

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

## Description of Measure

The percentage members ages 18-75 years of age with Type 1 and Type 2 diabetes, who most recent glycemic status (hemoglobin A1c or glucose management indicator) was at the following levels during the measurement year (MY).<sup>1</sup>

- Glycemic Status  $\leq$  9.0%

Members may be identified as having diabetes in the year prior (PY) or during the MY.

Members are identified by the following:

- Claims/encounter data – Members had at least two diagnoses of diabetes on different dates of service during the PY or MY.
- Pharmacy data – Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the MY or PY **and** at least one diagnosis of diabetes during the MY or PY.

## Documentation

- Documentation in the medication record must include a date when the glycemic status assessment (HbA1c or GMI) was performed and resulted.
- 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. **Example:** CGM May 1-14, 2024 – mean glucose level is 107mg/dl. GMI 7.2% - May 14, 2024
- Members reported glycemic status assessment (HbA1c or GMI) are eligible for reporting.
- Ranges and thresholds do not meet criteria. A distinct numeric result is required.

CPTII Code	A1c Value
3044F	< 7.0%
3051F	7.0% - 7.9%
3052F	8.0% - 9.0%
3046F	> 9.0%

## Exclusions

Exclusions	Time limit								
<ul style="list-style-type: none"> <li>■ Members in or using hospice or services</li> <li>■ Members who died</li> <li>■ Members receiving palliative care</li> </ul>	Any time during MY								
<p>Members 66 years of age and older by Dec. 31 MY with Advanced Illness and Frailty.</p> <p>Members must meet BOTH frailty and advanced illness criteria to be excluded.</p>	<ul style="list-style-type: none"> <li>■ Frailty diagnosis on 2 different DOS during the MY</li> <li>■ Advanced Illness: Either of the following during the MY or PY               <ul style="list-style-type: none"> <li>- Advanced illness diagnosis on 2 different DOS</li> <li>- Dispensed a dementia medication</li> </ul> </li> </ul> <table border="1" data-bbox="699 600 1500 890"> <thead> <tr> <th data-bbox="704 600 1117 684">Dementia Med Description</th> <th data-bbox="1117 600 1495 684">Prescription</th> </tr> </thead> <tbody> <tr> <td data-bbox="704 684 1117 800">Cholinesterase inhibitors</td> <td data-bbox="1117 684 1495 800"> <ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul> </td> </tr> <tr> <td data-bbox="704 800 1117 842">Misc. CNS Agents</td> <td data-bbox="1117 800 1495 842"> <ul style="list-style-type: none"> <li>• Memantine</li> </ul> </td> </tr> <tr> <td data-bbox="704 842 1117 890">Dementia Combinations</td> <td data-bbox="1117 842 1495 890"> <ul style="list-style-type: none"> <li>• Donepezil-memantine</li> </ul> </td> </tr> </tbody> </table>	Dementia Med Description	Prescription	Cholinesterase inhibitors	<ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul>	Misc. CNS Agents	<ul style="list-style-type: none"> <li>• Memantine</li> </ul>	Dementia Combinations	<ul style="list-style-type: none"> <li>• Donepezil-memantine</li> </ul>
Dementia Med Description	Prescription								
Cholinesterase inhibitors	<ul style="list-style-type: none"> <li>• Donepezil</li> <li>• Galantamine</li> <li>• Rivastigmine</li> </ul>								
Misc. CNS Agents	<ul style="list-style-type: none"> <li>• Memantine</li> </ul>								
Dementia Combinations	<ul style="list-style-type: none"> <li>• Donepezil-memantine</li> </ul>								

<p><b>Tips for Success</b></p>	<ul style="list-style-type: none"> <li>■ HbA1c testing should be completed 2 -4 times annually with result date and distinct numeric result</li> <li>■ If test results are documented in the progress note, please include the date and result of the A1c</li> <li>■ Review diabetic services needed at each office visit</li> <li>■ Order labs to be completed prior to patient appointments</li> <li>■ Refer patients to disease management or a certified diabetic educator as needed</li> <li>■ Utilize the Annual Wellness Visit to document a screening schedule</li> <li>■ Appointment frequency protocol for patients with diabetes every 3 – 6 months</li> <li>■ Utilize a diabetic EMR template that includes A1c, Med Adh, Statin use, Eye exam, urine protein and foot exam elements</li> <li>■ Recommend earlier follow up appointments after treatment plan changes</li> </ul>

## Resources

- I. National Committee for Quality Assurance, HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans

Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. © 2023 Arkansas Blue Cross and Blue Shield. All rights reserved.