



Inland Empire Health Plan



To: Contracted Laboratories
From: IEHP – Provider Relations
Date: June 4, 2021
Subject: Requirements for Laboratories (APL 20-016)

On November 2, 2020, the Department of Health Care Services (DHCS) released an All-Plan Letter (APL) 20-016 – Blood Lead Screening of Young Children. This APL supersedes APL18-017.

APL 20-016 includes updated requirements and responsibilities for IEHP Primary Care Providers (PCPs) and contracted laboratories (including laboratories contracted with IEHP Delegates).

Requirements for IEHP laboratories or laboratories contracted with an IEHP Delegate:

Laboratories contracted with IEHP or one of its Delegates are required to adhere to the following blood lead screening requirements:

1. **Electronic reporting of ALL blood lead screening results to the California Department of Public Health Childhood Lead Poisoning Prevention Branch (CLPPB) that include:**
 - a. Specified patient demographic information,
 - b. Ordering physician, and
 - c. Analysis data on each test performed.
2. **Evidence of submission of blood lead results to the CLPPB must be furnished to IEHP’s Quality Management Department upon request or a signed attestation confirming submission to the CLPPB must be submitted to IEHP on an annual basis.**

Please contact EBLRSupport@cdph.ca.gov for information on how to electronically report these blood lead results to CDPH or click the following CPHC website:

https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/report_results.aspx

In addition to the updated requirements in APL 20-016, IEHP is requesting that laboratories sign an attestation and provide written documentation to confirm that laboratories are submitting blood lead screening results to CLPPB. Laboratories must provide the following information:

1. **Submit a signed Blood Lead Screening Reporting attestation to IEHP.** Attached to this fax you will find a copy of the Blood Lead Screening Reporting attestation for your review and signature.
2. **Submit a written policy or procedure documentation that describes your process for submitting blood lead screening results to CLPPB.**

Please submit your signed attestation form and written documentation to the IEHP Quality Management team through fax (909) 890-5746 or email QMClinicalInbox@iehp.org by June 1, 2021.

Please note: IEHP will begin requesting a signed attestation and current written documentation of blood lead screening reporting to CLPPB on an annual basis.

You can view the full APL 20-016 by visiting the DHCS website:

<https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

As a reminder, all communications sent by IEHP can also be found on our Provider portal at:

www.iehp.org > Providers > Plan Updates > Correspondences.

If you have any questions regarding the requirements above, please do not hesitate to contact the IEHP Quality Management team at QMClinicalInbox@iehp.org or the IEHP Provider Relations Team at (909) 890-2504.

Enclosure: Blood Lead Screening Reporting Attestation

Blood Lead Screening Reporting Attestation

Lab Facility Name:	
Location Address: (List all applicable locations)	

Authority:

Pursuant to the Department of Health Care Services (DHCS) All Plan Letter (APL) 20-016 (Revised) “Blood Lead Screening of Young Children”:

“California law requires laboratories performing blood lead analysis on blood specimens drawn in California to electronically report all results to the Childhood Lead Poisoning Prevention Branch (CLPPB). This reporting must include specified patient demographic information, the ordering physician, and analysis data on each test performed. Managed Care Plans (MCPs) must ensure that network providers are reporting blood lead screening test results to CLPPB, as required.”

“MCPs are responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all subcontractors and network providers.”

Attestation:

I hereby attest that the facility named above with their affiliated site location(s) indicated on this form and any documents provided to IEHP thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith.

I hereby attest that all blood lead analysis on blood specimens drawn in California are being electronically reported as appropriate and required. In addition, the facility named above are following their written policy and/or procedure and will notify IEHP of any changes to their processes in writing. IEHP reserves the right to request any documentation to ensure compliance with APL 20-016 from the above-named provider/facility, with the understanding that material omissions or misrepresentations may result in denial of my application or termination of privileges or participation agreement.

Facility Designee named below has read and understands the requirements of this attestation as stated above to the best of their knowledge to date.

Date:	
Facility Designee Print Name:	
Title:	
Facility Designee Signature:	