Point of Care Lead Testing in Primary Care Clinics

Partnership HealthPlan of California invites your organization to apply to participate in a third round of the Partnering for Pediatric Lead Prevention Program (PPLP). The goal of this program is to improve lead testing for age-appropriate pediatric patients, in primary care clinics.

If selected, your site will receive the following:

- A LeadCare II Point of Care lead testing device, which includes 48 test kits
- Assistance with office set up and training for office staff on specimen collection and use of LeadCare II testing equipment (provided by the manufacturer)
- Lead prevention program support from Partnership's POC staff

Participants will contract with Partnership to house the equipment for one year. After completion of the one-year measurement period, sites will be eligible to keep the testing equipment based on program success at individual sites. Participating sites will need to commit to reporting, billing and quality control requirements. This will include the reporting of all results to the California Department of Public Health (CDPH). Information about this process is included on the second page.

Why Should Your Practice Apply?

- "Low-level lead exposure, even at blood lead concentrations below 5 µg/dL (50 ppb), is a causal risk factor for diminished intellectual and academic abilities, higher rates of neurobehavioral disorders such as hyperactivity and attention deficits, and lower birth weight in children. No effective treatments ameliorate the permanent developmental effects of lead toxicity." – AAP
- California statute mandates lead testing for all children in publicly supported programs, such as Medi-Cal, California Women, Infants and Children (WIC), and Child Health and Disability Prevention Program (CHDP) at 12 and 24 months. Catch-up testing must be performed at 24-72 months for children who were not previously tested at 12 and 24 months.
- Based on the National Medicaid Benchmark, lead testing rates in all Partnership regions are below the minimum performance level (MPL). In discussions with primary care clinics in our network, Partnership has identified both best practices and barriers to testing.
- Collecting a specimen in an exam room and running it on-site, or sending it to a lab (public health or commercial), is essential to achieve higher testing rates.
- Practices can bill Partnership for POC lead testing.
- In 2024, Partnership has added lead testing to its QIP clinical measure set.

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Submission Process

Applications will be accepted and reviewed on a rolling basis year round. Applicants will typically be notified of their selection status within 2-3 weeks of their submission. Practice sites with a minimum of 100 Partnership members between the ages of 0-3 years and a current performance below the Medicaid Benchmark will be prioritized. Practices that have purchased POC lead testing devices within 90 days of submission date may also submit an application to participate in the program. For sites selected, reimbursement for the equipment will be dependent on meeting program performance goals.

Submit your application to leadpoc@partnershiphp.org. Please include your organization's name and "Lead POC Application" in the subject line of your email submission.

Electronic Reporting of Lead Testing Results to CDPH

To get started with electronic reporting, providers with POC devices should complete this Electronic Blood Lead Reporting (EBLR) contact form and select "Lab is enrolling to report into the EBLR System." Providers should then email scans of their location's Federal Clinical Laboratory Improvement Amendments (CLIA) certificate and Laboratory Field Services (LFS) state license to EBLRSupport@cdph.ca.gov. All laboratories must have a Federal CLIA certificate as appropriate to the level of testing and be registered or licensed with the State of California, LFS. Each testing location with a POC device needs to be enrolled separately.

According to Section 124130 of the California Health and Safety Code, users of any blood lead testing device are considered laboratories and must electronically report all blood lead results drawn in California to the EBLR System, following the current timeframe listed below:

- Greater than or equal to 3.5 µg/dL must be reported within 3 working days of analysis.
- Less than 3.5 µg/dL must be reported within 30 calendar days of analysis.

If you have additional questions, please contact EBLRSupport@cdph.ca.gov.