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News

20-681 Take Online Training to Get Paid for Screening for ACEs

Date: 09/15/20

This information applies to Physicians, Participating Physician Groups (PPGs), Hospitals, and Ancillary providers.

For Medi-Cal, this information applies to Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Stanislaus, and Tulare counties.

You still have time to train and complete the attestation now that July 1, 2020, has passed

To continue to get paid for screening Medi-Cal patients for adverse childhood experiences (ACEs) on or after July 1, 2020, Medi-Cal providers must take required training, self-attest to having completed training and use approved screening tools. Providers can access the screening tools at www.acesaware.org/screen/screening-tools (http://www.acesaware.org/screen/screening-tools).

If you have not yet taken the training and completed the attestation, you will not receive payment for screening patients for ACEs for dates of service on or after July 1, 2020, until you take the training and complete the attestation.

Screening for ACEs can help you know how likely a patient is at increased health risk due to a toxic stress response and provide trauma-informed care. Identifying and treating cases of trauma in children and adults can lower long-term health costs and support the well-being of individuals and families.

Train and attest online

Contracted Medi-Cal providers who plan to screen for ACEs must train on trauma-informed care, including how to use the Pediatric ACEs Screening and Related Life-events Screener (PEARLS) tool and the ACEs questionnaire. The training requirement was waived for dates of service prior to July 1, 2020. However, effective July 1, 2020, Medi-Cal providers must have taken a certified training and self-attest to completing the training to receive payment.

To get started, register for the two-hour online training (http://training.acesaware.org).

 To self-attest, complete the Department of Health Care Services (DHCS) Trauma Screening Training Attestation (https://www.medi-cal.ca.gov/TSTA/TSTAattest.aspx).

You must attest with a valid NPI number, or you will not be eligible to receive payment. Our support teams at Provider_Services@healthnet.com (mailto:Provider_Services@healthnet.com) and HN_Provider_Relations@healthnet.com (mailto: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.

Payments for HCPCS G9919 and G9920

To bill for ACEs screening, contracted providers must match the correct HCPCS code based on the score and description of the screening performed. For more information, see provider update 20-321, *Receive Prop 56 Payments for ACEs Screenings*.

Clean claims must be received within one year from the date of service. Payments for codes G9919 or G9920 are made within 90 calendar days of receipt.

- The medical plan is financially responsible. All providers delivering ACEs services need to submit their claims to Health Net.
- Under age 21, payment is allowed once during a 12-month period, per member screened by that provider.
- Age 21 and up to 65 (adult), payment is allowed once per lifetime, per member screened by that provider.

For more information on these approved directed payments for ACEs screening, refer to the DHCS All Plan Letter (APL) 19-018, distributed on December 26, 2019, and Medi-Cal Bulletin 547, dated January 2020. You can also visit the DHCS website (http://www.dhcs.ca.gov).

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

HCPCS code	Description of screening performed	Amount	ACEs screening score is
G9919	Positive results and provision of recommendations given	\$29.00	4 or greater for high risk
G9920	Negative results	\$29.00	Between 0–3 for lower risk

Which screening tools are approved?

The DHCS has identified and approved specific screening tools for children and adults for the 10 categories of ACEs grouped under three sub-categories: abuse, neglect and household dysfunction. Providers should retain all completed screenings in the member's medical record, as the forms will be subject to audit.

For children and adolescents, use PEARLS

PEARLS is designed and licensed by the Center for Youth Wellness. Providers can screen once during a 12-month period, per member. The PEARLS screening tools are also available in additional languages. There are three versions of the tool based on age:

- PEARLS for children ages 0-11, to be completed by a caregiver
- PEARLS for teenagers ages 12-19, to be completed by a caregiver
- PEARLS for teenagers ages 12–19, self-reported

For adults, use the ACE assessment tool

The ACE assessment tool is adapted from the work of Kaiser Permanente and the Centers for Disease Control and Prevention (CDC). Other versions of the ACEs questionnaires can be used, but to qualify, questions must contain the 10 categories mentioned above.

Ages	Use this tool	To receive directed payment
0–17	PEARLS	Not given more than once during a 12-month period, per provider, per member.
18 or 19	ACEs or PEARLS	Not given more than once during a 12-month period, per provider, per member.
20–64	ACEs screening portion of the PEARLS tool (Part 1) can also be used.	 Not given more than once during a 12-month period, per provider, per member under age 21. Not given more than once per lifetime, per provider, per member ages 21 and older.

The approved tools are available in two 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.

Due to the sensitive questions being asked on the screening tools, patients may feel uncomfortable answering. Providers are encouraged to use the de-identified format to reduce the fear and anxiety patients may have.

Administer the screening and calculate scores

There are several ways to administer the screening. Providers are encouraged to use the tools appropriate for their patient population and clinical workflow. Before administering, providers should identify which screening tools and format to use for adults, caregivers of children and adolescents, and adolescents; determine who should administer the tool and how; and determine which patients should be screened.

It is recommended to give the screening at the beginning of an appointment. Providers or office staff will provide an overview of the questionnaire and encourage the patients (adolescent, adults or caregivers) to complete the form themselves in a private space to allow members to disclose their ACEs without having to explain their answers. Patients may take up to five minutes to complete the screening tool.

The ACE score refers to the total reported exposure to the 10 ACE categories indicated in the adult ACE assessment tool or the top box of the pediatric PEARLS tool. ACE scores range from 0 to 10 based on the number of adversities, protective factors and the level of negative experience(s) that have impacted the patient. Providers will obtain a sum total of the number of ACEs reported on the screening tool.

For children and adults, two toxic stress risk assessment algorithms based on the score were developed to determine the level of risk and referral needs. According to the algorithm, risk and scores are determined as follows:

Risk	Score	Action
Low	0	If a patient is at low risk, providers should offer education on the impact of ACEs, anticipatory guidance on ACEs, toxic stress and buffering factors.
Intermediate	1–3	A patient who scores 1–3 has disclosed at least one ACE-associated condition and should be offered educational resources.
High	1–3 with associated health conditions, or a score of 4 or higher	The higher the score, the more likely the patient has experienced toxic stress during the first 18 years of life and has a greater chance of experiencing mental health conditions, such as depression, post-traumatic disorder, anxiety and engaging in risky behaviors.

Learn more about adult and pediatric screening clinical workflow and risk assessment algorithms at acessaware.org (http://www.acesaware.org/wp-content/uploads/2019/12/ACE-Clinical-Workflows-Algorithms-and-ACE-Associated-Health-Conditions.pdf).

Take these steps after screening

As part of the clinical workflow, providers should be prepared with a treatment plan and referral process so patients who have identified behavioral, social or trauma can be connected to trained professionals and resources. Building a strong referral network and conducting warm hand-offs to partners and services are vital to the treatment plan. In addition, it is critical to build a follow-up plan to effectively track the patient's process to ensure they get connected to the support needed.

Referral resources

MHN

Health Net Medi-Cal members can obtain individual and group mental health evaluation and treatment. Providers can contact MHN at 1-844-966-0298 or access the website (http://www.mhn.com/providers.html).

Health Net Community Connect

Health Net Community Connect, powered by Aunt Bertha, is the largest online search and referral platform that provides results customized for the communities you and your health care staff serve or where members live. To use the tool, go https://healthnet.auntbertha.com (https://healthnet.auntbertha.com), enter a ZIP code and click *Search*.

myStrength

For members with ACEs, the myStrength program can provide an additional resource. If a member needs emergent or routine treatment services, call MHN at 1-888-327-0010. To refer a member to the myStrength program, members can visit myStrength.com (http://www.myStrength.com) to sign up online or download the myStrength app at **Google Play** or the **Apple Store**. To join online, enter www.myStrength.com/hnmedical (http://www.myStrength.com/hnmedical) in a browser, click *Sign Up* and *c*omplete the sign-up process with a brief wellness assessment and personal profile.

References: www.acesaware.org/ (http://www.acesaware.org/); www.acesaware.org/wp-content/uploads/2019/11/ACEs-Aware-FAQ-updated-2.25.20-WEB-VERSION.pdf (http://www.acesaware.org/wp-content/uploads/2019/11/ACEs-Aware-FAQ-updated-2.25.20-WEB-VERSION.pdf); and www.chcs.org/media/TA-Tool-Screening-for-ACEs-and-Trauma_020619.pdf (http://www.chcs.org/media/TA-Tool-Screening-for-ACEs-and-Trauma_020619.pdf).

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