

**Quality Compliance Form**

Kidney Health Evaluation for Patients With Diabetes (KED)		
Provider Information		
Provider Name		
Address		
Specialty		
NPI		
Tax ID		
Contact Name		
Contact Phone		
Patient Information		
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 received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) <b>and</b> a urine albumin-creatinine ratio (uACR), during the measurement year (2023).	
<b>Required Documents</b>  *CCDs are not accepted per NCQA regulations	Members who received <b>both</b> an eGFR and a uACR during 2023 on the same or different dates of service: <ul style="list-style-type: none"> <li>• At least one eGFR (Estimated Glomerular Filtration Rate Lab Test Value Set.)</li> <li>• At least one uACR identified by either of the following:               <ol style="list-style-type: none"> <li>1. <b>Both</b> a quantitative urine albumin test <b>and</b> a urine creatinine test with service dates four days or less apart.</li> <li>2. A uACR (Urine Albumin Creatinine Ratio Lab Test Value Set).</li> </ol> </li> </ul>	
Comments		

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