

**Quality Compliance Form**

<b>Hemoglobin A1c for Patients With Diabetes (HBD)</b>		
<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	<p>Members 18-75 years old (1948-2005) with type I or type II diabetes whose hemoglobin A1c was at the following levels during the measurement year (2023).</p> <ul style="list-style-type: none"> <li>• HbA1c control (&lt;8.0%).</li> <li>• HbA1c poor control (&gt;9.0%).</li> </ul>	
<b>Required Documents</b>  *CCDs are not accepted per NCQA regulations.	<p>The most recent HbA1c level performed during the measurement year (2023). Documentation in the medical record must include a note indicating the date when the HbA1c was performed and the result.</p>	
Comments		

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