Quality ID #001 (CBE 0059): Diabetes: Glycemic Status Assessment Greater Than 9%

2025 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Intermediate Outcome – High Priority

DESCRIPTION:
Percentage of patients 18-75 years of age with diabetes who had a glycemic status assessment (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) > 9.0% during the measurement period.

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients with diabetes seen during the performance period. The most recent quality data code submitted will be used for performance calculation. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: *Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, POS 02, POS 10) are allowable. Please note that effective January 1, 2025, while a measure may be denoted as telehealth eligible, specific denominator codes within the encounter may no longer be eligible due to changes outlined in the CY 2024 PFS Final Rule List of Medicare Telehealth Services.*

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

DENOMINATOR:
Patients 18 - 75 years of age with diabetes with a visit during the measurement period

> ***DENOMINATOR NOTE:*** **Signifies that this CPT Category I code is a non-covered service under the Physician Fee Schedule (PFS). These non-covered services will not be counted in the denominator population for Medicare Part B claims measures*
>
> **Denominator Criteria (Eligible Cases):**
> Patients 18 through 75 years of age on date of encounter
> **AND**
> **Diagnosis for diabetes (ICD-10-CM):** E10.A2, E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313,

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E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83

AND

Patient encounter during performance period (CPT or HCPCS): 97802, 97803, 97804, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0270, G0271, G0402, G0438, G0439

NUMERATOR:

Patients whose most recent glycemic status assessment (HbA1c or GMI) (performed during the measurement period) is > 9.0% or is missing, or was not performed during the measurement period

Numerator Instructions:

INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For "inverse measures", a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

Patient is numerator compliant if most recent HbA1c or GMI level >9%, the most recent HbA1c or GMI result is missing, or if there are no HbA1c or GMI tests performed and results documented during the measurement period. Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance. Do not include HbA1c or GMI levels reported by the patient.

NUMERATOR NOTE*: To assess the age for exclusions, the patient's age on the date of the encounter should be used. If multiple glycemic status assessments were recorded for a single date, use the lowest result.*

Numerator Quality Data Coding Options:

Patient receiving Hospice Services, Patient Not Eligible:

Denominator Exclusion: **G9687:** Hospice services provided to patient any time during the measurement period

OR

Patient receiving Palliative care services, Patient Not Eligible:

Denominator Exclusion: **G9988:** Palliative care services provided to patient any time during the measurement period

OR

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Patient age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care facility, Patient Not Eligible

***Denominator Exclusion*: G2081:** Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period

OR

Patient with Frailty AND Medication for Dementia, Patient Not Eligible

***Denominator Exclusion:* G2090:** Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period

OR

Patient with Frailty AND Advanced Illness, Patient Not Eligible

***Denominator Exclusion:* G2091:** Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or the year prior to the measurement period

Table: Dementia Exclusion Medications

Description	Prescription
Cholinesterase inhibitors	Donepezil Rivastigimine Galantamine
Miscellaneous central nervous system agents	Memantine
Dementia combinations	Donepezil-memantine

- **Codes to identify Frailty:** 99504, 99509, E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, E0303, E0304, E0424, E0425, E0430, E0431, E0433, E0434, E0435, E0439, E0440, E0441, E0442, E0443, E0444, E0462, E0465, E0466, E0470, E0471, E0472, E0561, E0562, E1130, E1140, E1150, E1160, E1161, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000, T1001, T1002, T1003, T1004, T1005, T1019, T1020, T1021, T1022, T1030, T1031, L89.000, L89.001, L89.002, L89.003, L89.004, L89.006, L89.009, L89.010, L89.011, L89.012, L89.013, L89.014, L89.016, L89.019, L89.020, L89.021, L89.022, L89.023, L89.024, L89.026, L89.029, L89.100, L89.101, L89.102, L89.103, L89.104, L89.106, L89.109, L89.110, L89.111, L89.112, L89.113, L89.114, L89.116, L89.119, L89.120, L89.121, L89.122, L89.123, L89.124, L89.126, L89.129, L89.130, L89.131, L89.132, L89.133, L89.134, L89.136, L89.139, L89.140, L89.141, L89.142, L89.143, L89.144, L89.146, L89.149, L89.150, L89.151, L89.152, L89.153, L89.154, L89.156, L89.159, L89.200, L89.201, L89.202, L89.203, L89.204, L89.206, L89.209, L89.210, L89.211, L89.212, L89.213, L89.214, L89.216, L89.219, L89.220, L89.221, L89.222, L89.223, L89.224, L89.226, L89.229, L89.300, L89.301, L89.302, L89.303, L89.304, L89.306, L89.309, L89.310, L89.311, L89.312, L89.313, L89.314, L89.316, L89.319, L89.320, L89.321, L89.322, L89.323, L89.324, L89.326, L89.329, L89.40, L89.41, L89.42, L89.43, L89.44, L89.45, L89.46, L89.500, L89.501, L89.502, L89.503, L89.504, L89.506, L89.509, L89.510, L89.511, L89.512, L89.513, L89.514, L89.516, L89.519, L89.520, L89.521, L89.522, L89.523, L89.524, L89.526, L89.529, L89.600, L89.601, L89.602,

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L89.603, L89.604, L89.606, L89.609, L89.610, L89.611, L89.612, L89.613, L89.614, L89.616, L89.619, L89.620, L89.621, L89.622, L89.623, L89.624, L89.626, L89.629, L89.810, L89.811, L89.812, L89.813, L89.814, L89.816, L89.819, L89.890, L89.891, L89.892, L89.893, L89.894, L89.896, L89.899, L89.90, L89.91, L89.92, L89.93, L89.94, L89.95, L89.96, M62.50, M62.81, M62.84, R26.2, R26.89, R26.9, R53.1, R53.81, R54, R62.7, R63.4, R63.6, R64, W01.0XXA, W01.0XXD, W01.0XXS, W01.10XA, W01.10XD, W01.10XS, W01.110A, W01.110D, W01.110S, W01.111A, W01.111D, W01.111S, W01.118A, W01.118D, W01.118S, W01.119A, W01.119D, W01.119S, W01.190A, W01.190D, W01.190S, W01.198A, W01.198D, W01.198S, W06.XXXA, W06.XXXD, W06.XXXS, W07.XXXA, W07.XXXD, W07.XXXS, W08.XXXA, W08.XXXD, W08.XXXS, W10.0XXA, W10.0XXD, W10.0XXS, W10.1XXA, W10.1XXD, W10.1XXS, W10.2XXA, W10.2XXD, W10.2XXS, W10.8XXA, W10.8XXD, W10.8XXS, W10.9XXA, W10.9XXD, W10.9XXS, W18.00XA, W18.00XD, W18.00XS, W18.02XA, W18.02XD, W18.02XS, W18.09XA, W18.09XD, W18.09XS, W18.11XA, W18.11XD, W18.11XS, W18.12XA, W18.12XD, W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89

- **Codes to identify Advanced Illness:** A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F04, F10.27, F10.96, F10.97, G10, G12.21, , G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9, J43.0, J43.1, J43.2, J43.8, J43.9, J68.4, J84.10, J84.112, J84.170, J84.178, J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92, J98.2, J98.3, K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9, K74.00, K74.01, K74.02, K74.1, K74.2, K74.4, K74.5, K74.60, K74.69, N18.5, N18.6

OR

Most Recent Glycemic Status Assessment (HbA1c or GMI) Level > 9.0%

Performance Met: **M1211**: Most recent glycemic status assessment (HbA1c or GMI) level > 9.0%

OR

Glycemic Status Assessment (HbA1c or GMI) not Performed, Reason not Otherwise Specified

Performance Met: **M1212:** Glycemic status assessment (HbA1c or GMI) level is missing, or was not performed during the measurement period

OR

Most Recent Glycemic Status Assessment (HbA1c or GMI) Level ≤ 9.0%

Performance Not Met: **M1371:** Most recent glycemic status assessment (HbA1c or GMI) level < 7.0%

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OR

Performance Not Met: **M1372:**	Most recent glycemic status assessment (HbA1c or GMI) level ≥ 7.0% and < 8.0%

OR

Performance Not Met: **M1373:**	Most recent glycemic status assessment (HbA1c or GMI) level ≥ 8.0% and ≤ 9.0%

RATIONALE:

Diabetes is the seventh leading cause of death in the United States (Centers for Disease Control and Prevention [CDC], 2022a). In 2019, diabetes affected more than 37 million Americans (11.3 percent of the U.S. population) and killed more than 87,000 people (American Diabetes Association [ADA], 2022). Diabetes is a long-lasting disease marked by high blood glucose levels, resulting from the body's inability to produce or use insulin properly (CDC, 2022a). People with diabetes are at increased risk of serious health complications including vision loss, heart disease, stroke, kidney damage, amputation of feet or legs, and premature death (CDC, 2022b).

In 2017, diabetes cost the U.S. an estimated $327 billion: $237 billion in direct medical costs and $90 billion in reduced productivity. This is a 34 percent increase from the estimated $245 billion spent on diabetes in 2012 (ADA, 2018).

Controlling A1c blood levels helps reduce the risk of microvascular complications (eye, kidney and nerve diseases) (ADA, 2022b).

- American Diabetes Association. (2018). Economic Costs of Diabetes in the U.S. in 2017. Diabetes Care, 41, 917-928. Retrieved from http://care.diabetesjournals.org/content/early/2018/03/20/dci18-0007
- American Diabetes Association. (2022). Statistics About Diabetes. Retrieved from https://diabetes.org/about-us/statistics/about-diabetes
- Centers for Disease Control and Prevention. (2022a). What is Diabetes? Retrieved from https://www.cdc.gov/diabetes/basics/diabetes.html
- Centers for Disease Control and Prevention. (2022b). Diabetes Report Card 2021. US Dept of Health and Human Services. Retrieved from https://www.cdc.gov/diabetes/library/reports/reportcard.html

CLINICAL RECOMMENDATION STATEMENTS:

American Diabetes Association (2023):

- Assess glycemic status (A1C or other glycemic measurement such as time in range or glucose management indicator) at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control). (Level of evidence: E)

- An A1C goal for many nonpregnant adults of <7% (53 mmol/mol) without significant hypocalcemia is appropriate. (Level of evidence: A)

- On the basis of health care professional judgement and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. (Level of evidence: B)

- Less stringent A1C goals (such as <8% [64 mmol/mol]) may be appropriate for patients limited life expectancy, or where the harms of treatment are greater than the benefits. (Level of evidence: B)

- Standardized, single-page glucose reports from continuous glucose monitoring (CGM) devices with visual cues, such as the ambulatory glucose profile, should be considered as a standard summary for all CGM devices. Level of evidence: E

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- ElSayed, N.A., G. Aleppo, V.R. Aroda, et al., American Diabetes Association. 2023. "6. Glycemic Targets: Standards of Care in Diabetes—2023." *Diabetes Care 2023* 46(Suppl. 1):S97–110

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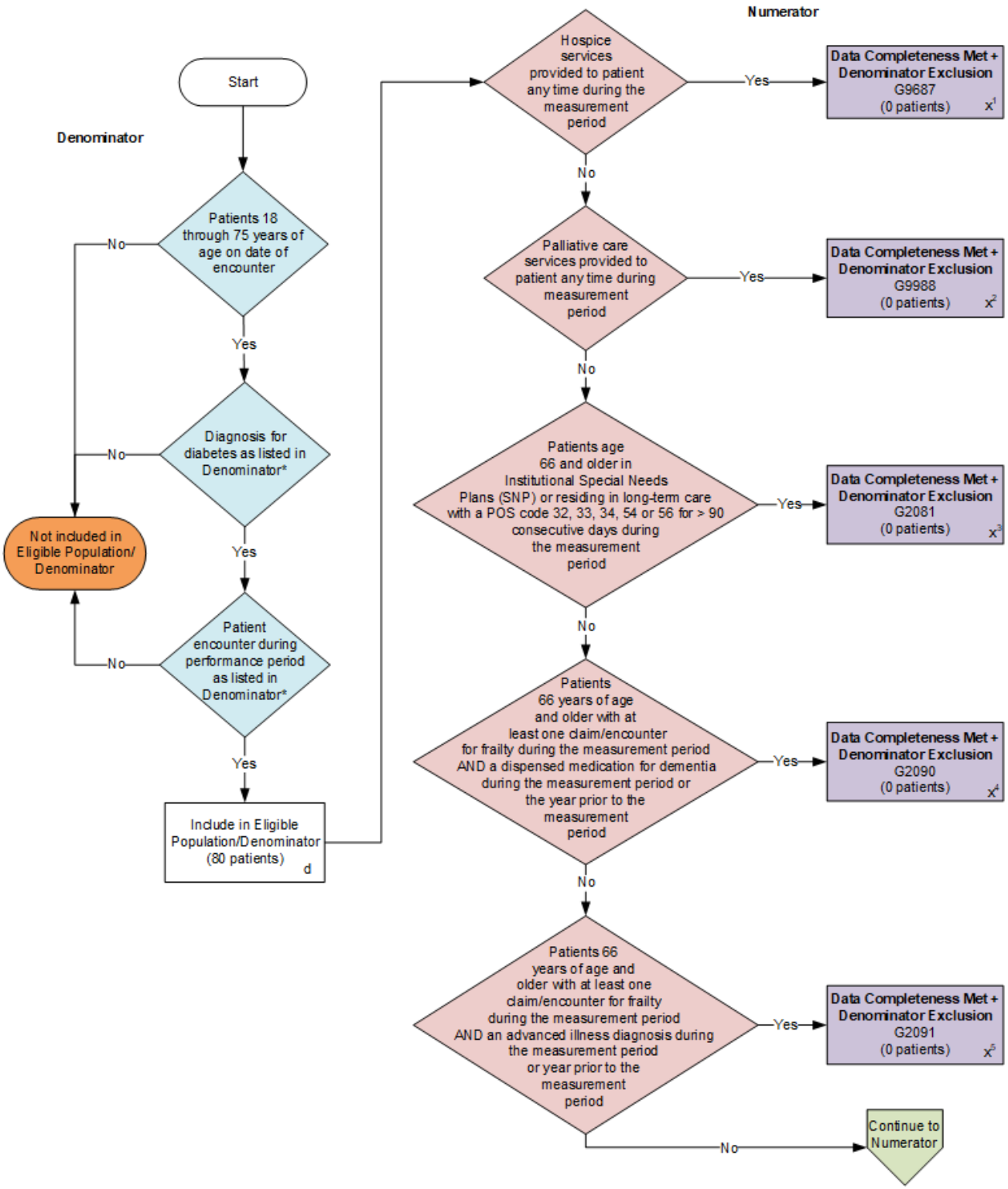
2025 Medicare Part B Claims Flow for Quality ID #1 (CBE 0059): Diabetes: Glycemic Status Assessment Great Than 9%

isclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



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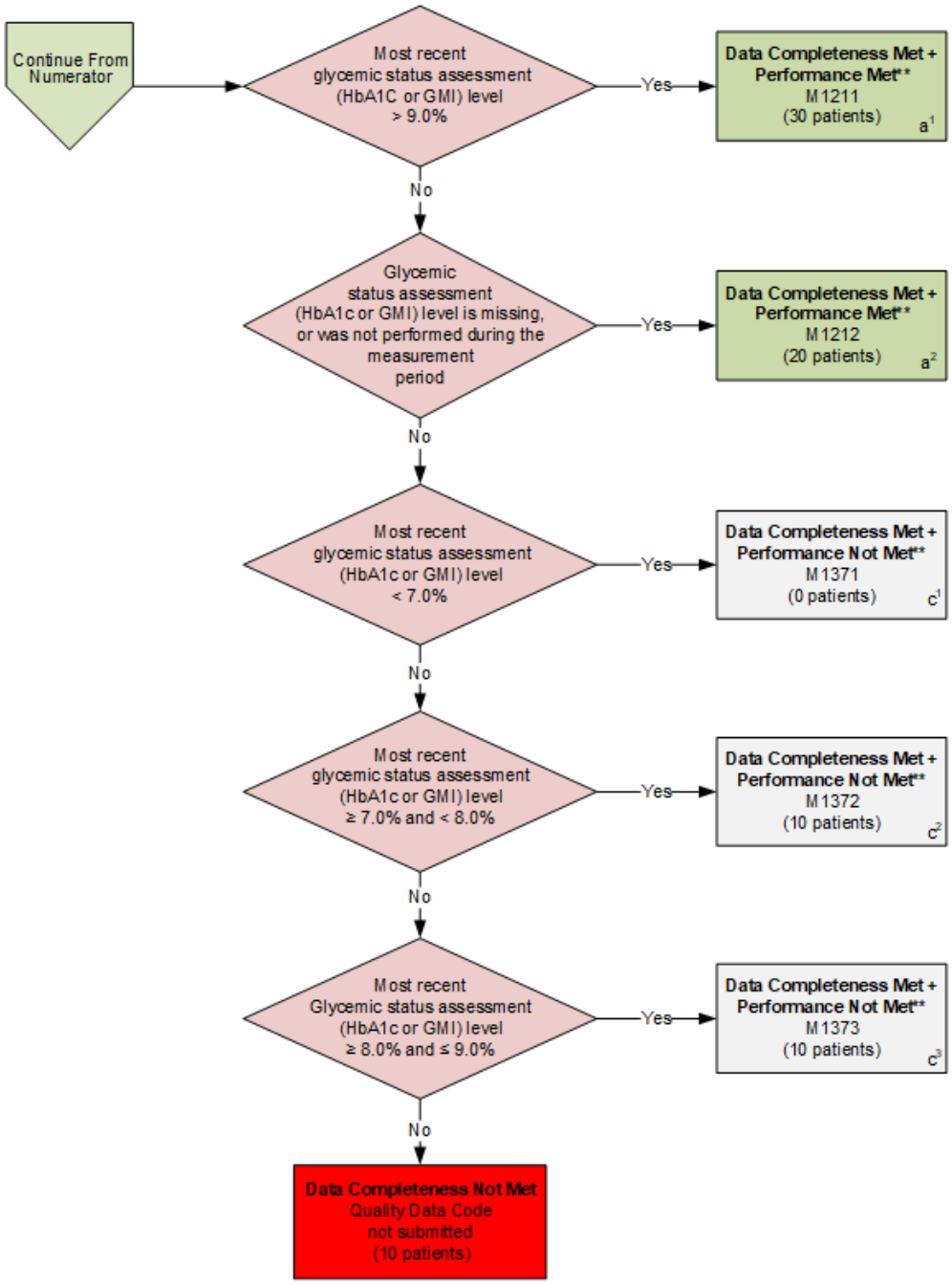

SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Denominator Exclusion } (x^1+x^2+x^3+x^4+x^5=0) + \text{Performance Met } (a^1+a^2=50) + \text{Performance Not Met } (c^1+c^2+c^3=20)}{\text{Eligible Population / Denominator } (d=80)} = \frac{70 \text{ patients}}{80 \text{ patients}} = \mathbf{87.50\%}$$

Performance Rate=**

$$\frac{\text{Performance Met } (a^1+a^2=50 \text{ patients})}{\text{Data Completeness Numerator (70 patients)} - \text{Denominator Exclusion (x=0 patients)}} = \frac{50 \text{ patients}}{70 \text{ patients}} = \mathbf{71.43\%}$$

*See the posted measure specification for specific coding and instructions to submit this measure.
**A lower calculated performance rate for this measure indicates better clinical care or control.
NOTE : Submission Frequency: Patient-Intermediate

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2025 Medicare Part B Claims Flow Narrative for Quality ID #1 (CBE 0059): Diabetes: Glycemic Status Assessment Greater Than 9%

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check *Patients 18 through 75 years of age on date of encounter*:
    a. If *Patients 18 through 75 years of age on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients 18 through 75 years of age on date of encounter* equals Yes, proceed to check *Diagnosis for diabetes as listed in Denominator**.
3. Check *Diagnosis for diabetes as listed in Denominator**:
    a. If *Diagnosis for diabetes as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for diabetes as listed in Denominator** equals Yes, proceed to check *Patient encounter during performance period as listed in Denominator**.
4. Check *Patient encounter during performance period as listed in Denominator**:
    a. If *Patient encounter during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during performance period as listed in Denominator** equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population
        - Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
6. Start Numerator
7. Check *Hospice services provided to patient any time during the measurement period*:
    a. If *Hospice services provided to patient any time during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion.*
        - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^1 equals 0 patients in the Sample Calculation.
    b. If *Hospice services provided to patient any time during the measurement period* equals No, proceed to check *Palliative care services provided to patient any time during measurement period*.
8. Check *Palliative care services provided to patient any time during measurement period*:
    a. If *Palliative care services provided to patient any time during measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion.*

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- *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^2 equals 0 patients in the Sample Calculation.

b. If *Palliative care services provided to patient any time during measurement period* equals No, proceed to check *Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period*.

9. Check *Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period.*

   a. If *Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion.*

      - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^3 equals 0 patients in the Sample Calculation.

   b. If *Patients age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period* equals No, proceed to check *Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period*.

10. Check *Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period.*

    a. If *Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion*.

       - *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^4 equals 0 patients in the Sample Calculation.

    b. If *Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period* equals No, proceed to check *Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or year prior to the measurement period*.

11. Check *Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or year prior to the measurement period.*

    a. If *Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or year prior to the measurement period* equals Yes, include in *Data Completeness Met and Denominator Exclusion.*

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- *Data Completeness Met and Denominator Exclusion* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^5 equals 0 patients in the Sample Calculation.

b. If *Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND an advanced illness diagnosis during the measurement period or year prior to the measurement period* equals No, proceed to check *Most recent hemoglobin A1c level greater than 9.0 percent*.

12. Check *Most recent glycemic status assessment (HbA1c or GMI) level greater than 9.0 percent*:

    a. If *Most recent glycemic status assessment (HbA1c or GMI) level greater than 9.0 percent* equals Yes, include in *Data Completeness Met and Performance Met***.

        - *Data Completeness Met and Performance Met*** letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^1 equals 30 patients in the Sample Calculation.

    b. If *Most recent glycemic status assessment (HbA1c or GMI) level greater than 9.0 percent* equals No, proceed to check *Glycemic status assessment (HbA1c or GMI) level is missing or was not performed during the measurement period*

13. Check *Glycemic status assessment (HbA1c or GMI) level is missing or was not performed during the measurement period* :

    a. If *Glycemic status assessment (HbA1c or GMI) level is missing or was not performed during the measurement period* equals Yes, include in *Data Completeness Met and Performance Met***.

        - *Data Completeness Met and Performance Met*** letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a^2 equals 20 patients in the Sample Calculation.

    b. If *Glycemic status assessment (HbA1c or GMI) level is missing or was not performed during the measurement period* equals No, proceed to check *Most recent glycemic status assessment (HbA1c or GMI) level is less than 7.0 percent*.

14. Check *Most recent glycemic status assessment (HbA1c or GMI) level is less than 7.0 percent* :

    a. If *Most recent glycemic status assessment (HbA1c or GMI) level is less than 7.0 percent* equals Yes, include in the *Data Completeness Met and Performance Not Met***.

        - *Data Completeness Met and Performance Not Met*** letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^1 equals 0 patients in the Sample Calculation.

    b. If *Most recent glycemic status assessment (HbA1c or GMI) level is less than 7.0 percent* equals No, proceed to check *Most recent glycemic status assessment (HbA1c or GMI) level greater than or equal to 7.0 percent and less than 8.0 percent*.

15. Check *Most recent glycemic status assessment (HbA1c or GMI) level greater than or equal to 7.0 percent and less than 8.0 percent* :

    a. If *Most recent glycemic status assessment (HbA1c or GMI) level greater than or equal to 7.0 percent and less than 8.0 percent* equals Yes, include in *Data Completeness Met and Performance Not Met***.

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- *Data Completeness Met and Performance Not Met*** letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 10 patients in the Sample Calculation.

b. If *Most recent glycemic status assessment (HbA1c or GMI) level greater than or equal to 7.0 percent and less than 8.0 percent* equals No, proceed to check *Most recent glycemic status assessment (HbA1c or GMI) level greater than or equal to 8.0 percent and less than or equal to 9.0 percent.*

16. Check *Most recent glycemic status assessment (HbA1c or GMI) level greater than or equal to 8.0 percent and less than or equal to 9.0 percent .*

    a. If *Most recent glycemic status assessment (HbA1c or GMI) level greater than or equal to 8.0 percent and less than or equal to 9.0 percent* equals Yes, include in *Data Completeness Met and Performance Not Met***.

        - *Data Completeness Met and Performance Not Met*** letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^3 equals 10 patients in the Sample Calculation.

    b. If *Most recent glycemic status assessment (HbA1c or GMI) level greater than or equal to 8.0 percent and less than or equal to 9.0 percent* equals No, check *Data Completeness Not Met*.

17. Check *Data Completeness Not Met*:

    a. If *Data Completeness Not Met* equals No, the Quality Data Code was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Denominator Exclusion (x^1 plus x^2 plus x^3 plus x^4 plus x^5 equals 0 patients) plus Performance Met (a^1 plus a^2 equals 50 patients) plus Performance Not Met (c^1 plus c^2 plus c^3 equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate** equals Performance Met (a^1 plus a^2 equals 50 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exclusion (x equals 0 patients). All equals 50 patients divided by 70 patients. All equals 71.43 percent.

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**A lower calculated performance rate for this measure indicates better clinical care or control.

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