

Quality Compliance Form

Eye Exam for Patients With Diabetes (EED)		
Provider Information		
Provider Name		
Address		
Specialty		
NPI		
Tax ID		
Contact Name		
Contact Phone		
Patient Information		
Patient Name		
DOB		
Highmark Blue Cross Blue Shield of Western New York Insurance	Primary	Secondary
ID#		
Measure/Description	Members 18-75 years old (1948-2005) with type I or type II diabetes who had a retinal eye exam.	
Required Documents *CCD's are not accepted per NCQA regulations	<ul style="list-style-type: none"> • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year (2023). • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior (2022) to the measurement year. 	
Comments		

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