



**Every Woman Counts
Expenditure and Caseload
Biannual Report to the Legislature
January 1 – June 30, 2022**

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

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

Background

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

The EWC first biannual report for 2022 complies with Health and Safety Code Section 104151(b), which requires DHCS to provide a biannual update, no later than February 28 and August 31 of each year, to the fiscal and appropriate policy committees of the Legislature. This report to the Legislature includes the most recent information, for a six-month period, on program caseload, estimated expenditures, and EWC activities. Furthermore, the report includes data on clinical service activities, including office visits and consults, screening mammograms, diagnostic mammograms, diagnostic breast procedures, magnetic resonance imaging, cervical screening and diagnostic services, case management, and other clinical services. During this reporting period, January 1 through June 30, 2022, there were no critical issues documented.

Caseload

This biannual report to the Legislature includes Fiscal Year (FY) 2021-22 data on caseload, as well as actual clinical claims and expenditures. EWC providers can submit clinical claims within six months following the month in which the services were rendered.

EWC Observed Caseload^[1] was 82,873 individuals from January 1 through June 30, 2022. The EWC Program experienced a caseload decrease of 0.2 percent (162 individuals), compared to the caseload 83,035 individuals for the same period last year (January 1 through June 30, 2021).

EWC Actual Clinical Claims and Expenditures (Table 1) was \$14,018,481 from January 1 through June 30, 2022, which was a 4.0 percent decrease in total expenditures of \$14,595,844, from January 1 through June 30, 2021.

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.

Table 1: EWC Actual Clinical Claims and Expenditures

Actual Expenditures for Dates of Service January 1, 2022, through June 30, 2022		
Type of Claim	Total Claims	Total Amount Paid*
Office Visits, Consultations, and Telehealth	60,536	\$ 1,682,105
Screening Mammograms	55,495	\$ 5,293,993
Diagnostic Mammograms ^[2]	21,229	\$2,025,601
Diagnostic Breast Procedures ^[2]	32,960	\$ 3,395,498
Magnetic Resonance Imaging ^[2]	561	\$ 98,867
Cervical Screening and Diagnostic Services ^[3]	39,006	\$ 847,365
Other Clinical Services ^{[2] [4]}	8,271	\$ 402,290
Case Management ^[5]	5,459	\$ 272,763
Grand Total	223,517	\$14,018,482

***Note:** The data in the chart was extracted from the Management Information System/Decision Support System (MIS/DSS) as of November 18, 2022.

The EWC Program was appropriated \$44.4 million for FY 2021-22, as reported in the Family Health, May 2021, Local Assistance Estimate.

EWC Program Activities for January 1 through June 30, 2022

National Breast and Cervical Cancer Early Detection Program (NBCCEDP) award:

In November 2021, the CDC released a new NBCCEDP funding opportunity announcement for the period of June 30, 2022, through June 29, 2027. The DHCS, EWC Program submitted an application in January 2022. On May 26, 2022, DHCS was awarded \$7M for FY 2022-23.

For over 30 years, the EWC Program has administered an NBCCEDP cooperative agreement, to reduce morbidity and mortality of breast and cervical cancer throughout California. EWC has collaborated with regional community organizations, local and national groups, conducted outreach, implemented interventions, recruited, trained and maintained a network of primary care providers (PCPs). DHCS continues to provide quality breast and cervical cancer screening services.

² Four categories (Diagnostic Mammograms, Diagnostic Breast Procedures, Magnetic Resonance Imaging, and Other Clinical Services) were updated to improve accuracy of the report.

³ Cervical Screening and Diagnostic Services was added as a new category to correctly depict the breakdown of EWC 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.

EWC Program Activities for January 1 through June 30, 2022

EWC Outreach and Education

Regional Health Educators (HEs) and Community Health Workers (CHWs) held 238 classes and 152 one-on-one sessions, reaching 2,163 individuals. The HEs and CHWs continue to provide outreach and education, utilizing in-person meetings, hybrid gatherings and virtual platforms. Barriers such as poor internet connections, and the ability to navigate virtual platforms, may delay health education courses. However, HEs continue to use social media (such as Instagram and Facebook), and other resources, to promote the EWC Program, improve and conduct classes, or participate in health fairs. In addition, to navigate EWC eligible individuals, HEs continued to collaborate with local community partners, attend network meetings, and build new successful relationships.

To ensure effective outreach activities, the EWC Curriculum was translated into Spanish, Arabic, Chinese, Farsi, Hmong, Korean, Tagalog and Vietnamese. The curriculum is available online for EWC HEs to conduct workshops, designed to increase awareness of breast and cervical cancer, and to encourage routine screening.

EWC Clinical Services

EWC Providers, Recruitment and Network Maintenance

Despite the challenges, due to the COVID-19 Public Health Emergency (PHE), EWC providers continued to improve breast and cervical screening and diagnostic services for recipients, by utilizing a Core Program Performance Indicator (CPPI) timeline. The CPPIs and their performance benchmarks, developed by the CDC, NBCCEDP, assess grantee achievements, and guide PCPs to emphasize the completion of abnormal cancer cycles in a timely manner.

As of June 30, 2022, EWC maintains a provider network of 1,548 members. Regional Clinical Coordinators (CC) recruited additional EWC PCPs, who accepted new patient referrals. The CCs provided training, orientation and support, to the PCPs and their staff on EWC policies, quality standards, processes and data submission requirements. HEs and CCs participated in the monthly meetings as continuing education for the Evidence Based Interventions (EBI) project. They documented and tracked their EBI activities, in a sustainability logs. All new EWC PCPs and clinic staff were educated on EBI interventions, regardless of participation in the implementation project.

In addition, EWC instituted a follow-up reporting process that improved efforts to reach a final cancer diagnosis and provide appropriate breast and cervical cancer screening and diagnostic services. The reporting process assists PCPs and CCs to identify women who have an Incomplete Cycle (IC), Lost to Follow-up (LTF) and/or Refuse Care (RefC). The Breast Cancer Screening and Diagnostics (BCSD) reports demonstrated that a majority of EWC PCPs have a robust navigation system and processes in place

to ensure that each case was determined. A total of 427 (81 percent) out of 526 women and/or PCPs were successfully contacted and identified to have an IC, LTF and/or RefC, and received further follow-up. In addition, CCs offered appropriate outreach, education, and direct contact with 183 women (43 percent). Only one woman agreed to navigation through EWC staff, while the remaining women continued contact through their EWC PCPs.

California Pink Ribbon License Plate

The California Breast Cancer Awareness license plate (known as the Pink Plate), originated through a group of breast cancer survivors (the Survivor Sisters), wanting to make a difference by promoting early detection, and helping more women survive breast cancer. The Survivor Sisters brought the license plate idea 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 June 30, 2022, the DMV reported 5,588 breast cancer awareness special interest license plates are currently in operation, of which 21 were motorcycle license plates. Pink Plate has generated a revenue total of \$808,881 (minus costs for new plates and administration). As revealed in the DHCS Family Health Estimates, all Pink Plate generated proceeds reimburse EWC providers who deliver breast cancer screening and diagnostic services.



EWC Biannual Reports to the Legislature are posted on the DHCS website:

<https://www.dhcs.ca.gov/formsandpubs/Pages/Reports-to-the-Legislature.aspx>