



**Subject:** Prop 56 Adverse Childhood Experiences (ACEs) Screening Services Payments

Dear Provider,

The purpose of this letter is to inform you that in accordance with Medi-Cal requirements, Kaiser Foundation Health Plan, Inc. (KFHP) will make Proposition (Prop) 56 ACEs Screening Services payments to you based on eligible services that you provide to KFHP Medi-Cal members on or after January 1, 2020.

KFHP will pay Prop 56 ACEs directed payments within 90 days of receipt of a clean claim or accepted encounter for qualifying services. The payments will be based on eligible services provided to KFHP's Medi-Cal members as reflected in encounter data reported to the Department of Health Care Services (DHCS). Below is a schedule of the directed payments for Prop 56 ACEs Screening Services. To qualify for payments, the rendering provider must be a "Network Provider"<sup>1</sup>. You may be required to remit the directed payments to your rendering providers (the rendering provider NPI is included on the check stub).

Prop 56 (the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016) passed in California in November 2016. As a result, state excise tax on cigarettes and other tobacco products increased. Revenue from these higher taxes is to be used for many purposes, but primarily to augment spending on health care for low-income Californians. Prop 56 revenue is paid directly to health plans to forward to medical providers. The current Prop 56 program is effective for dates of services starting January 1, 2020.

### **Eligibility Criteria for Payments**

By accepting these Prop 56 payments, the rendering provider confirms that they have met the following eligibility criteria for payments:

**1. Provider must utilize either the PEARLS tool or a qualifying ACEs questionnaire, as appropriate;**

- a. Children (ages 0 to 19): Pediatric ACEs and Related Life-events Screener (PEARLS) tool; no more than once per year on a 12-month rolling basis from the date of service
- b. Adults (ages 18 and older): ACE questionnaire, once in their adult lifetime through age 64 per provider
- c. Both the ACE questionnaire and the PEARLS tool are acceptable for use for members aged 18 or 19

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<sup>1</sup> Eligible Network Providers are Network Providers (as defined in DHCS APL 19-001, "Medi-Cal Managed Care Health Plan Guidance On Network Provider Status," the DHCS/MCP contract and 42 CFR, Section 438.2). CFRs are searchable at: <https://www.ecfr.gov/cgi-bin/ECFR?SID=d15b0ce81c0ea804f39e129fd7f11a5f&mc=true&page=browse>.

2. **Provider must bill using one of the HCPCS codes in the table below based on the screening score from the PEARLS tool or ACEs questionnaire used; and**
3. **Provider must be on DHCS' list of Providers that have completed the state-sponsored trauma-informed care training.**
  - a. The training requirement will be waived for dates of service prior to July 1, 2020. However, commencing July 1, 2020, Providers must have taken a certified training and self-attested to completing the training to receive the directed payment for ACEs screenings.
4. **Providers must document all of the following:**
  - a. The tool that was used;
  - b. That the completed screen was reviewed;
  - c. Results of the screen;
  - d. Interpretation of results;
  - e. Discussion with the Member and/or family; and
  - f. Any appropriate actions taken.
5. **Above documentation must remain in the Member's medical record and be available upon request.**

If you have grievances related to the processing or non-payment of a Prop 56 directed payment, please contact us via KFHP's Prop 56 email box at [Prop56@kp.org](mailto:Prop56@kp.org). This email box serves as a designated point of contact for provider questions, grievances, and technical assistance; KFHP will research and respond within 60 days of receipt.

Sincerely,

KFHP Prop 56 Team

**ACEs Screening Services Directed Payment Rates per Encounter, to be Paid to Providers:**

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