

State of California
Department of Health Care Services



Every Woman Counts Program, Step-by-Step DETEC User Guide

California Department of Health Care Services

Benefits Division and CA-MMIS

V 1.5

November 2023



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EWC Program, Step-by-Step DETEC User Guide

Preface

The Companion Guide (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions), and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASC X12's copyrights and Fair Use statement.

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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 *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).

Only Medi-Cal providers in good standing who are enrolled in the EWC program use DETEC. 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 payment for 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) payment is offered to EWC PCPs who provide those services, after complete, accurate and timely data submission, 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.

The DETEC Application

Accessing Online Forms

EWC PCPs complete online forms 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.

Accessing the DETEC Application

First time users

Register in the [Provider Portal](#). You must have completed registration and affiliation 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, please 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.

All users

Connect to the internet.

Enter medi-cal.ca.gov into your browser, and press "Enter" to load the website.

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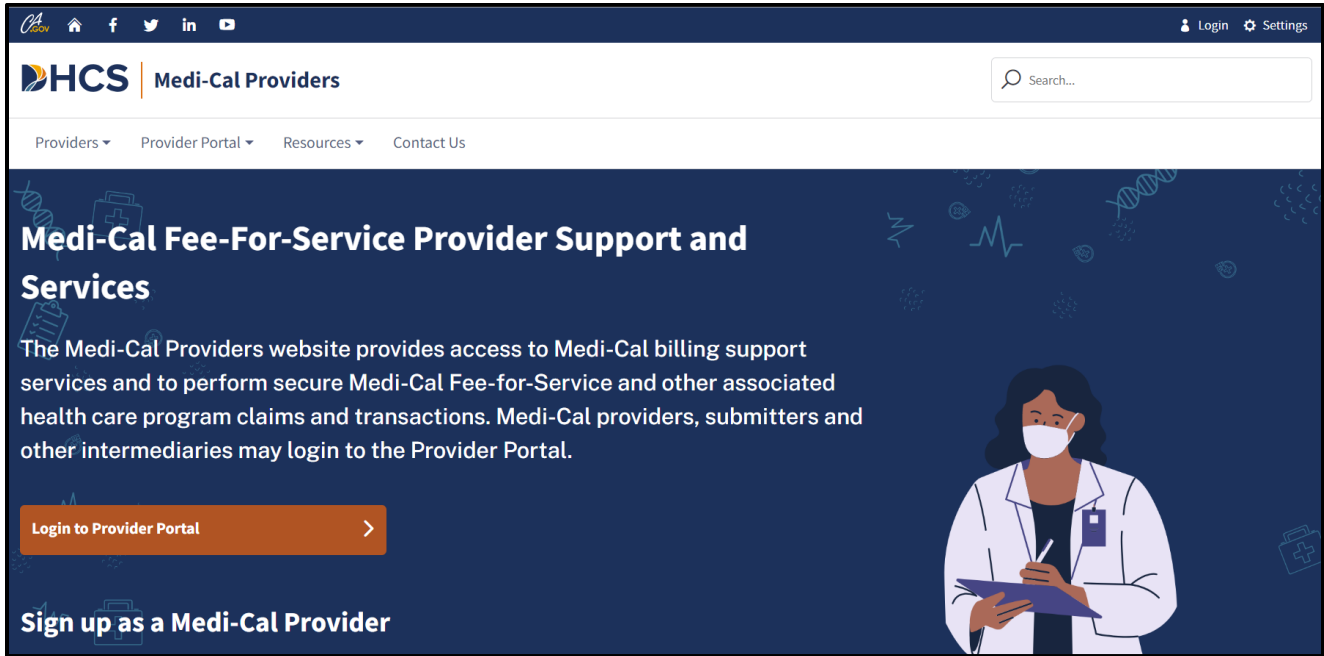


Figure 1.1a: Medi-Cal Providers website home page.

The DETEC Transaction is available on the Transaction Services area of the Medi-Cal Providers website that is being accessed by logging in to the Provider Portal. To navigate to Transaction Services from the home page, click on the **Login to Provider Portal** button.

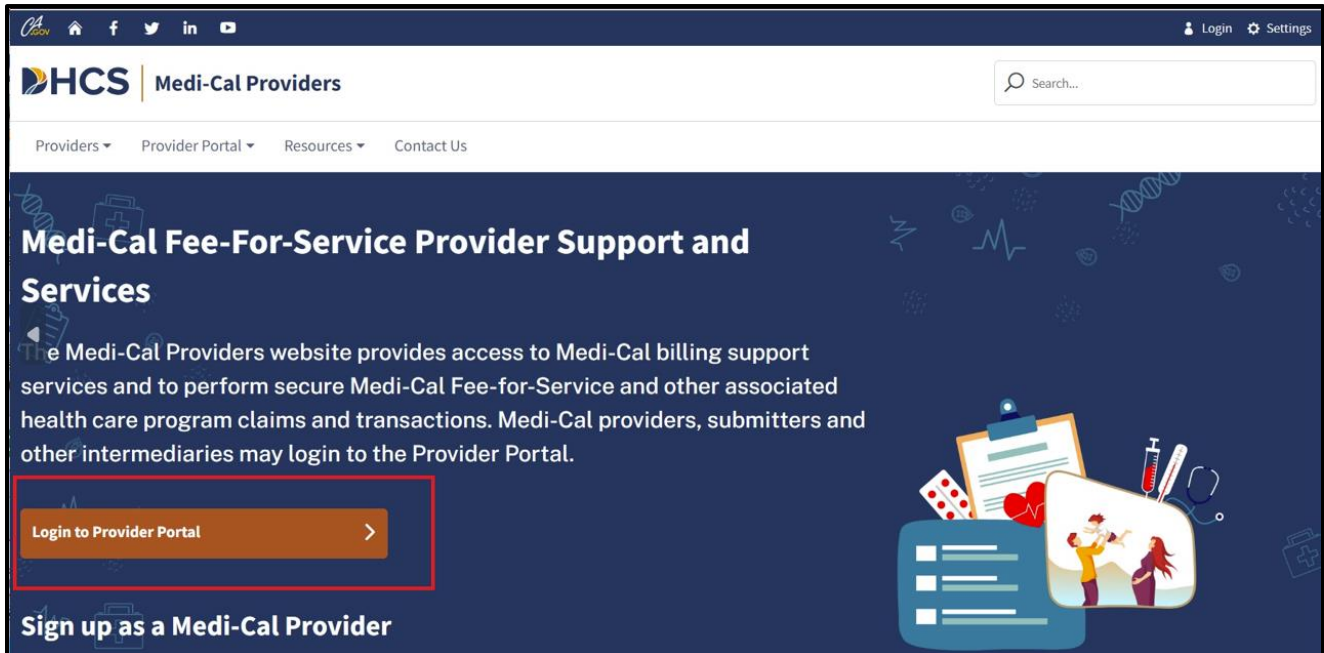


Figure 1.1b: Medi-Cal Providers website home page - Login Button.

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- Click the **Login to Provider Portal** button. This will navigate you to the Login to Medi-Cal Provider Portal page.

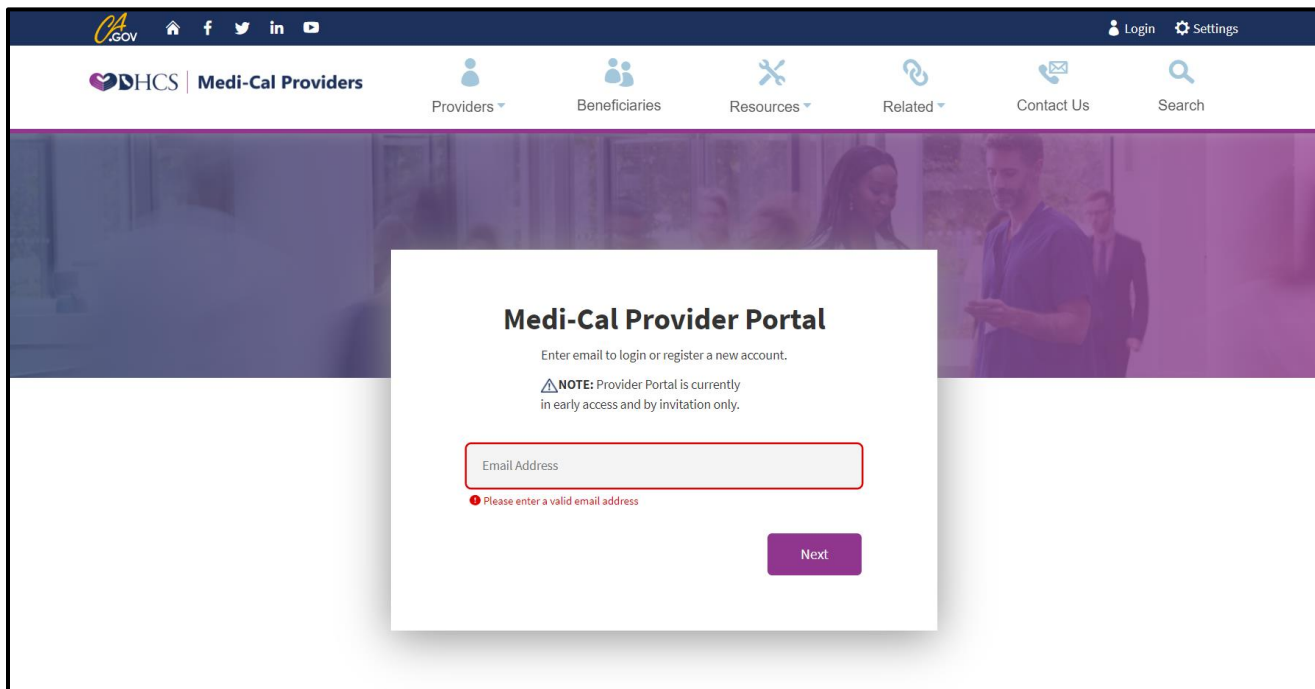


Figure 1.2a: Login page for Provider Portal – Step 1.

Once on the Login to Medi-Cal Provider Portal page, use the Email Address field to enter your registered email address as User Name with the Provider Portal.

Click the **Next** button.

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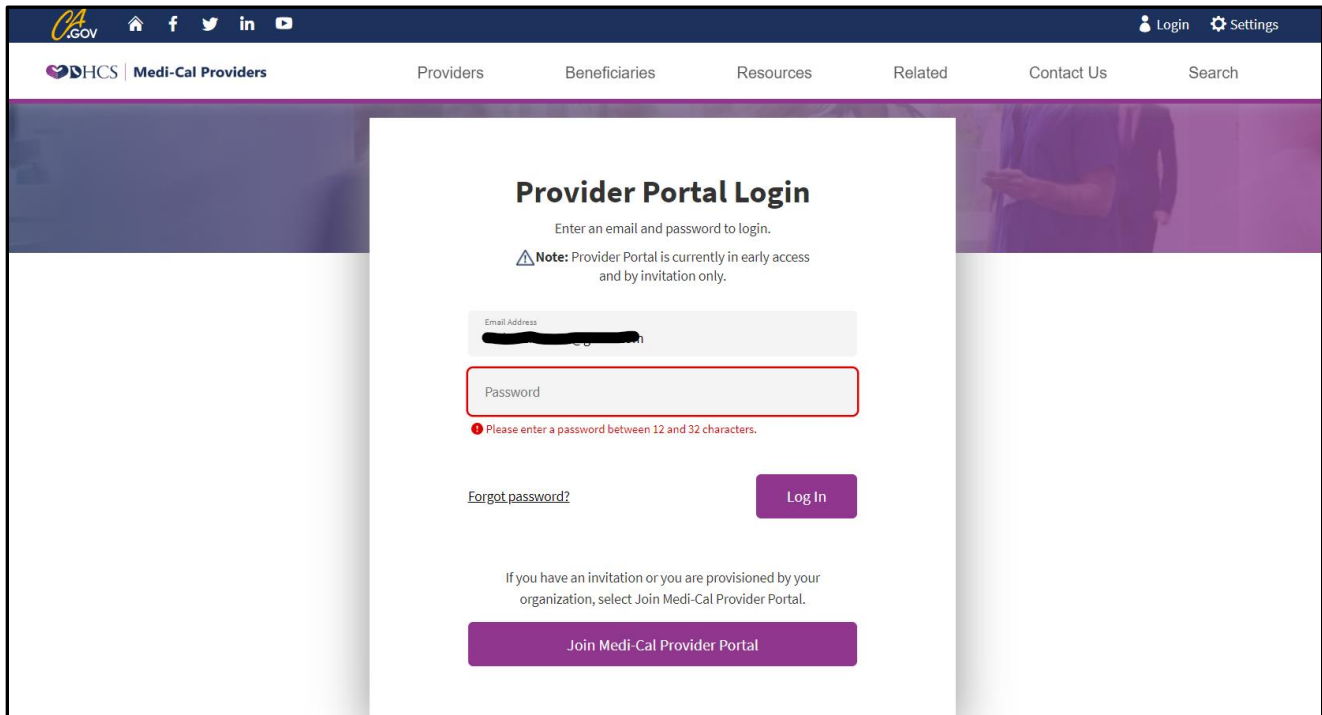


Figure 1.2b: Login page for Provider Portal – Step 2.

Use the Password field to enter the password associated with the previously entered Email Address/User Name.

Click the **Login** button.

If the information entered is valid, you will be presented with System Use Notification that you will need to agree to terms and conditions to proceed.

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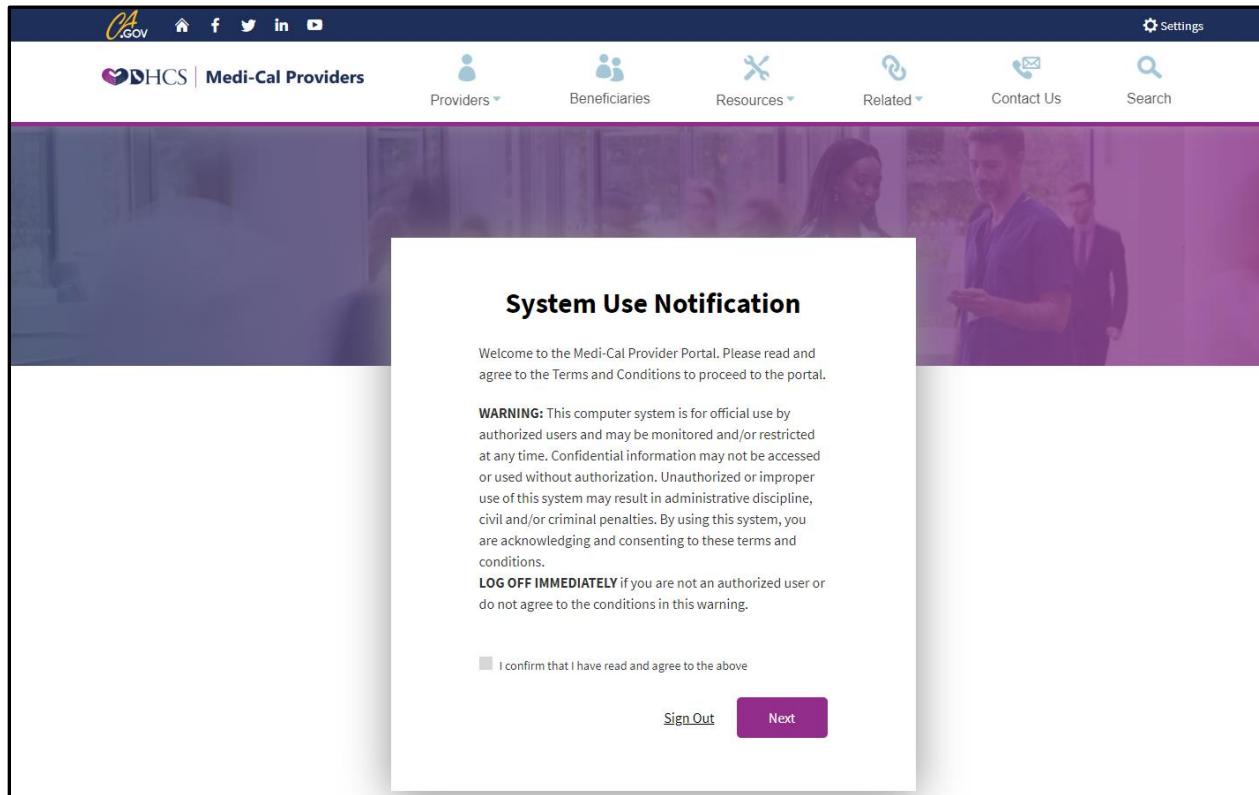


Figure 1.2c: System Use Notification page.

Check the checkbox to accept terms and conditions and click **Next** button to proceed to the Medi-Cal Provider Portal Select Organization page.

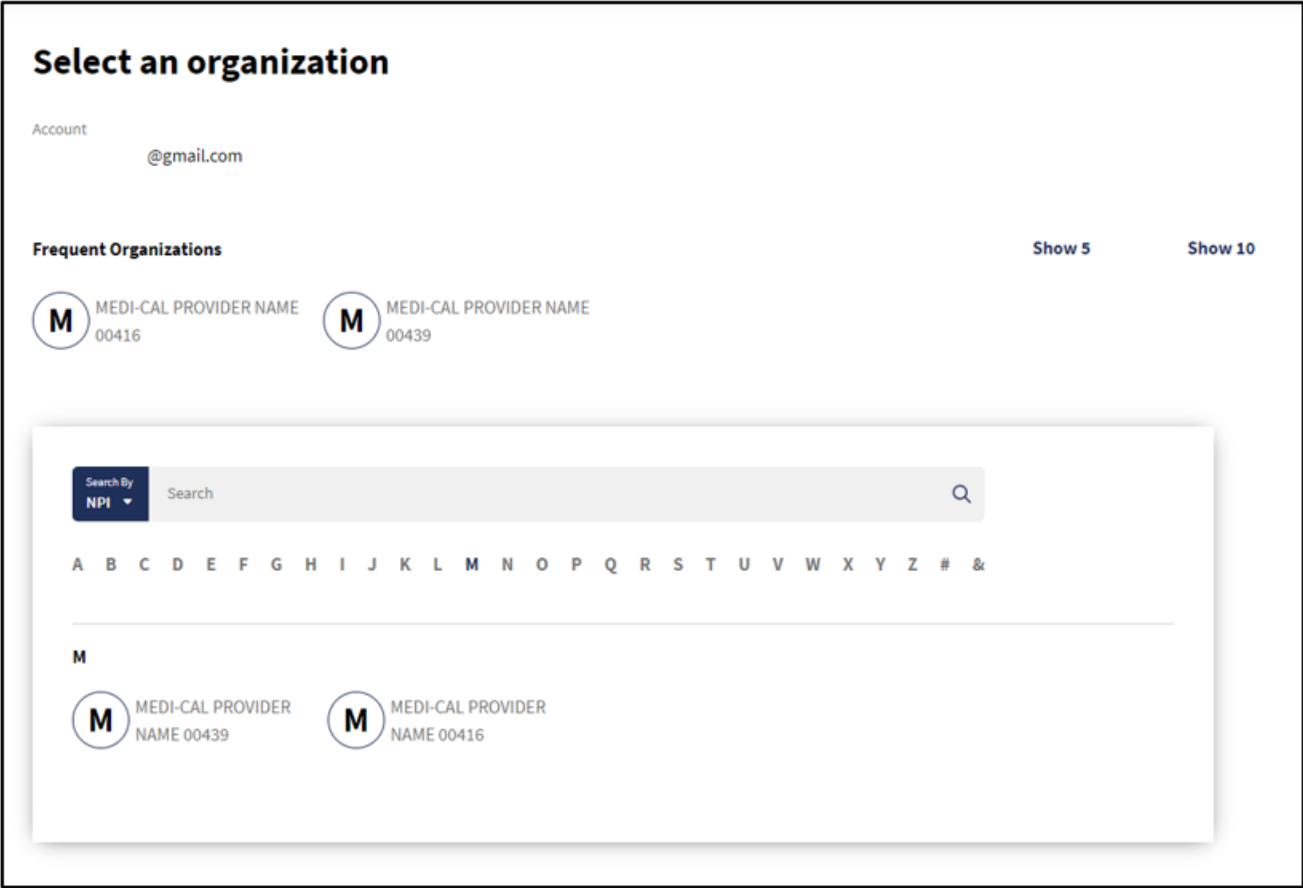


Figure 1.2d: Provider Portal Select Organization page.

Select Organization/NPI to proceed to the Provider Portal Dashboard page.

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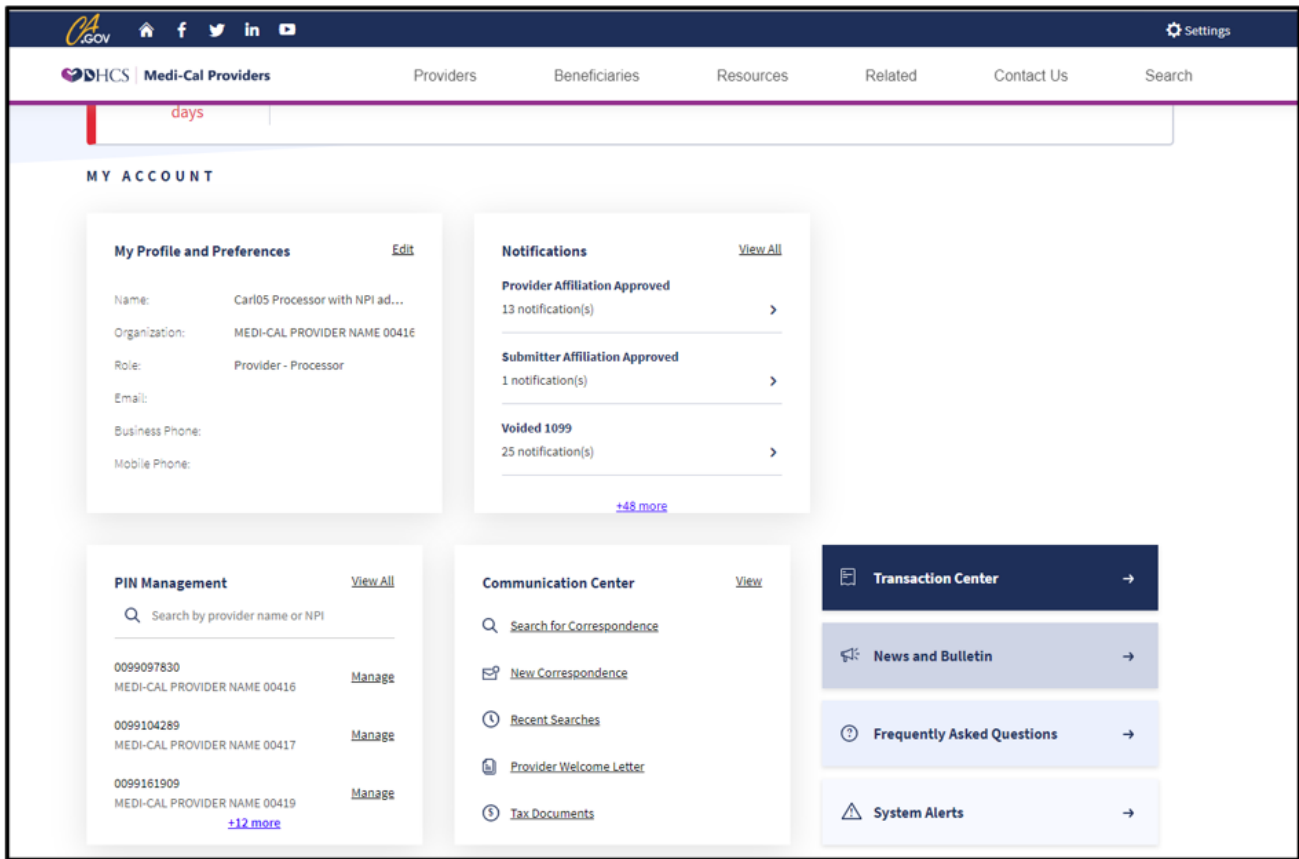


Figure 1.2e: Provider Portal Dashboard page.

Select **Transaction Center** tile to proceed to Provider Portal Transaction Center page.

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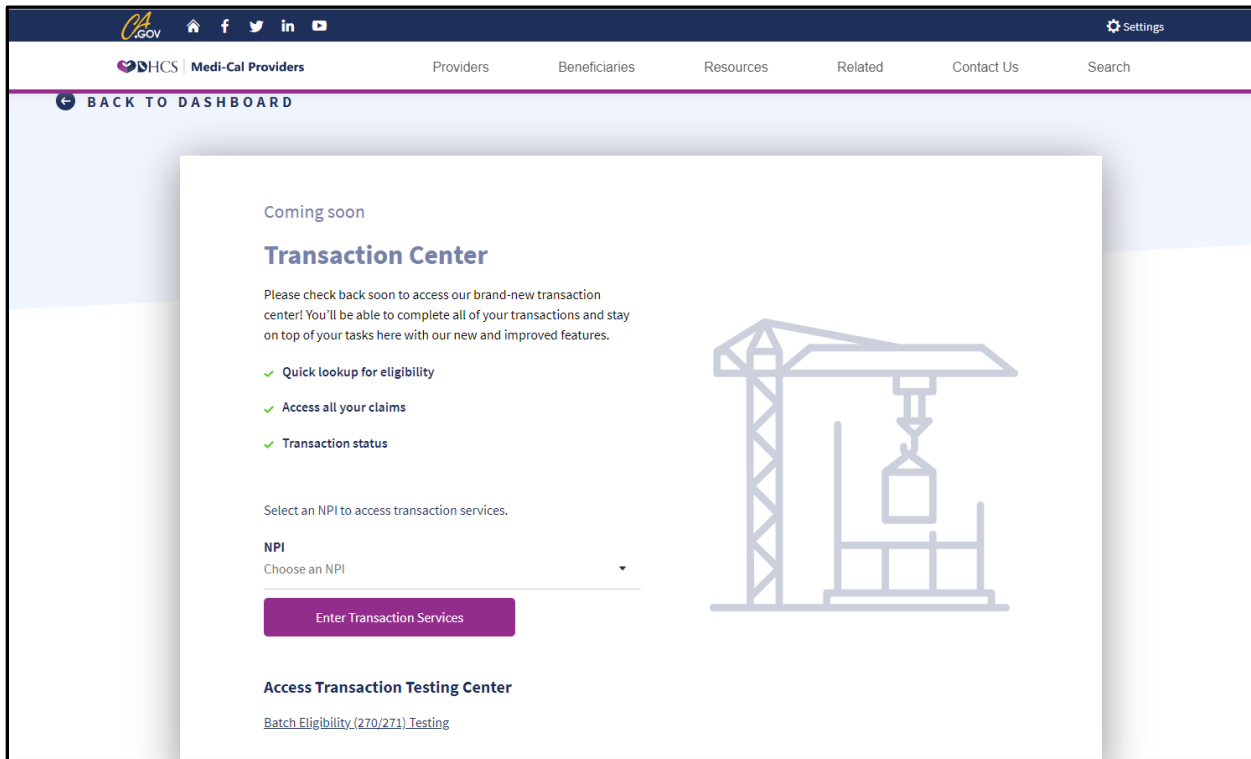


Figure 1.2f: Provider Portal Transaction Center page.

Select the NPI from the drop down that is authorized for DETEC/EWC and click on **Enter Transaction Services** button to be taken to the Medi-Cal Transaction Services page, which will contain all the transactions available to you. Note that not all transactions in the image below may be available to you.

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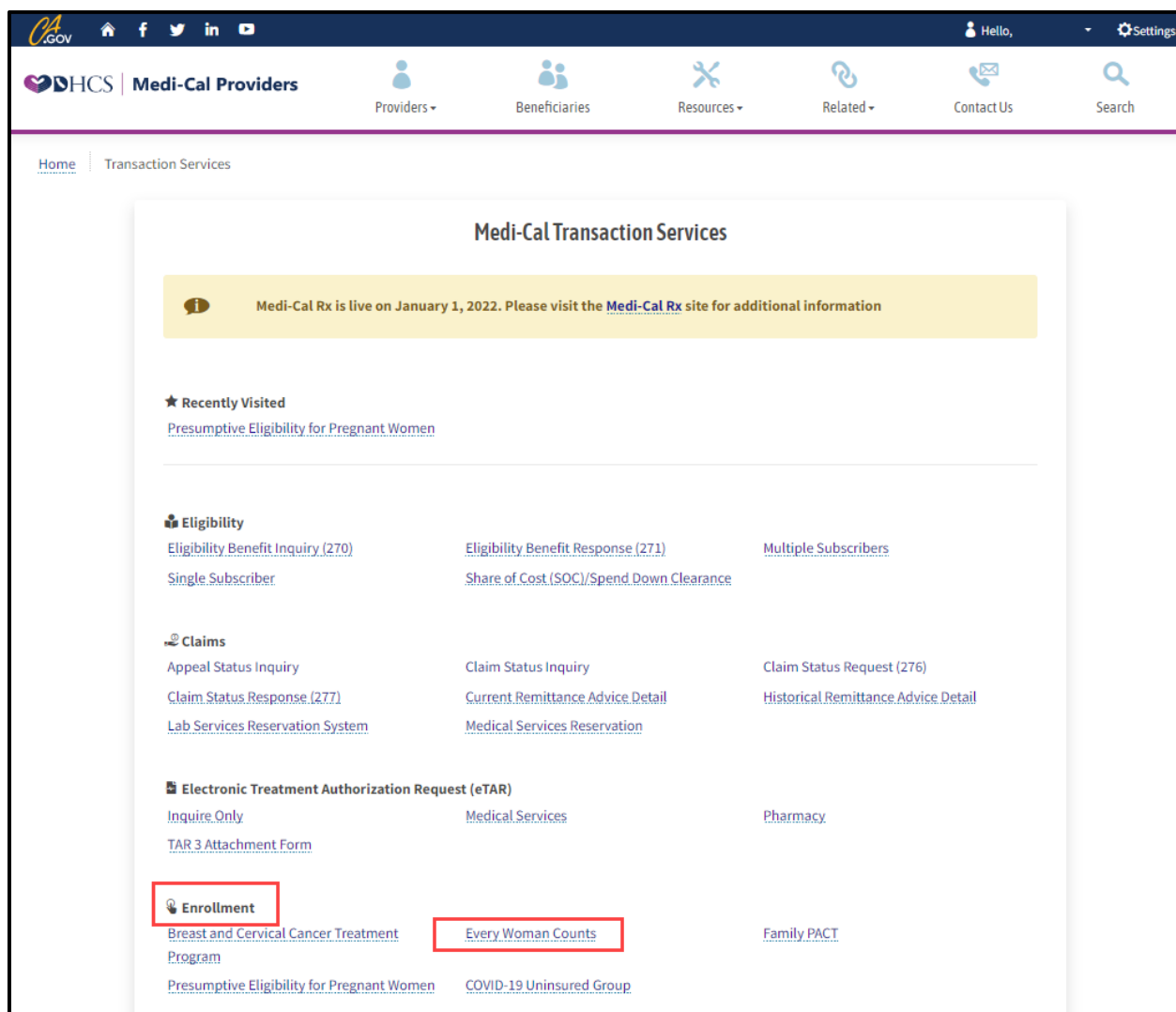


Figure 1.3a: Transaction Services page after logging in.

Once within Transaction Services, navigate to the Enrollment heading and then click on the Every Woman Counts 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 link is not available as an option, the NPI number you used to access with is not identified as an EWC PCP, or a DETEC transaction cannot be processed, users are encouraged to check with their clinic contact to make sure that the NPI number is correct. If it is, call the Telephone Service Center (TSC) at 1-800-541-5555.

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If more than one location is associated with the NPI, a service location will need to be chosen from the drop-down menu.

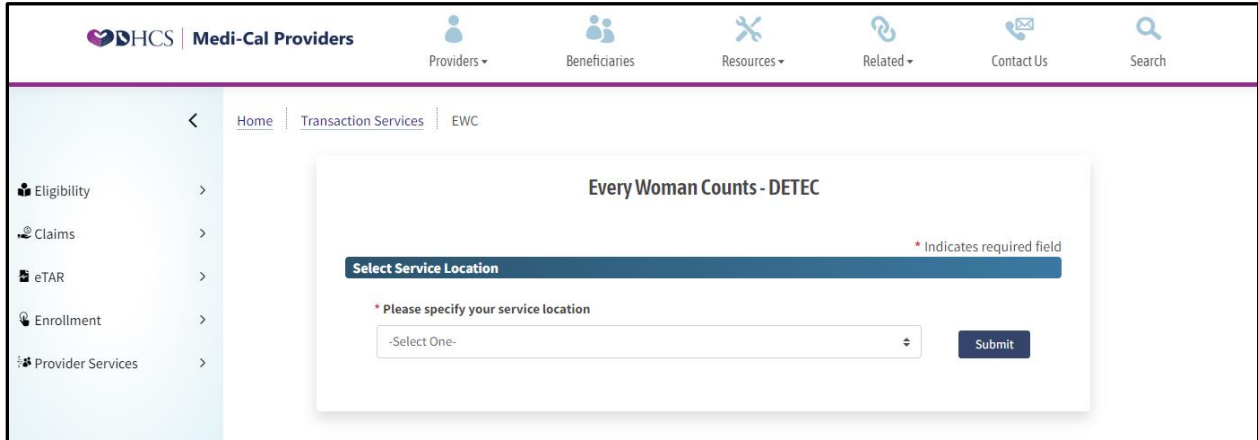


Figure 1.3b: Every Woman Counts – Select Service Location page.

Otherwise, upon selecting the Every Woman Counts link, the Every Woman Counts – DETEC page will load.

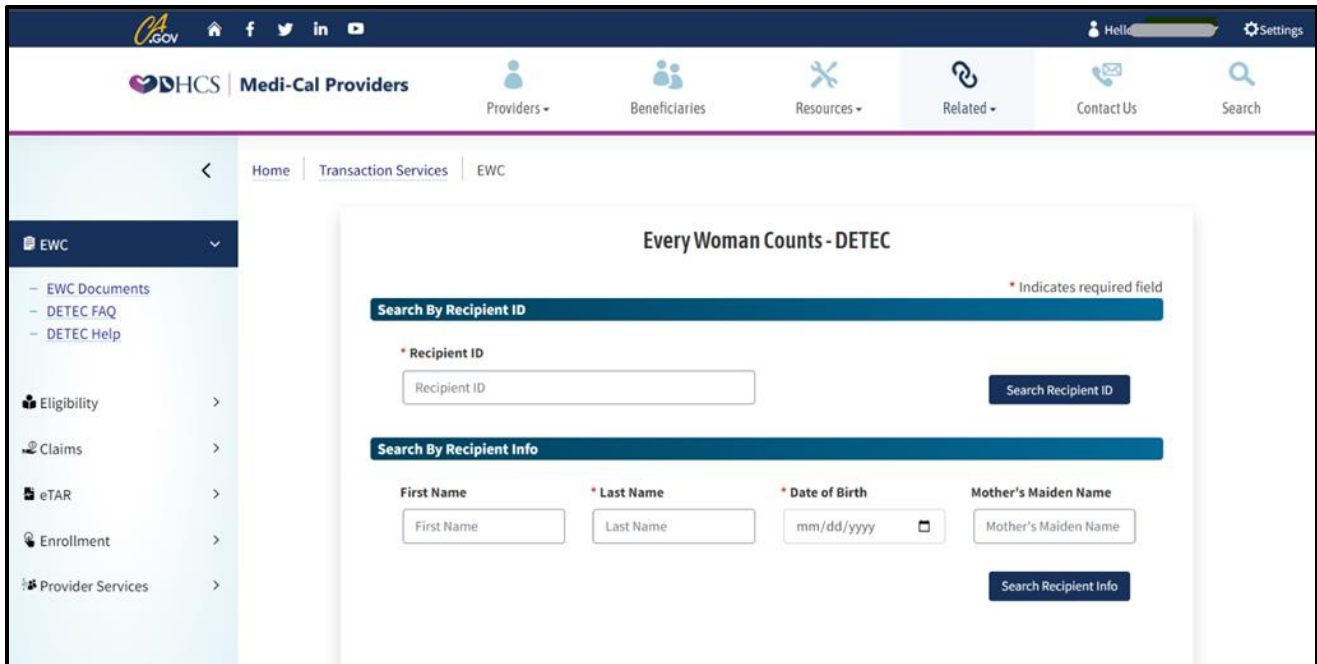


Figure 1.4: Every Woman Counts – DETEC page.

Every Woman Counts Documents

Downloadable and printable versions of the EWC and DETEC forms may be found by navigating to the [EWC Manuals, Forms, and Worksheets](#) page of the Medi-Cal Providers website. To quickly locate these forms from the EWC – DETEC transaction page, locate the Navigation bar on the left-hand side of the screen and find the EWC heading. The EWC Documents link below this heading will navigate you to the EWC Manuals, Forms and Worksheets web page, from where the forms can be downloaded and printed.

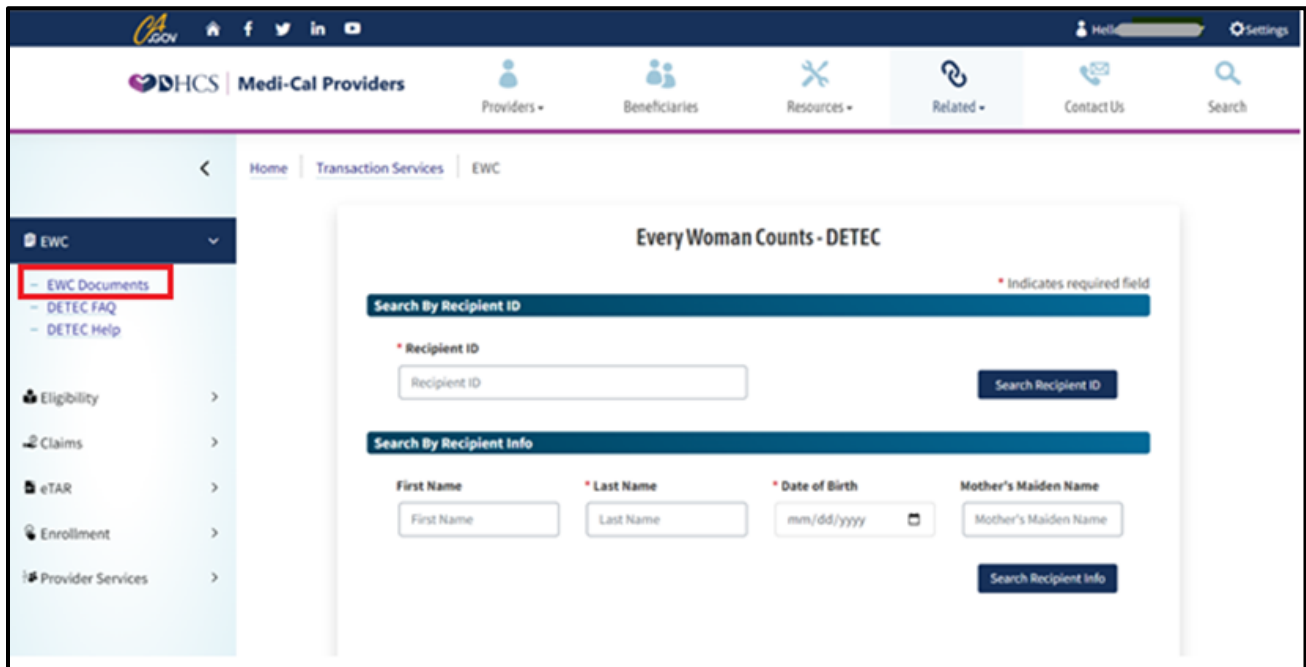


Figure 1.5: Every Woman Counts – DETEC page EWC Documents link.

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The screenshot shows the HCS Medi-Cal Providers website. The header includes the HCS logo, social media icons, and a search bar. The main navigation menu includes 'Providers', 'Provider Portal', 'Resources', and 'Contact Us'. The page title is 'Every Woman Counts (EWC)'. Below the title, there are two main sections: 'Manuals' and 'Notice of Privacy Practices Form'. The 'Manuals' section lists two documents: 'Every Woman Counts Provider Manual (ev woman)' and 'Step-By-Step Provider User Guide'. The 'Notice of Privacy Practices Form' section states that the form can be downloaded from the DHCS website in English and several other languages: Arabic, Chinese, Farsi, Hmong, Khmer, Korean, Russian, Spanish, Tagalog, and Vietnamese. At the bottom, there is a section for 'Recipient Application (Provider Use Only)'.

Figure 1.6: EWC Manuals, Forms and Worksheets page.

Once on the EWC Manuals, Forms and Worksheets page, click the documents that you need to download and print them as required. As optional documents are added or newer versions of the documents are published, they will be available on this page.

Quick Reference Guide: DETEC – Search Recipient

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 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 Update Recipient 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 Add New Recipient link
 - ❖ Enter all requested information accurately and completely
 - ❖ Click Submit
 - ❖ Review any recipient data issues that may be listed and correct
 - ❖ Double-check all information
 - ❖ Click Print Card to print a copy of the EWC ID card
 - ❖ Click Print 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 left-hand navigation bar

DETEC – Search Recipient

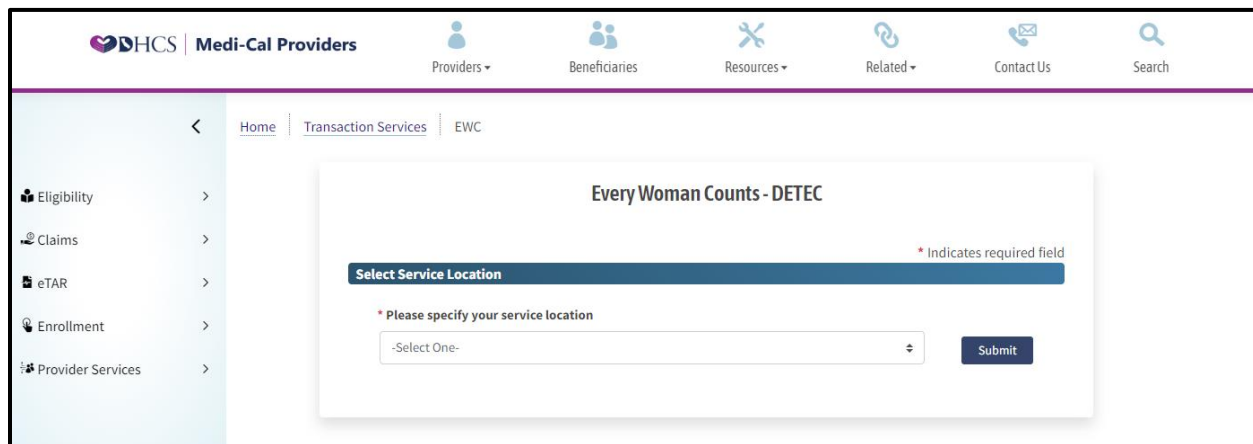


Figure 2.1: Every Woman Counts – DETEC page Search Recipient ID.

To begin the EWC – DETEC transaction, you must first search for an existing recipient. Even if the recipient attests that they are not an existing recipient, you must run a search based on the information they made available to you in the completed DHCS forms before you will be allowed to add them as a new recipient.

On the EWC – DETEC transaction, this initial search can be completed via Search by Recipient ID or Search by Recipient Info.

Search by Recipient ID

Enter the Recipient ID, and then click the “Search Recipient ID” button.

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.

Table: Fields and Details for Search by Recipient Info Section

Field	Details
Optional: First Name	This field is optional. Enter the recipient's first name.
Last Name	Enter at least the first two letters of the recipient's last name.
Date of Birth	Enter the recipient's date of birth in the following format: MM/DD/YYYY. For example, November 1, 1953, would be entered as 11/01/1953
Optional: Mother's Maiden Name	This field is optional. Enter the recipient's mother's last name before marriage.

After entering the required information, select "Search Recipient Info" to run a search.

Search Results

Regardless of search method, when you search, a number of things can happen:

No Recipient Found

If the recipient is not found in the database, a message will appear suggesting reviewing the search for typing errors. It will also suggest reversing the first and last name, or the birth month and day, if there was an error on initial data entry into the paper form or electronic form.

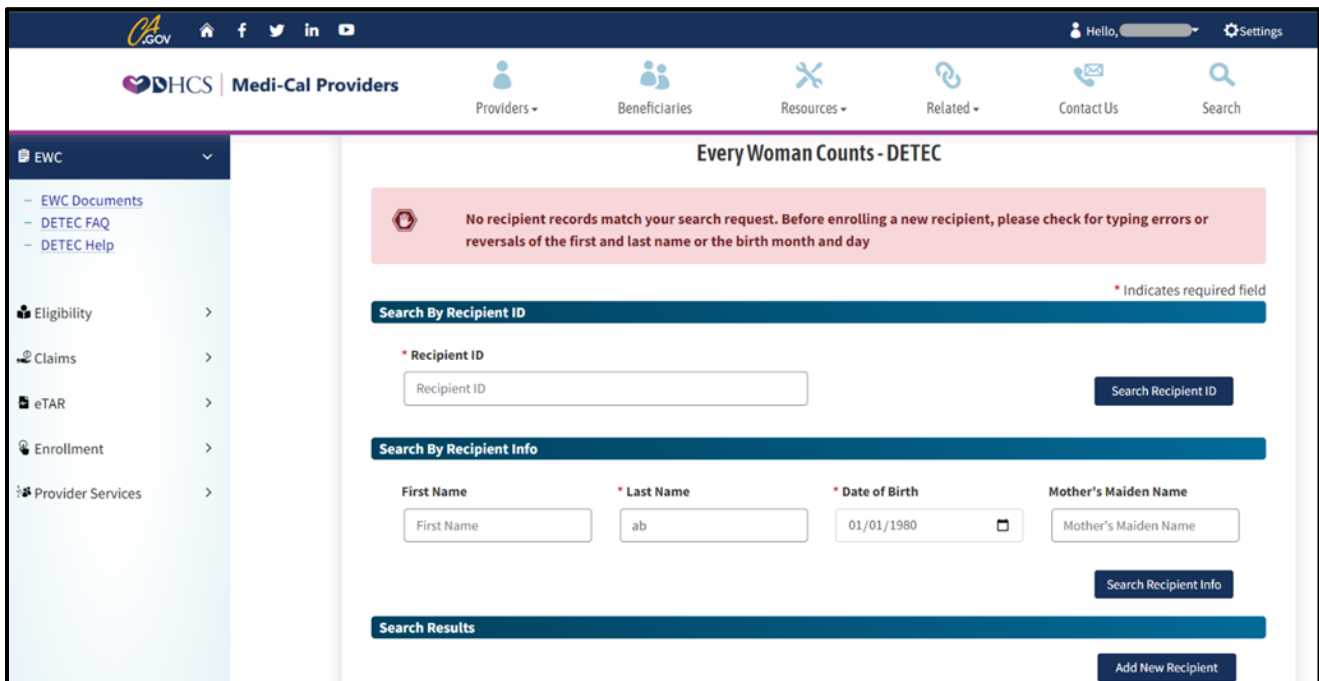


Figure 2.2: No Recipient Found Error Message for Every Woman Counts – DETEC page.

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Additional tips on how to resolve, 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 the 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 switching birth month and day, and/or first and last name, and trying other troubleshooting methods, the recipient is still not found, you may click the **Add New 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 Recipient online form.

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 multiple recipients are identified as a result of the search, the table will show multiple recipients.

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

The screenshot displays the 'Every Woman Counts - DETEC' search interface. It includes a search bar for Recipient ID and a form for searching by recipient info (First Name, Last Name, Date of Birth, Mother's Maiden Name). Below the search results, there is a table with the following data:

Recipient ID	Last Name	First Name	Mother's Maiden Name	ZIP Code	Enrolling Provider	Certification Date
[Redacted]	Person	Test		99999	Other	7/9/2020
[Redacted]	PersonB	Test		95833	You	6/23/2022
[Redacted]	PersonB	Test		95833	Other	9/29/2020
[Redacted]	PersonC	Test		99999	Other	9/29/2020
[Redacted]	PersonD	Test		99999	Other	9/29/2020

Figure 2.3: 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. You should only select Recipient IDs where “Enrolling Provider” is marked “You”. Selecting the Recipient ID will allow you to access the recipient’s DETEC – 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.

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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 how to navigate these forms, refer to the Breast and Cervical Cancer Screening Records section of this user guide.

Note: The EWC PCP will only have access to recipient data which that PCP has entered.

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 enrollment process.

Completing the DETEC – Enroll Recipient Online Form

To access the DETEC *Enroll Recipient* online form, a search must first be done 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 **Add New Recipient** link to access the DETEC *Enroll Recipient* online form.

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Every Woman Counts - DETEC - Enroll Recipient

* Indicates required field

Recipient Info

*** Last Name** *** First Name** **Middle Initial**

*** Date of Birth** **Age** **Mother's Maiden Name** **Medical Record Number**

*** Gender** **Other Gender** **Social Security Number**

*** Sexual Orientation** **Other Sexual Orientation**

*** Address** *** City** **State** *** ZIP Code**

Phone Number (contact number if homeless) **E-mail**

*** Is the recipient Hispanic or Latino?**
 Yes No Unknown

Select all that apply to this recipient (5 maximum)

American Indian or Alaskan Native Black or African American White
 Asian Pacific Islander Unknown

Asian **Pacific Islander**

Certification Section

* Meets EWC program age, income and insurance criteria.
 * Signed EWC consent form.

Breast and Cervical Cancer Treatment Program (BCCTP) Enrollment

BCCTP Enrollment Date

The purpose of this enrollment is to only refer the recipient to BCCTP for Breast Cancer treatment

Breast Final Diagnosis Date **Breast Final Diagnosis**

The purpose for this enrollment is to only refer the recipient to BCCTP for Cervical Cancer treatment

Cervical Final Diagnosis Date **Cervical Final Diagnosis**

Figure 3.1: Every Woman Counts – DETEC Enroll Recipient page.

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Recipient Info

* Last Name: Person
* First Name: First Name
Middle Initial: MI

* Date of Birth: 01/01/1990
Age: 33
Mother's Maiden Name: Mother's Maiden Name
Medical Record Number: #

* Gender: Select One
Other Gender: Other Gender
Social Security Number: SSN (Optional)

* Sexual Orientation: Select One
Other Sexual Orientation: Other Sexual Orientation

* Address: Number, Street, & Unit
* City: City
State: CA
* ZIP Code: ZIP

Phone Number (contact number if homeless): (###) ### - ####
E-mail: E-mail

* Is the recipient Hispanic or Latino?
 Yes No Unknown

Figure 3.2: Enroll Recipient page – Recipient Information.

Note: An asterisk (*) means that the information is required.

Last Name

Enter last name of the recipient. If the recipient has only one name, enter name in the last name field and leave the first name blank.

First Name

Enter first name of the recipient.

Middle Initial

Enter middle initial of the recipient. If the recipient does not have a middle initial, leave blank.

Date of Birth

Enter date of birth of the recipient in the space provided using the following format: MM/DD/YYYY.

Age

This field will display the age of the recipient. This is a read only field.

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Mother's Maiden Name

Enter the recipient's mother's last name before marriage. This field allows a minimum of two and a maximum of 20 letters including hyphens.

Medical Record Number

Enter the record number your office assigns to the recipients.

Gender

Select recipient's gender from the drop-down list. Gender selection is required. Select only one option from the drop-down list.

- Female
- Male
- Transgender: Male to Female
- Transgender: Female to Male
- Non-binary (neither male nor female): Recipient identifies as neither male or female
- Other

Other Gender

Please specify.

Social Security Number (SSN)

Enter the recipient's SSN, which is optional. However, if SSN is entered, it must be 9 digits or left blank to save the enrollment record.

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Sexual Orientation

Select sexual orientation of the recipient from the drop-down list. Selection is required.

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Queer and/or Questioning
- Intersex
- Asexual
- Other
- Unknown
- Choose not to answer

Other Sexual Orientation

If the sexual orientation is not listed above, enter it here. If “Other” sexual orientation is selected, this field is required.

Address

Enter the recipient’s residence address. If homeless, enter the address where the recipient receives mail.

City

Enter the name of the city in which the recipient lives or receives mail.

State

State will be auto-set to CA (California).

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ZIP Code

Enter the ZIP code for the recipient's residence or mailing address.

Email

Enter recipient's e-mail address, which is optional. However, if entered it must be in a valid format (example@domain.com) or left blank to save the enrollment record.

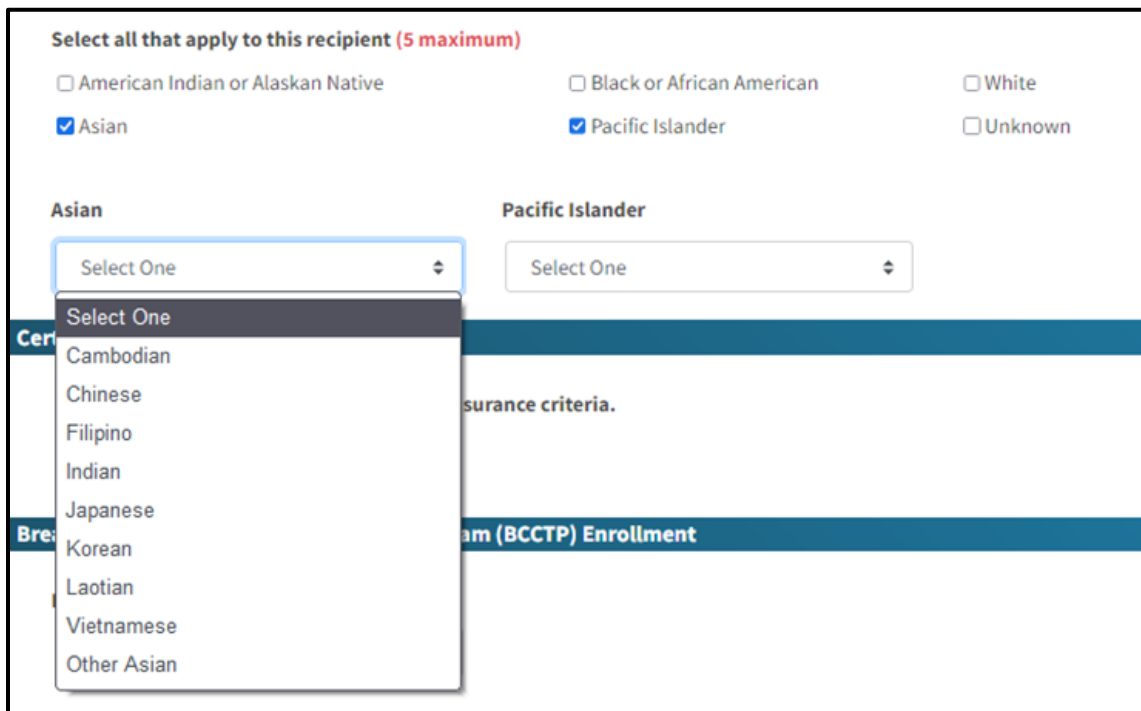
Is the recipient Hispanic or Latino?

Enter the recipient's response to this question. This information is required. 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

Use the selection box to choose one or more race designation(s) that apply to the recipient. Selecting up to five race designations is allowed.

If possible, avoid selecting "Unknown" for race. Complete race information is desired.



The screenshot shows a form titled "Select all that apply to this recipient (5 maximum)". It contains several radio button options: "American Indian or Alaskan Native", "Black or African American", "White", "Asian", "Pacific Islander", and "Unknown". The "Asian" and "Pacific Islander" options are selected. Below the "Asian" option, there is a drop-down menu with a "Select One" button. The menu is open, showing a list of sub-categories: "Select One", "Cambodian", "Chinese", "Filipino", "Indian", "Japanese", "Korean", "Laotian", "Vietnamese", and "Other Asian". To the right of the "Asian" drop-down, there is another "Select One" button under the "Pacific Islander" heading. The background of the form is partially visible, showing sections for "Cer...", "Bre...", and "am (BCCTP) Enrollment".

Figure 3.3: Asian selection drop-down menu.

Use the drop-down box to select the sub-category of Asian if the recipient indicates that they are "Asian."

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The screenshot shows a form titled "Select all that apply to this recipient (5 maximum)". It includes several checkboxes for ethnicity: American Indian or Alaskan Native, Black or African American, White, Asian (checked), Pacific Islander (checked), and Unknown. Below these, there are two drop-down menus. The "Asian" menu is currently set to "Select One". The "Pacific Islander" menu is also set to "Select One" and is open, showing a list of options: "Select One", "Guamanian", "Hawaiian", "Samoan", and "Other Pacific Islander". Below the drop-down menus is a section titled "Certification Section" with two checkboxes: "* Meets EWC program age, income and insurance criteria" and "* Signed EWC consent form".

Figure 3.4: Pacific Islander selection drop-down menu.

Use the drop-down box to select the sub-category of Pacific Islander if the recipient indicates that they are "Pacific Islander."

The screenshot shows the "Certification Section" of the form. It contains two checkboxes: "* Meets EWC program age, income and insurance criteria" and "* Signed EWC consent form".

Figure 3.5: Certification Section

Meets EWC program age, income, and insurance criteria

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

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.

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Breast and Cervical Cancer Treatment Program (BCCTP) Enrollment

This section is used to indicate that a BCCTP enrollment application has been completed and submitted for the recipient. It does not enroll recipients into BCCTP. Recipients who qualify for BCCTP include recipients who have been diagnosed with breast or cervical cancer or certain pre-cancerous conditions and who are found to need treatment.

If, after enrolling the individual as an EWC recipient, an application to BCCTP is also submitted, the provider should search for the recipient's record as described in the "DETEC – Search Recipient" section in this User Guide. After locating the recipient record, this area of the Recipient Info screen will need to be filled out with relevant information from the BCCTP application.

For more information regarding the BCCTP, please call 1-800-824-0088 for a BCCTP Eligibility Specialist or visit the [BCCTP Overview](#) page on the Medi-Cal Providers website. Additional information can be found on the DHCS [Enrolling Providers Section](#) page.

Once the BCCTP application is completed and submitted to BCCTP, complete the following in DETEC. Completion of this form is not an application to BCCTP. It documents in DETEC that the BCCTP application has been completed and submitted.

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Breast and Cervical Cancer Treatment Program (BCCTP) Enrollment

BCCTP Enrollment Date
mm / dd / yyyy

The purpose of this enrollment is to only refer the recipient to BCCTP for Breast Cancer treatment

Breast Final Diagnosis Date **Breast Final Diagnosis**
mm / dd / yyyy [Dropdown]

The purpose for this enrollment is to only refer the recipient to BCCTP for Cervical Cancer treatment

Cervical Final Diagnosis Date **Cervical Final Diagnosis**
mm / dd / yyyy [Dropdown]

Figure 3.6: BCCTP Enrollment screen.

BCCTP Enrollment Date

Enter the date that BCCTP enrollment was completed if a recipient is being enrolled into EWC only for referral to BCCTP. Enter the date using the following format: MM/DD/YYYY.

Please note that this action does not enroll an individual into BCCTP. For those recipients who have been diagnosed with breast or cervical cancer or certain pre-cancerous conditions and who are found to need treatment, please refer to the BCCTP area of the Medi-Cal website. For more information regarding the BCCTP, please call 1-800-824-0088 for a BCCTP Eligibility Specialist or visit the [Breast and Cervical Cancer Treatment Program](#) page on the DHCS website.

The purpose of this enrollment is to only refer the recipient to BCCTP for Breast Cancer treatment.

Check the box if a recipient is being enrolled into EWC only for referral to BCCTP for breast cancer treatment. If this box is checked, the ability to add new breast screening cycles will be deactivated.

Breast Final Diagnosis Date

Enter the date of the diagnostic procedure leading to the final diagnosis using the following format: MM/DD/YYYY.

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Breast Final Diagnosis

Select the final diagnosis from the drop-down list based on reports from diagnostic procedures.

The purpose for this enrollment is to only refer the recipient to BCCTP for Cervical Cancer treatment.

Check this box if a recipient is being enrolled into EWC only for referral to BCCTP for cervical cancer treatment. If this box is checked, the ability to add new cervical screening cycles will be deactivated.

Cervical Final Diagnosis Date

Enter the date of diagnostic procedure leading to the final diagnosis using the following format: MM/DD/YYYY.

Cervical Final Diagnosis

Select the final diagnosis from the drop-down list based on the reports from diagnosis procedures.

Submitting Enrollment Form

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



Figure 3.7: 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 how to compare the recipient records against one another, can be found in the “How to Add Recipient When Matches are Found” section of this user guide.

If there are no submission issues, the DETEC – Enroll Recipient screen will become the DETEC – 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.

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The screenshot shows a web application interface for updating recipient information. At the top, a navigation bar includes 'Home', 'Transaction Services', 'EWC', and 'DETEC - Recipient Information'. A left sidebar contains a menu with 'EWC' and sub-items: 'EWC Documents', 'DETEC FAQ', 'DETEC Help', and 'Search Recipient'. Below this are sections for 'Breast Cycle' and 'Cervical Cycle', each with an 'Add New' link, and a list of services: 'Eligibility', 'Claims', 'eTAR', 'Enrollment', and 'Provider Services'. The main content area is titled 'Every Woman Counts - DETEC - Recipient Information'. A green success message at the top reads: 'You have successfully updated the record for Recipient ID: [redacted]'. Below this, the recipient ID and certification period '09/21/2023 - 09/20/2024' are displayed. A 'Recipient Info' section contains various fields: 'Last Name' (Person), 'First Name' (First), 'Middle Initial' (MI), 'Date of Birth' (01/01/1990), 'Age' (33), 'Mother's Maiden Name' (H), 'Medical Record Number' (#), 'Gender' (Female), 'Other Gender' (Other Gender), 'Social Security Number' (*****), 'Sexual Orientation' (Straight/Heterosexual), 'Other Sexual Orientation' (Other Sexual Orientation), 'Address' (Suffix lane), 'City' (Sacramento), 'State' (CA), and 'ZIP Code' (93289). Asterisks indicate required fields.

Figure 3.8: EWC – DETEC – 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 EWC – DETEC – Recipient Information screen, there are five buttons: Return to Search, Update Recipient, Discard Changes, Print, and Print Card. The Enroll Recipient form before only had three buttons: Return to Search, Submit, and Discard Changes.



Figure 3.9: Five buttons at the bottom of the Recipient Information screen.

The buttons will remain greyed out until the application is complete and the Print function is available. Use the “Print” and “Print Card” buttons to print documents for the recipient and the medical record.

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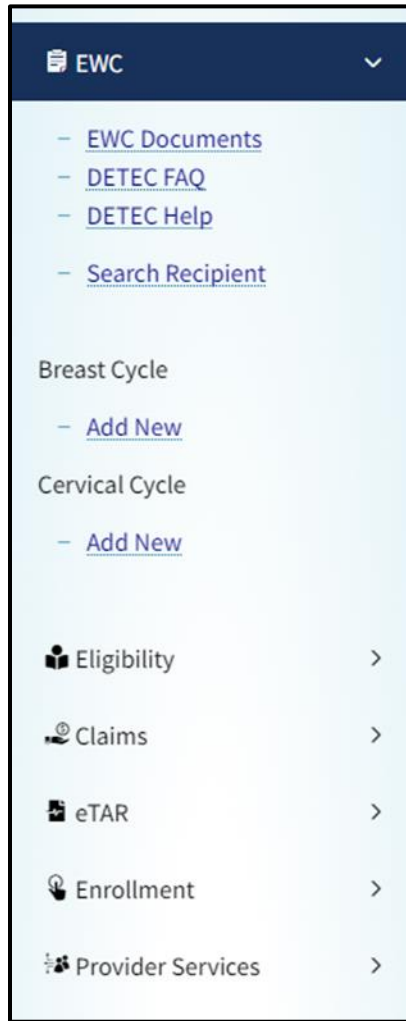


Figure 3.10: EWC – DETEC Navigation tab.

Once enrollment is completed, you can now add a new Breast or Cervical cancer screening cycle.

Information and instructions on what to do with the Breast and Cervical 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

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If a data entry error was made when you were enrolling the recipient, you may click the **Update Recipient** Button at the bottom of the Recipient Information screen to update recipient information on the DETEC – *Recipient Information* form.

To enroll another recipient, click the **Return to Search** button at the bottom of the Recipient Information screen or use the Navigation bar to locate the EWC heading and the **Search Recipient** hyperlink underneath.

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 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.

The screenshot shows the 'Every Woman Counts - DETEC - Enroll Recipient' screen. At the top, there is a navigation bar with 'Home', 'Transaction Services', 'EWC', and 'DETEC - Enroll Recipient'. A left sidebar contains 'EWC' with sub-links for 'EWC Documents', 'DETEC FAQ', 'DETEC Help', and 'Search Recipient', along with other menu items like 'Eligibility', 'Claims', 'eTAR', 'Enrollment', and 'Provider Services'. The main content area features a yellow warning banner with a triangle icon and the text: 'One or more recipient records closely match your new recipient. To continue, select a matching recipient from the list for a comparison. Select "Return to Search" to leave this function'. Below the banner is a table with the following data:

Recipient ID	Last Name	First Name	Mother's Maiden Name	ZIP Code	Enrolling Provider	Certification Date	Date of Birth
	Person	Last	T	73247	You	10/23/2023	1/1/1990

Below the table is a 'Recipient Info' form with various fields, some marked with an asterisk to indicate they are required. The fields include: Last Name (Person), First Name (Last), Middle Initial (MI), Date of Birth (01/01/1990), Age (33), Mother's Maiden Name (T), Medical Record Number (#), Gender (Female), Other Gender (Other Gender), Social Security Number (*****), Sexual Orientation (Straight/Heterosexual), and Other Sexual Orientation (Other Sexual Orientation).

Figure 3.11: Enroll Recipient message for matching recipients.

To do so, click on any of the identified matching Recipient IDs. The screen will change to the EWC – DETEC – Compare Recipient screen.

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Every Woman Counts - DETEC - Compare Recipient

Compare these recipients and select one, or select "Return to Enrollment" to leave this function

Entered Recipient Info		Existing Recipient Info	
Last Name	Person	Last Name	Person
First Name	Last	First Name	Last
Middle Initial		Middle Initial	
Mother's Maiden Name	T	Mother's Maiden Name	T
Date of Birth	01/01/1990	Date of Birth	01/01/1990
Gender	Female	Gender	Female
Sexual Orientation	Straight/Heterosexual	Sexual Orientation	Straight/Heterosexual
Address	123	Address	123
City	sac	City	sac
State	CA	State	CA
ZIP Code	87687	ZIP Code	73247
Phone Number		Phone Number	
E-mail	t@gmail.com	E-mail	t@gmail.com

Select

Select

Return to Enrollment

Figure 3.12: EWC – DETEC Compare 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 following information of the Entered Recipient and the Existing Recipient:

- Last Name
- First Name
- Middle Initial
- Mother's Maiden Name
- Date of Birth
- Gender
- Sexual Orientation
- Address

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- City
- State
- ZIP Code
- Phone Number
- Email

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

- A pop-up box will appear asking for a reason for the enrollment. Instructions on how to fill in this pop-up box are below, in the Entering Enrollment Reason section of this user guide.

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 be enrolled by a different EWC PCP or 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 “EWC – DETEC – Enroll 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.

Entering Enrollment Reason

If you have selected that you wish to enroll a new recipient whose information may already be in the DETEC system, you must enter a valid reason that you wish to enroll them, despite the matching record. This field is a free-form field that the enrolling provider must enter on their own, based on their own judgement. However, examples of valid and invalid reason for enrollment, are located in the following two subheadings.

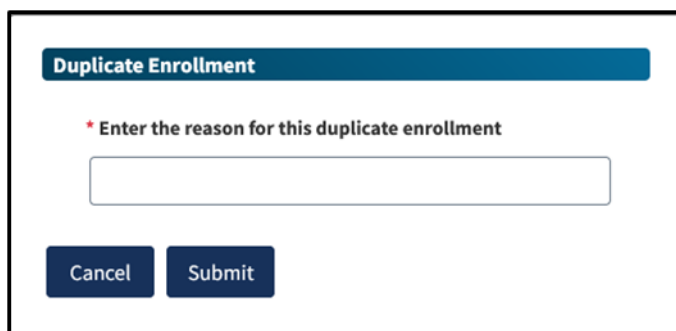


Figure 3.13: Duplicate Enrollment screen.

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Valid Reasons for New Recipient Enrollment

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 (e.g., based on different mother's maiden name, and/or different birth date).

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 CBE, Pap, Mammogram, etc.
- Returning for annual mammogram, CBE, Pap, or screening
- Recipient is new to the current EWC PCP
- Lost Recipient Card

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 – Recipient Information screen. Do not re-enroll an existing recipient under a new Recipient ID.

The screenshot shows the 'Every Woman Counts - DETEC - Recipient Information' page. At the top, there is a navigation bar with 'Home', 'Transaction Services', 'EWC', and 'DETEC - Recipient Information'. A left sidebar contains a menu with 'EWC' expanded, showing options like 'EWC Documents', 'DETEC FAQ', 'DETEC Help', and 'Search Recipient'. Below that are sections for 'Eligibility', 'Claims', 'eTAR', 'Enrollment', and 'Provider Services'. The main content area features a yellow warning banner with a triangle icon: 'This recipient is already enrolled by one or more providers. Please verify that you are choosing the correct recipient. If this is not the recipient you are looking for, click the Return to Search button and try your search again.' Below the banner, the recipient ID is partially visible, and the certification period is '12/01/2021 - 11/30/2022 ** EXPIRED **'. A 'Recipient Info' section follows, with a legend '* Indicates required field'. The form includes fields for: Last Name (PersonA), First Name (Test), Middle Initial (MI), Date of Birth (01/01/1990), Age (33), Mother's Maiden Name, Medical Record Number (#), Gender (Female), Other Gender, Social Security Number (SSN (Optional)), Sexual Orientation (Select One), and Other Sexual Orientation.

Figure 4.1: EWC – DETEC Recipient Information recipient already enrolled message.

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

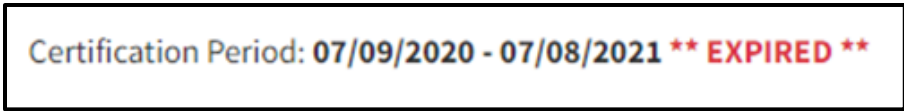
- Re-verify that the recipient is eligible.
- Have the recipient complete and sign the eligibility and Recipient Application forms for the medical record. Keep the original forms in their medical record.
- Verify and update the information as needed.
- Select the appropriate eligibility check boxes.

Click the **Certify Recipient** button.

Note: The search result list 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. 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 will need to review and update the DETEC Recipient Information form in order to recertify the recipient.



Certification Period: 07/09/2020 - 07/08/2021 ** EXPIRED **

Figure 4.2: Certification Period expired.

Because the recipient's record was already entered into DETEC previously, 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 eligibility and Recipient Application forms for the medical record. 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.

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 a EWC PCP, or recertified as a EWC recipient, a box will appear at the top of the Recipient Information screen with the message “You have successfully updated the record for Recipient ID: XX9AXXXXXXXXXXX.”

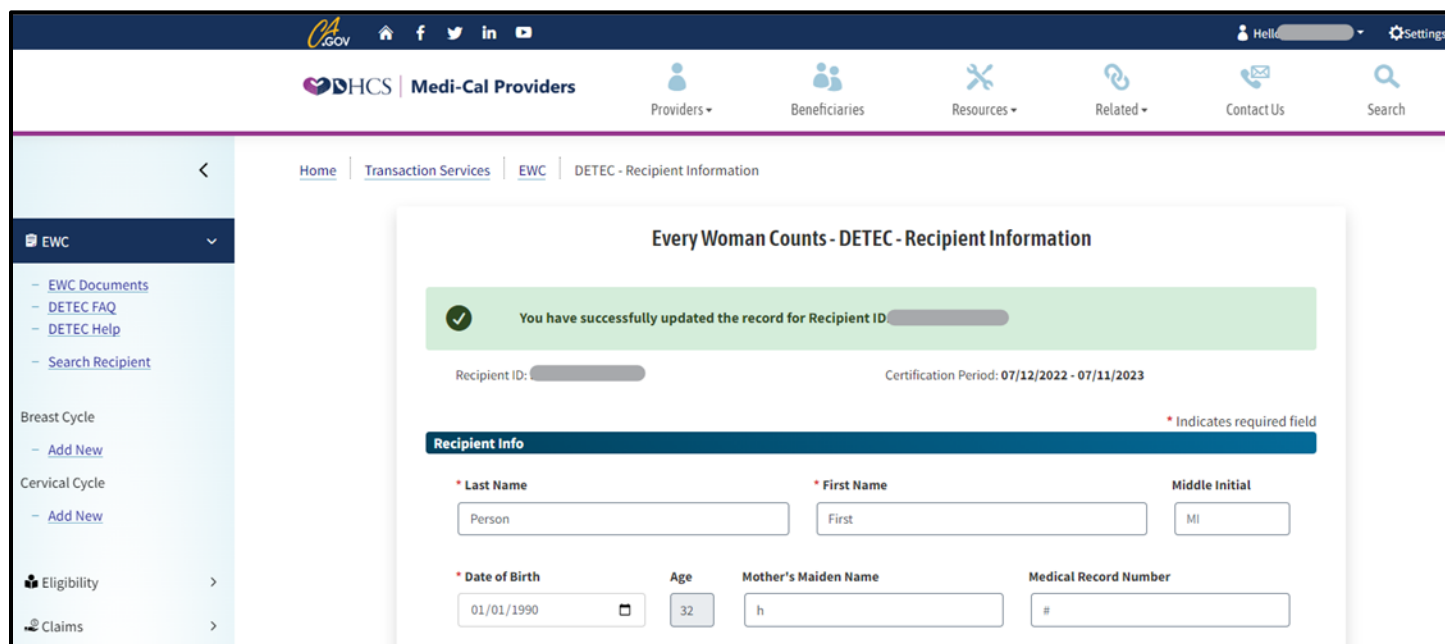


Figure 4.3: EWC – DETEC – Recipient Information screen successfully updated the record for Recipient ID message.

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.

Print

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

When you click the Print button the following message will pop-up:

- The information below reflects only data that has been saved. Be sure to save/submit the recipient information before printing.

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

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Every Woman Counts - DETEC - Recipient Information

You have successfully updated the record for Recipient ID [REDACTED]

Recipient ID: [REDACTED] Certification Period: 10/23/2023 - 10/22/2024

* Indicates required field

Recipient Info

* Last Name: Person * First Name: g Middle Initial: MI

* Date of Birth: 01/01/1990 Age: 33 Mother's Maiden Name: d Medical Record Number: a

* Gender: Other Other Gender: test Social Security Number: *****

* Sexual Orientation: Straight/Heterosexual Other Sexual Orientation: Other Sexual Orientation

* Address: 123 * City: sac State: CA * ZIP Code: 32879

Phone Number (contact number if homeless): (349) 987 - 9879 E-mail: h@gmail.com

* Is the recipient Hispanic or Latino?
 Yes No Unknown

Select all that apply to this recipient (5 maximum)

American Indian or Alaskan Native Black or African American White
 Asian Pacific Islander Unknown

Asian: Select One Pacific Islander: Select One

Certification Section

Meets EWC program age, income and insurance criteria.
 Signed EWC consent form.

Breast and Cervical Cancer Treatment Program (BCCTP) Enrollment

BCCTP Enrollment Date: mm/dd/yyyy

The purpose of this enrollment is to only refer the recipient to BCCTP for Breast Cancer treatment

Breast Final Diagnosis Date: mm/dd/yyyy Breast Final Diagnosis: [REDACTED]

The purpose for this enrollment is to only refer the recipient to BCCTP for Cervical Cancer treatment

Cervical Final Diagnosis Date: mm/dd/yyyy Cervical Final Diagnosis: [REDACTED]


Return to Search Update Recipient Discard Changes Print Print Card

Figure 5.1: EWC – DETEC Enrollment Recipient online form.

Click the **Print Card** button on the DETEC Recipient Information screen to print a copy of the EWC card. Print two copies: one to give to the recipient and one to be placed in the medical record.

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 **Every Woman Counts**

Name:
Recipient ID: [REDACTED]
Date of Birth: 01/01/1990
Provider NPI: [REDACTED]
Valid: 11/03/2021 - 11/02/2022

To benefit most from the program:

- Keep appointments for medical services
- Cut this card out and keep it with you
- Show this card when you go for program
- Recertify next year
- Return for screening every year

Program Covered Services:

- Age 21 and over: Cervical Services
- Age 40 and over: Breast Cancer Screening and Diagnostic Services
- Under age 40 and symptomatic: Breast Cancer Diagnostic Services only

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 how to navigate these forms, refer to the Breast and Cervical Cancer Screening Records section of this user guide.

Navigation Bar References and Functions

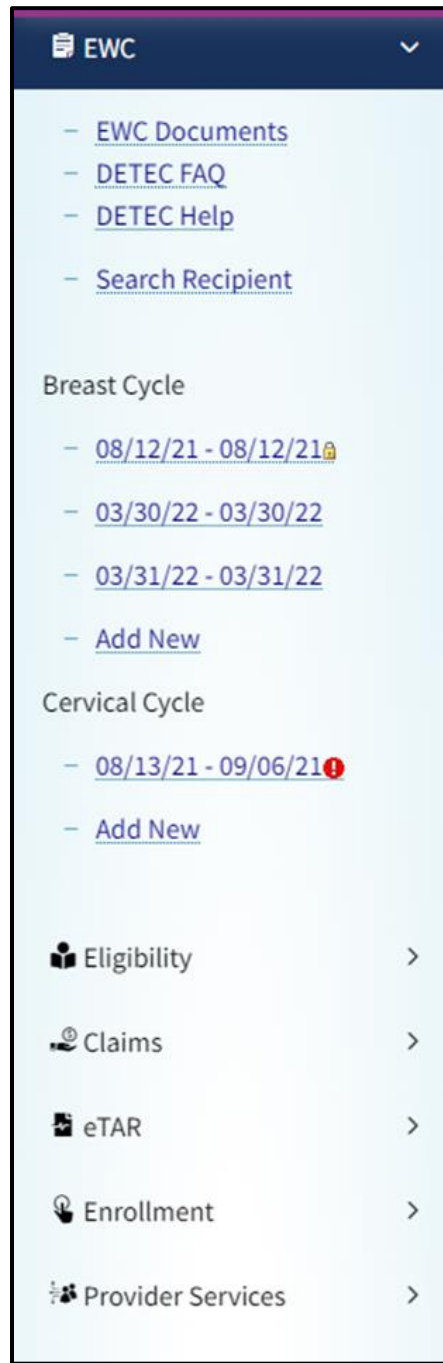


Figure 6.1: EWC Navigation bar.

EWC Documents

- Click this [link](#) to connect to program documents.

DETEC FAQ

- Click this [link](#) to access frequently asked questions about the data entry system.

DETEC Help

- Click this [link](#) to access HELP text for all DETEC screens.

Search/Add Recipient

- Click this [link](#) to search for a recipient.

You will be able to enroll a recipient once a search is complete and the recipient is not found in DETEC

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.

Previously submitted forms and new forms, may be found in the Navigation Bar, under the EWC heading, and 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 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.

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To add a new breast or cervical cycle, click the Add New button under either the Breast Cycle or Cervical Cycle heading. The Recipient Information screen will be replaced by either the DETEC Breast Cancer Screening Cycle Data Online Form, or the DETEC Cervical Cancer Screening Cycle Data Online Form. For instructions on how to complete 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

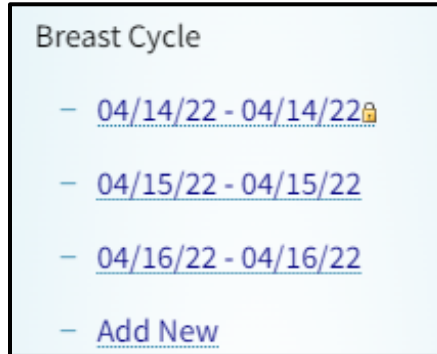


Figure 7.1: Breast cycle forms.

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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.

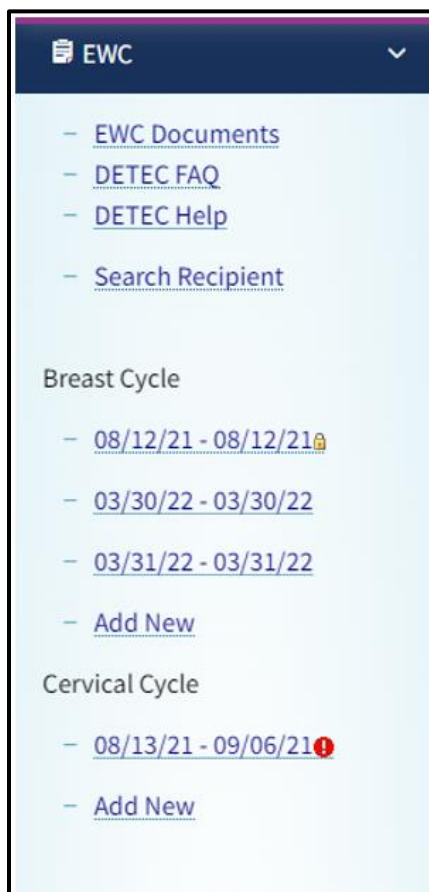


Figure 7.2: EWC Navigation tab.

Available references on Figure above.

- EWC Documents
- DETEC FAQ
- DETEC Help

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** links

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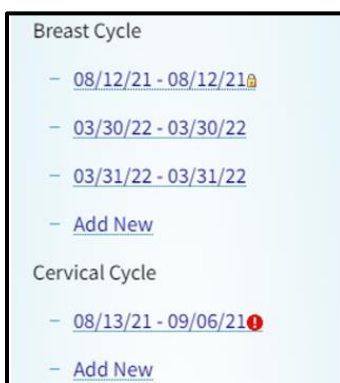


Figure 7.3: Breast cycle and Cervical cycle forms.

When a screening cycle record is open for data entry, the left navigation bar will show the open cycle in gray text.

- Click the Add New link under either the Breast Cycle heading (for a new breast screening cycle) or the Cervical Cycle heading (for a new cervical screening cycle) in the left column navigation bar. Enter data into the Breast Cancer Screening Cycle Data or Cervical Cancer Screening Cycle Data online form.

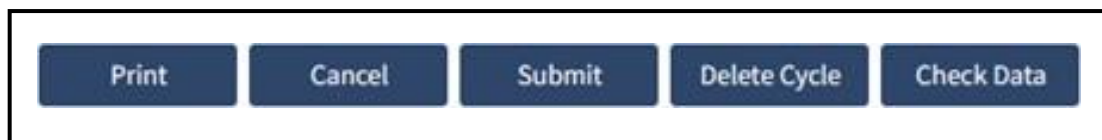


Figure 7.4: Check Data Button.

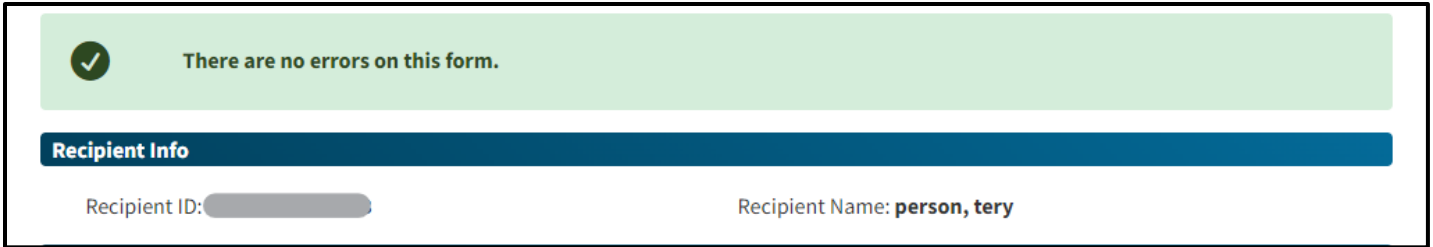
Once data entry is completed:

- 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 button to print a copy of data entered on the screening cycle data form.

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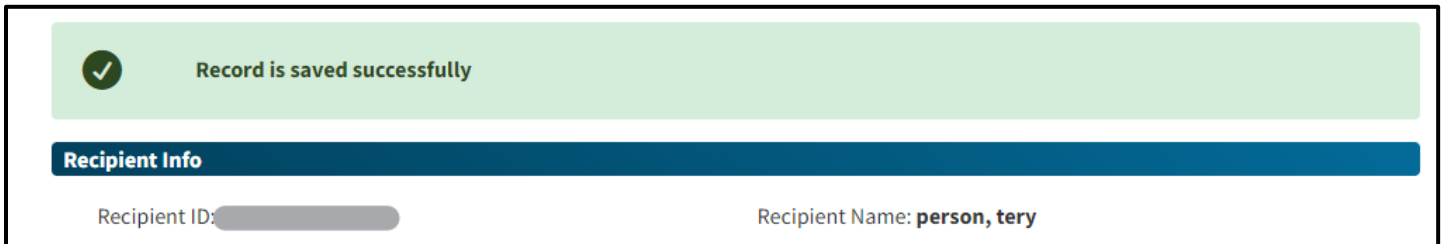
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When the record is saved, at the top of the online form are messages to indicate if there are issues with the record.



The screenshot shows a green notification bar at the top with a checkmark icon and the text "There are no errors on this form." Below this is a dark blue header labeled "Recipient Info". Underneath, there are two input fields: "Recipient ID:" followed by a greyed-out text box, and "Recipient Name: person, tery".

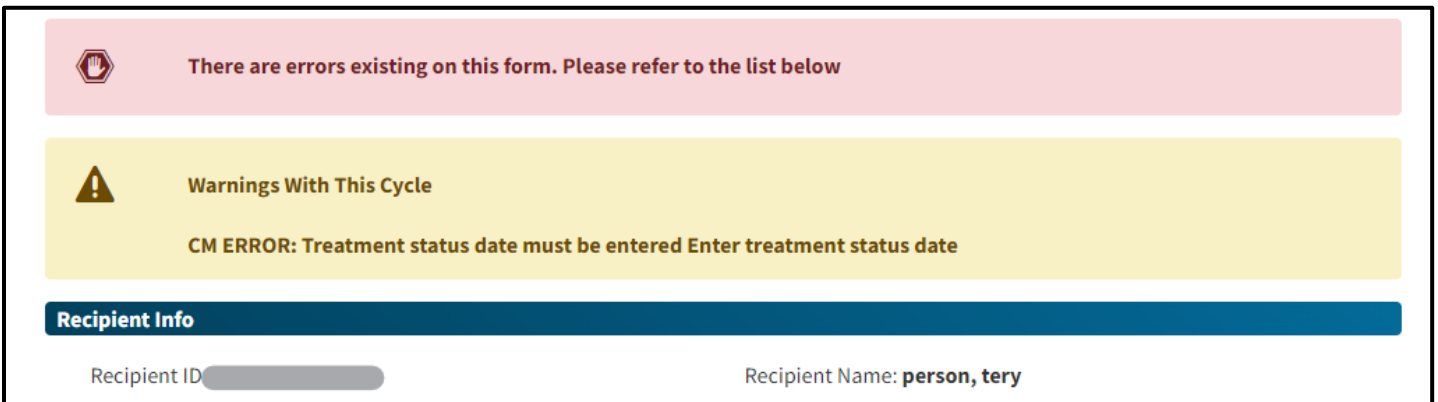
Figure 7.5: Pop-up message no errors on this form.



The screenshot shows a green notification bar at the top with a checkmark icon and the text "Record is saved successfully". Below this is a dark blue header labeled "Recipient Info". Underneath, there are two input fields: "Recipient ID:" followed by a greyed-out text box, and "Recipient Name: person, tery".

Figure 7.6: Pop-up message record is saved successfully

A record that has been detected to have 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.



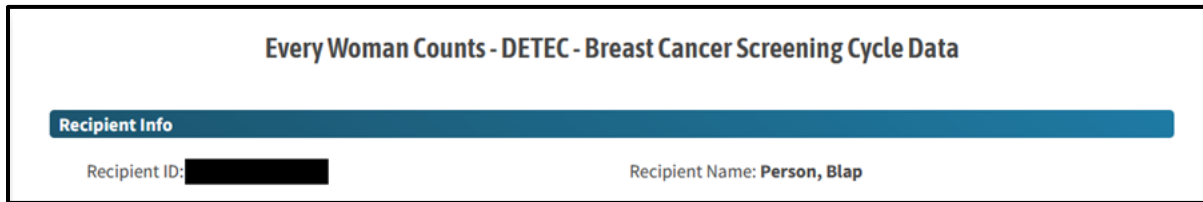
The screenshot shows a red notification bar at the top with a stop sign icon and the text "There are errors existing on this form. Please refer to the list below". Below this is a yellow notification bar with a warning triangle icon and the text "Warnings With This Cycle". Underneath the yellow bar is the text "CM ERROR: Treatment status date must be entered Enter treatment status date". Below these is a dark blue header labeled "Recipient Info". Underneath, there are two input fields: "Recipient ID:" followed by a greyed-out text box, and "Recipient Name: person, tery".

Figure 7.7: 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 need to be completed per the instructions that follow.

Recipient Info



The screenshot shows a web form titled "Every Woman Counts - DETEC - Breast Cancer Screening Cycle Data". A blue header bar contains the text "Recipient Info". Below this, the form displays "Recipient ID: [REDACTED]" and "Recipient Name: Person, Blap".

Figure 7.8: EWC – DETEC – Breast Cancer Screening Cycle Data

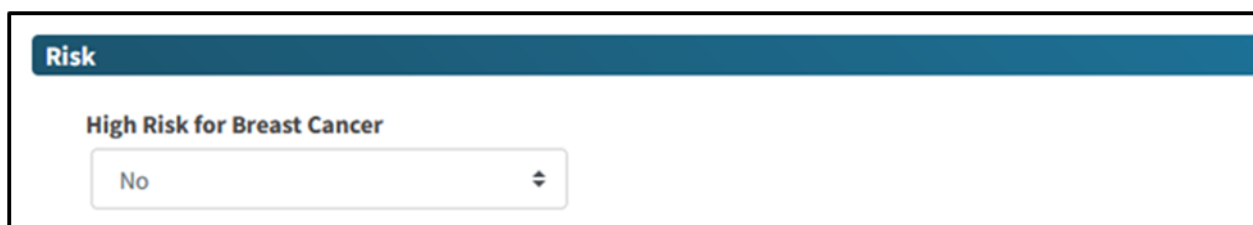
Start by confirming that you are entering a new form for the correct recipient. If the recipient is incorrect, use the Search Recipient link from the navigation bar to find the correct recipient.

Risk

High Risk for Breast Cancer

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

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



The image shows a screenshot of a web-based form. At the top, there is a dark blue header bar with the word "Risk" in white. Below this, the text "High Risk for Breast Cancer" is displayed. Underneath, there is a white dropdown menu with a light blue border. The word "No" is selected and displayed in the dropdown. A small blue and white arrow icon is visible on the right side of the dropdown box.

Figure 7.9: Risk field.

Women 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, then they can be entered in the same breast cancer screening cycle. If the tests are done sequentially, with a screening MRI occurring months after the screening mammogram, the screening MRI should be reported in a new breast cancer screening cycle.

Clinical Breast Exam

Clinical Breast Exam

CURRENT Breast Symptoms? CURRENT CBE Results Date of CURRENT CBE

mm/dd/yyyy

Current results obtained from a non-EWC provider

Figure 7.10: 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:

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

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Current CBE Results

Select the CBE result from the drop-down list 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 – diagnosis 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 (ND): Select if CBE was not performed.

Note: For a screening 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.

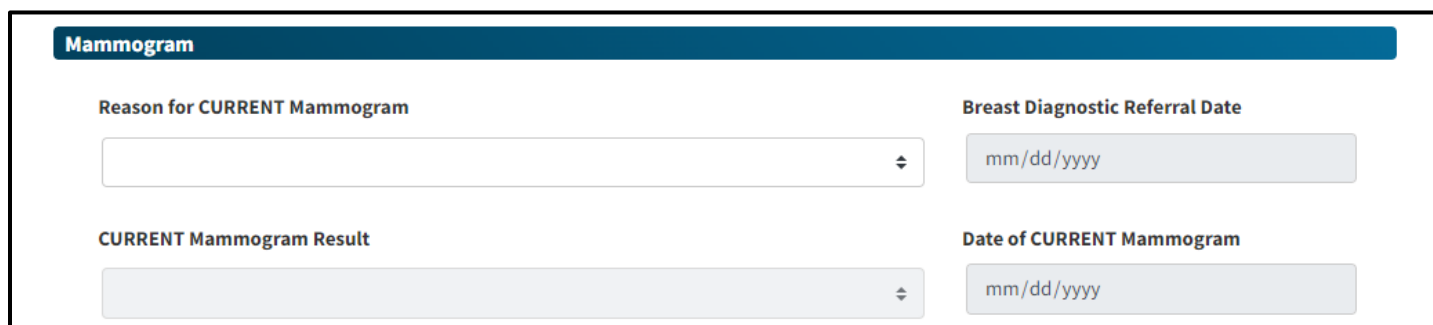
Current Results obtained from a non-EWC program provider

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

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Mammogram



Mammogram	
Reason for CURRENT Mammogram	Breast Diagnostic Referral Date
<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>
CURRENT Mammogram Result	Date of CURRENT Mammogram
<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>

Figure 7.11: 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.
- 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., health care organization) and the recipient was enrolled into EWC for diagnostic procedures.

Note: The initial mammogram 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.

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CURRENT Mammogram Result

Select the mammogram result that corresponds to the results 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) 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 is Incomplete – needs 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.

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- **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 repeated mammogram 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

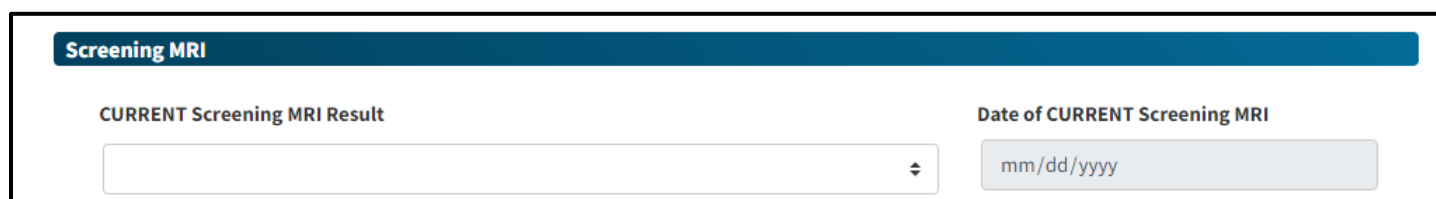


Figure 7.12: Screening MRI section.

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) must be completed for a probably benign screening MRI.

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.

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- 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 (ND): 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.

Additional Procedures Needed to Complete Breast Cycle

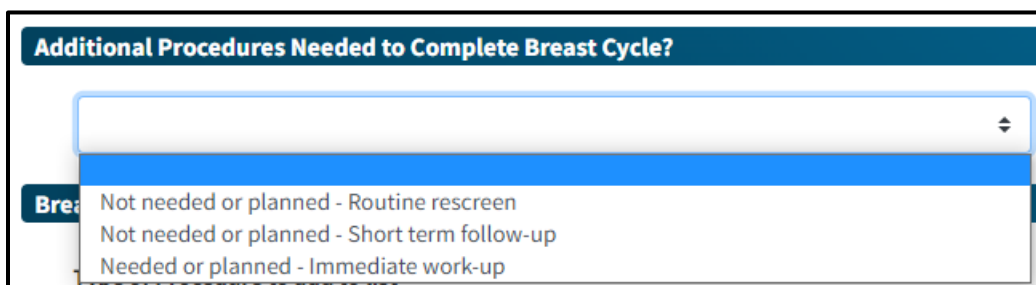


Figure 7.13: Drop-down menu under Additional Procedures Needed to Complete Breast Cycle.

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 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)

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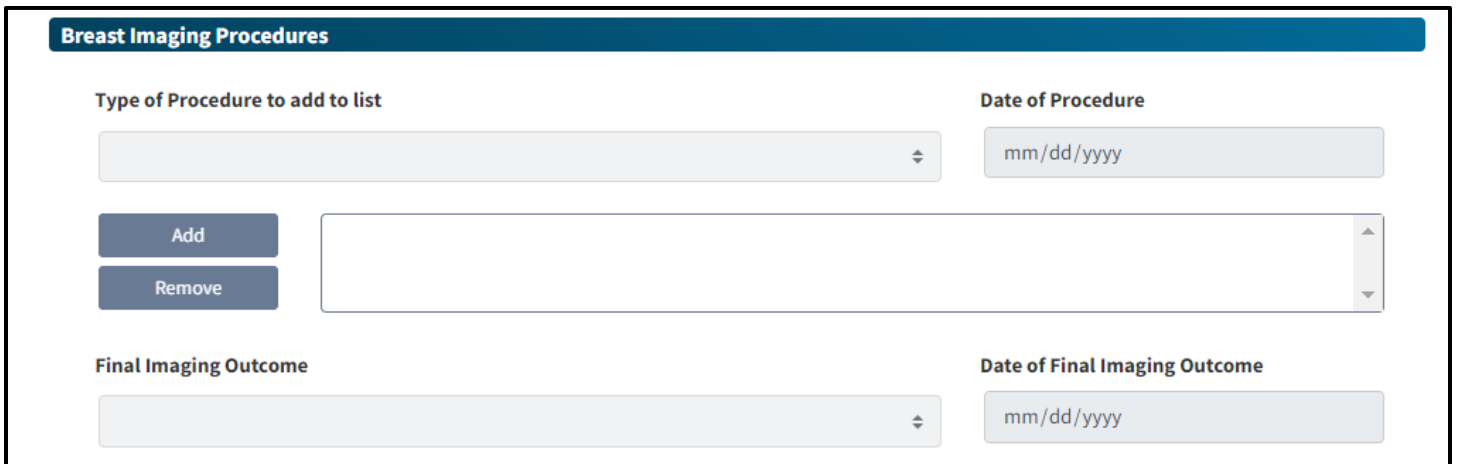
- Screening MRI section: Probably Benign (BI-RADS 3)
 - ❖ Only if immediate clinical evaluation is conducted
- Screening MRI section: Suspicious Abnormality (Cat 4)
- Screening MRI section: Highly Suggestive of Malignancy (Cat 5)
- Screening MRI section: Assessment is Incomplete – more imaging/evaluation 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.

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.



The screenshot shows a web form titled "Breast Imaging Procedures". At the top is a blue header bar with the title. Below the header, there are two columns of input fields. The left column has a dropdown menu labeled "Type of Procedure to add to list". Below this dropdown are two buttons: "Add" and "Remove". To the right of these buttons is a large, empty list box. The right column has a date input field labeled "Date of Procedure" with a placeholder "mm/dd/yyyy". Below the list box and the "Date of Procedure" field, there is another dropdown menu labeled "Final Imaging Outcome" and another date input field labeled "Date of Final Imaging Outcome" with a placeholder "mm/dd/yyyy".

Figure 7.14: Breast Imaging Procedures section.

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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 MRI provides the definitive final imaging outcome, please enter results of MRI as the Final Imaging Outcome, using the date of the MRI as the Date of Final Imaging Outcome.

Date of 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

Double click the **Add** button after selecting each imaging procedure from the drop-down list and entering 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

Highlight the procedure you would like to remove from the list and click **Remove** button.

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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.

Breast Diagnostic Procedures

Type of Procedure to add to list: [Dropdown menu] Date of Procedure: [mm/dd/yyyy]

Add [Button] Remove [Button] [List box]

Other Breast Procedure Performed: [Dropdown menu] Date of Other Procedure: [mm/dd/yyyy]

Specify 'Other' Procedure: [Other Procedure]

Figure 7.15: 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 performed resulting in a final diagnosis.
- Fine needle/Cyst aspiration: If a fine needle aspiration or a cyst aspiration 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 were received. All dates should be entered using the following format: MM/DD/YYYY.

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Add

Double 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

Highlight the procedure you would like to remove from the list and click Remove.

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 applicable option below. Select procedure performed, even if not covered by EWC.

- Skin biopsy
- Other medical consults
- Other – Please specify

Date of Other Procedure

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

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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

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

- CT scan
- PET scan
- Ductogram
- 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 metastase

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.

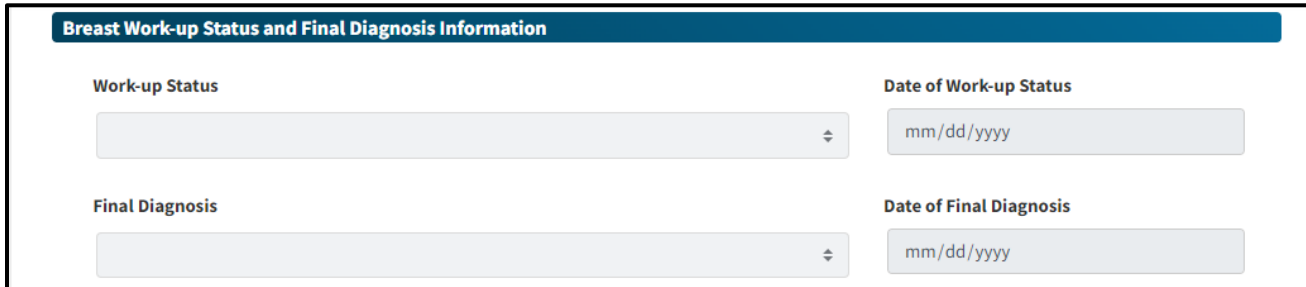


Figure 7.16: Breast Work-up Status and Final Diagnosis Information section.

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 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 of the report was received or the date of data entry).

- **“Lost to Follow-up”:** This status is for recipients who required immediate diagnostic work-up but who cannot be reached because they do not reside at the stated address, their telephone is disconnected, or they are no longer at that telephone number. The provider should document three or more contacts including a certified letter that was sent and was "returned undeliverable" is documented in the medical records. Documenting that a certified letter was "sent" is not sufficient information. Recipients are not considered Lost to Follow-up if they can be located.
- **“Refused Care”:** This status is for recipients who required immediate diagnostic work up but who
 - Refused clinical procedure
 - Moved
 - Obtained health insurance
 - Changed EWC PCP for any reason
 - Fail to respond to telephone messages or certified letter, but letter was delivered
 - Fail to schedule or keep appointments

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Note: The provider should document three or more 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 Breast 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".

- A final diagnosis of breast cancer can only be determined by a pathology report from histologic examination of tissue/cells. Select No Breast Cancer/Benign – resume annual screening if cancer is not found during current diagnostic procedures. Resume annual screening.
- 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.

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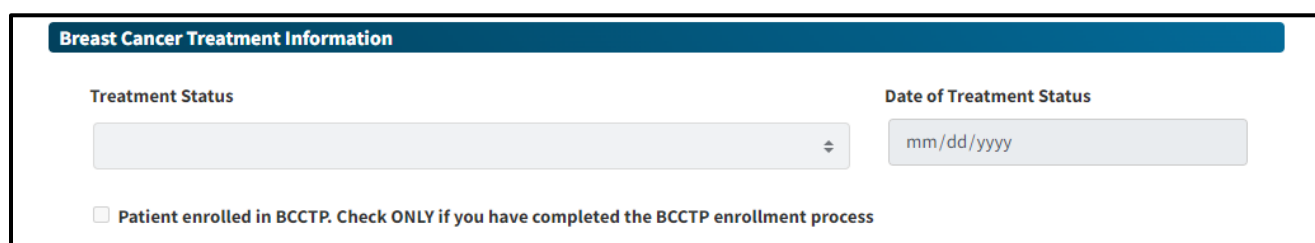
Date of Final Diagnosis

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.



The screenshot shows a form titled "Breast Cancer Treatment Information". It contains two main input fields: "Treatment Status" which is a drop-down menu, and "Date of Treatment Status" which is a text box with a placeholder "mm/dd/yyyy". Below these fields is a checkbox labeled "Patient enrolled in BCCTP. Check ONLY if you have completed the BCCTP enrollment process".

Figure 7.17: 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. Three attempts must be made to contact the recipient. The third attempt must be by certified letter. Attempts to contact the recipient must be documented in the recipient's medical record.
- 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., lumpectomy) in the Date of Treatment status field.

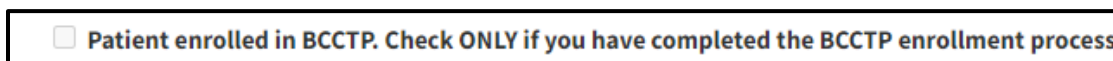


Figure 7.18: Patient enroll in BCCTP checkbox.

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

See the BCCTP website for a list of BCCTP qualifying diagnoses. If the breast 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 Breast Cancer Screening Cycle Data form to submit it. If submitted successfully, a box will appear at the top of the screen to inform you that the Record is saved successfully.

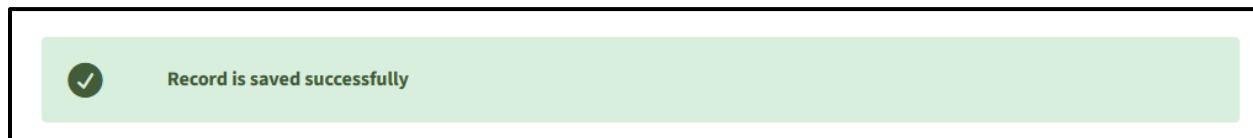


Figure 7.19: Record is saved successfully message.

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** 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** button the following message will pop-up:

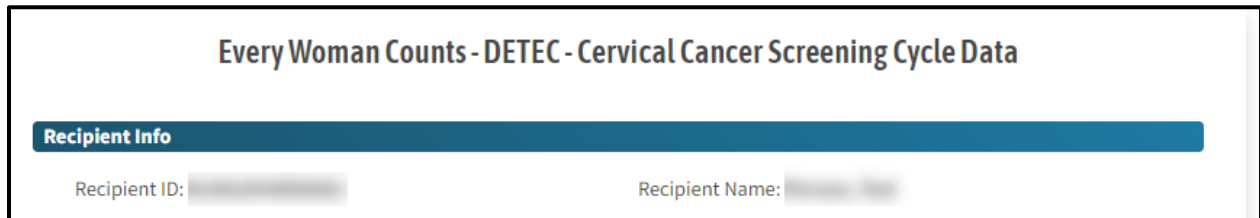
- The information below reflects only data that has been saved. Be sure to save/submit the recipient information before printing.

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 Data* form, if needed.

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 Info



The screenshot shows a web form titled "Every Woman Counts - DETEC - Cervical Cancer Screening Cycle Data". Below the title is a blue header bar labeled "Recipient Info". Underneath this bar, there are two input fields: "Recipient ID:" followed by a greyed-out text box, and "Recipient Name:" followed by another greyed-out text box.

Figure 7.20: 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 link in the navigation bar to find the correct recipient.

Risk

The screenshot shows a form with two main sections. The first section, titled "Recipient Info", contains two fields: "Recipient ID:" followed by a greyed-out input field, and "Recipient Name: person, tery". The second section, titled "Risk", contains a label "High Risk for Cervical Cancer" above a white drop-down menu with a downward-pointing arrow.

Figure 7.21: 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

The screenshot shows a form titled "Pap Test" with several input fields. On the left side, there are four fields: "PREVIOUS Pap Test?" (a drop-down menu), "Reason for CURRENT Pap Test" (a drop-down menu), "CURRENT Pap Test Result" (a drop-down menu), and "Other Pap Test Result" (a text input field). On the right side, there are two date input fields: "Date of PREVIOUS Pap Test" (with sub-fields for MM and YYYY) and "Date of CURRENT Pap Test" (with a sub-field for mm/dd/yyyy). The "Cervical Diagnostic Referral Date" field is also present with a sub-field for mm/dd/yyyy.

Figure 7.22: Pap Test section.

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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 the program's performance, ask 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., Family PACT) and the recipient was enrolled into EWC for diagnostic procedures.
- Pap test not done (ND): Select if the current Pap test was not performed and recipient goes directly for diagnostic procedures or HPV testing.

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Cervical Diagnostic Referral Date

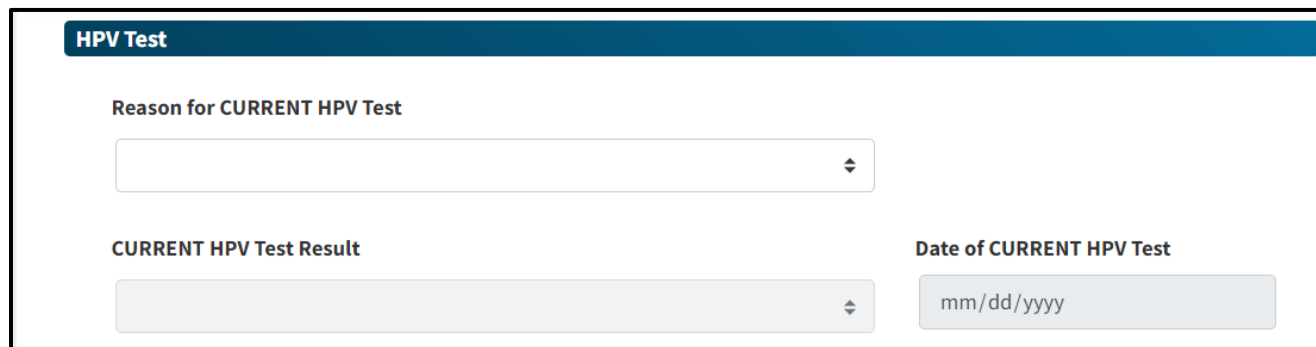
If the current Pap test was NOT performed, or performed but not reimbursed by EWC, enter the date of the HPV test or first diagnostic test reimbursed by EWC, whichever was done first. Enter the date using the following format: MM/DD/YYYY.

Current Pap Test Result

Select the Pap test result that best corresponds to the reported Pap test result from the drop-down list.

- Negative for intraepithelial lesion or malignancy
- Infection/Inflammation/Reactive Changes
- 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 drop-down 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.

HPV Test



The screenshot shows a form titled "HPV Test". It contains three main input areas: a drop-down menu for "Reason for CURRENT HPV Test", a drop-down menu for "CURRENT HPV Test Result", and a text input field for "Date of CURRENT HPV Test" with a placeholder "mm/dd/yyyy".

Figure 7.23: HPV Test section.

Reason for Current HPV Test

Select reason for current HPV testing from the drop-down list. Selection of a response is 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 (ND): Select if an HPV test was not performed.

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

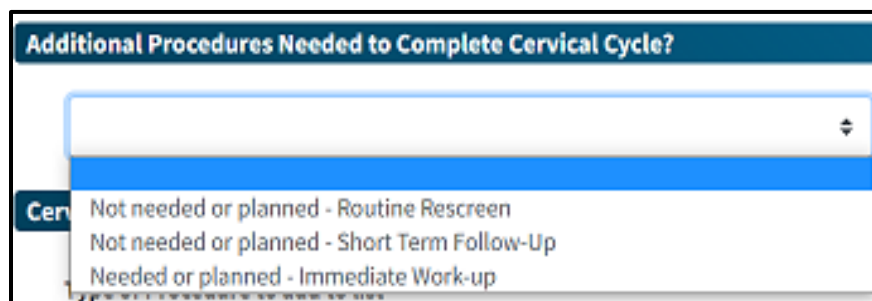


Figure 7.24: Additional Procedures Needed to Complete Cervical Cycle section drop-down menu.

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.

Cervical Diagnostic Procedures

Complete Cervical Diagnostic Procedures and/or “Immediate Work-up” is selected in the *Additional Procedures Needed to Complete Cervical Cycle* field.

The screenshot shows a form titled "Cervical Diagnostic Procedures" with a blue header. The form is divided into two main sections. The top section is for adding a procedure, featuring a dropdown menu for "Type of Procedure to add to list", a date input field for "Date of Procedure" with a placeholder "mm/dd/yyyy", and two buttons labeled "Add" and "Remove" next to a large empty list box. The bottom section is for other procedures, with a dropdown for "Other Cervical Procedure Performed", a text input for "Specify 'Other' Procedure" with a placeholder "Other Procedure", and a date input for "Date of Other Procedure" with a placeholder "mm/dd/yyyy".

Figure 7.25: Cervical Diagnostic Procedures section.

Type of Procedure

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

- Colposcopy without Biopsy: If colposcopy without biopsy was performed, enter the date of the procedure.
- Colposcopy with Biopsy and/or endocervical curettage (ECC): If colposcopy with biopsy and/or ECC was performed, enter the date of the procedure.
- Loop Electrosurgical Excision Procedure (LEEP): If LEEP was performed, enter the date of the procedure.
- Cold Knife Cone (CKC): If CKC was performed, enter the date of the procedure.
- ECC alone: If a stand-alone ECC was performed, enter the date of the procedure.

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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

Double 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

Highlight the procedure you would like to remove from the list then click **Remove**.

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

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 7.26: 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 is for recipients who required immediate diagnostic work up but who cannot be reached because they do not reside at the stated address, their telephone is disconnected or they are no longer at that telephone number. The provider should document three or more contacts including a certified letter that was sent and was "returned undeliverable" is documented in the medical records. Documenting that a certified letter was "sent" is not sufficient information. Recipients are not considered “Lost to Follow-up” if they can be located.

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- **“Refused Care”**: This status is for recipients who required immediate diagnostic work up but who
 - Refused clinical procedure
 - Moved
 - Obtained health insurance
 - Changed EWC PCP for any reason
 - Fail to respond to letter and telephone messages
 - Fail to schedule or keep appointments

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.

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- HPV / Condylomata/Atypia: Select this when the cytology report notes cellular changes associated with the HPV and no higher-grade atypia.
- 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).
- 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.

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- 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

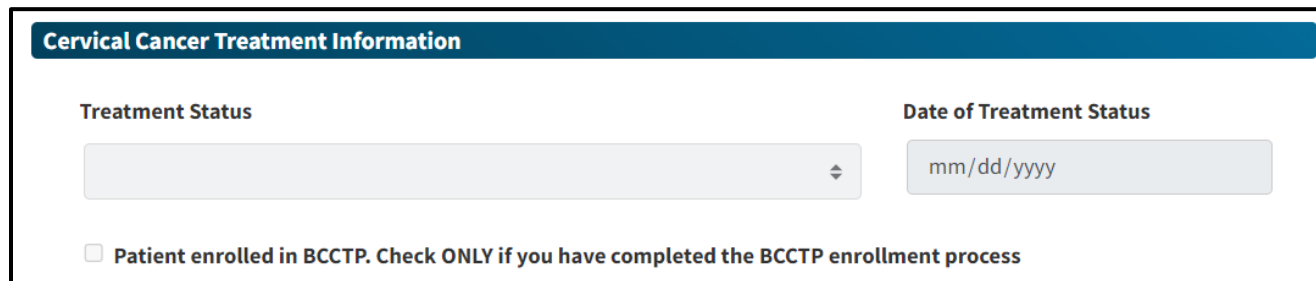
Note: Do not enter a repeat Pap test result as an “Other” cervical cancer final diagnosis.

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.



Cervical Cancer Treatment Information

Treatment Status Date of Treatment Status

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

Figure 7.27: 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. Three attempts must be made to contact the recipient. The third attempt must be by certified letter. Attempts to contact the recipient must be documented in the recipient's medical record.
- **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 7.28: Patient enroll in BCCTP checkbox.

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

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 of the screen to inform you that the Record is saved successfully.

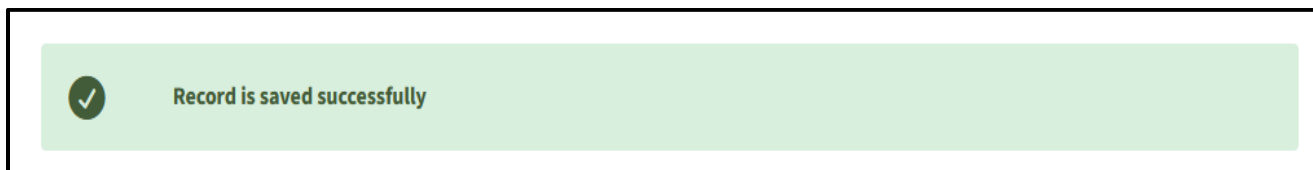


Figure 7.29: Record is saved successfully message.

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** 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** button the following message will pop-up:

- The information below reflects only data that has been saved. Be sure to save/submit the recipient information before printing.

Note: The Print button prints only what is visible on the screen. There is a Print button on every DETEC screen. Use the Print button found at the bottom of the screen to print the DETEC Cervical Cancer Screening Cycle Data form. Retain a copy in the medical record, if needed.

Editing Records

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

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.

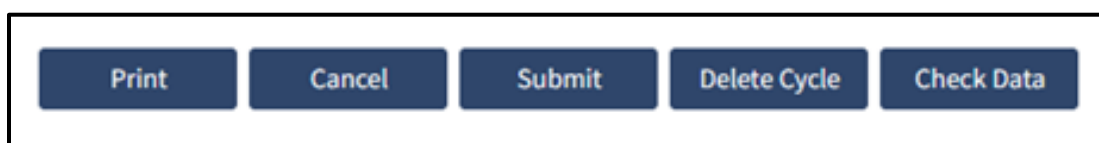


Figure 8.1: Check data option.

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 a box at the top of the Data form, under a box entitled **Warnings With This Cycle**.

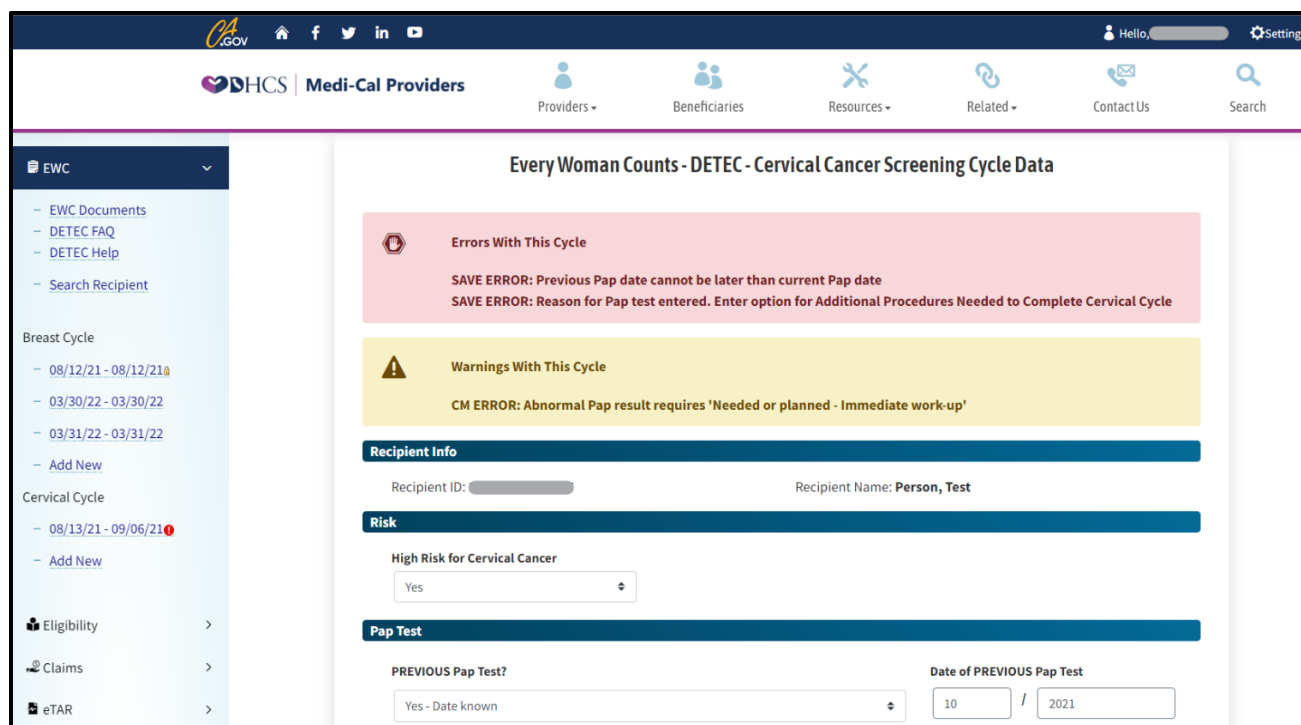


Figure 8.2: Error With this Cycle pop-up message.

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 left column 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”.

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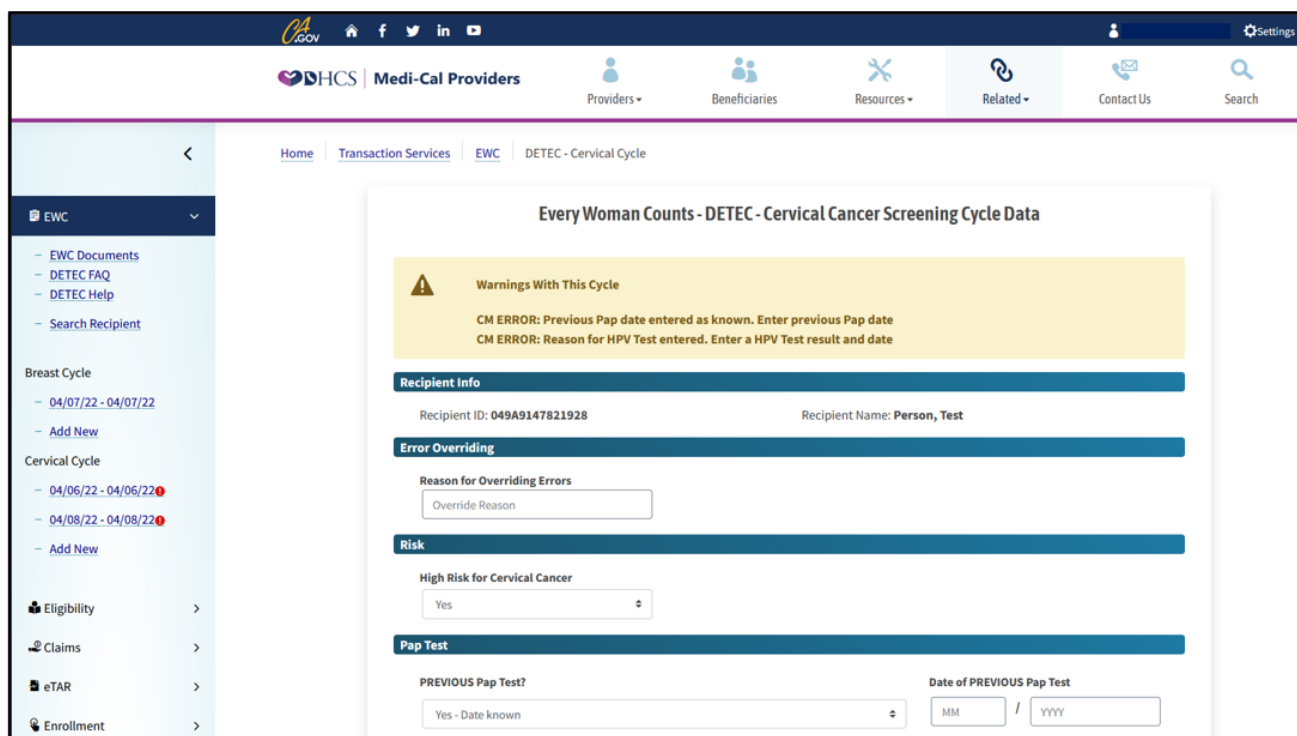


Figure 8.3: Warning With This Cycle pop-up message.

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:

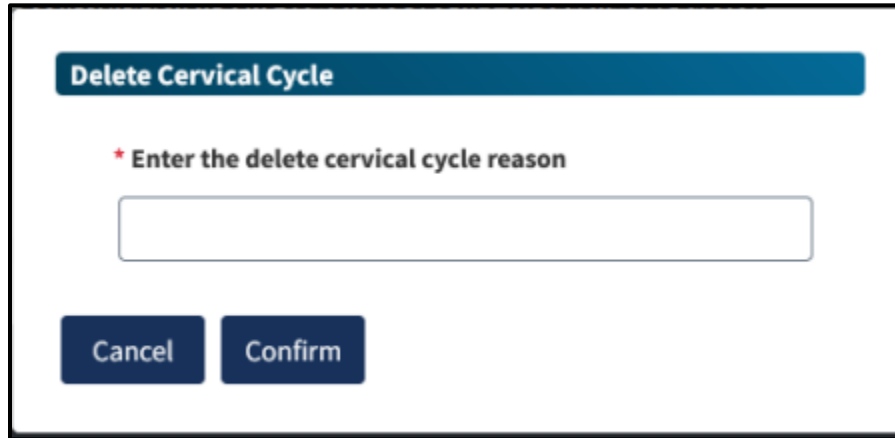
Editing Previous Open Cycles

- In the left column navigation bar, click the cycle you want to either provide additional data for 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 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

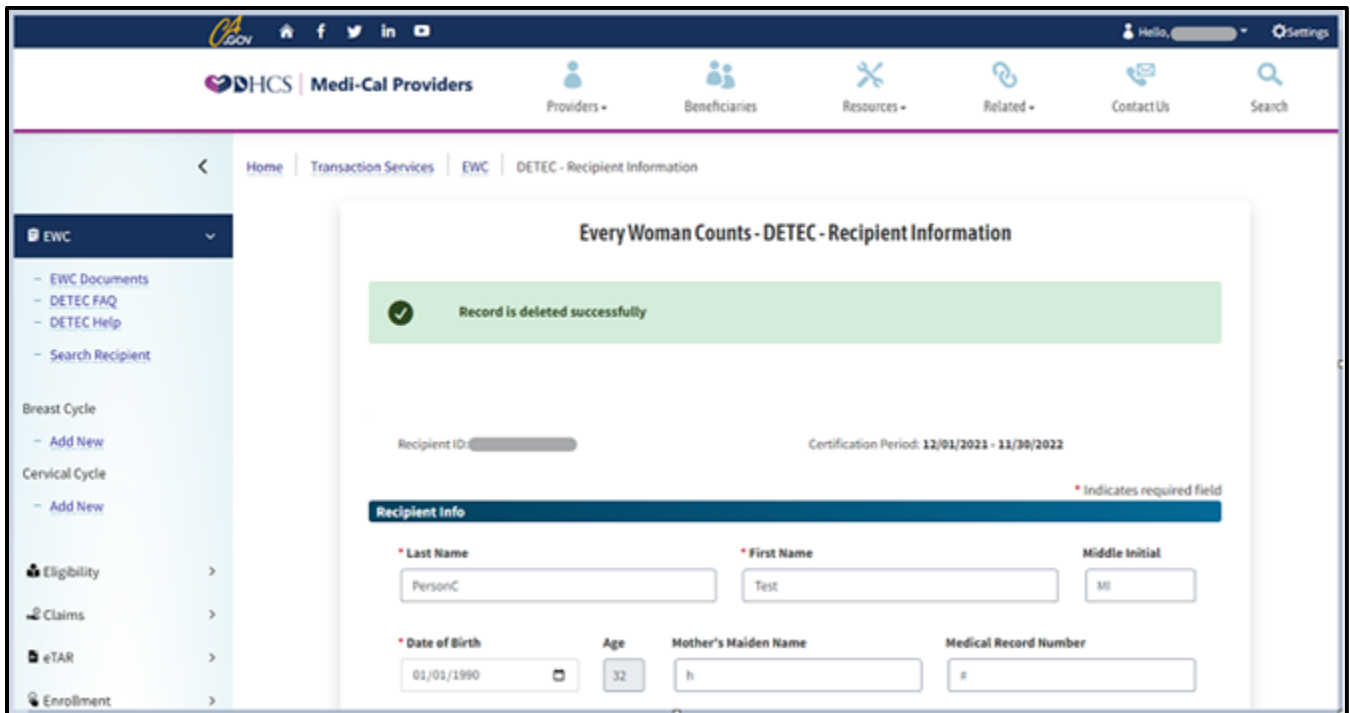
- Click the Delete Cycle button to delete cycle previously entered. A pop-up box requesting a reason to delete a cycle will appear.



The screenshot shows a modal window titled "Delete Cervical Cycle". At the top, there is a blue header bar with the title. Below the header, there is a red asterisk followed by the text "Enter the delete cervical cycle reason". Underneath this text is a large, empty white text input field. At the bottom of the modal, there are two blue buttons: "Cancel" on the left and "Confirm" on the right.

Figure 8.4: Delete Cervical Cycle page.

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



The screenshot shows the "Every Woman Counts - DETEC - Recipient Information" page. At the top, there is a navigation bar with the DHCS logo and "Medi-Cal Providers" text. Below the navigation bar, there are several icons for "Providers", "Beneficiaries", "Resources", "Related", "Contact Us", and "Search". The main content area has a breadcrumb trail: "Home > Transaction Services > EWC > DETEC - Recipient Information". On the left side, there is a sidebar menu with "EWC" expanded, showing options like "EWC Documents", "DETEC FAQ", "DETEC Help", and "Search Recipient". Below the sidebar, there are sections for "Breast Cycle" and "Cervical Cycle", each with an "Add New" button. The main content area features a green success message: "Record is deleted successfully" with a checkmark icon. Below the message, there is a "Recipient ID" field and a "Certification Period" of "12/01/2021 - 11/30/2022". A "Recipient Info" section contains several required fields: "Last Name" (PersonC), "First Name" (Test), "Middle Initial" (MI), "Date of Birth" (01/01/1990), "Age" (32), "Mother's Maiden Name" (h), and "Medical Record Number" (a). A red asterisk indicates that fields with an asterisk are required.

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
CMC	Computer Media Claims
COS	Category of Service
CPIC	Cancer Prevention Institute of California (EWC patient referral call center)
DETEC	<u>DE</u> Tecting <u>E</u> arly <u>C</u> ancer
DHCS	Department of Health Care Services
EWC	Every Woman Counts Program
FI	DHCS Fiscal Intermediary
Family PACT	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

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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
RC	Regional Contractor, a local resource for Every Woman Counts
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
<p>Telephone Service Center (TSC) 1-800-541-5555 8 a.m. – 5 p.m., Monday – Friday</p> <p>Medi-Cal Point of Service (POS)/Internet Help Desk 6 a.m. – 12 a.m., 7 days a week</p> <p>Computer Media Claims Help Desk (CMC) 8 a.m. – 5 p.m., Monday – Friday</p>	<ul style="list-style-type: none"> • 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 • CMC claims submission and technical assistance
<p>EWC Regional Contractor, Clinical Coordinators</p> <p>A complete list of contractors is located on the Every Woman Counts website at: http://www.dhcs.ca.gov/services/cancer/EWC/Pages/RegionalContractors.aspx</p>	<ul style="list-style-type: none"> • 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

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

Contact Information	Assistance Available
Every Woman Counts website: http://www.dhcs.ca.gov/services/Cancer/ewc/Pages/default.aspx	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • BCCTP eligibility • Eligibility policy questions • BCCTP application questions • Information about BCCTP
Every Woman Counts Consumer Line and Telephone Provider Locator 1-800-511-2300	<ul style="list-style-type: none"> • 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
<i>Every Woman Counts</i> section of the Medi-Cal Provider Manual (ev woman) Website: https://medi-cal.ca.gov	<ul style="list-style-type: none"> • 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	CMC
General Inquiries	TSC
In-state and Border Providers	DHCS
Out-of-State Providers	OOS
Medi-Cal POS Network	POS

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Table: Manuals and General Information

Category of Assistance	Contact
Automated Eligibility Verification System (AEVS) User Manual	POS
Supplemental Claims Payment Information (SCPI) Manual ±	CMC
Computer Media Claims Technical Manual ±	CMC
Internet Professional Claim Submission (IPCS) User Guide	POS
Medi-Cal Point of Service Network Interface Specifications ±	POS
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	POS
Internet Batch Eligibility Application – Eligibility Verification	POS
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

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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
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) Child Health and Disability Prevention Program (CHDP) Computer Media Claims (CMC) 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.

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

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

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