

Glycemic Status Assessment for Patients With Diabetes (GSD)

Measure 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%.** The member is compliant if the most recent glycemic status assessment has a result of <8.0%. **Note:** A higher rate indicates better performance (compliance) for this indicator.
- **Glycemic Status >9.0%.** The member is 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. **Note:** A lower rate indicates better performance for this indicator (i.e., low rates of Glycemic Status >9% indicate better care).

Note: Members with diabetes are identified by claim/encounter data and by pharmacy data.

Please note that the Medicare Star Ratings measure, referred to as Diabetes Care – Blood Sugar Controlled, is reverse scored for public reporting, so higher scores are better. To calculate this measure, subtract the Glycemic Status >9.0% rate from 100. Members are compliant with this measure if they have a value of less than or equal to (\leq) 9%.

Product Lines: Commercial, Medicaid, Medicare, Exchange

★ Medicare Star Measure Weight: 3

Measure Specification: Administrative and Hybrid

Codes Included in the Current HEDIS® Measure

Description	Code
Diabetes	ICD-10: E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
HbA1c Lab Test	CPT: 83036, 83037 LOINC: 97506-0
HbA1c Test Result or Findings	CPT II: 3044F – Results HbA1c < 7.0 CPT II: 3046F – Results HbA1c > 9% CPT II: 3051F – Results HbA1c \geq 7.0% to < 8.0% CPT II: 3052F – Results HbA1c > 8.0% to \leq 9.0% Do not include codes with CPT CAT II Modifier: 1P, 2P, 3P, 8P

Medications

Diabetes Medications

Description	Prescription
Alpha-glucosidase Inhibitors	Acarbose, Miglitol
Amylin Analogs	Pramlintide

Description	Prescription
Antidiabetic Combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Dapagliflozin-saxagliptin, Empagliflozin-linagliptin, Empagliflozin-linagliptin-metformin, Empagliflozin-metformin, Ertugliflozin-metformin, Ertugliflozin-sitagliptin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin
Insulin	Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin degludec-liraglutide, Insulin detemir, Insulin glargine, Insulin glargine-lixisenatide, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled
Meglitinides	Nateglinide, Repaglinide
Biguanides	Metformin
Glucagon-like Peptide-1 (GLP1) Agonists	Albiglutide, Dulaglutide, Exenatide, Liraglutide, Lixisenatide, Semaglutide
Sodium Glucose Cotransporter 2 (SGLT2) inhibitor	Canagliflozin, Dapagliflozin, (Empagliflozin, Ertugliflozin
Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitazone, Rosiglitazone
Dipeptidyl Peptidase-4 (DDP-4) Inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

Ways Providers Can Improve HEDIS® Performance

- Utilize standing HbA1c testing orders for patients with diabetes.
- Review diabetes services needed at each office visit. Order labs prior to patient appointments.
- Bill for point of care testing if completed in office and ensure HbA1c result, and date are documented in the chart.
- Adjust therapy to improve HbA1c and BP levels; follow up with patients to monitor changes.
- Keep in mind that the last HbA1c value of the year is used for HEDIS reporting. If clinically appropriate, avoid testing during the holiday season when values may not be representative of the patient's general control.
- Prescribe statin therapy to all diabetics aged 40 to 75 years.
- Identify gaps in care and utilize EHR flags to assist in tracking patients in need of follow-up visits
- Complete HbA1c testing two to four times each year
- Have coders add relevant CPT II codes (listed above) to claims to alleviate the need to submit medical records.
- Please send all A1c test results, regardless of value. If there is a test date on file, we will continue to request records until the value is received. If we receive any value (compliant or noncompliant) we will stop asking for the value associated with that test date.
- Review below exclusions and code appropriately for the patient to be removed from the measure.
- Providers can upload medical records that contain A1c values (e.g., labs extracts) in Availity HEDIS Portlet, Cozeva, fax, etc. to close a data gap if the patient has an A1c on file.

Ways Health Plans can Improve HEDIS® Performance

- Refer members for Health Management interventions and coaching by contacting Health Care Services at Molina Healthcare.
- Audit, identify, and educate top 10 providers with open gaps
- Educate providers on using appropriate CPTII codes

- Educate members about the importance of routine screening and medication compliance. Review the need for diabetes education during office visits.
- Send A1c home kits to members who have not had a test
- Identify gaps in care and utilize EHR flags to assist in tracking patients in need of follow-up visits

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.
- Members receiving palliative care any time during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) anytime during the measurement year. Do not include laboratory claims (POS: 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.
- 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:
 - **Frailty.** At least two indications of frailty with different dates of service during the measurement year. Do not include laboratory claims (POS: 81).
 - **Advanced Illness.** Either of the following during the measurement year or the year prior to the measurement year: (a) Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81); (b) Dispensed dementia medication.

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