

State of California – Health and Human Services Agency Department of Health Care Services
Every Woman Counts Program – Primary Care Provider Enrollment Agreement

Thank you, for your interest in becoming an Every Woman Counts (EWC) Program, Primary Care Provider. All applicants will be reviewed and screened to determine your eligibility for enrollment.

Agency/Practice Information:

 NPI enrolling in the EWC Program Legal Name of Applicant (must match name as used for NPI)

 Agency/Practice Tax ID Number Telephone Number Email Address

 Physical Address City State Zip Code

 Mailing Address (if different than Physical Address) City State Zip Code

- I am authorized to bind all locations and physicians/clinicians, specified in this EWC *Primary Care Provider Enrollment Agreement* (DHCS 8475), to the California Department of Health Care Services (DHCS), EWC Program. Provider requirements, clinical standards and provider orientation materials are available in the Medi-Cal Provider Manual (ev Woman) Section. All providers delivering services, to EWC Program eligible recipients, shall read and understand all program expectations and guidelines.
- I certify the Agency/Practice(s) information I have provided, is true, accurate, and complete. I understand that providing inaccurate and incorrect information, will jeopardize my eligibility to participate in the EWC Program. My ability to receive reimbursement for services rendered to program eligible recipients, may also be interrupted.
- I understand I must report any information and/or changes, within my Agency/Practice(s) by completing the DHCS Form 8480. If I choose to withdraw from the program, I must inform my Regional Contractor (RC) within thirty-five (35) calendar days. Failure to comply with any of the provisions of this EWC *Primary Care Provider Enrollment Agreement* (DHCS 8475), could result in suspension or termination of my EWC Provider status, and withhold billing fees for EWC Program covered services.

 Print Authorized Agent's Name Title

 Authorized Agent's Original Signature Date

 Printed Name of Medical Director/Physician Title

 Signature of Medical Director/Physician Date

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INSTRUCTIONS AND STEPS FOR PRIMARY CARE PROVIDER PARTICIPATION IN THE EVERY WOMAN COUNTS (EWC) PROGRAM

A EWC Primary Care Provider Enrollment Agreement (PCPEA), must be on file with the EWC Program for each unique National Provider Identifier (NPI) to participate as an EWC Primary Care Provider (PCP).

Complete PCPEA: This agreement must be signed by both a person with the authority to bind the agency/practice, and the medical director. A copy should be retained at each clinic.

Pursuant to California Welfare and Institutions Code Section 14043.26, the NPI registered with Medi-Cal must be used exclusively for the locations for which it was approved.

Submit the original signed PCPEA to the EWC Program for final review and approval:

Attention: EWC Program
MS 4601
California Department of Health Care Services
P.O. Box 997417
Sacramento, CA 95899-7417

Your submission of this PCPEA does not assure your immediate enrollment into the EWC Program. EWC will contact you with any necessary questions or corrections and forward a copy of the approved PCPEA to your RC.

GENERAL INFORMATION

If approved, your PCPEA (DHCS 8475) is valid from the time you are formally enrolled into the EWC Program, and/or until the application or contact (DHCS 8480) information is updated, by the EWC Program. EWC PCPs must ensure that agreements are reviewed periodically. EWC PCPs must assure new clinicians, read the Medi-Cal Provider Manual, EWC (ev woman) Section, and provider orientation materials before rendering program services.

If you have questions regarding form completion or enrollment, please contact your RC or the EWC Program at 916-449-5300.

Pursuant to all applicable federal, state, and local laws and regulations. PCPs are primarily responsible for operating and provide these services. All provider locations shall adhere to the California Department of Health Care Services (DHCS) provider requirements, and the EWC Program, clinical standards found in the Medi-Cal Provider Manual (ev woman) section, and the EWC Provider Orientation materials. A PCP who fails to adhere to these requirements may be not permissible for further program participation. Providers who stop participating in the EWC Program for any reason, are expected to assure that their recipient(s) receive a continuation of services.

Professional Education

EWC expects that all clinicians performing breast and cervical cancer screening and diagnostic services, maintain their clinical knowledge and skills for breast and cervical cancer screening. Clinicians shall participate in ongoing continuing education in the areas of breast and/or cervical health.

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Provider Site Reviews

EWC Program PCPs are required to participate in periodic reviews, in collaboration with the RC and/or EWC staff. Documentation of program activities, and recipient enrollment must be made available upon an EWC request, and during site reviews.

If issues are identified amid the site review, or reported monitoring data quality indicators, EWC will initially offer technical assistance. If technical assistance does not resolve the issue(s), EWC may require a corrective action plan, for the area needing improvement. For a PCP to continue program participation the plan must be submitted to the EWC Program. Failure to comply in the time specified within the plan may lead to program disenrollment.

Billing and Program Updates

PCPs must be enrolled in the EWC Program, and agree to accept Medi-Cal reimbursement rates, as payment in full, for program covered services provided to eligible individuals. A PCP must not bill a recipient for any services provided by the EWC Program.

EWC Program billing requirements, practices and information updates are available in the Medi-Cal Provider Manual, Every Woman Counts (*ev woman*) Section: [Every Woman Counts \(EWC\) Manuals, Forms and Worksheets \(ca.gov\)](#). Providers are responsible for reviewing the Medi-Cal Provider Manual and *ev woman*, and monthly Medi-Cal Bulletins, for any additional information. All timeliness guidelines for claim submission procedures, adhere to Medi-Cal and can be found in appropriate sections of the Medi-Cal Provider Manual.

In addition, this agreement is subject to any changes or additional provisions enacted by California Legislature through Statute or Budgetary Act restrictions, limitations, or conditions that may affect the provisions, terms, and/or funding of this agreement. This agreement is enforceable only if sufficient funds are made available to the EWC Program.

Case Management Services

A PCP who is enrolled in EWC Program shall provide case management services, for an individual enrolled in the program. Individuals will receive case management services, until a final diagnosis is determined and treatment, if indicated, is initiated. Women with abnormal results will be assessed for barriers to access care and timely utilization of appropriate diagnostic and treatment services. In these cases, individual plans for addressing needs and barriers will be developed to assure timely diagnostic outcomes and referrals to treatment.

Data Collection and Reporting

The PCP enrolled in the EWC Program shall report accurate data for each recipient served. This is completed by utilizing EWC' on-line application, at the end of the screening cycle and/or when a final diagnosis is reached. The data must include a recipient' demographics, services rendered, outcomes of procedures rendered, and initiation of treatment by both the PCP and referral providers.

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Health Insurance Portability and Accountability Act (HIPAA)

A PCP may be a “covered entity” under HIPAA, has obligations with respect to the privacy and security of recipient’s medical information, under 45 CFR sections 160 and 164. All PCPs shall comply with State and Federal laws regarding a recipient’s privacy, confidentiality of medical information, and rights to access their own health information.

At the time of enrollment in the EWC Program, each PCP must provide a recipient with the DHCS Notice of Privacy Practices (NPP). A recipient shall acknowledge receipt of the NPP, by initialing the acknowledgment statement on their EWC Recipient Application (DHCS 8699 Form).

Non-Conforming Providers

EWC monitors provider performance and compliance, with quality clinical standards by the amount of data and claims submitted by the PCP. Providers who repeatedly fail to comply with the clinical standards or data collection requirements; who fail to report the results of each individual screening cycle to EWC despite provision of technical assistance and a Corrective Action Plan; or those providers who jeopardize safety and health of EWC beneficiaries shall be precluded from further participation in EWC.

Prior to this exclusion the PCPs agency will be notified of the deficiencies and shall have sixty (60) days to submit data or demonstrate correction of the deficiencies. If the deficiencies are not adequately addressed as determined by the EWC Program, providers will receive a written Notification of Suspension thirty (30) days prior to that suspension. During this thirty (30) day period, the provider may appeal this decision.

Appeal Process: If the provider chooses to appeal, a written appeal must be filed that includes the following:

1. Issue(s) in dispute
2. Legal authority or other basis for the appellant’s position(s)
3. Remedy sought

Appeals that do not include all the areas (above) will be rejected.

Mail your Appeal Request to:

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

Or Email your Request to:

CancerDetection@dhcs.ca.gov

The Benefits Division Chief, or DHCS Administration designee, may hold an appeal hearing with the provider to reach a decision/conclusion. The decision will be based on the combination of the written appeal letter and evidence presented at the hearing, or based on the written appeal letter if no hearing is conducted. The decision shall be final. There will be no further administrative appeal. Providers will be notified of the decision regarding their appeal in writing within 20 working days of their hearing date or the consideration of the written appeal letter if no hearing is conducted.