



## Department of Health Care Services

### EVERY WOMAN COUNTS PROGRAM PRIMARY CARE PROVIDER ENROLLMENT AGREEMENT PACKAGE

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

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

Complete the PCPEA. This agreement must be signed by both the person with the authority to bind the agency/practice and the medical director. A copy should be retained at each clinic. Pursuant to California Welfare and Institutions Code Section 14043.26, the NPI registered with Medi-Cal must be used exclusively for the locations for which it was approved.

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

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

Submission of the PCPEA is not guarantee of enrollment. The EWC program will contact you if corrections are needed and will forward a copy of the approved PCPEA to your Regional Contractor (RC).

#### **GENERAL INFORMATION**

The PCPEA is valid as long as the provider participates in EWC or until such time that the document is updated by the EWC Program.

EWC PCPs must assure that agreements are reviewed periodically. PCPs must also assure that clinicians new to the program read the Every Woman Counts (ev woman) section of the Medi-Cal Provider Manual and review the Provider Orientation materials before rendering program services.

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

## EVERY WOMAN COUNTS PROGRAM

### PRIMARY CARE PROVIDER ENROLLMENT AGREEMENT PROVISIONS

### QUALITY EXPECTATIONS AND PROGRAM REQUIREMENTS

The Every Woman Counts (EWC) Program expects that individuals served through this program will receive quality screening and diagnostic services. Primary care providers shall operate and provide services in compliance with all applicable federal, state, and local laws and regulations. All provider locations shall adhere to the California Department of Health Care Services (DHCS) provider requirements, and the Every Woman Counts (EWC) Program clinical standards found in the Every Woman Counts (*ev woman*) section of the Medi-Cal Provider Manual and the Provider Orientation materials. A primary care provider who fails to adhere to these requirements may be precluded from further program participation.

Providers who stop participating in the program for any reason are expected to assure the continuation of care and services for their patients.

#### **Professional Education**

EWC expects that all clinicians performing breast and cervical cancer screening and diagnostic services have up-to-date clinical knowledge and skills related to breast and cervical cancer screening. Clinicians shall participate in ongoing continuing education in the areas of breast and/or cervical health.

#### **Provider Site Reviews**

Program primary care providers are required to participate in periodic reviews conducted in collaboration with the Regional Contractor and/or EWC staff. Records of activities related to women enrolled in the EWC Program must be made available for inspection during the site review.

If problems are identified through the site review or through monitoring data quality indicators, EWC will first offer technical assistance. If technical assistance does not resolve the problem, EWC may require corrective action plans for the area needing improvement in order for the primary care provider to continue program participation. Failure to comply in the time specified may lead to program disenrollment.

#### **Billing and Program Updates**

Primary care providers enrolled in the EWC Program agree to accept Medi-Cal reimbursement rates as payment in full for program covered services provided to program-eligible women, and to not bill women for any services provided through the program. Billing information and requirements are found in the Every Woman Counts (*ev woman*) section of the Medi-Cal Provider Manual available at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). Providers are responsible for reviewing *ev woman* and the monthly Medi-Cal Bulletins for information related to changes in EWC billing practices and program updates. All timeliness guidelines for claim submission procedures for EWC adhere to Medi-Cal, and can be found in appropriate sections of the Medi-Cal Provider Manual.

This agreement is enforceable only if sufficient funds are made available by the appropriate Budget Act for the purposes of this program. In addition, this agreement is subject to any additional restrictions, limitations, or conditions enacted by the Legislature that may affect the provisions, terms, or funding of this agreement in any manner.

**EVERY WOMAN COUNTS PROGRAM**  
**PRIMARY CARE PROVIDER ENROLLMENT AGREEMENT PROVISIONS**  
**QUALITY EXPECTATIONS AND PROGRAM REQUIREMENTS**

**Case Management Services**

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

**Data Collection and Reporting**

The primary care provider enrolled in the EWC program shall report accurate data for each woman served using the program's on-line application at the completion of the screening cycle and/or at final diagnosis. The data shall include patient demographics, services rendered, outcomes of procedures rendered, and initiation of treatment by both the primary care provider and referral providers.

**Health Insurance Portability and Accountability Act (HIPAA)**

The primary care provider may be a "covered entity" under HIPAA, and as such, has obligations with respect to the privacy and security of patients' medical information under 45 CFR sections 160 and 164. All primary care providers shall comply with State and Federal laws regarding patients' privacy, confidentiality of medical information, and patients' rights to access their own health information.

Each primary care provider is required to give each patient a DHCS Notice of Privacy Practices (NPP) at the time of enrollment in EWC. The patient must acknowledge receipt of the NPP by signing the acknowledgement statement on the EWC Recipient Application.

**Non-Conforming Providers**

EWC monitors provider performance and compliance with quality clinical standards through the data and claims submitted by the primary care provider. Primary care providers who repeatedly fail to comply with the clinical standards or data collection requirements; who fail to report the results of each woman's screening cycle to EWC in spite of provision of technical assistance and a Corrective Action Plan; or those providers who jeopardize safety and health of EWC beneficiaries shall be precluded from further participation in EWC.

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

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**PRIMARY CARE PROVIDER ENROLLMENT AGREEMENT PROVISIONS**  
**QUALITY EXPECTATIONS AND PROGRAM REQUIREMENTS**

**Appeal Process**

If the provider chooses to appeal, s/he must file a written appeal, which includes the:

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

Appeals that do not include all of these areas shall be rejected. Appeals may be mailed or faxed to:

Department of Health Care Services  
Benefits Division - EWC Program  
Attention: Division Chief  
P.O. Box 997417, MS 4601  
Sacramento, CA 95899-7417  
(916) 449-5300

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

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**Agency/Practice Information**


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NPI enrolling in EWC	Tax I.D Number
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Legal Name of Applicant (must match the name as used for NPI)	Telephone Number
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Service Address of the Agency/Practice	Fax Number
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City	State	Zip Code
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Mailing Address of the Agency/Practice (if different from above)

**Authorized Signature**

**I am duly authorized to bind all locations and physicians/clinicians specified in this Primary Care Provider Enrollment Agreement to the California Department of Health Care Services (DHCS), Every Woman Counts Program. The Every Woman Counts Program provider requirements and clinical standards are found in the Every Woman Counts (*ev woman*) section of the Medi-Cal Provider Manual and the Provider Orientation materials. All clinicians serving EWC recipients shall be familiar with all program guidelines. I certify that the Agency/Practice Information is true, accurate, and complete to the best of my knowledge. I understand that supplying incorrect or inaccurate information will jeopardize my eligibility to participate in the Every Woman Counts Program and to receive reimbursement for services provided to program clients. I further understand that I must report any changes in the Agency/Practice Information, or withdraw from the program, to the Regional Contractor within thirty-five (35) calendar days. Failure to comply with any of the provisions of this Primary Care Provider Enrollment Agreement detailed herein could result in suspension or termination from provider status and withholding of fees for services.**

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Print Authorized Agent's Name (Agent with the authority to bind the agency/corporation/practice)	Title
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✍ Authorized Agent's Original Signature	Date
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Print Medical Director/Physician's Name (if authorized agent is not a physician)	Date
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✍ Medical Director/Physician Original Signature	Date
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