

**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 Shield of Northeastern 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> |           |
| <p><b>Required Documents</b></p> <p>*CCDs are not accepted per NCQA regulations</p> | <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  |   |           |

Highmark Blue Shield of Northeastern New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.