



FAQs on Directed Payments for Adverse Childhood Experiences Screening (ACEs) Services

What are the Directed Payments for Adverse Childhood Experiences Screening (ACEs) Services?

- In accordance with the State Plan Amendment (SPA) 21-0045, this directed payment, (previously known as the Prop56 supplemental payment for ACEs) has become a benefit and no longer be funded by Proposition 56, effective July 1, 2022. The California Budget Act of 2021 has changed the funding source of the ACEs services from Proposition 56 tobacco tax revenue to the state General Fund.

What Provider types are eligible for this supplemental payment?

- Any professional “Network Provider” that is eligible to bill for the applicable directed payment. The definition of “Network Provider” can be found in DHCS APL’s 19-001.

Which service settings are excluded from this directed payment?

- There are no service locations that are excluded from this directed payment.

Who are the eligible Members?

- The Physician must have rendered qualified services to Medicaid Members who are **not**:
 - o Full dual Members (eligible for both Medicare Part A & Part B coverage); or
 - o Partial dual Members that are eligible for Medicare Part B coverage only.
 - o Age 65 years old or older.

What is the effective period for this directed payment?

- Services rendered on or after July 1st, 2022.

What are the eligible (qualified) procedure codes, directed payment amount, and provider responsibilities to earn this directed payment?

- The network provider must meet all of the following criteria to receive the directed payment.
 - o The provider must utilize either the PEARLS tool or a qualifying ACEs questionnaire for this screening service.
 - o The provider must submit a claim or encounter with one of the qualifying HCPCS codes below based on the screening score from the PEARLS tool or ACES questionnaire used.

HCPCS Code	Description	Directed Payment	Notes
G9919	Screening performed - results positive and provision of recommendations provided	\$29	Bill with this HCPCS code when the patient's ACE score is 4 or greater (high risk)
G9920	Screening performed - results negative	\$29	Bill with this HCPCS code when the patient's ACE score is between 0-3 (low risk)

- The provider must maintain all documentation in the Member’s medical record of screening. This documentation must be available upon request from IEHP and/or DHCS.
- Commencing July 1, 2020 and forward, contracted providers must have taken certified training, self-attested to completing the training, and be on the DHCS’ list of providers that have completed the state-sponsored trauma-informed care training in order to continue to receive the directed payment for ACEs screenings. The DHCS sponsored provider training is now available at <https://training.acesaware.org/>.

How often can providers perform this screening?

- Providers may screen Members utilizing a qualifying ACEs questionnaire or PEARLS tool as often as deemed appropriate and medically necessary. However, IEHP will only make one directed payment of \$29 per contracted provider per member per year for child screenings (less than 21 years of age on date of service) using the PREALS tool or ACEs questionnaire (based on age appropriateness). IEHP will make one directed payment of \$29 per provider per member per lifetime for an adult screening (between age 21 and less than age 65 on date of service) using a qualified ACEs questionnaire.

How do we determine the payee for these payments?

- IEHP will pay the directed payment to the billing Provider and billing tax ID associated with the eligible claim or encounter.

How is the payment processed?

- For providers that submit claims to IPAs for this service, IPAs are not responsible for payment. IPAs will send the encounter to IEHP, and IEHP will issue the eligible directed payment after IEHP receives the encounter.
- For providers that submit claims to IEHP for this service, the claim will be adjudicated with a zero-dollar payment and with reason code “P03: Charges exceeds fee schedule/ maximum allowable or contracted/legislated fee arrangement. Further installment payments are forthcoming.”
 - The reason for this adjudication status and explanation code is because IEHP will issue payments for this program separately (outside from our claims payment process), due to the specific program criteria that needs to be met before payments can be issued. Please see directed payment schedule for timing of payments.

How often will payments be disbursed?

- IEHP will release directed payments on a monthly basis. For each payment cycle, we will make directed payments for claims and encounter data adjudicated and/or received by the cutoff date for the corresponding service months specified in the payment schedule. The most current payment schedule can be found at: www.iehp.org > For Providers > Plan Updates > Correspondence.
- Directed payments are processed separately after the initial claim submission is adjudicated. Providers **will not find** directed payments in the initial claim payment.

What is the Provider Dispute process related to directed payments?

- If a provider has a dispute regarding directed payment, the provider is to complete the applicable dispute form (claim or encounter). The Prop56 Dispute Forms can be found

on the Provider portal at: www.iehp.org > For Providers > Plan Updates > [Correspondence](#).

The completed dispute form should be emailed to: Prop56Inquiry@iehp.org.

- Please only include claims without directed payment in the dispute form.
- If there are more than 20 disputed claims, please submit them in a spreadsheet to expediate the review process.
- Please always include a valid email address with the dispute. The primary method of communication for directed payment disputes is by email.

What is the turnaround time for a resolution for Provider disputes?

- IEHP will provide written notification of the Provider dispute results (via mail) within 30 working days from date of receipt.

How long does a Provider have to file a dispute regarding directed payments?

- A Provider has 365 calendar days from the directed payment date to file a dispute.
- DHCS allows 90 calendar days from the date of receipt of a clean claim to issue directed payment. Disputes submitted prior to this 90-day window will lead to denial or rejection of the dispute.