Glycemic Status Assessment for Patients with Diabetes (GSD, CMIT # 1820)

Name and date of specifications used: OHA follows HEDIS® MY2026 Technical Specifications for Health Plans (Volume 2). OHA adopts the hybrid review methodology for the Glycemic Status Assessment for Patients with Diabetes (GSD).

Note: OHA previously utilizes the eCQM Diabetes: HbA1c Poor Control (CMS122v13) for the incentive program, which has been retired after MY2025 and transitioned into the Glycemic Status Assessment for Patients with Diabetes (GSD) measure starting MY2026. CMS Medicaid Adult Core Set had adopted the transition to use the GSD measure since FFY2025 (MY2024) reporting; OHA is required to align with the CMS Core Set measure selection for the downstream incentive measures.

Measure Description: The percentage of persons 18–75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period:

- Glycemic Status <8.0% (with Numerator 1).
- Glycemic Status >9.0% (with Numerator 2**).

Note **: OHA incentives the glycemic status > 9.0% rate (using Numerator 2) of the measure starting MY2026 (lower rate is better), consistent with the previous eCQM Diabetes: HbA1c Poor Control measure. The measure steward does not allow deviations in the numerator logic and reporting, therefore with hybrid methodology the CCO is responsible for reporting both numerator categories.

URL of Specifications: This measure is selected in the CMS Medicaid Adult Core Set; the detail manual and Value Set Dictionary can be found on the CMS resource page https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources

Measure Type:

■HEDIS ☐Survey ☐Other Specify:

Measure Utility:

■CCO Incentive ■CMS Adult Core Set ☐CMS Child Core Set ☐Other Specify:

Data Source: Hybrid - MMIS/DSSURS, medical records

Measurement Period: January 1, 2026 – December 31, 2026

GSD_9	2024[1]	2025[1]	2026
Benchmark for OHA measurement year	21.1%[2]	20.0%[2]	19.5%[2]
Improvement target for OHA measurement year	MN method with 2 percentage point floor	MN method with 2 percentage point floor	MN method with 1 percentage point floor
Source:	MY 2022 CCO 90th percentile	MY 2022 Commercial 90th percentile	MY2024 CCO 90th percentile

Note on telehealth: CMS 2025 [telehealth guidance](#) states that telehealth is allowed in the GSD measure denominator, but NOT allowed in the numerator. For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this [guideline](#) on telehealth services.

Changes in specifications from MY2025 to MY2026:
- OHA adopts the new NCQA/HEDIS Glycemic Status Assessment for Patients with Diabetes (GSD) measure for the incentive program, as the legacy eCQM Diabetes: HbA1c Poor Control (CMS122v13) measure is retired after MY2026.
- The new GSD measure uses hybrid reporting instead of EHR.
- CCOs are required to report two rates in the GSD measure specification, but OHA continues to incentive only the poor control (>9.0%) portion of the measure.

CCO coverage type: ■CCOA   ■CCOB   ☐CCOE   ☐CCOF   ☐CCOG

Starting MY2024, CCO members under the Basic Health Plan (BHP) anytime during the required continuous enrollment period are excluded from the incentive quality rates. Note that the Cover All Kids (CAK) and Healthier Oregon Program (HOP) recipients have also been excluded from the incentive quality rates.

Specify claims used in the calculation:

GSD	Claim from matching CCO	Denied claims included
Denominator event (including positive diabetes events and exclusion events)	N[3]	Y

Measure Details

Initial population:

Measure item count: Person.

Attribution basis: Enrollment.
- *Benefits*: Medical.
- *Continuous enrollment*: The measurement period.
- *Allowable gap*: No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period.

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[1] 2024 and 2025 benchmarks were selected while the eCQM Diabetes: HbA1c Poor Control measure was in use.
[2] GSD >9% rates are lower the better.
[3] From the two-year period for identifying diabetes members in the denominator, all claims in OHA data warehouse are used regardless of the payer.

Ages: 18–75 years of age as of the last day of the measurement period.

Event: **Identify persons with a diagnosis of diabetes**.
> Either of the following meets criteria:
> - *Claim/encounter data*. At least two diagnoses of diabetes (Diabetes Value Set*) on different dates of service during the measurement period or the year prior to the measurement period.
> - *Pharmacy data*. At least one diagnosis of diabetes (Diabetes Value Set*) and at least one diabetes medication dispensing event of insulin or a hypoglycemic/antihyperglycemic medication (Diabetes Medications List) during the measurement period or the year prior to the measurement period.

Coding Guidance
*Do not include laboratory claims (claims with POS code 81).

Denominator exclusions:

Persons with a date of death.
Death in the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit.

Persons in hospice or using hospice services.
Persons who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file.

Persons receiving palliative care.
Persons receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) or who had an encounter for palliative care (ICD-10-CM code Z51.5*) any time during the measurement period.

Medicare enrollees, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
- Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement period.

Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.

1. **Frailty**. At least two indications of frailty (Frailty Device Value Set; Frailty Diagnosis Value Set*; Frailty Encounter Value Set; Frailty Symptom Value Set*) with different dates of service during the measurement period.
2. **Advanced illness**. Either of the following during the measurement period or the year prior to the measurement period:
   - Advanced illness (Advanced Illness Value Set*) on at least two different dates of service.
   - Dispensed dementia medication (Dementia Medications List).

Coding Guidance
*Do not include laboratory claims (claims with POS code 81).

Denominator:

ADMINISTRATIVE: The initial population minus denominator exclusions.

HYBRID: A systematic sample drawn from the administrative denominator.

Hybrid review sample size: OHA follows the HEDIS sample size guidance to randomly draw 411 cases per CCO, but uses the additional steps below to compensate the HOP/BHP exclusion from the incentive program rate:

> Step1: OHA randomly draws 411 cases for each CCO, across all diabetes members continuously enrolled with the CCO to create the initial sample.

> Step2: Among the initial sample, OHA identifies the number of HOP and BHP members and samples the same number of additional non-HOP/BHP members to the final sample. The goal is to reach 411 total cases non-HOP/BHP members to use for the incentive rate. The CCO is still responsible for reviewing and reporting the GSD measure results for the HOP/BHP members in the initial sample.

For example, if there are 40 HOP/BHP members randomly selected among the CCO's initial sample of 411 cases, OHA will randomly select additional 40 non-HOP/BHP members to CCO's final sample. The CCO is responsible for reviewing and reporting on all 451 cases in the final sample, where only the results from the 411 non-HOP/BHP members are used for the incentive program. If the CCO has fewer than 40 remaining non-HOP/BHP cases after the initial sample, all the remaining non-HOP/BHP cases will be added to the final sample and included in the incentive rate.

Note that if the CCO has 411 or fewer denominator members in the year, all cases need to be reviewed and reported, with HOP/BHP members being excluded from the incentive rate.

Deviations from cited specifications for denominator: None.

Numerator:

ADMINISTRATIVE

Numerator 1: Glycemic status <8%.
Identify the most recent glycemic status assessment (HbA1c or GMI) (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set*†; LOINC code 97506-0) during the measurement period. If there are multiple glycemic status assessments on the same date of service, use the lowest result.

Compliant: Most recent glycemic status assessment with a result of <8.0%.

Not compliant: Most recent glycemic status assessment is ≥8.0%; is missing a result; or if a glycemic status assessment was not done during the measurement period.

If the most recent glycemic status assessment was an HbA1c test identified based on a CPT Category II code (HbA1c Test Result or Finding Value Set), use the following to determine compliance:

Compliant: HbA1c Level Less Than 8.0 Value Set.

Not compliant: HbA1c Level Greater Than or Equal To 8.0 Value Set.

Numerator 2: Glycemic status >9%.
Identify the most recent glycemic status assessment (HbA1c or GMI) (HbA1c Lab Test Value Set; HbA1c Test Result or Finding Value Set*†; LOINC code 97506-0) during the measurement period. If there are multiple glycemic status assessments on the same date, use the lowest result.

Compliant: Most recent glycemic status assessment with a result of >9.0% or is missing a result, or if a glycemic status assessment was not done during the measurement period.

Not compliant: Most recent glycemic status assessment during the measurement period is ≤9.0%.

If the most recent glycemic status assessment was an HbA1c test identified based on a CPT Category II code (HbA1c Test Result or Finding Value Set), use the following to determine compliance:

Compliant: CPT Category II code 3046F.

Not compliant: HbA1c Level Less Than or Equal To 9.0 Value Set.

Coding Guidance

*Do not include laboratory claims (claims with POS code 81).

†Do not include CPT Category II codes with a modifier (CPT CAT II Modifier Value Set).

HYBRID

Administrative: Refer to the administrative specifications to identify positive numerator hits from administrative data.

Numerator 1: Glycemic status <8.0%.
The result of the *most recent* glycemic status assessment (HbA1c or GMI) (performed during the measurement period) is <8.0% as documented through laboratory data or medical record review.

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 <8.0%.

When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. Use the terminal date in the range to assign assessment date.

If multiple glycemic status assessments were recorded for a single date, use the lowest result.

GMI results collected by the person and documented in their medical record are eligible for use in reporting (if the GMI does not meet any exclusion criteria). There is no requirement for evidence that GMI was collected by a PCP or specialist.

The person is not numerator compliant if the result of the most recent glycemic status assessment during the measurement period is ≥8.0% or is missing, or if a glycemic status assessment was not performed during the measurement period.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance. "Unknown" is not considered a result/finding.

Numerator 2: Glycemic status >9.0%.
The result of the *most recent* glycemic status assessment (HbA1c or GMI) (performed during the measurement period) is >9.0% or is missing, or was not done during the measurement period, as documented through laboratory data or medical record review.

Medical record: Documentation in the medical record must include a note indicating the date when the glycemic status assessment 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

>9.0% or is missing, or if a glycemic status assessment was not done during the measurement period.

When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. Use the terminal date in the range to assign assessment date.

If multiple glycemic status assessments were recorded for a single date, use the lowest result.

GMI results collected by the person and documented in their medical record are eligible for use in reporting (if the GMI does not meet any exclusion criteria). There is no requirement for evidence the GMI was collected by a PCP or specialist.

The person is not numerator compliant if the most recent glycemic status during the measurement year is ≤9.0%.

Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance. "Unknown" is not considered a result/finding.

Deviations from cited specifications for numerator: None.

For More Information: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx