

# Alameda Alliance Wellness Measure Tip Sheet



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

This tip sheet is part of the *Alliance Medicare Stars Guide: A Resource for Providers and Clinic Staff*. This tip sheet provides measure-specific guidance, coding tips, and documentation strategies to help clinical teams close care gaps and improve performance on HEDIS® measures tied to Medicare Star Ratings.

For questions or more information, please email the Alliance Stars Team at [DeptStarsTeam@alamedaalliance.org](mailto:DeptStarsTeam@alamedaalliance.org).

**Data Collection Methodology:** Administrative and hybrid

**Measure Description:** Percentage of diabetic members whose blood sugar was adequately controlled.

**Measure Population (denominator):** Members 18-75 years old with diabetes (type 1 or type 2).

**Measure Compliance (numerator):** The last glycemic status assessment of the measurement year result must be  $\leq 9\%$  to show evidence of control.

Documentation of either of the following that includes the result and date performed is acceptable:

- Hemoglobin A1c (HbA1c)
- Glucose Management Indicator (GMI)

For GSD, HEDIS reports both controlled ( $<8\%$ ) and poor control ( $>9\%$ ). Medicare Stars inverts poor control ( $>9\%$ ), capturing members whose average blood sugar is under control ( $\leq 9\%$ ).

### Coding Tips:

Value Set	CPT II Code	Description
HbA1c Level Less Than or Equal To 9.0	3044F	Most recent hemoglobin A1c (HbA1c) level $<7.0\%$ (DM)
	3051F	Most recent hemoglobin A1c (HbA1c) level $\geq 7.0\%$ and $<8.0\%$ (DM)
	3052F	Most recent hemoglobin A1c (HbA1c) level $\geq 8.0\%$ and $\leq 9.0\%$ (DM)

**Please Note:** CPT II codes **are not** reimbursable codes; they are informational codes. The table shows a partial list of value set codes. Additional codes are available upon request.

## 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  $\leq 9\%$ .
- When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data's date range used to derive the value. If multiple glycemic status assessments were recorded for a single date, use the lowest result.
- A distinct numeric result is required for numerator compliance.

## Exclusions:

- Members 66 and older with advanced illness and frailty.
- Members 66 and older enrolled in an I-SNP or living in LTI during the measurement year.
- Members who died at any time during the measurement year.
- Members who received hospice services or palliative care at any time during the measurement year.

## How to Improve Your Stars Performance

- This measure looks at the most recent HbA1c result in the measurement year. If the last result is  $>9\%$  then the member is not compliant for this measure.
- Ensure documentation in the medical record includes the date when HbA1c was performed, and the result.
- Ensure documentation is clear, concise, consistent, complete, and comprehensive.
- Bill for point-of-care testing if completed in the office. Ensure to include CPT II codes to indicate the HbA1c level.
- Include numeric value; ranges and thresholds do not meet criteria (e.g.,  $<9.0\%$  is not acceptable).
- This measure requires a lab value. If an HbA1c or glucose management indicator result is missing or it was not completed during the measurement year, the member is numerator compliant for HbA1c Poor Control.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for labs.
- Build preventative care screening alerts in your EHR system.