



American Indian Cancer Foundation's
National Breast & Cervical Cancer 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 (DP22-2202). This manual is intended to provide general guidelines to support implementation of SOC services. Eligibility and enrollment guidelines may vary by state.

American Indian Cancer Foundation

About

(AICAF) is a 501(c)3 national non-profit organization that was established to address the tremendous cancer inequities faced by Native 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 Native 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 and 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 of Indigenous people through improved access to prevention, early detection, treatment, and survivor support.

Approach

We believe Native 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 trusted resource to tribal and urban community members, health care providers, and policy makers working toward effective and sustainable cancer solutions.

Health system partnerships:

- Champion inter-tribal collaboration to define cancer barriers and solutions across Native communities.
- Assist health systems with identifying gaps and finding solutions to effective cancer prevention and care.
- Offer systems support to improve cancer screening and tracking systems.
- 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:

- Perform community education and outreach to increase awareness of cancer prevention, promote early detection, and link women to screening.
- Engage community health workers to help Native people overcome screening barriers.

Community-based research:

- Work with communities to identify research questions, methods, and funding opportunities.
- Support the collection and use of population-specific data to guide efforts.
- Ensure findings are shared and published so all Native 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. AICAF will provide invaluable guidance and bring trusted connections to the team. To learn more about our partners visit www.uihi.org and 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
- Urban Indian Health Organizations

Tailored services

Screen Our Circle seeks to advance the capacity for tribal and urban AI/AN clinics through training, 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
- Facilitate 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 Native communities, visit us at www.americanindiancancer.org.

Screen Our Circle Manual

The Screen Our Circle Manual has been designed to assist Screen our Circle clinic 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. Here are some helpful documents to guide you through the paperwork processes. Forms Key (Appendix: Forms and Tools -F1) and Step by step SOC Paperwork process (Appendix: Forms and Tools - T1).

The SOC Manual seeks to help the SOC clinic site sites to do the following:

- Understand policies and expectations of the program
- Define 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 the billing process

Staff Contact

The American Indian Cancer Foundation (AICAF) staff is thrilled to collaborate with you and your team to achieve the goal of improving American Indian and Alaska Native health care through preventative services. The following manual will detail specific details about contracting with the Screen Our Circle program and will provide continued support to your SOC clinic site while implementing and carrying out the work of breast and cervical cancer screening.

Contact information

Telephone number: 612.484.9670

Program email: screenourcircle@americanindiancancer.org

Program address: 2355 Fairview Ave N #317 Saint Paul, MN 55113

Clinic Staff Orientation

Partners, sub-awardees, and providers will find tools to achieve the goal of screening as many clients as possible for breast and cervical cancer and working with the Screen Our Circle staff for technical assistance. The Screen Our Circle Manual outlines the SOC clinic site personnel 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 the quality screening of program-eligible clients.

Staff Opportunity

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

Review Sections:

- Program Overview, pg. 1
- Glossary of Terms, pg. 66-71
- Program Resource Guide, pg. 66

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. 5
- Clinical Data Tracking & Collection, pg. 25

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 emphasizes 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. 8
- Diagnostic Services, pg. 13
- Tracking and Follow-Up Protocol, pg. 17
- Treatment Services, pg. 18
- Med-IT, pg. 27

Billing staff members

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

Review Sections:

- Billing and Reimbursement, pg. 26

Administrative staff members/front end staff

Administrative staff members include the office manager, medical director, and lead clinical coordinator. They will need information on Screen Our Circle systems and how to integrate this system into existing SOC clinic site 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. 5
- Client Navigation, pg. 22

CLIENT ELIGIBILITY & ENROLLMENT

The American Indian Cancer Foundation (AICAF) Screen Our Circle program provides breast and cervical cancer screening services. Our priority is to serve eligible Indigenous clients, but we also strive to serve any clients that meet eligibility criteria. 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 staff.

Screen Our Circle Eligibility Guidelines

Eligibility criteria

Clients must complete the Client Eligibility and Enrollment 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 clinic site to assess client eligibility. Native people should be the priority in screening efforts. See Client Eligibility & Enrollment Form ([Appendix: Forms and Tools - F2](#))

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

- The age requirements for breast cancer screening services are people between the ages of 40-64. Clients must be uninsured.
 - Special considerations may be made for clients under 40 who are at high risk for breast cancer or are symptomatic.
(See the High-Risk Factor section in Screening Services.)
- The age requirements for cervical cancer screening services are people between the ages of 21-64. Clients must be uninsured.

For an individual to receive NBCCEDP services, clients must meet the following income guidelines:

- Gross household income should be met at 200% Federal Poverty Level to receive NBCCEDP programming services.
 - Household income includes all sources of income for ALL household members, including disability and child support payments.

Calculation of Applicant's Federal Poverty Level Percentage

1. Determine the applicant's household size.
2. Determine the applicant's total monthly income amount.
3. Divide the applicant's total monthly income amount by the maximum monthly income amount at 100% FPL, for the appropriate household size.
4. Multiply by 100%.

For more guidance, review this resource: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

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 Native, 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.

Specific consideration for eligibility

All transgender clients should feel welcome in the Screen Our Circle program. Sensitivity and respect while delivering optimal health care services should be a priority. 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.

For breast cancer screening services, transgender clients may be screened if they meet one or a combination of the following criteria:

- 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 any risks associated with residual breast tissue
- Transgender men who have only undergone breast reduction

Exclusion criteria

Men (except for the 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 clinic site will follow the Client Eligibility and 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 SOC clinic site recruitment strategies.
- Staff will assign unique client enrollment numbers. (A set of client enrollment numbers will be provided by the Screen Our Circle program.)
- Staff will provide copies of the Eligibility and Enrollment form to the client.
 - Completed and signed Eligibility and Enrollment form must be uploaded to Med-IT, the online data management system for Screen Our Circle. .
 - Every year, clients must complete and sign a new Eligibility and Enrollment form to verify eligibility. All forms will be scanned and saved on Med-IT.
- Staff will ensure clients have completed the Eligibility and Enrollment form.

SCREENING SERVICES

The American Indian Cancer Foundation (AICAF) Screen Our Circle program provides breast and cervical cancer screening services for eligible Indigenous 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 staff.

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 the High-Risk Factor section below.)
- Clients must be uninsured or underinsured

For an individual to receive NBCCEDP services, clients must meet the following income guidelines:

- Gross household income should be met at 200% Federal Poverty Level to receive NBCCEDP programming services.
 - 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.

For Breast Cancer Screening Follow - up and Tracking Form (appendix F4).

For Documentation of Breast Cancer Clinical Services (appendix F5).

For Breast Cancer Image Summary Form (appendix F6).

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 site 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.

Screen Our Circle may reimburse for screening Breast Magnetic Resonance Imaging (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 providers (Eligibility and 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 their state's FPL level) 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 with 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
- Meeting Screen Our Circle eligibility requirements

Screening Frequency

The following considerations apply to clients 40 years of age and older who do not have a preexisting breast cancer or other high-risk breast lesion and who do not have a known underlying genetic mutation (such as a BRCA1, 2 mutation, or other familial breast cancer syndrome) or a history of chest radiation at an early age:

- All individuals 50-64 years of age should be offered screening mammography every other year.
- The decision for screening mammography in clients 40-49 years of age should be individualized:

- While screening mammography may reduce breast cancer-related deaths in this population, the number of deaths prevented is less than in older populations and the number of false-positive mammography results and negative biopsies is higher.
- Clients with a first-degree relative (parent, sibling, or child) with breast cancer are at increased risk and may benefit more from screening in their 40s than average-risk women.

AICAF's NBCCEDP utilizes United States Preventive Services Task Force (USPSTF) breast cancer screening recommendations.

- Clients may return to a regular screening schedule set by the 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.

Transgender women, who have taken or are taking hormones and meet all program eligibility requirements, are eligible to receive breast cancer screening and diagnostic services through the NBCCEDP. Therefore, federal funds may be used to screen transgender women. While CDC does not make any recommendation about routine screening among this population, grantees and providers should counsel all eligible women, including transgender women, about the benefits and harms of screening and discuss individual risk factors to determine if screening is medically indicated.

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

For an individual to receive NBCCEDP services, clients must meet the following income guidelines:

- Gross household income should be met at 200% Federal Poverty Level to receive NBCCEDP programming services.
 - 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.

For Cervical Cancer Screening Follow-up and Tracking Form (see [appendix F7](#))

For Documentation of Cervical Cancer Clinical Services (see [appendix F8](#))

For Cervical Cancer Screening Pap Summary Form (See [appendix F9](#))

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 for 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

Screen Our Circle

- 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 aged 21 - 29 should have annual Pap testing. High-risk clients aged 30 and older should have co-testing every three years or a Pap annually.

Clients under 21 years of age

- Screen Our Circle funds cannot be used to reimburse for cervical cancer screening in clients under 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.

If a woman is eligible to receive Medicare benefits and is not enrolled in Medicare, she should be encouraged to enroll. Women who are not eligible to receive Medicare Part B and Medicare-eligible clients who cannot pay the premium to enroll in Medicare Part B are eligible to receive mammograms through the NBCCEDP.

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.
- For clients with a history of cervical neoplasia or in situ disease, NBCCEDP funds can be used to reimburse for routine cervical cancer surveillance for 20 years post treatment.
- For clients with a history of invasive cervical cancer, NBCCEDP funds can be used to reimburse for cervical cancer surveillance indefinitely, as long as they are in good health.

- 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

- HPV DNA testing can 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.

Screening frequency

- Ages 21-29: Cervical cytology (Pap smear) every three (3) years
- Ages 30-64: Cervical cytology (Pap smear) every three (3) years (NOTE: USPSTF guidelines cite screening up to 65 years of age. NBCCEDP services can only be reimbursed for individuals up to 64 years of age)
- 30-64 every 5 years with high-risk human papillomavirus (hrHPV) testing alone OR
- 30-64 every 5 years with hrHPV testing in combination with cytology (cotesting)
- Ages under 21: Not eligible for cervical cancer screening.

SOC utilizes United States Preventive Services Task Force (USPSTF) cervical cancer screening recommendations.

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

<https://PatientNavigatorTraining.org/>

Required Documentation

Screen Our Circle clinic sites are required 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. All forms will be scanned and saved on Med-IT, the online data management system for Screen Our Circle.

DIAGNOSTIC SERVICES

The American Indian Cancer Foundation (AICAF) Screen Our Circle program provides breast and cervical cancer screening services to eligible Indigenous 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 staff.

Diagnostic services reimbursement rate

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

Breast Cancer Diagnostic Services

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 aspiration, excisional, 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). Pre-authorization is required.
 - Each case must be reviewed in advance and receive pre-authorization by the Screen Our Circle staff
 - 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 clinic sites are required to track clients with abnormal test results until they receive all diagnostic/treatment services. These clients will receive SOC clinic site 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, meaning those clients diagnosed with breast cancer need to begin treatment within 60 days or less.
 - Abnormal breast cancer screening results to final diagnosis is 60 days or fewer. Screen our Circle clinic sites will follow-up with clients diagnosed with abnormal breast cancer screening within 60 days or fewer.
- Screen Our Circle clinic sites should have a navigation plan in place to assist clients with abnormal test results to receive recommended care.
- Screen Our Circle clinic sites are required to work with each client to ensure they understand the need for follow-up and know where and how to access services.
- Screen Our Circle clinic 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 staff should be able to assist the Screen Our Circle clinic 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 (uninsured may be able to 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 clinic sites are required to track clients with abnormal test results until they receive all diagnostic/treatment services. These clients will receive SOC clinic site site 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 need 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 need treatment to begin within 90 days or fewer.
- Screen Our Circle clinic sites should have a plan in place to assist clients with abnormal test results to receive recommended care.
- Screen Our Circle clinic sites are required to work with each client to ensure they understand the need for follow-up and know where and how to access services.
- Screen Our Circle clinic 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 staff should be able to assist the Screen Our Circle clinic site in identifying resources for clients. For additional information, see sections on Tracking and Follow-Up Protocol.

Non-Covered Services

- 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 clinic sites are required 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 for each visit. All forms will be scanned and saved on Med-IT, the online data management system for Screen Our Circle.

TRACKING & FOLLOW-UP PROTOCOL

The Tracking and Follow-Up Protocol section provides information about an important component of AICAF's Screen Our Circle program, which is to ensure Indigenous clients with abnormal screening results or clients diagnosed with cancer receive timely and appropriate diagnostic, treatment, and rescreening services. Screen Our Circle clinic sites are required 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 staff.

Normal Test Results

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

Abnormal Test Results

- Screen Our Circle clinic sites will 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 and on the Screen Our Circle Navigation Form
- Recommendations and a plan for follow-up should be clearly communicated to the client

Follow-Up Protocol by AICAF

Monitoring activities will include routine and ongoing communication between AICAF and SOC clinic sites. This involves reporting on a bi-weekly basis (including work plans, monthly evaluation plans, data reporting (i.e., MDE, EBI's monthly evaluation plan, GPRA reports, Med-IT invoices)). These activities provide AICAF with information to examine the SOC clinic sites overall performance and progress toward meeting the NBCCEDP goals and outcomes. Reporting helps to identify successes and challenges that clinics may encounter throughout the project period.

Assisting Clients to Obtain Diagnostic/Treatment Services

Securing diagnostic and treatment services for uninsured clients can be a challenge. It may involve the provision of follow-up care at a Screen Our Circle clinic site or a referral to an outside Screen Our Circle clinic 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 clinic site. If a patient needs to go outside the Screen Our Circle network, contact Screen Our Circle staff to ensure eligibility and coverage.

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

Screen Our Circle clinic sites are required 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 less
- Clients with abnormal breast cancer screening results need a final diagnosis within 60 days or less
- Diagnosis of breast cancer to initiation of treatment is 60 days or less
- Abnormal cervical screening results to final diagnosis is 90 days or less
- Diagnosis of invasive cervical cancer to initiation of treatment is 60 days or less
- Clients diagnosed with cervical intraepithelial neoplasia (CIN) requiring treatment need treatment to begin within 90 days or less.

Screen Our Circle clinic sites are required to have a plan in place to assist clients with abnormal test results to receive recommended care.

- SOC clinic sites are required to work with each client to ensure they understand the need for follow-up and know where and how to access services.
- SOC clinic 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 SOC staff should be able to assist the SOC clinic site in identifying resources for clients.

Lost to Follow-Up

Before considering a client lost to follow-up, there should be a minimum of three 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

Screen Our Circle Client Tracker

To assure clients with abnormal screening results receive timely and appropriate follow-up, SOC staff will help Screen Our Circle clinic sites to actively track abnormal screening results to ensure the client receives timely care. The following findings will be 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"> ● Negative BI-RAD1 ● Benign BI-RAD2 ● Probably Benign BI-RAD3 	<ul style="list-style-type: none"> ● No work-up needed, therefore adequacy need not be assessed ● Short term follow-up may be recommended 	
Normal	Suspicious Abnormally BI-RAD4	<ul style="list-style-type: none"> ● Repeat CBE ● Ultrasound ● Biopsy/lumpectomy or Fine needle aspiration 	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

Clinical Breast Exam/Mammography Follow-Up			
Results		Follow-up	
CBE	Mammogram	Diagnostic Procedures	Comments
Abnormal, Suspicious for Cancer	Negative BI-RAD1	At least one of the following: <ul style="list-style-type: none"> ○ Surgical consult/repeat CBE ○ Ultrasound ○ Biopsy/lumpectomy ○ Fine needle aspiration 	Repeat mammogram or additional views not adequate; record final diagnosis
Abnormal, Suspicious for Cancer	<ul style="list-style-type: none"> ○ Benign BI-RAD2 ○ Probably Benign BI-RAD3 ○ Assessment incomplete Benign BI-RAD0 	At least one of the following: <ul style="list-style-type: none"> ○ Surgical consult/repeat CBE ○ Ultrasound ○ Biopsy/lumpectomy ○ Fine needle aspiration 	Repeat mammogram or additional views not adequate; record final diagnosis
Abnormal, Suspicious for Cancer	<ul style="list-style-type: none"> ○ Suspicious Abnormality BI-RAD4 ○ Highly suggestive Malignancy BI-RAD5 	<ul style="list-style-type: none"> ○ Biopsy or lumpectomy ○ Fine needle aspiration 	Record final diagnosis

SOC clinic staff will be reviewing client charts on a bi-weekly basis. If client charts are missing pieces of information on Med-IT, SOC staff will reach out to the SOC clinic site.

It is the expectation of Screen Our Circle that diagnostic care and treatment for clients be initiated as soon as possible by our Screen Our Circle clinic sites. AICAF staff are available to support sites in ensuring clients receive timely care. SOC clinic sites are also expected to maintain a form for tracking client services. All documents and results must be uploaded to Med-IT. Please see [appendix F10](#)

Tracking must include but not limited to :

- Med-IT ID number
- DOB
- Screening service(s)
- Screening result(s)
- Diagnostic service(s)
- Diagnostic result(s)

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 clinic sites may be contacted for additional information when questions arise, or if the care provided falls outside of the expected norm.

Required Documentation

Screen Our Circle clinic sites are required 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 for each visit. All forms will be scanned and saved on Med-IT, the online data management system for Screen Our Circle.

TREATMENT SERVICES

The Treatment Services section provides information about treatment resources for Indigenous 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 SOC staff.

Breast and Cervical Cancer Treatment

Clients screened and diagnosed with breast or cervical cancer, precancerous conditions of the cervix through Screen Our Circle program funded by CDC's NBCCEDP 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 clinic site must fill out required MBCC forms and once completed will alert SOC staff. SOC staff will begin email or phone conversations with MBCC staff in their state. Once this initial conversation has occurred, the SOC clinic site will finish enrollment with MBCC staff. This is to ensure treatment services are initiated in no more than 60 days for abnormal breast cancer screening results and no more than 90 days for abnormal cervical cancer screening results and final diagnosis. The list of documents may vary by your state but may include:

- 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

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 clients 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
- Is no longer in need of treatment for breast or cervical cancer
- Reaches age 65
- Obtains other creditable coverage

CLIENT NAVIGATION

The Client Navigation section provides information about client navigation eligibility, components of Indigenous client navigation, and the role of the SOC clinic site Client Navigator. 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 clinic sites must be able to provide client navigation services to clients who are 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. Client navigators are defined as SOC partner clinic staff. For any questions on the content of this section, please contact the Screen Our Circle staff. Every client enrolled in the Screen Our Circle program should be assessed for barriers and navigated accordingly.

For Client Navigation Form (see [appendix F11](#))

For Client Navigation Barrier Assessment and Contact Log (see [appendix F12](#))

For Client Navigation Quick Start Guide (see [appendix F13](#))

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
- 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.

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 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, and initiate 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.

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. Action plan will outline the timeframe, individual(s) responsible and whether or not barriers were resolved
 - b. 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 Screen Our Circle staff for consultation and assistance.

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

7. Provide information about the services, benefits and application process for the Breast and Cervical Cancer Prevention and Treatment Act of 2000.*
8. 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 services, and initiation of treatment.



Referrals and Coordination of Screening and Diagnostic Services

Coordinating with Screen Our Circle Clinic Referral Sites

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

SOC clinic sites would use a fax sheet for referring Screen Our Circle clients to the Screen Our Circle clinic referral sites.

For Fax Sheet (see [appendix F14](#))

Referral outside the Screen our Circle clinic site

Some Screen our Circle clinic 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 clinic referral site that offers the service. The Screen our Circle clinic site will need to share the client enrollment number with the Screen Our Circle clinic referral site in order to bill the Screen Our Circle clinic site for reimbursement. When the only available site is the Screen Our Circle site, It is important for the the SOC clinic sites to identify and ensure mutually agreeable billing arrangement with their referral sites as the Screen Our Circle will directly reimburse the clinic at medicare rates for all the breast and cervical cancer screenings and diagnostic services provided to clients.

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 clinic 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 clinic site involved in the outpatient breast biopsy should submit charges to the Screen Our Circle clinic site 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. The Clinic must 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 clinic sites are required to maintain a system to track client navigation services received. Clinic staff are required to complete the Client Navigation form. All forms will be scanned and saved on Med-IT, the online data management system for Screen Our Circle.

Additional Resources

Client Navigator Tasks Based on Client Readiness: Breast & Cervical		
Stage of Change	Characteristics	Techniques
Pre-contemplation	Not currently considering change: "Ignorance is bliss."	<ul style="list-style-type: none"> Validate lack of readiness Clarify decision is theirs Encourage re-evaluation of current behavior Encourage self-exploration, not action 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"> Validate lack of readiness Clarify decision is theirs Encourage evaluation of pros and cons of behavior change Identify and promote new, positive outcome expectations
Client Navigator Tasks Based on Client Readiness: Breast & Cervical		
Stage of Change	Characteristics	Techniques
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"> Identify and assist in problem solving regarding obstacles Help client identify social support Verify that client has underlying skills for behavior change Encourage small initial steps
Action	Practicing new behavior for 3-6 months.	<ul style="list-style-type: none"> Focus on restructuring cues and social support Bolster self-efficacy for dealing with obstacles Combat feelings of loss and reiterate long-term benefits
Maintenance	Continued commitment to sustaining new behavior. Post-6 months to 5 years.	<ul style="list-style-type: none"> Plan for follow-up support Reinforce internal rewards Discuss coping with relapse

Community Education, Outreach, & Inreach

- Conduct outreach activities specifically for clients who have never received breast and cervical cancer screening (Mammogram and PAP Test) in the past.
- Collect information describing how clients learned about SOC Program and enter data into the the Monthly Evaluation Document

Community-Clinical Linkages to Aid Patient Support

Definition

Coordination of services among health systems, communities, and public health using community-based and/or clinic-based health workers can increase access to clinical care and promote health behaviors. Clinics may use community-based and/or clinic-based health workers/lay advisors, native language speakers, or health educators for community outreach to identify women for screening, provide patient education about risk factors and preventive health behaviors, and address barriers to care. The ultimate goal of the activity is to link women to community resources, medical homes, or health care systems/clinics for cancer screening, diagnostic, genomics, and/or treatment resources. The best way to achieve this is often by working with community and national affiliate partners to reach disparate populations and use culturally appropriate interventions that are tailored for the communities for which they are intended to reach. These health workers may also refer women to health insurance enrollment.

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 clinic site will document it

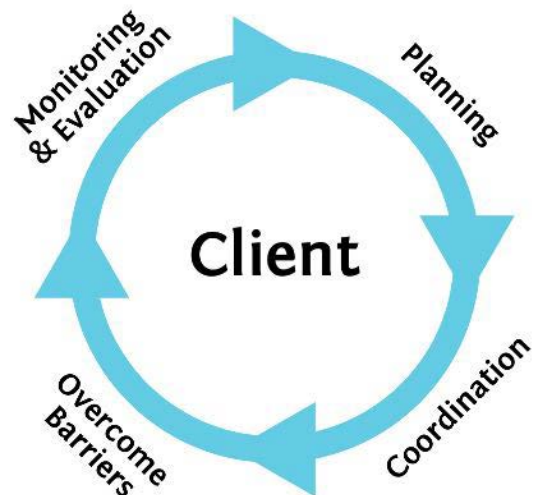
Figure: Client Navigation Flow Chart

Implementation of Evidence-based Interventions (EBIs)

EBI's help to increase the overall number of women screened, improving clinic-level breast and cervical cancer screening rates, and strengthening the delivery of cancer screening services. To do this, grantees should partner with health systems to conduct a comprehensive assessment of the partner health care delivery system. The assessment should include breast and cervical cancer screening rates, data/electronic health record (EHR) functionality, client/health system process flow, policies/standing orders for cancer screening, provider/health system adherence to clinical cancer screening guidelines, client navigation/community health worker/support services, and use of EBIs or other strategies that support cancer screening. Grantees, in partnership with the health care system, should use these data to identify priority populations and to identify appropriate interventions for implementation.

Description of EBIs

The Community Guide serves as a resource to help select interventions to improve health and prevent disease in your state, community, community organization, business, healthcare organization, or school. The descriptions of EBIs recommended for increasing breast and/or cervical cancer screening are below and can be found at <https://www.thecommunityguide.org/topic/cancer>. CDC-developed individual logic models for all EBIs, client navigation, and community outreach. An additional 'meta-logic model' illustrates how these activities work together to achieve desired outcomes. Clinics are encouraged to use these logic models in designing their own evaluation plans. Please review the Community Guide for research behind EBI efficacy.



Client Reminders

Client reminders are written (letter, postcard, email) or telephone messages (including automated messages) advising people that they are due for screening.

Group Education

Group education is usually conducted by health professionals or by trained lay people who use presentations or other teaching aids in a lecture or interactive format, and often incorporate role-modeling or other methods. Group education can be given to a variety of groups, in different settings, and by different types of educators with different backgrounds and styles.

One-on-One Education

One-on-one education delivers information to individuals about indications for, benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. These messages are delivered by healthcare workers or other health professionals. The messages can be tailored with the intent to reach one specific person, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment and often accompanied by supporting materials delivered via small media (e.g., brochures), and may also involve client reminders.

Small Media

Small media include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer. They can provide information tailored to specific individuals or targeted to general audiences.

Reducing Structural Barriers

Structural barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers:

- Reduce time or distance between service delivery settings and target populations
- Modify hours of service to meet client needs
- Offer services in alternative or non-clinical settings (e.g., mobile mammography vans at worksites or in residential communities)

Provider Assessment and Feedback

Provider assessment and feedback interventions both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback). Feedback may describe the performance of a group of providers (e.g., mean performance for a practice) or an individual provider, and may be compared with a goal or standard.

Provider Reminders

Reminders inform health care providers when it is time for a client's cancer screening test or that the client is overdue for screening (called a "recall"). The reminders can be provided in different ways, such as in client charts or by e-mail.



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 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 clinic 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 clinic site identifies and enrolls clients. The client completes the Client Eligibility and Enrollment form. The Screen our Circle clinic site collects the form from the client and uploads the form in Med-IT. (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 clinic site completes the Pap Summary Form and uploads the form in Med-IT. The Screen Our Circle referral site completes the Imaging Summary form and uploads the form in Med-IT. (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 clinic site. The Screen our Circle clinic site completes at least one of these forms for every client and uploads the completed form in Med-IT. (See form submission process below.)

Protocol for abnormal test result:

The Screen Our Circle clinic 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 clinic site. The Screen our Circle clinic 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 clinic site uploads the form in Med-IT. (See form submission process below.)

Protocol for client navigation forms:

The Screen Our Circle program Screen Our Circle clinic site navigates the client to the appropriate screening, diagnostic or treatment service. The Screen Our Circle program Screen Our Circle clinic site completes the client navigation forms and uploads the form in Med-IT. (See form submission process below.)

Forms 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 can be executed between participating SOC clinic sites 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 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 AICAF's Screen Our Circle program.

For Billing and Reimbursement Form (see [appendix F15](#))

It is important to note that the Screen Our Circle program will reimburse clinics, laboratory, or imaging sites for services rendered. This will be through contracts, Memorandums of Understanding (MOU), or Memorandums of Agreements (MOA).

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 clinic site, it is important that Screen Our Circle clinic 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.

Screen Our Circle will directly reimburse the SOC clinic site at medicare rates for all the breast and cervical cancer screenings and diagnostic services provided to clients. SOC will not establish MOU or MOA with Radiology and Pathology partners to delineate activities, roles and expected outcomes. It is important for the the SOC clinic sites to identify and ensure mutually agreeable billing arrangement with their referral sites.

Coordination between billing and clinical staff

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

Med-IT

Med-IT is an online medical software tracking system that Screen Our Circle utilizes to monitor, bill, and maintain client records. SOC staff will work with the SOC clinic site to ensure appropriate documentation is in place to report services provided to clients and provide payment for services. The following outlines the process for enrollment, screening, navigation, and billing. SOC staff recognize that this process may change slightly depending on your clinic and your tracking system. SOC staff will work with your clinic to identify a process that best fits your site.

- Client is eligible for SOC services.
 - Log onto Med-IT and create a client profile.
 - SOC clinic site secures a unique client ID provided to them through Med-IT. This will be the ID number that you will identify the client when having conversations with SOC clinic site or referring outside providers.
 - Fill out pertinent enrollment forms (refer to enrollment section for more clarification).
 - SOC clinic site will document client in the tracker (you may utilize the tracker in **appendix F10** to help with tracking each client's service), which will be utilized for the entire client encounter.
- Client receives service (screening or navigation).
 - Screening result is scanned and uploaded into client profile via Med-IT by SOC staff or clinic site.
 - SOC clinic site will determine if the client encounter is closed, and the client is reminded of future screening recommendations or if the client needs diagnostic services due to the screening result.
 - If a client needs diagnostic services, the SOC clinic site will ensure that services will be covered through SOC. Please consult SOC staff if you have questions on eligible covered services.
 - SOC clinic site are the drivers in supporting and ensuring the client receives diagnostic services in a timely manner. (Please see the "Diagnostic Services" section for more information.)
 - Once diagnostic testing has been completed, the SOC clinic site will scan and upload all pertinent diagnostic screening forms to Med-IT.
 - SOC clinic sites will document completion of screening/diagnostic services and close encounters.
- SOC clinic sites are the drivers in alerting the client and SOC staff that the client was diagnosed with cancer and will lead efforts in enrolling the client in the State Medicaid Breast and Cervical Cancer Program. (Please see the "Treatment Services" section for more information.)
- Once the client profile has all supporting documentation, the SOC clinic site will compile a list of clients using their unique IDs and email it to SOC staff. This will alert SOC staff that these particular clients' profiles are ready to be reimbursed. Note: you may want to develop internal checks (i.e. billing department review) prior to alerting SOC clinic sites to approve or deny claims.
 - SOC clinic site will review client profiles in their entirety and approve or deny each claim.
 - If a claim is denied, please refer to the "Remittance" section in this manual.
 - If a claim is approved, an invoice and check will be sent to your site to close out encounters.

SOC clinic site and data managers will be running bi-weekly checks to verify that there is not missing information on client profiles to support the billing process. There may also be times where SOC clinic site and data managers will reach out to discuss any issues or missing information.

If there are further questions or you'd like to speak to an SOC staff member, please email us at screenourcircle@aicaf.org.

Billing

Basic requirements

- The Screen Our Circle program is considered the payer of last resort.
- *If applicable, Indian Health Service (IHS) is the payer of last resort.*
- The SOC clinic site agrees to accept the Screen Our Circle program's allowable fee as full payment.
- 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 45 days 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 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 CPT codes list (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 on June 30 in Med-IT and SOC clinic sites will be notified of the changes through email and provided an updated CPT codes list.

SOC Program only accepts CPT codes listed in the Reimbursement Rates form. This form will be provided to you once your contract is signed. The list of SOC covered CPT codes will be specific to your state's NBCCEDP reimbursement CPT codes. Any CPT codes not relevant are not reimbursed.

Submitting claims

The completed form(s) will be scanned and saved on Med-IT. 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.

In order to be paid, the following items must be listed:

- Name of Screen Our Circle clinic site
- Federal tax identification number of Screen Our Circle
- National Provider Identifier (NPI) number of the Screen Our Circle clinic site
- Address of Screen Our Circle clinic site
- Date of service(s)
- Screen Our Circle client name and client enrollment number
- CPT code(s) including modifier, if applicable
- Charge for services provided

Payment

Claims are processed on a bi-weekly basis by SOC staff. SOC clinic sites will need to be available for questions if billing issues arise. Once all appropriate documents are uploaded for a client, SOC staff will review each client chart to ensure that all documentation and CPT codes are in compliance with our NBCCEDP funding. If all claims are approved by SOC staff, a check will be processed and sent to the SOC clinic site. If claims are not approved, SOC staff will deny the claim and enter a note as to why the claim was denied. SOC clinic sites will also be notified of this from SOC staff via email or phone. Please see “remittance advice” below and review “rates” above for clarification.

Payment or claims error

In situations where claim error has occurred and the Screen Our Circle program has paid a claim or payment has been made to the Screen Our Circle clinic site in error, reimbursement to the Screen Our Circle program can be made by following the process below:

- Add client’s Med-IT ID and date of service when treatment procedure(s) were performed on the error payment
- The entity can send a check to AICAF to the below address:

American Indian Cancer
Foundation ATTN: Finance Manager
2355 Fairview Ave N, #317
St. Paul, MN 55113

- 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 the 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 clinic sites listed at the top of the remittance advice.

2. Suspense status: Client Eligibility and Enrollment form

- The Screen Our Circle program Client Eligibility and Enrollment form cannot be found for this client enrollment number:
- The Screen Our Circle clinic 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 Client Eligibility and Enrollment Form.
- If the client enrollment number is incorrect on the remittance advice, upload a copy of the appropriate Client Eligibility and Enrollment form to the Med-IT.
- Ensure all required information is filled out completely on the Client Eligibility and Enrollment form.

3. Suspense status: Pap and Imaging Summary form

Pap and/or Imaging Summary form results have not been received:

- The Screen Our Circle clinic site must upload to Med-IT a completed Pap and/or Imaging Summary form or other approved report before a payment claim can be complete

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 through Med-IT. Verify the client name and 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. 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:
 - SOC clinic site has submitted a claim without a modifier.
- TC or 26 was paid, cannot pay globally:
 - SOC clinic site submitted a claim with a modifier. Resubmit the claim with the appropriate modifier

Pap 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 Client Eligibility and 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 Med-IT, 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

SOC clinic sites are required to develop a monitoring and evaluation plan to ensure priority clients are identified, linked, or navigated to screening and receive screening. Clinics are expected to maintain a system to enable them to track client results, notify clients of their test results, follow-up with clients with abnormal results, and remind clients to return for rescreening.



QUALITY ASSURANCE & QUALITY IMPROVEMENT

This section will help you work through the MOU / MOA contracts. For any questions on the content of this section, please contact the Screen Our Circle staff. A Screen Our Circle Medical Consultant is available for consultation for technical questions on this section. This section will help you work through establishing MOU or MOA contracts with Radiology and Pathology partners to delineate activities, roles and expected outcomes. It is important for the the SOC clinic sites to identify and ensure mutually agreeable billing arrangement with their referral sites.

Enrollment and Referral Sites

1. Must maintain professional liability insurance to cover the services provided.
2. Must assure that health care providers have valid, current licenses, certifications, or registrations to practice their profession or occupation, as required by state statutes.
3. Must maintain appropriate state and federal occupational and facility licenses and certificates required to perform services provided.
4. Must encourage staff participation in professional continuing education and training necessary to provide quality breast and cervical cancer screening and follow-up services.
5. Must maintain medical records of all Screen Our Circle program clients.
6. 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.
7. Must agree to financial audits and site visits.
8. Must assure that colposcopy is provided by a physician or nurse practitioner who has received specialized training in colposcopy.
9. Must arrange for the provision of clinical breast examinations (CBEs) by a 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
Category 0: 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.
Category 1: Negative	There is nothing to comment on. The breasts are symmetric, and no masses, architectural distortion, or suspicious calcifications are present.
Category 2: Benign finding(s)	Like category 1, this is a 'normal' assessment, but the interpreter chooses to describe a benign finding in the report.

Category 3: 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 or 3 years) stability is demonstrated.
Category 4: Suspicious abnormality- biopsy should be considered	This category is reserved for findings that do not have the classic appearance of malignancy but are sufficiently suspicious to justify a recommendation for biopsy. The ceiling for category 3 assessment is a 2% likelihood of malignancy and the floor for category 5 assessment is 95%, so category 4 assessments cover the wide range of likelihood of malignancy in between. Thus, almost all recommendations for breast interventional procedures will come from assessments made using this category. By subdividing category 4 into 4A, 4B, and 4C, as recommended in the Guidance chapter and using the cut points indicated therein, it is hoped that patients and referencing clinicians will more readily make informed decisions on the ultimate course of action. Category 4A: Low suspicion for malignancy. Category 4B: Moderate suspicion for malignancy. Category 4C: High suspicion for malignancy.
Category 5: 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.
Category 6: 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). 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 state QuitLine and the American Indian Commercial Tobacco Program can be found in the National Program Resource Guide.

Appendix

Form-F1

AICAF Program Clinic Manual Forms		
Section	Form Name	Who should complete the form
Client Eligibility and Enrollment	Client Eligibility and Enrollment Form	Client and Clinic Staff
Screening Services	Documentation of Cervical Clinical Services	Clinic Staff
	Documentation of Breast Clinical Services	Clinic Staff
Diagnostic Services	See "Documentation of Cervical Clinical Services" and "Documentation of Breast Clinical Services"	Clinic Staff
Tracking and Follow-Up Protocol	Cervical Follow-Up and Tracking Form	Clinic Staff
	Breast Follow-Up and Tracking Form	Clinic Staff
Client Navigation	Client Navigation Form	Client Navigator
	Client Navigation Barriers Assessment and Contact Log	Client Navigator
Billing and Reimbursement	Billing and Reimbursement Form	Clinic Staff
Laboratory and Imaging Services	Pap Summary Form	Laboratory
	Imaging Summary Form	Radiology

Tool-T1



American Indian Cancer Foundation's
Screen Our Circle

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 SOC clinic site checks the form for completeness (dated, signed) and verifies eligibility (age, income)
3. SOC clinic site assigns client identification number (Client ID numbers are auto generated by Med-It) 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 SOC clinic site. The SOC clinic site 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 SOC clinic site provider. The *Imaging Summary* form is completed (this form can be completed by someone other than the radiologist)
10. Normal results: SOC clinic site notifies patient. Client is in rescreening system
11. Abnormal results: SOC clinic site 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 SOC clinic site 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

Tool-T1 cont.



American Indian Cancer Foundation's
Screen Our Circle

A General Guide to Screen Our Circle Program Paperwork

1. Client hears about the program. The SOC clinic site 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 SOC clinic site checks the form for completeness (dated, signed) and verifies eligibility (age, income)
3. SOC clinic site assigns client identification number (Client ID numbers are auto generated by Med-It) 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 SOC clinic site. The SOC clinic site 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 SOC clinic site provider. The *Imaging Summary* form is completed (this form can be completed by someone other than the radiologist)
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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

Form - F2

Med-IT ID #: _____



Client Eligibility & Enrollment Form

* Indicates required fields

*Name:

First	Middle Initial	Last	Maiden
*Birth Date: _____ MM/DD/YYYY		Age: _____	
Social Security # (optional): _____		*Gender: <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Male	
Address: _____			
*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 (if 'yes' then you do not qualify for SOC services): _____
☐ 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.

- | | | |
|--|--|--|
| <input type="checkbox"/> Television/Radio | <input type="checkbox"/> Health care staff | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Newspaper/Flyer | <input type="checkbox"/> Organization | <input type="checkbox"/> Other |
| <input type="checkbox"/> Internet/Social media | <input type="checkbox"/> Community event | |

Update: 10/01/2020

Form - F2 cont.

Med-IT ID #: _____

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 and where: _____

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 and where: _____

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 and where: _____

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

Med-IT ID #:

Enrollment Date:

Update: 10/01/2020

Form - F2 cont.

Med-IT ID #: _____

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 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 Screen our Circle staff..

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, state health departments, and state medicaid treatment act staff)
- 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

Form - F3



American Indian Cancer Foundation's
Screen Our Circle

Name: _____

SOC ID #: _____

Clinic Contact

Name: _____

Phone #: _____

Fax #: _____

SOC Contact

Name: Ketaki Birje

Phone: 612-314-4848

Fax #: 612-446-5791

**Note: send screening/diagnostic bills to
612-446-5791 and screening results to clinic
contact from above.**

Form - F4



American Indian Cancer Foundation
Screen Our Circle

Breast 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 #:
FAMILY HISTORY (Required)			
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			
REASON FOR SCREENING (Required)			
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			
CLINICAL BREAST EXAM (CBE) (Required)		MAMMOGRAM (If Mammogram Done, Required)	
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	

Form - F4 cont.

*Requires further diagnostic evaluation.		diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No *Requires further diagnostic evaluation.
DIAGNOSTIC PROCEDURES (if applicable)		
14. Screening MRI results (Required for high risk clients): <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
WORK-UP STATUS (Required)		TREATMENT STATUS (Required)

Form - F4 cont.

22. Work up status? <input type="checkbox"/> Work-up complete <input type="checkbox"/> Irreconcilable (conflicting test results)		<input type="checkbox"/> Deceased <input type="checkbox"/> Client lost to follow-up <input type="checkbox"/> Workup refused		23. Status of breast cancer treatment? <input type="checkbox"/> Treatment started <input type="checkbox"/> Client lost to follow-up <input type="checkbox"/> Treatment refused <input type="checkbox"/> Treatment not recommended	
24. Date of final diagnosis: _____ (MM/DD/YYYY)		25. Date of treatment status: _____ (MM/DD/YYYY)			
26. Final Diagnosis: <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		27. Client enrolled in Medicaid for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?:			
CASE SUMMARY (if applicable)					
28. Stage information: AJCC STAGE: <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 TUMOR SIZE (Maximum dimension): _____ centimeters NODE DISSECTION/BIOPSY: <input type="checkbox"/> Performed Date: _____ (MM/DD/YYYY) _____ # of nodes examined _____ # of nodes positive <input type="checkbox"/> Not performed		If AJCC stage not available: SUMMARY STAGE: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Distant		29. Procedures and treatment (Check all that apply) SURGICAL PROCEDURES: 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 ADDITIONAL TREATMENT: Date: _____ (MM/DD/YYYY) <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Tamoxifen, Raloxifene <input type="checkbox"/> Other:	
Comments:					
TRANSFER OF CARE (if applicable)					
30. Name of new provider:		32. Address of new provider:			
31. Phone of new provider:		33. Reason for transfer:			
Form Completed _____ (MM/DD/YYYY)		Form Completed by:			
AICAF Use Only					
1. Which services were paid by AICAF? <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			

Form - F5



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 #:
FAMILY HISTORY (Required)			
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			
REASON FOR SCREENING (Required)			
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			
CLINICAL BREAST EXAM (CBE) (Required)		MAMMOGRAM (Required)	
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.	

Form - F5 cont.

SCREENING MRI <i>(Required only for high risk clients)</i>	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>
Form Completed: _____ (MM/DD/YYYY)	Form Completed by: _____

Form - F6



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: _____ <i>First, MI, Last</i>	
Facility (where imaging completed): _____ <i>Name, Location</i>	
Radiology #: _____	Imaging Date: _____ <i>MM/DD/YYYY</i>

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
---	---

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

Form - F6 cont.



Enrollment #: _____

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
 - 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
 - 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.



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 #:	
FAMILY HISTORY (Required)			
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			
PAP TEST, PELVIC EXAM AND HPV TEST (Required)			
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 (if no Pap test done, skip questions 5-9)			
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		

Form - F7 cont.

*May require further diagnostic evaluation.	*May require further diagnostic evaluation.
DIAGNOSTIC PROCEDURES (if applicable)	
<p>15. Colposcopy without Biopsy: <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure Date: _____ (MM/DD/YYYY) Procedure Site: _____ Results: <input type="checkbox"/> Negative (WNL) <input type="checkbox"/> Inflammatory Reaction Changes <input type="checkbox"/> Other abnormality <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Refused</p>	<p>16. Colposcopy-directed Biopsy/Endocervical Curettage (ECC): <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure Date: _____ (MM/DD/YYYY) Procedure Site: _____ Results: <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Cervical Intraepithelial Neoplasia (CIN) I <input type="checkbox"/> CIN II <input type="checkbox"/> CIN III/Carcinoma in situ (CIS) <input type="checkbox"/> Invasive Carcinoma <input type="checkbox"/> Negative (WNL) <input type="checkbox"/> Other non-cancerous abnormality <input type="checkbox"/> Refused</p>
<p>17. Other Procedure #1: <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure Date: _____ (MM/DD/YYYY) <input type="checkbox"/> ECC <input type="checkbox"/> LEEP <input type="checkbox"/> Cone <input type="checkbox"/> Other: Procedure Site: _____ Results: <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> CIN I <input type="checkbox"/> CIN II <input type="checkbox"/> CIN III/ CIS <input type="checkbox"/> Invasive Carcinoma <input type="checkbox"/> Negative (WNL) <input type="checkbox"/> Other non-cancerous abnormality <input type="checkbox"/> No tissue present (ECC only) <input type="checkbox"/> Refused</p>	<p>18. Other Procedure #2: <input type="checkbox"/> Yes <input type="checkbox"/> No Procedure Date: _____ (MM/DD/YYYY) <input type="checkbox"/> ECC <input type="checkbox"/> LEEP <input type="checkbox"/> Cone <input type="checkbox"/> Other: Procedure Site: _____ Results: <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> CIN I <input type="checkbox"/> CIN II <input type="checkbox"/> CIN III/ CIS <input type="checkbox"/> Invasive Carcinoma <input type="checkbox"/> Negative (WNL) <input type="checkbox"/> Other non-cancerous abnormality <input type="checkbox"/> No tissue present (ECC only) <input type="checkbox"/> Refused</p>
WORK-UP STATUS (Required)	TREATMENT STATUS (Required)
<p>19. Status of the final diagnosis? <input type="checkbox"/> Work-up complete <input type="checkbox"/> Deceased <input type="checkbox"/> Irreconcilable <input type="checkbox"/> Client lost to (conflicting test follow-up results) <input type="checkbox"/> Workup refused</p>	<p>20. Status of cervical cancer treatment? <input type="checkbox"/> Treatment started <input type="checkbox"/> Client lost to follow-up <input type="checkbox"/> Treatment refused <input type="checkbox"/> Treatment not recommended <input type="checkbox"/> May require additional information</p>
<p>21. Date of final diagnosis: _____ (MM/DD/YYYY)</p>	<p>22. Date of treatment status: _____ (MM/DD/YYYY)</p>
<p>23. Final Diagnosis: <input type="checkbox"/> Normal/Benign Reaction/Inflammation <input type="checkbox"/> HPV/Condylomata/Atypia <input type="checkbox"/> CIN I/ Mild Dysplasia (biopsy diagnosis) <input type="checkbox"/> CIN II/ Moderate Dysplasia (biopsy diagnosis)§ <input type="checkbox"/> CIN III/ Severe Dysplasia/ Carcinoma in situ (Stage 0)§(biopsy diagnosis) <input type="checkbox"/> Invasive Cervical Carcinoma (biopsy diagnosis)§ <input type="checkbox"/> Other:</p>	<p>24. Client enrolled in Medicaid for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?:</p>

Form - F7 cont.

<input type="checkbox"/> Low grade SIL (biopsy diagnosis)§ <input type="checkbox"/> High grade SIL (biopsy diagnosis)§ § Requires Treatment		
CASE SUMMARY (if applicable)		
25. Stage Information: AJCC stage <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: Summary stage <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Distant	26. Procedures and treatment (Check all that apply) 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: _____
Comments: _____ _____ _____		
TRANSFER OF CARE (if applicable)		
27. Name of new provider: _____		29. Address of new provider: _____
28. Phone of new provider: _____		30. Reason for transfer: _____
Form Completed _____ (MM/DD/YYYY)		Form Completed by: _____
AICAF Use Only		
31. Which services were paid by AICAF? <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Pelvic exam <input type="checkbox"/> Pap test <input type="checkbox"/> HPV test <input type="checkbox"/> Colposcopy without biopsy </div> <div style="width: 48%;"> <input type="checkbox"/> Colposcopy-directed biopsy/ECC <input type="checkbox"/> LEEP <input type="checkbox"/> Cone <input type="checkbox"/> Other: _____ </div> </div>		



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 #:
FAMILY HISTORY (Required)			
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			
PAP TEST, PELVIC EXAM, AND HPV TEST (Required)			
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: _____		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	
*May require further diagnostic evaluation.			
Form Completed _____ (MM/DD/YYYY)		Form Completed by: _____	

Form - F8 cont.

AICAF Use Only		
12. Which services were paid by AICAF?		
<input type="checkbox"/> Pelvic exam	<input type="checkbox"/> Colposcopy without biopsy	<input type="checkbox"/> Cone
<input type="checkbox"/> Pap test	<input type="checkbox"/> Colposcopy-directed biopsy/ECC	<input type="checkbox"/> Other:
<input type="checkbox"/> HPV test	<input type="checkbox"/> LEEP	



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): _____



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

Form - F11



American Indian Cancer Foundation's
Screen Our Circle

☐ 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:	

*Navigation Services	
Navigators Name:	Form Completed (date, MM/DD/YYYY):
First Contact (date, MM/DD/YYYY):	Second Contact (date, MM/DD/YYYY):
Contact Type:	Contact Type: <input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Text <input type="checkbox"/> Email Face-to-Face <input type="checkbox"/> Mail
Structural Barriers Assessed: <input type="checkbox"/> Dependent Care <input type="checkbox"/> Fear <input type="checkbox"/> Financial <input type="checkbox"/> Housing <input type="checkbox"/> Insurance <input type="checkbox"/> Language <input type="checkbox"/> Literacy <input type="checkbox"/> Medical Health <input type="checkbox"/> Mental Health <input type="checkbox"/> Transportation <input type="checkbox"/> Other	
Navigation Complete: <input type="checkbox"/> Yes (indicate services) <input type="checkbox"/> No (indicate reason)	
Service type received: <input type="checkbox"/> Navigation to completed office visits <input type="checkbox"/> Navigation to completed pap and/or mammo <input type="checkbox"/> Navigation to completed 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: _____

*Clinical Services (Please complete at least 1 box)	
Screening Services Completed:	Diagnostic Services Completed: <input type="checkbox"/> N/A
Breast: <input type="checkbox"/> Yes (date, MM/DD/YYYY): _____ <input type="checkbox"/> No Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	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 Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	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): _____

Form - F12



☐ Enrolled #: _____ ☐ Not Enrolled

Client Navigation: Barrier Assessment

Last Name:		First Name:		Navigator Name:		
Services needed	Provider to deliver service(s)	Appointment date	Appointment completed?	Barrier(s) to receiving care	Activities resolving barriers	Notes
		/ /	<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:	
Contact Date	Contact Type	Notes	Follow-Up?		
	<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			

Form - F13



American Indian Cancer Foundation's
Screen Our Circle

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

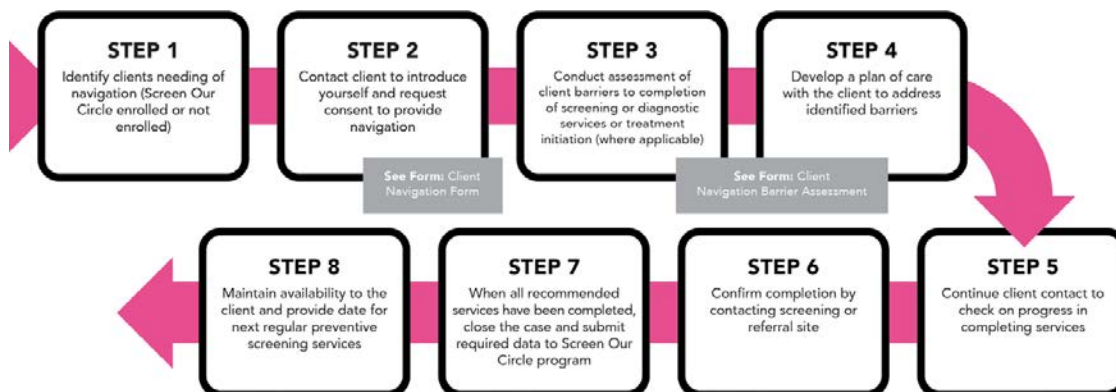
Role of the client navigator

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

Form - F14

FAX SHEET



American Indian Cancer Foundation's
Screen Our Circle

TO:	FROM:
FAX:	FAX:
PHONE:	PHONE:
SUBJECT:	DATE:

IMPORTANT: This transmission contains confidential information, which may be protected health information as defined by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

Form - F15



Screen Our Circle Billing & Reimbursement Form

Screen Our Circle Site Name: _____

Federal Tax ID #: _____ National Provider Identifier (NPI) #: _____

Completed by: _____ Phone #: _____

Date of Service	Enrollment Number	Client Name	CPT Code + Modifier	Services Description	Charge Amount	Date of Birth

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 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 take 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. When viewed under a microscope, HSILs look abnormal. They are usually caused by chronic infection from certain types of HPV and are found during a Pap test or biopsy. If not treated, these abnormal cells may become cancerous and spread to nearby normal tissues. 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 finding on a Pap test. It usually goes away on its own without treatment but sometimes the abnormal cells become cancerous 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 supported 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

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 Phone: 1-800-227-2345

American Indian Cancer Foundation (AICAF)

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

Website: 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

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 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 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

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 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 clients and families make informed healthcare decisions.

Website: 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

Journey Forward

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

Website: 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 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 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

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.itcmi.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>

Client Advocacy/Support

American Cancer Society 800-227-2345 www.cancer.org

- Access to health care
- Clinical trials
- Stories of hope
- Financial issues
- Finding support groups

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: www.sgkomen.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.

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