APRIL 2026

MPM PROVIDER QUALITY NEWSLETTER

To access the materials referenced in this newsletter, please go to:

- https://www.medpointmanagement.com/provider-resources/
- Click on **"Quality Management Information"** and then **"2026 Quality Newsletters."**
- All materials are listed in one PDF document.
- Please also note that MedPOINT's Reference Guides are available under **"HEDIS 2026 Health Plan Guides and Resources"** and **"MedPOINT Resources"**.

MedPOINT MANAGEMENT

Join the MPM Quality Discussion Board!

MPM's Quality Management Discussion Board has an all-new landing page! Be sure to check out the Discussion Board's new look here: Pointing Healthcare In The Right Direction - MedPOINT Management. ➔

By joining the discussion forum, you can connect with a vibrant community of network providers, clinicians, and staff who are actively involved in exchanging ideas, seeking answers, and discussing optimal strategies for effectively implementing quality measures.

Our platform fosters collaboration and promotes the sharing of best practices to ensure the delivery of high-quality, cost-effective healthcare. The discussion board hosts various topics that you can peruse but be sure to make your own post to make the most of the platform. We look forward to reading and interacting with your discussions!

Your source for up-to-date information

Standard vs. non-standard supplemental data
Quality Measures

Role of MPM Quality Specialists compared to Health Plan QM Staff Roles
Quality Measures

HEDIS vs. STARs vs. IHA AMP
Quality Measures

Cancer Screening Reporting & CPT-II Codes
Quality Measures
Coding Tips and Tricks

Bridging the Language Gap: The Importance of Multilingual Services in Healthcare

As California's population continues to grow, so does the need for cultural and linguistic diversity. Currently, healthcare providers are facing increasing challenges to deliver equitable and effective care. Since 44% of Californians speak a language other than English at home, language accessibility is no longer a best practice- it's a necessity. Offering multilingual services isn't just overcoming a language barrier; it about ensuring all patient receive high quality care, regardless of their linguistic background.

The Importance of Language Access

Clear communication is foundational to effective healthcare. When language barriers exist, patients are less likely to fully understand their diagnosis, treatment options, or follow-up care instructions, leading to poor health outcomes. For example, studies have shown that patients who don't fully comprehend medical instructions due to language differences are more likely to have higher rates of hospital readmissions and non-compliance with prescribed treatments.

In California, which is home to one of the most diverse populations in the United States, these challenges are amplified. Spanish remains the most widely spoken non-English language, but Mandarin, Tagalog, and other languages are also commonly used in various regions. The 2020 census revealed that over 30% of Californians speak Spanish, and nearly 7% speak an Asian language such as Mandarin or Cantonese. Given these demographics, the need for multilingual support in healthcare settings is more critical than ever.

Strategies to Implement Multilingual Care

Here are some actionable strategies that healthcare providers can adopt to ensure effective language access in their practice:

1. **Use of Professional Interpreters**
   While some providers may have staff members who speak multiple languages, professional interpreters are often necessary for medical accuracy. Telemedicine platforms and video interpreting services offer on-demand access to interpreters, making it easier to provide accurate translations in real time.
2. **Culturally Competent Training**
   It's not enough to simply speak another language; providers need to be culturally competent in their interactions. Understanding cultural nuances—such as different attitudes toward healthcare, mental health, and wellness—can help build rapport and improve the accuracy of care.
3. **Translated Materials**
   Ensure that essential documents such as consent forms, discharge instructions, and patient education materials are available in the languages most commonly spoken by your patient population. This reduces the chance of miscommunication and ensures patients fully understand their treatment plan.
4. **Language Access Plans (LAPs)**
   Provider offices can develop comprehensive Language Access Plans, which outline how language services will be provided across all patient interactions. This includes having bilingual staff, partnering with community organizations for translation, and ensuring all technology platforms support multiple languages.
5. **Leverage Technology**
   With advancements in technology, there are now tools and apps that allow for automatic translations of common medical phrases or even real-time interpretation during telemedicine consultations. These tools can enhance access, especially in areas with limited bilingual healthcare providers.

For additional resources on language access, please visit the Cultural & Linguistic resources in the MPM website here: https://www.medpointmanagement.com/provider-resources.

Blood Lead Screening & Reporting Requirements

All children enrolled in Medi-Cal are required to receive blood lead screening tests at ages 12 and 24 months. Any child between ages 24 and 72 months with no record of a previous blood lead screening test must receive one. California Health and Safety Code Section 124130 requires that all blood lead test results—regardless of value—be reported to the California Department of Public Health (CDPH), Childhood Lead Poisoning Prevention Branch (CLPPB).

- Test results ≥ 3.5 µg/dL must be reported within 3 working days.
- Test results < 3.5 µg/dL must be reported within 30 calendar days.

Additionally, if a physician uses a *point-of-care testing device* in their office, that office is *considered a laboratory under state law and must report results directly to CDPH/CLPPB.*

Requirements for Blood Lead Reporting

Laboratories and health care providers that perform a blood lead analysis drawn in California must electronically report all blood lead levels, along with the information specified in California Health and Safety Code, Section 124130, to the Childhood Lead Poisoning Prevention Branch (CLPPB).

Results must be electronically submitted to the Electronic Blood Lead Reporting (EBLR) system.

Log In
Registered users must access the EBLR system to report blood lead results. For assistance with user accounts, complete the EBLR Contact Form.

Enroll
Complete the EBLR Contact Form and select "Lab is enrolling to report into the EBLR System" as the contact reason.

Training
To schedule EBLR training, please complete the EBLR Contact Form.

Helpful Attachments and Information to Reference

- APL 20-16 Blood Lead Screening of Young Children
- Lead Poisoning CA Management Guidelines
- https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx
- LSC Tip Sheet 2026

Screening Requirements	Using Correct Billing Codes	
	Description	**Codes**
Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. Any child between ages 24 and 72 months with no record of a previous blood lead screening test must receive one. **Documentation must include the following:** - A note indicating the date the test was performed **AND** - The result	**Lead Test**	**CPT:** 83655 **LOINC:** Lead in Blood 17052-2 Capillary/Finger Prick 10368-9 Venous Blood 77307-7

Remote Blood Pressure Devices for Medi-Cal Patients

A Covered Benefit & No Prior Authorization Needed

Personal home use blood pressure monitors and blood pressure cuffs for use with personal home blood pressure monitoring devices are a covered benefit under Medi-Cal Rx, as a pharmacy-billed item. If your Medi-Cal patients need a blood pressure monitor, follow these steps:

1. Write a prescription stating the medical reason/need for blood pressure monitoring or ICD 10 code.
2. Include NDC. This is important or the patient may not get the exact cuff recommended. Click here for a list of covered blood pressure monitoring devices and blood pressure cuffs: https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2022.05_A_Medical_Supplies_Pharmacy_Benefit_Addition_of_BP_Monitors_BP_Cuffs.pdf
3. Send the prescription to your patient's local pharmacy.

Personal Home Blood Pressure Monitoring Devices *No Prior Authorization Required*

Manufacturer	Product Description	Billing Code (11-digit NDC like number)	Product Specific Criteria	Unique Device Identifier (UDI)
ForaCare Inc. 888-307-8188	FORA TN'G BLOOD PRESSURE MONITOR-LARGE with wide range arm cuff, (9.4"-16.9"), 1 EA (each), battery, wireless (iFORA BP app)	16042001160	This BP monitor cuff is one unit, where the monitor is attached to the cuff. Cuffs cannot be interchanged	00816042011917
A&D Medical 888-726-4772	UA-651BLE Wireless Blood Pressure Monitor Upper Arm (8.6"-16.5"); 1 EA (each) battery operated (included); contains 1 BP machine and 1 cuff	93764060332	This BP monitor is only compatible with A&D Medical BP cuffs billing codes 93764060416, 93764060417, 93764060418, 93764060419	00093764060332
ForaCare Inc. 888-307-8188	Talking FORA P20 BP Monitor (Bluetooth V4), with wide cuff (8.5"-16.5"), 1 EA (each), battery, (English/Spanish) contains 1 BP machine and 1 cuff	93764060332	This BP monitor is only compatible with A&D Medical BP cuffs billing codes 93764060416, 93764060417, 93764060418, 93764060419	00093764060332

FQHCs who report UDS cannot use member-reported values, so cuff must be able to send readings electronically.

Social Determinates of Health – Importance of Submitting Codes

Social determinants of health (SDOH) are important because they influence health outcomes, health equity, and overall well-being, often more than medical care or genetics. SDOH are non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. SDOH also include the broader forces and systems that shape everyday life conditions. The Department of Health Care Services (DHCS) requires providers to develop a process to regularly screen members and report the information to DHCS using the priority SDOH codes provided (see grid below). Please reference the All-Plan Letter (APL) 21-009 (Revised) or additional information.

DHCS Priority Z-Code Set and General Service Description:

Code	Description
Z55.0	Illiteracy and low-level literacy
Z58.6	Inadequate drinking-water supply
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z59.7	Insufficient social insurance and welfare support
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.819	Housing instability, housed unspecified
Z59.89	Other problems related to housing and economic circumstances
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness, or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance and death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

CPSP Program – Improving Prenatal and Postpartum Quality Performance

The Comprehensive Perinatal Services Program (CPSP) is a voluntary program that seeks to improve the health of low-income pregnant women and to give their babies a healthy start in life by providing enhanced Medi-Cal reimbursements to CPSP-certified obstetrical providers who implement CPSP protocols in their practices. It is a Medi-Cal benefit that provides a wide range of culturally competent services to pregnant individuals from conception through 60 days postpartum. In addition to standard obstetric services, patients receive enhanced services in the areas of psychosocial, health education, and nutrition.

For practices who have implemented this program, many of these services can help close care gaps for quality metrics (i.e., timeliness of prenatal care and postpartum care). Progress notes completed by additional personnel, who communicate and/or complete visits with members, can count towards the prenatal and postpartum care metrics. Progress notes related to prenatal and postpartum care MUST be co-signed by a qualified provider overseeing this program to close quality care gaps. These visits should be submitted via claim/encounter.

List of CPSP Practitioners	Co-Signature Needed for Quality Care Gap Closure
Physicians, including general practitioners, family practice physicians, pediatricians, or obstetrician-gynecologists	No
Nurse Practitioners (NPs)	No
Physician Assistants (PAs)	No
Certified Nurse Midwives (CNMs)	No
Licensed Midwives (LMs)	**Yes**
Registered Nurses (RNs)	**Yes**
Licensed Vocational Nurses (LVNs)	**Yes**
Health Educators	**Yes**
Childbirth Educators	**Yes**
Registered Dieticians	**Yes**
Comprehensive Perinatal Health Workers	**Yes**
Social Workers	**Yes**
Psychologists	**Yes**
Marriage, Family and Child Counselors	**Yes**

Timeframes for HEDIS® Compliance

- Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization.
- Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Additional information on the CPSP program can be found online: Comprehensive Perinatal Services Program (ca.gov)

Supplemental Data Process – 2026

It is time to start submitting supplemental data for 2026. It is important to establish regular data submissions to MedPOINT. It is best practices to submit monthly or quarterly updates and no longer delay submissions till the end of the year. Regular data submissions allow for:

- **Improved Quality Performance**
  Better data provides more perspective on performance throughout the year. (i.e., are we trending in the right direction to meet our goals, do we need to focus more on a specific metric, etc.)
- **Improved Patient Lists**
  Better data allows us to focus on the patients that are truly non-compliant
- **Troubleshoot Barriers with Data Submission**
  Our analysts provide feedback if the data received needs to be corrected. More time is allotted for corrections to be made.

It is **necessary** to submit supplemental data to get credit/close care gaps for depression screening metrics. *There are no codes that can be submitted on a claim/ encounter to close the care gap for depression screenings.*

We recommend submitting supplemental data for the following metrics:

- **(DSF-E)** Depression Screening & Follow-Up for Adolescents and Adults (required)
- **(PDS-E)** New Postpartum Depression Screening & Follow – Up (required)
- **(PND-E)** New Prenatal Depression Screening & Follow-Up (required)
- **(CBP)** Controlling High Blood Pressure
- **(GSD)** Hemoglobin A1c or Glucose Management Indicator
- **(CCS-E)** Cervical Cancer Screening
- **(COL-E)** Colorectal Cancer Screening

There is a process to submit supplemental data. Data needs to be submitted in specific formats (csv file layouts) and all submissions need to be submitted at the designated link (please reach out to MedPOINT Quality for the link).

Two (2) File Layouts: **CLAIM & LAB**

Please review the following documents, outlining the supplemental data process for 2026.

- *2026 Supplemental Data File Process Reference*
- *MY2026 Supplemental Data FAQ*
- *MedPOINT Management Supplemental Data Flat File Guide CLAIM_2026*
- *MedPOINT Management Supplemental Data Flat File Guide LAB_2026*

We encourage you to reach out to our quality team if you have questions regarding supplemental data.

MedPOINT Quality Department
818.702.0100 ext. 1353
QualitySpecialists@medpointmanagement.com

APRIL IS

NATIONAL CANCER PREVENTION AND Early Detection Month

Early Detection Saves Lives: Prioritizing Cancer Screening

April is recognized as National Cancer Prevention and Early Detection Month, making it the perfect time to highlight the importance of routine cancer screenings. Preventative care is one of the most powerful tools to improve long term health outcomes, and it starts with staying on schedule.

Cancer screenings are an important part of primary care and overall health management. Cancer screenings can lead to earlier detection, more effective treatment, and better outcomes for members. PCPs play an essential role in this process by creating personalized screenings scheduled based on each member's age, health status, family history, and other important risk factors.

Screening for breast, colorectal, and cervical cancers are especially important areas of focus this month. These are also key HEDIS/STARS measures and directly impact quality performance. These screenings are widely recommended because they have been proven to detect cancer early, many times before symptoms appear. Early detection not only increases treatment options but can significantly improve survival rates.

Electronic health records and care gap tools, like Cozeva, can help identify members who are due or overdue. Proactive outreach and scheduling ahead of time can help prevent delays, especially as appointment availability becomes more limited later in the year.

By staying consistent with screenings and closing care gaps, we can support earlier detection and better health outcomes for our members.

April Resources:

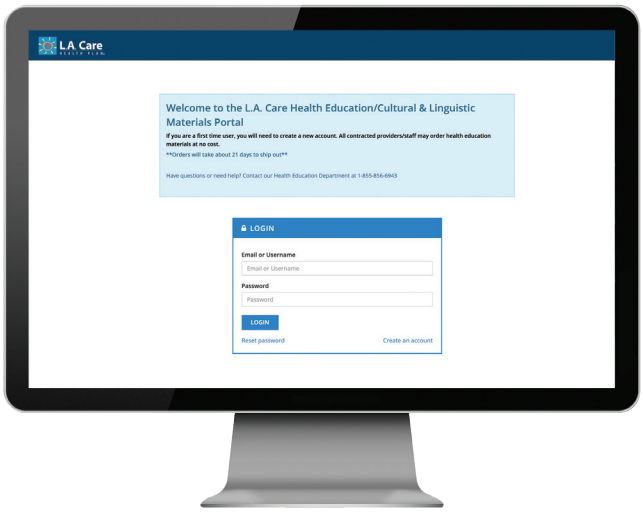
- **Importance of Documenting Refusal –** APL-20-016 addresses the requirement of blood lead screening in children. If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening, it is important to document the refusal. Attached to our MPM Newsletter is an example of how to document the refusal of lead testing.
- **California Management Guidelines on Childhood Poisoning for Health Care Providers –** No level of lead in the body is known to be safe. In 2012, the Centers for Disease Control and Prevention (CDC) established a new "reference value" of 5 micrograms per deciliter (mcg/dL) for blood lead levels (BLLs), thereby lowering the level at which evaluation and intervention are recommended. To see the guidelines this document will be attached to our MPM Newsletter.
- **2026 Supplemental Data FAQ –** Frequently asked questions regarding supplemental data, this document will be attached to our MPM newsletter.
- **HEDIS® Guide (Lead Screening in Children) Tip Sheet –** Children 2 Years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. To view measure description and the correct billing codes, this document will be attached to our MPM Newsletter.
- **Medical Supplies Update –** Effective June 1, 2022, personal home use blood pressure monitors and blood pressure cuffs for use with personal home blood pressure monitoring devices will be a covered benefit under Medi-Cal Rx as a pharmacy-billed item. For more information this will be attached to our MPM Newsletter.
- **Z-Codes for Social Determinants of Health (SDOH) –** In recognition that "many factors impact an individual's health, including the conditions in the environments in which people are born, live, work and play", DHCS has published 25 priority Z-Codes for social determinants of health (SDOH). To view Z-Codes and the description this document will be attached to our MPM Newsletter.
- **My Health in Motion –** L.A. Care Covered Members can take charge of their health and feel the best with the all-new My Health in Motion online wellness portal and qualify for up to $215 in gift cards! This flyer will be attached to our MPM newsletter.
- **2026 Supplemental Data File Process Reference Guide –** This guide can be found on our MPM website.
- **APL 20-016 (Blood Lead Screening of Young Children) –** The purpose of this All-Plan Letter (APL) is to provide requirements for blood lead screening tests and associated monitoring and reporting for Medi-Cal managed care health plans (MCPs). This APL supersedes APL 18-017. *Revisions to this APL have been italicized for ease of reference.* For more information this document can be found on our MPM website.
- **APL 21-009 (Collecting Social Determinants of Health Data) –** The purpose of this All-Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on using the Department of Health Care Services (DHCS) Priority Social Determinants of Health (SDOH) Codes to collect reliable SDOH data. Revised text is found in *italics*. For more information this document can be found on our MPM website.
- **BSC Promise Class Schedule –** Classes include Diabetes Management, Blood Pressure Management, Asthma Management, Living with Heart Failure, Diabetes Workshop, Living with COPD (Chronic Obstructive Pulmonary Disease) and many more. Offered in multiple languages and location for the month of April, May, and June. For more information this document can be found on our MPM website.
- **MedPOINTs Health Plan LED Contact Grid 2026 –** Interpreter Service Contact Information for Health Plans Affiliated with MedPOINT Management. To locate this document, it can be found on our MPM website.

L.A. Care | Health in Motion™

L.A. Care Health Education Cultural & Linguistics Materials Portal

Your Free Resource for Health Education Materials

Empower your patients with tools for wellness, disease prevention, and health promotion – all in one place.



How the HECLS Materials Portal Supports Your Practice

- **Free Materials and Delivery:** Get medically accurate, easy-to-read resources delivered to you at no cost, in the languages your patients need.
- **Fast and Simple:** Quickly search, order, or download materials with just a few clicks.
- **Variety of Topics:** Find resources on diabetes, asthma, heart health, mental health, and more!

How to Get Started

1. Visit: **lacare.icolorconnect.com**
2. Create a new account (separate from your L.A. Care Provider Portal account).
3. Start placing orders for patient health education materials today!

Need Assistance?

- Contact us during business hours at **1.855.856.6943** or **HealthEd_Info_Mailbox@lacare.org**
- Visit our providers tool page at **www.lacare.org/providers/tools/health-education-tools**.

L.A. Care | My *Health in Motion*™

Take charge of your health and feel your best with the all-new My *Health In Motion*™ (MyHIM) online wellness portal!

Discover the following features at the *brand-new* MyHIM site:

- **Fresh and Easy:** Experience a new look with fun and simple features.
- **Wellness Assessment:** Take a quick health test and get your very own report.
- **Interactive Workshops:** Dive into engaging online health workshops.
- **Device Connection:** Connect health trackers like Fitbit for a seamless experience.
- **Expert Health Coaching:** Get help from our health coaching program.
- **Info at Your Fingertips:** Explore a library packed with health information.
- **And More!** There's a whole lot more waiting for you!

Access MyHIM anytime, anywhere – from a computer, phone, L.A. Care's Community Resource Centers, and even the Public Library!

Ready to get started?

1. Go to **lacare.org** and click on "Member Sign-In".
2. Click on the "My *Health In Motion*™" tab and create your profile
3. If you need help our health coaches are available **1.855.856.6943**

Scan to get started

LA1364 NC 04/24

L.A. Care | My *Health in Motion*™

Attention L.A. Care *Covered*™ Members

Take charge of your health and feel your best with the all-new My *Health In Motion*™ (MyHIM) online wellness portal and qualify for up to **$215** in gift cards!

Discover the following features at the *brand-new* MyHIM site:

- **Fresh and Easy:** Experience a new look with fun and simple features.
- **Wellness Assessment:** Take a quick health test and get your very own report.
- **Rewards:** Exciting incentives, like gift cards, just for L.A. Care Covered members who complete the health assessment, workshops, and other activities.
- **Interactive Workshops:** Dive into engaging online health workshops.
- **Expert Health Coaching:** Get help from our health coaching program.
- **Info at Your Fingertips:** Explore a library packed with health information.
- **And More!** There's a whole lot more waiting for you!

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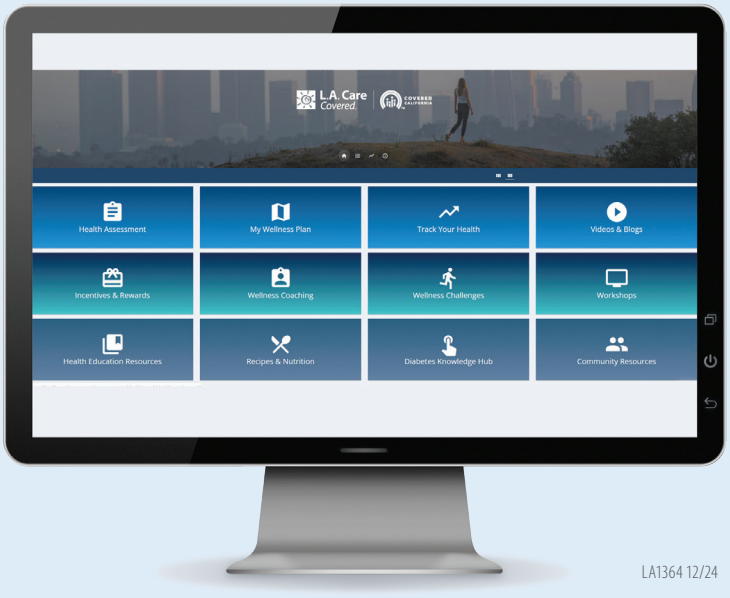


Scan to get started

LA1364 12/24

California Management Guidelines on Childhood Lead Poisoning for Health Care Providers

No level of lead in the body is known to be safe. In 2012, the Centers for Disease Control and Prevention (CDC) established a new "reference value" of 5 micrograms per deciliter (mcg/dL) for blood lead levels (BLLs), thereby lowering the level at which evaluation and intervention are recommended.[1] Contact the California Department of Public Health, Childhood Lead Poisoning Prevention Branch (CLPPB), (510) 620-5600, www.cdph.ca.gov/programs/CLPPB, for additional information about childhood lead toxicity.

BLL[2]	EVALUATION AND TESTING	MANAGEMENT
< 5 mcg/dL Initial BLL and routine retest may be capillary (CBLL) or venous (VBLL) [3,4] Retest for identified risk must be venous[3]	General ▪ Perform routine history and assessment of physical and mental development. ▪ Assess nutrition and risk for iron deficiency. ▪ Consider lead exposure risks. Blood Lead Levels ▪ California regulations require testing at ages 1 and 2 years (up to 6 years if not tested at 2 years) if child is in a publicly funded program for low-income children, spends time at a pre-1978 place with deteriorated paint or recently renovated, or has other lead exposure risks.[5] ▪ If screened early (before 12 months), retest in 3-6 months as risk increases with increased mobility. ▪ Test anyone birth to 21 years when indicated by changed circumstances, identification of new risks, or at the request of a parent or guardian. ▪ Follow up with VBLL in 6-12 months if indicated. ▪ See federal guides for Head Start[6] or refugees.[7]	▪ Comply with California regulations mandating a standard of care under which the health care provider, at each periodic health care visit from age 6 months to 72 months must give oral or written anticipatory guidance to a parent or guardian, including at a minimum that children can be harmed by lead, are particularly at risk for lead poisoning from the time they crawl until 72 months old, and can be harmed by deteriorating or disturbed paint and lead-contaminated dust.[5] ▪ Discuss hand to mouth activity, hand washing, and sources of lead: e.g. lead-contaminated paint, dust, and soil (particularly near busy roads), plumbing, a household member's lead-related work, bullets, fishing sinkers; and also some: remedies, cosmetics, food, spices, tableware, cookware, batteries, jewelry, toys and other consumer products. ▪ Discuss BLLs with family. Counsel on any risk factors identified. ▪ Encourage good nutrition, especially iron, vitamin C and calcium. Consider referral to Supplemental Nutrition Program for Women, Infants, and Children (WIC). ▪ Encourage participation in early enrichment activities. ▪ Chelation is not recommended in this BLL range.
5-9 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	General – Evaluate as above AND ▪ Take an environmental history to identify potential sources of exposure and provide preliminary advice on reducing/eliminating them. ▪ Test for iron sufficiency (CBC, Ferritin, and CRP). ▪ Perform structured developmental screening evaluations at periodic health visits as lead effects may manifest over years. ▪ Evaluate risk to other children and pregnant and lactating women in the home. Blood Lead Levels ▪ Retest in 1-3 months to be sure BLL is not rising. ▪ Then retest in 3 months and thereafter based on VBLL trend. ▪ If retest is in another range, retest per that range.	Manage as above AND ▪ Counsel on nutrition, iron, vitamin C, and calcium. Encourage taking high-iron and high-vitamin C foods together. Refer to WIC. ▪ Treat iron insufficiency per AAP guidelines. Consider starting a multivitamin with iron. ▪ Add notation of elevated BLL to child's medical record for future neurodevelopmental monitoring. ▪ Refer to an early enrichment program, e.g. Early Start or Head Start. ▪ Consider medical referral and testing for other children and pregnant and lactating women in the home. ▪ Coordinate with local Childhood Lead Poisoning Prevention Program (CLPPP) or state CLPPB for outreach, education, and other services. See www.cdph.ca.gov/programs/CLPPB for state and local contact information. ▪ Chelation is not recommended in this BLL range.
10-14 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	General – Evaluate as above Blood Lead Levels ▪ Retest in 1-3 months to be sure BLL is not rising. ▪ To determine eligibility for full public health case management, retest after interval of 30 days (eligible if persistent in or above this range). ▪ If BLLs are stable or decreasing, monitor initially with VBLLs every 3 months and thereafter based on VBLL trend. If retest is in another range, retest per that range.	Manage as above AND ▪ If BLL is persistent in or above this range (30 days or more), contact the local CLPPP (or, if no local program, the state CLPPB) for full case management services, without charge or means test, for children aged birth to 21 years (nurse case management, environmental investigation, and recommendations for remediation of lead sources). ▪ The state CLPPB is available for further consultation: (510) 620-5600. See footnote for other lead-knowledgeable agencies.[8] ▪ Chelation is not recommended in this BLL range.

[1] CDC, www.cdc.gov/nceh/lead/acclpp/blood_lead_levels.htm, accessed 09/2017. This reference level is to be periodically reevaluated.
[2] BLLs are rounded to the closest whole integer. (5 includes 4.5 mcg/dL, 10 includes 9.5 mcg/dL, 15 includes 14.5 mcg/dL, etc.)
[3] Capillary lead specimens are easily contaminated. They are acceptable for screening but all retests on BLLs ≥ 5 mcg/dL should be venous. Consider arterial or umbilical cord specimens as if venous. A heelstick may be used to obtain a capillary specimen in children under one year. LeadCare® analyzers should not be used for VBLLs. https://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm558733.htm
[4] Analyzing laboratories must report results of all BLLs drawn in California to the state. California Health and Safety Code, section 124130.
[5] California Code of Regulations, Title 17, sections 37000-37100.
[6] Head Start, https://eclkc.ohs.acf.hhs.gov/physical-health/article/lead-poisoning-prevention, accessed 09/2017.
[7] CDC, http://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html, accessed 09/2017.
[8] Pediatric Environmental Health Specialty Unit Network, (888) 347-2632. CDC, www.cdc.gov/nceh/lead/default.htm. Poison Control Center, (800) 222-1222.

For additional information about lead poisoning, contact:
California Department of Public Health Childhood Lead Poisoning Prevention Branch
Tel. (510) 620-5600 www.cdph.ca.gov/programs/CLPPB

BLL	EVALUATION AND TESTING	MANAGEMENT
15–19 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	General – Evaluate as above AND ▪ Consider abdominal X-ray if possible ingestion of leaded materials or history of pica/excessive mouthing. Blood Lead Levels ▪ Retest in 1-4 weeks to be sure BLL is not rising. ▪ Then, if stable or decreasing, monitor initially with VBLLs every 1-3 months and thereafter based on VBLL trend. ▪ If retest is in another range, retest per that range	Manage as above AND ▪ Consider gut decontamination if foreign bodies consistent with lead are visualized on X-ray. ▪ If a single VBLL in this range, contact the local CLPPP (or, if no local program, the state CLPPB) for full case management services for children aged birth to 21 years. ▪ Any treatment of BLLs in this range should be provided in consultation with the state CLPPB: (510) 620-5600. See footnote 8 for other lead-knowledgeable agencies. ▪ Chelation is not recommended in this BLL range.
20–44 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	General - Evaluate as above Blood Lead Levels ▪ Retest in 1-4 weeks to be sure BLL is not rising (the higher the BLL, the sooner the retest). ▪ Then, if stable or decreasing, monitor initially with VBLLs every 2-4 weeks and thereafter based on VBLL trend. ▪ If retest is in another range, retest per that range	Manage as above AND ▪ Consider referral to California Children Services (CCS). Requires confirmed venous BLL equal to or greater than 20 mcg/dL.[9] ▪ Consider referral for medical nutrition therapy.[10] ▪ Chelation is not typically initiated in this BLL range.
45–69 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	URGENT General – Evaluate as above AND ▪ OBTAIN ABDOMINAL X-RAY. Blood Lead Levels ▪ Confirm initial BLL with repeat VENOUS BLL: - WITHIN 48 HOURS if BLL is 45-59 mcg/dL. - WITHIN 24 HOURS if BLL is 60-69 mcg/dL. ▪ Confirmatory venous BLL and other medically appropriate actions must occur BEFORE initiating chelation. ▪ Monitor response to chelation with VBLLs. ▪ Follow-up with VBLLs every 2-4 weeks (more frequently if status requires) until trend is downward or stable or as trend indicates. ▪ Consider modifying protocol if VBLLs are not decreasing as expected or remain chronically elevated, e.g. from a retained bullet. ▪ If retest is in another range, retest per that range.	URGENT Manage as above AND ▪ Consider chelation. ▪ Evaluate whether hospitalization is needed to reduce lead exposure and achieve compliance with treatment protocols. ▪ Immediately notify local CLPPP or state CLPPB. Chelation Therapy ▪ Consult with a physician experienced in managing chelation. ▪ Perform gut decontamination, if indicated, BEFORE chelation. ▪ Consider one of two chelating agents: ▪ Succimer per outpatient protocol; give on inpatient basis if compliance or exposure reduction cannot otherwise be assured ▪ OR $CaNa^2EDTA$ per hospital protocol. * CAUTION: USE ONLY CALCIUM Na^2EDTA.[11] ▪ Very high BLLs have been associated with renal tubular dysfunction. If using potentially nephrotoxic chelating agents (e.g. $CaNa^2EDTA$), TEST RENAL FUNCTION BEFORE AND DURING TREATMENT.[12] ▪ Repeat treatment cycles may be needed due to blood lead rebound.
≥ 70 mcg/dL Initial BLL may be capillary or venous Every retest must be venous[3]	MEDICAL EMERGENCY General – Evaluate as 45-69 range. ▪ OBTAIN ABDOMINAL X-RAY. Blood Lead Levels ▪ IMMEDIATELY confirm initial BLL with repeat VENOUS BLL. ▪ Confirmatory venous BLL and other medically appropriate actions must occur BEFORE initiating chelation. ▪ Monitor response during chelation with VBLLs. ▪ Follow-up with VBLLs every 2-4 weeks (more frequently if status requires) until trend is downward or stable or as trend indicates. ▪ Consider modifying protocol if VBLLs are not decreasing as expected or remain chronically elevated, e.g. from a retained bullet. ▪ If retest is in another range, retest per that range	MEDICAL EMERGENCY Manage as above AND ▪ If BLL is confirmed, hospitalize to stabilize, chelate, reduce lead exposure, and monitor progress. ▪ Immediately notify local CLPPP or state CLPPB. Chelation Therapy ▪ Consult with a physician experienced in managing chelation. ▪ Perform gut decontamination, if indicated, BEFORE chelation. ▪ CAUTION: If using $CaNa^2EDTA$ with dimercaprol (BAL) for chelation: ▪ Use only CALCIUM Na^2EDTA.[11] ▪ Assess for peanut allergy (BAL is suspended in peanut oil). ▪ Very high BLLs have been associated with renal tubular dysfunction. If using potentially nephrotoxic chelating agents (e.g. $CaNa^2EDTA$), TEST RENAL FUNCTION BEFORE AND DURING TREATMENT.[12] ▪ Repeat treatment cycles may be needed, due to blood lead rebound.

[9] California Code of Regulations, Title 22, section 41518.9.
[10] Academy of Nutrition and Dietetics, http://www.eatrightpro.org/resource/practice/getting-paid/who-pays-for-nutrition-services/mnt-vs-nutrition-education
[11] CDC-MMWR, Deaths Associated with Hypocalcemia from Chelation Therapy—Texas, Pennsylvania, and Oregon, 2003-2005, March 3, 2006, 55(08):204-207. www.cdc.gov/mmwr/preview/mmwrhtml/mm5508a3.htm., accessed 09/2017.
[12] Preventing Lead Poisoning in Young Children: A Statement by the Centers for Disease Control, October 1991, US Department of Health and Human Services, Pharmacology of Chelating Agents, Chapter 7, pg 56 https://www.cdc.gov/nceh/lead/publications/books/plpyc/Chapter7.htm

Download patient brochures and other childhood lead poisoning resources at:
https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/prov.aspx

Lead Screening

Importance of Documenting Refusal

APL-20-016 addresses the requirement of blood lead screening of your children. If a parent, guardian, or other person with legal authority to withhold consent for the child refuses to consent to the screening, it is important to document the refusal. Below is an example of how to document the refusal of lead testing.

REFUSAL OF LEAD TESTING

My child's primary care provider has fully explained:

- The purpose and benefits of lead testing my child.
- The risks and consequences of my child not taking a lead test.

I understand that the California Department of Public Health states:

- The only way to know if your child had lead poisoning is through a blood test.
- Most children get tested at 1 and 2 years old. Some children over 2 years also need to get tested. Children can be screened up to 6 years of age if they have not been screened.
- Lead can harm a child's brain. Most children who have lead poisoning do not look or act sick.

I still choose not to consent to lead testing for my child. Reason(s) for refusal:

_____
_____
_____
_____
_____

Patient/Child Name: _____ Patient Date of Birth: _____

Parent / Guardian Signature: _____ Date: _____

Clinic Use Only

Reasons why parent / guardian is not able to sign Refusal of Lead Testing Form: Provider / clinic signature / stamp: _____ Date: _____

Please keep this form and include it in the patient's medical record.

MRN#: _____

HEDIS® Guide (LSC-E)
Lead Screening in Children

MedPOINT MANAGEMENT
Pointing Healthcare In The Right Direction

Measure Description	Using Correct Billing Codes
Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. **Documentation must include the following:** • A note indicating the date the test was performed **AND** • The result	**Codes to Identify Lead Tests** **Description:** **Lead Test** **Codes:** **CPT:** 83655 **LOINC:** Lead in Blood 17052-2 Capillary/Finger Prick 10368-9 Venous Blood 77307-7

Tips to Improve HEDIS® Scores

- Make every visit count.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to perform lead testing.
- Implement a standing order for in-office lead testing.
- Educate parents about the dangers of lead poisoning and the importance of testing.
- Provide in-office testing (capillary) and bill for this test (use CPT 83655). If results are elevated, perform a venous blood lead test for confirmation.
- Follow up with patient on any lab tests not completed.
- All children enrolled in Medi-Cal are required to receive blood lead screening tests at ages 12 and 24 months. Any child between ages 24 and 72 months with no record of a previous blood lead screening test must receive one.
- Lead blood results must also be reported electronically to the California Department of Public Health (CDPH) within two business days. Title 17, Division 1, Chapter 9, Screening for Childhood Lead Poisoning

Medical Supplies Update: New Pharmacy Benefit, Blood Pressure Monitors, and Blood Pressure Cuffs, Effective June 1, 2022

May 12, 2022

Note: *The following information replaces the alert entitled "Addition of Blood Pressure Monitors and Blood Pressure Cuffs to Medi-Cal Rx," published May 9, 2022.*

Effective June 1, 2022, personal home use blood pressure monitors and blood pressure cuffs for use with personal home blood pressure monitoring devices will be a covered benefit under Medi-Cal Rx as a pharmacy-billed item. Covered products are restricted to the newly created *List of Covered Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs* found on the Medi-Cal Rx Web Portal. Quantity and billing restrictions apply. Please refer to the *List of Covered Medical Supplies Product Descriptions and Billing Information* for billing and reimbursement information.

2026 Supplemental Data FAQ

1. What is changing?

For MY2026, the following measures have been added:

- **PDS-E** New (Postpartum Depression Screening & Follow-Up)
- **PND-E** New (Prenatal Depression Screening & Follow-Up)

2. Why are these changes taking place?

These changes align with NCQA guidelines and allow for the submission of supplemental data for those specific measures.

3. Can excel files be submitted?

Files need to be submitted in **CSV** format.

4. Why is it one (1) measure per file?

Limiting files to one (1) measure allows the data to be tracked and reconciled for errors. It also prevents invalid data from be submitted.

5. When can MY2026 supplemental data be submitted?

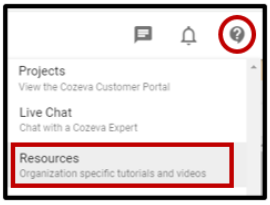
Supplemental data for MY2026 can be submitted beginning 04/01/2026 using the designated link. Please reach out to your Quality Specialist if you need the link.

6. When will the submitted supplemental data be reflected in Cozeva?

Files received by Wednesday will be submitted to Cozeva for processing each Friday. Data should be visible in Cozeva the following Monday.

7. Where can the file templates be accessed?

- The new template will be sent out by MedPOINT's HEDIS/Stars Quality Specialists.
- Available in Cozeva's Resource section.



- MedPOINT's website at Provider Resources - MedPOINT Management
  Quality Management Information and MedPOINT Supplemental Data

8. How do I obtain my health center's correct abbreviation?

Health center abbreviations can be obtained from your MedPOINT HEDIS/Stars Quality Specialists. qualityspecialists@medpointmanagement.com

9. Can non-standard data be submitted?

No, non-standard data must be submitted through the Cozeva Supplemental Data User Interface.

Z-Codes for Social Determinants of Health (SDOH)

In recognition that "many factors impact an individual's health, including the conditions in the environments in which people are born, live, work and play", DHCS has published 25 priority Z-Codes for social determinants of health (SDOH).

DHCS Priority Z-Code Set and General Service Description:

	Code	*Description*
1.	**Z55.0**	Illiteracy and low-level literacy
2.	**Z58.6**	Inadequate drinking-water supply
3.	**Z59.00**	Homelessness unspecified
4.	**Z59.01**	Sheltered homelessness
5.	**Z59.02**	Unsheltered homelessness
6.	**Z59.1**	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
7.	**Z59.3**	Problems related to living in residential institution
8.	**Z59.41**	Food insecurity
9.	**Z59.48**	Other specified lack of adequate food
10.	**Z59.7**	Insufficient social insurance and welfare support
11.	**Z59.811**	Housing instability, housed, with risk of homelessness
12.	**Z59.812**	Housing instability, housed, homelessness in past 12 months
13.	**Z59.819**	Housing instability, housed unspecified
14.	**Z59.89**	Other problems related to housing and economic circumstances
15.	**Z60.2**	Problems related to living alone
16.	**Z60.4**	Social exclusion and rejection (physical appearance, illness, or behavior)
17.	**Z62.819**	Personal history of unspecified abuse in childhood
18.	**Z63.0**	Problems in relationship with spouse or partner
19.	**Z63.4**	Disappearance and death of family member (assumed death, bereavement)
20.	**Z63.5**	Disruption of family by separation and divorce (marital estrangement)
21.	**Z63.6**	Dependent relative needing care at home
22.	**Z63.72**	Alcoholism and drug addiction in family
23.	**Z65.1**	Imprisonment and other incarceration
24.	**Z65.2**	Problems related to release from prison
25.	**Z65.8**	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

Screened for SDOH, but no insecurities found:

- CPT Codes: 96156, 96160 & 96161
- HCPCS: G0136, G9919, G9920 & G9921

ALL PLAN LETTER 21-009 (REVISED) – Collecting Social Determinants of Health