



# 2026 Best Practices

## Comprehensive Diabetes Care

### Retinal Eye Exam



#### **Partnership Tools, Programs, and Promising Practices:**

- Attend or view Partnership's [Improving Measure Outcomes training](#) on *Diabetes Management*.
- Provider health education materials are accessible on [Partnership's website](#) or by contacting [CLHE@partnershiphp.org](mailto:CLHE@partnershiphp.org). Providers can access flyers and patient materials for distribution in multiple languages.
- Partnership contracts with [Vision Service Plan](#) for vision services. Members / patients can use the following link or call **(800) 438-4560** to search for services in their area (<https://www.vsp.com/eye-doctor>). Select "Advanced search" and select "Medicaid" under "Doctor Network". Additionally, patients can select "Advanced Eye Exam" under "Services" and look for locations with the American Diabetes Association logo.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. This is particularly helpful for eye exam appointments which cannot be completed at the PCP office. Members can access services by calling [Partnership's Transportation Services](#) at **(866) 828-2303**, Monday – Friday, 7 a.m. – 7 p.m.

#### **Patient Care:**

- Retinal photography with remote reading by experts has great potential to provide screening services in areas where qualified eye care professionals are not readily available.
- Utilize "flag" alerts in the EMR / EHR system that each care team/staff can use to identify and communicate to patients / members who are due for their screening services, including annual eye exams, at every member encounter.
- Utilize standing annual appointments for optometry for those practices with optometry on-site to make predictable annual visits.
- If the practice offers vision services, schedule the patient's diabetic retinopathy exam visit during check-out, or as part of the rooming process.
- If vision appointment is handled as a referral, streamline the referral process, and follow up to ensure completion of visit.
- Provide patients with a list of optometrists and ophthalmologists in their area who accept Medi-Cal.
- Streamline or automate pathways to eye exam screening; an eye exam order should not require a PCP visit.
- Use EPIC and EHR bundled lists to facilitate ordering comprehensive labs and services for diabetic care.

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- When scheduling eye exams in the clinic, note time for adequate pupil dilation pre-appointment along with any potential delays to patient readiness including opioid or other medication effects. If this is the case, consider double-booking these appointments to avoid delays in screenings and to optimize scheduling.
- Increase training for multiple non-clinical staff to conduct eye exam screening to increase access and scheduling conflicts.
- Ensure patients are informed of eye exam results and next step(s). Follow up with third party vendors to access patient results and upload to the medical record.
- Refer / enroll uncontrolled diabetics with Partnership's chronic case management. Optimize pathways for referrals to case management, health education, and clinical pharmacy teams.
- Consider holding diabetes management day every quarter to do HbA1c checks, eye exams, provide registered dietician consultations, nutrition information, discuss personal resources to help manage diabetes at home, conduct foot screenings, and other services.

### **Patient Education:**

- Provide member / patient education on risks of diabetic eye disease and benefits of regular screenings and encourage scheduling an annual exam.
- Assess and address the member's knowledge, gaps, and barriers related to diabetes self-management (e.g., cultural, financial, literacy / health literacy, social support, health beliefs).
- Provide / encourage the use of virtual tools to support self-management (computer / phone apps and programs for healthy eating, physical activity and medication management).
- Inform patients that all services included in comprehensive diabetic care, including vision, are covered benefits under Medi-Cal.
- Reinforce the importance of testing and self-management.
- Women with preexisting type 1 or type 2 diabetes who are planning pregnancy or who are pregnant should be counseled on the risk of development and/or progression of diabetic retinopathy.

### **Outreach:**

- Designate a care team / staff to contact members / patients due for eye exam testing and scheduling (e.g., phone call, post card, letter signed by provider, text).
- Call patients within a week to reschedule if a provider appointment is missed.

### **Equity Approaches:**

- Consider using an equity approach to increase screening rates for targeted communities. Review eye exam measure compliance rates by factors such as race, ethnicity, gender, location (i.e., zip code), and preferred language; it is possible to identify barriers that affect specific communities and plan interventions to address these barriers.

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- Additionally, the Drill Down Clinical tab in the e-Reports portal shows race / ethnicity information for each member included in the measure. Export this dashboard to look at comprehensive diabetes management: retinal eye exam compliance rates by race and ethnicity to learn more about inequities within your patient community.
- Ensure member / patient information is consistent, welcoming, plain, and person-centered, language appropriate, and delivered in traditional and electronic applications, per patient's preference.
- Each visit should include a conversation with the member / patient to confirm that health information, medication management, and the next steps covered in the visit are mutually understood; patients agree with any plans made; and they have the opportunity to ask questions.
- Consider literacy and health literacy barriers, and alternative ways of providing diabetes management and medication management instructions.
- Use approaches and partnerships that align with your practice's demographics (partner with local schools, faith-based organizations, etc.).
- Identify and address barriers to care (transportation, hours of operation, and access to pharmacy services).

### **Data and Coding:**

- Submit claims and encounter data within 90 days of service.
- Exclude members as appropriate and use coding to document reason for exclusion.

### **Helpful Links:**

#### **2026 PCP QIP Technical Specifications:**

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
- Notes for e-Reports and PQD

#### **QIP e-Reports Portal:**

- Measure Reports
- Diagnosis Code Crosswalk Report
- QIP Member Report

#### **Vision Service Plan:**

*References: American Diabetes Association Professional Practice Committee; 12. Retinopathy, Neuropathy, and Foot Care: Standards of Medical Care in Diabetes—2022. Diabetes Care 1 January 2022; 45 (Supplement\_1): S185–S194. <https://doi.org/10.2337/dc22-S012>*