

EWC Recipient Enrollment

EWC Provider Orientation

Application Steps

Provide applicants with:

- Covered California and Medi-Cal Information
- [Notice of Privacy Practices \(NPP\)](#)
- [DHCS 8699 EWC Recipient Enrollment Application](#)
- Smoking Cessation Information (if applicable)

Covered California and Medi-Cal Information

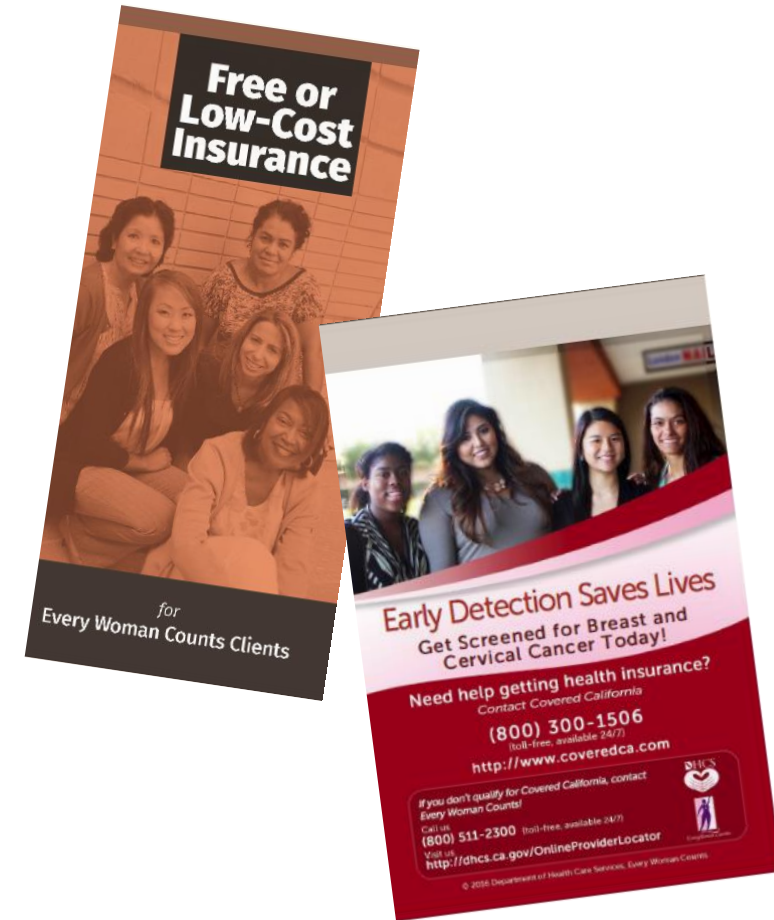
PCP staff are to inform EWC applicants that they might be eligible

for comprehensive coverage through Medi-Cal or the Affordable Care Act

- Pamphlets **“Free or Low-Cost Insurance”** and **“Covered California”** are available on the EWC page of the DHCS website under Related Resources and Information,

Educational Materials

- Distribute information annually during
 - Enrollment
 - Recertification




Covered California and Medi-Cal Information

EWC Program Information

- [Do you meet the Income Criteria? \(PDF\)](#)
- [Find your EWC Regional Contractor](#)
- [Notice of Privacy Practices](#)
- [EWC Report](#)

Related Resources & Information

- [Educational Materials](#) 
- [Human Papillomavirus \(HPV\) Information](#)
- [California Smokers Helpline](#)
- [National Breast and Cervical Cancer Early Detection Program \(NBCCEDP\)](#)
- [CDC's Breast Cancer Information](#)
- [CDC's Cervical Cancer Information](#)
- [California Cancer Facts & Figures](#)

About Us

- [Contact Information](#)
- [California Breast and Cervical Cancer Advisory Council](#)

Healthcare Provider Information

- [Information for Primary Care Providers](#)
- [EWC Provider Manuals, Forms & Worksheets](#)
- [California's Comprehensive Cancer Control Plan](#)

Every Woman Counts Forms

[Home](#) / [References](#) / [Presumptive Eligibility](#)

Every Woman Counts (EWC)

Manuals

- [Every Woman Counts Provider Manual \(ev woman\)](#)
- [Step-By-Step Provider User Guide](#)

Notice of Privacy Practices Form

The Notice of Privacy Practices can be downloaded from the [Notice of Privacy Practices](#) page of the DHCS website in English and the following languages:

- Arabic
- Chinese
- Farsi
- Hmong
- Khmer
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese

Every Woman Counts Forms

Recipient Application (Provider Use Only)

- Recipient Application (DHCS 8699, English)
- Recipient Application (DHCS 8699, Chinese)
- Recipient Application (DHCS 8699, Hindi)
- Recipient Application (DHCS 8699, Punjabi)
- Recipient Application (DHCS 8699, Spanish)
- Recipient Application (DHCS 8699, Ukrainian)
- Recipient Application (DHCS 8699, Vietnamese)



EWC Recipient Enrollment Application (multiple languages)

Available in various languages: English, Arabic, Armenian, Cambodian, Chinese, Farsi, Hindu, Hmong, Japanese, Korean, Laotian, Mien, Punjabi, Russian, Tagalog, Thai, Spanish, Vietnamese, Ukranian

State of California
Health and Human Services Agency

DHCS

Department of Health Care Services
SOLICITUD DE BENEFICIOS DE
EVERY WOMAN COUNTS PROGRAM

Gracias por su interés en el programa de EWC (Every Woman Counts, Cada Mujer Vale). El programa EWC brinda servicios gratuitos de pruebas de detección de cáncer de seno y cervical a las mujeres que viven en California.

La misión del programa EWC es salvar vidas mediante la prevención y disminución de los efectos del cáncer de seno y cervical. El programa EWC logra esto mediante la educación, la detección temprana y el diagnóstico. El programa EWC es parte de la División de Detección y Tratamiento del Cáncer del Departamento de Servicios de Salud.

Se deben llenar todas las secciones de esta solicitud para que el programa de EWC pueda decidir si usted es elegible para inscribirse en el programa EWC.

Debe estar inscrita antes de que el programa EWC comience a pagar por los servicios cubiertos. La inscripción dura un año y luego debe aplicar de nueva cuenta para reinscribirse. Puede reinscribirse con cualquier doctor de atención primaria (Primary Care Provider, PCP) del programa EWC.

Nota:

- Las páginas 1, 2 y 3 son para que las lea y las guarde.
- Debe llenar las páginas 4, 5 y 6 para que podamos ver si es elegible.
- Las páginas 7, 8 y 9 son instrucciones para llenar las páginas 4, 5 y 6. El PCP del programa EWC también puede ayudarle a llenar la solicitud.
- Las páginas 10 y 11 son únicamente para uso del PCP del programa EWC.

Declaración de Privacidad

Esta solicitud es para saber si usted es elegible para recibir los servicios a través del programa EWC. Llenar esta solicitud es su decisión. Si la solicitud no está completa, es posible que el programa EWC no pueda decidir si usted califica para recibir los servicios. Es posible que nos comuniquemos con usted si la solicitud no está completa.

El programa EWC puede compartir su información con el PCP del programa EWC y otras agencias estatales, federales y locales, según lo requiera la ley.

Usted tiene derecho a acceder a los registros que contienen la información personal que mantenemos. Para obtener más información o para ver nuestros registros, comuníquese con el programa EWC:

Department of Health Care Services
Benefits Division - Every Woman Counts Program
Attention: Division Chief
P.O. Box 997417, MS 4601
Sacramento, CA 95899-7417
(916) 449-5300

Las Secciones 30461.6(f) y (j), del Código de Ingresos e Impuestos de California y las Secciones 104150(b), 104162 y 131085 del Código de Salud y Seguridad de California autorizan que el programa EWC conserve la información recopilada en esta solicitud. Debemos proporcionarle esta Declaración de Privacidad en virtud de la sección 1798.17 del Código Civil de California.

DHCS 8699SP (Rev. 4/19) Página 1 de 11

State of California
Health and Human Services Agency

DHCS

Department of Health Care Services
EVERY WOMAN COUNTS PROGRAM
接受者申請

感謝您對每一位婦女都重要 (EWC) 計劃的興趣。EWC計劃為生活在加州的婦女提供免費的乳癌和子宮頸癌篩查服務。

EWC計劃的任務是通過預防和降低乳癌和子宮頸癌的影響來拯救生命。EWC計劃通過教育、早期檢測和診斷來做到這一點。EWC計劃是衛生部癌症檢測和治療部門的一部分。

此申請表格的所有空白處都必須完成，以便EWC計劃可以確認您是否符合EWC計劃資格。

您必須在EWC計劃開始支付所涵蓋服務項目之前註冊。註冊期效為一年，之後您必須重新註冊。您可以重新選擇任何EWC計劃的醫療服務診所 (Primary Care Provider, PCP)。

注意：

- 第 1、2 和 3 頁供您閱讀和保存。
- 第 4、5 和 6 頁必須完成，以便我們可以確認您是否符合 EWC 計劃資格。
- 第 7、8 和 9 頁是完成第 4、5 和 6 頁的說明。EWC 計劃的醫療服務診所也可以幫助您完成申請。
- 第 10 和 11 頁僅供 EWC 計劃的醫療服務診所使用。

隱私權聲明

這個申請是為了確認您是否符合EWC計劃資格。您可以選擇完成此申請。如果表格填寫不完整，EWC可能無法確認您的計畫資格。如資料不完整，我們會與您聯絡。

根據法律規定，EWC計劃可以與EWC計劃的醫療服務診所以及其他州、聯邦和地方機構共用您的資訊。

您有權查詢包含我們維護個人資訊的記錄，如欲查詢更多資料或查詢記錄，請致電EWC計劃：

Department of Health Care Services
Benefits Division - Every Woman Counts Program
Attention: Division Chief
P.O. Box 997417, MS 4601
Sacramento, CA 95899-7417
(916) 449-5300

加州稅收和稅收法第30461.6 (f) 和 (j) 條，加州健康和安法第104150 (b) 、104162和131085條授權EWC計劃保留在此申請上收集的資料。我們必須根據加州民法第1798.17條向您提供本隱私權聲明。

DHCS 8699CH (05/19) 第 1 頁，共 11 頁

State of California
Health and Human Services Agency

DHCS

Department of Health Care Services
ĐƠN XIN CHO NGƯỜI NHẬN
EVERY WOMAN COUNTS PROGRAM

Cảm ơn quý vị đã quan tâm đến chương trình EWC (Every Woman Counts). Chương trình EWC cung cấp dịch vụ khám nghiệm ung thư vú và ung thư cổ tử cung miễn phí cho phụ nữ sống ở California.

Sứ mạng của chương trình EWC là cứu mạng sống bằng cách ngăn ngừa và giảm thiểu những ảnh hưởng của ung thư vú và cổ tử cung. Chương trình EWC thực hiện việc này thông qua giáo dục, phát hiện sớm và chẩn đoán. Chương trình EWC là một phần của Chi nhánh Điều trị và Phát hiện Ung thư của Sở Dịch vụ Chăm sóc Y tế.

Tất cả các phần của đơn xin này phải được hoàn tất để chương trình EWC có thể quyết định quý vị có hội đủ điều kiện để đăng ký vào chương trình EWC hay không.

Quý vị phải được đăng ký trước khi chương trình EWC bắt đầu thanh toán cho các dịch vụ được chi trả. Việc đăng ký này kéo dài một năm và sau đó quý vị phải đăng ký lại. Quý vị có thể đăng ký lại với bất kỳ Nhà cung cấp Dịch vụ Chăm sóc Chính (Primary Care Provider, PCP) nào của chương trình EWC.

Ghi chú:

- Các trang 1, 2 và 3 là để quý vị đọc và lưu giữ.
- Các trang 4, 5 và 6 phải được hoàn tất để chúng tôi có thể xem quý vị có hội đủ điều kiện hay không.
- Các trang 7, 8 và 9 là hướng dẫn để hoàn tất các trang 4, 5 và 6. PCP của chương trình EWC cũng có thể giúp quý vị hoàn tất đơn xin này.
- Các trang 10 và 11 chỉ dành cho PCP của chương trình EWC sử dụng.

Thông báo về Quyền riêng tư

Đơn xin này là để xem liệu quý vị có hội đủ điều kiện cho các dịch vụ qua chương trình EWC hay không. Hoàn tất đơn xin này là sự lựa chọn của quý vị. Nếu đơn xin này không hoàn tất, chương trình EWC có thể không quyết định được liệu quý vị có đủ điều kiện để nhận được các dịch vụ hay không. Chúng tôi có thể liên lạc với quý vị nếu đơn xin này không được hoàn tất.

Chương trình EWC có thể chia sẻ thông tin của quý vị với PCP của chương trình EWC và các cơ quan tiểu bang, liên bang và địa phương khác theo yêu cầu của pháp luật.

Quý vị có quyền truy cập hồ sơ chứa các thông tin cá nhân mà chúng tôi duy trì. Để biết thêm thông tin hoặc để xem hồ sơ, vui lòng liên hệ với chương trình EWC tại:

Department of Health Care Services
Benefits Division - Every Woman Counts Program
Attention: Division Chief
P.O. Box 997417, MS 4601
Sacramento, CA 95899-7417
(916) 449-5300

Phần Mã Doanh thu và Thuế California 30461.6(f) và (j), và Phần Mã Y tế và An toàn California 104150(b), 104162, và 131085 ủy quyền cho chương trình EWC lưu giữ các thông tin thu thập được trong đơn xin này. Chúng tôi phải cung cấp cho quý vị Thông báo về Quyền riêng tư này theo Bộ luật

DHCS 8699VN (04/19) Trang 1/12

EWC Recipient Enrollment Application

EWC Recipient Enrollment Application

- » Completed at initial enrollment and each recertification annually
 - Privacy Statement, First Level Review and Formal Hearing rights, Notice of Nondiscrimination pages are given to the patient to keep
- » Applicant completes appropriate pages with the required information and provider staff complete pages for internal use. Then both sign and date the form
- » Retain EWC documents in patient's medical record

State of California – Health and Human Services Agency Department of Health Care Services
Every Woman Counts Program – Recipient Enrollment Application

Tell us about You

¹First Name ²Middle Initial ³Last Name

⁴Date of Birth (MM/DD/YYYY)

⁵What is your sex? (check one) ☐ Female ☐ Male
☐ Transgender (male to female) ☐ Transgender (female to male)

⁶Your Mother's Last Name at birth (Maiden Name)

⁷Address

⁸City ⁹State ¹⁰Zip Code

¹¹Telephone number [(area code) number]

¹²Email address

¹³Social Security Number (List if you have one)

Tell us about your Family/Household and Total Income.
The following information helps us decide if you are eligible for the EWC Program.
We need to know how much money everyone in your family/household receives before paying taxes.
If you file taxes, this is your "gross income" (before taxes and other deductions).

¹⁴What is the total number of persons living in your family/household?

¹⁵What is the total income of your family/household \$

Now let us know about your health insurance

☐ ¹⁶I do not have health insurance. ☐ ¹⁷I have health insurance or a healthcare plan but cannot afford the share-of-cost, deductible, or co-pay.

What EWC services do you need? (Check all that apply)

☐ ¹⁸Are you 21 years or older and want to be screened for cervical cancer?
☐ ¹⁹Are you 40 years or older and want to be screened for breast cancer?
☐ ²⁰Do you have symptoms in your breast(s) and want further testing?
Please check what are the symptoms in your breast(s) below:

☐ ²¹A change in the look or feel of your breast(s), such as change of color, size, or shape ☐ ²⁴Lump or hard knot in your breast(s)
☐ ²²Swelling or thickening of your breast(s) tissue ☐ ²⁵Inverted Nipple
☐ ²³Discharge from your nipple ☐ ²⁶Breast or Nipple Pain
☐ ²⁷Other:

DHCS 8699 (Revised 02/2024) Page 4 of 12

EWC Recipient Enrollment Application

- » EWC Recipient Enrollment Application
- » Called "FOR EWC Primary Care Provider (PCP)FOR INTERNAL USE ONLY"

State of California – Health and Human Services Agency Department of Health Care Services
Every Woman Counts Program – Recipient Enrollment Application

**FOR EWC Primary Care Provider (PCP)
FOR INTERNAL USE ONLY (PAGES 10 Through 12)**

If obtaining verbal consent complete each field of the application, on behalf of the applicant, based on the applicant's verbal responses. Ask that the individual/Authorized Representative verbally acknowledge their consent.

- ☐ 1. EWC Applicant Name (PRINT) _____
- ☐ 2. Medical Record Number _____
- ☐ 3. Recipient ID _____

ELIGIBILITY CRITERIA

Residency

- ☐ 4. Lives in California

Household Income

- ☐ 5. Family/Household Income is at or below 200 percent of the HHS Federal Poverty Guidelines.

Health Insurance

- ☐ 6. Is uninsured ☐ 7. Can NOT pay a share of cost, deductible, and or co-pay.

EWC program services

- ☐ 8. Needs breast cancer diagnostic services for, a symptomatic EWC applicant at any age.
- ☐ 9. Needs breast and/or cervical cancer screening, at the recommended age for the service(s)

I have provided this EWC program applicant with the following information:

- ☐ 10. I have provided the EWC applicant with a DHCS Notice of Privacy Practices
- ☐ 11. I gave the EWC applicant a DHCS First Level Review and Formal Hearing Rights, and Notice of Nondiscrimination
- ☐ 12. I provided the EWC applicant with information about how to obtain free and low-cost health insurance.

Eligibility Determination:

- ☐ 13. I determined the EWC applicant meets ALL EWC program eligibility requirements.
- ☐ 14. I determined the EWC applicant does NOT meet EWC Program eligibility requirements.

EWC Applicant Consent/Signature Policy

To remove barriers for enrollment, there are multiple ways to get consent from a potential EWC recipient including remote options:

- » In-person/physical ("wet-ink") signature
- » Electronic and/or digital signature
- » Verbal Consent/Signature

EWC Applicant Consent/Signature Policy

Electronic and/or Digital Signature Options:

- » Handwritten signature input onto an electronic signature pad
- » Handwritten signature, mark, or command input on a display screen (e.g., stylus device used to sign a document displayed on a touch screen)
- » Digitized image of a handwritten signature that is attached to an electronic record
- » Typed name (e.g., on an online application)
- » Unique identifier (e.g., code, password, or PIN)
- » The process of using a mouse to click a button (such as an “I Agree” button)
- » Digital signature, as defined in Section 16.5 of the Government Code.

EWC Applicant Consent/Signature Policy

Verbal/Telephonic signature

- » Ask that the Applicant/verbally acknowledge their consent
- » Indicate “Information and consent captured verbally by (name of a provider staff or a person acting behalf of an applicant)” in the signature line on applicant’s portion of the form

If this occurs, PCP staff must ask the recipient how they wish to receive their paperwork—either via mail, or coming by in person to receive the following:

- » ID card,
- » Program consent form
- » NPP

Assessment of Tobacco Use and Referral for Smoking Cessation

- » Due to federal regulations, PCPs are required to assess tobacco use in every individual enrolled into EWC and refer those who do use tobacco to a cessation program.
- » Screening for tobacco use is to be completed by the PCP at the time of enrollment or recertification and recorded on the Recipient Application (DHCS 8699). The provider must keep a copy of the recipient-signed form on file.
- » Assessment is encouraged to be performed at every office visit and is not a separately reimbursable procedure. Tobacco assessments and cessation referrals must be documented and maintained in the recipient's medical record.


Assessment of Tobacco Use and Referral for Smoking Cessation

Welcome to Kick It California

We're a free program that helps Californians kick smoking, vaping, and smokeless tobacco with the help of proven, science-based strategies. Take the first step toward quitting.

Quit Now

Related Resources & Information

- [Educational Materials](#)
- [Human Papillomavirus \(HPV\) Information](#)
- [California Smokers Helpline](#) 
- [National Breast and Cervical Cancer Early Detection Program](#)
- [CDC's Breast Cancer Information](#)
- [CDC's Cervical Cancer Information](#)
- [California Cancer Facts & Figures](#)


Enrollment Steps


- » Recipient receives and completes enrollment forms
- » PCP staff reviews Recipient Application confirming eligibility
- » PCP staff complete page entitled "FOR EWC Primary Care Provider (PCP) FOR INTERNAL USE ONLY"
- » Enroll recipient using the EWC portal, DETEC
- » Print Recipient Identification Card
- » **Provide recipient with a copy of their Recipient Identification Card**
- » Print online Recipient Information Form (aka: Enrollment Summary)
- » File application documents in medical record

Recipient ID Card and Recipient Information Form (Enrollment Summary)

Print Card

English | Español



Recipient Identification (ID) Every Woman Counts

Name	Alex Doe
Recipient ID	739A1588079606
Date of Birth	11/24/1911
Provider NPI	1487857991
Provider Phone #	_____
Valid	07/03/2024 - 07/02/2025

Services **cannot** be provided if this card is expired

Mammogram Information:
Last Mammogram: _____
Next Mammogram: _____

Pap/HPV test Information:
Last Pap/HPV test: _____
Next Pap/HPV test: _____
(MM/DD/YYYY)

Important Reminders:

- If this EWC Recipient ID is expired, recertify BEFORE receiving EWC services
- Recertify each year or as needed for routine screening
- Keep this card with you and present it when you go for EWC services
- It's essential to schedule all recommended services and keep all appointments

EWC Program Covered Screening and Diagnostic Services:
Cervical:

- Age 21 and over

Breast:

- Age 40 and over - patients at average risk
- Under 40 and over - patients at high risk
- Any age - patients with symptoms

Print Recipient Information

NOTE: This report displays data from the last time it was submitted. If you have recently changed the recipient data, be sure to submit it before printing.

Cancer Detection Program: Every Woman Counts

Provider ID: _____

009A7488996665
Doe Alex
1234 MAPLE AVE
LOS ANGELES, CA, 90015

Date of Birth: 07/07/1975
Gender: Female
Sexual Orientation: Straight/Heterosexual
Phone: (343) 434 - 3434
E-mail: Alex@abc.com

Mother's Maiden Name: E
Medical Record Number:

Is the recipient Hispanic or Latino? Yes
Recipient's Ethnicity: Black or African American
Recipient meets EWC program age, income & insurance criteria for breast and cervical cancer screening and diagnostic problems.
Recipient signed EWC consent form.

Recipient Certification Period: 07/30/2024 - 07/29/2025
Print Date: 07/30/2024

Close

Print

Patient Enrollment/Recertification

- » The certification period for each recipient is 365 days
- » Certification must be checked each time the patient is seen. If certification is expired, recertify if eligible
- » If a patient changes to another PCP, they need to be recertified with the NPI of the new provider
- » When enrolling a patient, check first to see if they have been enrolled previously and have an existing recipient identification number.

Certification Period

- » Recipients cannot be recertified before their certification period expires.
- » If certification will expire within 30 days, proceed with application process (verify eligibility, get signed application, provide paperwork) then:
 - Create reminder for the date that the services expire
 - Recertify individual when DETEC shows "EXPIRED"
- » Make arrangements for recipient to return for their ID card PRIOR TO RECEIVING ANY FURTHER SERVICES
 - FAILURE TO DO SO MAY RESULT IN PATIENT GETTING BILLED FOR SERVICES

DETEC System Outage

- » Enrollment when the DETEC system is down
 - Have individual complete the Recipient Application
 - Complete pages entitled "FOR EWC Primary Care Provider (PCP)FOR INTERNAL USE ONLY"
 - See them that day
 - Enroll in DETEC as soon as system is back up
 - Make arrangements with recipient to return to pick up their recipient ID once available (or if it is a hardship for recipient to return in person, ask for alternative way to them a get copy of their card).
 - EWC has 30-day Eligibility Grace Period

EWC Recipient Enrollment

For detailed instructions on how to access the EWC portal, DETEC, on the Medi-Cal Website to enroll EWC recipients, please refer to the Every Woman Counts Detecting Early Cancer (DETEC) User Guide: [EWC DETEC User Guide](#)

What documents go into Medical Record

- » Three pages completed and signed by the applicant (or a person acting on behalf of the applicant)
- » One page for 'Office Use Only' that is completed and signed by PCP staff
- » Online recipient information form
- » Copy of the EWC Recipient ID