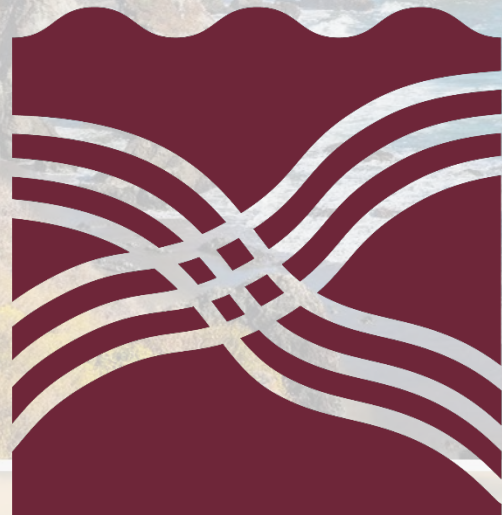




PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Partnering for Pediatric Lead Prevention: A Point of Care Testing Initiative

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Project Manager I

Partnership Mission, Vision, and Focus



Partnership began in Solano County in 1994 and now provides care to about 900,000 members across 24 Northern California counties.

- **Mission:** To help our members, and the communities we serve, be healthy.
- **Vision:** To be the most highly regarded managed care plan in California.
- **Focus:**
 - Quality in everything we do
 - Operational excellence
 - Financial stewardship

Questions and Submissions

Please submit all questions, concerns, and the application to:
leadPOC@partnershiphp.org

You may also visit the Lead Poisoning and Prevention page for more information on this program and lead prevention.

<https://www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/Lead-Poisoning-and-Prevention.aspx>

Why Test for Lead?

- **No Level of Lead in the Body is Known to be Safe**



California Statutes and Regulations for Providers Caring for Children 6 Months to 6 Years of Age¹



ANTICIPATORY GUIDANCE

At each periodic assessment from 6 months to 6 years. Under California state laws and regulations, all health care providers are required to inform all parents and guardians about:

- The risks and effects of childhood lead exposure.
- The requirement that children enrolled in Medi-Cal receive blood lead tests.
- The requirement that children not enrolled in Medi-Cal who are at high risk of lead exposure receive blood lead tests.

¹ [Health and Safety Code, sections 105285-105286; California Code of Regulations, Title 17, Sections 37000 to 37100](#)

California Statutes and Regulations for Providers Caring for Children 6 Months to 6 Years of Age¹



BLOOD LEAD TEST

- All children in publicly supported programs such as Medi-Cal, Women, Infants and Children (WIC), and CHDP at both 12 months and 24 months of age.
- Perform a “catch up” test for children age 24 months to 6 years in a publicly supported program who were not tested at 12 and 24 months.

¹ Health and Safety Code, sections 105285-105286; California Code of Regulations, Title 17, Sections 37000 to 37100

California Statutes and Regulations for Providers Caring for Children 6 Months to 6 Years of Age¹



ASSESS

- If child is not in a publicly supported program:
Ask: "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently remodeled?" **Blood lead test if the answer to the question is "yes" or "don't know."**

¹ Health and Safety Code, sections 105285-105286; California Code of Regulations, Title 17, Sections 37000 to 37100

New QIP Clinical Measure for 2024

Members turning 2 years of age in the measurement year with (at least) 1 lead screening in their lifetime*

* Partnering for Pediatric Lead Prevention program will use this metric as well

Identifying and Sharing 2024 Best Practices

MEASURE BEST PRACTICES

The 2024 Measure Best Practices documents are resources for the Primary Care Provider Quality Improvement Program (PCP QIP) measure set, which aligns closely with the Managed Care Accountability Set (MCAS) measures for which Partnership HealthPlan of California is held accountable by the Department of Health Care Services (DHCS). Each Measure Best Practice document includes Partnership tools and resources, guidelines to facilitate optimal member care, opportunities for patient education, outreach, and equity, data and coding resources, and helpful links to improve measure performance.

Breast Cancer Screening

Cervical Cancer Screening

Child & Adolescent Well Care

Childhood Immunizations Status

Colorectal Cancer Screening

Controlling Blood Pressure

Comprehensive Diabetes Care: HbA1c - Good Control

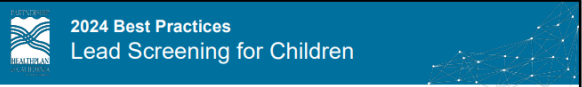
Comprehensive Diabetes Care: Retinal Eye Exam

Immunizations for Adolescents

Lead Screening for Children

Unit of Service Dental Flouride Varnish

Well Child Visits 15 Months



2024 Best Practices
Lead Screening for Children

Partnership Tools and Programs:

- In 2023, Partnership invited providers to apply for a [LeadCare II Point of Care testing device](#) which allows clinic staff to collect and run specimens on site. Participants in the program are provided with a device and are eligible to own it after 12 months, if the clinic is successful in meeting lead testing targets. This program will be offered again in 2024. Providers will be notified when the new application period opens.
- Attend or view Partnership's [Improving Measure Outcomes training on Preventative Care for 0-2 Year Olds](#) for more information about blood lead testing.
- Partnership members can access transportation for non-emergency medical services for assistance in traveling to and from appointments. Members can access services by calling [Partnership Transportation Services](#) at (866) 828-2303 Monday – Friday 7 a.m. – 7 p.m. PST.

Member Care:

- All children enrolled in Medi-Cal must receive lead prevention education at well-child visits from 6 months through 6 years of age. This education must be documented. Add this to EMR templates for each well child visit.
- All children on Medi-Cal must be tested for lead exposure at 12 and 24 months. Abnormal lead results require documentation of follow-up. Include blood lead testing completion and coding steps in EMR templates for 12-month and 24-month well child visits, at minimum, but practices are encouraged to add prompts to [each](#) well child visit from 12 months to 6 years in order to identify and test any children missing age-appropriate lead testing.
- To catch children whose blood lead test is not complete after 24 months old, utilize "flag" alerts in the EMR / EHR system or pre-visit planning tools so that each staff member can identify and communicate to caregivers, at every member encounter, that their child is due for screening services and offer testing that day.
- Utilize Partnership-provided quarterly lists (and/or internally produced) lists of patients behind on testing, to guide outreach to families
- Create standing orders for internal staff so that capillary specimens can be collected when the patient is roomed
- Train staff to use affirmative language when talking with parents about lead testing rather than asking parents if they would like their child tested

2024 PCP QIP Technical Specifications

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

QIP eReports Portal

- 2024 Detailed PCP QIP Technical Specifications
- Measure Reports
- Diagnosis Code Crosswalk Report

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2024 Best Practices: General

- Place prompts for lead testing in your EMR (12-72 month WCC)
- Create standing orders for office staff to lead test
- Use Partnership provided lists of patients needing testing to flag chart and to reach out to patients who are behind
- Provide education internally to all providers and clinic staff serving children on the need for testing and communicate best practices
- Consider testing **all** children for lead, not just Medi-Cal enrolled so the office process is the same for all children


2024 Best Practices
Lead Screening for Children

Partnership Tools and Programs:

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Data and Coding:

- Submit claims and encounter data within 90 days of service.
- Code point of care tests as part of encounter/claims submission.
- Compare EHR or lab requisition forms with HEDIS code to ensure lab order is in alignment with measure.

Helpful Links:

[2024 PCP QIP Technical Specifications](#)

- Measure Description
- Exclusions
- PCP QIP Full Points, Partial Points, Relative Improvement Definitions
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[QIP eReports Portal](#)

- 2024 Detailed PCP QIP Technical Specifications
- Measure Reports
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2024 Best Practices: Visit

- **Before the visit:**

- Scrub charts and identify who is due for testing.

- **During the visit:**

- Use affirmative language ex. “Felix is here for his 1-year checkup so it is important we test him for exposure to lead today.”
- Obtain blood sample in the exam room at the beginning of the visit.
- Consider obtaining a point-of-care testing machine and running specimen during visit.


2024 Best Practices
Lead Screening for Children

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On-Site Specimen Collection Options

- POC testing on-site
- Specimen collection in clinic but run on POC machine in local PH Lab
- Specimen collection in clinic but run at Santa Clara PH Lab
- Specimen collection in office but run in commercial lab

Program Specifics

Primary care provider sites will be selected to receive the following:

- A LeadCare II Point-of-Care Blood Lead testing machine which includes a test kit (tests 48 patients)
 - Additional test kits will need to be purchased by the Clinic
- Assistance with office set up
- Training for office staff on specimen collection and use of the LeadCare II testing equipment (provided by the manufacturer)
- Program support from the Partnership Lead POC team

Eligibility

The LeadCare II POC program is open to Primary Care Providers in the Partnership network who meet the following criteria:

- Serve a pediatric patient population which includes members 0-3 years of age.
- Do not currently have access to point of care testing **OR** have purchased a LeadCare II device within the previous four months and are requesting reimbursement for that purchase (please include documentation of purchase with submission).
- Have a current CLIA certificate of waiver for other POC testing and are able to add LeadCare II to their CLIA waived testing panel **OR** are willing to apply for a CLIA certificate of waiver.

Program Particulars

- Clinics will contract with Partnership for one year.
- POC devices will become the property of the clinic at the end of one year, if successful in implementing testing.
- **Clinics are required to bill Partnership for testing.**
 - Partnership will use claims data to track performance
- Clinics will be required to report testing results to the state (process outline/requirements are included with application materials)
- Clinics will be required to have CLIA certificate for waived testing and adhere to CLIA rules/regulation.

Application Submissions

- Accepted on a rolling basis throughout the year.
- Notification should be expected within 2-3 weeks of submission.
- The clinic and Partnership HealthPlan of California will sign a memorandum of understanding (MOU).
- Delivery of device will be directed to the clinic.
- Recorded training is available through the vendor online.
- On-site training (preferred) and/or live virtual training can be scheduled after delivery of the LeadCare II POC kit.

Application Submissions



PROGRAM APPLICATION: LeadCare II Point of Care Testing Device

Name of Applicant Parent Organization:

Name/Email of Chief Medical Officer:

Name/Title/Email of Contact Person for this Application:

Eligibility: The LeadCare II POC program is open to primary care providers in the Partnership HealthPlan of California network who meet the following criteria:

- Serve a pediatric patient population which includes members 0-3 years of age.
- Do not currently have access to point of care testing or have purchased a LeadCare II device within the past four months and are requesting reimbursement for that purchase (please include documentation of purchase when submitting application).
- Have a current CLIA certificate of waiver for other POC testing and are able to add LeadCare II to their CLIA waived testing panel OR are willing to apply for a CLIA certificate of waiver.

Please respond to the following questions:

1. For each site you are applying for, please fill out the following information:
 - o *Site/Location Name:*
 - o *Site/Location Physical Address:*
 - o *Site/Location Mailing Address:*
 - o *Number of Partnership assigned children age 0 – 3:*
 - o *Current method of collecting lead samples, if any:*
2. Identify key individuals who will oversee the program including their titles, contact information, and a brief description of their background.
 - o *Clinical leads*
 - o *Operational leads*
 - o *Contact for ongoing program communication*
3. What is your current method of collecting lead samples?
 - o *If you currently have lead testing equipment on site, please explain why additional equipment is needed.*
 - o *If you currently submit capillary specimens to Public Health Lab Testing in your county, why are you requesting to change this process?*
 - o *If you have access to submit capillary specimens to Public Health Lab Testing in your county but choose not to, please explain why.*
4. Describe the planned office practice flow for testing (from identifying patients who need testing to collecting and running the specimens).
 - o *If more than one of your sites will be sharing use of the LeadCare II POC device (i.e. one site will be sending specimens to another to be ran), please include the site names within the workflow that will be using the equipment and a detailed plan to share use between them.*

5. Do you currently have electronic capabilities to report lead testing results to CDPH or are willing to establish? *Please note: This is a requirement.*
6. If your organization has previously used a LeadCare II machine for lead testing, describe any challenges you may have had, and how you responded to these challenges.

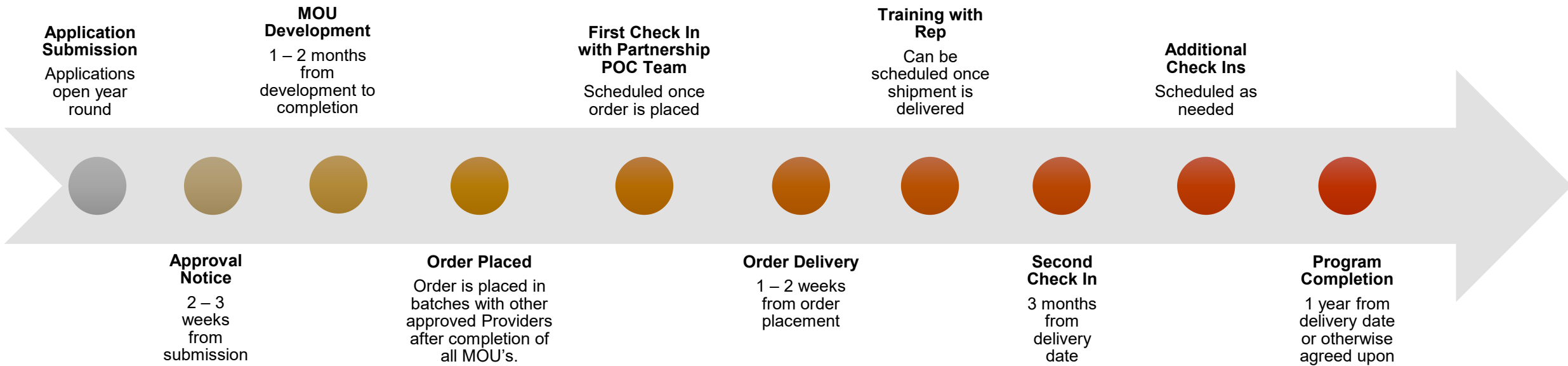
Next Steps:

1. Review Program materials on the [Lead Poisoning and Prevention](#) site and complete application.
2. Submit application to leadPOC@partnershiphp.org with your organization's name and "Lead POC Application" in the subject line.
3. Expect notification within three weeks after submission with information regarding next steps.

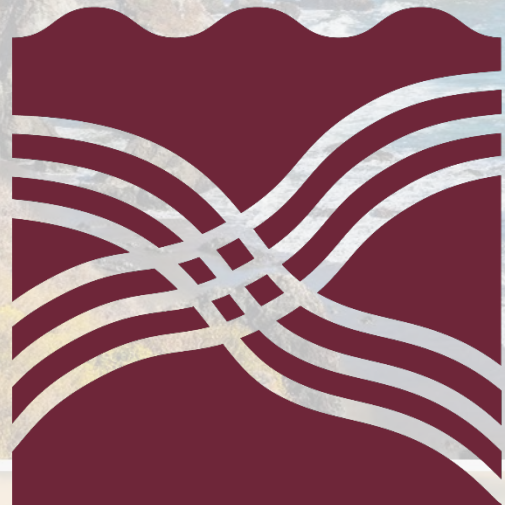
Upon submission you are attesting that the above is a true and complete representation of your current services and needs, along with formally requesting Partnership HealthPlan of California's support in obtaining Lead Care point of care devices. You are also pledging that your PCP site is committed to following through on the compliance, certification, and reporting requirements as specified by the Department of Public Health.

Internal Partnership Use Only			
Parent Organization			
Site Name	2024 QIP NUM/DEN as of DD/MM	2024 QIP Score as of DD/MM	2024 QIP % as of DD/MM
	2023 QIP NUM/DEN	2023 QIP Score	2023 QIP %
	# of Partnership assigned Children Ages 0 - 3		ID #
	Comments		
Approval Status w/ Notes			

Program Timeline



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Billing for Blood Lead Testing



Billing Requirements

Screening

- Blood Lead

Demographic

- Test at 12 & 24 months + lead related anticipatory guidance at each well visit 6-72 months

Billing Code for Testing

- 83655



Contact Us

Business Hours

Monday-Friday
8 a.m. – 5 p.m.

Claims Customer Service

(800) 863-4133
(707) 863-4130

Claims Resolution Coordinators

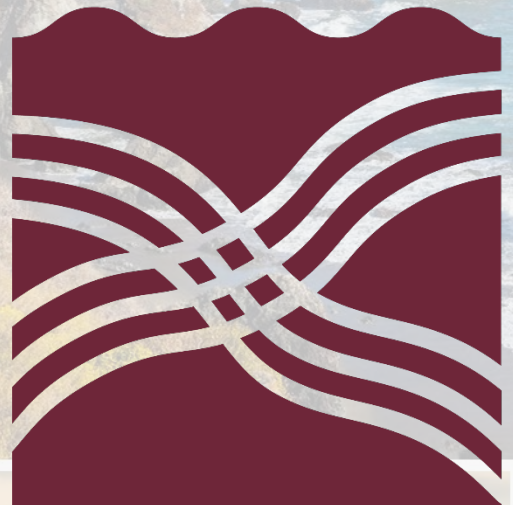
(855) 798-8761
(530) 999-6868

Partnership Website

www.partnershiphp.org



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PCP QIP Lead Screening in Children



PCP QIP – Lead Screening in Children (Core Clinical Measure)

Measure Description:

Percentage of members 2 years of age who had one of more capillary or venous blood lead test for lead poisoning by their second birthday.

Denominator:

Number of members who turned 2 years of age in the measurement year.

Numerator:

Number of members in the eligible population who had at least one lead capillary or venous lead blood test on or before their second birthday.



Lead Poisoning and Prevention

<https://www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/Lead-Poisoning-and-Prevention.aspx>

2024 Best Practices

<https://www.partnershiphp.org/Providers/Quality/Pages/Measure-Best-Practices.aspx>

2024 PCP QIP Technical Specifications

<https://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2022.aspx>

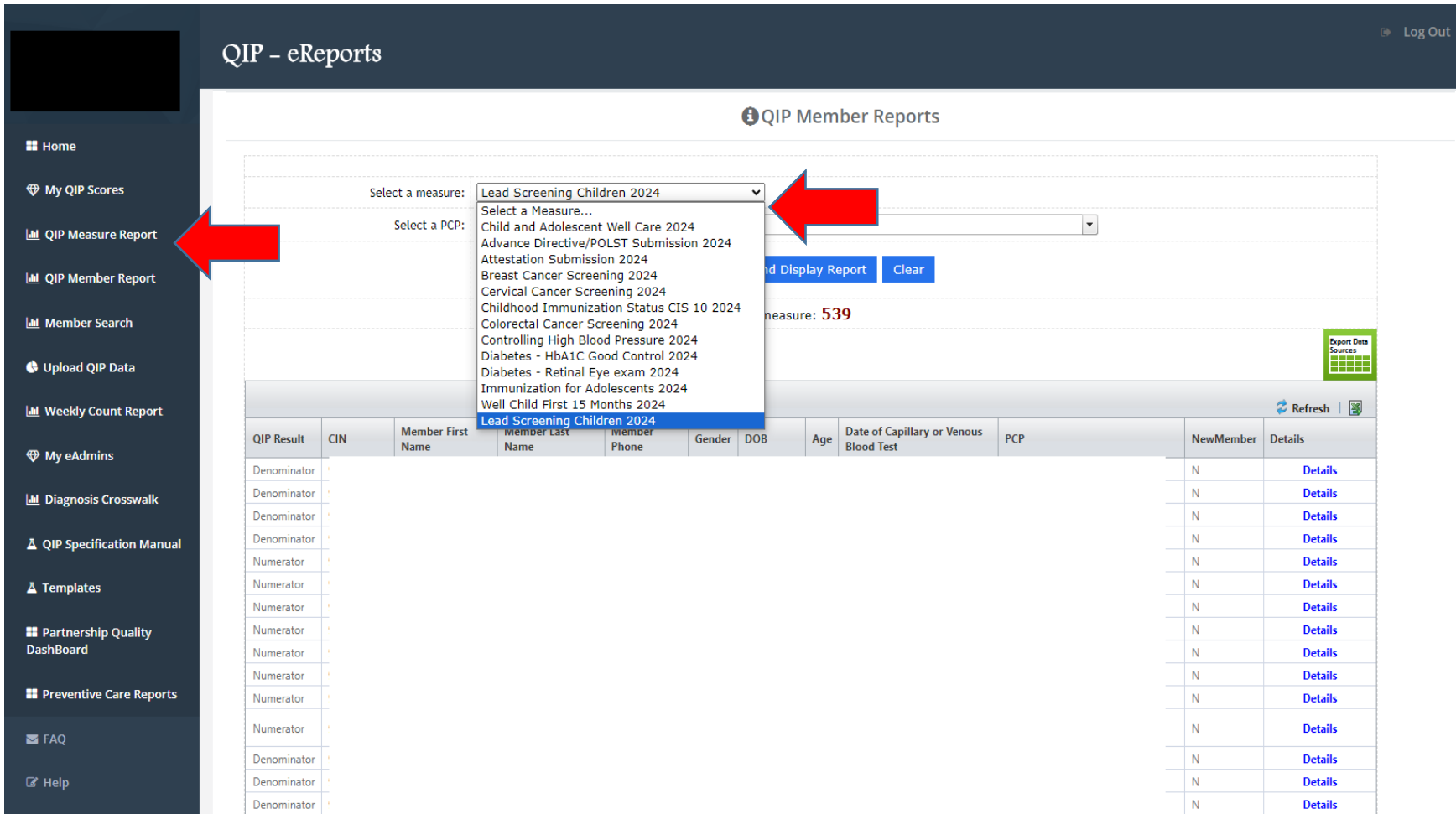
Acceptable Modifiers

83655 is payable without a Modifier. If a modifier is utilized the only valid modifiers are listed below:

- 26 • Professional component (Split Billing)
- TC • Technical Component
- QW • CLIA waived tests; indicates that the provider is performing testing for the procedure with the use of a specific test kit from manufacturers identified by the Centers for Medicare & Medicaid Services (CMS).
- 90 • Used when service is performed by an outside laboratory but billed by another provider. Only specified providers may use this modifier
- 99 • Used when two or more modifiers are necessary to define the procedure. The multiple modifiers used must be explained in the Remarks field (Box 80)/Additional Claim Information field (Box 19) of the claim.

Note: When billing for both the professional and technical service components, a modifier is neither required nor allowed.

Measure Report: Lead Screening in Children



QIP - eReports Log Out

QIP Member Reports

Select a measure: **Lead Screening Children 2024**

Select a PCP:

[And Display Report](#) [Clear](#)

Measure: **539** [Export Data Sources](#)

QIP Result	CIN	Member First Name	Member Last Name	Member Phone	Gender	DOB	Age	Date of Capillary or Venous Blood Test	PCP	NewMember	Details
Denominator										N	Details
Denominator										N	Details
Denominator										N	Details
Denominator										N	Details
Numerator										N	Details
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Numerator										N	Details
Numerator										N	Details
Denominator										N	Details
Denominator										N	Details
Denominator										N	Details

- Once logged into eReports, click on “QIP Measure Report”
- Click on the “Select a Measure” drop down menu and select Lead Screening in Children
- Click on “Select A PCP” for a drop down menu to select just one site, multiple sites or all sites
- The measure report will populate with all members in your denominator and numerator for that measure

Thank You ...

... **FOR YOUR EFFORTS IN
LEAD PREVENTION!**