Instructions for Submitting Health Equity Data

Updated as of June 8, 2026

(updates in red font)

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Reference is made to the Request for Demographic Data and Consumer Health Performance Measures Pursuant to Insurance Law § 308, issued by the New York State Department of Financial Services ("DFS" or the "Department") on November 10, 2025 (the "Health Equity 308 Letter"). This manual provides a step-by-step guide to submitting aggregate member data, including instructions on how to create a

Portal account and to access the Health Equity Data submission application, as well as details of the data that must be submitted to the Department.

Additional information on 11 NYCRR § 52.52 can be found on the Department's Health Equity webpage.

For questions, or if you experience technical difficulties, please contact HealthEquity@dfs.ny.gov.

1. Log in to DFS ID

See DFS ID | Department of Financial Services for more information on DFS ID

The DFS ID platform provides secure single-sign-on access to DFS secure applications. All DFS-regulated entities have at least one Entity Administrator in DFS ID. Administrators are responsible for conducting DFS business on behalf of their entity and for inviting others to join their entity as Submitter or Reviewer and register for a DFS ID account as needed.

2. Navigate to the Health Equity Application

Once the submitter is logged in to the home page of DFS ID, click on 'DFS Portal Applications'. The next page will display the insurer's available applications. Click on 'Health Equity' under My Apps. Complete the health equity application fields as shown in section 5 below.

3. Reporting Period and Schedule

Insurers must submit aggregate member data for members who were covered under a comprehensive health insurance policy at any time during calendar year 2025 (the "Measurement Year") by an insurer licensed to write accident and health insurance in New York State, a corporation organized pursuant to Insurance Law Article 43, a health maintenance organization certified pursuant to Public Health Law Article 44, and a student health plan certified pursuant to Insurance Law Section 1124 ("Insurer," "Insurers," "Company" or "Companies"). Further, for insurance groups with more than one insurer, each insurer must report data on its own member population; each insurer must submit a file separately. This data must be submitted by **July 31, 2026.**

4. Data to be Submitted via the Template CSV File

The Health Equity 308 Letter included a link to a template CSV file for the Collection of Health Equity data ("Template CSV File" or "CSV"). The insurer's submission should be completed with its own member data in columns F and G (the numerator and denominator columns respectively) and returned to the Department via the portal submit screen (see Sections 1 and 2 above for accessing and submitting instructions).

The Template CSV File has seven columns and 112,177 rows. The completed data file returned to the Department *must also have seven columns and 112,177 rows of data with contents spelled exactly as they are in the Template CSV File*. A file without the contents of the seven columns and 112,177 rows, or one with name changes or misspellings, will be rejected at the portal submission screen.

The seven columns in the Template CSV File are detailed in Figure 1. The values in the first five columns have been supplied by the Department. *Please make no changes* and use the values in these columns exactly as they appear in the Template CSV File in your completed file. The numerator and denominator columns (columns F and G) are to be completed by each insurer.

Figure 1

Column	Column Name	Data Type	Created/Updated By
A	HEDIS_ID	String	DFS
B	Measure_Name	String	DFS
C	HEDIS_Abbreviation	String	DFS
D	Demographic_Dimension	String	DFS
E	Demographic_Subcategory	String	DFS
F	Numerator	Number	**Insurer**
G	Denominator	Number	**Insurer**

Numerator & Denominator Logic

When populating the numerator and denominator columns F and G with member data, please observe the following logic:

1. Each row in the Template CSV File identifies a unique Demographic Subcategory within each of the nine Demographic Dimensions. The nine Demographic Dimensions and their Subcategories are repeated for each of the 23 Healthcare Effectiveness Data and Information Set (HEDIS) measures being collected by DFS. If the insurer has members in a Demographic Subcategory for that HEDIS measure, then the denominator must be >0 and numerator must be >=0. *Neither can be blank/null*.
2. If the insurer does not have members in a demographic subcategory, then both the denominator and numerator for that row *must be returned blank/null.*
3. Members who are Hispanic (counted in Hispanic Yes) should then be further categorized under the Hispanic Ethnicity subcategory.
4. Each of the nine Demographic Dimensions contains rows for “Choose not to answer” and “Missing data”. Members who chose not to answer a specific demographic dimension in the survey to collect demographic information should be counted in the “Choose not to answer” row; members for whom the insurer is missing data in that Demographic Dimension should be counted in the “Missing data” row.
5. Additional data validation checks: numerators and denominators must be whole numbers only; the numerator must not be greater than the denominator; if the denominator column is blank/null the numerator column must also be blank/null. See Section 7 below for complete details.
6. The sum of the subcategory denominators of a demographic dimension in a HEDIS measure must be equal for each demographic dimension, e.g. for a specific HEDIS measure all the denominators in race should sum up to all the denominators in sexual orientation should sum up to all the denominators in spoken language and so on. In addition, this sum should be the

number reported to National Committee for Quality Assurance (NCQA) for eligible members in a given HEDIS measure.

Numerator & Denominator Definitions

The chart in Appendix 2 defines how each demographic dimension intersects with the 23 HEDIS health care performance measures of DFS' Health Equity Initiative. Specifically, it defines the eligible members for a given HEDIS measure within a demographic subcategory (the denominator) and it defines who meets the HEDIS measure of those eligible members (the numerator). In the numerator and denominator definitions columns, "{Demographic_Subcategory}" represents the demographic subcategory being measured in a given row, e.g., Pakistani, Transgender, New York, 11217, etc.

Insurers should follow NCQA's HEDIS measure definitions for measure year 2025. Insurers who are not NCQA accredited should also follow the HEDIS definitions. For hybrid measures, insurers should base health equity reporting on the rate used for its Interactive Data Submission System (IDSS) HEDIS submission to NCQA. In addition, NCQA retired for 2025 the Administrative and Hybrid reporting methods for Cervical Cancer Screening, Immunizations for Adolescents, and Childhood Immunization Status, and so the Department expects insurers to report these with the electronic clinical data systems (ECDS) method NCQA now requires.

Note that within Race there is the subcategory, "Two or more races". Members who identified two or more races should only be counted in this row and not in the individual races that make up their identity. The subcategory, "two or more ethnicities" will be added to the demographic dimension, Hispanic Ethnicity, in next year's data submission file. For this year, insurers should report multi-ethnic members under "Other" in Hispanic Ethnicity.

For **AIS-E** HEDIS submission, insurers should calculate one combined rate for each row in the CSV file by summing all the numerators and denominators of each vaccine using the following NCQA age groups. For each row in the CSV, report the total of numerators in Numerator column and total of denominators in Denominator column:

	Numerator	Denominator
Influenza	# members 19+ with required vaccine	# members 19+
Td/Tdap	# members 19+ with required vaccine	# members 19+
Zoster	# members 50+ with required vaccine	# members 50+
Pneumococcal	# members 65+ with required vaccine	# members 65+
Hepatitis B	# members 19-59 with required vaccine	# members 19-59
Total	Total Numerator: Sum 5 numbers above	Total Denominator: Sum 5 numbers above

Result: Total Numerator / Total Denominator

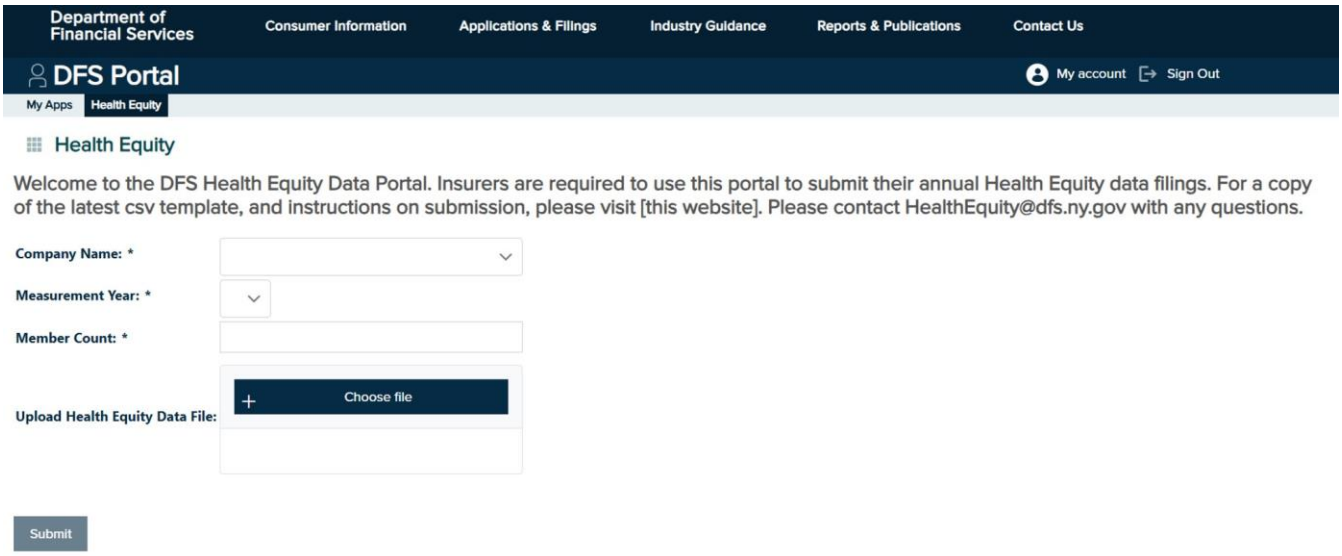
5. Complete Required Fields on the Portal Screen

Once your Template CSV File is ready to be submitted, navigate to the Health Equity Data Submit application on the Portal where you will see the below screen, (Figure 2). You are required to complete the information below:

- Company Name: Start entering your NAIC number, matching results will be displayed allowing you to choose your company's information.
- Measurement Year: Select the year for which the data submission measures from the dropdown. The Measurement Year is defined in Section 3 above.
- Member Count: Count of members who were covered under a comprehensive health insurance policy at any time by the company throughout the measurement year: please manually type the number in the box.

Once you have entered the above information, you will need to select your completed CSV file for upload. Use the "Choose file" button to locate your file. File name will appear in upload box. If the information is correct click the Submit button.

Figure 2: *screenshot of the data submission Portal*



6. Validation Checks at Time of Submission

The following checks will be applied to your Template CSV File at submission time.

- The column headers exactly match those in the Template CSV File
- There are exactly seven columns of data
- There are exactly 112,177 rows of data

Should your CSV file fail any of these checks, the submission will not be accepted, and you will receive an error message on the Portal screen. If you receive an error message, please fix your data and try again.

7. Post-submission Data Checks

The data submitted to the Department in your CSV file will be checked for data quality and logical errors discussed above in Section 4 in a timely manner. Should the data contain any of the below errors, you will be asked to correct and resubmit.

1. Non-numerical text is prohibited in the numerator and denominator columns. Only whole numbers may be entered in the numerator and denominator columns.
2. Each numerator must not be greater than its corresponding denominator.
3. The denominator column can only contain values that are greater than zero or blank cells.
4. The numerator column can only contain values that are greater than or equal to zero or blank cells.
5. If the denominator column is blank, the numerator column must also be blank.
6. The values in the first five columns in your submitted data must be spelled exactly as they are outlined in the CSV template and in the instructions document.
7. The member totals, both numerator and denominator, per demographic dimension, within each HEDIS measure, must be equal.

   For example, the denominator for the Child and Adolescent Well-Care Visits (WCV) HEDIS measure is all members aged between 3-21. The numerator for this HEDIS measure is all members aged between 3-21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. The "Choose not to answer" and "Missing data" options available in the demographic subcategories allow for every eligible member to be accounted for within the nine demographic dimensions (excluding Hispanic Ethnicity which is only relevant for Hispanic members). Thus, the sum of all the demographic subcategory denominators within each HEDIS measure must be equal to each other for each of the nine demographic dimensions, and the sum of all the demographic subcategory numerators within each HEDIS measure must be equal to each other for each of the nine demographic dimensions. Logically, this must be so because an insurer has, regardless of their demographic identities, y members who are eligible for the HEDIS and of those, x members who met the measure. In the illustration below showing simulated data for Well-Care Visits, x (members who met the measure) will always equal 5,000 across the nine demographic dimensions and y (eligible members) will always equal 7,000 across the nine demographic dimensions.

HEDIS_ID	Measure_Name	HEDIS_Abbreviation	Demographic_Dimension	Demographic_Subcategory	Numerator	Denominator		
Q01	Child and Adolescent Well-Care Visits	WCV	Hispanic	Yes	400	500		
Q01	Child and Adolescent Well-Care Visits	WCV	Hispanic	No	3900	5500		
Q01	Child and Adolescent Well-Care Visits	WCV	Hispanic	Don't know	200	300		
Q01	Child and Adolescent Well-Care Visits	WCV	Hispanic	Choose not to answer	400	600	Sum Num	Sum Den
Q01	Child and Adolescent Well-Care Visits	WCV	Hispanic	Missing data	100	100	5,000	7,000
Q01	Child and Adolescent Well-Care Visits	WCV	Gender Identity	Female	2480	3400		
Q01	Child and Adolescent Well-Care Visits	WCV	Gender Identity	Male	2310	3300		
Q01	Child and Adolescent Well-Care Visits	WCV	Gender Identity	Non-Binary/Non-Conforming	35	50		
Q01	Child and Adolescent Well-Care Visits	WCV	Gender Identity	X	21	30		
Q01	Child and Adolescent Well-Care Visits	WCV	Gender Identity	Transgender	49	70		
Q01	Child and Adolescent Well-Care Visits	WCV	Gender Identity	Different Identity	35	50		
Q01	Child and Adolescent Well-Care Visits	WCV	Gender Identity	Choose not to answer	28	40	Sum Num	Sum Den
Q01	Child and Adolescent Well-Care Visits	WCV	Gender Identity	Missing data	42	60	5,000	7,000

8. The totals, both numerator and denominator, for the Hispanic Ethnicity subcategories should equal the number of members who said “Yes” in the Hispanic dimension.

Appendix

1. Allowed Values

The exhibits below outline the allowed values per column of the Template CSV File. These values in columns A-E are prepopulated in the CSV file and *must not be changed*. Please only use the values shown below in the CSV file when returning completed data to DFS.

Exhibit 1: Allowed Values for HEDIS_ID, Measure_Name, HEDIS_Abbreviation, Demographic_Dimension

HEDIS_ID	Measure_Name	HEDIS_Abbreviation	Demographic_Dimension
Q01	Child and Adolescent Well-Care Visits	WCV	Hispanic
Q02	Well-Child Visits in the First 30 Months of Life	W30 first 15	Hispanic Ethnicity
Q03	Immunizations for Adolescents	W30 15-30	Race
Q04	Asthma Medication Ratio	IMA-Combo 2	Spoken
Q04A	Prenatal and Postpartum Care	IMA-Combo 1	Written
Q04B	Initiation and Engagement of Substance Use Disorder Treatment	IMA-Meningococcal	Sex
Q04C	Childhood Immunization Status	IMA-Tdap	Gender Identity
Q04D	Colorectal Cancer Screening	IMA-HPV	Sexual Orientation
Q05	Controlling High Blood Pressure	AMR	State Residency
Q06	Glycemic Status Assessment for Patients With Diabetes	PPC Timeliness	ZIP Code
Q07	Cervical Cancer Screening	PPC Postpartum	
Q08	Kidney Health Evaluation for Patients With Diabetes	IET Treatment	
Q09	Eye Exam for Patients With Diabetes	IET Engagement	
Q10	Follow-Up After Emergency Department Visits for Substance Use Disorder	CIS-Combo 10	
Q10A	Pharmacotherapy for Opioid Use Disorder	CIS-Combo 7	
Q10B	Follow-Up After Emergency Department Visit for Mental Illness	CIS-Combo 3	
Q10C	Follow-Up After Hospitalization for Mental Illness	CIS-DTaP	
Q10D	Adult Immunization Status	CIS-IPV	
Q10E	Breast Cancer Screening	CIS-MMR	
Q10F	Prenatal Immunization Status	CIS-HiB	
Q10G	Prenatal Depression Screening and Follow-Up	CIS-Hep B	
Q10H	Postpartum Depression Screening and Follow-Up	CIS-VZV	
Q10J	Blood Pressure Control for Patients With Hypertension	CIS-Pneumonococcal Conjugate	
Q10K		CIS-Hep A	
Q10L		CIS-Rotavirus	
Q10M		CIS-Influenza	
Q11		COL	
Q12		CBP	
Q13		GSD <8	
Q14		GSD >9	
Q15		CCS	
Q16		KED	
Q17		EED	
Q18		FUA30	
Q19		FUA7	
Q20		POD	
Q21		FUM30	
Q22		FUM7	
Q23		FUH30	
Q24		FUH7	
Q25		AIS-E	
Q26		BCS-E	
Q27		PRS-E	
Q28		PND-E Screening	
Q29		PND-E Follow Up	
Q30		PDS-E Screening	
Q31		PDS-E Follow Up	
Q32		BPC-E	

Exhibit 2: Allowed Values by Demographic Dimension

Hispanic
Yes
No
Don't know
Choose not to answer
Missing data
For Hispanic Yes:
Hispanic Ethnicity*
Colombian
Cuban
Dominican
Mexican
Mexican-American
Chicano
Puerto Rican
Salvadorian
Other
Choose not to answer
Missing data
* Note: Only complete **Hispanic Ethnicity** for those who are Hispanic

Race
African
American Indian/Alaskan Native
Asian Indian
Bangladeshi
Black/African American
Burmese
Chinese
Filipino
Guamanian/Chamorro
Haitian
Jamaican
Japanese
Korean
Middle Eastern/North African
Native Hawaiian
Pakistani
Samoan
Taiwanese
Vietnamese
White
Other-Asian
Other Pacific Islander
Two or more races
Other
Don't know
Choose not to answer
Missing data

Spoken
English
Spanish
Mandarin
Cantonese
Albanian
Arabic
Bengali
Burmese
French
Greek
Haitian Creole
Hindi
Italian
Japanese
Karen
Korean
Nepali
Polish
Russian
Somali
Swahili
Tagalog
Tigrinya
Twi
Urdu
Vietnamese
Yiddish
Other
Choose not to answer
Missing data

Written
English
Spanish
Albanian
Arabic
Bengali
Burmese
Simplified Chinese
Traditional Chinese
French
Greek
Haitian Creole
Hindi
Italian
Japanese
Karen
Korean
Nepali
Polish
Russian
Somali
Swahili
Tagalog
Tigrinya
Twi
Urdu
Vietnamese
Yiddish
Other
Choose not to answer
Missing data

Sex
Male
Female
X
Choose not to answer
Missing data

Gender Identity
Female
Male
Non-Binary/Non-Conforming
X
Transgender
Different Identity
Choose not to answer
Missing data

Sexual Orientation
Lesbian or Gay
Straight
Bisexual
Not listed
Don't know
Choose not to answer
Missing data

State Residency
New York
Out of state
Missing data

Allowed Values for Zip Code

There are 2,211 unique values allowed in the Zip Code Demographic Subcategory ranging from 00501 – 14925 and Missing data and Out of State. For the full list of allowable values please consult the CSV file.

2. Numerator and Denominator Definitions

shaded blue cells indicate measures with submeasures		**{Demographic_Subcategory}** is a placeholder for each demographic subcategory of the Health Equity. For example, the Denominator definition of the first HEDIS measure for Hispanic members wold read: "Number of Hispanic members 3-21 years of age".	
Measure Name	**HEDIS Definition**	**HEDIS Numerator eligible members meeting the measure**	**HEDIS Denominator eligible members**
Child and Adolescent Well-Care Visits (WCV)	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. *Note: This measure has the same structure as measures in the Effectiveness of Care domain. The organization must follow the Guidelines for Effectiveness of Care Measures when calculating this measure.*	Number of {Demographic_Subcategory} members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Number of {Demographic_Subcategory} members 3-21 years of age
Well-Child Visits in the First 30 Months of Life (W30)	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits. Note: This measure has the same structure as measures in the Effectiveness of Care domain. The organization must follow the Guidelines for Effectiveness of Care Measures when calculating this measure.	1. Number of {Demographic_Subcategory} members who turned 15 months old during measurement year who had six or more well-child visits. 2. Number of {Demographic_Subcategory} members who turned 30 months old during the measurement year who had two or more well-child visits.	1. Number of {Demographic_Subcategory} members who turned 15 months old during measurement year. 2. Number of {Demographic_Subcategory} members who turned 30 months old during the measurement year.

Immunizations for Adolescents (IMA-E)	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. Note: The measure calculates a rate for each vaccine and two combination rates.	Number of {Demographic_Subcategory} members 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series, Combo 2, and Combo 1 by their 13th birthday.	Number of {Demographic_Subcategory} members 13 years of age.
Asthma Medication Ratio (AMR)	The percentage of members 5–64 years of age 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.	Number of {Demographic_Subcategory} members 5–64 years of age who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	Number of {Demographic_Subcategory} members 5–64 years of age who were identified as having persistent asthma.
Prenatal and Postpartum Care (PPC)	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care: • Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization. • Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery	* The number of {Demographic_Subcategory} members with deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization. * The number of {Demographic_Subcategory} members with deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	The number of {Demographic_Subcategory} members with deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.

Initiation and Engagement of Substance Use Disorder Treatment (IET)	The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: • Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. • Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.	* Number of {Demographic_Subcategory} members with new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. * The number of {Demographic_Subcategory} members with new SUD episodes that have evidence of treatment engagement within 34 days of initiation.	The number of {Demographic_Subcategory} members with new substance use disorder (SUD) episodes.
Childhood Immunization Status (CIS-E) – combo 10	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.	The number of {Demographic_Subcategory} children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); two influenza (flu) vaccines by their second birthday; and CIS-Combo 10, CIS-Combo 7, CIS-Combo 3.	The number of {Demographic_Subcategory} children 2 years of age.
Colorectal Cancer Screening (COL-E)	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.	The number of {Demographic_Subcategory} members 45–75 years of age who had appropriate screening for colorectal cancer.	The number of {Demographic_Subcategory} members 45–75 years of age.

Controlling High Blood Pressure (CBP)	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	The number of {Demographic_Subcategory} members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	The number of {Demographic_Subcategory} members 18–85 years of age who had a diagnosis of hypertension (HTN).
Glycemic Status Assessment for Patients With Diabetes (GSD)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: • Glycemic Status <8.0%. • Glycemic Status >9.0%.	* The number of {Demographic_Subcategory} members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was below 8.0% during the measurement year. * The number of {Demographic_Subcategory} members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was greater than 9.0% during the measurement year.	The number of {Demographic_Subcategory} members 18–75 years of age with diabetes (types 1 and 2).

Cervical Cancer Screening (CCS-E)	The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria: • Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	*Number of {Demographic_Subcategory} members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. *Number of {Demographic_Subcategory} members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. *Number of {Demographic_Subcategory} members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.	Number of {Demographic_Subcategory} members 21–64 years of age who were recommended for routine cervical cancer screening.
Kidney Health Evaluation for Patients With Diabetes (KED)	The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.	The number of {Demographic_Subcategory} members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.	The number of {Demographic_Subcategory} members 18–85 years of age with diabetes (type 1 and type 2)
Eye Exam for Patients With Diabetes (EED)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.	The number of {Demographic_Subcategory} members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.	The number of {Demographic_Subcategory} members 18–75 years of age with diabetes (types 1 and 2).

Follow-Up After Emergency Department Visits for Substance Use Disorder (FUA)	The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	1. Number of {Demographic_Subcategory} members age 13 years or older who had an emergency department (ED) visit with a principal diagnosis of SUD, or any diagnosis of drug overdose, and received follow-up within 30 days of the ED visit (31 total days). 2. Number of {Demographic_Subcategory} members age 13 years or older who had an emergency department (ED) visit with a principal diagnosis of SUD, or any diagnosis of drug overdose, and received follow-up within 7days of the ED visit (8 total days).	Number of {Demographic_Subcategory} members age 13 years or older who had an emergency department (ED) visit with a principal diagnosis of SUD, or any diagnosis of drug overdose, for which there was follow-up.
Pharmacotherapy for Opioid Use Disorder (POD)	The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.	The number of {Demographic_Subcategory} members 16 years of age and older with a diagnosis of OUD who received OUD pharmacotherapy for at least 180 days.	The number {Demographic_Subcategory} members 16 years of age and older with a diagnosis of OUD.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).	1. Number of {Demographic_Subcategory} members 6 years of age or older who had an emergency department (ED) visit with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service within 30 days of the ED visit (31 total days). 2. Number of {Demographic_Subcategory} members 6 years of age or older who had an emergency department (ED) visit with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service within 7 days of the ED visit (8 total days).	Number of {Demographic_Subcategory} members 6 years of age or older who had an emergency department (ED) visit with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm.
Follow-Up After Hospitalization for Mental Illness (FUH)	The percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported: 1. The percentage of discharges for which the member received follow-up within 30 days after discharge. 2. The percentage of discharges for which the member received follow-up within 7 days after discharge.	1. Number of discharges for {Demographic_Subcategory} members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and received follow-up within 30 days after discharge. 2. Number of discharges for {Demographic_Subcategory} members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and received follow-up within 7 days after discharge.	Number of discharges for {Demographic_Subcategory} members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm.

Adult Immunization Status (AIS-E)	The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B.	Number of {Demographic_Subcategory} members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B.	Number of {Demographic_Subcategory} members 19 years of age and older.
Breast Cancer Screening (BCS-E)	The percentage of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.	Number {Demographic_Subcategory} of members 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.	Number of {Demographic_Subcategory} members 50–74 years of age who were recommended for routine breast cancer screening.
Prenatal Immunization Status (PRS-E)	The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.	Number of {Demographic_Subcategory} members with deliveries in the measurement period who received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.	Number of {Demographic_Subcategory} members with deliveries in the measurement period.
Prenatal Depression Screening and Follow-Up (PND-E)	The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care. • Depression Screening. The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument. • Follow-Up on Positive Screen. The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.	* Number of {Demographic_Subcategory} members who had a delivery and were screened for clinical depression during pregnancy using a standardized instrument. * Number of {Demographic_Subcategory} members who had a delivery and received follow-up care within 30 days of a positive depression screen finding.	Number of {Demographic_Subcategory} members with deliveries in the measurement period.

Postpartum Depression Screening and Follow-Up (PDS-E)	The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. • Depression Screening. The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period. • Follow-Up on Positive Screen. The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.	* Number of {Demographic_Subcategory} members who had a delivery and were screened for clinical depression during postpartum period using a standardized instrument. * Number of {Demographic_Subcategory} members who had a delivery and received follow-up care within 30 days of a positive depression screen finding.	Number of {Demographic_Subcategory} members with deliveries in the measurement period.
Blood Pressure Control for Patients With Hypertension (BPC-E)*	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.	Number of {Demographic_Subcategory} members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.	Number of {Demographic_Subcategory} members 18–85 years of age who had a diagnosis of hypertension (HTN).