

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
GUIDELINE/ PROCEDURE**

<b>Guideline/Procedure Number:</b> MPXG5002 (previously XG100502)			<b>Lead Department:</b> Health Services Business Unit: Quality Improvement	
<b>Guideline/Procedure Title:</b> Clinical Practice Guidelines for Diabetes Mellitus			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 04/19/2000		<b>Next Review Date:</b> 05/13/2027 <b>Last Review Date:</b> 005/13/2026		
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input checked="" type="checkbox"/> <b>Partnership Advantage</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>	
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>		<input type="checkbox"/> <b>COMPLIANCE</b>	<input checked="" type="checkbox"/> <b>FINANCE</b>
	<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALS</b>	<input checked="" type="checkbox"/> <b>PAC</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 05/13/2026	

**I. RELATED POLICIES:**

- A. MPUG3025 - Insulin Infusion Pump and Continuous Glucose Monitor Guidelines
- B. MCUP3052 - Medical Nutrition Services
- C. MCCP2026 - Diabetes Prevention Program

**II. IMPACTED DEPTS:**

Health Services

**III. DEFINITIONS:**

- A. Partnership Advantage: Effective January 1, 2027, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.

**IV. ATTACHMENTS:**

N/A

**V. PURPOSE:**

Diabetes is a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both. The chronic hyperglycemia of diabetes is associated with long-term damage, dysfunction, and failure of different organs, especially the eyes, kidneys, nerves, heart, and blood vessels.

**VI. GUIDELINE / PROCEDURE:**

**A. KEY POINTS IN DIAGNOSIS AND MANAGEMENT**

- 1. Diagnosis Criteria for the diagnosis of diabetes
  - a. A1C  $\geq$  6.5%; or
  - b. Fasting plasma glucose  $\geq$  126 mg/ dL; or
  - c. 2-h plasma glucose  $\geq$  200 mg/dL during an oral glucose tolerance test
  - d. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL;
  - e. In an individual with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma

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glucose  $\geq$ 200 mg/dL ( $\geq$ 11.1 mmol/L). Random is any time of the day without regard to time since previous meal.

- f. In the absence of unequivocal hyperglycemia, the result should be confirmed by repeat testing.
  2. On-going Care Management and Treatment: The glycemic goal in adults is the lowering of Hemoglobin A1C to below 8%, unless contraindicated based on age, comorbid conditions, risk of hypoglycemia, and/or no access to resources or support systems. The principles of treatment consist of lifestyle modifications (e.g., physical activity and exercise, nutrition, smoking cessation, immunization); pharmacotherapy, appropriate weight management, diabetes self-management education, depression screening, management of co-morbidities (e.g., hypertension, dyslipidemia), screening for and treatment of complications of diabetes (e.g., coronary heart disease, nephropathy, retinopathy, neuropathy, foot care).
- B. MEDICATIONS**
1. The pharmacy benefit is carved-out to Medi-Cal Fee-for-Service (Medi-Cal Rx) as described in the Department of Health Care Services' All Plan Letter ([APL 25-013](#)) and the Governor's Executive Order N-01-19 effective Jan. 1, 2022.
  2. The pharmacy benefit is a covered Medicare Part D benefit for Partnership Advantage members and will be administered by Partnership and our delegated Pharmacy Benefits Manager (PBM).
- C. INDICATORS MONITORED BY Partnership:** These indicators will be monitored for measurement of adherence to this guideline.
1. Healthcare Effectiveness Data and Information Set (HEDIS®)
    - a. Retinal eye exam
    - b. Glycemic Status Assessment for Patients with Diabetes
    - c. Blood pressure control (<140/90 mm Hg)
  2. Primary Care Provider Quality Improvement Program
    - a. Retinal eye exam
    - b. A1C good control (< 9%)

**VII. REFERENCES:**

- A. American Diabetes Association: Standards of Medical Care in Diabetes 2025. <https://diabetesjournals.org> and [https://diabetesjournals.org/care/issue/48/Supplement\\_1](https://diabetesjournals.org/care/issue/48/Supplement_1) (January 2025)
- B. [Department of Health Care Services \(DHCS\) All Plan Letter \(APL\) 25-013 Governor's Executive Order N-01-19, MEDI-CAL RX PHARMACY BENEFITS, AND CELL AND GENE THERAPY COVERAGE \(revised Sept. 18, 2025 supersedes APL 22-012\)](#)

**VIII. DISTRIBUTION:**

- A. HS Department UM Staff
- B. Partnership Provider Manual
- C. Partnership Department Directors

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Medical Officer

**X. REVISION DATES:**

Medi-Cal

12/19/01; 09/18/02; 09/15/04; 11/17/04; 03/21/07; 04/21/10; 06/20/12; 06/18/14; 10/19/16; \*02/14/18; 04/10/19; 05/13/20; 05/12/21; 05/11/22; 05/10/23; 05/08/24; 05/14/25; 05/13/26

Partnership Advantage (effective Jan. 1, 2027)

N/A

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\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date.  
Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

**PREVIOUSLY APPLIED TO:**

Partnership Advantage

MPXG5002 - 03/21/2007 to 01/01/2015

Healthy Families

MPXG5002 - 05/18/2007 to 03/01/2013

Healthy Kids (Healthy Kids program ended 12/01/2016)

04/21/10; 06/20/12; 06/18/14; 10/19/16 to 12/01/16