



**American Indian Cancer Foundation's**  
National Breast & Cervical Early Detection Program

# Screen Our Circle



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# PROGRAM OVERVIEW



## Introduction

This manual was developed to assist the American Indian Cancer Foundation (AICAF) partners, sub-awardees and providers in implementing Screen Our Circle, AICAF's Breast and Cervical Cancer Early Detection Program. Each section provides information about the services that meet national program guidelines from the Centers for Disease Control and Prevention (CDC).

AICAF's National Breast and Cervical Cancer Early Detection Program (Screen Our Circle) is supported by funds from the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention awarded to the American Indian Cancer Foundation (CDC-RFA-DP17-1701).

## American Indian Cancer Foundation

### About

The American Indian Cancer Foundation (AICAF) is a 501(c)3 national non-profit organization that was established to address the tremendous cancer inequities faced by American Indian and Alaska Native (AI/AN) communities. At AICAF, we envision a world where cancer is no longer the leading cause of death for our people. Through hard work, culturally appropriate programs and policy change that affords AI/AN people access to the best prevention and treatment strategies, we see a day where our communities are free from the burden of cancer. The organization is Native-governed; its board members and employees have an array of experiences serving the health needs of our people.

### Mission

The mission of AICAF is to eliminate the cancer burdens on American Indian and Alaska Native people through improved access to prevention, early detection, treatment and survivor support.

### Approach

We believe AI/AN communities have the wisdom to find solutions to cancer inequities but are often seeking the organizational capacity, expert input and resources to do so. We support innovative, community-based interventions that engage Native populations in the discovery of their own cancer best practices. We strive to be a partner trusted by tribal and urban community members, health care providers and policy makers working toward effective and sustainable cancer solutions.

Health system partnerships:

- We champion inter-tribal collaboration to define cancer barriers and solutions across AI/AN communities
- We assist health systems with identifying gaps and finding solutions to effective cancer prevention and care
- We offer systems support to improve cancer screening and tracking systems
- We conduct health care provider education to increase awareness of the importance of the health care provider role in recommending the right screening, referrals and treatment for every AI/AN client

Community education and outreach:

- We perform community education and outreach to increase awareness of cancer prevention and to promote early detection and link woman to screening
- We engage community health workers to help AI/AN people overcome screening barriers

Community-based research:

- We work with communities to identify research questions, methods and funding opportunities
- We support the collection and use of population-specific data to guide efforts
- We make sure findings are shared and published so all AI/AN communities can benefit from new ideas and knowledge

## Screen Our Circle

In 2017, the CDC awarded AICAF the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) grant, launching Screen Our Circle. The goal of AICAF's Screen Our Circle program is to increase cancer screening rates in urban AI/AN clinics across the nation, ultimately reducing the impacts of breast and cervical cancer in Indian Country. Screen Our Circle staff and partners will improve early detection rates by raising awareness of cancer burdens and solutions, promoting health system changes, and performing community education and outreach activities.

### Diverse Partnerships

Screen Our Circle has formed a dynamic leadership team to help guide and carry out the overall direction of the program. Urban Indian Health Institute (UIHI), the National Council of Urban Indian Health (NCUIH) and AICAF will provide invaluable guidance and bring trusted connections to the team. To learn more about our partners visit [www.uihi.org](http://www.uihi.org) and [www.ncuih.org](http://www.ncuih.org).

To maximize collaboration and screening practices with urban AI/AN clinics individually, the Screen Our Circle program will facilitate potential partnerships with:

- Indian Health Services
- Local public health
- State health departments
- Nonprofit organizations
- Referral sites
- Subject matter experts
- Tribal health programs

### Tailored Services

Screen Our Circle seeks to advance the capacity of urban AI/AN clinics through trainings, culturally-tailored resources and health system changes to improve cancer control.

Screening and navigation services

- Provide screening and diagnostic services for breast and cervical cancer
- Provide client navigation services

Trainings

- Offer trainings and webinars with subject matter experts on screening best practices

#### Culturally-tailored resources

- Screen Our Circle Manual
- Cancer education materials
- Media tools and resources

#### Quality improvement strategies

- Evidence-based intervention strategies for quality improvement
- Facilitating process mapping
- Create individualized policy templates

#### Cancer Focus

AICAF will focus on cancer topics that cover screening, follow-up and client navigation through the following cancer focus areas.

- Breast cancer screening
- Cervical cancer screening

#### Continuity of Care

Screen Our Circle supports continuity of care, which is a team approach that includes both the health care and tribal health systems to collaborate on access to breast and cervical cancer screening for women.

#### Connect with AICAF

To learn more about AICAF strategies to eliminate cancer burdens on urban AI/AN communities, visit us at [www.americanindiancancer.org](http://www.americanindiancancer.org). To connect with the Screen Our Circle program, contact [nbccedp@aicaf.org](mailto:nbccedp@aicaf.org).

## Screen Our Circle Manual

The Screen Our Circle Manual has been designed to assist Screen Our Circle sites in implementing the policies and protocols for breast and cervical cancer screening, diagnostic and navigation services. Each section provides information about services that meet state and federal requirements.

- Understand policies and expectations of the program
- Understand what is and is not a covered service or reimbursable
- Identify and review current screening guidelines and approved screening modalities
- Instructions on client eligibility, enrollment and billing process





## AICAF Staff Contact

AICAF staff are thrilled to collaborate with you and your team to achieve the goal of improving AI/AN health care through preventative services. The following manual will detail specifics of contracting with the Screen Our Circle program and will provide continued support to your clinic while implementing and carrying out the work of breast and cervical cancer screening.

### Contact Information

**Telephone Number:** 612.314.4872

**Program Email:** [screenourcircle@americanindiancancer.org](mailto:screenourcircle@americanindiancancer.org)

**Program Address:** 3001 Broadway Street NE Suite 185, Minneapolis, MN 55413



## Clinic Staff Orientation

Partners, sub-awardees and providers will find tools to use in order to achieve their project goals of getting more clients screened for breast and cervical cancer, and working with Screen Our Circle staff for technical assistance. The Screen Our Circle Manual calls for a variety of staff members who will be needed to support the Screen Our Circle program objectives. The information below specifies the sections on which to focus, based on the reader's role in supporting quality screening of program-eligible clients.

### All staff members

Everyone at the participating Screen Our Circle clinic site will need support and technical assistance in creating a welcoming and culturally sensitive environment for program clients.

Review Sections:

- Program Overview, pg. 4
- Glossary of Terms, pg. 41-46
- Program Resource Guide, pg. 47

### Front office staff members

Front office staff members will need an orientation to client eligibility and enrollment procedures. The orientation should include essential information on data transmission, tracking systems and confidentiality issues.

Review Sections:

- Client Eligibility and Enrollment, pg. 8
- Clinical Data Tracking & Collection, pg. 32

### Clinical staff members/medical director

Clinical staff members will need information on the clinical protocols endorsed by Screen Our Circle. Guidelines and protocols are developed from the United States Preventive Services Task Force (USPSTF). The Screen Our Circle program emphasises the CDC Minimum Data Element (MDE) requirements and the importance of having accurate clinical elements reflected in the medical records by clinic staff.

Review Sections:

- Screening Services, pg. 10
- Diagnostic Services, pg. 15
- Tracking and Follow-Up Protocol, pg. 19
- Treatment Services, pg. 23

### Billing staff members

Billing staff members will need a complete orientation to ensure that clients are not billed.

Review Sections:

- Billing and Reimbursement, pg. 34

### Administrative staff members/front end staff

Administrative staff members include the office manager, medical director, or lead clinical coordinator. They will need information on Screen Our Circle systems and how to integrate this system into existing clinic practices. Options that benefit all clients at the participating Screen Our Circle clinic site are more likely to be pursued.

Review Sections:

- Client Eligibility and Enrollment, pg. 8
- Client Navigation, pg. 25



# CLIENT ELIGIBILITY & ENROLLMENT

The American Indian Cancer Foundation (AICAF) Screen Our Circle program provides breast and cervical cancer screening services to eligible American Indian and Alaska Native (AI/AN) clients. The Client Eligibility and Enrollment section provides information about eligibility criteria, enrollment protocol and instructions to complete the Eligibility and Enrollment Forms for Screen Our Circle. For additional questions or concerns, contact the Screen Our Circle Nurse Specialist.

## Screen Our Circle Eligibility Guidelines

### Eligibility criteria

Clients must complete the Client Eligibility Form and meet the specific eligibility criteria before receiving screening and diagnostic services through Screen Our Circle. It is the responsibility of the participating Screen Our Circle site to assess client eligibility.

Clients must meet ALL of the following criteria to be eligible:

- Age requirements for breast cancer screening services is between the ages of 40-64\*
  - ▶ \*Special considerations may be made for clients under 40 who are at high risk for breast cancer or are symptomatic. (see high-risk factor section in Screening Services)
- Age requirement for cervical cancer screening services is between the ages of 21-64  
Clients must be uninsured or underinsured
  - ▶ Underinsured is defined as:
    - Health insurance that does not cover services
    - Health insurance that does not cover reimbursement of the full amount of the established fees for covered services
    - A deductible or coinsurance amount which the client cannot afford to pay, as stated by the client
- Income guidelines: Clients must meet the following income guidelines
  - ▶ Household income must be at or below 250% of the Federal Poverty Level (FPL)
    - Household income includes all sources of income for ALL household members, including disability and child support payments
    - Clients do not need to provide documentation of their income (this information is self-declaration and should be based on their current projected income)
- The priority population for the Screen Our Circle program is AI/AN clients, but Screen Our Circle will serve any eligible client
- Clients who are not eligible for the Screen Our Circle program may be linked to other resources for breast and cervical cancer screening

### 2019 Income Guidelines

Household #	Monthly Income	Yearly Income
1	\$2,602	\$31,225
2	\$3,523	\$42,275
3	\$4,444	\$53,325
4	\$5,365	\$64,375
5	\$6,285	\$75,425
6	\$7,206	\$86,475
7	\$8,127	\$97,525
8	\$9,048	\$108,575

### Specific consideration for eligibility

All transgender clients should feel welcome in the Screen Our Circle program. Sensitivity and respect for delivering optimal health care service should be followed.

- A transgender woman is defined as an individual with a female gender identity and a male birth assigned sex  
Transgender women are eligible for breast screening services
- A transgender man is an individual with male gender identity and a female birth assigned sex  
Transgender men are eligible for breast and cervical screening services based on presence of breasts and/or cervix respectively
- Breast cancer screening services: Transgender clients may be screened if they meet one or a combination of the following:
  - ▶ Transgender women who have taken or are taking hormones
  - ▶ Transgender men who have not undergone a bilateral mastectomy
    - Transgender men who have undergone bilateral mastectomy should have conversations with their health care providers about the unknown risks associated with residual breast tissue
  - ▶ Transgender men who have only undergone breast reduction

### Exclusion criteria

Men (except for exception above) are not eligible for the Screen Our Circle program or any NBCCEDP services according to the law establishing the program. While fewer than 1% of men are at risk for developing breast cancer, it is still important for them to talk to their health care providers about screening.

## Client Enrollment

Every Screen Our Circle site will follow the Enrollment Form instructions to determine a client's eligibility and enrollment.

### Clinic Staff Responsibilities

- Staff will provide program updates to Screen Our Circle staff on the availability of resources, current screening numbers and any barriers to screenings through monthly meetings and email correspondence
- Staff will identify program eligible clients using each site's existing clinic recruitment strategies
- Assign unique client enrollment numbers (set of client enrollment numbers will be provided by the Screen Our Circle program)
- Staff will ensure clients have completed the Eligibility and Enrollment Form
- Staff will provide copies of the Eligibility and Enrollment Form to the client and Screen Our Circle Staff
  - ▶ Completed and signed Eligibility and Enrollment Form must be submitted to the Screen Our Circle program every two weeks (first and third Monday preferred)
  - ▶ Every year, clients must complete and sign new Eligibility and Enrollment Form to verify eligibility
  - ▶ Form will be submitted via fax at 206.324.8910 or scanned and saved on Med-IT, the online data management system for Screen Our Circle

# SCREENING SERVICES

The American Indian Cancer Foundation (AICAF) Screen Our Circle program provides breast and cervical cancer screening services for eligible American Indian and Alaska Native (AI/AN) clients. The Screening Services section of the manual covers in-depth eligibility for breast and cervical cancer screening, procedures reimbursable by the Screen Our Circle program and rescreening protocol. For any questions regarding the content of this section, please contact the Screen Our Circle Nurse Specialist.

## Breast Cancer Screening Services

### Breast cancer screening eligibility

Screen Our Circle reimburses breast cancer screening services for clients who meet ALL of the following eligibility criteria:

- Age requirement for breast cancer screening services is between the ages of 40-64\*
  - ▶ \*Special considerations may be made for clients under 40 who are at high risk for breast cancer or are symptomatic. (see high-risk factor section below)
- Clients must be uninsured or underinsured
  - ▶ Underinsured is defined as:
    - Health insurance that does not cover services
    - Health insurance that does not cover reimbursement of the full amount of the established fees for covered services
    - A deductible or coinsurance amount which the client cannot afford to pay
- Income guidelines: Clients must meet the following income guidelines
  - ▶ Household income must be at or below 250% of the Federal Poverty Level (FPL)
    - Household income includes all sources of income for ALL household members, including disability and child support payments
    - Clients do not need to provide documentation of their income (this information is self-declaration and should be based on their current projected income)

For complete details of eligibility criteria, see Client Eligibility and Enrollment Section.

### Breast cancer screenings

- Mammography
  - ▶ Is the use of a film or a computer to create an image of the breast. Screening mammography consists of two standard, complementary views of each breast- the craniocaudal projection and the mediolateral oblique projections
- Clinical breast examinations (CBEs) are intended to detect breast abnormalities or evaluate clients' breast symptoms
  - ▶ CBEs are available at the discretion of the participating Screen Our Circle clinic provider or at the preference of the client
  - ▶ CBEs are required for symptomatic clients
  - ▶ CBEs must be performed by a physician, physician's assistant, nurse practitioner or certified nurse midwife
- Breast Magnetic Resonance Imaging (MRI)
  - ▶ Screen Our Circle may reimburse for screening breast MRI performed in conjunction with a mammogram (pre-authorization required) when a client is considered high-risk. To identify what constitutes a high-risk client, see the section below labeled Breast cancer screening services for: Clients at high-risk
  - ▶ Breast MRI may be reimbursed when used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment

- ▶ Breast MRI cannot be reimbursed by the Screen Our Circle program to assess the extent of disease for staging in clients who were recently diagnosed with breast cancer and preparing for treatment
- All clients must undergo a risk assessment with their health care provider (Enrollment Form) to determine if they are at high risk for breast cancer

### **Breast cancer screening services for:**

- **Clients age 40 to 49 years of age**
  - ▶ The decision to start regular screening mammography before the age of 50 should be a unique individual decision and take client context into account, including the clients' values regarding specific benefits and harms
  - ▶ Screen Our Circle funds may be used to reimburse screening mammography in this age group if the decision to screen has been reached between a client and their health care provider
- **Clients age 65 and older**
  - ▶ If a client is eligible to receive Medicare benefits but is not enrolled, they should be encouraged to apply for Medicare
    - Clients enrolled in Medicare Part B are NOT eligible for Screen Our Circle services
  - ▶ Medicare-eligible clients with low incomes (up to 250% FPL) who cannot pay the premium to enroll in Medicare Part B or clients who are not eligible to receive Medicare Part B may be eligible to receive breast cancer screening through other resources; however, they are not eligible for Screen Our Circle services
- **Clients under 40 years of age**
  - ▶ Symptomatic: Screen Our Circle funds may be used to provide a CBE. If findings of the CBE are considered abnormal (discrete mass, nipple discharge, skin or nipple changes) a client may be provided a diagnostic mammogram or breast ultrasound and/or referred for a surgical consultation
  - ▶ Asymptomatic: Screen Our Circle funds may be used to evaluate those who have been determined to be at high-risk for breast cancer (see "clients at high-risk")
- **Clients at high-risk**
  - ▶ High-risk for developing breast cancer is defined as having any one or a combination of the following factors:
    - known genetic mutation (e.g. BRCA 1 or 2)
    - first-degree relative(s) (parent, sibling, child) with premenopausal breast cancer or known genetic mutations
    - history of radiation treatment to the chest area before age 30
    - lifetime risk of 20% or more for the development of breast cancer based on risk assessment models:
      - Gail Model: <https://bcrisktool.cancer.gov/calculator.html>
      - IBIS Model (Tyrer-Cuzik Model): <http://www.ems-trials.org/riskevaluator>
      - Risk assessment can be done with a genetic counselor meeting but is not a Screen Our Circle covered expense
  - ▶ Screen Our Circle funds can be used for clients at high-risk
    - Clients who meet the criteria for high-risk should be screened with both an annual mammogram and annual breast MRI (requires pre-authorization)
      - Screen Our Circle may cover a breast MRI done for diagnostic workup in limited situations with pre-authorization (see diagnostic services section for more information)
- **Clients with a history of breast cancer**
  - ▶ Clients who have a known history of breast cancer may be evaluated through the Screen Our Circle program after:
    - Completing treatment; and
    - They meet Screen Our Circle eligibility requirements

- ▶ Clients may return to a regular screening schedule set by treating facility and established follow-up guidelines
  - Follow-up will be based on the assessment from the client's health care provider and depends on the stage of disease and treatment course agreed upon by the client and provider
  - Screen Our Circle funds may be used for breast MRI post-completion of breast cancer treatment with pre-authorization

- **Transgender clients**

- ▶ Transgender clients may be screened if they meet one or a combination of the following:
  - Transgender women who have taken or are taking hormones
  - Transgender men who have not undergone a bilateral mastectomy
    - Transgender men who have undergone bilateral mastectomy should have conversations with their health care providers about the unknown risks associated with residual breast tissue
  - Transgender men who have only undergone breast reduction

For complete details of eligibility criteria, see Client Eligibility and Enrollment Section.

## Cervical Cancer Screening Services

### Cervical cancer screening eligibility

Screen Our Circle reimburses cervical cancer screening services for clients who meet all of the following eligibility criteria:

- Age requirement for cervical cancer screening services is between the ages of 21-64
- Clients must be uninsured or underinsured
  - ▶ Underinsured is defined as:
    - Health insurance that does not cover services
    - Health insurance that does not cover reimbursement of the full amount of the established fees for covered services
    - A deductible or coinsurance amount which the client cannot afford to pay
- Income guidelines: Clients must meet the following income guidelines
  - ▶ Household income must be at or below 250% of the Federal Poverty Level (FPL)
    - Household income includes all sources of income for ALL household members, including disability and child support payments
    - Clients do not need to provide documentation of their income (this information is self-declaration and should be based on their current projected income)

For complete details of eligibility criteria, see Client Eligibility and Enrollment Section.

### Cervical cancer screening services

- Pap test (includes pelvic examination and high risk HPV test [Screen Our Circle does not cover low risk HPV])
  - ▶ Conventional Pap test or liquid-based cytology can be reimbursed
    - Must differentiate which type of testing is used (tracking purposes)
  - ▶ If a specimen is lost or not adequate, repeat Pap test will be reimbursed by Screen Our Circle

### Cervical cancer screening services for:

- **Clients 21 to 29 years of age**
  - ▶ Pap testing alone every three years
- **Clients 30-64 years of age**



- ▶ Pap testing alone every three years; or
- ▶ Pap testing with High-Risk HPV Panel testing (co-testing) every five years; or
- ▶ High-Risk HPV Panel testing every five years alone
- **Clients at high-risk**
  - ▶ High-risk for developing cervical cancer is defined as having one or a combination of the following factors:
    - In-utero Diethylstilbestrol (DES) Exposure
    - Immunocompromised
    - Have had organ transplantation, or
    - Personal history of cervical cancer (CIN3, CIS or invasive cervical cancer should have collection for 20 years post diagnosis even if age exceeds 65)
  - ▶ High-risk clients age 21 - 29 should have annual Pap testing
  - ▶ High-risk clients age 30 and older should have co-testing every three years or Pap annually
- **Clients under 21 years of age**
  - ▶ Screen Our Circle funds cannot be used to reimburse for cervical cancer screening in clients under the age of 21
- **Clients over 65 years of age**
  - ▶ Screening is not recommended for clients older than 65 years of age who have had adequate cervical cancer screening and are not at high-risk
  - ▶ If a client is eligible to receive Medicare benefits but is not enrolled, they should be encouraged to apply for Medicare
    - Clients enrolled in Medicare Part B are NOT eligible for Screen Our Circle clinical services
  - ▶ Medicare-eligible clients with low incomes (up to 250% FPL) who cannot pay the premium to enroll in Medicare Part B or clients who are not eligible to receive Medicare Part B may be eligible to receive breast cancer screening through other resources; however, they are not eligible for Screen Our Circle services
- **Transgender clients**
  - ▶ Transgender men should continue routine screening as long as they have a cervix
  - ▶ For complete details of eligibility criteria, see Client Eligibility and Enrollment Section
- **Clients with abnormal pap test results (see page 14)**

### **Cervical cancer screening following hysterectomy or other treatment for cervical neoplasia or cancer**

- Clients who have had a total hysterectomy for non-cancerous reasons (e.g. uterine fibroid, benign disease) do not need a Pap test
- After a client concludes cancer treatment and is released by the treating provider to return to routine screening and continues to meet Screen Our Circle eligibility requirements, they may return to the Screen Our Circle program and receive all eligible services
- Screen Our Circle Funds can be used to reimburse for cervical cancer surveillance for annual collections for 20 years post treatment for clients with history of CIN3, in situ or invasive cervical cancer even if this takes the client over the age of 65
- If it is unknown if the cervix was removed at time of hysterectomy, Screen Our Circle funds may be used to reimburse for initial examination to determine if the client has a cervix

### **HPV DNA testing**

- May be used for screening or follow-up of abnormal Pap test results per ASCCP algorithms
  - ▶ ASCCP algorithms: <http://www.asccp.org/asccp-guidelines>
- HPV DNA genotyping is allowed when used for follow-up of abnormal results
- Specify High-Risk HPV DNA Panel only
  - ▶ Low-Risk HPV DNA is not reimbursable service through Screen Our Circle

## Rescreening Plan

- Rescreening is defined as screening at regular intervals that leads to a decreased risk of dying from breast cancer or developing cervical cancer, which includes:
  - ▶ Education for clients about the purpose of rescreening;
  - ▶ The development and implementation of a reminder system to facilitate return of clients who were previously screened; and
  - ▶ Coaching providers to educate clients about the importance of rescreening
- Most clients report primary reason for not getting a mammogram is because their health care provider did not advise a screening

### Rescreening protocol (normal test results)

- Participating Screen Our Circle sites should have a reminder system in place that notifies the client prior to the date for routine-rescreen (at predetermined intervals) when no symptoms are present
- The table below provides a list of rescreening intervention examples:

Intervention	Examples
<b>Client focused</b>	<ul style="list-style-type: none"> <li>○ Health education materials for clients</li> <li>○ First and second reminder letters, individually tailored letters and reassuring (vs. anxiety-producing) letters on health care provider's, mammography service unit's, or the AICAF letterhead</li> <li>○ Postcard reminders compliant with HIPAA (and enhanced with gift voucher)</li> <li>○ Telephone call for reminder notification, counseling on barriers and appointment scheduling</li> <li>○ Verbal recommendation by health care provider during current screening cycle (emphasized during health care provider orientation and professional development)</li> <li>○ Appointment card (preferably the size of a credit card), which can be carried by the client</li> <li>○ Dedicated phone line to schedule rescreening appointments</li> <li>○ Friend-to-friend phone calling system</li> </ul>
<b>Provider focused</b>	<ul style="list-style-type: none"> <li>○ Computer-generated reminders or other prompts for health care providers to remind a client that they are due for screening</li> <li>○ Provide education that includes both health care providers and support personnel</li> <li>○ Promotion of the use of flow sheets (for screening/rescreening) or reminders attached to client chart</li> <li>○ Computer-generated list of Screen Our Circle clients due for rescreening</li> <li>○ Chart audit with feedback to health care providers to improve the effectiveness of screening (particularly for priority populations)</li> </ul>

## Required Documentation

Screen Our Circle sites are expected to maintain a system to track client follow-up services received. Clinic staff are required to complete the Screen Our Circle Breast Follow-Up and Tracking Form and/or the Screen Our Circle Cervical Follow-Up and Tracking Form. Completed Form(s) must be submitted to the Screen Our Circle program every two weeks for services rendered within the last two weeks on the first and third Monday of each month. Forms will be submitted via fax at (206) 324-8910 or scanned and saved on Med-IT, the online data management system for the Screen Our Circle program.

# DIAGNOSTIC SERVICES

The American Indian Cancer Foundation (AICAF) Screen Our Circle program provides breast and cervical cancer diagnostic screening services for American Indian and Alaska Native (AI/AN) eligible clients. The Diagnostic Services section of the manual provides information about the services and procedures reimbursable by the Screen Our Circle program, as well as those that are not reimbursable. Before providing services that are not covered by Screen Our Circle, please inform the client that they will be responsible for payment for the services. For any questions regarding the content of this section, please contact the Screen Our Circle Nurse Specialist.

## Diagnostic services reimbursement rate

- Diagnostic procedures will be reimbursed on an outpatient basis by Screen Our Circle
  - ▶ The reimbursement rate must not exceed the state Medicare reimbursement rate

## Breast Cancer Diagnostic Screening

Clients with an abnormal breast cancer screening test result may use Screen Our Circle funds to reimburse for the following:

- Follow-up office visits
  - ▶ Repeat Clinical Breast Examinations (CBE) as often as health care provider recommends
  - ▶ Office visits to discuss abnormal results (including surgical consultations)
- Diagnostic mammogram, including Tomosynthesis (3D mammogram)
- Breast ultrasound
- Outpatient breast biopsy and associated pathology
  - ▶ Core, fine needle, excisional
- Fine needle aspiration and associated pathology
  - ▶ Can be used to determine if a mass is solid or fluid filled
- Excision of breast lesions and associated pathology
  - ▶ After a diagnosis of Fibroadenoma (FA) is established with biopsy or diagnostic imaging, an excision of the FA may be covered in the following instances:
    - Hyperplasia or atypical cells on pathology;
    - Large size: five centimeters or greater (can obscure malignancy);
    - Change in size or appearance as demonstrated on six month imaging follow-up; or
    - To rule out a Phyllodes tumor

Note: Screen Our Circle cannot cover excision for client comfort or for aesthetic reasons

### Breast Magnetic Resonance Imaging (MRI)

- ▶ Screen Our Circle may cover a breast MRI done for further diagnostic workup in limited situations (e.g. indeterminate) and pre-authorization is required
  - Each case must be reviewed in advance and receive pre-authorization by the Screen Our Circle Nurse Specialist
- ▶ Documentation will consist of chart notes with CBE findings and prior diagnostic imaging reports (e.g. mammogram additional views, breast ultrasounds)
- ▶ The documentation submitted to the Screen Our Circle program must demonstrate that breast MRI would provide additional diagnostic information when all other diagnostic imaging results continue to be indeterminate
- ▶ Coverage of the breast MRI is dependent on the availability of funding from the Screen Our Circle program

## Follow-up for clients with abnormal screening results

- Screen Our Circle sites are expected to track clients with abnormal test results until they receive all diagnostic/treatment services; These clients will receive Screen Our Circle navigation services that include barrier assessment (for more details see page 22)
  - ▶ Diagnosis of breast cancer to initiation of treatment is 60 days or fewer
    - Those clients diagnosed with breast cancer need to begin treatment within 60 days or fewer
  - ▶ Abnormal breast cancer screening results to final diagnosis is 60 days or fewer
    - Screen Our Circle clinics will follow-up with clients diagnosed with abnormal breast cancer screening within 60 days or fewer
- Screen Our Circle sites should have a navigation plan in place to assist clients with abnormal test results to receive the recommended care
- Screen Our Circle sites are expected to work with each client to ensure they understand the need for follow-up and know where and how to access the services
- Screen Our Circle sites should be aware of the resources available to clients (diagnostic treatment resources, State Medicaid Breast and Cervical Cancer Treatment Program Medicaid Treatment Program) and how to access services
- The Screen Our Circle Nurse Specialist should be able to assist the Screen Our Circle site in identifying resources for clients
- For additional information, see sections on Tracking and Follow-Up Protocol

## Cervical Cancer Diagnostic Services

Clients with an abnormal cervical cancer screening test result may use Screen Our Circle funds (using ASCCP algorithms: <http://www.asccp.org/asccp-guideline> and the SGO guidelines: <https://www.sgo.org/clinical-practice/guidelines/>) to reimburse for the following:

- Follow-up office visits for:
  - ▶ Repeat cervical examinations as often as health care provider recommends
- Colposcopy of the cervix including biopsy and/or ECC/ECS
  - ▶ Documentation of a prior abnormal Pap test result or need for surveillance colposcopy
- Colposcopy-directed biopsy and associated pathology
- Endocervical curettage
- LEEP and cold knife cone (if uninsured, enroll in the State Medicaid Breast and Cervical Cancer Treatment Program Medicaid Treatment Program)
  - ▶ Approved for the management of clients with HSIL
- Endometrial biopsy
  - ▶ Clients whose screening Pap test result is any AGC finding (Examples: atypical endocervical cells, atypical endometrial cells, atypical glandular cells or endometrial cells in a clients age 40 or older and adenocarcinoma)
- Younger women (21-24)
  - ▶ Screen Our Circle covers services according to the ASCCP algorithms and the SGO guidelines

## HPV DNA testing

- HPV DNA genotyping is allowed when used for follow-up of abnormal results  
Specify high risk HPV DNA panel only
  - ▶ Low risk HPV DNA is not a reimbursable service through Screen Our Circle



### Follow-up for clients with abnormal screening results

- Screen Our Circle sites are expected to track clients with abnormal test results until they receive all diagnostic/treatment services; these clients will receive Screen Our Circle navigation services that include barrier assessment (for more details see page 22)
  - ▶ Abnormal cervical screening results to final diagnosis is 90 days or fewer
    - Clients with abnormal cervical screening results needs to begin treatment within 90 days or fewer
  - ▶ Diagnosis of invasive cervical cancer to initiation of treatment is 60 days or fewer
    - Clients diagnosed with cervical cancer need to begin treatment within 60 days or fewer
  - ▶ Clients diagnosed with cervical intraepithelial neoplasia (CIN) requiring treatment needs treatment to begin within 90 days or fewer
- Screen Our Circle sites should have a plan in place to assist clients with abnormal test results to receive the recommended care
- Screen Our Circle sites are expected to work with each client to ensure they understand the need for follow-up and know where and how to access the services
- Screen Our Circle sites should be aware of the resources available to clients (diagnostic treatment resources, State Medicaid Breast and Cervical Cancer Treatment Program Medicaid Treatment Program) and how to access services
- The Screen Our Circle Nurse Specialist should be able to assist the Screen Our Circle site in identifying resources for clients
- For additional information, see sections on Tracking and Follow-Up Protocol

### Services Not Covered by Screen Our Circle

- Evaluation of vaginal or vulvar lesions
- Blood work (if not part of a pre-op)



- Urinalysis (if not part of a pre-op)
- Pelvic ultrasounds
- Endometrial biopsy done for post-menopausal vaginal bleeding when assessing for endometrial cancer
- Services performed as inpatient

## Required Documentation

Screen Our Circle sites are expected to maintain a system to track client follow-up services received. Clinic staff are required to complete the Screen Our Circle Breast Follow-Up and Tracking Form and/or the Screen Our Circle Cervical Follow-Up and Tracking Form. Completed Form(s) must be submitted to the Screen Our Circle program every two weeks for services rendered within the last two weeks on the first and third Monday of each month. Forms will be submitted via fax at (206) 324-8910 or scanned and saved on Med-IT, the online data management system for the Screen Our Circle program.



# TRACKING & FOLLOW-UP PROTOCOL

The Tracking and Follow-Up Protocol section provides information about an important component of the American Indian Cancer Foundation (AICAF) Screen Our Circle program, which is to ensure American Indian and Alaska Native (AI/AN) clients with abnormal screening results or clients who have a diagnosis of cancer, receive timely and appropriate diagnostic, treatment and rescreening services. Screen Our Circle sites are expected to maintain a system to track client results, notify clients of their test results, follow-up with clients that have abnormal results and remind clients to return for rescreening. For any questions regarding the content of this section, please contact the Screen Our Circle Nurse Specialist.

## Normal Test Results

Screen Our Circle sites should communicate normal test results to clients in writing or by telephone within 10 days of receipt.

## Abnormal Test Results

- Screen Our Circle sites should attempt to notify a client of an abnormal test result within five days of receiving the abnormal result
- Three or more attempts to notify a client should be made by phone
  - ▶ If unable to reach a client by phone, a certified letter may be sent
  - ▶ All dates and attempts to reach a client, as well as follow-up recommendations, should be documented in the client's medical record
- Recommendations and a plan for follow-up should be clearly communicated to the client

## Assisting Clients to Obtain Diagnostic/Treatment Services

- Securing diagnostic and treatment services for underinsured or uninsured clients can be a challenge. It may involve the provision of follow-up care at a Screen Our Circle site or a referral to an outside Screen Our Circle site
- If the service needed is a Screen Our Circle covered service (see sections Screening Services and Diagnostic Services), a referral should be made to a Screen Our Circle site

## Tracking and Timeliness of Follow-Up for Clients with Abnormal Screening Results

- Screen Our Circle sites are expected to track clients with abnormal test results until they receive all diagnostic/treatment services
  - ▶ Abnormal breast cancer screening results to final diagnosis is 60 days or fewer
    - Clients with abnormal breast cancer screening results need a final diagnosis within 60 days or fewer
  - ▶ Diagnosis of breast cancer to initiation of treatment is 60 days or fewer
  - ▶ Abnormal cervical screening results to final diagnosis is 90 days or fewer
  - ▶ Diagnosis of invasive cervical cancer to initiation of treatment is 60 days or fewer
  - ▶ Clients diagnosed with cervical intraepithelial neoplasia (CIN) requiring treatment need treatment to begin within 90 days or fewer

Screen Our Circle sites should have a plan in place to assist clients with abnormal test results to receive the recommended care

- Screen Our Circle sites are expected to work with each client to ensure they understand the need for follow-up and know where and how to access the services
- Screen Our Circle sites should be aware of the resources available to clients (diagnostic treatment resources, State Medicaid Breast and Cervical Cancer Treatment Program Medicaid Treatment Program) and how to access services
- The Screen Our Circle Nurse Specialist should be able to assist the Screen Our Circle site in identifying resources for clients

## Lost to Follow-Up

- Before considering a client as lost to follow-up, there should be a minimum of three (3) separate attempts to contact the client, the last attempt being through certified mail
- Contact should be attempted at various times of day and on different days of the week
- The Screen Our Circle Nurse Specialist is also available to try to reach clients otherwise considered lost to follow-up at the request and with permission of the Screen Our Circle site

## Screen Our Circle Client Tracker

- To assure clients with abnormal screening results receive timely and appropriate follow-up, Screen Our Circle actively tracks the care received by clients with abnormal screening results. The following findings are tracked:
  - ▶ Breast examination suspicious of cancer
  - ▶ Mammogram result of “assessment incomplete,” “suspicious,” or “highly suggestive of malignancy”
  - ▶ Pap test results of ASC-H, LSIL, HSIL, AGC, Adenocarcinoma, Squamous Cell Carcinoma and positive High-Risk HPV
  - ▶ Any colposcopy
  - ▶ Any breast diagnostic procedure (e.g. ultrasound, fine needle aspiration or biopsy)

Clinical Breast Exam/Mammography Follow-up			
Results		Follow-up	
CBE	Mammogram	Diagnostic Procedures	Comments
Normal	<ul style="list-style-type: none"> <li>○ Negative BI-RAD1</li> <li>○ Benign BI-RAD2</li> <li>○ Probably Benign BI-RAD3</li> </ul>	<ul style="list-style-type: none"> <li>○ No work-up needed, therefore adequacy need not be assessed</li> <li>○ Short term follow-up may be recommended</li> </ul>	
Normal	Suspicious Abnormally BI-RAD4	<ul style="list-style-type: none"> <li>○ Repeat CBE</li> <li>○ Ultrasound</li> <li>○ Biopsy/lumpectomy or Fine needle aspiration</li> </ul>	Record final diagnosis
Normal or Abnormal	Highly suggestive of malignancy BI-RAD5	Biopsy/lumpectomy or Fine needle aspiration	Record final diagnosis



Normal	Assessment incomplete BI-RAD 0	Additional mammogram views or Ultrasound	Record final diagnosis
Abnormal, Suspicious for Cancer	Negative BI-RAD1	At least one of the following: <ul style="list-style-type: none"> <li>○ Surgical consult/repeat CBE</li> <li>○ Ultrasound</li> <li>○ Biopsy/lumpectomy</li> <li>○ Fine needle aspiration</li> </ul>	Repeat mammogram or additional views not adequate; record final diagnosis
Abnormal, Suspicious for Cancer	<ul style="list-style-type: none"> <li>○ Benign BI-RAD2</li> <li>○ Probably Benign BI-RAD3</li> <li>○ Assessment incomplete Benign BI-RAD0</li> </ul>	At least one of the following: <ul style="list-style-type: none"> <li>○ Surgical consult/repeat CBE</li> <li>○ Ultrasound</li> <li>○ Biopsy/lumpectomy</li> <li>○ Fine needle aspiration</li> </ul>	Repeat mammogram or additional views not adequate; record final diagnosis
Abnormal, Suspicious for Cancer	<ul style="list-style-type: none"> <li>○ Suspicious Abnormality BI-RAD4</li> <li>○ Highly suggestive Malignancy BI-RAD5</li> </ul>	<ul style="list-style-type: none"> <li>○ Biopsy or lumpectomy</li> <li>○ Fine needle aspiration</li> </ul>	Record final diagnosis



- Screen Our Circle will generate and send the designated follow-up contact at the Screen Our Circle site: the Screen Our Circle Breast Follow-up and Tracking Form and/or the Screen Our Circle Cervical Follow-up and Tracking Form for each client with abnormal test results approximately 30 days after the result or procedure date
- The Screen Our Circle Breast Follow-up and Tracking Form and/or the Screen Our Circle Cervical Follow-up and Tracking Form should be completed by the health care provider involved in the client's care and returned to the Screen Our Circle program within two weeks
- While completing the Screen Our Circle Breast Follow-up and Tracking Form and/or the Screen Our Circle Cervical Follow-up and Tracking Form, be sure to document all diagnostic/treatment procedures and the date(s) of completion, as well as the status of diagnostic work-up
- If unable to provide outcome information, provide the name, address and phone number of the health care provider to whom the client's care has been transferred to enable the Screen Our Circle program to request follow-up information from this health care provider
- Screen Our Circle monitors the follow-up care provided to clients, using guidelines endorsed by CDC, from the information provided on Follow-up Report
- Screen Our Circle sites may be contacted for additional information when questions arise, or if the care provided falls outside of the expected norm
- It is the expectation of Screen Our Circle that diagnostic care and treatment be initiated as soon as possible

## Required Documentation

Screen Our Circle sites are expected to maintain a system to track client follow-up services received. Clinic staff are required to complete the Screen Our Circle Breast Follow-Up and Tracking Form and/or the Screen Our Circle Cervical Follow-Up and Tracking Form. Completed Form(s) must be submitted to the Screen Our Circle program every two weeks for services rendered within the last two weeks on the first and third Monday of each month. Forms will be submitted via fax at (206) 324-8910 or scanned and saved on Med-IT, the online data management system for the Screen Our Circle program.





# TREATMENT SERVICES

The Treatment Services section provides information about treatment resources for American Indian and Alaska Native (AI/AN) clients diagnosed with breast or cervical cancer through the American Indian Cancer Foundation (AICAF) Screen Our Circle program. For any questions regarding the content of this section, please contact the Screen Our Circle Nurse Specialist.

## Breast and Cervical Cancer Treatment

Clients screened and diagnosed with breast or cervical cancer or precancerous conditions through the Screen Our Circle program may qualify for treatment through the Medicaid Treatment Act .

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) provides treatment through Medicaid for women who have been screened and diagnosed with breast or cervical cancer through the Screen Our Circle program (see Glossary of Terms and Abbreviations for complete Act statement).

For a referral to take place, the Screen Our Circle site must submit the following to the Screen Our Circle Nurse Specialist to ensure treatment services are initiated within 60 days of the cancer diagnosis:

- A copy of the positive pathology biopsy report
- The client's demographic information
- A statement as to whether the client knows their diagnosis
- The planned treatment schedule and date

## Presumptive Eligibility (PE)

Clients enrolled in Screen Our Circle are eligible for presumptive eligibility (PE). PE allows a client to begin immediate treatment for breast or cervical cancer or an eligible precancerous cervical condition requiring treatment. Each state has a PE protocol. Contact your County or State Human Services Department to determine who can assign PE and forms to complete for the client and the county. Treatment services will be covered by The Breast and Cervical Cancer Prevention and Treatment Act of 2000. Once the client is enrolled in PE, they will receive full coverage during the PE period. The PE period is no more than 45-60 calendar days and ends either on: 1) the date on which a formal determination is made on the client's Medicaid Application for Health Coverage and Help Paying Costs, or 2) the last day of the month following the month in which the client was determined to be presumptively eligible. The PE period may not be extended.

Clients eligible for Screen Our Circle are eligible to receive services listed under The Breast and Cervical Cancer Prevention and Treatment Act of 2000 until they are no longer in need of treatment, or it is determined that they no longer meet eligibility criteria for the program. If the client remains in treatment beyond one year, renewed eligibility may be determined consistent with the Screen Our Circle program standard coverage redetermination requirements.

A client may be determined no longer eligible for the Screen Our Circle program if:

- The client does not complete the Screen Our Circle application as described
- The client is no longer in need of treatment for breast or cervical cancer
- The client reaches age 65
- The client obtains other creditable coverage

# CLIENT NAVIGATION

The Client Navigation section provides information about client navigation eligibility, components of American Indian and Alaska Native (AI/AN) client navigation and the role of the Client Navigator for the American Indian Cancer Foundation (AICAF) Screen Our Circle program. The goal of client navigation services is to ensure clients receive personal, timely and appropriate support in navigating a complex health care system. Screen Our Circle sites must be able to provide client navigation services to clients (enrolled and not enrolled). Client Navigation refers to women enrolled in the Screen Our Circle program in addition to those who do not meet the eligibility requirements to assist the clients to screening, diagnostic follow up and education around screening through the continuum of care. For any questions on the content of this section, please contact the Screen Our Circle Nurse Specialist.

Client navigation consists of the following:

- Assessment of client barriers
- Client education and support
- Resolution of client barriers
- Client navigation tracking and follow-up to monitor
- Minimum of two contacts with the client
- Collection of data to evaluate the outcome of client navigation

Priority populations for client navigation services:

- American Indian and Alaska Native clients
- Clients who otherwise would not complete the screening and diagnostic process

## Client Navigation Services Eligibility

Client navigation services may be provided to any client, enrolled or not enrolled in the Screen Our Circle program, who meets the following criteria:

- Age 21 - 64 for cervical cancer screening services
- Age 40 - 64 for breast cancer screening services

For complete details of eligibility criteria, see Client Eligibility and Enrollment Section.

## Role of the Client Navigator

It is the Client Navigator's responsibility to assist clients in overcoming barriers, facilitate timely access to quality screening and diagnostic services, as well as initiation of timely treatment\* for those diagnosed with cancer. Client navigation services may also be needed to encourage clients to return for their annual preventive screening or examination. The following is a list of activities for which the Client Navigator is responsible.

\*If a client is enrolled in the Screen Our Circle program, the client will be eligible to receive navigation to screening, diagnostic and initiation of treatment. If a client is not enrolled in the Screen Our Circle program, the client will receive navigation to screening and diagnostic services, not initiation of treatment.

### Role with client

1. Identify clients enrolled in the Screen Our Circle program to navigate through screening and diagnostic services
2. Contact client: introduce yourself, your role and how you might be able to assist the client in receiving services\*
3. If the client consents to receive navigation services, the Client Navigator conducts an assessment to determine client barriers to services (see Client Navigation Barriers Assessment Form)

4. Work with the client to develop a plan of action to resolve barriers
  - a. The action plan will outline the timeframe, individual(s) responsible and whether or not barriers were resolved
  - b. The Client Navigator will continue contact with the client to determine that they are moving forward with completing recommended services\*\*
5. Confirm that recommended screening and diagnostic services are completed (e.g. call screening or referral site to confirm) and follow-up with the client if services have not been completed to reevaluate continued barriers
6. When all recommended services are completed, the Client Navigator may close the case, but remain available to the client for further assistance and for the client's next screening cycle
  - a. Inform the client when their next regular screening should be scheduled (e.g. set up an appointment, ensure client contacts)

\*Make three contact attempts (different days and different times) and document in the client's medical record. If unable to contact the client, mail a certified letter and place a copy of the letter in the client's medical record

\*\*If all attempts to contact the client have failed, the Client Navigator will contact the Screen Our Circle Nurse Specialist for consultation and assistance

Navigation through the initiation of treatment may be needed in the following areas:

1. Provide information about the services, benefits and application process\* for the Breast and Cervical Cancer Prevention and Treatment Act of 2000
2. Identify additional services the client may require (e.g. transportation services, mental health services, housing, financial assistance) and facilitate connecting the client to appropriate resources. These services are limited to clients enrolled in the Screen Our Circle program who have been diagnosed with breast or cervical cancer or a precancerous cervical condition and meet other program criteria

\*If a client is enrolled in the Screen Our Circle program, the client will receive navigation to screening, diagnostic and initiation of treatment. If a client is not enrolled in Screen Our Circle, the client will receive navigation to screening and diagnostic services, not initiation of treatment.

## Referrals and Coordination of Screening and Diagnostic Services

### Coordinating with Screen Our Circle referral sites

- The Screen Our Circle site Client Navigator will want to establish good communication with each Screen Our Circle referral site (e.g. colposcopy site, mammography site, Pap laboratory) to coordinate care for enrolled clients
- Each Screen Our Circle site will follow the policies and protocols as outlined in this manual

### Referral outside the Screen Our Circle site

- Some Screen Our Circle sites may not offer the recommended follow-up services (e.g. colposcopy)
  - ▶ When this occurs, the client should be referred to another Screen Our Circle referral site that offers the service. The Screen Our Circle enrollment site will need to share the client enrollment number with the Screen Our Circle referral site in order to bill the Screen Our Circle program for reimbursement
- When the only available site for the service is not a Screen Our Circle referral site, it may be possible to establish billing arrangements with the outside site to assure that Screen Our Circle funds will pay for the service and the client will not be billed
- Outpatient breast diagnostic procedures
  - ▶ Screen Our Circle will cover all costs normally associated with an outpatient breast diagnostic procedure, including surgical consultation, biopsy (open surgical, needle localization, stereotactic), anesthesiology, pathology, laboratory work and pre-op examination or surgical consult
  - ▶ All Screen Our Circle referral sites (surgeon, radiologist, hospital, anesthesiologist) involved in the outpatient breast biopsy procedure must be contacted by the Client Navigator and given the enrollment number assigned at the enrollment visit. In no case should the client be held responsible for any part of the bill. Screen Our Circle will reimburse at current State Medicare rates. Each Screen Our Circle site involved in the outpatient breast biopsy should submit charges to the Screen Our Circle program for reimbursement

## Monitoring and evaluation

- Ongoing assessment of the client's navigation plan must be conducted by the Client Navigator to ensure that all the client's needs are met
- Establish a system to monitor abnormal screening or diagnostic results for the purpose of identifying clients who need to have client navigation initiated

## Identifying resources and reducing structural barriers

- Identify resources to meet the client's needs
  - ▶ Every time a new resource is identified while working with a client, add it to the Program Resource Guide
  - ▶ The Program Resource Guide was developed specifically for detailing services that support the Screen Our Circle enrolled clients with unmet needs

## Closing Client Navigation

Depending on screening and diagnostic outcomes, Client Navigation services are closed when a client:

- Completes a screening or diagnostic testing and has normal results;
- Initiates cancer treatment for those enrolled in the Screen Our Circle program;
- Refuses screening, diagnostic, initiation of treatment or navigation services; or
- Is no longer eligible for Screen Our Circle services

## Required Documentation

Screen Our Circle sites are expected to maintain a system to track client navigation services received. Clinic staff are required to complete the Client Navigation. Completed Form must be submitted to the Screen Our Circle program every two weeks (first and third Monday preferred). Form will be submitted via fax at (206) 324-8910 or scanned and saved on Med-IT, the online data management system for the Screen Our Circle program.

## Additional Resources

Patient Navigator's task Based on Patient's Readiness: Breast & Cervical		
Stage of Change	Characteristics	Techniques
Pre-contemplation	Not currently considering change: "Ignorance is bliss."	<ul style="list-style-type: none"><li>○ Validate lack of readiness</li><li>○ Clarify decision is theirs</li><li>○ Encourage re-evaluation of current behavior</li><li>○ Encourage self-exploration, not action</li></ul> Help personalize the importance of change
Contemplation	Ambivalent about change: "Sitting on the fence."  Not considering change within the next month.	<ul style="list-style-type: none"><li>○ Validate lack of readiness</li><li>○ Clarify decision is theirs</li><li>○ Encourage evaluation of pros and cons of behavior change</li><li>○ Identify and promote new, positive outcome expectations</li></ul>

Preparation	Some experience with change and are trying to change: "Testing the waters."  Planning to act within 1 month.	<ul style="list-style-type: none"> <li>○ Identify and assist in problem solving regarding obstacles</li> <li>○ Help client identify social support</li> <li>○ Verify that client has underlying skills for behavior change</li> <li>○ Encourage small initial steps</li> </ul>
Action	Practicing new behavior for 3-6 months.	<ul style="list-style-type: none"> <li>○ Focus on restructuring cues and social support</li> <li>○ Bolster self-efficacy for dealing with obstacles</li> <li>○ Combat feelings of loss and reiterate long-term benefits</li> </ul>
Maintenance	Continued commitment to sustaining new behavior.  Post-6 months to 5 years.	<ul style="list-style-type: none"> <li>○ Plan for follow-up support</li> <li>○ Reinforce internal rewards</li> <li>○ Discuss coping with relapse</li> </ul>

### Client navigation components

#### ○ Assessment

- ▶ Assessment is a cooperative effort between the client and Client Navigator to examine and document the client's needs (diagnostic, treatment and essential support services) through the gathering of critical information from the client
- ▶ Assessment includes consent and assurance of confidentiality between the client and Client Navigator
- ▶ Assessment includes the evaluation of barriers that are preventing the client from completing the recommended diagnostic services following an abnormal screening result

#### ○ Planning

- ▶ Using short and long-term goals identified from the assessment, establish services planned, timeframes and follow-up
- ▶ Timeframes should be consistent with Screen Our Circle required screening

#### ○ Coordination

- ▶ Implementation of a service plan, including the appropriate use of available resources to meet the needs of the client
- ▶ Coordination services can include: scheduling appointments, making referrals and obtaining and disseminating appropriate reports
  - If care is transferred (e.g. surgeon or oncologist), the Screen Our Circle site will document



## Pulling it All Together - Two Examples of Conversation Flow

Brief Negotiation Roadmap	Five A's
<ol style="list-style-type: none"> <li><b>1. Open the Conversation</b> <ul style="list-style-type: none"> <li>○ Name, Role, Time</li> <li>○ Ask Permission</li> </ul> </li> <li><b>2. Ask Open-ended Questions</b> <ul style="list-style-type: none"> <li>○ Invites client to do most of the talking</li> <li>○ Focus on strengths and successes</li> </ul> </li> <li><b>3. Negotiate the Agenda</b> <ul style="list-style-type: none"> <li>○ Supports the autonomy and choice</li> <li>○ Facilitates conversation</li> <li>○ Less is more!</li> </ul> </li> <li><b>4. Assess Readiness to Change</b> <ul style="list-style-type: none"> <li>○ Supports tailoring</li> <li>○ Invites change talk</li> </ul> </li> <li><b>5. Explore Ambivalence</b> <ul style="list-style-type: none"> <li>○ Most common stage of change</li> <li>○ Needs to be addressed for sustained change</li> </ul> </li> <li><b>6. Ask about "Next Step"</b> <ul style="list-style-type: none"> <li>○ Assess impact of conversation</li> <li>○ Perspective often shifts in the process</li> </ul> </li> <li><b>7. Close the Conversation</b> <ul style="list-style-type: none"> <li>○ Show appreciation</li> <li>○ If appropriate, offer ideas</li> <li>○ Voice confidence</li> </ul> </li> </ol>	<p><b>Rapport Building</b></p> <ul style="list-style-type: none"> <li>○ Name, Role, Time</li> </ul> <p><b>Ask- Assess</b></p> <ul style="list-style-type: none"> <li>○ Assess knowledge, interest and strengths</li> <li>○ Use project-specific assessment tools</li> <li>○ Don't focus on barriers yet until there is agreement</li> <li>○ Note barriers as they come up to work on later</li> </ul> <p><b>Advice</b></p> <ul style="list-style-type: none"> <li>○ Identify client's level of knowledge to minimize providing unnecessary information</li> <li>○ Target information that will support appropriate perceptions of susceptibility, severity and benefits</li> <li>○ Ask for permission to share key information</li> </ul> <p><b>Agree</b></p> <ul style="list-style-type: none"> <li>○ Come to an agreement on a course of action</li> <li>○ Person may not be ready, the agreement may be to not go forward yet. The client navigator will need to focus on building the client's motivation</li> </ul> <p><b>Assist</b></p> <ul style="list-style-type: none"> <li>○ Now focus on barriers may make it difficult for the person to do what they have agreed to do</li> <li>○ Bring in personal strengths and social support network</li> <li>○ Problem solve for solvable problems</li> <li>○ Find solutions that fit the client's lifestyle and utilize the client's' strengths and assets</li> <li>○ Identify new skills needed</li> </ul> <p><b>Arrange</b></p> <ul style="list-style-type: none"> <li>○ Develop an action plan that clearly states- who will do what, by when and possible challenges to this plan</li> <li>○ Set up follow-up contact</li> </ul>



## Value-Based Decision Making

Process Steps	Process Considerations	Notes
<b>Define the Issue</b> Identify the key facts, stakeholders and other important elements	<ul style="list-style-type: none"> <li>Establish the facts (who, what, where, when, why and how)</li> <li>Describe relevant factors (social, economic/financial, political, legal, market)</li> </ul>	
<b>Clarify the Perspectives</b> Share your own perspective and appreciate the perspectives of others	<ul style="list-style-type: none"> <li>How do you understand this issue?</li> <li>Engage others' perspectives through active listening</li> </ul>	
<b>Identify the Values</b> Name the important values at stake	<ul style="list-style-type: none"> <li>Identify personal, professional or organizational values important to you in this issue</li> </ul>	
<b>Consider Alternatives</b> Imagine possible alternatives	<ul style="list-style-type: none"> <li>What is important to consider among the options? What are the pros and cons of each option including doing nothing</li> </ul>	
<b>Make a Decision</b> Choose among the possible alternatives	<ul style="list-style-type: none"> <li>Which option best advances your organization? Which option produces the greatest benefits and the least harm?</li> </ul>	
<b>Implement the Decision</b> Identify a process for carrying out the decision	<ul style="list-style-type: none"> <li>Who will implement the decision? How and when will the decision be communicated to all stakeholders?</li> </ul>	
<b>Evaluate the Decision</b> Does the solution address the defined problem	<ul style="list-style-type: none"> <li>What are the criteria for evaluating the decision? Determine a future time to review the process, decision and outcomes</li> </ul>	

Figure: Assess, Advise, Agree, Assist, Arrange

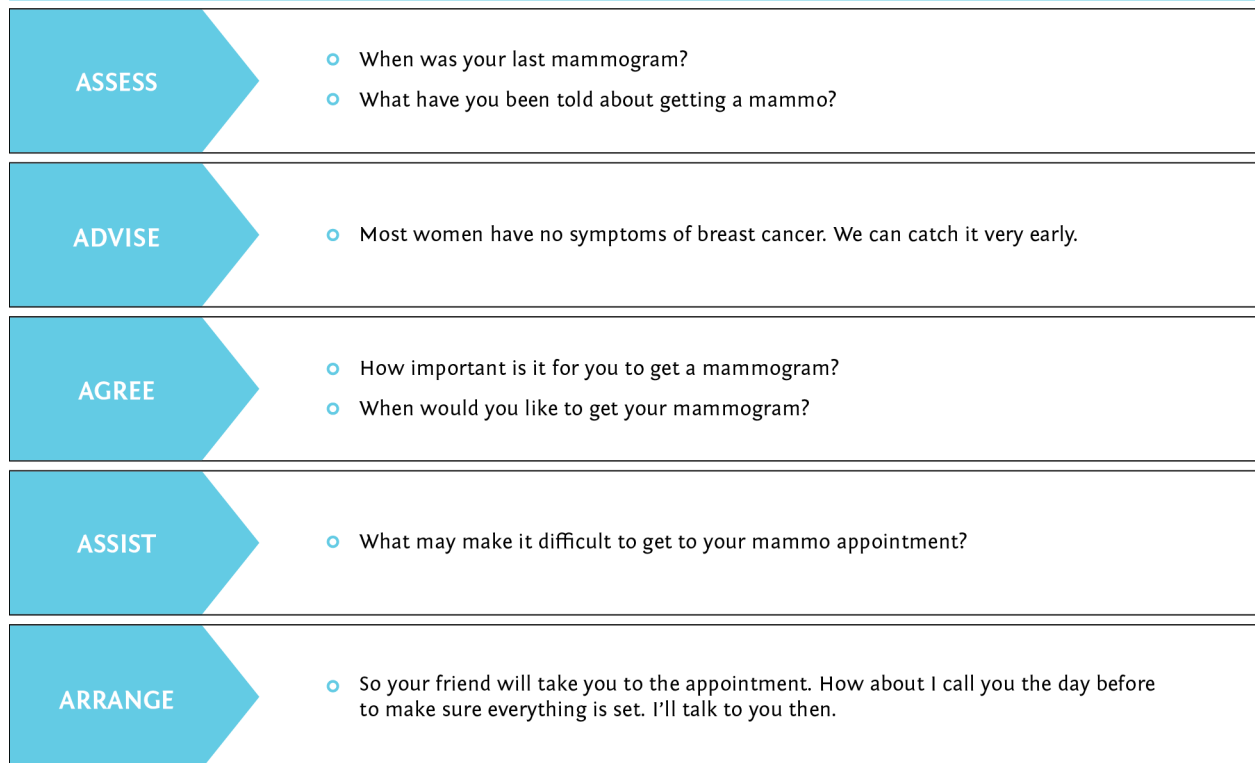


Figure: Client Navigation Flow Chart



# CLINICAL DATA TRACKING & COLLECTION

The Clinical Data Tracking and Collection section provides information about the inclusion of data in the Minimum Data Elements (MDEs), data sharing, data linkages with cancer registries and systems for tracking data. For any questions concerning the content of this section, please contact the American Indian Cancer Foundation (AICAF) Screen Our Circle Data Manager.

## Inclusion of Data in the Minimum Data Elements

Minimum Data Elements (MDEs) are a set of standardized data elements used to collect demographic and clinical information on clients screened with funds from the Screen Our Circle program. The MDEs are reported to the Centers for Disease Control and Prevention (CDC) twice a year and represent a subset of data required by the CDC to monitor screening performances. Each MDE record describes a screening cycle that starts with a screening test and tracks the client through any immediate follow-up of abnormal findings needed to complete diagnostic evaluation and initiate treatment. A unique enrollment number facilitates tracking screening services to a client over time. Screening and diagnostic data collected on clients reported in the MDEs must meet all data quality standards set by the CDC.

The MDEs include screening and/or diagnostic data for program-eligible clients in any of the following scenarios:

- Screening and/or diagnostic testing solely paid for by Screen Our Circle funds
- Screening and/or diagnostic testing paid for in part by Screen Our Circle funds and other funding sources (e.g. state, private or other federal funds) with the ability to distinguish the funds contributed by the Screen Our Circle program
- Client navigation only services paid for by Screen Our Circle funds and screening and/or diagnostic testing paid solely by other funding sources. The Screen Our Circle program will report an abbreviated MDE record in this scenario

Client eligibility and enrollment, Pap summary, imaging summary, documentation of clinical services, follow-up and tracking, and client navigation forms contain MDE information. Screen Our Circle enrollment sites submit client eligibility and enrollment, documentation of clinical services, follow-up and tracking, and client navigation forms to the Screen Our Circle program. Screen Our Circle referral sites submit Pap Summary and Imaging Summary Forms to the Screen Our Circle program.

### Protocol for Client Eligibility and Enrollment Form:

The Screen Our Circle enrollment site identifies and enrolls clients. The client completes the Client Eligibility and Enrollment Form. The Screen Our Circle enrollment site collects the form from the client and submits the form to the Screen Our Circle program, on the bi-weekly schedule of every first and third Monday of the month.

*\*see Form Submission Process below*

### Protocol for Pap and imaging summary forms:

The client's screening test is performed at the Screen Our Circle referral site. The Screen Our Circle enrollment site completes the Pap Summary Form and then sends the completed form to the Screen Our Circle program on the bi-weekly schedule of every first and third Monday of the month. The Screen Our Circle referral site completes the Imaging Summary Form and then submits the completed form to the Screen Our Circle program on the bi-weekly schedule of every first and third Monday of the month.

*\*see Form Submission Process below*

### Protocol for normal test result:

The Screen Our Circle program sends the Documentation of Breast and Cervical Clinical Services Forms to the Screen Our Circle enrollment site. The Screen Our Circle enrollment site completes at least one of these forms for every client and submits the completed form(s) to the Screen Our Circle program on the bi-weekly schedule of every first and third Monday of the month.

*\*see Form Submission Process below*

**Protocol for abnormal test result:**

The Screen Our Circle program enrollment site facilitates follow-up care for the client. The Screen Our Circle program sends the Breast and Cervical Follow-up and Tracking Forms to the Screen Our Circle enrollment site. The Screen Our Circle enrollment site follows up with the Screen Our Circle referral site on the client's diagnostic and treatment information to complete the form as needed. The Screen Our Circle enrollment site submits the completed forms to the Screen Our Circle program on the bi-weekly schedule of every first and third Monday of the month.

*\*see Form Submission Process below*

**Protocol for client navigation forms:**

The Screen Our Circle program enrollment site navigates the client to the appropriate screening, diagnostic or treatment service. The Screen Our Circle program enrollment site completes the client navigation forms and submits the completed forms to the Screen Our Circle program on the bi-weekly schedule of every first and third Monday of the month.

*\*see Form Submission Process below*

**Form Submission Process**

Forms are submitted by scanning and saving it on Med-IT, the online data management system for the Screen Our Circle program.

## Data Sharing

As part of the Institutional Review Board (IRB) agreement for collection and analysis of data elements from the Screen Our Circle program, the CDC maintains a data sharing policy regarding requests for MDE data for research use by the CDC or external investigators. Data requests must include a research proposal, which is subject to the requirements of confidentiality, human subjects protection, and clearance procedures. Proposals are reviewed and approved through CDC's MDE committee. The policy calls for the removal of personal identifiers and geographic indicators to provide "national level" data. Other than the program-specific data presented on the CDC's public website, which is provided so residents can view statistics for their state, the CDC does not release program-specific data for use outside of the CDC without notifying the program. This policy does not apply to data inquiries from the Office of Management and Budget (OMB), Congress, or similar entities, or to aggregate data shared with the general public to describe the results of the Screen Our Circle program. The CDC also maintains approval from OMB to collect the described data elements. CDC's legal counsel has determined that MDE data are subject to the Freedom of Information Act. \*Data sharing agreements will be executed between participating Screen Our Circle clinics and AICAF. All data is de-identified and is submitted for use in a twice yearly aggregate report and is a requirement of the funding agency (CDC).

## Data Linkages with Cancer Registries

Data linkages are performed with the state central cancer registries in accordance with CDC specifications, to enhance the completeness and quality of MDEs and registry data systems. Results from the linkages are used to update the MDEs with registry-standardized diagnosis and stage data, to identify missing cancer cases in central cancer registries and to reconcile differences between the two data sources.

## Systems for Tracking the Data

OxBow's Medical Information Tracking System (Med-IT) is used to track the MDEs. Med-IT is a Windows-based data management system written and maintained for the Screen Our Circle program. Med-IT is a screening surveillance and reminder system that was developed to automate data collection and reporting from breast and cervical cancer screening programs. In addition to collecting data, it tracks women screened for breast and cervical cancer, and it highlights the data items required for the MDEs.

The reimbursement system operates in conjunction with Med-IT and tracks billing and claims information.

# BILLING & REIMBURSEMENT

The Billing and Reimbursement section provides information about provider agreements, billing requirements, allowable procedure codes, rates, submitting claims, payments, credits and exceptions to reimbursement. For any questions regarding the content of this section, please contact the American Indian Cancer Foundation (AICAF) Screen Our Circle program.

It is important to note that the Screen Our Circle program can only reimburse Screen Our Circle program sites (clinics, laboratories and imaging) that have a current and up-to-date agreement(s).

## Coordination

### Coordination between Screen Our Circle clinics and laboratory and imaging sites

Due to the different billing arrangements that laboratory and imaging sites may have with the Screen Our Circle program, it is important that Screen Our Circle sites and imaging and laboratory sites communicate and establish mutually agreeable billing arrangements. It is recommended for each party to recognize one person as the point of contact who will work with other site personnel to discuss any Screen Our Circle service issues that may arise. Screen Our Circle program staff are available to assist in establishing these links or resolving issues that may occur.

### Coordination between billing and clinical staff

All service forms and client results must be received and processed by the Screen Our Circle program before payment can be made. The client's enrollment number must appear on all billing submissions. Good coordination and communication between billing and clinical staff facilitates resolution of issues that may occur to ensure the timely payment of claims.

## Billing

### Basic requirements

- The Screen Our Circle program is considered the payor of last resort\*
  - ▶ Bill client insurance first, if applicable
  - ▶ Bill the Screen Our Circle program second
  - ▶ \*If applicable, Indian Health Service (IHS) is payor of last resort
- The provider agrees to accept the Screen Our Circle program's allowable fee as full payment from all sources (including third-party coverage)
- All Screen Our Circle program covered services are free to the client once enrolled in the program
- The client is never billed for services reimbursable under the Screen Our Circle program
- The client is never charged a copay
- Claims and service forms must be received within six months from the date of service

### Allowable procedure codes

- The Screen Our Circle program only accepts current CPT codes that are relevant to breast or cervical cancer screening, diagnostics or client navigation (see Tools Section)
- When billing for one component of mammography or ultrasound services (e.g. professional or technical), use the appropriate modifier
- When billing for bilateral ultrasound services, the modifiers 50, Lt. and Rt. must be used to identify that ultrasounds were performed on both breasts
- The provider determines the appropriate office visit level to bill
  - ▶ Note: Refer to the Screen Our Circle program's reimbursement rate sheet (updated yearly) to determine correct billable CPT code

- CPT codes not relevant to breast or cervical cancer screening and/or diagnostics or client navigation are not reimbursable by the Screen Our Circle program

## Rates

- Federal law (Public Law 101-354) restricts Screen Our Circle program reimbursement to the Centers for Medicare and Medicaid rates
- Rates are updated January 1 of each year and providers are notified of the changes. Additionally, rates may be adjusted June 30 of each year
- Complete rates can be found in Screen Our Circle Reimbursement Rates

## Submitting claims

Completed form(s) must be submitted to the Screen Our Circle program every two weeks for services rendered within the last two weeks on the first and third Monday of each month.

- The Screen Our Circle program accepts claim submission on any of the following forms:
  - ▶ Screen Our Circle program Reimbursement and Billing Summary
  - ▶ UB-04
  - ▶ CMS-1450 and 1500
- The following items must be listed on these forms:
  - ▶ Name of Screen Our Circle site to be paid
  - ▶ Federal tax identification number of Screen Our Circle site to be paid
  - ▶ National Provider Identifier (NPI) number of the Screen Our Circle site to be paid
  - ▶ Address of Screen Our Circle site to be paid
  - ▶ Date of service(s)
  - ▶ Screen Our Circle client name and client enrollment number
  - ▶ CPT code(s) including modifier, if applicable
  - ▶ Charge for services provided
  - ▶ Amount paid by insurance (per CPT code) with Explanation of Benefits (EOB) attached
- Paper claims are mailed to:
  - ▶ AICAF Screen Our Circle program address
  - ▶ All claims must be submitted on a bi-weekly schedule on the first and third Monday of each month

## Clients with insurance

- Insurance must be billed prior to billing the Screen Our Circle program
- The provider must supply the EOB information. Attach a copy of the EOB to all paper claim forms submitted to the Screen Our Circle program
- If insurance pays more than the Screen Our Circle program's allowable rate, the Screen Our Circle program does not pay the difference and the client cannot be billed for any portion remaining
- Health Savings Accounts (HSAs) are an account with an IRS status for individuals who have high-deductible insurance plans. These are not considered a third-party payor and should not be used to reimburse claims in advance of submission to Screen Our Circle
- Indian Health Services (IHS) is payor of last resort and could be billed following payment from third-party insurer and Screen Our Circle

## Payment

- Claims are processed approximately every first and third Monday of each month
- A monthly Screen Our Circle program remittance advice report will be developed and mailed to Screen Our



- Screen Our Circle sites detailing status of submitted claims
- If you have not received a claims status update, please contact Screen Our Circle staff. Contact information is provided below

### Payment or claims error

In situations where an insurance payment is received after the Screen Our Circle program has paid a claim or payment has been made to the Screen Our Circle site in error, reimbursement to the Screen Our Circle program can be made by following the process below:

- The third party entity (ie. private insurance) can send a check to AICAF to the below address:

American Indian Cancer Foundation

ATTN: Kim Galvin, Finance Manager  
3001 Broadway Street NE, Suite 185  
Minneapolis, MN 55413

Make checks payable to the American Indian Cancer Foundation

## Remittance Advice

A monthly Screen Our Circle program Remittance Advice Report will be used for detailing status of submitted claims. The Remittance Advice Report is divided into four categories. The following describes the categories of problems that may occur and what can be done:

### 1. Paid

The items listed in this section are paid and a check was issued to the Screen Our Circle sites listed at the top of the remittance advice

### 2. Suspense status: Eligibility and Enrollment Form

- The Screen Our Circle program Eligibility and Enrollment Form not found for this client enrollment number:
  - ▶ The Screen Our Circle site must submit completed forms before a payment claim can be processed
  - ▶ Check that the correct client enrollment number was billed by reviewing a copy of the Screen Our Circle Eligibility and Enrollment Form. If the client enrollment number is incorrect on the remittance advice, re-bill with the correct client enrollment number or contact the Screen Our Circle program with the correct client enrollment number. If the client enrollment number is correct on the remittance advice, forward a copy of the appropriate Screen Our Circle Eligibility and Enrollment Form to the Screen Our Circle program. Ensure all required information is filled out completely on the Screen Our Circle Eligibility and Enrollment Form

### 3. Suspense status: Laboratory and Imaging Form

- Laboratory and/or Imaging Summary Form results have not been received:
  - ▶ The Screen Our Circle site must submit a completed Pap and/or Imaging Summary Form or other approved report before a payment claim can be complete
  - ▶ If the forms were recently mailed to the Screen Our Circle program, you may need to wait four to six weeks. If the clinic mailed the forms and received no notice, please contact Screen Our Circle program staff. Contact information provided below

### 4. Denied status

These items will not be paid by the Screen Our Circle program until the reason the claim was disallowed has been resolved and the original claim is re-billed. Listed below are some of the reasons a claim is disallowed and how to resolve the problem:

- Client name does not match client name billed:
  - ▶ The client name and client enrollment number submitted on a claim do not match the client name and client enrollment number submitted to the Screen Our Circle program. Verify the client name, client enrollment number and re-bill

- Service already fully paid:
  - ▶ The claim was previously processed and paid by the Screen Our Circle program. Verify that the client enrollment number billed matches the date of service billed. Also, another service provider (e.g., the radiologist, clinic, hospital, lab) may have already submitted a claim. Contact Screen Our Circle program staff for payment details or verify with the entity that received the payment
- Service was paid globally; Technical Component (TC) or Professional Component (26) cannot be paid:
  - ▶ A radiologist, mammography facility, or screening site has submitted a claim without a modifier. Screen Our Circle program staff can tell you where the payment went so you can contact the facility that received the global payment to arrange for reimbursement
- TC or 26 was paid, cannot pay globally:
  - ▶ A radiologist, mammography facility or screening site submitted a claim with a modifier. Resubmit the claim with the appropriate modifier
- Laboratory and/or Imaging results needed and re-bill:
  - ▶ The Screen Our Circle program has not received the Pap and/or Imaging Summary Form. Submit the Pap and/or Imaging Summary Form and re-bill
- Pap test not covered by the Screen Our Circle program per Pap test Periodicity:
  - ▶ Do not re-bill for this service unless instructed by Screen Our Circle program staff (See Screening and Diagnostic sections for more information)
- High-Risk HPV DNA panel is covered:
  - ▶ See Screening and Diagnostics sections for more information
- Client not within income guidelines:
  - ▶ The income/dependent information listed on the Screen Our Circle Enrollment form does not fall within the allowable income guidelines. If the information needs to be modified, correct the information on the enrollment form, resubmit the form to the Screen Our Circle program and re-bill
- CPT code not found:
  - ▶ Payment was disallowed as this was not a Screen Our Circle program allowable charge. Identify the correct CPT code and re-bill

## Required Documentation

Screen Our Circle sites are expected to maintain a system to track client follow-up services received. Clinic staff are required to complete the Screen Our Circle Breast Follow-Up and Tracking Form and/or the Screen Our Circle Cervical Follow-Up and Tracking Form. Completed Form(s) must be submitted to the Screen Our Circle program every two weeks for services rendered within the last two weeks on the first and third Monday of each month. Forms will be submitted via fax at (206) 324-8910 or scanned and saved on Med-IT, the online data management system for the Screen Our Circle program.



# QUALITY ASSURANCE & QUALITY IMPROVEMENT

The Quality Assurance and Quality Improvement section provides information about the requirements and recommendations each American Indian Cancer Foundation (AICAF) Screen Our Circle program site must follow to participate in the Screen Our Circle program. For any questions on the content of this section, please contact the Screen Our Circle Nurse Specialist. The Screen Our Circle Medical Consultant, Dr. Amanda Brugel is available for consultation for technical questions on this section.

## Enrollment and Referral Sites

- Must maintain professional liability insurance to cover the services provided
- Must assure that health care providers have valid current licenses, certification or registration to practice their profession or occupation as required by state statutes
- Must maintain appropriate state and federal occupational and facility licenses and certificates required to perform services provided
- Must encourage staff participation in professional continuing education and training necessary to provide quality breast and cervical cancer screening and follow-up services
- Must maintain medical records of all Screen Our Circle program clients
- Must cooperate with the Screen Our Circle program's chart audits to assure that all clients with abnormal screening results receive appropriate, timely and complete follow-up
- Must agree to financial audits and site visits
- Must assure that colposcopy is provided by a physician or nurse practitioner who has received specialized training in colposcopy
- Must arrange for the provision of clinical breast examinations (CBEs) by physician, physician assistant, nurse practitioner or certified nurse midwife

## Mammography Services

- Participating imaging sites must have current Food and Drug Administration (FDA) certification (Mammography Quality Standards Act (MQSA) certified)
- Screen Our Circle requires all imaging results to be reported using the Screen Our Circle program Imaging Summary Form and Breast Imaging-Reporting and Data System (BI-RADS) lexicon (see table below)

American College of Radiology BI-RADS Assessment Categories	
Category	Description
<b>Category 0:</b> Need additional imaging evaluation and/or prior mammograms for comparison	This category, which notes that additional imaging evaluation is needed is almost always used in a screening situation. The needed imaging may include spot compression, magnification, special mammographic views, and ultrasound. Whenever possible, if the study is not negative and does not contain any typically benign finding, the current film should be compared to previous studies. Category 0 should only be used for old film comparison when such comparison is required to make a final assessment.
<b>Category 1:</b> Negative	There is nothing to comment on. The breasts are symmetric, and no masses, architectural distortion, or suspicious calcifications are present.
<b>Category 2:</b> Benign finding(s)	Like category 1, this is a 'normal' assessment, but the interpreter chooses to describe a benign finding in the report.

<b>Category 3:</b> Probably benign finding- initial short-interval follow-up suggested	A finding placed in this category should have less than a 2% risk of malignancy. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability. A complete diagnostic imaging evaluation should be made before designating the findings as category 3; hence this finding cannot be issued as the result of a screening mammogram alone. The vast majority of cases require an initial short-term follow-up (6 months) followed by additional examinations until longer term (2 years or longer) stability is demonstrated.
<b>Category 4:</b> Suspicious abnormality- biopsy should be considered	This category is reserved for findings that do not have the classic appearance of malignancy but have a wide range of probability of malignancy that is greater than that in category 3. By subdividing category 4 into 4A, 4B, and 4C as suggested, it is encouraged that relevant probabilities for malignancy be indicated so clients and physicians can make an informed decision on the ultimate course of action.
<b>Category 5:</b> Highly suggestive of malignancy- appropriate action should be taken	These lesions have a high probability (>95%) of being cancer. This category contains lesions for which one-stage surgical treatment could be considered without a preliminary biopsy. However, current oncologic management may require percutaneous tissue sampling, as, for example, when sentinel node imaging is included in surgical treatment or when neoadjuvant chemotherapy is administered at the outset.
<b>Category 6:</b> Known biopsy- proven malignancy- appropriate action should be taken	This category is reserved for lesions identified on the imaging study with biopsy proof of malignancy prior to definitive therapy.

## Breast Ultrasound Services

- Participating breast ultrasound sites must meet the standards established by the American College of Radiology for performing breast ultrasound examinations

## Laboratory Services

- Participating laboratories must meet all requirements of the Clinical Laboratories Improvement Act (CLIA) of 1988
- The Screen Our Circle program requires all Pap test results to be reported using the Screen Our Circle Pap Summary Form and 2001 Bethesda System
- Must differentiate between conventional and liquid-based cytology when reporting back to the Screen Our Circle program

## Confidentiality

- All client information and test results are confidential, which means that the information will be available only to clients, their health care providers and to the employees of the Screen Our Circle program
- The information will be used only to meet the purposes of the Screen Our Circle program. Any published reports which result from the Screen Our Circle program will report aggregate data and not identify clients by name

## Data Privacy

- The Screen Our Circle program complies with state and federal privacy laws. See 45 C.F.R. §164.508(c)(1) and MN Stat. §13.05, subd. 4(d), 144.335, subd. 3a (2002)
- Each Screen Our Circle participating site must follow their state data privacy statutes



## Screen Our Circle Program Smoking Policy

- A client's smoking status is a very important factor in assessing a client's risk of developing cancer and other chronic diseases. The Screen Our Circle program requires all participating health care providers to assess the client's smoking status. The Screen Our Circle Eligibility and Enrollment Form asks about smoking status. If a client indicates that they smoke and affirm that they would like assistance with quitting, clinics must refer clients to smoking cessation services
- The Screen Our Circle program encourages participating health care providers to provide their own counsel to clients on smoking cessation. Resources such as the Minnesota American Indian QuitLine and the American Indian Commercial Tobacco Program can be found in the National Program Resource Guide.





# FORMS & TOOLS

Screen Our Circle Manual Forms		
Manual Section	Data Collection Form Names	Who Should Complete?
Client Eligibility and Enrollment	Client Eligibility & Enrollment Form	Client & Clinic Staff
Screening Services	Documentation of Cervical Clinical Services	Clinic Staff
	Documentation of Breast Clinical Services	
Diagnostic Services	See "Documentation of Cervical Clinical Services" and "Documentation of Breast Clinical Services"	Clinic Staff
Tracking & Follow-up Protocol	Cervical Follow-Up and Tracking Form	Clinic Staff
	Breast Follow-Up and Tracking Form	
Client Navigation	Client Navigation Form	Clinic Navigator
	Client Navigation Barriers Assessment and Contact Log	
Billing & Reimbursement	Billing and Reimbursement Form	Clinic Staff
	2019 Reimbursement Rates	N/A
Laboratory & Imaging Services	Pap Summary Form	Laboratory
	Imaging Summary Form	Radiology

Screen Our Circle Manual Forms	
Manual Section	Description
Client Eligibility and Enrollment	This document helps clinic staff efficiently identify eligible clients for the Screen Our Circle program.
Step by Step Guide	This document is a general guide to the Screen Our Circle program paperwork.
Clinic Guide to Screen Our Circle program Intervention	This document is a guide to identify opportunity during the clinic visit to inform clients about the Screen Our Circle program.
Tracking & Follow-up Protocol	This document provides an overview of the client navigation process for the Screen Our Circle program.



## Client Eligibility & Enrollment Form

\* Indicates required fields

\*Name:

First	Middle Initial	Last	Maiden
*Birth Date:		Age:	
MM/DD/YYYY			
Social Security # (optional):		*Gender:	
Address:		<input type="checkbox"/> Female <input type="checkbox"/> Transgender Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Male	
*City:	State:	Zip:	
*Phone # 1 (home, cell, work):		Best time to call:	
Phone # 2 (home, cell, work):		Best time to call:	

Are you Hispanic or Latina? (Mexican, South or Central American, Puerto Rican, Cuban or other Spanish origin)

☐ Yes☐ No

Select what applies best to you.

☐ American Indian or Alaska Native (specify): \_\_\_\_\_☐ Asian (specify): \_\_\_\_\_☐ Black or African American☐ Native Hawaiian or Pacific Islander (specify): \_\_\_\_\_☐ White/Caucasian☐ Other (specify): \_\_\_\_\_\*In what country were you born? ☐ United States☐ Other (specify) \_\_\_\_\_

\*Do you have health insurance?

☐ Yes (specify): \_\_\_\_\_☐ No☐ Do not know

Have you used Indian Health Services (IHS) in the past year?

☐ Yes (specify clinic) : \_\_\_\_\_☐ No☐ Do not know

\*Including yourself, what is the total number of people living in your household: \_\_\_\_\_

\*What is your total household income (before taxes): \$\_\_\_\_\_ yearly OR \$\_\_\_\_\_ monthly

How did you hear about the program? Check all that apply.

☐ Television/Radio☐ Health care staff☐ Family/Friend☐ Newspaper/Flyer☐ Organization☐ Other☐ Internet/Social media☐ Community event

**Emergency Contact**

Name:		Phone Number:
Address:		
City:	State:	Zip:

**Personal Medical History**

Please check all members who have had breast cancer: ☐ Self ☐ Parent ☐ Sibling ☐ Child

---

Have you ever had a mammogram? ☐ Yes ☐ No ☐ Do not know

---

↳ If YES: Approximately when was your last mammogram:

---

Have you had a clinical breast exam (CBE) by a health care provider in the last two years? ☐ Yes ☐ No ☐ Do not know

---

Have you ever had a Pap test? ☐ Yes ☐ No ☐ Do not know

---

↳ If YES: Approximately when was your last Pap test:

---

Have you ever been told that you had an abnormal Pap test result? ☐ Yes ☐ No ☐ Do not know

---

Have you been tested for Human Papillomavirus (HPV)? ☐ Yes ☐ No ☐ Do not know

---

↳ If YES: Approximately when was your last HPV test:

---

Have you had a hysterectomy (removal of the womb or uterus)? ☐ Yes ☐ No ☐ Do not know

---

↳ If YES: was the hysterectomy done due to cervical cancer? ☐ Yes ☐ No ☐ Do not know

---

If you are a current/former smoker, how long has it been since you last smoked commercial tobacco?

<input type="checkbox"/> Don't smoke	<input type="checkbox"/> 1-5 years ago
<input type="checkbox"/> Within 1 week	<input type="checkbox"/> 5-10 years ago
<input type="checkbox"/> Within 1 month	<input type="checkbox"/> Over 10 years ago
<input type="checkbox"/> Within 1 year	

---

If you smoke commercial tobacco, would you like help to quit? ☐ Yes ☐ No ☐ Not applicable

---

Does anyone else in your household smoke? ☐ Yes ☐ No

---

**For Clinic Staff**

Does the client meet all the eligibility criteria?

☐ Yes (If yes, assign enrollment number and date) ☐ No

Enrollment #:

Enrollment Date:

### Program Description

The American Indian Cancer Foundation (AICAF) recognizes the large health disparities American Indian and Alaska Native people (AI/AN) face. The Screen Our Circle program aims to increase the availability of breast and cervical cancer screening. The purpose of screening is to detect cancer in its earliest stage so it can be treated or cured. Screening for breast cancer includes a clinical breast examination and a mammogram. Screening for cervical cancer includes a pelvic examination, Pap test and HPV test, if appropriate.

You will be provided the following services at no cost through Screen Our Circle if you are determined to be eligible:

- Screening, diagnostic and client navigation services
- If treatment is needed, a special program may be available to you at no cost

For more information about Screen Our Circle, contact the Program Manager.

### Permission for Release of Information

- I understand that by completing the Client Eligibility, Enrollment and Consent & Release Form, I will be enrolled and my doctors and health care providers will be paid for eligible services
- In this document, "my doctors and health care providers" means any doctor or other health care provider who delivers health care services to me at any time between my first visit and one year after the date of my signature below
- I give permission for my doctors and health care providers to release the following information to Screen Our Circle staff:
  - All information I provide on the Client Eligibility Form and Client Enrollment Form
  - The names, addresses and phone numbers of my doctors and health care providers
  - My chart number and all information about any breast and cervical cancer screening and follow-up tests
- I give permission to the Screen Our Circle program to give information to my doctors and health care providers from Screen Our Circle forms
- I give permission for the Screen Our Circle program to give information to partner organizations (e.g. state cancer registries)
- I understand that AICAF will use this information to determine whether I meet eligibility requirements and to assure I receive the appropriate screening tests and follow-up care or treatment
- Information given to AICAF will be protected under HIPAA. AICAF will keep my identity private, which means that the only people having access to identifying information will be my doctors and health care providers, AICAF employees, and contractors who work with AICAF. Information is also shared with the CDC but does not include my name or street address. Information that AICAF releases to my doctors and health care providers will be protected by federal or state medical privacy rules
- I am not required by law to provide any information to AICAF. If I do not provide the requested information (except for my Social Security number) I might not be able to participate in the program. I do not need to provide my Social Security number
- I understand that my participation is voluntary and I may withdraw and cancel my permission at any time. In order to cancel my permission, I need to send a letter to my doctors and health care providers and to Screen Our Circle. The letter must include my name, date of birth, a statement that my permission to release my information is canceled, my signature and date of release
- I understand that if I cancel my permission, I will no longer be enrolled and may be financially responsible for any outstanding bills from my doctors and health care providers.
- My consent for enrollment expires one year from the date of my signature
- I understand that I will need to enroll in Screen Our Circle yearly

\*By signing and dating below, I agree and understand to all the items above.

Client Name (printed):

Birth Date:

MM/DD/YYYY

Client Signature:

Signature Date:

MM/DD/YYYY





Enrollment #: \_\_\_\_\_

## Pap Summary Form

### PAP TEST INFORMATION

(completed by clinic staff)

Client Name: \_\_\_\_\_

First, MI, Last

Date specimen collected: \_\_\_\_\_

MM/DD/YYYY

Specimen Type: ☐ Conventional  
☐ Liquid-based

### PAP TEST INFORMATION

(completed by cytotechnologist or pathologist)

Lab Name: \_\_\_\_\_

Specimen #: \_\_\_\_\_

Name, Location

Optional

Specimen Adequacy:

- ☐ Satisfactory for evaluation (describe other quality indicators): \_\_\_\_\_  
☐ Unsatisfactory

### INTERPRETATION OF RESULTS

(completed by cytotechnologist or pathologist)

☐ Negative for intraepithelial lesion or malignancy

☐ Infection/Inflammation/Reactive Changes (Beth1991)

☐ Epithelial Cell Abnormalities

#### Squamous Cell

- ☐ ASC-US  
☐ ASC-H  
☐ LSIL  
☐ HSIL  
☐ Squamous cell carcinoma

#### Glandular Cell

- ☐ Atypical:  
☐ Endocervical cells  
☐ Endometrial cells  
☐ Glandular cells  
☐ Atypical:  
☐ Endocervical cells, favor neoplasm  
☐ Glandular cells, favor neoplasm  
☐ Adenocarcinoma in situ  
☐ Adenocarcinoma

☐ Endometrial Cells

☐ Other Malignant Neoplasms

### HPV RESULTS

Results:

- ☐ Negative  
☐ Positive (Types 16 or 18)  
☐ Positive (Any other types besides 16 or 18)  
☐ Positive (genotyping not done)

Lab Name: \_\_\_\_\_

Name, Location

Specimen #: \_\_\_\_\_

Optional

Date Reported (MM/DD/YYYY): \_\_\_\_\_

Updated: 7/1/2019





### **INSTRUCTIONS FOR COMPLETING THE PAP SUMMARY FORM**

1. American Indian Cancer Foundation (AICAF) Screen Our Circle enrollment number: The enrollment number is provided by the site where the client is enrolled into Screen Our Circle and has an office visit where a clinical breast examination (CBE) and/or Pap test is done. The enrollment number will remain the same as long as the woman is eligible for Screen Our Circle. This enrollment number will be used each time a client comes in for a Screen Our Circle covered service.
2. **PAP TEST INFORMATION** (*completed by clinic staff*):
  - a. Clinic staff members are responsible for filling out the section containing the client name, the date the specimen was collected and the specimen type
3. **PAP TEST INFORMATION** (*completed by cytotechnologist or pathologist*)
  - a. Record the name of the lab interpreting results
  - b. Report the specimen number
  - c. Check the adequacy of the specimen
4. **INTERPRETATION OF RESULTS** (*completed by cytotechnologist or pathologist*)
  - a. Provide one result for the pap
  - b. Additional information can be provided such as (endometrial cells for women 40 years or older and/or other malignant neoplasms)
5. **HPV RESULTS**
  - a. Provide HPV results, if done
  - b. Name of lab interpreting results and specimen number
  - c. Date reported



Enrollment #: \_\_\_\_\_

## Imaging Summary Form

IMAGING CATEGORY		
Check only one type. If more than one type of imaging is done, complete an Imaging Summary Form for each additional type of imaging.		
<input type="checkbox"/> Screening Mammogram	<input type="checkbox"/> Additional Mammogram Views	<input type="checkbox"/> Breast Ultrasound

IMAGING INFORMATION	
Client Name: _____ <div style="text-align: center; font-size: small;">First, MI, Last</div>	
Facility (where imaging completed): _____ <div style="text-align: center; font-size: small;">Name, Location</div>	
Radiology #: _____	Imaging Date: _____ <div style="text-align: center; font-size: small;">MM/DD/YYYY</div>

Type: <input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral-Left <input type="checkbox"/> Unilateral-Right	Format: <input type="checkbox"/> Digital or <input type="checkbox"/> Conventional
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RADIOLOGISTS ASSESSMENT & RECOMMENDATION	
ACR Assessment Category	Recommendation
<input type="checkbox"/> Assessment is incomplete- need additional imaging evaluation	<input type="checkbox"/> Magnification views <input type="checkbox"/> Additional projections <input type="checkbox"/> Spot compression <input type="checkbox"/> Ultrasound examination <input type="checkbox"/> Film comparison ( <i>compare to prior mamm.</i> )
<input type="checkbox"/> Negative	<input type="checkbox"/> Mammogram in _____ year(s)
<input type="checkbox"/> Benign finding	<input type="checkbox"/> Mammogram in _____ year(s)
<input type="checkbox"/> Probably benign finding - short interval follow-up suggested	<input type="checkbox"/> Imaging in _____ month(s)
<input type="checkbox"/> Suspicious abnormality - biopsy should be considered	<input type="checkbox"/> Surgical consult/biopsy
<input type="checkbox"/> Highly suggestive of malignancy - appropriate action should be taken	<input type="checkbox"/> Surgical consult/biopsy

Date Dictated: \_\_\_\_\_ Comments: \_\_\_\_\_  

MM/DD/YYYY

Updated: 8/19/2019



### INSTRUCTIONS FOR COMPLETING THE IMAGING SUMMARY FORM

1. American Indian Cancer Foundation (AICAF) Screen Our Circle enrollment number: The enrollment number is provided by the site where the client is enrolled into Screen Our Circle and has an office visit where a clinical breast examination (CBE) and/or Pap test is done. The enrollment number will remain the same as long as the woman is eligible for Screen Our Circle. This enrollment number will be used each time a client comes in for a Screen Our Circle covered service.
2. **IMAGING CATEGORY:** Select only one type of imaging to report. If more than one type of imaging is done, report each type on a separate Imaging Summary Form using the same enrollment number. *This category must be completed or the form cannot be processed and will be returned.*
  - a. Screening Mammogram: This should be checked for a regular screening mammogram. The CPT code would be either 77057, 77055, 77056, G0202, G0206 or G0204 for this procedure.
  - b. Additional Mammographic View: This should be checked when a diagnostic mammogram follows a screening mammogram where the result was ACR category 0 or "assessment incomplete." These are mammograms that have views in addition to the routine CC and MLO. The CPT code would be 77055/G0206 or 77056/G0204 for this procedure.
  - c. Breast Ultrasound: This should be checked when a sonogram is done of the breast.
3. **IMAGING INFORMATION:** Only the Radiology # is optional. *All other information must be completed or the form cannot be processed and will be returned.*
4. **RADIOLOGISTS ASSESSMENT & RECOMMENDATIONS:**
  - a. ACR Assessment Category: Check the appropriate box for the result of the imaging and check only one box. *This category must be completed or the form cannot be processed and will be returned.*
  - b. Recommendation: The film comparison box should only be checked when a screening or initial mammogram ACR 0 is reported. For any imaging type, please provide the follow-up dates for ACR categories 1-3.
5. **DATE DICTATED:** please record the date the radiologist reports the results.



## Screen Our Circle Client Eligibility at a Glance

The American Indian Cancer Foundation (AICAF) Screen Our Circle program is a national breast and cervical cancer screening program whose primary objective is to increase the number of American Indian and Alaska Native community members who are screened for breast and cervical cancer.

### Who is eligible?

Clients who meet all of the following criteria are eligible to receive screening services:

- American Indian and/or Alaska Native
- Age 40-64<sup>1</sup> for breast screening
- Age 21-65 for cervical screening
- Uninsured or underinsured<sup>2</sup>
- Income at or below 250% of the Federal Poverty Level (see guidelines below)

2019 Income Guidelines		
Household Number	Monthly Income	Yearly Income
1	\$2,602	\$31,225
2	\$3,523	\$42,275
3	\$4,444	\$53,325
4	\$5,365	\$64,375
5	\$6,285	\$75,425
6	\$7,206	\$86,475
7	\$8,127	\$97,525
8	\$9,048	\$108, 575

Nurse Specialist contact information:

GayLynn Richards at 612-285-5785

Email: Randall Richards <[richardsran1@outlook.com](mailto:richardsran1@outlook.com)>

### What the Screen Our Circle program can pay for:

The following services are free to eligible clients at Screen Our Circle program sites. Special arrangements may be needed for some services, check with the Nurse Specialists for assistance.

#### Screening Services:

- Office visit for breast and cervical examination
- Clinical breast examination<sup>3</sup>
- Screening mammogram
- Pap test and HPV test (if appropriate)

#### Diagnostic Services:

- Office visit for breast or cervical services (e.g. for examination or results counseling)
- Diagnostic mammogram
- Fine needle aspiration of a breast lump, including pathology reading
- Colposcopy, including biopsy
- Breast ultrasound
- Breast biopsy
- Diagnostic services for HPV testing and endometrial biopsies, refer to Screen Our Circle Manual or call the Nurse Specialist

<sup>1</sup>Special considerations may be made for clients under 40 who have any one or a combination of high-risk factors (see high-risk factor section in Screening Services, Screen Our Circle Manual).

<sup>2</sup>Underinsured is defined as: health insurance that does not cover services; health insurance that does not cover reimbursement of the full amount of the established fees for covered services; or a deductible or coinsurance amount which the client cannot afford to pay.

<sup>3</sup>Clinical breast examinations are recommended, but not required.



## A General Guide to Screen Our Circle Program Paperwork

1. Client hears about the program. The clinic screens them for eligibility (age, income, size of household, insurance) and an appointment is made
2. At the appointment: the client completes the *Client Eligibility and Enrollment* form. The clinic checks the form for completeness (dated, signed) and verifies eligibility (age, income)
3. Clinic assigns client identification number (Client ID numbers provided by AICAF) to all Screen Our Circle forms associated with enrollment office visit (*Client Eligibility and Enrollment* form, *Imaging Summary* form, *Pap Summary* form); and logs name and client ID number into their Enrollment log
4. After the exam, the nurse or clinician completes the *Documentation of Breast Clinical Services* or *Documentation of Cervical Clinical Services* form(s) as indicated
5. The mammogram is scheduled. Inform the mammography facility that the client is under the Screen Our Circle program and give them the client ID number either by sending them the *Imaging Summary* form - OR - by phone, and having them initiate the *Imaging Summary* form
6. The pap is sent to the lab and the lab will send the pap result to the clinic. The clinic will complete the *Pap Summary* form (Pap result is in Bethesda format)
7. Make a copy of the *Client Eligibility and Enrollment* form and *Documentation of Breast Clinical Services* or *Documentation of Cervical Clinical Services* form(s) if used for clinic's records and then follow the instructions to upload the client forms to AICAF
8. Client has mammogram; *Imaging Summary* form with assigned client ID number is provided to imaging facility
9. Radiologist sends completed mammogram report to ordering clinic provider. The *Imaging Summary* form is completed (this form can be completed by someone other than the radiologist)
10. Normal results: clinic notifies patient. Client is in rescreening system
11. Abnormal results: clinic initiates Client Navigation; notifies client, facilitates follow-up care and tracks the client to ensure recommended follow-up care is obtained. AICAF also tracks all abnormal results and requests follow-up information (a *Breast or Cervical Follow-up and Tracking* form is sent to the designated clinic Tracking and Follow-up contact approximately one month after an abnormal result is reported)
12. Additional views and/or Ultrasound: complete a new *Imaging Summary* form for each and use same client ID number as original *Imaging Summary* form
13. The client ID number assigned at enrollment will be used for all subsequent Screen Our Circle program covered service visits as long as the client is eligible. Screen Our Circle program eligibility should be reviewed annually





## **Screen Our Circle**

### **Clinic Guide to Program Intervention**

*Use this guide to identify opportunity during the clinic visit to inform clients about the Screen Our Circle program.*

#### **Start Here:**

Client enters Clinic	Screen Our Circle program materials (flyers/posters/Client Eligibility at a Glance) posted in clinic and waiting area
Front Desk	Staff checks insurance and breast and cervical screening history Client or clinic staff use Client Eligibility at a Gland to screen for eligibility
Rooming Client	Check screening history – if not up to date, discuss Screen Our Circle program and provide information and answer questions
Provider	Emphasize importance of regular screening and encourage
Referral Staff	Emphasize availability of Screen Our Circle program and help to enroll
Billing	Insert Screen Our Circle program materials with billing, identify clients who could benefit from retro-enrollment (enrollment after the clinic visit occurs) to cover cost of services provided

#### **Other:**

Community Events	Have Screen Our Circle materials on hand
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## Screen Our Circle Navigation: Quick Start Guide

### Goal of client navigation

Clients often face significant barriers to accessing and completing cancer screening and diagnostic services. Client navigation is a strategy that provides individualized assistance to clients to overcome barriers. Screen Our Circle Program sites must be able to provide client navigation services to clients.

### Client navigation services eligibility

Client navigation services may be provided to any client, enrolled or not enrolled in the Screen Our Circle Program who meets the following criteria:

- Age 21-65 for cervical screening services
- Age 40-64 for breast screening services

### Role of the client navigator

The Client Navigator is responsible for assisting clients to overcome barriers to completing screening or diagnostic breast and cervical services, or initiating treatment. Navigation services also include reminding and encouraging clients to return for annual screening.

### Components of client navigation

- Assessment of client barriers
- Client education and support
- Resolution of client barriers
- Monitoring client to verify completion of services
- Minimum of two contacts with client
- Collection of data to evaluate outcomes of client navigation

### Getting started: Role with the client



### When treatment is needed

Client navigation continues the initiation of treatment for Screen Our Circle Program enrolled clients



## Documentation of Cervical Clinical Services

Last Name:	First Name:	MI:	Maiden Name:
Clinic:	<input type="checkbox"/> New Screen <input type="checkbox"/> Follow-Up <input type="checkbox"/> Rescreen		Enrollment #:
<b>FAMILY HISTORY (Required)</b>			
1. Client at high risk for cervical cancer? <input type="checkbox"/> Yes (e.g. client was exposed to diethylstilbestrol (DES) or is considered immunocompromised) <input type="checkbox"/> No <input type="checkbox"/> Not assessed			
<b>PAP TEST, PELVIC EXAM, AND HPV TEST (Required)</b>			
2. Prior Pap test: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      Prior Pap test date: _____ (MM/DD/YYYY)			
3. Indication for today's Pap test: <input type="checkbox"/> Routine Pap test <input type="checkbox"/> Client under surveillance for a previous abnormal test. Also considered a "rescreened" client <input type="checkbox"/> Pap test done by a non-program funded provider, client referred in for diagnostic evaluation Date of referral: _____ (MM/DD/YYYY) <input type="checkbox"/> Pap test done after primary HPV test positive <input type="checkbox"/> Pap test not done Why was Pap test not done? <input type="checkbox"/> Refused <input type="checkbox"/> Not Needed <input type="checkbox"/> Needed but not performed			
4. Pelvic exam date: _____ (MM/DD/YYYY) 5. Today's Pap test date: _____ (MM/DD/YYYY) <input type="checkbox"/> 3 year (without HPV test) <input type="checkbox"/> 5 year (with HPV test) 6. What were today's Pap test results? <input type="checkbox"/> Negative (for intraepithelial lesion or malignancy) <input type="checkbox"/> Infection/Inflammation/Reactive Changes <input type="checkbox"/> Atypical Squamous Cells of Undetermined Significance (ASC-US)* <input type="checkbox"/> Low-Grade Squamous Intraepithelial Lesion (LSIL)* <input type="checkbox"/> Atypical Squamous Cells cannot exclude HSIL (ASC-H Beth2001)* <input type="checkbox"/> High-Grade Squamous Intraepithelial Lesion (HSIL)* <input type="checkbox"/> Squamous Cell Carcinoma* <input type="checkbox"/> Abnormal Glandular Cells (AGC)* <input type="checkbox"/> Adenocarcinoma in situ (AIS) <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Result Pending <input type="checkbox"/> Results unknown, presumed abnormal, from non-program funded sources <input type="checkbox"/> Other Pap results: _____ <b>*May require further diagnostic evaluation.</b>		7. Specimen adequacy? <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory-Repeat Pap Required 8. Indication for HPV test: <input type="checkbox"/> Co-Test or Screening <input type="checkbox"/> Reflex <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown 9. HPV Test Result: <input type="checkbox"/> Positive with genotyping not done <input type="checkbox"/> Negative <input type="checkbox"/> Positive with positive genotyping (types 16 or 18) <input type="checkbox"/> Positive with negative genotyping (positive HPV, but not types 16 or 18) <input type="checkbox"/> Not Done 10. HPV test date: _____ (MM/DD/YYYY) 11. Was the client referred for immediate cervical diagnostic workup to reach a final diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Form Completed _____ (MM/DD/YYYY)		Form Completed by: _____	



**AICAF Use Only**

12. Which services were paid by AICAF?

☐ Pelvic exam

☐ Colposcopy without biopsy

☐ Cone

☐ Pap test

☐ Colposcopy-directed biopsy/ECC

☐ Other:

☐ HPV test

☐ LEEP



## Documentation of Breast Clinical Services

Last Name:	First Name:	MI:	Maiden Name:
Clinic:	<input type="checkbox"/> New Screen <input type="checkbox"/> Follow-Up <input type="checkbox"/> Rescreen	Enrollment #:	
<b>FAMILY HISTORY (Required)</b>			
1. Has genetic testing for breast cancer been done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 2. Is the client considered high risk for breast cancer? <input type="checkbox"/> Yes (e.g. client has a BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or person of family history of genetic syndromes like Li-Fraumeni syndrome) <input type="checkbox"/> No <input type="checkbox"/> Not assessed			
<b>REASON FOR SCREENING (Required)</b>			
3. Indication for initial mammogram (This includes refused mammograms): <input type="checkbox"/> Routine screening mammogram <input type="checkbox"/> Initial mammogram performed to evaluate symptoms, abnormal CBE result or previous abnormal mammogram result <input type="checkbox"/> Initial mammogram done by a non-program funded provider, client referred in for diagnostic evaluation: Date of referral: _____ (MM/DD/YYYY) <input type="checkbox"/> Initial mammogram not done. Date of referral: _____ (MM/DD/YYYY) Why was mammogram not done? <input type="checkbox"/> Refused <input type="checkbox"/> Not Needed <input type="checkbox"/> Needed but not performed			
<b>CLINICAL BREAST EXAM (CBE) (Required)</b>		<b>MAMMOGRAM (Required)</b>	
4. Does client have any abnormal breast symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Did client have a CBE? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. CBE date: _____ (MM/DD/YYYY) 7. If yes, what were CBE results? <input type="checkbox"/> Normal exam <input type="checkbox"/> Benign finding (fibrocystic changes, diffuse lumpiness or nodularity) <input type="checkbox"/> Suspicious finding <input type="checkbox"/> Discrete palpable mass* <input type="checkbox"/> Bloody or serous nipple discharge* <input type="checkbox"/> Nipple or areolar scaliness* <input type="checkbox"/> Skin dimpling or retraction* 8. If no, what was the reason? <input type="checkbox"/> Previous normal CBE (past 12 months) <input type="checkbox"/> CBE not performed, other or unknown reason <input type="checkbox"/> Refused		9. Mammogram type: <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic <input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral 10. Mammogram date: _____ (MM/DD/YYYY) 11. What were the mammogram results? <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign finding (BI-RADS 2) <input type="checkbox"/> Probably benign* (BI-RADS 3) <input type="checkbox"/> Short-term imaging follow up at <input type="checkbox"/> 3 mon <input type="checkbox"/> 6 mon <input type="checkbox"/> Other: <input type="checkbox"/> Suspicious abnormality* (BI-RADS 4) <input type="checkbox"/> Highly suggestive of malignancy (BI-RADS 5) <input type="checkbox"/> Assessment is incomplete (BI-RADS 0)- Additional Imaging Required* <input type="checkbox"/> Assessment is incomplete (BI-RADS 0)- Film Comparison Required* <input type="checkbox"/> Unsatisfactory, film cannot be interpreted (Repeat Mammogram) <input type="checkbox"/> Unknown, presumed abnormal, from non-program funded source 12. Additional breast procedures needed for final diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Requires further diagnostic evaluation.		*Requires further diagnostic evaluation.	
SCREENING MRI (Required only for high risk clients)		AICAF Use only	



<p>13. Screening MRI results:</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Procedure date: _____ (MM/DD/YYYY)</p> <p>Procedure site: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> Negative (BI-RADS 1)</p> <p><input type="checkbox"/> Benign finding (BI-RADS 2)</p> <p><input type="checkbox"/> Probably benign indicated (BI-RADS 3)</p> <p><input type="checkbox"/> Suspicious (BI-RADS 4)</p> <p><input type="checkbox"/> Highly suggestive of malignancy (BI-RADS 5)</p> <p><input type="checkbox"/> Known malignancy (BI-RADS 6)</p> <p><input type="checkbox"/> Assessment incomplete-Need additional imaging evaluation (BI-RADS 0)</p> <p><input type="checkbox"/> Refused</p>	<p>14. Which services were paid by AICAF?</p> <p><input type="checkbox"/> CBE</p> <p><input type="checkbox"/> Mammogram</p> <p><input type="checkbox"/> Additional mammogram views</p> <p><input type="checkbox"/> Ultrasound</p> <p><input type="checkbox"/> Film comparison</p> <p><input type="checkbox"/> Fine needle/cyst aspiration</p> <p><input type="checkbox"/> Biopsy/lumpectomy</p> <p><input type="checkbox"/> Repeat CBE</p> <p><input type="checkbox"/> Surgical consult</p>
<p><b>Form Completed:</b> _____ (MM/DD/YYYY)</p>	<p><b>Form Completed by:</b> _____</p>



## Cervical Follow-up & Tracking Form

Last Name:	First Name:	MI:	Maiden Name:
Clinic	<input type="checkbox"/> New Screen <input type="checkbox"/> Follow-Up <input type="checkbox"/> Rescreen	Enrollment #:	
<b>FAMILY HISTORY (Required)</b>			
1. Client at high risk for cervical cancer? <input type="checkbox"/> Yes (e.g. client was exposed to diethylstilbestrol (DES) or is considered immunocompromised) <input type="checkbox"/> No <input type="checkbox"/> Not assessed			
<b>PAP TEST, PELVIC EXAM AND HPV TEST (Required)</b>			
2. Prior Pap test: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      Prior Pap test date: _____ (MM/DD/YYYY)			
3. Indication for today's Pap test: <input type="checkbox"/> Routine Pap test <input type="checkbox"/> Client under surveillance for a previous abnormal test. Also considered a "rescreened" client <input type="checkbox"/> Pap test done by a non-program funded provider, client referred in for diagnostic evaluation Date of referral: _____ (MM/DD/YYYY) <input type="checkbox"/> Pap test done after primary HPV test positive <input type="checkbox"/> Pap test not done Why was Pap test not done? <input type="checkbox"/> Refused <input type="checkbox"/> Not Needed <input type="checkbox"/> Needed but not performed <b>(if no Pap test done, skip questions 5-9)</b>			
4. Pelvic exam date: _____ (MM/DD/YYYY) 5. Today's Pap test date: _____ (MM/DD/YYYY) <input type="checkbox"/> 3 year (without HPV test) <input type="checkbox"/> 5 year (with HPV test) 6. What were today's Pap test results? <input type="checkbox"/> Negative (for intraepithelial lesion or malignancy) <input type="checkbox"/> Infection/Inflammation/Reactive Changes <input type="checkbox"/> Atypical Squamous Cells of Undetermined Significance (ASC-US)* <input type="checkbox"/> Low-Grade Squamous Intraepithelial Lesion (LSIL)* <input type="checkbox"/> Atypical Squamous Cells cannot exclude HSIL (ASC-H Beth2001)* <input type="checkbox"/> High-Grade Squamous Intraepithelial Lesion (HSIL)* <input type="checkbox"/> Squamous Cell Carcinoma* <input type="checkbox"/> Abnormal Glandular Cells (AGC)* <input type="checkbox"/> Adenocarcinoma in situ (AIS) <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Result Pending <input type="checkbox"/> Results unknown, presumed abnormal, from non-program funded sources <input type="checkbox"/> Other Pap results:		7. Cervix present? <input type="checkbox"/> Yes (Cervical) <input type="checkbox"/> No (Vaginal) 8. Specimen type: <input type="checkbox"/> Conventional <input type="checkbox"/> Liquid-based <input type="checkbox"/> Other 9. Specimen adequacy? <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory-Repeat Pap Required 10. Indication for HPV test: <input type="checkbox"/> Co-Test or Screening <input type="checkbox"/> Reflex <input type="checkbox"/> Not Done <input type="checkbox"/> Unknown 11. HPV Test Result: <input type="checkbox"/> Positive with genotyping not done <input type="checkbox"/> Negative <input type="checkbox"/> Positive with positive genotyping (types 16 or 18) <input type="checkbox"/> Positive with negative genotyping (positive HPV, but not types 16 or 18) <input type="checkbox"/> Not Done 12. HPV test date: _____ (MM/DD/YYYY) 13. Where was Pap test/Pelvic exam performed? Facility/Clinic: _____ 14. Was client referred for immediate cervical diagnostic workup to reach final diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	



<input type="checkbox"/> Low grade SIL (biopsy diagnosis)§ <input type="checkbox"/> High grade SIL (biopsy diagnosis)§ <b>§ Requires Treatment</b>		
<b>CASE SUMMARY (if applicable)</b>		
<b>25. Stage Information:</b> <b>AJCC stage</b> <input type="checkbox"/> Stage I <input type="checkbox"/> Stage II <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV	If AJCC stage not available: <b>Summary stage</b> <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Distant	<b>26. Procedures and treatment (Check all that apply)</b> Procedure Date: _____ (MM/DD/YYYY) <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Loop Electroexcision (LEEP) <input type="checkbox"/> Conization <input type="checkbox"/> Other:
<b>Comments:</b> _____ _____ _____		
<b>TRANSFER OF CARE (if applicable)</b>		
<b>27. Name of new provider:</b>		<b>29. Address of new provider:</b>
<b>28. Phone of new provider:</b>		<b>30. Reason for transfer:</b>
<b>Form Completed</b> _____ (MM/DD/YYYY)		<b>Form Completed by:</b>
<b>AICAF Use Only</b>		
<b>31. Which services were paid by AICAF?</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Pelvic exam  <input type="checkbox"/> Pap test  <input type="checkbox"/> HPV test  <input type="checkbox"/> Colposcopy without biopsy         </div> <div> <input type="checkbox"/> Colposcopy-directed biopsy/ECC  <input type="checkbox"/> LEEP  <input type="checkbox"/> Cone  <input type="checkbox"/> Other:         </div> </div>		





## Breast Follow-up &amp; Tracking Form

Last Name:	First Name:	MI:	Maiden Name:
Clinic:	<input type="checkbox"/> New Screen <input type="checkbox"/> Follow-Up <input type="checkbox"/> Rescreen		Enrollment #:
<b>FAMILY HISTORY (Required)</b>			
1. Has genetic testing for breast cancer been done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 2. Is the client considered high risk for breast cancer? <input type="checkbox"/> Yes (e.g. client has a BRCA mutation, a first-degree relative (parent, child, or sibling) who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or person of family history of genetic syndromes like Li-Fraumeni syndrome) <input type="checkbox"/> No <input type="checkbox"/> Not assessed			
<b>REASON FOR SCREENING (Required)</b>			
3. Indication for initial mammogram (This includes refused mammograms): <input type="checkbox"/> Routine screening mammogram <input type="checkbox"/> Initial mammogram performed to evaluate symptoms, abnormal CBE result or previous abnormal mammogram result <input type="checkbox"/> Initial mammogram done by a non-program funded provider, client referred in for diagnostic evaluation: Date of referral: _____ (MM/DD/YYYY) <input type="checkbox"/> Initial mammogram not done. Date of referral: _____ (MM/DD/YYYY) Why was mammogram not done? <input type="checkbox"/> Refused <input type="checkbox"/> Not Needed <input type="checkbox"/> Needed but not performed			
<b>CLINICAL BREAST EXAM (CBE) (Required)</b>		<b>MAMMOGRAM (If Mammogram Done, Required)</b>	
4. Does client report any abnormal breast symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Did client have a CBE? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip 6, 7) 6. CBE date: _____ (MM/DD/YYYY) 7. If yes, what were CBE results? <input type="checkbox"/> Normal exam <input type="checkbox"/> Benign finding (fibrocystic changes, diffuse lumpiness or nodularity) <input type="checkbox"/> Suspicious finding <input type="checkbox"/> Discrete palpable mass* <input type="checkbox"/> Bloody or serous nipple discharge* <input type="checkbox"/> Nipple or areolar scaliness* <input type="checkbox"/> Skin dimpling or retraction* 8. If no, what was the reason? <input type="checkbox"/> Previous normal CBE (past 12 months) <input type="checkbox"/> CBE not performed, other or unknown reason <input type="checkbox"/> Refused		9. Mammogram type: <input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic <input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral 10. Mammogram date: _____ (MM/DD/YYYY) 11. What were the mammogram results? <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign finding (BI-RADS 2) <input type="checkbox"/> Probably benign* (BI-RADS 3) <input type="checkbox"/> Short-term imaging follow up at <input type="checkbox"/> 3 mon <input type="checkbox"/> 6 mon <input type="checkbox"/> Other: <input type="checkbox"/> Suspicious abnormality* (BI-RADS 4) <input type="checkbox"/> Highly suggestive of malignancy (BI-RADS 5) <input type="checkbox"/> Assessment is incomplete (BI-RADS 0)- Additional Imaging Required* <input type="checkbox"/> Assessment is incomplete (BI-RADS 0)- Film Comparison Required* <input type="checkbox"/> Unsatisfactory, film cannot be interpreted (Repeat Mammogram) <input type="checkbox"/> Unknown, presumed abnormal, from non-program funded source 12. Where was the mammogram performed? 13. Additional breast procedures needed for final	

Updated: 7/1/2019

		diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*Requires further diagnostic evaluation.</b>
<b>*Requires further diagnostic evaluation.</b>		
<b>DIAGNOSTIC PROCEDURES (if applicable)</b>		
14. Screening MRI results <b>(Required for high risk clients):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure date: Procedure site: <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign finding (BI-RADS 2) <input type="checkbox"/> Probably benign indicated (BI-RADS 3) <input type="checkbox"/> Suspicious (BI-RADS 4) <input type="checkbox"/> Highly suggestive of malignancy (BI-RADS 5) <input type="checkbox"/> Known malignancy (BI-RADS 6) <input type="checkbox"/> Assessment incomplete-Need additional imaging evaluation (BI-RADS 0) <input type="checkbox"/> Refused	15. Additional Mam Views: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral Procedure date: Procedure site: <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign findings (BI-RADS 2) <input type="checkbox"/> Probably benign* (BI-RADS 3) <input type="checkbox"/> Suspicious abnormality* (BI-RADS 4) <input type="checkbox"/> Highly suggestive of malignancy (BI-RADS 5) <input type="checkbox"/> Assessment incomplete (BI-RADS 0) <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Refused	16. Ultrasound: <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure date: Procedure site: <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign finding (BI-RADS 2) <input type="checkbox"/> Probably benign* (BI-RADS 3) <input type="checkbox"/> Suspicious abnormality* (BI-RADS 4) <input type="checkbox"/> Highly suggestive of malignancy (BI-RADS 5) <input type="checkbox"/> Known biopsy-proven malignancy (BI-RADS 6) <input type="checkbox"/> Refused
17. Film Comparison for final diagnosis: <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure date: Procedure site: <input type="checkbox"/> Negative (BI-RADS 1) <input type="checkbox"/> Benign finding (BI-RADS 2) <input type="checkbox"/> Probably benign* (BI-RADS 3) <input type="checkbox"/> Suspicious abnormality* (BI-RADS 4) <input type="checkbox"/> Highly suggestive of malignancy (BI-RADS 5) <input type="checkbox"/> Assessment incomplete (BI-RADS 0) <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Refused	18. Fine Needle/ Cyst Aspiration: <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure date: Procedure site: <input type="checkbox"/> Not suspicious for cancer <input type="checkbox"/> Suspicious for cancer <input type="checkbox"/> No fluid/tissue collected <input type="checkbox"/> Refused  19. Biopsy/ Lumpectomy: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of biopsy: <input type="checkbox"/> Excisional <input type="checkbox"/> Nonexcisional Procedure date: Procedure site: <input type="checkbox"/> Normal breast tissue <input type="checkbox"/> Hyperplasia <input type="checkbox"/> Other benign changes <input type="checkbox"/> Atypical Ductal Hyperplasia <input type="checkbox"/> DCIS <input type="checkbox"/> LCIS <input type="checkbox"/> Invasive cancer <input type="checkbox"/> Refused	20. Repeat CBE: <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure date: Procedure site: <input type="checkbox"/> Normal (WNL) <input type="checkbox"/> Benign finding <input type="checkbox"/> Discrete palpable mass <input type="checkbox"/> Bloody or serous nipple discharge <input type="checkbox"/> Nipple or areolar scaliness <input type="checkbox"/> Skin dimpling or retraction <input type="checkbox"/> Refused  21. Surgical Consult: <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure date: Procedure site: <input type="checkbox"/> Biopsy/FNA <input type="checkbox"/> No intervention at this time-routine FU <input type="checkbox"/> Not done/other reason <input type="checkbox"/> Short term FU <input type="checkbox"/> Surgery or treatment recommended <input type="checkbox"/> Ultrasound recommended <input type="checkbox"/> Refused
<b>WORK-UP STATUS (Required)</b>		<b>TREATMENT STATUS (Required)</b>



<b>22. Work up status?</b> <input type="checkbox"/> Work-up complete <input type="checkbox"/> Deceased <input type="checkbox"/> Irreconcilable <input type="checkbox"/> Client lost to follow-up (conflicting test results) <input type="checkbox"/> Workup refused	<b>23. Status of breast cancer treatment?</b> <input type="checkbox"/> Treatment started <input type="checkbox"/> Client lost to follow-up <input type="checkbox"/> Treatment refused <input type="checkbox"/> Treatment not recommended
<b>24. Date of final diagnosis:</b> _____ (MM/DD/YYYY)	<b>25. Date of treatment status:</b> (MM/DD/YYYY)
<b>26. Final Diagnosis:</b> <input type="checkbox"/> Breast cancer not diagnosed <input type="checkbox"/> Invasive breast cancer <input type="checkbox"/> Ductal carcinoma in situ <input type="checkbox"/> Lobular carcinoma in situ <input type="checkbox"/> Recurrence of prior breast cancer	<b>27. Client enrolled in Medicaid for treatment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?:
<b>CASE SUMMARY (if applicable)</b>	
<b>28. Stage information:</b> <b>AJCC STAGE:</b> <input type="checkbox"/> Ductal In Situ – Stage 0 <input type="checkbox"/> Lobular In Situ – Stage 0 <input type="checkbox"/> Stage I <input type="checkbox"/> Stage II <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <b>TUMOR SIZE (Maximum dimension):</b> _____ centimeters <b>NODE DISSECTION/BIOPSY:</b> <input type="checkbox"/> Performed Date: _____ (MM/DD/YYYY) _____ # of nodes examined _____ # of nodes positive <input type="checkbox"/> Not performed	<b>29. Procedures and treatment (Check all that apply)</b> <b>SURGICAL PROCEDURES:</b> Date: _____ (MM/DD/YYYY) <input type="checkbox"/> Lumpectomy/Local excision <input type="checkbox"/> Simple mastectomy <input type="checkbox"/> Modified radical mastectomy <input type="checkbox"/> Radical mastectomy <b>ADDITIONAL TREATMENT:</b> Date: _____ (MM/DD/YYYY) <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Tamoxifen, Raloxifene <input type="checkbox"/> Other:
<b>Comments:</b>    	
<b>TRANSFER OF CARE (if applicable)</b>	
<b>30. Name of new provider:</b>	<b>32. Address of new provider:</b>
<b>31. Phone of new provider:</b>	<b>33. Reason for transfer:</b>
<b>Form Completed</b> _____ (MM/DD/YYYY) <b>Form Completed by:</b> _____	
<b>AICAF Use Only</b>	
<b>1. Which services were paid by AICAF?</b> <input type="checkbox"/> CBE <input type="checkbox"/> Mammogram <input type="checkbox"/> Additional mammogram views <input type="checkbox"/> Ultrasound	<input type="checkbox"/> Film comparison <input type="checkbox"/> Fine needle/cyst aspiration <input type="checkbox"/> Biopsy/lumpectomy <input type="checkbox"/> Repeat CBE <input type="checkbox"/> Surgical consult



☐ Enrolled #: \_\_\_\_\_

## Enrolled Screen Our Circle Client Navigation Form

\* Indicates required fields

Client Contact Information		
*Last Name:	*First Name:	*Birth Date (MM/DD/YYYY):
Address		
City:	*State:	*Zip Code:
Phone Number (home, work, cell):		Phone Number (Alternate):
Email:		
Client Emergency Contact Information		
Last Name:	First Name:	Relation:
Address:		
City:	State:	Zip Code:
Phone Number (home, work, cell):		Phone Number (Alternate):
Email:		
Clinical Services (Please complete at least 1 box)		
Screening Services Completed: Breast: <input type="checkbox"/> Yes (date, MM/DD/YYYY): _____ <input type="checkbox"/> No Cervical: <input type="checkbox"/> Yes (date, MM/DD/YYYY): _____ <input type="checkbox"/> No		Diagnostic Services Completed: <input type="checkbox"/> N/A Breast: <input type="checkbox"/> Yes (date, MM/DD/YYYY): _____ <input type="checkbox"/> No Cervical: <input type="checkbox"/> Yes (date, MM/DD/YYYY): _____ <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Cannot locate
Cancer Diagnosis: <input type="checkbox"/> N/A <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Cervical Cancer Diagnosis date (MM/DD/YYYY): _____		Treatment: <input type="checkbox"/> Chemotherapy (date, MM/DD/YYYY): _____ <input type="checkbox"/> Radiation therapy (date, MM/DD/YYYY): _____ <input type="checkbox"/> Surgery (date, MM/DD/YYYY): _____
Comments:		
Navigation Services		
Navigator Name:		Form Completed (date, MM/DD/YYYY):
*First Contact (date, MM/DD/YYYY):		
Contact Type: <input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail		
*Second Contact (date, MM/DD/YYYY):		
Contact Type: <input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail		
*Navigation Complete: <input type="checkbox"/> Yes (indicate services) <input type="checkbox"/> No (indicate reason)		
*Service type received: <input type="checkbox"/> Navigation to office visits <input type="checkbox"/> Navigation to completed pap and/or mammo <input type="checkbox"/> Navigation to breast and/or cervical office visit <input type="checkbox"/> Navigation to diagnostic services		*Reason for services not received: <input type="checkbox"/> Did not complete screening/diagnostic services <input type="checkbox"/> Cannot locate <input type="checkbox"/> Refused <input type="checkbox"/> Other: _____



☐ Enrolled #: \_\_\_\_\_ ☐ Not Enrolled

## Client Navigation: Barrier Assessment

Last Name:		First Name:		Navigator Name:		Notes
Services needed	Provider to deliver service(s)	Appointment date	Appointment completed?	Barrier(s) to receiving care	Activities resolving barriers	
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			
		/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No			

☐ Enrolled #: \_\_\_\_\_ ☐ Not Enrolled

**Client Navigation: Contact Log**

Last Name:		First Name:		Navigator Name:	Follow-Up?
Contact Date	Contact Type	Notes			
	<input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail <input type="checkbox"/> Email			
	<input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail <input type="checkbox"/> Email			
	<input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail <input type="checkbox"/> Email			
	<input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail <input type="checkbox"/> Email			
	<input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail <input type="checkbox"/> Email			
	<input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail <input type="checkbox"/> Email			
	<input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail <input type="checkbox"/> Email			
	<input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail <input type="checkbox"/> Email			
	<input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text	<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Mail <input type="checkbox"/> Email			



Federal Tax ID #:

National Provider Identifier (NPI) #:

Completed by: \_\_\_\_\_ Phone #: \_\_\_\_\_

[illegible]



## Screen Our Circle 2019 Reimbursement Rates

(Effective January 1, 2019 through December 31, 2019)

Screen Our Circle rates are based on CMS fee schedule and subject to adjustment whenever CMS does the same.

Code	Description of Services	Allowable Rates
<b>New Patient</b>		
99201	History, exam, straightforward decision-making; 10 minutes	\$45.64
99202	Expand history; exam, straightforward decision-making; 20 minutes	\$49.86
99203	Detailed history, exam, straightforward decision-making; 30 minutes	\$74.50
<b>Established Patient</b>		
99211	Evaluation and management; 5 minutes	\$9.17
99212	Evaluation and management, problem focused history, problem-focused examination, straightforward medical decision-making; 10 minutes	\$25.11
99213	Expand history and exam straightforward decision-making; 15 minutes	\$50.45
99214	Established patient, detailed exam; 25 minutes	\$77.95
G0101	Pelvic exam with breast exam	\$27.07
99385 - 99387	Will be reimbursed at or below the 99203 rate	
99395 - 99397	Will be reimbursed at or below the 99213 rate	
<b>Cervical Screening</b>		
88150, 88164, P3000	Conventional screening pap	\$14.99
88142, G0123	Liquid-based, thin layer prep screening pap	\$22.51
88143	Liquid-based, thin layer prep screening pap, manual screening and rescreening under physician supervision	\$22.51
88174, G0144	Liquid-based, thin layer pre screening pap, screening by automated system	\$25.37
88175, G0145	Liquid-based, thin layer prep screening pap, screening by automated system and manual rescreening	\$29.44
<b>Pap Smear/Pathology with Additional Interpretation</b>		
88141, G0124	Cytopathology, cervical/vaginal; required physician interpretation	\$32.16
P3001	Screening pap smear, required interpretation by physician	\$32.82
<b>HPV Test</b>		
87624	Human Papillomavirus (HPV) Test- high-risk types	\$38.99
87625	Human Papillomavirus 9HPV) Test - types 16 & 18 only	\$40.55
<b>Colposcopy</b>		
57452	Colposcopy- without cervical biopsy	\$89.95
57454	Colposcopy- with cervical biopsy(s) and endocervical curettage	\$131.58
57455	Colposcopy- with cervical biopsy(s)	\$107.04
57456	Colposcopy- with endocervical curettage	\$99.55

Updated: 7/1/2019



Endometrial Biopsy				
58100	Endometrial biopsy	\$69.25		
58110	Endometrial biopsy performed in conjunction with colposcopy	\$39.99		
Pathology and Cytology		Global	TC	26
88305	Surgical cervical pathology, global	\$70.05	\$30.74	\$39.31
88172	Evaluation of fine needle aspirate	\$57.32	\$19.81	\$37.58
88173	Interpretation and report	\$155.68	\$82.24	\$73.44
Mammography		Global	TC	26
77067	Screening mammogram w/CAD bilateral	\$138.44	\$100.33	\$38.11
77066	Diagnostic mammogram w/CAD bilateral	\$171.76	\$121.46	\$50.30
77065	Diagnostic mammogram w/CAD unilateral	\$135.64	\$94.86	\$40.77
Tomosynthesis/3D Mammogram		Global	TC	26
77063	Screening digital breast tomosynthesis	\$55.54	\$25.50	\$30.03
G0279	Diagnostic digital breast, tomosynthesis	\$55.54	\$25.50	\$30.03
Breast Ultrasound		Global	TC	26
76641	Ultrasound breast complete, unilateral	\$105.58	\$71.91	\$36.67
76642	Ultrasound breast limited, unilateral	\$88.56	\$54.42	\$34.14
Outpatient Breast Diagnostic Procedures (special arrangements must be made with AICAF program prior to offering these services)				
Varies	Patient breast diagnostic procedures (must receive prior authorization for each procedure). Please call for instructions.	Varies		
Client Navigation Services				
N01	Navigation to office visits (does not include fee for actual office visit)	\$15.00		
N02	Navigation to completed pap and/or mammogram	\$30.00		
N03	Navigation to breast and/or cervical office visit	\$45.00		
N04	Navigation to diagnostic services	\$60.00		

TC: Technical Component

26: Professional Component

# GLOSSARY OF TERMS & ABBREVIATIONS

## A

### **Adenocarcinoma**

Cancer that begins in glandular cells. Glandular cells are found in tissue that lines certain internal organs and makes and releases substances in the body, such as mucus, digestive juices or other fluids. Most cancers of the breast, pancreas, lung, prostate and colon are adenocarcinomas.

### **American Indian Cancer Foundation (AICAF)**

The American Indian Cancer Foundation (AICAF) is a 501(c)3 non-profit organization that was established to address the tremendous cancer inequities faced by American Indian and Alaska Native communities.

### **Atypical Glandular Cells (AGC)**

A finding of abnormal cells in a Pap test. The glandular cells come from the inner part of the cervix or the lining of the uterus. This finding may be a sign of cancer or other serious condition and more testing may be needed.

### **Atypical Squamous Cells of Undetermined Significance (ASC-US)**

A finding of abnormal cells in the tissue that lines the outer part of the cervix. Atypical squamous cells of undetermined significance is the most common abnormal finding in a Pap test. It may be a sign of infection with certain types of HPV. It may also be a sign of benign growth, such as a cyst or polyp or, in menopausal women, or low hormone levels. More testing, such as an HPV test, may be needed.

### **Atypical Squamous Cells, cannot exclude a high-grade lesion (ASC-H)**

A finding of abnormal cells in a Pap test. It means there are abnormal squamous cells in the tissue that lines the outer part of the cervix. Atypical squamous cells that cannot exclude a high-grade lesion may be a sign of a high-grade squamous intraepithelial lesion (HSIL), which may become cervical cancer if untreated. More testing may be needed.

## B

### **Breast and Cervical Cancer Prevention and Treatment Act of 2000**

On October 24, 2000, President William Clinton signed the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) into law. This Act gives states the option to provide medical assistance through Medicaid to eligible women who were screened for and found to have breast or cervical cancer, including precancerous conditions, through the National Breast and Cervical Cancer Early Detection Program.

On January 15, 2002, President George W. Bush signed the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001 (Public Law No. 107-121) into law. The Act amends Title XIX of the Social Security Act to clarify that American Indian women with breast or cervical cancer who are eligible for health services provided under a medical care program of the Indian Health Service or of a tribal organization are included in the optional Medicaid eligibility category of breast or cervical cancer patients added by the Breast and Cervical Cancer Prevention and Treatment Act of 2000.

### **Breast Biopsy**

A breast biopsy is a procedure to remove a small sample of breast tissue for laboratory testing. A breast biopsy is a way to evaluate a suspicious area to determine whether it is breast cancer. Types of biopsies include fine needle aspiration, core needle and excisional.

### **Breast Cancer Diagnostic Screening**

Under the Screen Our Circle program, breast diagnostic services are the tests designed to confirm or rule out breast cancer when screening tests yield abnormal results. Services include diagnostic mammogram, breast ultrasound, outpatient breast biopsy, fine needle aspiration, excision of breast lesions, core biopsy or breast MRI.

**Breast Magnetic Resonance Imaging (MRI)**

Magnetic resonance imaging (MRI) of the breast uses a powerful magnetic field, radio waves and a computer to produce detailed pictures of the structures within the breast. It is primarily used as a supplemental tool for breast screening with mammography or ultrasound.

**Breast Self-Examination (BSE)**

The breast self-examination is conducted by a woman to check for any changes in her breast. USPSTF has recommended against teaching or performing breast self-examination.

**Breast Ultrasound**

Breast ultrasound uses high-frequency sound waves to evaluate a suspicious breast lump and it can be ordered as a diagnostic follow-up to complement mammography.

## C

**Centers for Disease Control and Prevention (CDC)**

The CDC is a federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States, with the goal of improving overall public health. Established in 1946 and based in Atlanta, Georgia, the CDC is managed by the Department of Health and Human Services.

**Cervical Cancer Diagnostic Screening**

Under the Screen Our Circle program, cervical diagnostic services are the tests designed to confirm or rule out cervical cancer when screening tests yield abnormal results. Services include Human Papillomavirus (HPV) High-Risk DNA Panel, colposcopy, colposcopy-directed biopsy, endocervical curettage and endometrial biopsy.

**Cervical Intraepithelial Neoplasia (CIN)**

Abnormal cells are found on the surface of the cervix. Cervical intraepithelial neoplasia is usually caused by certain types of human papillomavirus (HPV) and is found when a cervical biopsy is done. Cervical intraepithelial neoplasia is not cancer, but may become cancer and spread to nearby normal tissue. It is graded on a scale of 1 to 3, based on how abnormal the cells look under a microscope and how much of the cervical tissue is affected. For example, CIN 1 has slightly abnormal cells and is less likely to become cancer than CIN 2 or CIN 3. Also called CIN.

**Client Navigation**

Provides individualized assistance for clients to overcome barriers and facilitate timely access to high-quality screening, diagnosis and initiation of treatment.

**Clinical Breast Examination (CBE)**

A physical exam of the breast performed by a health care provider to detect masses that may be missed with mammography, discover lesions that may appear between screenings, or evaluate a lump or skin/nipple change.

**Clinical Laboratory Improvement Act (CLIA)**

The Clinical Laboratory Improvement Act (CLIA) of 1988 statute is an amendment to the Public Health Services Act, in which Congress revised the federal program for certification and oversight of clinical laboratory testing. Two subsequent amendments were made after 1988. Regulations include federal standards applicable to all U.S. facilities or sites that test human specimens for health assessment or to diagnose, prevent or treat disease.

**Cold Knife Cone (CKC)**

A Cold Knife Cone is a surgical procedure used to remove a cone-shaped piece of cervical tissue containing abnormal cells using a scalpel or laser. The procedure is done in the operating room using general or regional anesthesia for pain control. A CKC is used to remove precancerous and cancerous cells from the cervix.

**Colorectal Cancer Control Program (CRCCP)**

The CDC established the CRCCP in 2005 to implement population-level colorectal cancer screening. As of 2018, the CRCCP funds 23 states, six universities and one American Indian tribe.

**Colposcopy**

A procedure using a colposcope to closely examine the cervix, vagina and vulva for signs of disease. A provider may recommend a colposcopy if a Pap test result is abnormal.

**Colposcopy-Directed Biopsy**

If a clinician spots any abnormal areas during a colposcopy, the clinician will take a tissue sample to be sent to a laboratory for examination.

**Computer-Aided Detection (CAD)**

Computer-Aided Detection (CAD) is a technology that helps radiologists identify characteristics that may be associated with various forms of cancer. Algorithms mark suspicious areas, serving as a second pair of eyes to the Radiologists to identify characteristics that may warrant a second look by the radiologist.

**Cone Biopsy**

A cone biopsy is a small operation to remove a cone-shaped piece of tissue from the cervix. Procedures are usually done under general anesthetic and takes about 15 minutes.

**Core Needle Biopsy**

This type of breast biopsy may be used to assess a breast lump that's visible on a mammogram or ultrasound that your provider feels during a clinical breast exam. A radiologist or surgeon uses a thin needle to remove tissue samples from the breast lump, most often using ultrasound guidance.

**Current Procedural Terminology (CPT)**

The Current Procedural Terminology (CPT) is a medical code set that is used to report medical, surgical and diagnostic procedures and services to entities such as physicians, health insurance companies and accredited organizations. CPT codes are used in conjunction with ICD-9-CM or ICD-10-CM numerical diagnostic coding during the electronic medical billing process.

**Cytology**

The study of cells using a microscope.

## D

**Diagnostic Mammography**

This type of mammography differs from screening mammography. Diagnostic mammography usually is conducted because a woman has a specific complaint or clinical findings.

**Diagnostic Services**

For the Screen Our Circle program, diagnostic services are the tests designed to confirm or rule out cancer when screening tests yield abnormal results.

## E

**Endocervical Curettage (ECS)**

A procedure in which a sample of abnormal tissue is removed from the cervix using a small, spoon-shaped instrument called a curette. The tissue is then checked under a microscope for signs of cervical cancer. The procedure may be done if abnormal cells are found during a Pap test.

**Endometrial Biopsy**

An endometrial biopsy is the removal of a small piece of tissue from the endometrium, which is the lining of the uterus. The tissue sample can show cell change due to abnormal tissues or variations in hormone levels.

**Excisional Biopsy**

An excisional biopsy is a more involved procedure where the entire abnormality or area of interest is removed. Procedures include Loop Electrosurgical Excision Procedure (LEEP), Cold Knife Cone (CKC) or Cone biopsy.

**Explanation of Benefits (EOB)**

An explanation of benefits (commonly referred to as an EOB form) is a statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.



## F

### **Federal Poverty Level (FPL)**

The Federal Poverty Level, or the “poverty line” is an economic measure that is used to decide whether the income level of an individual or family qualifies them for certain federal benefits and programs.

### **Fibroadenoma (FA)**

Fibroadenomas (FA) are common benign breast tumors made up of both glandular tissue and stromal tissue. Fibroadenomas can often feel like a marble within the breast ranging in size. Fibroadenomas are most common in women in their 20s and 30s, but they can be found in women at any age. Fibroadenomas tend to shrink after a woman goes through menopause.

### **Fine Needle Aspiration Biopsy**

Fine needle aspiration biopsy is the simplest type of breast biopsy and may be used to evaluate a lump that can be felt during a clinical breast exam. For the procedure the client lies on a table while steadying the lump with one hand, the provider uses the other hand to direct a very thin needle into the lump to collect a small sample of cells and fluid.

## H

### **High-Grade Squamous Intraepithelial Lesions (HSIL)**

An area of abnormal cells that form on the surface of certain organs, such as the cervix, vagina, vulva, anus and esophagus. HSILs look somewhat to very abnormal when looked at under a microscope. They are usually caused by chronic infection from certain types of HPV and are found when a Pap test or biopsy are done. If not treated, these abnormal cells may become cancer and spread to nearby normal tissues. An HSIL is sometimes called moderate or severe dysplasia.

### **Histology**

The study of tissues and cells under a microscope.

### **Human Papillomavirus (HPV)**

HPV is a group of more than 150 related viruses. Each HPV virus in the group is given a number which is called its HPV type. HPV is transmitted through intimate skin-to-skin contact commonly spread through vaginal, anal or oral sex with someone who has the virus. HPV infection can also cause cancer of the cervix, vulva, vagina, penis, anus, or oropharynx.

### **Human Papillomavirus (HPV) DNA Test**

A laboratory test in which cells are scraped from the cervix to look for DNA or HPV. HPV can cause abnormal tissue growth and other changes to cells. Infection for a long time with certain types of HPV can cause cervical cancer. HPV can also play a role in other types of cancer, such as cancers of the anus, vagina, vulva, penis and oropharynx.

### **Hyperplasia**

An increase in the number of cells in an organ or tissue. These cells appear normal under a microscope. They are not cancer but may become cancer.

### **Hysterectomy**

Surgery to remove the uterus and sometimes the cervix. When the uterus and cervix are removed, it is called a total hysterectomy. When only the uterus is removed, it is called a partial hysterectomy.

## I

### **Invasive Breast Cancer**

Cancer that has spread from where it began in the breast to surrounding normal tissue. The most common type of invasive breast cancer is an invasive ductal carcinoma, which begins in the lining of the milk ducts (thin tubes that carry milk from the lobules of the breast to the nipple). Another type is an invasive lobular carcinoma, which begins in the lobules (milk glands) of the breast. Invasive breast cancer can spread through the blood and lymph systems to other parts of the body. Also called infiltrating breast cancer.

## **Invasive Cervical Cancer**

Cancer that has spread from the surface of the cervix to tissue deeper in the cervix or to other parts of the body.

## **L**

### **Loop Electrosurgical Excision Procedure (LEEP)**

LEEP is a treatment that prevents cervical cancer by removing abnormal cells from the cervix. A small electrical loop is used to remove abnormal cells from the cervix.

### **Low-Grade Squamous Intraepithelial Lesion (LSIL)**

Slightly abnormal cells that are found on the surface of the cervix. LSIL is caused by certain types of HPV and is a common abnormal findings on a Pap test. It usually goes away on its own without treatment but sometimes the abnormal cells become cancer and spread into nearby normal tissue. LSIL is sometimes called mild dysplasia.

## **M**

### **Mammography**

The use of a film or a computer to create an image of the breast. Screening mammography consists of two standard, complementary views of each breast- the craniocaudal projection and the mediolateral oblique projections.

### **Mammography Quality Standards Act (MQSA)**

The Mammography Quality Standards Act was enacted by Congress in 1992 to ensure all women have access to quality mammography for the detection of breast cancer in its earliest, most treatable stages. The U.S. Food and Drug Administration was tasked with developing and implementing regulations.

## **N**

### **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**

The CDC established the NBCCEDP in 1991 to provide low-income, uninsured and underserved women access to timely breast and cervical cancer screening and diagnostic services. As of 2018, the NBCCEDP funds all 50 states, the District of Columbia, six U.S. territories, and 13 tribes and tribal organizations.

### **National Comprehensive Cancer Control Program (NCCCP)**

The CDC established the NCCCP in 1998 to support comprehensive cancer control by providing funding and technical advice to create, carry out and evaluate comprehensive cancer control plans, which focus on issues like prevention, detection, treatment, survivorship and health disparities. As of 2018, the NCCCP funds all 50 states, the District of Columbia, six U.S. associated Pacific Islands and Puerto Rico, and eight tribes and tribal organizations.

### **National Program of Cancer Registries (NPCR)**

The CDC established the NPCR to collect data on cancer occurrences, type of initial treatment and outcome. As of 2018, NPCR support cancer registries in 46 states, the District of Columbia, Puerto Rico, the U.S. Pacific Island jurisdictions and the U.S. Virgin Islands.

## **P**

### **Papanicolaou (Pap) Test**

A procedure in which a small brush or spatula is used to gently remove cells from the cervix so they can be checked under a microscope for cervical cancer or cell changes that may lead to cervical cancer. A Pap test may also help find other conditions, such as infections or inflammation. It is sometimes done at the same time as a pelvic exam and may also be done at the same time as a test for certain types of HPV.

### **Pelvic Examination**

A physical exam of the vagina, cervix, uterus, fallopian tubes, ovaries and rectum.

## **Phyllodes Tumor**

A type of tumor found in breast or prostate tissue. It is often large and bulky and grows quickly. It may be benign or malignant and may spread to other parts of the body. Also called CSP or cystosarcoma phyllodes.

## **R**

### **Rescreening**

Screening at regular intervals that leads to a decreased risk of breast and cervical cancer mortality and development which includes: education for clients about the purpose of rescreening; the development and implementation of reminder systems to facilitate the return of clients who were previously screened; and coaching providers to educate clients about the importance of rescreening.

## **S**

### **Screening Services**

Screening services can be defined as specific and appropriate clinical services to detect breast and/or cervical abnormalities. The Screen Our Circle program screening procedures include a clinical breast examination, mammography, pelvic examination and Papanicolaou (Pap) test.

### **Squamous Cell Carcinoma**

Cancer that begins in squamous cells. Squamous cells are thin, flat cells that look like fish scales, and are found in the tissue that forms the surface of the skin, the lining of the hollow organs of the body, and the lining of the respiratory and digestive tracts. Most cancers of the anus, cervix, head and neck, and vagina are squamous cell carcinomas. Also called epidermoid carcinoma.

### **State Medicaid Breast and Cervical Cancer Treatment Program Medicaid Treatment Program**

Varies from state to state.

## **T**

### **Tomosynthesis (3D)**

Digital breast tomosynthesis (tomo), also known as 3D mammography, is an imaging tool to improve early detection of breast cancer. During the 3D part of the exam, an x-ray arm sweeps over the breast, taking multiple images in seconds. Images are displayed as a series of thin slices that can be viewed by a radiologist as individual images.

### **Transgender**

A person whose gender identity differs from the sex that was assigned at birth.

### **Transgender Man**

An individual with male gender identity and a female birth-assigned sex.

### **Transgender Woman**

An individual with a female gender identity and a male birth-assigned sex.

## **U**

### **Underinsured**

Underinsured is defined as health insurance that does not cover certain/some services or does not reimburse the full amount of the established fees for covered services. Underinsured may also mean the client has a deductible or coinsurance they cannot afford to pay.

### **United States Preventive Services Task Force (USPSTF)**

The United States Preventive Services Task Force is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. USPSTF works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services.

# NATIONAL PROGRAM RESOURCE GUIDE

The National Program Resource Guide section contains resources for health care providers and clients on prevention, screening, early detection, treatment and survivor support resources. Contact information is included for each resource.

## **American Cancer Society (ACS)**

The American Cancer Society provides information and education to clients on all cancer, treatment options, side effects, coping with cancer, medicines, pain control, clinical trials, prevention, screening and commercial tobacco cessation through the website and Cancer Information Specialists.

Website: [www.cancer.org](http://www.cancer.org)

Phone: 1-800-227-2345

## **American Indian Cancer Foundation (AICAF)**

The American Indian Cancer Foundation (AICAF) provides technical assistance, toolkits, training and infographics for patients and providers on breast, cervical, lung and colorectal cancer prevention, risk factors, early detection and screening.

Website: [www.americanindiancancer.org](http://www.americanindiancancer.org)

Phone: 612-314-4848

## **American Indian Commercial Tobacco Program**

It can be difficult to meet your commercial tobacco goals, but the American Indian Commercial Tobacco Program is here to help. This is a free program that provides helpful tools, information and support.

Website: <https://americanindian.quitlogix.org>

Phone: 1-855-372-0037

## **American Society for Colposcopy and Cervical Pathology (ASCCP)**

The goal of ASCCP has been to improve clinician competence, performance and patient outcomes through educational activities focused around the study, prevention, diagnosis and management of anogenital and HPV-related diseases. The website includes guidelines for algorithms for colposcopy and cervical screening tests. ASCCP has a mobile app that updates guidelines for managing abnormal cervical cancer screening tests and cancer precursors.

Website: [www.asccp.org](http://www.asccp.org)

## **Avera Cancer Institute Navigation Center**

Whether you are newly diagnosed with cancer, a current patient or a loved one of someone with cancer, the Navigation Center can provide free information and support 24/7.

Website: [www.avera.org](http://www.avera.org)

Phone: 888-422-1410

## **Cancer and Careers**

Cancer and Careers empowers and educates people with cancer to thrive in their workplace by providing expert advice, interactive tools and educational events.

Website: [www.cancerandcareers.org](http://www.cancerandcareers.org)

Phone: 646-929-8032

## **Cancer Control P.L.A.N.E.T.**

The resource provides step-by-step strategies in developing a cancer control plan based upon current research.

Website: [www.cancercontrolplanet.gov](http://www.cancercontrolplanet.gov)

## **Cancer Support Community**

MyLifeline is a service through Cancer Support Community where clients can easily connect with friends and family to regain control and receive social, emotional, and practical support through their cancer journey.

Website: [www.mylifeline.org](http://www.mylifeline.org)

Cancer Support Helpline: 1-888-793-9355

## **Cancer.Net**

Provided by the American Society of Clinical Oncology, Cancer.net brings the expertise and resources to people living with cancer and those who care for and care about them. The resource provides timely, comprehensive information to help patients and families make informed healthcare decisions.

Website: [www.cancer.net](http://www.cancer.net)

## **Center of Excellence for Transgender Health**



The CDC does not make any recommendations about routine screening for transgender clients. However, grantees and providers should counsel all eligible clients, including transgender clients about the benefits and harms of screening and discuss individual risk factors to determine if screening is medically indicated. The Center of Excellence for Transgender Health provides access to comprehensive, effective, and affirming health care services for trans community. Providers can review this resource to determine appropriate cancer screenings for transgender clients. Additionally, the site provides staff or clinic training resources.

Website: <http://transhealth.ucsf.edu/>

### **Cochrane Collaboration**

Cochrane is for anyone interested in using high-quality information to make health decisions. Services include access to the Cochrane Library and Database of Systematic Reviews.

Website: [www.cochrane.org](http://www.cochrane.org)

### **Journey Forward**

Journey Forward provides a set of adaptable cancer care planning tools for patients and providers with the goal of improving survivorship care.

Website: [www.journeyforward.org](http://www.journeyforward.org)

### **Minnesota American Indian QuitLine**

Developed with guidance from the community, the American Indian Quitline from QUITPLAN Services offers completely free and specially designed support to help you, or someone you know, quit commercial tobacco.

Website: [www.quitplan.com/services-to-help/american-indian.html](http://www.quitplan.com/services-to-help/american-indian.html)

Phone: 1-888-724-7848

### **National Cancer Institute**

The National Cancer Institute is the federal government's principal agency for cancer research and training. This resource provides further information on cancer and cancer types, as well as funding, research, and training opportunities.

Website: [www.cancer.gov](http://www.cancer.gov)

Phone: 1-800-422-6237

### **National Coalition for Cancer Survivorship (NCCS)**

The NCCS mission is to advocate for quality cancer care for all people touched by cancer. NCCS works with legislators and policymakers to represent cancer patients and survivors in efforts to improve the quality of care and quality of life after diagnosis. This resource contains information on the cancer survival toolbox, talking with your doctor, employment rights and health insurance.

Website: [www.canceradvocacy.org](http://www.canceradvocacy.org)

### **National Native Network**

The website provides a forum for American Indian and Alaska Native organizations to obtain and disseminate evidence-based and culturally appropriate information in an effort to identify and eliminate health disparities related to commercial tobacco cessation and cancer. Additionally, the Network provides Patient Navigation Resources.

Website: <https://keepitsacred.itcni.org/>

### **Native American Cancer Research Corporation**

This organization is dedicated to helping improve the lives of American Indian and Alaska Native cancer clients and survivors. Provides resources for caregivers.

Website: <http://natamcancer.org/index.html>

### **Patient Navigator Training Collaborative**

The Patient Navigator Training Collaborative provides national leadership for the development, education, standardization and sustainability of the growing patient navigation workforce. The Training offers a full curriculum designed to build patient navigator skills and knowledge. The Course is designed for patient navigators, care coordinators, community health care workers and other health care professionals working in navigation.

Website: <http://patientnavigatortraining.org/>

### **Spirit of EAGLES**

The American Indian and Alaska Native Initiative on Cancer was designed to increase cancer awareness among tribal nations and organizations through the U.S. Aims of the Initiative cover education, advocacy, grants, leadership, elders, survivors and scholarship.

Website: <http://www.nativeamericanprograms.net/spirit-of-eagles/>

**Susan G. Komen**

Solely focused on breast cancer, Susan G. Komen provides information on risk factors, screening, diagnostics, treatment, survivorship topics, financial assistance information, information on support groups, and interactive tools and resources.

Website: [ww5.komen.org](http://ww5.komen.org)

Breast Care Helpline: 1-877-465-6636

**The Community Guide**

The Community Guide is a collection of evidence-based interventions to improve health and prevent disease in states, communities, business, healthcare and schools.

Website: [www.thecommunityguide.org](http://www.thecommunityguide.org)

Phone: 404-498-1827

**U.S. Preventive Services Task Force**

The U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services. This resource contains updated recommendations for cancer screenings.

Website: [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)





American Indian Cancer Foundation's  
**Screen Our Circle**