



## ACES Aware Initiative ACE Screening Medi-Cal Claims Data: March 2021 Update March 2, 2021

### ACES Aware Initiative Overview

In December 2019, the Department of Health Care Services (DHCS) and the Office of the California Surgeon General (CA-OSG) launched a first-in-the-nation statewide effort to screen children and adults for Adverse Childhood Experiences (ACEs) in order to assess for and treat toxic stress to improve associated health outcomes.

The ACEs Aware initiative offers Medi-Cal providers training, screening tools, clinical protocols, and payment for screening children and adults for ACEs. Screening for ACEs, assessing for risk of toxic stress, and responding with evidence-based interventions for toxic stress and trauma-informed care can significantly improve the health and well-being of individuals and families. More information and resources are available at [www.ACEsAware.org](http://www.ACEsAware.org).

Effective January 1, 2020, DHCS began providing payment to qualified Medi-Cal providers for screening children, adolescents, and adults up to age 65 with full-scope Medi-Cal. Beginning July 1, 2020, to receive payment, providers must have completed the certified [ACES Aware Core Training](#) and submitted an attestation upon completion. From December 4, 2019 (the training launch date) through June 30, 2020, **nearly 12,000 Medi-Cal providers completed the ACEs Aware Training**. More information about the providers who have completed the ACEs Aware training is available in the accompanying [“Becoming ACEs Aware in California” Provider Training: March 2021 Data Update](#).

**Claims data from screens administered between January 1 and June 30, 2020, show that Medi-Cal providers conducted more than 155,000 ACE screenings of more than 130,000 unique Medi-Cal beneficiaries across California.** Of the 130,000 Medi-Cal beneficiaries screened for ACEs, 6% had an ACE score of 4 or greater, which signifies high-risk for toxic stress.



## Certification and Payment for ACE Screenings

### Medi-Cal Payment

Eligible providers who submit claims for completed qualified ACE screenings may receive a \$29 payment in any clinical setting in which billing occurs through Medi-Cal fee-for-service (FFS) or to network providers of a Medi-Cal managed care plan (MCP). A list of eligible provider types can be found on the [ACEs Aware Provider Types Eligible for Medi-Cal payment webpage](#). Federally qualified health centers (FQHCs), rural health clinics (RHCs), and Indian Health Service (IHS) providers are also eligible for this payment.

### Screening Tools

Providers must screen Medi-Cal patients using a qualified ACE screening tool depending on the patient's age. For children and adolescents, ages 0-19, providers must use the Pediatric ACEs and Related Life-events Screener (PEARLS), developed by the Bay Area Research Consortium on Toxic Stress and Health (BARC).

PEARLS for children ages 0-11 is to be completed by a caregiver, and PEARLS for adolescents ages 12-19 is to be completed by a caregiver and/or the adolescent. Providers receive a single Medi-Cal payment if either person completes the screening. However, the best practice is for both the adolescent and the caregiver to complete the screening questionnaire individually. When these yield different scores, the higher score should be used in billing and treatment planning.

For adults ages 18-64, providers must use the ACE Questionnaire for Adults, as adapted from the work of Kaiser Permanente and the Centers for Disease Control and Prevention, or an alternative version that contains questions on the 10 original categories of ACEs. Find the [ACEs Aware screening tools here](#).

The ACE score refers to total reported exposure to the 10 ACE categories indicated in Part 1 of the PEARLS and in the ACE Questionnaire for Adults. ACE scores range from 0 to 10. Part 2 of the PEARLS tool is not added to the ACE score.

## Screening Frequency

- **Children and adolescents (under age 21)** may be screened and periodically re-screened for ACEs as determined appropriate and medically necessary, not more than once per year, per provider (per MCP).
- **Adults (ages 21 through 64)** may receive an ACE screening once per adult lifetime (through age 64), per provider (per MCP). Screenings completed while the person is under age 21 do not count toward the one screening allowed in their adult lifetime.

## Medi-Cal Billing Codes

Providers must bill using the following Healthcare Common Procedure Coding System (HCPCS), based on the ACE score:

- **G9919:** Patient's ACE score is 4 or greater (i.e., at high-risk for toxic stress). The screening was performed, and the result indicates that the patient is at high-risk for toxic stress; education and evidence-based interventions (as necessary) should be provided.
- **G9920:** Patient's ACE score is between 0-3 (i.e., at lower risk for toxic stress). The screening was performed, and the result indicates that the patient is at lower risk for toxic stress; education and evidence-based interventions (as necessary) should be provided.

## Claims Data Background

This report summarizes ACE screening service dates between January 1 and June 30, 2020. The information reflects Medi-Cal managed care and FFS claims data extracted as of January 6, 2021. Due to the flexible timing of Medi-Cal claims submissions, claims data may not be complete for up to 12 months after a given service date, although the vast majority of claims data are complete six months after a given service date. The data source for this report is the DHCS Management Information System/Decision Support System (MIS/DSS) and DHCS Medi-Cal Data Warehouse.

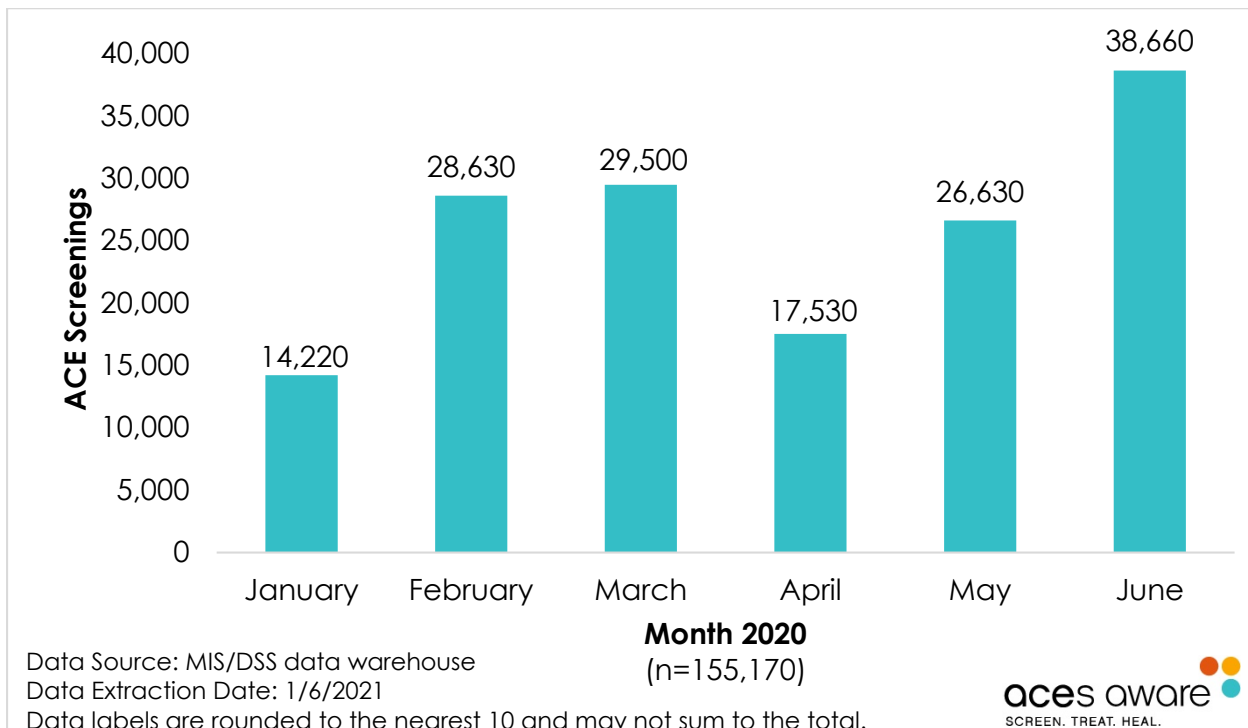
This data update includes the following:

- 1) Total number of claims paid for ACE screenings conducted during the first half of calendar year 2020;
- 2) Demographics of the population screened for ACEs;
- 3) Information about the providers who conducted ACE screenings; and
- 4) Number of screenings by each Medi-Cal managed care plan.

## 1. Total ACE Screenings

- Medi-Cal providers submitted claims for a total of 155,170 ACE screenings conducted during the first half of calendar year 2020 (Exhibit 1).
  - Note: Since multiple Medi-Cal provider types are eligible to submit claims for screening children (once per year, per provider and, as applicable, per MCP) and adults (once per lifetime, per provider and, as applicable, per MCP), some Medi-Cal beneficiaries were screened more than once.
- Of the total ACE screening claims (155,170), 7% had an ACE score of four or greater (indicating high-risk for toxic stress), and 93% of the screenings had an ACE score of three or lower.
  - Medi-Cal providers submitted claims for conducting ACE screenings of 130,220 unique Medi-Cal beneficiaries (see Exhibit 2). Of these 130,220 unique Medi-Cal beneficiaries, 6% had an ACE score of four or greater.
  - Differences in the proportions of high-risk ACE scores between total claims and unique Medi-Cal beneficiaries screened are due to certain beneficiaries receiving more than one ACE screening.

**Exhibit 1: ACE Screenings by Month**

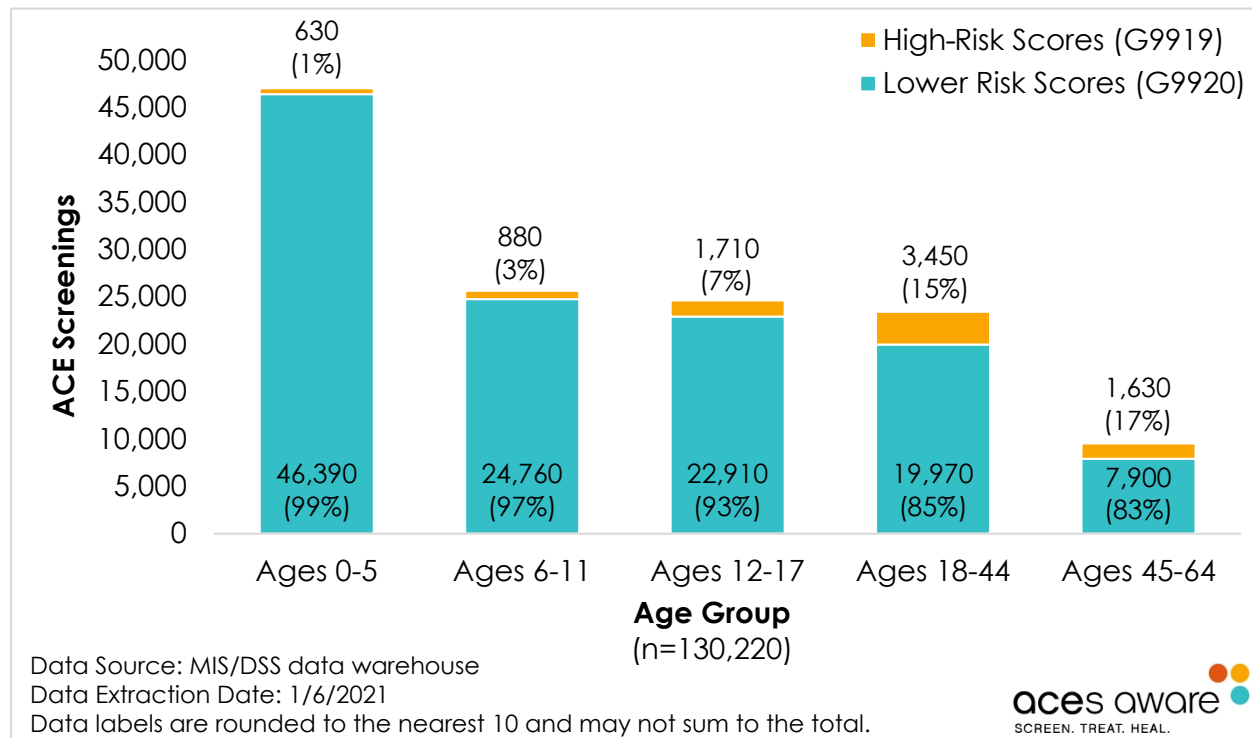


## 2. Demographics of Medi-Cal Beneficiaries Screened for ACEs

### A. ACE Screenings by Age

- Of the 130,220 unique Medi-Cal beneficiaries screened, adults ages 45 to 64 and adults ages 18 to 44 were more likely to have a high-risk ACE score of four or more (17% and 15%, respectively) than the pediatric population (Exhibit 2).
- More than one-third (36%) of unique screenings were conducted with children under age 5 (in these cases, caregivers complete the ACE screen on the child's behalf); and three-quarters (75%) of all claims for screenings conducted were with the pediatric population under age 18 (Exhibit 2).

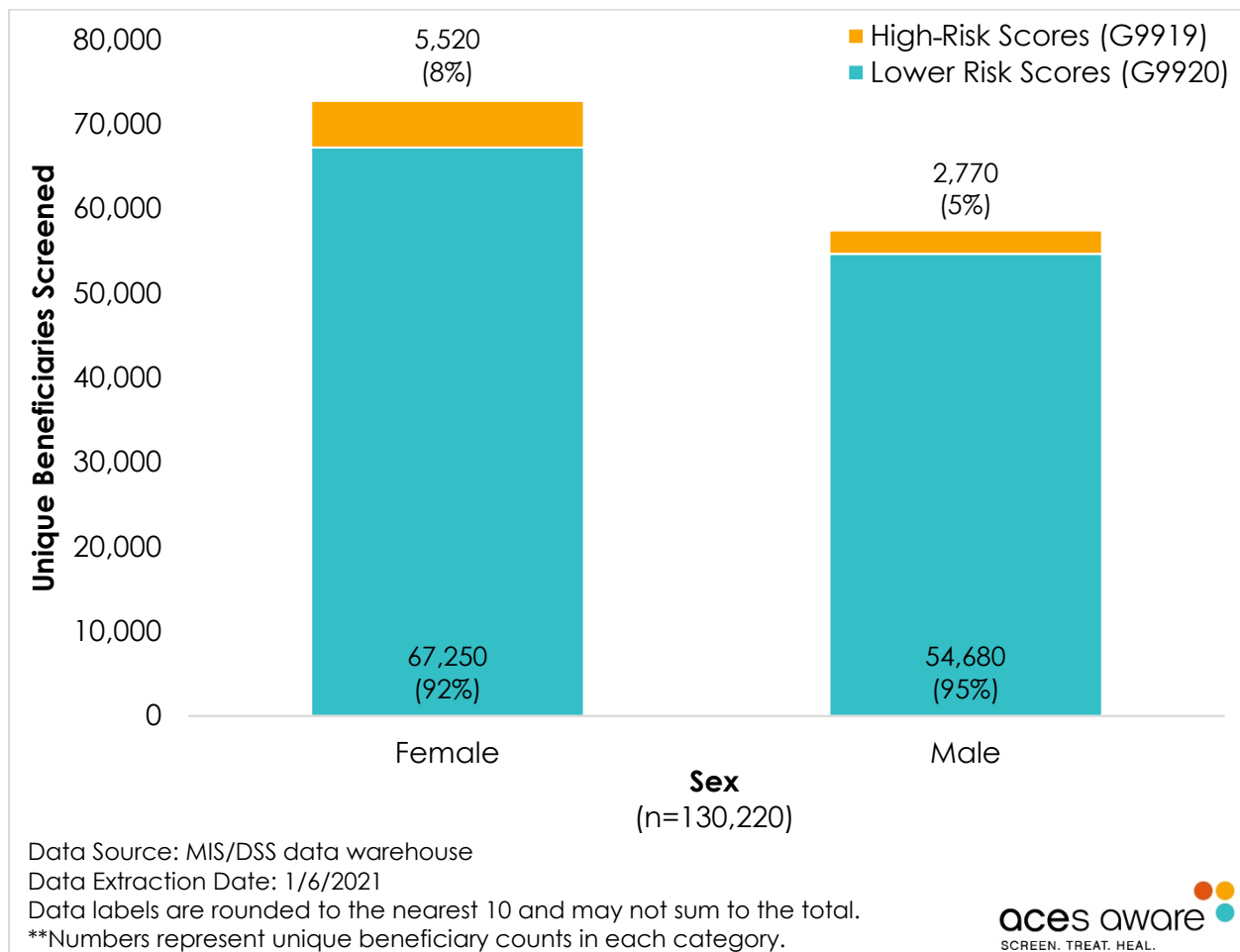
**Exhibit 2: ACE Screenings by Age Group and Procedure Code**



## B. ACE Screenings by Sex

- More than half (56%) of unique Medi-Cal claims were for screening females for ACEs.
  - Note: DHCS recognizes that male/female categorizations do not include all gender identity(s) with which a person may identify. DHCS is updating its processes and collecting more self-reported information about Medi-Cal beneficiaries' gender identities, but the data are currently incomplete.
- Of the unique female beneficiaries screened for ACEs, 8% had high-risk ACE scores of four or more, compared to 5% of unique male beneficiaries screened for ACEs (Exhibit 3).

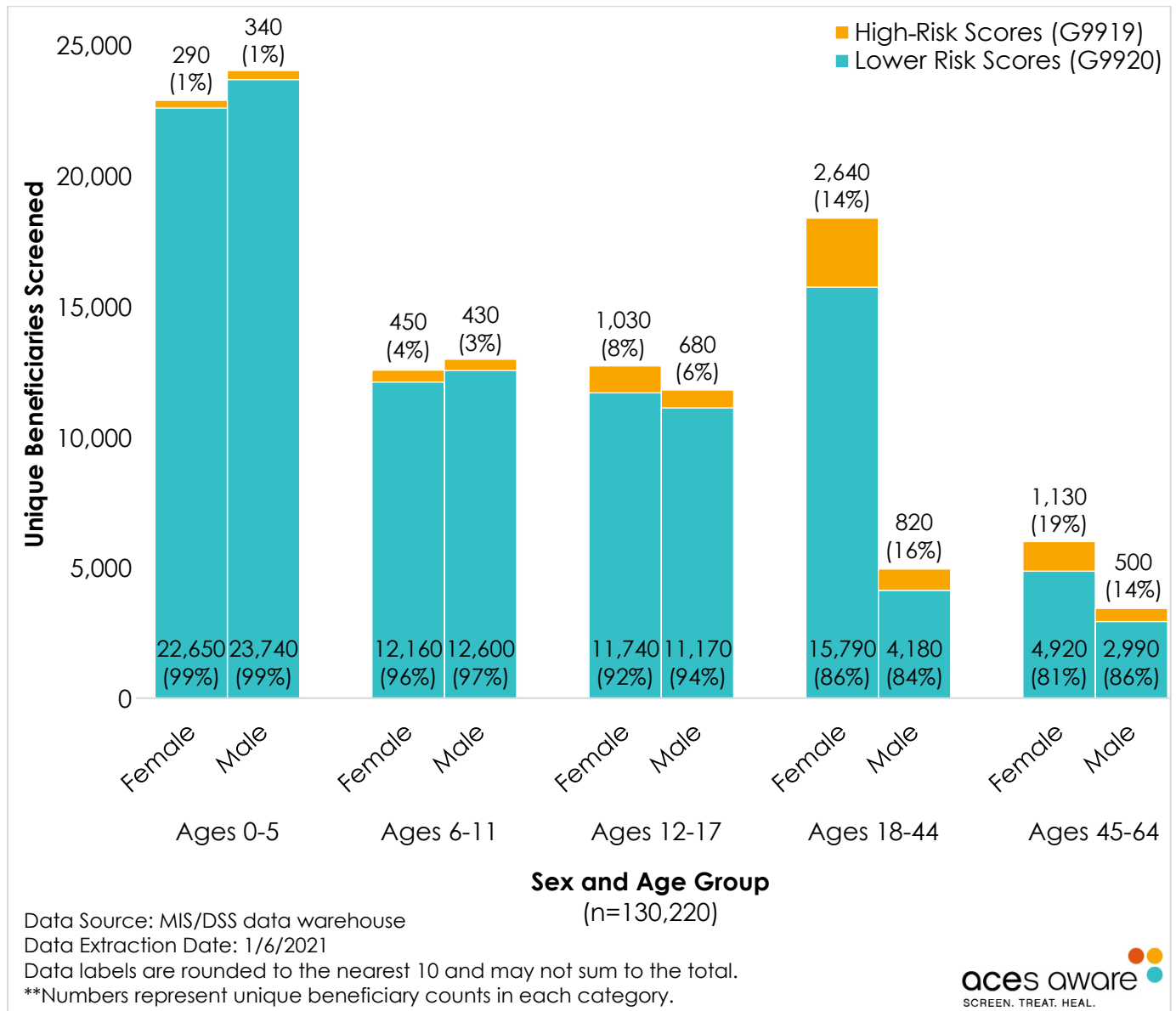
**Exhibit 3: ACE Screenings by Sex and Procedure Code**



## C. ACE Screenings by Age and Sex

- High-risk ACE scores of four or more were most common among females ages 45 through 64 (19%) and males ages 18 through 44 (16%) (Exhibit 4).
- The proportion of high-risk ACE scores generally increased with age for each sex.

**Exhibit 4: ACE Screenings by Sex, Age Group, and Procedure Code**



## D. ACE Screenings by Race/Ethnicity

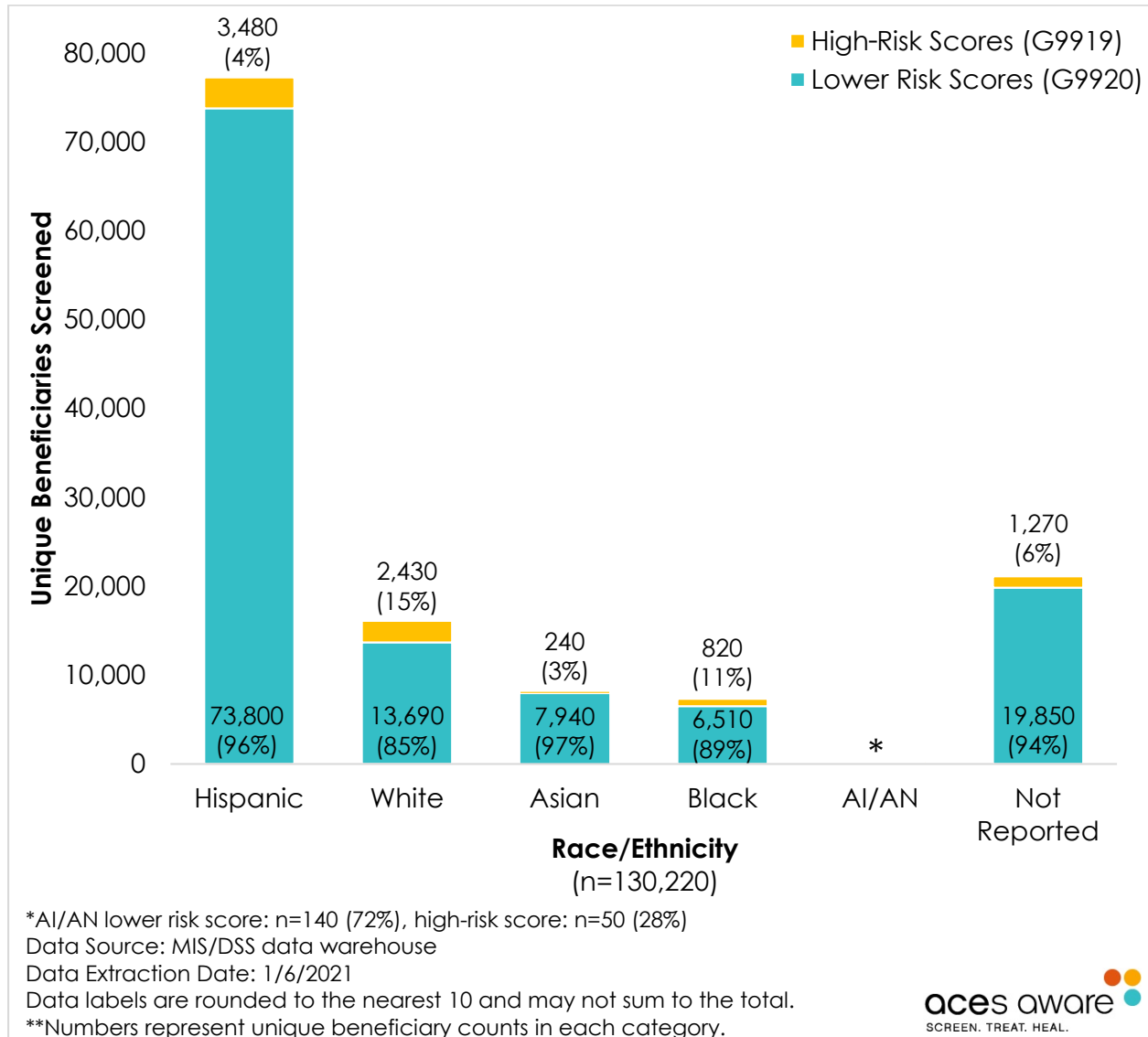
- The greatest number of Medi-Cal ACE screenings were for Hispanic beneficiaries (59%), followed by beneficiaries who did not report their ethnicity (16%), White beneficiaries (12%), Asian/Pacific Islander beneficiaries (6%), Black beneficiaries (6%) and American Indian/Alaskan Native (AI/AN) beneficiaries (<1%).
- AI/AN beneficiaries had the greatest incidence of high-risk ACE scores of four or more (28%), followed by White beneficiaries (15%), Black beneficiaries (11%), those who did not report their race/ethnicity (6%), Hispanic beneficiaries (5%), and Asian/Pacific Islander beneficiaries (3%) (Exhibit 5).

### Notes about Race/Ethnicity Data Collection

- The Medi-Cal program does not currently follow federal conventions for race and ethnicity definitions. For example, race and ethnicity have been structured as a single question in MIS/DSS, compared to the federal standard of including two separate questions. In the future, race and ethnicity will become separate questions.
- Moreover, the process for completing Medi-Cal eligibility forms is not standardized. Sometimes forms are completed by beneficiaries and other times by staff members, which can result in unreliable data.
- For this report, Asian subcategories were aggregated and included with Pacific Islanders.
- The MIS/DSS has missing race/ethnicity data for about 10% of beneficiaries and does not allow respondents to select more than one race. As a result, bi-racial and multi-racial individuals may be grouped in the Other/Unknown category, along with beneficiaries for which data is missing.



**Exhibit 5: ACE Screenings by Race/Ethnicity and Procedure Code**

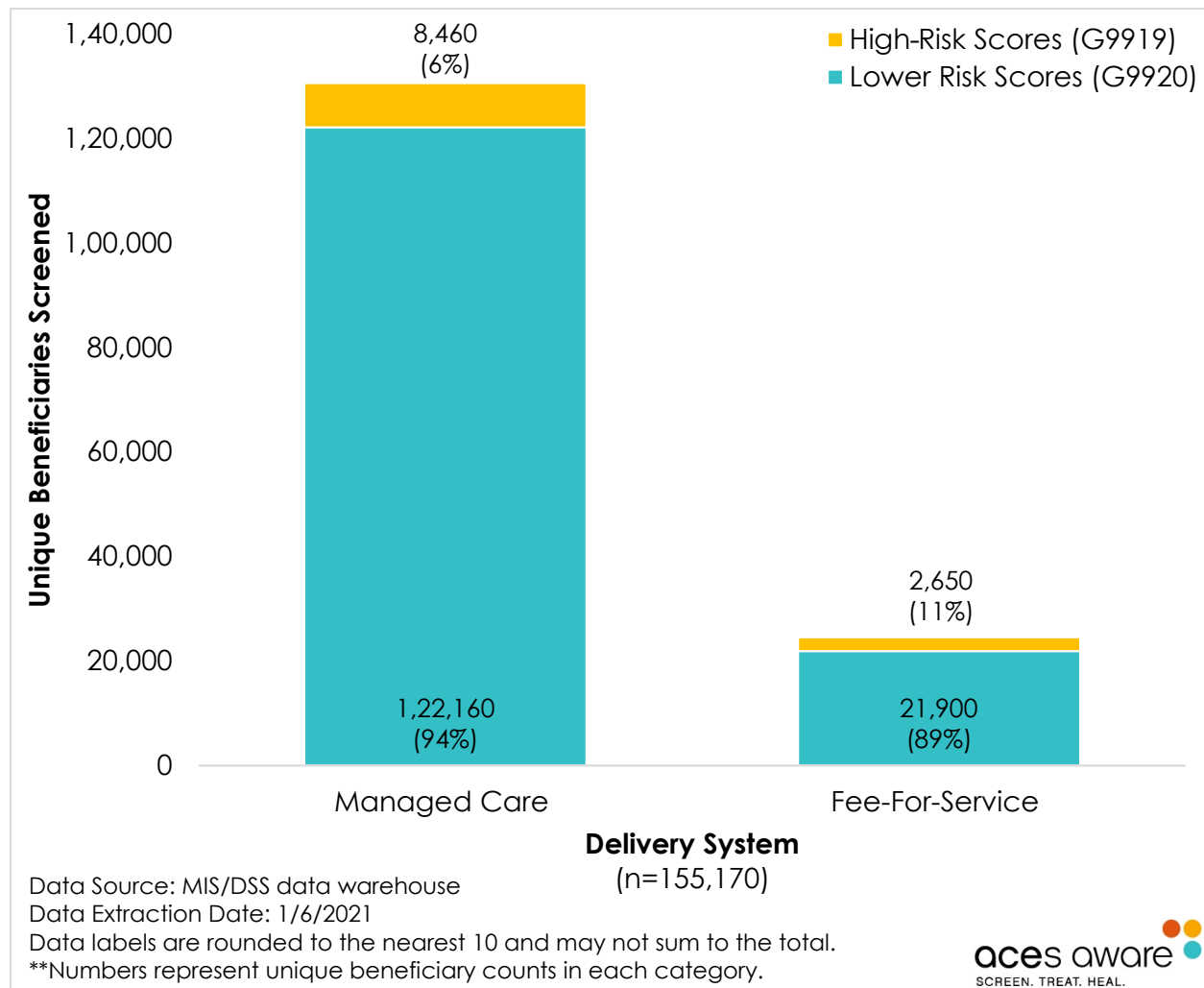


### 3. Summary of Providers Conducting ACE Screenings

#### A. ACE Screenings by Delivery System

- Most (84%) ACE screening claims were submitted by providers in the Medi-Cal managed care delivery system. Sixteen percent of ACE screening claims were submitted by providers in the FFS delivery system.
- Six percent of managed care delivery system claims had high-risk ACE scores of four or more, as compared to 11% in the FFS delivery system (Exhibit 6).

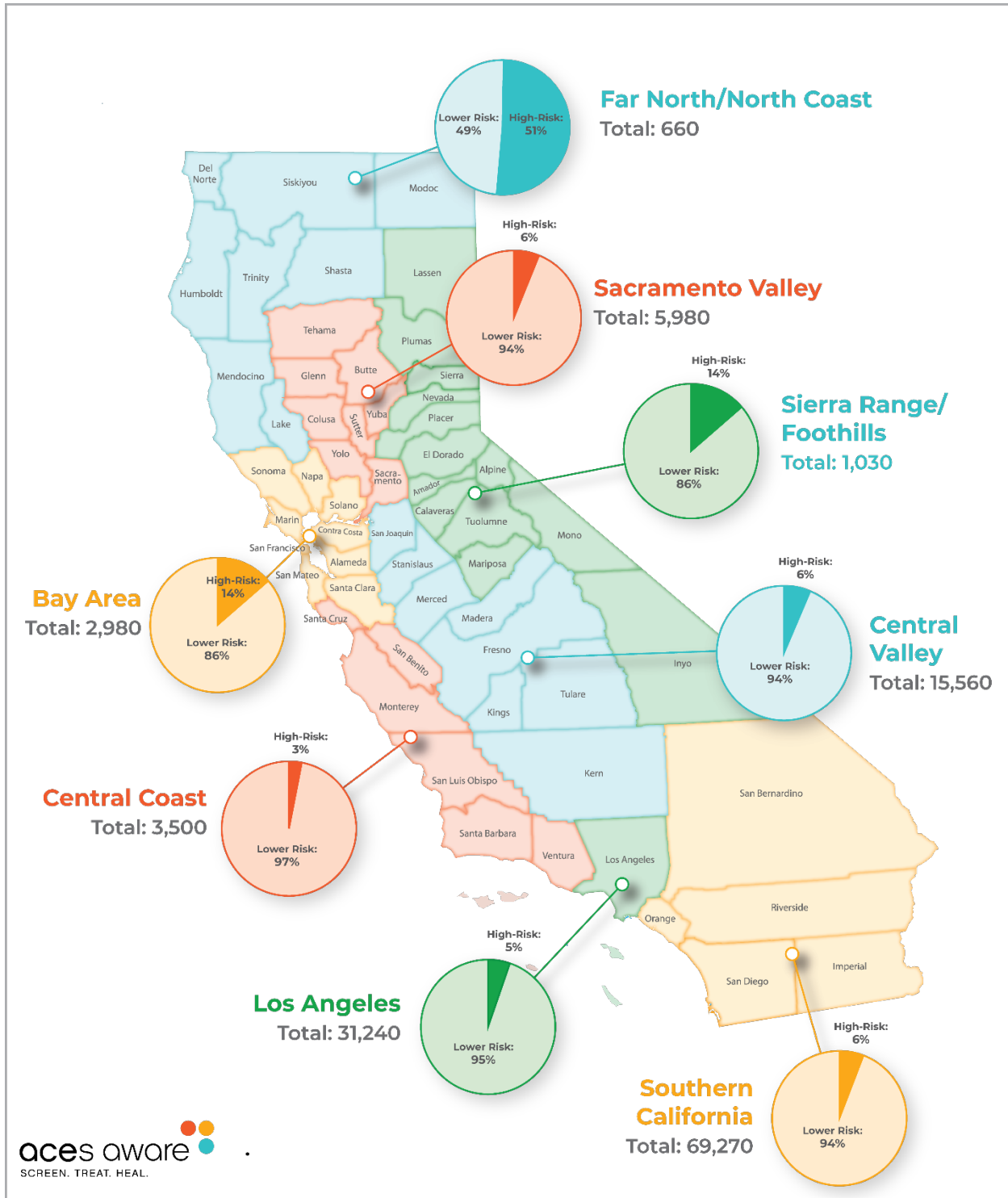
**Exhibit 6: ACE Screenings by Delivery System and Procedure Code**



## **B. ACE Screenings by Region in California**

- Exhibit 7 shows ACE screenings by region in California.
- More than half (53%) of ACE screening claims were submitted by providers practicing in Southern California, followed by Los Angeles (24%) and the Central Valley (12%).
- Of the regions with more than 500 ACE screening claims submitted, the regions with the highest percent of high-risk ACE scores are:
  - Far North/North Coast region (51% of 660 screens),
  - Bay Area and the Sierra Range/Foothills regions (14% of 2,980 and 1,030 screens, respectively),
  - Central Valley (7% of 15,560 screens),
  - Sacramento Valley, Southern California, and Los Angeles (6% of 5,980, 69,270, and 31,240 screens, respectively), and
  - Central Coast (3% of 3,500 screens).

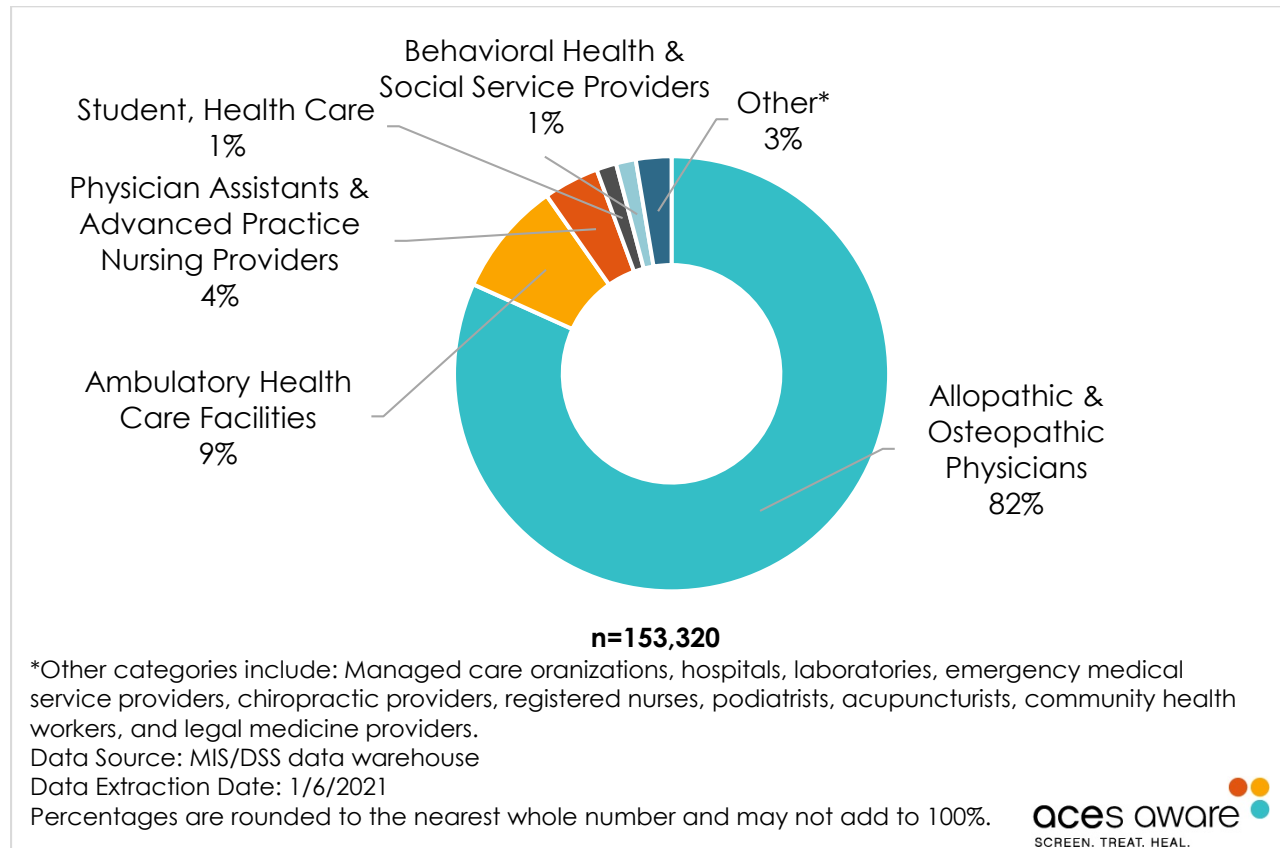
Exhibit 7: ACE Screenings by Region and Procedure Code



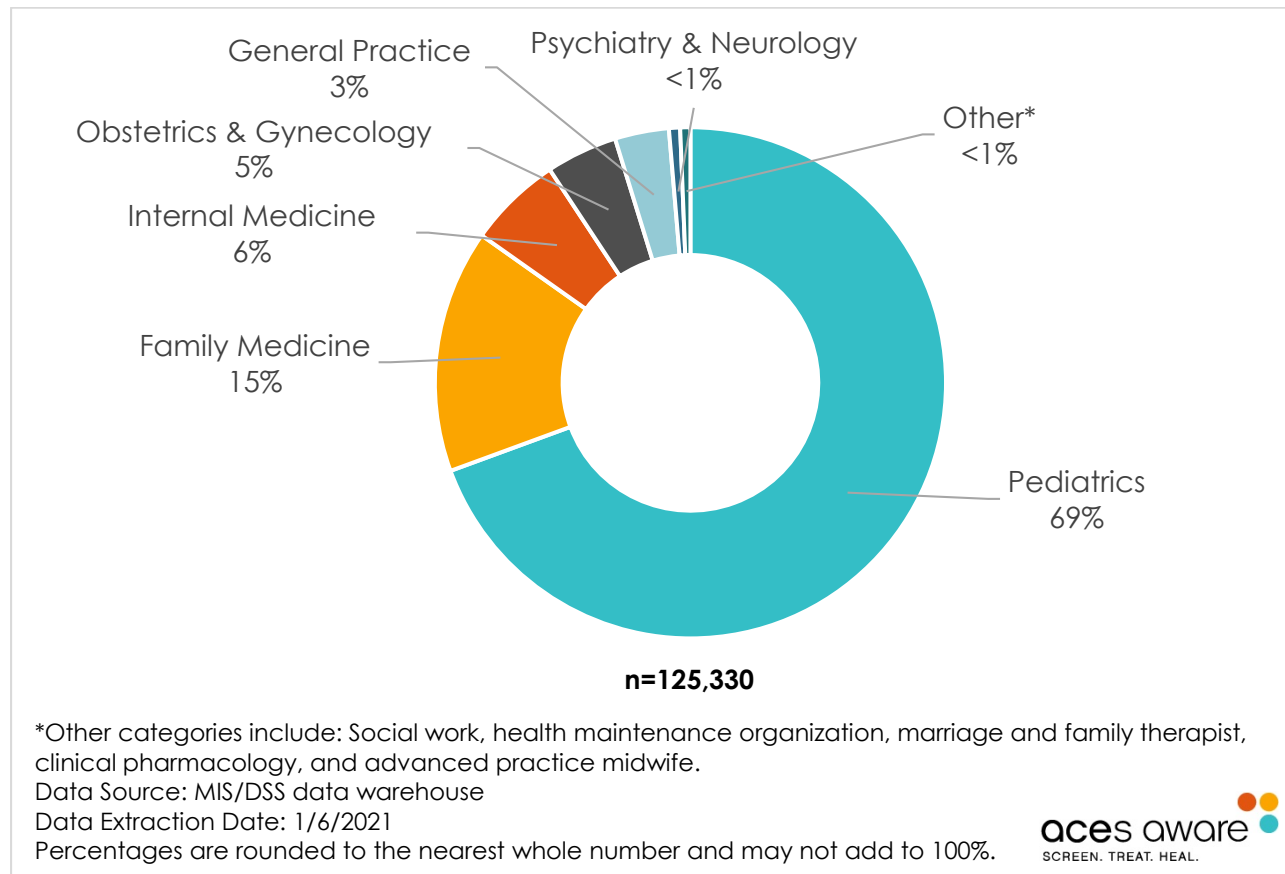
## C. ACE Screenings by Provider Type and Specialty

- Of the 153,320 ACE screenings for which there is a rendering provider type identified, 82% (125,330) were completed by physicians (Exhibit 8).
  - Note: Exhibit 8 represents provider types using National Provider Identifiers (NPIs) as indicated in the claims/encounter form. Some data (1,850 NPIs or 1% of total claims) is missing. There is an option to include both a billing and rendering provider. A billing provider is often a business/provider group submitting claims for services rendered by an individual practitioner. Rendering provider types may be an individual provider or clinic type, as indicated below.
- Of the 125,330 physicians who conducted ACE screenings, more than two-thirds (69%) specialize in Pediatrics, followed by Family Medicine (15%), Internal Medicine (6%), Obstetrics and Gynecology (5%), General Practice (3%), Psychiatry & Neurology (<1%), and Other (<1%) (Exhibit 9).

**Exhibit 8: ACE Screening Claims by Provider Type**



**Exhibit 9: ACE Screening Claims by Physician Specialty**





#### 4. Screenings by Medi-Cal Managed Care Plans

- 85,630 unique, non-dual-eligible Medi-Cal beneficiaries age 20 and under who were enrolled with a single plan for the entire first six months of 2020 received an ACE screening from an MCP provider. This count represents 2% of the total population that was eligible to receive a screen (i.e., non-dual, continuously enrolled) (Exhibit 10).
- 22,960 unique, non-dual-eligible Medi-Cal beneficiaries ages 21 through 64 who were enrolled with a single plan for the entire first six months of 2020 received an ACE screening from a Medi-Cal MCP provider. This count represents less than 1% of the total population that was eligible to receive a screen (i.e., non-dual, continuously enrolled) (Exhibit 11).



**Exhibit 10: ACE Screenings for Beneficiaries Ages 0 to 20 by Medi-Cal Managed Care Plan, Medi-Cal Enrollment, and Medi-Cal Managed Care Plan Screening Rate**

Managed Care Health Plan	Number of ACE Screenings*	Medi-Cal Enrollment**	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	130	6,140	2.1%
Alameda Alliance for Health	1,180	91,580	1.3%
Anthem Blue Cross Partnership Plan	6,490	310,730	2.1%
Blue Shield of California Promise Health Plan	920	20,010	4.6%
California Health & Wellness Plan	180	84,070	0.2%
CalOptima	18,800	294,230	6.4%
CalViva Health	3,420	174,790	2.0%
CenCal Health	2,710	83,130	3.3%
Community Health Group Partnership Plan	2,770	108,520	2.6%
Central California Alliance for Health	--	164,460	--
Contra Costa Health Plan	--	70,470	--
Gold Coast Health Plan	--	87,930	--
Health Net Community Solutions, Inc.	11,160	555,200	2.0%
Health Plan of San Joaquin	1,010	163,630	0.6%
Health Plan of San Mateo	150	44,750	0.3%
Inland Empire Health	19,990	576,000	3.5%
Kern Health Systems	1,160	132,950	0.9%
Kaiser Permanente	0	67,860	0.0%
L.A. Care Health Plan	10,960	797,190	1.4%
Molina Healthcare of California Partner Plan, Inc.	3,180	167,020	1.9%
Partnership HealthPlan of California	850	208,660	0.4%
San Francisco Health Plan	--	38,660	--
Santa Clara Family Health Plan	350	96,920	0.4%



Managed Care Health Plan	Number of ACE Screenings*	Medi-Cal Enrollment**	Percentage of Medi-Cal Population Screened
United Healthcare Community Plan	80	3,500	2.3%
<b>Total ACE Screenings by MCP</b>	<b>85,630</b>	<b>4,348,390</b>	<b>2.0%</b>
<b>Total ACE Screenings in FFS</b>	2,450	231,510	1.1%

\*Data extraction date (Number of ACE Screening): 1/6/2021

\*\*Data extraction date (Medi-Cal Enrollment): 1/11/2021

Data is rounded to the nearest 10 and may not sum to the total.

“Percent Medi-Cal Population Screened” is rounded to the nearest 0.1%.

“Medi-Cal Enrollment” is the count of distinct non-dual individuals who had been enrolled in a single plan for the entire first six months of 2020.

-- Cells have been suppressed in instances where values were at least one but less than 11, or whereby related data with values less than 11 not presented here could be deduced from the information in this table.

**Exhibit 11: ACE Screenings for Beneficiaries Ages 21 to 64 by Medi-Cal Managed Care Plan, Medi-Cal Enrollment, and Medi-Cal Managed Care Plan Screening Rate**

Managed Care Health Plan	Number of ACE Screenings*	Medi-Cal Enrollment**	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	80	10,500	0.7%
Alameda Alliance for Health	--	104,700	--
AltaMed	0	280	0.0%
Anthem Blue Cross Partnership Plan	200	304,480	0.1%
Blue Shield of California Promise Health Plan	1,320	37,810	3.5%
California Health & Wellness Plan	150	86,290	0.2%
CalOptima	1,850	272,610	0.7%
CalViva Health	390	139,200	0.3%
CenCal Health	90	59,710	0.2%
Community Health Group Partnership Plan	2,490	98,480	2.5%
Central California Alliance for Health	--	115,350	--
Contra Costa Health Plan	--	73,700	--
Gold Coast Health Plan	--	68,600	--
Health Net Community Solutions, Inc.	3,080	533,960	0.6%
Health Plan of San Joaquin	840	131,490	0.6%
Health Plan of San Mateo	0	36,680	0.0%
Inland Empire Health	4,570	489,070	0.9%
Kern Health Systems	520	101,160	0.5%
Kaiser Permanente	0	53,270	0.0%
L.A. Care Health Plan	4,640	822,600	0.6%
Molina Healthcare of California Partner Plan, Inc.	1,900	170,770	1.1%
Partnership HealthPlan of California	610	210,940	0.3%
San Francisco Health Plan	--	60,300	--
Santa Clara Family Health Plan	--	86,130	--

Managed Care Health Plan	Number of ACE Screenings*	Medi-Cal Enrollment**	Percentage of Medi-Cal Population Screened
United Healthcare Community Plan	130	6,760	2.0%
<b>Total ACE Screenings by MCP</b>	22,960	4,074,810	0.6%
<b>Total ACE Screenings in FFS</b>	690	937,450	0.1%

\*Data extraction date (Number of ACE screening): 1/6/2021

\*\*Data extraction date (Medi-Cal Enrollment): 1/11/2021

Data is rounded to the nearest 10 and may not sum to the total.

“Percent Medi-Cal Population Screened” is rounded to the nearest 0.1%.

“Medi-Cal Enrollment” is the count of distinct non-dual individuals who had been enrolled in a single plan for the entire first six months of 2020.

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## Conclusion

ACES Aware will continue to update and release Medi-Cal claims data reports on a periodic basis. DHCS will also continue working to address data limitations and align definitions where possible to help advance efforts around health equity and to target outreach strategies more effectively. This report is a companion to the [ACES Aware provider training data reports](#).