

Take Online Training to Get Paid for Screening for ACEs

APL 23-017 provides updated information about screening tools, training, requirements, implementation and funding

On June 13, 2023, the California Department of Health Care Services (DHCS) issued All Plan Letter (APL) 23-017, *Directed Payments for Adverse Childhood Experiences Screening Services*, to provide guidance to Medi-Cal managed care health plans about directed payments for adverse childhood experiences (ACEs) screening services for adults (through age 64) and children.¹

To get paid for screening Medi-Cal patients for ACEs, Medi-Cal providers must take required training, self-attest to having completed training and use approved screening tools.

- **To get started**, take the training. Visit training.acesaware.org/aa.
- **To self-attest**, complete the DHCS Trauma Screening Training Attestation form available at medi-cal.ca.gov/TSTA/TSTAattest.aspx.

Learn more and access the screening tools at acesaware.org/screen/screening-for-adverse-childhood-experiences.

Take training

Physicians and other providers should refer to training information at acesaware.org/learn-about-screening/training.

- The DHCS provides or authorizes ACE-oriented trauma-informed care training for providers and their office staff.¹
- The “Becoming ACEs Aware in California” Core Training is a no-cost, two-hour training for which clinicians and clinical team members will receive 2.0 Continuing Medical Education and/or 2.0 Maintenance of Certification credits upon completion.¹
- The training provides information about ACEs Aware, toxic stress, screening, risk assessment and evidence-based care to effectively intervene on toxic stress. The training also includes information on the ACEs screening workflows, risk assessment and treatment algorithms, and

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- Physicians
- Participating Physician Groups

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ACE-associated health conditions to help clinicians assess whether a patient is at low, intermediate or high risk for having a toxic stress physiology.¹

Self-attest

Medi-Cal physicians and other providers must self-attest to completing certified ACEs training to receive directed payments for screening. Physicians and other providers can go to medi-cal.ca.gov/TSTA/TSTAattest.aspx to self-attest to their one-time completion of a core ACEs Aware training.

The DHCS maintains a list of providers who have self-attested to their completion of the training. For dates of services beginning on or after July 1, 2020, **network providers must attest to completing certified ACEs training on the DHCS website to continue receiving directed payments.**

You must attest with a valid NPI number or you will not be eligible to receive payment. Our support teams, available by email at Provider_Services@healthnet.com and HN_Provider_Relations@healthnet.com, will have the latest DHCS Prop 56 **ACEs Provider Training Attestation List** and be able to look up the customer/provider to see if DHCS has received their ACEs training attestation online form.

Physicians and other providers are encouraged to join the ACEs Aware Clinician Directory, which is a subset of providers who have attested to completing a certified Core ACEs Aware training. Clinicians who would like to opt in to the ACEs Aware Clinician Directory or update their data may resubmit the ACEs Provider Training Attestation form.¹

Payments for HCPCS G9919 and G9920¹

ACEs screenings provided on or after January 1, 2020, may be provided in any clinical setting in which billing occurs through Medi-Cal Fee-For-Service or to the Plan's network provider. To bill for ACEs screening, contracted physicians and providers must match the correct HCPCS code based on the score and description of the screening performed.

For dates of service on or after January 1, 2020, the Plan and its delegated entities must comply with a minimum fee schedule of \$29.00 for each qualifying ACEs screening service provided by an eligible network physician or provider. For calendar year 2020, the requirement is imposed in accordance with the existing CMS-approved preprint, which is available on the DHCS Directed Payments Program website. Eligible network physicians and providers must receive at least the amounts specified in the following table from the Plan or the Plan's subcontractors for each qualifying ACEs screening service.

The following table shows the HCPCS code, a description of the screening, payment and the corresponding screening score:

HCPCS code	Description of screening performed	Directed payment	Providers must bill this HCPCS code when the patient's ACE score is...
G9919	Screening performed – results positive and provision of recommendations provided	\$29.00	4 or greater (high risk)
G9920	Screening performed – results negative	\$29.00	Between 0-3 (lower risk)

A qualifying ACEs screening service is one provided by a network physician or provider through use of either the PEARLS tool or a qualifying ACE questionnaire to a member enrolled in the Plan who is not dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D). The Plan and its delegated entities must ensure that qualifying ACEs screening services are reported to DHCS in encounter data in accordance with the Plan contract and with APL 14-019, *Encounter Data Submission Requirements*, using HCPCS codes G9919 or G9920. Also, the Plan and its delegated entities must ensure that the encounter data reported to DHCS is appropriate for the services being provided, and that HCPCS codes G9919 and G9920 are not reported for non-qualifying ACEs screening services or for any other services. Physicians and providers must calculate the member's ACEs screening score for the billing codes using the questions on the 10 original categories of ACE.

The Plan is responsible for paying HCPCS codes G9919 and G9920 for ACEs screening services.

If you are contracted with a participating physician group (PPG), continue to send claims to the PPG as normal except for ACE codes G9919 and G9920. Both ACE codes must be billed directly to the Plan.

If the billing physician or provider submitting the claim is an institution (i.e., a clinic), in order to receive payment for the ACEs screening, the rendering physician or provider must have completed a certified Core ACEs Aware training. When clinics and other provider groups submit a claim for a qualified ACEs screening, these institutional providers are responsible for ensuring that the rendering physician or provider has completed and attested to completing a certified ACEs training. Inclusion of the rendering physician or provider's National Provider Identifier on a claim in which the billing provider is an institution (i.e., clinic) allows the Plan or delegated entity to verify that the rendering physician or provider has completed the ACEs training.

Documentation

For each ACEs screening, the Plan or its delegated entity must require physicians and providers to document:

- **The tool** that was used;
- That the completed screen was reviewed;
- **The results** of the screen;
- The interpretation of results;
- **What was discussed** with the member and/or family; and
- Any appropriate actions taken.

This documentation must remain in the member's medical record and be available upon request by the member and/or member's parent(s)/guardian(s) in compliance with all relevant state and federal privacy requirements.

The Plan and its subcontractors must ensure they make the required payments in accordance with the timely payment standards in the contract for clean claims or accepted encounters that are received by the Plan or subcontractor no later than one year after the date of service.

The Plan has an obligation to communicate and provide clear policies and procedures to network physicians and providers with respect to the Plan's claims or encounter submission processes, including what constitutes a clean claim or an acceptable encounter. If the network physician or provider does not adhere to these articulated policies and procedures, the Plan is not required to make payments for claims or submitted encounter submitted one year following the date of service. These timing requirements may be waived only through an agreement in writing between the Plan (or the Plan's subcontractors) and the network physician or provider.

The Plan or its subcontractors must not pay any amount for any services or items, other than emergency services, to a physician or provider that is suspended, excluded or terminated from the Medi-Cal program. This prohibition must apply to non-emergency services furnished by a physician or provider at the medical direction or prescribed by a suspended, excluded or terminated physician or provider when the physician or provider knew or had a reason to know of the suspension, exclusion or termination, or by a suspended, excluded or terminated physician or provider to whom the DHCS has failed to suspend payment while pending an investigation of a credible allegation of fraud.

As required by the Plan contract for other payments, the Plan must have a formal procedure for the acceptance, acknowledgment and resolution of provider grievances related to the processing or non-payment of a directed payment required by DHCS APL 23-017. Participating physicians and providers can submit a claims provider dispute. Provider dispute resolution request information is available on the provider website. Go to provider.healthnet.com > *Working With Health Net* > *Provider Dispute Resolution Process*.

In addition, the Plan must make available an itemization of payments made to the network physician or provider. The itemization must include sufficient information to uniquely identify the qualifying service for which payment was made,

be provided upon the network physician or provider's request unless the Plan has established a periodic dissemination schedule, and be made available in electronic format when feasible.

Allowed ACEs screening tools¹

The **ACE questionnaire** and the **Pediatric ACEs Screening and Related Life-Events Screener (PEARLS) tool** are available at acesaware.org/screen/screening-for-adverse-childhood-experiences.

An ACEs screening evaluates children and adults for trauma that occurred during the first 18 years of life and helps primary care clinicians assess risk for toxic stress and guide effective responses.

Tools are available in multiple languages and in de-identified and identified formats.

- **De-identified screening tool:** Patients have the option to choose a de-identified screening, which counts the numbers of experiences from a list without specifying which adverse experience happened.
- **Identified screening tool:** Patients can opt in for an identified screening in which respondents specify the experience(s) that happened to their child or themselves.

The below charts list approved screening tools.

For children and adolescents:

The PEARLS tool is used to screen children and adolescents ages 0-19 for ACEs. There are three versions of the tool based on age and reporter.

Age	Screening tool	Reporter
0-11	PEARLS child tool	To be completed by a parent/caregiver
12-19	PEARLS adolescent	To be completed by a parent/caregiver
12-19	PEARLS for adolescent self-report tool	To be completed by the adolescent

For adults:

The ACEs screening portion (Part 1) of the PEARLS tool is also valid for use to conduct ACEs screenings among adults ages 20 and older. If an alternative version of the ACEs questionnaire for adults is used, it must contain questions on the 10 original categories of ACEs to qualify.

Age	Screening tool
18 and older	ACE questionnaire
18 or 19	ACE questionnaire or PEARLS
20–64	ACEs screening portion of the PEARLS tool (Part 1) is acceptable

How often should you screen?

Providers may screen members using a qualifying ACE questionnaire or PEARLS tool as often as deemed appropriate and medically necessary. However, the Plan is only required to make the \$29.00 required minimum payment to a particular network physician or provider once per year per member screened by that physician or provider, for a child member assessed using the PEARLS tool, and once per lifetime per member screened by that physician or provider, for an adult member (through age 64) assessed using a qualifying ACE questionnaire.

How to make ACEs screening programs successful¹

Strategies for successfully implementing ACEs screening and response include the following:

- Promoting availability of ACEs screening and payment to eligible physicians and other providers;
- Educating members about ACEs screening and toxic stress;

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- Establishing policies and procedures to incorporate ACEs screening results into member risk stratification (per California Advancing and Innovating Medi-Cal (CalAIM) Population Health Management and Enhanced Care Management requirements);
 - Establishing consistent protocols for ACEs screening, referrals and follow-up processes, and a pathway to incorporate ACEs screening results into health plan and delegated entities' care management systems;
 - Establishing quality metrics to measure and monitor ACEs screenings and member outcomes; and
 - Standardized approaches to facilitate claims payment, data aggregation, and population health level analysis for reporting and evaluation purposes.

More resources

You can access a general guide in the Provider Library to help you implement ACEs screening and better determine the likelihood a patient is at increased health risk due to a toxic stress response in the Provider Library on the provider portal. ACEs screening helps inform patient treatment and encourage the use of trauma-informed care. For more information, visit the Provider Library at providerlibrary.healthnetcalifornia.com or acesaware.org.

Data reporting¹

The Plan and its delegated entities must follow the reporting requirements described in the “Prop 56 Directed Payments Expenditures File Technical Guidance” document available on the DHCS Directed Payments Program website at <https://www.dhcs.ca.gov/services/Documents/DirectedPymts/Proposition-56-Directed-Payments-Expenditures-File-Technical-Guidance.pdf>.

Background¹

The Budget Act of 2021 authorized continued funding for the ACEs screening payments past the December 31, 2021, sunset date. In addition, beginning July 1, 2022, the Budget Act of 2021 changed the source of the nonfederal share of the supplemental payments for trauma screenings to the state General Fund. In accordance with the State Plan Amendment (SPA) 21-0045,5 effective July 1, 2022, the ACEs program will become a benefit, and it will no longer be funded by Proposition 56. The ACEs Aware program must continue to be utilized to provide informational resources for ACEs screening services.

The Centers for Medicare and Medicaid Services (CMS) approved this directed payment arrangement for calendar year (CY) 2020. For the CY 2021 rating period and subsequent rating periods for which APL 23-017 is in effect, this directed payment arrangement is authorized pursuant to 42 CFR section 438.6(c)(2)(ii) as a minimum fee schedule for network providers that provide a particular service under contract using State Plan approved rates in accordance with 42 CFR section 438.6(c)(1)(iii)(A).

Additional information

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library on the provider portal at provider.healthnetcalifornia.com > *Provider Library* under Quick Links, or go directly providerlibrary.healthnetcalifornia.com.

Providers are encouraged to access the provider portal online at provider.healthnetcalifornia.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 888-893-1569.

¹ Information taken or derived from APL23-017 *Directed Payments for Adverse Childhood Experiences Screening Services* at [dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-017.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-017.pdf).