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ACEs Aware Screening, Training, and Certification Progress: March 2022 Update

March 4, 2022

Executive Summary

In December 2019, the California Department of Health Care Services (DHCS) and the Office of the California Surgeon General (CA-OSG) launched the ACEs Aware initiative, a first-in-the-nation effort to screen children and adults for Adverse Childhood Experiences (ACEs) to prevent and treat toxic stress to improve the health and well-being of Californians – now and for generations to come.

On January 1, 2020, DHCS began providing payment to certified, eligible Medi-Cal providers for conducting ACE screenings for children, adolescents, and adults up to age 65 with full-scope Medi-Cal. To become ACEs Aware-certified, Medi-Cal providers must complete an ACEs Aware Core Training and attest to completing it.

The Becoming ACEs Aware in California core training (training) is free and available to anyone, including non-billing Medi-Cal providers (such as medical assistants and office staff) who play a critical role in ACE screening, clinicians who are not Medi-Cal providers, and clinicians outside of California. Therefore, it is important to note that not everyone who completes the training will become ACEs Aware-certified.

20,600 individuals completed the ACEs Aware training as of September 2021.

Between December 2019 and September 30, 2021, 20,600 individuals completed the training. About 10,900 of those who completed the training are Medi-Cal providers who became ACEs Aware-certified.

More than 518,000 children and adults were screened for ACEs between January 2020 and March 2021.

Medi-Cal providers conducted more than 640,700 ACE screenings of approximately 518,100 unique Medi-Cal beneficiaries across California between January 2020 and March 2021, based on Medi-Cal claims data. The number of ACE screenings generally increased every month, except for April, November, and December 2020, which was likely due to disruptions caused by the COVID-19 public health emergency (PHE) (Exhibit 1). ACE screenings subsequently continued to increase, demonstrating the value of ACE screening to providers despite competing concerns during the PHE.

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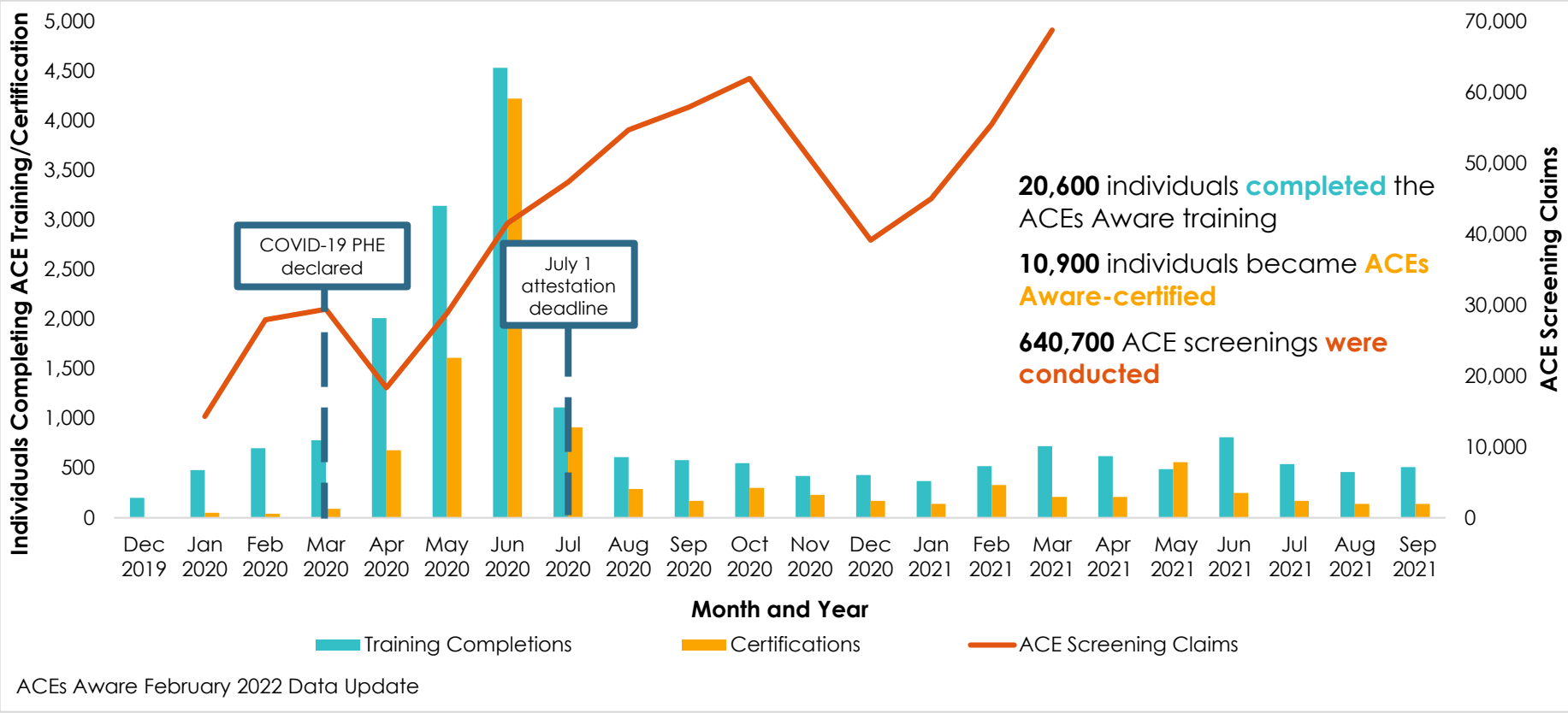
Exhibit 1: ACE Training Completion, Certification, and Screenings by Month



*Notes: **Training Completions** indicate the number of individuals who completed the Becoming ACEs Aware in California training. **Certifications** indicate the number of individuals who have submitted the ACEs Provider Training Attestation form to receive Medi-Cal payment for conducting qualified ACE screenings. **ACE Screening Claims** indicate total number of Medi-Cal claims submitted for payment.*

Data labels are rounded to the nearest 10 and do not sum to the total.

The major increase in training completions and certifications in June 2020, followed by the reduction in July, is likely attributed to the July 1, 2020 attestation deadline.

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ACEs Aware Data Highlights

Below are key data highlights regarding ACE screenings and results from the ACEs Aware training evaluations.

ACEs Aware Training Evaluations (December 4, 2019 – September 30, 2021)

- Approximately 6,970 individuals who completed the training reported they were not screening any of their patients for ACEs at the time **(34 percent)**. Of these individuals, **79 percent** indicated they planned to implement routine ACE screening for their patients.
- Two-thirds **(67 percent)** of individuals reported they planned to implement changes in their practice based on the information presented.
- **91 percent** of individuals reported being somewhat or very confident that they would be able to make their intended practice changes.

ACE Screenings (January 1, 2020 – March 31, 2021)

- One-third **(33 percent)** of the 518,060 unique ACE screenings were conducted with children under age 5 through their caregivers; and more than three-quarters **(80 percent)** of all unique ACE screenings were with the pediatric population under age 18. Additionally, nearly 105,000 adults were screened for ACEs (20 percent).
- **Six percent** of unique Medi-Cal beneficiaries screened had an **ACE score of four or higher** (indicating high-risk for toxic stress); 94 percent had an ACE score of three or less (indicating lower risk for toxic stress).
- **High-risk ACE scores** were most prevalent among **females ages 45 through 64** (15 percent), followed by females ages 18 through 44 (13 percent). The prevalence of high-risk ACE scores generally increased with age for each sex.
- **American Indian/Alaskan Native beneficiaries** had the greatest prevalence of **high-risk ACE scores** (20 percent), followed by White beneficiaries (13 percent), Black/African American beneficiaries (10 percent), beneficiaries who did not report their race or ethnicity (6 percent), Hispanic beneficiaries (5 percent), and Asian/Pacific Islander beneficiaries (4 percent).
- The California regions with the greatest prevalence of high-risk ACE scores were:
    - Far North/North Coast region (34 percent of 2,460 screens),

  - Sierra Range/Foothills region (10 percent of 4,720 screens), and
  - the Bay Area (8 percent of 24,680 screens).

  Compared to the previous update, the percentage of high-risk ACE scores **decreased** the most in the Far North/North Coast region **(from 44 percent to 34 percent).**

- Among the 523,380 physicians who conducted ACE screenings, **three-quarters specialize in pediatrics,** which is three percentage points higher compared to the previous report.
- Managed care plan (MCP) providers screened **11 percent** of Medi-Cal beneficiaries ages 20 and under who were eligible to receive a screening, had at least one primary care visit in the 12 month period between April 1, 2020 and March 31, 2021 (and were continuously enrolled in Medi-Cal during the same time period).

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Table of Contents

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Introduction

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 effort to screen children and adults for Adverse Childhood Experiences (ACEs) and treat toxic stress to improve the health and well-being of Californians across the state.

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

Effective January 1, 2020, DHCS began providing payment to certified, qualified Medi-Cal providers for conducting ACE screenings of children, adolescents, and adults up to age 65 with full-scope Medi-Cal.

This report tracks the initiative's progress in training Medi-Cal providers to effectively screen for ACEs and respond with trauma-informed care.

ACEs Aware Certification

To become ACEs Aware-certified and qualify for Medi-Cal payment, Medi-Cal providers must complete an ACEs Aware Core Training and attest to completing the training.

ACEs Aware developed a free, two-hour online core training – Becoming ACEs Aware in California – that educates clinicians and their teams about how to provide trauma-informed care, screen for ACEs and the risk of toxic stress, assess for health conditions related to toxic stress, identify evidence-based interventions for mitigating stress, and use the information to create evidence-based treatment plans. The training presents different cases featuring pediatric, internal medicine, family medicine, and women's health patients. Clinical team members receive 2.0 Continuing Medical Education (CME) and/or 2.0 Maintenance of Certification (MOC) credits upon completion.

The training is free and available to anyone, including non-billing Medi-Cal providers (such as medical assistants and office staff) who play a critical role in ACE screening, clinicians who are not Medi-Cal providers, as well as clinicians outside of California. Therefore, not everyone who completes the ACEs Aware training will become certified.

While there is more than one ACEs Aware core training, this report only includes data on providers who specifically completed the Becoming ACEs Aware in

California core training. Additionally, there are also supplemental trainings that are developed by grantees and address key topics that support providers as they screen and respond to ACEs; supplemental training data is not included in this report.

Medi-Cal Payment

A $29 Medi-Cal payment is available for ACEs Aware-certified providers for conducting qualified ACE screenings. Screenings may occur in clinical settings where billing occurs through Medi-Cal fee-for-service (FFS) as well as in settings where the provider is a member of a Medi-Cal managed care plan (MCP) network.

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 (FQHC), rural health clinics (RHC), and Indian Health Service (IHS) providers are also eligible to receive payment for conducting ACE screenings.

Medi-Cal payment is available for ACE screenings based on the following schedule:

- **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.

ACE Screening Tools

To receive Medi-Cal payment for ACE screenings, providers must screen Medi-Cal beneficiaries using a qualified ACE screening tool based on the patient's age. For children and adolescents, ages 0-17 years, 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). For adolescents ages 18-19, providers may use either the PEARLS or the ACE Questionnaire for Adults (or an alternative as described below).

The PEARLS for children ages 0-11 is to be completed by a caregiver, and the 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

this yields different scores, the higher score should be used for billing and treatment planning.

For adults ages 20-64, 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. Results from Part 2 of the PEARLS is not added to the ACE score.

Medi-Cal Billing Codes

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

- **G9919**: Patient's ACE score is four 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.

Providers must document all of the following:

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

This documentation must remain in the beneficiary's medical record, and be available upon request.

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ACEs Aware Data Update: Overview

This report provides information on the number of individuals who have completed the ACEs Aware training, the number of ACE screenings that have taken place in California, as well as a profile of providers who have completed the ACEs Aware training and the number of providers who have been certified to screen for ACEs and receive payment.

Section 1: ACEs Aware Training Completion and Certification Data

Section 1 illustrates the progress of the ACEs Aware initiative in training clinical teams and staff and encouraging qualified Medi-Cal providers to become ACEs Aware-certified. It summarizes the characteristics of these individuals and their practices. It also explores the effectiveness of the training as reported in participant evaluations.

Section 2: ACE Screening Data

Section 2 provides information on the Medi-Cal claims submitted for ACE screenings. This report provides demographic information about the beneficiaries who have been screened for ACEs, as well as information about the Medi-Cal providers who have conducted the screenings.

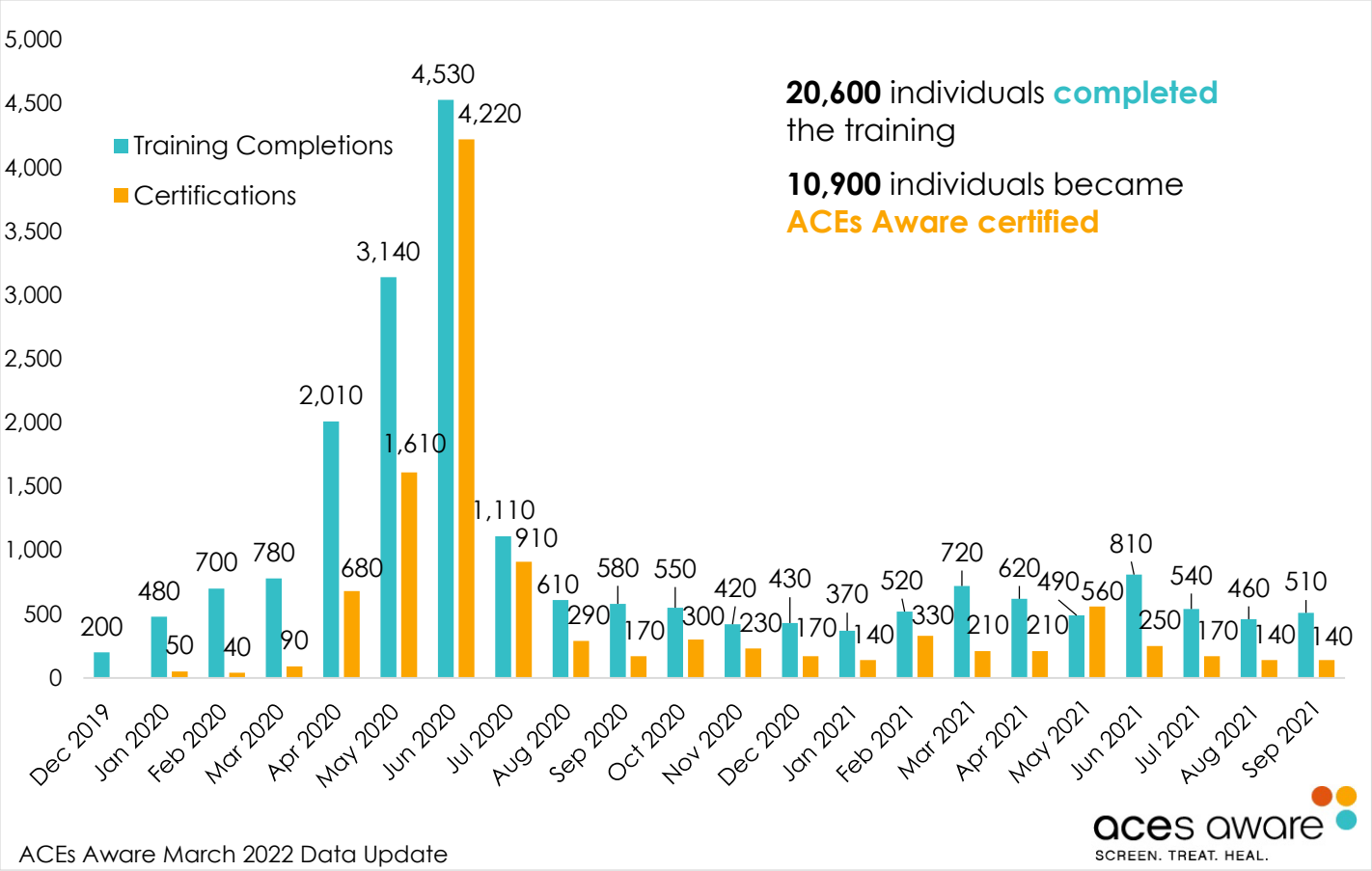
Section 1: ACEs Aware Training Completion and Certification Data

This section iillustrates the progress of the ACEs Aware initiative in training clinical teams and staff and encouraging qualified Medi-Cal providers to become ACEs Aware-certified. It provides data on those who completed the training between December 4, 2019 and September 30, 2021, including Medi-Cal providers who attested to completing the training (i.e., became ACEs Aware-certified). Percentages are rounded to the nearest whole number.

1. Results

20,550 individuals completed the Becoming ACEs Aware in California training between December 4, 2019 and September 30, 2021. Additionally, more than 10,900 Medi-Cal providers became ACEs Aware-certified between January 13, 2020 and September 30, 2021, enabling them to receive Medi-Cal payment for conducting ACE screenings. Please note, the attestation form needed to complete the certification process became available on January 13, 2020.

Exhibit 1.1: Training Completion and Certification, by Month



*Notes: **Training Completions** indicate the number of individuals who completed the Becoming ACEs Aware in California training. **Certifications** indicate the number of individuals who have submitted the ACEs Provider Training Attestation form to receive Medi-Cal payment for conducting qualified ACE screenings.*

Data labels are rounded to the nearest 10 and do not sum to the total.

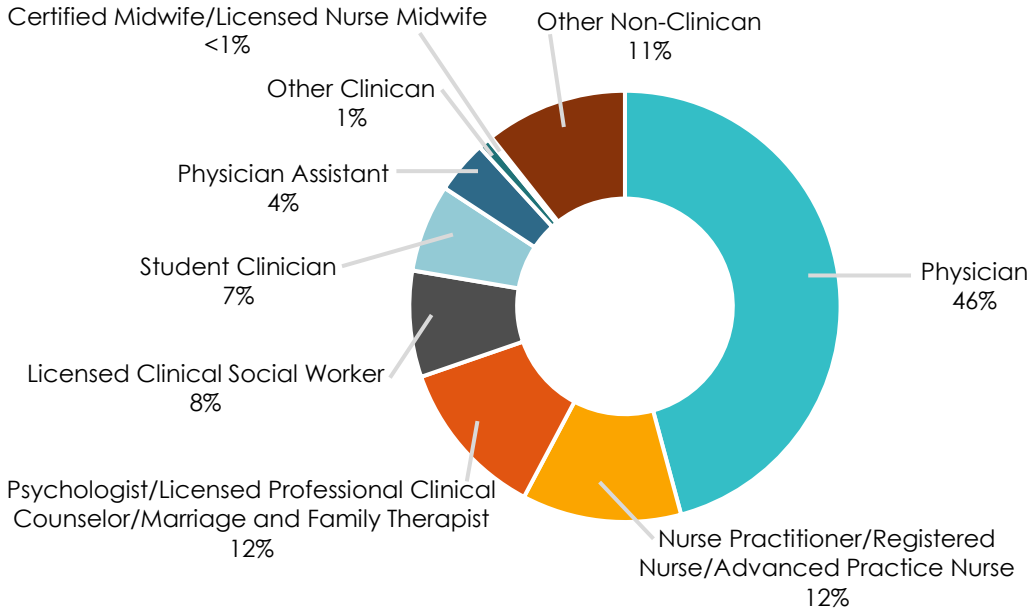
The major increase in training completions and certifications in June 2020, followed by the reduction in July, is likely attributed to the July 1, 2020 attestation deadline. Starting July 1, 2020, Medi-Cal providers must attest to completing the training to receive Medi-Cal payment for screening patients for ACEs.

Monthly certification data may not match prior reports due to providers who may have re-attested to completing the training to ensure that they qualify for Medi-Cal payment or make updates to their information. For purposes of this report, only the most recent attestation is counted. Therefore there may be differences in monthly totals when compared with prior reports.

2. Clinical Team Member and Practice Information

The ACEs Aware training registration form asks for information about clinical team members and their practices. In December 2020, the ACEs Aware training registration form was updated to include new occupation and specialty fields. Based on new categories, the occupation and specialty percentages listed in this report are not comparable with previously published reports.

Exhibit 1.2: Occupation Types Among All Training Participants

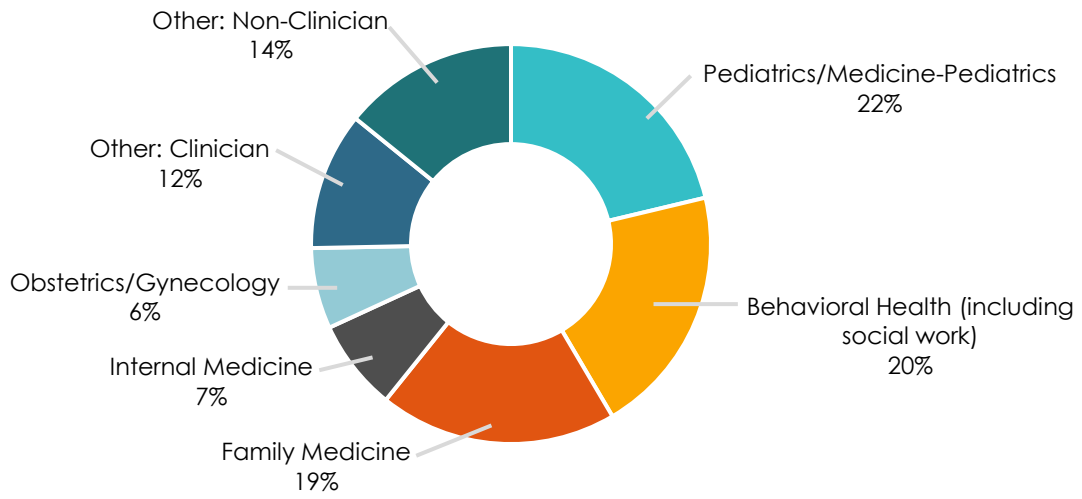


ACEs Aware March 2022 Data Update
Note: Percentages are rounded to the nearest whole number and may not total 100 percent.
Student clinician includes Student (Clinical), Medical Students, and Residents.
Other Non-Clinician includes office staff, non-profit/advoacy staff, government staff, trade association staff, researchers, non-clinical students, and fellows.
Categories have been updated since the last report, and therefore are not comparable.

- 46 percent of the individuals who completed the training are physicians; 12 percent are nurse practitioners, registered nurses, or advanced practice nurses; 12 percent are psychologists, licensed professional clinical counselors, or marriage and family therapists; 8 percent are licensed clinical social workers; 4 percent are physician assistants; and around 12 percent represent other occupations, including student clinicians, physician assistants, certified nurse midwives/licensed nurse midwives, other clinicians, and non-clinicians.

- Other occupations include medical assistants, mental health therapists, case managers, psychotherapists, registered dieticians, dentists, and health educators.
- Over time, there has been an increase in the share of these other types of clinicians completing the training.

Exhibit 1.3: Specialty Among All Training Participants



ACEs Aware March 2022 Data Update
Note: Percentages are rounded to the nearest whole number and may not total 100 percent.
Categories have been updated since the last report, and therefore are not comparable.

- Of the individuals who completed the training, 22 percent specialize in pediatrics and medicine-pediatrics, 20 percent specialize in psychology or behavioral health, and 19 percent specialize in family medicine.
  - Additional specialty areas represented amongst the clinicians include internal medicine, obstetrics/gynecology, and others, such as physicians who specialize in treating specific ACE-Associated Health Conditions (psychiatry, emergency medicine, general practice, dermatology, podiatry, addiction medicine, ophthalmology, neurology, endocrinology, general surgery, palliative medicine, pathology, allergy, etc.).
  - Over time, there has been an increase in the share of other non-clinicians completing the training. The percentage of other specialty areas has remained steady.

A. ACEs Aware Eligible Medi-Cal Provider Status

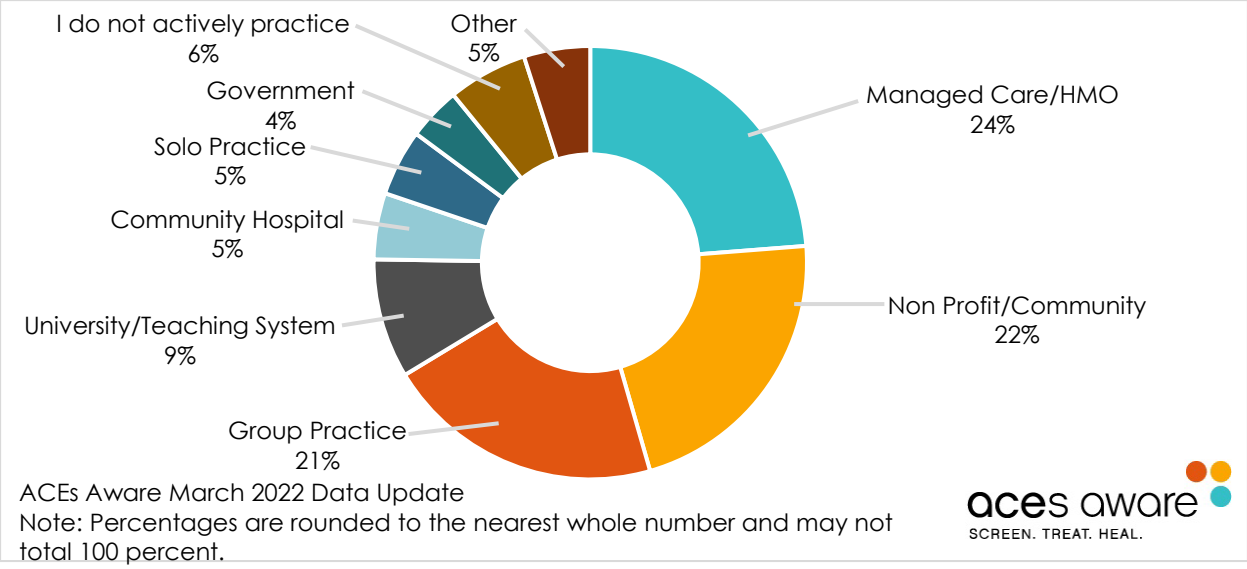
Providers who would like to receive Medi-Cal payment for conducting ACE screenings are required to provide their National Provider Identifier (NPI) number when they complete the training. Among the 13,470 individuals who provided a 10-digit NPI and completed the training, 82 percent (11,010) are eligible Medi-Cal providers. This is three percentage points lower than in the previous report.

Individuals without a NPI may still register for and complete the training. The status of eligible provider enrollment in Medi-Cal managed care and/or FFS is checked using the DHCS Provider Master File and DHCS Managed Care Provider Network File.

B. Practice Setting

Among individuals who completed the training, 24 percent are part of a managed care organization (MCO) or health maintenance organization (HMO) provider network, 22 percent work at a nonprofit or in the community, and 21 percent are in group practice. Other settings include university/teaching systems, community hospitals, solo practices, government, not actively practicing, and others. Since the last report, the proportion of individuals working in a managed care organization or HMO and group practice setting decreased (by four and two percentage points, respectively) and the percent of those working in a nonprofit or community practice setting increased by one percentage point.

Exhibit 1.4: Primary Practice Setting Among All Training Participants



ACEs Aware March 2022 Data Update
Note: Percentages are rounded to the nearest whole number and may not total 100 percent.

C. ACE Screening Rate Prior to Completing Training

Before taking the training, nearly two-thirds (60 percent) of individuals reported screening less than one-quarter of their patients for ACEs, with more than one-third (34 percent) not screening any patients – a slight decrease of one percentage points compared to the previous report. Thirteen percent indicated they do not directly provide care, which is a 3 percentage point increase from the previous report.

Exhibit 1.5: Percentage of Patients Screened for ACEs Among All Training Participants Prior to Completing Training

Percentage of Patients Screened for ACEs	Percentage of Providers Reporting Screening Patients for ACEs
0%	34%
1-25%	26%
26-50%	8%
51-75%	5%
76-100%	7%
100%	8%
I do not directly provide care	13%

Note: Percentages are rounded to the nearest whole number and may not total 100%.

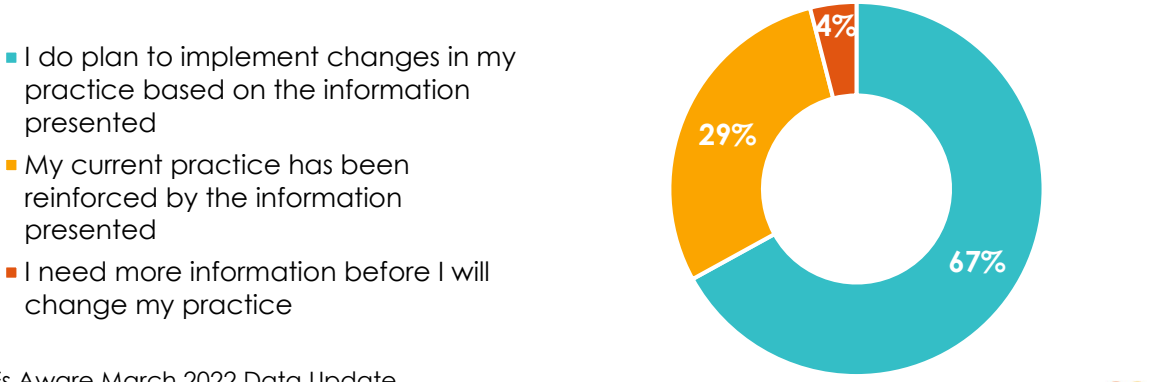
3. Training Evaluation Results

After concluding the training, participants were asked to complete an evaluation. This section summarizes the results of the training evaluations. Overall, the results presented in this section are consistent with previous reports.

A. Implementing Practice Changes Based on Training

The evaluation asked training participants to report any practice changes they intended to make based on the training. Respondents were able to select more than one practice change:

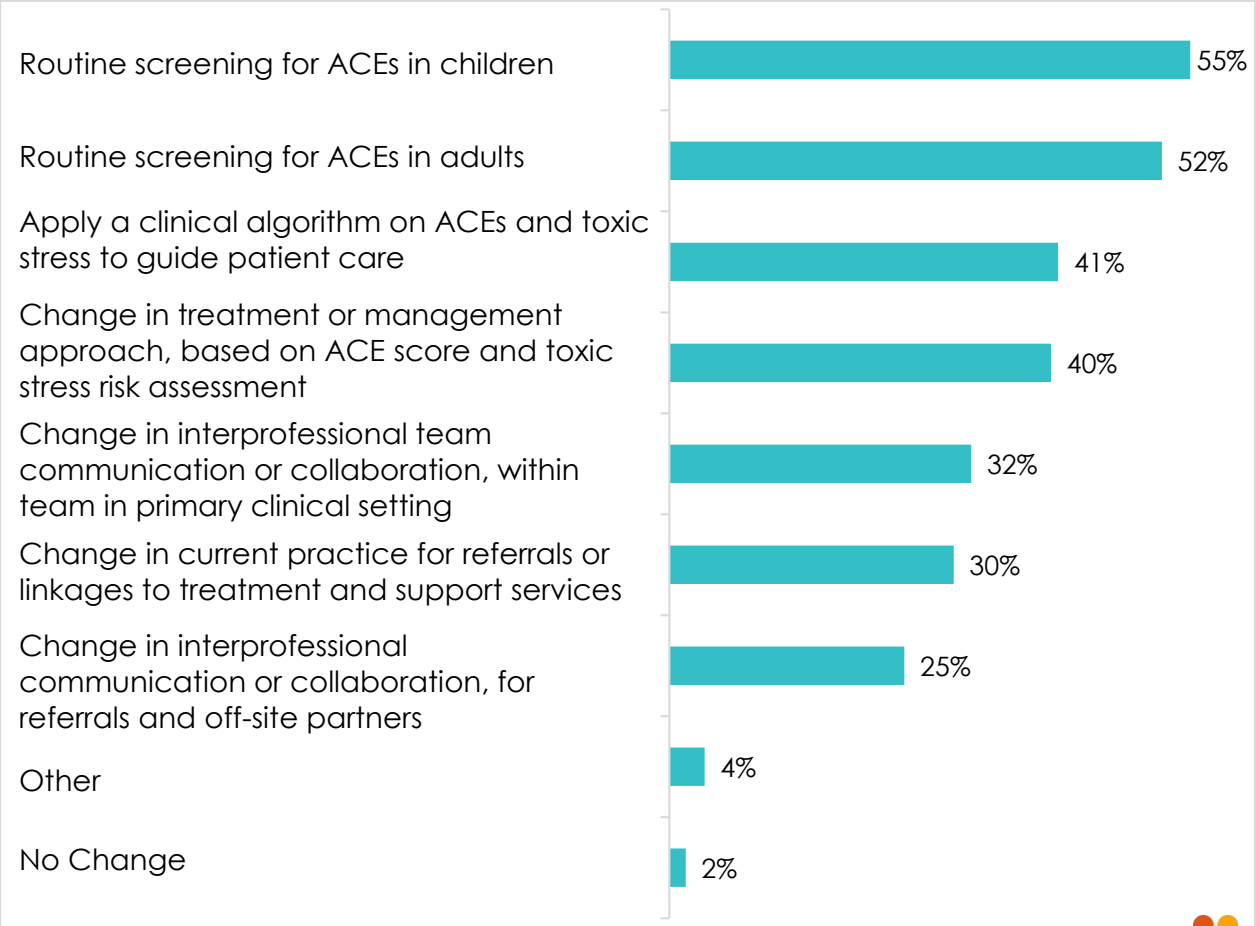
Exhibit 1.6: Percentage Among All Training Participants Intending to Change Practice After Completing ACEs Aware Training



ACEs Aware March 2022 Data Update
Note: Percentages are rounded to the nearest whole number and may not total 100 percent.

- Two-thirds (67 percent) of participants reported that they plan to implement changes in their practice based on the information presented.
- Among the approximately 6,970 participants who completed the training and reported that they did not screen any of their patients for ACEs, 79 percent indicated that they plan to implement routine ACE screening for children or adults. This rate is lower than previous data reports by two percentage points.
- More than half of individuals who completed the training reported that they plan to conduct routine ACE screenings for children (55 percent) and adults (52 percent).
- Some individuals (41 percent) plan to apply a clinical algorithm on ACEs and toxic stress to guide patient care. Additionally, 40 percent plan to change their treatment or management approach based on the patient's ACE score and toxic stress risk assessment.

Exhibit 1.7: Types of Intended Practice Change Among All Training Participants

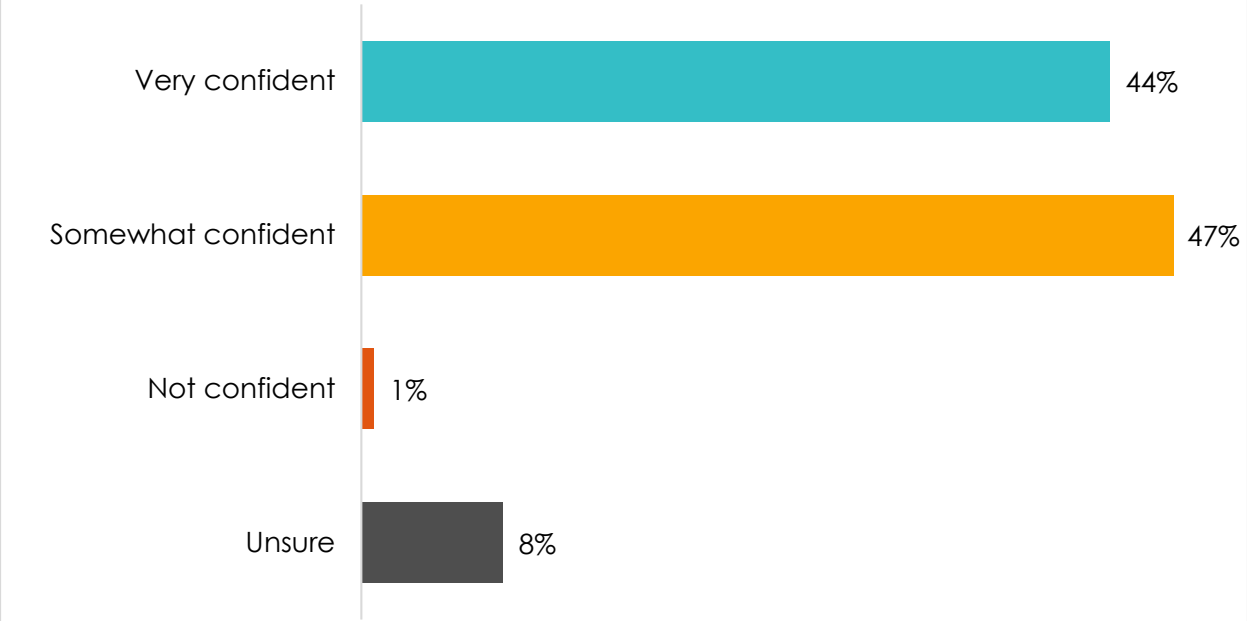


ACEs Aware March 2022 Data Update
Note: Percentages are rounded to the nearest whole number. "No Change" was added as an answer choice in May 2021.

B. Confidence in Ability to Make Intended Changes

Nearly all (91 percent) of the individuals who completed the training reported being somewhat or very confident that they would be able to make their intended changes. This is consistent with previous reports.

Exhibit 1.8: Confidence in Ability to Make Intended Changes Among All Training Participants

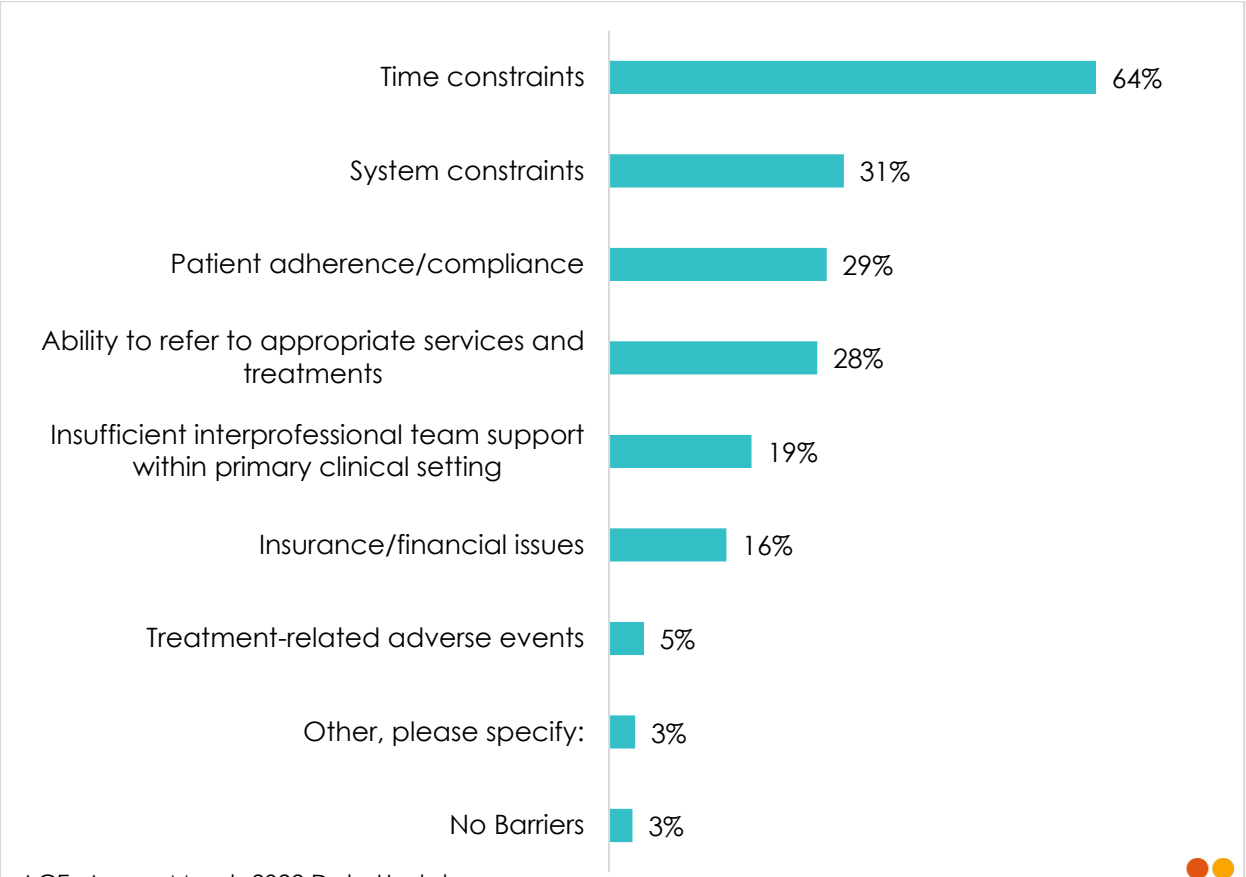


ACEs Aware March 2022 Data Update
Note: Percentages are rounded to the nearest whole number and may not total 100 percent.

C. Barriers to Implementing Practice Change

Time constraints (64 percent) and system constraints (31 percent) were most commonly chosen as anticipated barriers to implementing change. Individuals were able to select more than one answer. The proportion of people reporting time constraints as an anticipated barrier to change decreased by four percentage points compared to the previous report.

Exhibit 1.9: Barriers to Implementing Change Among All Training Participants



ACEs Aware March 2022 Data Update
Note: Percentages are rounded to the nearest whole number. "No Barriers" was added as an answer choice in May 2021.

D. Training Learning Objectives

Consistent with previous reports, the vast majority of individuals who completed the ACEs Aware training agreed or strongly agreed that the course met the training learning objectives:

- Defined ACEs, their prevalence, and their impacts on health, including underlying biological mechanisms (96 percent).
- Was evidence-based (95 percent).
- Identified how to introduce and integrate ACE screening into clinical care (94 percent).
- Enhanced their current knowledge base (94 percent).
- Was effective in presenting the material through cases (94 percent).
- Provided useful information to their practice (93 percent).
- Helped them apply the clinical algorithm for ACE screening and assessment for ACE screening and assessment for associated health conditions in creating a tailored treatment and follow-up plan (89 percent).
- Identified the Medi-Cal billing codes for administering ACE screening (78 percent).
    - The rate has increased by one percentage point since the last report, coinciding with the addition of Medi-Cal billing code information being added to the training in June 2021.

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Section 2: ACE Screening Data

Unless otherwise specified, this section summarizes ACE screening service dates between January 1, 2020 and March 31, 2021. The information reflects Medi-Cal managed care and FFS claims data extracted as of October 12, 2021. Due to the flexible timing of submitting Medi-Cal claims for payment, claims data may not be complete for up to 12 months after an ACE screening occurs. Most claims are complete within six months after the service date. The data source for this report is the DHCS Management Information System/Decision Support System (MIS/DSS) Data Warehouse. Percentages are rounded to the nearest whole number.

This data update includes the following:

1) Total number of ACE screenings conducted between January 2020 and March 2021;
2) Demographics of the population screened for ACEs;
3) Information about the providers who conducted ACE screenings; and
4) Number of screenings conducted by providers in each Medi-Cal MCP network.

1. Total Number of ACE Screenings

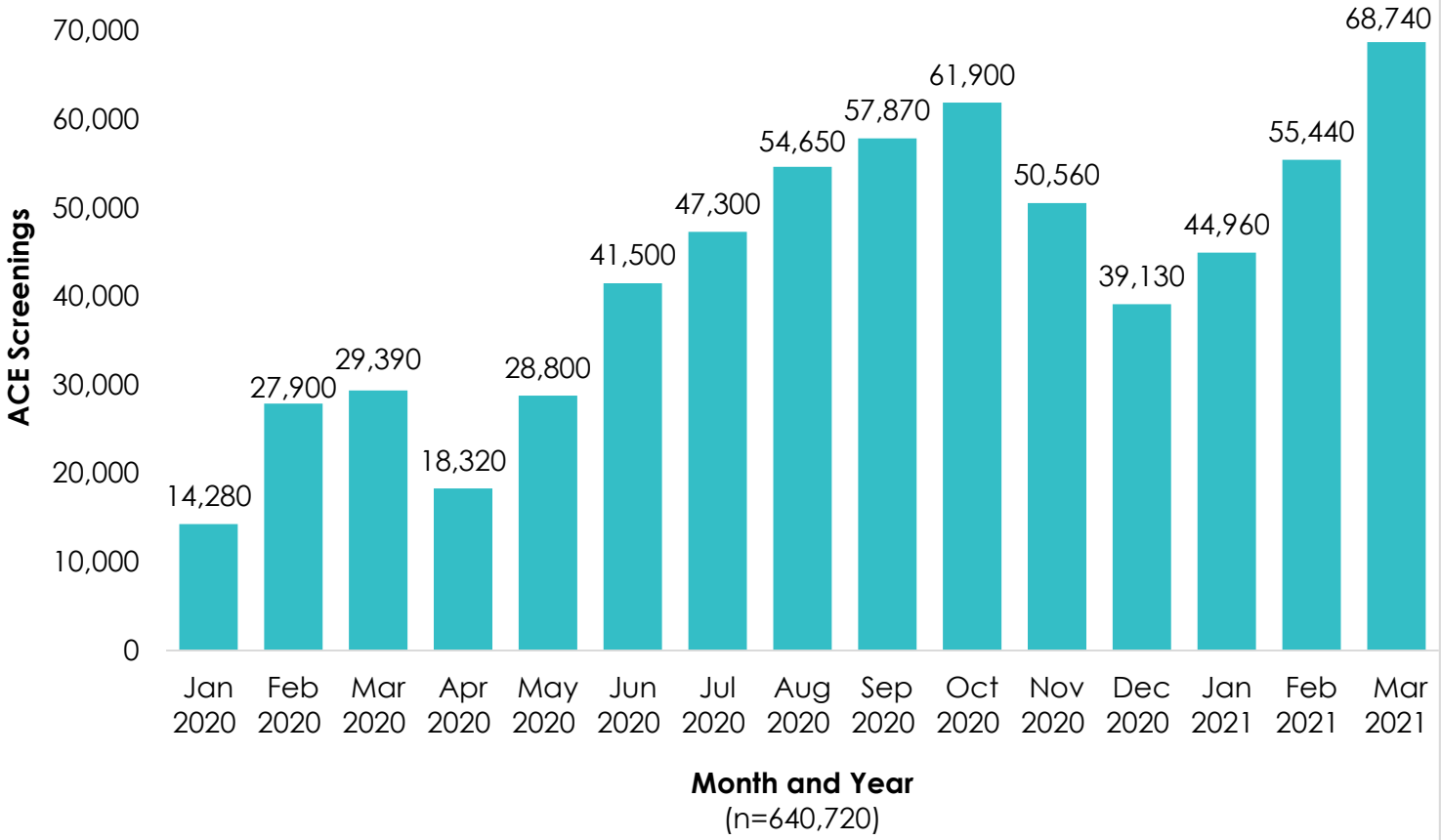
Medi-Cal providers conducted a total of 640,720 ACE screenings between January 2020 and March 2021. Because there are some cases where beneficiaries may be screened more than once, there were 518,060 unique Medi-Cal beneficiaries screened for ACEs.

Medi-Cal beneficiaries may be screened more than once per year, 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).

The number of ACE screenings has increased every month compared to the month prior, except for April, November, and December 2020, which was likely due to disruptions caused by the COVID-19 PHE. The steady increase in ACE screenings demonstrates the value that Medi-Cal providers placed on ACE screening, despite competing concerns during the PHE.

Of the 518,060 unique Medi-Cal beneficiaries who were screened, 6 percent had an ACE score of four or greater (indicating high risk for toxic stress), and 94 percent had an ACE score of three or lower (indicating lower risk for toxic stress).

Exhibit 2.1: Total ACE Screenings by Month



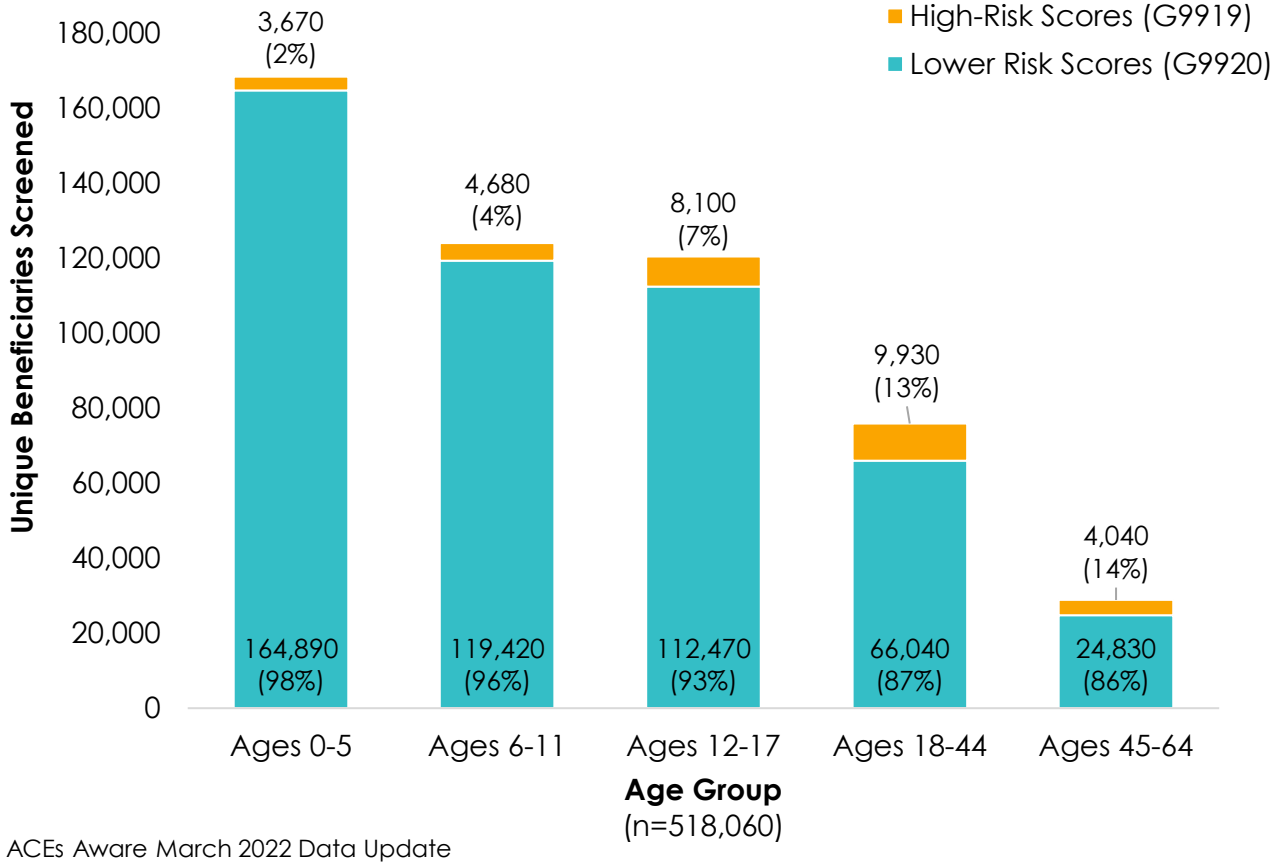
ACEs Aware March 2022 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Data labels are rounded to the nearest 10 and may not sum to the total.

2. Demographics of Medi-Cal Beneficiaries Screened for ACEs

A. ACE Screenings by Age

One-third (33 percent) of unique screenings were conducted with children under age 5 (in these cases, caregivers complete the ACE screen on the child's behalf). More than three-quarters (80 percent) of all screenings conducted were with the pediatric population under age 18. Twenty percent of all screenings conducted were with the adult population ages 18 to 64. Of the 518,060 unique Medi-Cal beneficiaries screened, the percentage of beneficiaries with a high-risk ACE score increased with age.

Exhibit 2.2: ACE Screenings by Age Group and Procedure Code



ACEs Aware March 2022 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Data labels are rounded to the nearest 10 and may not sum to the total.

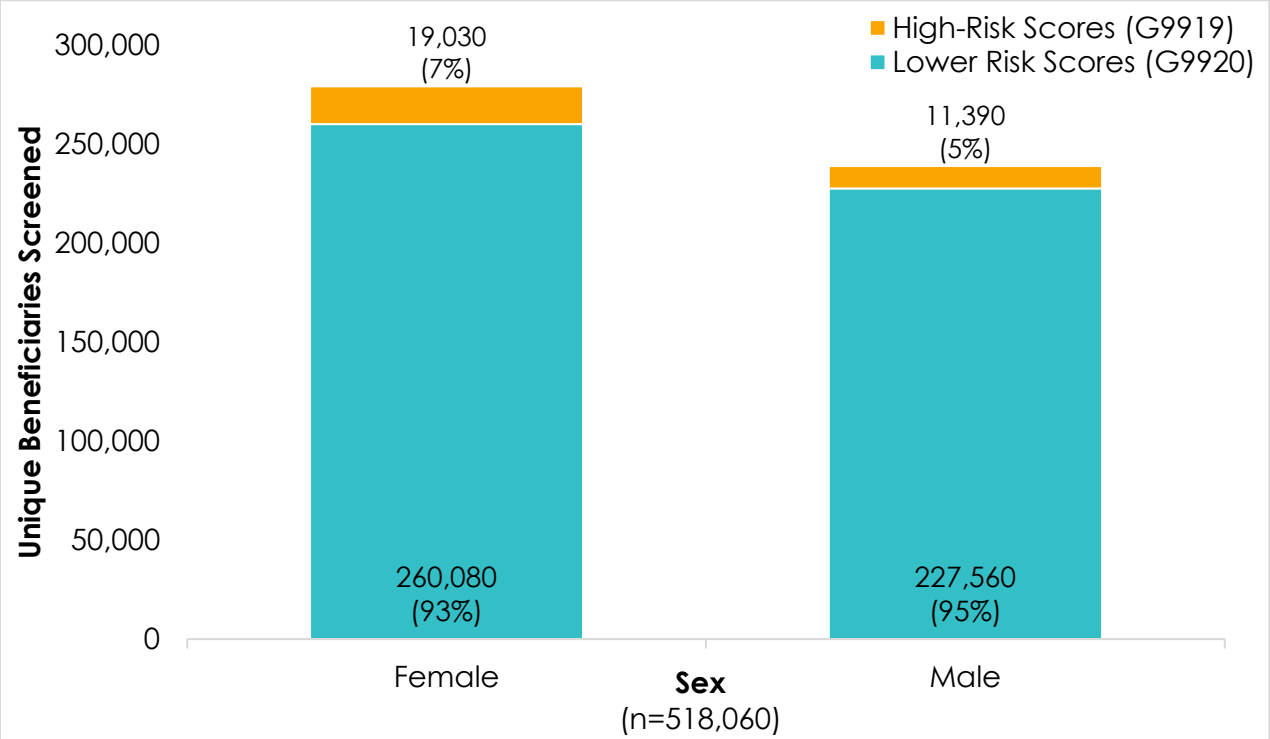
B. ACE Screenings by Sex

More than half (54 percent) of the unique Medi-Cal beneficiaries screened were female.

- **Note**: DHCS recognizes that male/female categorizations do not include all gender identities 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, 7 seven percent had high-risk ACE scores of four or more, compared to 5 percent of unique male beneficiaries screened for ACEs.

Exhibit 2.3: ACE Screenings by Sex and Procedure Code

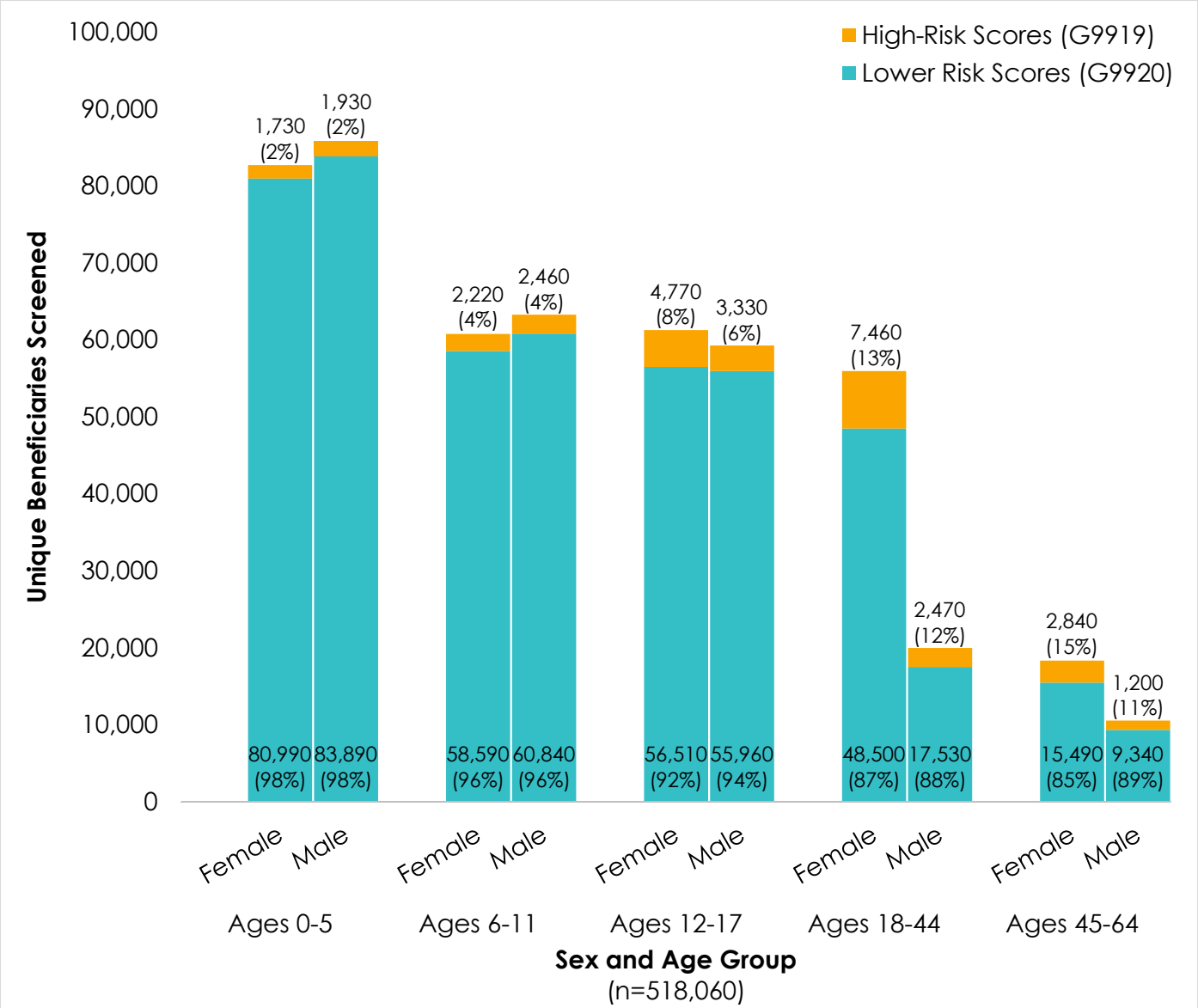


ACEs Aware March 2022 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Data labels are rounded to the nearest 10 and may not sum to the total.

C. ACE Screenings by Age and Sex

High-risk ACE scores of four or more were most prevalent among females ages 45 through 64 (15 percent), followed by females ages 18 through 44 (13 percent). The proportion of high-risk ACE scores generally increased with age regardless of sex.

Exhibit 2.4: ACE Screenings by Age Group, Sex, and Procedure Code

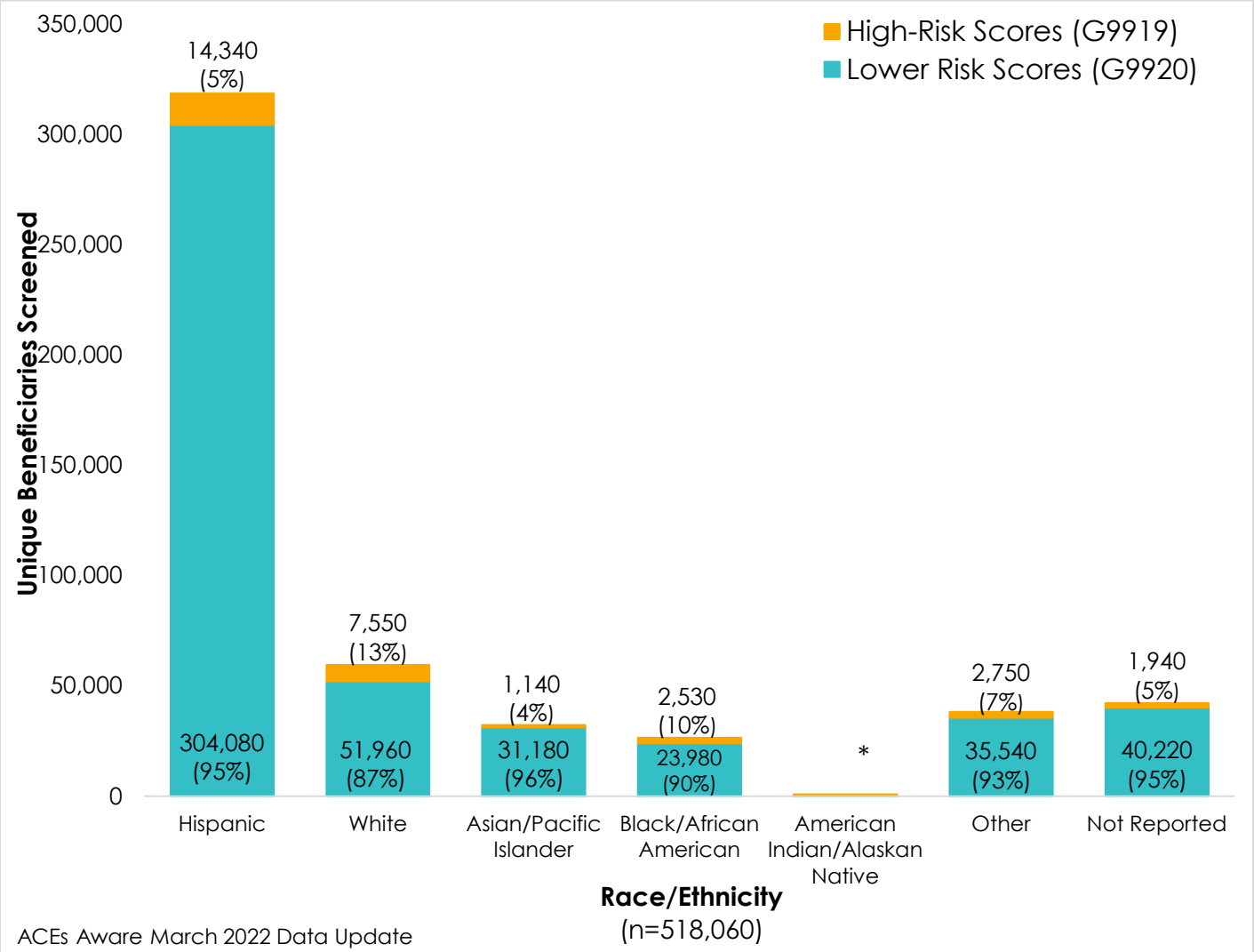


ACEs Aware March 2022 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Data labels are rounded to the nearest 10 and may not sum to the total.

D. ACE Screenings by Race/Ethnicity

The greatest number of Medi-Cal ACE screenings were conducted with Hispanic beneficiaries (61 percent), followed by White beneficiaries (11 percent), beneficiaries who did not report their race or ethnicity (8 percent), beneficiaries who reported other race or ethnicity (7 percent), Asian/Pacific Islander beneficiaries (6 percent), Black/African American beneficiaries (5 percent) and American Indian/Alaskan Native (AI/AN) beneficiaries (<1 percent).

Exhibit 2.5: ACE Screenings by Race/Ethnicity and Procedure Code



ACEs Aware March 2022 Data Update
*AI/AN lower risk score: n = 680 (80 percent), high-risk score: n = 170 (20 percent)
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Data labels are rounded to the nearest 10 and may not sum to the total.

AI/AN Medi-Cal beneficiaries had the greatest prevalence of high-risk ACE scores of four or more (20 percent), followed by White beneficiaries (13 percent), Black/African American beneficiaries (10 percent), beneficiaries who reported other race or ethnicity (7 percent), beneficiaries who did not report their race or ethnicity (5 percent), Hispanic beneficiaries (5 percent), and Asian/Pacific Islander beneficiaries (4 percent).

Notes about Race/Ethnicity Data Collection

- "Hispanic" includes beneficiaries with Hispanic ethnicity, regardless of race.
- "Asian" includes Asian and Pacific Islander categories.
- "Other" includes other race/ethnicity categories and bi-/multi-racial individuals.
- "Not Reported" includes beneficiaries for whom data is missing.

E. ACE Screenings by County

Of the 518,060 unique Medi-Cal beneficiaries screened, 133,060 beneficiaries (26 percent) were screened in Los Angeles county. Sixteen percent of beneficiaries screened were in Orange county, followed by San Bernardino county (12 percent), and Riverside county (11 percent).

Exhibit 2.6 ACE Screening by County and Procedure Code

County	Number of Unique Beneficiaries Screened*	Percentage of Total Statewide Screenings	Percentage of High-Risk ACE Score (G9919)	Percentage of Lower Risk ACE Score (G9920)
Alameda	11,440	2	8	92
Alpine	--	--	--	--
Amador	190	<1	32	68
Butte	40	<1	--	--
Calaveras	200	<1	29	71
Colusa	--	--	--	--
Contra Costa	1,080	<1	8	92
Del Norte	30	<1	54	46
El Dorado	450	<1	26	74
Fresno	19,710	4	3	97
Glenn	--	--	--	--
Humboldt	500	<1	31	69
Imperial	420	<1	5	95
Inyo	410	<1	13	87
Kern	13,580	3	10	90
Kings	1,570	<1	8	92
Lake	20	<1	--	--
Lassen	40	<1	--	--
Los Angeles	133,060	26	4	96
Madera	5,410	1	5	95
Marin	1,230	<1	7	93
Mariposa	130	<1	28	72
Mendocino	1,210	<1	14	86
Merced	160	<1	50	50
Modoc	--	--	--	--
Mono	30	<1	--	--
Monterey	110	<1	28	72
Napa	100	<1	50	51
Nevada	30	<1	--	--

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County	Number of Unique Beneficiaries Screened*	Percentage of Total Statewide Screenings	Percentage of High-Risk ACE Score (G9919)	Percentage of Lower Risk ACE Score (G9920)
Orange	83,580	16	4	96
Placer	3,100	1	4	96
Plumas	--	--	--	--
Riverside	55,220	11	6	94
Sacramento	22,170	4	5	95
San Benito	50	<1	--	--
San Bernardino	60,130	12	5	95
San Diego	44,260	9	11	89
San Francisco	280	<1	13	87
San Joaquin	2,420	<1	7	93
San Luis Obispo	550	<1	15	85
San Mateo	3,010	1	3	97
Santa Barbara	12,220	2	2	98
Santa Clara	5,070	1	3	97
Santa Cruz	110	<1	57	43
Shasta	630	<1	70	30
Sierra	0	0	0	0
Siskiyou	50	<1	51	49
Solano	390	<1	52	48
Sonoma	2,090	<1	15	85
Stanislaus	3,770	1	12	88
Sutter	50	<1	43	57
Tehama	680	<1	17	83
Trinity	20	<1	--	--
Tulare	17,020	3	6	94
Tuolumne	140	<1	31	69
Ventura	8,110	2	6	94
Yolo	1,700	<1	20	80
Yuba	100	<1	25	75
Total	**518,060**	**100**	**6**	**94**

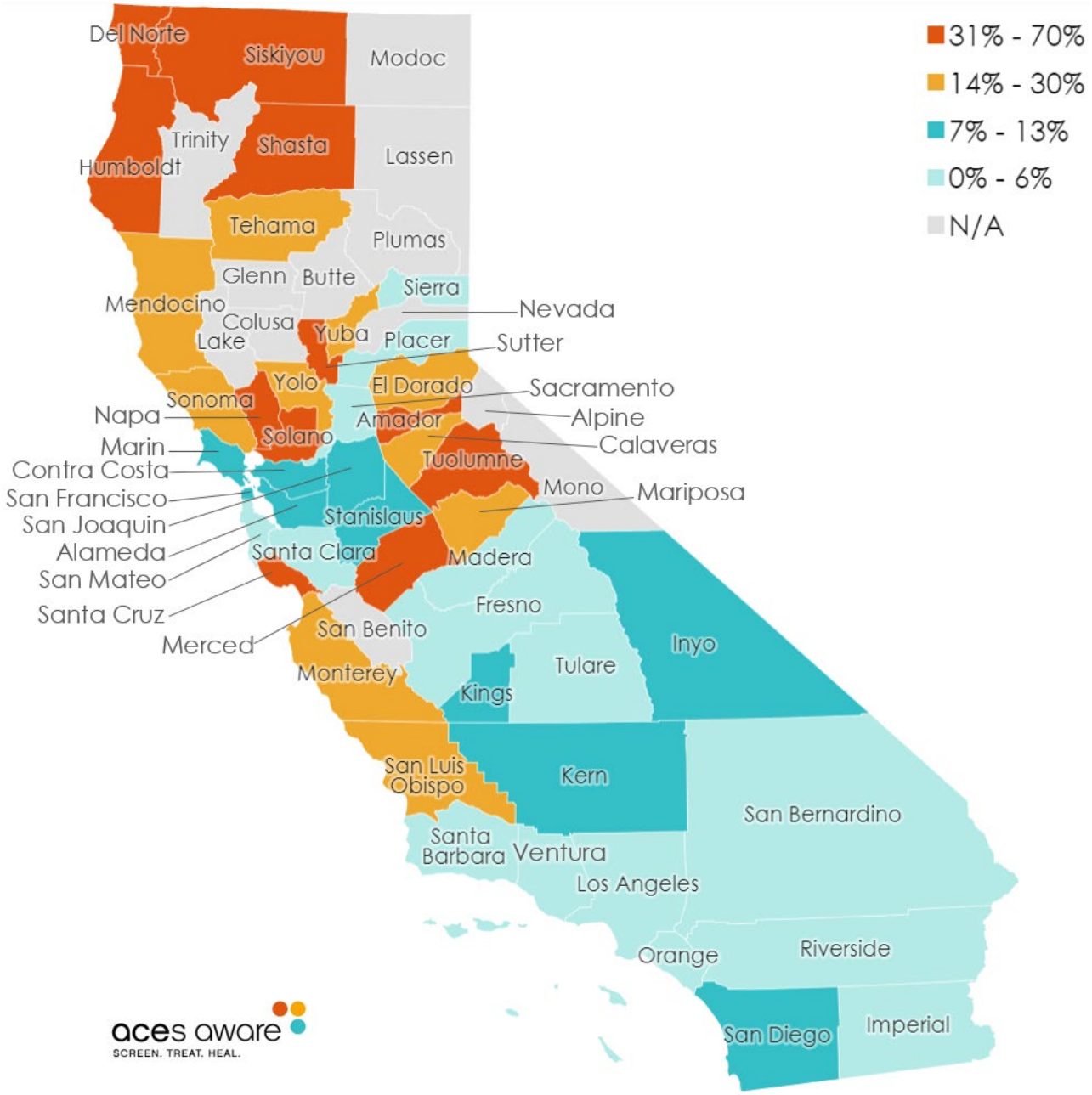
**Data extraction date: 10/12/2021*

Notes: "Number of ACE Screenings" is rounded to the nearest 10 and may not sum to the total.

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.

Please note, these ACE screenings are not a random and representative sample. DHCS does not recommend comparing the prevalence of high-risk ACE scores across counties.

Exhibit 2.7: Percentage of High-Risk ACE Scores by County



Data extraction date: 10/12/2021

Notes: "Percentage of High-Risk ACE Scores" are rounded to the nearest whole percent.

Counties marked "N/A" 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.

F. ACE Screenings by Region

Nearly half (47 percent) of ACE screenings were conducted with beneficiaries residing in Southern California (for purposes of this report, Southern California includes San Bernardino, Riverside, Orange, San Diego, and Imperial counties), followed by Los Angeles county (26 percent) and the Central Valley (12 percent).

The share of screened beneficiaries with high-risk ACE scores by region, is as follows:

- Far North/North Coast region (34 percent of 2,460 beneficiaries);
- Sierra Range/Foothills region (10 percent of 4,720 beneficiaries);
- Bay Area (8 percent of 24,680 beneficiaries);
- Sacramento Valley, Central Valley, and Southern California (6 percent of 24,760, 63,640, and 243,600 beneficiaries, respectively); and
- Central Coast and Los Angeles (4 percent of 21,150 and 133,060 beneficiaries, respectively).

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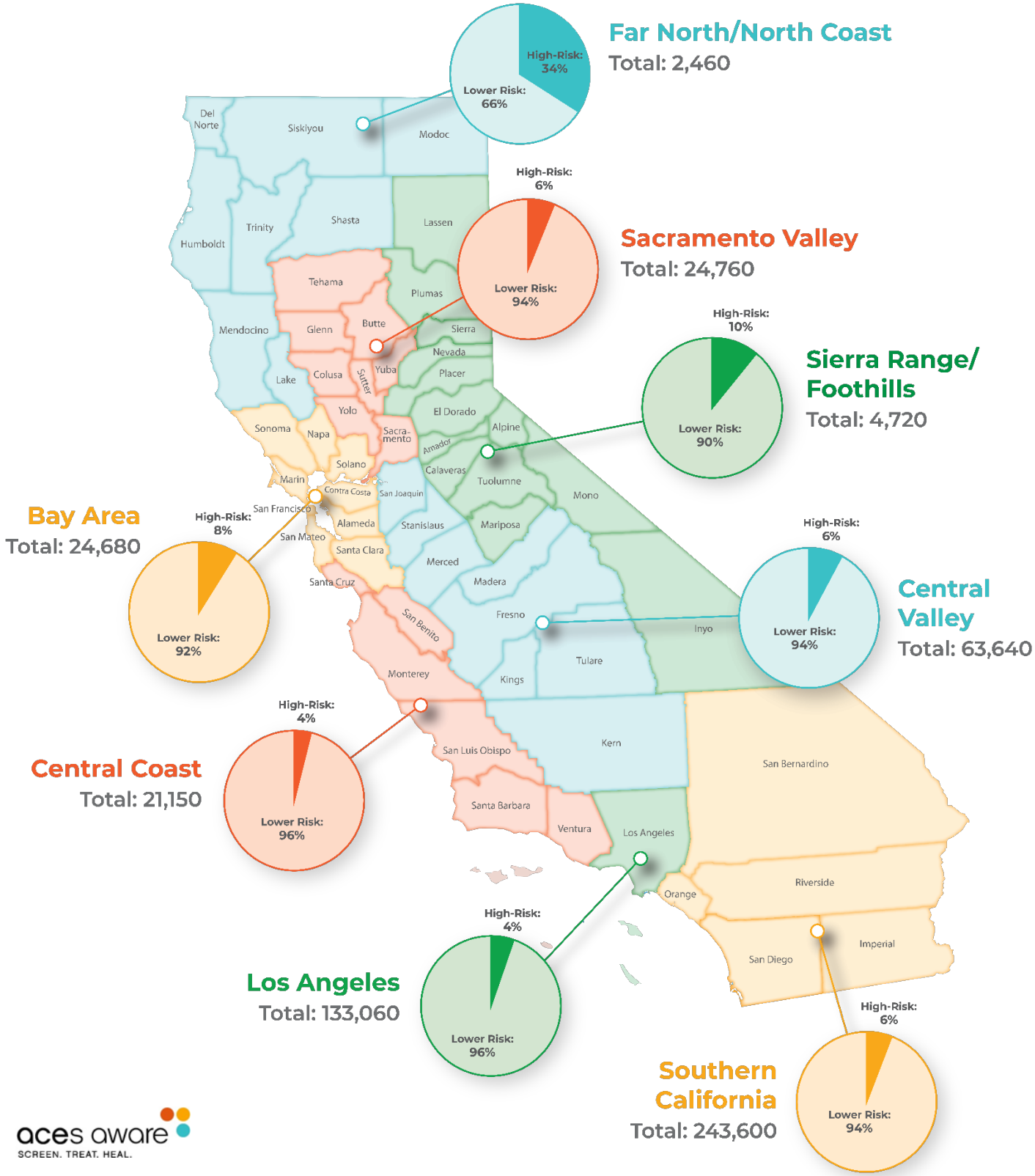
Exhibit 2.8: ACE Screenings by Region and Procedure Code



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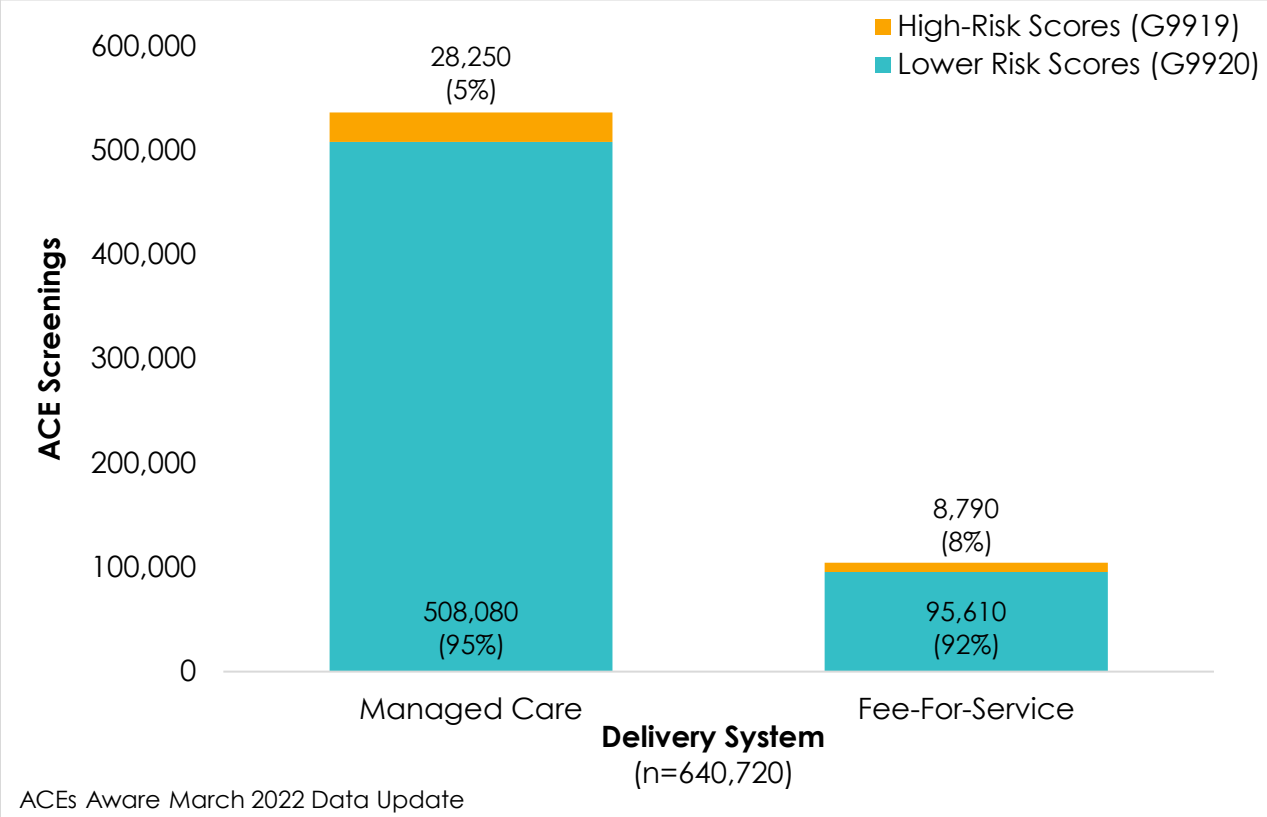
3. Summary of Providers Conducting ACE Screenings

A. ACE Screenings by Delivery System

Most ACE screenings (84 percent) were conducted by providers in the Medi-Cal managed care delivery system compared to 16 percent in the FFS delivery system.

More beneficiaries in the FFS delivery system (8 percent) had high-risk ACE scores compared to 5 percent of beneficiaries in the managed care delivery system.

Exhibit 2.9: ACE Screenings by Delivery System and Procedure Code

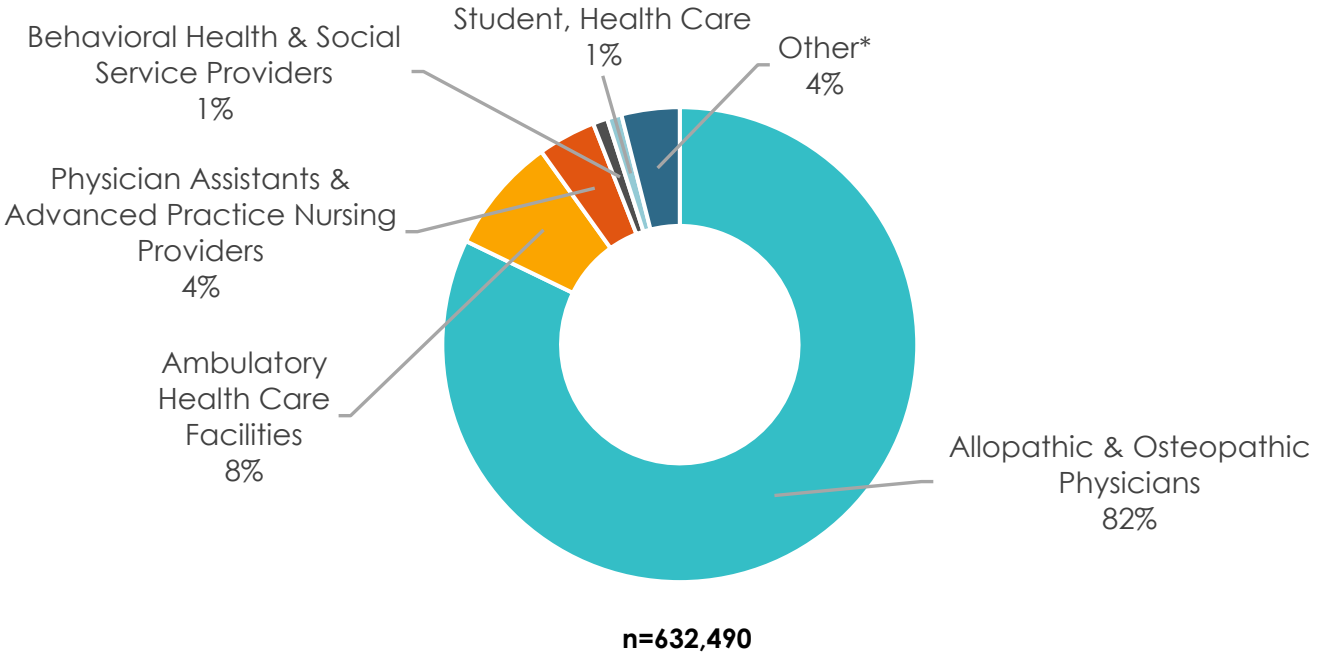


ACEs Aware March 2022 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Data labels are rounded to the nearest 10 and may not sum to the total.

B. ACE Screenings by Provider Type and Specialty

Of the 632,490 ACE screenings for which there is a rendering provider type identified, 82 percent of screenings were conducted by physicians.

Exhibit 2.10: ACE Screenings by Provider Type



n=632,490

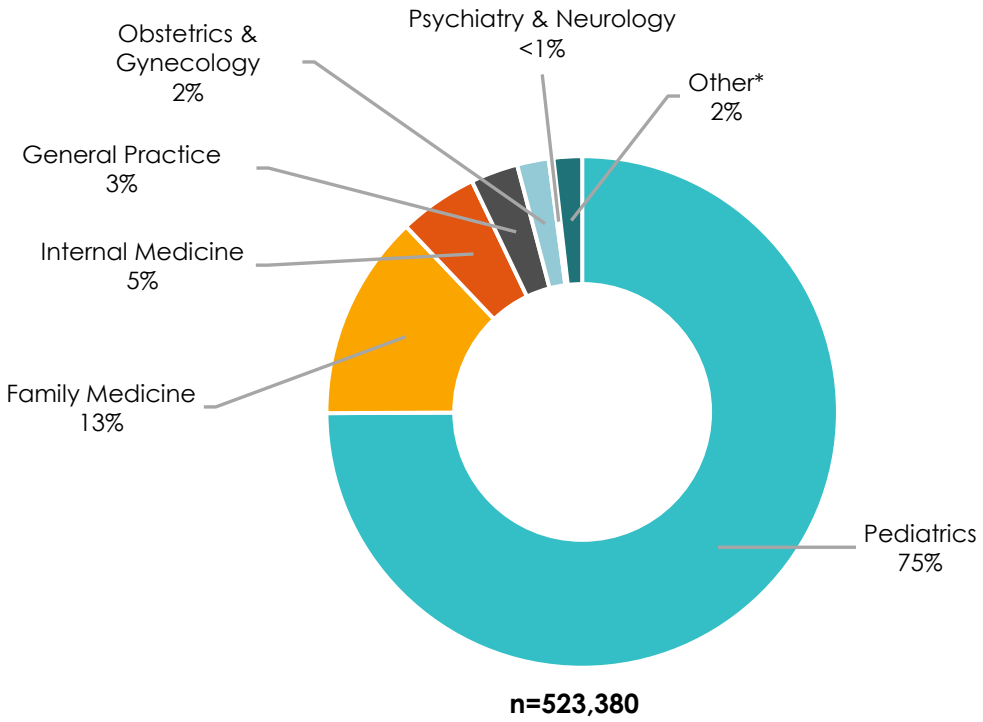
ACEs Aware March 2022 Data Update
*Other categories include: Managed care oranizations, hospitals, nursing service providers, emergency medical service providers, chiropractic providers, and other provider types.
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Percentages are rounded to the nearest whole number and may not total 100 percent.

Notes: Exhibit 2.10 represents provider types using rendering NPIs as indicated in the claims/encounter form. Some data (8,231 rendering NPIs or 1 percent of total claims, all of which are from providers within the FFS delivery system) is missing.

Rendering provider types may be an individual provider or clinic type.

Of the 523,380 physicians who conducted ACE screenings, three-quarters (75 percent) specialize in pediatrics, followed by family medicine (13 percent), internal medicine (5 percent), general practice (3 percent), obstetrics and gynecology (2 percent), psychiatry and neurology (<1 percent), and other (2 percent).

Exhibit 2.11: ACE Screenings by Physician Specialty



n=523,380

ACEs Aware March 2022 Data Update
*Other categories include: Emergency medicine, ophthalmology, clinical pharmacology, pathology, allergy and immunology, and other physician specialties.
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Percentages are rounded to the nearest whole number and may not total 100 percent.

4. ACE Screenings by Medi-Cal Managed Care Plan

A. ACE Screening Rates by Medi-Cal Managed Care Plan

Please note the different measurement periods for the following measures based on age groupings.

- **Children and Young Adults (ages 0 to 20):** MCP providers screened 397,650 unique Medi-Cal beneficiaries age 20 and under who were continuously enrolled in a single plan **between April 1, 2020 and March 31, 2021** (and were not a dual-eligible for Medi-Cal and Medicare). This represents approximately 9 percent of the Medi-Cal managed care population aged 0 to 20 that was eligible to receive a screening (i.e., non-dual, continuously enrolled). FFS providers screened 19 percent of Medi-Cal beneficiaries who were not enrolled in any plan during the measurement period.

- **Adults (Ages 21 to 64)**: MCP providers screened 84,010 unique Medi-Cal beneficiaries ages 21 through 64 who were continuously enrolled in a single plan in any continuous 12-month period **between January 1, 2020 and March 31, 2021** (and were not a dual-eligible for Medi-Cal and Medicare). This represents approximately 2 percent of the Medi-Cal managed care population aged 21 to 64 that was eligible to receive a screening (i.e., non-dual eligible, continuously enrolled). FFS providers screened less than 1 percent of Medi-Cal beneficiaries who were not enrolled in any plan during the measurement period.

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Exhibit 2.12: ACE Screening Rates for Beneficiaries Ages 0 to 20 by Medi-Cal Managed Care Plan (April 1, 2020 – March 31, 2021)

Managed Care Plan	Number of Beneficiaries Screened*	Medi-Cal Enrollment	ACE Screening Rate (%)
Aetna Better Health of California	660	6,490	10
Alameda Alliance for Health	8,480	90,530	9
Anthem Blue Cross Partnership Plan	31,030	304,690	10
Blue Shield of California Promise Health Plan	3,050	20,430	15
California Health & Wellness Plan	1,250	81,690	2
CalOptima	70,920	293,220	24
CalViva Health	16,370	172,420	9
CenCal Health	11,890	83,060	14
Central California Alliance for Health	--	163,240	--
Community Health Group Partnership Plan	9,770	108,450	9
Contra Costa Health Plan	360	69,680	1
Gold Coast Health Plan	6,400	88,300	7
Health Net Community Solutions, Inc.	56,370	539,400	10
Health Plan of San Joaquin	3,300	162,140	2
Health Plan of San Mateo	2,840	44,120	6
Inland Empire Health	78,700	567,820	14
Kern Health Systems	9,840	131,560	7
Kaiser Permanente	--	67,770	--
L.A. Care Health Plan	60,460	779,900	8
Molina Healthcare of California Partner Plan, Inc.	15,760	162,330	10
Partnership HealthPlan of California	5,700	205,320	3
San Francisco Health Plan	160	38,220	0
Santa Clara Family Health Plan	3,900	95,930	4
United Healthcare Community Plan	390	3,720	10
Total – MCP	**397,650**	**4,280,420**	**9**
Total – FFS	**36,310**	**189,690**	**19**

*Data extraction date: 10/12/2021

Notes: "Number of Beneficiaries Screened" and "Medi-Cal Enrollment" data are rounded to the nearest 10 and may not sum to the total.

"Percentage Medi-Cal Population Screened" data is rounded to the nearest whole percent.

"Medi-Cal Enrollment" is the count of distinct non-dual individuals who were enrolled in a single plan from April 1, 2020 to March 31, 2021. Since the last ACEs Aware data report was a count of distinct non-dual eligible individuals who had been enrolled in a single plan for the first nine months of 2020, the rates under "ACE Screening Rate" are not comparable to the previous report.

"ACE Screening Rate" means the percentage of eligible Medi-Cal beneficiaries screened for ACEs during the measurement period noted in the table header.

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.

The screens in this report are collected by capturing claims utilizing the designated G9919 and G9920 codes for ACE screenings. Some plans report implementing ACE screening during the measurement period without the electronic coding and capture of the G9919 and G9920 codes. Any additional screenings that were not documented with these codes would not be counted in this report.

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Exhibit 2.13: ACE Screening Rates for Beneficiaries Ages 21 to 64 by Medi-Cal Managed Care Plan (January 1, 2020 – March 31, 2021)

Managed Care Plan	Number of Beneficiaries Screened*	Medi-Cal Enrollment	ACE Screening Rate (%)
Aetna Better Health of California	620	12,070	5
Alameda Alliance for Health	140	110,820	<1
AltaMed	0	270	0
Anthem Blue Cross Partnership Plan	1,530	325,370	<1
Blue Shield of California Promise Health Plan	3,750	40,850	9
California Health & Wellness Plan	330	89,400	<1
CalOptima	8,730	296,570	3
CalViva Health	1,330	147,850	1
CenCal Health	310	65,650	<1
Central California Alliance for Health	220	125,400	<1
Community Health Group Partnership Plan	6,900	104,330	7
Contra Costa Health Plan	--	78,340	--
Gold Coast Health Plan	1,260	74,700	2
Health Net Community Solutions, Inc.	9,070	555,600	2
Health Plan of San Joaquin	1,720	138,860	1
Health Plan of San Mateo	30	40,540	<1
Inland Empire Health	19,510	518,520	4
Kern Health Systems	870	107,930	1
Kaiser Permanente	--	57,310	--
L.A. Care Health Plan	12,690	869,490	1
Molina Healthcare of California Partner Plan, Inc.	6,950	176,090	4
Partnership HealthPlan of California	2,060	223,080	1
San Francisco Health Plan	20	63,420	<1
Santa Clara Family Health Plan	30	92,730	<1
United Healthcare Community Plan	670	7,930	8
Total – MCP	**78,750**	**4,323,890**	**2**
Total – FFS	**5,260**	**946,470**	**1**

**Data extraction date: 10/12/2021*

"Number of Beneficiaries Screened" and "Medi-Cal Enrollment" is rounded to the nearest 10 and may not sum to the total.

"Percentage Medi-Cal Population Screened" is rounded to the nearest 1 percent.

"Medi-Cal Enrollment" is the count of distinct non-dual individuals who had been enrolled in a single plan for any 12 continuous months in the measurement period. Since the last ACEs Aware data report was a count of distinct non-dual eligible individuals who had been enrolled in a single plan for the first nine months of 2020, the rates here under "ACE Screening Rate" are not comparable to the previous report.

"ACE Screening Rate" means the percentage of eligible Medi-Cal beneficiaries screened for ACEs during the measurement period noted in the table header.

-- 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.

The screens in this report are collected by capturing claims utilizing the designated G9919 and G9920 codes for ACE screenings. Some plans report implementing ACE screening during the measurement period without the electronic coding and capture of the G9919 and G9920 codes. Any additional screenings that were not documented with these codes would not be counted in this report.

B. ACE Screening Rate by Medi-Cal Managed Care Plan for Beneficiaries who had a Primary Care Visit*

Please note the different measurement periods for the following measures based on age groupings.

- **Children and Young Adults (ages 0 to 20):** MCP providers screened 315,220 unique Medi-Cal beneficiaries age 20 and under who were continuously enrolled in a single plan **from April 1, 2020 to March 31, 2021** (and were not a dual-eligible for Medi-Cal and Medicare) and have had at least one primary care visit in the same time period. This represents approximately 11 percent of the Medi-Cal managed care population aged 0 to 20 who were eligible to receive a screening, had at least one primary care visit in the 12-month period, and were continuously enrolled in the same time period. FFS providers screened 9 percent of Medi-Cal beneficiaries who had a primary care visit during the measurement period.

- **Adults (ages 21 to 64):** MCP providers screened 63,735 unique Medi-Cal beneficiaries aged 21 through 64 who were continuously enrolled in a single plan for any continuous 12 months **from January 1, 2020 to March 31, 2021** (and were not a dual-eligible for Medi-Cal and Medicare) and have had at least one primary care visit in the same time period. This represents approximately 2 percent of the Medi-Cal managed care population who were eligible to receive a screening, had had at least one primary care visit during the measurement period, and were continuously enrolled for any 12-months in the measurement period. FFS providers screened approximately 1 percent of Medi-Cal beneficiaries who were not enrolled in any plan and had a primary care visit during the measurement period.

- ***Primary care visits** were defined as encounters with primary care providers (PCPs). Providers were identified as PCPs in the claims data when the rendering provider NPI yielded the data element PCP=TRUE at least once in the Managed Care Provider Network file (based on the CHHS Open Data Portal file).
    - FQHC primary care visits were identified by Current Procedural Terminology (CPT) Code T1015 (Medical, per visit).

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Exhibit 2.14: ACE Screening Rates by Medi-Cal Managed Care Plan for Beneficiaries Ages 0 to 20 who had a Primary Care Visit, (April 1, 2020 – March 31, 2021)

Managed Care Plan	Number of Beneficiaries Screened*	Medi-Cal Enrollment	ACE Screening Rate (%)	Percentage of Beneficiaries with High-Risk ACE Score (G9919)	Percentage of Beneficiaries with Lower Risk ACE Score (G9920)
Aetna Better Health of California	420	3,910	11	4	96
Alameda Alliance for Health	7,300	63,100	12	8	92
Anthem Blue Cross Partnership Plan	26,890	208,940	13	5	95
Blue Shield of California Promise Health Plan	2,530	13,340	19	4	96
California Health & Wellness Plan	940	59,100	2	9	91
CalOptima	41,020	176,900	23	3	97
CalViva Health	13,650	121,190	11	3	97
CenCal Health	11,240	67,260	17	2	98
Central California Alliance for Health	--	122,340	--	--	--
Community Health Group Partnership Plan	8,270	77,220	11	6	94
Contra Costa Health Plan	300	47,330	1	6	94
Gold Coast Health Plan	5,300	61,360	9	4	96
Health Net Community Solutions, Inc.	48,880	361,060	14	4	96
Health Plan of San Joaquin	2,690	111,980	2	3	97
Health Plan of San Mateo	2,470	30,510	8	3	97
Inland Empire Health	63,790	379,320	17	4	96
Kern Health Systems	8,430	91,200	9	10	90
Kaiser Permanente	--	49,130	--	--	--
L.A. Care Health Plan	49,450	517,410	10	3	97

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Managed Care Plan	Number of Beneficiaries Screened*	Medi-Cal Enrollment	ACE Screening Rate (%)	Percentage of Beneficiaries with High-Risk ACE Score (G9919)	Percentage of Beneficiaries with Lower Risk ACE Score (G9920)
Molina Healthcare of California Partner Plan, Inc.	13,100	104,600	13	4	96
Partnership HealthPlan of California	4,730	143,270	3	10	90
San Francisco Health Plan	130	28,610	<1	9	91
Santa Clara Family Health Plan	3,410	69,290	5	2	98
United Healthcare Community Plan	240	2,220	11	6	94
Total – MCP	**315,220**	**2,910,590**	**11**	**4**	**96**
Total – FFS	**7,390**	**84,340**	**9**	**13**	**87**

**Data extraction date: 10/12/2021*

"Number of Beneficiaries Screened" and "Medi-Cal Enrollment" are rounded to the nearest 10 and may not sum to the total. "Percentage Medi-Cal Population Screened," Percentage of High-Risk ACE Score," and "Percentage of Lower Risk ACE Score" are rounded to the nearest whole percent.

"Medi-Cal Enrollment" is the count of distinct non-dual individuals who had been enrolled in a single plan from April 1, 2020 to March 31, 2021.

"ACE Screening Rate" means the percentage of eligible Medi-Cal beneficiaries screened for ACEs during the measurement period noted in the table header.

-- 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.

The screens in this report are collected by capturing claims utilizing the designated G9919 and G9920 codes for ACE screenings. Some plans report implementing ACE screening during the measurement period without the electronic coding and capture of the G9919 and G9920 codes. Any additional screenings that were not documented with these codes would not be counted in this report.

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Exhibit 2.15: ACE Screening Rates by Medi-Cal Managed Care Plan for Beneficiaries Ages 21 to 64 who had a Primary Care Visit (January 1, 2020 – March 31, 2021)

Managed Care Plan	Number of Beneficiaries Screened*	Medi-Cal Enrollment	ACE Screening Rate (%)	Percentage of Beneficiaries with High-Risk ACE Score (G9919)	Percentage of Beneficiaries with Lower Risk ACE Score (G9920)
Aetna Better Health of California	380	7,820	5	12	88
Alameda Alliance for Health	110	79,700	<1	23	77
AltaMed	0	90	0	0	0
Anthem Blue Cross Partnership Plan	1,200	236,320	1	18	82
Blue Shield of California Promise Health Plan	2,950	29,020	10	20	80
California Health & Wellness Plan	280	70,190	<1	32	68
CalOptima	6,820	219,630	3	12	88
CalViva Health	1,110	117,560	1	13	87
CenCal Health	250	49,980	<1	15	85
Central California Alliance for Health	140	96,550	<1	60	40
Community Health Group Partnership Plan	5,860	79,450	7	16	84
Contra Costa Health Plan	--	59,290	--	--	--
Gold Coast Health Plan	960	56,360	2	12	88
Health Net Community Solutions, Inc.	7,450	394,940	2	12	88
Health Plan of San Joaquin	1,390	107,760	1	22	78
Health Plan of San Mateo	--	28,960	--	--	--
Inland Empire Health	15,950	403,740	4	11	89
Kern Health Systems	700	85,930	1	12	88

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Managed Care Plan	Number of Beneficiaries Screened*	Medi-Cal Enrollment	ACE Screening Rate (%)	Percentage of Beneficiaries with High-Risk ACE Score (G9919)	Percentage of Beneficiaries with Lower Risk ACE Score (G9920)
Kaiser Permanente	--	49,370	--	--	--
L.A. Care Health Plan	10,590	634,180	2	11	89
Molina Healthcare of California Partner Plan, Inc.	5,520	123,010	4	14	86
Partnership HealthPlan of California	1,590	171,450	1	56	44
San Francisco Health Plan	--	47,550	--	--	--
Santa Clara Family Health Plan	20	70,180	<1	--	--
United Healthcare Community Plan	430	4,970	9	18	82
Total – MCP	**63,740**	**3,224,470**	**2**	**14**	**86**
Total – FFS	**1,580**	**207,150**	**1**	**14**	**86**

**Data extraction date: 10/12/2021*

"Number of Beneficiaries Screened" and "Medi-Cal Enrollment" are rounded to the nearest 10 and may not sum to the total. "Percentage Medi-Cal Population Screened," Percentage of High-Risk ACE Score," and "Percentage of Lower Risk ACE Score" are rounded to the nearest 1 percent.

"Medi-Cal Enrollment" is the count of distinct non-dual individuals who had been enrolled in a single plan for any 12 continuous months in the measurement period.

"ACE Screening Rate" means the percentage of eligible Medi-Cal beneficiaries screened for ACEs during the measurement period noted in the table header.

-- 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.

The screens in this report are collected by capturing claims utilizing the designated G9919 and G9920 codes for ACE screenings. Some plans report implementing ACE screening during the measurement period without the electronic coding and capture of the G9919 and G9920 codes. Any additional screenings that were not documented with these codes would not be counted in this report.

C. ACE Screening Incidence by Race/Ethnicity for Beneficiaries who had a Primary Care Visit

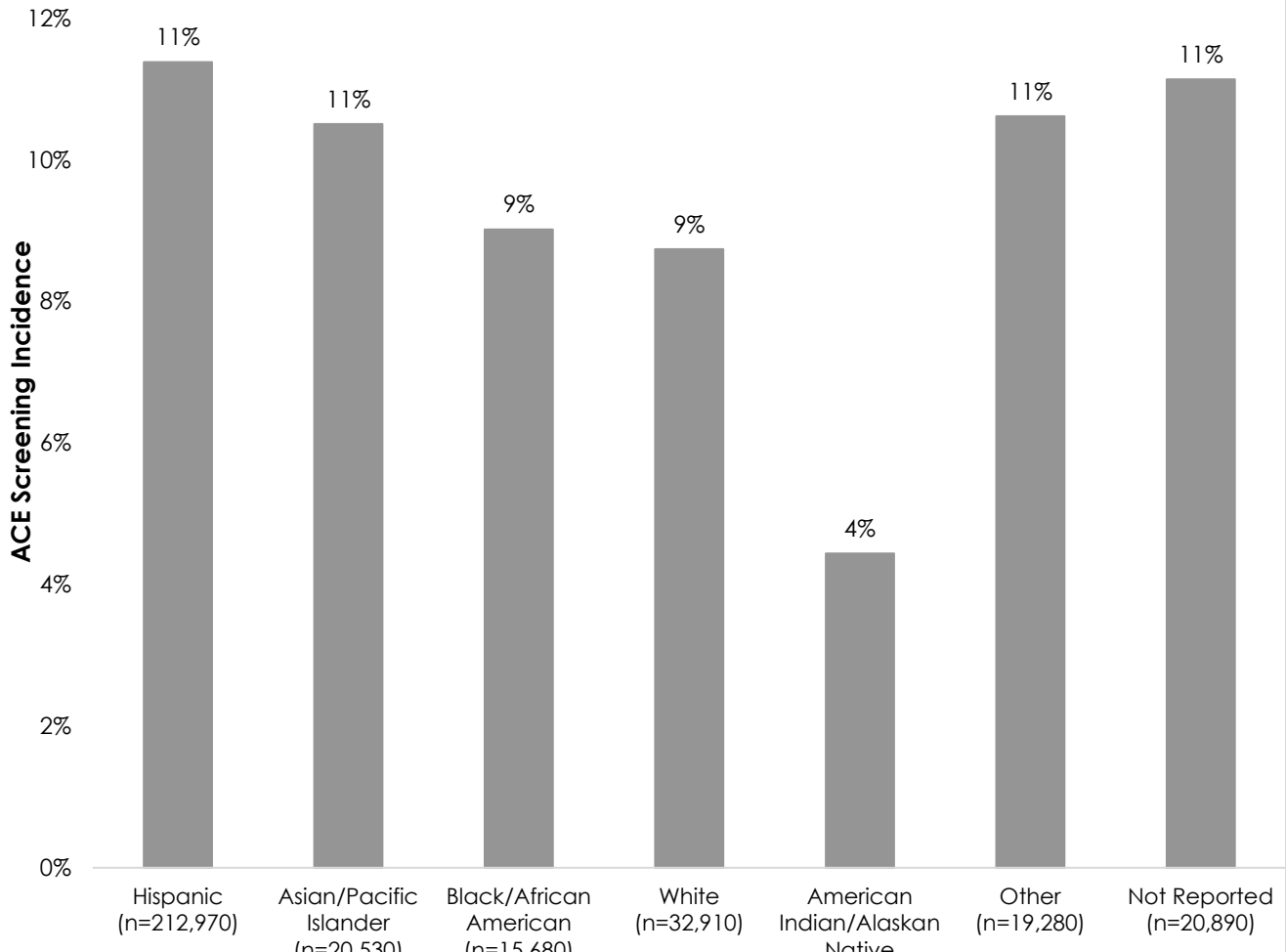
Please note the different measurement periods for the following measures based on age groupings.

- **Children and Young Adults (ages 0 to 20):** Among Medi-Cal beneficiaries ages 0 to 20 who were not a dual-eligible for Medi-Cal and Medicare, were continuously enrolled in one MCP **from April 1, 2020 to March 31, 2021,** and had at least one primary care visit in the same time period, 11 percent overall received an ACE screening.
    - Hispanic beneficiaries, beneficiaries who reported other race or ethnicity, beneficiaries who did not report their race or ethnicity, and Asian/Pacific Islander beneficiaries each had a screening rate of 11 percent. In addition, 9 percent of Black/African American beneficiaries, 8 percent of White beneficiaries, and 4 percent of American Indian/Alaskan Native (AI/AN) beneficiaries received an ACE screening.
    - AI/AN Medi-Cal beneficiaries had the greatest prevalence of high-risk ACE scores of four or more (11 percent), followed by White beneficiaries (8 percent), Black/African American beneficiaries (7 percent), beneficiaries who reported other race or ethnicity (4 percent), beneficiaries who did not report their race or ethnicity (4 percent), Hispanic beneficiaries (4 percent), and Asian/Pacific Islander beneficiaries (3 percent).

- **Adults (ages 21 to 64):** Among Medi-Cal beneficiaries ages 21 to 64 who were not a dual-eligible for Medi-Cal and Medicare, were continuously enrolled in one MCP for any 12 continuous months during **January 1, 2020 to March 31, 2021,** and had at least one primary care visit in the same time period, 2 percent overall received an ACE screening.
    - Beneficiaries who reported other race or ethnicity, beneficiaries who did not report their race or ethnicity, Hispanic beneficiaries, White beneficiaries, and Black/African American beneficiaries who received an ACE screening each had a screening rate of 2 percent. In addition, 1 percent of Asian/Pacific Islander and American Indian/Alaskan Native (AI/AN) beneficiaries received an ACE screening.
    - AI/AN Medi-Cal beneficiaries had the greatest prevalence of high-risk ACE scores of four or more (37 percent), followed by White

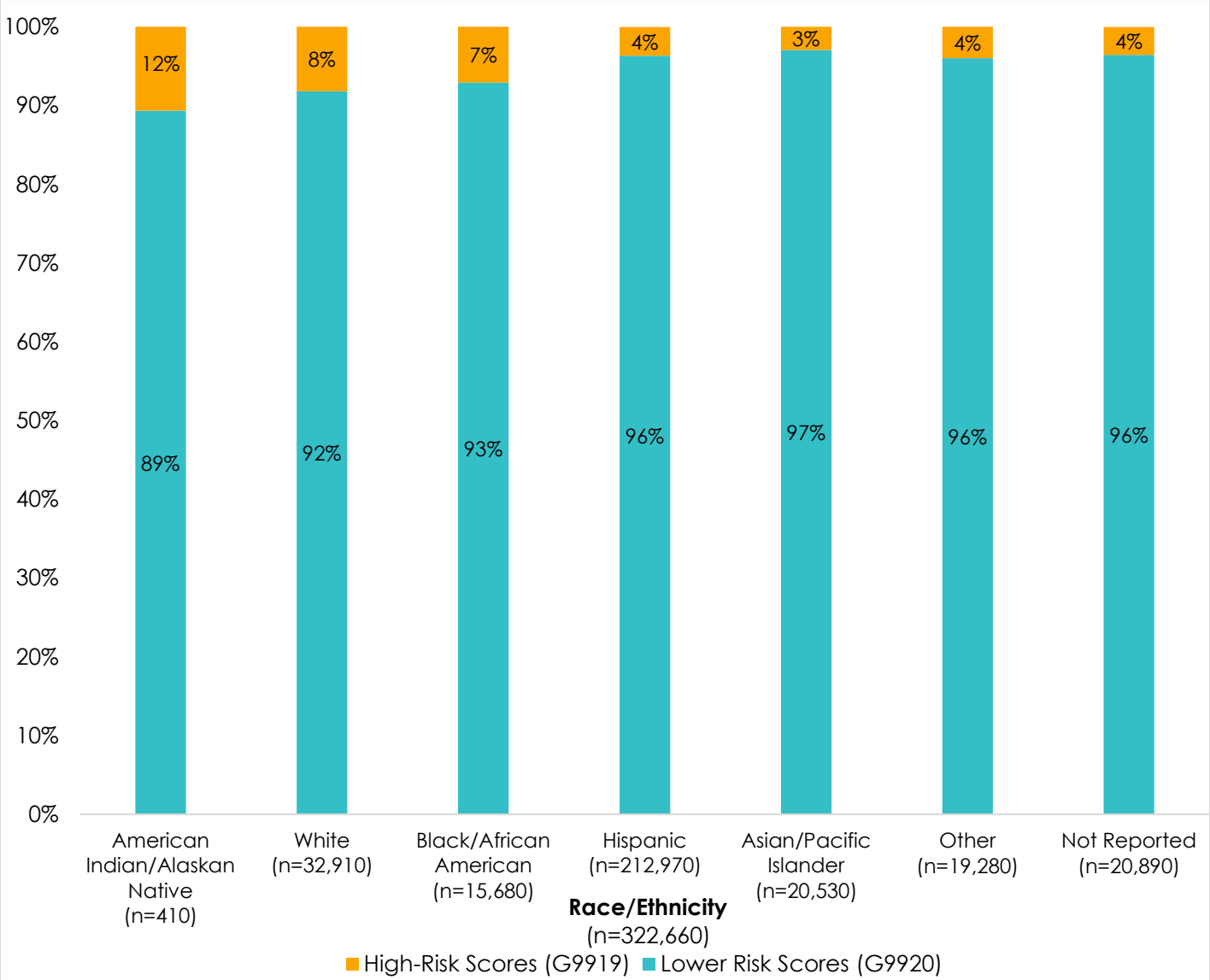
beneficiaries (23 percent), beneficiaries who did not report their race or ethnicity (17 percent), beneficiaries who reported other race or ethnicity (16 percent), Black/African American beneficiaries (16 percent), Hispanic beneficiaries (10 percent), and Asian/Pacific Islander beneficiaries (7 percent).

Exhibit 2.16: ACE Screening Incidence (i.e., Percent of Specified Population who Received an ACE Screening) by Race/Ethnicity for Beneficiaries ages 0 to 20 who had a Primary Care Visit – April 1, 2020 to March 31, 2021



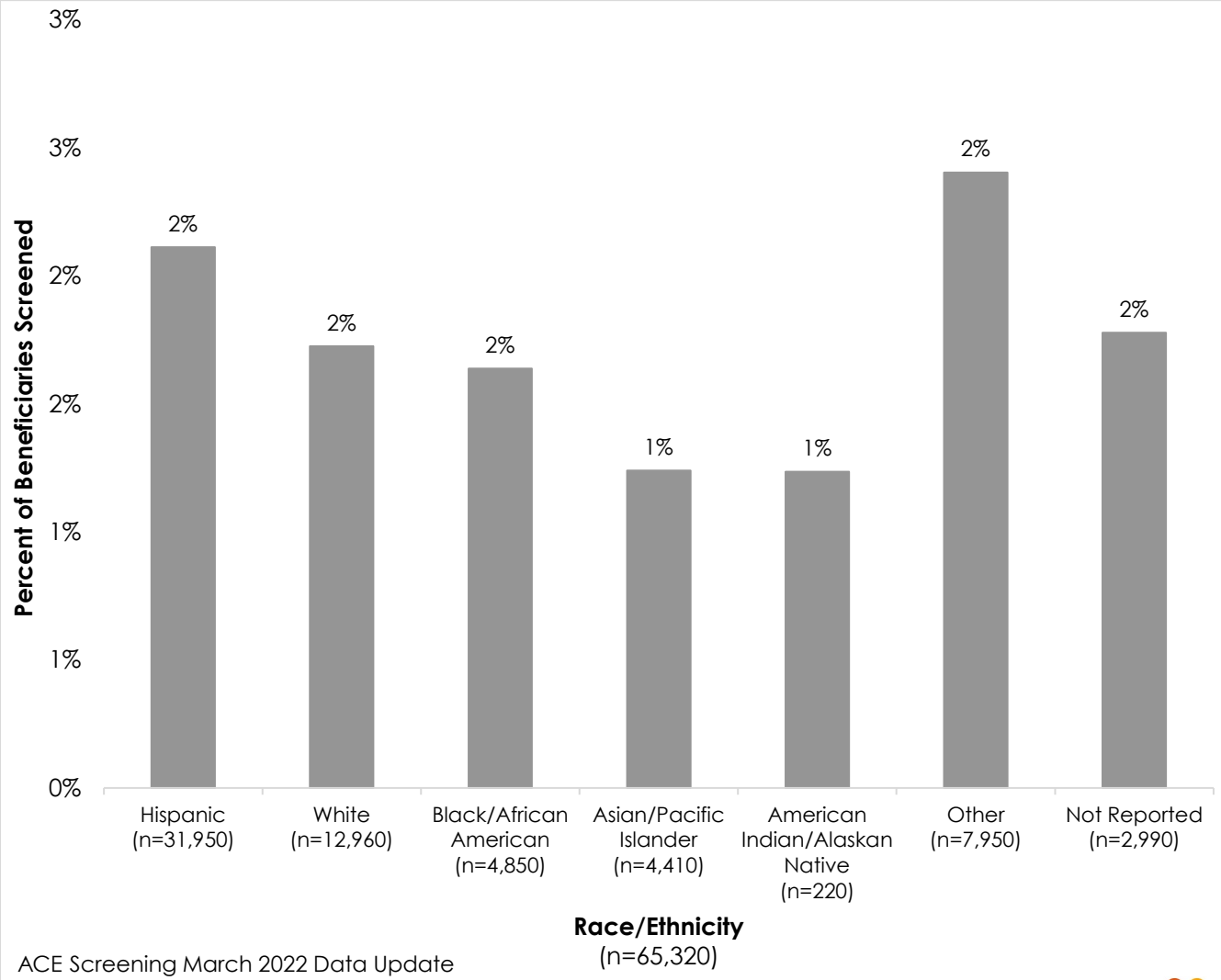
ACE Screening March 2022 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Data labels are rounded to the nearest 10 and may not sum to the total.

Exhibit 2.17: High-Risk vs Lower Risk ACE Scores by Race/Ethnicity for Screened Beneficiaries ages 0 to 20 who had a Primary Care Visit – April 1, 2020 to March 31, 2021



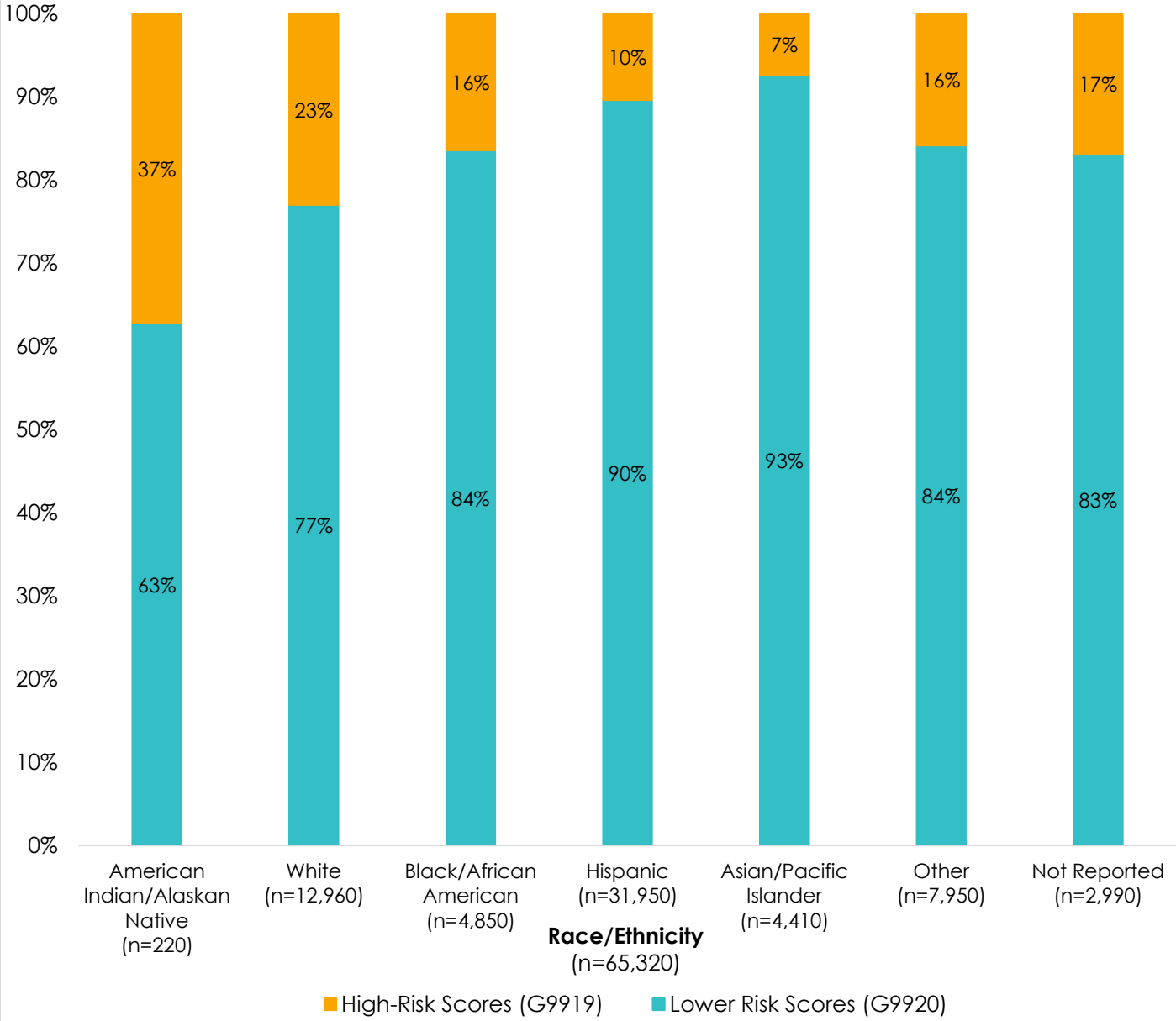
ACE Screening March 2022 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Data labels are rounded to the nearest 10 and may not sum to the total.

Exhibit 2.18: ACE Screening Incidence (i.e., Percent of Specified Population who Received an ACE Screening) by Race/Ethnicity for Beneficiaries ages 21 to 64 who had a Primary Care Visit – January 1, 2020 to March 31, 2021



ACE Screening March 2022 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Data labels are rounded to the nearest 10 and may not sum to the total.

Exhibit 2.19: High-Risk vs Lower Risk ACE Scores by Race/Ethnicity for Screened Beneficiaries ages 21 to 64 who had a Primary Care Visit – January 1, 2020 to March 31, 2021



ACE Screening March 2022 Data Update
Data Source: MIS/DSS data warehouse
Data Extraction Date: 10/12/2021
Data labels are rounded to the nearest 10 and may not sum to the total.