PARTNERSHIP HEALTHPLAN OF CALIFORNIA GUIDELINE/ PROCEDURE

Guideline/Proce	dure Number	:: MPXG500	Lead Department: Health Services			
Guideline/Proce	dure Title: C	inical Practic	⊠ External Policy			
Mellitus			☐ Internal Policy			
Original Date : 04/19/2000			Next Review Date: 05/08/2025 Last Review Date: 05/08/2024			
Applies to:	⊠ Medi-Ca			☐ Employees		
Reviewing Entities:	⊠ IQI		□ P & T	⊠ QUAC		
	☐ OPERATIONS		□ EXECUTIVE	☐ COMPLIANCE	☐ DEPARTMENT	
Approving Entities:	□ BOARD		☐ COMPLIANCE	⋈ FINANCE	⊠ PAC	
	□ СЕО	□ соо	☐ CREDENTIALING	☐ DEPT. DIRECTOR/OFFICER		
Approval Signat	ture: Robert l	Moore, MD, N	Approval Date: 05/08/2024			

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**:

N/A

IV. ATTACHMENTS:

A. 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 ≥ 126 mg/ dL; or
 - c. 2-h plasma glucose ≥ 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 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),

Guideline/Pro XG100502)	ocedure Number: MPXG50	Lead Department: Health Services		
Guideline/Procedure Title: Clinical Practice Guidelines for				
Diabetes Mell	itus	☐ Internal Policy		
Original Date: ()4/19/2()()		Next Review Date: 05/08/2025		
		Last Review Date: 05/08/2024		
Applies to:	⊠ Medi-Cal		☐ Employees	

screening for and treatment of complications of diabetes (e.g., coronary heart disease, nephropathy, retinopathy, neuropathy, foot care).

B. MEDICATIONS

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) 22-012 and the Governor's Executive Order N-01-19 effective January 1, 2022.

- 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 2024.

https://diabetesjournals.org and

 $https://diabetesjournals.org/care/article/47/Supplement_1/S5/153943/Summary-of-Revisions-Standards-of-Care-in-Diabetes$

B. PartnershipDepartment of Health Care Services (DHCS) All Plan Letter (APL) 22-012 Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx (revised Dec. 30, 2022 supersedes APL 20-020)

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

*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:

PartnershipAdvantage

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

Guideline/Procedure Number: MPXG5002 (previously XG100502)				Lead Department: Health Services	
Guideline/Procedure Title: Clinical Practice Guidelines for					
Diabetes Mellitus			☐ Internal Policy		
Original Date: 04/19/2000		Next Review Date: 05/08/2025			
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