

**Measure Description:**

- The percentage of beneficiaries ages 18-75 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 year: Glycemic Status <8.0% (good control) and Glycemic Status >9.0% (poor control, lower rate is better).
- The measure reports two separate rates, both of which must meet thresholds independently for payment under ACC Phase III.
- This measure is identical to the CMS Adult Core Set (HBD-AD) specification and the 2025 DOI Primary Care APM measure, using administrative or hybrid data collection methods.
- Testing must be documented in EHR or claims, with emphasis on annual HbA1c testing and GMI from CGM for accurate control assessment.
- Reportable via lab results or EHR, with a focus on reducing poor control to improve diabetes outcomes and prevent complications.

**Numerator:**

- Beneficiaries in the denominator with most recent HbA1c or GMI in CY2026 <8.0% for good control rate, and >9.0% for poor control rate (no test counts as poor control).
- Good control rate: Percentage with HbA1c <8.0% (higher is better); poor control rate: Percentage with HbA1c >9.0% (lower is better).
- Rates calculated for the total population, with payment requiring both rates to meet thresholds independently for comprehensive diabetes management.

**Denominator:**

- All beneficiaries ages 18-75 as of December 31, 2026, with a diagnosis of diabetes (type 1 or type 2) on or between January 1, 2025, and December 31, 2026.
- Members must be enrolled in Medicaid during the measurement year to be included in the denominator.
- Diagnosis requires at least two outpatient visits with diabetes codes on different dates for administrative method, or one for hybrid.

**Services to Support Glycemic Control:**

- Outpatient or preventive care visits, where HbA1c testing can be ordered and results reviewed.
- Remote patient monitoring (RPM) services for glucose tracking using CGM devices, with telehealth follow-up.
- Community health centers or home health services for diabetes education and testing in underserved areas.
- Pharmacy services for diabetes medication management, adherence counseling, and GMI from CGM data.
- Telehealth visits for glycemic review and adjustment of treatment plans, including insulin management.

**Best Practices:**

- Order HbA1c testing at least annually (twice if uncontrolled) for all diabetic patients ages 18-75 per ADA guidelines, using lab or point-of-care methods for timely results.
- Use continuous glucose monitoring (CGM) for high-risk patients, documenting GMI in EHR to supplement or replace HbA1c for numerator compliance.

- Educate patients on diabetes management and glycemic targets using the "Teach Back Method" to confirm understanding, such as asking them to repeat back how to monitor blood sugar at home.
- Document test results and control levels in structured EHR fields, using CPT II codes for hybrid reporting to capture <8.0% or >9.0% precisely.
- Partner with community programs for diabetes education and free supplies, targeting high-risk groups like those with poor control or comorbidities.
- Conduct outreach to patients with elevated HbA1c via phone, text, or portal messages, offering follow-up appointments or telehealth to adjust medications or lifestyle.
- Common miss: No test in the year counts as poor control – always use CPT II 3046F in EHR to document >9.0% and flag for intervention.
- Submit claims promptly with CPT codes to ensure tests are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in control rates and target interventions (e.g., higher poor control in younger adults).
- Collaborate with RAE quality teams for resources like CGM devices, training on diabetes management, or incentives to improve equity in glycemic control access.

#### CY 2026 Payment Thresholds

Measure	Level	Required Rate	Payout %	Description
HbA1c <8.0% (good control)	Basecamp	≥23%	33%	Entry-level target for basic control; focus on annual testing to achieve this.
HbA1c <8.0% (good control)	Tree Line	≥42%	67%	Mid-level target; emphasize CGM and medication adherence.
HbA1c <8.0% (good control)	Summit	≥61%	100%	High-performance target; use EHR tools and outreach to maximize rates.
HbA1c >9.0% (poor control)	Basecamp	≤73%	33%	Entry-level target for reducing poor control; focus on follow-up for high-risk patients.
HbA1c >9.0% (poor control)	Tree Line	≤52%	67%	Mid-level target; lower rate is better, emphasize interventions for uncontrolled diabetes.
HbA1c >9.0% (poor control)	Summit	≤30%	100%	High-performance target; use RPM and education to minimize poor control.

For the full list of codes, please see Appendix A on the following page.

# Glycemic Status Assessment



## Appendix A

Codes to Identify Diabetes Diagnosis (ICD-10)	
Code	Description
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
O24.011	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester

Codes for HbA1c Testing (CPT)	
Code	Description
83036	Hemoglobin; glycosylated (A1C)
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use

Codes for Glycemic Control (CPT II for Hybrid Reporting)	
Code	Description
3044F	Most recent hemoglobin A1c level <7.0%
3051F	Most recent hemoglobin A1c level $\geq$ 7.0% and <8.0%
3052F	Most recent hemoglobin A1c level $\geq$ 8.0% and $\leq$ 9.0%
3046F	Most recent hemoglobin A1c level >9.0%

Codes for Exclusions (E.g. Hospice) (UBREV)	
Code	Description
0651	Hospice routine home care (per diem)
0652	Hospice continuous home care (per hour)
0655	Hospice inpatient respite care (per diem)
0656	Hospice general inpatient care (non-respite) (per diem)
0657	Hospice physician services
0658	Hospice room and board nursing facility (per diem)
0659	Hospice other (per diem)