



# Quality Compliance Form

Fax: (716) 887-7967

## Comprehensive Diabetes Care (CDC)

Provider Information	
Provider Name	
Address	
Specialty	
NPI	
Tax ID	
Contact Name	
Contact Phone	

Patient Information	
Patient Name	
DOB	
BlueCross BlueShield Insurance	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
ID	
Measure/Description	Members 18-75 years old (1945-2002) 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 2020.

### Required Documents

**Evidence of nephropathy - any of the following meets criteria**  
 Office visit to a nephrologist and/or medical attention for any of the following:

- Acute Renal Failure (ARF)
- Albuminuria
- Chronic kidney disease (CKD)
- Diabetic nephropathy
- Renal transplant
- Renal insufficiency
- End stage renal failure (ESRD)
- Proteinuria
- Renal dysfunction
- Dialysis, hemodialysis or peritoneal dialysis transplant

<p><b>Nephropathy screening</b> - any of the following meets criteria for test done in 2020:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 24-hour urine for microalbumin</li> <li><input type="checkbox"/> Timed urine for microalbumin</li> <li><input type="checkbox"/> Spot urine for microalbumin urine for microalbumin/creatinine ratio</li> <li><input type="checkbox"/> 24-hour urine for total protein Random urine for protein/creatinine ratio</li> </ul> <p><b>Evidence of ACE inhibitor/ARB therapy</b>          Prescription filled for ACE inhibitor/ARB in 2020.</p>	<p>A positive macroalbumin test ( any of the following meets criteria):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (+) for albuminuria</li> <li><input type="checkbox"/> (+) for a macroalbuminuria (trace results are not used)</li> <li><input type="checkbox"/> (+) for urine dipstick for urine protein</li> <li><input type="checkbox"/> (+) for proteinuria</li> <li><input type="checkbox"/> (+) for gross proteinuria</li> <li><input type="checkbox"/> (+) for tablet for reagent for urine protein</li> <li><input type="checkbox"/> (+) urinalysis (random, spot or timed)</li> <li><input type="checkbox"/> (+) urine (random, spot, or timed) for protein</li> </ul>
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**Eye exam.** 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 2019 or 2020.

**HbA1c Test and HbA1c result < 8%** most recent performed in 2020.

Comments	
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