



**Every Woman Counts
First Quarterly Expenditure and Caseload
Report to the Legislature for
Fiscal Year 2016-17**

**California Department of Health Care Services
Benefits Division**

**Every Woman Counts
Breast and Cervical Cancer Screening Services**

Health and Safety Code Section 104151(b) states “*The Department of Health Care Services shall provide the fiscal and appropriate policy committees of the Legislature with quarterly updates on caseload, estimated expenditures, and related program monitoring data for the Every Woman Counts Program. The updates shall be provided no later than November 30, February 28, May 31, and August 31 of each year.*”

This first quarterly report includes Fiscal Year (FY) 2016-17 program data, updates on caseload, and estimated expenditures for the period July 1, 2016, through September 30, 2016.

EWC Caseload

The first quarter observed caseload¹ was 36,599 women. The observed caseload is cumulative since July 1, 2016.

Estimated Expenditures through First Quarter of FY 2016-17

Related Program Monitoring Data: Type of Claim	Total Claims	Total \$ Paid*
Office Visits and Consults	30,198	\$885,691.01
Screening Mammograms	23,068	\$2,369,918.04
Diagnostic Mammograms	8,988	\$714,540.31
Diagnostic Breast Procedures	2,597	\$99,187.44
Other Clinical Services ²	20,882	\$950,101.76
Case Management ³	2,342	\$117,100.00
Grand Total	88,075	\$5,136,538.56

Note: This summary includes data for paid claims for breast and cervical cancer screening services. The summary does not include data for denied claims. *The data presented in this chart is limited to claims invoiced for services provided from July 1, 2016 through September 30, 2016, adjudicated as of October 24, 2016. Some services rendered during this period have not been invoiced or paid; therefore, this reported data cannot be compared to data provided through other formal processes (Budget Estimates).

¹ Caseload is defined as the sum of program recipients, by unique client identification number, who received at least one paid service during reporting period.

² Includes cervical screening and diagnostic services, and pathology procedures for both the breast and cervical cancer screening programs.

³ Case management is paid at \$0 for normal screening results and \$50 for abnormal screening results. The policy for \$0/\$50 has been implemented in the claims payment system.

Current Expenditures for FY 2015-16

Related Program Monitoring Data: Type of Claim	Total Claims	Total \$ Paid*
Office Visits and Consults	143,368	\$4,279,142.99
Screening Mammograms	146,406	\$12,507,391.60
Diagnostic Mammograms	43,197	\$3,256,218.57
Diagnostic Breast Procedures	21,273	\$774,573.36
Other Clinical Services ⁴	93,402	\$4,011,056.31
Case Management ⁵	12,258	\$607,362.01
Grand Total	459,904	\$25,435,744.84

Note: This summary includes data for paid claims for breast and cervical cancer screening services. The summary does not include data for denied claims. *The data presented in this chart is limited to claims with date of service from July 1, 2015, through June 30, 2016, adjudicated as of October 24, 2016. Some services rendered during this period have not yet been invoiced, or paid; therefore, this reported data cannot be compared to data provided through other formal processes (Budget Estimates).

Every Woman Counts (EWC) Activities for the First Quarter of FY 2016-17

Assembly Bill (AB) 49 (Buchanan, Chapter 351, Statutes of 2014) allows EWC to work with the founders, Department of Motor Vehicles (DMV), and California Highway Patrol to bring the Pink Ribbon License Plate to California. EWC must have a minimum of 7,500 pre-paid orders within a 12-month period before California DMV will manufacture the Pink Ribbon License Plate.

AB 2469 (Frazier, Vetoed, 2016) would have allowed the Department of Health Care Services (DHCS) to extend the California Pink Ribbon License Plate pre-order period without notifying current pre-order consumers of the extension and their ability to cancel their pre-orders. Governor Brown vetoed AB 2469, stating the bill was unnecessary since DHCS had already sent a notice on August 24, 2016, to all consumers who pre-ordered the California Pink Ribbon License Plate, which notified them of the new pre-order deadline of July 21, 2017, and reminded consumers of their option to cancel their pre-orders.

Governor Brown signed into law AB 1795 (Atkins, Chapter 608, Statutes of 2016), which expands eligibility for breast cancer screening and diagnostic services to individuals of any age, who are symptomatic and whose age is within the age range for routine breast cancer screening, as recommended by the United States Preventive Services Task Force.

⁴ Includes cervical screening and diagnostic services, and pathology procedures for both breast and cervical cancer screening program.

⁵ Case management is paid at \$0 for normal screening results and \$50 for abnormal screening results. The policy for \$0/\$50 has been implemented in the claims payment system.

EWC has received 5,044 pre-paid license plate orders. Once DMV begins to manufacture the California Pink Ribbon License Plate, revenue generated by license plate sales will go into the Breast Cancer Control Account to support breast cancer awareness and breast cancer early detection efforts that include outreach, education, screening, diagnostic services, and treatment referral for California women.

Governor Brown signed a proclamation declaring October as Breast Cancer Awareness month. The proclamation explains early breast cancer awareness and treatment can help save thousands of lives each year. *Breast cancer mortality rates declined approximately 37 percent between 1990 and 2013, through a combination of science, education, and direct assistance to individuals facing breast cancer.*

EWC Quarterly Reports to the Legislature are posted on line at DHCS website:
<http://www.dhcs.ca.gov/services/cancer/EWC/Pages/EWCReports.aspx>