ACEs Aware Screening, Training, and Certification Progress: July 2021 Update

July 20, 2021

Executive Summary

The Department of Health Care Services (DHCS) and the Office of the California Surgeon General (CA-OSG) are leading ACEs Aware, a first-in-the-nation statewide effort to screen children and adults for Adverse Childhood Experiences (ACEs) to prevent and treat toxic stress to improve health and well-being across the state – 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 (training) and attest to completing it.

Between December 2019 and March 31, 2021, 17,100 individuals completed a Core Training. More than 9,700 of those who completed the training are Medi-Cal providers that became ACEs Aware-certified.

17,100 individuals completed the ACEs Aware training as of March 2021.

Medi-Cal providers conducted 315,000 ACE screenings between January and September 2020.

Medi-Cal providers conducted nearly 315,000 ACE screenings of approximately 264,000 unique Medi-Cal beneficiaries across California in the first nine months of 2020, based on Medi-Cal claims data**.** The number of ACE screenings increased every month compared to the month prior, except for April 2020, which was likely due to disruptions brought on by the COVID-19 public health emergency (PHE) (Exhibit 1). ACE screenings continued to increase in May of 2020 and beyond, demonstrating the value that Medi-Cal providers placed on ACE screening despite competing concerns during the PHE.

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

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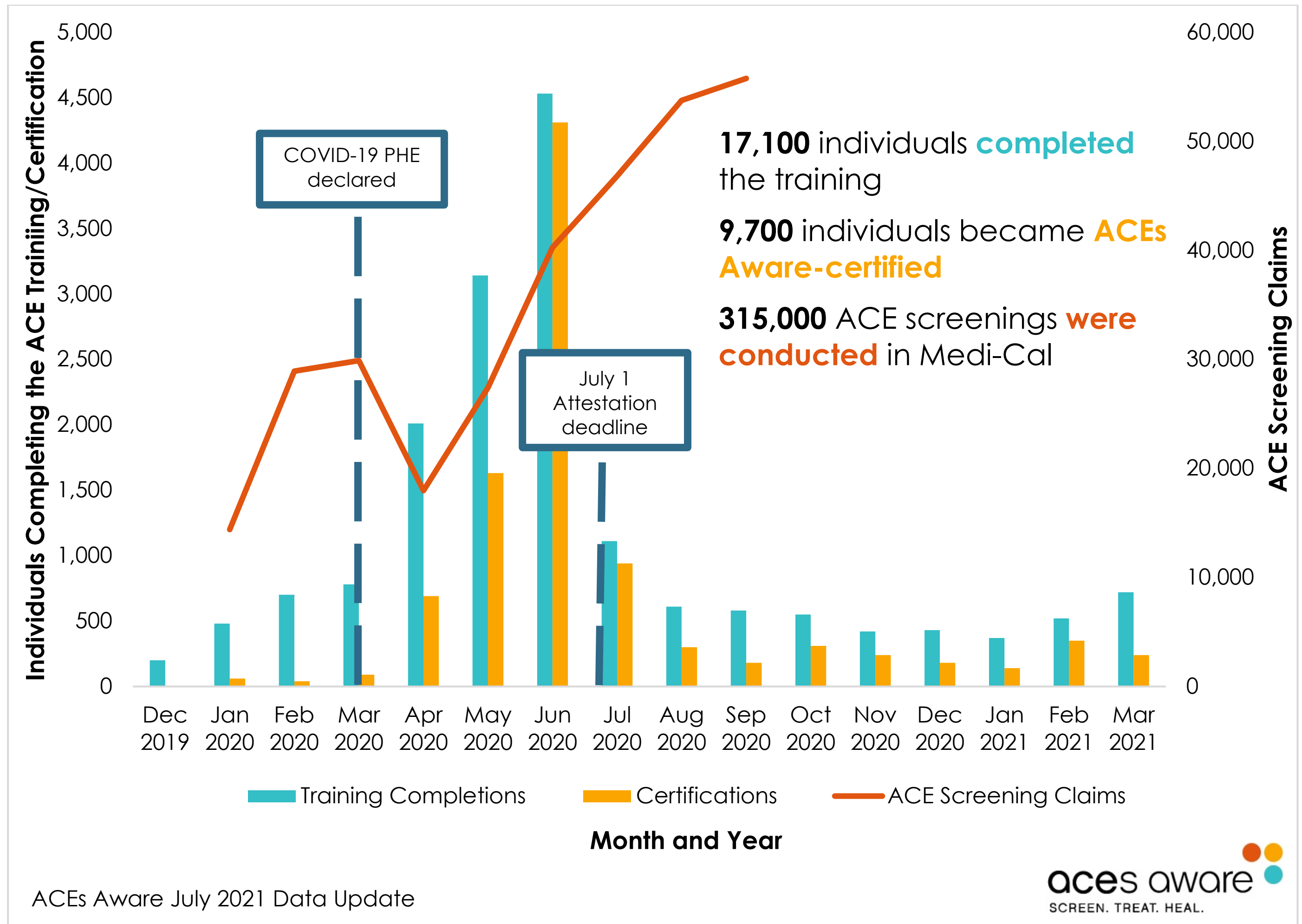
Exhibit 1: ACE Training Completion, Certification, Screenings by Month



Note: The **training completions** indicate the number of individuals who completed the "Becoming ACEs Aware in California" training. The training is free and available to anyone. The **attestations** 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, 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 continue receiving Medi-Cal payment for screening patients for ACEs.

ACEs Aware Data Highlights

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

ACEs Aware Training Evaluations (December 4, 2019 – March 31, 2021)

- Approximately 5,920 participants who completed the training reported that they were not screening any of their patients for ACEs at the time. Of these, 81 percent indicated that they planned to implement routine ACE screening for their patients going forward.
- More than two-thirds (68 percent) of participants reported that they planned to implement changes in their practice based on the information presented.
- 91 percent of participants reported being somewhat or very confident that they would be able to make their intended practice changes.
- More than half of respondents reported that they planned to conduct routine ACE screenings for children (55 percent) and adults (52 percent).

ACE Screenings (January 1, 2020 – September 1, 2020)

- More than one-third (34 percent) of the 263,560 unique screenings were conducted with children under age 5 through their caregivers; and more than three-quarters (77 percent) of all screenings were with the pediatric population under age 18. Additionally, nearly 60,000 adults were screened for ACEs.
- 6 percent of unique Medi-Cal beneficiaries screened had an ACE score of four or greater (high-risk ACE scores, indicating high-risk for toxic stress); 94 percent had an ACE score of three or lower (indicating lower risk for toxic stress).
- High-risk ACE scores were most prevalent among females ages 45 through 64 (17 percent), as well as males and females ages 18 through 44 (14 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 (22 percent), followed by White beneficiaries (14 percent), Black beneficiaries (10 percent), beneficiaries who did not report their race/ethnicity (6 percent), Hispanic beneficiaries (5 percent), and Asian/Pacific Islander beneficiaries (3 percent).

- The California regions with the greatest prevalence of high-risk ACE scores are: Far North/North Coast region (44 percent of 1,160 screens); Sierra Range/Foothills region (11 percent of 2,630); Bay Area (9 percent of 9,040); and Central Valley (8 percent of 31,910).

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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 statewide effort to screen children and adults for Adverse Childhood Experiences (ACEs) and treat toxic stress to improve health and well-being across the state – now and for generations to come.

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 aims to track the initiative's progress in training Medi-Cal providers to effectively screen for ACEs. ACEs Aware will continue to regularly release these updates on the progress of the initiative.

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 completion.

ACEs Aware developed a free, two-hour online Core Training – "Becoming ACEs Aware in California" – that educates clinicians and their teams on how to provide trauma-informed care, screen for ACEs and risk of toxic stress, assess for health conditions related to toxic stress, identify evidence-based interventions for mitigating that stress, and use the information to create an evidence-based treatment plan. The training presents cases on 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), 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.

Medi-Cal Payment

A $29 Medi-Cal payment is available for ACEs Aware-certified providers for conducting qualified ACE screenings. Screenings may occur in any clinical setting in which billing occurs through Medi-Cal fee-for-service (FFS) or to network providers of a Medi-Cal managed care plan (MCP). 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 (FQHCs), rural health clinics (RHCs), and Indian Health Service (IHS) providers are also eligible for this payment.

Medi-Cal payment is available for conducting 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 patients using a qualified ACE screening tool based on the patient's age. For children and adolescents, ages 0-19 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).

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 these yield different scores, the higher score should be used for billing and treatment planning.

For adults ages 18-64, 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 4 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 results; 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.

ACEs Aware Data Update: Sections Overview

This report provides information on ACE screenings and training completion and certification data.

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 based on participant evaluations.

Section 2: ACE Screening Data

Section 2 provides information on the Medi-Cal claims submitted to DHCS 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

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 provides data on those who completed the training between December 4, 2019 and March 31, 2021, including those Medi-Cal providers who attested to completing the training (i.e., became ACEs Aware-certified).

1. Overview

17,100 individuals completed the "Becoming ACEs Aware in California" training between December 4, 2019 and March 31, 2021. Additionally, more than 9,700 Medi-Cal providers became ACEs Aware-certified between January 13, 2020 and March 31, 2021, enabling them to receive Medi-Cal payment for conducting ACE screenings. The attestation form, needed to complete the certification process, was not available until January 13, 2020.

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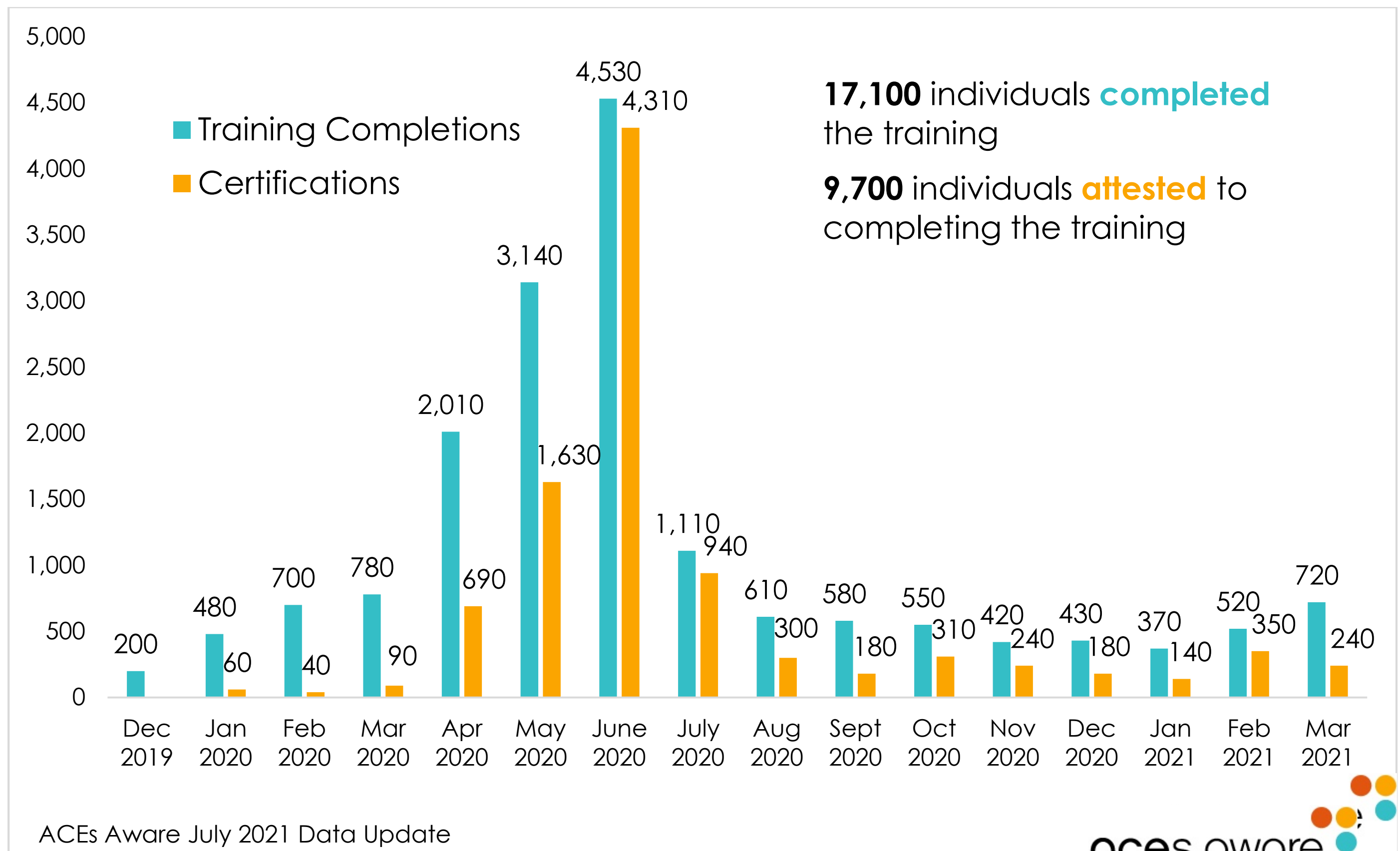
Exhibit 1.1: Training Completion and Certification, by Month



Note: The **training completions** indicate the number of individuals who completed the "Becoming ACEs Aware in California" training. The training is free and available to anyone, including non-billing Medi-Cal providers (such as medical assistants and office staff), clinicians who are not Medi-Cal providers, as well as clinicians outside of California. The **attestations** 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, 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 continue receiving 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 in order to ensure that they qualify for Medi-Cal payment.

2. Clinical Team Member and Practice Information

The training registration form asks for information about clinical team members and their practices.

- 51 percent of the individuals who completed the training are physicians; 15 percent are licensed clinical social workers or psychologists; 12 percent are nurse practitioners/registered nurses/advanced practice nurses; 4 percent are physician assistants; and 18 percent are categorized as "other."
    - Other occupations include licensed professional clinical counselors, marriage and family therapists, students (clinical and non-clinical), certified nurse midwives/licensed nurse midwives, medical assistants, mental health therapists, case managers, psychotherapists, registered dieticians, dentists, health educators, etc.
    - Over time, there has been an increase in the share of these other types of clinicians completing the training.

- Of the clinicians who completed the training, 25 percent specialize in pediatrics, 22 percent specialize in psychology/behavioral health, and 21 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 behavioral health clinicians and "other physicians" completing the training. The other specialty areas have remained steady.

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Exhibit 1.2: Trainings by Occupation

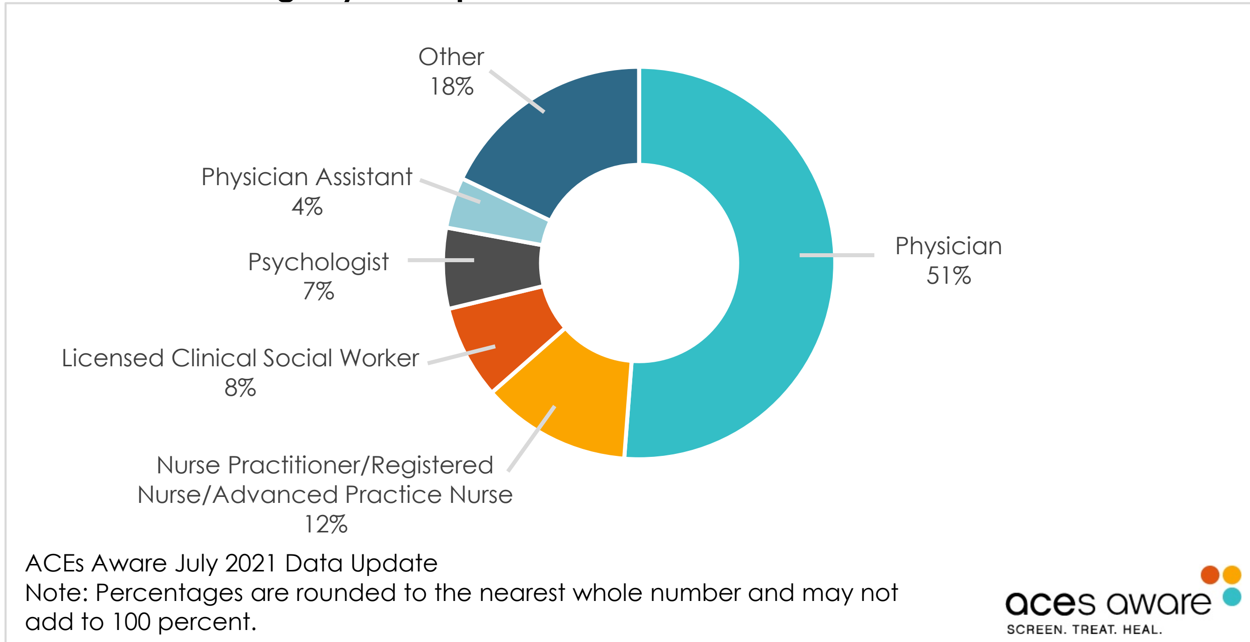
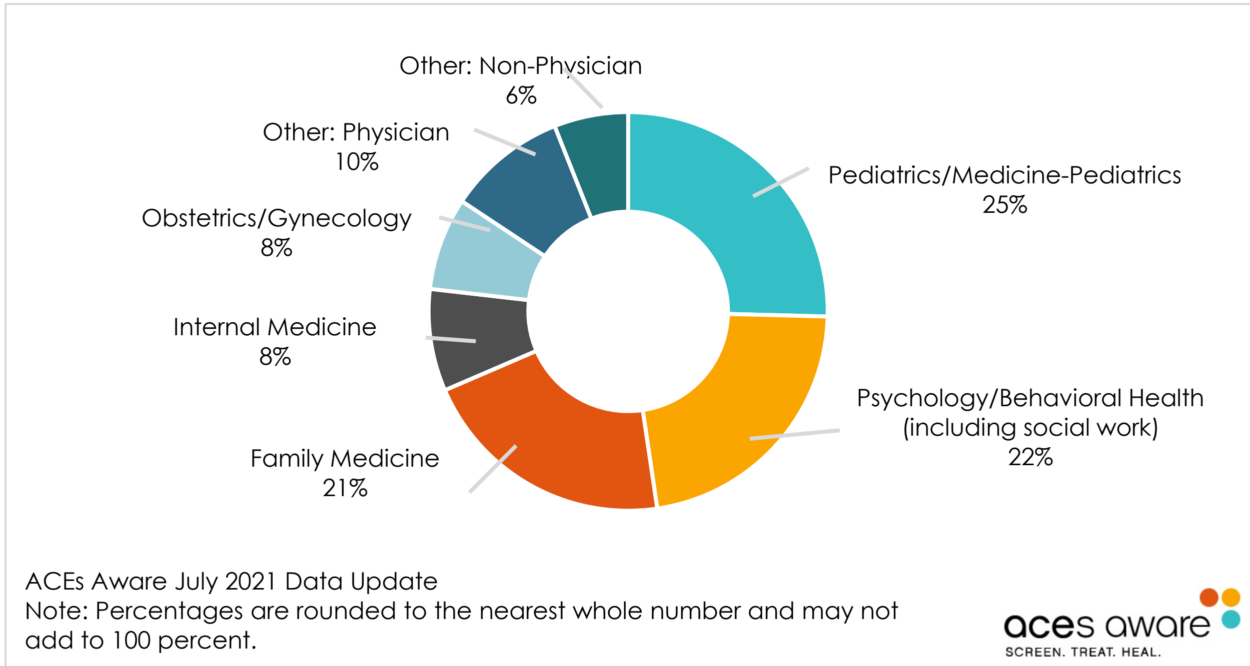


Exhibit 1.3: Trainings by Specialty



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A. ACEs Aware Eligible Medi-Cal Provider Status

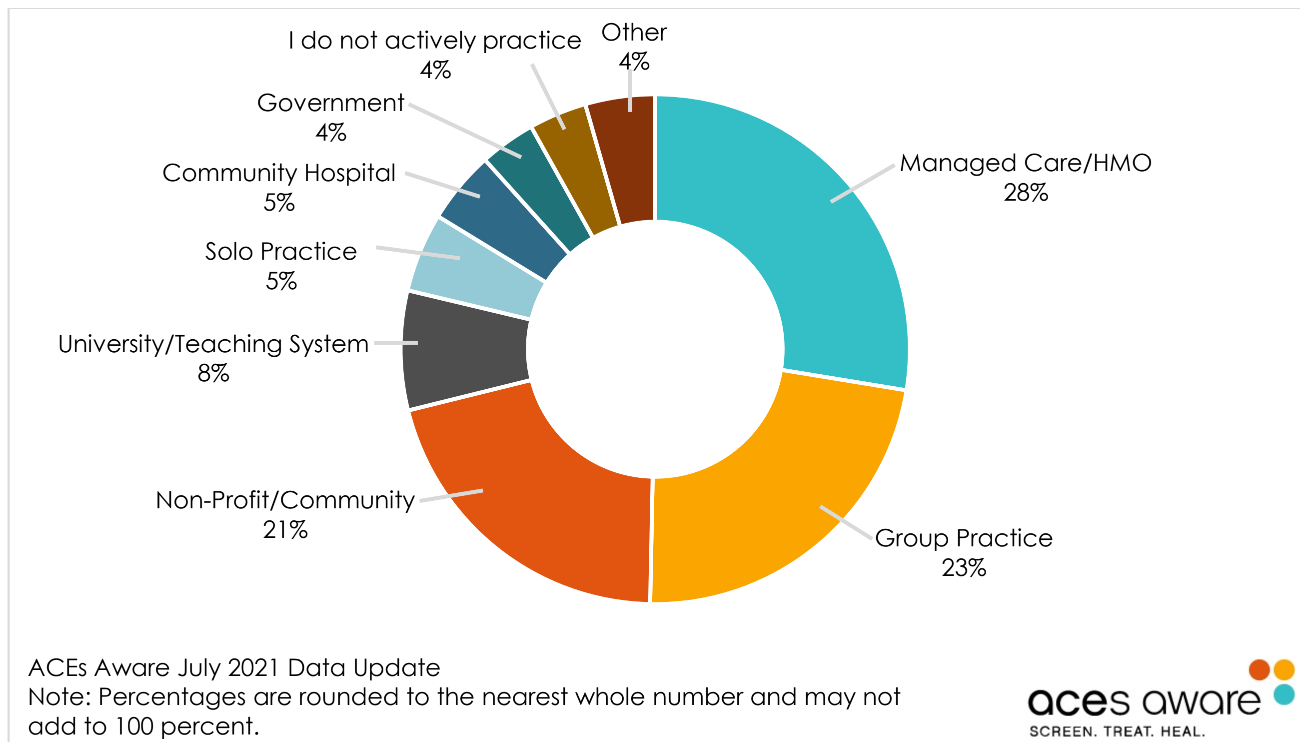
Providers who would like to receive Medi-Cal payment for conducting ACE screenings are required to provide their National Provider Identifier (NPI) number when they complete the training. Among the 11,870 individuals who provided a 10-digit NPI and completed the training, 85 percent (10,040) are eligible Medi-Cal providers.

Individuals without an 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, 28 percent are part of a managed care organization or health maintenance organization (HMO) provider network, 23 percent are in group practice, and 21 percent work at a non-profit or in the community.

Exhibit 1.4: Primary Practice Setting



C. ACE Screening Rate Prior to Completing Training

Before taking the training, nearly two-thirds (62 percent) of individuals reported screening less than one quarter of their patients for ACEs with more than one-third (35 percent) not screening any patients.

Exhibit 1.5: Percentage of Patients Screened for ACEs, Prior to Completing Training

Percentage of Patients Screened for ACEs	Percentage
0%	35%
1-25%	27%
26-50%	8%
51-75%	5%
76-100%	8%
100%	7%
I do not directly provide care	10%

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

3. Training Evaluation Results

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

A. Implementing Practice Changes Based on Training

Participants were asked to report any practice changes they intended to make based on the training. Note: respondents were able to select more than one answer.

- More than two-thirds (68 percent) of participants reported that they planned to implement changes in their practice based on the information presented.
- Among the approximately 5,920 participants who completed the training and reported that they did not screen any of their patients for ACEs, 81 percent indicated that they planned to implement routine ACE screening for children or adults. This rate is consistent with previous data reports.
- More than half of individuals who completed the training reported that they planned to conduct routine ACE screenings for children (55 percent) and adults (52 percent).
- Some individuals planned to change their treatment or management approach, based on the patient's ACE score and toxic stress risk assessment, while others planned to apply a clinical algorithm on ACEs and toxic stress to guide patient care (42 percent and 41 percent, respectively).

Exhibit 1.6: Intended Change to Practice After Completing ACEs Aware Training

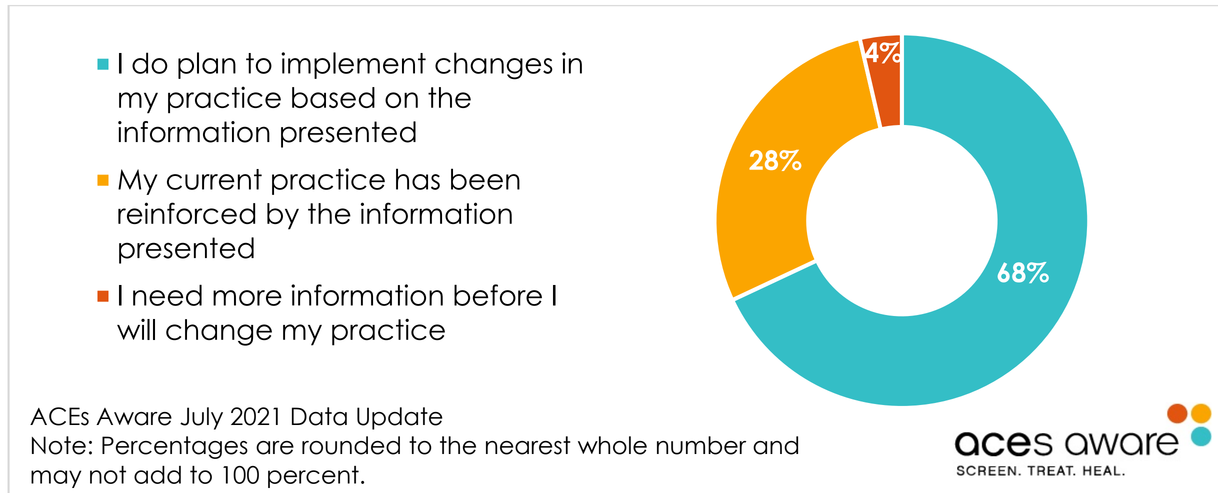


Exhibit 1.7: Types of Intended Practice Change

Type of Intended Practice Change	Percent
Routine screening for ACEs in children	55%
Routine screening for ACEs in adults	52%
Apply a clinical algorithm on ACEs and toxic stress to guide patient care	42%
Change in treatment or management approach, based on ACE score and toxic stress risk assessment	41%
Change in interprofessional team communication or collaboration, within team in primary clinical setting	32%
Change in current practice for referrals or linkages to treatment and support services	31%
Change in interprofessional communication or collaboration, for referrals and off-site partners	24%
Other	4%

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Note: Percentages are rounded to the nearest whole number.

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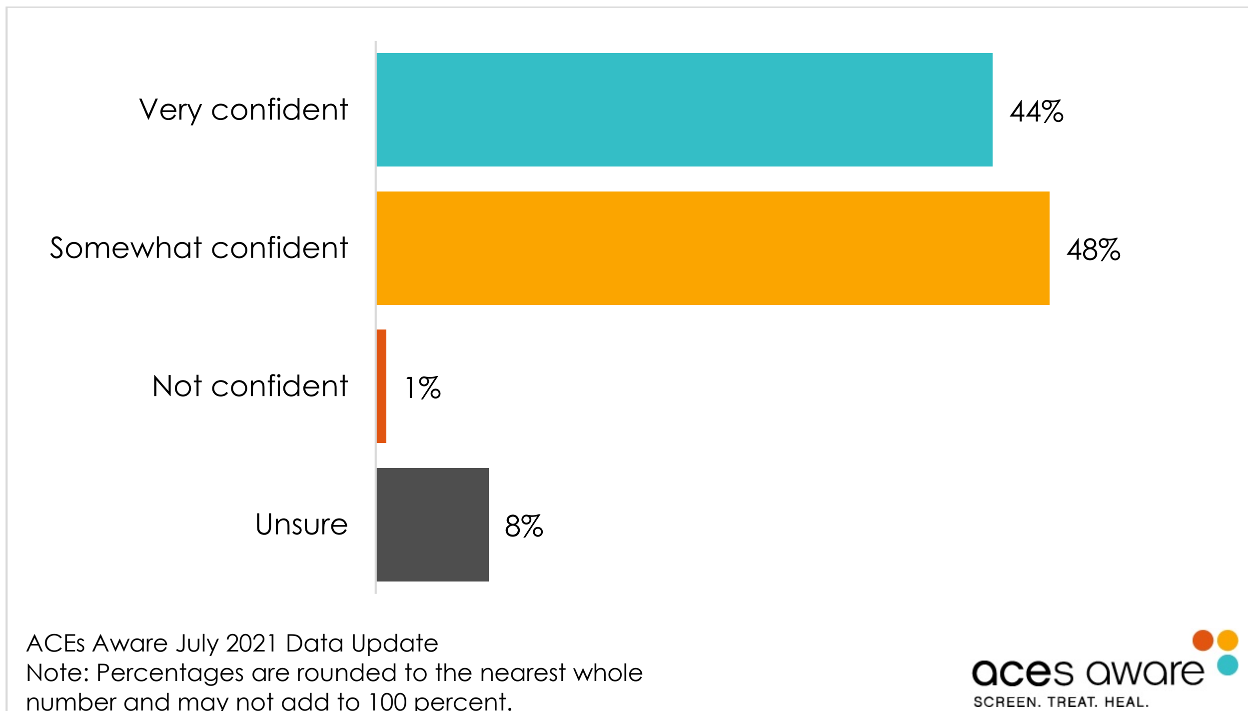
B. Confidence in Ability to Make Intended Changes

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 data reports.

Exhibit 1.8: Confidence in Ability to Make Intended Changes



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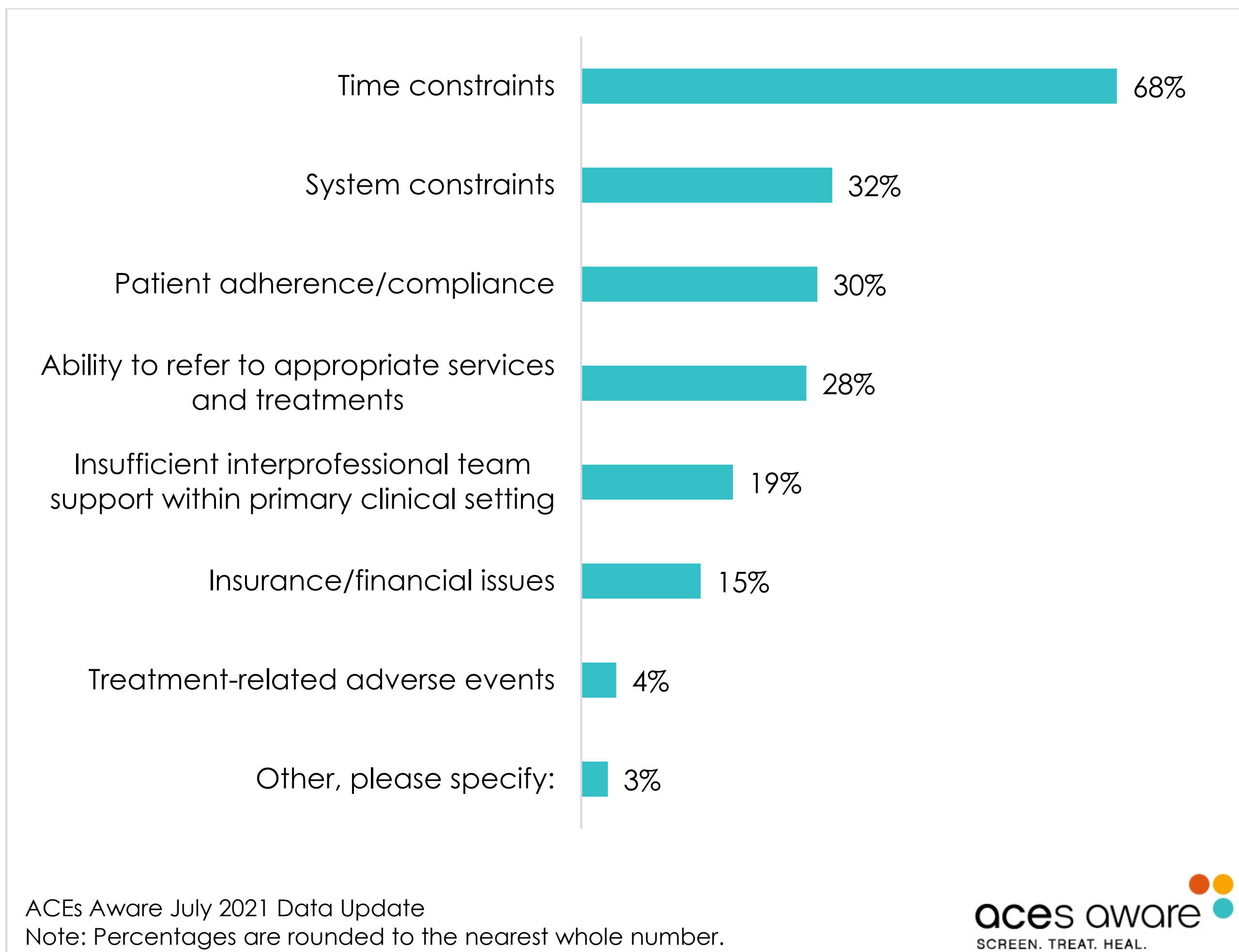
C. Barriers to Implementing Practice Change

Time constraints (68 percent) and system constraints (32 percent) were most commonly chosen as anticipated barriers to implementing change by individuals who completed the training (note: respondents were able to select more than one answer). Fewer people reported that time constraints were an anticipated barrier to change compared to previous reports, and all other rates remained the same.

Exhibit 1.9: Barriers to Implementing Change



D. Training Learning Objectives

- Most individuals who completed the training agreed or strongly agreed that the course met the following 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 (77 percent).

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Section 2: ACE Screening Data

Section 2 summarizes ACE screening service dates between January 1, 2020 and September 30, 2020. The information reflects Medi-Cal managed care and FFS claims data extracted as of April 5, 2021. Due to the flexible timing of Medi-Cal claims submissions, claims data may not be complete for up to 12 months after a given service date. However, the vast majority of claims data are complete six months after a given service date. The data source for this report is the DHCS Management Information System/Decision Support System (MIS/DSS) Data Warehouse.

This data update includes the following:

1) Total number of ACE screenings conducted during the first nine months of calendar year 2020;
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 managed care plan network.

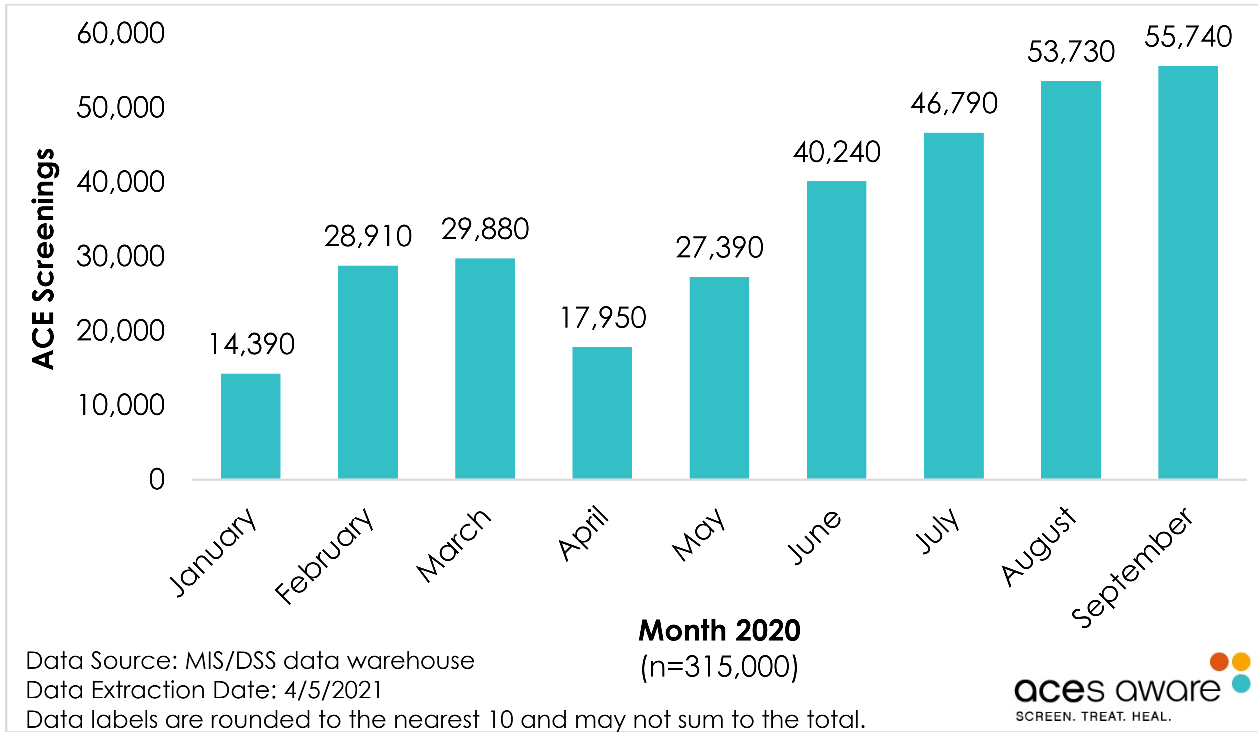
1. Total ACE Screenings

Medi-Cal providers conducted a total of 315,000 ACE screenings for 263,560 unique Medi-Cal beneficiaries during the first nine months of calendar year 2020. The number of additional ACE screenings increased every month compared to the month prior, except for April 2020, which was likely due to disruptions brought on by the COVID-19 PHE. ACE screenings continued to increase in June of 2020 and beyond, demonstrating the value that Medi-Cal providers placed on ACE screening despite competing concerns during the PHE.

Some Medi-Cal beneficiaries were screened more than once 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).

Of the 263,560 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



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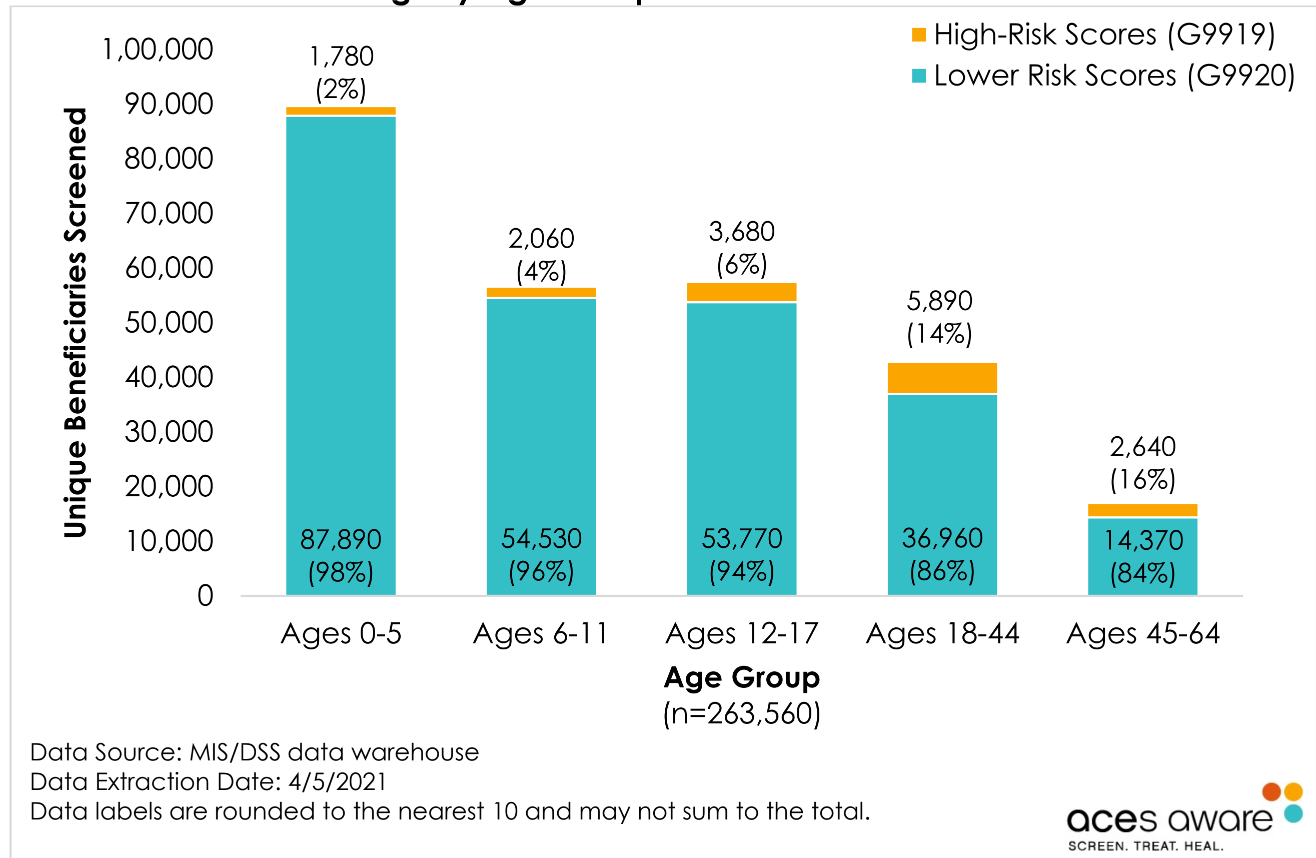
2. Demographics of Medi-Cal Beneficiaries Screened for ACEs

A. ACE Screenings by Age

Of the 263,560 unique Medi-Cal beneficiaries screened, the percentage of patients with a high-risk ACE score increased with age. More than one-third (34 percent) of unique screenings were conducted with children under age 5 (in these cases, caregivers complete the ACE screen on the child's behalf); and more than three-quarters (77 percent) of all screenings conducted were with the pediatric population under age 18. About 59,860 unique adults were screened for ACEs.

Exhibit 2.2: ACE Screenings by Age Group and Procedure Code



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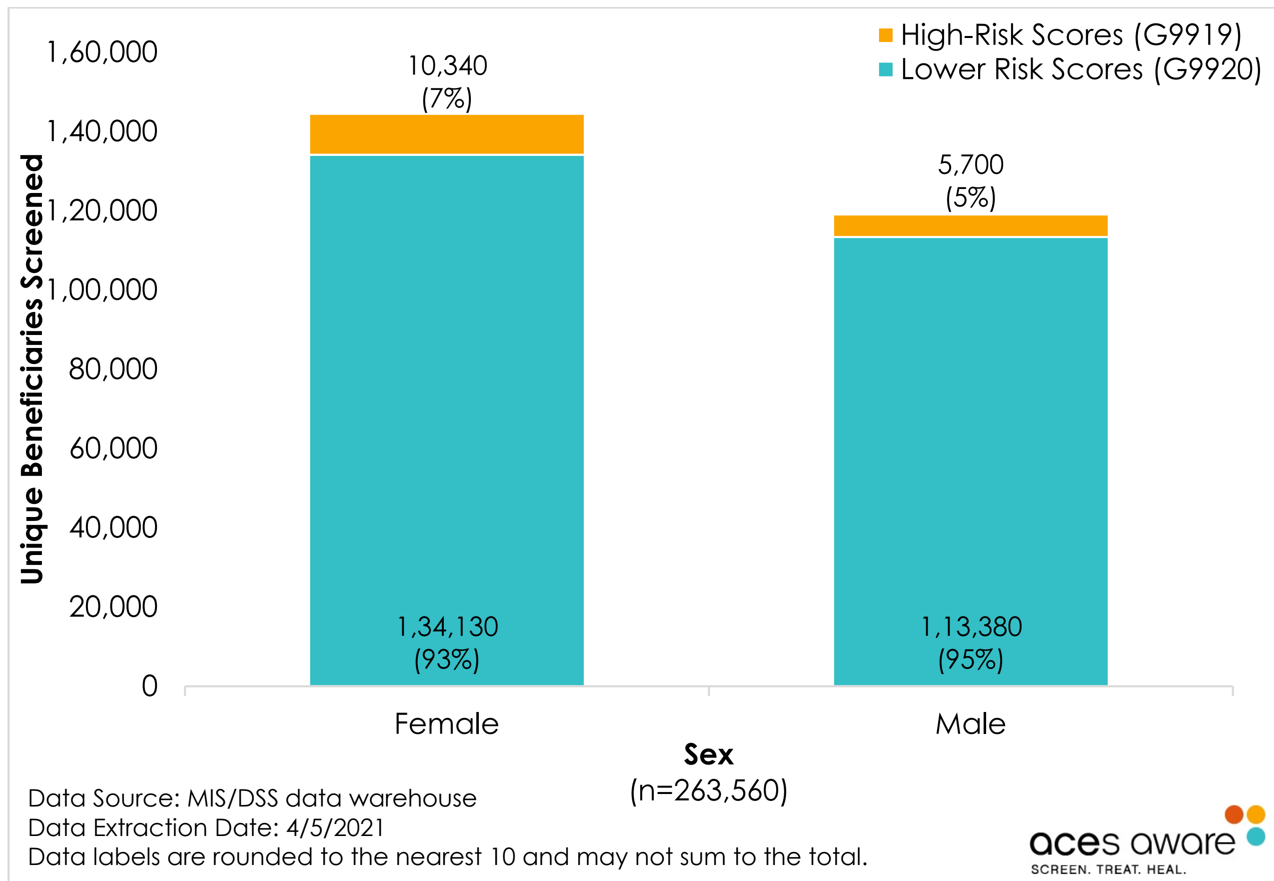
B. ACE Screenings by Sex

More than half (55 percent) of the unique Medi-Cal beneficiaries screened were female.

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

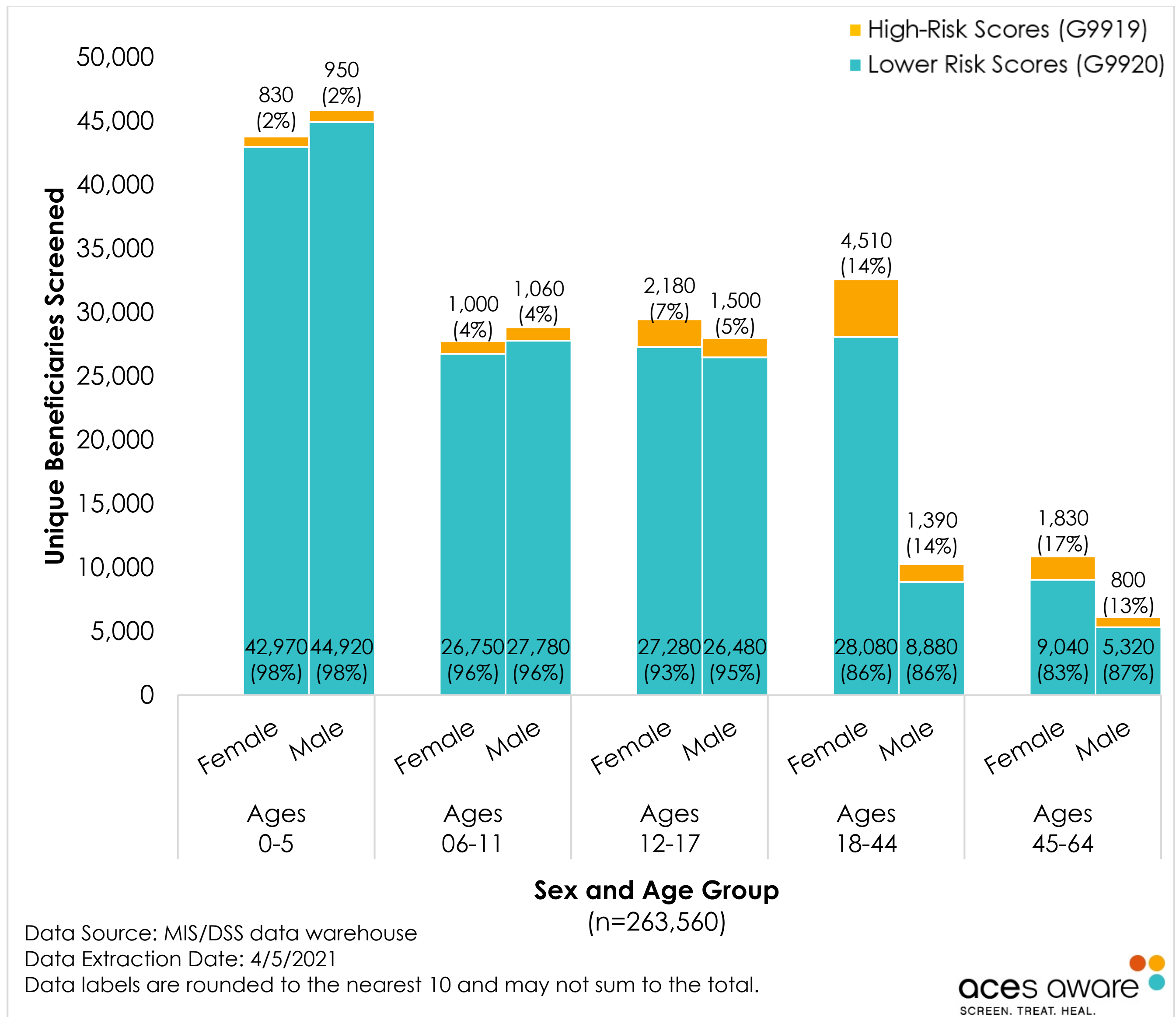
Exhibit 2.3: ACE Screenings by Sex and Procedure Code



C. ACE Screenings by Age and Sex

High-risk ACE scores of four or more were most common among females ages 45 through 64 (17 percent), followed by males and females ages 18 through 44 (14 percent). The proportion of high-risk ACE scores generally increased with age for each sex.

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



D. ACE Screenings by Race/Ethnicity

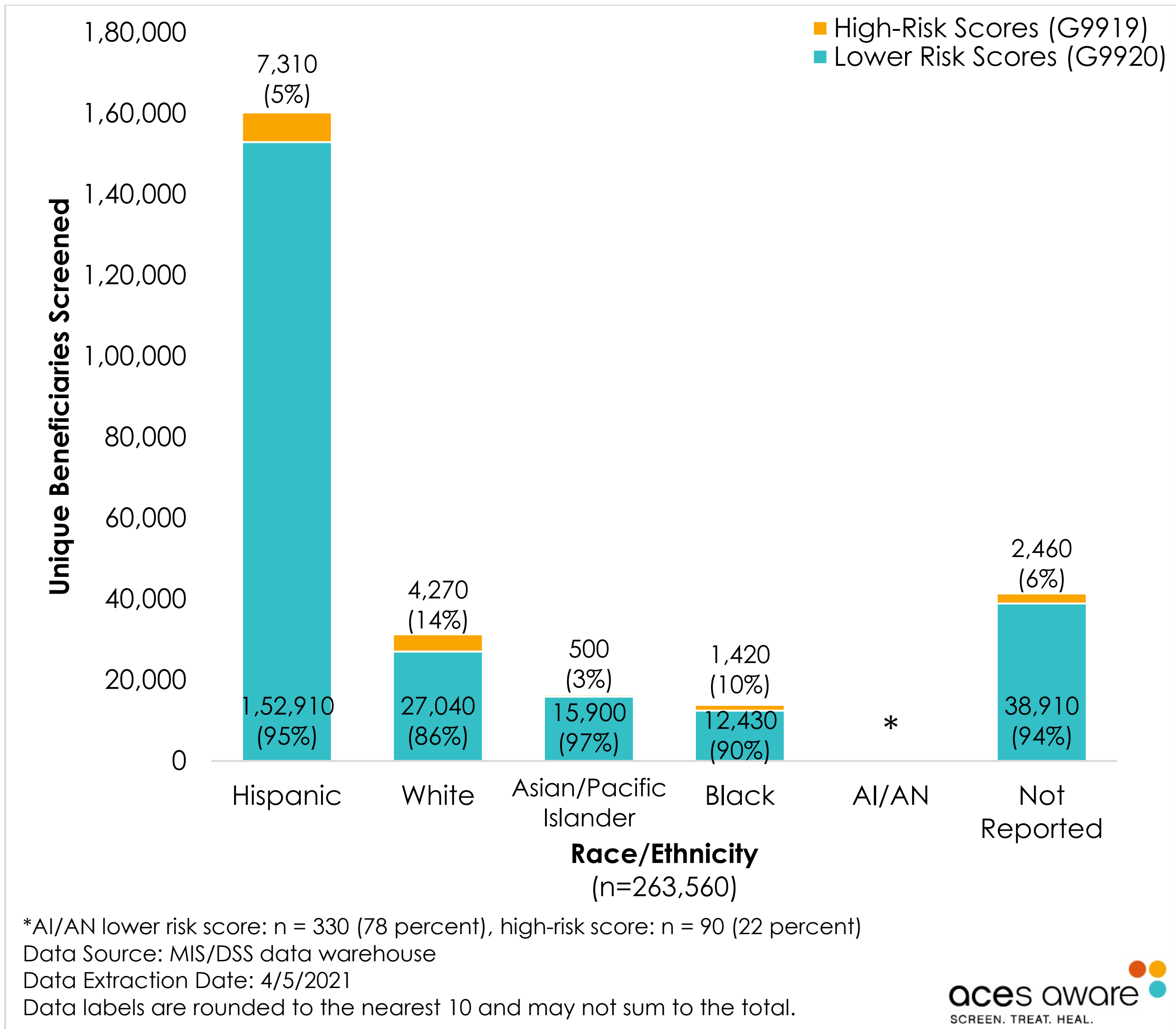
The greatest number of Medi-Cal ACE screenings were conducted with Hispanic beneficiaries (61 percent), followed by beneficiaries who did not report their race or ethnicity (16 percent), White beneficiaries (12 percent), Asian/Pacific Islander beneficiaries (6 percent), Black beneficiaries (5 percent) and American Indian/Alaskan Native (AI/AN) beneficiaries (<1 percent).

AI/AN Medi-Cal beneficiaries had the greatest prevalence of high-risk ACE scores of four or more (22 percent), followed by White beneficiaries (14 percent), Black beneficiaries (10 percent), beneficiaries who did not report their race or ethnicity (6 percent), Hispanic beneficiaries (5 percent), and Asian/Pacific Islander beneficiaries (3 percent).

Notes about Race/Ethnicity Data Collection

- "Hispanic" includes beneficiaries with Hispanic ethnicity, regardless of race.
- "Asian" includes Asian and Pacific Islanders-categories.
- "Not reported" includes bi-/multi-racial individuals, along with beneficiaries for which data is missing.

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



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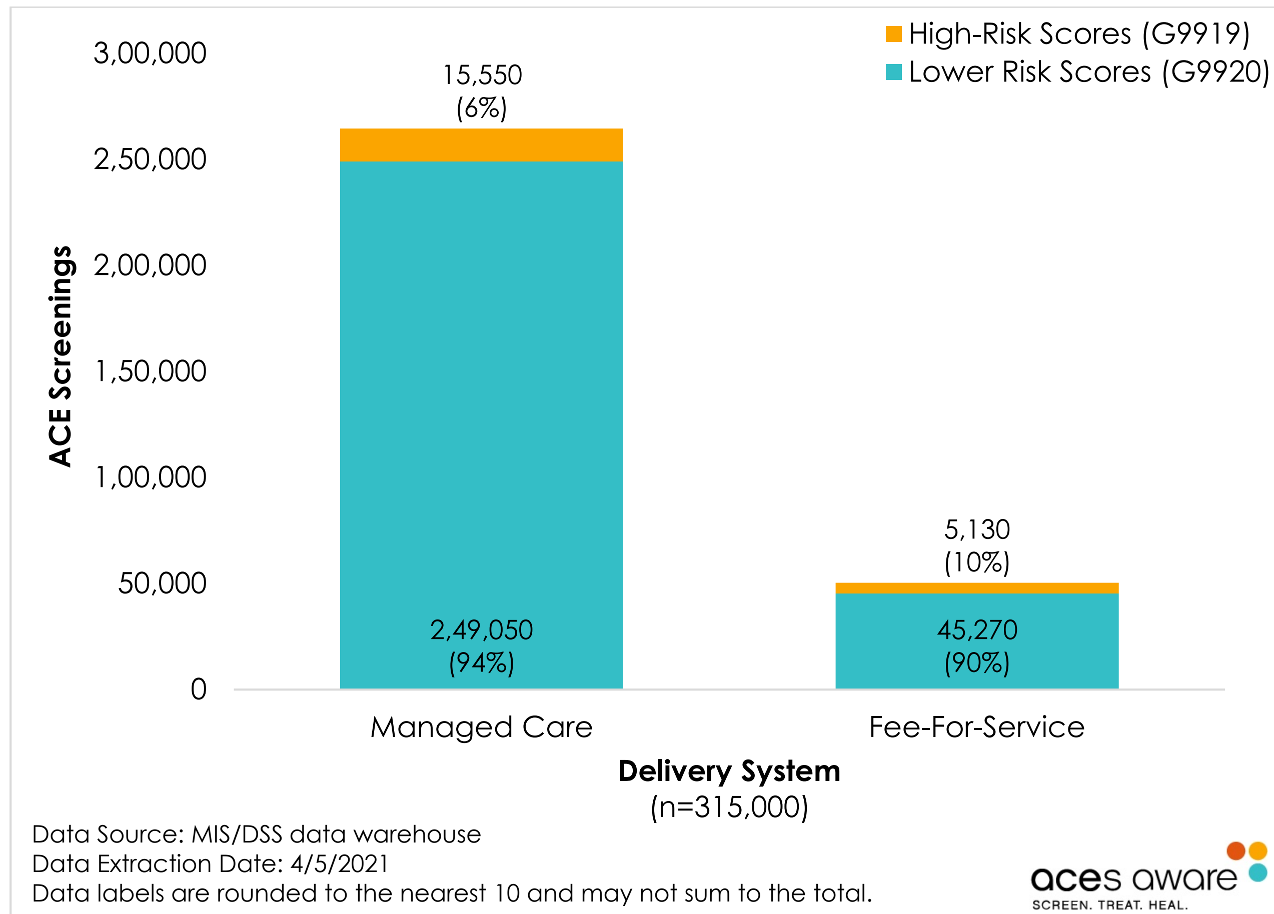
3. Summary of Providers Conducting ACE Screenings

A. ACE Screenings by Delivery System

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

More patients in the fee-for-service delivery system (10 percent) had high-risk ACE scores compared to 6 percent of patients in the managed care delivery system.

Exhibit 2.6: ACE Screenings by Delivery System and Procedure Code



B. ACE Screenings by Region

Exhibit 2.7 shows ACE screenings by region in California.

About half (49 percent) of ACE screenings were conducted by providers practicing in Southern California (for purposes of this report, Southern California includes San Bernardino, Riverside, Orange, San Diego, and Imperial counties), followed by Los Angeles (26 percent) and the Central Valley (12 percent).

The regions with the highest percent of patients with high-risk ACE scores are:

- Far North/North Coast region (44 percent of 1,160 screens);
- Sierra Range/Foothills region (11 percent of 2,630 screens);
- Bay Area (9 percent of 9,040 screens);
- Central Valley (8 percent of 31,910 screens);
- Southern California and Sacramento Valley (6 percent of 127,940 and 12,850 screens, respectively);
- Los Angeles (5 percent of 68,060 screens); and
- Central Coast (4 percent of 9,950 screens).

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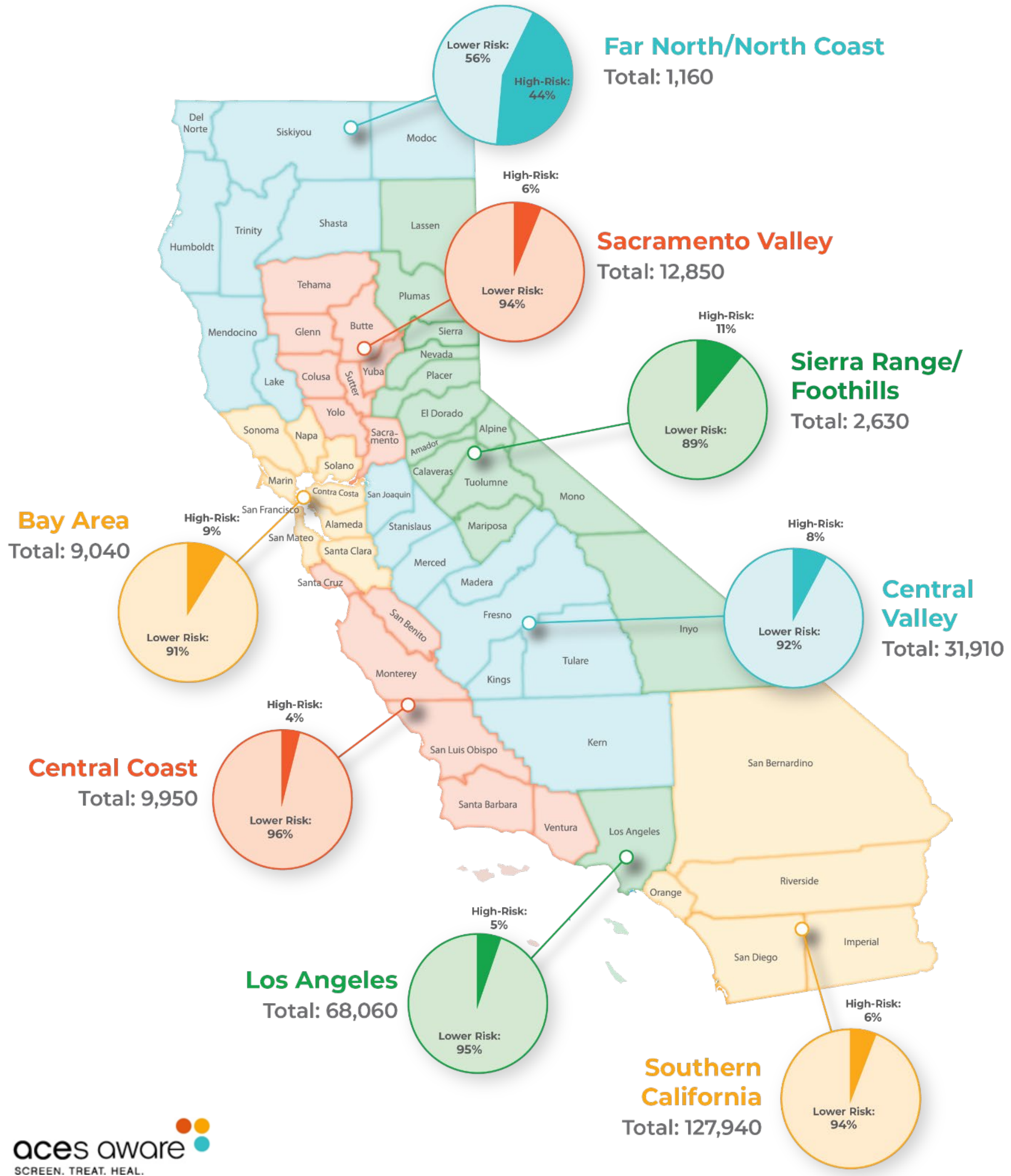
Exhibit 2.7: ACE Screenings by Region and Procedure Code



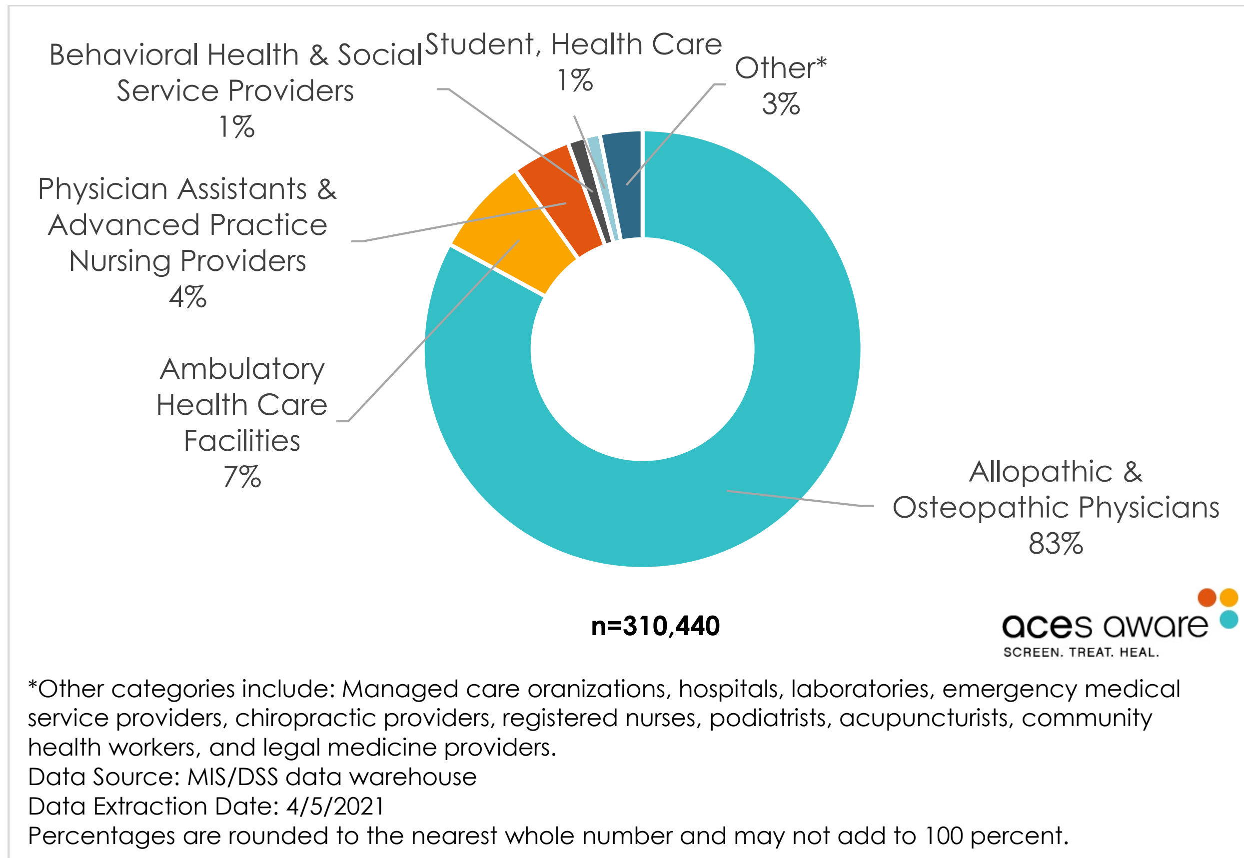
C. ACE Screenings by Provider Type and Specialty

Of the 310,440 ACE screenings for which there is a rendering provider type identified, 83 percent (257,460) were conducted by physicians.

- Note: Exhibit 2.8 represents provider types using National Provider Identifiers (NPIs) as indicated in the claims/encounter form. Some data (4,560 NPIs or 1 percent of total claims) is missing. There is an option to include both a billing and rendering provider. A billing provider is often a business/provider group submitting claims for services rendered by an individual practitioner. Rendering provider types may be an individual provider or clinic type, as indicated below.

Of the 257,460 physicians who conducted ACE screenings, more than two-thirds (72 percent) specialize in Pediatrics, followed by Family Medicine (14 percent), Internal Medicine (6 percent), Obstetrics and Gynecology (3 percent), General Practice (3 percent), Psychiatry & Neurology (<1 percent), and Other (2 percent).

Exhibit 2.8: ACE Screenings by Provider Type



*Other categories include: Managed care oranizations, hospitals, laboratories, emergency medical service providers, chiropractic providers, registered nurses, podiatrists, acupuncturists, community health workers, and legal medicine providers.
Data Source: MIS/DSS data warehouse
Data Extraction Date: 4/5/2021
Percentages are rounded to the nearest whole number and may not add to 100 percent.

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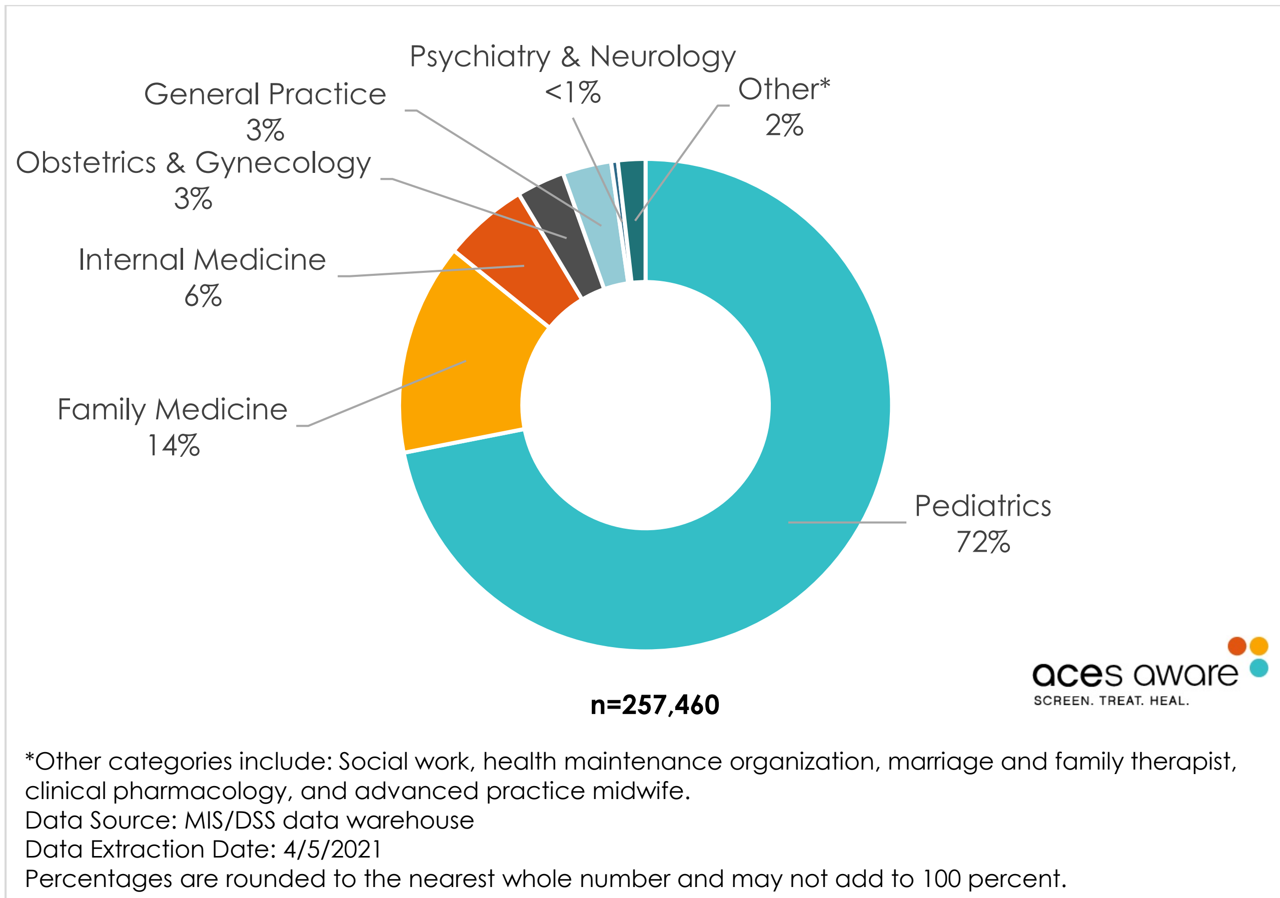
Exhibit 2.9: ACE Screenings by Physician Specialty



n=257,460

*Other categories include: Social work, health maintenance organization, marriage and family therapist, clinical pharmacology, and advanced practice midwife.
Data Source: MIS/DSS data warehouse
Data Extraction Date: 4/5/2021
Percentages are rounded to the nearest whole number and may not add to 100 percent.

4. ACE Screenings by Medi-Cal Managed Care Plan Network

MCP providers screened 173,450 unique Medi-Cal beneficiaries age 20 and under who were enrolled with a single plan for the entire first nine months of 2020 (and were not a dual-eligible). This represents 4.1 percent of the total population that was eligible to receive a screening (i.e., non-dual, continuously enrolled). FFS providers screened 2.1 percent of Medi-Cal beneficiaries who were not enrolled in any plan during the measurement period.

MCP providers screened 38,120 unique Medi-Cal beneficiaries ages 21 through 64 who were enrolled with a single plan for the entire first nine months of 2020 (and were not a dual-eligible). This represents 1 percent of the total population that was eligible to receive a screening (i.e., non-dual, continuously enrolled). FFS providers screened 0.1 percent of Medi-Cal beneficiaries who were not enrolled in any plan during the measurement period.

Exhibit 2.10: ACE Screenings for Beneficiaries Ages 0 to 20 by Medi-Cal Managed Care Plan

Managed Care Health Plan	Number of ACE Screenings*	Medi-Cal Enrollment**	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	230	5,900	3.9%
Alameda Alliance for Health	2,940	89,260	3.3%
Anthem Blue Cross Partnership Plan	14,080	302,570	4.7%
Blue Shield of California Promise Health Plan	1,580	19,440	8.1%
California Health & Wellness Plan	330	81,730	0.4%
CalOptima	32,340	287,730	11.2%
CalViva Health	7,800	171,550	4.5%
CenCal Health	5,390	81,430	6.6%
Community Health Group Partnership Plan	4,790	106,460	4.5%
Central California Alliance for Health	--	161,000	--
Contra Costa Health Plan	--	68,850	--
Gold Coast Health Plan	2,010	86,250	2.3%
Health Net Community Solutions, Inc.	24,590	541,460	4.5%
Health Plan of San Joaquin	1,430	160,280	0.9%
Health Plan of San Mateo	920	43,490	2.1%
Inland Empire Health	35,070	562,910	6.2%
Kern Health Systems	3,360	130,230	2.6%
Kaiser Permanente	--	66,490	--
L.A. Care Health Plan	26,430	778,510	3.4%
Molina Healthcare of California Partner Plan, Inc.	6,810	161,420	4.2%
Partnership HealthPlan of California	1,720	203,340	0.8%
San Francisco Health Plan	--	37,720	--
Santa Clara Family Health Plan	1,280	94,650	1.4%
United Healthcare Community Plan	140	3,360	4.1%

Managed Care Health Plan	Number of ACE Screenings*	Medi-Cal Enrollment**	Percentage of Medi-Cal Population Screened
Total ACE Screenings by MCP	**173,450**	**4,246,330**	**4.1%**
Total ACE Screenings in FFS	4,320	204,330	2.1%

*Data extraction date (Number of ACE Screening): 4/5/2021
**Data extraction date (Medi-Cal Enrollment): 3/15/2021

"Number of ACE Screenings" 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 0.1 percent.

"Medi-Cal Enrollment" is the count of distinct non-dual individuals who had been enrolled in a single plan for the entire first **nine** months of 2020. Since the last ACEs Aware data report was a count of distinct non-dual individuals who had been enrolled in a single plan for the first **six** months of 2020, the rates here under "Percentage of Medi-Cal Population Screened" are not comparable to the earlier report.

-- 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 2.11: ACE Screenings for Beneficiaries Ages 21 to 64 by Medi-Cal Managed Care Plan

Managed Care Health Plan	Number of ACE Screenings*	Medi-Cal Enrollment**	Percentage of Medi-Cal Population Screened
Aetna Better Health of California	180	10,090	1.7%
Alameda Alliance for Health	--	102,450	--
AltaMed	0	250	0.0%
Anthem Blue Cross Partnership Plan	560	298,100	0.2%
Blue Shield of California Promise Health Plan	2,010	37,000	5.4%
California Health & Wellness Plan	200	84,240	0.2%
CalOptima	3,650	268,710	1.4%
CalViva Health	670	137,890	0.5%
CenCal Health	130	58,750	0.2%
Community Health Group Partnership Plan	3,790	97,240	3.9%
Central California Alliance for Health	60	113,580	0.1%
Contra Costa Health Plan	--	72,450	--
Gold Coast Health Plan	310	67,580	0.5%
Health Net Community Solutions, Inc.	4,800	524,910	0.9%
Health Plan of San Joaquin	1,030	129,510	0.8%
Health Plan of San Mateo	--	35,780	--
Inland Empire Health	8,560	482,500	1.8%
Kern Health Systems	580	99,910	0.6%
Kaiser Permanente	0	52,500	0.0%
L.A. Care Health Plan	7,150	810,050	0.9%
Molina Healthcare of California Partner Plan, Inc.	3,270	164,130	2.0%
Partnership HealthPlan of California	900	205,900	0.4%
San Francisco Health Plan	--	58,890	--
Santa Clara Family Health Plan	--	84,610	--
United Healthcare Community Plan	210	6,560	3.2%

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Managed Care Health Plan	Number of ACE Screenings*	Medi-Cal Enrollment**	Percentage of Medi-Cal Population Screened
Total ACE Screenings by MCP	**38,120**	**4,003,680**	**1.0%**
Total ACE Screenings in FFS	850	900,470	0.1%

*Data extraction date (Number of ACE screening): 4/5/2021
**Data extraction date (Medi-Cal Enrollment): 3/15/2021

"Number of ACE Screenings" 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 0.1 percent.

"Medi-Cal Enrollment" is the count of distinct non-dual individuals who had been enrolled in a single plan for the entire first **nine** months of 2020. Since the last ACEs Aware data report was a count of distinct non-dual individuals who had been enrolled in a single plan for the first **six** months of 2020, the rates here under "Percentage of Medi-Cal Population Screened" are not comparable to the earlier report.

-- 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.