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Glycemic Status Assessment for Patients With Diabetes

Measure title	Glycemic Status Assessment for Patients With Diabetes	**Measure ID**	GSD
Description	The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period: • Glycemic Status <8.0%. • Glycemic Status >9.0%. ***Note:*** *Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.*		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	Refer to the complete copyright and disclaimer information at the front of this publication. NCQA website: www.ncqa.org Submit policy clarification support questions via My NCQA (https://my.ncqa.org).		
Clinical recommendation statement/ rationale	American Diabetes Association (2023): • Assess glycemic status (A1C or other glycemic measurement such as time in range or glucose management indicator) at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control). Level of evidence: E • Standardized, single-page glucose reports from continuous glucose monitoring (CGM) devices with visual cues, such as the ambulatory glucose profile, should be considered as a standard summary for all CGM devices. Level of evidence: E • An A1C goal for many nonpregnant adults of <7% (53 mmol/mol) without significant hypoglycemia is appropriate. Level of evidence: A • On the basis of health care professional judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable and even beneficial if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Level of evidence: B • Less stringent A1C goals (such as <8% [64 mmol/mol]) may be appropriate for patients with limited life expectancy or where the harms of treatment are greater than the benefits. Health care professionals should consider deintensification of therapy if appropriate to reduce the risk of hypoglycemia in patients with inappropriate stringent A1C targets. Level of evidence: B		
Citations	ElSayed, N.A., G. Aleppo, V.R. Aroda, et al., American Diabetes Association. 2023. "6. Glycemic Targets: *Standards of Care in Diabetes—2023.*" *Diabetes Care 2023* 46(Suppl. 1):S97–110.		

Characteristics	
Scoring	Proportion.
Type	Process.
Product lines	• Commercial. • Medicaid. • Medicare.
Stratifications	Race (Refer to the General Guideline: Race and Ethnicity Stratification). • American Indian or Alaska Native. • Asian. • Black or African American. • Native Hawaiian or Other Pacific Islander. • White. • Some Other Race. • Two or More Races. • Asked But No Answer. • Unknown. Ethnicity (Refer to the *General Guideline:* Race and Ethnicity Stratification). • Hispanic or Latino. • Not Hispanic or Latino. • Asked But No Answer. • Unknown.
Risk adjustment	None.
Guidance	**Data collection methodology:** Administrative and hybrid. Refer to the *General Guideline: Data Collection Methods* for additional information. Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators. **Date specificity:** Dates must be specific enough to determine the event occurred in the period being measured. **Which services count?** When using claims, include all paid, suspended, pending and denied claims. **Other guidance:** If a combination of administrative, supplemental or hybrid data is used, the most recent glycemic status assessment must be used, regardless of data source. **Improvement notation:** • *Glycemic Status <8.0%.* Increased score indicates improvement. • *Glycemic Status >9.0%.* Decreased score indicates improvement.

Initial population	*Measure item count:* Person. *Attribution basis:* Enrollment. • *Benefits:* Medical. • *Continuous enrollment:* The measurement period. • *Allowable gap:* No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period. *Ages:* 18–75 years as of the last day of the measurement period. *Event:* **Identify persons with a diagnosis of diabetes.** There are two methods to identify persons with diabetes: by claim/encounter data ***and*** by pharmacy data. The organization must use both methods to identify the initial population, but a person only needs to be identified by one method to be included in the measure. • *Claim/encounter data method.* At least two diagnoses of diabetes (Diabetes Value Set*) on different dates of service during the measurement period or the year prior to the measurement period. • *Pharmacy data method.* At least one diagnosis of diabetes (Diabetes Value Set*) ***and*** at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication (Diabetes Medication List) during the measurement period or the year prior to the measurement period. **Coding Guidance** ***Do not include laboratory claims (claims with POS code 81).
Denominator exclusions	• **Persons with a date of death.** Death in the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit. • **Persons in hospice or using hospice services.** Persons who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file. • **Persons receiving palliative care.** Persons receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) or who had an encounter for palliative care (ICD-10-CM code Z51.5*) any time during the measurement period. • **Persons 66 years of age and older by the end of the measurement period, with Medicare, enrolled in an institutional SNP (I-SNP) or living long-term in an institution (LTI).** Persons enrolled in an Institutional SNP (I-SNP) any time during the measurement period.

	Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement period. • **Persons age 66 years or older by the end of the measurement period with both frailty and advanced illness.** 1. **Frailty.** At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set)* with different dates of service during the measurement period. 2. **Advanced Illness.** Either of the following during the measurement period or the year prior to the measurement period: – Advanced illness (Advanced Illness Value Set*) on at least two different dates of service. – Dispensed dementia medication (Dementia Medications List). **Coding Guidance** ***Do not include laboratory claims (claims with POS code 81).
Denominator	**Administrative denominator** The initial population minus denominator exclusions. **Hybrid denominator** A systematic sample drawn from the denominator identified via administrative specifications. Organizations that use the Hybrid Method to report the Glycemic Status Assessment for Patients With Diabetes (GSD) and Blood Pressure Control for Patients With Diabetes (BPD) measures may use the same sample for both measures. If the same sample is used for both measures, the organization must take the inverse of the Glycemic Status >9.0% rate (100 minus the Glycemic Status >9.0% rate) before reducing the sample. Organizations may reduce the sample size based on the current year's administrative rate or the prior year's audited, product line-specific rate for the lowest rate of all GSD indicators and the BPD measure. If separate samples are used for the GSD and BPD measures, organizations may reduce the sample based on the product line-specific current measurement year's administrative rate or the prior year's audited, product line-specific rate for the measure. Refer to the *Guidelines for Calculations and Sampling* for information on reducing sample size.
Numerator	***ADMINISTRATIVE*** ***Numerator 1:*** **Glycemic Status <8%** Identify the most recent glycemic status assessment (HbA1c or GMI) (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set†*; LOINC code 97506-0) during the measurement period. If there are multiple glycemic status assessments on the same date of service, use the lowest result.

- *Compliant*: Most recent glycemic status assessment with a result of <8.0%.
- *Not compliant:* Most recent glycemic status assessment is ≥8.0%; is missing a result; or if a glycemic status assessment was not done during the measurement period.

If the most recent glycemic status assessment was an HbA1c test identified based on a CPT Category II code (HbA1c Test Result or Finding Value Set), use the following to determine compliance:

- *Compliant*: HbA1c Level Less Than 8.0 Value Set.
- *Not compliant*: HbA1c Level Greater Than or Equal To 8.0 Value Set.

Numerator 2: **Persons with the most recent glycemic status assessment result of >9.0%.**

Identify the most recent glycemic status assessment (HbA1c or GMI) (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set†*; LOINC code 97506-0) during the measurement period. If there are multiple glycemic status assessments on the same date, use the lowest result.

- *Compliant*: Most recent glycemic status assessment with a result of >9.0% or is missing a result, or if a glycemic status assessment was not done during the measurement period.
- *Not compliant*: Most recent glycemic status assessment during the measurement period is ≤9.0%.

If the most recent glycemic status assessment was an HbA1c test identified based on a CPT Category II code (HbA1c Test Result or Finding Value Set), use the following to determine compliance:

- *Compliant:* CPT Category II code 3046F.
- *Not compliant:* HbA1c Level Less Than or Equal To 9.0 Value Set.

Coding Guidance

*****Do not include laboratory claims (claims with POS code 81).

†Do not include CPT Category II codes with a modifier (CPT CAT II Modifier Value Set).

HYBRID

Refer to *Administrative Specifications* to identify positive numerator hits from administrative data.

Numerator 1: **Glycemic status <8.0%.**

Persons whose most recent glycemic status assessment (HbA1c or GMI) (performed during the measurement period) is <8.0%, as documented through laboratory data or medical record review.

At a minimum, documentation in the medical record must include a note indicating the date when the glycemic status assessment (HbA1c or GMI) was performed, and the result. The person is numerator compliant if the result of the most recent glycemic status assessment during the measurement year is <8.0%.

	When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. Use the terminal date in the range to assign assessment date. If multiple glycemic status assessments were recorded for a single date, use the lowest result. GMI results collected by the person and documented in their medical record are eligible for use in reporting (if the GMI does not meet any exclusion criteria). There is no requirement for evidence that GMI was collected by a PCP or specialist. The person is not numerator compliant if the result of the most recent glycemic status assessment during the measurement period is ≥8.0% or is missing, or if a glycemic status assessment was not performed during the measurement period. Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance. “Unknown” is not considered a result/finding. ***Numerator 2:*** **Glycemic status >9.0%.** Persons whose most recent glycemic status assessment (HbA1c or GMI) (performed during the measurement period) is >9.0% or is missing, or was not done during the measurement period, as documented through laboratory data or medical record review. At a minimum, documentation in the medical record must include a note indicating the date when the glycemic status assessment was performed, and the result. The person is numerator compliant if the result of the most recent glycemic status assessment during the measurement year is >9.0% or is missing, or if a glycemic status assessment was not done during the measurement year. When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. Use the terminal date in the range to assign assessment date. If multiple glycemic status assessments were recorded for a single date, use the lowest result. GMI results collected by the person and documented in their medical record are eligible for use in reporting (if the GMI does not meet any exclusion criteria). There is no requirement for evidence the GMI was collected by a PCP or specialist. The person is not numerator compliant if the most recent glycemic status during the measurement year is ≤9.0%. Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance. “Unknown” is not considered a result/finding.
Summary of changes	

Data element tables

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table GSD-A-1/2/3: Data Elements for Glycemic Status Assessment for Patients With Diabetes

Metric	Data Element	Reporting Instructions	A
LessThan8	CollectionMethod	Repeat per Metric	✓
GreaterThan9	InitialPopulation*	For each Metric	✓
	ExclusionAdmin*	For each Metric	✓
	NumeratorByAdminElig	For each Metric	
	CYAR	(Percent)	
	MinReqSampleSize	Repeat per Metric	
	OversampleRate	Repeat per Metric	
	OversampleRecordsNumber	(Count)	
	ExclusionValidDataErrors	Repeat per Metric	
	ExclusionEmployeeOrDep	Repeat per Metric	
	OversampleRecsAdded	Repeat per Metric	
	Denominator	Repeat per Metric	
	NumeratorByAdmin	For each Metric	✓
	NumeratorByMedicalRecords	For each Metric	
	NumeratorBySupplemental	For each Metric	✓
	Rate	(Percent)	✓

Table GSD-B-1/2/3: Data Elements for Glycemic Status Assessment for Patients With Diabetes: Stratifications by Race

Metric
LessThan8
GreaterThan9

Race	Data Element	Reporting Instructions	A
AmericanIndianOrAlaskaNative	CollectionMethod	Repeat per Metric and Stratification	✓
Asian	InitialPopulation*	For each Metric and Stratification	✓
BlackOrAfricanAmerican	Denominator	For each Stratification, repeat per Metric	
NativeHawaiianOrOtherPacificIslander	Numerator	For each Metric and Stratification	✓
White	Rate	(Percent)	✓

Race	Data Element	Reporting Instructions	A
SomeOtherRace			
TwoOrMoreRaces			
AskedButNoAnswer			
Unknown			

Table GSD-C-1/2/3: Data Elements for Glycemic Status Assessment for Patients With Diabetes: Stratifications by Ethnicity

Metric
LessThan8
GreaterThan9

Ethnicity	Data Element	Reporting Instructions	A
HispanicOrLatino	CollectionMethod	Repeat per Metric and Stratification	✓
NotHispanicOrLatino	InitialPopulation*	For each Metric and Stratification	✓
AskedButNoAnswer	Denominator	For each Stratification, repeat per Metric	
Unknown	Numerator	For each Metric and Stratification	✓
	Rate	(Percent)	✓

*Repeat the InitialPopulation and ExclusionAdmin values for metrics using the Administrative Method.

Rules for Allowable Adjustments

Copyright and use: The "Rules for Allowable Adjustments of HEDIS" (the "Rules") describe how NCQA's HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.

Adjusted HEDIS measures may not be used for HEDIS health plan reporting.

The Rules do not apply to the hybrid portion of the measure; only the administrative sections may be changed.

Adjustments allowed

- *Product lines*. Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
- *Attribution*. Organizations are not required to use enrollment criteria.
- *Benefits*. Organizations are not required to use a benefit.
- *Other*. Organizations may use additional initial population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.

- *Measurement period adjustments.* Organizations may adjust the measurement period.
- *Exclusions.* The hospice, deceased person, palliative care, I-SNP, LTI, frailty and advanced illness exclusions are not required.
- *Telehealth.* Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.
- *Supplemental data.* Supplemental data may be used to identify initial population, denominator, exclusion and numerator events.

Adjustments allowed with limits

- *Ages.* Age determination dates may be changed (e.g., select "age as of June 30"). Changing denominator age range is allowed within a specified age range (ages 18–75 years). The denominator age may not be expanded.

Adjustments not allowed

- *Initial population: Event.* Only events or diagnoses that contain (or map to) codes in the medication lists and value sets may be used to identify visits. Medication lists, value sets, and logic may not be changed.
- *Numerator.* Value sets and logic may not be changed.