



**Every Woman Counts
Expenditure and Caseload
First Biannual Report to the Legislature
Fiscal Year 2020-21**

**California Department of Health Care Services
Benefits Division**

**Every Woman Counts
Breast and Cervical Cancer Screening Services**

Background

The California Department of Health Care Services (DHCS), Benefits Division, administers and oversees the federal Centers for Disease Control and Prevention's, (CDC) National Breast and Cervical Cancer Early Detection Program and California's Breast Cancer Control Program, known as the Every Woman Counts (EWC) Program. EWC provides free breast and cervical cancer screening and diagnostic services to California's underserved populations. The mission of EWC is to help mitigate and prevent the significant medical, emotional and financial effects of breast and cervical cancer and eliminate health disparities for medically underserved, low-income individuals.

This EWC first biannual report complies with Health and Safety Code Section 104151(b), and Government Code Section 10231.5, which require DHCS to provide a biannual update, no later than February 28, 2021 to the fiscal and appropriate policy committees of the Legislature.

During this reporting period of January 1, 2020 through June 30, 2020. This report to the fiscal and appropriate policy committees of the Legislature includes the most recent information for the specified six-month period, on EWC Program's caseload, estimated expenditures, and related EWC Program activities. Furthermore, clinical service activities are broken down to include office visits and consults, screening mammograms, diagnostic mammograms, diagnostic breast procedures, case management, and other clinical services.

Caseload

This first biannual report to the Legislature includes data on EWC caseload and actual clinical claims and expenditures for the period of January 1 through June 30, 2020. EWC caseload data is based on a unique client identification number. DHCS demonstrates the association between annual caseload projections and observed biannual caseload by reporting based on the client identification numbers. EWC providers may submit clinical claims within six months following the month in which services were rendered.

EWC Observed Caseload¹ was 71,645 individuals from January 1 through June 30, 2020. During the COVID-19 Public Health Emergency (PHE), EWC has experienced a caseload decline of 22 percent, compared to the caseload (92,542 individuals) for the same period last year (January 1 through June 30, 2019).

EWC Actual Clinical Claims and Expenditures was \$12,676,257 from January 1 through June 30, 2020, which was a 30 percent decrease in total expenditures of \$18,127,466 during January 1 through June 30, 2019.

¹ A unique client identification number defines caseload as the sum of EWC recipients, for individuals who received at least one paid service during the reporting period.

Table 1 EWC Actual Clinical Claims and Expenditures

Actual Expenditures for Dates of Service January 1, 2020 through June 30, 2020		
Related Program Monitoring Data: Type of Claim	Total Claims	Total Amount Paid*
Office Visits and Consultations	55,881	\$1,568,168
Screening Mammograms	43,296	\$4,263,295
Diagnostic Mammograms	12,669	\$1,386,099
Diagnostic Breast Procedures	5,047	\$202,169
Magnetic Resonance Imaging	52	\$9,338
Other Clinical Services ²	68,011	\$4,905,988
Case Management ³	6,830	\$341,200
Grand Total	191,786	\$12,676,257

***Note:** The summarized data chart includes paid claims for breast and cervical cancer screening and diagnostic services (as of November 20, 2020, and does not include denied claims data.) Therefore, the reported claims data does not represent the total expenditures for the period and should not be compared to data provided through other formal processes (e.g., EWC Budget Estimates are located in the [Family Health May 2020 Local Assistance Estimate](#) for FY 2019-20).

EWC Program was appropriated \$42.3 million, as reported in the Family Health May 2020 Local Assistance Estimate for FY 2019-20.

EWC Program Activities for January 1 through June 30, 2020

EWC Responses to COVID-19

EWC Providers

Breast and cervical cancer screenings were significantly affected by changes in clinic operations due to the COVID-19 PHE. For example, some clinics experienced closures, and other clinics were designated as COVID-19-only testing sites, making cancer screening services unavailable. Currently, most clinics have resumed the delivery of breast and cervical cancer preventative services while incorporating COVID-19 PHE safety measures. However, telehealth modalities provided an alternative to in-person,

² Other Clinical Services include cervical screening and diagnostic services, and pathology procedures for both breast and cervical cancer screenings.

³ Case Management is not reimbursable for normal screening results and is reimbursed at \$50 for abnormal screening results.

face-to-face visits and helped to bridge some health care service gaps due to concerns about the increased risk of spread/transmission of COVID-19.

To help address concerns, on April 3, 2020, EWC Primary Care Providers were notified through a Medi-Cal Newsflash of a policy change allowing the use of telehealth during the COVID-19 PHE. Telehealth access allows EWC Providers to deliver health care services and public health information including patient education, enrollment, recertification, diagnostics, and consultation to the patient at a location of their choosing.

Outreach and Education

COVID-19 has affected the modality of EWC outreach and education and the number of individuals reached through the program. Specifically, 881 individuals received services between January 1 and June 30, 2020 compared to 2232 individuals reached during January 1 through June 30, 2019. Nevertheless, the ten regional Health Educators and over sixty Community Health Workers (CHWs) have utilized virtual platforms such as Zoom, YouTube, Facebook, and Nextdoor to conduct outreach activities. These modalities, the utilization of CHWs in their communities, and new collaborations with local partners have been instrumental in allowing EWC to continue reaching program-eligible individuals during the COVID-19 PHE.

EWC Clinical Services

Evidence Based Interventions (EBI) to Increase Overall Clinic Screening Rates

In June 2020, EWC recruited four clinic providers: County of San Luis Obispo, Peach Tree Live Oak, Bay Area Community/Tri-City Health Center Fremont and Avenal Community Health Center to implement EBIs with the goal of increasing screening rates. EWC has collected baseline data from all clinics and in September 2021, after a year of implementation, the same data will be collected to determine if screening rates increased. The CDC requires EWC to select interventions in the [Guide to Community Preventive Services](#). The guide is a collection of evidence-based findings recommended by the federal Community Preventative Services Task Force. The newly recruited clinic providers have selected a combination of EBI strategies to implement that are tailored to their clinic's needs. Table 2 identifies these approaches and interventions.

Table 2 EWC Approaches and Interventions

Approach	Intervention
Increasing Client Demand	<ul style="list-style-type: none"> • Client Reminders • Group Education • One on One Education • Small Media
Increasing Client Access	<ul style="list-style-type: none"> • Reducing Structural Barriers • Reducing Out of Pocket Costs
Increasing Provider Delivery	<ul style="list-style-type: none"> • Provider Assessment & Feedback • Provider Reminders

Magnetic Imaging Resonance (MRI) Benefit was implemented

In May 2020, DHCS released a Medi-Cal Update Bulletin announcing that effective for date of service on or after June 1, 2020, breast MRI procedures and MRI-guided services are reimbursable EWC program benefits.

- An MRI is recommended in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20 percent or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history.
- Breast MRI can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment.

Cervical Cancer Awareness Month

The United States Congress designates January as Cervical Health Awareness Month and as a result, many organizations throughout California organize events that highlight issues related to cervical cancer, human papilloma virus (HPV) and the importance of early detection. On January 18, 2020, a diverse group of organizations: Bakersfield Pregnancy Center, Kern Medical (KM), Kern County Public Health Department (KCPH), AIS Cancer Center, American Cancer Society, Health Net, Omni Family Health, Links 4 Life, Dignity Health’s Community Wellness Center, and California Health Collaborative planned their first mobile screening event in Kern County to commemorate Cervical Cancer Awareness month.

Kern County organizations conducted the event to address the high invasive cancer and mortality rates in the county, and to facilitate access to cervical cancer screening. The event was held at a local Mercado Latino, a public area easily accessible to the community and priority populations. KCPH and the Bakersfield Pregnancy Center provided mobile screening units. KCPH and KM (an EWC provider), performed the screenings. The primary goal of the event was to provide 30 cervical cancer screenings. In total, 29 cervical cancer screenings were conducted; of which 22 were normal; one had an unsatisfactory specimen; one was abnormal; three pending, and two had infections that were scheduled for a follow-up appointment. All patients who required

follow-up were referred to KM or given the option to choose a provider of their own choosing.

Due to the success of the event, the planning group agreed to host this event again in January 2021. DHCS' next biannual report will include an update on the outcome of this event. In a post-screening survey conducted at the event, lack of insurance was the primary reason given for why participants took advantage of this screening opportunity. Of the 29 participants who completed the survey, 21 (72 percent) stated that they attended the screening because they did not have medical insurance.

California Pink Ribbon License Plate

The California Breast Cancer Awareness license plate (also known as Pink Plate) was started by a group of Breast Cancer Survivors (the Survivor Sisters) in Northern California who wanted to make a difference by promoting early detection and helping more women survive breast cancer. The Survivor Sisters brought the idea of the license plate to Former Assembly Member Joan Buchanan who introduced Assembly Bill (AB) 49 (Buchanan, Chapter 351, Statutes of 2014) on December 21, 2012. AB 49 authorized DHCS to apply to the Department of Motor Vehicles (DMV) "to sponsor a breast cancer awareness license plate program." Governor Edmund G. Brown signed AB 49 on September 16, 2014. In December 2017, cars with Pink Plates hit the streets.

As of June 30, 2020, the California DMV reported that 5,580 breast cancer awareness special interest license plates are currently in operation, of which 33 were for motorcycles. Since its inception, total revenues of approximately \$338,596.33 have been collected from Pink Plate proceeds, minus the costs of new plates and administration, and \$154,000 has been used to reimburse EWC Providers for breast cancer screening and diagnostic services.

EWC must utilize the DHCS Family Health Estimate process to allocate the remaining revenues of \$184,596.33. In the last two years, EWC has expended the program's maximum allowable amount of \$77,000 per year as appropriated by the Department of Finance.

EWC Biannual Reports to the Legislature are posted on line on the DHCS website: <https://www.dhcs.ca.gov/formsandpubs/Pages/Reports-to-the-Legislature.aspx>