Every Woman Counts

Step-by-Step Provider User Guide

California Department of Health Care Services
Benefits Division and
California MMIS Fiscal Intermediary

www.medi-cal.ca.gov

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TABLE OF CONTENTS

INTRODUCTION 4

SCOPE OF BENEFITS 4

PROVIDER PARTICIPATION 4
- Primary Care Providers 4
- Referral Providers 5
- Data Requirements 5
- Recipient Eligibility 5
- Income 5
- Health Insurance 5

THE DETEC APPLICATION 6
- Accessing Online Forms 6
- Accessing the DETEC Application 6

EVERY WOMAN COUNTS DOCUMENTS 10
- Step-By-Step Provider User Guide 10
- Consent to Participate in Program and Privacy Statement Forms 10
- Recipient Eligibility Forms 10
- Breast and Cervical Screening Cycle Data Worksheets & Instructions 10
- Covered Procedures 10

QUICK REFERENCE GUIDE: DETEC – SEARCH RECIPIENT 12

ENTERING A NEW RECIPIENT 13
- DETEC – Search Recipient 13

COMPLETING THE DETEC – ENROLL RECIPIENT ONLINE FORM 16
- Recipient Info 17
- Certification Section 20
- Breast and Cervical Cancer Treatment Program (BCCTP) Enrollment 20
- How to Add Recipient When Matches are Found 22
- Valid Reasons for New Recipient Enrollment 23
- Invalid Reasons for New Recipient Enrollment 24
- Existing Recipient 24
- Previous Enrollment by Other EWC Primary Care Providers 24
- Recertification of Recipients 26
- Print 28

NAVIGATION BAR REFERENCES AND FUNCTIONS 31
- EWC Documents 31
- DETEC FAQs 31
- DETEC Help 31
- Search/Add Recipient 31
- Breast and Cervical Cycles 31
- Add New 31

ADDING NEW BREAST AND CERVICAL CANCER SCREENING RECORDS 33

COMPLETING THE DETEC *BREAST CANCER SCREENING CYCLE DATA* ONLINE FORM..... 35
Risk..... 36
Clinical Breast Exam 36
CURRENT CBE Results..... 37
Mammogram 38
Screening MRI..... 39
Additional Procedures Needed to Complete Breast Cycle 41
Breast Imaging Procedures 42
Breast Diagnostic Procedures..... 44
Breast Work-up Status and Final Diagnosis Information..... 46
Breast Cancer Treatment Information..... 48
Print 49

COMPLETING THE DETEC CERVICAL CANCER SCREENING CYCLE DATA ONLINE FORM ... 50
Risk..... 51
Pap Test..... 51
HPV Test..... 53
Additional Procedures Needed to Complete Cervical Cycle 54
Cervical Diagnostic Procedures 55
Cervical Work-up Status and Final Diagnosis Information..... 57
Cervical Cancer Treatment Information 59
Print 59

EDITING RECORDS 60
Issues With This Cycle..... 60

CLAIM SUBMISSION..... 62

DATA SUBMISSION 62

BREAST AND CERVICAL CANCER TREATMENT PROGRAM (BCCTP)..... 62

TERMS AND ACRONYMS..... 63

PROVIDER RESOURCES..... 64

MEDI-CAL DIRECTORY 65

Introduction

The Step-by-Step User Guide is an instruction manual for enrolling individuals and entering data via the internet for the California Department of Health Care Services (DHCS) breast and cervical cancer screening program known as Every Woman Counts (EWC). The online data entry system is DETecting Early Cancer (DETEC). Only Primary Care Providers (PCPs) will complete the online DETEC *Enroll Recipient, Recipient Information, Breast Cancer Screening Cycle Data* and *Cervical Cancer Screening Cycle Data* forms. PCPs will need computers with internet access to complete these forms. Recipient information is mandated by the Centers for Disease Control and Prevention (CDC) and the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to monitor clinical outcomes. PCPs are eligible for Case Management (CM) payment upon submission of complete and accurate recipient data using the appropriate online forms. This complete and accurate data is necessary for continued NBCCEDP funding of EWC.

Scope of Benefits

EWC is a breast and cervical cancer screening program with benefits paid to all enrolled Medi-Cal providers. CM payment will be offered only to PCPs when they perform CM services and submit recipient information using the online DETEC *Recipient Information* form and the DETEC *Breast Cancer Screening Cycle Data* and *Cervical Cancer Screening Cycle Data* forms. CM fees are paid after complete and accurate data submission and paid only once per recipient per PCP per calendar year. A complete review of the online DETEC forms will be covered later in this user guide. For a complete list of covered services, please refer to the *Every Woman Counts* (ev woman) section of the Medi-Cal provider manual found on the Medi-Cal website at *www.medi-cal.ca.gov*.

Provider Participation

Primary Care Providers

PCPs are providers who are enrolled in EWC a *Primary Care Provider Enrollment Agreement* (PCPEA). Some PCPs only enroll for breast cancer screening services, while other enrolled PCPs conduct breast and cervical cancer screening services. PCPs perform clinical breast exams (CBE) and/or pelvic exams/Pap tests, and coordinate recipient care. 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 complete and submit the *Breast Cancer Screening Cycle Data* and/or *Cervical Cancer Screening Cycle Data* forms. Each PCP must complete a *Medi-Cal Point of Service (POS) Network/Internet Agreement* and have internet access to participate in this program. Reporting the final outcome for each recipient of the screening and diagnostic service provided is very important for future program funding.

PCPs are required to inform the referral providers of the billing requirements, covered services, recipient's eligibility status and the 14-digit recipient identification (ID) number. PCPs remain responsible for ensuring that clinical standards of the program are met. PCPs are responsible for obtaining and submitting data (e.g., diagnostic procedures, final diagnosis and treatment status) from referral providers.

Referral Providers
Referral providers are any providers to whom PCPs refer EWC patients, including radiologists, surgeons, anesthesiologists and pathologists. PCPs can refer recipients to any appropriate Medi-Cal provider in good standing.

Referral providers must comply with the following:

- Accept individuals referred by the PCP
- Provide services according to the program clinical standards
- Report all screening and diagnostic findings to the PCP in a timely manner
- Bill Medi-Cal using the EWC Recipient ID number given to them by the PCP
- Accept Medi-Cal rate of payment as payment in full

Data Requirements

As part of ongoing quality improvement, 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 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.

Recipient Eligibility

For current eligibility information and criteria, refer to the *Every Woman Counts* (ev woman) section of the appropriate Part 2 provider manual.

Income

Federal poverty level incomes are adjusted on an annual basis (in April) and are published every year in the *Medi-Cal Update* bulletins and manual pages.

Health Insurance

To be eligible for the EWC program, PCPs must certify that the recipient is uninsured or underinsured by recipient self-report. For current insurance information and income criteria, refer to the *Every Woman Counts* (ev woman) section of the Medi-Cal provider manual.

The DETEC Application

Accessing Online Forms

PCPs complete online forms in order 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.

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

Accessing the DETEC Application

Complete and submit the *Medi-Cal Point of Service (POS) Network/Internet Agreement*.

Call the Telephone Service Center (TSC) at 1-800-541-5555 and select the POS/internet option for assistance.

Connect to the internet.

Point your browser to *www.medi-cal.ca.gov* (*Figure 1*).

Click the **Providers** tab.

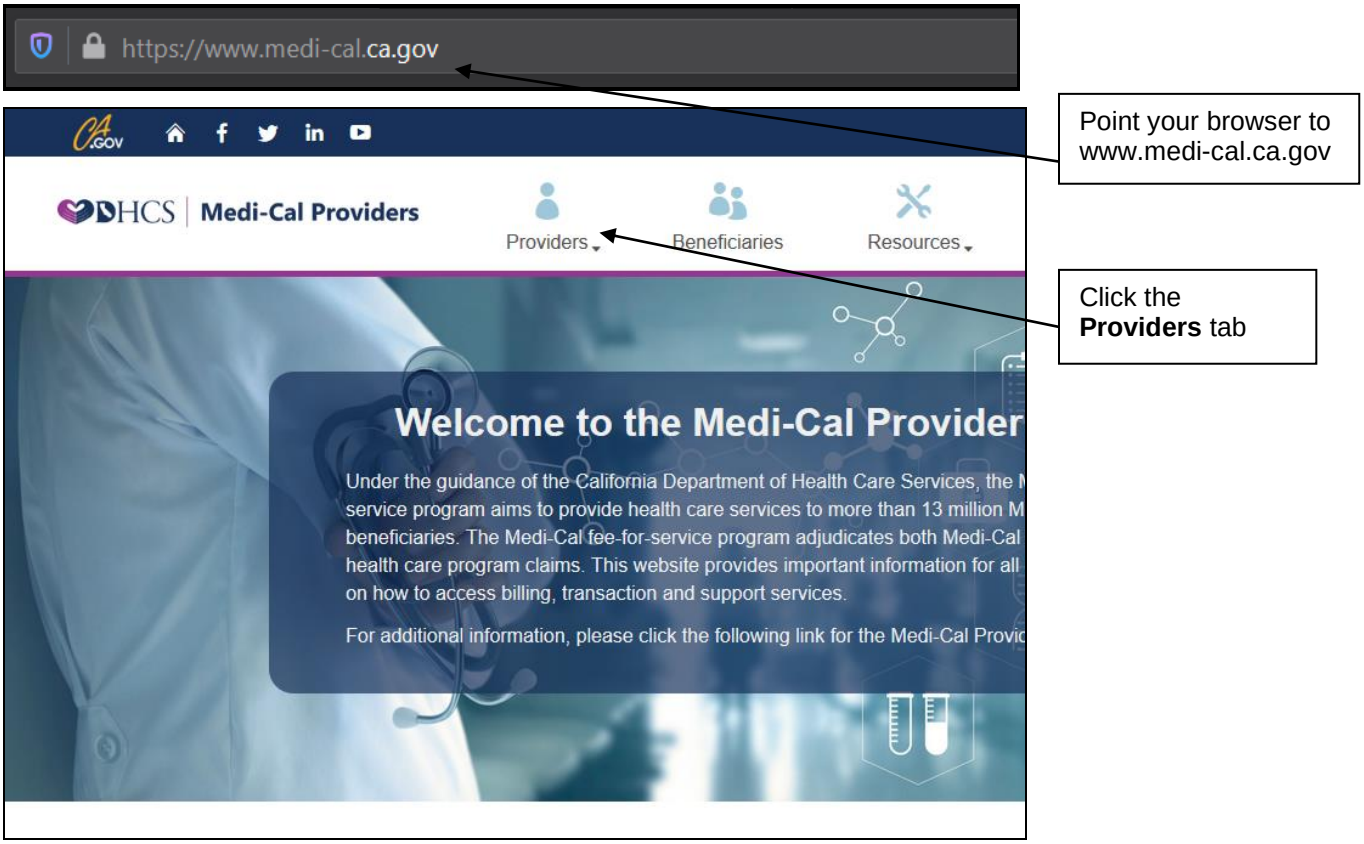
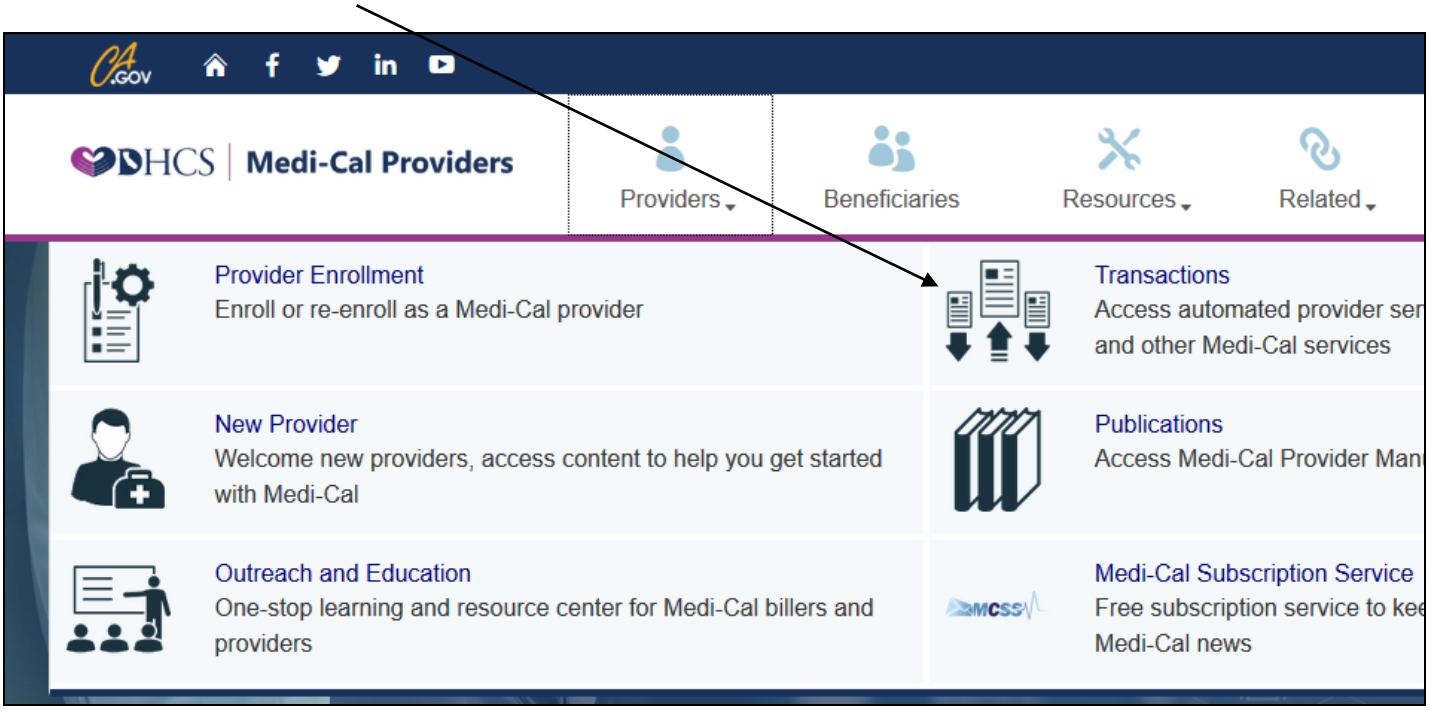


Figure 1. Medi-Cal Website Home Page.

Click the **Transactions** tab.



Type in the National Provider Identifier (NPI) number of the site where the recipient is enrolling to receive EWC services (*Figure 2*).

Type in the Provider ID Number (PIN) associated with the above NPI number.

Click the **Submit** button.

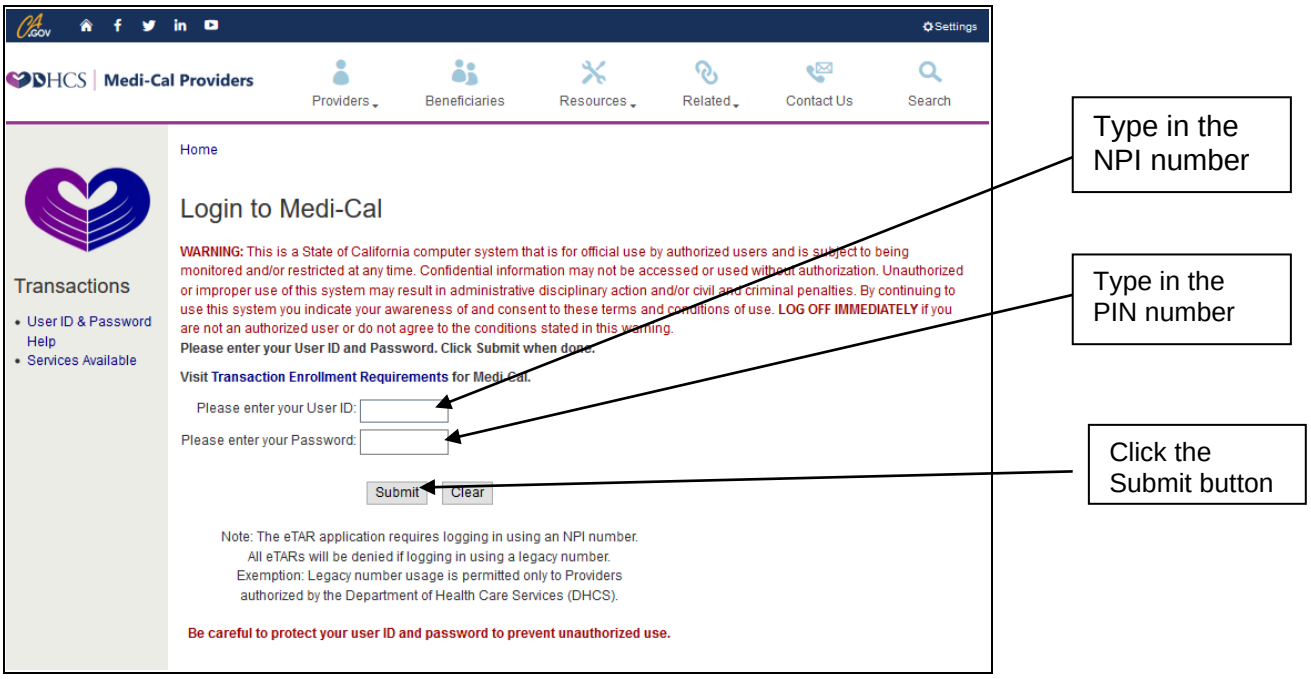


Figure 2. Login Page for Transaction Services.

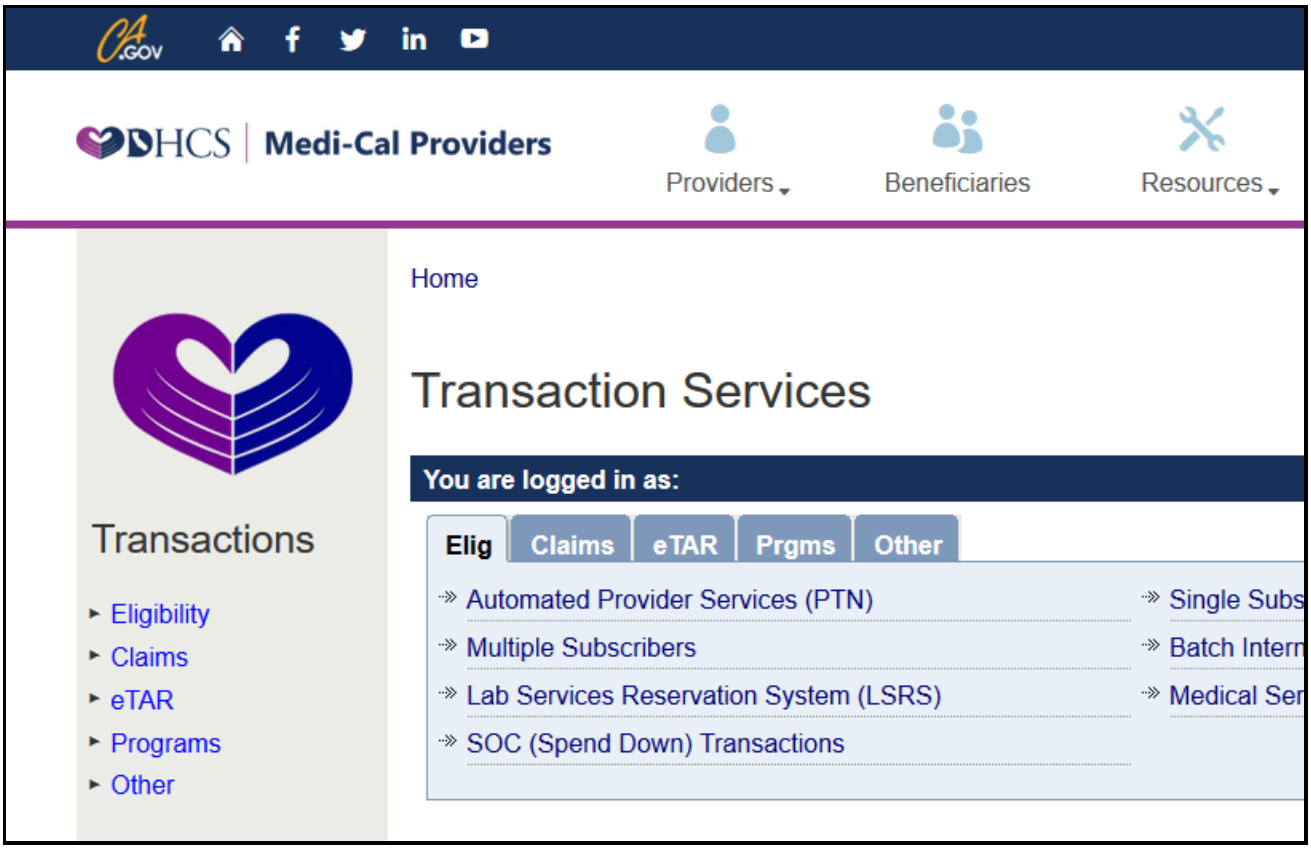


Figure 3. Transaction Services Page After Logging In.

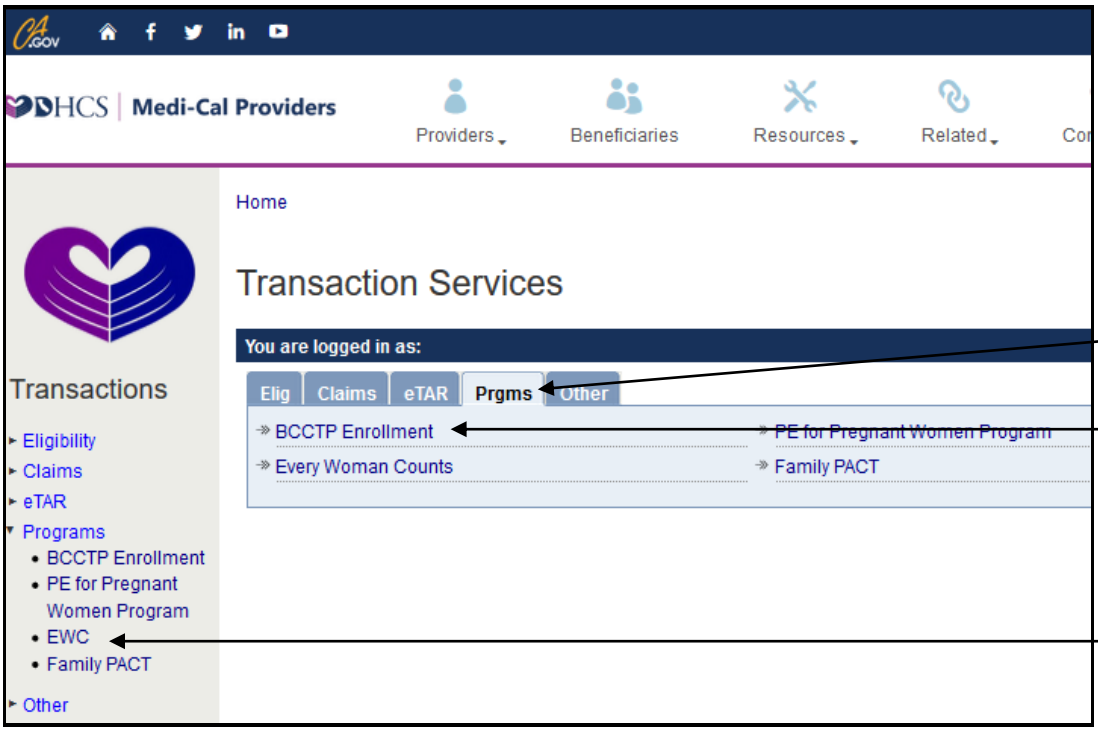
Within **Transaction Services**, click the **Prgms** (Programs) tab and then click the **Every Woman Counts** link (*Figure 3*).

OR

Select the **EWC** link under **Programs** from the menu in the left column navigation bar. The DETEC – Search Recipient screen will appear.

If the links do not appear as an option, the NPI number you used is not identified as an EWC PCP (*Figure 4*).

Check with your 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 to verify that a *Medi-Cal Point of Service (POS) Network/Internet Agreement* is on file.



Click the **Prgms** tab then click the **Every Woman Counts** application link.

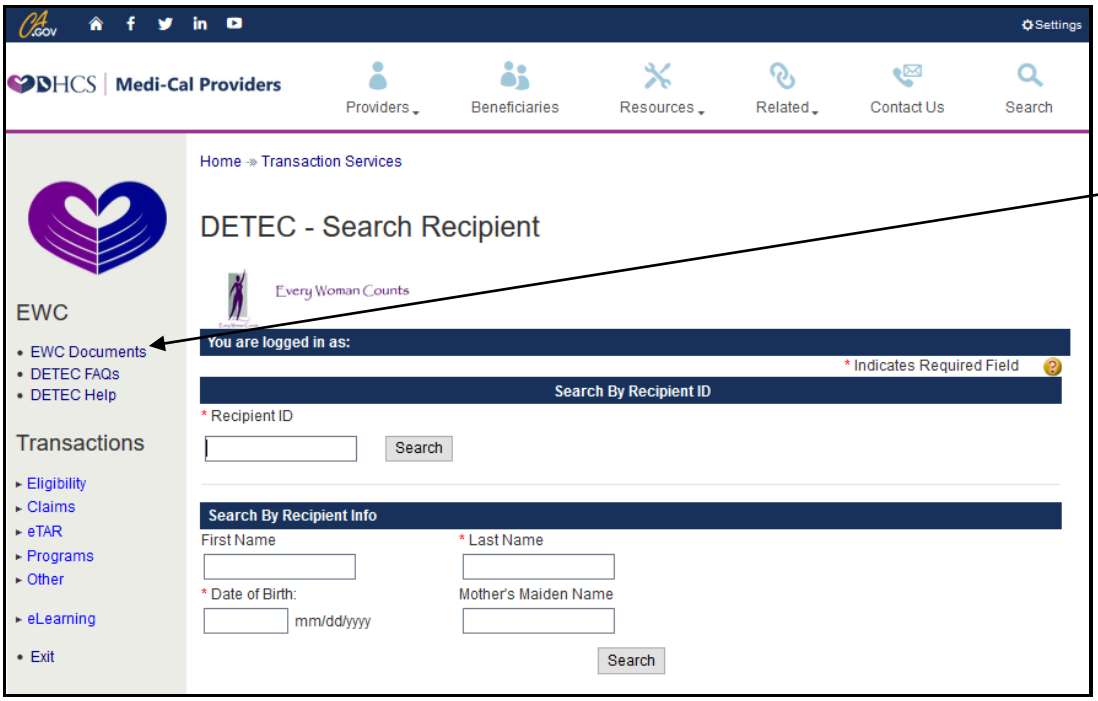
OR

Select the **EWC** application link under the Programs menu.

Figure 4. Transaction Services Page After Logging In.

Every Woman Counts Documents

In addition to completing the online DETEC forms, PCPs and recipients are required to complete paper forms to enroll recipients. From the left column navigation bar, click **EWC Documents** (*Figure 5*) to download the required forms from the Every Woman Counts page. An initial step in the enrollment process is having the recipient complete their portion of the required *Recipient Eligibility* form, currently available in English and Spanish, and the *Consent to Participate in Program* form currently available in English only. In addition to obtaining a signed consent form, providers must ensure that the recipient receives and reads the *Notice of Privacy Practices* (*NPP)*, which is available on the DHCS website in several different languages at www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx. The originals of the signed *Recipient Eligibility* and *Consent to Participate in Program* forms must be kept in the recipient's medical record.



Click the **EWC Documents** link to access the "downloads" page

Figure 5. EWC Documents Link.

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 (*Figure 6*).

Note: Every recipient enrolled in EWC is required to receive the *Consent to Participate in Program* and *NPP* forms. The *NPP* is available on the DHCS website.

Settings

DHCS | Medi-Cal Providers

Providers | Beneficiaries | Resources | Related | Contact Us | Search

Home » Programs

Every Woman Counts (EWC) Manuals, Forms and Worksheets

Every Woman Counts (EWC) Step-By-Step Provider User Guide

- Step-By-Step Provider User Guide

Notice of Privacy Practices Form

The Notice of Privacy Practices can be downloaded from the Notice of Privacy Practices page of the DHCS website in English and the following languages:

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

Recipient Application (Provider Use Only)

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

Provider Data Request Form

- Enrollment and Recipient Cycles Data Request Form (DHCS 8646, fillable PDF version)

Covered Procedures

- Breast Only Primary Care Provider Covered Procedures (DHCS 8471)
- Breast and Cervical Primary Care Provider Covered Procedures (DHCS 8472)
- Referral Provider Covered Procedures (DHCS 8473)

Note: If you cannot view the MS Word or PDF (Portable Document Format) documents correctly, please visit the Web Tool Box to link to a download site for the appropriate reader.

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Required documents to include in recipient's medical record

Optional documents (posted for information)

Figure 6. Every Woman Counts Page.

Quick Reference Guide: DETEC – Search Recipient

1. Search to ensure that recipient is not already enrolled
   a. Enter Recipient ID *or*
   b. Enter Recipient Info; minimum required info is DOB and Last Name

2. Double-check spelling and accuracy of entered information

3. Click the **Search** button

4a. If matching records found
   a. Carefully review the possible system matches
   b. Click the listed Recipient ID(s) for more detailed information
   c. If record matches and information needs updating, input any necessary information, click **Update Recipient** button
   d. If record matches and no information needs updating, proceed to Step 5
   e. If record does not match, click **Return to Search** and begin again, using Step 4b (below)

4b. If *no* matching records found
   a. Click **Add New Recipient** link
   b. Enter all requested information accurately and completely
   c. Click **Submit**
   d. Review any recipient data issues that may be listed and correct
   e. Double-check all information
   f. Click **Print Card**
   g. Proceed to Step 5

5. Proceed to enter applicable data cycle information, by using the left-hand navigation bar

For detailed information on any of these steps, see pages 12 – 26.

Entering a new recipient

DETEC – Search Recipient

To access the DETEC *Enroll Recipient* online form, you must first search for the recipient being enrolled. Enter at least the first two letters of their last name, enter their date of birth and click the **Search** button (*Figure 7*). Enter the date of birth in the following format: MM/DD/YYYY. For example, November 1, 1953, would be entered as 11/01/1953.

When you search, a number of things can happen:

1. If the recipient is found in the database, the recipient information will be shown at the bottom of the DETEC – Search Recipient screen. Click the **Recipient ID** number to access the recipient's DETEC – Recipient Information screen.
2. If the recipient is not found in the database, a message will appear suggesting a new search switching the month and day of birth (if the day is between 1 and 12) and/or switching the first and last names, if both have been entered (*Figure 8*).
3. If after switching birth month and day, and/or first and last name, 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 page 18 of this user guide for instructions on completing the DETEC *Enroll Recipient* online form.
4. If multiple recipients are identified as a result of the search, click the **Recipient ID** to access the DETEC – Recipient Information screen for any previously enrolled recipient to compare the recipient information with the recipient being searched.

   Search results are matched to the provider and marked "You" and "Other" (*Figure 9*).

   If the Recipient ID number and name is a match and marked "You," select the record by clicking the **Recipient ID**.

   If the recipient information matches but the record is marked "Other," select the record and see page 29 for instructions on creating a record for this recipient.

Note: Unless you are sure this is a new recipient, use the *Existing Recipient ID* and record. 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.

If the recipient is not found, but you know they were enrolled previously, here are some tips before enrolling them again and creating a new ID number:

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.

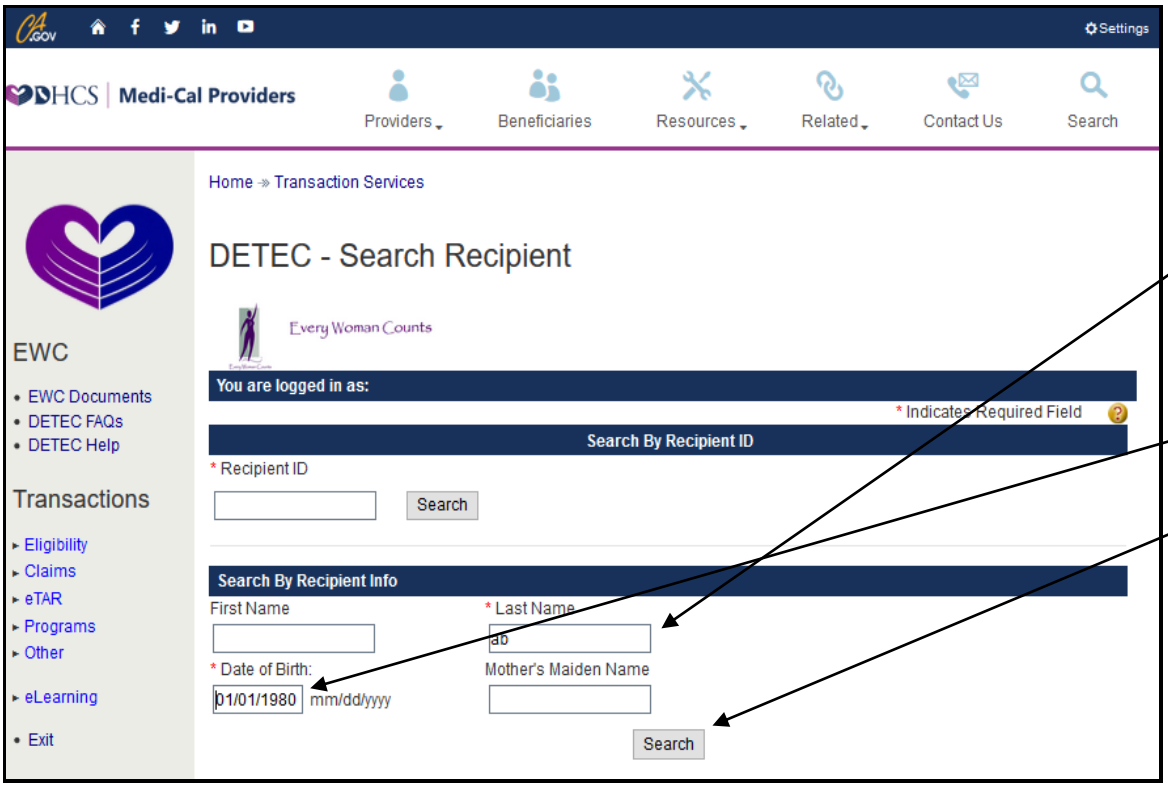
If the recipient's ID card is available, enter the complete Recipient ID in the *Recipient ID* field and click **Search**.

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).

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



To enroll a recipient:

- Enter at least the first two letters of their last name (not case sensitive)
- Enter their date of birth in the format as shown
- Click the **Search** button

Figure 7. DETEC – Search Recipient Screen.

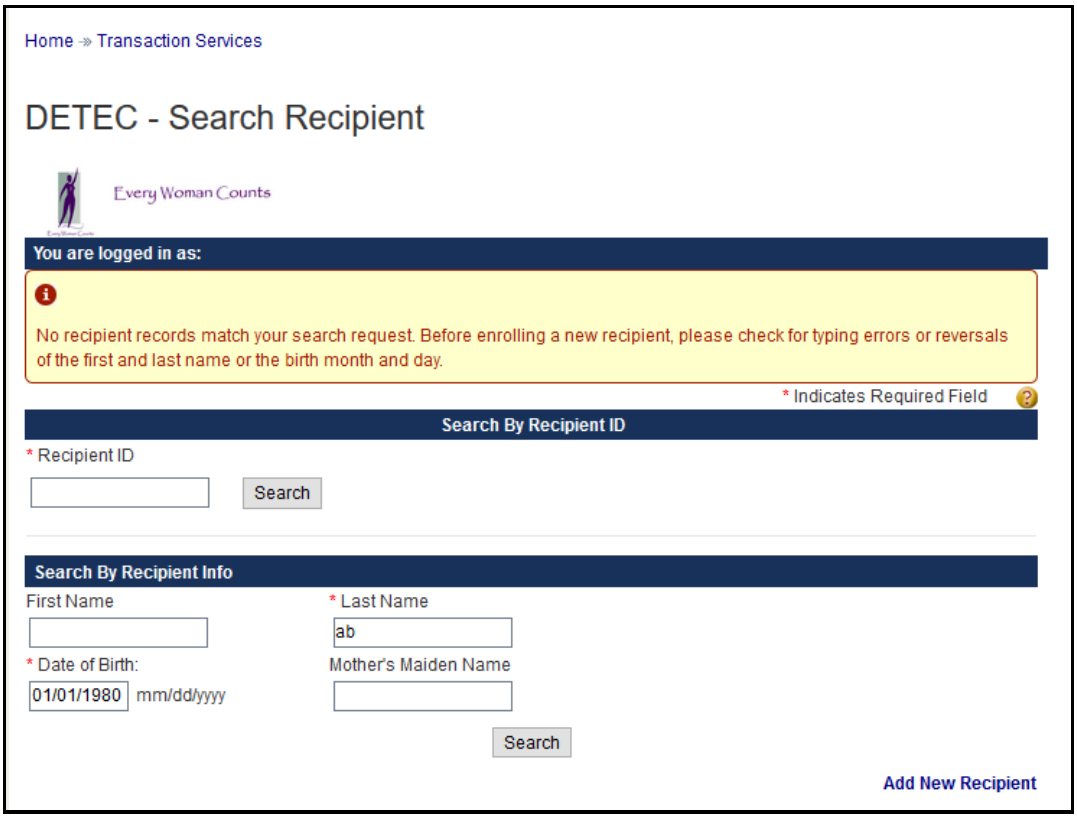
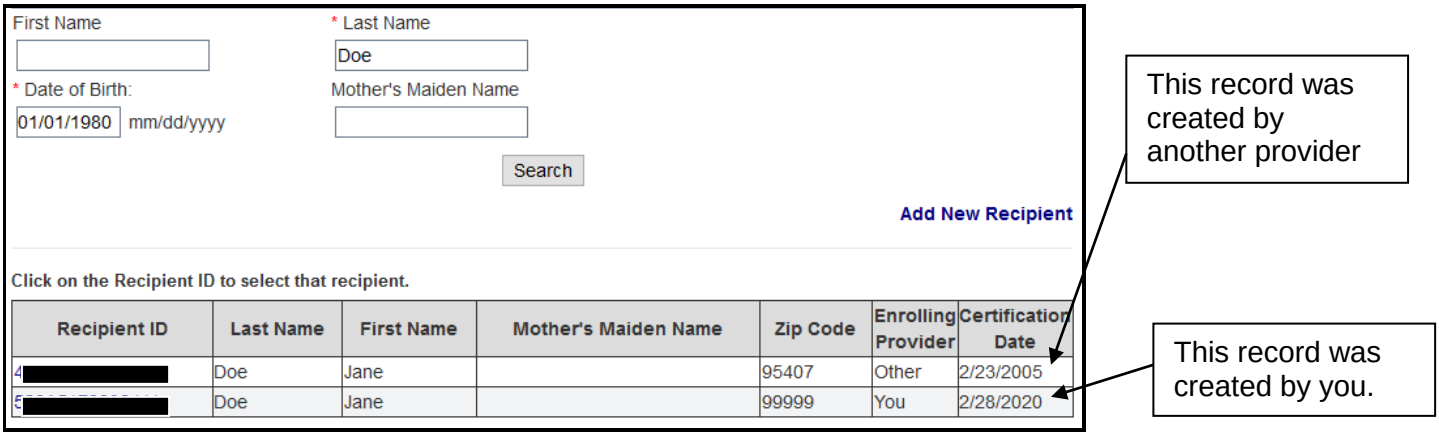


Figure 8. DETEC – Search Recipient Screen with no Match Found.



Completing the DETEC – Enroll Recipient Online Form

DETEC - Enroll Recipient

Every Woman Counts

You are logged in as:

* Indicates Required Field

Recipient Info

* Last Name: Doe
* First Name: Jane
Middle Initial:
* Date of Birth: 10/10/1987 mm/dd/yyyy
Mother's Maiden Name:
Medical Record Number:
* Gender - Select One: Female
Other Gender:
Social Security Number:
* Address:
* City:
State: CA
* 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 - Select One: Select One
Pacific Islander - Select One: 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:
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:

Return to Search | Submit | Discard Changes

Figure 10. DETEC *Enroll Recipient* Online Form.

To access the DETEC *Enroll Recipient* online form (*Figure 10*), a search must first be done for the recipient you are trying to enroll. For instructions on completing a search, see page 12. If a search does not find the recipient in the database, click the **Add New Recipient** link (*Figure 9*) to access the DETEC *Enroll Recipient* online form.

Recipient Info

Recipient Info

* Last Name: Doe
* First Name: Jane
Middle Initial:
* Date of Birth: 10/10/1987 mm/dd/yyyy
Mother's Maiden Name:
Medical Record Number:
* Gender - Select One: Female
Other Gender:
Social Security Number:
* Address: 840 still water
* City: Sacramento
State: CA
* Zip Code: 92126
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 - Select One: Select One
Pacific Islander - Select One: Select One

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 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.

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 recipient.

Gender - Select One: Select recipient's gender from 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: Enter the recipient's Social Security Number (SSN). SSN is optional. However, if SSN is entered, it must be 9 digits or left blank to save the enrollment record.

E-mail: Enter recipient's e-mail address. E-mail address is optional. However, if entered it must be in a valid format or left blank to save the enrollment record.

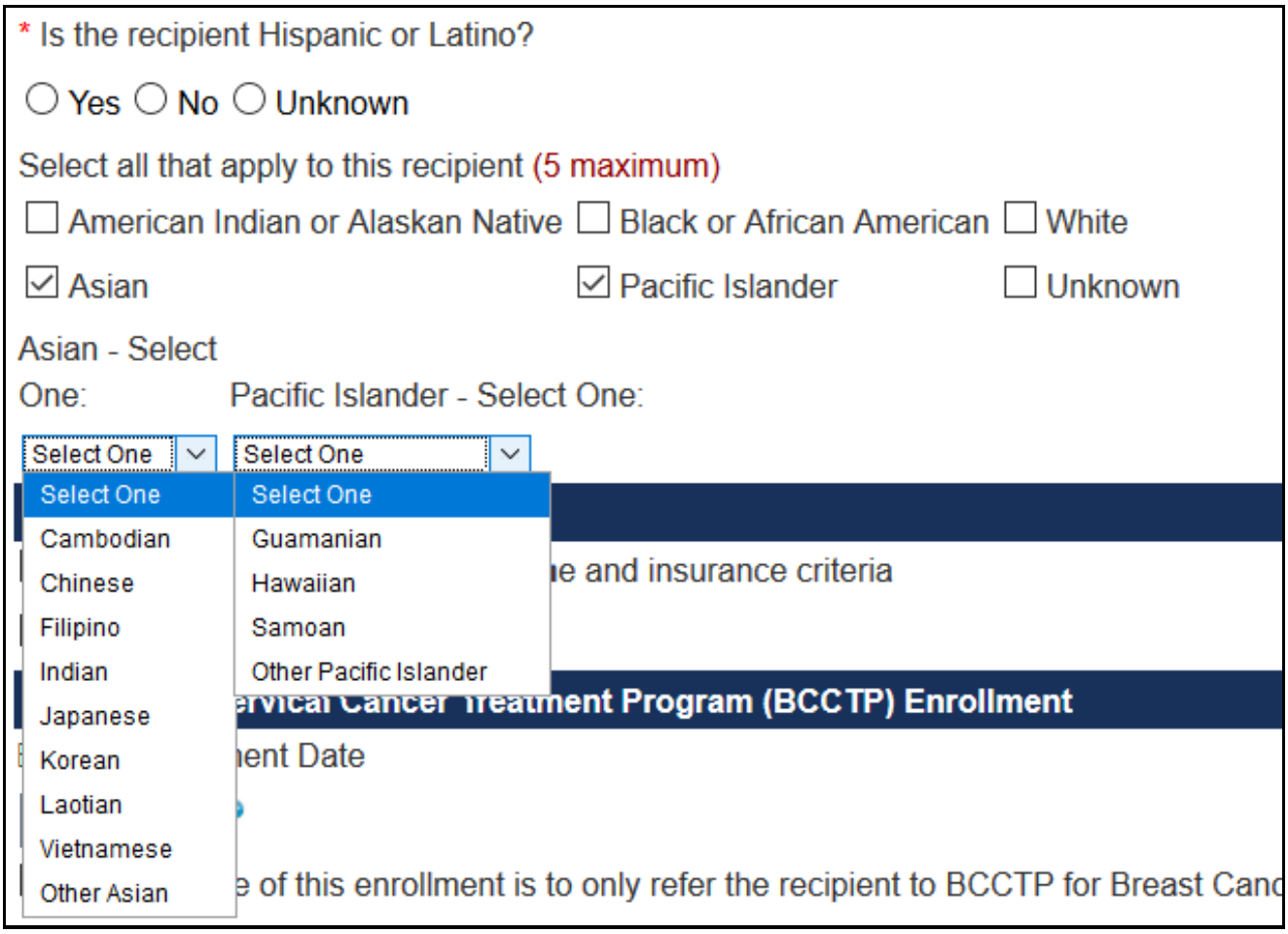
Address: Enter residence address of the recipient. If homeless, enter the address where the recipient receives mail.

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

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

Phone Number: Enter the recipient's telephone number, including area code. If the recipient has no telephone number, enter the telephone number of the recipient's contact.

E-mail: Enter recipient's e-mail address. E-mail address is optional.



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 information 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.

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

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

Certification Section

Certification Section

☐ * Meets EWC program age, income and insurance criteria

☐ * Signed EWC consent form

Meets EWC program age, income, and insurance criteria: Check this box if the recipient meets the program age, income, and insurance criteria.

File the signed *Recipient Eligibility* form that validates the recipient meets these criteria in the recipient's medical record. This form is required to be completed and signed yearly and filed in recipient's medical record.

Signed EWC consent form: Check this box if the recipient has signed the program consent form. The recipient is required to sign this form yearly.

File the signed consent and eligibility forms in the recipient's medical record.

Breast and Cervical Cancer Treatment Program (BCCTP) Enrollment

Applying for Medi-Cal is a BCCTP eligibility requirement. EWC and FPACT beneficiaries found to have a qualifying diagnosis, which have not applied to Medi-Cal within the last 30 days, should be instructed to apply for Medi-Cal. Applicants eligible for Medi-Cal will not be enrolled into BCCTP. This requirement includes applicants who may not otherwise be eligible for full-scope Medi-Cal, such as undocumented individuals. Providers can continue to enroll qualified beneficiaries into BCCTP; they will remain in the BCCTP initial aid code until the Medi-Cal eligibility decision is completed by the county.

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.

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

Return to Search | Submit | Discard Changes

BCCTP Enrollment Date: Enter the date that BCCTP enrollment was completed if a recipient is being enrolled into EWC <u>only</u> 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 BCCTP website at *http://www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx*.

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.

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 diagnostic procedures.

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

If everything is complete, 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 (*Figure 11*).

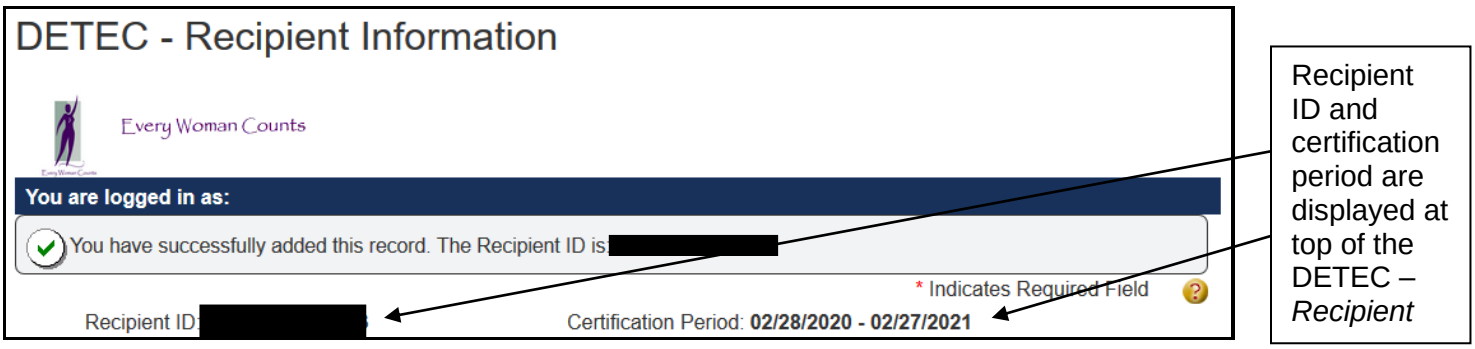


Figure 11. Successful Enrollment of the DETEC *Recipient Information* Form.

Buttons allowing you to print the recipient information and the Recipient ID card are displayed at the bottom of the DETEC *Recipient Information* form (*Figure 12)*. Access to new *Breast* and *Cervical Screening Cycle Data* forms appears in the left column navigation bar (*Figure 13*).

To enroll another recipient, click the **Return to Search** button at the bottom of the screen or select **Search/Add Recipient** from the left column navigation bar.

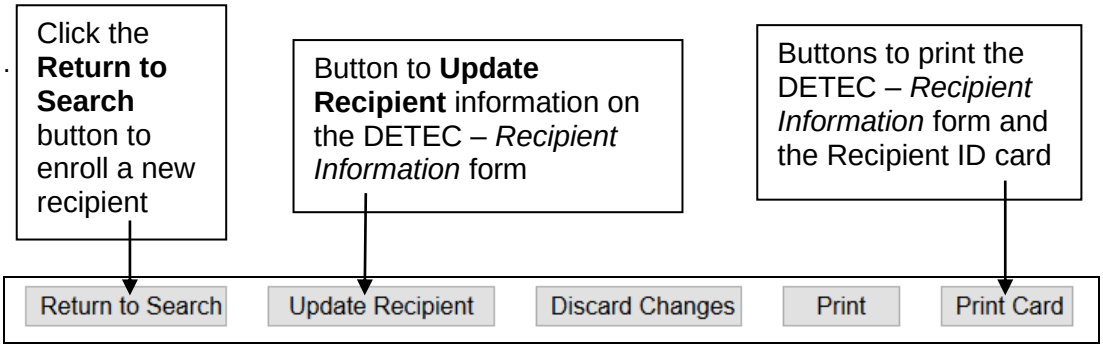


Figure 12. Buttons at Bottom of DETEC *Recipient Information* Form.

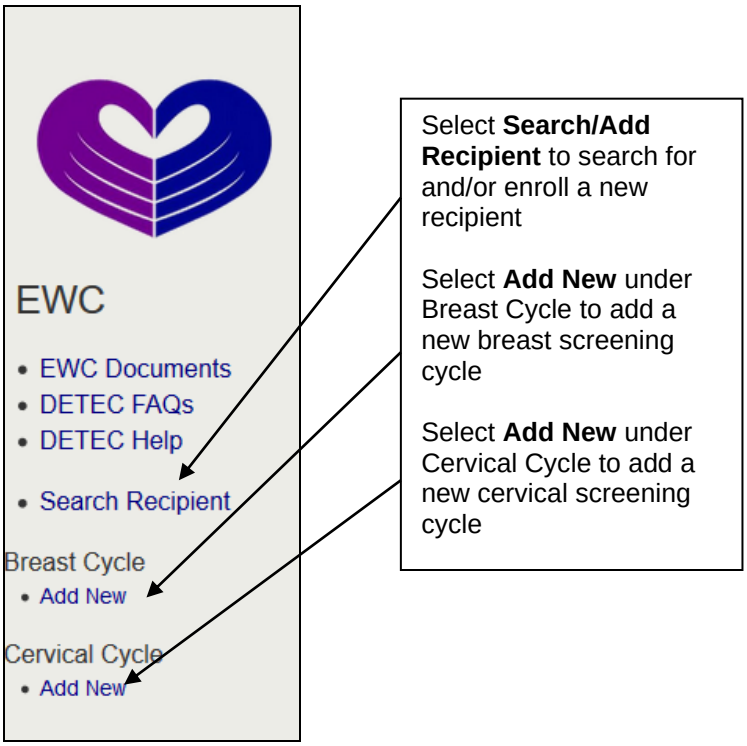


Figure 13. DETEC Left Column Navigation Bar After Completing Enrollment.

How to Add Recipient When Matches are Found

If, during the enrollment process, an existing record was found in the database matching the recipient information entered on the DETEC *Enroll Recipient* form, a notification of a close match will be displayed (*Figure 14*) and a side-by-side comparison of *Recipient Information* can be done by clicking the **Recipient ID** of the already existing record (*Figure 15*).

If, after comparing the “Entered Recipient” with the “Existing Recipient,” you still want to proceed with enrollment of the entered recipient, a pop-up box will appear asking for a reason for the enrollment (*Figure 16*). If you select the “Existing Recipient,” see page 29 for instructions on creating a record for this recipient.

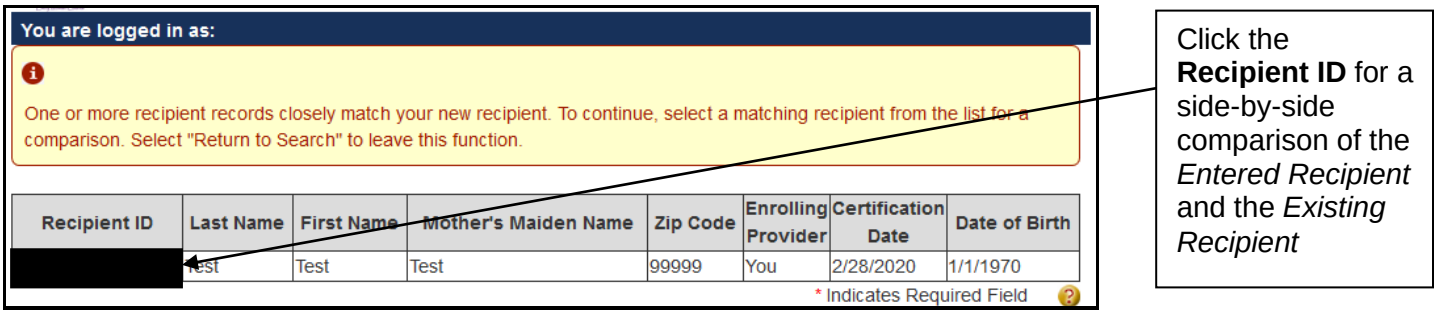


Figure 14. Existing Recipient Information Closely Matches Entered Recipient Information.

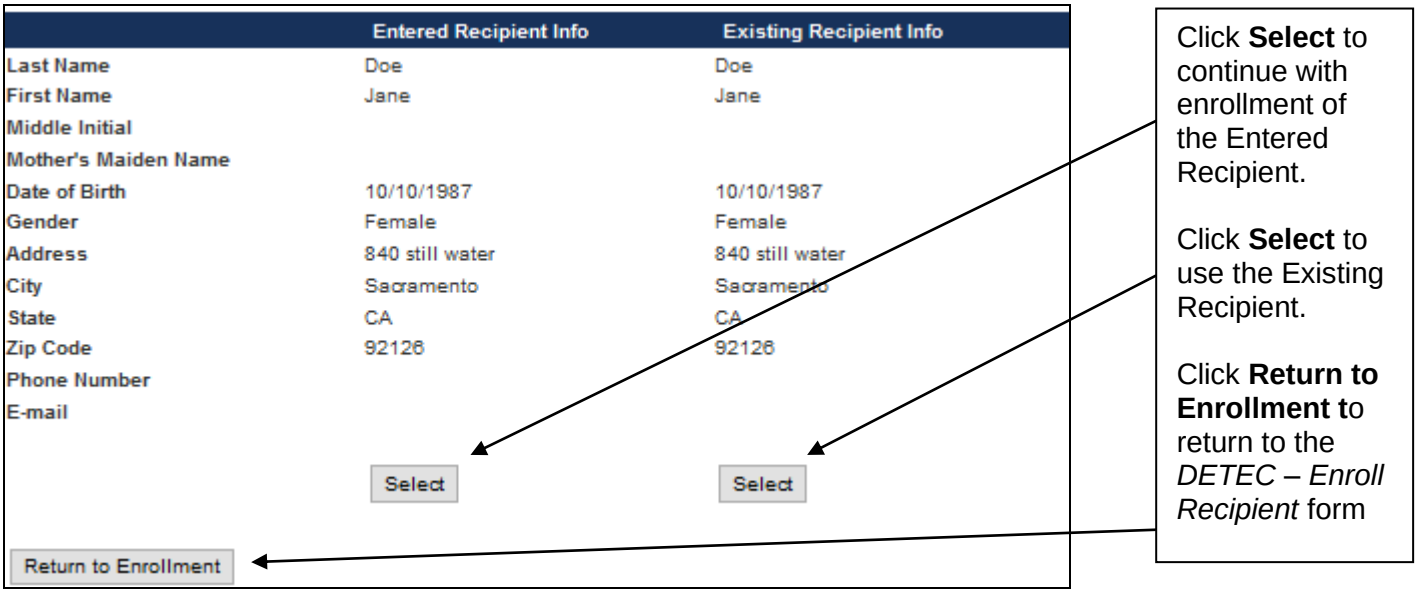


Figure 15. Side-by-Side Comparison of Entered Recipient and Existing Recipient Information.

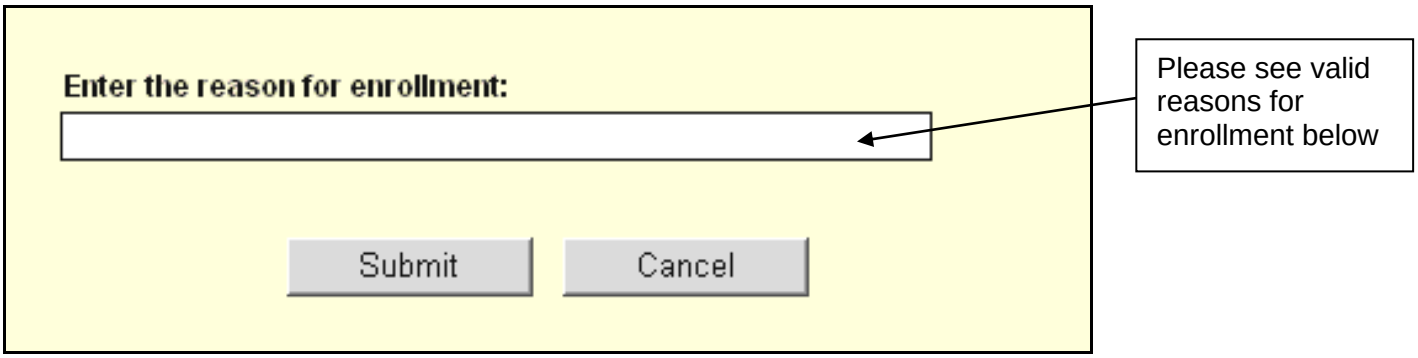


Figure 16. Pop-up Box for Reason for Enrollment.

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 PCP, etc.

Continue with the enrollment of a recipient in DETEC (resulting in a new Recipient ID number) <u>only</u> 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 PCPs

Needs CBE, Pap, Mammogram, etc.

Returning for annual mammogram, CBE, Pap, or screening

Recipient is new to the PCP

Lost Recipient Card

Existing Recipient

When performing a recipient search and the recipient information matches, click the 14-digit ID number to select the recipient. Verify and update their information (e.g., new address if they have moved) and click the **Update Recipient** button.

Previous Enrollment by Other EWC Primary Care Providers

When performing a recipient search, the recipient information may show “other” as the enrolling provider. 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 (*Figure 17*). Do not re-enroll an existing recipient under a new Recipient ID.

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 consent 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.

Figure 17. Message on DETEC *Recipient Information* Form About Previous Enrollment by Other Provider.

Recertification of Recipients

If the recipient's Recipient Certification Date is "expired" (*Figure 18*), the DETEC *Recipient Information* form will be populated with the information that you entered plus the information that is already in the database for this recipient. A Recipient ID will be displayed. This Recipient ID is not active until the online form is completed and the recipient information is updated. 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 consent 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, e-mail 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.

Recipient ID: [redacted] Certification Period: 11/28/2018 - 11/27/2019 ** EXPIRED **

Recipient Info

* Last Name: Doe
* First Name: Jane
Middle Initial:
* Date of Birth: 10/10/1987 mm/dd/yyyy
Mother's Maiden Name:
Medical Record Number:
* Gender - Select One: Female
Other Gender:
Social Security Number:
* Address: 840 still water
* City: Sacramento
State: CA
* Zip Code: 95605
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 [x] White
[ ] Asian [ ] Pacific Islander [ ] Unknown

Asian - Select One: Select One
Pacific Islander - Select One: Select One

Certification Section

[x] * Meets EWC program age, income and insurance criteria.
[x] * 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:

Return to Search | Recertify Recipient | Discard Changes | Print | Print Card

Validate and correct information in record

Enter ethnicity and race information

Select the appropriate eligibility check boxes

Click the **Recertify Recipient** button

Figure 18. DETEC *Recipient Information* Form Showing the Recipient Certification Date as "Expired."

If everything is completed, a box will appear with the message “You have successfully updated the record for Recipient ID: XX9AXXXXXXXXXX under your Provider ID” (*Figure 19*).

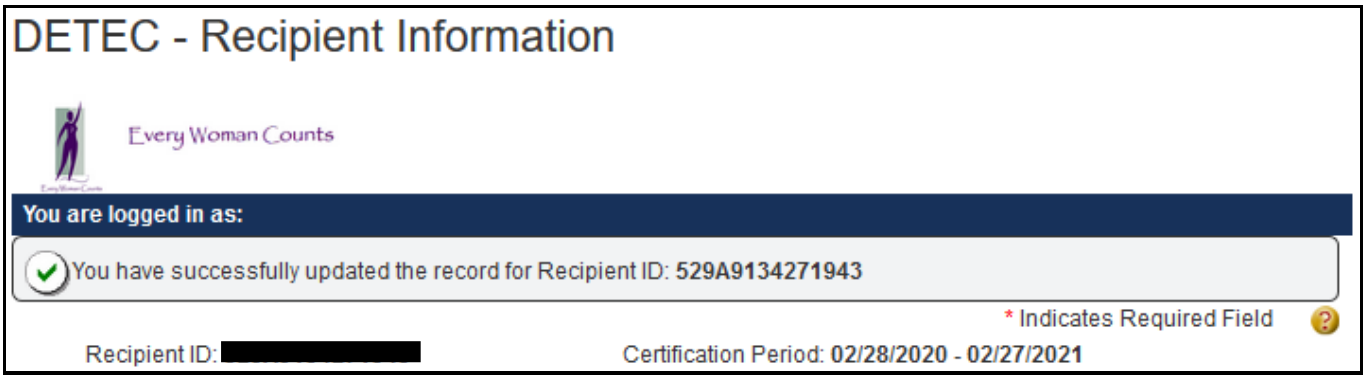


Figure 19. Message Showing Record Updated.

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

Click the Print button at the bottom of the online DETEC *Recipient Information* form to print a copy of the Recipient Information.

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

> The information below reflects <u>only</u> 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.

DETEC - Recipient Information

Every Woman Counts

You are logged in as:

* Indicates Required Field

Recipient ID: [redacted] Certification Period: 06/12/2020 - 06/11/2021

Recipient Info

* Last Name: Doe
* First Name: Jane
Middle Initial:
* Date of Birth: 10/10/1987 mm/dd/yyyy
Mother's Maiden Name:
Medical Record Number:
* Gender - Select One: Female
Other Gender:
Social Security Number:
* Address: 840 still water
* City: Sacramento
State: CA
* Zip Code: 92126
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 - Select One: Select One
Pacific Islander - Select One: 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:
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:

Return to Search | Update Recipient | Discard Changes | Print | Print Card

Click the **Print** button to print a copy of *Recipient Information* for recipient's medical records

Figure 20. Printing the Recipient Information.

Click the **Print Card** button on the DETEC *Recipient Information* form to print a copy of the EWC card to give to the recipient and place a copy in the medical record (*Figure 20*).

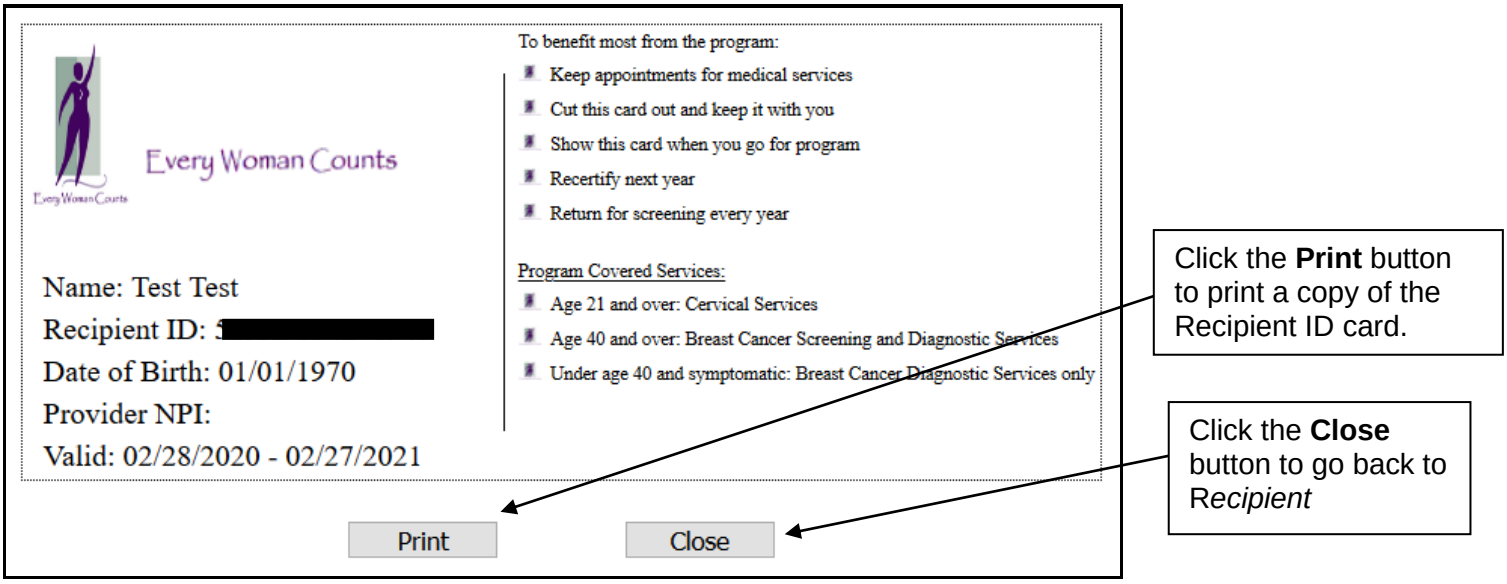


Figure 21. Printing the Recipient ID Card.

Note: Multiple copies of the ID card are recommended for:

- The recipient, in order to instruct them on what services are covered with the ID card.
- The medical record (not required but recommended).
- The radiological imaging provider, as required.
- The Pap test lab requisition, as required.

Navigation Bar References and Functions

EWC Documents

- Click this link to connect to program documents.

DETEC FAQs

- 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 Cycles

- Up to three screening cycles (breast and cervical) may be shown on the navigation bar (*Figure 22*).
- 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 page 57 for an explanation of data entry error display and correction.

Add New

- To add a new breast or cervical cycle, click the **Add New** button under either the Breast Cycle or Cervical Cycle heading.

Figure 22. Left Column Navigation Bar Showing Three Screening Breast Cycles.

If the oldest open cycle is identified with an exclamation point (❗), you must fix the CM data entry error for this 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 (*Figure 23*).

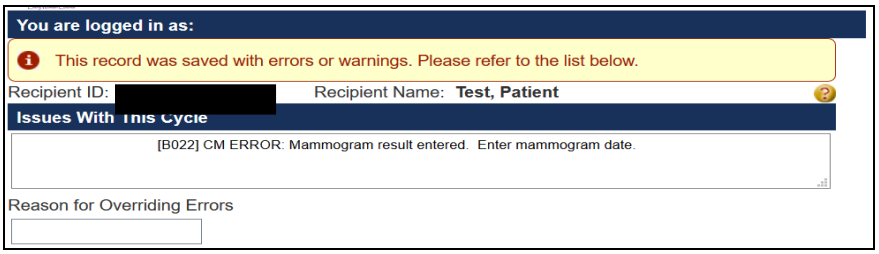


Figure 23. Submitting Reason for Overriding Error

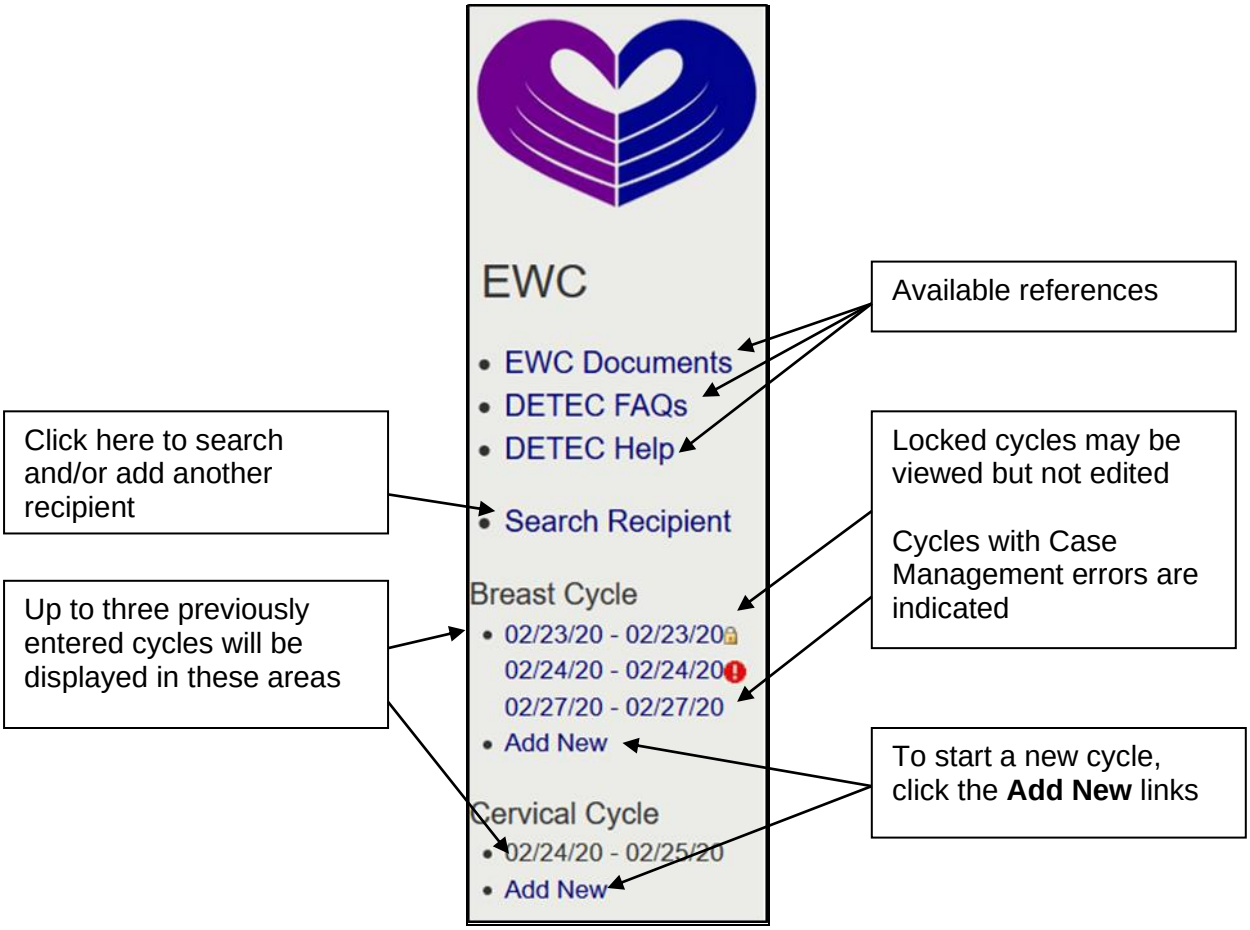


Figure 24. Left Column Navigation Bar.

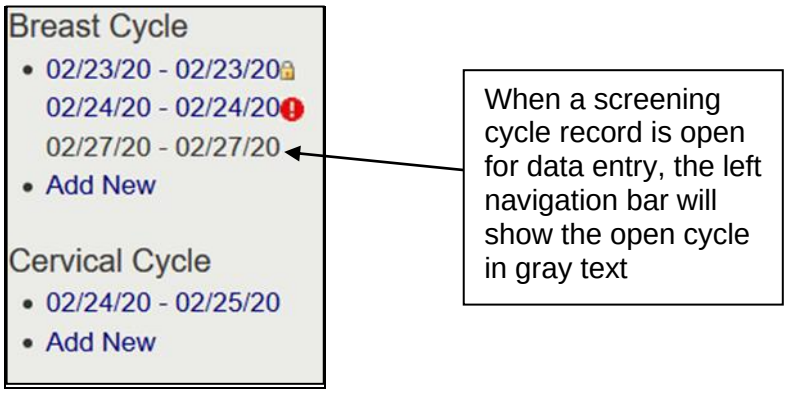
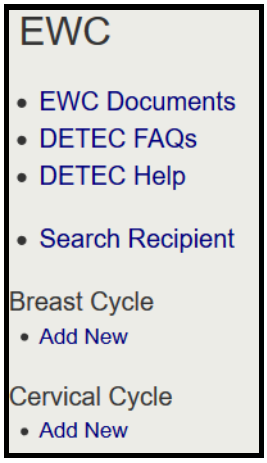


Figure 25. Left Column Navigation Bar Showing Open Cycle..

Adding New Breast and Cervical Cancer Screening Records

This is applicable for the DETEC *Breast Cancer Screening Cycle Data* and *Cervical Cancer Screening Cycle Data* online forms:



- Click the **Add New** link (*Figure 24*) 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 (*Figure 25*). Enter data into the *Breast Cancer Screening Cycle Data* or *Cervical Cancer Screening Cycle Data* online form.
- 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 (*Figure 26*). If errors were made, you will receive a message showing all errors detected (*Figure 27*). See page 57 for a description of possible data entry error types.
- Click the **Submit** button to save the screening record. A message will be displayed showing successful submission (*Figure 28*).
- 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.

Note: 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.

Figure 26. No Data Entry Errors Found.

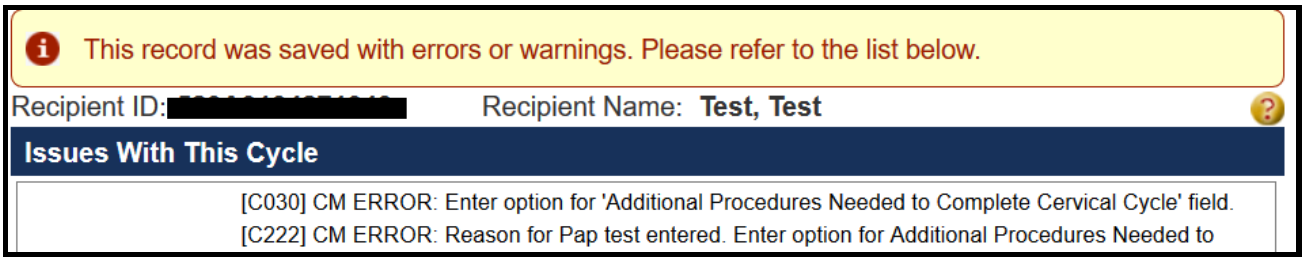


Figure 27. Data Entry Errors Found.

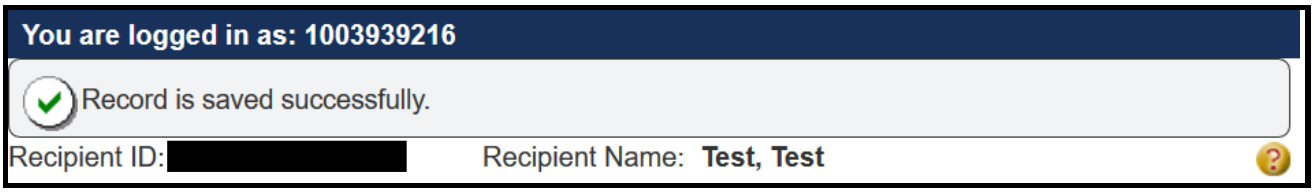


Figure 28. Record Successfully Submitted

Completing the DETEC *Breast Cancer Screening Cycle Data* Online Form

DETEC - Breast Cancer Screening Cycle Data

Every Woman Counts

You are logged in as:

Recipient ID: [redacted] Recipient Name: Doe, Jane

Risk

High Risk for Breast Cancer

Clinical Breast Exam

CURRENT Breast Symptoms?

CURRENT CBE Results

Date of CURRENT CBE

Current results obtained from a non-EWC provider

Mammogram

Reason for CURRENT Mammogram

Breast Diagnostic Referral Date

CURRENT Mammogram Result

Date of CURRENT Mammogram

Screening MRI

CURRENT Screening MRI Result

Date of CURRENT Screening MRI

Additional Procedures Needed to Complete Breast Cycle?

Breast Imaging Procedures

Type of Procedure to add to list

Date of Procedure

Add

Remove

Final Imaging Outcome

Date of Final Imaging Outcome

Breast Diagnostic Procedures

Type of Procedure to add to list

Date of Procedure

Add

Remove

Other Breast Procedure Performed

Date of Other Procedure

Specify 'Other' Procedure

Breast Work-up Status and Final Diagnosis Information

Work-up Status

Date of Work-up Status

Final Diagnosis

Date of Final Diagnosis

Breast Cancer Treatment Information

Treatment Status

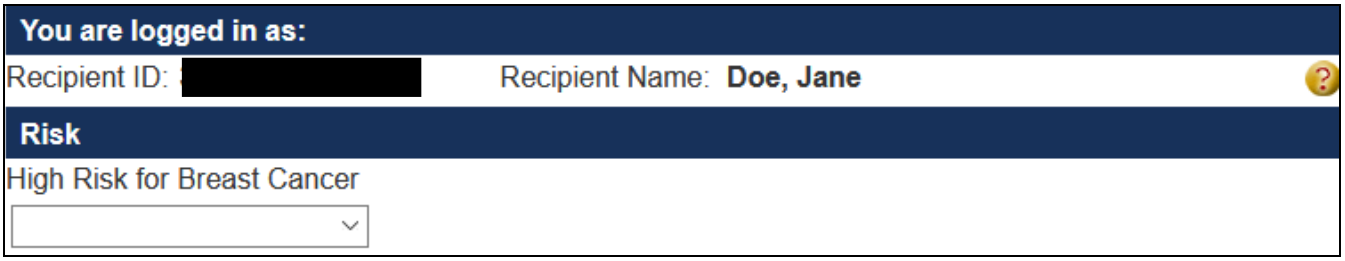
Date of Treatment Status

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

Check Data | Delete Cycle | Submit | Cancel | Print

Figure 29. DETEC Breast Cancer Screening Cycle Data online form.

Risk

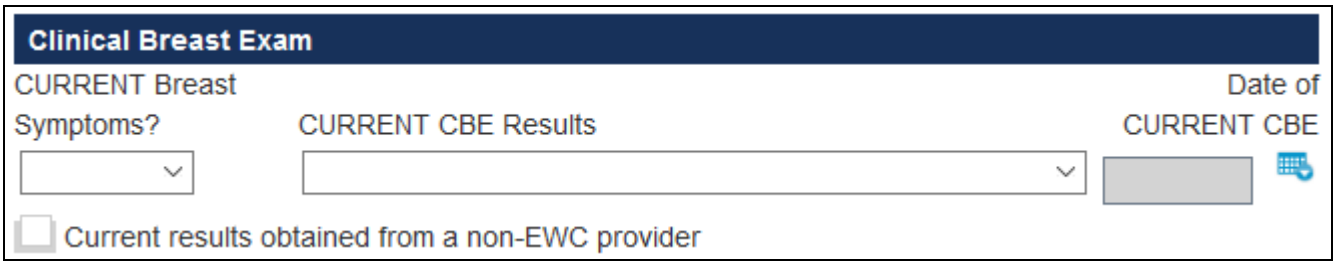


High Risk for Breast Cancer: Select the appropriate response from the drop-down list. Selection of a response is required.

- **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.

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



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

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.

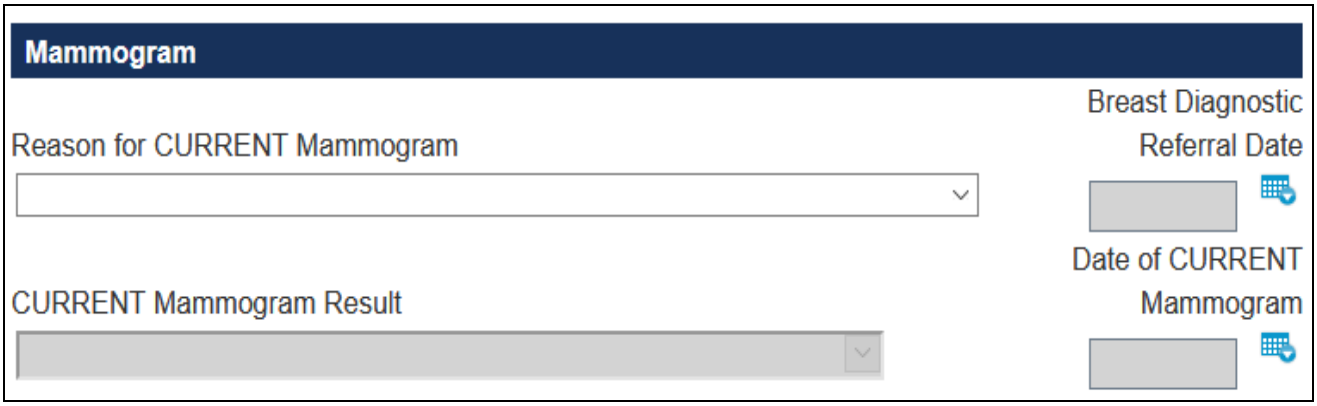
- **Normal/Benign:** Select if the CBE was performed and the finding was within normal limits or finding not of concern for breast cancer.
- **Abnormality suspicious for cancer – Dx evaluation needed:** Select if the CBE revealed a finding that is **suspicious for breast cancer** and requires an immediate 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, complete and submit breast cancer diagnostic procedure(s), work-up status, final diagnosis and treatment status, as required.

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).

Mammogram



Reason for CURRENT Mammogram: Select the reason for starting a breast cancer screening cycle 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., Family PACT) 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.

CURRENT Mammogram Result: Select the mammogram result that corresponds to the reported "Final Result" of the initial mammogram (screening or diagnostic) 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 field.
    - ❖ 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 - more imaging/film compare needed** (BI-RADS 0): Select if the assessment was incomplete and either requires additional imaging evaluation or review of prior mammograms. No final assessment can be assigned due to incomplete radiologic work-up.
  - Select Immediate Work-up in the Additional Procedures Needed to Complete Breast Cycle field.
  - Complete and submit the breast cancer imaging and/or diagnostic procedure(s), work-up status, final diagnosis and treatment status, as required.
- **Unsatisfactory:** Select if the mammogram was technically unsatisfactory and could not be interpreted by radiologist.
  - Select Short Term Follow-Up in the Additional Procedures Needed to Complete Breast Cycle field.
  - After the repeat mammogram is completed, submit 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

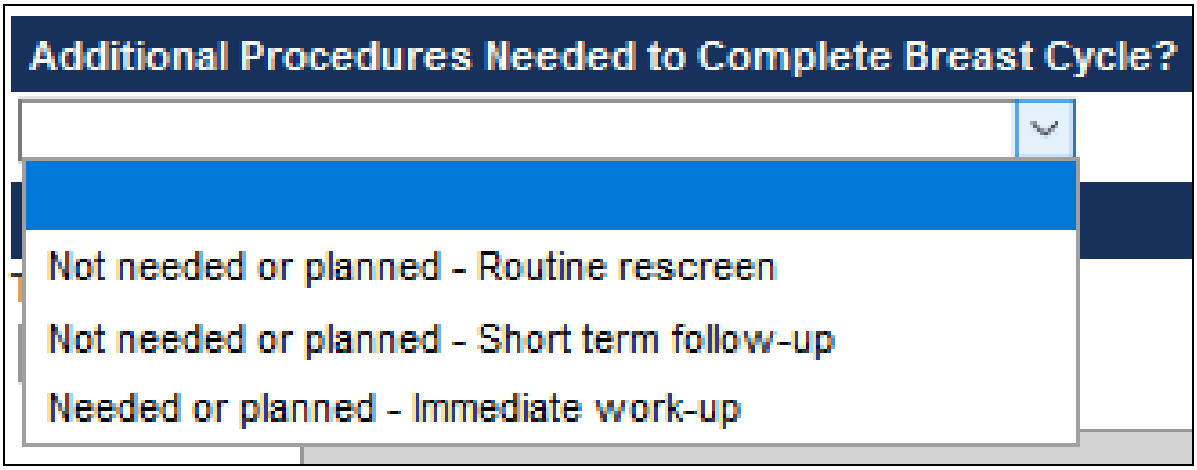
CURRENT Screening MRI Result: If recipient is at high risk for breast cancer, a Screening MRI is appropriate. Select the Screening MRI result from the drop-down list that corresponds to the result of the Screening MRI, or if a Screening MRI was not performed. Selection of a response is required.

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.
- **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



Additional Procedures Needed to Complete Breast Cycle: Select one from the drop-down list.

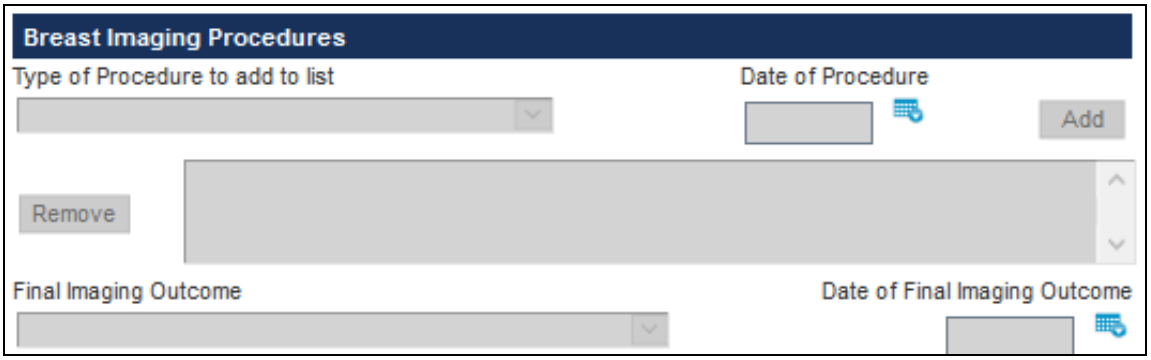
- Not needed or planned – Routine rescreen:
  - Select this when both the CBE and mammogram are normal/benign.
  - To submit the next breast screening (CBE and mammogram), start a new breast cancer screening cycle using a new DETEC Breast Cancer Screening Cycle Data form.
- **Not needed or planned – 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 diagnostic procedures, work-up status, final diagnosis and treatment status, as required.

Note: For the following abnormal breast screening results, EWC requires Immediate Work-Up in the *Additional Procedures Needed to Complete Breast Cycle* field and data for Breast Cancer Imaging and Diagnostic Procedures, Work-up Status and Final Diagnosis and treatment status, as required.

- CBE: Abnormality suspicious for breast cancer
- Mammogram: Suspicious Abnormality (BI-RADS 4)
- Mammogram: Highly Suggestive of Malignancy (BI-RADS 5)
- Mammogram: Assessment is Incomplete - more imaging/film compare needed (BI-RADS 0)
- Screening MRI: Suspicious Abnormality (Cat 4)
- Screening MRI: Highly Suggestive of Malignancy (Cat 5)
- Screening MRI: Assessment is Incomplete – more imaging/evaluation needed (Cat 0)

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.



Type of Procedure: Select procedure performed from the drop-down list.

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

Note: 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 of the results. 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.

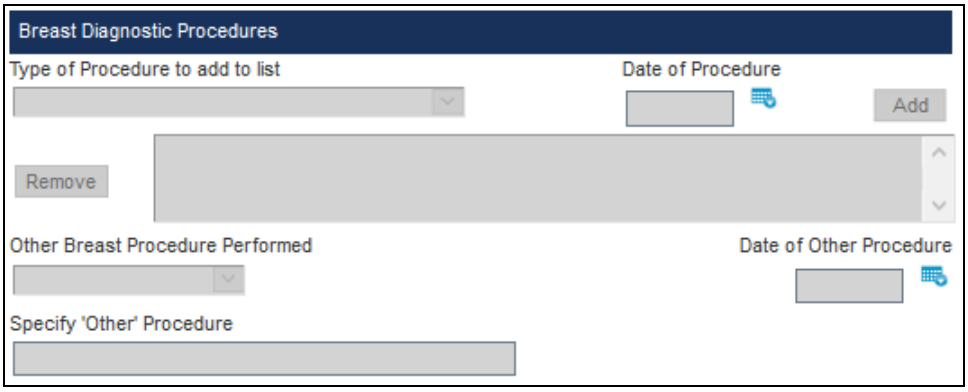
Final Imaging Outcome: Select the final imaging outcome from the drop-down list that corresponds to the reported final overall assessment based on all imaging procedures.

- **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 diagnostic 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.



Type of Procedure: 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.
- **MRI:** If a diagnostic MRI was performed, enter the date of the procedure.

Note: If MRI provides the definitive final imaging outcome, please enter results of MRI as the Final Imaging Outcome and use the date of the MRI as the Date of Final Imaging Outcome.

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 and click **Remove**.

Other Breast Procedure Performed: Select <u>only one</u> diagnostic procedure, which can provide a diagnosis of cancer or not cancer as an "Other Breast Diagnostic Procedure."

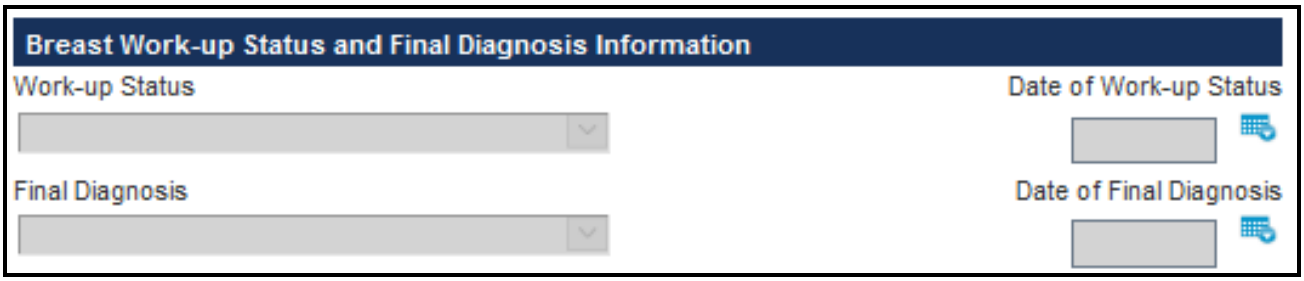
If a diagnostic procedure not listed in the **Type of Procedure** drop-down list was performed, select applicable option below. Select procedure performed, even if not covered by EWC.

- **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. All dates should be entered using the following format: MM/DD/YYYY.

- **Specify "Other" Procedure:** Enter a description of the other diagnostic procedure performed.
- Please report an "Other Breast Diagnostic Procedure" even though it may not be covered by EWC.
- **Do not enter** the following as "Other Breast Diagnostic 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 Diagnostic 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.



Work-up Status: Select the work-up status from the drop-down list.

- **Work-up Complete:** Select this if no immediate diagnostic procedures are needed to determine the diagnosis. It is also appropriate to select **Work-up complete** if the recipient is advised to return for further evaluation (e.g., CBE, mammogram, etc.) 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 imaging/diagnostic procedure used to complete the work-up and not the date of the report or of data entry.
- **DETEC "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 "returned undeliverable" is 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.
- **DETEC "Refused Care":** This status is for recipients who required immediate diagnostic work up but who
  - Refused procedure
  - Changed PCP for any reason
  - Fail to respond to letter and telephone messages
  - Fail to schedule or keep appointments

  The provider should document three or more contacts including a certified letter that was "sent" 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: A final diagnosis of breast cancer can only be determined by a pathology report from histologic examination of tissue/cells. Select a final diagnosis from the drop-down list if the Breast Cancer Work-up Status was "Work-up Complete."

- **No Breast Cancer/Benign – resume annual screening:** Select this 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).

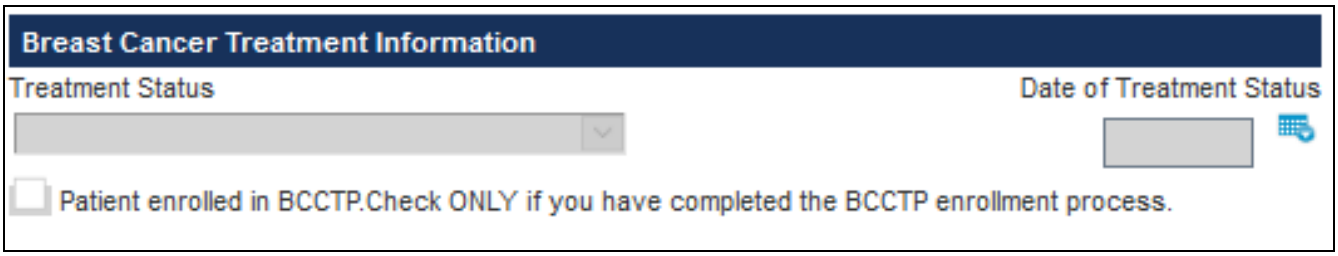
Note: Data for Breast Cancer Treatment Status is required.

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.



Treatment Status: Select the appropriate treatment status from the drop-down list.

- **Treatment started:** Select this if the clinic staff can verify from 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 (two phone calls and certified letter sent). The third attempt must be by certified letter. Attempts to contact recipient must be documented in their medical record.
- **Treatment refused:** Select this if the recipient refused treatment or 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.

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

Patient enrolled in BCCTP. Check ONLY when you have completed the BCCTP enrollment process: See DETEC help or DETEC *Recipient Eligibility* form 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 for information on how to proceed.

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:

Note: 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 on bottom of this screen to print the *Breast Cancer Screening Cycle Data* form.

Completing the DETEC Cervical Cancer Screening Cycle Data Online Form

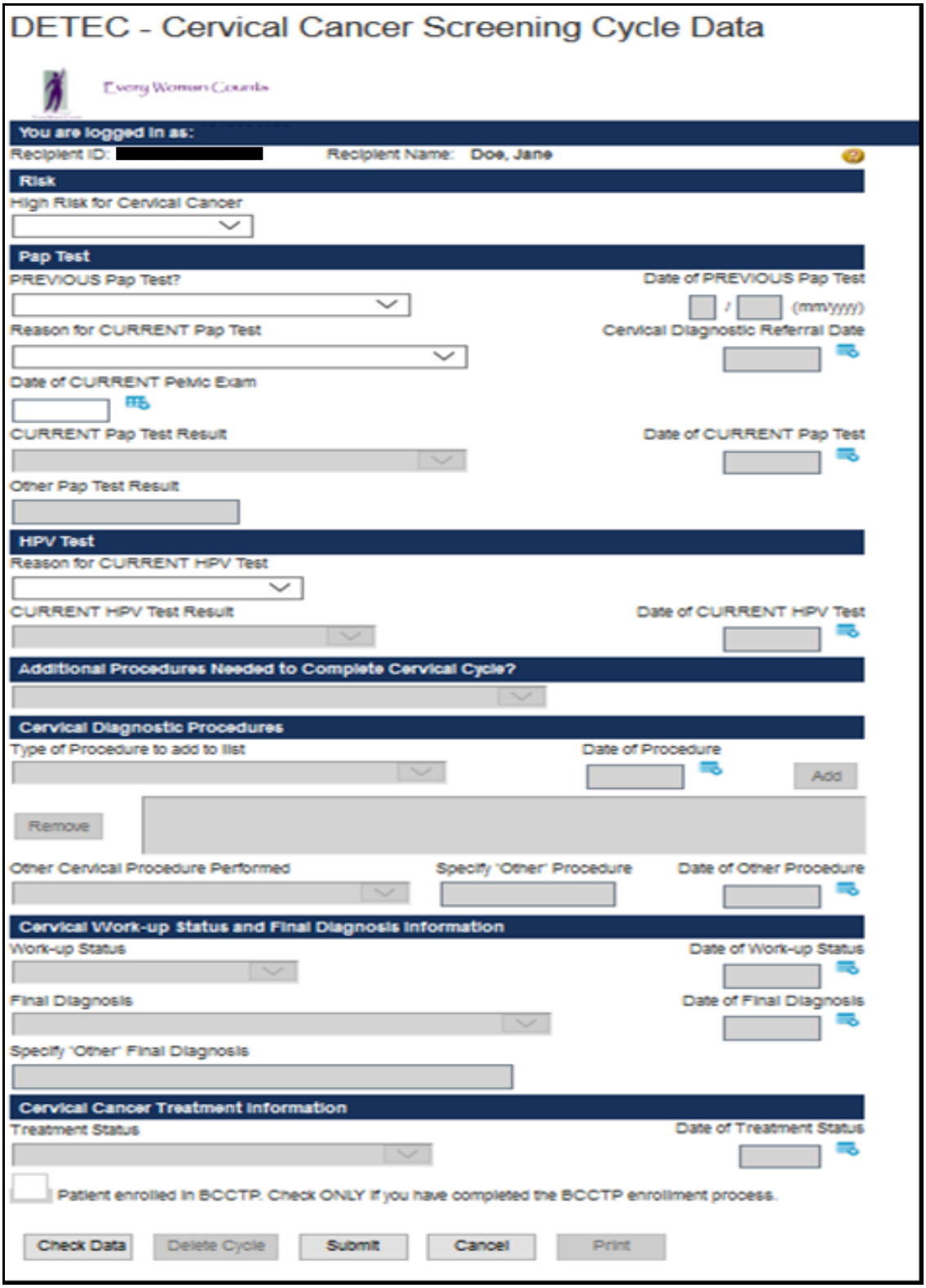
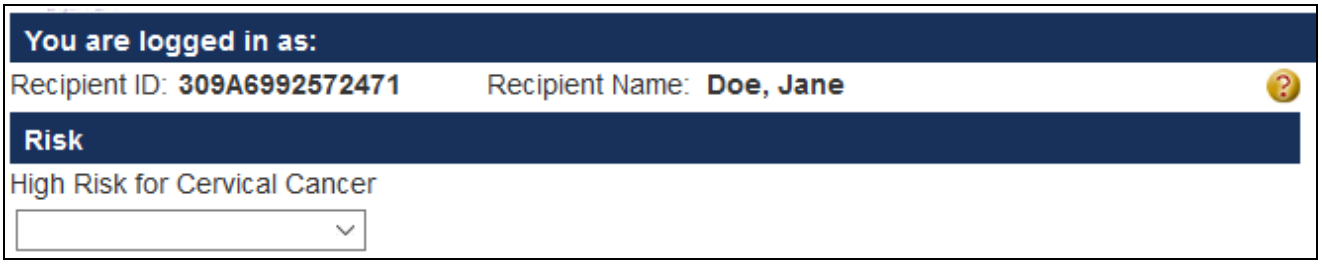


Figure 30. DETEC *Cervical Cancer Screening Cycle Data* online form.

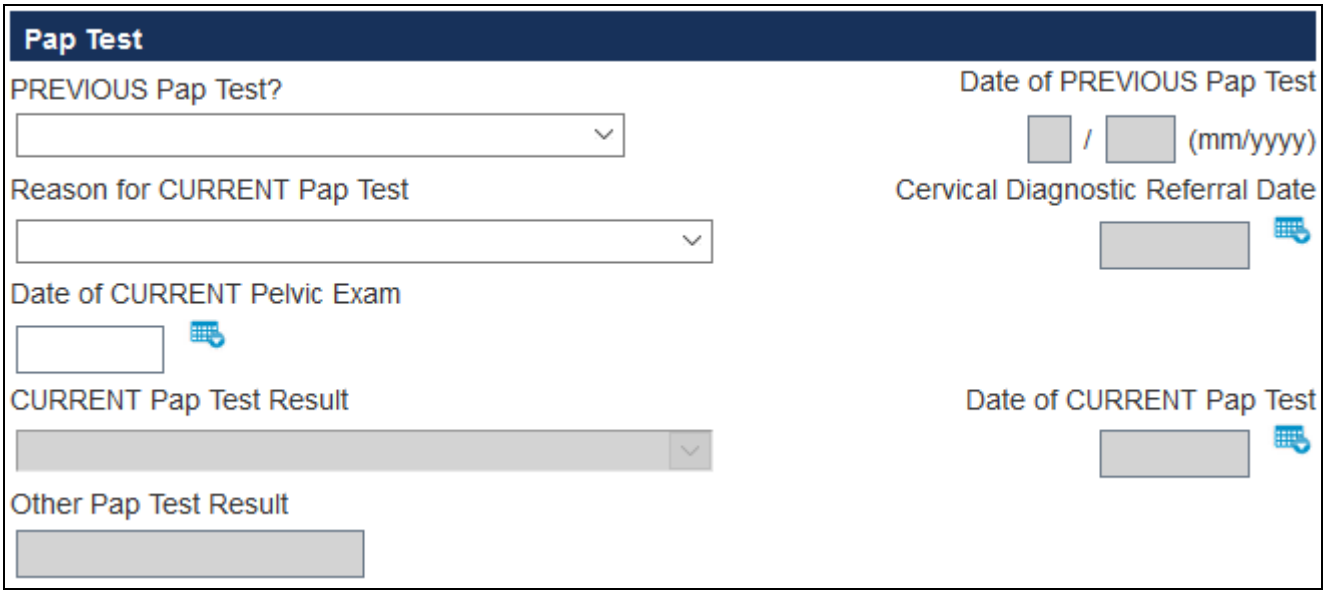
Risk



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



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 – but date unknown:** Select if previous Pap test was done, but the recipient does not recall the date of the procedure, therefore date is unknown.
- **No –** Select if a previous Pap test was not 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 five or more years between screenings. To help track the program's performance, ask if it has been more than five 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.

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.

Date of CURRENT Pelvic Exam: If a pelvic exam was performed, 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
  - Example of an appropriate entry for “Other” Pap Test Results is Endometrial cells
- Unsatisfactory: Select if current Pap test or Pap test specimen was technically unsatisfactory and could not be used or results interpreted.

Date of CURRENT Pap Test: Enter the date the Pap test was performed using the following format: MM/DD/YYYY.

- Use the date the Pap test was performed, not the date of the results.
- A Pap test (initial or follow-up) starts a new screening cycle and is reported using a new DETEC *Cervical Cancer Screening Cycle Data* form.

HPV Test

Reason for CURRENT HPV Test: Select reason for current HPV testing from the drop-down list. Selection of a response is required.

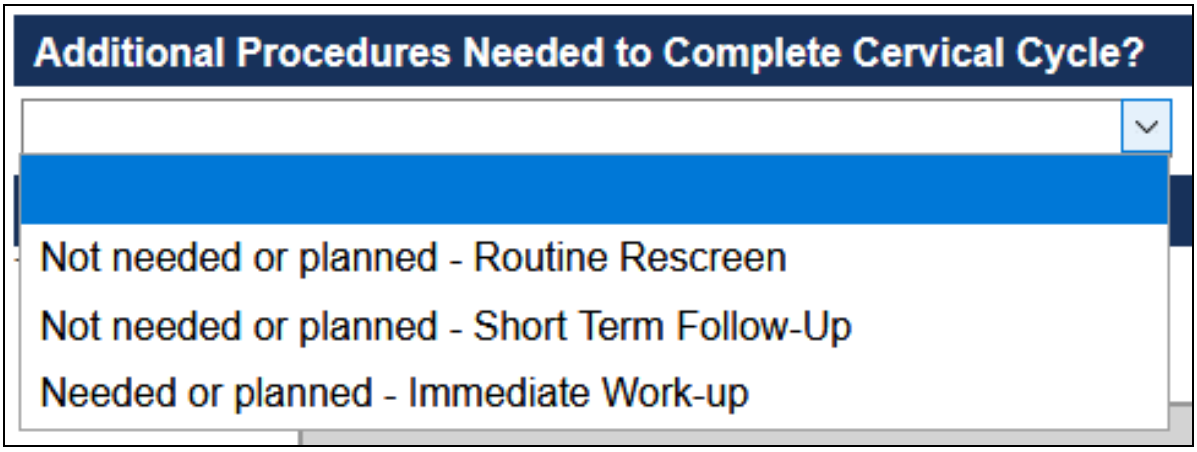
- **Co-Test with Pap test/Screening:** Select if: 1) the current HPV test was performed in conjunction with a Pap test as part of a routine screening schedule; or 2) the current HPV test is a primary HPV test (no Pap test was performed).
- **Reflex HPV test:** Select if current HPV test was performed in response to the results of a previously performed Pap test.
- **Test not done (ND):** Select if an HPV test was not performed, and recipient goes directly for diagnostic procedures.

CURRENT HPV Test Result: Select the following from the drop-down list:

- Positive
- 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



Additional Procedures Needed to Complete Cervical Cycle: Select one from the drop-down list.

- **Not needed or planned – Routine Rescreen:**
  - Select this if the screening Pap test and pelvic exam were normal.
  - To submit the next cervical screening (Pap test and pelvic exam), 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.

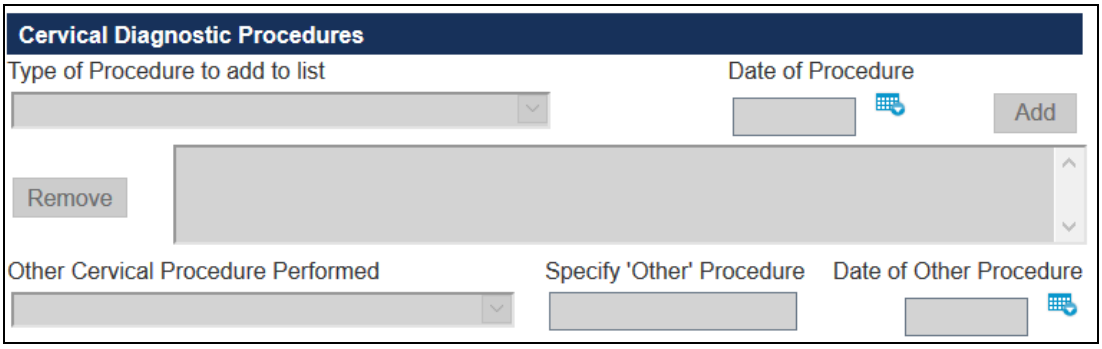
Complete and submit cervical cancer diagnostic procedures, work-up status, final diagnosis and treatment status, as required.

Note: For the following abnormal cervical screening results, EWC requires Immediate Work-up as the additional procedures needed to complete cervical cycle and data for cervical diagnostic procedures, work-up status, and final diagnosis, as required:

- Atypical squamous cells, cannot exclude HSIL (ASC-H)
- High-grade SIL (HSIL)
- Squamous Cell Carcinoma (SCC)
- Atypical Glandular Cells (AGC)
- Adenocarcinoma in situ (AIS)
- Adenocarcinoma (ADCA)

Cervical Diagnostic Procedures

Complete Cervical Diagnostic Procedures if there were abnormal cervical screening results and/or "Immediate Work-up" is selected in the *Additional Procedures Needed to Complete Cervical Cycle* field.



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.

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 above** 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

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

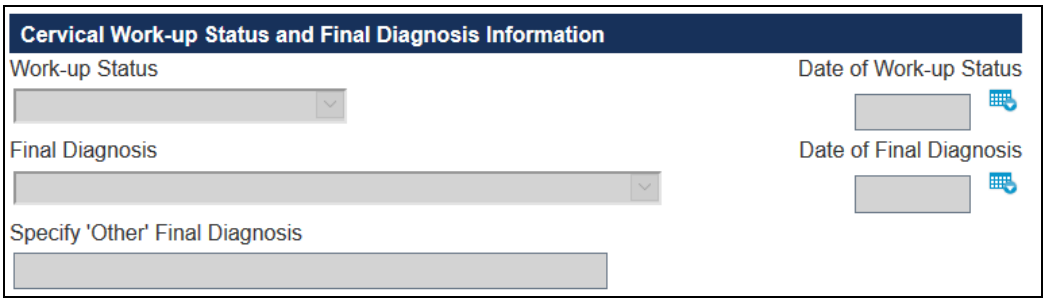
Note: ECC and EMB are covered when done as the initial evaluation for Pap test result of AGC-Atypical Endometrial Cells. For more information, please see the *Every Woman Counts* (ev woman) section of the appropriate Part 2 provider manual.

- **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 of the results. 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.



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

- **Work-up complete:** Select this if no further immediate diagnostic procedures are needed to determine the diagnosis. 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 and not the date of the report or of data entry.
- **DETEC "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 "returned undeliverable" is 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.
- **DETEC "Refused Care":** This status is for recipients who required immediate diagnostic work up but who
  - Refused procedure
  - Changed PCP for any reason
  - Fail to respond to letter and telephone messages
  - Fail to schedule or keep appointments

  The provider should document three or more contacts including a certified letter that was "sent" 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.

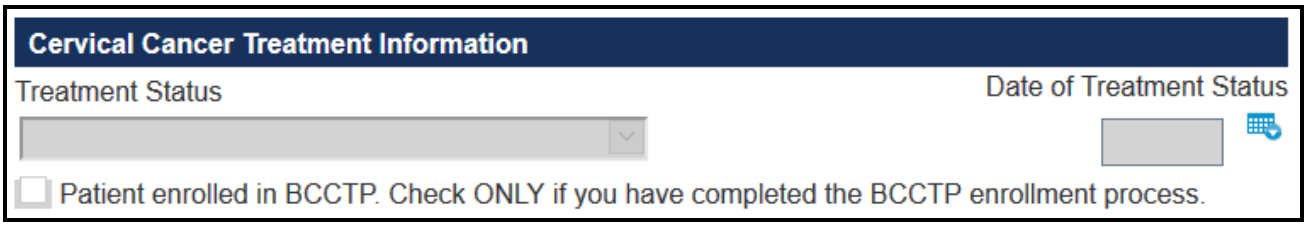
- **Normal / Benign or Infection/Inflammation/Reactive Changes:**
  - Select this if the colposcopic examination is normal and the entire squamocolumnar junction is seen.
  - Select this if the biopsy results are negative and the endocervical curettage is negative.
- **HPV / Condylomata/Atypia:** Select this when the cytology report notes cellular changes associated with the HPV and no higher-grade atypia.
- **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.
- **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.



Treatment Status:

- **Treatment started:** Select this if the recipient accepted a referral for treatment and 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 recipient must be documented in the recipient's medical record.
- **Treatment refused:** Select this if the recipient refused treatment. If the recipient only receives non-standard or alternative treatments, select **Treatment refused**.
- **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.

Patient enrolled in BCCTP. Check ONLY when you have completed the BCCTP enrollment process. See DETEC HELP or DETEC *Recipient Eligibility* form 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 for information on how to proceed.

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:

Note: 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.

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 for data entry staff to "Check Data" prior to submission. When the **Check Data** button is clicked, three types of errors may be detected.

- **Warnings**
- **Case Management Errors**
- **Save Errors**

All warnings, "Case Management" errors and "Save Errors" will be listed in the **Issues With This Cycle** box that will appear at the top of the *Breast Cancer Screening Cycle Data* and *Cervical Cancer Screening Cycle Data* forms if there are errors. 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 submitted.

To enter additional data or correct data on previously submitted screening cycle form:

- 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.
- Cycles that are locked will not be accessible to enter additional data or to correct data.
- Click the **Delete Cycle** button to delete cycle previously entered. A pop-up box requesting a reason to delete a cycle will appear (*Figure 32*). After entering reason, click the **Confirm** button. A message will display that the record was successfully deleted (*Figure 33*).
- Click the **Submit** button to save the edits to the screening record. A message will display that the record was successfully submitted (*Figure 31*).

- Click the **Cancel** button to exit out of the data entry screen without saving OR to return to the Recipient Information page.
- Click the **Print** button to print a copy of data submitted for the specific DETEC screen.

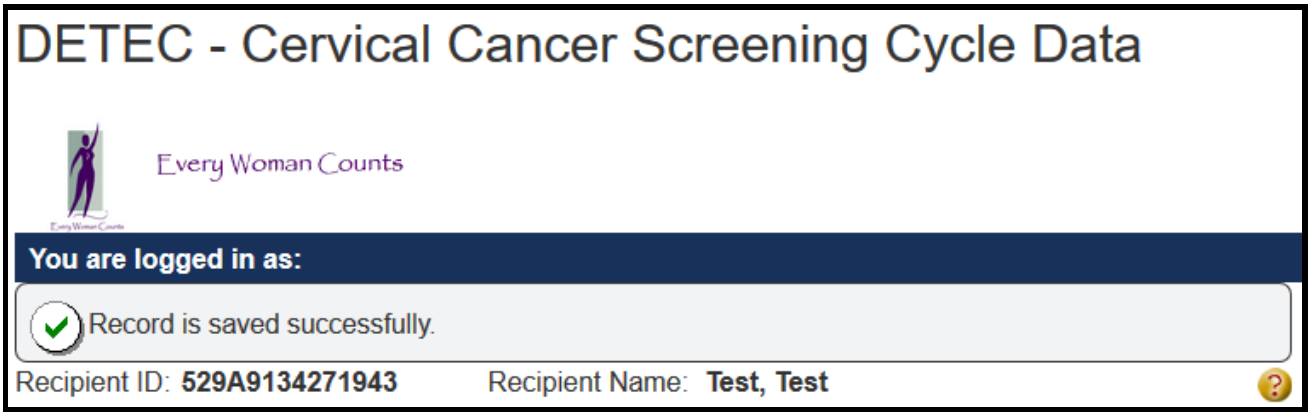


Figure 31. Record Successfully Edited.

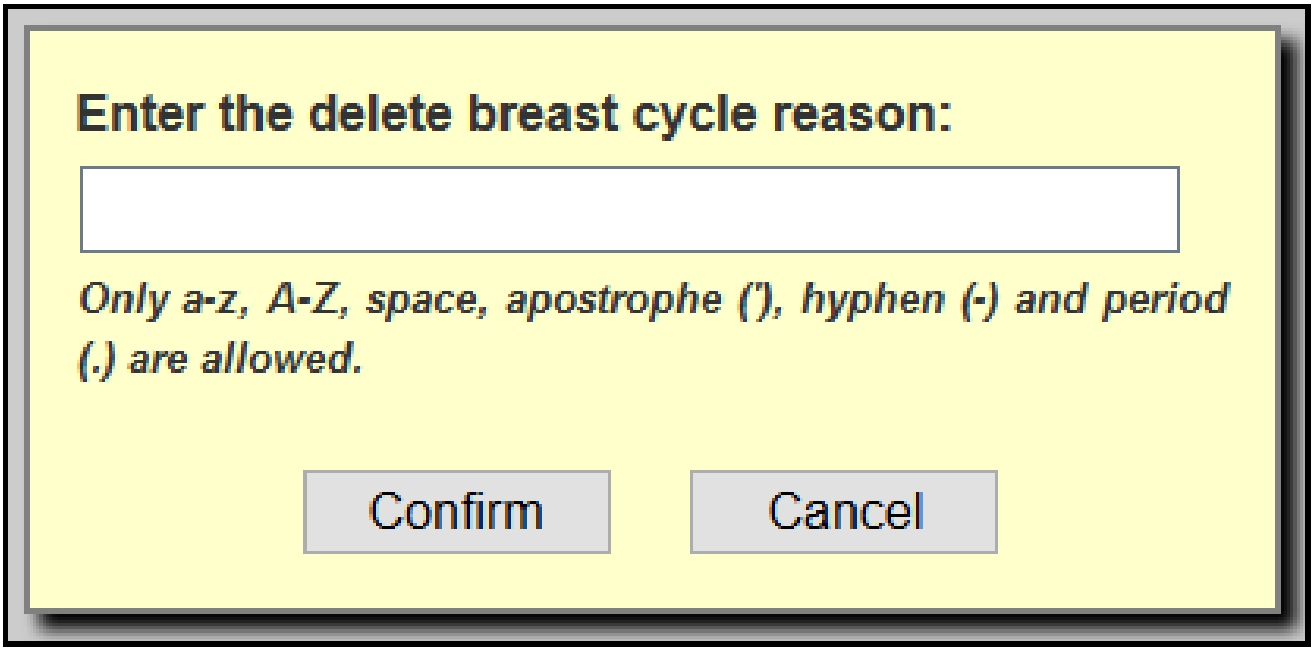


Figure 32. Pop-up Box for Delete Cycle Reason.

Figure 33. Record Successfully Deleted.

Claim Submission

Claims for service may be submitted either hard copy or electronically through usual Medi-Cal channels. Claims must be submitted with the14-digit ID number that is received after the recipient has been enrolled via DETEC. All claims submitted without the 14-digit ID number will be denied. All other Medi-Cal criteria will apply (e.g., timeliness guidelines, modifier requirements, etc.). Claims must be submitted with a valid EWC ICD-10 diagnosis code to be eligible for payment.

Prior to submitting the claim for CM, providers must complete and submit via DETEC, the necessary *Breast Cancer Screening Cycle Data* and/or *Cervical Cancer Screening Cycle Data* forms for the recipient for the certification time period being billed. For more information regarding claims, call the TSC at 1-800-541-5555.

Data Submission

As an EWC enrolled provider, the PCP is required to submit demographic information, screening, diagnostic procedures, workup status, final diagnosis and treatment data using DETEC, the online data collection system. EWC program policy requires data submission within 30 days after receipt of results.

Breast and Cervical Cancer Treatment Program (BCCTP)

For those providers who would like more information about BCCTP, please refer to the BCCTP area of the Medi-Cal website. For patients requesting more information regarding the BCCTP, please instruct them to call 1-800-824-0088 for a BCCTP Eligibility Specialist or visit the BCCTP website at *http://www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx*.

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	DETecting Early Cancer
DHCS	Department of Health Care Services
EWC	Every Woman Counts
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
NPP	Notice of Privacy Practices
OHC	Other Health Coverage
OOS	Out-Of-State Provider Line
PCP	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 (FI provider support call center)

Note: For a complete list of Medi-Cal acronyms, please refer to the *Acronyms and Abbreviations Glossary* in the *Medi-Cal Indexes and Glossary Manual*.

Provider Resources

Contact Information	Assistance Available
Telephone Service Center (TSC) 1-800-541-5555 8 a.m. – 5 p.m., Monday – Friday POS/Internet Help Desk 6 a.m. – 12 a.m., 7 days a week Computer Media Claims Help Desk (CMC) 8 a.m. – 5 p.m., Monday - Friday	• Every Woman Counts, Family PACT, OB, CPSP, PE, BCCTP • 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
Regional Contractor A complete list of contractors is located on the Every Woman Counts website: http://www.dhcs.ca.gov/services/cancer/EWC/Pages/RegionalContractors.aspx	• 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
Every Woman Counts website: http://www.dhcs.ca.gov/services/Cancer/ewc/Pages/default.aspx	• Consumer program information
Every Woman Counts in collaboration with San Diego State University Quality Assurance Project website: *http://qap.sdsu.edu*	• Provider clinical resources • Breast diagnostic algorithms • Provider training opportunities
Breast and Cervical Cancer Treatment Program (BCCTP) Eligibility Specialist 1-800-824-0088 8 a.m. – 5 p.m., Monday – Friday	• BCCTP eligibility • Eligibility policy questions • BCCTP application questions • Information about BCCTP
Every Woman Counts Consumer Line 1-800-511-2300 Operated by the Cancer Prevention Institute of California (CPIC) 8:30 a.m. – 5 p.m., Monday – Friday	• Information on individual's cancer screening services • Eligibility for free individual's cancer screening services • Referrals to providers of individual's cancer screening services • Assistance available in English, Spanish, Mandarin, Cantonese, Vietnamese, Korean
Every Woman Counts section of the Medi-Cal Provider Manual (ev woman). Website: www.medi-cal.ca.gov	• 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.

For Assistance With	Contact
Billing Instructions or Other Inquiries Not Listed Below	TSC
Billing Inquiries by Recipients (only)	BCTG
Claim Adjudication	
Claim Status	PTN
General Inquiries	TSC
Pharmacy Online (Paid or Denied Claims)	POS
Warrant Information	PTN
Enrollment	
Electronic Billing	CMC
General Inquiries	TSC
In-state and Border Providers	DHCS
Out-of-State Providers	OOS
POS Network	POS
Manuals and General Information	
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
Point of Service Network Interface Specifications ••	POS
Provider Manual (In-state and Border Providers)	TSC
Recipient Eligibility Verification	
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
Treatment Authorization Request (TAR)	
Authorization	TAR field office
Denial	TAR field office
General Inquiries	TSC
Status	PTN
Submission (General)	TAR field office

•• Includes information about software development and/or distribution.

Help Desks		
Beneficiary Correspondence and Telephone Group * 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 * 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 * 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
POS/Internet Help Desk 6 a.m. – 12 a.m., 7 days a week	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) *** 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) Expanded Access to Primary Care Program (EAPC) 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.	
Interactive Response Systems		
Automated Eligibility Verification System (AEVS) 2 a.m. – 12 a.m., 7 days a week	1-800-456-2387 1-800-866-2387	In-state Medi-Cal providers Out-of-state, border providers
Provider Telecommunications Network (PTN) 2:30 a.m. – 12 a.m., 7 days a week	1-800-786-4346 (916) 636-1950	In-state Medi-Cal providers Out-of-state, border, local providers +
Supplemental Automated Eligibility System (SAEVS) * 2:30 a.m. – 12 a.m., 7 days a week	1-800-541-5555 (916) 636-1990	In-state non-Medi-Cal providers and intermediaries Out-of-state, border, local providers +

+ Local Medi-Cal Providers are those who can call without paying toll charges.
• Bilingual (English/Spanish) operators are available.