

**Quality Compliance Form**

**Comprehensive Diabetes Care  
(CDC)**

<b>Provider Information</b>		
Provider Name		
Address		
Specialty		
NPI		
Tax ID		
Contact Name		
Contact Phone		
<b>Patient Information</b>		
Patient Name		
DOB		
Highmark Blue Cross Blue Shield of Western New York Insurance	Primary	Secondary
ID#		
Measure/Description	Members 18-75 years old (1946-2003) with type I or type II diabetes who had one HbA1c test, at least one eye screening (retinal or dilated eye exam), nephropathy screening test, or evidence of nephropathy during 2021.	
<b>Required Documents</b> *CCDs are not accepted per NCQA regulations		
<b>Evidence of nephropathy - any of the following meets criteria:</b>		
Office visit to a nephrologist and/or medical attention for any of the following:		
<ul style="list-style-type: none"> <li><input type="radio"/> Acute renal failure (ARF)</li> <li><input type="radio"/> Diabetic nephropathy</li> <li><input type="radio"/> End stage renal failure (ESRD)</li> <li><input type="radio"/> Dialysis, hemodialysis, or peritoneal dialysis transplant</li> <li><input type="radio"/> Albuminuria</li> <li><input type="radio"/> Renal transplant</li> <li><input type="radio"/> Proteinuria</li> <li><input type="radio"/> Chronic kidney disease (CKD)</li> <li><input type="radio"/> Renal insufficiency</li> <li><input type="radio"/> Renal dysfunction</li> </ul>		
<b>Nephropathy screening</b> - any of the following meets criteria for test(s) done in 2021: <ul style="list-style-type: none"> <li><input type="radio"/> 24-hour urine for microalbumin</li> <li><input type="radio"/> Timed urine for microalbumin</li> <li><input type="radio"/> Spot urine for microalbumin urine for microalbumin/creatinine ratio</li> <li><input type="radio"/> 24-hour urine for total protein</li> <li><input type="radio"/> Random urine for protein/creatinine ratio</li> </ul>		A positive macroalbumin test (any of the following meets criteria): <ul style="list-style-type: none"> <li><input type="radio"/> (+) for albuminuria</li> <li><input type="radio"/> (+) for a macroalbuminuria (trace results are not used)</li> <li><input type="radio"/> (+) for urine dipstick for urine protein</li> <li><input type="radio"/> (+) for proteinuria</li> <li><input type="radio"/> (+) for gross proteinuria</li> <li><input type="radio"/> (+) for tablet for reagent for urine protein</li> <li><input type="radio"/> (+) urinalysis (random, spot or timed)</li> <li><input type="radio"/> (+) urine (random, spot, or timed) for protein</li> </ul>
<b>Evidence of ACE inhibitor/ARB therapy</b> Prescription filled for ACE inhibitor/ARB in 2021.		
<b>Eye exam.</b> A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist), or a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2020 or 2021.		
<b>HbA1c Test and HbA1c result &lt; 8%</b> most recent performed in 2021.		
Comments		