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).[1]

- Glycemic Status <8.0%.
- Glycemic Status >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** have at least one diagnosis of diabetes during the MY or PY.

Documentation

- Documentation in the medical record must include a date when the glycemic status assessment (HbA1c or GMI) was performed and resulted.
- GMI (Glucose Management Indicator) values must include documentation from the continuous glucose monitoring (CGM) data date range used to derive the value. The GMI is derived from at least 12 days of CGM data. 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
- Print out from the continuous blood glucose monitor that includes the date range, average blood glucose level and the GMI.
- Member reported glycemic status assessment (HbA1c or GMI) with a specific date 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

<table>
<tr><th>Exclusions</th><th>Time limit</th></tr>
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Members who elect or elect to use hospice services
Members who died
Members receiving palliative care

</td><td>Any time during MY</td></tr>
<tr><td>Members 66 years of age and older by Dec. 31 MY with Advanced Illness and Frailty.

Members must meet BOTH frailty and advanced illness criteria to be excluded.</td><td>

Frailty diagnosis on 2 different DOS during the MY
Advanced Illness: Either of the following during the MY or PY

Advanced illness diagnosis on 2 different DOS
Dispensed a dementia medication

<table>
<tr><th>Dementia Med Description</th><th>Prescription</th></tr>
<tr><td>Cholinesterase inhibitors</td><td>• Donepezil
• Galantamine
• Rivastigmine</td></tr>
<tr><td>Misc. CNS Agents</td><td>• Memantine</td></tr>
<tr><td>Dementia Combinations</td><td>• Donepezil-memantine</td></tr>
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Tips for Success	■ HbA1c testing should be completed 2 -4 times annually with result date and distinct numeric result ■ If test results are documented in the progress note, please include the date and result of the A1c or GMI ■ Review diabetic services needed at each office visit ■ Order labs to be completed prior to patient appointments ■ Refer patients to disease management or a certified diabetic educator as needed ■ Utilize the Annual Wellness Visit to document a screening schedule ■ Appointment frequency protocol for patients with diabetes every 3 – 6 months ■ Utilize a diabetic EMR template that includes A1c, Med Adh, Statin use, Eye exam, urine protein and foot exam elements ■ Recommend earlier follow up appointments after treatment plan changes

Resources

I. National Committee for Quality Assurance, HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plans