



GSD: Glycemic Status Assessment for Patients with Diabetes

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% for good control. (higher is better)
 - Glycemic status >9.0% for poor control. (lower is better)
- *most recent = closest to December 31 of the measurement year

Measure population

- Patients can be included in this measure by meeting one of the two criteria in the measurement year or in the year before the measurement year.
 - Encounter data: At least two diagnoses of diabetes on different dates of service
 - Pharmacy data: dispensed insulin or hypoglycemics/antihyperglycemics AND have at least one diagnosis of diabetes

Medications

Alpha-glucosidase inhibitors	Amylin analogs	Antidiabetic combinations	Biguanides
Insulin	Meglitinides	Sulfonylureas	Thiazolidinediones
GLP I agonists	DDp-4 inhibitors	SGLT2 inhibitor	

Measure strategies and tips

- Schedule labs prior to patient appointments to assist with compliance.
- Adjust therapy as indicated to improve A1c levels.
- Educate members on the A1c target and the CGM goals.
- Establish protocols and/or processes for prescribing CGM to members.
- Since the last value in the year is used, have members repeat elevated tests prior to the end of the year.
- Refer member to case management to help members manage chronic health conditions and medications.

Documentation tips

- Documentation in the medical record must include a note indicating the date when the HbA1c test or GMI was performed and the result.
- GMI values must include documentation of the continuous glucose monitoring (CGM) data date range used to derive the value. The terminal date in the range should be used to assign an assessment date.
- GMI results collected by the member from their CGM and documented in the member's medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria).
- Always list the date of service, result and test together.
- If test result(s) are documented in the vitals section of your progress notes, please include the date of the blood draw with the result. The date of the progress notes will not count.

Exclusion criteria

- Use of hospice services
- Members receiving palliative care during the measurement year
- Death during the measurement period
- Members 66 or over with frailty or advanced illness

Measure codes

CPT II	3044F HbA1c less than 7.0%
	3046F HbA1c greater than 9.0%
	3051F HbA1c greater than or equal to 7.0% and less than 8.0%
	3052F HbA1c greater than or equal to 8.0%and less than or equal to 9.0%

The Dell Children's Health Plan Quality team is here to help you if you have questions regarding codes for this or other measures. For more information about HEDIS® measure performance, contact the Dell quality team at QualityManagement@ascension.org.