

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

Measure title	Glycemic Status Assessment for Patients With Diabetes	Measure ID	GSD
Description	<p>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:</p> <ul style="list-style-type: none"> <li>• Glycemic Status &lt;8.0%.</li> <li>• Glycemic Status &gt;9.0%.</li> </ul>		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	<p>Refer to the complete copyright and disclaimer information at the front of this publication.</p> <p>NCQA website: <a href="http://www.ncqa.org">www.ncqa.org</a>.</p> <p>Submit policy clarification support questions via My NCQA (<a href="https://my.ncqa.org">https://my.ncqa.org</a>).</p>		
Clinical recommendation statement/ rationale	<p>American Diabetes Association (2025)</p> <ul style="list-style-type: none"> <li>• Assess glycemic status by A1C (Level of evidence: A) and/or continuous glucose monitoring (CGM) metrics such as time in range, time above range, and time below range (Level of evidence: B). Fructosamine or CGM can be used for glycemic monitoring when an alternative to A1C is required. Level of evidence: B</li> <li>• Assess glycemic status at least two times a year, and more frequently (e.g., every 3 months) for individuals not meeting glycemic goals or with recent treatment changes, frequent or severe hypoglycemia or hyperglycemia, or changes in health status, or during periods of rapid growth and development in youth. Level of evidence: E</li> <li>• An A1C goal of &lt;7% (&lt;53 mmol/mol) is appropriate for many nonpregnant adults without severe hypoglycemia or frequent hypoglycemia affecting health or quality of life. Level of evidence: A</li> <li>• Based on health care professional judgment and the preference of the person with diabetes, achievement of lower A1C levels than the goal of 7% (53 mmol/mol) may be acceptable and even beneficial if it can be achieved safely without frequent or severe hypoglycemia or other adverse effects of treatment. Level of evidence: B</li> <li>• Less stringent glycemic goals may be appropriate for individuals with limited life expectancy or where the harms of treatment are greater than the benefits. Level of evidence: B</li> </ul>		
Citations	<p>American Diabetes Association Professional Practice Committee. 2025. "6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes—2025." <i>Diabetes Care</i> 48(Suppl. 1):S128–45.</p>		

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

Initial population	<p><i>Measure item count:</i> Person.</p> <p><i>Attribution basis:</i> Enrollment.</p> <ul style="list-style-type: none"> <li>• <i>Benefits:</i> Medical.</li> <li>• <i>Continuous enrollment:</i> The measurement period.</li> <li>• <i>Allowable gap:</i> No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.</li> </ul> <p><i>Ages:</i> 18–75 years of age as of the last day of the measurement period.</p> <p><b>Event: Identify persons with a diagnosis of diabetes.</b></p> <p>Either of the following meets criteria:</p> <ul style="list-style-type: none"> <li>• <i>Claim/encounter data.</i> At least two diagnoses of diabetes (<u>Diabetes Value Set</u>*) on different dates of service during the measurement period or the year prior to the measurement period.</li> <li>• <i>Pharmacy data.</i> At least one diagnosis of diabetes (<u>Diabetes Value Set</u>*) <b>and</b> at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication (<u>Diabetes Medications List</u>) during the measurement period or the year prior to the measurement period.</li> </ul> <p><b>Coding Guidance</b></p> <p>*Do not include laboratory claims (claims with POS code 81).</p>
Denominator exclusions	<p><b>Persons with a date of death.</b></p> <p>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.</p> <p><b>Persons in hospice or using hospice services.</b></p> <p>Persons who use hospice services (<u>Hospice Encounter Value Set</u>; <u>Hospice Intervention Value Set</u>) 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.</p> <p><b>Persons receiving palliative care.</b></p> <p>Persons receiving palliative care (<u>Palliative Care Assessment Value Set</u>; <u>Palliative Care Encounter Value Set</u>; <u>Palliative Care Intervention Value Set</u>) or who had an encounter for palliative care (ICD-10-CM code Z51.5*) any time during the measurement period.</p> <p><b>Medicare enrollees, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).</b></p> <ul style="list-style-type: none"> <li>• Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.</li> <li>• 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.</li> </ul>

	<p><b>Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.</b></p> <ol style="list-style-type: none"> <li><b>Frailty.</b> At least two indications of frailty (<u>Frailty Device Value Set</u>; <u>Frailty Diagnosis Value Set*</u>; <u>Frailty Encounter Value Set</u>; <u>Frailty Symptom Value Set*</u>) with different dates of service during the measurement period.</li> <li><b>Advanced illness.</b> Either of the following during the measurement period or the year prior to the measurement period: <ul style="list-style-type: none"> <li>Advanced illness (<u>Advanced Illness Value Set*</u>) on at least two different dates of service.</li> <li>Dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> </li> </ol> <p><b>Coding Guidance</b>  *Do not include laboratory claims (claims with POS code 81).</p>
<b>Denominator</b>	<p><b>ADMINISTRATIVE</b></p> <p>The initial population minus denominator exclusions.</p> <p><b>HYBRID</b></p> <p>A systematic sample drawn from the administrative denominator.</p> <p>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 &gt;9.0% rate (100 minus the Glycemic Status &gt;9.0% rate) before reducing the sample.</p> <p>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.</p> <p>If separate samples are used for the GSD and BPD measures, organizations may reduce the sample based on the product line-specific current year's administrative rate or the prior year's audited, product line-specific rate for the measure.</p> <p>Refer to the <u>Guidelines for Calculations and Sampling</u> for information on reducing sample size.</p>
<b>Numerator</b>	<p><b>ADMINISTRATIVE</b></p> <p><b>Numerator 1: Glycemic status &lt;8%.</b></p> <p>Identify the most recent glycemic status assessment (HbA1c or GMI) (<u>HbA1c Lab Test Value Set</u>; <u>HbA1c Test Result or Finding Value Set*</u>†; 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.</p> <ul style="list-style-type: none"> <li><b>Compliant:</b> Most recent glycemic status assessment with a result of &lt;8.0%.</li> <li><b>Not compliant:</b> 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.</li> </ul>

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: 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 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**

*Administrative:* Refer to the administrative specifications to identify positive numerator hits from administrative data.

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

The result of the *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.

*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 person is numerator compliant if the result of the most recent glycemic status assessment during the measurement period 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.

	<p>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.</p> <p>The person is not numerator compliant if the result of the most recent glycemic status assessment during the measurement period is <math>\geq 8.0\%</math> or is missing, or if a glycemic status assessment was not performed during the measurement period.</p> <p>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.</p> <p><b>Numerator 2: Glycemic status <math>&gt;9.0\%</math>.</b></p> <p>The result of the <i>most recent</i> glycemic status assessment (HbA1c or GMI) (performed during the measurement period) is <math>&gt;9.0\%</math> or is missing, or was not done during the measurement period, as documented through laboratory data or medical record review.</p> <p><i>Medical record:</i> 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 period is <math>&gt;9.0\%</math> or is missing, or if a glycemic status assessment was not done during the measurement period.</p> <p>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.</p> <p>If multiple glycemic status assessments were recorded for a single date, use the lowest result.</p> <p>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.</p> <p>The person is not numerator compliant if the most recent glycemic status during the measurement year is <math>\leq 9.0\%</math>.</p> <p>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.</p>
<p><b>Summary of changes</b></p>	<ul style="list-style-type: none"> <li>• Updated the race and ethnicity stratification categories to align with OMB SPD 15 2024.</li> <li>• Added instructions on allowable adjustments to the race and ethnicity stratification.</li> <li>• <i>Technical Update:</i> Revised the stratifications and Data Elements for Reporting table.</li> </ul>

**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	✓
	Exclusions*	For each Metric	✓
	Denominator*	Repeat per Metric	✓
	NumeratorByAdminDenom	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	
	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	Denominator	For each Stratification, repeat per Metric	✓
BlackOrAfricanAmerican	Numerator	For each Metric and Stratification	✓
MiddleEasternOrNorthAfrican	Rate	(Percent)	✓
NativeHawaiianOrPacificIslander			
White			
OtherRace			
TwoOrMoreRaces			
AskedButNoAnswer			
Unknown			

	<p><b>Table GSD-C-1/2/3: Data Elements for Glycemic Status Assessment for Patients With Diabetes: Stratifications by Ethnicity</b></p> <table><tr><th>Metric</th></tr><tr><td>LessThan8</td></tr><tr><td>GreaterThan9</td></tr></table> <table><tr><th>Ethnicity</th><th>Data Element</th><th>Reporting Instructions</th><th>A</th></tr><tr><td>HispanicOrLatino</td><td>CollectionMethod</td><td>Repeat per Metric and Stratification</td><td>✓</td></tr><tr><td>NotHispanicOrLatino</td><td>Denominator</td><td>For each Stratification, repeat per Metric</td><td>✓</td></tr><tr><td>AskedButNoAnswer</td><td>Numerator</td><td>For each Metric and Stratification</td><td>✓</td></tr><tr><td>Unknown</td><td>Rate</td><td>(Percent)</td><td>✓</td></tr></table> <p>* Repeat the InitialPopulation, Exclusions and Denominator values for metrics using the Administrative Method.</p>	Metric	LessThan8	GreaterThan9	Ethnicity	Data Element	Reporting Instructions	A	HispanicOrLatino	CollectionMethod	Repeat per Metric and Stratification	✓	NotHispanicOrLatino	Denominator	For each Stratification, repeat per Metric	✓	AskedButNoAnswer	Numerator	For each Metric and Stratification	✓	Unknown	Rate	(Percent)	✓
Metric																								
LessThan8																								
GreaterThan9																								
Ethnicity	Data Element	Reporting Instructions	A																					
HispanicOrLatino	CollectionMethod	Repeat per Metric and Stratification	✓																					
NotHispanicOrLatino	Denominator	For each Stratification, repeat per Metric	✓																					
AskedButNoAnswer	Numerator	For each Metric and Stratification	✓																					
Unknown	Rate	(Percent)	✓																					
Rules for Allowable Adjustments	<p><b>Copyright and use:</b> 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.</p> <p><b>Adjusted HEDIS measures may not be used for HEDIS health plan reporting.</b></p> <p><b>The Rules do not apply to the hybrid portion of the measure; only the administrative sections may be changed.</b></p> <p><b>ADJUSTMENTS ALLOWED</b></p> <ul style="list-style-type: none"><li>• <i>Product lines.</i> Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used.</li><li>• <i>Attribution.</i> Organizations are not required to use enrollment criteria.</li><li>• <i>Benefits.</i> Organizations are not required to use a benefit.</li><li>• <i>Other.</i> 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.</li><li>• <i>Measurement period adjustments.</i> Organizations may adjust the measurement period.</li><li>• <i>Stratifications:</i> Race and ethnicity stratification. The race and ethnicity stratification is not required. Organizations may adjust this stratification as needed.</li><li>• <i>Exclusions.</i> The hospice, deceased person, palliative care, I-SNP, LTI, frailty and advanced illness exclusions are not required.</li></ul>																							



- *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.