

Quality Compliance Form

Hemoglobin A1c for Patients With Diabetes (HBD)		
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	<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"> • HbA1c control (<8.0%). • HbA1c poor control (>9.0%). 	
Required Documents *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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