

Select Health Quality Provider Program

DIABETES CARE: RETINAL EYE EXAM

2026 Quality Measure Reference Guide



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Related Quick Links

- [Adult/Pediatrics Measures Quick Guide](#)
- [Report Hub Instructions: Basic User](#)
- [Formatting a Gaps List in Excel](#)
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- [Quality Data Correction \(QDC\) Tool: Submitting Corrections](#)
- [Implementing Category II Codes](#)



**Select
Health**

This measure is included in the Primary Care and Endocrinology Quality Provider Programs.

Measure Description

Description	The percentage of members ages 18 to 75 with diabetes (type 1 or type 2) who had a retinal eye exam performed (EED)
Denominator	Members ages 18 to 75 who have been identified as having diabetes (type 1 or type 2) using claim/encounter data and pharmacy data
Numerator	Members in the denominator who had a retinal eye exam performed by an eye care professional* during the measurement year OR a negative retinal eye exam performed in the year prior to the measurement year
Intake and Measurement Periods	January 1 through December 31 of the measurement year
Exclusions	<p>Members who:</p> <ul style="list-style-type: none"> • Have PCOS (polycystic ovarian syndrome) • Are not diabetic <p>NOTE: Blindness does not remove patient from the retinal eye exam measure.</p>
Correction Allowed	“Patient had a diabetic eye exam.”

* To be compliant, a retinal exam performed during the measurement year must include the result and evidence that result was read or reviewed by an optometrist or ophthalmologist; for abnormal retinal eye exams, diabetes eye exams must be repeated annually. An eye exam with result documented as “unknown” does not meet criteria.

Allowable Corrections

General Guidance

- Include a copy of the electronic health record (EHR) note, progress note, or screen print signed by MA/RN/MD including member name, DOB, and provider.
- Submit corrections using [this online tool](#).
- Wait 6 weeks from the date of service to enter corrections to allow for claim lag.
- Don't attach multiple patient records to a single correction.
- Each date of service for this measure requires separate correction entries.

Eye Exam						
Allowable Correction	Submission Correction Process				Additional Required Documentation (see "General Guidance" for Standard Requirements)	Notes for Entering Corrections
	Category	Measure	Component	Correction Type(s)		
Unaccounted for diabetic eye exam	Chronic Disease	Comprehensive Diabetes Care	Diabetic Eye Exam	Negative Retinopathy Positive Retinopathy	Date of eye exam, name ophthalmologist/optometrist and result (normal or retinopathy)	<ul style="list-style-type: none"> • All eye exams must have a result to count. • If the documentation does not contain the name of the eye care professional, it must state that the exam was read by an ophthalmologist or optometrist. The exception to this requirement is an exam read by artificial intelligence (AI); these AI exams must be completed yearly regardless of the result.

[Access guidance for general corrections to demographics.](#)

Frequently Asked Questions

Q: Why does this measure matter?

A: Diabetes affects more than 30 million people in the U.S. and is the 7th leading cause of death.¹ In addition to these human costs, the 2022 estimated total financial cost of diagnosed diabetes in the U.S. was nearly \$413 billion.²

When managed, we can prevent or delay diabetic complications. However, for about 11 million Americans, their diabetes is undiagnosed.³

Over 97 million adults (more than 1 in 3) have elevated blood glucose levels (prediabetes), increasing their risk of developing type 2 diabetes in the next few years.⁴ Among those whose diabetes is poorly controlled, complications tend to be more common and more severe. Better health outcomes rely on preventive care practices.

Q: What is Select Health doing to help?

A: Outreach to Select Health members includes:

- Hosting a [chronic disease blog](#) on the Select Health Member Resources webpage.
- Providing care management services that help members manage health conditions, such as diabetes. Members or providers can contact Care Management at **800-442-5305** or by email at SHTOC@imail.org.
- Sending a biannual diabetes newsletter to members with diabetes with information about managing diabetes and healthy lifestyle tips.
- Using computer-generated calls to provide diabetes care reminders and education to Medicaid members with diabetes.
- During the fourth quarter of the year, Medicare members receive live diabetes reminder calls about their Nations Benefit reward to close care gaps.

Select Health Quality Provider Program provides an up-to-date registry of patients who have diabetes and are included in the glycemic status, diabetic eye exam, and kidney health evaluations measures. This registry includes compliance status.

Q: What are best practices for this measure?

A: Best practices include:

- Creating workflow processes that use collaborative, team-based care focused on evidence-based guidelines. Some examples of processes include diabetes care reminders and follow-up appointments.
- Partnering with patients to develop an individualized plan based on medical history, preferences, comorbidities, and individual prognosis and risk.
- Supporting positive lifestyle changes, including using available education for weight loss and nutrition, medication management, or medical visit follow-up.
- Evaluating social determinants of health (SDoH) and available community resources that support diabetes management (e.g., access to food, medications, transportation).
- Using payor or electronic medical record patient registries or reports, decision-support tools, or clinic huddles to identify patients missing screenings or services.⁵
- Measuring progress toward your goals and adjusting process when needed by:
 - Establishing a baseline screening rate and setting an ambitious goal
 - Discussing how your screening system is working during staff meetings
 - Making process adjustments as needed to ensure success

References:

- ¹ U.S. Department of Health and Human Services. *Healthy People 2030: Diabetes*. HealthyPeople.gov. Available at: <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes>. Accessed February 16, 2026.
- ² Parker ED, Lin J, Mahoney T, et al. Economic costs of diabetes in the U.S. in 2022. *Diabetes Care* 2024;47(1):26–43.
- ³ American Diabetes Association. *Statistics About Diabetes*. [diabetes.org](https://diabetes.org/about-diabetes/statistics/about-diabetes). 2026. Available at: <https://diabetes.org/about-diabetes/statistics/about-diabetes>. Accessed February 16, 2026.
- ⁴ National Institute of Diabetes and Digestive and Kidney Diseases. *Diabetes Statistics*. NIDDK.NIH.gov. Available at: <https://www.niddk.nih.gov/health-information/health-statistics/diabetes-statistics>. Last reviewed January 2024. Accessed February 16, 2026.
- ⁵ American Diabetes Association. Standards of medical care in diabetes—2019 abridged for primary care providers. *Clinical Diabetes*. 2019;37(1):11-34.

Working Your Open Gaps List

STEP 1
<p>Create a current gaps-in-care list:</p> <ol style="list-style-type: none"> 1. Open your Gaps-in-Care-for-Download report: QPP Report Hub 2. Apply these filters: <ul style="list-style-type: none"> — Super clinic: Choose your clinic. — Measure: Click on “Diabetes Care: Eye Exam.” — Status: Unclick the "Compliant" box. This will filter for only the achievable and/or non-compliant members. 3. In the drop-down menu on the top right side of the page, change the view from "Member" to "Download." 4. Follow the instructions on the screen to export the data to Excel. <p>Refer to Report Hub Instructions: Basic User.</p>
STEP 2
Format your Excel export. (Refer to Formatting a Gaps List in Excel .)
STEP 3
Review tips for working your gaps-in-care list (page 6).

Measure Information

The American Diabetes Association (ADA) recommends all people with diabetes have their eyes checked yearly.¹ The purpose of the eye exam is to screen for retinopathy—a common diabetes-related eye complication that can lead to blindness.

NOTE: Examples used in this document are for instructional purposes only; the dates that appear are only representative of what a user might see.

For this measure:

- The beginning of the calendar year is the measurement start date.
- The end of the calendar year is the measurement end date. Your gaps-in-care list has the measurement end date noted in the "Achievable Date" column (see below)

Measure Name	Status	Status Detail	Achievable Date	Measure Instructions
Diabetes Care: Eye Exam (EED)	Achievable	To Be Completed	MM/DD/YYYY	Member needs Diabetic Retinal Eye Examination. Schedule exam.
Diabetes Care: Eye Exam (EED)	Achievable	To Be Completed	MM/DD/YYYY	Member needs Diabetic Retinal Eye Examination. Schedule exam.

With this measure, an eye exam that is:

- **Negative** for retinopathy will count as compliant for 2 years
- **Positive** for retinopathy must be completed yearly

Working Open Gaps List, Continued

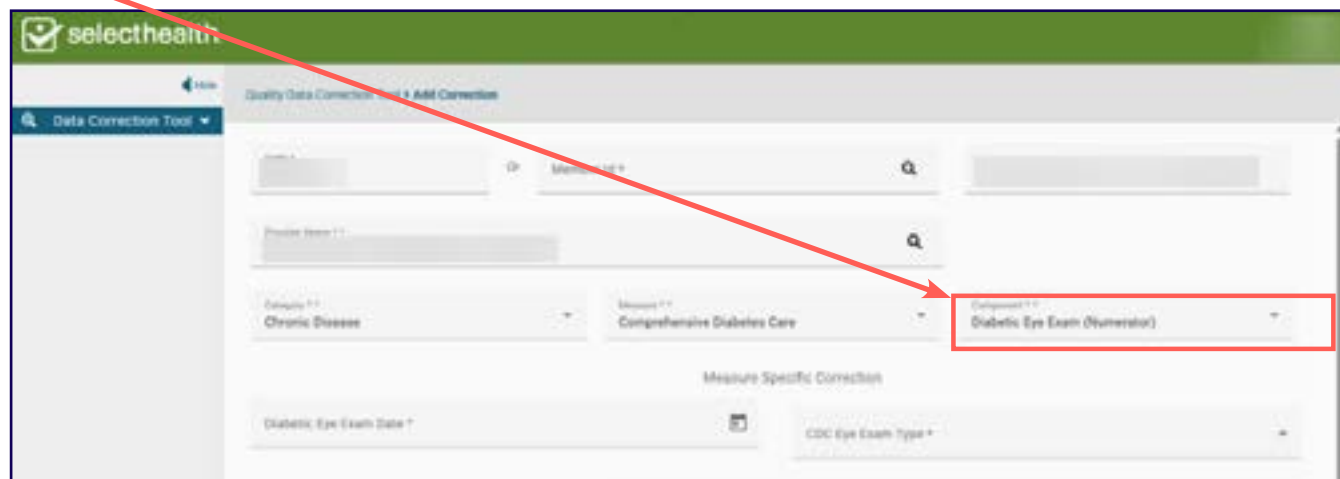
Tips for Working your Gaps-in-Care List

1. **Follow the guidance provided in the Measure Instruction column.** When working through this list of 'achievable' members, you will encounter 1 possible scenario:

Scenario	Status Detail Example	Tips
No eye exam has been completed this year.	To be completed.	Member needs diabetic retinal eye examination. Schedule exam.

2. As you review charts, you will discover completed eye exams for which Select Health has not received a claim. In these cases, you can submit these exams as corrections by:

- **Accessing the [Quality Data Corrections \(QDC\) Tool](#)**
- Using the link(s) provided in the downloaded Gaps-in-Care Excel file to have member and measure information prepopulated



Learn More

Refer to the [Quality Data Correction \(QDC\) Tool: Submitting Corrections](#) for more information.

Corrections Pro Tip

Please wait 6 weeks from the date of service before determining if a correction is needed. This allows time for claims to be processed, ultimately ensuring that only needed corrections are submitted.

Reference:

¹ American Diabetes Association. *Understanding A1c: What is the A1c Test?* no date. <https://diabetes.org/about-diabetes/a1c>. Accessed February 16, 2026.

Best Practices: Closing Gaps in Care

To help close gaps in care:

- Offer diabetic retinal screenings in the office. If in-office screenings are not possible:
 - Develop a relationship with a local optometrist or ophthalmologist with whom your staff can easily make appointments.
 - Ask to have the results shared with you so you can upload them into your electronic health record (EHR).
- **Implement CPT Category II Codes** to denote eye exam results (retinopathy vs. no retinopathy), and repeat exam as follows:
 - A negative eye exam (no retinopathy) is only required every 2 years. The exception to this requirement is an exam read by artificial intelligence (AI). These AI exams must be completed yearly regardless of the result.
 - A positive eye exam (evidence of retinopathy) is required yearly.
- Educate patients that many diabetes-related complications can develop without noticeable symptoms.
- Hold daily or weekly huddles to review members with upcoming diabetes care gaps and to plan outreach for those who have missed their appointments.
- Make sure the correct diabetic labs are built into your provider order sets.
- Designate staff to review charts prior to each visit, and send notes to the medical assistant/provider indicating whether the patient is due for an A1c or other glycemic monitoring test, annual eye exam, or kidney health testing (e.g., uACR and eGFR).

Questions about the Quality Provider Program?
Contact us at QualityProvider@selecthealth.org.