likely than women to engage in preventive care, less likely to manage a respiratory condition, and less likely to follow-up with mental health services after hospitalization for a mental illness.
- Women's age affects the prenatal and postpartum care that they receive. Women eighteen years of age or younger are less likely to receive timely and frequent prenatal care and are less likely to receive postpartum care than women who are 19 years of age or older.
- Racial disparities remain in the management of diabetes and cardiovascular conditions. Whites have the lowest rate of Hemoglobin A1c testing and Blacks with a cardiovascular condition have significantly lower rates in controlling high blood pressure and cholesterol levels than other races.
- Disparities in care for women, mothers, and adolescents vary among races. Blacks have lower rates in care for adolescents with illness. They also scored lower in prenatal and postpartum care. In contrast, Whites receive less preventative counseling for adolescents in sexual health, depression screening, tobacco use, and substance use.
- For adults with a serious mental illness, the quality of care was comparable or better for selected measures in preventive care, medication management, care for persons living with HIV, and care related to the management of behavioral health. The quality was lower for several chronic illnesses such as diabetes care, cardiovascular care, and care for respiratory illnesses.
- Across the majority of measures, individuals whose primary language was not English reported the same or better performance than individuals whose primary language was English. However, there is evidence that individuals whose primary language is not English are less likely to receive the recommended treatment for COPD, are less likely to engage in outpatient treatment after hospitalization due to a mental health disorder, and are less likely to remain on antidepressant medication at least six months after being diagnosed with depression.
- Regional disparities exist in the majority of reported measures. A summation of rankings across all the measures was created and regions are listed from the lowest performing to the highest performing area: Central, Western, Long Island, Northeast, Hudson Valley and NYC.

This report serves as the first step in understanding the underlying factors associated with the disparities. While a comprehensive explanation of why the differences exist is difficult, investigation of socioeconomic determinants can enable us to develop a focused strategy to eliminate the disparities. In order to address the issues efficiently, efforts from all levels of entities, including national, state and local organizations, need to be integrated. The Department will continue to work with health plans towards the goal of providing high quality care to every New Yorker.

## Introduction

As a means to monitor managed care plan performance and improve the quality of care provided to New York State residents, the New York State Department of Health (NYSDOH) implemented a public reporting system in 1994 known as the Quality Assurance Reporting Requirements (QARR). QARR is largely based on measures of quality developed and published by the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®). The managed care plans are required to report quality performance data to NYS DOH each year. These data are published annually in the New York State Health Plan Comparison Report, the regional consumer guides and additional reports, available on the NYSDOH web site:

[http://www.health.ny.gov/health\\_care/managed\\_care/reports/](http://www.health.ny.gov/health_care/managed_care/reports/).

## Methods

This report examines disparities in the quality of care for MMC by various member demographic characteristics using QARR data. Results include measures encompassing several domains of care from behavioral to cardiovascular health. To allow for the addition of new measures, yet not increase the time and costs necessary for plans to complete QARR, the NYSDOH does not require plans to submit all measures every year. The measures that were rotated and not collected as part of the 2014 QARR measurement set (2013 reporting year) include: controlling high blood pressure, prenatal and postpartum care, and frequency of ongoing prenatal care. Rates displayed for these measures are based upon services delivered during 2013. Measures where the demographic characteristics are not applicable (such as age or sex) are marked with 'NA'.

**Demographic Characteristics:** Demographic information analyzed in this report includes member's sex, age, race/ethnicity, Medicaid aid category, cash assistance status, mental health condition, and region of residence. The characteristics are extracted from Medicaid member information collected during Medicaid enrollment and were linked to QARR member level data.

**Charts:** Bar charts examining the relationship between race and ethnicity are presented at the end of each section. These results represent significant differences (better or worse) between each racial and ethnic group and the referent group of Whites. Potential selection bias on the comparison due to the differences in the distributions of gender, age, Medicaid aid category, cash assistance, mental health condition, and geographic location were controlled by multivariable analyses.

**Trends:** Graphs showing selected measure-specific performance over time by region are presented at the end of each section. Due to changes in measure specifications, and the addition of new measures, not all measures can be compared over time. We included only those measures with at least three years of available data.

**Maps:** For measures with adequate numbers of members we included county-specific rates and neighborhood-specific rates for New York City residents.

More detailed information on how this report was compiled can be found in the technical notes section on page 53.

## Managing Preventive Care and Acute Illnesses in Adults

Measure	Description
Adult BMI Assessment	The percentage of members, ages 18 to 74 years, with an outpatient visit, who had their body mass index (BMI) documented during the measurement year or the prior measurement year.
Annual Dental Visit	The percentage of members, ages 19 to 21 years, who had at least one dental visit within the last year.
Use of Imaging Studies for Low Back Pain	The percentage of members, ages 18 to 50 years, with a primary diagnosis of low back pain who did not have an imaging study (X-ray, MRI, CT scan).
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	The percentage of members, ages 18 to 64 years, with acute bronchitis who did not receive a prescription for antibiotics. A higher score indicates more appropriate treatment.

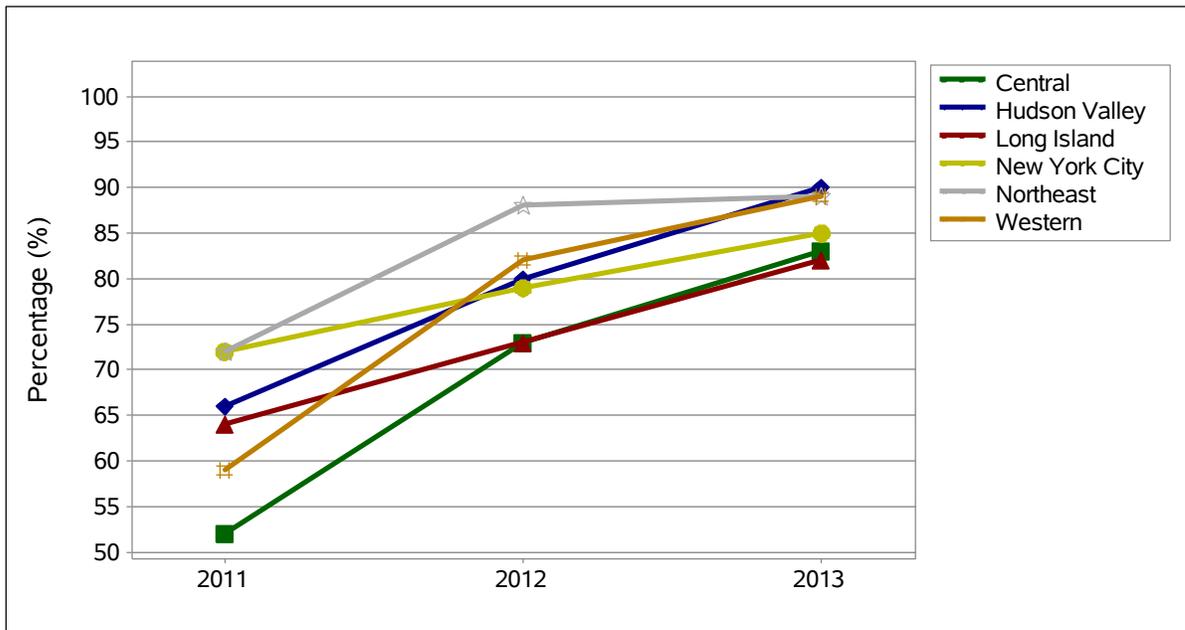
Demographics		Adult BMI Assessment	Annual Dental Visit (Ages 19-21)
Sex			
	Female	88	48
	Male	82	39
Age			
	18-44	84	44
	45-64	87	NA
	65+	86	NA
Race			
	Asian	89	43
	Black	85	37
	Hispanic	87	45
	Other	85	43
	White	83	48
Aid Category			
	SSI	86	36
	Non-SSI	85	45
Primary Language			
	English	84	43
	Non-English	89	47
Cash Assistance Status			
	Cash Assistance	86	38
	No Cash Assistance	85	45
SMI Status			
	SMI	85	48
	Non-SMI	85	44
Region			
	Central	83	43
	Hudson Valley	90	50
	Long Island	82	43
	New York City	85	44
	Northeast	89	44
	Western	89	41
<b>Statewide</b>		<b>85</b>	<b>44</b>

Demographics		Use of Imaging Studies for Low Back Pain	Avoidance of Antibiotic Therapy in Adults with Acute Bronchitis
Sex			
	Female	78	25
	Male	76	28
Age			
	18-44	77	25
	45-64	77	27
Race			
	Asian	82	34
	Black	78	27
	Hispanic	77	25
	Other	80	29
	White	73	22
Aid Category			
	SSI	77	24
	Non-SSI	77	26
Primary Language			
	English	76	23
	Non-English	79	32
Cash Assistance Status			
	Cash Assistance	78	25
	No Cash Assistance	77	26
SMI Status			
	SMI	77	24
	Non-SMI	77	27
Region			
	Central	68	17
	Hudson Valley	72	21
	Long Island	70	23
	New York City	81	30
	Northeast	71	21
	Western	75	20
<b>Statewide</b>		<b>77</b>	<b>26</b>

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



Adult BMI Assessment (Ages 18-74) by Region, 2011-2013 (Unadjusted Rate)

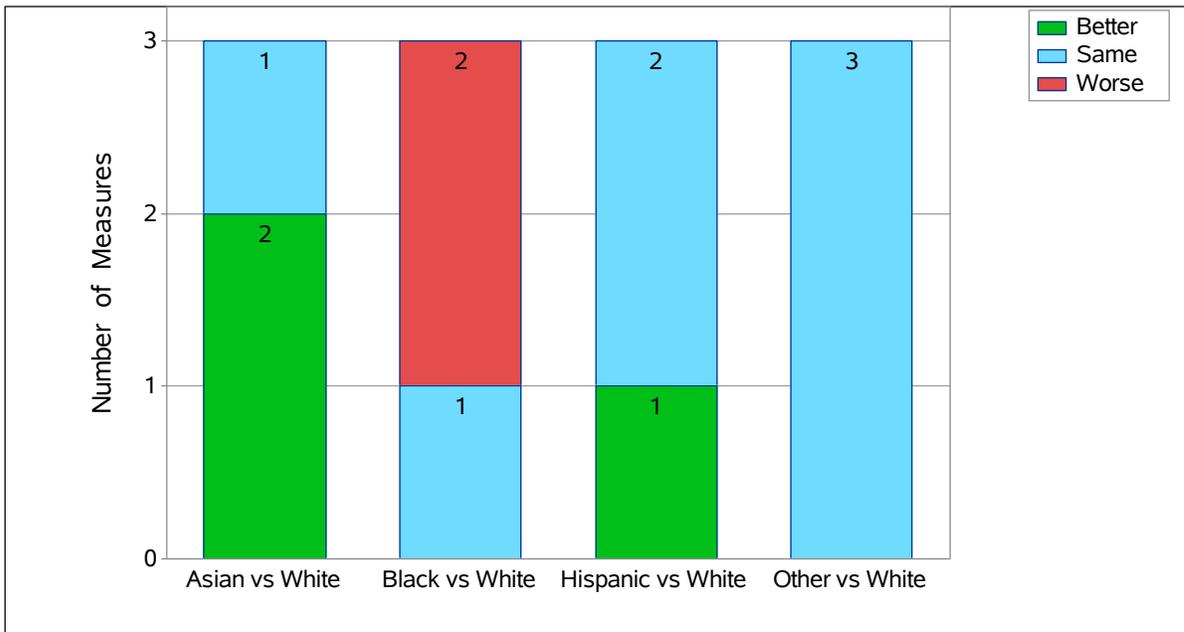


## Managing Cardiovascular Conditions in Adults

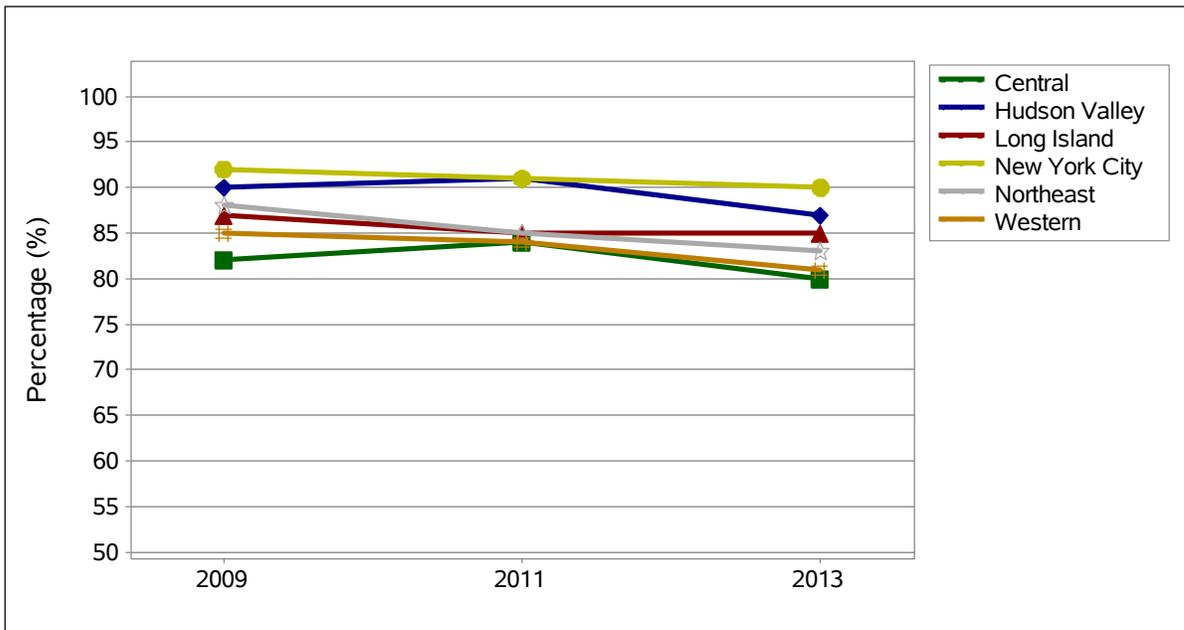
Measure	Description
Controlling High Blood Pressure	The percentage of members, ages 18 to 85 years, who have hypertension and whose blood pressure is controlled (below 140/90).
Cholesterol for Patients with Cardiovascular Conditions	The percentage of members, ages 18 to 75 years, with a cardiovascular condition, who had LDL-C screening performed and whose LDL-C levels were in control (< 100mg/dL).
	1. Screening Test: The percentage of members who had a cholesterol screening test. 2. Level Controlled (LDL-C < 100mg/dL): The percentage of members who had a cholesterol level LDL-C result of < 100mg/dL.

Demographics	Cholesterol Management after Cardiovascular Event		
	Controlling High Blood Pressure	Cholesterol Screening Test	Cholesterol Level Controlled
Sex			
Female	66	88	41
Male	59	88	50
Age			
18-44	58	75	35
45-64	64	89	47
65+	63	90	54
Race			
Asian	71	91	54
Black	57	80	42
Hispanic	62	91	47
Other	63	91	49
White	65	87	43
Aid Category			
SSI	63	87	45
Non-SSI	63	89	48
Primary Language			
English	62	86	46
Non-English	64	93	46
Cash Assistance Status			
Cash Assistance	62	86	43
No Cash Assistance	63	90	49
SMI Status			
SMI	64	86	43
Non-SMI	63	89	47
Region			
Central	71	80	36
Hudson Valley	64	87	48
Long Island	58	85	47
New York City	63	90	47
Northeast	75	83	41
Western	60	81	43
<b>Statewide</b>	<b>63</b>	<b>88</b>	<b>46</b>

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



Cholesterol Screening by Region, 2009-2013 (Unadjusted Rate)



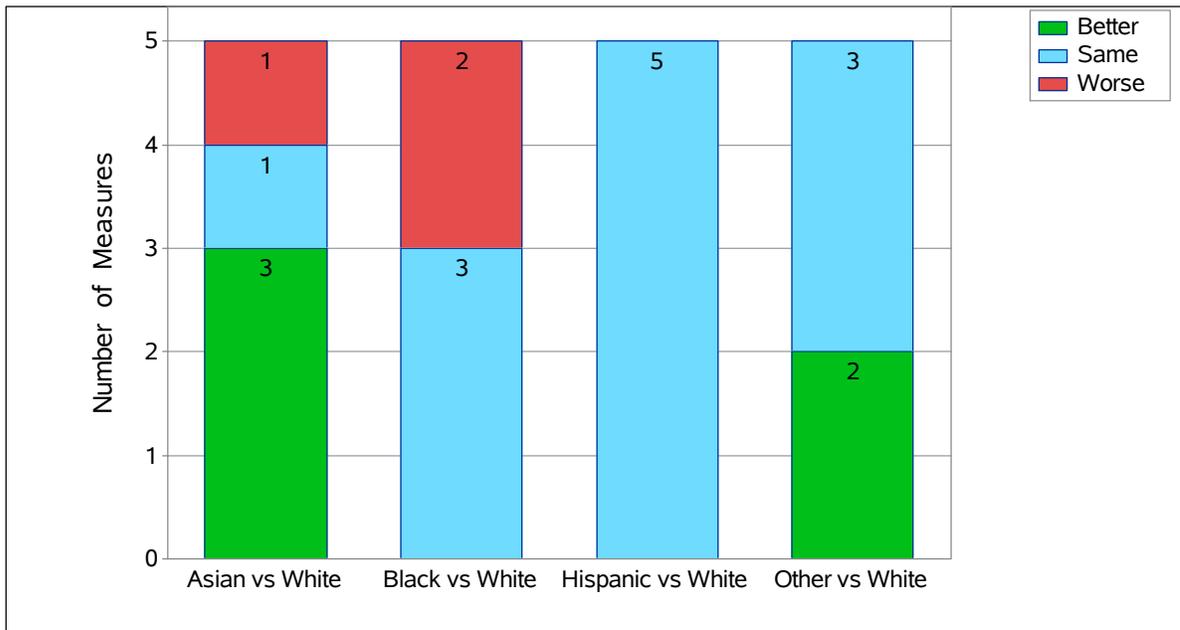
## Managing Respiratory Conditions in Adults

Measure	Description
Use of Appropriate Medications for People with Asthma (Ages 19-64)	The percentage of members, ages 19 to 64 years, with persistent asthma who received at least one appropriate medication to control their condition during the measurement year.
Asthma Medication Ratio (Ages 19-64)	The percentage of members, ages 19 to 64 years, who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	The percentage of members, ages 40 years and older, with a new diagnosis of COPD or newly active COPD, who received spirometry testing to confirm the diagnosis.
Pharmacotherapy Management of COPD Exacerbation	The percentage of times that members 40 years of age and older who have had an acute inpatient discharge or ED visit for COPD, received the two recommended types of medications to manage the exacerbation. This measure is presented as two separate rates.
1) Corticosteroid Rate	The percentage of instances when the member was prescribed a systemic corticosteroid within 14 days of the event.
2) Bronchodilator Rate	The percentage of instances when the member was prescribed a bronchodilator within 30 days of the event.

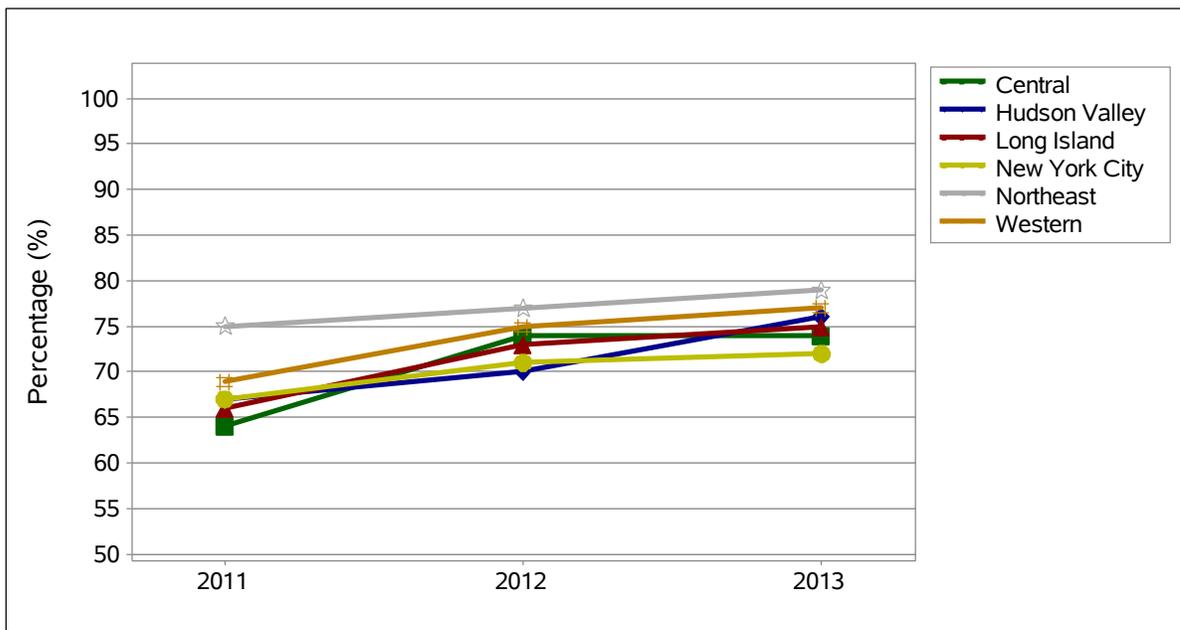
Demographics	Use of Appropriate Medications for People with Asthma (Ages 19-64)	Asthma Medication Ratio (Ages 19-64)
Sex		
Female	80	60
Male	78	56
Age		
19-44	79	57
45-64	80	61
Race		
Asian	88	73
Black	76	53
Hispanic	80	60
Other	82	60
White	79	58
Aid Category		
SSI	78	58
Non-SSI	81	60
Primary Language		
English	78	57
Non-English	84	66
Cash Assistance Status		
Cash Assistance	78	57
No Cash Assistance	81	61
SMI Status		
SMI	79	58
Non-SMI	80	60
Region		
Central	80	58
Hudson Valley	80	58
Long Island	79	59
New York City	80	60
Northeast	78	54
Western	80	57
<b>Statewide</b>	<b>80</b>	<b>59</b>

Demographics	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Pharmacotherapy Management of COPD Exacerbation	
		Corticosteroid	Bronchodilator
Sex			
Female	49	76	89
Male	52	73	88
Age			
18-44	53	71	83
45+	50	75	89
Race			
Asian	69	86	95
Black	45	70	89
Hispanic	51	77	91
Other	55	73	85
White	47	76	87
Aid Category			
SSI	44	75	90
Non-SSI	57	73	86
Primary Language			
English	47	75	89
Non-English	57	72	86
Cash Assistance Status			
Cash Assistance	45	74	89
No Cash Assistance	57	75	87
SMI Status			
SMI	46	74	89
Non-SMI	53	75	88
Region			
Central	39	74	87
Hudson Valley	44	76	87
Long Island	55	75	84
New York City	56	72	90
Northeast	34	79	87
Western	39	77	89
<b>Statewide</b>	<b>51</b>	<b>75</b>	<b>88</b>

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



Pharmacotherapy Management of COPD Exacerbation- Corticosteroid by Region, 2011-2013 (Unadjusted Rate)



## Managing Diabetes

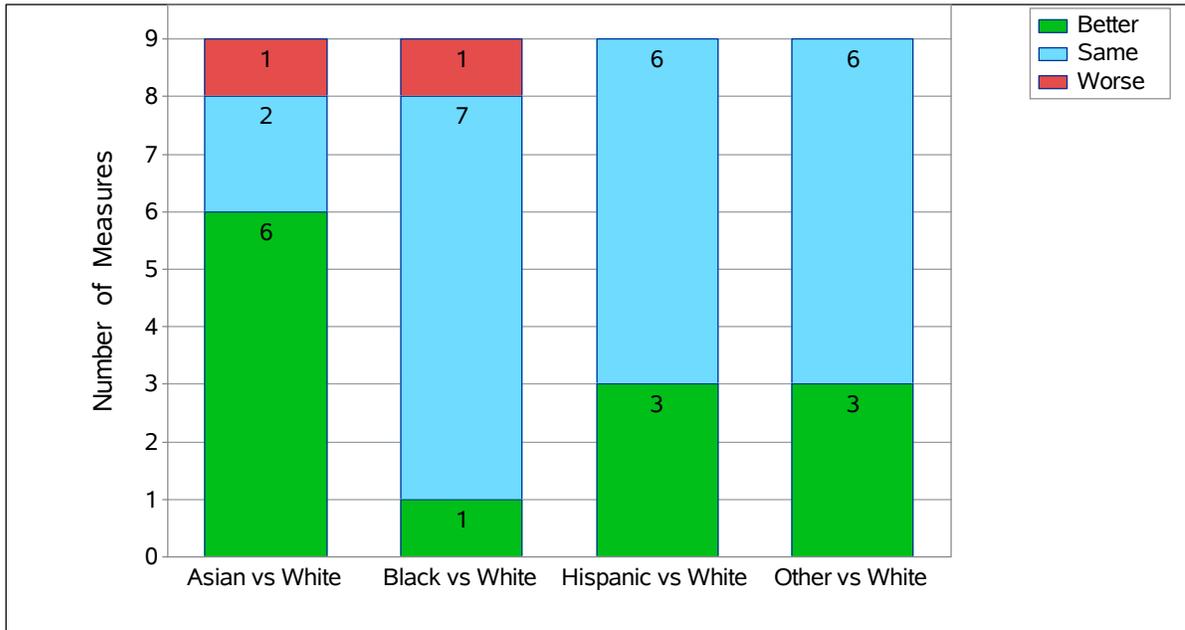
Measure	Description
Comprehensive Diabetes Care	This measure reports components of care for members with diabetes and the rate at which they received necessary components of diabetes care. Measures presented here are grouped into monitoring diabetes and diabetes outcomes.
Monitoring Diabetes:	
1) HbA1c Testing	The percentage of members with diabetes who received at least one Hemoglobin A1c (HbA1c) test within the past year.
2) Lipid Profile	The percentage of members with diabetes who had at least one cholesterol screening test done during the past year.
3) Dilated Eye Exam	The percentage of members with diabetes who had a retinal eye screening exam during the last year or who had a negative retinal exam in the year prior.
4) Nephropathy Monitoring	The percentage of members with diabetes who had at least one nephropathy screening test or had evidence of nephropathy during the last year.
5) Received All Tests	The percentage of members with diabetes who had at least one of each of the following: HcA1c test, cholesterol screening test, dilated eye exam, and medical attention for nephropathy.
Diabetes Outcomes:	
1) Poor HbA1c Controlled	The percentage of members with diabetes whose most recent HbA1c level indicated poor control (>9.0 percent). A low rate is desirable for this measure.
2) Lipids Controlled	The percentage of members with diabetes whose most recent level of bad cholesterol was below the recommended level (LDL-C <100 mg/dL).
3) Blood Pressure Controlled	The percentage of members with diabetes whose most recent blood pressure reading was below 140/90.
4) HbA1c and Lipids Controlled	The percentage of members with diabetes whose most recent HbA1c level was at or less than 9.0 percent and whose most recent level of bad cholesterol was less than LDL-C <100 mg/dL.

Demographics	HbA1c Testing	Lipid Profile	Dilated Eye Exam	Nephropathy Monitoring	Received All Four Tests
Sex					
Female	89	86	65	82	51
Male	89	87	59	86	50
Age					
18-44	85	79	50	70	34
45-64	91	89	66	87	55
65+	90	90	65	90	57
Race					
Asian	92	91	69	84	60
Black	86	83	60	84	46
Hispanic	92	89	63	87	53
Other	91	90	63	87	53
White	86	82	59	76	42
Aid Category					
SSI	89	87	62	86	50
Non-SSI	89	86	63	82	51
Primary Language					
English	88	85	61	82	48
Non-English	92	91	67	88	58
Cash Assistance Status					
Cash Assistance	89	85	60	85	48
No Cash Assistance	90	87	64	83	52
SMI Status					
SMI	90	86	61	82	47
Non-SMI	89	87	63	84	52
Region					
Central	89	80	60	78	41
Hudson Valley	90	87	59	77	47
Long Island	89	86	59	80	47
New York City	90	89	63	86	53
Northeast	83	75	68	73	44
Western	83	76	65	81	45
<b>Statewide</b>	<b>89</b>	<b>87</b>	<b>63</b>	<b>83</b>	<b>51</b>

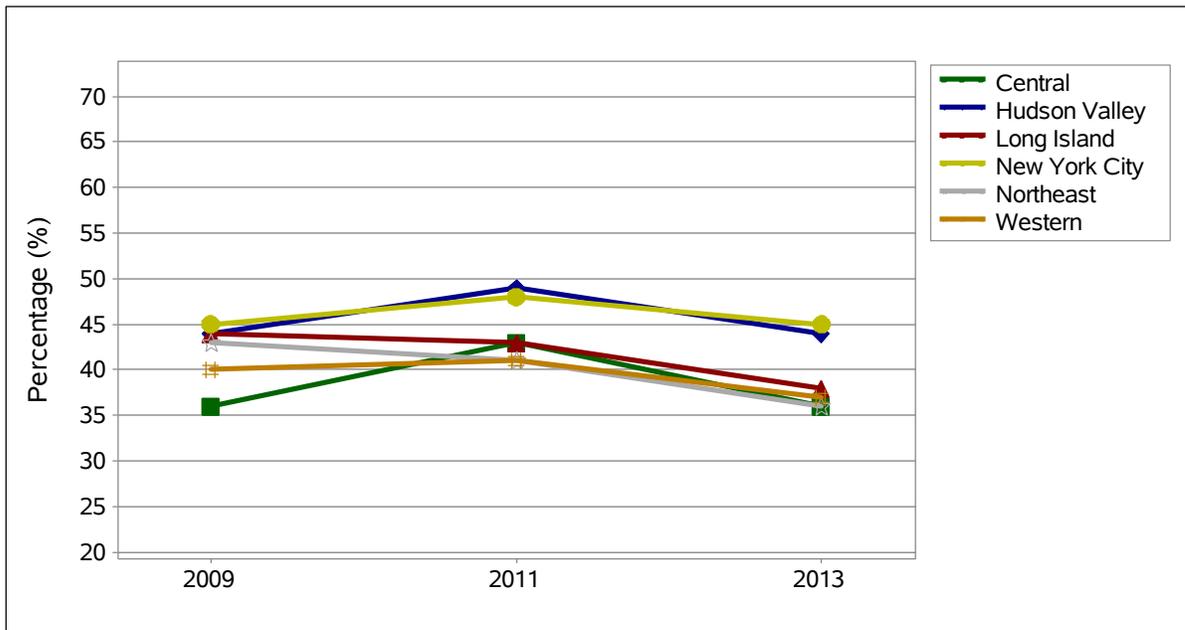
Demographics	Poor HbA1c Controlled(*)	Lipids Controlled	Blood Pressure Controlled	HbA1c and Lipids Controlled
Sex				
Female	32	42	70	33
Male	33	44	67	36
Age				
18-44	43	36	73	26
45-64	30	44	68	36
65+	21	55	62	47
Race				
Asian	23	50	75	43
Black	38	41	61	33
Hispanic	33	43	69	33
Other	30	44	67	36
White	35	37	70	31
Aid Category				
SSI	33	46	65	37
Non-SSI	32	41	71	33
Primary Language				
English	35	42	67	33
Non-English	26	45	71	38
Cash Assistance Status				
Cash Assistance	36	44	66	34
No Cash Assistance	30	42	70	35
SMI Status				
SMI	34	42	72	32
Non-SMI	32	43	67	35
Region				
Central	38	36	77	29
Hudson Valley	30	44	72	34
Long Island	38	38	66	30
New York City	30	45	68	36
Northeast	39	36	74	28
Western	40	37	69	29
<b>Statewide</b>	<b>32</b>	<b>43</b>	<b>69</b>	<b>35</b>

Note: \* A low rate is desirable.

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



Lipids Controlled by Region, 2009-2013(Unadjusted Rate)

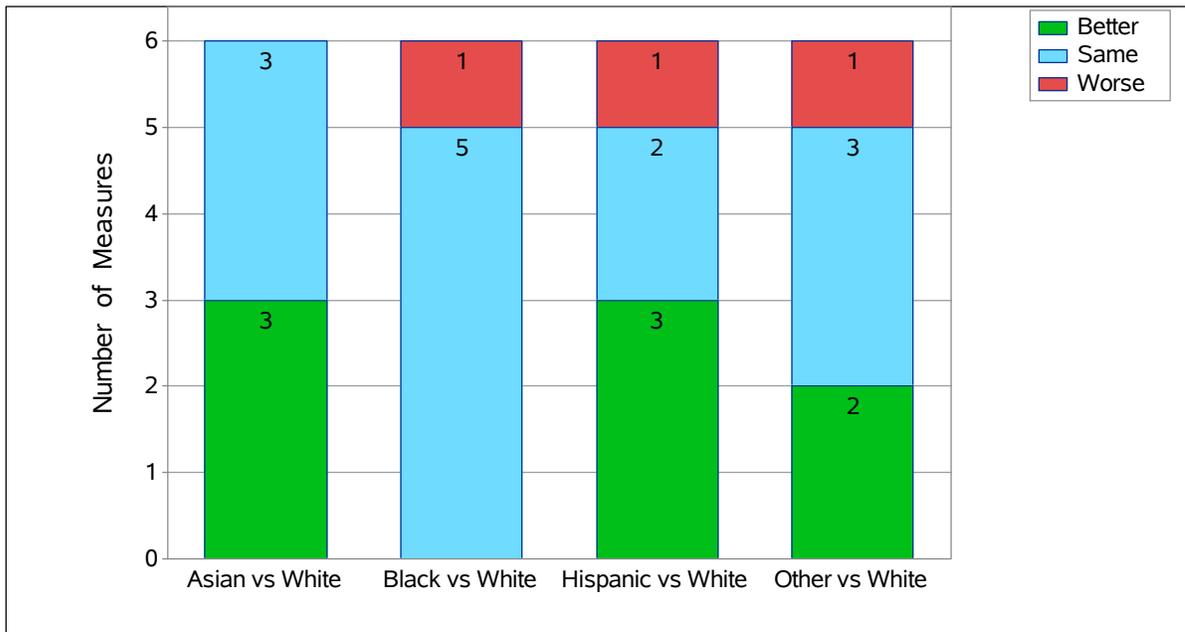


## Managing Medications in Adults

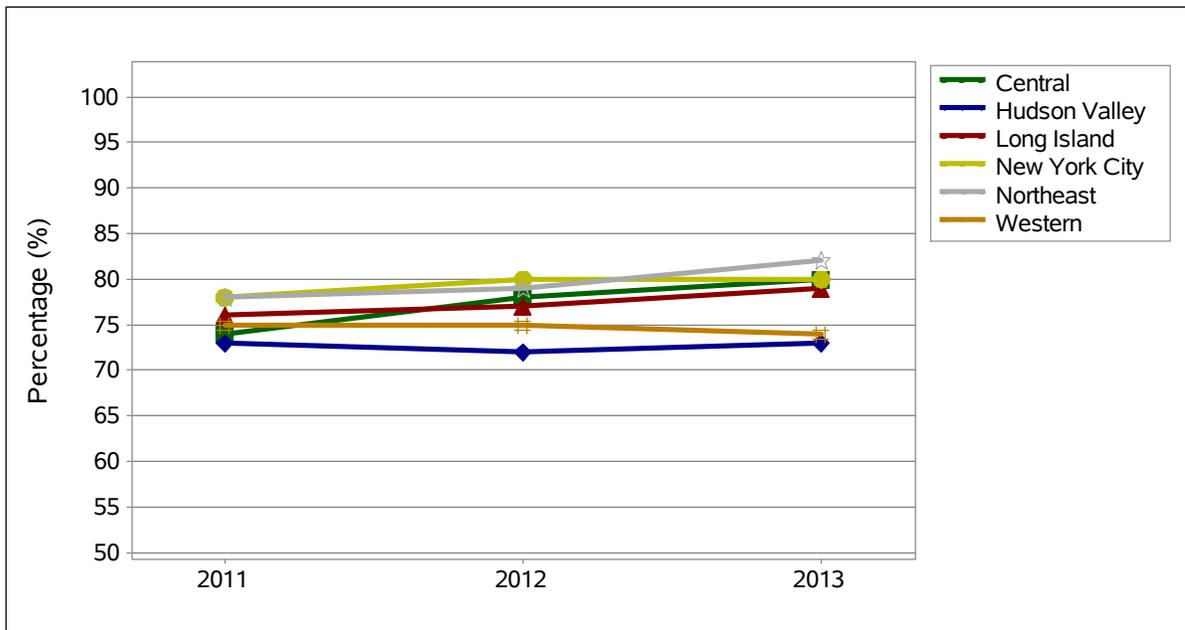
Measure	Description
Drug Therapy for Rheumatoid Arthritis	The percentage of members with rheumatoid arthritis who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug.
Annual Monitoring for Patients on Persistent Medications	The percentage of members 18 years and older who were taking certain medications for at least six months and who received specific monitoring tests. The following numerators specify categories of medications that are of interest:
1) ACE Inhibitors or ARBs	The percentage of members who received at least a 180-day supply of ACE inhibitors and/or ARBs, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
2) Digoxin	The percentage of members who received at least a 180-day supply of digoxin, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
3) Diuretics	The percentage of members who received at least a 180-day supply of diuretics, and who had at least one blood test for potassium and a monitoring test for kidney function in the measurement year.
4) Anticonvulsants	The percentage of members who received at least a 180-day supply of an anticonvulsant and who had at least one blood test for therapeutic drug level for each anticonvulsant in the measurement year.
5) Combined Rate	The combined rate is the sum of the four numerators divided by the sum of the four denominators.

Demographics	Drug Therapy for Rheumatoid Arthritis	ACE Inhibitors or ARB's	Digoxin	Diuretics	Anticonvulsants	Combined Rate
Sex						
Female	80	92	95	91	66	91
Male	74	92	92	91	68	90
Age						
18-44	81	89	87	87	67	85
45-64	78	93	94	92	67	91
65+	77	93	95	92	60	92
Race						
Asian	84	95	95	94	67	94
Black	75	91	95	90	68	89
Hispanic	80	93	92	92	62	91
Other	81	93	97	92	67	91
White	76	90	92	90	70	88
Aid Category						
SSI	76	93	95	93	67	91
Non-SSI	81	92	92	90	67	90
Primary Language						
English	78	91	93	91	68	90
Non-English	82	93	95	92	63	92
Cash Assistance Status						
Cash Assistance	75	93	95	92	67	91
No Cash Assistance	82	92	92	90	66	91
SMI Status						
SMI	72	94	98	94	69	91
Non-SMI	82	91	92	90	63	90
Region						
Central	80	90	88	90	72	89
Hudson Valley	73	92	93	91	72	90
Long Island	79	92	92	91	72	90
New York City	80	93	95	92	64	91
Northeast	82	89	90	90	71	88
Western	74	88	91	88	68	87
<b>Statewide</b>	<b>79</b>	<b>92</b>	<b>93</b>	<b>91</b>	<b>67</b>	<b>91</b>

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



Anticonvulsants by Region, 2011-2013

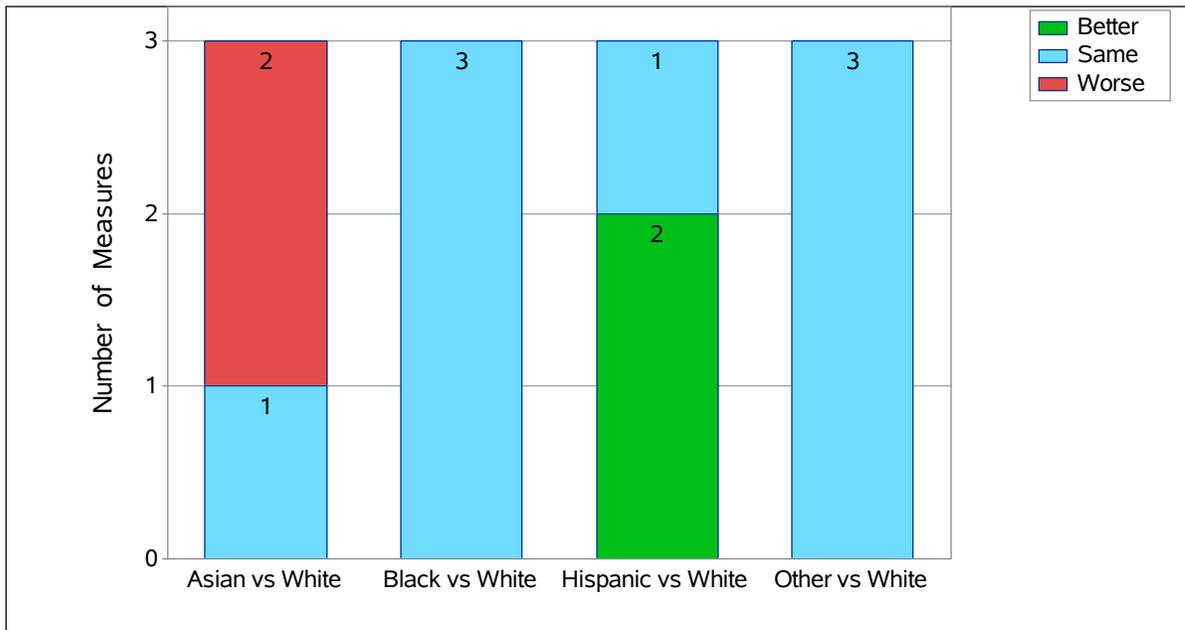


## HIV/AIDS Comprehensive Care

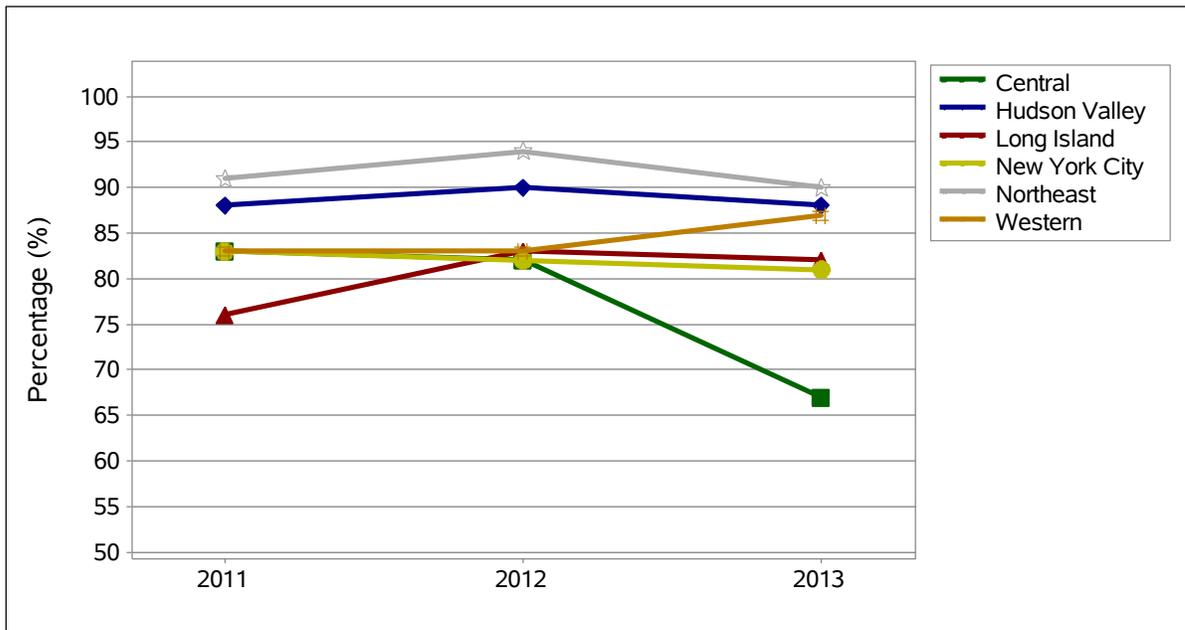
Measure	Description
HIV/AIDS Comprehensive Care	These measures include quality indicators of recommended treatment and preventive care for people living with HIV/AIDS, who are enrolled in Medicaid managed care.
1) Engaged in Care	The percentage of members with HIV/AIDS, ages 2 years and older, who had two visits for primary care or HIV related care with at least one visit during each half of the past year. The intent is to measure the number of members who are receiving ongoing primary care for their HIV and preventive health care needs.
2) Viral Load Monitoring	The percentage of members with HIV/AIDS, ages 2 years and older, who had two viral load tests performed with at least one test during each half of the past year.
3) Syphilis Screening	The percentage of members with HIV/AIDS, ages 19 years and older, who were screened for syphilis in the past year.

Demographics		Engaged in Care	Viral Load Monitoring	Syphilis Screening
Sex				
	Female	85	70	69
	Male	79	69	73
Age				
	2-18	85	69	NA
	19-44	77	66	73
	45+	85	72	70
Race				
	Asian	77	50	55
	Black	80	69	71
	Hispanic	85	72	74
	Other	81	66	72
	White	82	69	66
Aid Category				
	SSI	85	72	69
	Non-SSI	79	67	73
Primary Language				
	English	81	70	71
	Non-English	85	69	70
Cash Assistance Status				
	Cash Assistance	82	71	73
	No Cash Assistance	80	64	64
Region				
	Central	67	73	57
	Hudson Valley	88	72	68
	Long Island	82	65	67
	New York City	81	69	74
	Northeast	90	74	63
	Western	87	75	61
<b>Statewide</b>		<b>82</b>	<b>70</b>	<b>71</b>

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



HIV Engaged in Care by Region, 2011-2013 (Unadjusted Rate)

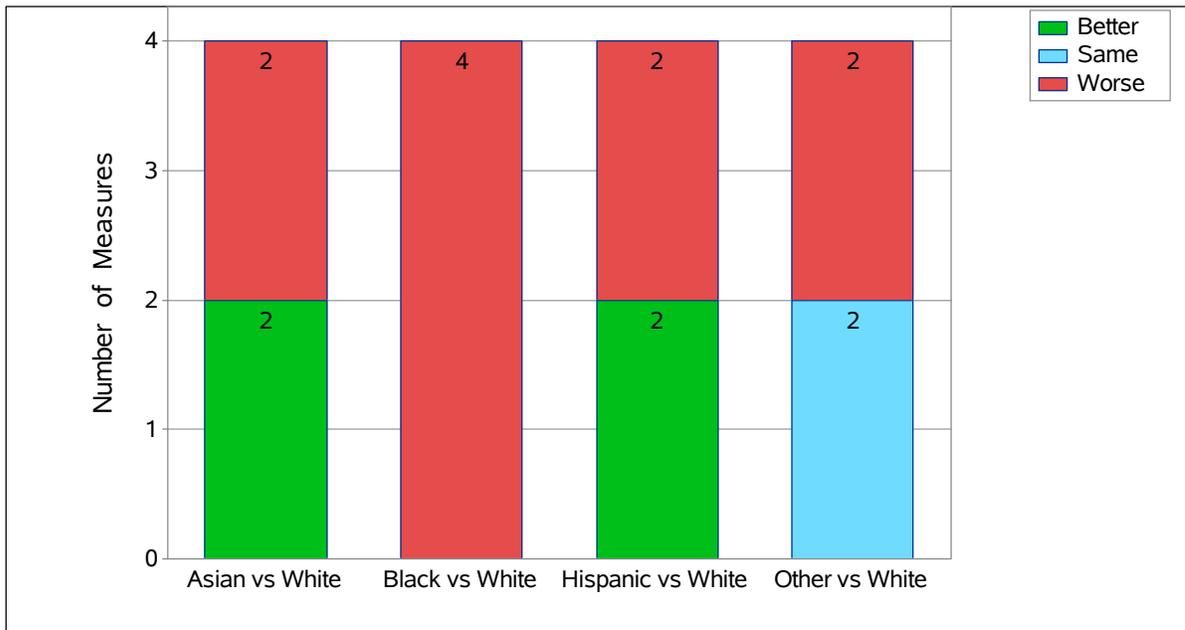


## Behavioral Health

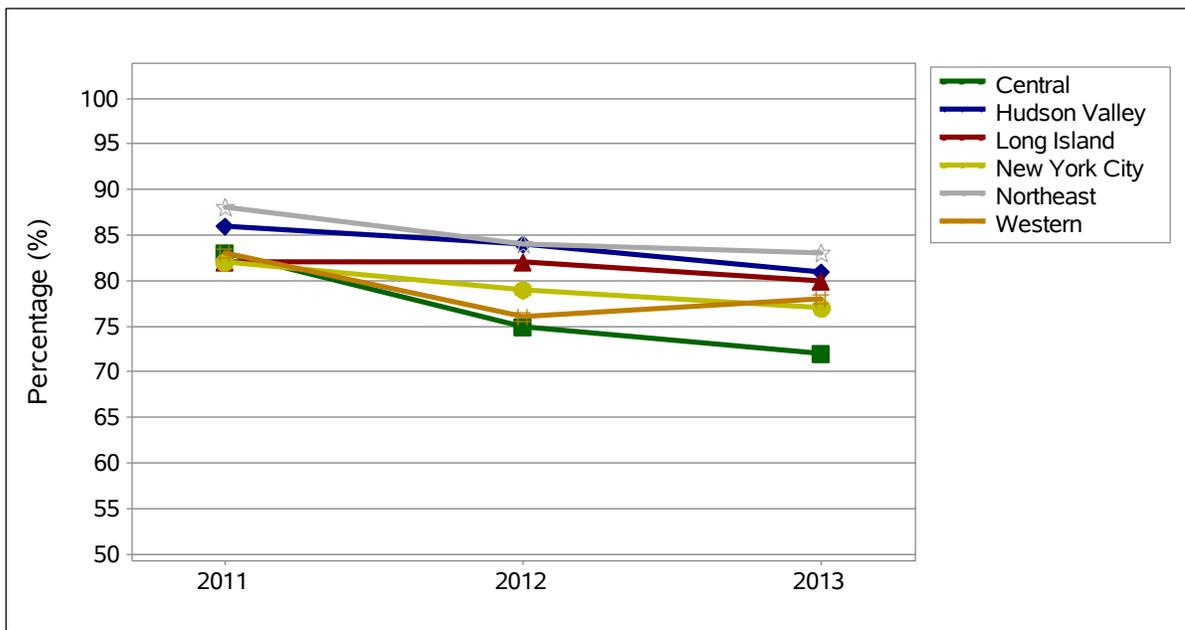
Measure	Description
Antidepressant Medication Management	This measure is for members ages 18 and older who were diagnosed with depression and treated with an antidepressant medication and has two components of care.
1) Effective Acute Phase Treatment	The percentage of members who remained on antidepressant medication during the entire 12-week acute treatment phase.
2) Effective Continuation Phase Treatment	The percentage of members who remained on antidepressant medication for at least six months
Follow-up After Hospitalization for Mental Illness	The percentage of discharges for members ages 6 and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.
1) Within 7 Days	The percentage of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 7 days of discharge.
2) Within 30 Days	The percentage of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 30 days of discharge.

Demographics	Antidepressant Medication Management		Follow-Up After Hospitalization for Mental Illness	
	Effective Acute Phase Treatment	Effective Continuation Phase Treatment	Within 7 Days	Within 30 Days
Sex				
Female	50	35	66	80
Male	51	36	59	74
Age				
6-17	NA	NA	72	86
18-44	48	32	60	75
45+	54	41	59	74
Race				
Asian	48	31	71	84
Black	43	29	55	71
Hispanic	50	35	69	82
Other	47	32	63	76
White	54	39	62	78
Aid Category				
SSI	52	38	66	81
Non-SSI	50	34	63	77
Primary Language				
English	50	36	63	79
Non-English	50	34	62	75
Cash Assistance Status				
Cash Assistance	50	37	63	79
No Cash Assistance	50	35	63	77
Region				
Central	51	35	55	72
Hudson Valley	52	36	66	81
Long Island	52	37	65	80
New York City	51	36	63	77
Northeast	51	35	67	83
Western	48	33	61	78
<b>Statewide</b>	<b>50</b>	<b>35</b>	<b>63</b>	<b>78</b>

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



Follow-up after Hospitalization for Mental Illness within 30 Days by Region, 2011-2013 (Unadjusted Rate)



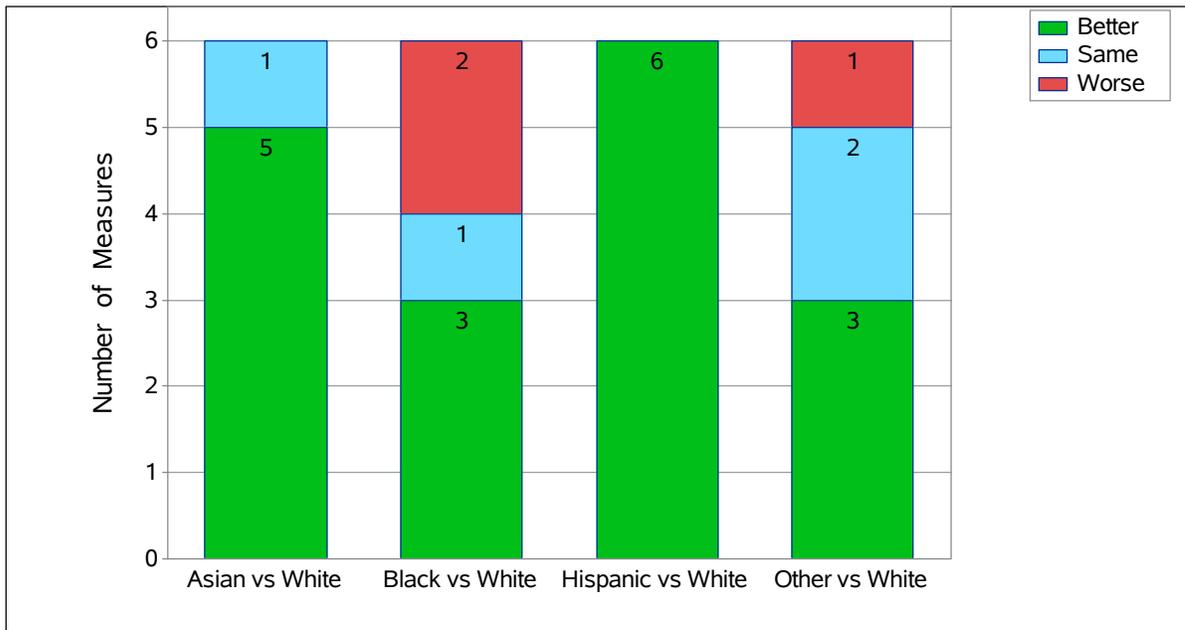
### Child Preventive Care

Measure	Description
Childhood Immunization Status (Combo 3:4-3-1-2-3-1-4)	The percentage of two-year olds who were fully immunized. The HEDIS specifications for fully immunized consists of the following vaccines: 4 Diptheria/Tetanus/Pertussis, 3 Polio, 1 Measles/Mumps/Rubella, 3 H Influenza type B, 3 Hepatitis B, 1 Varicella, and 4 pneumococcal.
Lead Testing	The percentage of two-year olds that had their blood tested for lead poisoning at least once by their second birthday.
Well-Child & Preventive Care Visits in the First 15 Months of Life	The percentage of children who had five or more well-child and preventive health visits in their first 15 months of life.
Well-Child & Preventive Care Visits in the 3rd, 4th, 5th and 6th Years of Life	The percentage of children, ages 3 to 6 years, who had one or more well-child visits with a primary care provider during the measurement year.
Adolescent Well-Care Visits	The percentage of adolescents, ages 12 to 21 years, who had at least one comprehensive well-care visit with a primary care provider during the measurement year.
Annual Dental Visit	The percentage of children and adolescents, ages 2 to 18 years, who had at least one dental visit within the measurement year.

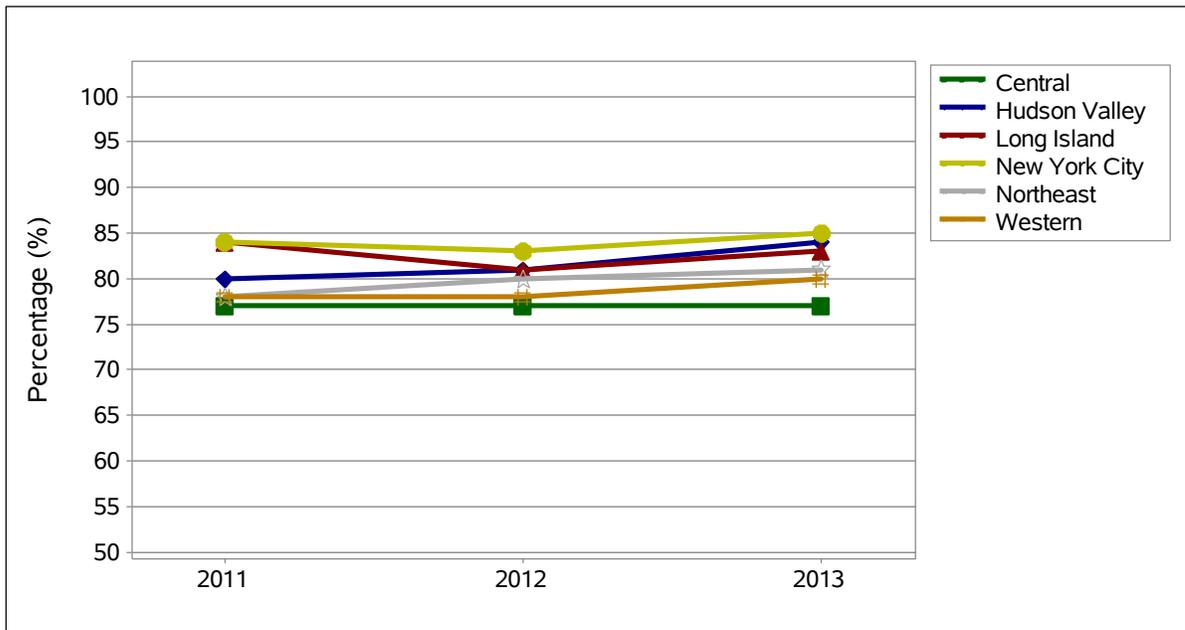
Demographics	Childhood Immunization Combo 3	Lead Testing	Five or More Well Child & Preventive Care Visits in the First 15 Months of Life
Sex			
Female	73	87	82
Male	73	88	82
Race			
Asian	80	90	85
Black	72	87	79
Hispanic	81	94	86
Other	75	85	80
White	64	81	80
Aid Category			
SSI	84	88	77
Non-SSI	73	88	82
Primary Language			
English	71	87	82
Non-English	78	88	83
Cash Assistance Status			
Cash Assistance	70	88	76
No Cash Assistance	74	87	83
Region			
Central	76	75	87
Hudson Valley	69	86	81
Long Island	63	82	86
New York City	74	92	80
Northeast	79	85	90
Western	78	81	87
<b>Statewide</b>	<b>73</b>	<b>88</b>	<b>82</b>

Demographics		Well Child Visits(3rd-6th)	Adolescent Well-Care Visits	Annual Dental Visit
Sex				
	Female	83	66	62
	Male	83	62	59
Age				
	2-3	86	NA	39
	4-6	82	NA	64
	7-11	NA	NA	69
	12-14	NA	72	64
	15-18	NA	66	56
	19-21	NA	46	NA
Race				
	Asian	87	72	64
	Black	80	59	51
	Hispanic	85	66	65
	Other	83	66	59
	White	81	61	61
Aid Category				
	SSI	81	59	50
	Non-SSI	83	64	61
Primary Language				
	English	81	59	56
	Non-English	87	71	67
Cash Assistance Status				
	Cash Assistance	80	60	50
	No Cash Assistance	84	65	63
Region				
	Central	77	57	57
	Hudson Valley	84	63	67
	Long Island	83	65	64
	New York City	85	65	59
	Northeast	81	62	62
	Western	80	61	61
<b>Statewide</b>		<b>83</b>	<b>64</b>	<b>61</b>

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



Well Child Visit by Region, 2011-2013 (Ages 3-6)



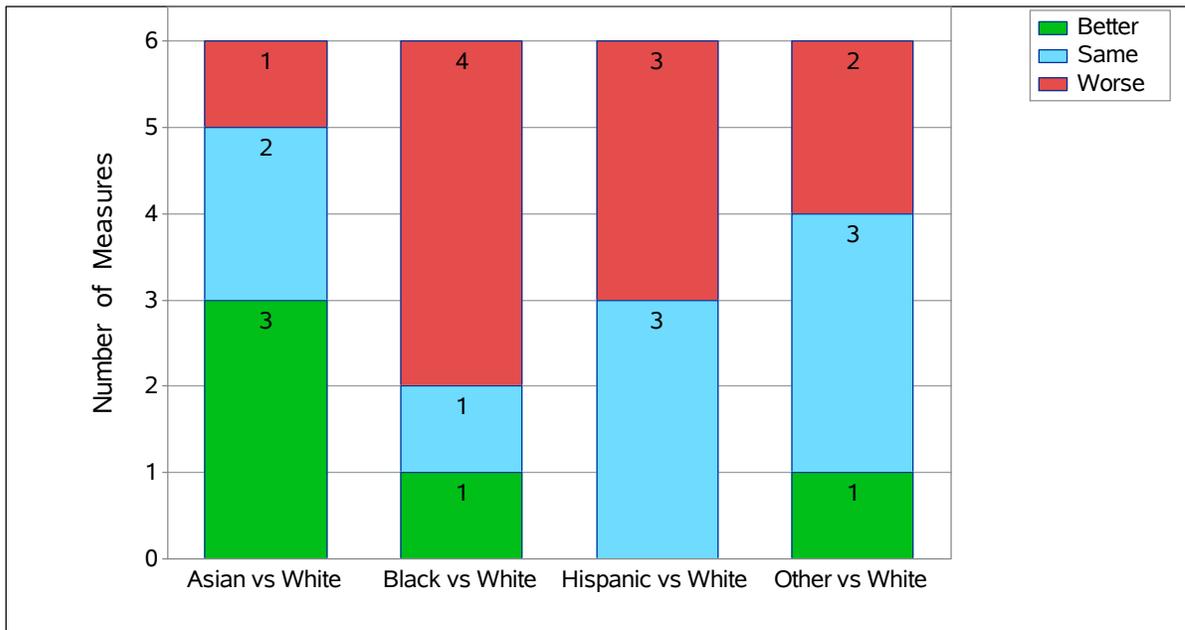
## Caring for Children and Adolescents with Illnesses

Measure	Description
Appropriate Treatment for Upper Respiratory Infection (URI)	The percentage of children, ages 3 months to 18 years, who were diagnosed with an upper respiratory infection (common cold) and who were not given a prescription for an antibiotic. A higher score indicates more appropriate treatment of children with URI.
Appropriate Testing for Pharyngitis	The percentage of children, ages 2 to 18 years, who were diagnosed with pharyngitis, were prescribed an antibiotic, and who were given a group A streptococcus test.
Use of Appropriate Medications for People with Asthma (Ages 5-18)	The percentage of members, ages 5 to 18 years, with persistent asthma who received at least one appropriate medication to control their condition during the measurement year.
Asthma Medication Ratio (Ages 5-18)	The percentage of members, ages 5 to 18 years, who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
Follow-Up Care for Children Prescribed ADHD Medication	The percentage of children, ages 6 to 12 years, who were newly prescribed ADHD medication and who had at least 3 follow-up visits within a 10-month period of taking the medication. There are two measures to assess follow-up care for children taking ADHD medication.
1) Initiation Phase	The percentage of children, ages 6 to 12 years, with a new prescription for ADHD medication and who had one follow-up visit with a practitioner within the 30 days after starting the medication.
2) Continuation Phase	The percentage of children, ages 6 to 12 years, with a new prescription for ADHD medication who remained on the medication for 7 months and who, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits in the 9-month period after the initiation phase ended.

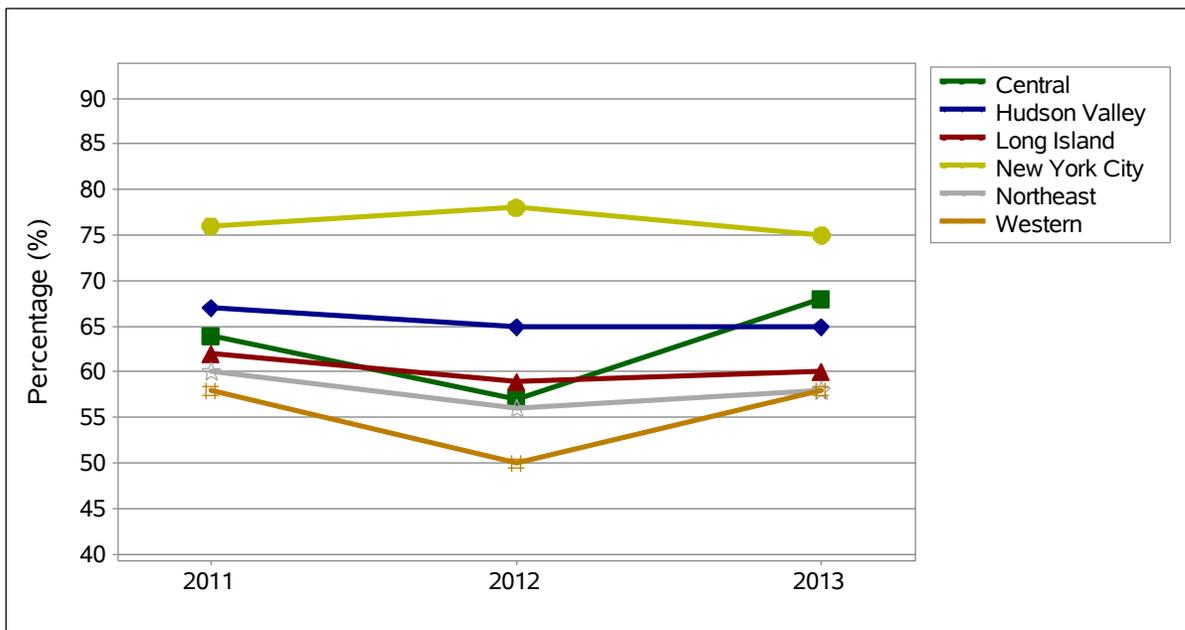
Demographics	Appropriate Treatment for URI	Appropriate Testing for Pharyngitis
Sex		
Female	92	87
Male	92	87
Age		
Less than 5	94	85
5-11	92	88
12-14	90	87
15-18	88	84
Race		
Asian	94	87
Black	93	77
Hispanic	92	84
Other	93	86
White	91	90
Aid Category		
SSI	92	79
Non-SSI	92	87
Primary Language		
English	92	87
Non-English	92	87
Cash Assistance Status		
Cash Assistance	93	81
No Cash Assistance	92	88
Region		
Central	86	79
Hudson Valley	93	93
Long Island	91	90
New York City	93	86
Northeast	92	87
Western	90	83
<b>Statewide</b>	<b>92</b>	<b>87</b>

			Follow-Up Care for Children Prescribed ADHD Medication		
Demographics		Use of Appropriate Medications for Asthma (Ages 5-18)	Asthma Medication Ratio (Ages 5-18)	Initiation Phase	Continuation Phase
Sex					
	Female	85	68	57	65
	Male	86	70	57	65
Race					
	Asian	89	75	65	67
	Black	83	65	53	69
	Hispanic	85	68	61	71
	Other	85	70	56	65
	White	90	75	55	61
Aid Category					
	SSI	85	69	61	71
	Non-SSI	86	69	55	63
Primary Language					
	English	84	68	56	65
	Non-English	88	73	58	65
Cash Assistance Status					
	Cash Assistance	84	66	59	69
	No Cash Assistance	87	71	55	63
Region					
	Central	91	78	58	68
	Hudson Valley	89	74	55	65
	Long Island	89	75	50	60
	New York City	83	66	64	75
	Northeast	88	71	52	58
	Western	91	75	47	58
<b>Statewide</b>		<b>86</b>	<b>69</b>	<b>57</b>	<b>65</b>

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase by Region, 2011-2013 (Unadjusted Rate)



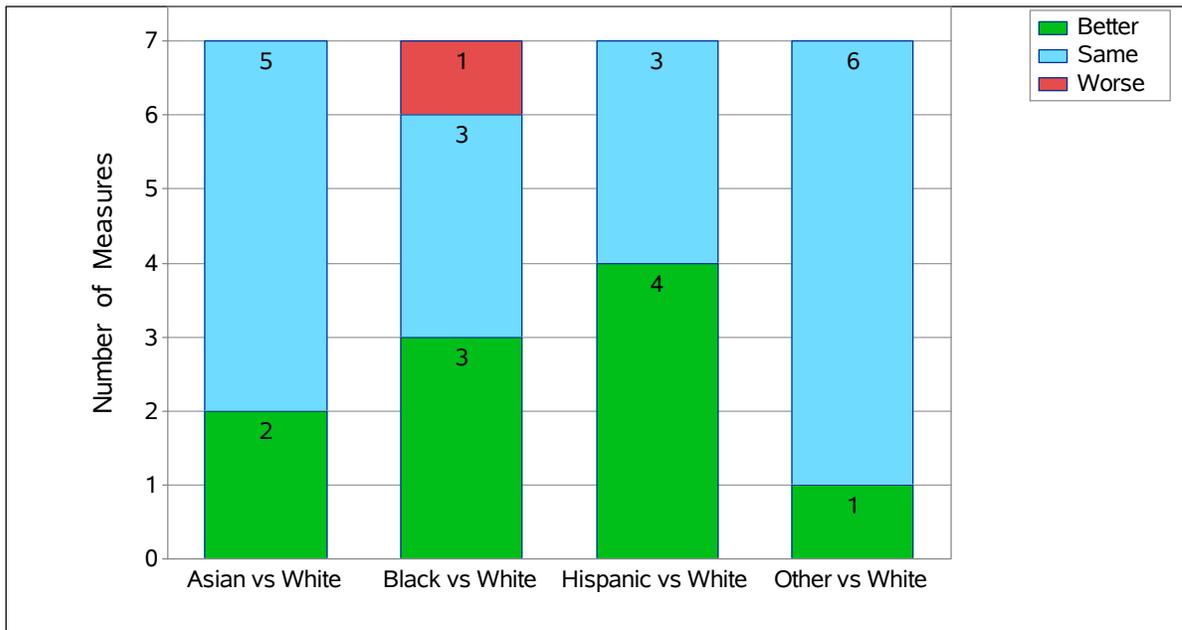
## Preventive Counseling, Assessment, or Education for Children and Adolescents

Measure	Description
BMI Percentile	The percentage of members, ages 3 to 17 years, who had a visit with a healthcare provider and whose weight was assessed by the percentile ranking of their Body Mass Index (BMI).
Nutrition	The percentage of members, ages 3 to 17 years, who were counseled on nutrition or who were referred for nutrition education by their healthcare provider.
Physical Activity	The percentage of members, ages 3 to 17 years, who were counseled on physical activity or were referred for physical activity by their healthcare provider.
Adolescent Preventive Care	The percentage of members, ages 12 to 17 years, who had at least one outpatient visit with a PCP or OB/GYN practitioner during the measurement year, receiving the following four components of care during the measurement year:
1) Sexual Health	Assessment or counseling or education on risk behaviors associated with sexual activity.
2) Depression	Assessment or counseling or education for depression.
3) Tobacco Use	Assessment or counseling or education about the risks of tobacco use.
4) Substance Use	Assessment or counseling or education about the risks of substance use (including alcohol and excluding tobacco).

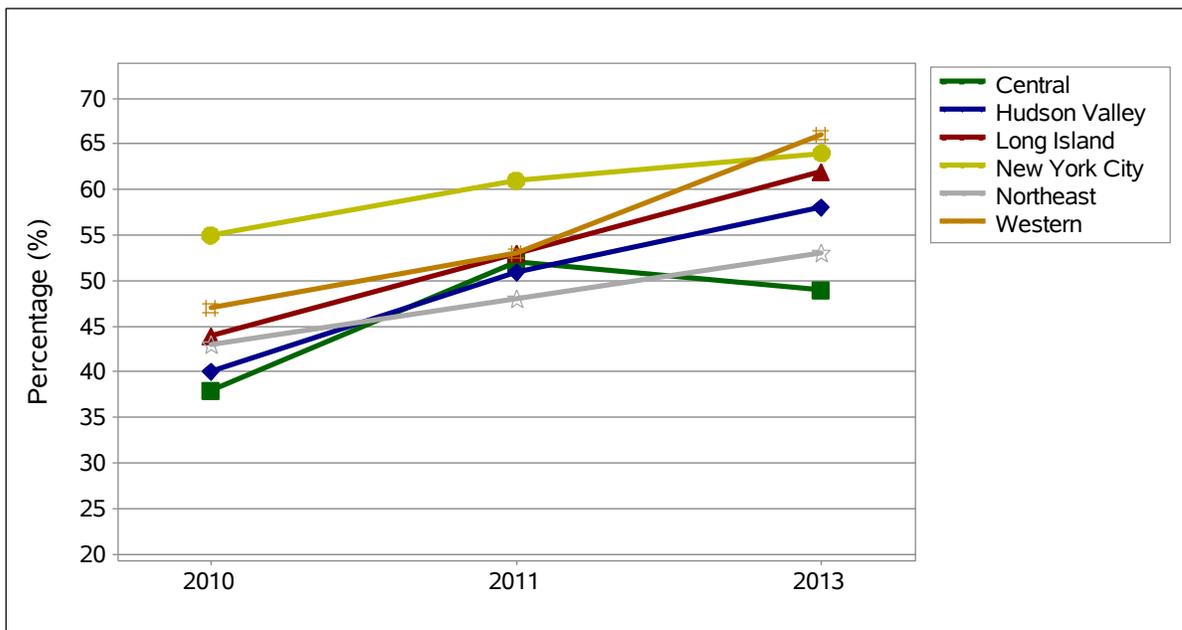
Demographics	BMI Percentile	Nutrition	Physical Activity
Sex			
Female	75	77	69
Male	75	77	68
Age			
3-6	76	81	63
7-11	73	74	66
12-14	74	78	75
15-17	79	76	75
Race			
Asian	77	81	70
Black	72	75	65
Hispanic	75	77	68
Other	74	75	68
White	77	77	70
Aid Category			
SSI	72	75	66
Non-SSI	75	77	68
Primary Language			
English	74	75	67
Non-English	77	79	71
Cash Assistance Status			
Cash Assistance	75	76	65
No Cash Assistance	75	77	69
Region			
Central	73	74	70
Hudson Valley	79	78	76
Long Island	70	71	62
New York City	75	77	66
Northeast	76	83	73
Western	77	80	73
<b>Statewide</b>	<b>75</b>	<b>77</b>	<b>68</b>

Demographics	Sexual Health	Depression	Tobacco Use	Substance Use
Sex				
Female	69	61	74	70
Male	69	62	75	70
Age				
12-14	64	59	73	67
15-17	74	64	76	73
Race				
Asian	70	70	77	75
Black	73	62	75	69
Hispanic	74	68	78	75
Other	70	57	72	68
White	58	53	70	62
Aid Category				
SSI	69	57	72	67
Non-SSI	69	62	75	70
Primary Language				
English	67	58	72	67
Non-English	71	67	78	73
Cash Assistance Status				
Cash Assistance	72	58	73	70
No Cash Assistance	68	62	75	70
Region				
Central	64	49	74	69
Hudson Valley	65	58	73	71
Long Island	65	62	74	68
New York City	71	64	74	71
Northeast	62	53	73	62
Western	68	66	77	68
<b>Statewide</b>	<b>69</b>	<b>62</b>	<b>74</b>	<b>70</b>

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



Assessment or Counseling or Education for Depression by Region, 2010-2013 (Unadjusted Rate)



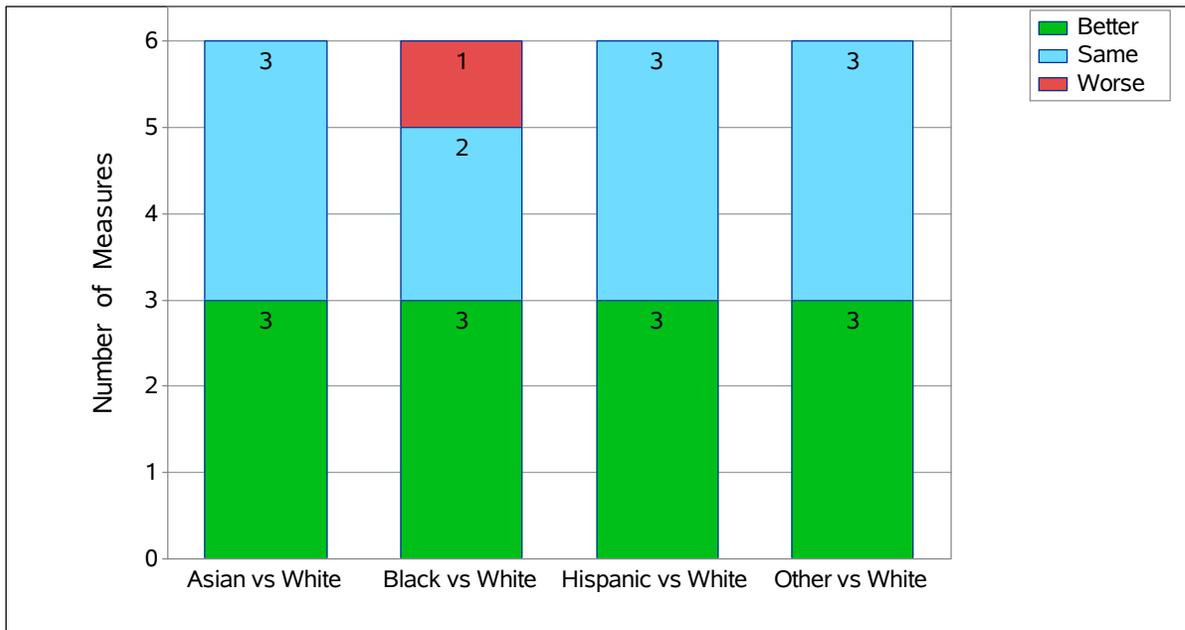
## Preventive Care for Women

Measure	Description
Breast Cancer Screening	The percentage of women, ages 50 to 74 years, who had a mammogram anytime on or between October 1 two years prior to the measurement year and December 31 of the measurement year. (Commercial HMO, Commercial PPO, Medicaid, HIV SNP)
Cervical Cancer Screening	The percentage of women, ages 24 to 64 years, who had had cervical cytology performed every 3 years or women, ages 30 to 64 years, who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. (Commercial HMO, Commercial PPO, Medicaid, HIV SNP)
Chlamydia Screening	The percentage of sexually active young women, ages 16 to 24 years, who had at least one test for Chlamydia during the measurement year. The measure is reported separately for ages 16 to 20 years and 21 to 24 years.
Timeliness of Prenatal Care	The percentage of women who gave birth in the last year who had a prenatal care visit in their first trimester or within 42 days of enrollment in their health plan.
Postpartum Care	The percentage of women who gave birth in the last year who had a postpartum care visit between 21 and 56 days after they gave birth.
Frequency of Ongoing Prenatal Care	The percentage of women who received 81 percent or more of the expected number of prenatal care visits, adjusted for gestational age and month the member enrolled in the health plan.

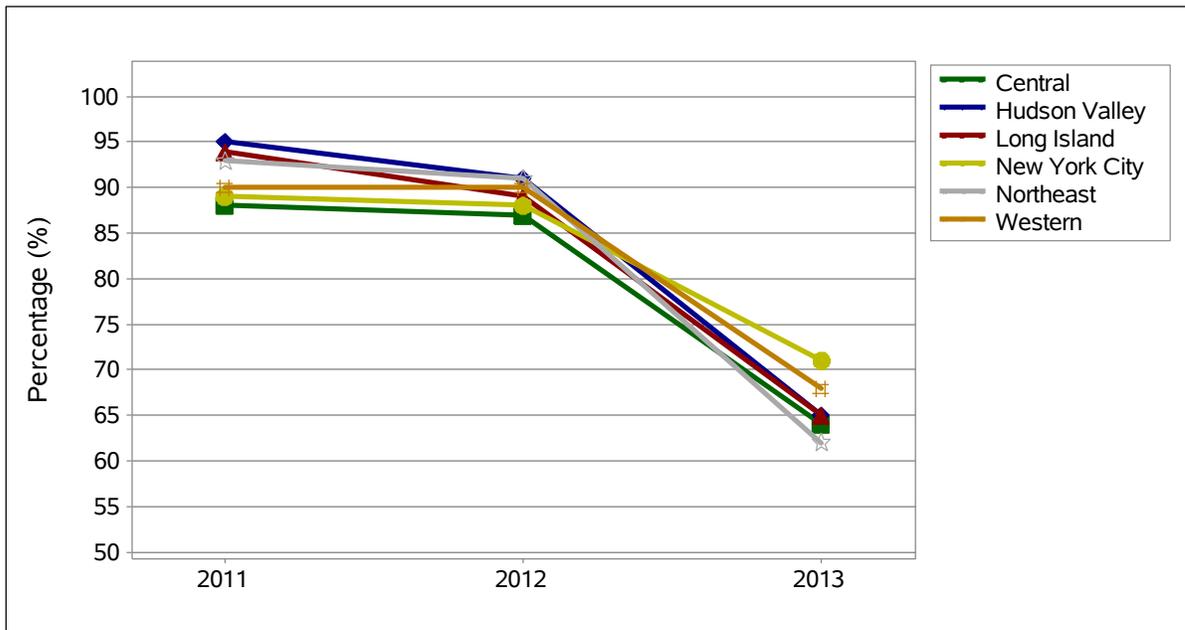
Demographics	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening (Ages 16-24)
Age			
16-20	NA	NA	71
21-41	NA	78	74
42-51	NA	73	NA
52-69	72	61	NA
Race			
Asian	76	72	71
Black	68	73	78
Hispanic	80	76	78
Other	72	74	73
White	62	72	60
Aid Category			
SSI	67	62	68
Non-SSI	75	75	72
Primary Language			
English	67	72	71
Non-English	80	79	74
Cash Assistance Status			
Cash Assistance	66	66	76
No Cash Assistance	76	76	71
Region			
Central	68	71	61
Hudson Valley	66	73	66
Long Island	64	70	68
New York City	75	76	77
Northeast	61	74	62
Western	61	71	67
<b>Statewide</b>	<b>72</b>	<b>73</b>	<b>72</b>

Demographics	Timeliness of Prenatal Care	Postpartum Care	Frequency of Ongoing Prenatal Care
Age			
18 and under	74	58	59
19-29	89	69	70
30-39	89	72	72
40 and above	86	70	74
Race			
Asian	91	77	78
Black	84	58	62
Hispanic	89	71	74
Other	89	66	72
White	89	75	68
Aid Category			
SSI	83	58	61
Non-SSI	89	70	70
Primary Language			
English	87	69	67
Non-English	90	71	74
Cash Assistance Status			
Cash Assistance	83	51	56
No Cash Assistance	90	74	73
Region			
Central	87	77	77
Hudson Valley	91	80	79
Long Island	89	75	79
New York City	88	67	67
Northeast	91	70	81
Western	90	66	67
<b>Statewide</b>	<b>88</b>	<b>70</b>	<b>70</b>

Number of measures in the domain for which members of selected racial categories experienced better, same, or worse quality of care as compared to Whites )



Prenatal Care in the First Trimester by Region, 2011-2013 (Unadjusted Rate)



### Satisfaction with Care

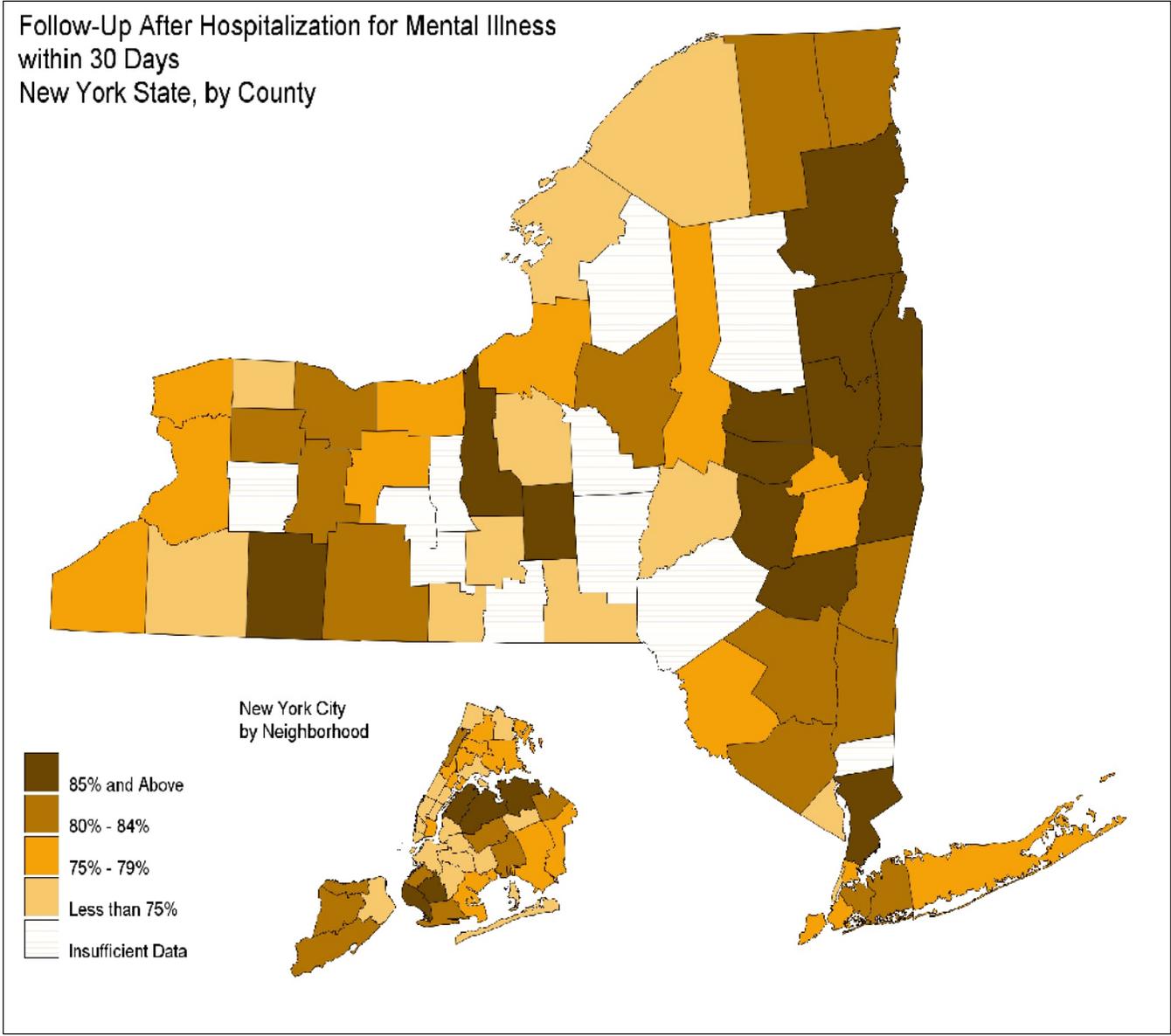
Measure	Description
Satisfaction with Provider Network:	
Satisfaction with Provider Communication	The percentage of members who responded "usually" or "always" when asked how often their doctor listened to them carefully, explained things in a way they could understand, showed respect for what they had to say, and spent enough time with them.
Satisfaction with Personal Doctor	The percentage of members responding 8, 9, or 10 (on a scale of 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor) when asked "How would you rate your personal doctor?"
Satisfaction with Specialist	The percentage of members responding 8, 9, or 10 (on a scale of 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible) when asked "How would you rate your specialist?"
Satisfaction with Access to Care and Health Plan:	
Getting Needed Care	The percentage of members responding "usually or "always" when asked a set of questions to identify if, in the last 6 months, they received care they needed.
Getting Care Quickly	The percentage of members responding "usually" or "always" when asked a set of questions to identify if, in the last 6 months, they received health services quickly.
Satisfaction with Customer Service	The percentage of members responding "usually or "always" when asked a set of questions to identify if, in the last 6 months , they used their health plan's customer service.
Rating of Health Plan	The percentage of members responding 8, 9 or 10 on scale of 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible.

Demographics		Satisfaction with Provider Communication	Satisfaction with Personal Doctor	Satisfaction with Specialist
Sex				
	Female	89	78	76
	Male	90	78	76
Race				
	Asian	86	75	63
	Black	89	79	75
	Hispanic	91	83	81
	Other	90	78	73
	White	91	77	75
Aid Category				
	SSI	89	80	81
	Non-SSI	90	77	74
Primary Language				
	English	90	77	75
	Non-English	90	79	75
Cash Assistance Status				
	Cash Assistance	89	79	76
	No Cash Assistance	90	78	76
SMI Status				
	SMI	88	82	77
	Non-SMI	90	77	75
Region				
	Central	88	73	78
	Hudson Valley	93	88	77
	Long Island	90	82	77
	New York City	89	79	74
	Northeast	90	71	88
	Western	89	76	75
<b>Statewide</b>		<b>89</b>	<b>78</b>	<b>76</b>

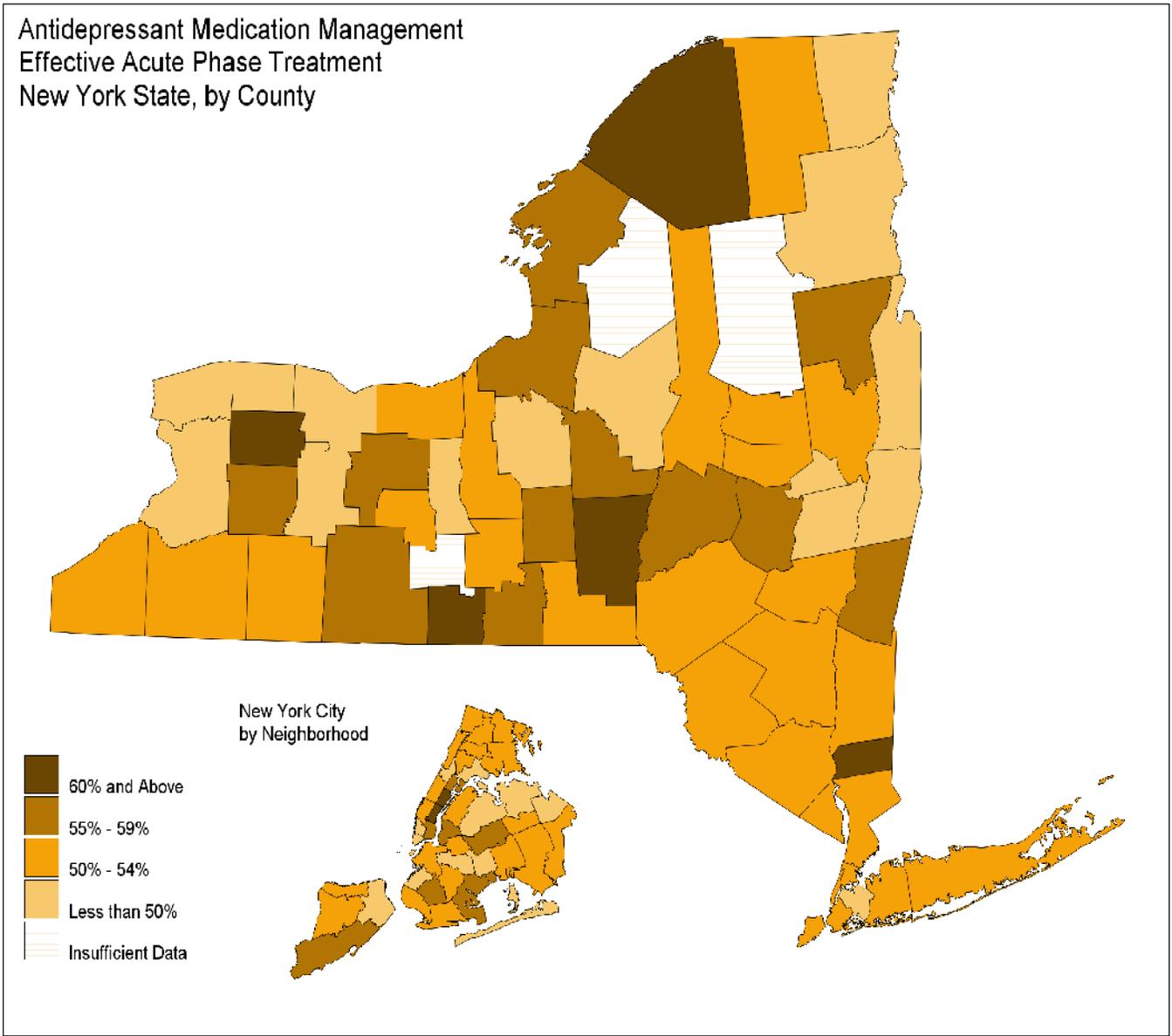
Demographics		Getting Care Needed	Getting Care Quickly	Customer Service	Rating of Health Plan
Sex					
	Female	78	78	83	76
	Male	79	77	81	75
Race					
	Asian	68	61	73	74
	Black	78	78	84	75
	Hispanic	80	80	84	84
	Other	74	75	73	69
	White	80	80	83	73
Aid Category					
	SSI	80	82	79	70
	Non-SSI	78	77	83	77
Primary Language					
	English	78	78	82	74
	Non-English	79	77	80	78
Cash Assistance Status					
	Cash Assistance	77	80	79	72
	No Cash Assistance	79	77	83	77
SMI Status					
	SMI	78	83	83	76
	Non-SMI	78	77	83	76
Region					
	Central	72	75	83	66
	Hudson Valley	80	80	84	67
	Long Island	74	78	83	78
	New York City	75	72	81	76
	Northeast	89	79	87	76
	Western	81	83	82	75
<b>Statewide</b>		<b>78</b>	<b>78</b>	<b>82</b>	<b>76</b>

## Geographic Variation

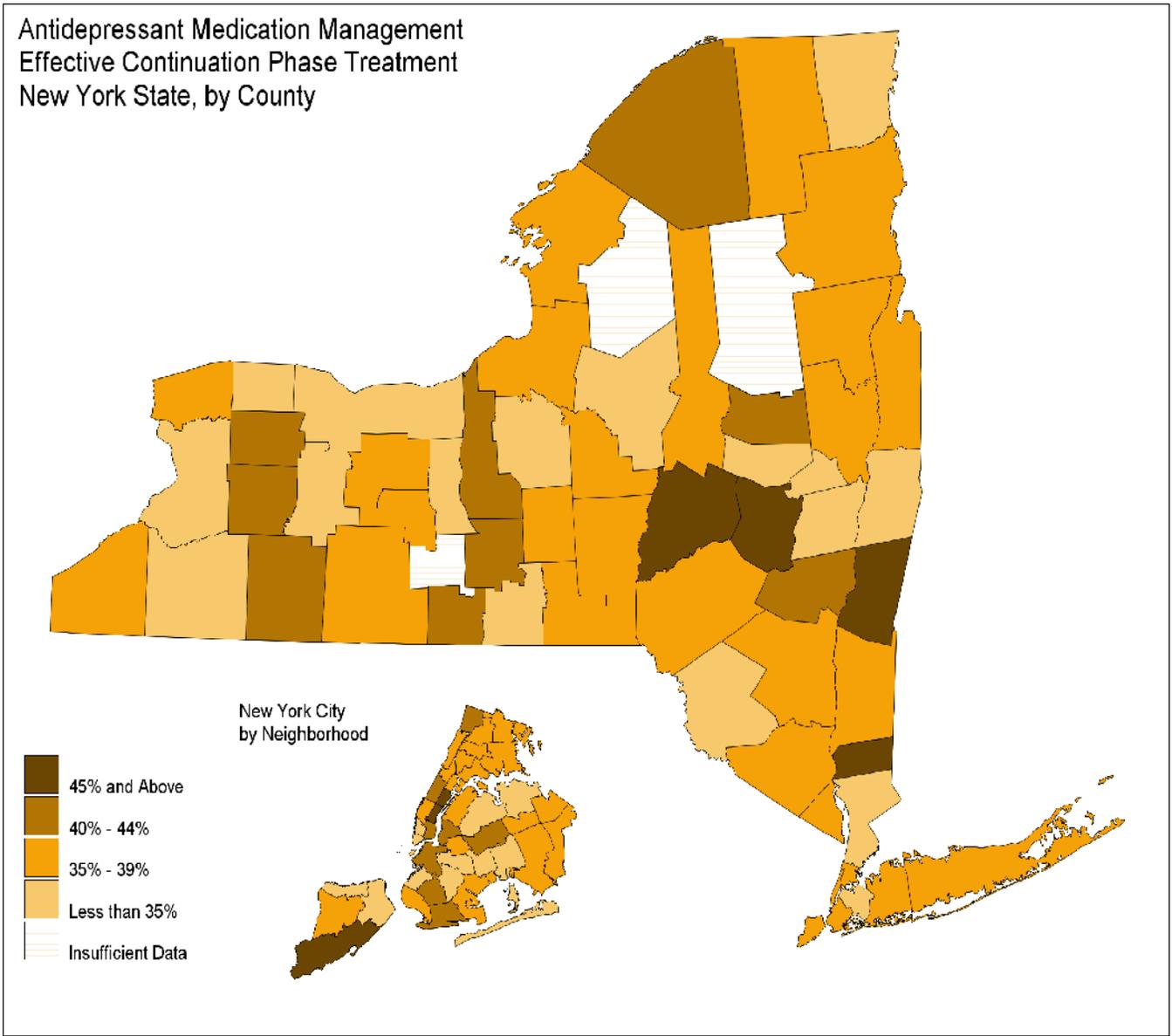
Measure	Description
Geographic Variation	QARR rates were calculated and mapped by county for New York State and by United Hospital Fund (UHF) defined neighborhoods for New York City for the following measures:
Follow-Up After Hospitalization for Mental Illness Within 30 Days	The percentage of members who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 30 days of discharge.
Antidepressant Medication Management-Effective Acute Phase Treatment	The percentage of members who remained on antidepressant medication during the entire 12-week acute treatment phase.
Antidepressant Medication Management-Effective Continuation Phase Treatment	The percentage of members who remained on antidepressant medication for at least six months.



**Note: Geographic areas with fewer than 30 people were suppressed.**



**Note: Geographic areas with fewer than 30 people were suppressed.**



**Note: Geographic areas with fewer than 30 people were suppressed.**

## Data Sources

In addition to the aggregate performance data submitted for QARR, MMC plans are required to submit member-level information for all members who are included in at least one quality measure. This file contains a unique identifier for every member (Client Identification Number) and indicator(s) denoting whether or not the member received the service for which he/she was eligible. The data on the file are matched to the Medicaid “eligibility file” which contains demographic information gathered during the Medicaid application process.

The measures included in this report are calculated using three methods: 1) population measures include all eligible members for the measure, 2) measures that are calculated from a sample of the eligible members, and incorporate medical record review, and 3) measures calculated from member self-reported survey data. See the table on the following page for a list of the measures included in this report with the method used for each measure. For measures that are calculated using a sample of the health plan eligibles, we weight the measures by the number of people eligible for the measure in each plan.

Members in the member-level file who had invalid client identification numbers were excluded from the analyses and this report. Members whose age was determined to be outside of the valid range for any particular measure were excluded from the measure(s). Members excluded due to issues of validity are a very small percentage.

## Demographic Characteristics

Race/Ethnicity was defined as mutually exclusive categories of Asian/Pacific Islander, Black, Hispanic, White and Other. It is possible for an enrollee to denote more than one race. Therefore, for purposes of this report, a hierarchy was developed to ensure each enrollee was assigned to just one race/ethnicity category. An enrollee was defined as Hispanic regardless of any other races noted. White race includes non-Hispanic whites without any other race noted. Similarly, Blacks and Asians include only non-Hispanic single race categorizations. Enrollees of multiple races, Native Americans and Unknown race/ethnicity were assigned to the category 'Other'.

A member's aid category was defined as members who have Supplemental Security Income (SSI) benefit.

Temporary cash assistance is a program to help needy members and their families who are unable to work, cannot find a job, or have a job that does not pay enough to cover expenses. There are two major programs: family assistance or safety net. The cash assistance may be for housing (rent subsidies), utilities, emergency needs, temporary housing, or food assistance. Cash assistance is a marker of lower socioeconomic status as well as risk.

An adult with serious and persistent mental illness is defined as members, who are 18 years of age and older, and whose health profile (which includes diagnoses, procedures, and pharmacy utilization) over the past 12 months places them in a major diagnostic category of mental diseases and disorders. Additionally, these members had to have at least one service in the past 12 months with a diagnosis of at least one of the following conditions; schizophrenia and other psychotic disorders, major depression and bipolar disorders, cyclothymic disorder, schizotypal, chronic hypomanic, and borderline personality disorders, post-traumatic stress disorder, attention deficit disorder, or obsessive-compulsive disorder.

Region is based on the member's county of residence. For the purposes of this report, the counties of New York State were grouped into the following six regions: Western, Central, Northeast, Hudson Valley, Long Island and New York City. For a listing of the counties that comprise each region please see the New York State county map with New York City boroughs at the end of this section.

### **Questions**

If you have any questions or comments about this report please contact the Bureau of Health Services Evaluation at (518)486-9012 or e-mail [nysqarr@health.ny.gov](mailto:nysqarr@health.ny.gov).

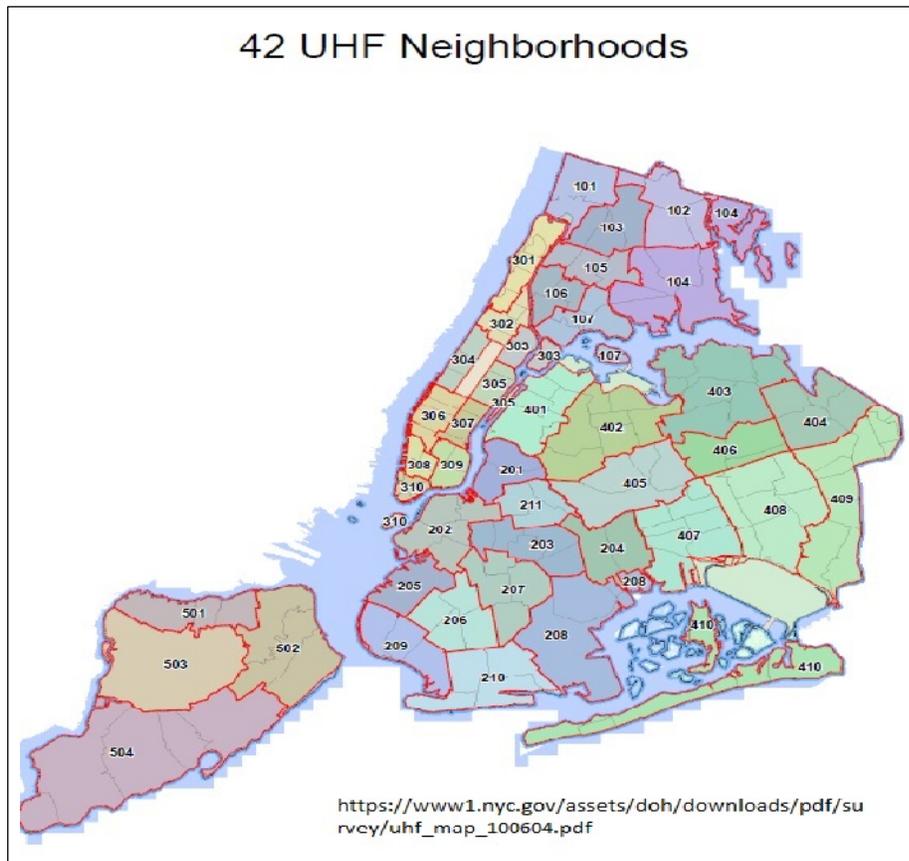
**Appendix: List of Measures and Type of Record Review**

Measure	Population	Sample	Survey
Adolescent Well-Care Visits	X		
Adolescent Preventive Care Measures		X	
Adult BMI Assessment		X	
Annual Dental Visit	X		
Annual Monitoring for Patients on Persistent Medications	X		
Antidepressant Medication Management	X		
Appropriate Testing for Pharyngitis	X		
Appropriate Treatment for URI	X		
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	X		
Breast Cancer Screening	X		
Cervical Cancer Screening	X		
Childhood Immunization - Combo 3		X	
Chlamydia Screening (Ages 16-24)	X		
Cholesterol Management for Patients with Cardiovascular Conditions		X	
Comprehensive Diabetes Care		X	
Controlling High Blood Pressure		X	
Drug Therapy in Rheumatoid Arthritis	X		
Follow-up After Hospitalization for Mental Illness	X		
Follow-Up Care for Children Prescribed ADHD Medication	X		
Frequency of Ongoing Prenatal Care		X	
HIV/AIDS Comprehensive Care	X		
Lead Testing		X	
Pharmacotherapy Management of COPD Exacerbation	X		
Postpartum Care		X	
Satisfaction with Provider Network			X
Satisfaction with Access to Care and Health Plan			X
Satisfaction with Experience of Care			X
Timeliness of Prenatal Care		X	
Use of Appropriate Medications for People with Asthma	X		
Use of Appropriate Medications for People with Asthma 3+ Controllers	X		
Use of Imaging Studies for Low Back Pain	X		
Use of Spirometry Testing for COPD	X		
Weight Assessment for Children and Adolescents		X	
Weight Counseling for Nutrition for Children and Adolescents		X	
Weight Counseling for Physical Activity for Children and Adolescents		X	
Well-Child & Preventive Care Visits in the 3rd, 4th, 5th, of 6th Year of Life	X		

### New York State County Map With New York City Boroughs



Region	Counties
Western	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
Central	Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins
Northeast	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
Hudson Valley	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Long Island	Nassau, Suffolk
New York City	Bronx, Kings (Brooklyn), New York (Manhattan), Queens, Richmond (Staten Island)



Code	UHF Name	Code	UHF Name	Code	UHF Name
301	Washington Heights - Inwood	201	Greenpoint	101	Kingsbridge - Riverdale
302	Central Harlem - Morningside Heights	202	Downtown - Heights - Slope	102	Northeast Bronx
303	East Harlem	203	Bedford Stuyvesant - Crown Heights	103	Fordham - Bronx Park
304	Upper West Side	204	East New York	104	Pelham - Throgs Neck
305	Upper East Side	205	Sunset Park	105	Crotona - Tremont
306	Chelsea - Clinton	206	Borough Park	106	High Bridge - Morrisania
307	Gramercy Park - Murray Hill	207	East Flatbush - Flatbush	107	Hunts Point - Mott Haven
308	Greenwich Village - Soho	208	Canarsie - Flatlands	401	Long Island City - Astoria
309	Union Square - Lower East Side	209	Bensonhurst - Bay Ridge	402	West Queens
310	Lower Manhattan	210	Coney Island - Sheepshead Bay	403	Flushing - Clearview
501	Port Richmond	211	Williamsburg - Bushwick	404	Bayside - Little Neck
502	Stapleton - St. George	408	Jamaica	405	Ridgewood - Forest Hills
503	Willowbrook	409	Southeast Queens	406	Fresh Meadows
504	South Beach - Tottenville	410	Rockaway	407	Southwest Queens