

**EVERY WOMAN COUNTS
EXPENDITURE AND CASELOAD
BIANNUAL REPORT TO THE
LEGISLATURE
JULY 1 – DECEMBER 31, 2023**

TABLE OF CONTENTS

- Background..... 3
- Report Summary..... 3
 - Caseload..... 3
 - EWC Observed Caseload..... 3
 - EWC Actual Clinical Claims and Expenditures 4
- Table 1: EWC Program Actual Clinical Claims and Expenditures..... 4
- EWC Program Activities for July 1 through December 31, 2023..... 5
 - EWC Program Outreach And Education..... 5
 - EWC Program Clinical Services..... 5
 - EWC Program Providers, Recruitment, and Network Maintenance..... 5
 - EWC Program Successes and Barriers..... 6
- California Pink Ribbon License Plate 6

BACKGROUND

The California Department of Health Care Services (DHCS) administers the federal Centers for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection Program, and California's Breast Cancer Control Program, known as the Every Woman Counts (EWC) Program (state only). The EWC Program provides free breast and cervical cancer screening and diagnostic services, with referral to treatment, to California's underserved populations. The mission of EWC is to mitigate the devastating medical, emotional, and financial effects of breast and cervical cancer by eliminating health disparities for medically underserved, low-income individuals.

The EWC Second Biannual Report for 2023, prepared in accordance with Health and Safety Code Section 104151(b), presents updated data for the six-month period from July 1 through December 31, 2023, regarding clinical services, caseloads, and expenditures. The report covers claims and costs associated with office visits, mammograms, breast procedures, MRI, cervical screenings, case management, and other clinical services. No critical issues were identified during this reporting period.

REPORT SUMMARY

Caseload

This Report to the Legislature includes Fiscal Year (FY) 2023-24 data on caseload. EWC Program providers can submit clinical claims within six months following the month in which the services were rendered.

EWC Observed Caseload

EWC Observed Caseload^[1] was 64,218 individuals from July 1 through December 31, 2023. The EWC Program experienced a caseload decrease of 1.8 percent, compared to the caseload (65,401 individuals) for the same period last fiscal year (July 1 through December 31, 2022).

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

EWC Actual Clinical Claims and Expenditures

EWC Actual Clinical Claims and Expenditures (Table 1) was \$11,334,711 from July 1 through December 31, 2023, a 1.1 percent decrease in total expenditures of \$11,460,388 for the same period last fiscal year (July 1 through December 31, 2022).

TABLE 1: EWC PROGRAM ACTUAL CLINICAL CLAIMS AND EXPENDITURES

For Dates of Service: July 1 through December 31, 2023

Type of claim	Total claims	Total amount paid*
Office Visits, Consultations, and Telehealth	54,593	\$1,567,366
Screening Mammograms	57,775	\$4,388,518
Diagnostic Mammograms ^[2]	15,481	\$1,535,107
Diagnostic Breast Procedures ^[2]	30,138	\$2,592,514
Magnetic Resonance Imaging ^[2]	499	\$83,841
Cervical Screening and Diagnostic Services ^[3]	24,249	\$608,061
Other Clinical Services ^{[2][4]}	7,014	\$336,491
Case Management ^[5]	4,460	\$222,813
Grand Total	194,209	\$11,334,711

² Type of Claim categories for Diagnostic Mammograms, Diagnostic Breast Procedures, Magnetic Resonance Imaging, and Other Clinical Services are broken down to provide more details on the type of claim and services provided.

³ Cervical Screening and Diagnostic Services were added as a new category to correctly depict the breakdown of EWC Program funding. Previously, these expenses were incorporated in the Other Category.

⁴ Other Clinical Services are pathology procedures for both breast and cervical cancer screenings.

⁵ Case Management is not reimbursable for normal screening results and is reimbursed at \$50 for abnormal screening results.

***Note:** The data in the chart was extracted from the California Medicaid Management Information System (CA-MMIS) Operations Division Management Information System/Decision Support System (MIS/DSS) as of May 10, 2024.

EWC PROGRAM ACTIVITIES FOR JULY 1 THROUGH DECEMBER 31, 2023

EWC Program Outreach And Education

Health Educators (HEs) and Community Health Workers (CHWs) held 281 classes and 294 individual sessions, engaging with a total of 3,258 participants. They maintained partnerships with local health departments, faith-based groups, community health centers, migrant assistance programs, and other organizations serving underserved populations. Through virtual and in-person sessions, they conducted health education classes and outreach activities, employing innovative strategies to connect with communities. To increase and facilitate participation in classes and events, social media platforms like Instagram and Facebook were utilized to market and access the EWC Program.

Additional efforts were made to establish new educational opportunities, by meeting with community health leaders and key stakeholders who represented priority populations. Ongoing assessment, of community needs, guided strategic recruitment of CHWs to serve targeted populations that included Pacific Islander, Indian/Native American, and Black communities.

EWC Program Clinical Services

EWC Program Providers, Recruitment, and Network Maintenance

As of December 31, 2023, there were 1,100 Primary Care Providers (PCPs) enrolled in the EWC Program. Through recruitment, enrollment, virtual staff training, and program orientations for PCPs, our EWC Clinical Coordinators (CCs) delivered support, and provided technical assistance with maintaining the EWC PCP Network. The program did learn that some clinics were not accepting EWC recipients. As a result, CCs were prompted to communicate with PCPs and assess why the rejections were occurring. This improved communication and provided CCs with an opportunity to offer further

technical assistance and training, so PCPs could continue to serve EWC recipients, and reduce any lapses in care.

EWC Program Successes and Barriers

Through effective collaboration and improved communication, between EWC CCs and HEs, the EWC Program maintained a successful provider network. Several regions consistently established newly enrolled and re-enrolled providers. Also, EWC Regional Contractors reported significant achievements, with the delivery of cancer screenings, diagnostics, and referral to treatment services. Early detection of individuals, through mobile mammography screenings at non-clinical sites, were also made possible through community partnerships, that provided additional support for cancer patients and survivors.

COVID-19 related challenges are still being reported throughout the EWC Program. In some regions, this includes a high staff turnover rate. Staff turnover creates a cascade of challenges that affect the efficiency of how EWC Program deliverables are managed. Face-to-face interactions, and individual fears continue to exist, resulting in appointment cancellations, and no-shows for cancer screening and treatments. These services are necessary for early detection, and timely cancer treatment services. The EWC Program has a telehealth policy for providers to continue to offer virtual consultation visits, encourage face to face visits, and improve relationship development with provider staff.

CALIFORNIA PINK RIBBON LICENSE PLATE

The California Breast Cancer Awareness license plate (also known as Pink Plate) was started by a group of breast cancer survivors (the Survivor Sisters) in California who wanted to make a difference by promoting early detection and helping more women survive breast cancer. The Survivor Sisters brought the idea of the license plate to former Assemblymember Joan Buchanan, who authored Assembly Bill (AB) 49 (Buchanan, Chapter 351, Statutes of 2014). AB 49 authorized DHCS to apply to the Department of Motor Vehicles (DMV) to sponsor a breast cancer awareness license plate program. The first Pink Plate was issued in December 2017.

As of December 31, 2023, the DMV reported 5,440 breast cancer awareness special interest license plates currently in operation, of which 19 were motorcycle license plates.

Since its inception, Pink Plate has generated \$1,100,459.77 in total revenues (minus the costs of new plates and administration). All proceeds have been used to reimburse EWC Program providers for breast cancer screening and diagnostic services, as reflected in the DHCS Family Health Local Assistance Estimate.

