

PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA  
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# Proposition 56: Developmental and Trauma Screening Measures

Dr. Robert Moore, CMO  
December 11, 2019

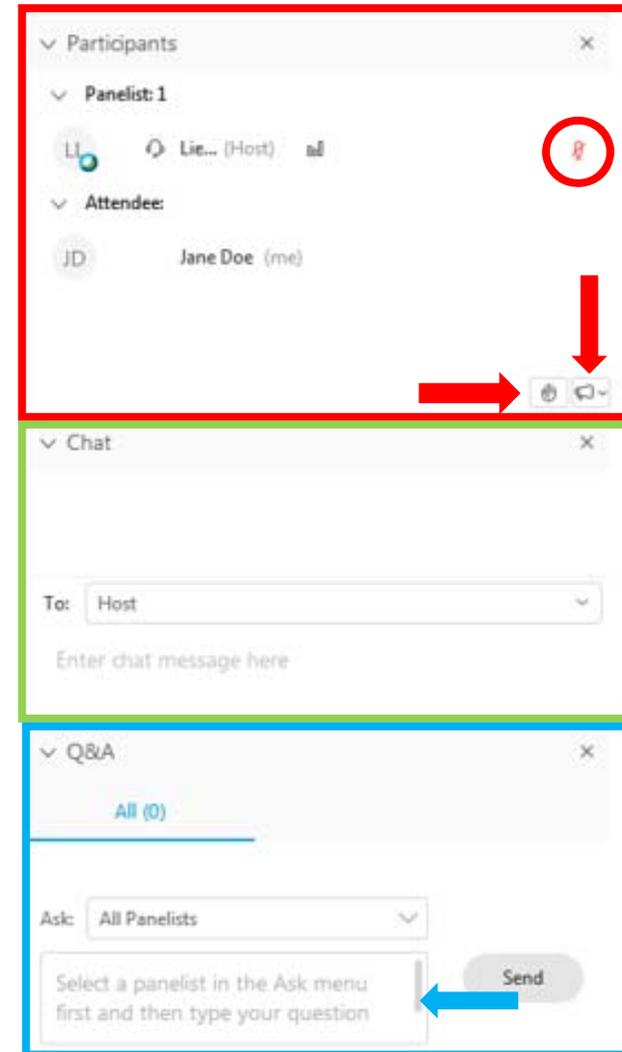
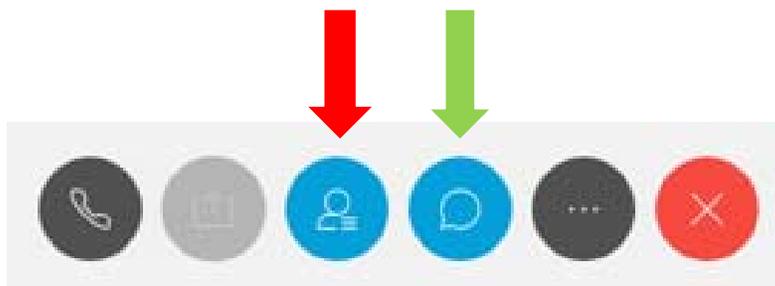


# Agenda

- Welcome/Introductions
- Proposition 56
- Developmental Screening
- Trauma Screening
- Office Workflow Changes
- Contact Information
- Questions

# Housekeeping

- This webinar will be recorded and posted on the PHC website.
- All participants have been muted to eliminate any possible noise interference/distraction.
- If you have a question or would like to share your comments during the webinar, **please type your question in the “Q&A” box or click on the “raised hand” icon located in the Participants box.**





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Download the webinar material on the registration screen:

- Click on the link to begin downloading

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Dr. Robert Moore

Chief Medical Officer

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# About Us



## **Mission:**

*To help our members, and the communities we serve, be healthy.*

## **Vision:**

*To be the most highly regarded managed care plan in California.*



# What is Proposition 56?

- Prop. 56 is the Tobacco Act of 2016, it increases taxes on cigarette, tobacco and nicotine products to fund specific health care expenses.
- A large percentage of the money supports Medi-Cal members and providers.
- As of July 1, 2019, the state Legislature and Department of Health Care Services (DHCS) will be using Prop. 56 funding differently.



# Proposition 56

Partnership HealthPlan of California (PHC) and other managed care plans (MCPs) are slated to be the payers of the following four programs beginning with fiscal year 2019-2020:

1. Value Based Payment Program (VBPP)
2. Family Planning Incentives
3. Behavioral Health Integration Grants
4. Developmental Screening and ACEs (Adverse Childhood Experiences) Screening

***See PHC website for additional details on the first 3 programs***

***Only PHC contracted providers eligible for these Prop. 56 programs.***



# Developmental Screening

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# Overview

- Developmental screening is the use of a standardized set of questions to see if a child's motor, language, cognitive, social, and emotional development are on track for their age.
- National guidelines recommend developmental screening for all children at nine months, 18 months, and 30 months of age and as medically necessary when risk is identified on developmental surveillance.
- All children enrolled in Medi-Cal are entitled to receive developmental screening as it is a required service for children under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.



# Developmental Screenings

- Ages 0 to <20 only
  - CPT Code: 96110 or 96110.KX each payable, per year of age without a Treatment Authorization Request (TAR)
  - Paid fee for service (not part of PCP capitation)
  - Covered up to age 20
- **Important Note:** Effective January 1, 2020
  - 96110 may **only** be used with one of the screening tools shown on the next page
  - Autism only screening, socio-emotional screens and others must use the code 96110.KX



# Tools

A standardized screening tool that meets the criteria set by the American Academy of Pediatrics (AAP) and the Centers for Medicare and Medicaid Services (CMS) will be used. The following tools currently meet these criteria:

- Ages and Stages Questionnaire (ASQ) – 4 months to age 5
- Ages and Stages Questionnaire – 3<sup>rd</sup> Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) – 3 months to age 2
- Brigance Screens-II – Birth to 90 months
- Child Development Inventory (CDI) – 18 months to age 6
- Infant Development Inventory – Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) – Birth to age 8
- Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)



# Incentive Payment

Developmental screenings are recommended at three specific times in early childhood:

- 9 months, 18 months, 30 months

Incentive Payments will be given *in addition to* the base fee for service payment of 96110:

- Without a modifier
- Once per year of age to age 3
- In three time intervals: age 0 to 1; age 1 to 2, and age 2 to 3

Incentive Payment Rate: \$59.50 per eligible screening

***All PCPs, including Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Service MOU clinics, are eligible for this incentive payment.***



# Codes Before Age of 3

Before the age of 3, code 96110 (without KX modifier) may only be used when one of the following screening tools is used:

- Ages and Stages Questionnaire (ASQ) - 2 months to age 5
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2
- Brigance Screens-II - Birth to 90 months
- Child Development Inventory (CDI) - 18 months to age 6
- Infant Development Inventory - Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)



# Codes Over Age of 3

For children over age 3, one of the following must be used:

- Ages and Stages Questionnaire (ASQ) - 2 months to age 5
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
- Brigance Screens-II - Birth to 90 months
- Child Development Inventory (CDI) - 18 months to age 6
- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parents' Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)



# Modifiers

- 96110 with a KX modifier may be used for screening that does not include one of the listed nine screening tools, for example the MCHAT screening for autism. When used, it will **not** count toward the incentive payment.



# Monitoring and Oversight

Monitoring and oversight will be conducted by both managed care plans (MCPs) and the Department of Health Care Services (DHCS).

- During 2020, PHC will audit use of acceptable screening tools when billing using 96110. In addition, pediatric chart audits conducted during site reviews, when our nurses go onsite to provider offices and review medical records, will determine if appropriate services such as screenings have occurred.
- DHCS will utilize its Audits & Investigations Division to monitor over-utilization through desk and onsite provider reviews and review of MCP encounter data.



# Trauma Screening

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# Overview

- DHCS is working with the California Office of the Surgeon General to reduce Adverse Childhood Experiences (ACEs) and toxic stress by half in one generation.
- Scientific consensus demonstrates that cumulative adversity, during critical and sensitive developmental periods, is a root cause to some of the most harmful, persistent, and expensive health challenges facing our nation.
- By screening for ACEs, providers can better determine the likelihood a patient is at increased health risk due to a toxic stress response, which can inform patient treatment and encourage the use of trauma-informed care.



# What are ACEs?

- ACEs – Adverse Childhood Experiences
- Stressful or traumatic events experienced in childhood that were identified in the landmark Adverse Childhood Experiences Study and relate to 10 categories of abuse, neglect, and/or household dysfunction.
- Research shows that individuals who experience adverse childhood experiences are at greater risk of heart disease, diabetes, and premature death.



# Trauma Screenings

## **Children and adults up to age 65**

- Incentive Payment rate: \$29
  - Child - once per year
  - Adult - once per provider, per MCP
- Policy Effective January 1, 2020
  - Providers eligible: Primary care, OB/GYN, behavioral health
  - Non-physicians are eligible to be paid, including behavioral health providers (i.e. Beacon clinicians)
  - HCPCS Codes that must be billed: G9919 (Positive screening score >4) and G9920 (Negative screening score 0-3)



# Tools

Pediatric ACEs and Related Life-events Screener (PEARLS):

Three versions:

- For ages 0-11, parent/caregiver reports on child
- For ages 12-19, parent/caregiver reports and teen self reports on his or her own

Adults ages 19-plus, the Adverse Childhood Experiences (ACEs) assessment must be used. Ages 18-19, either tool may be used.

For both tools the following scoring is used:

- Positive screening score  $>4$
- Negative screening score 0-3



# PEARLS Screener

PEARLS screens for a child's exposure to childhood adversity and events that may increase a child's risk for toxic stress and negative health outcomes. PEARLS has two sections:

## **Section 1. ACEs**

- Abuse (*physical, emotional, sexual*)
- Neglect (*physical, emotional*)
- Dysfunction in the household among parents/caregivers (*caregiver separation/divorce, domestic violence, substance misuse, incarceration, mental illness*)

## **Section 2. Other risk factors for toxic stress**

- Hardship (*Food insecurity, housing instability*)
- Others significant life events (*caregiver's serious physical illness or death, community violence, bullying, discrimination*)

PEARLS can be downloaded from the State ACESAware website:

[www.acesaware.org](http://www.acesaware.org) . Currently available in English; translations in many languages under development.



# Frequency

## **Members under age 20**

- May receive periodic rescreening as determined appropriate and medically necessary.
- Not more often than once per year, per provider.

## **Members 20 and over**

- May be screened once in their adult lifetime up to age 65, per provider.



# Training

## Effective July 1, 2020

- Eligibility for reimbursement for trauma screenings
- Provider must complete and attest to trauma screening training
- Trainings released by DHCS last week. Available on ACESAware website: [www.acesaware.org](http://www.acesaware.org)



# Office Workflow Changes

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# Provider Payment

Providers will be identified based on:

- National Provider Identifier (NPI) in the rendering provider field that is an NPI for an individual

***If the encounter data does not include an individual NPI, then no payment will be made for the encounter.***



# Incentive Payment Details

The final details of the flow of funding from DHCS to the health plans to the providers completing eligible services are pending final approval of CMS and DHCS.





# Resources

Partnership HealthPlan of California website:

[www.partnershiphp.org](http://www.partnershiphp.org)

DHCS ACES website:

[www.ACEsAware.org](http://www.ACEsAware.org)

Prop 56. Developmental Screening Policy (October 2019):

<https://www.dhcs.ca.gov/provgovpart/Documents/Developmental-Screenings-Policy-10.3.pdf>

Prop 56. Trauma Screenings Policy (October 2019):

<https://www.dhcs.ca.gov/provgovpart/Documents/Trauma-Screenings-Policy-10.3.pdf>



# Contact Information

Monday - Friday  
8 a.m. - 5 p.m.

Claims Questions  
(707) 863-4130

Partnership HealthPlan of California  
[www.partnershiphp.org](http://www.partnershiphp.org)

Clinical Questions  
Contact your Regional  
Medical Director

Contracting Issues  
Contact your local Provider  
Relations Representative



# Questions



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