State of California
Department of Health Care Services

Every Woman Counts Detecting Early Cancer (DETEC) User Guide

California Medicaid Management Information System

V 2.6

June 2026

Table of Contents

Table of Contents i
Introduction 1
Data Requirements 1
Information on the EWC Program 1
Every Woman Counts DETEC Application 2
First-Time Users 2
Accessing the DETEC Application 2
EWC Documents, FAQ and Help 8
EWC Documents 8
DETEC Transaction Quick Reference Guide 10
DETEC – Search Recipient 11
Search by Recipient ID Option 11
Search by Recipient Information Section 12
Search Results 14
No Recipient Found 14
One or More Recipients Found 16
Enrolling a New Recipient 17
Enroll EWC Recipient Online Form 17
Submitting Enrollment Form 22
How to Add Recipient When Matches are Found 25
Enrolling an Existing Recipient 30
Previous Enrollment by Other EWC Primary Care Providers 30
Recertification of Recipients 31
Successfully Enrolling Existing Recipients 33
Prevention of Duplicate Records 34
Print 36
Breast and Cervical Cancer Screening Records 38
Previously Submitted Breast and Cervical Cycles Forms 38
Completing the DETEC Breast Cancer Screening Cycle Data Online Form 42
Recipient Info 42
Risk 43
Clinical Breast Exam 44
Mammogram 46

Screening MRI 48
Additional Procedures Needed to Complete Breast Cycle 50
Breast Imaging Procedures 52
Breast Diagnostic Procedures 55
Breast Work-up Status and Final Diagnosis Information 58
Breast Cancer Treatment Information 61
Submit 63
Print 63
Save 63
Completing the DETEC Cervical Cancer Screening Cycle Data Online Form 65
Recipient Information 65
Risk 65
Pap Test 66
HPV Test 69
Additional Procedures Needed to Complete Cervical Cycle 70
Cervical Diagnostic Procedures 71
Cervical Work-up Status and Final Diagnosis Information 74
Cervical Cancer Treatment Information 79
Submit 81
Print 81
Save 81
Editing Records 83
Incomplete Cycles 83
Update an Incomplete Cycle 85
Need Help 88
Issues with This Cycle 89
Issues with Previous Cycle 91
Editing Previous Open Cycles 91
Deleting Previous Open Cycles 92
Terms and Acronyms 93
Provider Resources 95
Medi-Cal Directory 97
Legend 101
Change Summary 102

Introduction

Detecting Early Cancer (DETEC) is the web-based data collection system for the California Department of Health Care Services (DHCS) breast and cervical cancer screening program known as the *Every Woman Counts* (EWC) program. The EWC program is the California site of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), of the Centers for Disease Control and Prevention (CDC).

Upon enrollment in EWC, access to DETEC is obtained by registering in the Provider Portal. Program enrolled providers, known as EWC Primary Care Providers (PCPs), use DETEC to enroll recipients, document breast and cervical cancer screening and diagnostics to clinical outcome, and if diagnosed with cancer, the start of treatment. The data elements captured in DETEC are NBCCEDP required data deliverables.

Data Requirements

EWC PCPs offer point of service (POS) eligibility assessment for enrollment into the EWC program. EWC PCPs are the screening entry point for recipients and are the only providers who can enroll recipients through the DETEC Enroll Recipient and Recipient Information online forms and can complete and submit the Breast Cancer Screening Cycle Data and/or Cervical Cancer Screening Cycle Data forms.

Complete, accurate and timely data entry into DETEC is required for reimbursement of services provided to EWC recipients. As part of ongoing quality improvement, EWC PCPs are responsible for reporting screening and outcome data within 30 days of receiving final results. This time frame is preferable and recommended. However, PCPs may enter data for existing cycles for 365 days after a recipient’s certification period ends. PCPs are also able to enter data for services that have occurred 180 days prior to the recipient’s enrollment into EWC. Case Management (CM) is reimbursable to EWC PCPs for immediate work-up cycles after complete, accurate and timely data submission, and is payable once per recipient per PCP per calendar year.

Information on the EWC Program

For information on enrollment into the EWC program, recipient eligibility and covered services, refer to the *Every Woman Counts* (ev woman) section of Medi-Cal Provider Manual.

Every Woman Counts DETEC Application

EWC PCPs complete online forms in the DETEC application to:

- Certify recipient eligibility.
- Obtain a Recipient ID number for billing.
- Enter screening results of all recipients.
- Enter diagnostic procedures, work-up status, final diagnosis, and treatment information, as required, of recipients with abnormal screening results.

EWC PCPs must enter data within 30 days of receiving final results.

First-Time Users

You must have completed registration in the Medi-Cal Provider Portal and have received a Medi-Cal provider number or National Provider Identifier (NPI) and Medi-Cal Provider Identification Number (PIN).

If you have not registered for the Provider Portal, refer to the Provider Portal FAQ's on the Medi-Cal Provider Portal FAQ web page.

Note: For assistance, call the Telephone Service Center (TSC) at 1-800-541-5555.

Accessing the DETEC Application

Follow these steps to access the DETEC application web portal:

1. Navigate to the Medi-Cal Providers website.

2. Click **Login to Provider Portal.**

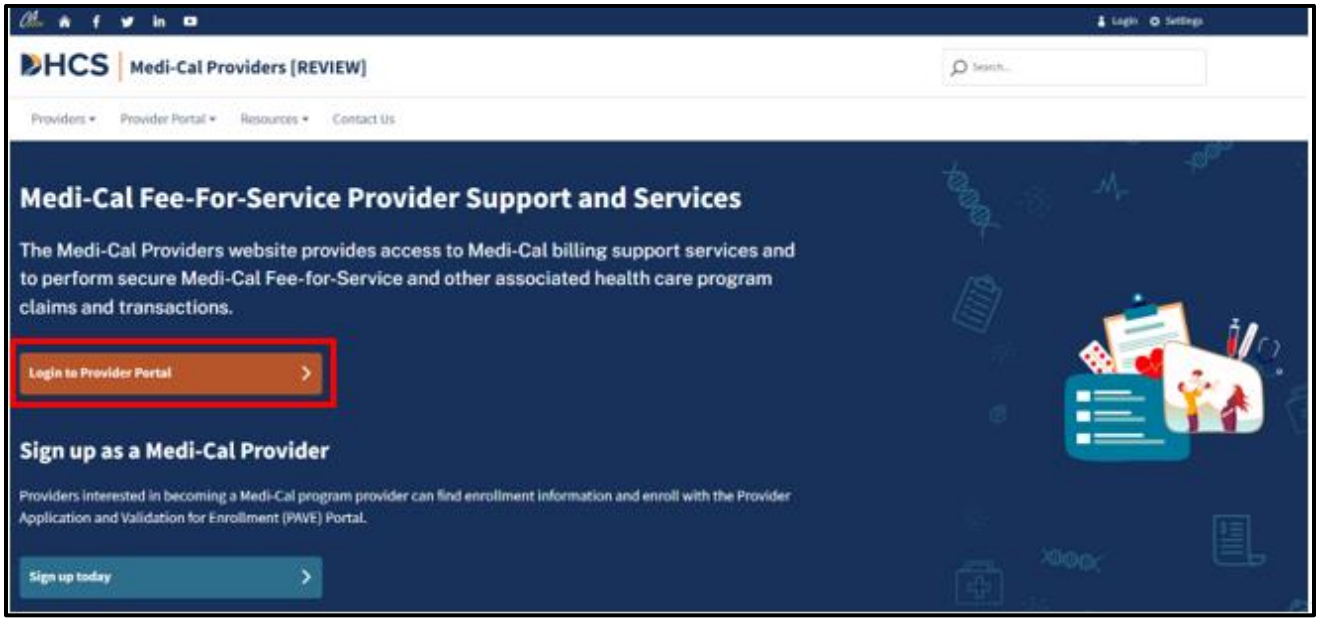

Figure 1.1: Medi-Cal Providers Website Home Page.

3. Enter an email address and password, then click **Log In**.

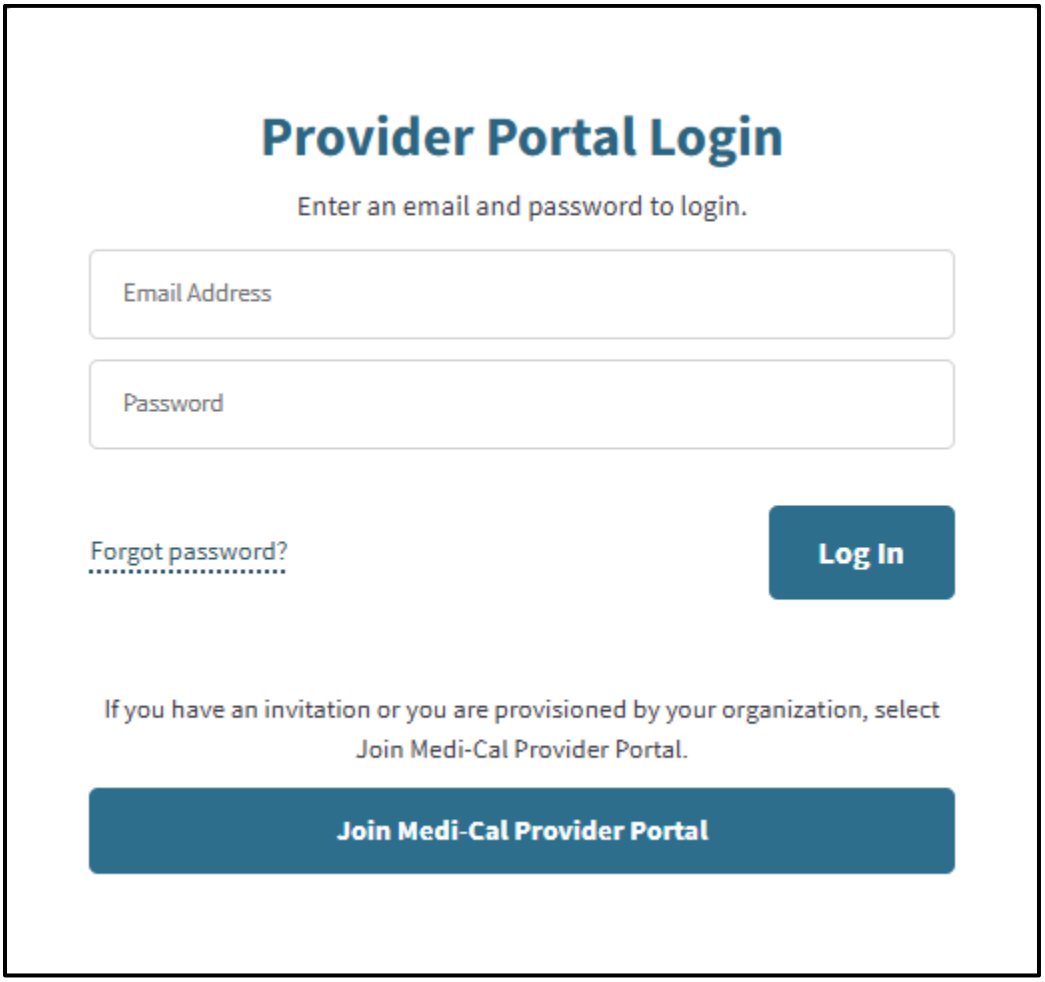

Figure 1.2: Medi-Cal Provider Portal Login

.

4. After logging in successfully, a System Use Notification popup will appear. Mark the check box next to **I confirm that I have read and agree to the above** and click **Next**.

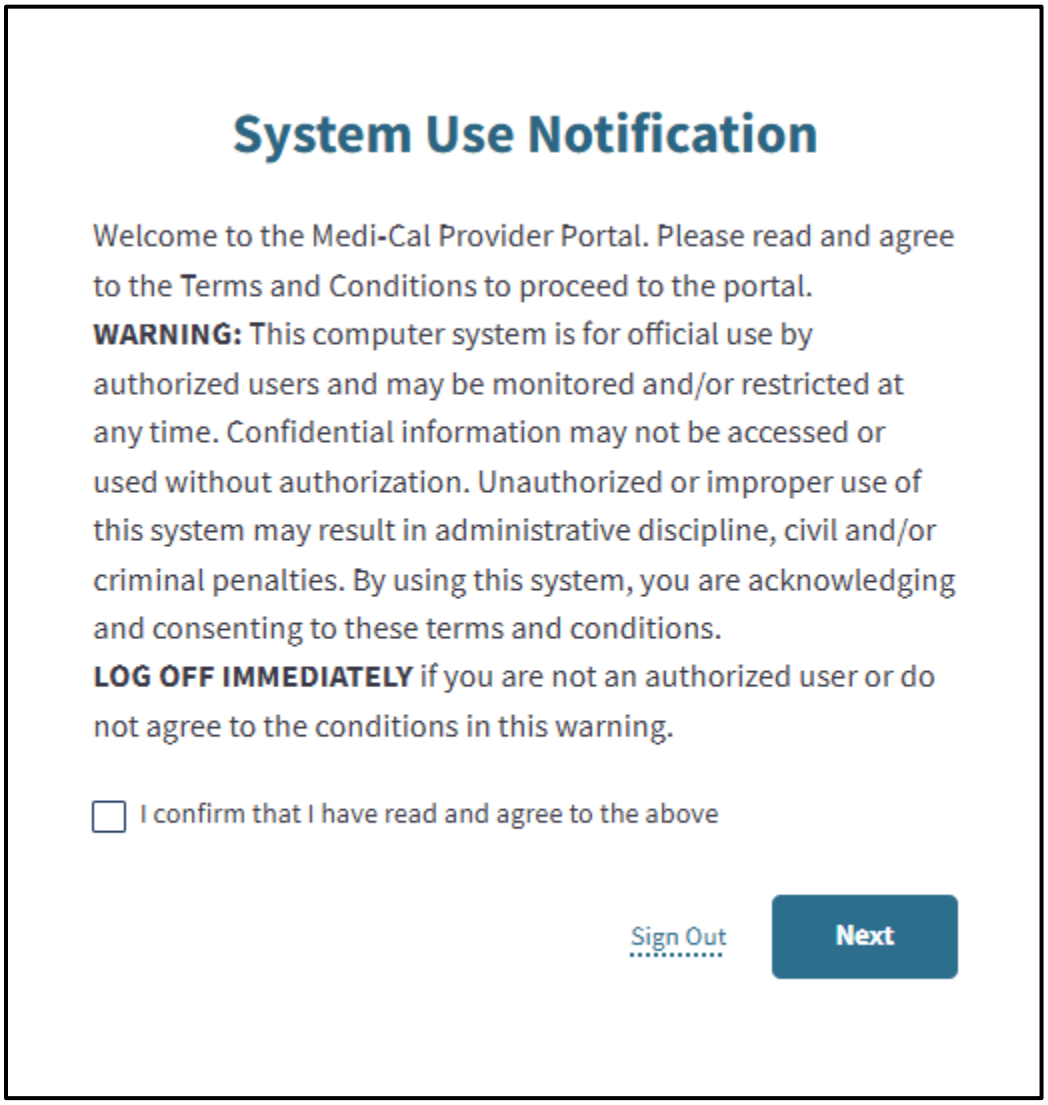

Figure 1.3: System Use Notification.

5. If you are a user within multiple organizations, the **Select an organization** page is displayed. Enter a NPI or Provider Legal Name in the **Search** box and click **Search**.

Note: If you are a user in only one organization, the **Transaction Center** will be displayed instead (skip to step 6).

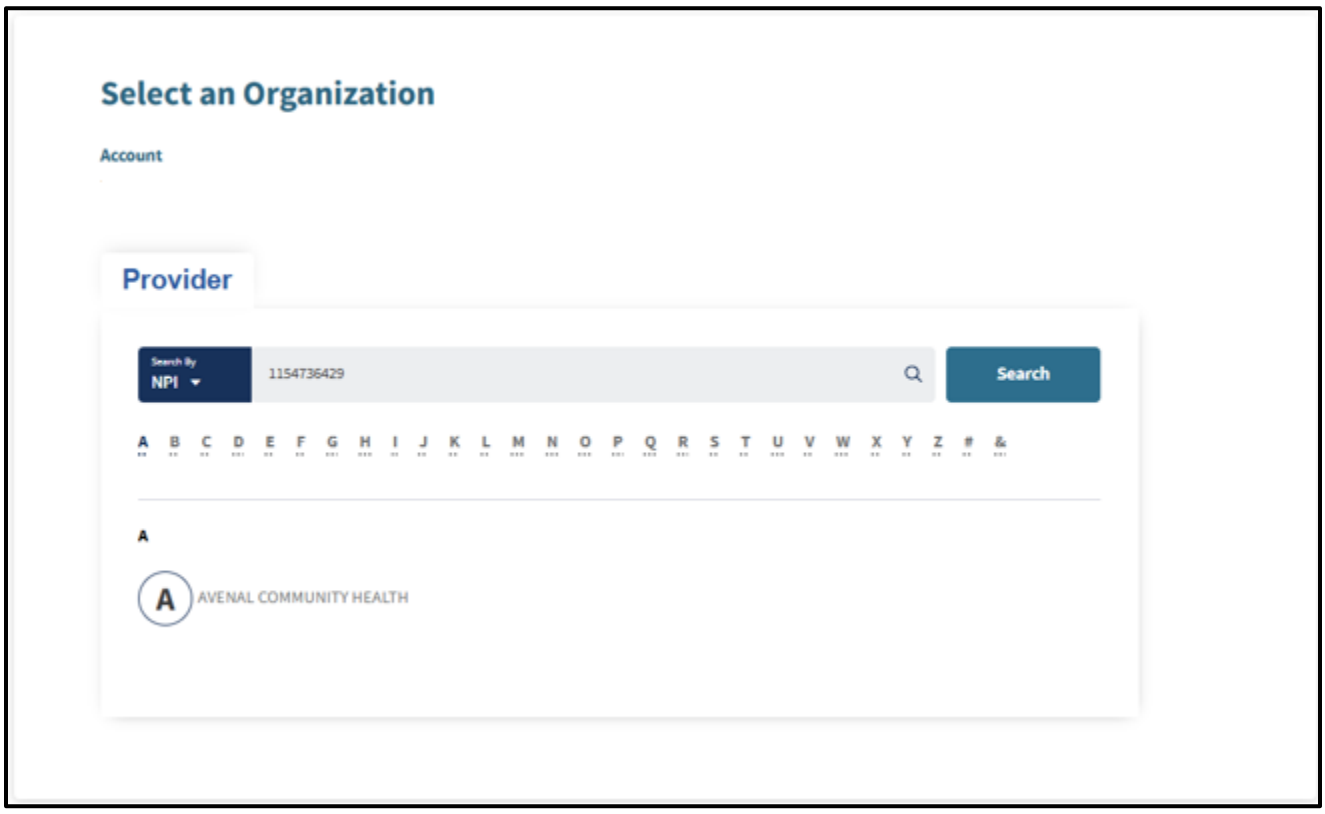

Figure 1.4: Select an Organization Page.

6. In the Transaction Center under the Enrollment section, select **Every Woman Counts DETEC.**

Figure 1.5: Every Woman Counts DETEC link.

Note: If available to you, do not select the **Breast and Cervical Cancer Treatment Program** link: This link leads to a different transaction and does not lead to the DETEC transaction.

If the **Every Woman Counts DETEC** link is not available as an option, the NPI number you entered is not identified as an EWC PCP. You may want to try selecting a different NPI identified as an EWC PCP NPI under your organization. If you are still not able to access the DETEC transaction, check with your clinic administration to make sure that the NPI number is correct. If it is, call the Telephone Service Center (TSC) at 1-800-541-5555.

7. After clicking the **Every Woman Counts DETEC** link, if more than one EWC location is associated with the selected NPI, you will be prompted to choose your service location. Select the appropriate location and click **Submit**. If you have a single location, you will be directed to the EWC Search for Recipient page.

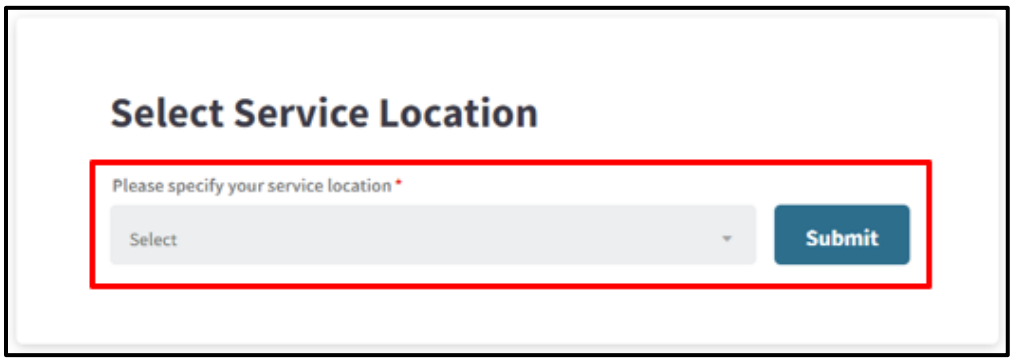

Figure 1.6: Service Location Page.

EWC Documents, FAQ and Help

EWC Documents

Downloadable and printable versions of the EWC and DETEC forms may be found by navigating to the Every Woman Counts Reference page of the Medi-Cal Providers website.

1. For quick reference within the application, click the **Need Help?** drawer on the right side of the page for the DETEC Help page.

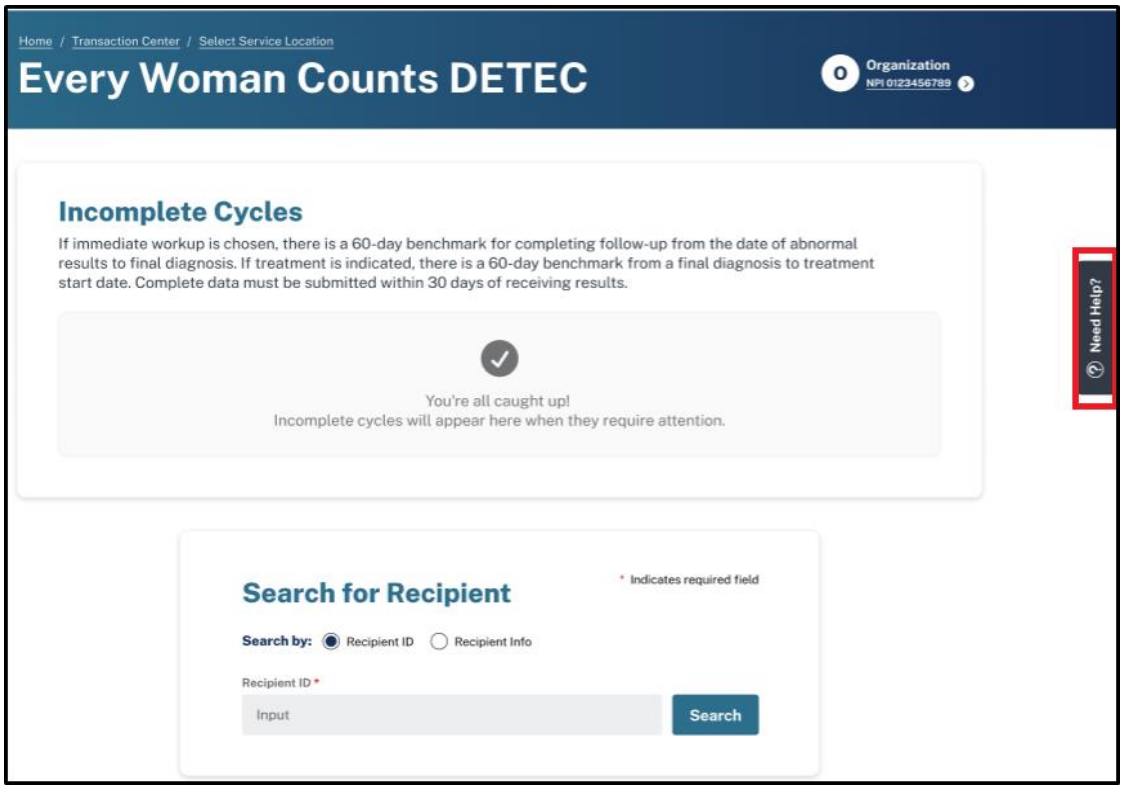

Figure 1.7: Need Help Drawer.

2. Click **EWC Documents** to navigate to the Every Woman Counts Reference page, where forms can be downloaded and printed. Click **DETEC FAQs** to visit the Every Woman Counts DETEC Frequently Asked Questions webpage.

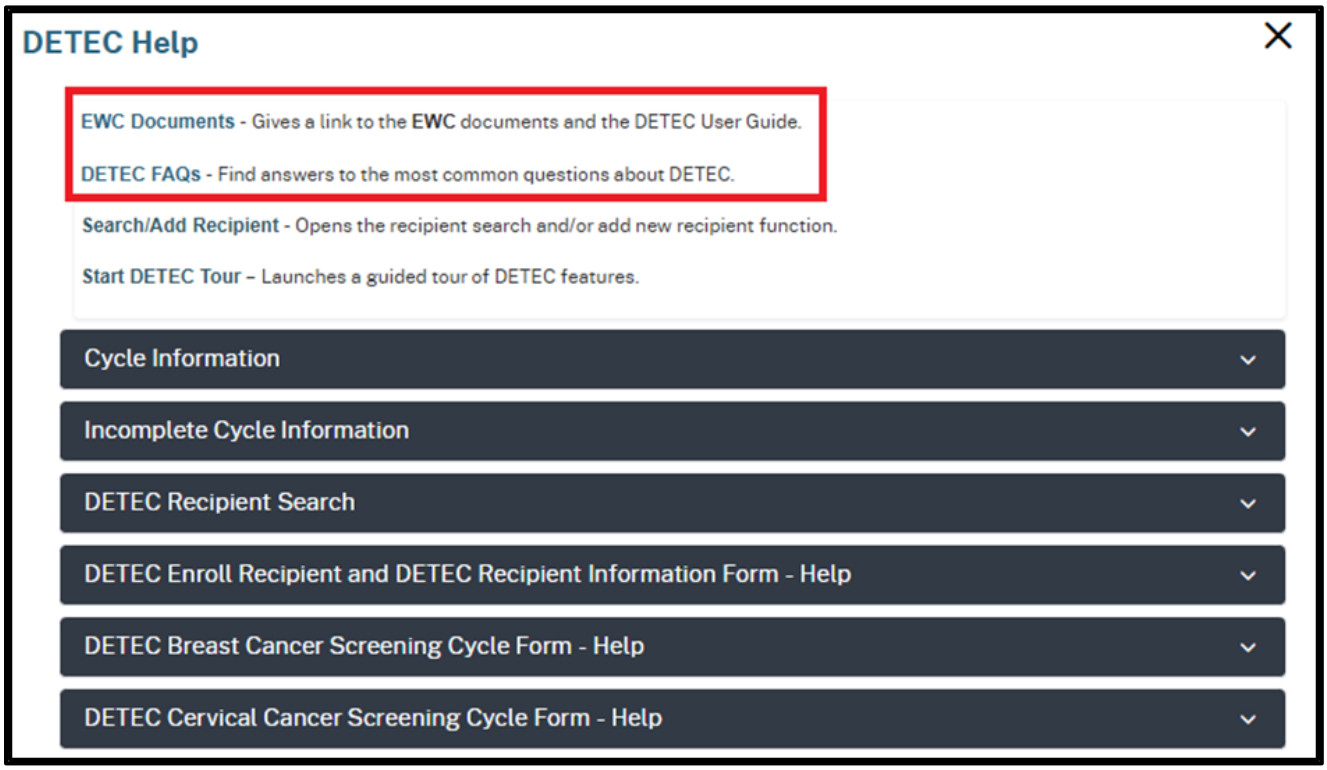

Figure 1.8: Helpful Links to Forms, Manuals and Worksheets.

DETEC Transaction Quick Reference Guide

This section provides a high-level walk-through of how to conduct a DETEC transaction. For detailed information on any of these steps, see subsequent sections and subsections in this user guide.

- Search to ensure that recipient is not already enrolled
  - Enter Recipient ID or
  - Enter Recipient Info; minimum required info is Date of Birth (DOB) and Last Name
- Double-check spelling and accuracy of entered information
- Click the **Search** button
  - If matching records found
    - Carefully review the possible system matches
    - Click the listed Recipient ID(s) for more detailed information
    - If record matches and information needs updating, input any necessary information, click the **Save** button
    - If record matches and no information needs updating, proceed to the last bullet point
    - If record does not match, click **Return to Search** and begin again, using instructions below
  - If no matching records found
    - Click **Enroll New Recipient** button
    - Enter all requested information accurately and completely
    - Click **Submit**
    - Review any recipient data issues that may be listed and correct if necessary
    - Double-check all information
    - Click **Print Card** to print a copy of the EWC Recipient ID card
    - Click **Print Recipient Information** to print a copy of the recipient information form (enrollment summary)
    - Proceed to next step
- Proceed to enter applicable data cycle information by using the top navigation tile

DETEC – Search Recipient

To begin the EWC – DETEC transaction, you must first search for an existing recipient. Even if the recipient claims that they are not already registered, you must perform a search using the information provided on the completed DHCS forms before you can add them as a new recipient. This initial search can be done using either the "Search by Recipient ID" or "Search by Recipient Info" options.

Note: If there are incomplete cycles listed for your NPI, refer to the Incomplete Cycles section of this user guide.

Search by Recipient ID Option

This search option requires you to input a Recipient ID. Enter the Recipient ID, and then click the **Search** button.

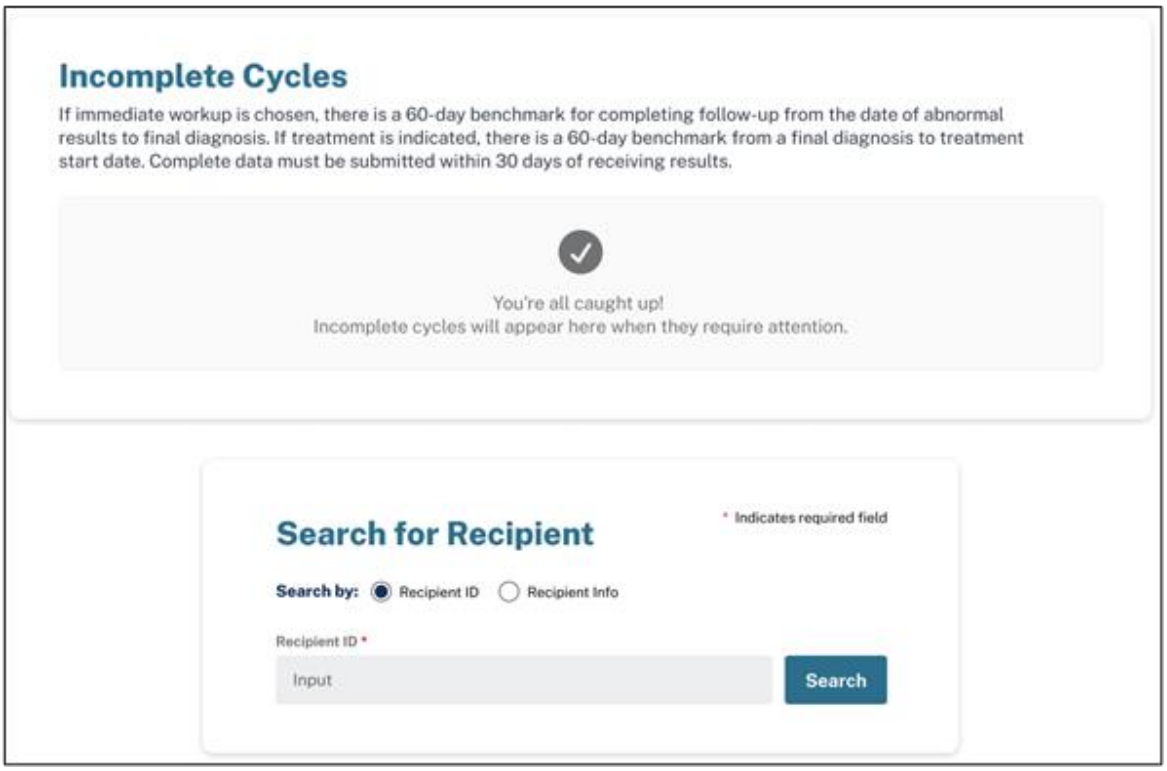

Figure 2.1: Every Woman Counts – DETEC Search by Recipient ID.

Table: Fields and Details for Search by Recipient ID Option

Data Field Name	Data Field Specifications
Recipient ID	• Required Field • Valid characters: A thru Z, 0 thru 9

Search by Recipient Information Section

This search option requires you to input various pieces of information about the recipient if they do not know their exact ID. This information will be used to return possible recipient records. After entering the required information, click **Search** to view the results.

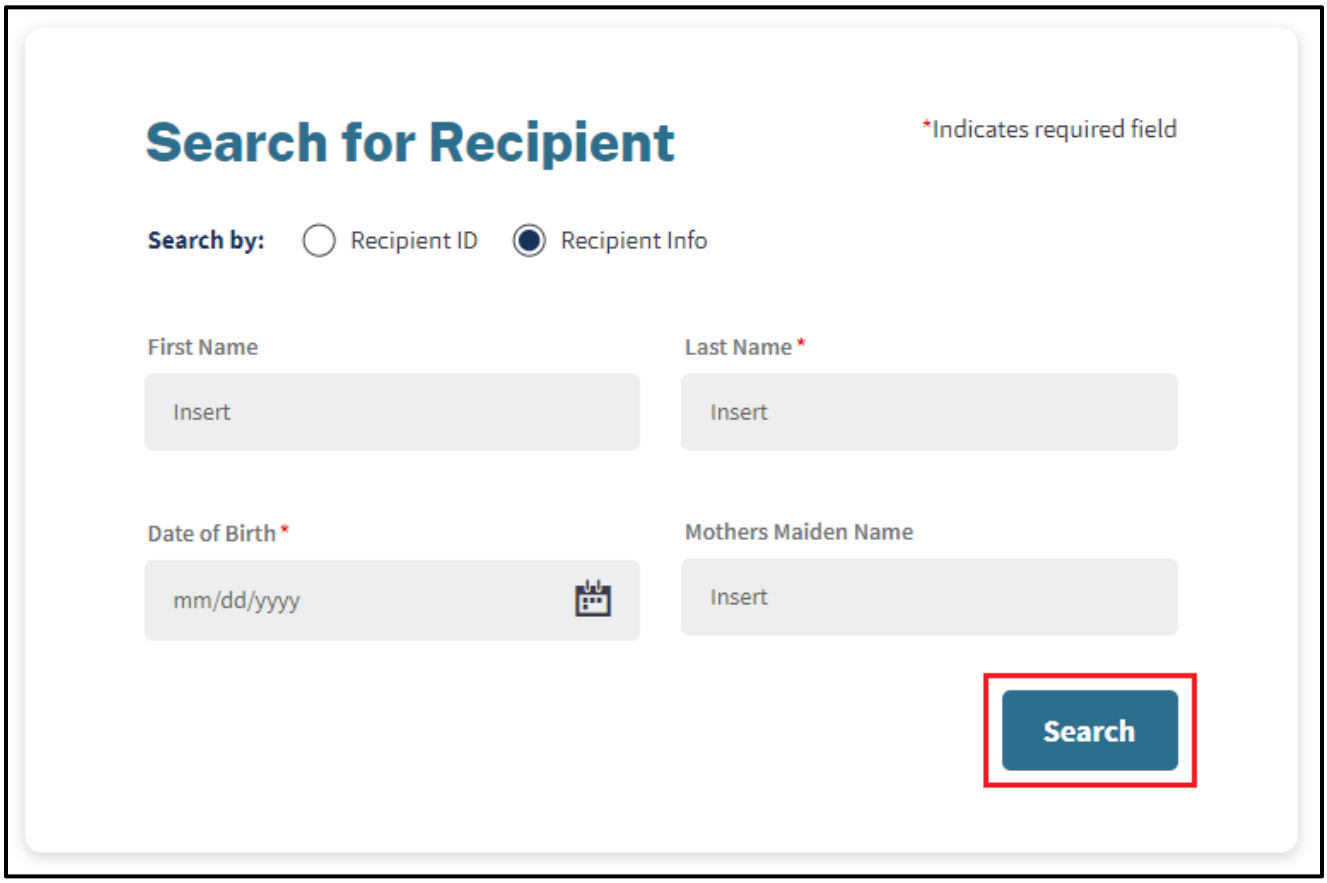

Figure 2.2: Every Woman Counts – DETEC Search by Recipient Info

Table: Fields and Details for Search by Recipient Info Section

Data Field Name	Data Field Specifications
First Name	• Optional Field • Valid characters: A thru Z, upper and lower case, space, period (.), dash (-), apostrophe (‘)
Last Name	• Required Field • Valid characters: A thru Z, upper and lower case, space, period (.), dash (-), apostrophe (‘) • Enter at least the first two letters of the recipient’s last name.
Date of Birth	• Required field. • Date entered cannot be a future date. • If user enters 10 characters, two of them must be forward slashes (/) in the correct places. • Date in mm/dd/yyyy format
Mother’s Maiden Name	• Optional Field • Valid characters: A thru Z, upper and lower case, space, period (.), dash (-), apostrophe (‘) • Enter the recipient’s mother’s last name before marriage.

Search Results

Regardless of the search method used, several outcomes are possible:

No Recipient Found

If the recipient is not found in the database, a message will appear suggesting you review the search for typing errors. It will also recommend reversing the first and last names or the birth month and day in case there was an error during the initial data entry on the paper or electronic form.

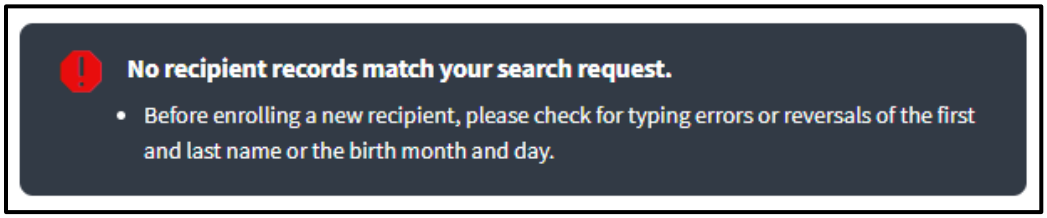

Figure 2.3: No Recipient Found Error Message for Every Woman Counts – DETEC page.

Additional tips on how to resolve the issue, especially for recipients you know were enrolled previously, include:

- If your search included more than two letters of the last name, re-enter using just the first two letters of the last name in the Last Name field.
- Ask the recipient if they have a copy of their old ID card.
- Check their medical chart for a copy of the old ID card.
- If the recipient's ID card is available, enter the complete Recipient ID in the Recipient ID field and click Search.
- Ask if the recipient may have used another last name or date of birth.
- Try entering the first two letters of the first name in the Last Name field (the last and first names may have been reversed when entered previously).
- Try switching the month and day of birth if the day of birth is between 1 and 12 (the month and day may have been reversed when entered previously).

If after trying the above troubleshooting methods, the recipient is still not found, you may click the **Enroll Recipient** link at the bottom right of the screen to access the DETEC Enroll Recipient online form. See the Enrolling a New Recipient section of this user guide for instructions on completing the DETEC Enroll EWC Recipient online form.

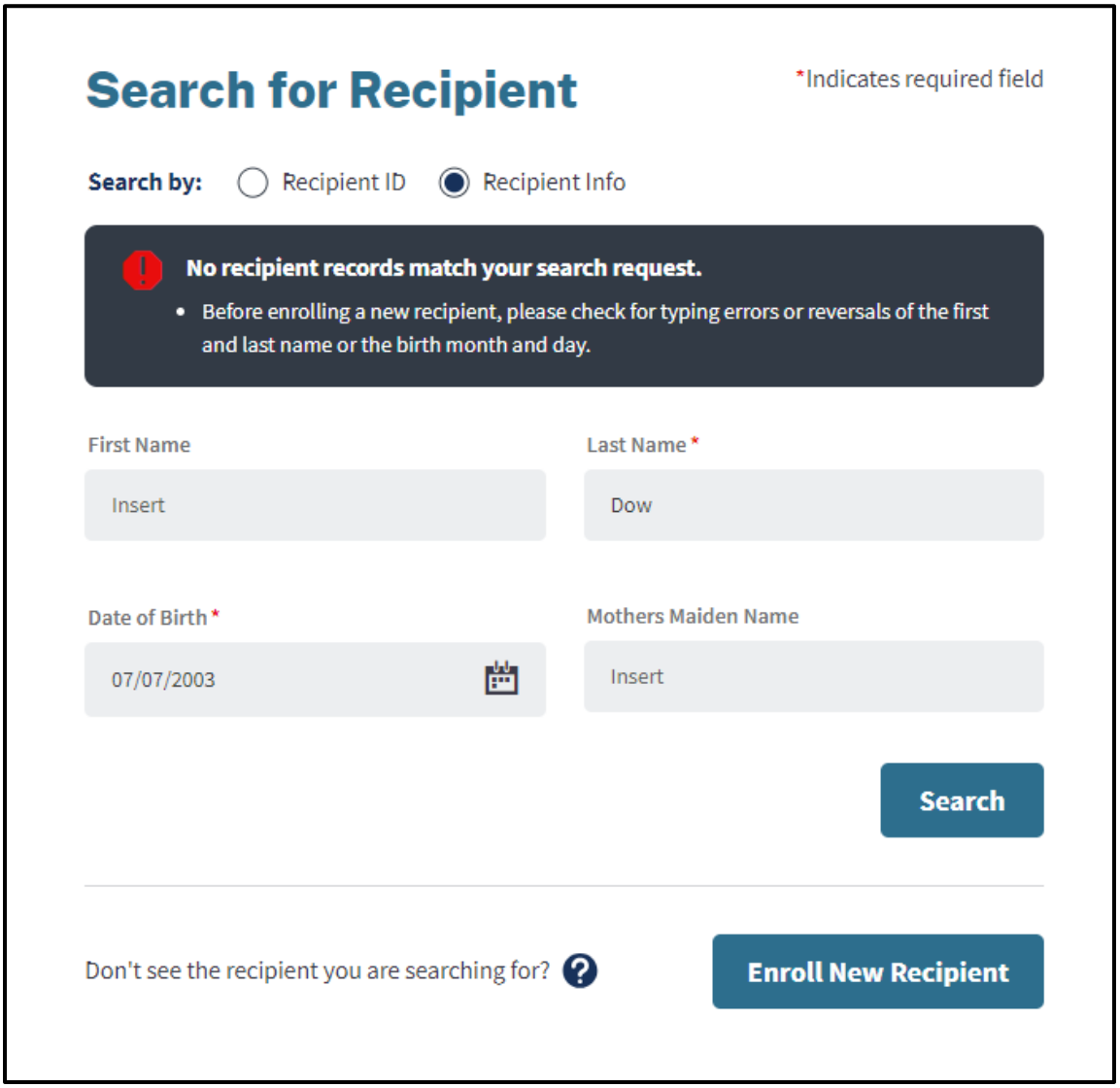

Figure 2.4: Enroll New Recipient Button – DETEC Page.

One or More Recipients Found

If the recipient is found in the database, the recipient information will be shown in a table at the bottom of the EWC - DETEC transaction, under the Search Results heading.

If the search identifies multiple recipients, the table will show multiple recipients.

Note: If this occurs, users should click each Recipient ID to access the DETEC – EWC Recipient Information screen to compare the information of the recipient being searched with the information of any previously enrolled recipient in the database.

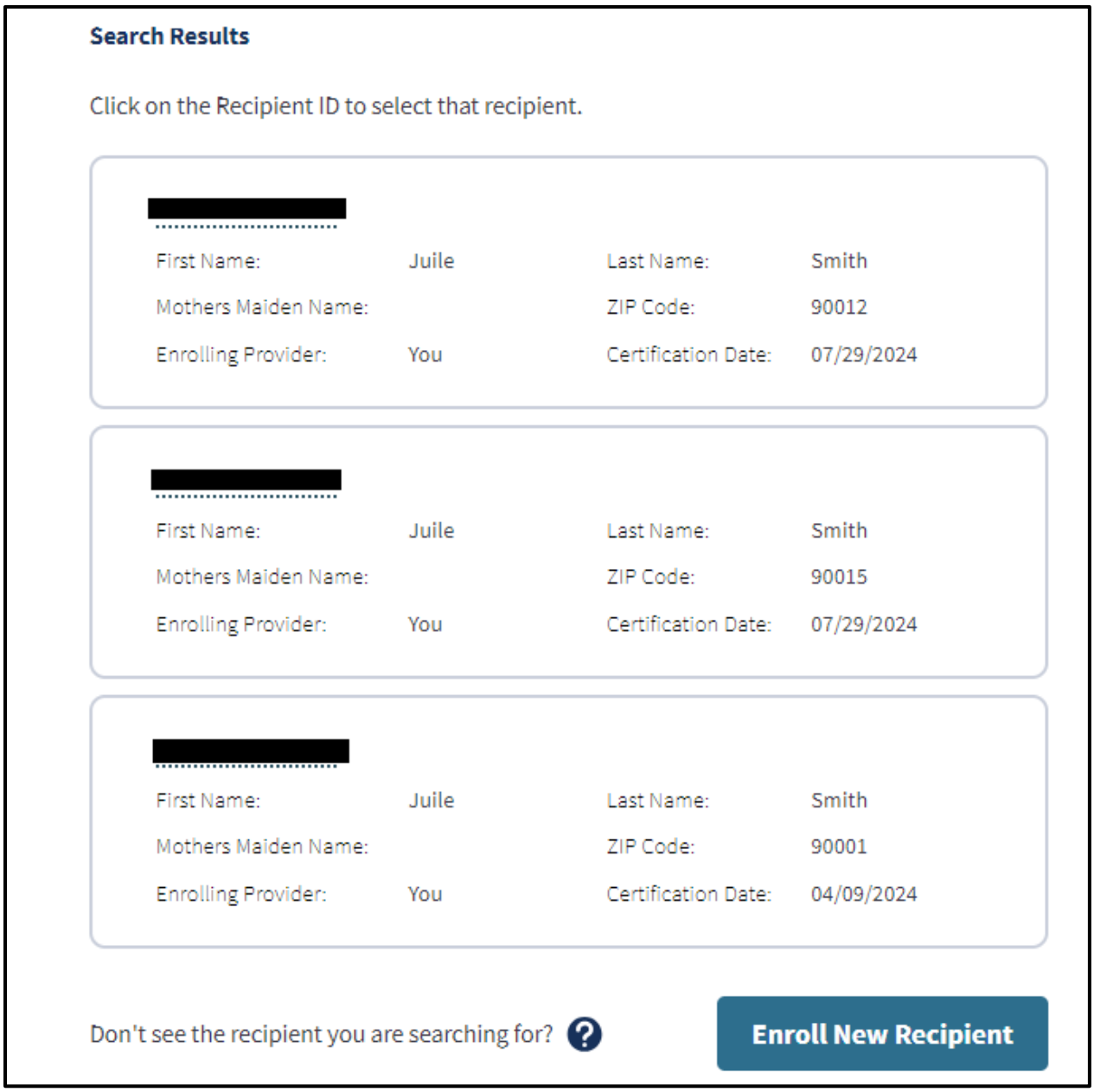

Figure 2.5: Recipient Results for Every Woman Counts – DETEC Page.

Regardless of how many recipients are returned, you must also review the Enrolling Provider column. This field will either be marked “You” or “Other.”

- “You” indicates that the recipient was previously enrolled by you, and you are marked as their EWC PCP. Selecting the Recipient ID will allow you to access the recipient’s DETEC – EWC Recipient Information screen.
- “Other” indicates that the recipient was previously enrolled by another provider. If you are trying to change the recipient’s EWC PCP to you, see the instructions in the Previous Enrollment by Other EWC Primary Care Providers section of this user guide.

Once on the Recipient Information screen for an existing recipient for whom you are the PCP, you may add new, or review previously submitted DETEC Breast Cancer Screening Cycle Data and Cervical Cancer Screening Cycle Data online forms. For instructions on navigating these forms, refer to the Breast and Cervical Cancer Screening Records section of this user guide.

Note: If an Existing Recipient ID is returned for the individual you are searching, you should use that Recipient ID for further DETEC transactions, unless you are confident that this is a new recipient. If you continue with a new enrollment of someone matching an Existing Recipient, you will be required to provide a reason you are not using the existing record.

Enrolling a New Recipient

Please see the *Every Woman Counts* (ev woman) section of the Medi-Cal Provider Manual for complete information and instructions on the required recipient enrollment process.

Enroll EWC Recipient Online Form

To access the *DETEC EWC Enroll Recipient* online form, you must first search for the recipient you are trying to enroll. For instructions on completing a search, go to the *DETEC – Search Recipient* section of this user guide. If a search does not find the recipient in the database, click the **Enroll New Recipient** button to access the DETEC *Enroll EWC Recipient* online form.

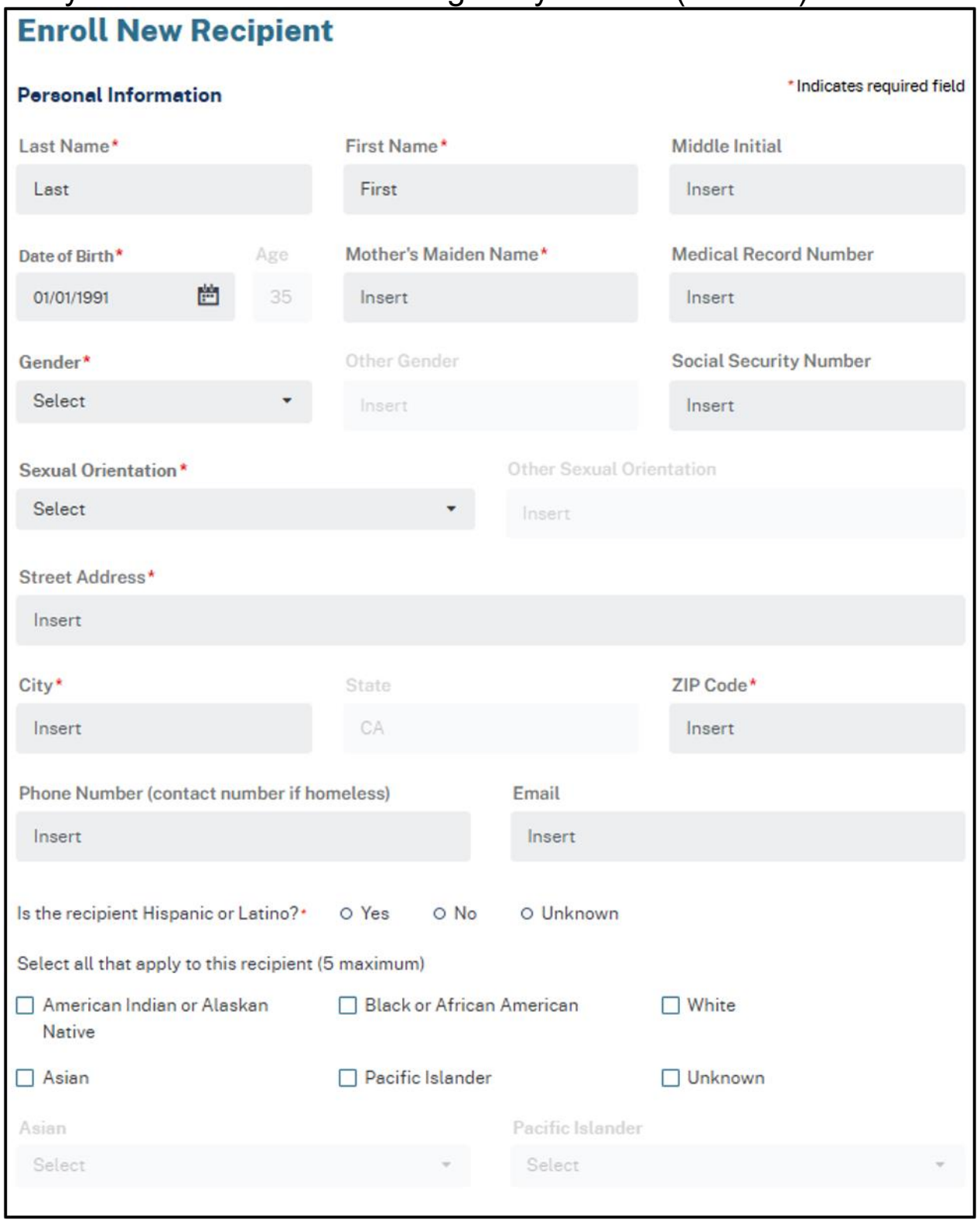

Figure 3.1: Every Woman Counts – DETEC - Enroll EWC Recipient Page.

Recipient Information Data Field Names and Specifications Table

Data Field Name	Data Field Specifications
Last Name	• Required field. • Valid characters: A thru Z, upper and lower case, space, period (.), dash (-), apostrophe (‘)
First Name	• Required field. • Valid characters: A thru Z, upper and lower case, space, period (.), dash (-), apostrophe (‘)
Middle Initial	• Optional field • Valid characters: A thru Z, upper and lower case
Date of Birth	• Required field. • Date entered cannot be a future date. • If user enters 10 characters, two of them must be forward slashes (/) in the correct places. • Date in mm/dd/yyyy format
Age	• Read Only field • Calculated based on Date of Birth
Mother’s Maiden Name	• Required field. • Valid characters: A thru Z, upper and lower case, space, period (.), dash (-), apostrophe (‘)
Medical Record Number	• Optional field. • Valid characters: A thru Z, 0 thru 9, upper and lower case, space, dash (-), apostrophe (‘), comma (,), number sign (#), forward slash (/) **Note**: Record number your office assigns to the recipients.
Gender	• Required field. • Select gender from the dropdown list.
Other Gender	• Required field if “Other” is selected in Gender. • Valid characters: A thru Z, 0 thru 9, space
Social Security Number	• Optional field. • Valid characters: 0 thru 9 • Max characters: 9
Sexual Orientation	• Required field. • Select sexual orientation from the dropdown list.

Recipient Information Data Field Names and Specifications Table (continued)

Data Field Name	Data Field Specifications
Other Sexual Orientation	• Required field if another sexual orientation is selected in Sexual Orientation. • Valid characters: A thru Z, upper and lower case, dash (-), apostrophe (‘)
Street Address	• Required field. • Valid characters: A thru Z, upper and lower case, 0 thru 9, space, period (.), comma (,), dash (-), forward slash (/), number sign (#), apostrophe (‘) **Note:** If homeless, enter the address where the recipient receives mail.
City	• Required field. • Valid characters: A thru Z, upper and lower case, space, period (.), dash (-), apostrophe (‘)
State	• Required field. • Read Only field **Note**: State will be auto set to CA (California). This field cannot be edited.
ZIP Code	• Required field. • Valid characters: 0 thru 9.
Phone Number	• Optional field. • Valid characters: 0 thru 9. • Must include area code.
Email Address	• Optional field. • Valid characters: 0 thru 9. • Valid characters: A thru Z, upper and lower case, 0 thru 9, period (.), at sign (@) Example: example@domain.com

Recipient Information Data Field Names and Specifications Table (continued)

Data Field Name	Data Field Specifications
Is the recipient Hispanic or Latino?	• Required field. • Select Hispanic, Latino or Unknown. **Note**: Please encourage applicants to provide race and ethnicity information. Even if the recipient responds "yes," additional race is desired.
Select all that apply to this recipient.	• Optional field. • Select the respective race designation(s). **Note**: Selecting up to five race designations is allowed. If possible, avoid selecting "Unknown" for race. Complete race information is desired.
Asian	• Optional field. • Available when Asian is checked in "Select all that apply to this recipient". **Note**: Use the dropdown box to select the sub-category of Asian if the recipient indicates that they are "Asian."
Pacific Islander	• Optional field. • Available when Pacific Islander is checked in "Select all that apply to this recipient". **Note**: Use the dropdown box to select the sub-category of Pacific Islander if the recipient indicates that they are "Pacific Islander."
Meets EWC program age, income, and insurance criteria.	• Required field. **Note**: Check this box if the recipient meets the program age, income, and insurance criteria. Information on criteria can be found in the *Every Woman Counts* (ev woman) section of the Part 2 provider manual.
Signed EWC consent form.	• Required field. **Note**: Check this box if the recipient has signed the EWC Program Recipient Eligibility Form (DHCS 8699). The recipient is required to sign this form yearly.

Save the data entered by clicking the Submit button at the bottom of the form.

Figure 3.2: Submit Button.

If, after submitting the Enrollment Form, a match to an existing recipient is found in DETEC, you will be asked to compare the existing recipient against the new recipient. Instructions on comparing the recipient records against one another, can be found in the How to Add Recipient When Matches are Found" section of this user guide.

After entering all the required information in the form and confirming there are no UI validation errors, click the "Submit" button. An address validation window will then appear, displaying both the entered address and a United States Postal Service (USPS)-recommended address. Choose one of these addresses and click **Submit** to complete the recipient information submission.

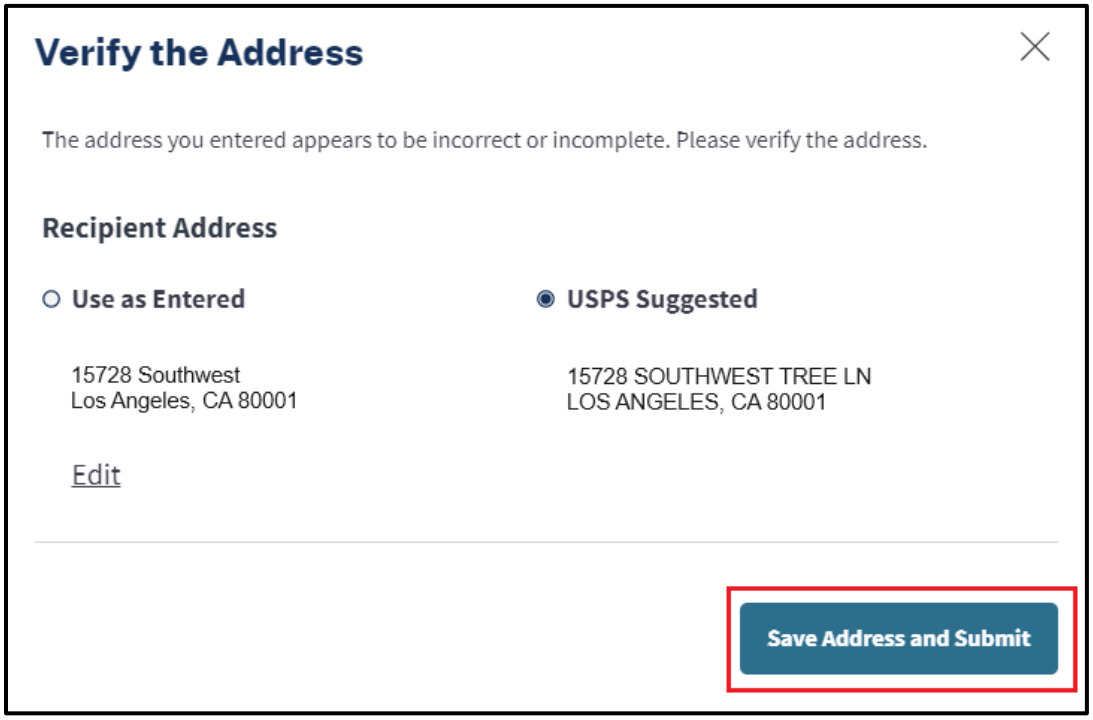

Figure 3.2.a: Address Validation Pop up.

If there are no submission issues, the DETEC – Enroll EWC Recipient screen will become the DETEC – EWC Recipient Information screen and a message will appear that you have successfully added this record. The Recipient ID and certification period will now appear at the top of the screen.

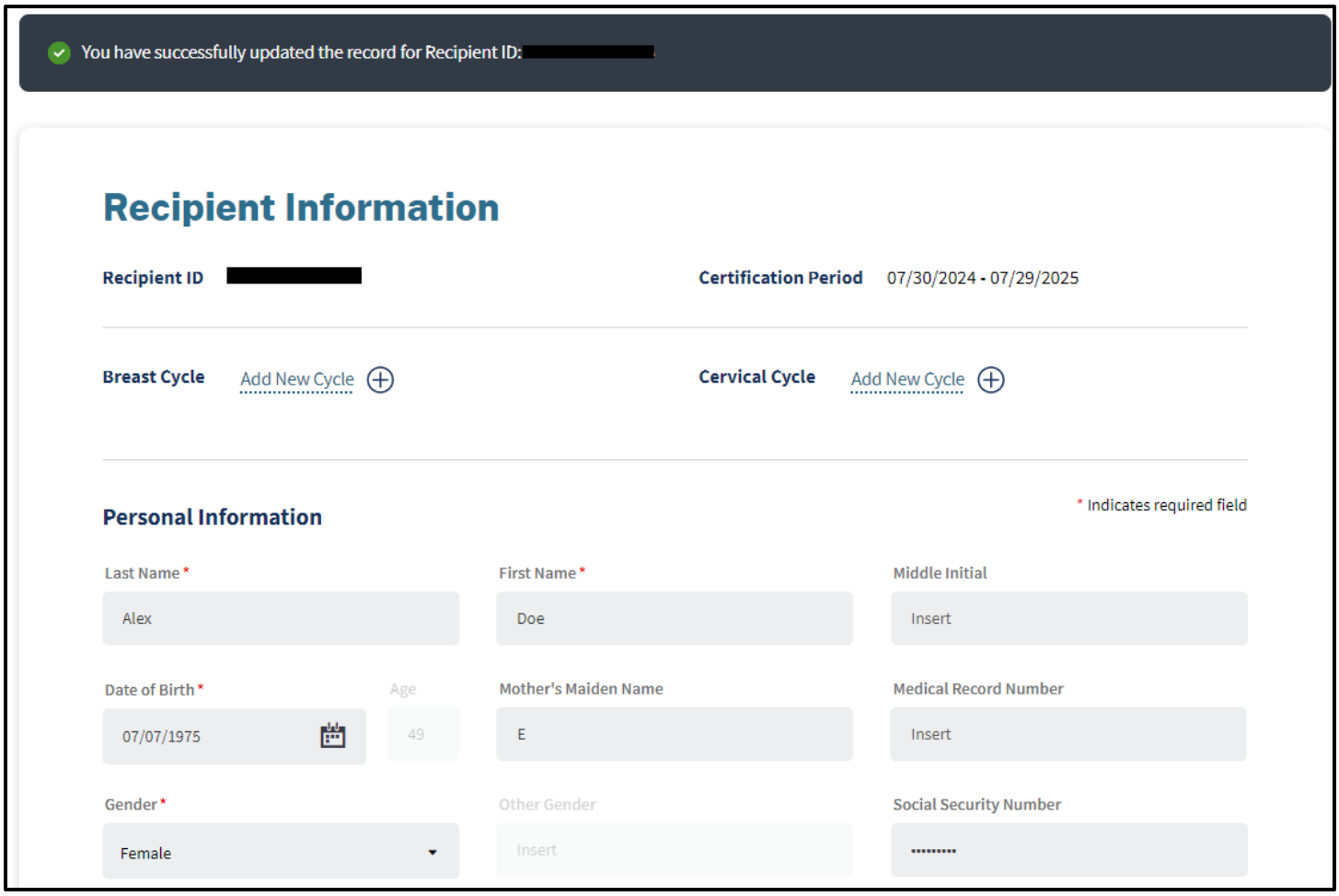

Figure 3.3: DETEC – EWC Recipient Information Updated Record message.

In addition to the form title changing from “Enroll Recipient” to “Recipient Information”, additional changes will occur:

- At the bottom of the DETEC – EWC Recipient Information screen, there are five buttons: **Return to Search**, **Cancel**, **Print Recipient Information**, **Print Card**, and **Save**. The Enroll Recipient form before only had three buttons: Return to Search, Cancel, and Submit.

Figure 3.4: Five Buttons at the Bottom of the Recipient Information Screen.

Use the **Print Recipient Information** and **Print Card** buttons to print documents for the recipient and the medical record. Once enrollment is completed you can add a new Breast or Cervical cancer screening cycle.

Information and instructions on entering the Breast and Cervical Screening Cycle transactions are located in the following two sections of this user guide:

- Completing the DETEC Breast Cancer Screening Cycle Data Online Form
- Completing the DETEC Cervical Cancer Screening Cycle Data Online Form

If a data entry error was made when you were enrolling the recipient, make the corresponding changes and then click **Save** at the bottom of the Recipient Information screen to update recipient information on the *EWC – Recipient Information* form.

To enroll another recipient, click the **Return to Search** button at the bottom of the EWC Recipient Information screen or use the *Every Woman Counts DETEC* breadcrumb link to return to the Search Recipient page.

How to Add Recipient When Matches are Found

If, during the enrollment process, one or more existing recipient records were found in the database matching the recipient information entered on the *DETEC Enroll EWC Recipient* form, a notification that a close match was identified will be displayed at the top of the screen. It will be accompanied by a table of similar, or matching records, and task you with comparing the information of the recipient you are trying to enroll, against the matching record.

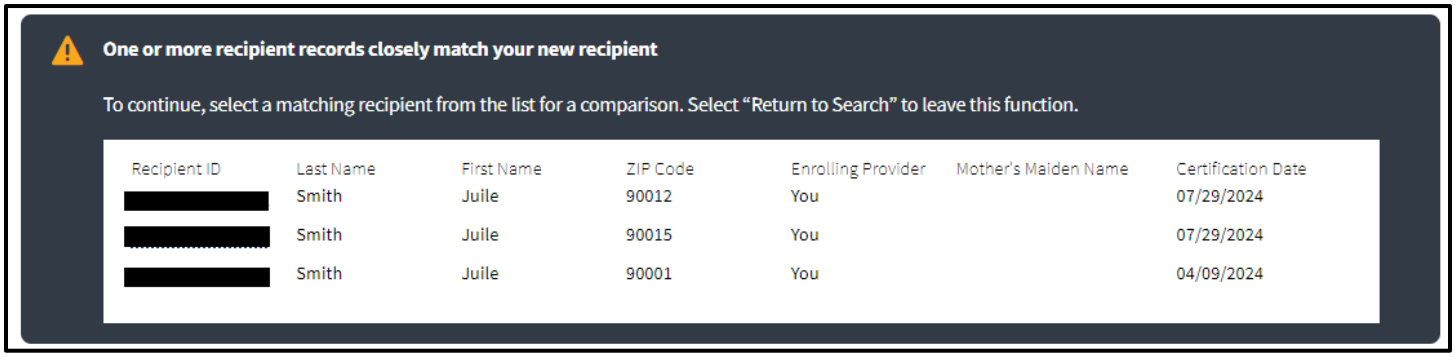

Figure 3.5: Enroll EWC Recipient message for matching recipients.

To compare them, click on any of the identified matching Recipient IDs. The screen will change to the Compare EWC Recipient screen.

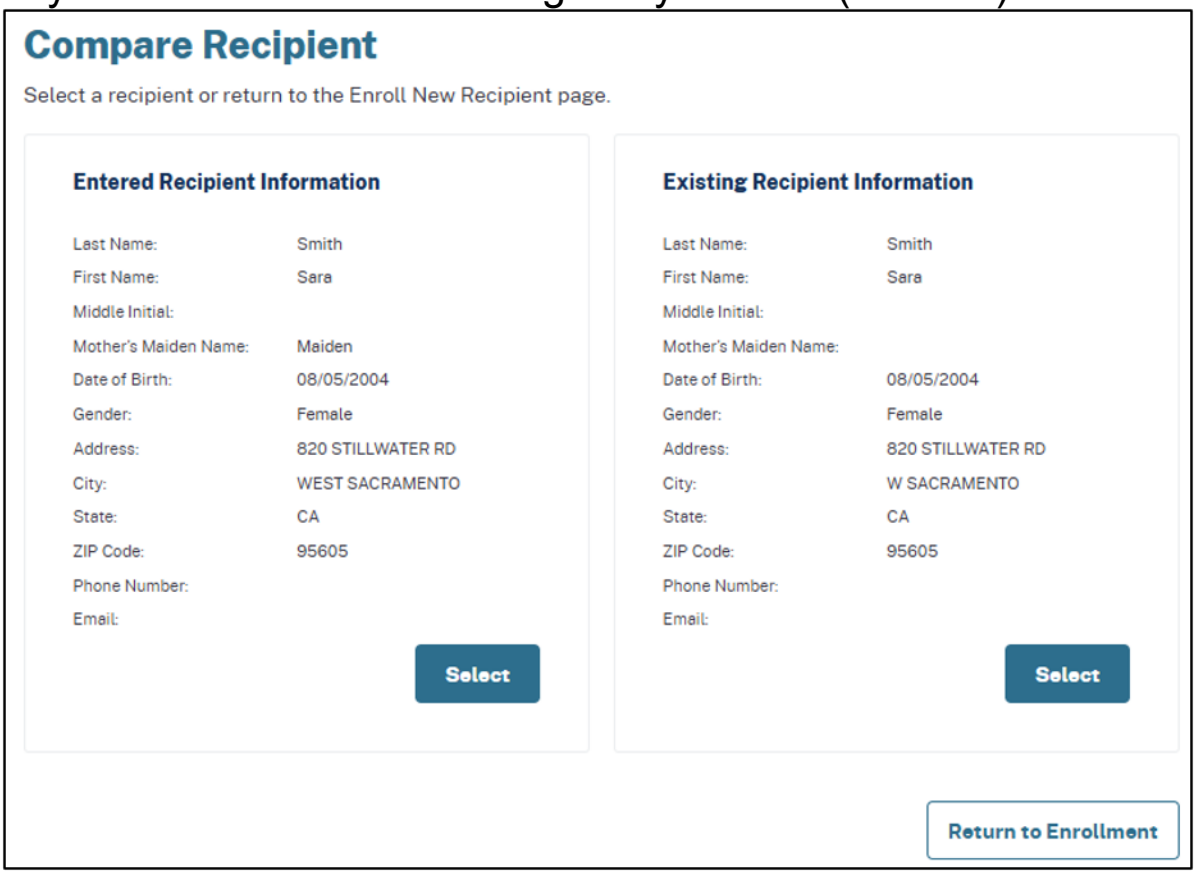

Figure 3.6: Compare EWC Recipient page.

This screen provides a side-by-side comparison of *Recipient Information* that you've entered for the enrolling recipient, and existing recipient information.

Compare the information of the Entered Recipient and the Existing Recipient. If, after comparing the "Entered Recipient" with the "Existing Recipient," you identify that the existing recipient is the same profile as your entered recipient, click the **Select** button that is associated with the "Existing Recipient" column.

- This will navigate you to the existing record. It is possible that the recipient may have been enrolled by a different EWC PCP and may need recertification. Refer to the Enrolling an Existing Recipient section of this user guide for instructions on how to navigate those scenarios.
- Alternatively, you may select “Return to Enrollment”. This will return you to the “DETEC – Enroll EWC Recipient” form. From here, you can select “Return to Search” and conduct a search for the existing record. For instructions on how to search for existing records, see the DETEC – Search Recipient section of this user guide.

If, after comparing the “Entered Recipient” with the “Existing Recipient,” and you still want to proceed with enrollment of the entered recipient, click the **Select** button that is associated with the “Entered Recipient” column.

- This will navigate you to the previously entered recipient on a new recipient form and display a notification stating you have chosen to enroll the duplicate recipient.

Figure 3.7: Chosen to Enroll the Duplicate Recipient Screen.

- From here, click the **Submit** button and it will be prompted to submit a duplicate enrollment reason. Refer to the Enrolling a Duplicate Entered Recipient section of this user guide for instructions on how to enroll a new duplicate recipient.

If, after comparing the “Entered Recipient” with the “Existing Recipient,” you identify that the existing recipient is the same profile as your entered recipient, click the **Select** button that is associate with the “Existing Recipient” column.

- This will navigate you to the existing record. It is possible that the recipient may be enrolled by a different EWC PCP and may need recertification. Refer to the Enrolling an Existing Recipient section of this user guide for instructions on how to navigate those scenarios.
- Alternatively, you may select “Return to Enrollment”. This will return you to the “DETEC – Enroll EWC Recipient” form. From here, you can select “Return to Search” and conduct a search for the existing record. For instructions on how to search for existing records, see the DETEC – Search Recipient section of this user guide.

If you have selected that you wish to enroll a new recipient whose information may already be in the DETEC system, you will be directed to the new (duplicate) recipient form with instructions for enrolling the duplicate recipient.

Upon clicking the **Submit** button, a Duplicate Enrollment Reason popup box will display and you must enter a valid reason for enrolling them, despite the closely matching record. This field is a free-form field that the enrolling provider must populate on their own, based on their own judgement. However, examples of valid and invalid reason for enrollment are located in the following two subheadings.

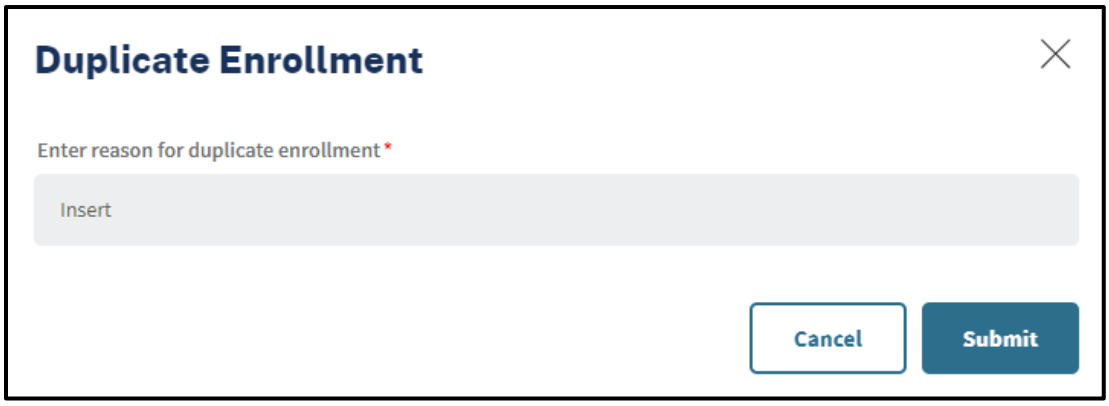

Figure 3.8: Duplicate Enrollment Reason Pop-up.

Enrollment of a recipient in DETEC creates a new Recipient ID number. A recipient should only have ONE Recipient ID number whether they move, get married, need recertification, find a new EWC PCP, etc.

Continue with the enrollment of a recipient in DETEC (resulting in a new Recipient ID number) only if the potential new recipient is a completely different individual than the existing recipient.

Valid Reasons for New Recipient Enrollment

- Not the same person
- Never lived at that address
- Different birth date
- Different mother's maiden name

Invalid Reasons for New Recipient Enrollment

The following are invalid reasons for enrolling a recipient who matches an existing recipient in DETEC:

- Change of address, including moving to another county
- Marriage/divorce
- Recertification
- Changing EWC PCPs
- Needs Clinical Breast Exam (CBE), Pap, Mammogram, etc.
- Returning for annual mammogram, CBE, Pap, or screening
- Recipient is new to the current EWC PCP
- Lost Recipient Card

In all of these cases you should use the existing record and update information as needed.

Enrolling an Existing Recipient

There may be times during the enrollment process when the enrolling provider is prompted to review the record of an existing recipient, who may be a duplicate of the recipient they are trying to enroll. This may occur at various times throughout the process:

- When performing a recipient search and the recipient information matches the search criteria
- When enrolling a recipient and the DETEC system identifies a similar record of an existing recipient.
- When you come across an existing recipient, and you wish to work with this existing recipient, you should follow the steps below to enroll the existing recipient under your NPI.

Previous Enrollment by Other EWC Primary Care Providers

When performing a recipient search and an existing recipient is found, you may find that the enrolling provider is listed as “other”. This means that another provider previously enrolled the recipient. When you click the record, you will see a warning message at the top of the DETEC – EWC Recipient Information screen. Do not re-enroll an existing recipient under a new Recipient ID.

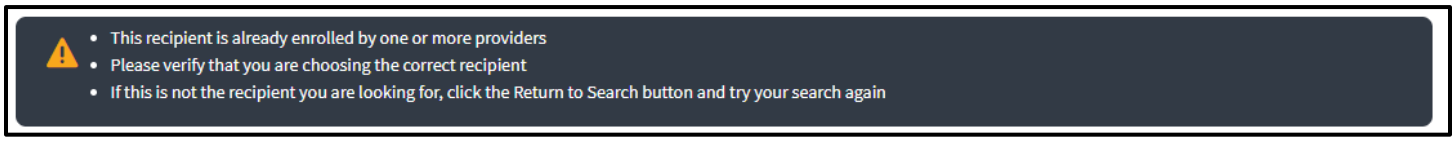

Figure 4.1: DETEC – EWC Recipient Information Page with Recipient Already Enrolled Message.

If you want to be associated with this recipient, you must:

- Re-verify that the recipient is eligible.
- Have the recipient complete and sign the *Every Woman Counts Program Recipient Application*, DHCS 8699. Keep the original forms in their medical record.
- Verify and update the information as needed.
- Select the appropriate eligibility check boxes.

Click the **Certify Recipient** button.

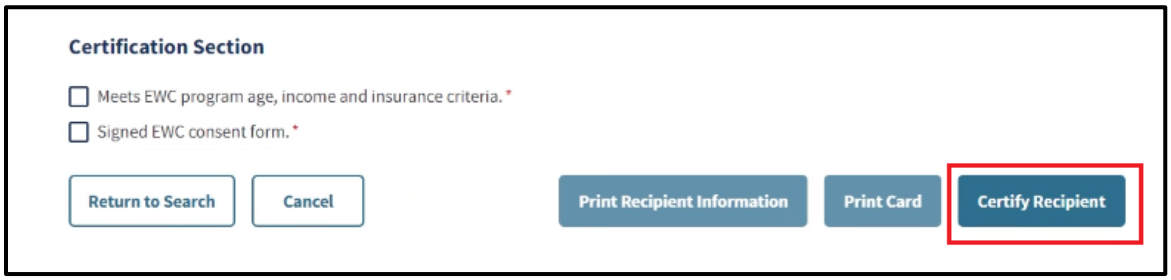

Figure 4.2: Certify Recipient Button.

Note: The search result shows all providers (identified as “other”) with records for this recipient. It is policy to have a recipient's care managed by a single provider at any one time. The EWC program will monitor situations where more than one provider is actively associated with a recipient.

Recertification of Recipients

If the recipient’s Recipient Certification Date is “expired,” the enrolling provider must review and update the DETEC Recipient Information form to recertify the recipient.

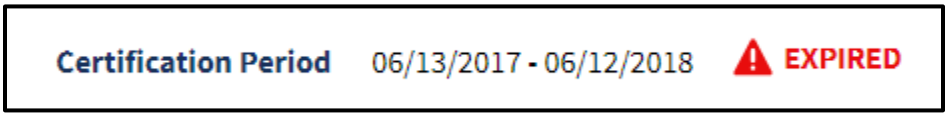

Figure 4.3: Certification Period Expired.

Because the recipient's record was previously entered into DETEC, the Recipient Information screen will be populated with the information that you entered plus the information that is already in the database for this recipient. Note that this Recipient ID is not active until the recipient information is updated and recertified. Do not re-enroll an existing recipient under a new Recipient ID to recertify, update or edit recipient information.

If you want to recertify this recipient, you must:

- Re-verify that the recipient is eligible.
- Have the recipient complete and sign the *Every Woman Counts Program Recipient Application*, DHCS 8699. Keep the original forms in their medical record.
- Verify and update the information as needed (e.g., name, address, telephone number, email address, ethnicity, and race).
- Select the appropriate eligibility check boxes.

Click the **Recertify Recipient** button.

Figure 4.4: Recertify Recipient Button.

Note: File the original signed forms in the recipient's medical record.

Successfully Enrolling Existing Recipients

If the existing recipient is successfully transferred to you as an EWC PCP, or recertified as an EWC recipient, a box will appear at the top of the Recipient Information screen with the message “You have successfully enrolled the Recipient ID: XX9AXXXXXXXXX under your Provider ID.”

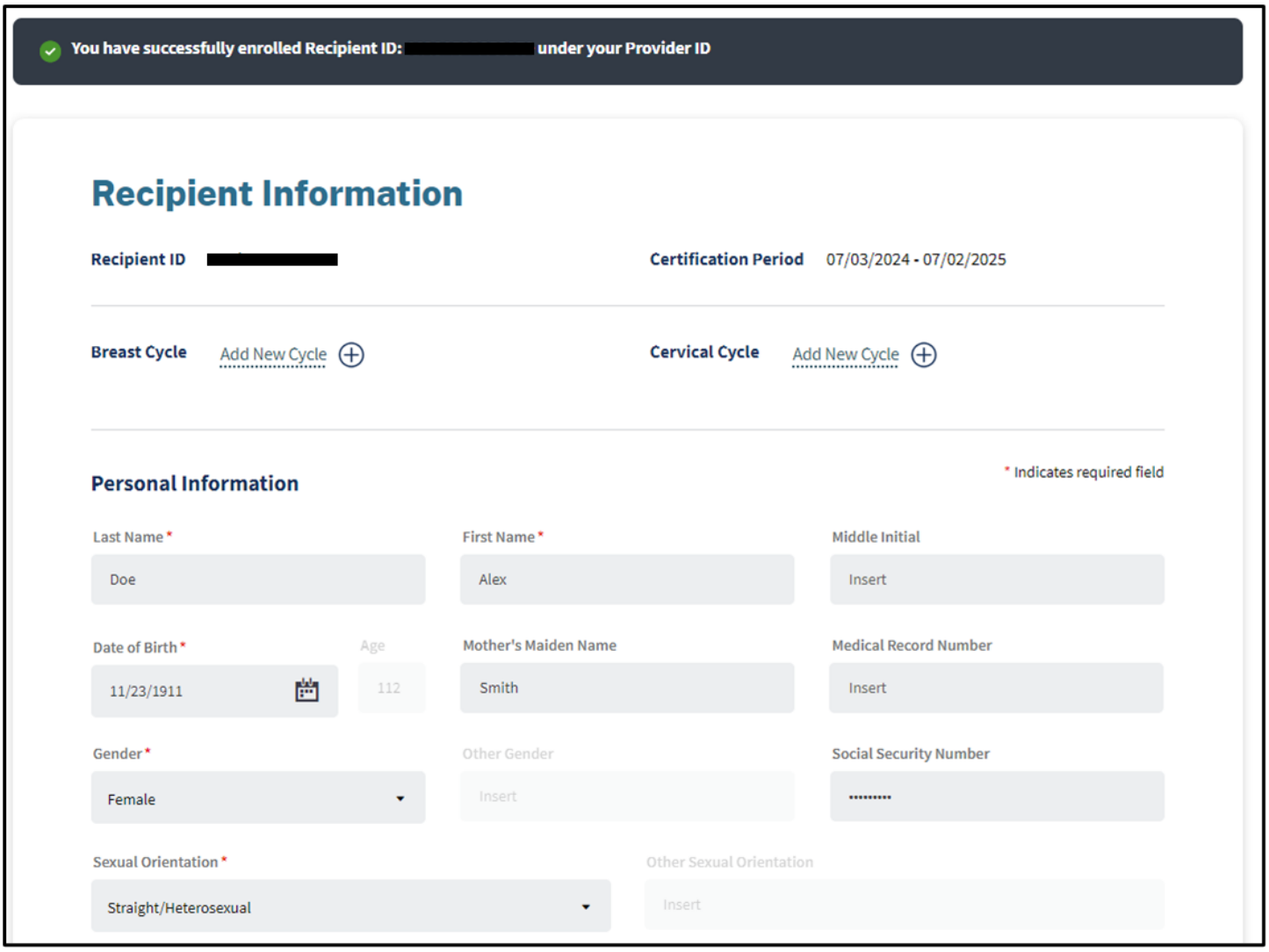

Figure 4.5: DETEC – EWC Recipient Information Screen with Successfully enrolled the Recipient for Provider ID Message.

Note: The Recipient ID number remains the same. A recipient should have only one ID number for as long as they remain in the program, even if they move to another address anywhere in California.

Prevention of Duplicate Records

EWC Program has been experiencing an increasing number of duplicate entries in DETEC application for the same recipients by different NPIs.

Duplicate entries could happen due to one of the following reasons and can be prevented as advised below:

- If you are responsible for collecting and submitting EWC data in DETEC for **more than one** location, please confirm under which clinic/NPI the patient is being managed, and verify that you have selected the corresponding NPI that the patient is currently certified under before submitting a data cycle.
- If you see this warning in DETEC it means the patient has been enrolled by more than one PCP and it is especially important to ensure that you are entering data under the correct NPI.

Figure 4.6: The recipient is also managed by another provider.

- If you function as **both** an EWC Primary Care Provider (**PCP) and a referral provider**, it is important to determine which role you serve for each patient.
  - **PCPs** are usually those that enroll/recertify EWC recipients first and initiate a cycle by ordering breast/cervical cancer screening and /or diagnostic tests. These are the providers that will be entering the cycle into DETEC.
  - **Referral providers** are those that receive orders from an EWC PCP for procedures (mammograms, ultrasound, colposcopy, etc.). The referral provider will render the services per EWC policy and relay the results back to the EWC PCP. Referral providers **DO NOT** enter cycle data into DETEC. The EWC PCP are **responsible for entering** the referral provider's results into DETEC.

If you see the following warning when you search for a patient in DETEC, do NOT click “certify recipient” at the bottom of the page unless **you are intending to take over their care as an EWC PCP, the patient has completed all enrollment paperwork, and eligibility has been verified.**

Figure 4.7: The recipient is already enrolled by one or more providers.

Enrolling PCP and referral providers can print a copy of the patient's ID card. The option is to click **certify recipient** which must not be used by referral providers.

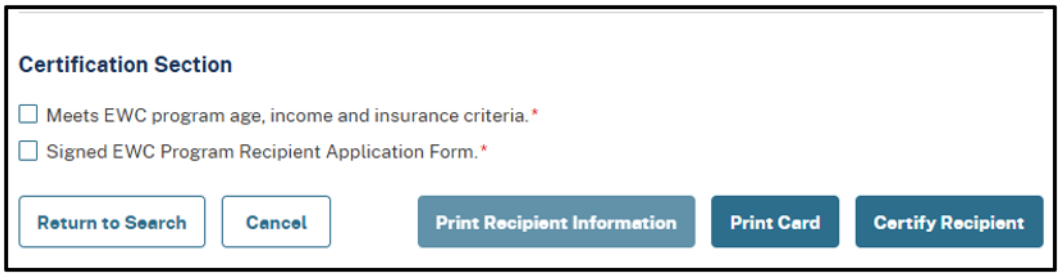

Figure 4.8: Certification Section.

Both PCPs and referral providers should contact DHCS for any clarification at: EWCclinicalservices@dhcs.ca.gov.

Before submitting a data cycle, verify that you have selected the NPI under which the patient is currently certified. If you need to switch to another NPI within your organization, select the arrow next to your current NPI at the top corner of the page to open the NPI Selector.

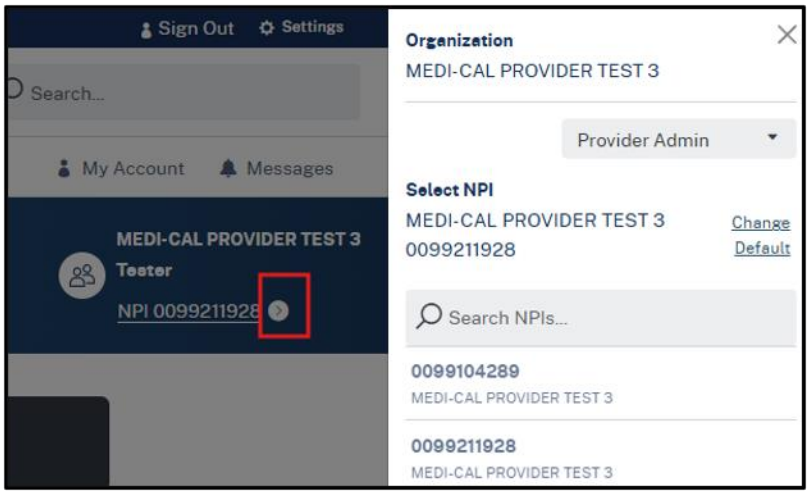

Figure 4.9: NPI Selector

Print

Once you have enrolled a recipient, click the **Print Recipient Information** button at the bottom of the online *EWC Recipient Information* form to print a copy of the Recipient Information for your records.

When you click the **Print Recipient Information** button the following message will appear:

- 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.

Note: The Print button prints only what is visible on the screen.

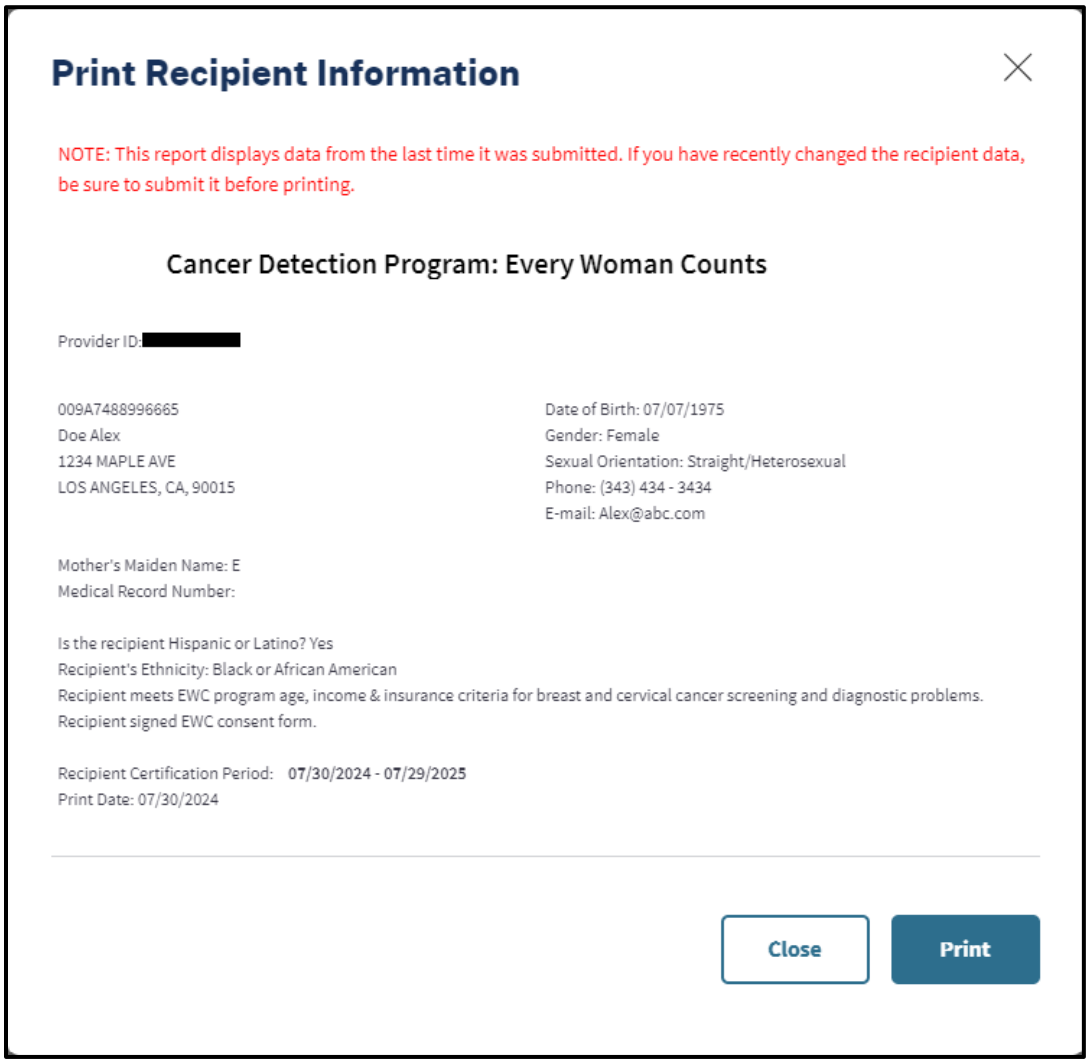

Figure 5.1: EWC – Print Recipient Information.

Click the **Print Card** button on the EWC Recipient Information screen to print a copy of the EWC card. Users should print two copies, one for the recipient, and one for their medical record.

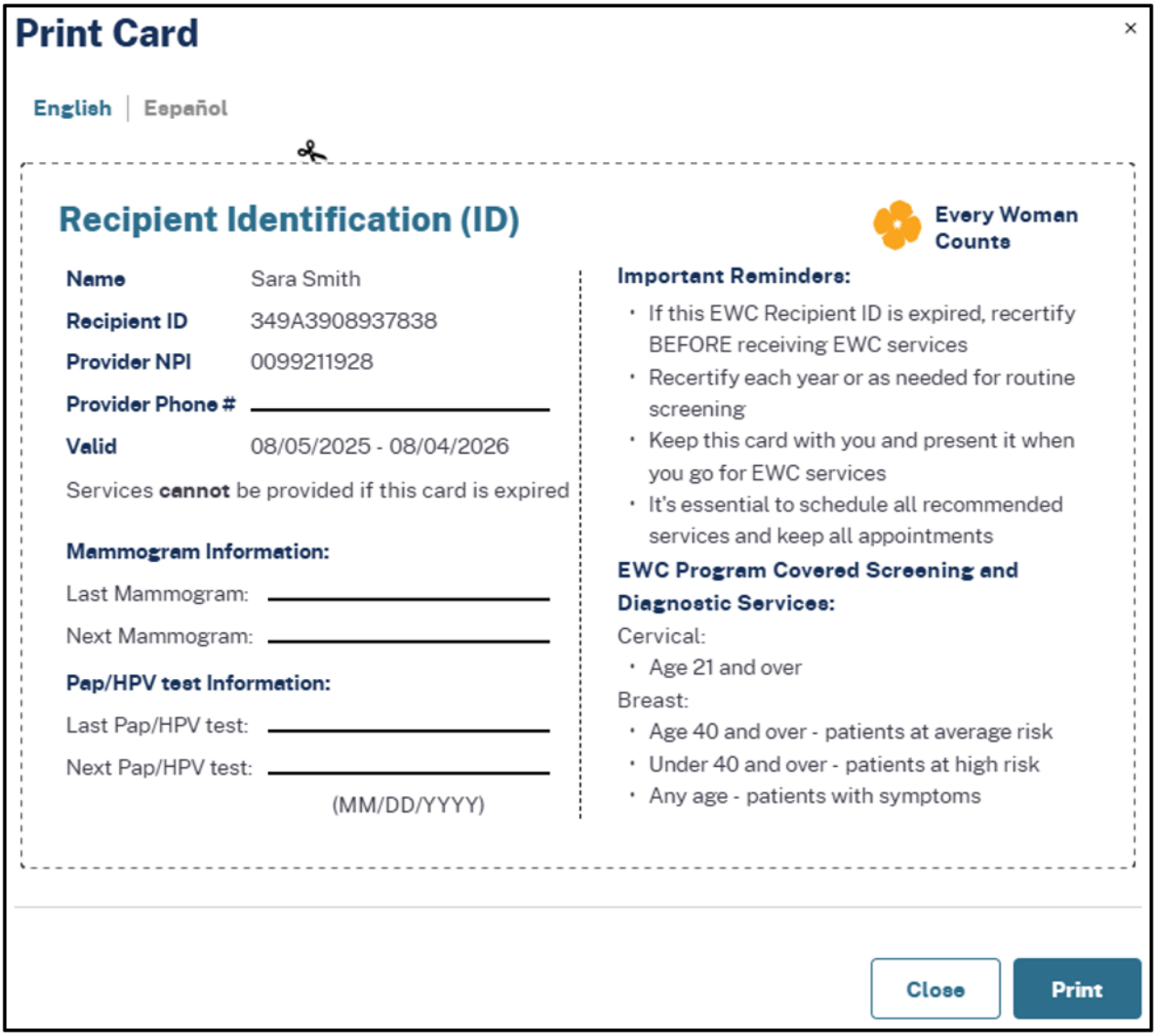

Figure 5.2: EWC Recipient ID card.

Once you have enrolled the recipient for whom you are the PCP, you may add new or review previously submitted DETEC Breast Cancer Screening Cycle Data and Cervical Cancer Screening Cycle Data online forms. For instructions on navigating these forms, refer to the Breast and Cervical Cancer Screening Records section of this user guide.

Breast and Cervical Cancer Screening Records

After enrolling a recipient in EWC and certifying that you are their registered PCP, or after locating an existing recipient through the Search Recipient function, you will be able to complete new and review previously submitted DETEC Breast Cancer Screening Cycle Data and Cervical Cancer Screening Cycle Data online forms.

All forms may be found in the Top Navigation Bar on the EWC Recipient Information page under the Breast Cycle and/or Cervical Cycle subheadings.

Previously Submitted Breast and Cervical Cycles Forms

- Up to three previously submitted breast screening cycles and three previously submitted cervical screening cycles may be shown on the navigation bar.
- If there is a lock ( ) next to the cycle, you will be able to open the cycle and view data entered but will not be able to make any changes to the data.
- If there is an exclamation point ( ) next to the cycle, this indicates that there is at least one Case Management (CM) data entry error in the cycle data. See the Editing Records section of this user guide for an explanation of data entry error display and correction.

To add a new breast or cervical cycle, click the **Add New Cycle** link under either the Breast Cycle or Cervical Cycle heading. The Recipient Information screen will be replaced by either the Breast Cancer Screening Cycle Data Online Form, or the Cervical Cancer Screening Cycle Data Online Form. For instructions on completing the respective forms, see the following sections of this user guide:

- Completing the DETEC Breast Cancer Screening Cycle Data Online Form
- Completing the DETEC Cervical Cancer Screening Cycle Data Online Form

However, if the oldest open cycle (a cycle that does not have a 'lock' image next to it) is identified with an exclamation point (), you must fix the CM data entry error for the open cycle or override the error prior to adding a new cycle.

To address open cycles with the exclamation point, refer to the Editing Records section of this user guide.

Figure 6.1: Breast Cycle with Exclamation Point.

Click **Search Recipient** to search and/or add another recipient.

Up to three previously entered cycles will be displayed in the Breast Cycle and Cervical Cycle area.

- Locked cycles may be viewed but not edited.
- Cycles with Case Management errors are indicated.

To start a new cycle, click the **Add New Cycle** links.

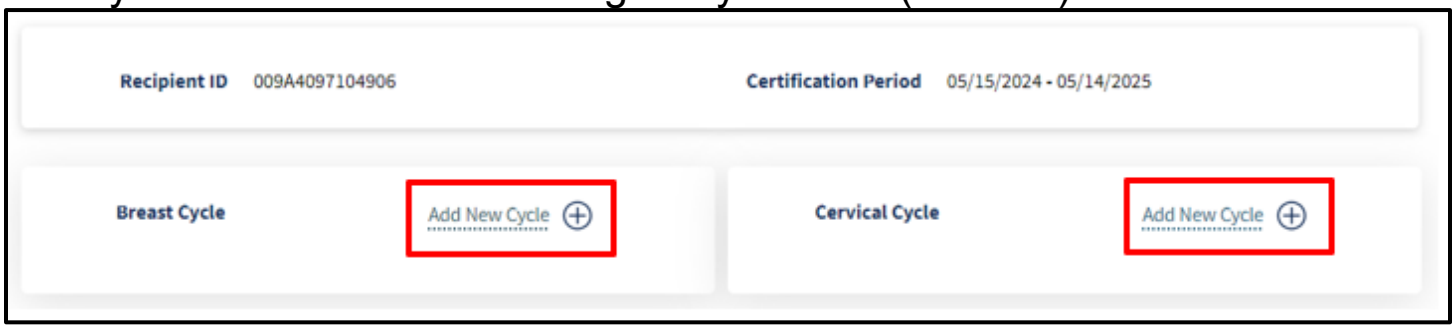

Figure 6.2: Breast Cycle and Cervical Cycle Forms.

Click the **Add New Cycle** link under either the Breast Cycle heading (for a new breast screening cycle) or the Cervical Cycle heading (for a new cervical screening cycle) at the top of the page. Enter data into the Breast Cancer Screening Cycle Data or Cervical Cancer Screening Cycle Data online form.

Figure 6.3: Check Data Button.

Once data entry is completed:

- Click the **Check Data** button to check for any data entry errors. If no errors were made, you will receive a message that no errors were found. If errors were made, you will receive a message showing all errors detected. See the Editing Records section of this user guide for detailed descriptions of possible data errors.
- Click the **Submit** button to save the screening record. A message will be displayed showing successful submission.
- Click the **Cancel** button to exit out of the screening cycle data form without saving changes OR to return to the Recipient Information page.
- Click the **Print Cycle Data** button to print a copy of data entered on the screening cycle data form.
- Click on **the Return to Search** button to navigate back to the recipient search page.

When the record is saved, the top of the online form will show messages indicating if there are issues with the record.

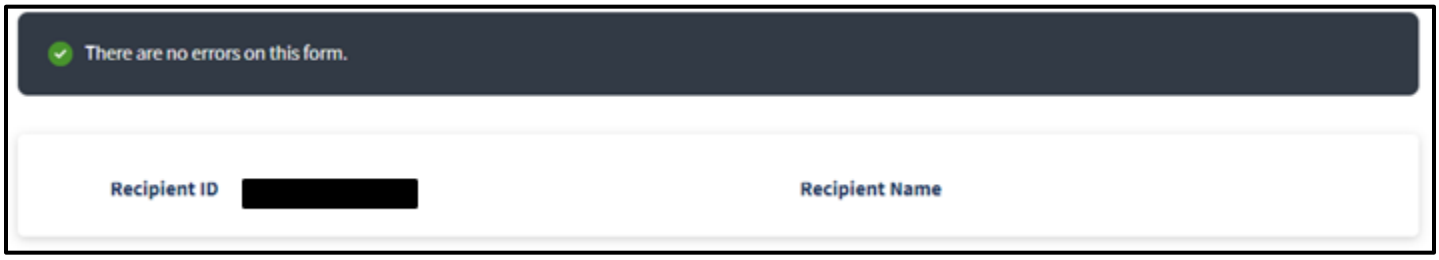

Figure 6.4: Pop-up Message No Errors on this Form.

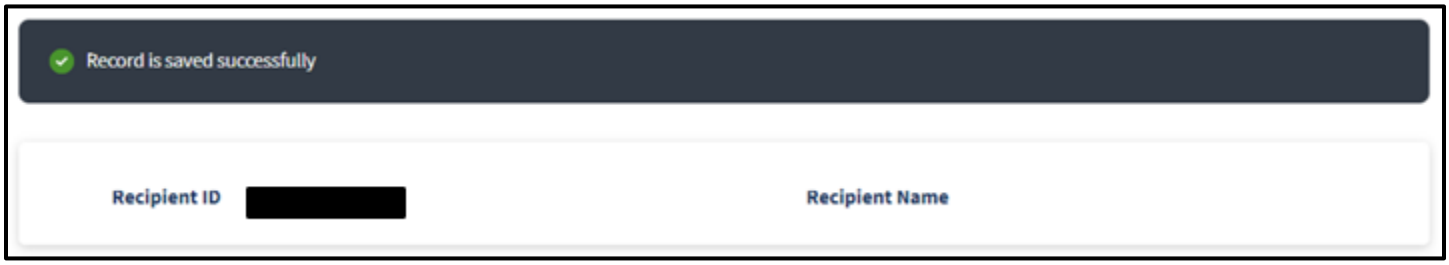

Figure 6.5: Pop-up Message Record is Saved Successfully.

A record with a “Save Error” cannot be saved. This error must be resolved before the record can be saved. A record with a CM error can be saved, but the error must be resolved before CM can be billed for the recipient. See the Editing Records section of this user guide for detailed descriptions of data errors.

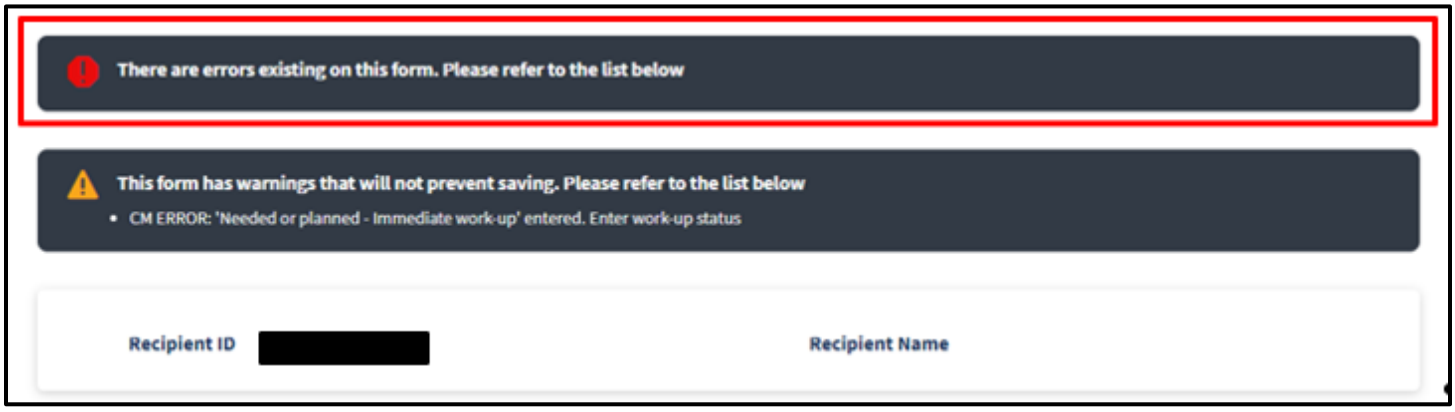

Figure 6.6: Pop-up Message Errors Existing on this Form.

Completing the DETEC Breast Cancer Screening Cycle Data Online Form

The DETEC – Breast Cancer Screening Cycle Data form is used to report procedure and test results for EWC recipients. It has various sections that must be completed per the instructions that follow.

Recipient Info

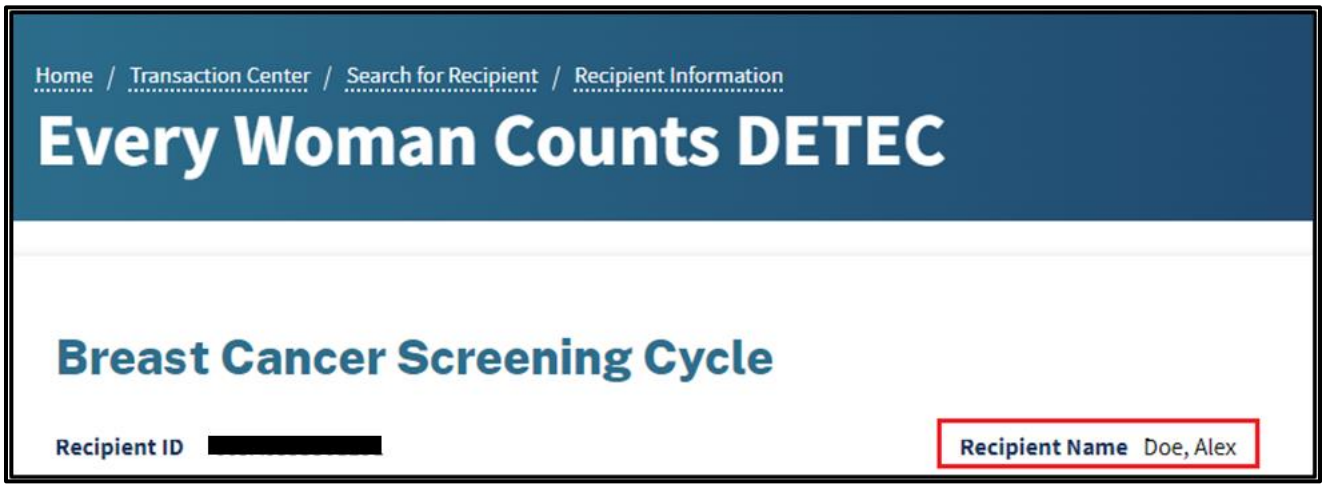

Figure 6.7: Breast Cancer Screening Cycle Data - Recipient Info.

Start by confirming that you are entering a new form for the correct recipient. If the recipient is incorrect, use the **Return to Search** button to find the correct recipient.

High Risk for Breast Cancer

Select the appropriate response from the drop-down list. Selection of a response is required.

- Yes: Select if a breast cancer risk was assessed and determined to be high. Selection of this response requires completion of the Screening MRI section.
- No: Select if a breast cancer risk was assessed and determined not to be high.
- Not Assessed/Unknown: Select if a breast cancer risk was not assessed, or risk cannot be determined.

Figure 6.8: Risk Field.

Patients at high risk for breast cancer are eligible for both a screening MRI and a screening mammogram. If both a screening MRI and screening mammogram are conducted simultaneously, they can be entered in the same breast cancer screening cycle. If the tests are done sequentially, with a screening MRI occurring months before or after the screening mammogram, the next screening imaging should be reported in a new breast cancer screening cycle.

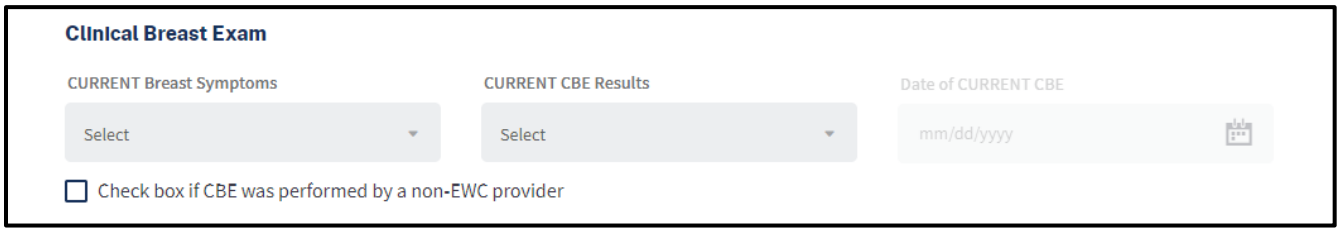

Figure 6.9: Clinical Breast Exam Section.

CURRENT Breast Symptoms

Select the appropriate response from the drop-down list.

- Yes: Select if the recipient reports any breast symptoms.
- No: Select if the recipient does not report breast symptoms.
- Unknown: Select if (1) the recipient wasn't asked; (2) the answer wasn't recorded; (3) the recipient does not know; or (4) the recipient refused to answer.

Examples of breast symptoms include but are not limited to:

- Discrete mass/lump
- Non-cyclical breast pain
- Spontaneous unilateral nipple discharge
- Skin scaliness
- Skin dimpling or puckering
- Skin ulceration
- Skin inflammation

Current CBE Results

From the drop-down list, select the CBE result that corresponds to the result of the CBE, or if a CBE was not performed. Selection of a response is required.

- Normal/Benign: Select if the CBE was performed and the finding was within normal limits or finding not of concern for breast cancer.
- Abnormality suspicious for cancer – diagnostic evaluation needed: Select if the CBE revealed a finding that is suspicious for breast cancer and requires an immediate diagnostic procedure, in addition to the initial mammogram, to rule out breast cancer.
- Not done: Select if a CBE was not performed.

Note: For a CBE with abnormal results and negative/benign mammogram result, an immediate work-up is required. Complete and submit breast cancer imaging procedures, diagnostic procedure(s), work-up status, final diagnosis, and treatment information, as required in subsequent sections.

Date of CURRENT CBE

Enter the date of the current CBE, using the following format: MM/DD/YYYY.

Current Results obtained from a non-EWC program provider

Select this box if the CBE results reported above have been obtained from a non-EWC provider
(for example: an outside provider and/or not paid by EWC).

Figure 6.10: Mammogram Section.

Reason for CURRENT Mammogram

Select the reason for ordering a mammogram from the drop-down list.

- Routine screening mammogram: Select if the current mammogram was performed as part of a routine or annual screening schedule.
- Initial mammogram for symptoms, abnormal CBE, or previous abnormal mammogram: Select if the current mammogram was performed as evaluation of current symptoms or abnormal CBE finding or as additional evaluation of a recent mammogram prior to this cycle (diagnostic mammogram).
- No initial mammogram. CBE only or sent to other imaging or diagnostics: Select if the recipient received only a CBE; or if the current mammogram was not performed and recipient goes directly for diagnostic procedures. Select this if the recipient refuses to have a mammogram.
- Initial mammogram not paid by EWC. Client referred for diagnostics only: Select if the current mammogram was not paid by EWC (e.g., other insurance) and the recipient was enrolled into EWC for diagnostic procedures.

Note: The first mammogram in the cycle could be a screening or diagnostic mammogram.

Breast Diagnostic Referral Date

If the current mammogram was not performed, or performed but not paid by EWC, enter the date of the CBE or first imaging or diagnostic procedure paid by EWC, whichever was done first. Enter the date using the following format: MM/DD/YYYY.

CURRENT Mammogram Result

Select the mammogram result that corresponds to the result on the mammogram report from the drop-down list.

- Negative (BI-RADS 1): Select if the assessment was negative.
- Benign (BI-RADS 2): Select if the assessment was benign.
- Probably Benign (BI-RADS 3): Select if the assessment was probably benign. Probably benign findings have a high probability of being benign. Further clinical evaluation (short-term follow-up or immediate work-up) must be completed for a probably benign mammogram.

  If there is a decision to perform immediate clinical evaluation:

  - Select Immediate Work-up in the Additional Procedures Needed to Complete Breast Cycle section.
  - Complete and submit breast cancer diagnostic procedure(s), work-up status, final diagnosis and treatment status, as required.
- Suspicious Abnormality (BI-RADS 4): Select if the assessment was suspicious abnormality. This indicates the findings do not have the characteristic morphology of breast cancer but do have a strong probability of being cancer.
  - Select Immediate Work-up in the Additional Procedures Needed to Complete Breast Cycle field.
  - Complete and submit breast cancer imaging and/or diagnostic procedure(s), work-up status, final diagnosis and treatment status, as required.
- Highly Suggestive of Malignancy (BI-RADS 5): Select if the assessment was highly suggestive of malignancy. These finding(s) have a high probability of being cancer.
  - Select Immediate Work-up in the Additional Procedures Needed to Complete Breast Cycle field.
  - Complete and submit breast cancer imaging and/or diagnostic procedure(s), work-up status, final diagnosis and treatment status, as required.
- Known Biopsy - Proven Malignancy (BI-RADS 6): Select if the assessment is to monitor a known biopsy - proven malignancy.
- Assessment Incomplete –more imaging/film comparison (BI-RADS 0): Select if the assessment was incomplete and either requires additional imaging evaluation or review of prior mammograms. No final assessment can be assigned due to incomplete radiologic work-up.
  - Select Immediate Work-up in the Additional Procedures Needed to Complete Breast Cycle field.

Complete and submit the breast cancer imaging and/or diagnostic procedure(s), work-up status, final diagnosis and treatment status, as required.

- Unsatisfactory: Select if the mammogram was technically unsatisfactory and could not be interpreted by radiologist.
  - Select Short Term Follow-Up in the Additional Procedures Needed to Complete Breast Cycle field.
  - After the repeat mammogram is completed, submit a new cycle using a new DETEC Breast Cancer Screening Cycle Data form.

Date of CURRENT Mammogram:

Enter the date of the recipient's initial mammogram using the following format: MM/DD/YYYY.

Screening MRI

Figure 6.11: Screening MRI Section.

CURRENT Screening MRI Result:

If recipient is at high risk for breast cancer, a Screening MRI is appropriate. Select the Screening MRI result from the drop-down list that corresponds to the result of the Screening MRI, or if a Screening MRI was not performed. Selection of a response is required.

Select the screening MRI result from the drop-down list.

- Negative (Cat 1): Select if the assessment was negative.
- Benign (Cat 2): Select if the assessment was benign.
- Probably Benign (Cat 3): Select if the assessment was probably benign. Probably Benign findings have a high probability of being benign. Further clinical evaluation (short-term follow-up or immediate work-up) must be completed for a probably benign screening MRI.

  If there is a decision to perform a short-term follow-up, start a new cycle when the patient returns.
- If there is a decision to do immediate clinical evaluation:
  - Select Immediate Work-up in the Additional Procedures Needed to Complete Breast Cycle field.
  - Complete and submit breast cancer diagnostic procedure(s), work-up status, final diagnosis and treatment status, as required.

- Suspicious Abnormality (Cat 4): Select if the assessment was suspicious abnormality. This indicates the findings do not have the characteristic morphology of breast cancer but do have a strong probability of being cancer.
  - Select Immediate Work-up in the Additional Procedures Needed to Complete Breast Cycle field.
  - Complete and submit breast cancer imaging and/or diagnostic procedure(s), work-up status, final diagnosis and treatment status, as required.
- Highly Suggestive of Malignancy (Cat 5): Select if the assessment was highly suggestive of malignancy. These finding(s) have a high probability of being cancer.
  - Select Immediate Work-up in the Additional Procedures Needed to Complete Breast Cycle field.
  - Complete and submit breast cancer imaging and/or diagnostic procedure(s), work-up status, final diagnosis, and treatment status, as required.
- Known Malignancy (Cat 6): Select if the assessment is to monitor a known malignancy.
- Assessment is Incomplete – more imaging/evaluation needed (Cat 0): Select if the assessment was incomplete and either requires additional imaging evaluation or review of prior mammograms. No final assessment can be assigned due to incomplete radiologic work-up.
  - Select Immediate Work-up in the Additional Procedures Needed to Complete Breast Cycle field.
  - Complete and submit the breast cancer imaging and/or diagnostic procedure(s), work-up status, final diagnosis and treatment status, as required.
  - Not done: Select if a Screening MRI was not performed.

Date of CURRENT Screening MRI

Enter the date of the recipient's screening MRI using the following format: MM/DD/YYYY.

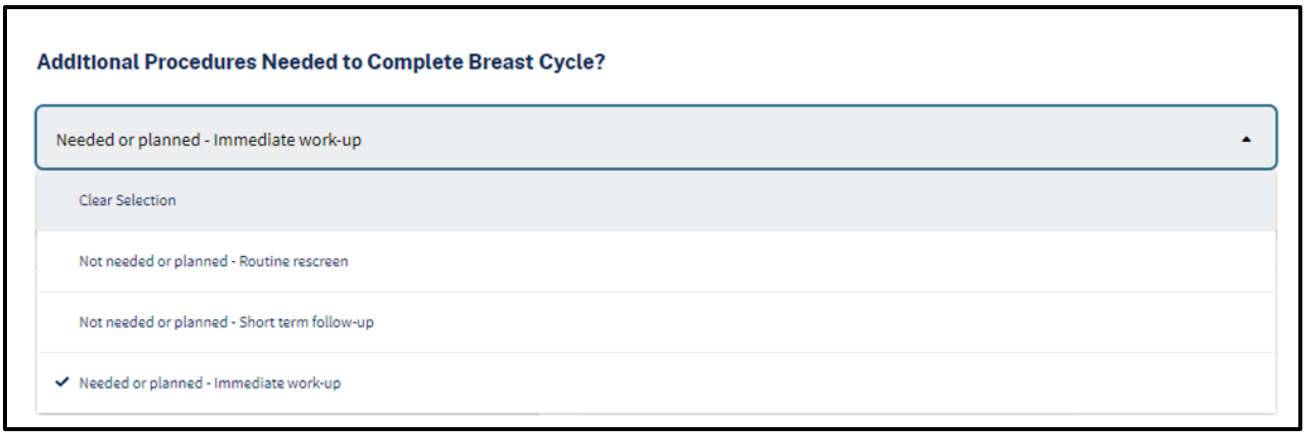

Figure 6.12: Drop-down Menu Under Additional Procedures Needed to Complete Breast Cycle.

Select one from the drop-down list:

- Not needed or planned -- Routine re-screen: Select this when both the CBE and mammogram are normal/benign.

  To submit the next breast screening (CBE and/or mammogram), start a new breast cancer screening cycle using a new DETEC Breast Cancer Screening Cycle Data form.

- Not needed or planned - Short-term follow-up: Select this when additional diagnostic procedures/exams are required after a planned delay but within the next 12 months.

  To submit the next procedure(s)/exam(s), start a new breast cancer screening cycle using a new DETEC Breast Cancer Screening Cycle Data form.

- Needed or planned - Immediate work-up: Select this when additional diagnostic procedures are required without delay to rule out breast cancer. Same-day ultrasound is considered an immediate work-up.

  Complete and submit breast cancer imaging procedures, diagnostic procedures, work-up status, final diagnosis, and treatment information, as required.

Note: For the following breast screening results, EWC requires that “Immediate Work-Up” is selected in the Additional Procedures Needed to Complete Breast Cycle section:

- CBE section: Abnormality suspicious for breast cancer
- Mammogram section: Probably Benign (BI-RADS 3)
  - ❖ Only if immediate clinical evaluation is conducted.
- Mammogram section: Suspicious Abnormality (BI-RADS 4)
- Mammogram section: Highly Suggestive of Malignancy (BI-RAIDS 5)
- Mammogram section: Assessment is Incomplete – more imaging/film compare needed (BI-RADS 0)
- Screening MRI section: Probably Benign (BI-RADS 3)
  - ❖ Only if immediate clinical evaluation is conducted
- Screening MRI section: Suspicious Abnormality (Cat 4)
- Screening MRI section: Highly Suggestive of Malignancy (Cat 5)
- Screening MRI section: Assessment is Incomplete – more imaging/evaluation needed (Cat 0)

Note: Additionally, when “Immediate Work-Up” is indicated, additional data must be input into the following sections

- Breast Imaging Procedures if done
- Breast Diagnostic Procedures if done
- Breast Work-up Status and Final Diagnosis, and
- Breast Cancer Treatment Information, as required.

Cycles with immediate workup selected are eligible for case management reimbursement when complete and entered in DETEC. See the *Every Woman Counts* section of Part 2 of the Provider Manual for details.

Breast Imaging Procedures

Complete Breast Imaging and Diagnostic Procedures only if the breast screening results were abnormal and/or “Immediate Work-up” is selected in the *Additional Procedures Needed* to Complete Breast Cycle field.

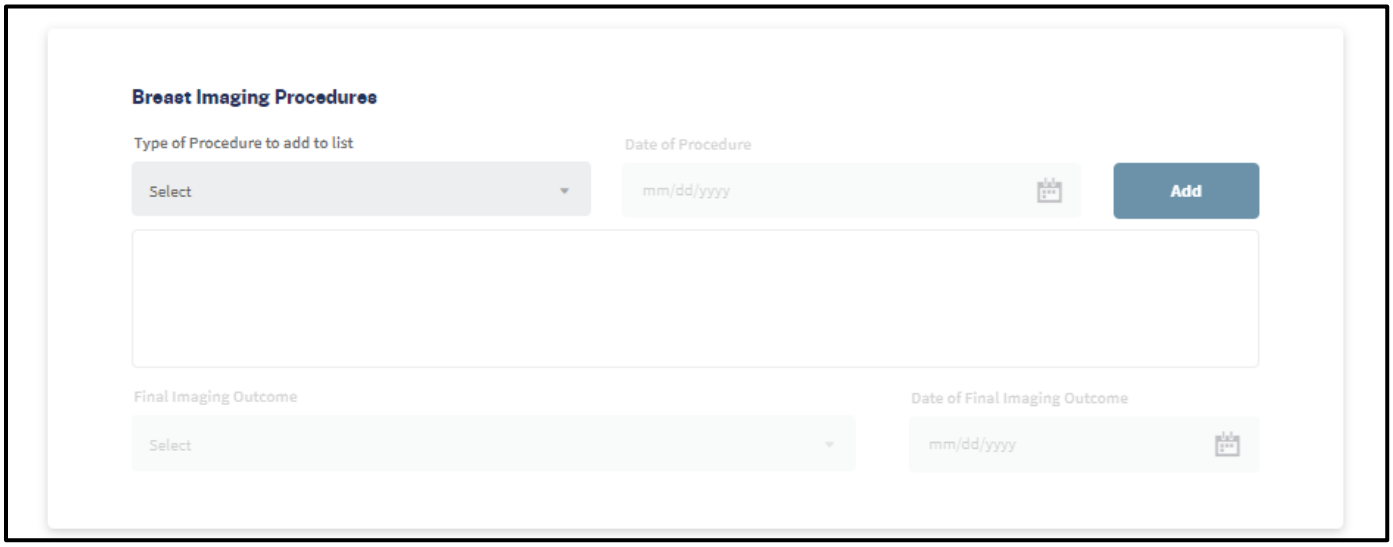

Figure 6.13: Breast Imaging Procedures Section.

Type of Procedure to add to list

Select procedure performed from the drop-down list.

- Additional Mammographic Views: If additional views (e.g., spot compression, etc.) were performed, enter the date of the procedure.
- Ultrasound: If an ultrasound was performed, enter the date of the procedure.
- Film Comparison to evaluate an Assessment Incomplete: If comparison to previous mammogram performed, enter the date of the addendum report.
- MRI: If a MRI was performed, enter the date of the procedure.

Enter the date the imaging procedure was performed, not the date the results are received. All dates should be entered using the following format: MM/DD/YYYY.

Add

Click the **Add** button after selecting each imaging procedure from the drop-down list and enter the date of imaging procedure. The procedure will not be saved if the **Add** button is not clicked.

Note: Report all imaging procedures performed. Multiple entries including the same procedure are allowed.

Remove

Click on the ⊗ icon to remove the procedure from the list.

Final Imaging Outcome

Select the final imaging outcome from the drop-down list that corresponds to the reported final overall assessment based on all imaging procedures.

- Negative (BI-RADS 1)
- Benign Finding (BI-RADS 2)
- Probably Benign (BI-RADS 3)
- Suspicious Abnormality (BI-RADS 4)
- Highly Suggestive of Malignancy (BI RADS 5)
- Unsatisfactory – Radiologist could not read, no final outcome

Date of Final Imaging Outcome

Enter the date of the final imaging outcome using the following format: MM/DD/YYYY. Use the date of the last imaging procedure as the date of this final imaging outcome.

Breast Diagnostic Procedures

Complete Breast Imaging and Diagnostic Procedures only if the breast screening results were abnormal and/or “Immediate Work-up” is selected in the Additional Procedures Needed to Complete Breast Cycle field.

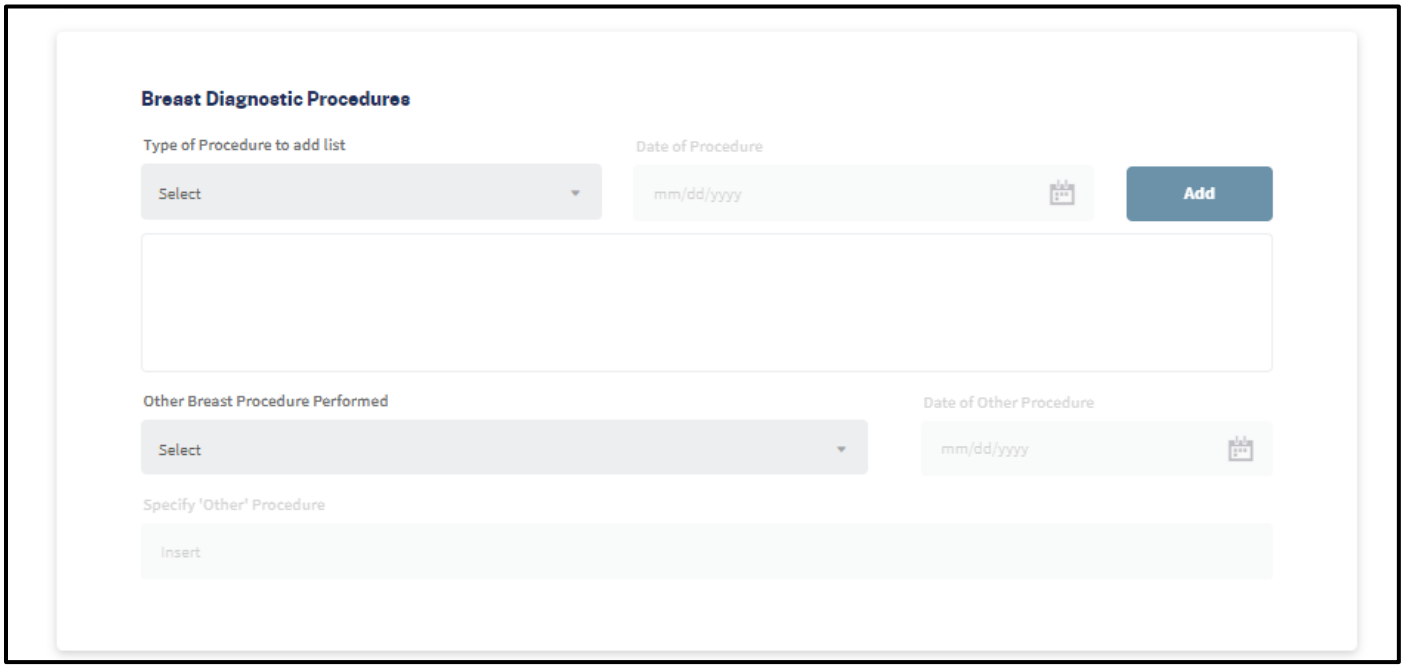

Figure 6.14: Breast Diagnostic Procedures Section.

Type of Procedure to add to list

Select type of diagnostic procedure performed from the drop-down list.

- Repeat Breast Exam: If a repeat CBE was performed, enter the date of the procedure.
- Surgical Consultation: If a surgical consultation was performed, enter the date of the procedure.
- Biopsy/Lumpectomy: If a biopsy or lumpectomy was performed, enter the date. If both were performed, enter the date of the procedure that resulted in a final diagnosis. Only enter a lumpectomy in this section if it was part of the diagnostic workup and not just treatment.
- Fine needle/Cyst aspiration: If a fine needle aspiration or a cyst aspiration was performed, enter the date of the procedure.
- Ductogram: If a ductogram was performed, enter the date of the procedure.

Date of Procedure

Enter the date the diagnostic procedure was performed, not the date of the results was received. All dates should be entered using the following format: MM/DD/YYYY.

Add

Click the **Add** button after selecting each diagnostic procedure from the drop-down list and entering date of diagnostic procedure. The procedure will not be saved if the Add button is not clicked.

Note: Report all diagnostic procedures performed. Multiple entries including the same procedure are allowed.

Remove

Click the ⊗ icon to remove the procedure from the list.

Other Breast Procedure Performed

Select only one diagnostic procedure, which can provide a diagnosis of cancer or not cancer as an “Other Breast Procedure Performed.”

If a diagnostic procedure not listed in the Type of Procedure drop-down list was performed, select the applicable option below. Select the procedure performed, even if not covered by EWC.

- Skin biopsy
- Other medical consults
- Other – Please specify. Contact your EWC Clinical Coordinator before choosing this option.

Date of Other Procedure

Enter the date the other procedure was performed, not the date the results were received. All dates should be entered using the following format: MM/DD/YYYY.

Specify “Other” Procedure

Enter a description of the other diagnostic procedure performed. Please report an “Other Breast Procedure” even though it may not be covered by EWC.

Do not enter the following as “Other Breast Procedure,” as they are already listed on the form:

- Additional mammogram
- Repeat CBE
- Surgical consult
- Ultrasound
- Biopsy/lumpectomy
- Fine needle/cyst aspiration
- Ductogram

Do not enter the following as “Other Breast Procedure”:

- CT scan
- PET scan
- Chest X-Ray
- Galactogram
- DEXA scan
- Bone scan
- Radical or simple mastectomy
- Stereotactic localization
- Sentinel lymph node biopsy
- Nipple discharge cytology
- Prolactin level checks
- Cannulization
- Nuclear or Miraluma scan
- Ultrasound to rule out metastasis

Breast Work-up Status and Final Diagnosis Information

Complete Breast Work-up Status only if the breast screening results were abnormal and/or "Immediate Work-up" is selected in the Additional Procedures Needed to Complete Breast Cycle field.

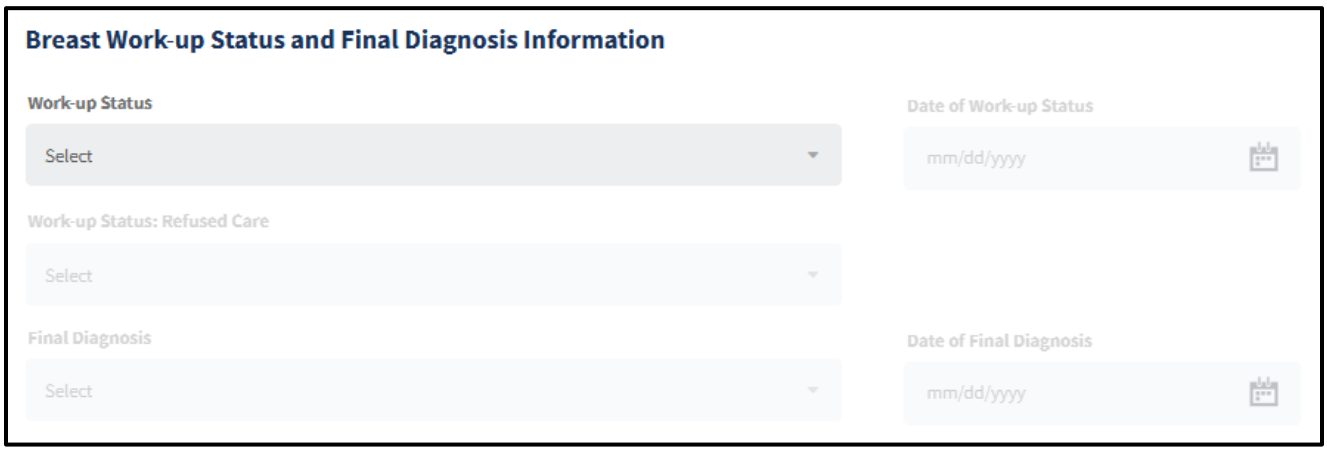

Figure 6.15: Breast Work-up Status and Final Diagnosis Information Section.

Work-up Status

Select the appropriate work-up status from the drop-down list.

- Work-up Complete: Select this once all diagnostic procedures are completed and a diagnosis has been determined.

  If the work-up is complete, enter the date of this work-up status. Use the date of the imaging/diagnostic procedure used to complete the work-up (not the date the report was received or the date of data entry).

- Lost to Follow-up:
  - This status should be selected for recipients who required immediate diagnostic work-up but providers were unable to reach them after at least three (3) attempts to contact the recipient either by mail, electronically or by phone
  - A PCP shall document all attempts to notify the recipient as specified in this section and retain this documentation in the recipient's records
  - Recipients are not considered Lost to Follow-up if they can be located

Note: At least one method of contacting recipients should verify if notification was received. That can be done via certified mail/first class mail that requires a recipient signature or via electronic communication, such us dedicated secure messaging platforms and applications, encrypted email services, and Electronic Health Record (EHR) chat. Recipients should provide written consent specifying their preferred method of notification.

- "Work-up refused": This status is for recipients who required immediate diagnostic work up but:
  - Refused clinical procedure(s) or appointments
  - Failed to respond to telephone messages or certified letter, but letter was delivered
  - Failed to schedule or keep appointments
  - Moved
  - Obtain health insurance
  - Changed EWC PCP for any reason

  Select from the following reasons in the **Work-up Status: Refused Care** drop-down list:
  - Declined Care
  - Obtained Insurance/Medi-Cal Coverage
  - Moved to a different location
  - Changed Primary Care Provider

Note: The provider should document three or more attempted contacts including a certified letter that was "sent" and received" (delivered) and a reason for refusing care in the medical records.

- Died before Work-up complete: Select this if the recipient died before the imaging/diagnostic procedure(s) was performed.

Note: If work-up was not completed (recipient was Lost to Follow-up, Work-up Refused, or Died before work-up complete), enter the date this was determined as the Date of this Work-up Status.

Date of Work-up Status

Enter the date of the work-up status using the following format: MM/DD/YYYY. Use the date of the final imaging/diagnostic procedure as the date of this work-up status. Complete Final Diagnosis only when the Work-up Status is "Work-up Complete."

Final Diagnosis

Select a final diagnosis from the drop-down list if the Breast Cancer Work-up Status was "Work-up Complete".

- No Breast Cancer/Benign – short-term follow-up: Select this if cancer is not found during current diagnostic procedures and short-term follow-up will be needed.
- Lobular Carcinoma In Situ (LCIS): Select this if the pathology report indicates the diagnosis is lobular carcinoma in situ or lobular neoplasia.
- Ductal Carcinoma In Situ (DCIS): Select this if the pathology report indicates the diagnosis is ductal carcinoma in situ.

Note: Data for Breast Cancer Treatment Status is required.

- Invasive Breast Cancer: Select this if the pathology report indicates any of the following:
  - Invasive or infiltrating ductal or lobular carcinoma
  - Both invasive and in-situ components
  - Paget's disease (of the nipple with no tumor)

Note: Data for Breast Cancer Treatment Status is required.

Date of Final Diagnosis

Enter the date of the final diagnosis using the following format: MM/DD/YYYY. Use the date of the definitive diagnostic procedure performed as the date of the final diagnosis.

Note: If only diagnostic imaging procedure(s) performed, use the date of the final imaging outcome as the date of the final diagnosis.

Breast Cancer Treatment Information

Complete Breast Cancer Treatment Status if Breast Final Diagnosis is Invasive Breast Cancer or DCIS.

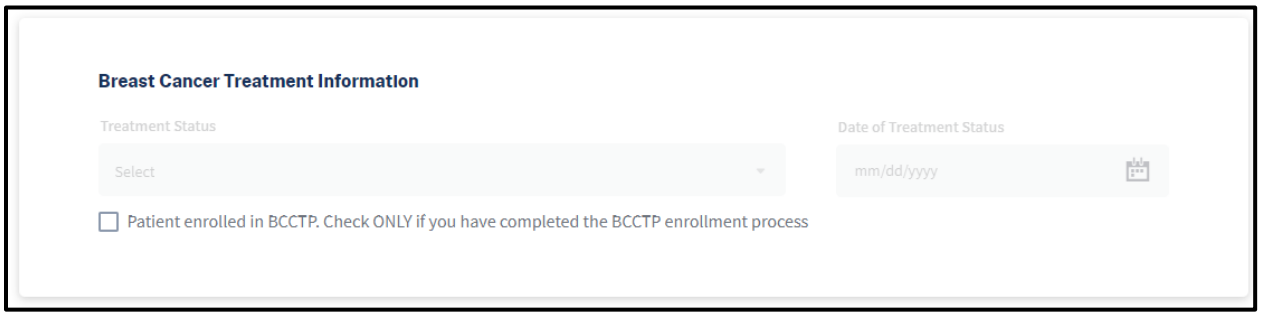

Figure 6.16: Breast Cancer Treatment Information Section.

Treatment Status

Select the appropriate treatment status from the drop-down list.

- Treatment started: Select this when the clinic staff can verify from either the recipient or treatment facility that treatment has been initiated, regardless of recipient's insurance status.
- Lost to follow-up: Select this if the recipient did not begin treatment and the clinic staff cannot locate the recipient.
  - This status should be selected for recipients who required treatment but providers were unable to reach them after at least three (3) attempts to contact the recipient either by mail, electronically or by phone.
  - A PCP shall document all attempts to notify the recipient as specified in this section and retain this documentation in the recipient's records.

Note: At least one method of contacting recipients should verify if notification was received. That can be done via certified mail/first class mail that requires a recipient signature or via electronic communication, such us dedicated secure messaging platforms and applications, encrypted email services, and Electronic Health Record (EHR) chat. Recipients should provide written consent specifying their preferred method of notification.

- Treatment refused: Select this if the recipient refused treatment or the recipient has only received non-standard or alternative treatments.
- Treatment not needed: Select this if the medical provider and recipient agree that treatment would adversely affect the recipient's quality of life (with late or end-stage cancers), and that treatment is not recommended or needed at this time.
- Died before treatment started: Select this if the recipient died before beginning treatment.

Date of Treatment Status

Enter the date when treatment was initiated or other treatment status was determined using the following format: MM/DD/YYYY.

Note: In some cases, a diagnostic procedure (e.g., lumpectomy) may result in a final diagnosis and serve as treatment. When this occurs, enter data in the following fields:

- The diagnostic procedure and date in the Breast Cancer Diagnostic Procedures section.
- Use the date of the diagnostic procedure in the Date of Work-up status field.
- Use the date of the diagnostic procedure in the Date of Final diagnosis field.
- Select Treatment Initiated for breast cancer treatment status.
- Use the date of the diagnostic procedure (e.g., biopsy) in the Date of Treatment status field.

Figure 6.17: Patient enroll in BCCTP Checkbox.

Patient enrolled in BCCTP. Check ONLY when you have completed the BCCTP enrollment process - check this box if you enrolled the patient into the Breast and Cervical Cancer Treatment Program

Providers can access the BCCTP enrollment application form via the Transaction Center of the Medi-Cal Provider Portal. For additional resources, refer to the BCCTP Overview page or the Breast and Cervical Cancer Treatment Program (BCCTP) Frequently Asked Questions (FAQs).

Submit

Click the **Submit** button at the bottom of the DETEC Breast Cancer Screening Cycle Data form to submit it. If submitted successfully, a box will appear at the top and bottom of the screen to inform you that the record is saved successfully.

Figure 6.18: Record is Saved Successfully Message.

If there are errors with the form, you will be informed. See the “Editing Records” section of this user guide for more.

Print

Click the **Print Cycle Data** button at the bottom of the online DETEC *Breast Cancer Screening Cycle Data* form to print a copy of it. When you click the **Print Cycle Data** button the following message will pop-up.

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

Note: The **Print** button prints only what is visible on the screen. There is a **Print** button on every DETEC screen. You can use the **Print** button found on bottom of this screen to print the *Breast Cancer Screening Cycle* form, if needed.

Save

Save either an electronic or printed copy of the completed cycle in the medical record as proof of data entry.

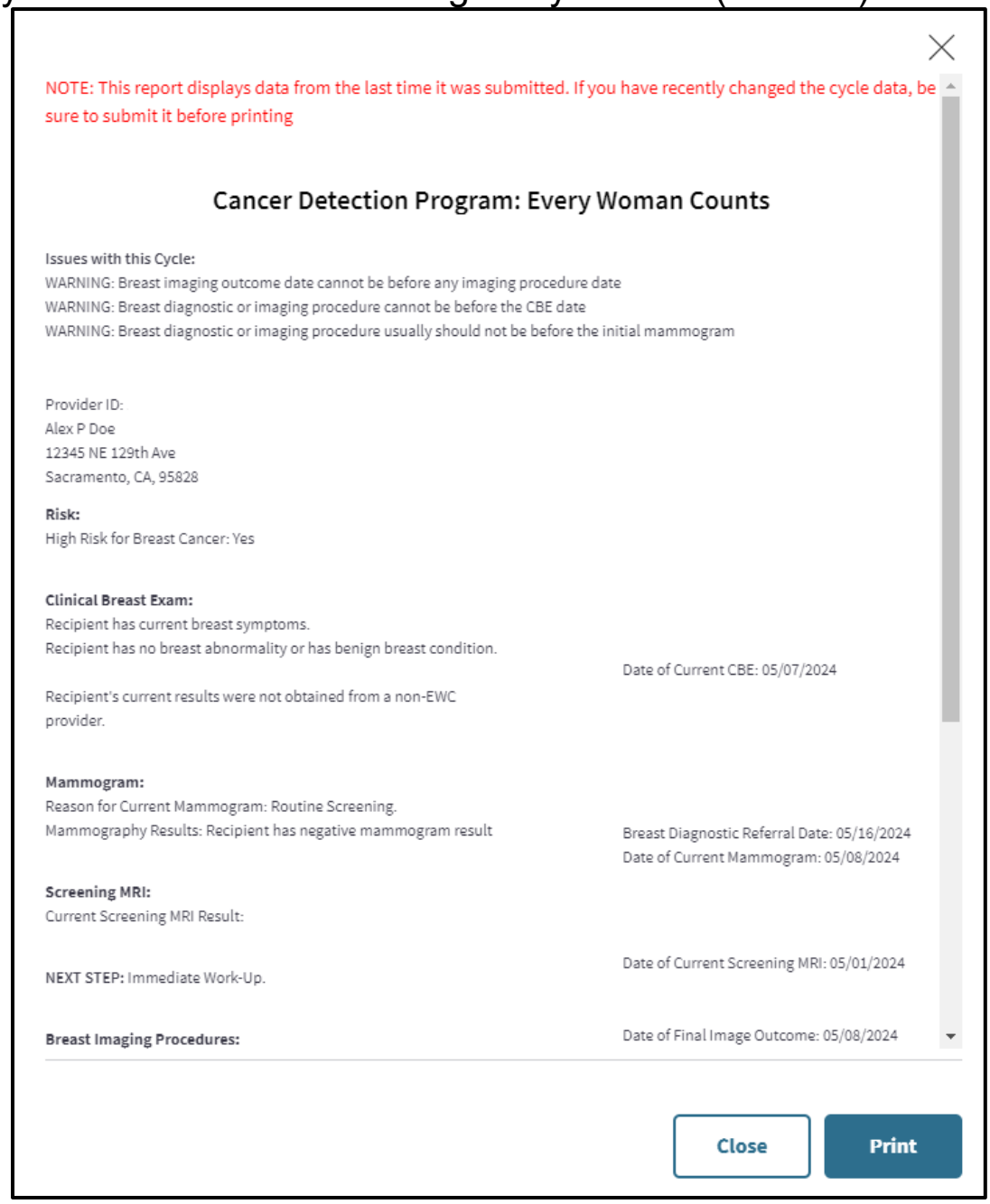

Figure 6.18a: EWC Breast Print Cycle Data Page.

Completing the DETEC Cervical Cancer Screening Cycle Data Online Form

The DETEC – Cervical Cancer Screening Cycle Data form is used to report procedures and test results for EWC recipients. It has various sections that need to be completed per the instructions that follow.

Recipient Information

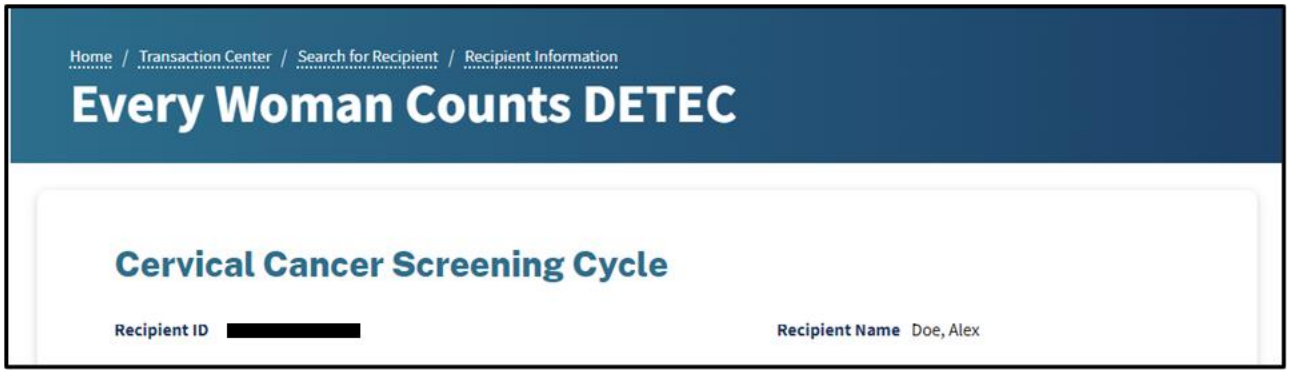

Figure 6.19: Recipient Info Section.

Start by confirming that you are entering a new form for the correct recipient. If the recipient is incorrect, use the **Return to Search** button at the bottom of the page to find the correct recipient. All forms may be found in the Top Navigation Bar on the EWC Recipient Information page under the Breast Cycle and/or Cervical Cycle subheadings.

Risk

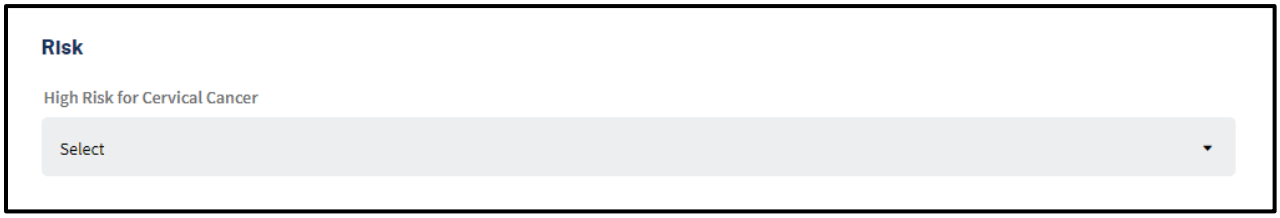

Figure 6.20: Risk Section.

High Risk for Cervical Cancer

Select the appropriate response from the drop-down list. Selection of a response is required.

- Yes: Select if cervical cancer risk was assessed and determined to be high.
- No: Select if cervical cancer risk was assessed and determined not to be high.
- Not Assessed/Unknown: Select if cervical cancer risk was not assessed, or risk cannot be determined.

Pap Test

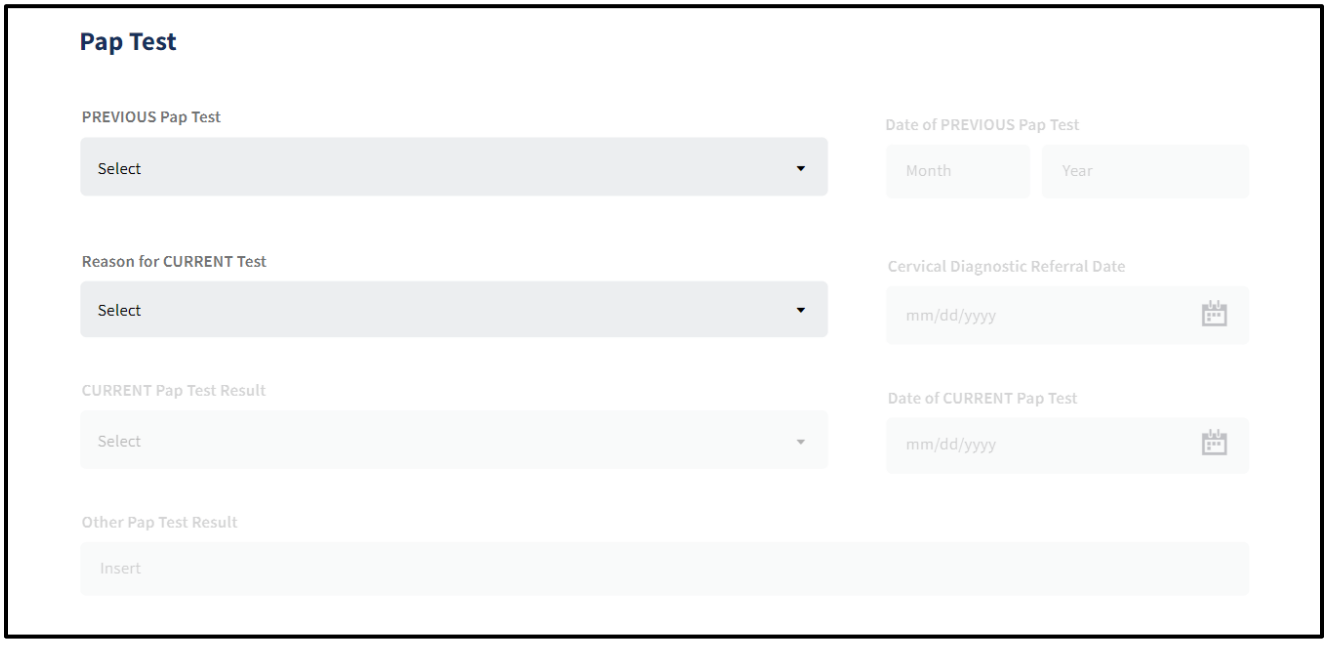

Figure 6.21: Pap Test Section.

Previous Pap Test

Select the appropriate response from the drop-down list.

- Yes – Date known: Select if a previous Pap test was done and date of test is known. Enter date of previous Pap test.
- Yes – Date unknown but within last ten years: Select if previous Pap test was done, but the recipient does not recall the date of the procedure but does recall it was within the last ten years.
- Yes – Date unknown but more than ten years: Select if previous Pap test was done, but the recipient does not recall the date of the procedure but does recall it has been more than ten years.
- No: Select if recipient has never had a Pap test done.
- Unknown: Select if it is unknown to the recipient as to whether they had a previous Pap test.

Date of Previous Pap Test

Enter the month and year of the previous Pap test using the following format: MM/YYYY. If the month of the previous Pap test is not known, enter the year and leave the month blank.

Note: One measure of the program's success is the number of "never or rarely screened" recipients who receive a cervical cancer screening. "Rarely screened" means ten or more years between screenings. To help track this measure, ask the recipient if it has been more than ten years since their last Pap test.

Reason for Current Pap Test

Select reason for starting a cervical cancer screening cycle from the drop-down list.

- Screening - Routine Pap test: Select if the current Pap test was performed as part of a routine screening schedule.
- Pap test after positive primary HPV test (reflex Pap test): Select if current Pap test was performed in response to a previously performed positive HPV test.
- Pap test for management of previous abnormal result: Select if the current Pap test was performed for management of a cervical abnormality detected prior to this cycle.
- Pap test not paid by EWC. Client referred for diagnostics only: Select if the current Pap test was not paid by EWC (e.g., private insurance or self-pay) and the recipient was enrolled into EWC for diagnostic procedures.
- Pap test not done: Select if the current Pap test was not performed and recipient went directly for diagnostic procedures or HPV testing.

Cervical Diagnostic Referral Date

If the current Pap test was NOT performed, or performed but not reimbursed by EWC, enter the date of the HPV test or first diagnostic test reimbursed by EWC, whichever was done first. Enter the date using the following format: MM/DD/YYYY.

Current Pap Test Result

If a Pap test was performed, select the Pap test result that best corresponds to the reported Pap test result from the dropdown list.

- Negative for intraepithelial lesion or malignancy
- Atypical squamous cells of undetermined significance (ASC-US)
- Low grade Squamous Intraepithelial Lesion (LSIL) including HPV changes
- Atypical squamous cells cannot exclude HSIL (ASC-H)
- High grade Squamous Intraepithelial Lesion (HSIL)
- Squamous Cell Carcinoma (SCC)
- Atypical Glandular Cells (AGC)
- Adenocarcinoma in situ (AIS)
- Adenocarcinoma (ADCA)
- Other: Select when results do not fit into other result categories from dropdown list. Acceptable categories to report as Other include “Endometrial Cells” and “Specimen lost before evaluation”.
- Unsatisfactory: Select if current Pap test or Pap test specimen had insufficient cervical cells for a reasonable evaluation of the material, or specimen could not be used, or results interpreted.

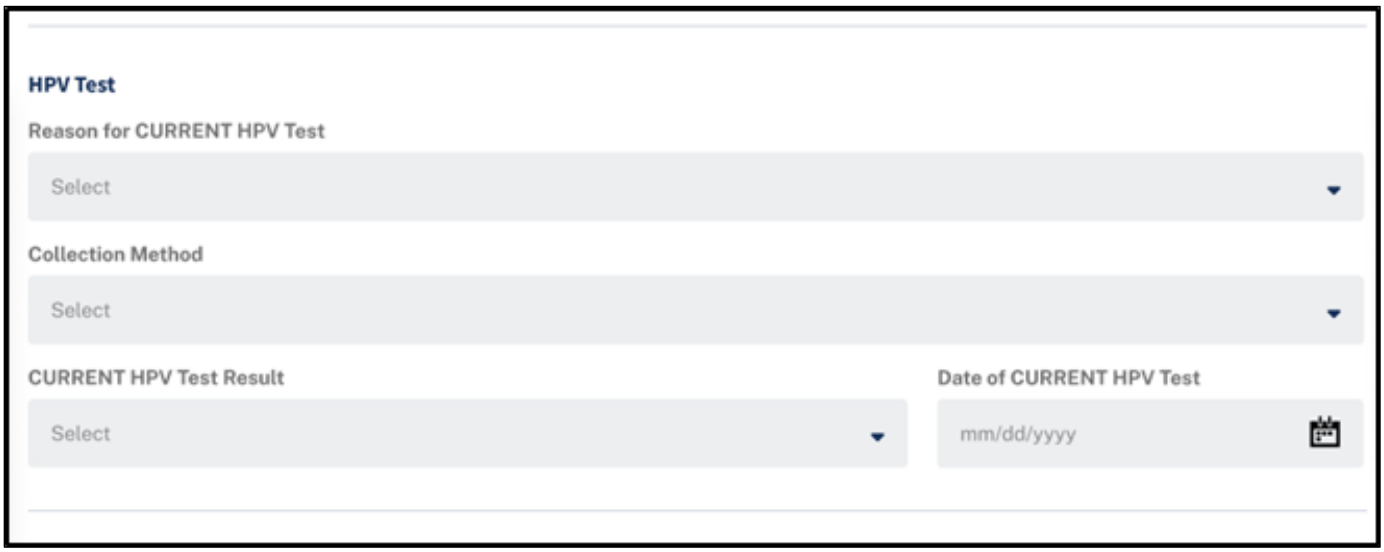

Figure 6.22: HPV Test Section.

Reason for Current HPV Test

Select reason for current HPV testing from the drop-down list (required).

Co-Test with Pap test/Screening/Primary HPV test: Select if: 1) the current HPV test was performed in conjunction with a Pap test as part of a routine screening schedule; or 2) the current HPV test is a primary HPV test (no Pap test was performed).

- Reflex HPV test: Select if current HPV test was performed in response to the results of a previously performed Pap test.
- Test not done: Select if an HPV test was not performed.

Collection Method

Select one of the collection methods from the drop-down list.

- Clinician-Collected Cervical Specimen
- Self-Collected Vaginal Specimen.

If **Test not done** is selected from the **Reason for Current HPV test**, the collection method is **not** required

Current HPV Test Result

- Select the following from the drop-down list:
- Positive, genotyping not done or unknown
- Positive, positive HPV 16/18 genotyping
- Positive, negative HPV 16/18 genotyping
- Negative

Date of Current HPV Test

Enter the date the HPV test was performed using the following format: MM/DD/YYYY.

Additional Procedures Needed to Complete Cervical Cycle

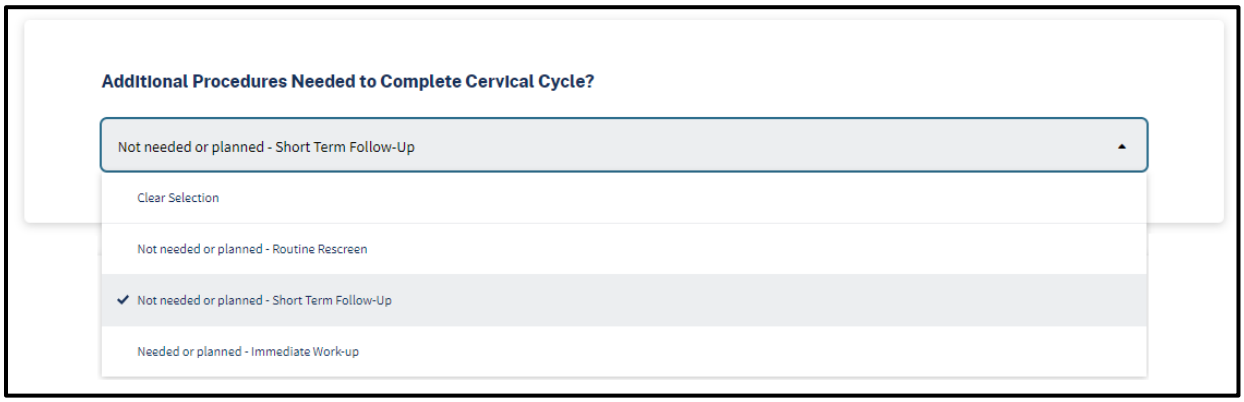

Figure 6.23: Additional Procedures Needed to Complete Cervical Cycle Section Drop-down Menu.

Select one from the drop-down list.

- Not needed or planned – Routine Rescreen: Select this if the screening Pap test is normal. To submit the next cervical screening (Pap test), start a new cervical screening cycle, using a new DETEC Cervical Cancer Screening Cycle Data form.
- Not needed or planned – Short Term Follow-Up: Select this when additional diagnostic procedures/exams are required after a planned delay (e.g., repeat Pap test in 3 to 6 months). To submit the next procedure(s), start a new cervical cancer screening cycle, using a new DETEC Cervical Cancer Screening Cycle Data form.
- Needed or planned – Immediate Work-Up: Select this when additional diagnostic procedures are required without delay to rule out cervical cancer. Complete and submit cervical cancer diagnostic procedures, work-up status, final diagnosis and treatment status, as required.

Cycles with immediate work-up selected are eligible for case management reimbursement when complete and entered in DETEC. Refer to the *Every Woman Counts* (ev woman) section of Medi-Cal Provider Manual for details.

Cervical Diagnostic Procedures

Complete Cervical Diagnostic Procedures only if the cervical screening results are abnormal and/or “Immediate Work-up” is selected in the *Additional Procedures Needed to Complete Cervical Cycle* field.

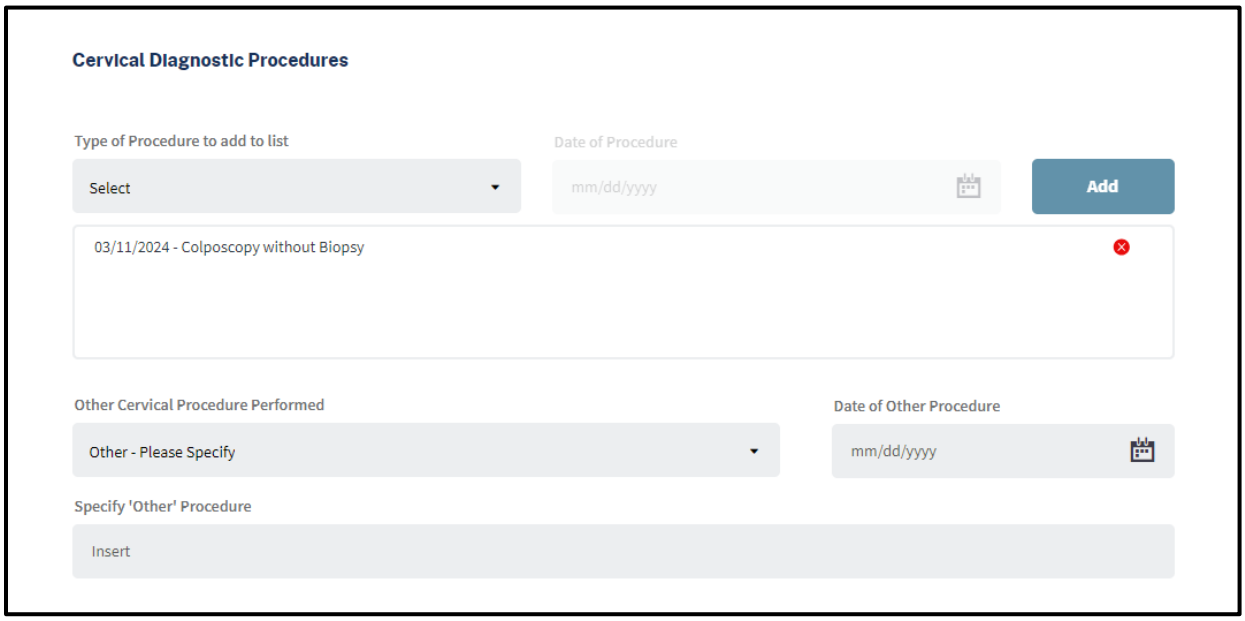

Figure 6.24: Cervical Diagnostic Procedures Section.

Type of Procedure

Select type of diagnostic procedure performed from the drop-down list.

- Colposcopy without Biopsy
- Colposcopy with Biopsy and/or endocervical curettage (ECC)
- Loop Electrosurgical Excision Procedure (LEEP): Only enter LEEP if it was part of the diagnostic work-up and not just treatment.
- Cold Knife Cone (CKC): Only enter the CKC if it was part of the diagnostic work-up and not just treatment.
- ECC alone

Date of Procedure

Enter the date the diagnostic procedure was performed, not the date of the results. All dates should be entered using the following format: MM/DD/YYYY.

Add

Click the **Add** button after selecting each diagnostic procedure from the drop-down list and entering date of diagnostic procedure. The procedure will not be saved if the Add button is not clicked.

Note: Report all diagnostic procedures performed. Multiple entries including the same procedure are allowed.

Remove

Click on ⊗ icon to remove the procedure from the list.

Other Cervical Procedure Performed

Enter **only one** diagnostic procedure that can provide a diagnosis of cancer or not cancer as an "Other Cervical Diagnostic Procedure." Select the procedure performed, even if not covered by EWC. If a diagnostic procedure not listed was performed, select applicable option below:

- Excision of endocervical polyps
- Endometrial biopsy (EMB)
- Biopsy of other structure (e.g., vagina, vulva) – Report only for recipient who does not have a cervix.
- Other gynecologic consults
- Other
  - Please specify "contact your EWC Clinical Coordinator" before choosing this option.

Note: For more information on covered services, please see *Every Woman Counts* (ev woman) section of the appropriate Part 2 Medi-Cal Provider Manual.

Specify “Other” Procedure

Enter a description of the other diagnostic procedure performed.

- Please report any “Other Cervical Diagnostic Procedures” even though they may not be covered by EWC.
- Do not enter the following as “Other Cervical Cancer Diagnostic Procedure,” as they are already listed on the form:
  - Colposcopy without biopsy
  - Colposcopy with biopsy and/or ECC, LEEP, CKC, ECC alone

Do not enter the following as an “Other Cervical Cancer Diagnostic Procedure”:

- Pap Test results
- Cervicography
- HPV testing
- Pelvic ultrasound
- Cervical CT scan
- Cryosurgery
- Hysterectomy
- Laser
- Cautery

Date of Other Procedure

Enter the date the other diagnostic procedure was performed, not the date when the results were received. All dates should be entered using the following format: MM/DD/YYYY.

Cervical Work-up Status and Final Diagnosis Information

Complete Cervical Cancer Work-up Status if the cervical screening results were abnormal and/or Immediate Work-up was selected in the *Additional Procedures Needed to Complete Cervical Cycle* field.

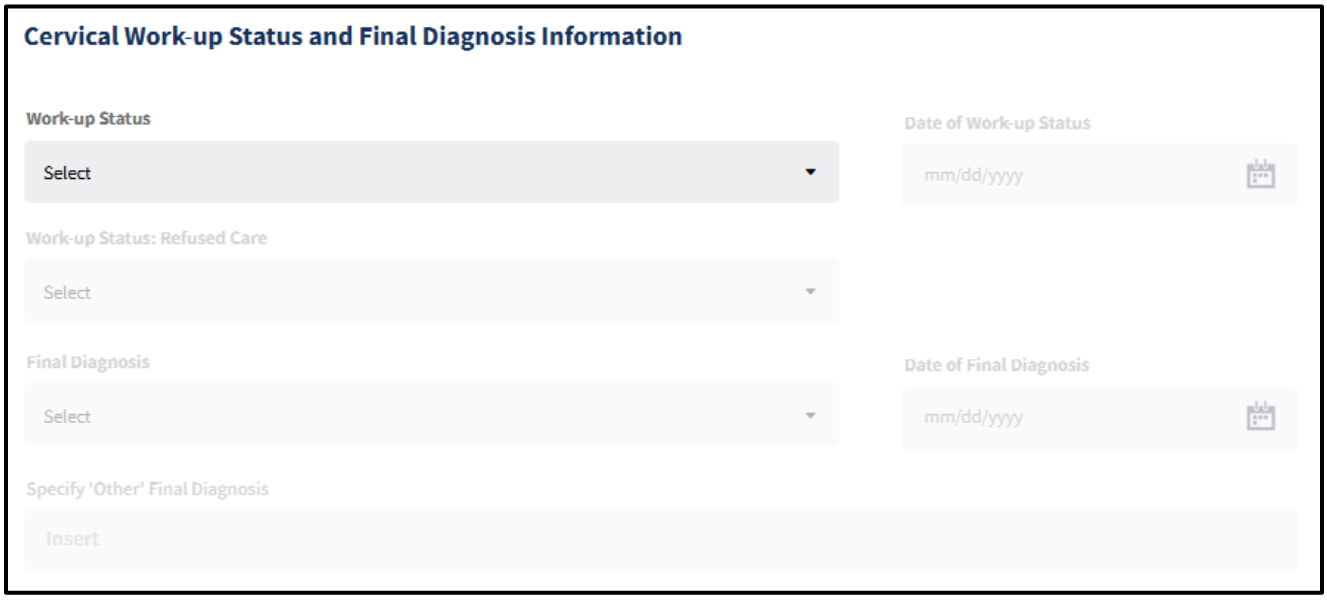

Figure 6.25: Cervical Work-up Status and Final Diagnosis Information Section.

Work-up Status

Select the appropriate work-up status from the drop-down list.

- Work-up complete: Select this once all diagnostic procedures are completed and a diagnosis has been determined. It is also appropriate to select Work-up complete if the recipient is advised to return for further evaluation (e.g., repeat Pap test) in 3 to 6 months, after current diagnostic procedures.

  If work-up is complete, enter the date of this work-up status. Use the date of the diagnostic procedure used to complete the work-up (not the date of the report was received or of data entry was done).

"Lost to Follow-up":

- This status should be selected for recipients who required immediate diagnostic work-up but providers were unable to reach them after at least three (3) attempts to contact the recipient either by mail, electronically or by phone.
- A PCP shall document all attempts to notify the recipient as specified in this section and retain this documentation in the recipient's records.
- Recipients are not considered Lost to Follow-up if they can be located.

Note: At least one method of contacting recipients should verify if notification was received. That can be done via certified mail/first class mail that requires a recipient signature or via electronic communication, such us dedicated secure messaging platforms and applications, encrypted email services, and Electronic Health Record (EHR) chat. Recipients should provide written consent specifying their preferred method of notification.

- "Work-up refused": This status is for recipients who required immediate diagnostic work up but:
  - Refused clinical procedure(s) or appointments
  - Failed to respond to telephone messages or certified letter, but the letter was delivered
  - Failed to schedule or keep appointments
  - Moved
  - Obtained health insurance
  - Changed EWC PCP for any reason

  Select from the following reasons in the **Work-up Status: Refused Care** drop-down list:

  - Declined care
  - Obtained insurance/Medi-Cal coverage
  - Moved to a different location
  - Changed Primary Care Provider

Note: The provider should document three or more contacts including a certified letter that was "sent and received" and a reason for refusing care in the medical records.

- Died before work-up complete: Select this if the recipient died before the diagnostic procedure(s) was performed.

Note: If work-up was not complete (recipient was lost to follow-up, work-up refused, or died before work-up completed), enter the date this was determined as the date of this work-up status.

Date of Work-up Status

Enter the date of this work-up status using the following format: MM/DD/YYYY. Use the date of the final diagnostic procedure as the date of this work-up status. Complete Cervical Final Diagnosis only when the Work-up Status is Work-up Complete.

Final Diagnosis

Select the diagnosis from the drop-down list that most closely documents the reported result of the cervical final diagnosis. The final diagnosis of cervical cancer is usually determined by a pathology report from histologic examination of tissue/cells. Select a Cervical Cancer Final Diagnosis when cervical cancer diagnosis status was “Work-up complete.”

Note: Do not submit a repeat Pap test result in the final diagnosis field.

- Normal/Benign or Infection/Inflammation/Reactive Changes: Select this if the colposcopic examination is normal. Select this if the biopsy results are negative and the endocervical curettage is negative.

- HPV / Condylomata/Atypia: Select this when the cytology report notes cellular changes associated with the HPV and no higher-grade atypia.
  - If treatment is not performed, leave Treatment Status blank
- CIN I / mild dysplasia (biopsy diagnosis): Select this when the pathology report notes findings consistent with a mild dysplasia or cervical intraepithelial neoplasia (CIN I).
  - If treatment is not performed, leave Treatment Status blank
- CIN II / moderate dysplasia (biopsy diagnosis): Select this if the pathology report indicates findings consistent with a moderate dysplasia or cervical intraepithelial neoplasia (CIN II).
  - Data for Cervical Cancer Treatment Status is required.
- CIN III / severe dysplasia/CIS or AIS of cervix (biopsy diagnosis): Select this if the pathology report indicates findings consistent with severe dysplasia, cervical intraepithelial neoplasia (CIN III), Carcinoma in situ (CIS) or Adenocarcinoma in situ (AIS).
  - Data for Cervical Cancer Treatment Status is required.
- Invasive Cervical Carcinoma (biopsy diagnosis): Select this if the pathology report indicates Adenocarcinoma, Invasive Adenocarcinoma, or squamous cell carcinoma of the cervix.
  - Data for Cervical Cancer Treatment data is required.
- Low grade SIL (biopsy diagnosis): Select this if the pathology report indicates low-grade squamous intraepithelial lesion.
- High grade SIL (biopsy diagnosis): Select this if the pathology report indicates high-grade squamous intraepithelial lesion.
  - Data for Cervical Cancer Treatment Status is required.
- Other: Select this if the pathology report indicates a different cancer or if the result is not listed above.

- Specify “Other” Final Diagnosis: Enter a description of the other final diagnosis in the space provided.
  - Enter the following diagnoses as an “Other” cervical cancer final diagnosis:
    - ❖ Cervical polyps
    - ❖ Vaginal intraepithelial neoplasia (VAIN) – Report only for recipient who does not have a cervix
    - ❖ Other cancers of the endometrium, vagina, ovaries or vulva (including primary and metastatic disease) – Report only for recipient who does not have a cervix

Note: Do not enter a repeat Pap test result as an “Other” cervical cancer final diagnosis.

Date of Final Diagnosis:

Enter the date of this diagnosis using the following format: MM/DD/YYYY. Use the date of the definitive diagnostic procedure performed as the date of the final diagnosis.

Cervical Cancer Treatment Information

Complete Cervical Treatment Status if Cervical Cancer Final Diagnosis is CIN II, CIN III / Carcinoma in situ / Adenocarcinoma in situ, HSIL or invasive cervical carcinoma.

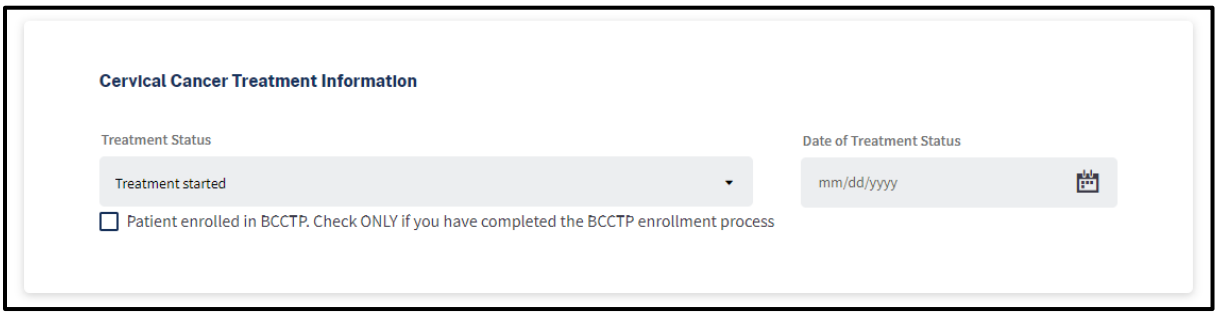

Figure 6.26: Cervical Cancer Treatment Information Section.

Treatment Status

Select the appropriate treatment status from the drop-down list.

- Treatment started: Select this when the clinic staff can verify from either the recipient or treatment facility that treatment has been initiated, regardless of recipient's insurance status.
- Lost to follow-up: Select this if the recipient did not begin treatment and the clinic staff cannot locate the recipient
  - This status should be selected for recipients who required treatment but providers were unable to reach them after at least three (3) attempts to contact the recipient either by mail, electronically or by phone.
  - A PCP shall document all attempts to notify the recipient as specified in this section and retain this documentation in the recipient's records.

Note: At least one method of contacting recipients should verify if notification was received. That can be done via certified mail/first class mail that requires a recipient signature or via electronic communication, such us dedicated secure messaging platforms and applications, encrypted email services, and Electronic Health Record (EHR) chat. Recipients should provide written consent specifying their preferred method of notification.

- Treatment refused: Select this if the recipient refused treatment or the recipient has only received non-standard or alternative treatments.
- Treatment not needed: Select this if the medical provider and recipient agree that treatment would adversely affect the recipient's quality of life (with late or end-stage cancers) and that treatment is not recommended or needed at this time.
- Died before treatment started: Select this if the recipient died before beginning treatment.

Date of Treatment Status

Enter the date when treatment was initiated, or other treatment status was determined using the following format: MM/DD/YYYY.

Note: In some cases, a diagnostic procedure may also serve as treatment (e.g., LEEP; Conization). When this occurs, enter data in the following fields:

- Specify other procedure(s) performed and date(s) in the Cervical Diagnostic Procedures section.
- Use the date of the diagnostic procedure in the Date of Work-up status field.
- Use the date of the diagnostic procedure in the Date of Final diagnosis field.
- Select Treatment Initiated for cervical cancer treatment status.
- Use the date of the diagnostic procedure (e.g., LEEP; Conization) in the Date of Treatment status field.

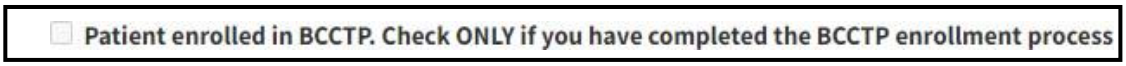

Figure 6.27: Patient enroll in BCCTP checkbox.

Patient enrolled in BCCTP. Check ONLY when you have completed the BCCTP enrollment process.

Providers can access the BCCTP enrollment application form via the Transaction Center of the Medi-Cal Provider Portal. For additional resources, refer to the BCCTP Overview page or the Breast and Cervical Cancer Treatment Program (BCCTP) Frequently Asked Questions (FAQs)

See the BCCTP website for a list of BCCTP qualifying diagnoses. If the cervical diagnosis is not listed on the drop-down list, contact a BCCTP manager at 1-800-824-0088 or email BCCTP@dhcs.ca.gov for information on how to proceed.

Submit

Click the **Submit** button at the bottom of the DETEC Cervical Cancer Screening Cycle Data form to submit it. If submitted successfully, a box will appear at the top and bottom of the screen to inform you that the Record is saved successfully.

Figure 6.28: Record is Saved Successfully Message.

If there are errors with the form, you will be informed. See the “Editing Records” section of this user guide for more.

Print

Click the **Print Cycle Data** button at the bottom of the online DETEC Cervical Cancer Screening Cycle Data form to print a copy of it.

When you click the **Print Cycle Data** button the following message will pop-up.

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

Note: The **Print Cycle Data** button prints only what is visible on the screen. There is a Print button on every DETEC screen. Use the **Print Cycle Data** button found at the bottom of the screen to print the DETEC Cervical Cancer Screening Cycle form.

Save

Save either an electronic or printed copy of the completed cycle in the medical record as proof of data entry.

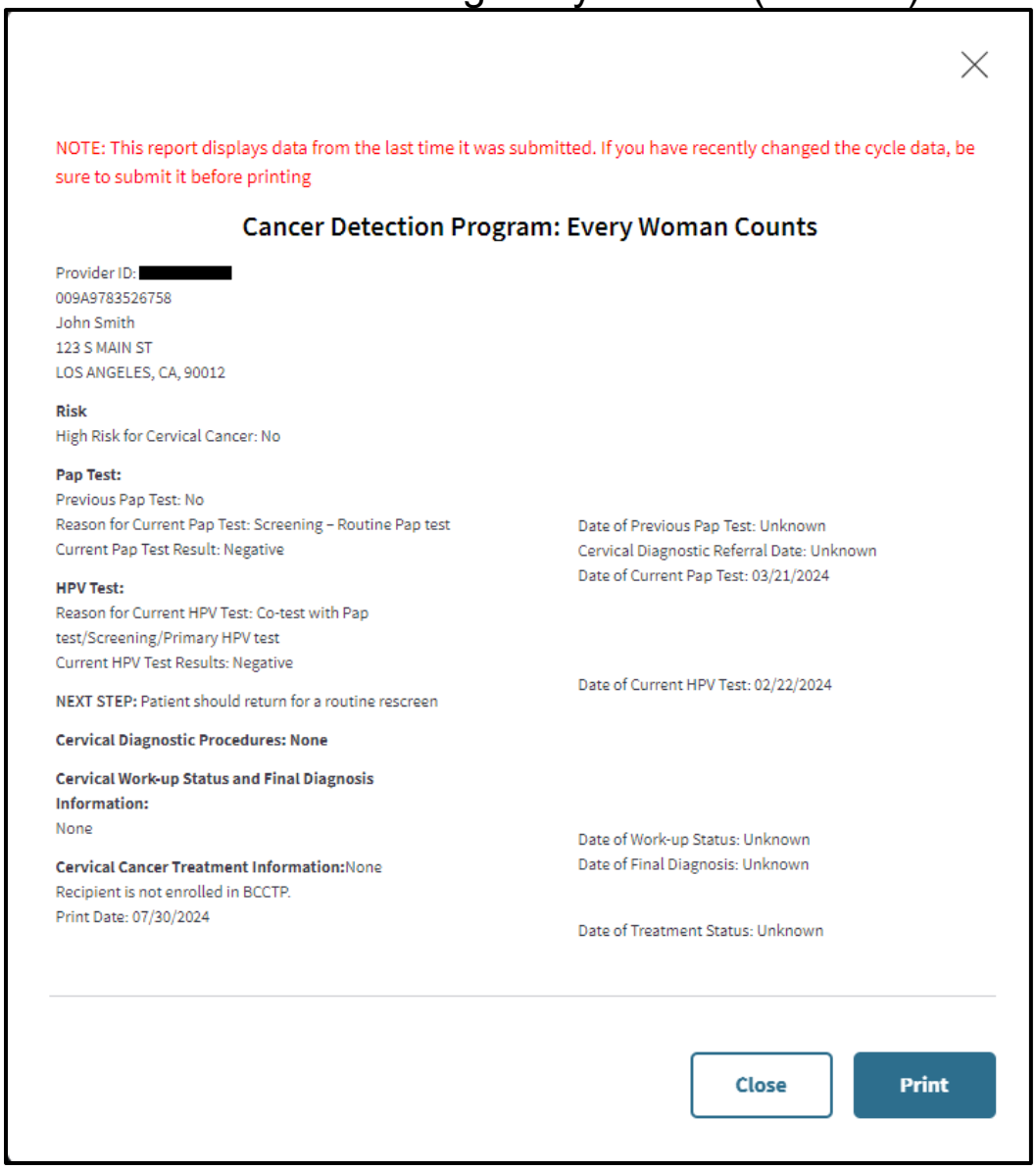

Figure 6.28a: Cervical Screening Cycle Print Data.

Editing Records

This is applicable for both the Breast Cancer Screening Cycle Data and Cervical Cancer Screening Cycle Data online forms.

Incomplete Cycles

Primary Care Providers (PCPs) and referral providers of the EWC program are expected to meet all the Core Program Performance Indicators (CPPIs) benchmark, developed by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)/Center for Disease Control and Prevention (CDC). The purpose of the CPPIs is to ensure screening of priority populations; timely and complete diagnostic follow-up of abnormal breast and/or cervical cancer screening results; and timely treatment initiation for program recipients diagnosed with breast and/or cervical cancer or pre-cancerous cervical conditions.

Core Program Performance Indicators Table

Item Number	Core Program Performance Indicators	CDC Benchmark
1	Percentage of women aged 30 and older receiving their first cervical cancer screening through the program who have never been screened or have not screened within the last 10 years	Equal to or greater than 35 percent
2	Percentage of cervical cancer screening records with planned and completed diagnostic follow-up	Equal to or greater than 90 percent
3	Percentage of cervical cancer screening records with planned and completed diagnostic follow-up: Time between screening and final diagnosis less than or equal to 60 days	Equal to or greater than 75 percent
4	Percentage of cervical cancer records with a final diagnosis of HSIL, CIN2, CIN3/CIS or invasive cervical cancer that have treatment started	Equal to or greater than 90 percent
5	Percentage of cervical cancer records with a final diagnosis of HSIL, CIN2, CIN3/CIS or invasive cervical cancer: Time between final diagnosis and treatment less than or equal to 60 days	Equal to or greater than 80 percent
6	Percentage of breast cancer screening records with abnormal results and completed diagnostic follow-up	Equal to or greater than 90 percent

Core Program Performance Indicators Table (continued)

Item Number	Core Program Performance Indicators	CDC Benchmark
7	Percentage of breast cancer screening records with completed follow-up: Time between abnormal screening and final diagnosis less than or equal to 60 days	Equal to or greater than 75 percent
8	Percentage of breast cancer records with a final diagnosis of 'CIS, other', DCIS or invasive breast cancer that have treatment started	Equal to or greater than 90 percent
9	Percentage of breast cancer records with a final diagnosis of 'CIS, other', DCIS or invasive breast cancer: Time between final diagnosis and treatment less than or equal to 60 days	Equal to or greater than 80 percent

A **Breast Immediate Work-Up Cycle** may be incomplete due to one of the following situations:

1. The cycle indicates abnormal screening and/or immediate follow-up is needed for diagnostics. However, the data for breast diagnostic work-up/breast final diagnosis has not been entered completely. PCPs are required to complete the breast imaging or diagnostic procedure section, breast work-up status and final diagnosis information.
2. The selected breast final diagnosis requires treatment, but the treatment section is not complete. PCPs are required to enter the breast cancer treatment information

A **Cervical Immediate Work-Up Cycle** may be incomplete due to one of the following situations:

1. The cycle indicates immediate follow-up is needed for diagnostics. However, the data for cervical diagnostic work-up/cervical final diagnosis has not been entered completely. PCPs are required to complete the cervical diagnostic procedure section, cervical work-up status and final diagnosis information.
2. The selected cervical final diagnosis requires treatment, but the treatment section is not complete. PCPs are required to enter the cervical cancer treatment information.

For **other DETEC errors,** the cycle has missing information. Refer to the warning message(s) displayed on the screening cycle page and input the requested missing information.

Update an Incomplete Cycle

To update an incomplete. select the Service Location if your NPI is associated with multiple locations.

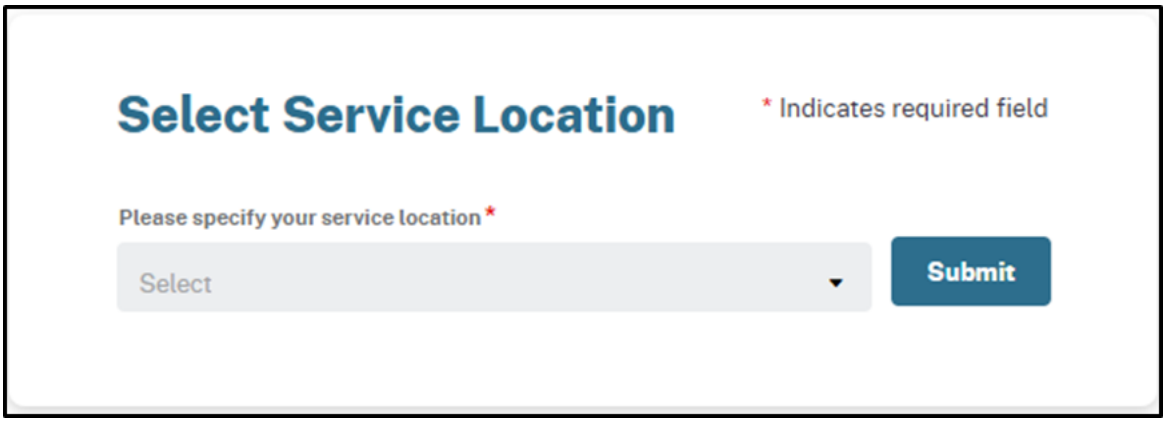

Figure: 7.1: Specify a Service Location

If there are incomplete cycles, a dashboard is displayed with a list of incomplete cycles for each recipient's ID. Under the Cycle Details column, click **View Cervical Cyle** or **View Breast Cycle** to review and complete a workup.

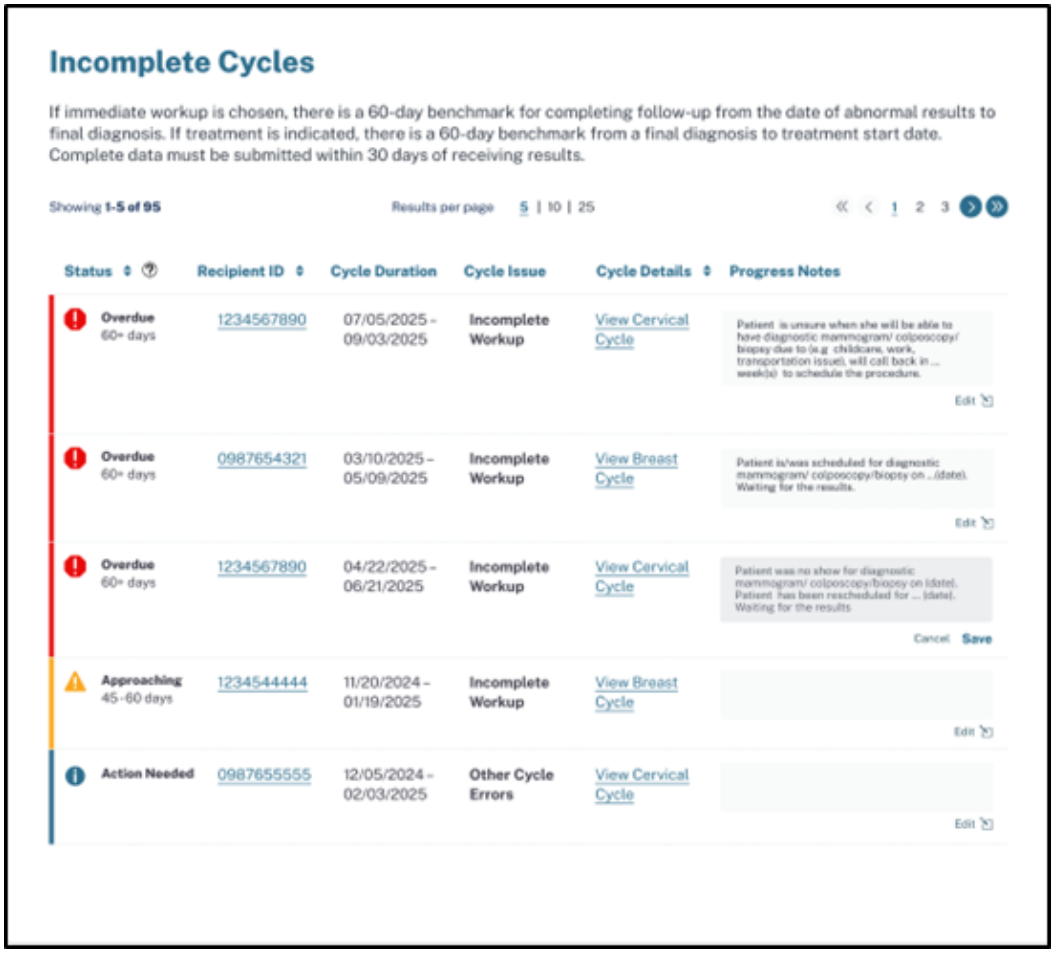

Figure 7.2: Incomplete Cycles Dashboard.

Once an incomplete immediate work-up cycle is opened, one of the following banner messages is displayed at the top of the cycle page.

"Overdue" status indicates that 60 days have passed since either:

- The date of initial abnormal result and no final diagnosis/date has been recorded
- The date of final diagnosis and no treatment status/date has been recorded

Note: This status serves as a critical warning to ensure incomplete work-up cycles remain on the provider's radar. To meet CPPI benchmarks, diagnostic procedures must be completed to reach final diagnosis within 60 days of the initial abnormal result and treatment, if indicated, must begin within 60 days of the final diagnosis.

PCPs have a 30 day period from the data of final diagnosis or treatment to enter all required data.

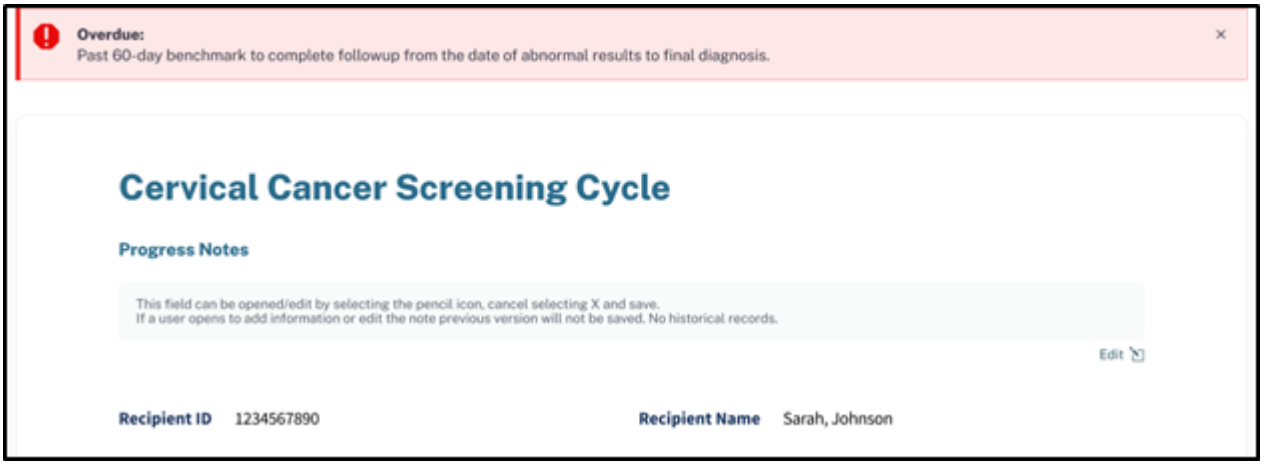

Figure 7.3: Overdue Status Message.

"Approaching" status indicates that at least 45 days have passed from either:

- The date of initial abnormal result but no final diagnosis/date has been recorded
- The date of final diagnosis but no treatment status/date has been recorded

This status serves as an early warning to ensure incomplete work-up cycles remain on the PCP radar. It allows the PCP time to:

- Complete all diagnostic procedures and enter the final diagnosis/date within **the 60-day CPPI benchmark** calculated from the initial abnormal result
- Initiate treatment and enter treatment status/date within **60 days CPPI benchmark** calculated from the final diagnosis

Note: EWC PCPs should not close cycles prematurely. There are 30 days from the date of final diagnosis or treatment initiation to enter all required data.

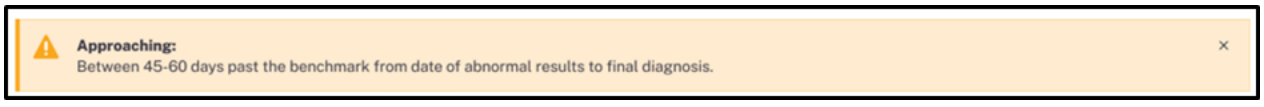

Figure 7.4 Approaching Status Message

"Action Needed" status indicates that the cycle is missing information. Refer to the CM/Warning message(s) displayed on the screening cycle page and input the requested missing information.

Figure 7.5: Action Needed Status Message.

Once the cycle is completed, it will be removed from the list on the dashboard. When all cycles are completed, the dashboard is cleared.

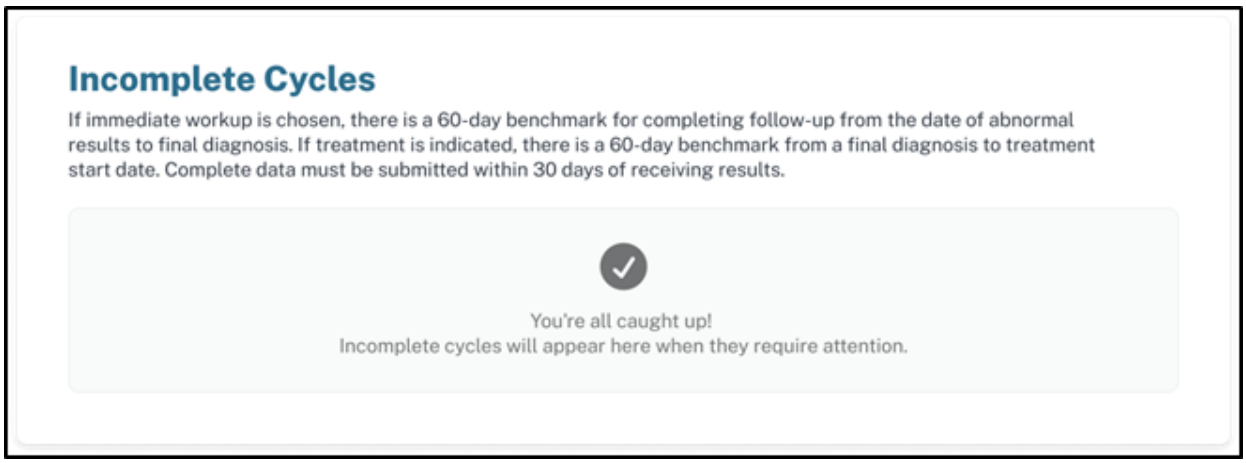

Figure 7.6: No Incomplete Cycles Available.

Need Help

For summarized details about each Incomplete Cycles Status, click the question mark icon in the dashboard to open the tool tip. For more detailed information, **Click here for more information** to open the **Need Help** drawer.

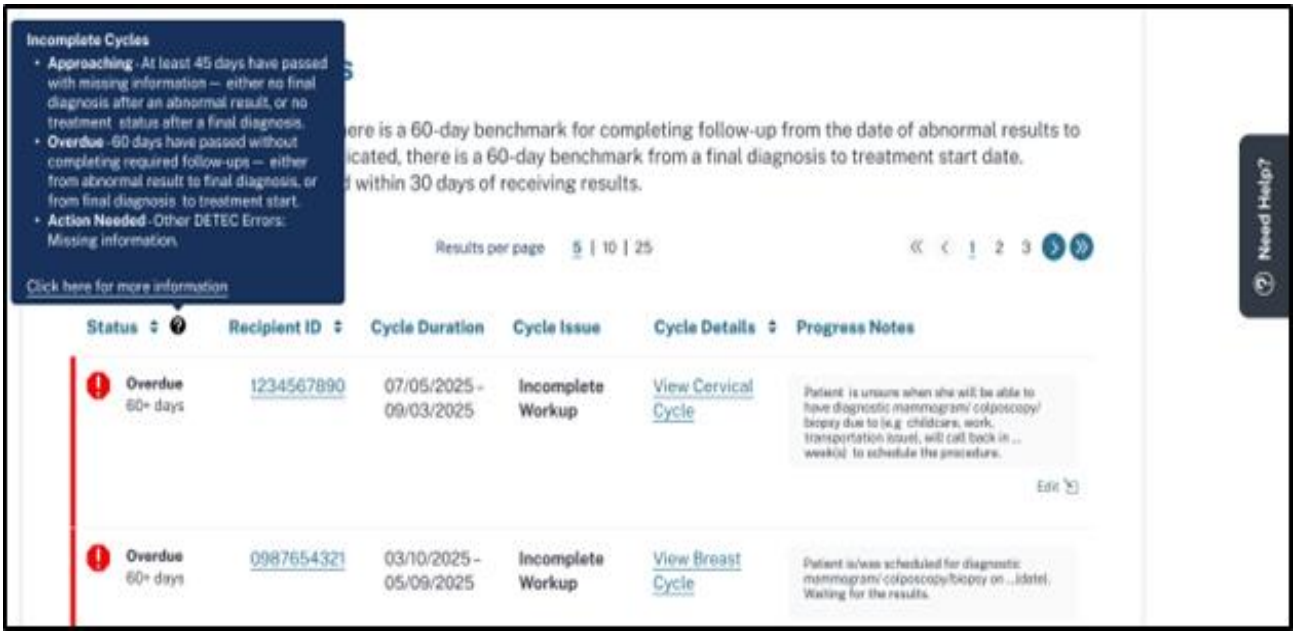

Figure 7.7: Tool Tip.

Issues with This Cycle

Both the Breast Cancer Screening Cycle Data and the Cervical Cancer Screening Cycle Data screens have an option to “Check Data” prior to submission.

Figure 8.1: Check Data Option.

When the **Check Data** button is clicked, three types of errors may be detected.

- Warnings
- Case Management (CM) Errors
- Save Errors

All warnings, “Case Management,” errors and “Save Errors” will be listed in the individual boxes at the top of the Data form.

Figure 8.2: Error With this Cycle Pop-up Message.

.

A cycle with “Case Management” errors may be submitted, but the cycle will appear in the navigation bar with an exclamation (❗) next to it. A CM fee is not paid for the recipient until all errors are resolved. Once errors are resolved, the exclamation (❗) will no longer appear next to that cycle record in the navigation bar.

A cycle cannot be saved if any “Save Errors” are detected. These errors must be resolved before the record can be saved.

If the oldest open cycle has a case management error, you must fix the error on that cycle or override the error prior to adding a new cycle.

If you choose to override the CM data entry error for this cycle, you must submit a reason for overriding the error under “Error Overriding”.

Figure 8.3: Warning With This Cycle Pop-up Message.

Issues with Previous Cycle

Cycles that are locked will not be accessible to enter additional data or to correct data.

To enter additional data or correct data on previously submitted screening cycle form that is still open:

Editing Previous Open Cycles

- At the top of the page, click the cycle for which you want to either provide additional data or correct previously entered data.
- Correct or enter additional data to cycle form that displays previously submitted data.
- Click the **Check Data** button to check for any data entry errors.
- Correct the errors.
- Click the **Submit** button to save the edits to the screening record. A message will display that the record was successfully submitted.
- Click the **Print Cycle Data** button to print a copy of data submitted for the specific DETEC screen.

Note: Clicking the **Cancel** button will exit out of the data entry screen without saving OR to return to the Recipient Information page.

Deleting Previous Open Cycles

Click the **Delete Cycle** button to delete cycle previously entered. A pop-up box requesting a reason to delete a cycle will appear.

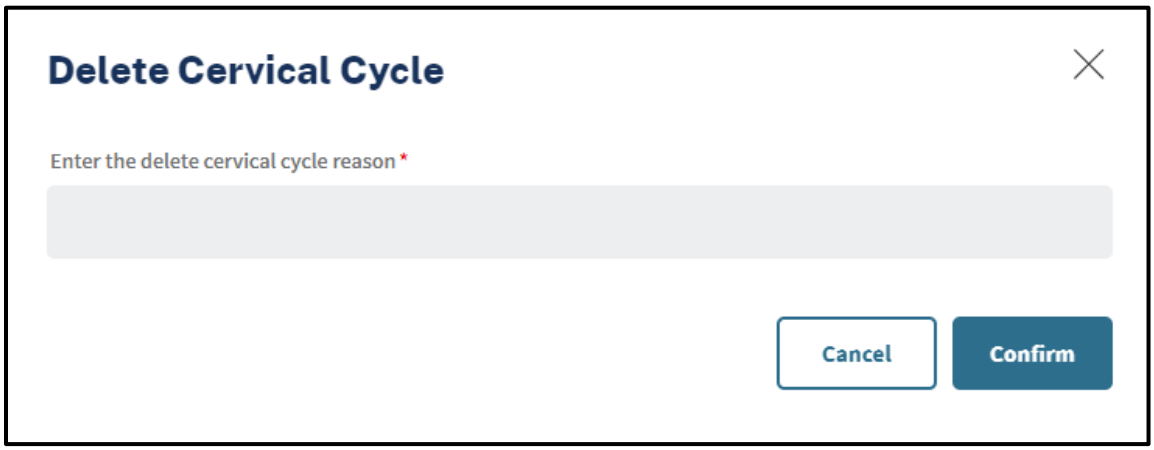

Figure 8.4: Delete Cervical Cycle Page.

After entering reason, click the **Confirm** button. A message will display that the record was successfully deleted.

Figure 8.5: Record is Deleted Successfully Pop-up Message.

Terms and Acronyms

Acronym	Definition
BCCTP	Breast and Cervical Cancer Treatment Program
BCTG	Beneficiary Correspondence and Telephone Group
CBE	Clinical Breast Exam
CDC	Centers for Disease Control and Prevention
COS	Category of Service
CPIC	Cancer Prevention Institute of California (EWC patient referral call center)
DETEC	Detecting Early Cancer
DHCS	Department of Health Care Services
EWC	Every Woman Counts Program
FI	DHCS Fiscal Intermediary
Family PACT	Family Planning, Access, Care and Treatment
HIPAA	Health Insurance Portability and Accountability Act
HPV	Human Papillomavirus
ID	Identification
MDE	Minimum Data Elements
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NPI	National Provider Identifier

Terms and Acronyms (continued)

Acronym	Definition
NPP	Notice of Privacy Practices
OHC	Other Health Coverage
OOS	Out-Of-State Provider Line
PCP	EWC Primary Care Provider
PCPEA	Primary Care Provider Enrollment Agreement
PIN	Provider Identification Number
POS	Point of Service
PSC	Provider Support Center
PTN	Provider Telecommunications Network
RAD	Remittance Advice Details
TSC	Telephone Service Center (DHCS fiscal intermediary provider support call center)

Provider Resources

Table: Contact Information and Assistance Available for Providers

Contact Information	Assistance Available
Telephone Service Center (TSC) 1-800-541-5555 8 a.m. – 5 p.m., Monday – Friday	• DETEC technical assistance and reports of technical issues • Billing assistance, claim status • Request representative onsite technical assistance • General Medi-Cal issues • Medi-Cal provider enrollment • PIN requests • Website questions • BCCTP application assistance • Electronic Data Interchange (EDI) 837 claim submission
Every Woman Counts Clinical team at: EWCclinicalservices@dhcs.ca.gov	• Program information • Technical assistance to implement program requirements • Information about professional education and other events • Collaboration with other providers in the region • Program-related quality improvement initiatives • Every Woman Counts online forms assistance

Table: Contact Information and Assistance Available for Providers (Continued)

Contact Information	Assistance Available
Every Woman Counts website: https://www.dhcs.ca.gov/services/Cancer/ewc/Pages/default.aspx	• Consumer program information
Breast and Cervical Cancer Treatment Program (BCCTP) Eligibility Specialist 1-800-824-0088 8 a.m. – 5 p.m., Monday – Friday BCCTP@dhcs.ca.gov	• BCCTP eligibility • Eligibility policy questions • BCCTP application questions • Information about BCCTP
Every Woman Counts Consumer Line and Telephone Provider Locator 1-800-511-2300	• Information on breast and cervical cancer screening services • EWC Eligibility for no-cost cancer screening services • EWC provider locator, for cancer screening services • Assistance available in English, Spanish, Mandarin, Cantonese, Vietnamese, Korean, as well as many other languages
Every Woman Counts section of the Medi-Cal Provider Manual (ev woman)	• Every Woman Counts requirements and approved procedures • Medi-Cal billing policy and guidelines

Medi-Cal Directory

The following directory lists the help desks and touch-tone interactive response systems that providers may call for Medi-Cal information or assistance. See corresponding telephone numbers and hours of operation on the following page.

Table Billing Inquiries

Category of Assistance	Contact
Billing Instructions or Other Inquiries Not Listed Below	TSC
Billing Inquiries by Recipients (only)	BCTG

Table: Claim Adjudication

Category of Assistance	Contact
Claim Status	PTN
General Inquiries	TSC
Pharmacy Online (Paid or Denied Claims)	POS
Warrant Information	PTN

Table: Enrollment

Category of Assistance	Contact
Electronic Billing	EDI Help Desk
General Inquiries	TSC
In-state and Border Providers	DHCS
Out-of-State Providers	OOS

Table: Manuals and General Information

Category of Assistance	Contact
Automated Eligibility Verification System (AEVS) User Manual	TSC
Supplemental Claims Payment Information (SCPI) Manual ±	EDI Help Desk
Computer Media Claims Technical Manual ±	EDI Help Desk
Internet Professional Claim Submission (IPCS) User Guide	EDI Help Desk
Medi-Cal Point of Service Network Interface Specifications ±	EDI Help Desk
Medi-Cal Provider Manual (In-state and Border Providers)	TSC

Table: Recipient Eligibility Verification

Category of Assistance	Contact
AEVS, internet or Third-Party User Support – Eligibility Verification, Medi-Services Request, or SOC Transactions	TSC
Internet Batch Eligibility Application – Eligibility Verification	TSC
Telephone Inquiry	AEVS
Telephone Inquiry (Non-Medi-Cal Providers)	SAEVS

Table: Treatment Authorization Request (TAR)

Category of Assistance	Contact
Authorization	TAR field office
Denial	TAR field office
General Inquiries	TSC
Status	PTN
Submission (General)	TAR field office

Table: Help Desks

Office	Contact
Beneficiary Correspondence and Telephone Group µ 8 a.m. – 5 p.m., Mon – Fri	(916) 636-1980 Recipients only – billing questions
Beneficiary Service Center 8 a.m. – 5 p.m., Mon – Fri	(916) 403-2007 Beneficiary reimbursement process
Border Provider Line µ 8 a.m. – 5 p.m., Mon – Fri	(916) 636-1200 Border providers, out-of-state billers billing for in-state providers
DHCS Provider Enrollment Division 8 a.m. – 5 p.m., Mon – Fri	(916) 323-1945 All providers
Family PACT Provider Enrollment 8 a.m. – 5 p.m., Mon – Fri	(916) 650-0285 Prospective Family PACT providers – enrollment questions
Out-of-State Provider Line µ 8 a.m. – 12 p.m., 1 p.m. – 5 p.m., Mon – Fri	(916) 636-1960 Providers who provide services to California recipients in areas that are not within California borders
Electronic Data Interchange (EDI) Help Desk 8 a.m. – 5 p.m., Mon – Friday	1-800-541-5555 EDI Help Desk (Call TSC, choose option 4 from the main menu and option 2 from the submenu)
Medi-Cal POS/Internet Help Desk 8 a.m. – 5 p.m., Mon – Friday	1-800-541-5555 POS/Internet Help Desk (Call TSC, choose option 4 from the main menu and option 2 from the submenu)
Telephone Service Center (TSC) µ 8 a.m. – 5 p.m., Mon – Fri	1-800-541-5555 In-state Medi-Cal providers Adult Day Health Care (ADHC) California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP) Children's Presumptive Eligibility (CPE) EDI 837 Claim Submission Every Woman Counts (EWC) Fee-for-service/managed care providers Health Access Programs (HAP): Obstetrics or Comprehensive Perinatal Services Program (OB/CPSP) Family PACT Local Educational Agency (LEA)
Treatment Authorization Request Field Offices (TAR)	Refer to the TAR Field Office Addresses section in the appropriate Part 2 manual.

Table: Interactive Response Systems

Office	Contact	
Automated Eligibility Verification System (AEVS) 2 a.m. – 12 a.m., 7 days a week	1-800-456-2387 1-800-866-2387	In-state Medi-Cal providers Out-of-state, border providers
Provider Telecommunications Network (PTN) 7:00 a.m. – 8 p.m., 7 days a week	1-800-786-4346 (916) 636-1950	In-state Medi-Cal providers Out-of-state, border, local providers *
Supplemental Automated Eligibility System (SAEVS) µ 2:30 a.m. – 12 a.m., 7 days a week	1-800-541-5555 and intermediaries (916) 636-1990	In-state non-Medi-Cal providers Out-of-state, border, local providers *

Note: For more information about help desk please see the Contact Us page on the Medi-Cal website.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
†	Rows with symbol represents “segments” in the X12N implementation guide.
‡	Rows with symbol represents “data elements” in the X12N implementation guide.
*	Local Medi-Cal Providers are those who can call without paying toll charges.
±	Includes information about software development and/or distribution.
µ	Bilingual (English/Spanish) operators are available.

Change Summary

Version Number	Date	Description	Notes/Comments
1.1	January 2022	Format Change	None
1.2	July 2022	Format Change, Image Updates for EWC update SDN 21031	None
1.3	October 2022	Updates related to SDNs 21031 and 20040	None
1.4	September 2023	Format Change, Image Updates for EWC update SDN 22050	None
1.5	November 2023	Updates related to SDN 23025	None
1.6	June 2024	Updates related to SDN 22024	Changed CHDP to CPE
1.7	August 2024	Updates related to DETEC migration to Provider Portal; removed BCCTP section from Recipient Enrollment/Info screens	None
1.8	February 2025	Updates related to DETEC Application enhancements made in the Provider Portal	None
1.9	July 2025	Updates related to HPV Test section	None
2.0	August 2025	Updates to “Lost to Follow-up and Pap and HPV test sections	None
2.1	October 2025	User Guide Template update.	Removed “Page Updated: Month Year” on each page. Changed CA-MMIS to California Medicaid Management Information System.
2.2	December 2025	Prevention of Duplication Records added	Pages added for Prevention of Duplication Records

Version Number	Date	Description	Notes/Comments
2.3	January 2026	Incomplete Cycles new information added	Pages for Incomplete Cycles added
2.4	March 2026	Screen shot change	Incomplete Cycles Dashboard screen shot updated
2.5	April 2026	Screen shot change	Deletion of Dashboard changed to Transaction Center
2.6	June 2026	Screen shot changes	Enrollment updates