

**Quality Compliance Form**

<b>Eye Exam for Patients With Diabetes (EED)</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	Members 18-75 years old (1948-2005) with type I or type II diabetes who had a retinal eye exam.	
<b>Required Documents</b> *CCD's are not accepted per NCQA regulations	<ul style="list-style-type: none"> <li>• A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year (2023).</li> <li>• 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.</li> </ul>	
Comments		

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