

## Glycemic Status Assessment for Patients With Diabetes (GSD)

### SUMMARY OF CHANGES TO HEDIS MY 2024

- Updated the measure title.
- Added glucose management indicator as an option to meet numerator criteria.
- Updated the event/diagnosis criteria.
- Updated the Diabetes Medications table.
- Removed the required exclusion for members who did not have a diagnosis of diabetes.
- Added a laboratory claim exclusion to value sets for which laboratory claims should not be used.
- Moved previously listed *Exclusions* to *Required exclusions*.
- Revised the method for identifying advanced illness.
- Revised the numerator to clarify settings where CPT Category II code modifiers should not be used (previously covered in a General Guideline).
- Clarified that “Unknown” is not considered a result/finding.
- Revised the “Denominator Exclusions” criteria in the Clinical Components table under *Rules for Allowable Adjustments of HEDIS*.

### Description

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

- Glycemic Status <8.0%.
- Glycemic Status >9.0%.

**Note:** Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.

### Eligible Population

<b>Product lines</b>	Commercial, Medicaid, Medicare (report each product line separately).
<b>Stratification</b>	<p>For each product line, report the following stratifications by race and total, and stratifications by ethnicity and total:</p> <ul style="list-style-type: none"><li>• <b>Race:</b><ul style="list-style-type: none"><li>– American Indian or Alaska Native.</li><li>– Asian.</li><li>– Black or African American.</li><li>– Native Hawaiian or Other Pacific Islander.</li><li>– White.</li><li>– Some Other Race.</li><li>– Two or More Races.</li><li>– Asked But No Answer.</li><li>– Unknown.</li></ul></li></ul>

- Total.
- *Ethnicity:*
  - Hispanic or Latino.
  - Not Hispanic or Latino.
  - Asked But No Answer.
  - Unknown.
  - Total.

**Note:** Stratifications are mutually exclusive, and the sum of all categories in each stratification is the total population.

<b>Ages</b>	18–75 years as of December 31 of the measurement year.
<b>Continuous enrollment</b>	The measurement year.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
<b>Anchor date</b>	December 31 of the measurement year.
<b>Benefit</b>	Medical.
<b>Event/diagnosis</b>	<p>There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p><i>Claim/encounter data.</i> Members who had at least two diagnoses of diabetes (<u>Diabetes Value Set</u>) on different dates of service during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).</p> <p><i>Pharmacy data.</i> Members who were dispensed insulin or hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year (<u>Diabetes Medications List</u>) and have at least one diagnosis of diabetes (<u>Diabetes Value Set</u>) during the measurement year or the year prior to the measurement year. Do not include laboratory claims (claims with POS code 81).</p>

#### **Diabetes Medications**

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlintide		
Antidiabetic combinations	• Alogliptin-metformin	• Empagliflozin-metformin	• Linagliptin-metformin
	• Alogliptin-pioglitazone	• Ertugliflozin-metformin	• Metformin-pioglitazone
	• Canagliflozin-metformin	• Ertugliflozin-sitagliptin	• Metformin-repaglinide

Description	Prescription		
	<ul style="list-style-type: none"> <li>• Dapagliflozin-metformin</li> <li>• Dapagliflozin-saxagliptin</li> <li>• Empagliflozin-linagliptin</li> <li>• Empagliflozin-linagliptin-metformin</li> </ul>	<ul style="list-style-type: none"> <li>• Glimepiride-pioglitazone</li> <li>• Glipizide-metformin</li> <li>• Glyburide-metformin</li> </ul>	<ul style="list-style-type: none"> <li>• Metformin-rosiglitazone</li> <li>• Metformin-saxagliptin</li> <li>• Metformin-sitagliptin</li> </ul>
Insulin	<ul style="list-style-type: none"> <li>• Insulin aspart</li> <li>• Insulin aspart-insulin aspart protamine</li> <li>• Insulin degludec</li> <li>• Insulin degludec-liraglutide</li> <li>• Insulin detemir</li> <li>• Insulin glargine</li> <li>• Insulin glargine-lixisenatide</li> </ul>	<ul style="list-style-type: none"> <li>• Insulin glulisine</li> <li>• Insulin isophane human</li> <li>• Insulin isophane-insulin regular</li> <li>• Insulin lispro</li> <li>• Insulin lispro-insulin lispro protamine</li> <li>• Insulin regular human</li> <li>• Insulin human inhaled</li> </ul>	
Meglitinides	<ul style="list-style-type: none"> <li>• Nateglinide</li> </ul>	<ul style="list-style-type: none"> <li>• Repaglinide</li> </ul>	
Biguanides	<ul style="list-style-type: none"> <li>• Metformin</li> </ul>		
Glucagon-like peptide-1 (GLP1) agonists	<ul style="list-style-type: none"> <li>• Albiglutide</li> <li>• Dulaglutide</li> <li>• Exenatide</li> </ul>	<ul style="list-style-type: none"> <li>• Liraglutide</li> <li>• Lixisenatide</li> <li>• Semaglutide</li> <li>• Tirzepatide</li> </ul>	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	<ul style="list-style-type: none"> <li>• Canagliflozin</li> <li>• Dapagliflozin</li> </ul>	<ul style="list-style-type: none"> <li>• Ertugliflozin</li> <li>• Empagliflozin</li> </ul>	
Sulfonylureas	<ul style="list-style-type: none"> <li>• Chlorpropamide</li> <li>• Glimepiride</li> </ul>	<ul style="list-style-type: none"> <li>• Glipizide</li> <li>• Glyburide</li> </ul>	<ul style="list-style-type: none"> <li>• Tolazamide</li> <li>• Tolbutamide</li> </ul>
Thiazolidinediones	<ul style="list-style-type: none"> <li>• Pioglitazone</li> </ul>	<ul style="list-style-type: none"> <li>• Rosiglitazone</li> </ul>	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> <li>• Alogliptin</li> <li>• Linagliptin</li> </ul>	<ul style="list-style-type: none"> <li>• Saxagliptin</li> <li>• Sitagliptin</li> </ul>	

### Required exclusions

Exclude members who meet any of the following criteria:

- Members who use hospice services ([Hospice Encounter Value Set](#); [Hospice Intervention Value Set](#)) or elect to use a hospice benefit any time during the measurement year. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement year.
- Members who die any time during the measurement year.
- Members receiving palliative care ([Palliative Care Assessment Value Set](#); [Palliative Care Encounter Value Set](#); [Palliative Care Intervention Value Set](#)) any time during the measurement year.

- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims (claims with POS code 81).
- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
  - Living long-term in an institution any time during the measurement year 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 year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded:
  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 year. Do not include laboratory claims (claims with POS code 81).
  2. **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year:
    - Advanced illness (Advanced Illness Value Set) on at least two different dates of service. Do not include laboratory claims (claims with POS code 81).
    - Dispensed dementia medication (Dementia Medications List).

**Dementia Medications**

Description	Prescription
Cholinesterase inhibitors	<ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul>
Miscellaneous central nervous system agents	<ul style="list-style-type: none"> <li>• Memantine</li> </ul>
Dementia combinations	<ul style="list-style-type: none"> <li>• Donepezil-memantine</li> </ul>

**Administrative Specification**

**Denominator**      The eligible population.

**Numerators**

**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 year. Do not include CPT Category II codes (HbA1c Test Result or Finding Value Set) with a modifier (CPT CAT II Modifier Value Set) or from laboratory claims (claims with POS code 81). The member is numerator compliant if the most recent glycemic status assessment has a result of <8.0%. The member is not numerator compliant if the result of the most recent glycemic status assessment is ≥8.0% or is missing a result, or if a glycemic status assessment was not done during the measurement year. If

there are multiple glycemic status assessments on the same date of service, use the lowest result.

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.

### **Glycemic Status >9%**

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 year. Do not include CPT Category II codes (HbA1c Test Result or Finding Value Set) with a modifier (CPT CAT II Modifier Value Set) or from laboratory claims (claims with POS code 81). The member is numerator compliant if the most recent glycemic status assessment has a result of >9.0% or is missing a result, or if a glycemic status assessment was not done during the measurement year. The member is not numerator compliant if the result of the most recent glycemic status assessment during the measurement year is ≤9.0%. If there are multiple glycemic status assessments on the same date, use the lowest result.

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.

**Note:** A lower rate indicates better performance for this indicator (i.e., low rates of Glycemic Status >9% indicate better care).

## **Hybrid Specification**

### **Denominator**

A systematic sample drawn from the eligible population.

Organizations that use the Hybrid Method to report the Glycemic Status Assessment for Patients With Diabetes (GSD), Eye Exam for Patients With Diabetes (EED) and Blood Pressure Control for Patients With Diabetes (BPD) measures may use the same sample for all three measures. If the same sample is used for the three diabetes measures, the organization must first 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 EED and BPD measures.

If separate samples are used for the GSD, EED 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.

**Numerators**

**Glycemic Status <8%** The result of the *most recent* glycemic status assessment (HbA1c or GMI) (performed during the measurement year) is <8.0% as documented through laboratory data or medical record review.

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

**Medical record** 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 member 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. The terminal date in the range should be used to assign assessment date.

If multiple glycemic status assessments were recorded for a single date, use the lowest result.

GMI results collected by the member and documented in the member's medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria). There is no requirement that there be evidence the GMI was collected by a PCP or specialist.

The member is not numerator compliant if the result of the most recent glycemic status assessment during the measurement year is ≥8.0% or is missing, or if a glycemic status assessment was not performed during the measurement year.

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.

**Glycemic Status >9%** The result of the *most recent* glycemic status assessment (HbA1c or GMI) (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data or medical record review.

**Note:** A lower rate indicates better performance for this indicator (i.e., low rates of Glycemic Status >9.0% indicate better care).

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

**Medical record** 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 member 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. The terminal date in the range should be used to assign assessment date.

If multiple glycemic status assessments were recorded for a single date, use the lowest result.

GMI results collected by the member and documented in the member's medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria). There is no requirement that there be evidence the GMI was collected by a PCP or specialist.

The member is not numerator compliant if the most recent glycemic status during the measurement year is  $\leq 9.0\%$ .

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.

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**Note**

- *If a combination of administrative, supplemental or hybrid data are used, the most recent glycemic status assessment must be used, regardless of data source.*

**Data Elements for Reporting**

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	EligiblePopulation*	For each Metric	✓
	ExclusionAdminRequired*	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	Source	Data Element	Reporting Instructions	A
AmericanIndianOrAlaskaNative	Direct	CollectionMethod	Repeat per Metric and Stratification	✓
Asian	Indirect	EligiblePopulation*	For each Metric and Stratification	✓
BlackOrAfricanAmerican	Unknown***	Denominator	For each Stratification, repeat per Metric	
NativeHawaiianOrOtherPacificIslander	Total	Numerator	For each Metric and Stratification	✓
White		Rate	(Percent)	✓
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	Source	Data Element	Reporting Instructions	A
HispanicOrLatino	Direct	CollectionMethod	Repeat per Metric and Stratification	✓
NotHispanicOrLatino	Indirect	EligiblePopulation*	For each Metric and Stratification	✓
AskedButNoAnswer**	Unknown***	Denominator	For each Stratification, repeat per Metric	
Unknown***	Total	Numerator	For each Metric and Stratification	✓
		Rate	(Percent)	✓

\*Repeat the EligiblePopulation and ExclusionAdminRequired values for metrics using the Administrative Method.

\*\*AskedButNoAnswer is only reported for Source= "Direct."

\*\*\*Race/Ethnicity= "Unknown" is only reported for Source= "Unknown" and Source= "Unknown" is only reported for Race/Ethnicity= "Unknown."

## Rules for Allowable Adjustments of HEDIS

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.**

### *Rules for Allowable Adjustments of Glycemic Status Assessment for Patients With Diabetes*

NONCLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Product lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	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.
Continuous enrollment, allowable gap, anchor date	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefits	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.
CLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Event/diagnosis	No	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.
Denominator Exclusions	Adjustments Allowed (Yes/No)	Notes
Required exclusions	Yes	The hospice, deceased member, palliative care, I-SNP, LTI, frailty and advanced illness exclusions are not required. Refer to <i>Exclusions</i> in the <i>Guidelines for the Rules for Allowable Adjustments</i> .
Numerator Criteria	Adjustments Allowed (Yes/No)	Notes
<ul style="list-style-type: none"> <li>Glycemic Status &lt;8.0%</li> <li>Glycemic Status &gt;9.0%</li> </ul>	No	Value sets and logic may not be changed.