A Public Entity
Inland Empire Health Plan

FAQs on Proposition 56
Adverse Childhood Experiences Screening (ACES) Services

What is the Proposition 56 – Adverse Childhood Experiences Screening (ACES) Services?

- Assembly Bill (AB) 74, Section 2, Item 4620-101-3305 appropriates Proposition 56 funding to support clinically appropriate trauma screenings for children and adult with full-scope Medi-Cal coverage. An ACES service evaluates children and adults for trauma that occurred in the fist 18 years of life.

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**:
  - Full dual Members (eligible for both Medicare Part A & Part B coverage); or
  - Partial dual Members that are eligible for Medicare Part B coverage only.
  - Age 65 years old or older.

What is the effective period for this directed payment?

- Services rendered on or after January 1st, 2020.

What are the eligible (qualified) procedure codes, directed payment amount, and provider responsibilities to earn this Prop 56 directed payment?

- The network provider must meet all of the following criteria to receive the directed payment.
  - The provider must utilize either the PEARLS tool or a qualifying ACEs questionnaire for this screening service.

  - 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 1st, 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 Prop 56 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, but IPAs will send the encounter to IEHP and IEHP will issue the eligible Prop 56 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: PROP56Payment – 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 Prop 56 payment schedule for timing of payments.

How often will payments be disbursed?

- IEHP will pay Prop 56 payments on a monthly basis. For each payment cycle, we will pay Prop 56 payments for claims and encounter data adjudicated and/or received by the cutoff date for the corresponding service months. The most current payment schedule can be found at: www.iehp.org > Providers > P4P – Proposition 56 – GEMT > Proposition 56 & GEMT.

- Prop 56 payments is processed separately after the initial submission is adjudicated. Providers **will not find** Prop 56 payments payment in the initial claim payment.

What is the Provider Dispute process related to Prop 56 payments?

- If a Provider has a dispute regarding Prop 56 payments, the Provider is to complete the applicable dispute form (claim or encounter) and email the completed dispute form to Prop56Inquiry@iehp.org. The Prop 56 Dispute Forms can be found on the Provider portal at: www.iehp.org > Providers > P4P – Proposition 56 – GEMT > Proposition 56 & GEMT.

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 Prop 56 payments?

- A Provider has 365 calendar days from the Prop 56 payment date to file a dispute regarding Prop 56 payments.

- DHCS allows 90 calendar days from the date of receipt a clean claim to issue Prop 56 payment. Disputes submitted prior to this 90-day window will lead to denial or rejection of the dispute.