Baltimore City Breast and Cervical Cancer Screening, Diagnosis, and Patient Navigation Project

Solicitation #18-17344

Supporting Information

Table of Contents

I. PROGRAM BACKGROUND AND PURPOSE

The Prevention and Health Promotion Administration, Center for Cancer Prevention and Control (CCPC), a unit of DHMH, is soliciting proposals from qualified applications to provide direct breast and cervical cancer education, outreach, screening and diagnostic services, follow-up of abnormal results, and case management to low income, uninsured or underinsured women aged 40 to 64 years of age (or 65 or older without Medicare Part B); in Baltimore City. In addition, the Contractor will provide patient navigation services to insured residents (low income, 40 to 64 years of age, Baltimore City residents) for the purposes of prevention and early detection of breast and cervical cancer.

Maryland has historically high breast cancer mortality rates. According to Surveillance Epidemiology and End Results (SEER) data for the 2008 to 2012 time period, Maryland had the sixth highest breast cancer death rate in the nation.[1] Baltimore City has Maryland's highest breast cancer mortality rate, and has a significantly higher breast cancer mortality rate than the State and the nation[2]. Maryland's cervical cancer mortality rate for 2008 to 2012 is lower than the national rate and ranks 24th nationally[3]. However, the City's cervical cancer mortality rate is double the Maryland rate and the City has the most cervical cancer deaths and highest cervical cancer mortality rate among Maryland jurisdictions.[4] Screening rates for breast and cervical cancer are lower among persons with low educational levels, low household incomes, and limited or no health insurance coverage; cervical cancer screening rates are also lower among women 50 years of age or older.[5]

Breast Cancer in Maryland and Baltimore City[6]

Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death among women in the United States and in Maryland[7,8] The American Cancer Society estimated that approximately 820 Maryland residents would die from breast cancer in 2016. Although Maryland's breast cancer death rate has been consistently declining for more than two decades, the Maryland rate is still ranked among the highest nationally. For the period 2008 to 2012, the age-adjusted mortality rate for female breast cancer in Maryland was 23.7 per 100,000 compared with the national rate of 21.9 per 100,000, and was sixth highest in the nation.[9]

Baltimore City's breast cancer mortality rate is significantly higher than the national rate and the overall Maryland rate. The breast cancer mortality rate for Baltimore City for the 2008 to 2012 time period is 28.9 per 100,000.[10]

Breast cancer screening via mammography has been shown to reduce mortality. Clinical trials have shown a significant mortality reduction benefit for women aged 50 to 69 years.[11] However, there remain many reasons why women do not receive annual breast cancer screening. The most common reasons include: their provider did not recommend it, they did not think they needed it, fear of cancer, cost, and discomfort or pain from the procedure.[12, 13]

Cervical Cancer in Maryland and Baltimore City[14]

Cervical cancer is one of the most common cancers among women. Most cervical cancers take years to develop and precancerous cervical lesions can be detected and treated if found early. If invasive cervical cancer is detected at an early stage, it is one of the most successfully treatable cancers with a 5- year survival rate of 91%.[15]

---

1 SEER Cancer Statistics Review, 1975-2012. NIH/NCI, Bethesda, MD http://seer.cancer.gov/csr/1975_2012 based on November 2014 data, 2015.
2 State Cancer Profiles, from NCI/NIH interactive web site, http://statecancerprofiles.cancer.gov, 2008-2012 data.
3 SEER Cancer Statistics Review, 1975-2012. NIH/NCI, Bethesda, MD http://seer.cancer.gov/csr/1975-2012 based on November 2014 data, 2015.
4 State Cancer Profiles, from NCI/NIH interactive web site, http://statecancerprofiles.cancer.gov.
5 Maryland BRFSS interactive data base analysis, www.marylandbrfss.org, 2014 survey.
6 All rates are age-adjusted to 2000 U.S. population.
7 American Cancer Society, Cancer Facts and Figures, 2016. Atlanta, GA. American Cancer Society, 2016.
8 Annual Cancer Report, Cigarette Restitution Fund, 2012, Maryland Department of Health & Mental Hygiene, September 2014
9 SEER Cancer Statistics Review, 1975-2012. NIH/NCI, Bethesda, MD http://seer.cancer.gov/csr/1975_2012, based on November 2014 data, 2015.
10 State Cancer Profiles, from NCI/NIH interactive web site, http://statecancerprofiles.cancer.gov.
11 *Final Update Summary: Breast Cancer: Screening*. U.S. Preventive Services Task Force. February 2016. http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1?ds=1&s=breast.
12 Maryland Cancer Survey, 2008. Cigarette Restitution Fund. Maryland Department of Health & Mental Hygiene, September 2009.
13 Ogedegbe, Gbenga, et al. Perceptions of Barriers and Facilitators of Cancer Early Detection among Low-Income Minority Women in Community Health Centers. Journal of the National Medical Association, 2005;97,2: 162-170.
14 All rates are age adjusted to 2000 US population unless otherwise specified
15 SEER Cancer Statistics Review, 1975-2012. NIH/NCI, Bethesda, MD http://seer.cancer.gov/csr/1975_2012, based on November 2014 data, 2015.

The Maryland 2008 to 2012 cervical cancer mortality rate of 2.2 per 100,000 is slightly lower than the national rate of 2.3 per 100,000. The Maryland cervical cancer mortality rate ranks 24th in the nation.[16] However, the cervical cancer mortality rate for Baltimore City is double the Maryland rate, 4.5 per 100,000 and significantly higher than the national and State rates. Baltimore City has the highest cervical cancer mortality rate in Maryland for the 2008 to 2012 time period.[17]

Invasive cervical cancer rates increase with age. For example, the table below demonstrates age-specific mortality rates in Maryland during the period from 2008 to 2012:

Age Range	Cervical Cancer Mortality Rate
35 to 44 years	2.4 per 100,000 women
55 to 74 years	5.2 per 100,000 women
75 years and older	6.1 per 100,000 women

Approximately 70% of the cervical cancer deaths in Maryland are among women over the age of 50.[18]

A Pap test is a test done during a routine pelvic exam and can detect abnormal cells in the cervix. Most medical groups recommend beginning screening at age 21 years. Guidelines recommend women have a Pap test every three years or every five years with human papillomavirus (HPV) co-testing when test results are negative/normal.

Several primary reasons why older women do not have Pap tests have been documented. These include: their physician did not recommend it, not knowingly experiencing symptoms, cost, not having a provider or not having recently been in contact with a healthcare provider, and having competing health priorities.[19, 20]

Priority Populations

The priority populations for this proposal are medically underserved women, aged 40 to 64 years, residing in Baltimore City who are of low income and are uninsured or underinsured. Medically underserved refers to individuals who may not have a doctor, who are not users of preventive health care or regular health care, and for whom barriers exist to accessing personal health services.

The national incidence of breast cancer among African American women is lower than that of White women, but African American women have higher mortality rates than White women.[21] Maryland has historically shown that same pattern; the 2011Maryland African American female incidence rate was lower than the White incidence rate, 124.0 per 100,000 compared with 128.3 per 100,000.[22] The 2011 breast cancer mortality rate among African American women in Maryland was 29.5 per 100,000, significantly higher than the 19.9 per 100,000 rate for White women.[23] African American women are diagnosed at later stages of breast cancer than White women, and 5-year survival rates are worse for African American women diagnosed at the same stage as White females.[24]

Cervical cancer incidence and mortality rates are higher among African American women than White women.[25] African American women are diagnosed at later stages than White women.[26] African American women in Maryland have significantly higher invasive cervical cancer mortality rates than White women. For the 2008 to 2012 time period, the Maryland cervical cancer mortality rate among African American women was 3.3 per 100,000 compared with the cervical cancer mortality rate 1.7 per 100,000 among White women.[27] In 2012, African American women had a higher incidence rate of cervical cancer than White women in Maryland, 7.6 per

16 SEER Cancer Statistics Review, 1975-2012. NIH/NCI, Bethesda, MD http://seer.cancer.gov/csr/1975_2012, based on November 2014 data, 2015.
17 State Cancer Profiles, from NCI/NIH interactive web site, http://statecancerprofiles.cancer.gov.
18 SEER*Stat data analysis
19 Maryland Cancer Survey, 2008. Cigarette Restitution Fund. Maryland Department of Health & Mental Hygiene, September 2009.
20 Leach, Corinne, et al. The Vicious Cycle of Inadequate Early Detection: A Complementary Study on Barriers to Cervical Cancer Screening Among Middle-Aged and Older Women. Preventing Chronic Disease (CDC) 2007; 4,4.
21 State Cancer Profiles, from NCI/NIH interactive web site, http://statecancerprofiles.cancer.gov
22 Annual Cancer Report, Cigarette Restitution Fund, Maryland Department of Health & Mental Hygiene, December 2014.
23 Annual Cancer Report, Cigarette Restitution Fund, Maryland Department of Health & Mental Hygiene, December 2014.
24 SEER Cancer Statistics Review, 1975-2012. NIH/NCI, Bethesda, MD http://seer.cancer.gov/csr/1975_2012 based on November 2014 data, 2015.
25 SEER Cancer Statistics Review, 1975-2012. NIH/NCI, Bethesda, MD http://seer.cancer.gov/csr/1975_2012, based on November 2014 data, 2015.
26 SEER Cancer Statistics Review, 1975-2012. NIH/NCI, Bethesda, MD http://seer.cancer.gov/csr/1975_2012 based on November 2014 data, 2015
27 State Cancer Profiles, from NCI/NIH interactive web site, http://statecancerprofiles.cancer.gov

100,000 compared with 5.9 per 100,000; however, this difference is not statistically significant.[28]

According to the 2014 U.S. Census' American Community Survey, the population of Baltimore City is about 63% African American, of whom about 70,930 are women aged 40 to 64 years. This is about 11% of the total population of Baltimore City. Approximately 24%, or 17,023, of African American women aged 40 to 64 years in Baltimore City have incomes at or below the federal poverty level[29] and an additional subset of women with a family income up to 250% of the federal poverty level are also eligible for the program. Due to the breast and cervical cancer data presented above, these women are considered a priority population for this project.

Maryland Breast and Cervical Cancer Program

Since 1992, there has been a breast and cervical cancer screening program, the Maryland Breast and Cervical Cancer Program, for low income, uninsured, or underinsured women in every jurisdiction of Maryland. This screening program is funded by both the Centers for Disease Control and Prevention (CDC) through the Breast and Cervical Cancer Mortality Prevention Act of 1990 (and is a part of the National Breast and Cervical Cancer Early Detection Program), and the State of Maryland Breast and Cervical Cancer Program set forth in Annotated Code of Maryland, Health-General Article, Section 20-116. Through June 30, 2016, the Maryland Breast and Cervical Cancer Program (MBCCP) has provided 266,505 mammograms and 151,103 Pap tests to low income, uninsured, or underinsured women in Maryland. During the same time period, the program has provided 24,458 mammograms and 11,195 Pap tests in Baltimore City, via the local Baltimore City Breast and Cervical Cancer Program.[30]

MBCCP Program Components

The following paragraphs provide a brief introduction to each of MBCCP's nine major program components, including:

1. Screening Services
2. Results, Follow-up Services, and Case Management;
3. Recall
4. Patient Navigation for Non-Program Funded Clients;
5. Outreach/Recruitment
6. Data Collection and Reporting;
7. Quality Assurance;
8. Partnerships and Public Education; and
9. Administration

Screening Services

Screening services including clinical breast exam (CBE), mammogram, and Pap test are provided at regular intervals for the early detection of breast and cervical cancer for women who are between 40 to 64 years of age (or 65 or older without Medicare Part B), low income, and uninsured or underinsured with priority given to women 50 years and older. Services are delivered within Baltimore City by private providers and are coordinated by the Contractor and overseen by DHMH.

Results, Follow-up Services, and Case Management

Women with abnormal screening results are eligible for diagnostic follow-up services and are case managed through the diagnostic phase until treatment initiation. Diagnostic services are delivered within Baltimore City by private providers and are coordinated by the Contractor and overseen by DHMH.

Recall

Eligible MBCCP clients are recalled and rescreened by the program based on provider recommendation and program guidelines.

28 United States Cancer Statistics: 1999 - 2012 Incidence, WONDER Online Database.
29 U.S. Census, American Community Survey , 2014, http://factfinder.census.gov
30 BCCP Data Analysis

Patient Navigation for Non-Program Funded Clients

Patient navigation services, or individualized assistance offered to clients to help overcome healthcare system barriers and facilitate timely access to quality screening and diagnostic services as well as initiation of treatment services for persons diagnosed with cancer, are provided to low income women, 40 to 64 years of age (or 65 or older without Medicare Part B), who have insurance coverage for screening or diagnostic services, but would otherwise not (or would not likely) complete the screening/diagnostic process.

Outreach/Recruitment

Outreach is performed to recruit women to the program who are between 40 to 64 years of age, low income, and uninsured or underinsured for regular breast and cervical cancer screening services, with priority given to women 50 years and older. Outreach is also conducted to recruit low income insured women, 40 to 64 years, for patient navigation services.

Data Collection and Reporting

Systems are in place for the ongoing systematic collection, analysis, and interpretation of key data elements which are reported to CDC and used for program planning, implementation, and evaluation. Additionally, the Department produces evaluation tables which identify cases that are in need of follow-up which might have not occurred. Local programs, including the Contractor, must report the outcome of these cases to the Department.

Quality Assurance

Quality assurance measures are in place to assure that high quality services are delivered and reported in a timely and standardized manner. A Medical Advisory Committee is in place that oversees and regulates these quality assurance measures. The Medical Advisory Committee developed the Minimal Clinical Elements for Breast Cancer Detection and Diagnosis (Breast MCEs) and Minimal Clinical Elements for Cervical Cancer Detection and Diagnosis (Cervical MCEs) which provide guidance to the program regarding screening and follow-up services.

Partnerships and Public Education

Partnerships and coalitions are established and supported with community agencies to further enhance the numbers of women screened and to increase knowledge among women regarding the importance of screening. Public education activities are designed to inform the general public about breast and cervical cancer early detection and recommended screening methods.

Administration

Fiscal and performance measure reporting criteria are in place in order to monitor and evaluate program activities.

II. MBCCP DATA ENTRY FORM

This form is mandatory for data collection for all BCCP client cycles and is maintained in the client medical record.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BREAST AND CERVICAL CANCER PROGRAM (BCCP)
DATA COLLECTION FORM

DEMOGRAPHIC INFORMATION:

CaST ID:_____ ENROLLMENT DATE:____/___/_____ SSN:_____-_____-_____

LAST NAME:_____ FIRST NAME:_____ MIDDLE: _____ MAIDEN NAME: _____

PRIMARY ADDRESS:_____ CITY:_____ STATE:_____ ZIP: _____

COUNTY OF RESIDENCE:_____ HOME PHONE:(_____)_____-_____ WORK PHONE:(_____)_____-_____

CELL PHONE: (_____)_____-_____ DATE OF BIRTH: ____/___/_____ (mm/dd/yyyy) AGE: _____

ALTERNATIVE PATIENT ID:_____ CONTACT PERSON: _____

CONTACT ADDRESS:_____ CITY:_____ STATE:_____ ZIP: _____

CONTACT PHONE NUMBER: (_____)_____-_____ CONTACT CELL PHONE: (_____)_____-_____

DOES CLIENT HAVE REGULAR SOURCE OF MEDICAL CARE OR A PRIMARY CARE PROVIDER: ☐ Yes ☐ No ☐ Unknown

IF YES: PROVIDER NAME _____PHONE # _(_____)_____-_____

EDUCATION:	ETHNICITY (ask before Race):	PATIENT STATUS:
☐ Less than HS ☐ High School ☐ More than HS ☐ Unknown	☐ Hispanic origin ☐ Unknown ☐ non- Hispanic origin **RACE (check all that apply) :** ☐ White ☐ Native Hawaiian ☐ Black/African American ☐ Eskimo ☐ Asian ☐ Other ☐ American Indian ☐ Unknown ☐ Pacific Islander	☐ Active ☐ Deceased ☐ Inactive ☐ Out of Area ☐ Temporary Inactive *(Client closed out ; enter & complete Close-out fields.)* Pt Status Date (non-Active): ____/____/_____ (m m d d y y y y) Pt Status Text: _____

INSURANCE STATUS: DOES CLENT HAVE INSURANCE THAT COVERS SCREENING:	DOES CLIENT CURRENTLY USE TOBACCO:
☐ Uninsured ☐ PAC ☐ Medicare ☐ Commercial Insurance ☐ Medicaid ☐ Unknown **If client covered by any type of health plan, make copy of card**	☐ Yes ☐ No ☐ Unknown **IF YES, Was Client Referred to**: ☐ Quitline Only ☐ Other Cessation Resource ☐ Quitline plus Other Cessation Resource ☐ No Referral

HOW DID CLIENT LEARN OF THE PROGRAM:	DOES CLIENT HAVE:			
CODE: _____ TEXT: _____ _____ ☐ New Diagnostic Referral Patient	A history of breast cancer?	☐ Yes	☐ No	☐ Unknown
	A history of benign breast surgery?	☐ Yes	☐ No	☐ Unknown
	Family history of pre-menopausal breast cancer?	☐ Yes	☐ No	☐ Unknown
	A history of cervical cancer?	☐ Yes	☐ No	☐ Unknown
	A hysterectomy?	☐ Yes	☐ No	☐ Unknown
	If Yes, does patient have an intact cervix?	☐ Yes	☐ No	☐ Unknown

IS CLIENT CLOSED OUT OF PROGRAM	IF CLIENT CLOSED OUT, REASON WHY
☐ Yes ☐ No	☐ Lost ☐ Refused ☐ Moved in Maryland ☐ Moved out of Maryland ☐ Deceased ☐ Ineligible-Aged Out ☐ Ineligible-Over Income ☐ Ineligible-M-Care, Part B ☐ Ineligible-Private Insurance ☐ Ineligible-Medicaid ☐ Ineligible-Other_____ Closeout Date: ____/____/_____ (m m / d d / y y y y)

IF CLIENT ENROLLED IN Dx & Tx PROGRAM:	IF CLIENT ENROLLED IN WBCCHP:
Enrollment Date : ____/____/_____ (mm/dd/yyyy)	Enrollment Date : ____/____/_____ (mm/dd/yyyy)
Effective Date : ____/____/_____ (mm/dd/yyyy)	Effective Date : ____/____/_____ (mm/dd/yyyy)
Expiration Date : ____/____/_____ (mm/dd/yyyy)	Expiration Date : ____/____/_____ (mm/dd/yyyy)

COMMENTS_____

_____

_____

BREAST CANCER SCREENING INFORMATION:

BREAST CYCLE #: _____ **LOCATION (PROVIDER):** _____

HOUSEHOLD SIZE: _____

TOTAL ANNUAL HOUSEHOLD INCOME: $ __ __, ___ ___ ___

Eligible for the Program Breast Services?

☐ Yes ☐ No ☐ Unknown

DOES CLIENT CURRENTLY REPORT ANY BREAST SYMPTOMS? : ☐ Yes ☐ No ☐ Unknown

CARE2CARE NAVIGATION THIS CYCLE: ☐ (Check if Yes)

CLINICAL BREAST EXAM INFORMATION:	MAMMOGRAM INFORMATION:
HAS PATIENT HAD A PREVIOUS CBE: ☐ Yes ☐ No ☐ Unknown	**HAS PATIENT HAD A PREVIOUS MAMMOGRAM:** ☐ Yes ☐ No ☐ Unknown
IF 'YES', DATE OF PREVIOUS CBE: ____/____/____ (mm/dd/yyyy)	**IF 'YES', DATE OF PREVIOUS MAMMOGRAM:** ____/____/____ (mm/dd/yyyy)
RESULTS OF PREVIOUS CBE: ☐ Normal ☐ Abnormal ☐ Unavailable	**RESULTS OF PREVIOUS MAMMOGRAM:** ☐ Normal ☐ Abnormal ☐ Unavailable
	PREVIOUS MAMMOGRAM DOCUMENTED: ☐ Yes ☐ No ☐ Unknown

INITIAL ASSESSMENT:

- ☐ Insured/Navigation Only
- ☐ Medicaid/Navigation Only
- ☐ Medicare-B/Navigation Only
- ☐ Underinsured
- ☐ Uninsured

REFERRED (to Insurance Marketplace):

- ☐ NO - Client currently insured
- ☐ NO - Client not eligible to obtain insurance
- ☐ YES - Client referred

ANY PROGRAM-FUNDED SERVICES THIS CYCLE?:

☐ YES ☐ NO

FINAL ASSESSMENT:

☐ Insured ☐ Underinsured
☐ Medicaid ☐ Uninsured
☐ Medicare-B

RECALL INFORMATION:

- ☐ Telephone reminder
- ☐ Letter
- ☐ Postcard
- ☐ Wallet card
- ☐ Personal Visit
- ☐ Initial Letter
- ☐ Final Warning Letter
- ☐ Discharge Letter
- ☐ Re-enrollment/Re-instatement
- ☐ Other: _____

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME:**_____

BREAST CANCER SCREENING INFORMATION (continued):

TYPES OF PROCEDURES PERFORMED: CHECK ALL THAT APPLY - PROCEDURES AND DATES:

☐ **Clinical Breast Exam (CBE) –**

CPT code: _____

CPT code 2: _____

Results: **CPT code 3:** _____

- ☐ Normal exam
- ☐ Benign finding
- ☐ Bloody/serous nipple discharge
- ☐ Discrete palpable mass - Susp for Cancer
- ☐ Nipple/areolar scaliness
- ☐ Skin dimpling/retraction
- ☐ Not done - Normal CBE in past 12 months
- ☐ Not done - oth/unk reason
- ☐ Refused

Appointment date ____/__/____

Date performed ____/__/____

Date results received ____/__/____

Date patient notified of results ____/__/____

Location (Provider)_____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
- ☐ State Funded
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Follow routine screening (1 year)
- ☐ Follow-up in 2 years
- ☐ Surgical consult
- ☐ Ultrasound
- ☐ Short-term Follow-up mammo # ____ months
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ CBE by non-surgeon consult
- ☐ MRI
- ☐ Film Comparison Required

CBE Recall Date: ____/____/____
mm / dd / yyyy

Recall Type: ☐ **Routine** ☐ **Short-term**

Recall Reason : _____

_____

_____

☐ **Mammogram (initial) -** **CPT code:** _____

Mammogram Type: ☐ Conventional ☐ Digital **CPT code 2:** _____

Indication for Initial Mammogram: **CPT code 3:** _____

- ☐ Routine Screen
- ☐ Symptoms, +CBE, or previous abnormal mammo.
- ☐ Diagnostic Referral
- ☐ Unknown
- ☐ Mammogram not done; CBE only or proceeded directly to Dx:
  - → **Indication Reason for Initial Mammogram Not Done:**
    - ☐ Not Needed
    - ☐ Needed but not Performed
    - ☐ Not Done – other/unk reason
    - ☐ Refused
    - ☐ Done recently elsewhere; non-Program funded

Mammogram Results:

- ☐ Negative
- ☐ Benign finding
- ☐ Probably benign
- ☐ Suspicious abnormality (consider Bx)
- ☐ Unsatisfactory
- ☐ Result unknown, presumed abnormal, non-program funded
- ☐ Highly suggestive of malignancy
- ☐ Assessment Incomplete, need additional imaging
- ☐ Film comparison required
- ☐ Result Pending

Appointment date: ____/__/____

Date performed: ____/__/____

Referral Date: ____/__/____

Date results received: ____/__/____

Date patient notified of results: ____/__/____

Location (Provider) _____

Paid by CDC Funds: ☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
- ☐ State Funded
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP
- ☐ Komen

Follow Up Recommended:

- ☐ Follow routine screening (1 year)
- ☐ Follow-up in 2 years
- ☐ Additional Mammographic views
- ☐ Surgical consult
- ☐ Ultrasound
- ☐ Short-term Follow-up mammogram: # _____ months
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ Repeat Mammography Immediately
- ☐ CBE by non-surgeon consult
- ☐ MRI
- ☐ Film Comparison Required

Mammogram Recall Date: ____/____/____ (mm / dd / yyyy)

Recall Type: ☐ **Routine** ☐ **Short-term**

Recall Reason _____

Recall Assigned To: _____

Work Up Planned: ☐ Not Planned ☐ Planned ☐ Not Yet Determined

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME:** _____

BREAST CANCER DIAGNOSTIC AND TREATMENT INFORMATION:

☐ Additional Mammographic Views

CPT code: _____

CPT code 2: _____

CPT code 3: _____

Mammogram Type: ☐ Conventional ☐ Digital

Results:

- ☐ Negative
- ☐ Benign finding
- ☐ Probably benign
- ☐ Suspicious abnormality (consider Bx)
- ☐ Highly suggestive of malignancy
- ☐ Assessment is incomplete, need additional imaging
- ☐ Film comparison required
- ☐ Result Pending
- ☐ Result unknown, presumed abnormal, non-program funded
- ☐ Unsatisfactory

Appointment date ____/__/____

Date performed ____/__/____

Date results received ____/__/____

Date pt notified of results ____/__/____

Location (provider) _____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
- ☐ State Funded
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Follow routine screening (1 year)
- ☐ Follow-up in 2 years
- ☐ Surgical consult
- ☐ Ultrasound
- ☐ Short-term Follow-up mammogram: #_____ of months
- ☐ Film Comparison
- ☐ Fine needle aspiration
- ☐ Biopsy
- ☐ CBE by non-surgeon consult
- ☐ MRI

☐ Film Comparison

USE ONLY WHEN FILM COMPARISON IS DONE TO COMPLETE AN EVALUATION; NOT FOR ROUTINE FILM COMPARISONS.

Results:

- ☐ Negative
- ☐ Benign finding
- ☐ Probably benign
- ☐ Suspicious for malignancy (consider Bx)
- ☐ Highly suggestive of malignancy
- ☐ Assessment incomplete, need additional imaging
- ☐ Result Pending
- ☐ Unsatisfactory
- ☐ Not done - other/unknown reason

Date of comparison ____/__/____

Date results received ____/__/____

Date pt notified of results ____/__/____

Location (provider) _____

FUNDING SOURCE FOR FILM COMPARISON MUST BE THE SAME AS THE MAMMOGRAM FUNDING SOURCE

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
- ☐ State Funded
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Follow routine screening (1 year)
- ☐ Follow-up in 2 years
- ☐ Additional Mammographic views
- ☐ Surgical consult
- ☐ Ultrasound
- ☐ Short-term Follow-up mammogram: #_____ of months
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ CBE by non-surgeon consult
- ☐ MRI

☐ Ultrasound

CPT code: _____

CPT code 2: _____

CPT code 3: _____

Results:

- ☐ Negative
- ☐ Benign finding
- ☐ Probably benign
- ☐ Suspicious for malignancy (consider Bx)
- ☐ Highly suggestive of malignancy
- ☐ Assessment incomplete, need additional imaging
- ☐ Known biopsy-proven malignancy
- ☐ Refused
- ☐ Not done - other/unknown reason
- ☐ Unknown

Appointment date ____/__/____

Date performed ____/__/____

Date results received ____/__/____

Date pt notified of results ____/__/____

Location (provider) _____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
- ☐ State Funded
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Follow routine screening (1 year)
- ☐ Follow-up in 2 years
- ☐ Additional Mammographic views
- ☐ Surgical consult
- ☐ Ultrasound
- ☐ Short-term Follow-up mammogram: #_____ of months
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ CBE by non-surgeon consult
- ☐ MRI

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME:** _____

BREAST CANCER DIAGNOSTIC AND TREATMENT INFORMATION:

☐ MRI

CPT code: _____
CPT code 2: _____
CPT code 3: _____

Results:
- ☐ Negative
- ☐ Benign finding
- ☐ Probably benign
- ☐ Suspicious for malignancy (consider Bx)
- ☐ Highly suggestive of malignancy
- ☐ Assessment incomplete, need additional imaging
- ☐ Known biopsy-proven malignancy
- ☐ Refused
- ☐ Not done - other/unknown reason

Appointment date ___/___/___

Date performed ___/___/___

Date results received ___/___/___

Date pt notified of results ___/___/___

Location (provider) _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
- ☐ CDC Funded
- ☐ State Funded
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:
- ☐ Follow routine screening (1 year)
- ☐ Follow-up in 2 years
- ☐ Additional Mammographic views
- ☐ Surgical consult
- ☐ Ultrasound
- ☐ Short-term Follow-up mammogram: #_____ of months
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ Repeat Mammography Immediately
- ☐ CBE by non-surgeon consult
- ☐ MRI

☐ Surgical Consultation

CPT code: _____
CPT code 2: _____
CPT code 3: _____

Results:
- ☐ No intervention at this time - routine FU
- ☐ Short term FU
- ☐ Biopsy/FNA recommended
- ☐ Ultrasound recommended
- ☐ Surgery or treatment recommended
- ☐ Refused
- ☐ Not done - oth/unk reason
- ☐ Unknown

Appointment date ___/___/___

Date performed ___/___/___

Date results received ___/___/___

Date pt notified of results ___/___/___

Location (provider) _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
- ☐ CDC Funded
- ☐ State Funded
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:
- ☐ Follow routine screening (1 year)
- ☐ Follow-up in 2 years
- ☐ Additional Mammographic views
- ☐ Surgical consult
- ☐ Ultrasound
- ☐ Short-term Follow-up mammogram: #_____ of months
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ Repeat Mammography Immediately
- ☐ CBE by non-surgeon consult
- ☐ MRI

☐ Consultant-Repeat CBE

CPT code: _____
CPT code 2: _____
CPT code 3: _____

Results:
- ☐ Normal exam
- ☐ Benign finding
- ☐ Bloody/serous nipple discharge
- ☐ Discrete palp mass - Suspicious for Ca
- ☐ Nipple/areolar scaliness
- ☐ Skin dimpling/retraction
- ☐ Unknown
- ☐ Refused
- ☐ Not done - oth/unk reason

Appointment date ___/___/___

Date performed ___/___/___

Date results received ___/___/___

Date pt notified of results ___/___/___

Location (provider) _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
- ☐ CDC Funded
- ☐ State Funded
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:
- ☐ Follow routine screening (1 year)
- ☐ Follow-up in 2 years
- ☐ Additional Mammographic views
- ☐ Surgical consult
- ☐ Ultrasound
- ☐ Short-term Follow-up mammogram: #_____ of months
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ Repeat Mammography Immediately
- ☐ CBE by non-surgeon consult
- ☐ MRI

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME:**_____

BREAST CANCER DIAGNOSTIC AND TREATMENT INFORMATION (continued):

☐ Fine Needle Aspiration (FNA)

CPT code: _____

CPT code 2: _____

CPT code 3: _____

Results:

- ☐ Not Suspicious for Cancer
- ☐ No fluid/tissue obtained
- ☐ Suspicious for cancer
- ☐ Unknown
- ☐ Refused
- ☐ Not done - oth/unk reason

Appointment date ____/__/____

Date performed ____/__/____

Date results received ___/__/____

Date pt notified of results ___/___/____

Location (provider) _____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
- ☐ State Funded
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Follow routine screening (1 year)
- ☐ Follow-up in 2 years
- ☐ Additional Mammographic views
- ☐ Surgical consult
- ☐ Ultrasound
- ☐ Short-term Follow-up mammogram: #____ of months
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ Repeat Mammography Immediately
- ☐ CBE by non-surgeon consult
- ☐ MRI

☐ Biopsy/Lumpectomy

CPT code: _____

CPT code 2: _____

CPT code 3: _____

Results:

- ☐ Normal breast tissue
- ☐ Other benign changes
- ☐ Hyperplasia
- ☐ Atypical ductal hyperplasia (ADH)
- ☐ Lobular CIS
- ☐ Ductal CIS
- ☐ Invasive breast ca
- ☐ Refused
- ☐ Not done - oth/unk reason
- ☐ Unknown

Appointment date ____/__/____

Date performed ____/__/____

Date results received ___/__/____

Date pt notified of results ___/___/____

Location (provider)_____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
- ☐ State Funded
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Follow routine screening (1 year)
- ☐ Follow-up in 2 years
- ☐ Additional Mammographic views
- ☐ Surgical consult
- ☐ Ultrasound
- ☐ Short-term Follow-up mammogram: #____ of months
- ☐ Fine needle aspiration (FNA)
- ☐ Biopsy
- ☐ Repeat Mammography Immediately
- ☐ CBE by non-surgeon consult
- ☐ MRI

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME**_____

BREAST CANCER DIAGNOSTIC AND TREATMENT INFORMATION (continued):
Other Diagnostic Tests Not Listed

Procedure: _____

CPT code: _____
CPT code 2: _____
CPT code 3: _____
CPT code 4: _____
CPT code 5: _____
CPT code 6: _____
CPT code 7: _____
CPT code 8: _____
CPT code 9: _____

Results: _____

Appointment date ____/__/____

Date performed ____/__/____

Date results received ___/__/____

Date pt notified of results ___/__/____

Location (provider) _____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

☐ CDC Funded
☐ State Funded
☐ Blended CDC/State
☐ Cigarette Restitution Fund (CRF)
☐ Diagnosis and Treatment
☐ Komen
☐ Non-Program Funded
☐ Maryland Cancer Fund
☐ WBCCHP

Follow Up Recommended:

☐ Follow routine screening (1 year)
☐ Follow-up in 2 years
☐ Additional Mammographic views
☐ Surgical consult
☐ Ultrasound
☐ Short-term Follow-up mammogram: #____ of months
☐ Fine needle aspiration (FNA)
☐ Biopsy
☐ Repeat Mammography Immediately
☐ CBE by non-surgeon consult
☐ MRI

Procedure: _____

CPT code: _____
CPT code 2: _____
CPT code 3: _____
CPT code 4: _____
CPT code 5: _____
CPT code 6: _____
CPT code 7: _____
CPT code 8: _____
CPT code 9: _____

Results: _____

Appointment date ____/__/____

Date performed ____/__/____

Date results received ___/__/____

Date pt notified of results ___/__/____

Location (provider)_____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

☐ CDC Funded
☐ State Funded
☐ Blended CDC/State
☐ Cigarette Restitution Fund (CRF)
☐ Diagnosis and Treatment
☐ Komen
☐ Non-Program Funded
☐ Maryland Cancer Fund
☐ WBCCHP

Follow Up Recommended:

☐ Follow routine screening (1 year)
☐ Follow-up in 2 years
☐ Additional Mammographic views
☐ Surgical consult
☐ Ultrasound
☐ Short-term Follow-up mammogram: #____ of months
☐ Fine needle aspiration (FNA)
☐ Biopsy
☐ Repeat Mammography Immediately
☐ CBE by non-surgeon consult
☐ MRI

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME**_____

BREAST CANCER DIAGNOSTIC AND TREATMENT INFORMATION (continued):

FINAL IMAGING OUTCOME:

- ☐ Negative
- ☐ Benign finding
- ☐ Probably benign
- ☐ Suspicious for malignancy (consider Bx)
- ☐ Highly suggestive of malignancy
- ☐ Unsatisfactory
- ☐ Additional Imaging Pending
- ☐ No Additional Breast Imaging Performed

Final imaging date: ____/____/_____ (mm/dd/yyyy) **Date results received:** ____/____/_____(mm/dd/yyyy)

Date client notified of results: ____/____/_____ mm / dd / yyyy **Location (provider):** _____

SEEN SURGEON STATUS:

- ☐ Consult not indicated per MCE's
- ☐ Consult Optional - Client did not see surgeon
- ☐ Consult Optional - Client saw surgeon
- ☐ Consult Required - Client did not see surgeon
- ☐ Consult Required - Client saw surgeon

FINAL DIAGNOSIS STATUS:

- ☐ Complete
- ☐ Deceased
- ☐ Lost to follow-up
- ☐ Pending
- ☐ Refused
- ☐ Irreconcilable/Incomplete

Date of Final Diagnostic Disposition:

____/____/_____ mm / dd / yyyy

TUMOR STAGE (Invasive Cancer Only):

- ☐ AJCC Stage I
- ☐ AJCC Stage II
- ☐ AJCC Stage III
- ☐ AJCC Stage IV
- ☐ Unstaged
- ☐ Unknown

TUMOR SIZE: (Invasive Cancer Only):

____.___ CM

FINAL DIAGNOSIS:

- ☐ Breast Cancer not diagnosed
- ☐ Ductal Carcinoma In Situ (DCIS) - Stage 0
- ☐ Lobular Carcinoma In Situ (LCIS) - Stage 0
- ☐ Invasive Breast Cancer
- ☐ Recurrent Breast Cancer

BREAST CANCER TREATMENT STATUS:

- ☐ Treatment Started
- ☐ Pending/Unknown
- ☐ Not indicated/Not Needed
- ☐ Refused by Client
- ☐ Lost to follow-up
- ☐ Client Deceased
- ☐ Financial Problems
- ☐ Transportation Problems
- ☐ Other Problems: _____

Date of Treatment Disposition: ____/____/_____ (mm / dd / yyyy)

Treatment Funding Source:

- ☐ WBCCHP
- ☐ Dx & Tx
- ☐ Md Cancer Fund
- ☐ Med Assistance
- ☐ MHIP
- ☐ Other

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME**_____

CERVICAL CANCER SCREENING INFORMATION:

CERVICAL CYCLE #: _____ **LOCATION (PROVIDER):** _____

HOUSEHOLD SIZE: _____

TOTAL ANNUAL HOUSEHOLD INCOME: $ __ __, ___ ___ ___

Eligible for the Program Cervical Services?

☐ Yes ☐ No ☐ Unknown

CARE2CARE NAVIGATION THIS CYCLE: ☐ (Check if Yes)

HAS CLIENT HAD A PREVIOUS PAP TEST? ☐Yes ☐No ☐Unknown

IF YES: IS PREVIOUS PAP TEST DOCUMENTED?: ☐ Yes ☐No ☐ Unknown

RESULTS OF PREVIOUS PAP TEST: ☐Normal ☐Abnormal ☐Unavailable

DATE OF PREVIOUS PAP TEST: _____/_____/_____ (mm/dd/yyyy)

INITIAL ASSESSMENT:

- ☐ Insured/Navigation Only
- ☐ Medicaid/Navigation Only
- ☐ Medicare-B/Navigation Only
- ☐ Underinsured
- ☐ Uninsured

REFERRED (to Insurance Marketplace):

- ☐ NO - Client currently insured
- ☐ NO - Client not eligible to obtain insurance
- ☐ YES - Client referred

ANY PROGRAM-FUNDED SERVICES THIS CYCLE?:

☐ YES ☐ NO

FINAL ASSESSMENT:

- ☐ Insured
- ☐ Underinsured
- ☐ Medicaid
- ☐ Uninsured
- ☐ Medicare-B

RECALL INFORMATION:

- ☐ Telephone reminder
- ☐ Letter
- ☐ Postcard
- ☐ Wallet card
- ☐ Personal Visit
- ☐ Initial Letter
- ☐ Final Warning Letter
- ☐ Discharge Letter
- ☐ Re-enrollment/Re-instatement
- ☐ Other: _____

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME:**_____

CERVICAL CANCER SCREENING INFORMATION (continued):

☐ Pap Test

CPT code: _____

CPT code 2: _____

CPT code 3: _____

Indication for Pap Test:

- ☐ Routine Pap test
- ☐ Patient under surveillance for previous abnormal test
- ☐ Diagnostic Referral
- ☐ Unknown
- ☐ Pap test not done; HPV only or proceeded directly to Dx:

→ **Indication Reason for Pap Test Not Done:**

- ☐ Not Needed
- ☐ Needed but not Performed
- ☐ Not Done – other/unk reason
- ☐ Refused
- ☐ Done recently elsewhere, non-funded

Pap Results:

- ☐ Negative for intraepithelial lesion
- ☐ ASC-US
- ☐ ASC-H
- ☐ Low grade SIL/HPV
- ☐ High grade SIL
- ☐ Squamous cell carcinoma
- ☐ AGC (Atypical Glandular Cells)
- ☐ AIS (Endocervical Adenocarcinoma in situ)
- ☐ Adenocarcinoma
- ☐ Other _____
- ☐ Result pending
- ☐ Result unknown, presumed abnormal, non-program funded

Appointment date: ____/__/____

Date performed: ____/__/____

Referral date: ____/__/____

Date results received: ____/__/____

Date patient notified of results: ____/____/____

Location (provider): _____

Specimen Type:

- ☐ Conventional smear
- ☐ Liquid Based
- ☐ Other
- ☐ Unknown

Specimen Adequacy:

- ☐ Satisfactory
- ☐ Unsatisfactory
- ☐ Unknown

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
- ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Repeat Pap test immediately

Work Up Planned:

- ☐ Not Planned
- ☐ Planned
- ☐ Not Yet Determined

Pap Recall Date:

_____/____/_____
mm / dd / yyyy

Recall Type: ☐ **Routine** ☐ **Short-term**

Recall Reason:

_____

_____

Recall Assigned To:_____

☐ HPV Test

CPT code: _____

CPT code 2: _____

CPT code 3:_____

Results:

- ☐ Negative for high risk HPV types
- ☐ Positive for high-risk HPV types
- ☐ HPV Test done, result unknown

Pap - HPV Co-Test? ☐ **Yes** ☐ **No**

Appointment date: ____/__/____

Date performed: ____/__/____

Date results received: ____/__/____

Date patient notified of results: ____/____/____

Location (provider): _____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
- ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Hysterectomy

CaST ID:_____ **LAST NAME**:_____ **FIRST NAME**:_____

CERVICAL CANCER DIAGNOSTIC AND TREATMENT INFORMATION (continued):

☐ Colposcopy without Biopsy

CPT code: _____
CPT code 2: _____
CPT code 3: _____

Results:
- ☐ Negative (WNL)
- ☐ Infection/Inflam/Reactive Changes
- ☐ Other abnormality
- ☐ Refused
- ☐ Unknown
- ☐ Not done - other/unknown reason
- ☐ Unsatisfactory

Appointment date: ____/__/____

Date performed: ____/__/____

Date results received: ____/__/____

Date pt notified of results: ____/__/____

Location (provider): _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
- ☐ CDC Funded
  ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:
- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up:
  #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Hysterectomy

☐ Colposcopy with Biopsy

CPT code: _____
CPT code 2: _____
CPT code 3: _____

Results:
- ☐ Negative (WNL)
- ☐ Other nonmalignant abnormality (HPV, condyloma)
- ☐ CIN 1
- ☐ CIN 2
- ☐ CIN 3/CIS
- ☐ LSIL
- ☐ HSIL
- ☐ Invasive Carcinoma
- ☐ Adenocarcinoma
- ☐ No tissue present
- ☐ Refused
- ☐ Not done - oth/unk reason
- ☐ Unknown

Appointment date: ____/__/____

Date performed: ____/__/____

Date results received: ____/__/____

Date pt notified of results: ____/__/____

Location (provider) : _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
- ☐ CDC Funded
  ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:
- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Hysterectomy

☐ Colposcopy with ECC

CPT code: _____
CPT code 2: _____
CPT code 3: _____

Results:
- ☐ Negative (WNL)
- ☐ Other nonmalignant abnormality (HPV, condyloma)
- ☐ CIN 1
- ☐ CIN 2
- ☐ CIN 3/CIS
- ☐ LSIL
- ☐ HSIL
- ☐ Invasive Carcinoma
- ☐ Adenocarcinoma
- ☐ No tissue present
- ☐ Refused
- ☐ Not done - oth/unk reason
- ☐ Unknown

Appointment date: ____/__/____

Date performed: ____/__/____

Date results received: ____/__/____

Date pt notified of results: ____/__/____

Location (provider) : _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
- ☐ CDC Funded
  ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:
- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Hysterectomy

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME:** _____

CERVICAL CANCER DIAGNOSTIC AND TREATMENT INFORMATION (continued):

☐ LEEP

CPT code: _____
CPT code 2: _____
CPT code 3: _____

Results:
- ☐ Negative (WNL)
- ☐ Other nonmalignant abnormality (HPV, condyloma)
- ☐ CIN 1
- ☐ CIN 2
- ☐ CIN 3 / CIS
- ☐ LSIL
- ☐ HSIL
- ☐ Invasive Carcinoma
- ☐ Adenocarcinoma
- ☐ No tissue present
- ☐ Refused
- ☐ Not done - oth/unk reason
- ☐ Unknown

Appointment date: ___/___/___
Date performed: ___/___/___
Date results received: ___/___/___
Date pt notified of results: ___/___/___
Location (provider) : _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
- ☐ CDC Funded
- ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:
- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Hysterectomy

☐ Cold Knife Cone (CKC)

CPT code: _____
CPT code 2: _____
CPT code 3: _____

Results:
- ☐ Negative (WNL)
- ☐ Other nonmalignant abnormality (HPV, condyloma)
- ☐ CIN 1
- ☐ CIN 2
- ☐ CIN 3 / CIS
- ☐ LSIL
- ☐ HSIL
- ☐ Invasive Carcinoma
- ☐ Adenocarcinoma
- ☐ No tissue present
- ☐ Refused
- ☐ Not done - oth/unk reason
- ☐ Unknown

Appointment date: ___/___/___
Date performed: ___/___/___
Date results received: ___/___/___
Date pt notified of results: ___/___/___
Location (provider) : _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
- ☐ CDC Funded
- ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:
- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Hysterectomy

☐ Endocervical Curettage (ECC) Alone

CPT code: _____
CPT code 2: _____
CPT code 3: _____

Results:
- ☐ Negative (WNL)
- ☐ Other nonmalignant abnormality (HPV, condyloma)
- ☐ CIN 1
- ☐ CIN 2
- ☐ CIN 3 / CIS
- ☐ LSIL
- ☐ HSIL
- ☐ Invasive Carcinoma
- ☐ Adenocarcinoma
- ☐ No tissue present
- ☐ Refused
- ☐ Not done - oth/unk reason
- ☐ Unknown

Appointment date: ___/___/___
Date performed: ___/___/___
Date results received: ___/___/___
Date pt notified of results: ___/___/___
Location (provider) : _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
- ☐ CDC Funded
- ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:
- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Hysterectomy

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME:** _____

CERVICAL CANCER DIAGNOSTIC AND TREATMENT INFORMATION (continued):

☐ Gynecologic Consultation

CPT code: _____

CPT code 2: _____

CPT code 3: _____

Results:

- ☐ Negative (WNL)
- ☐ Infection/Inflam/Reactive Changes
- ☐ Other abnormality
- ☐ Refused
- ☐ Unknown
- ☐ Not done - other/unknown reason
- ☐ Unsatisfactory

Appointment date: ___/___/___

Date performed : ___/___/___

Date results received : ___/___/___

Date pt notified of results: ___/___/___

Location (provider) : _____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
  ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Hysterectomy

☐ Pelvic Ultrasound

CPT code: _____

CPT code 2: _____

CPT code 3: _____

Results:

- ☐ Negative (WNL)
- ☐ Abnormal - not suspicious for cancer
- ☐ Abnormal – suspicious for cancer
- ☐ Refused
- ☐ Not done - oth/unk reason
- ☐ Abnormal Pelvic
- ☐ Unknown

Appointment date: ___/___/___

Date performed : ___/___/___

Date results received : ___/___/___

Date pt notified of results: ___/___/___

Location (provider) : _____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
  ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Hysterectomy

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME:** _____

CERVICAL CANCER DIAGNOSTIC AND TREATMENT INFORMATION (continued):

☐ **Hysterectomy**

CPT code: _____

CPT code 2: _____

CPT code 3: _____

Results:

- ☐ Negative (WNL)
- ☐ Other non-malignant abnormality (HPV, condyloma)
- ☐ CIN 1
- ☐ CIN 2
- ☐ CIN 3 / CIS
- ☐ LSIL
- ☐ HSIL
- ☐ Invasive Carcinoma
- ☐ Adenocarcinoma
- ☐ No tissue present
- ☐ Refused
- ☐ Not done - other/unknown reason
- ☐ Unknown

Appointment date: ____/__/____

Date performed : ____/__/____

Date results received : ____/__/____

Date pt notified of results: ____/__/____

Location (provider) : _____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ ~~CDC Funded~~
  ~~State Funded~~
- ☐ ~~Blended CDC/State~~
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy

☐ **Other Biopsy:** _____

CPT code: _____

CPT code 2: _____

CPT code 3: _____

Results:

- ☐ Negative (WNL)
- ☐ Other non-malignant abnormality (HPV, condyloma)
- ☐ CIN 1
- ☐ CIN 2
- ☐ CIN 3/CIS
- ☐ LSIL
- ☐ HSIL
- ☐ Invasive Carcinoma
- ☐ Adenocarcinoma
- ☐ No tissue present
- ☐ Refused
- ☐ Not done - other/unknown reason
- ☐ Unknown

Appointment date: ____/__/____

Date performed : ____/__/____

Date results received : ____/__/____

Date pt notified of results: ____/__/____

Location (provider) : _____

Paid by CDC Funds:

☐ Yes ☐ No ☐ Unknown

Funding Source:

- ☐ CDC Funded
  ~~State Funded~~
- ☐ Blended CDC/State
- ☐ Cigarette Restitution Fund (CRF)
- ☐ Diagnosis and Treatment
- ☐ Komen
- ☐ Non-Program Funded
- ☐ Maryland Cancer Fund
- ☐ WBCCHP

Follow Up Recommended:

- ☐ Pap in 1 year
- ☐ Pap in 2 years
- ☐ Pap in 3 years
- ☐ Pap in 5 years
- ☐ HPV Test
- ☐ Colposcopy with Bx
- ☐ Colposcopy w/ ECC
- ☐ Colposcopy without Bx
- ☐ Cold Knife Cone (CKC)
- ☐ ECC Alone
- ☐ Gynecologic consultation
- ☐ LEEP
- ☐ Short-term follow up: #_____ of months
- ☐ Pelvic Ultrasound
- ☐ Other biopsy
- ☐ Hysterectomy

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME:** _____

CERVICAL CANCER DIAGNOSTIC AND TREATMENT INFORMATION (continued):
Other Diagnostic Tests Not Listed

Procedure: _____

CPT code: _____
CPT code 2: _____
CPT code 3: _____
CPT code 4: _____
CPT code 5: _____
CPT code 6: _____
CPT code 7: _____
CPT code 8: _____
CPT code 9: _____

Results: _____

Appointment date: ___/___/___
Date performed : ___/___/___
Date results received : ___/___/___
Date pt notified of results: ___/___/___
Location (provider) : _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
☐ CDC Funded
☐ ~~State Funded~~
☐ Blended CDC/State
☐ Cigarette Restitution Fund (CRF)
☐ Diagnosis and Treatment
☐ Komen
☐ Non-Program Funded
☐ Maryland Cancer Fund
☐ WBCCHP

Follow Up Recommended:
☐ Pap in 1 year
☐ Pap in 2 years
☐ Pap in 3 years
☐ Pap in 5 years
☐ HPV Test
☐ Colposcopy with Bx
☐ Colposcopy w/ ECC
☐ Colposcopy without Bx
☐ Cold Knife Cone (CKC)
☐ ECC Alone
☐ Gynecologic consultation
☐ LEEP
☐ Short-term follow up: #____ of months
☐ Pelvic Ultrasound
☐ Other biopsy
☐ Hysterectomy

Procedure: _____

CPT code: _____
CPT code 2: _____
CPT code 3: _____
CPT code 4: _____
CPT code 5: _____
CPT code 6: _____
CPT code 7: _____
CPT code 8: _____
CPT code 9: _____

Results: _____

Appointment date: ___/___/___
Date performed : ___/___/___
Date results received : ___/___/___
Date pt notified of results: ___/___/___
Location (provider) : _____

Paid by CDC Funds:
☐ Yes ☐ No ☐ Unknown

Funding Source:
☐ CDC Funded
☐ ~~State Funded~~
☐ Blended CDC/State
☐ Cigarette Restitution Fund (CRF)
☐ Diagnosis and Treatment
☐ Komen
☐ Non-Program Funded
☐ Maryland Cancer Fund
☐ WBCCHP

Follow Up Recommended:
☐ Pap in 1 year
☐ Pap in 2 years
☐ Pap in 3 years
☐ Pap in 5 years
☐ HPV Test
☐ Colposcopy with Bx
☐ Colposcopy w/ ECC
☐ Colposcopy without Bx
☐ Cold Knife Cone (CKC)
☐ ECC Alone
☐ Gynecologic consultation
☐ LEEP
☐ Short-term follow up: #____ of months
☐ Pelvic Ultrasound
☐ Other biopsy
☐ Hysterectomy

CaST ID:_____ **LAST NAME:**_____ **FIRST NAME:** _____

CERVICAL CANCER DIAGNOSTIC AND TREATMENT INFORMATION:

Status of Final Diagnosis:

- ☐ Complete
- ☐ Deceased
- ☐ Lost to follow-up
- ☐ Pending
- ☐ Refused
- ☐ Irreconcilable/Incomplete

Date of Final Diagnostic Disposition: _____/_____/_____
mm / dd / yyyy

Final Diagnosis:

- ☐ Normal/Benign reaction/inflammation
- ☐ HPV/Condylomata/Atypia
- ☐ CIN 1/mild dysplasia (biopsy diagnosed)
- ☐ CIN 2/moderate dysplasia (biopsy diagnosed)
- ☐ CIN 3/severe dysplasia/CIS (Stage 0) (biopsy diagnosed)
- ☐ Invasive Cervical Carcinoma (biopsy diagnosed)
- ☐ Low Grade SIL (biopsy diagnosed)
- ☐ High Grade SIL (biopsy diagnosed)
- ☐ Other: _____

Tumor Stage (Invasive Cancer Only):

- ☐ Stage I
- ☐ Stage II
- ☐ Stage III
- ☐ Stage IV
- ☐ Unknown
- ☐ Unstaged

Cervical Cancer Treatment Status:

- ☐ Treatment Started
- ☐ Pending/Unknown
- ☐ Not indicated/Not needed
- ☐ Refused by client
- ☐ Lost to follow-up
- ☐ Client deceased
- ☐ Financial problems
- ☐ Transportation problems
- ☐ Other problems: _____

Date of Treatment Disposition: _____/_____/_____
mm / dd / yyyy

Treatment Funding Source:

- ☐ WBCCHP
- ☐ Dx & Tx
- ☐ MHIP
- ☐ Md Cancer Fund
- ☐ Med Assistance
- ☐ Other

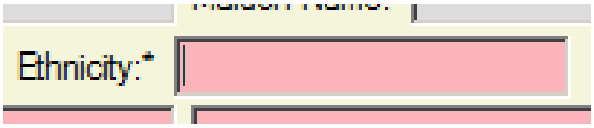
CaST ID: _____ **LAST NAME:** _____ **FIRST NAME:** _____

DATA ENTRY GUIDE FOR THE CaST SOFTWARE (version 6.3)

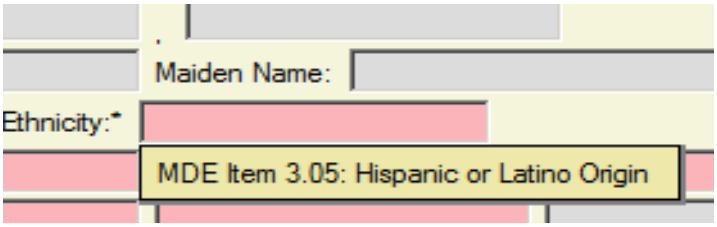
CaST (Cancer Screening and Tracking) is a software developed to enter breast and cervical cancer screening and diagnostic data for clients of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Information Management Services (IMS) developed CaST for CDC and is responsible for periodic revisions and updates. The CDC provides CaST to State, Tribal, and Territorial Breast and Cervical Screening Programs. The Maryland Breast and Cervical Cancer Screening Program (BCCP) has been using CaST since 2005.

This guide replaces all previous versions of the Data Entry Guide. This document focuses on data entry only; queries, reports and other CaST functions and screens are not addressed here.

CaST 6.3 is the most recent (installed January 2014) version of the CaST data entry software. A feature in 6.3 is 'hover' definitions, which allows the user to see more specific information for fields marked with an asterisk (*) when F1 is pressed. To access the definition, place cursor in the response area of a marked field. Below is an example using the 'Ethnicity' field in Baseline:



When cursor begins to blink in the response area, press the 'F1' key. A definition of the field will appear below:



Clicking on the definition, pressing F1 again, or moving cursor to another field will remove the definition. This feature works in Browse and Edit modes, but if in Edit, the field needs to be active.

New user-defined fields were added to CaST in May 2015 to define insurance and payment status for Program-funded clients and navigation only clients. The Expanded Program ended June 30, 2015 and options related to it were dropped from CaST. An additional field for HPV genotyping was added April 2016.

CaST screens are shown in the most likely progression used when entering a new client, i.e., Baseline, Breast Cycle, Breast Procedure, Cervical Cycle, and Cervical Procedure. Following each CaST screen picture are explanations of those fields and data entry procedures for those fields. Fields that are highlighted in red/pink in this guide are MDE (Minimum Data Element) fields and need to be completed unless noted otherwise. MDE field names are shown in red in CaST. Information from these fields is sent to CDC twice each year. This does not mean that the non-MDE fields are optional. Non-MDE fields may not require data entry all of the time, but those fields should, for the

most part, be completed. Non-MDE fields that have minimal importance to the Program at the State level are shown in gray in this guide. Data entry in these fields is allowed, but not necessary.

Please take note of fields in this guide that have the "Stop" icon next to them  and carefully read the important information regarding these fields.

A down arrow (▾) in CaST indicates fields with a drop-down box where valid responses can be selected. Fields without the down arrow must have responses typed in. When data entry is completed for a page or screen, remember to hit the 'Save' button at the bottom. If you want to cancel, hit the 'Cancel' button, also at the bottom. All unsaved entries on that screen will then be lost. There are several different 'Save' options. Although all save the current data and any changes, their subsequent actions differ:

'**Save**' - Saves data and returns to 'Browse' mode.
'**Save/Close**' - Saves data and closes client record.
'**Save/New**' - Saves data, and
If editing in Baseline, creates a new patient record.
If editing in Cycle, creates a new cycle for that client.
If editing in Procedure, creates a new procedure in that cycle for that client.

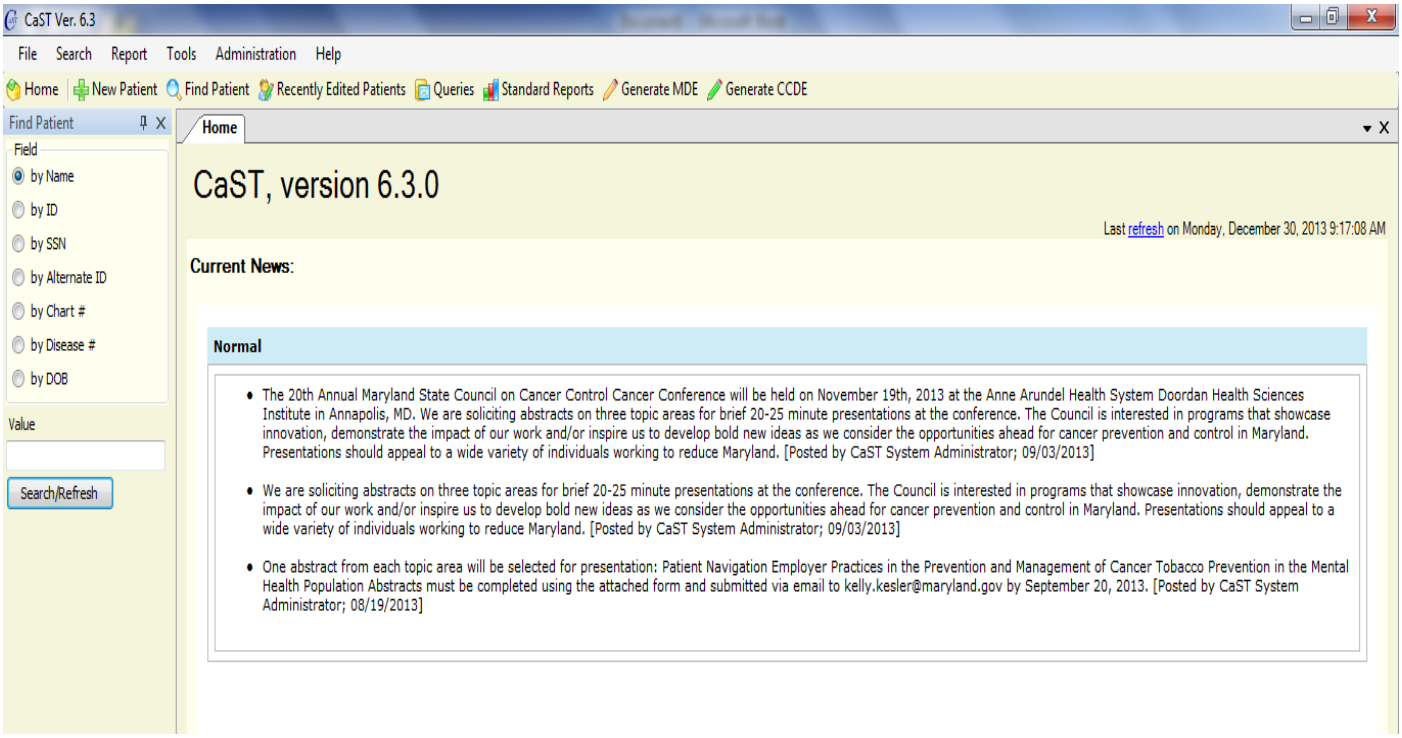
'**Save/Return to Cycle**' - Saves Procedure data and returns to the Cycle screen in edit mode.

'Save/Next' - Saves data, and
If editing in Cycle, advances to the client's next Cycle in edit mode. If client has only one cycle, or if editing client's last cycle, this option will not activate.
If editing in Procedure, advances to the client's next Procedure in edit mode in that cycle. If client has only one procedure in the cycle, or if editing client's last procedure in the cycle, this option will not activate.

This option will not activate in the Baseline screen.
'**Save Cycle/Add Procedure'** - Saves Cycle data and adds a procedure in that Cycle. Only available in Cycle screen, and is located within the Cycle page and not at bottom of the page.

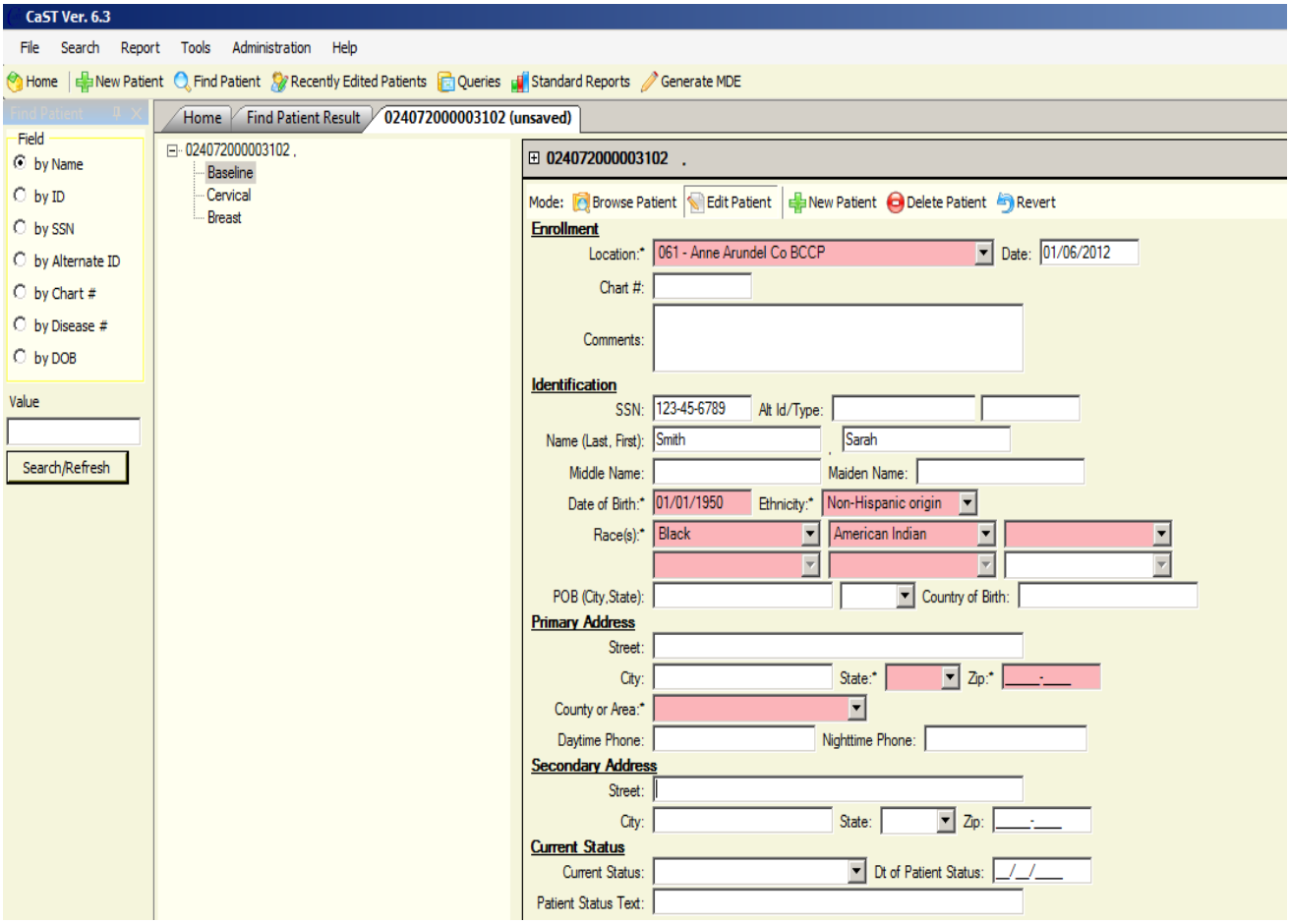
Be aware that the size and resolution of your monitor and the window size may affect how fields in the Baseline, Breast, and Cervical screens appear. Larger monitors and maximized windows will show more fields on the same screen, while smaller monitors and a smaller window may require more scrolling. The PC display properties also affect the way information is shown on the CaST 6.3 screens. If you have to scroll to the right to view all fields/information on a given screen, changing your screen resolution may make all the fields/information fit on the display area. In order to change your screen resolution, right click on the desktop and click on properties. In the **Display Properties** screen, select the **Settings** tab. You can change the screen resolution at the bottom of the screen.

Opening Screen example:



Information about Program events and news can be displayed under 'Current News', but only the DHMH database administrator can enter the information. Local Programs are encouraged to share information and news with other local Programs, but will need to contact the Database Manager (Jerry Gaylord) at DHMH to request posting.

Baseline Screen:



Note: The status bar on the left side of the screens cannot be hidden. User-defined fields are below the fixed CaST fields. This is a CaST functionality and cannot be changed. Fields with an asterisk (*) can be queried for additional description by pressing F1 in the response area.

Baseline Fields:

Enrollment Fields:

Location: Enrollment location of client. Only your local Program ID info will appear in the drop-down box.

Date: Date client is enrolled in the Program. A client is considered enrolled when all paperwork preceding screening has been completed; i.e, all demographic information has been collected, eligibility determined, and consent form has been signed. The enrollment date is constant throughout the client's history and should not be updated.

Chart Number: This is an optional field. The Central Office and CDC references clients by their 15-digit (024…) CaST ID number.

Comments: Free text field for notes, reminders, etc.

SSN: Social Security Number of client.

Alt ID: Contains old patient ID numbers from pre-CaST data. Clients are identified by their CaST ID (024…). This field does not have to be completed for new clients, as all references to previous, current, and new clients will use their CaST ID. However, it is permitted to continue to create new ID numbers for new clients using your previous ID numbering system and enter those numbers in this field.

Alt ID/Type: Not used

Baseline Fields (continued):

Identification Fields:

Last Name: Client's last name. Probably will not change, but should be asked at each cycle's intake.
First Name: Client's first name. Probably will not change, but should be asked at each cycle's intake.
Middle Name: Client's middle name or initial or can be left blank.
Maiden Name: Client's maiden name. Data entry is optional for this field.

Date of Birth: Client's date of birth (mm/dd/yyyy). Confirm at each cycle's intake.

Ethnicity: Client's Hispanic heritage information. Must be completed and asked before Race. Should be asked at each cycle's intake.

Race(s): Race of client. Should be asked at each cycle's intake. There are 6 race fields for clients who identify with more than one race group. All race fields have identical choices. If a client identifies with only one race group, only the first race field needs to be completed. If client identifies with two race categories, the first two race fields have to be completed, but not the remaining four, and so on. In cases where a client identifies with two or more races, there is no 'main' race field.

POB Fields: Client's place of birth. The Maryland Program is not requesting this information.

Primary Address Information Fields:

Street: House number and street name where client resides. Should be asked at each cycle's intake.

City: City where client resides. Should be asked at each cycle's intake.

State: State where client resides (Maryland, with a few exceptions). Should be asked at each cycle's intake.

Zip: Zip code where client resides. Should be asked at each cycle's intake.

County or Area: County where client resides. This field will be activated when 'State' is entered, and the counties for that State will appear in a drop-down box. Should be asked at each cycle's intake.

Daytime Phone: Phone number client can be reached during the day. Should be asked at each cycle's intake.

Nighttime Phone: Phone number client can be reached during the evening. Should be asked at each cycle's intake.

Secondary Address Information Fields:

If client has another address, that information can be entered in these fields. Can also be used for address of a contact person (name of contact person can be entered in 'Comments' field. See 'Additional comments' page 9.)

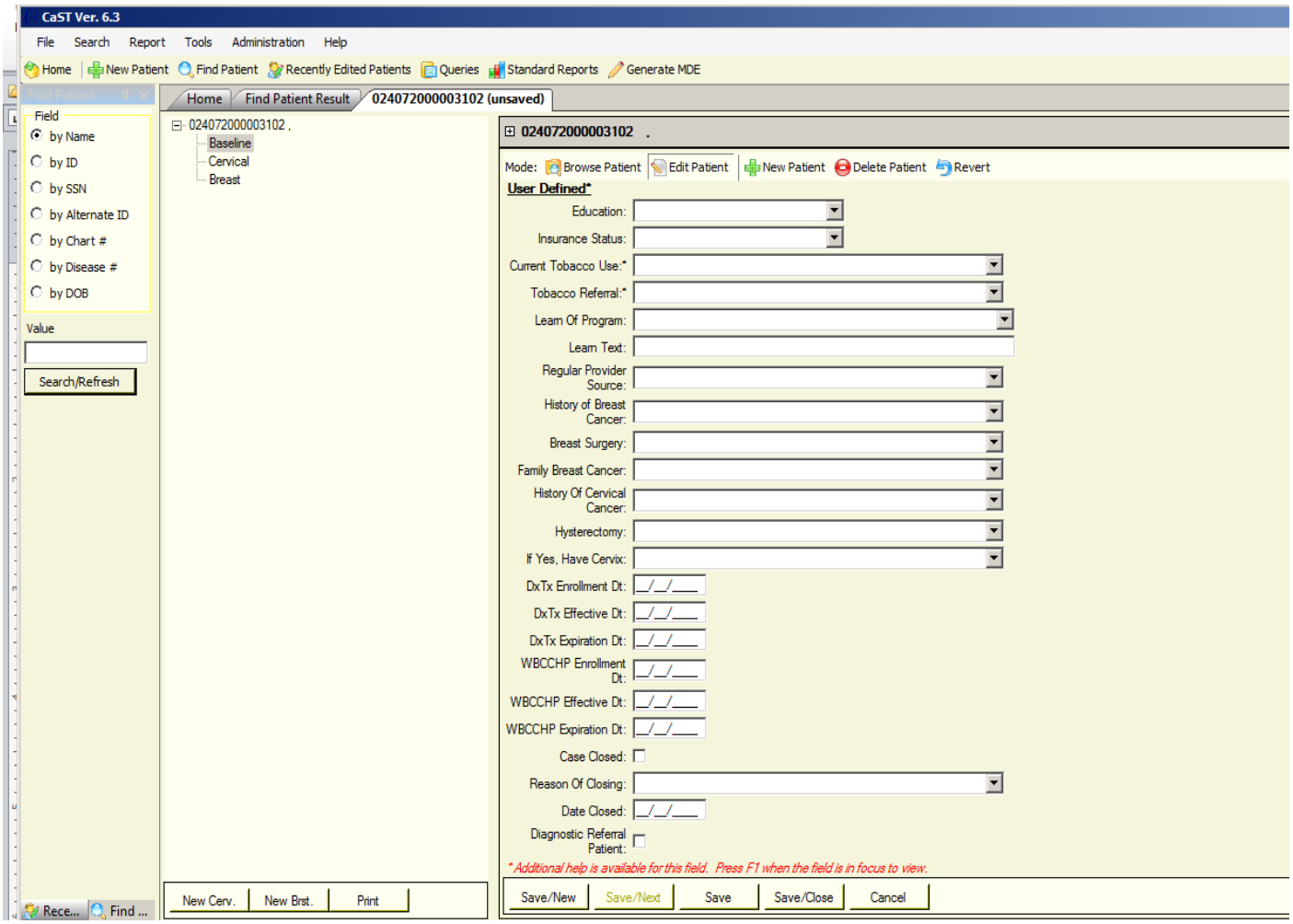
Current Status Fields:

Current Status: Current status of client (active, inactive, deceased, out of area, temporarily inactive).

Date of Pt Status: If a client becomes inactive, temporarily inactive, or has moved out of area, the date when the determination was made. If client is deceased, the date of death if known. Do not complete for active clients.

Pt Status Text: Optional free text field for comments about patient status. Limited to 100 characters.

Baseline User- Defined Fields:



User-Defined Fields are placed below the CaST 'Patient Status Text Field'.

Education: Client's education status. Probably will not change, but should be asked at each cycle's intake.

Insurance Status: Type of health insurance client has, if any. Includes public and commercial. DHMH recommends that this field be asked at each cycle intake and updated when needed.

Tobacco: Current tobacco-use status of client. 'Yes' indicates a current tobacco user, 'No' indicates a former tobacco user or non-tobacco user. This refers to tobacco use in any form. Should be asked at each cycle's intake.

Tobacco Referral: Cessation referral options for clients who are current tobacco users. To be completed for all current users, but only for current users.

Learn of Program: How client learned of the Program (initial Learn-of only). This field should not be updated.

Learn Text: Free text field for specifics about how client learned of the Program. This field should not be updated.

Baseline User Fields (continued):

Regular Provider Source: Does client have a regular source of care. Should be asked at each cycle's intake.

History of Breast Cancer: Has client been previously diagnosed with breast cancer. Should be asked at each cycle's intake.

Breast Surgery: Has client had breast surgery for condition other than breast cancer. Should be asked at each cycle's intake.

Family (History) Breast Cancer: Does client have close relatives (mother, sister, aunt, grandmother) that have been diagnosed with pre-menopausal breast cancer. Should be asked at each cycle's intake.

History of Cervical Cancer: Has client been previously diagnosed with cervical cancer. Should be asked at each cycle's intake.

Hysterectomy: Has client had a hysterectomy. Should be asked at each cycle's intake unless client has hysterectomy.

Have Cervix: If client had a hysterectomy, is the cervix intact. If unknown, a pelvic exam can determine status. Once known, please update appropriately (yes or no). Please refer to the Cervical MCEs for screening guidance**.** To be completed for all clients with a hysterectomy, but only for clients with a hysterectomy.

DxTx Enrollment Date: If applicable, the date that the client first enrolled in the Diagnosis and Treatment Program The Enrollment Date will not change.

DxTx Effective Date: If applicable, the date that the client's application to Diagnosis and Treatment Program became effective and services covered. For clients who are first time users of the Diagnosis and Treatment Program, the Effective Date will be the same as the Enrollment Date. The Effective Date will change each time the client is re-enrolled.

DxTx Expiration Date: If applicable, the date that the client's services are no longer covered by the Diagnosis and Treatment Program. The Expiration Date will change each time the client is re-enrolled.

WBCCHP Enrollment Date: If applicable, the date that the client first enrolled in WBCCHP. The Enrollment Date will not change. No new WBCCHP enrollments are accepted.

WBCCHP Effective Date: If applicable, the date that the client's application to WBCCHP became effective and services covered.. The Effective Date will change each time the client is re-enrolled. However, this applies only to clients who were enrolled prior to January 1, 2014 and have been continuously enrolled in WBCCHP and remain in WBCCHP.

WBCCHP

Expiration Date: If applicable, the date that the client's services are no longer covered by WBCCHP. The Expiration Date will change each time the client is re-enrolled. Once a client has been discharged from WBCCHP, she cannot be re-enrolled.

Baseline User Fields (continued):

Case Closed: Has client been closed out of the Program. A 'check' indicates client is closed out.

Reason of Closing: Close-out reason where case is closed. Must be entered if client is closed out.

Date Closed: If client has been closed out, the date closed out (mm/dd/yyyy). Must be entered if client is closed out.

(see below for additional information about coding for Close-outs)

Diagnostic Referral Patient: Check if a new client is referred to the program for diagnostic work-up due to an abnormal screening exam identified outside the program. If a previously discharged CDC or State funded client returns to the program for diagnostic services, do not check.

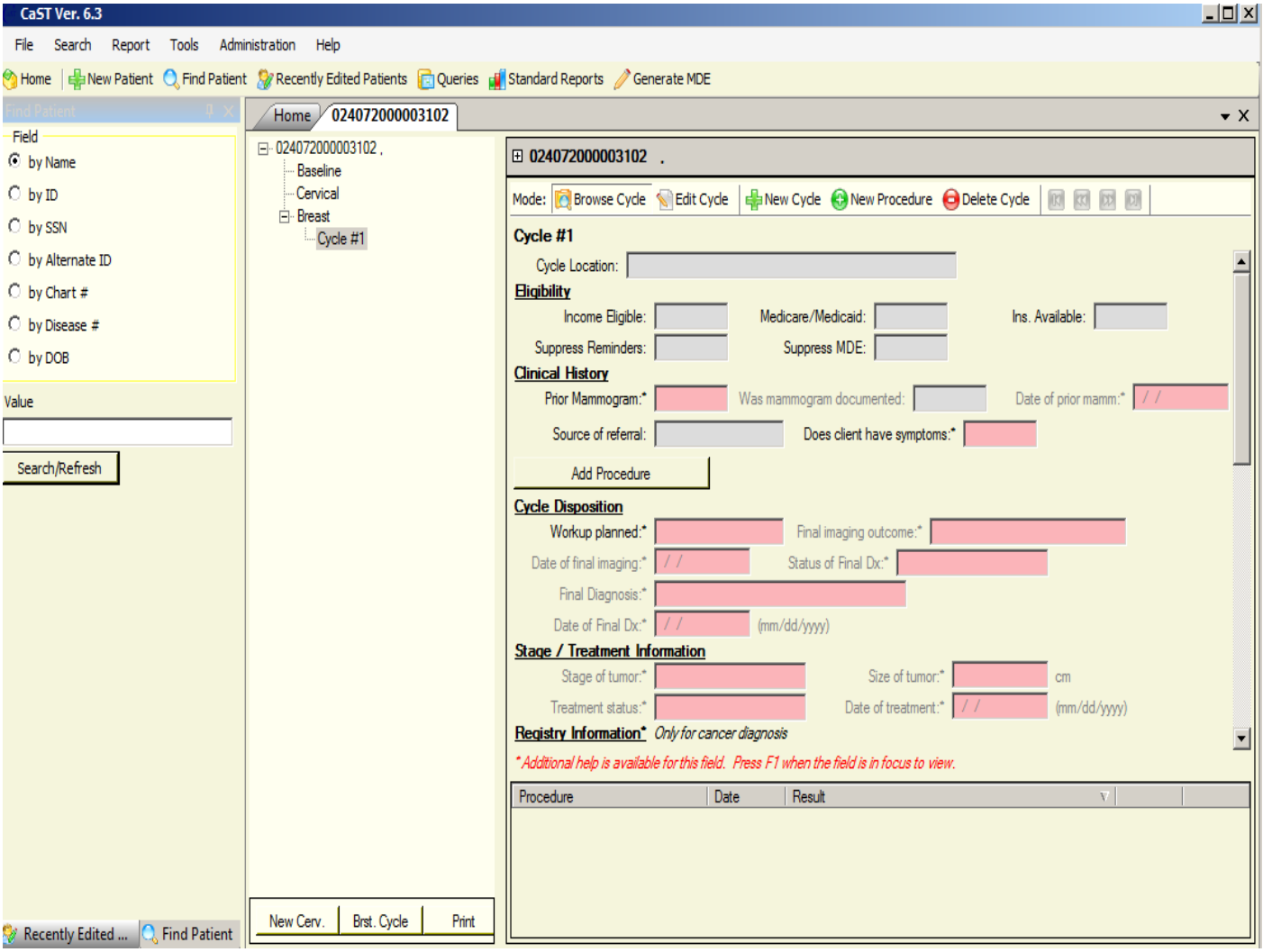
Additional comments about the Baseline:
CaST allows only one set of baseline and demographic information; so it should contain the most recent information available for an active client or most recent information for an inactive client prior to the client's becoming inactive. Fields need to be updated if there are changes from the previous visit, but the previous information will be lost. If you want to keep a record of previous addresses or other old baseline info, you will need to record it elsewhere. The Secondary Address fields are acceptable to record a client's prior address. However, if a client moves away and is no longer in the Program, her last current address when she was enrolled in the Program needs to be kept in the Primary Address fields.

Additional Close-out Information:

The close-out fields provide information on why a client has left the Program. Reasons include moved out of State or out of the area, refused services, was lost to follow-up, or became ineligible for services. Specific 'ineligible' options have been added, including aged out, over income, and having private or public insurance.

A client who has not returned within 3 months of her next cycle's due date (15 months from date of negative mammogram result with 1-year screening interval or 9 months from Probably Benign mammogram result with 6-month follow-up recommendation) should be closed out. This provides information to DHMH that the client did not receive her mammogram when due, and that the local Program is aware of this. Although the client is coded as Closed Out, the local Program should continue to recall the client. Close-out data can be deleted if a client returns after she has been closed out.

Breast Cycle Screen:



Breast Cycle Fields:

Cycle Number: Automatically generated by CaST after first cycle data are entered and saved. This refers to the breast cycle number only.

Cycle Location: Select the primary provider for this cycle.

Eligibility Fields:

Income Eligible: Does client meet income requirements for eligibility. 'Yes' indicates client is income-eligible. This is independent of insurance status and eligibility.

Medicare/Medicaid: Does client currently have Medicare or Medicaid.

Ins Available: Does client currently have some type of commercial insurance.

Breast Cycle Fields (continued):

Suppress Reminders: 

'Yes' will prevent client information from appearing on the 'Patient Reminders' report under the 'Report' tab in the CaST main menu. 'No' or blank will allow patient information to appear on the report.

Suppress MDE:  'Yes' will prevent data from this cervical cycle from being transmitted to CDC. ***This field should not be changed at the local Program level***

Clinical History Fields:

Prior Mammogram: Has client ever had a previous mammogram.

Was Mammogram Documented: If client had a prior mammogram, is there documentation about or from the mammogram, e.g. results, doctor's notes, etc. Client's word is not considered documentation. This field will only become active if Prior Mammogram field is 'Yes'.

Date of (Prior) Mammogram: If client had a prior mammogram, the date the mammogram was performed. This field will only become active if Prior Mammogram field is 'Yes', but is independent of the Documentation field. Since this is an MDE field, a date should be entered. If no mammogram documentation is available, client's memory of the date or approximate date can be used. If only month and year of the mammogram are known, enter '15' as the day date; if only the year of the prior mammogram is known, enter '07/01/yyyy' as the date.

Information from the client's current breast cycle mammogram should automatically populate the subsequent cycle's 'prior' mammogram fields.

Source of Referral:  Do not complete this field. This information will be obtained from the 'Learn-of' codes.

Does Client Have Symptoms: Does client have breast cancer symptoms this cycle.

Cycle Disposition Fields:

Workup Planned: Are diagnostic tests required or planned for this cycle. 'Planned' must be entered when either the initial mammogram or CBE has an abnormal result. This indicates that client will go on to diagnosis, and will activate Status of Final Diagnosis field. Workup must also be entered as Planned for normal breast screens if diagnostic tests are performed as a result of provider or client concerns.

Breast Cycle Fields (continued):

Final Imaging Outcome: A summary of the results of all imaging tests performed, i.e. screening mammography plus any of these diagnostic imaging tests: additional views mammography, film comparison, ultrasound, and MRI.

The field is activated when work-up is 'Planned'. Please refer to page 2 of the '07-2009 Final Imaging Revisions' memo in the Memo/Policies section of Data Management in the BCCP website for the conditions where a Final Imaging result is required.

Date of Final Imaging: Enter the date of when the final imaging assessment was done. Must be entered when additional imaging tests were done and Final Imaging Outcome field is completed. If additional imaging is performed on more than one date, then report the date of the last procedure used to determine a final imaging outcome.

Status of Final Diagnosis: Must be entered if Work-up is 'Planned'. If the final diagnosis is not yet established, 'Pending' option should be selected. No other fields are activated if 'Pending' is selected. A status of 'Complete' will activate Final Dx, Date of Final Dx, and Treatment Status fields. A status of 'Deceased', 'Lost', or 'Refused' will activate Date of Final Dx field. A status of 'Irreconcilable/Incomplete may only be entered after clinical review and approval from the DHMH Program Nurse-Consultant.

Final Diagnosis: Must be entered, and can only be entered, when Status of Final Diagnosis is 'Complete'. No other fields are activated if 'Breast Cancer Not Diagnosed' is selected. Diagnoses of 'DCIS' or 'LCIS' will activate the Treatment Status field. An 'Invasive Breast Cancer' diagnosis will activate the Stage of Tumor, Size of Tumor, and Treatment Status fields. ('other CIS' is an old category and must not be used for new diagnoses)

Date of Final Dx: Must be entered where work-up is Planned and Status of Final Diagnosis is other than 'Pending'. Enter the date the final diagnosis was made (i.e. the date the definitive procedure was performed, not the date the report was typed up or the date the diagnosis was received by BCCP). In cases where the client is lost or refuses work-up, enter date when that determination was made. If client is deceased, enter date of death, if known. (mm/dd/yyyy)

Stage / Treatment Fields:

Stage of Tumor: Must be entered, and can only be entered, when Final Diagnosis is Invasive Breast Cancer. The Maryland Program has been using the AJCC Staging System (Stage I, II, III, IV). Continue to use these selections and **do not use the Summary Stage (i.e, Local, Regional, Distant) categories**.

Size of Tumor: Must be entered, and can only be entered, when Final Diagnosis is Invasive Breast Cancer. Enter the exact size of the tumor in centimeters, with one decimal place. If the pathology reports a tumor size of 2.6 centimeters, enter '2.6' (including decimal point) into the field.

Breast Cycle Fields (continued):

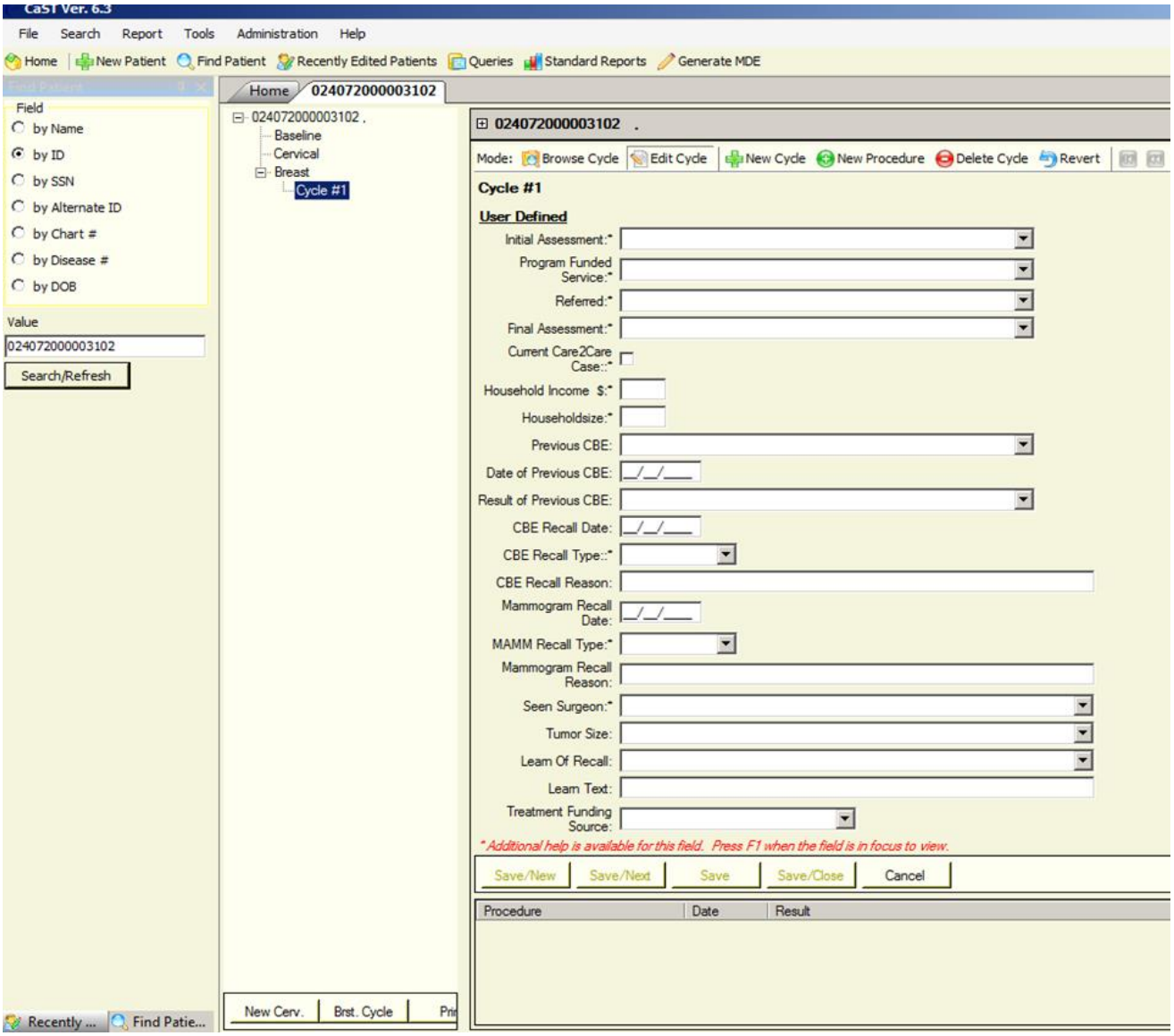
Treatment Status: Enter when Final Diagnosis is DCIS, LCIS, or invasive breast cancer.

Date of Treatment: Enter date treatment initiated when Final Diagnosis is DCIS, LCIS, or invasive breast cancer and Treatment Status is 'Started'. For all other Treatment Status options (except 'Pending', date field not activated), enter the date when the Treatment Status option was selected.

Registry Linkage Fields:

These fields will expand and become activated when the Final Diagnosis is DCIS, LCIS, or invasive breast cancer. However, **do not enter information into or alter these fields**. Data entry of these fields will be completed at DHMH.

Breast Cycle User-Defined Fields:



Breast Cycle User Fields are below the Registry Information fields.

Initial Assessment: Client's insurance status at beginning of cycle, prior to service. Clients who have private or public insurance should receive patient navigation services only. If client's insurance status changes mid-cycle, do not change the initial assessment. The initial assessment can be changed if the original assessment was later discovered to be incorrect. Must be entered for all clients, whether Navigation-only or Program-funded.

Program Funded Service: Did client receive any CDC or State funded screening or diagnostic services during the current cycle. Cycle will need to be completed before this field can be entered. Must be entered for all clients, whether Navigation-only or Program-funded.

Breast Cycle User-Defined fields (continued):

Referred: Was client referred to the Insurance Marketplace (MD Health Care Exchange). Uninsured clients should be referred; clients who currently have any private or public insurance generally should not be referred. Clients who have no insurance but are not eligible to get insurance, e.g. undocumented residents, should not be referred. Drop-down responses reflect these options. Must be entered for all clients, whether Navigation-only or Program-funded.

Final Assessment: Client's insurance status at end of cycle. Must be entered for all clients, whether Navigation-only or Program-funded.

Current Care2Care Case: Check box if a Care2Care case was opened for client for this breast cycle. All Patient Navigation clients must be entered into Care2Care.

Household Size: The number of family members (including client) living in the same home as the client and listed as dependents on client's most recent Federal Tax Return.

Household Income: Total current annual income from all sources for all members of the household.

Previous CBE: Has client ever had a previous CBE.

Date Previous CBE: If client had a prior CBE, the date the CBE was performed. If only month and year of the CBE are known, enter '15' as the day date; if only the year of the prior CBE is known, enter '07/01/yyyy' as the date.

Result of Previous CBE: If client had a prior CBE, the result of the CBE.

Note about 'Previous CBE' fields: The Previous CBE fields are user-defined, so the information will not automatically populate from one cycle to the next cycle, as do the Previous Mammogram and Previous Pap fields which are 'built-in' CaST fields. CBE information will need to be entered manually to the subsequent cycle.

CBE Recall Date: Date the client is due for her next CBE (mm/dd/yyyy).

CBE Recall Type: Either 'Routine' or 'Short-term'.

CBE Recall Reason: Optional free text field to elaborate on above 'CBE Recall Type' field.

Mammogram Recall Date: Date the client is due for her next mammogram (mm/dd/yyyy).

Mammogram Recall Type: Either 'Routine' or 'Short-term'.

Mammogram

Recall Reason: Optional free text field to elaborate on above 'Mammogram Recall Type' field.

Breast Cycle User-Defined fields (continued):

Seen Surgeon: Did client require surgical consult and did client see surgeon this cycle for diagnostic follow-up. Drop-down options indicate whether consult was required per the MCEs and if surgeon was seen. Needs to be completed for all cycles where follow-up is Planned, but does not need to be completed if follow-up is Not Planned. See Breast MCE's for criteria where surgical consult is required.

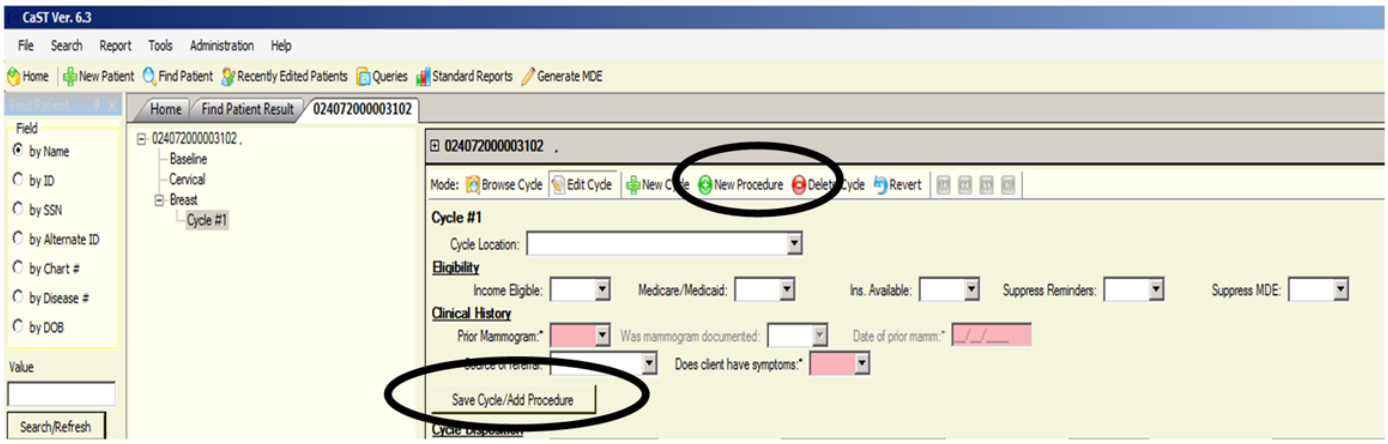
Tumor Size: To be entered when client has an invasive breast cancer diagnosis. This field is a 'holdover' from the previous data entry system, and its use is optional.

Learn of Recall: Method used to recall an established client (e.g. letter or phone call). If current breast cycle is client's first breast cycle, no data should be entered. (Converted records from old data entry system may show the Baseline Learn-of information in this field for first Breast Cycles).

Learn Text: Free text for recall information.

Treatment Funding Source: Select option from drop-down box if client is diagnosed with cancer in current cycle and requires treatment.

Breast Procedures:

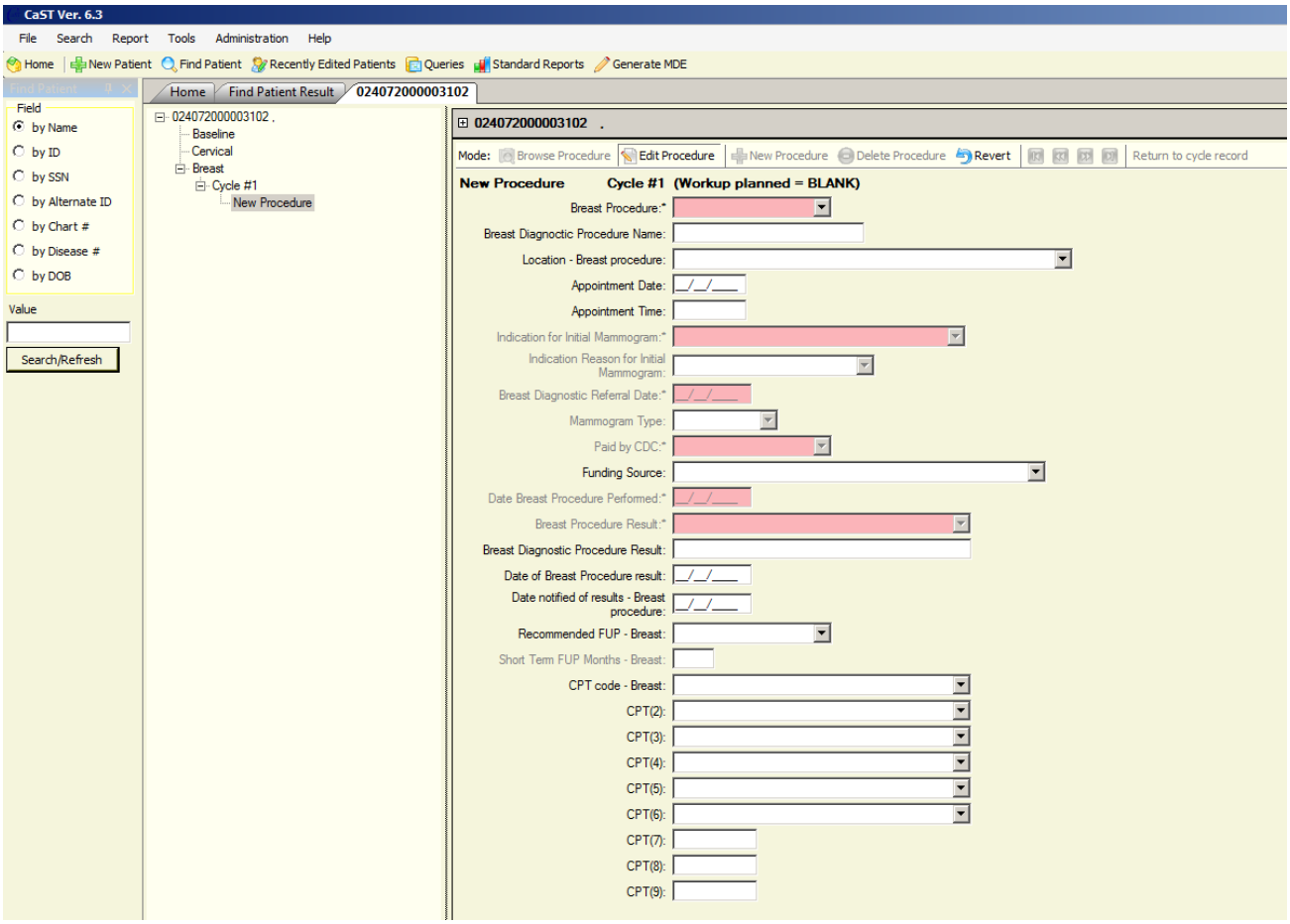


To enter procedures, click on the green 'New Procedure' button in the 'Mode' bar in the Cycle screen. If a new cycle, the breast cycle information needs to be saved before the New Procedure button will become active.

If editing in Cycle, the 'Save Cycle/Add Procedure' button below the Clinical History fields will add a procedure. If browsing in Cycle, the button will read 'Add Procedure'.

A new page will open when the New Procedure or Add Procedure button is clicked. Data for each procedure are entered on one page. There is no limit to the number of procedures that can be added, and multiples of each type of procedure can be entered. Please refer to the Breast MCEs for guidance for when Program payment for an MRI is allowable in the BCCP.

Breast Procedure Fields:



Breast Procedure: Select procedure from drop-down box.

Note: If a client has a repeat CBE, the preferred procedure selection is '**Surgical Consultation**'. 'Consultant – Repeat Clinical Breast Exam' should only be selected if the Repeat CBE was not performed by a surgeon, and this should rarely happen.

If the procedure is not listed in the drop-down menu, 'Other Breast Diagnostic Procedure' should be selected.

Breast Diagnostic Procedure Name: Free text field to enter name of the diagnostic procedure when Breast Procedure is 'Other Diagnostic Procedure'. Enter only when Breast Procedure is 'Other Diagnostic Procedure'. Enter only the name of the procedure, i.e. no extraneous information. Names of procedures that are selections in 'Breast Procedure' field's drop-down box (mammogram, CBE, biopsy, additional views, etc) **should not be entered in this field.**

Location: Location (provider) where procedure was performed.

Appointment Date: The scheduled date of the procedure (user-defined field, optional).

Appointment Time: The scheduled time of day of the procedure (user-defined field, optional).

Breast Procedure Fields (continued):

Indication For Initial Mammogram: Provides information for the initial mammogram only. Although this field becomes active for Additional Views Mammograms, it should be left blank for Additional Views. Selection options are:

Routine Screening Exam – Annual screening mammogram
DX Referral – Client referred in for diagnosis, mammogram done outside the Program.
Symptoms, abnormal CBE, or previous abnormal mammogram – Client has current breast symptoms or current abnormal CBE, or previous mammogram was abnormal. Assumed to be a diagnostic mammogram.
Mam not done, CBE only or proceeded directly to DX – No mammogram was performed, but CBE was performed or client went directly to diagnostic procedures
Unknown

Indication Reason For Initial Mammogram: Reasons why the mammogram was not performed. This will become active only when the 'Indication For Initial Mammogram' field is 'Mam not done, CBE only or proceeded directly to DX'.

Breast Diagnostic Referral Date: Enter date (mm/dd/yyyy) when client was referred into the Program for diagnosis from outside the Program. This field will become active only when 'Indication For Initial Mammogram' field is either 'DX Referral' or 'Mam not done, CBE only or proceeded directly to DX'.

Mammogram Type: Enter digital or conventional for initial mammograms and additional views mammograms. If unknown, leave blank. Mammograms are currently almost exclusively digital.

.

Paid by CDC: Is procedure paid with, or partially paid with, CDC funds.

Funding Source: Specifies the funding source of the procedure. CDC-funded procedures will have 'Yes' selected in 'Paid by CDC' field and 'CDC' selected as funding source in this field. 'Blended CDC/State Funds' should not be used except by two local Programs. (user-defined field).

Date Breast Proc Performed: Date procedure was performed. (mm/dd/yyyy)

Breast Procedure Results: Result of the procedure. The available options for this field will depend on the procedure type. If the breast procedure is an 'Other Breast Diagnostic Procedure', then only the 'Other Breast Diagnostic Procedure Result' will appear and should be selected.

Breast Diagnostic Procedure Result: Free text field to enter results of the 'Other' diagnostic procedure. Use only when 'Other' breast procedure was entered, and enter only the result of the procedure. Results of 'standard' procedures (mammogram, CBE, biopsy, additional views, etc) will appear in the 'Breast Procedure Results' field and **should not be entered in this field.**

Breast Procedure Fields (continued):

Date of Breast Procedure Results: Date when procedure results are received from the provider. (mm/dd/yyyy)

Date Notified of Results: Date when client was notified of the procedure results (mm/dd/yyyy)

Recommended Follow-up: Follow-up based on the results of the procedure. This is not a global follow-up

recommendation based on the results of all procedures, but the follow-up recommended based on the result of the specific procedure.

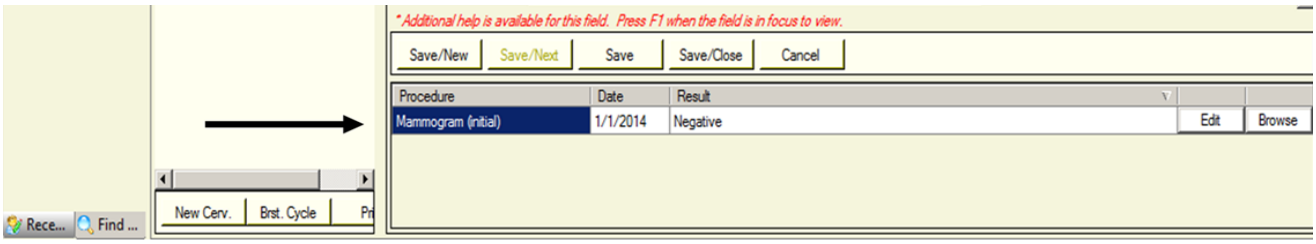
Number Short-Term Follow-up Months: Enter number of months (9 or less) client is recommended to return. This field is to be used only when client is recommended to return for short-term follow-up.

CPT Code: Select appropriate CPT code for the procedure from drop-down list. Data entry is currently optional for this field.

CPT Code (2-6): Additional CPT code fields. Select appropriate CPT code from drop-down list (optional).

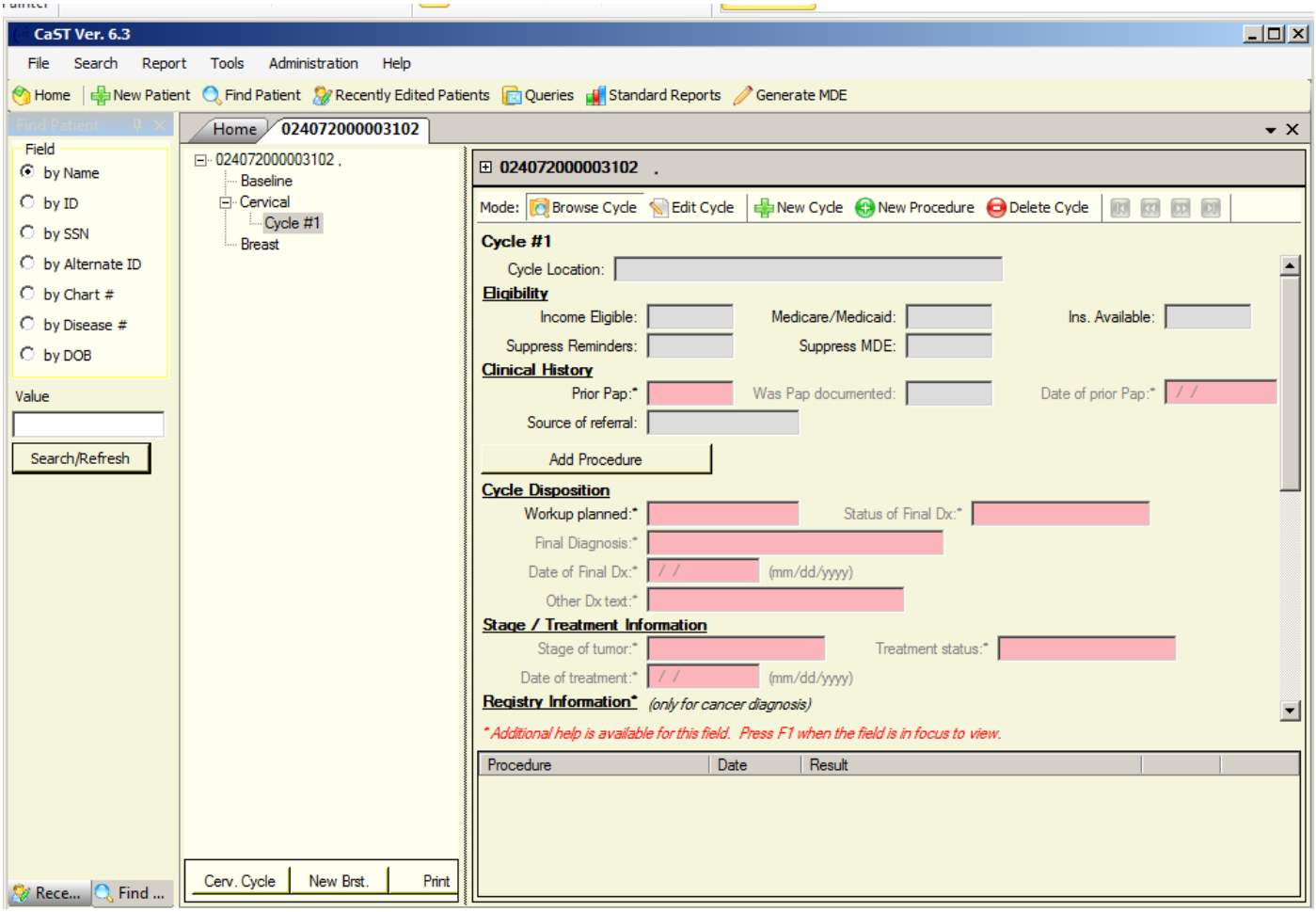
CPT Code (7-9): Free text fields for additional CPT code fields Enter appropriate CPT code and modifier, if applicable. Do not enter any descriptions (optional).

After the procedure information has been saved, the procedure will appear at the bottom of the breast cycle screen:



Additional procedures can be added as previously described.

Cervical Cycle Screen:



Cervical Cycle Fields:

Cycle Number: Automatically generated by CaST after first cycle data are entered and saved. This is cervical cycle number only.

Cycle Location: Select the primary provider for this cycle.

Eligibility Fields:

Income Eligible: Does client meet income requirements for eligibility. 'Yes' indicates client is income-eligible. This is independent of insurance status and eligibility.

Medicare/Medicaid: Does client currently have Medicare or Medicaid.

Ins Available: Does client currently have some type of commercial insurance.

Cervical Cycle Fields (continued):

Suppress Reminders: 

'Yes' will prevent client information from appearing on the 'Patient Reminders' report under the 'Report' tab in the CaST main menu. 'No' or blank will allow patient information to appear on the report.

Suppress MDE:  'Yes' will prevent data from this cervical cycle from being transmitted to CDC. ***This field should not be changed at the local Program level***

Clinical Fields:

Prior Pap: Has client ever had a previous Pap test.

Was Pap Documented: If client had a prior Pap test, is there documentation about or from the Pap, e.g. results, doctor's notes, etc. Client's word is not considered documentation. This field will only become active if Prior Pap field is 'Yes'.

Date of Prior Pap: If client had a prior Pap, the date the Pap was performed. This field will only become active if Prior Pap field is 'Yes', but is independent of the Documentation field. Since this is an MDE field, a date should be entered. If no Pap documentation is available, client's memory of date for approximate date can be used. If only month and year of the Pap are known, enter '15' as the day date; if only the year of the prior Pap is known, enter '07/01/yyyy' as the date.

Information from the client's current cervical cycle Pap test should automatically populate the subsequent cycle's 'prior' Pap fields.

Source of Referral:  Do not complete this field. This information will be obtained from the 'Learn-of' codes.

Cycle Disposition Fields:

Workup Planned: Are diagnostic tests required or planned. Must be 'Planned' when Pap results are abnormal (ASC-US with positive HPV and ASC-H or greater). This indicates that client will proceed to diagnosis, and will activate Status of Final Diagnosis field. Workup must also be entered as Planned for normal Pap Tests if diagnostic tests are performed as a result of provider or client concerns. The HPV test is not considered work-up.

Status of Final Diagnosis: Must be entered if Work-up is 'Planned'. If the final diagnosis is not yet established, 'Pending' option should be selected. No other fields are activated if 'Pending' is selected. A status of 'Complete' will activate Final Dx, Date of Final Dx, and Treatment Status fields. A status of 'Deceased', 'Lost', or 'Refused' will activate Date of Final Dx field.

Cervical Cycle Fields (continued):

Final Diagnosis: Must be entered, and can only be entered, when Status of Final Diagnosis is 'Complete'. No other fields are activated if 'Normal/Benign' is selected. Diagnoses of HPV or greater will activate the Treatment Status field. An 'Other' diagnosis will activate the Treatment Status field and the 'Other Text' field. An 'Invasive Cervical Cancer' diagnosis will activate the Stage of Tumor and Treatment Status fields.

Other Dx Text: Must be entered, and can only be entered, when Final Diagnosis is 'Other'. Enter text for the diagnosis. Entry for this field should be limited to the name only of the diagnosis (i.e. no notes or comments in this field) .

Date of Final Dx: Must be entered where work-up is Planned and Status of Final Diagnosis is other than 'Pending'. Enter the date the final diagnosis was made (i.e. the date the definitive procedure was performed, not the date the report was typed up or the date the diagnosis was received by BCCP). In cases where the client is lost or refuses work-up, enter date when that determination was made. If client is deceased, enter date of death, if known. (mm/dd/yyyy).

Stage Treatment Fields:

Stage of Tumor: Must be entered, and can only be entered, when Final Diagnosis is Invasive Cervical Cancer. The Maryland Program has been using the AJCC Staging System (Stage I, II, III, IV). Continue to use these selections and **do not use the Summary Stage categories.**

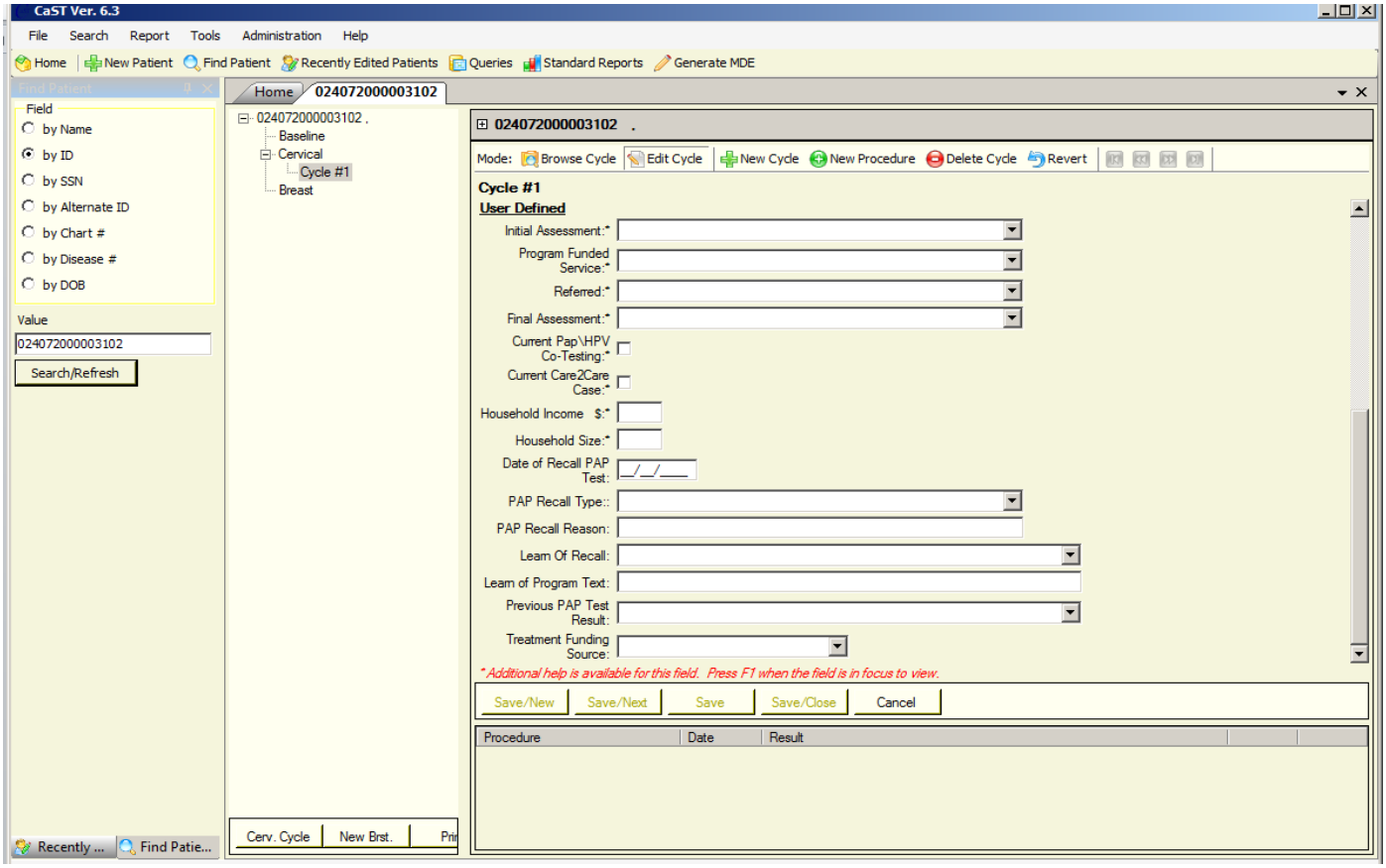
Treatment Status: Enter when Final Diagnosis is anything other than Normal/Benign.

Date of Treatment: Enter date treatment initiated when Final Diagnosis is anything other than Normal/Benign. and Treatment Status is 'Started'. For all other Treatment Status options (except 'Pending', where date field is not activated), enter the date when that Treatment Status option was selected.

Registry Linkage Fields: 

These fields will expand and become activated when the Final Diagnosis is invasive cervical cancer. However, **do not enter information into or alter these fields**. Data entry of these fields will be completed at DHMH.

Cervical Cycle User Defined Fields:



Cervical User-Defined Fields:

Initial Assessment: Client's insurance status at beginning of cycle, prior to service. Clients who have private or public insurance should receive patient navigation services only. If client's insurance status changes mid-cycle, do not change the initial assessment. The initial assessment can be changed if the original assessment was later discovered to be incorrect. Must be entered for all clients, whether Navigation-only or Program-funded.

Program Funded Service: Did client receive any CDC or State funded screening or diagnostic services during the current cycle. Cycle will need to be completed before this field can be entered. Must be entered for all clients, whether Navigation-only or Program-funded.

Referred: Was client referred to the Insurance Marketplace (MD Health Care Exchange). Uninsured clients should be referred; clients who currently have any private or public insurance generaly should not be referred. Clients who have no insurance but are not eligible to get insurance, e.g. undocumented residents, should not be referred. Drop-down responses reflect these options. . Must be entered for all clients, whether Navigation-only or Program-funded.

Final Assessment: Client's insurance status at end of cycle. . Must be entered for all clients, whether Navigation-only or Program-funded.

Cervical User-Defined Fields (continued):

Current Pap\HPV Co-Testing: Check box if the current cervical cycle is a Pap/HPV co-test. If the HPV test is performed as a reflex to an ASC-US Pap result it would not be considered co-testing or work-up.

Current Care2Care Case: Check box if a Care2Care case was opened for client for this cervical cycle. All Patient Navigation clients must be entered into Care2Care.

Household Size: The number of family members (including client) living in the same home as the client and listed as dependents on client's most recent Federal Tax Return.

Household Income: Total current annual income from all sources for all members of the household

Pap Recall Date: Date the client is due for her next Pap test (mm/dd/yyyy).

Pap Recall Type: Either 'Routine' or 'Short-term'.

Pap Recall Reason: Optional free text field to elaborate on above 'Pap Recall Type' field.

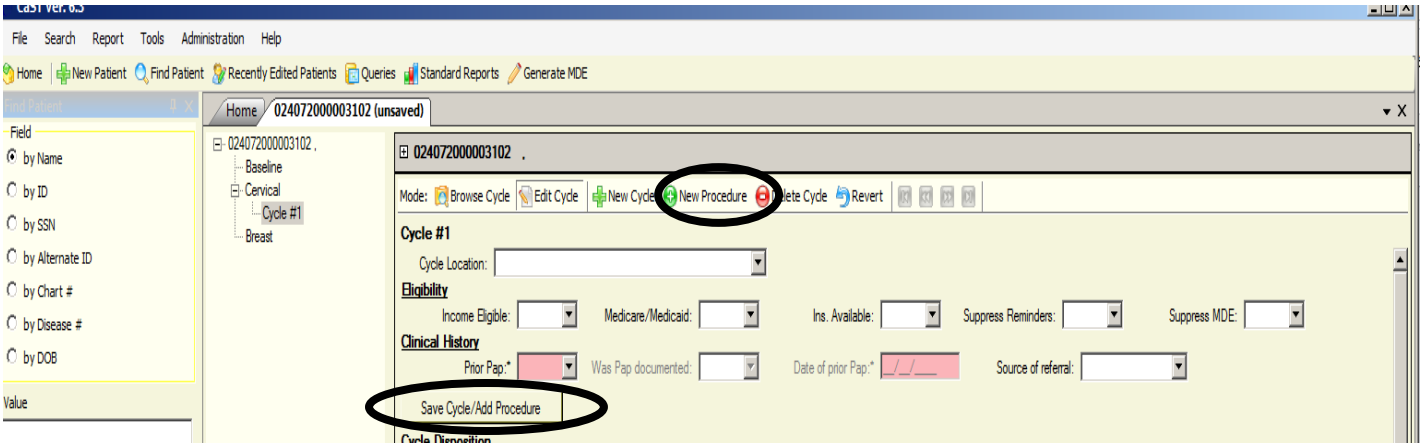
Learn of Recall: Method used to recall an established client (e.g. letter or phone call). If current cervical cycle is client's first cervical cycle, no data should be entered. (Converted records from old data entry system may show the Baseline Learn-of information in this field for first Cervical Cycles).

Learn Text: Free text for recall information.

Previous Pap Test Result: Result of previous Pap Test.

Treatment Funding Source: Select option from drop-down box if client has a cervical diagnosis in current cycle and requires treatment.

Cervical Procedures:

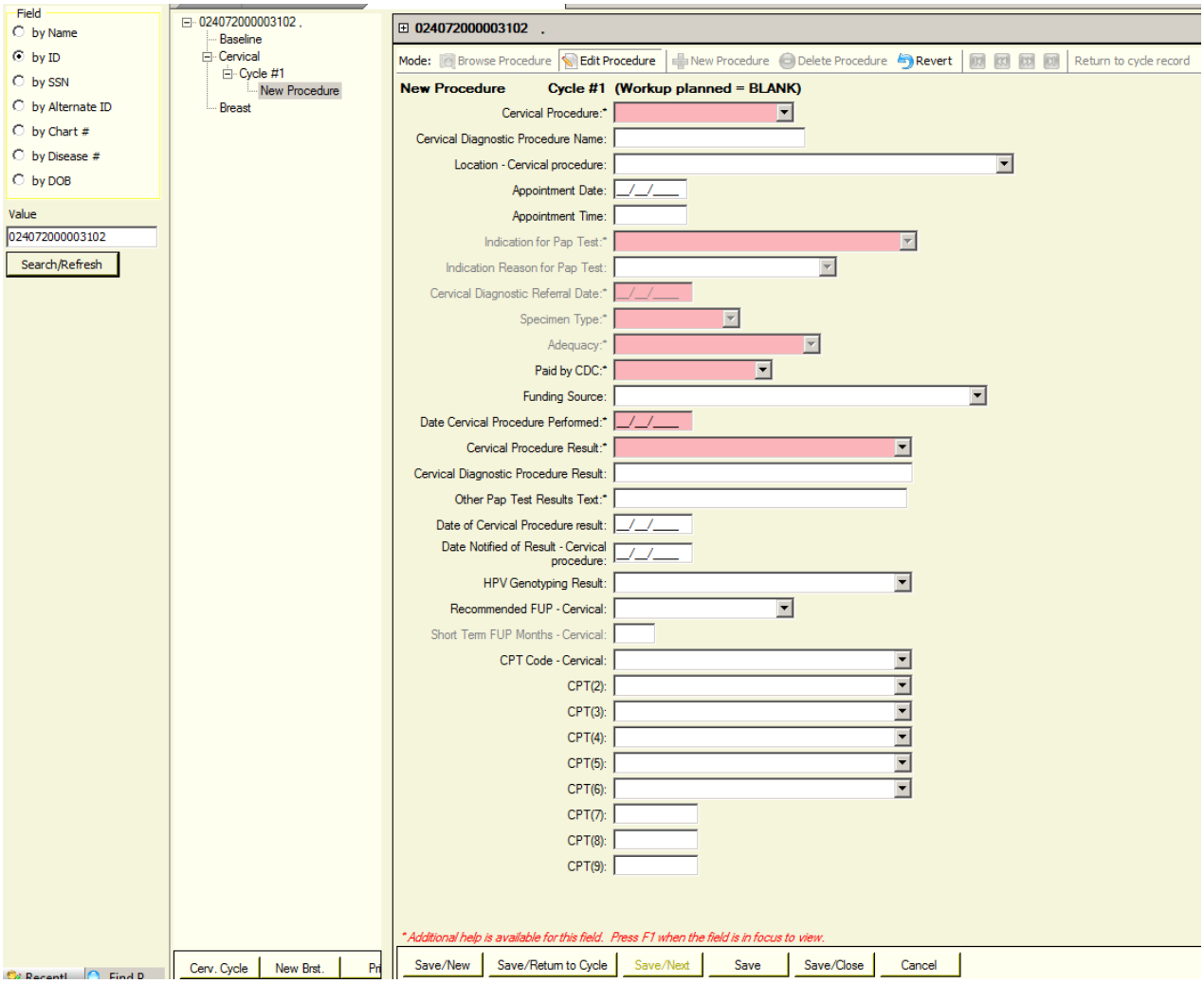


To enter procedures, click on the green 'New Procedure' button in the 'Mode' bar in the Cycle screen. If a new cycle, the cervical cycle information needs to be saved before the New Procedure button will become active.

If editing in the Cycle, the 'Save Cycle/Add Procedure' button below the Clinical History fields will add a procedure. If browsing in Cycle, the button will read 'Add Procedure'.

A new page will open when the New Procedure or Add Procedure button is clicked. Data for each procedure are entered on one page. There is no limit to the number of procedures that can be added, and multiples of each type of procedure can be entered, except for Pap tests. Each Pap test should be another cervical cycle.

Cervical Procedure Fields:



Cervical Procedure: Select procedure from drop down box. If the procedure is not listed in the drop-down menu, 'Other Cervical Diagnostic Procedure' should be selected.

Cervical Diagnostic Procedure Name: Free text field to enter name of the diagnostic procedure when Cervical Procedure is 'Other Diagnostic Procedure'. Enter only when Cervical Procedure is 'Other Diagnostic Procedure'. Enter only the name of the procedure, i.e. no extraneous information. Names of procedures that are selections in 'Cervical Procedure' field's drop-down box (Pap test, colposcopy, LEEP, ECC, etc) **should not be entered in this field.**

Location: Select location (provider) where procedure was performed.

Appointment Date: The scheduled date of the procedure (user-defined field, optional).

Appointment Time: The scheduled time of day of the procedure (user-defined field, optional).

Cervical Procedure Fields (continued):

Indication For Pap Test: Provides information about the Pap Test. Complete for Pap Test. Selection options are:
Routine Pap Test
DX Referral – Client referred in for Pap Test done outside the Program.
Patient under surveillance for previous abnormal test
Pap not done, proceed directly to DX or HPV test– No Pap, client went directly to diagnostic procedures or HPV test
Unknown

Indication Reason For Pap Test: Provides reasons when Pap test was not done. This will become active only when the 'Indication For Pap Test' field is 'Pap not done, proceed directly to DX or HPV test'.

Cervical Diagnostic Referral Date: Enter date (mm/dd/yyyy) when client was referred into the Program for diagnosis from the outside; field will become active only when 'Indication For Pap Test' field is 'DX Referral'.

Specimen Type: For Pap Test, select the appropriate option. Will not be active for other procedures.

Adequacy: For Pap Test, select the appropriate option. Will not be active for other procedures

Paid by CDC: Is procedure paid with, or partially paid with, CDC funds.

Funding Source: Specifies the funding source of the procedure. CDC-funded procedures will have 'Yes' selected in CDC Funded field and have 'CDC' selected as funding source in this field.

Although State funded appears as an option, the State Program does not pay for cervical procedures and it must NOT be selected. 'Blended CDC/State Funds' is not an option except for two local Programs. (user-defined field)

Date Cervical Proc Performed: Date procedure was actually performed. (mm/dd/yyyy)

Cervical Procedure Results: Result of the procedure. The options for this field will depend on the procedure type. If the cervical procedure is an 'Other Cervical Diagnostic Procedure', then only the 'Other Cervical Diagnostic Procedure Result' will appear and should be selected.

Cervical Diagnostic Procedure Result: Free text field to enter results of the 'Other' diagnostic procedure. Use only when 'Other' cervical procedure was entered, and enter only the result of the procedure. Results of 'standard' procedures (Pap test, colposcopy, LEEP, ECC, etc) will appear in the 'Cervical Procedure Results' field and **should not be entered in this field.**

Cervical Procedure Fields (continued):

Other Pap Results Text: Free text to enter specific result when Pap test result is 'Other', enter. No other procedure has an 'Other' result option, so this is limited to Pap tests. Data entry in this field should be limited to the specific clinical result information and should not include comments or non-relevant information. Not to be confused with Cervical Diagnostic Procedure Result field!!

Date of Cervical Procedure Results: Date when procedure results are received from the provider. (mm/dd/yyyy)

Date Notified of Results: Date when client was notified of the procedure results (mm/dd/yyyy)

HPV Genotyping Result: (See next page)

Recommended Follow-up: Follow-up based on the results of the procedure. This is not a global follow-up recommendation based on the results of all procedures, but the follow-up recommended based on the result of the individual procedure.

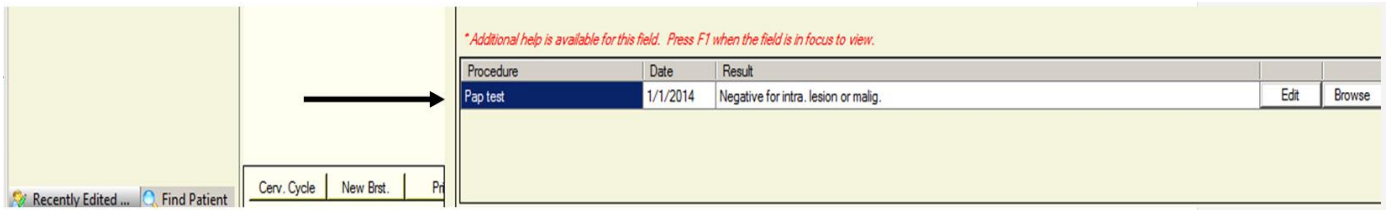
Number Short-Term Follow-up Months: Enter number of months (9 or less) client is recommended to return. This field is to be used only when client is recommended to return for short-term follow-up.

CPT Code: Select appropriate CPT code for the procedure from drop-down list. Data entry is currently optional for this field.

CPT Code (2-6): Additional CPT code fields. Select appropriate CPT code from drop-down list (optional).

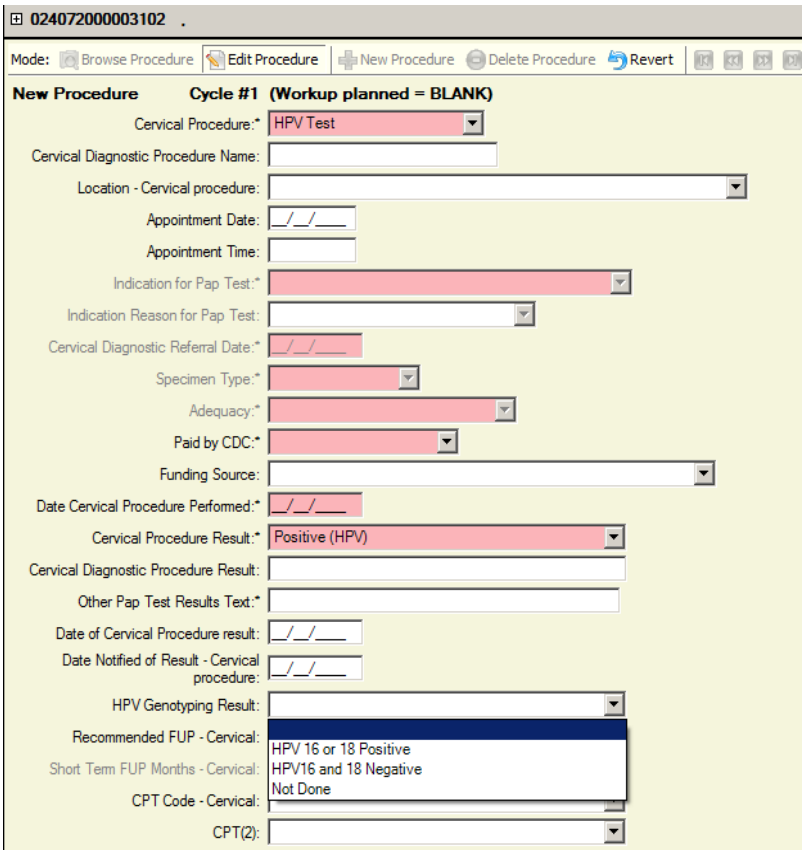
CPT Code (7-9): Free text fields for additional CPT code fields. Enter appropriate CPT code and modifier, if applicable. Do not enter any descriptions (optional).

After the procedure information has been saved, it will appear at the bottom of the cervical cycle screen:



Additional procedures can be added as previously described

Cervical Procedure Fields – HPV Genotyping:



In April 2016, HPV Genotyping was added as an allowable procedure if performed per ASCCP guidelines. (See Flow Sheets, *Minimal Clinical Elements - Cervical updated February 2016* in the 'MCEs & Case Management' section of the BCCP website. To accommodate this revision for data entry, a new user defined field was added in CaST in the cervical procedure page.

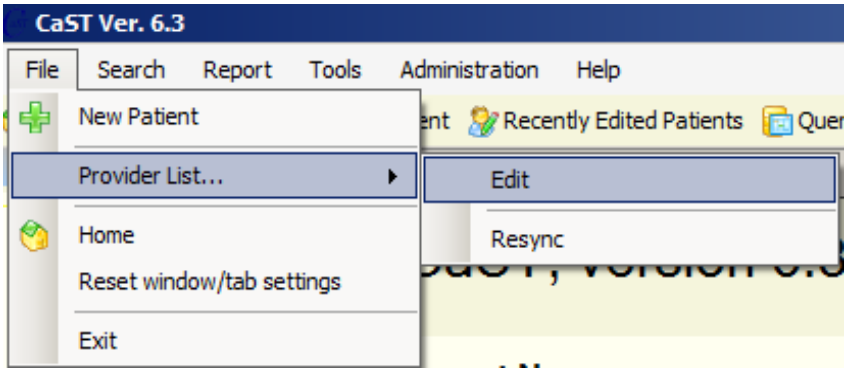
HPV Genotyping Result: Data entry in this field is mandatory when the HPV co-test or HPV reflex test is positive for HPV. If no genotyping is done, select 'Not done'. If the genotyping is positive for either HPV 16 or HPV 18, select 'HPV 16 or 18 Positive'. If the genotyping is negative for both HPV 16 and HPV 18, select 'HPV 16 and 18 Negative'.

If the HPV co-test or HPV reflex test is negative for HPV or no HPV test is performed, then do not enter any data in this field.

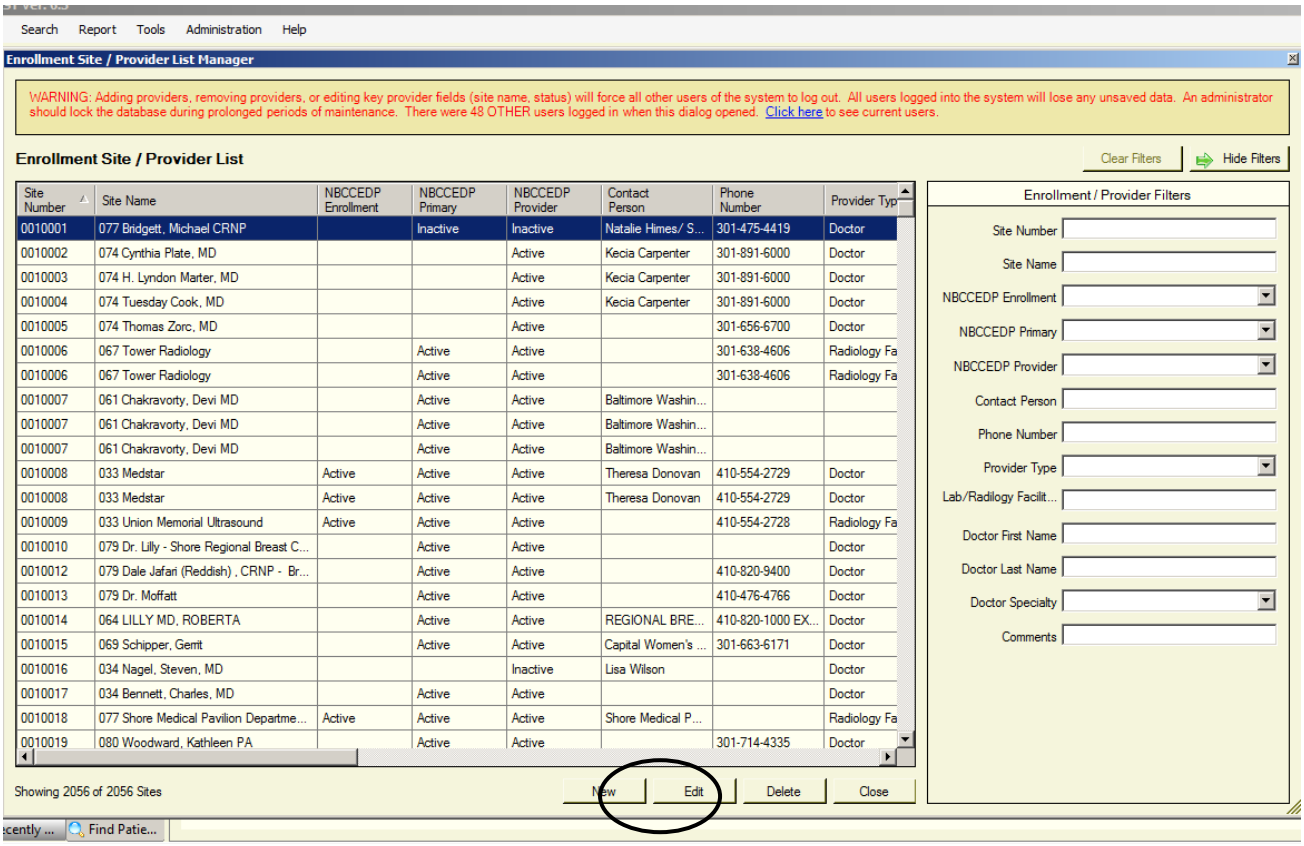
This field should not be completed for any other cervical procedure.

Provider Data Entry

CaST offers the ability to enter provider data. Providers' information can be added, deleted, or edited. CaST 6 offers the improved functionality to add user-defined fields to the provider information. A provider can be associated to a given cycle or a given procedure. Only primary providers can be associated to cycles. Any number of providers can be included in CaST. The functionality is accessed through the 'File' menu at the top of the CaST main menu:

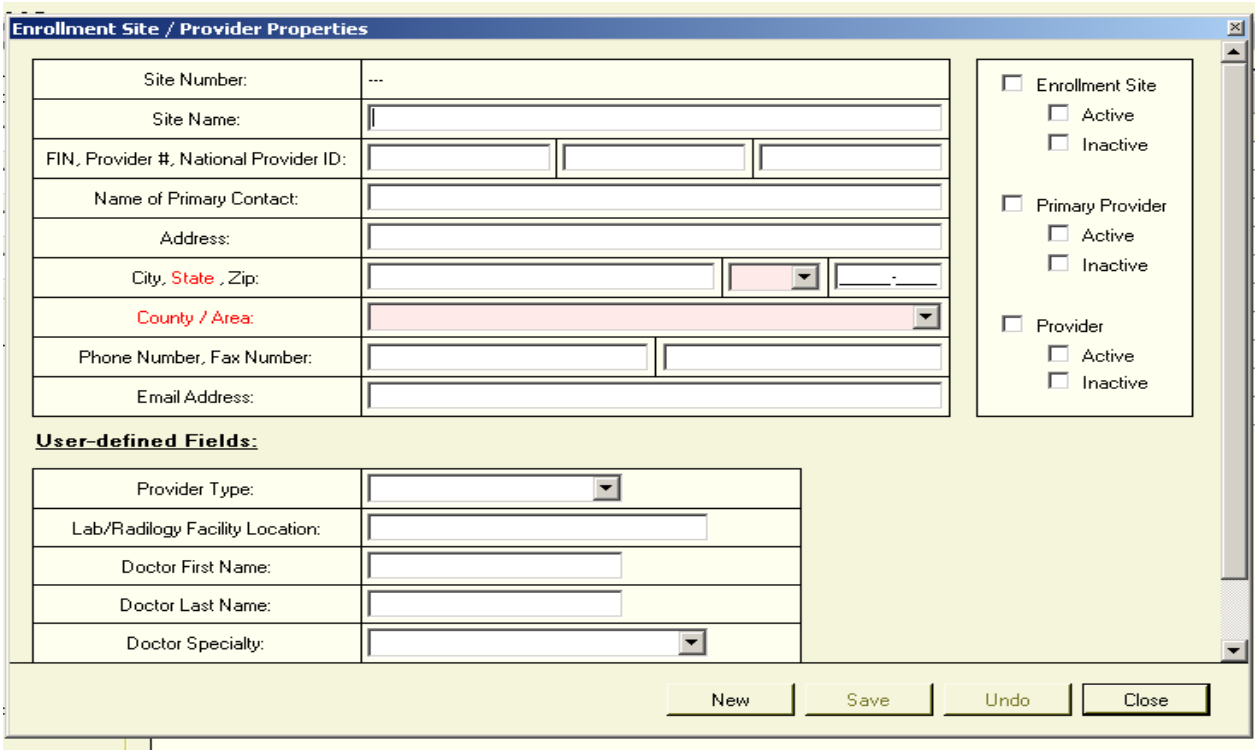


Selecting 'Edit' will open the Enrollment Site/Provider List Manager screen, which is analogous to the Patient search screen. Initially, only your local Program information will appear.



All local Programs should have had their Program information already set up as the Enrollment Site. This identifies your local BCC Program as the place where client outreach and enrollment occurs, where provider outreach and enrollment occurs, where data on services are kept, and where follow-up is determined and coordinated. No other providers can be an Enrollment Site.

In order to enter a new provider in CaST 6.3, click on the '**New**' button at the bottom of the Enrollment Site/Provider List Manager screen. The data entry screen will appear:



Site Number: This is automatically generated.

Site Name: The Provider's name, to be entered as Last Name, First Name. All providers must be entered, and saved in the 'last name, first name' format. Previously entered providers not saved in 'last name, first name' format must be edited to conform.

FIN: The Federal Identification Number. Data entry is optional.

Provider #: A number that identifies the provider. The method for creating a provider number is determined at the local level; however, a National Provider ID system is available and Programs may wish to use this number. Data entry in this field is optional.

National Provider ID: Used to store the National Provider Identifier (NPI), which is a Standard, unique identifier for health care providers required by HIPPA. The NPI is a 10-digit, intelligence free numeric identifier (10 digit number). Intelligence free means that the numbers do not carry information about health care providers, such as the state in which they practice or their provider type or specialization.

Name of Primary Contact: The name of the contact person at the provider's office.

Provider Data Entry (continued):

Address: Provider's address.

City: City where provider is located. This is an MDE field, so it needs to be completed.

State: State where provider is located. This is an MDE field, so it needs to be completed.

Zip: Zip Code where provider is located.

County or Area: County where provider is located. This field will be activated when 'State' is entered, and the counties for that State will appear. This is an MDE field, so it needs to be completed.

Phone, Fax, E-mail: Telephone, fax numbers and e-mail of the provider.

Provider Information: There are three categories available to define providers: 'Enrollment Site', Primary Provider' and 'Provider'. Your local Program is already entered as the Enrollment Site, and no other Enrollment Sites are allowed.

We are not distinguishing between a 'primary provider' and a 'provider', so all contracted providers need to have **both** the 'Primary Provider' and 'Provider' boxes checked. Only providers set as Primary Providers are displayed in the Cycle location drop-down box and can be assigned to a cycle. Only providers set as Providers are displayed in the Cycle location drop-down box and can be assigned to a cycle.

When the 'inactive' check box is checked in any of the three provider types: 'Enrollment Site', Primary Provider' or 'Provider', the provider no longer belongs in that type or shows in the associated lists at the cycle or procedure levels.

User Defined Fields:

Provider Type: Select either Doctor, Lab Facility, or Radiology Facility from the drop-down box.

Lab/Radiology Facility Location: If provider is a Lab or Radiology Facility, enter specific facility location. This is particularly important for facilities/labs having multiple locations.

Doctor First Name: If provider is a Doctor, enter his/her first name.

Doctor Last Name: If provider is a Doctor, enter his/her last name.

Doctor Specialty: If provider is a Doctor, select his/her specialty from drop-down list.

Comments: You may optionally use this field to enter other pertinent information for program use.

Click 'Save' to save the data. Additional providers can be entered by clicking on the 'New' button at the bottom of the data entry screen.

Once providers are entered into CaST, the Edit screen will show those providers and they can be selected for editing. The list can be sorted by the fields at the top of the screen.

You can delete a provider through the Edit screen if the provider has not performed any services, exams, or tests. If the provider has performed any services, the system will not allow you to delete. Instead, the provider will be designated as 'inactive' will not be available as a procedure location.

IV. MBCCP CONSENT FORM

This signed form is required for each BCCP client. The form may be adapted by the Contractor, as needed and approved by the Department.

_____Local Program

Breast and Cervical Cancer Program Consent Form

Consent for the _____:

- **To get my medical information;**
- **To release medical record information; -**
- **To help access case management services and patient navigation services; and**
- **To help assess and access Breast and Cervical Cancer screening services.**

_____ _____

Name **SSN or ID #**

The Maryland Department of Health and Mental Hygiene ("DHMH") gives funds for the Breast and Cervical Cancer Program ("BCCP") to the _____ Local BCCP. Most of the funds for this program are provided by the Centers for Disease Control and Prevention (CDC) to DHMH**. You must read, sign and date this form if you want the _____ Local BCCP to provide case management services, patient navigation services and/or pay for your breast and cervical cancer screening services.**

I authorize doctors and other medical providers (including, laboratories and radiology facilities) to give the results of my examination(s), laboratory test(s), mammograms and sonograms, surgical consultations, biopsy(ies), cancer size and stage, treatment recommendations (if applicable), and/or operations related to breast and/or cervical cancer screening, diagnosis, and treatment to the _____ Local BCCP. I also authorize doctors and other medical providers to provide this information to the _____ Local BCCP until it is determined that the screening, diagnostic work-up and initiation of treatment (or cycle of services) has been completed even if I become eligible for Medicaid or other health insurance and BCCP ceases paying for these services. I further authorize doctors and other medical providers to give to the _____ Local BCCP information from my medical history about past cancer screenings, diagnoses, and results. I also authorize the _____ Local BCCP to share my information with the DHMH, and for DHMH to share my information without any identifiers to CDC and its subcontractors.

I agree that staff from the _____ Local BCCP can assist in helping me get follow-up diagnostic work-up or treatment services, if needed, to make sure that I receive the health care I need in a timely manner.

Except for the release of information that I have authorized in this consent form, all information given to the _____ Local BCCP, to DHMH, to CDC and its subcontractors will be kept confidential as allowed or required by Maryland or Federal law, including the Health Insurance Portability and Accountability Act, HIPAA, 42 U.S.C. § 1320d et seq., and regulations promulgated thereunder. My medical information lets the _____ Local BCCP and DHMH make sure I get the right cancer screening, diagnosis, and treatment services. Also, it will let _____ Local BCCP check on the services I get and use data about my clinical services to manage and evaluate the program

I also permit the _____ Local BCCP to give my records from the Breast and Cervical Cancer Program to my private doctor, or to another doctor or medical provider if needed for my screening or medical care, or to give them to another local BCCP in Maryland if I move and ask for services in another place.

I understand that in order to administer the Program effectively, including making sure that services are provided to the right individual, the _____ Local BCCP Cancer Program may ask me for my social security number (SSN). The Program uses my SSN: (1) as an identifier to make sure that the medical records from or to a doctor, laboratory, or hospital are really mine; and (2) to check whether or not I am enrolled in the Maryland Medical Assistance Program, which will pay for these screening services. I understand that I do *not* have to provide my SSN, and if I don't provide it, I can still get services under the Program as long as I meet the Program's eligibility requirements.

I know that I can ask for a copy of my medical results at any time. I know that this consent will be in effect as long as I am enrolled in the Breast & Cervical Cancer Program or for a period of one year, whichever is shorter. I can take back the consent at any time by writing to the _____ Local BCCP. I know that the information provided under this consent will be kept in a file for at least 10 years from my last date of service, for the uses described in this consent.

_____ _____

Signature Date

V. MBCCP CASE MANAGEMENT CARE PLANS

These forms are required to be utilized based upon certain program criteria for case management of abnormal results and cancer diagnoses.

Maryland BCCP Case Management Patient Care Plan: Abnormal Breast Screening

Goal: To provide adequate and timely diagnosis and treatment for all patients enrolled in BCCP and BCCP Expanded.
Objective: To assure that BCCP enrolled patients with abnormal results receive complete diagnostic workup within 60 days of screening tests. To assure all BCCP Expanded patients receive diagnosis and have treatment initiated if necessary.

☐ BCCP Expanded

Name _____ ID_____ ☐ BCCP

Special Challenges? __ Yes __ No *If yes, circle all that apply:* Mobility, deaf, blind, cognitive, language, child care or transportation.
If circled, what assistance have you provided?

_____

Results: Abn. CBE *date* _____ **ACR 4 *date*** _____ **ACR 5 *date*** _____ ***CMCP Start Date***_____
Check Off and elaborate in Notes

Date	Initials	Action	Outcome/Results	Patient Notified? Understands?	Comments
		1. Written results received	*See above*		
		2. Medical/Care Provider consulted/ Plan of Care determined	__ Refer to Surgeon __ Other_____	__ Y __ N __ Y __ N	
		3. Imaging Requested: ___ Add'l Views *Date* _____ ___ Diag. Mamm. *Date* _____ ___ Ultrasound *Date* _____ ___Other *Date*_____ _____	Written results ___ Neg. ____ Benign ___ Prob. Benign ___ Susp. ___ Highly Sugg. Malig. ___ Assess Incompl. ___ Further Consult needed	__ Y __ N __ Y __ N	
		4. Appointment *Circle one* Surgeon Radiologist Other:_____	___ Surg. Consult *Date* ____ ___ CBE *Date* _____ ___ Other *Date* _____ _____	__ Y __ N __ Y __ N	
		5. Written **recommendations** received from 2 or 4 above	____ Routine f/u _____ ____Short-term f/u_____ ____Further Eval. (see # 6)		
		6. Appointments Scheduled	___FNA Date_____ ___ Biopsy Date_____ ___ Other Proc.Date_____ _____	__ Y __ N __ Y __ N	
		7. Written results/reports Received from # 6 procedures	_____Benign Findings _____Cancer _____Other or Unknown _____	__ Y __ N __ Y __ N	
		8. Recommendations received from Medical Case Manager (Surgeon or primary Care Provider)	____ Annual screening ____ Short-term f/u_____ ____ Treatment. See Tx. Pg.	__ Y __ N __ Y __ N	
		9. Applications for: *Circle one* WBCCHP Diagnosis And Treatment	__Initiated. Date _____ __Completed. Date_____ __Sent to SHD Date_____ __Initiated. Date _____ __Completed. Date_____ __Sent to SHD Date_____	Approval received date _____ Approval received date _____	
		10. Patient Satisfaction Survey sent		__ Y __ N Date Sent:__/___/___	

Date Closed to Case Management: _____ Discharged to: _____

_____ _____ _____ _____
Initials Case Manager Signature Initials Case Manager Signature

NOTE: All applicable areas must be completed. More elaboration may be needed in the Nursing or Continuation Notes.

BCCPBrCMCPRev10/10 Pg.1

Maryland BCCP Case Management Patient Care Plan: Abnormal Cervical Screening

Goal: To provide adequate and timely diagnosis and treatment for all patients enrolled in BCCP and BCCP Expanded.
Objective: To assure that BCCP enrolled patients with abnormal results receive complete diagnostic workup within 60 days of screening tests. To assure all BCCP Expanded patients receive diagnosis & treatment initiated if necessary.

☐ BCCP Expanded

Name _____ ID_____ ☐ BCCP

Special Challenges? __ Yes __ No *If yes, circle all that apply:* Mobility, deaf, blind, cognitive, language, child care or transportation. If circled, what assistance have you provided?

_____

Results: __HPV/DNA + date_____ __ LSIL *date* _____ ___ HSIL *date* _____ ___ ASC-H *date* _____
__AGUS *date* _____ __ SCC *date* _____ ___ AdenoCa *date* _____

Check Off and elaborate in Notes

Date	Initials	Action	Outcome/Results	Patient Notified? Understands?	Comments
		1. Written results received	*See above*		
		2. Medical Provider consulted/Plan of Care determined	__ Refer to GYN __ Other _____ _____	__ Y __ N __ Y __ N	
		3. Repeat Pap *Date* _____	Written Results received ____ Negative ____ Infection/Reactive changes/Inflammation ____ ASC-US ____ Low grade SIL (HPV or CIN II) ____ High grade SIL (CIN II, CIN III) ____ Squamous cell Ca. ____ Other (specify)_____	__ Y __ N __ Y __ N	
		4. Appointment GYN __ Colposcopy *Date* _____ __ Colposcopy w/Bx *Date* ___ __ Colposcopy w/Ecc ____ __ Colpo. w/Bx & ECC *Date*___ __ Other ____ *Date* ____ _____	Written Results received ____ Normal /Benign ____ HPV Codyl Atyp ____ ____ CIN I Mild Dyspl ____ CIN II Mod Dyspl ____ CIN III Sev. Dyspl ____ Invas Cerv Ca _____ Other_____	__ Y __ N __ Y __ N	
		5. Written **recommendations** from 2 or 4	____ Routine f/u_____ ____ Repeat Pap _____ ____ Further Eval._____ ____ Treatment *See pg. 3*	__ Y __ N __ Y __ N	
		6. Applications for: *Circle one* WBCCHP Diagnosis And Treatment	____ Initiated *Date* _____ ____ Completed *Date* ____ ____ Sent to SHD *Date* ___ ____ Initiated *Date* _____ ____ Completed *Date* ____ ____ Sent to SHD *Date* ___	WBCCHP Approval date _____ DX/TX approval date _____	
		7. Recommendations received from Medical Case Manager	____ Annual Screening ____Short-term f/u _____ (Back to BCCP *Date* _____) ____ Other _____	__ Y __N __ Y __N	
		8. Patient Satisfaction Survey sent		__ Y __ N Date Sent:__/___/___	

Date Closed to Case Management: _____ Discharged to: _____

_____ _____ _____ _____
Initials Case Manager Signature Initials Case Manager Signature

NOTE: All applicable areas must be completed. More elaboration may be needed in the Nursing or Continuation Notes.

Maryland BCCP Case Management Patient Care Plan: Abnormal Breast/Cervical Screening
TREATMENT PLAN

☐ BCCP Expanded

Name _____ ID_____ ☐ BCCP

Objective: To assure that patients, for whom treatment is indicated, begin treatment within 60 days of diagnosis

ACTIONS:

Check Off and elaborate in Notes

Date	Initials	Action	Outcome/Results	Patient Notified? Understands?	Comments
		1. Determine patient understanding of ____ treatment recommendations ____ options ____ second opinions		__ Y __ N __ Y __ N ____ Lit. sent? _____ _____	
		2. ____ Discussed resources ____ Support services _____ _____		__ Y __ N __ Y __ N __ Lit. sent? _____	
		3. Appointment made **Breast Cancer:** __ Lumpectomy *Date* ____ __Mastectomy *Date* _____ **Cervical Cancer:** __LEEP/CONE *Date* _____ __Cryosurgery *Date* _____ __Hysterectomy *Date* ____ __Other _____ _____*Date* ____		__ Y __ N __ Y __ N ____ Lit. sent? _____ _____	
		4. Written report/pathology received			
		5. Recommendations received from Medical Case Manager	____ Radiation ____ Chemotherapy ____ ____ Other _____ _____	__ Y __ N __ Y __ N __ Provider Informed Date:_____	
		6. Closed to case management	Discharged to: _____ _____	__ Y __ N __ Y __ N	
		7. Patient Satisfaction Survey sent		__ Y __ N Date Sent:__/___/___	

_____ _____ _____ _____

Initials Case Manager Signature Initials Case Manager Signature

All applicable areas must be completed. More elaboration may be needed in the Nursing or Continuation Notes.

VI. MBCCP BOILER PLATE CONTRACT AND ATTACHMENTS

These are boiler plate contracts, including a general provider contract and provider-specific attachments. These documents demonstrate the requirements of providers contracted by MBCCP local programs and may be adapted by the Contractor, as needed and approved by the Department.

Service Contract

Maryland Breast and Cervical Cancer (Screening) Program

Preamble

Whereas the Federal Centers for Disease Control and Prevention and the State of Maryland have awarded funds to the State of Maryland Department of Health and Mental Hygiene for the purpose of early detection and diagnosis of breast and cervical cancer for low-income women in the State, and

Whereas the Department of Health and Mental Hygiene has awarded funds to a local program in each jurisdiction in the state to coordinate the provision of clinical services, outreach, and follow-up services for the purpose of early detection and diagnosis of breast and cervical cancer for low income women in the State, and

Whereas local Breast and Cervical Cancer Programs may provide for some breast and cervical cancer services by utilizing funds appropriated by the Maryland General Assembly under the Cigarette Restitution Fund (State Finance and Procurement Article, § 7-317, Annotated Code of Maryland), and

Whereas it is necessary for each local program to contract with local providers to provide clinical services, and

Whereas the Federal Centers for Disease Control and Prevention and the State of Maryland have mandated certain standardized requirements.

Now, therefore, the local program and medical provider, as specified below, agree as follows:

This agreement, entered into on _____, by and between the Local Breast and Cervical Cancer (Screening) Program, hereinafter called the "LBCCP," and the (provider), hereinafter called the "Contractor," shall commence on and shall terminate on _____ and shall be subject to renewal(s) or extension(s) up to four (4) times by both parties on an annual basis, unless terminated earlier as provided herein. This agreement shall be for the purpose of providing breast and cervical cancer screening and diagnostic services only to patients referred to the Contractor by the LBCCP under the conditions specified below.

Part I. The Contractor agrees to:

Clinical Services and Reporting

A. Provide one or more of the following breast and cervical cancer screening or diagnostic clinical services to clients referred by the LBCCP: ☒

- ☐ Pap test
- ☐ Complete pelvic examination
- ☐ Screening mammogram
- ☐ Clinical breast exam
- ☐ Breast cancer diagnostic procedures, such as:
  - Cyst aspiration
  - Diagnostic ultrasound
  - Incisional, excisional, or other breast biopsy
  - Needle biopsy
  - Needle localization
- ☐ Cervical cancer or precancerous cervical lesion diagnostic procedures:
  - Colposcopy directed cervical or vaginal biopsy, or both
  - Colposcopy
  - Conization
  - Endocervical curettage
  - Endometrial biopsy (if the patient has taken Tamoxifen for the treatment of breast cancer or has had cervical cancer documented, or has a Pap test result of atypical glandular cells)
  - Loop Electrosurgical Excision Procedure (LEEP)
- ☐ Radiology services for the purpose of breast and/or cervical cancer detection
- ☐ Lab services for the purpose of breast and/or cervical cancer detection
- ☐ Anesthesia services for the purpose of breast and/or cervical cancer detection
- ☐ Hospital services for the purpose of breast and/or cervical cancer detection
- ☐ Pharmacy services related to procedures for breast and/or cervical cancer detection
- ☐ Follow-up office or emergency room visit to resolve complications following a client's breast or cervical cancer screening, diagnostic or treatment (completed) procedure

Billing

B. Obtain payment for the above listed services by billing the LBCCP at the following address:

_____.

C. Include on each bill the Contractor's name, address, and Federal Tax Identification or Social Security Number, the patient's name, the service provided, the date the service was provided, the CPT code and charge for each service provided, and the amount that is due and owing.

D. Submit all claims for reimbursement for claims under this Contract to all insurance providers that provide insurance coverage for the patient before such claims are submitted to the LBCCP for payment.

E. Append to all claims submitted to the LBCCP for payment under this Contract proof (explanation of benefits) that such claims have been denied in whole or in part by all of the insurance providers of the patient.

F. Submit a bill for the reimbursable medical procedure performed or service provided within nine (9) months of the date of service(s).

G. Provide one or more of the clinical services listed in Part I, Section A, above, at a cost not to exceed the amount on the attached reimbursement schedule, or any schedule that may be substituted on a yearly basis by the LBCCP due to changes in reimbursement rates.

H. Not bill a patient for any charge for the performance of clinical services listed in Part I, Section A, above.

I. Not bill the LBCCP for any service other than the performance of clinical services listed in Part I, Section A, above, and LBCCP-approved procedures or physician office visits.

Other

J. Not be in arrears with respect to the payment of any monies due and owing the State of Maryland, or any department or unit thereof, including but not limited to the payment of taxes and employee benefits, and not become in arrears during the term of this Contract.

K. (1) Not discriminate in any manner against an employee or applicant for employment because of race, color, religion, creed, age, sex, marital status, national origin, ancestry, or disability of a qualified individual with a disability; (2) include a provision similar to that contained in subsection (1) above, in any subcontract except a subcontract for standard commercial supplies or raw materials; and (3) post and cause subcontractors to post in conspicuous places available to employees and applicants for employment, notices setting forth the substance of this clause.

L. Comply with the Health Insurance Portability and Accountability Act of 1996 (the Social Security Act, 42 U.S.C. §§1320a-7(c)(a)(5), and 1320d-2 and 1320d-4 and 45 CFR Parts 160 and 164, ("HIPAA") and the Maryland Confidentiality of Medical Records Act (Md. Code Ann., Health-General, ("Health General") §4-301 et seq.) as they apply to the contractor's operations pursuant to this agreement.

Part II. The LBCCP agrees to:

A. Reimburse Medicare and/or Medicaid rates for screening and diagnostic clinical services as dictated by the LBCCP funding requirements:

- Reimburse at no more than the **Medicare rate** for screening and limited diagnostic services**,** physician visits, and procedures**, excluding breast biopsies and other cervical diagnostic procedures, as indicated on the attached reimbursement schedule.**

- Reimburse at no more than the **Medicaid rate for additional diagnostic procedures, including breast biopsies and other cervical diagnostic procedures, as indicated on the attached reimbursement schedule.**

B. Reimburse services provided by a Maryland Health Services Cost Review Commission (MHSCRC) - regulated facility at the rate approved for the Contractor by the MHSCRC.

Part III. The Contractor and the LBCCP agree that:

A. Funds provided to the LBCCP under this Contract are funds of last resort.

B. Payment for services will not occur until the completed medical report for all screening and diagnostic services provided for the patient is received by the LBCCP.

C. Bills submitted after nine (9) months from the date of service will not be reimbursed.

D. The Contractor is not covered by the Maryland Tort Claims Act unless the contractor is a state employee and duly covered by the Maryland Tort Claims Act.

E. The LBCCP is not a "business associate" of the contractor under HIPAA.

F. Regarding HIPAA:
1. The activities covered by this agreement constitute treatment, payment**,** or health care operations as defined in HIPAA regulations at 45 CFR §164.501;

2. The LBCCP is a public health authority (defined in 45 CFR §164.501) and as authorized by Health-General §§20-116, 18-101 and 18-104, and is seeking to collect or receive information under this agreement for the purpose of preventing or controlling disease, injury, or disability and for the purpose of conducting public health surveillance, investigations, and interventions; and, further,

3. The LBCCP is engaged in health oversight activities (as defined in 45 CFR §164.501) required by Health-General §§18-104 and 20-116 to oversee this government program. It is therefore agreed that the medical and billing information required under this contract may be provided pursuant to HIPAA regulations at 45 CFR §§164.502(a), 164.506, and 164.512(b) and (d), without prior express authorization from the patient or the patient's representative.

G. The Contract Monitor for the LBCCP is:
Name (typed) _____
Title (typed) _____
Business Address (typed) _____
_____
Business Telephone Number (typed) _____

The LBCCP Contract Monitor is the primary point of contact for the LBCCP for matters relating to this contract. The Contractor shall contact this person immediately if the Contractor is unable to fulfill any of the requirements of this contract or has any questions regarding the interpretation of the provisions of the contract.

H. The Contract Monitor for the Contractor is:
Name (typed) _____
Title (typed) _____
Business Address (typed) _____
_____
Business Telephone Number (typed) _____

The Contractor Contract Monitor is the primary point of contact for matters relating to this contract. The Contractor Contract Monitor shall contact the LBCCP's Contract Monitor immediately if the Contractor is unable to fulfill any of the requirements for the contract or if there are any questions regarding the interpretation of the provisions of the contract.

I. This contract may be terminated by either the Contractor or the LBCCP by giving fourteen (14) calendar days prior written notice to the other party's Contract Monitor. In the event of a contract termination, the LBCCP will pay the Contractor all reasonable costs associated with this contract that the Contractor has incurred to the date of termination.

J. The following attached documents are incorporated into and hereby made a part of this contract: ☒
☐ Anesthesia
☐ Colposcopy
☐ Hospital
☐ Laboratory
☐ Physician
☐ Radiology
☐ Surgeon

In witness whereof, these authorized representatives of the Contractor and the LBCCP hereby set forth their signatures showing their consent for the Contractor and the LBCCP to abide by the terms of this contract.

For the Contractor	**For the LBCCP**
_____	_____
(Signature)	(Signature)
_____	_____
Name (printed)	Name (printed)
_____	_____
Title (printed)	Title (printed)
_____	_____
Date of Signing	Date of Signing

ANESTHESIA

Services to be Provided and Procedures

ATTACHMENT ___

The Contractor agrees to:

A. See patients referred by LBCCP for clinical services within a time frame that is not more than four (4) weeks from the date of referral.

B. Seek approval from the LBCCP Contract Monitor or _____ for payment for services not listed in Section I, A, of the Service Contract, including but not limited to services related to another medical diagnosis.

Qualifications and insurance

C. Have anesthesia services provided by an anesthesiologist or nurse anesthetist, each of whom has received specialized medical training to perform these procedures.

D. Obtain and maintain current medical liability insurance coverage and assume liability for the procedures and/or services rendered under this Contract; and provide documentation to the LBCCP Contract Monitor with this signed Contract.

E. For physicians performing services under this Contract, provide a copy of each individual's current Maryland medical license and a copy of his/her specialty board certification, if applicable, to the LBCCP Contract Monitor with this signed Contract.

F. Adhere to the provisions of COMAR 10.27.07, Practice of the Nurse Practitioner, and, for each nurse practitioner performing services under this Contract, provide a copy of the individuals' current Maryland nursing license and a copy of his/her area of certification, to the LBCCP Contract Monitor with this signed contract.

G. Adhere to the provisions of COMAR 10.32.03, Delegation of Duties by a Licensed Physician- Physician Assistant, and, for each physician assistant performing services under this Contract, provide a copy of the individuals' current Maryland certification, to the LBCCP Contract Monitor along with this signed Contract.

H. Provide the Maryland certification for each physician assistant performing services under this contract to the LBCCP Contract Monitor along with this signed contract.

The Contractor and the LBCCP agree that:

I. This contract is funded in part with State funds appropriated by the Maryland General Assembly under the Cigarette Restitution Fund (State Finance and Procurement Article, § 7-317, Annotated Code of Maryland).

J. Funds from the LBCCP under this contract are funds of last resort. Payment by the LBCCP for clinical services to the Contractor will cease in any given fiscal year when the LBCCP Breast and Cervical Cancer Diagnosis, Case Management & Treatment Contract funds are depleted. The Contractor shall bill the patient for additional services provided by the Contractor after funds are depleted using the Contractor's usual and customary billing methods.

K. If funds for LBCCP payment for clinical services are depleted, the Contractor and the LBCCP [Case Manager] shall continue to communicate regarding clinical and case management issues.

L. The following attached document is incorporated into, and hereby made a part of this Contract:

1. The reimbursement schedule, or any schedule that may be substituted by the LBCCP for the attached schedule, due to changes in reimbursement rates.

COLPOSCOPY

Services to be Provided and Procedures

ATTACHMENT ___

The Contractor shall:

A. See patients referred by the LBCCP for cervical cancer screening and diagnostic services within four (4) weeks from the date of referral.

B. Follow the most recent version of the Minimal Clinical Elements (Attached) developed by the Maryland Breast and Cervical Cancer (Screening) Program Medical Advisory Committee as the standard for clinical care for women screened and diagnosed through the Maryland Breast and Cervical Cancer (Screening) Program (BCCP).

C. Explain to the patient the contracted procedures, frequency of screening tests, and need for additional diagnostic tests and treatment, if indicated.

D. Colposcopy shall be performed by board-certified or eligible gynecologists or health care practitioners who meet the following guidelines:
   1. Training
      a. Training in colposcopy as a part of an OB/GYN residency program, or
      b. Attendance at a physician or nurse colposcopy training program of at least three (3) days in duration which included both didactic and clinical elements, and
   2. Training Colposcopies: Performance of at least 50 colposcopies under the direct supervision of a preceptor who has extensive experience in performing colposcopy.

E. Utilize a laboratory that is contracted with the LBCCP. Such laboratories will be licensed in Maryland, be in compliance with the rules for cytology services in the Clinical Laboratory Improvement Amendments of 1988, ensure that each individual engaged in the examination of gynecological preparations has passed the Cytology Proficiency Testing Program of the State of Maryland or, if an out-of-state laboratory is used, the American Society of Clinical Pathologists (ASCP) or the College of American Pathologists (CAP), and provide annual proof of individual staff members passing cytology proficiency testing.

F. Provide recommendations to the LBCCP's Contract Monitor or _____ concerning the need for further care based on the diagnostic results.

G. Report abnormal findings that result from the performance of the contracted service(s) to the LBCCP's Contract Monitor or _____ by phone *and* mail, by fax, or by secure electronic communication within one (1) week of the exam, using a format directed by the LBCCP.

H. Report normal findings that result from the performance of the contracted service(s) to the LBCCP's Contract Monitor or _____ by fax *or* mail within four (4) weeks of the exam, using a format directed by the LBCCP.

I. Report the stage and size of cervical tumor(s) to the LBCCP Contract Monitor or _____ by mail, secure electronic communication, or fax within one (1) week after determination of tumor size and stage.

Qualifications and Insurance

J. For physicians performing services under this Contract, provide a copy of each individual's current Maryland medical license and a copy of his/her specialty board certification, if applicable, to the LBCCP Contract Monitor with this signed Contract.

K. Obtain and maintain current medical liability insurance coverage and assume liability for the procedures and/or services rendered under this Contract; and provide documentation to the LBCCP Contract Monitor with this signed Contract.

L. Adhere to the provisions of COMAR 10.27.07, Practice of the Nurse Practitioner, and, for each nurse practitioner performing services under this Contract, provide a copy of the individuals' current Maryland nursing license and a copy of his/her area of certification, to the LBCCP Contract Monitor with this signed contract.

The Contractor and the LBCCP agree that:

M. Payment for services will not occur until the completed medical report of the colposcopy, and/or colposcopically-directed biopsy for the patient is received by the LBCCP.

N. This Contract is funded, in part, with Federal funds from the Centers for Disease Control and Prevention.
All recipients of Federal funds are prohibited from using Federal funds for Federal lobbying. In addition, if the Contractor receives $100,000 or more in Federal monies, the Contractor must disclose any Federal lobbying which is done with non-federal funds using Standard Form LLL. This form, if appropriate, is also hereby incorporated into this Contract.

O. The following attached documents are incorporated into, and hereby made a part of this Contract:
    1. The reimbursement schedule, or any schedule that may be substituted on a yearly basis by the LBCCP for the attached schedule, due to changes in reimbursement rates.
    2. The "Minimal Clinical Elements for Cervical Cancer Detection and Diagnosis"

HOSPITAL

Services to be Provided and Procedures

ATTACHMENT ___

The Contractor agrees to:

A. Coordinate with the LBCCP Contract Monitor or _____ to obtain approval from the LBCCP for payment of hospital services prior to delivery of services not listed in Part I, Section A, of the General Services Contract.

B. Provide linkages to treatment services for patients diagnosed with cancer or conditions other than breast or cervical cancer.

C. Send the medical record or discharge summary of the hospitalization to the LBCCP within fourteen (14) days of discharge in order to receive payment.

The Contractor and the LBCCP agree that:

D. Payment for services will not occur until the completed medical report for all screening and diagnostic services provided for the patient is received by the LBCCP.

E. This contract is funded with State funds appropriated by the Maryland General Assembly under the Cigarette Restitution Fund (State Finance and Procurement Article, § 7-317, Annotated Code of Maryland).

F. Funds from the LBCCP under this contract are funds of last resort. Payment by the LBCCP for services to the Contractor will cease in any given fiscal year when the LBCCP Contract funds are depleted. The Contractor shall bill the patient for additional services provided by the contractor after funds are depleted using the Contractor's usual and customary billing methods.

G. If funds for LBCCP payment for hospital services are depleted, the Contractor and the LBCCP Contract Monitor shall continue to communicate regarding clinical and case management issues.

H. The following attached document is incorporated into and hereby made a part of this contract:

1. The reimbursement schedule, or any schedule that may be substituted by the LBCCP for the attached schedule, due to changes in reimbursement rates.

LABORATORY

Services to be Provided and Procedures

ATTACHMENT ___

The Contractor agrees to:

A. Receive, interpret and notify the LBCCP of the results of Pap tests at a cost not to exceed the fee on the attached reimbursement schedule, or any schedule that may be substituted by the LBCCP for the attached schedule due to changes in reimbursement rates.

This fee includes both the cytotechnologist's and cytopathologist's fees, the costs for picking up the Pap test, interpreting the Pap test, and the cost of reporting the result of the Pap test to the LBCCP.

B. Receive, interpret, and notify the LBCCP of the results of the Human Papillomavirus (HPV) test, amplified probe technique (high-risk panel), when requested at a cost not to exceed the fee on the attached reimbursement schedule, or any schedule that may be substituted by the LBCCP for the attached schedule due to changes in reimbursement rates.

This fee includes both the pathologist's fee, the cost of picking up, preparing, and interpreting the specimen, and the cost of reporting the result of the HPV test to the LBCCP.

C. Receive, interpret and notify the LBCCP of the results of cervical biopsies at a cost not to exceed the fee on the attached reimbursement schedule, or any schedule that may be substituted by the LBCCP for the attached schedule due to changes in reimbursement rates.

This fee includes both the pathologist's fee and the cost of picking up, preparing and interpreting the biopsy specimen, and the cost of reporting the result of the biopsy to the LBCCP.

D. Receive, interpret, and notify the LBCCP of the results of breast biopsies when requested at a cost not to exceed the fee on the attached reimbursement schedule, or any schedule that may be substituted by the LBCCP for the attached schedule due to changes in reimbursement rates. This fee includes both the pathologist's fee, the cost of picking up, preparing, and interpreting the specimen, and the cost of reporting the result of the breast biopsy to the LBCCP.

E. Send test results as follows:

- For Pap tests or cervical biopsies that are "Within Normal Limits," or which show "Benign Cellular Changes," or "Atypical Squamous Cells of Undetermined Significance," for HPV results that are "negative for high-risk type," report results to the patient's primary care provider and the

LBCCP's Contract Monitor or _____ by fax, mail, or secure electronic communication within two (2) weeks of receiving the specimen.

- For Pap tests or cervical biopsies that show "Low-Grade SIL," "High-Grade SIL," "Squamous Cell Carcinoma," "Adenocarcinoma" or other malignant neoplasms, and for HPV results that are "positive for high-risk type," report results to the patient's primary care provider and the LBCCP's Contract Monitor or _____ by phone ***and*** mail or by fax or secure electronic communication within ten (10) working days of receiving the specimen.

- For breast biopsy pathology labs or other lab results, report results to the patient's primary care provider and the LBCCP's Contract Monitor or _____ by phone ***and*** mail or by fax or secure electronic communication within ten (10) working days of receiving the specimen.

F. Report the results of Pap tests using the standardized terminology known as the Bethesda System and indicate the presence or absence of endocervical cells on the lab report.

Qualifications and Insurance

G. Provide to the LBCCP Contract Monitor, along with this signed contract, documentation of each individual engaged in the examination of gynecologic preparations having passed the Cytology Proficiency Testing Program of the State of Maryland within the required time period. If the laboratory is out-of-state (not located in Maryland), documentation of having passed either the American Society of Clinical Pathologists (ASCP) or the College of American Pathologists (CAP) proficiency test is required.

H. Provide to the LBCCP Contract Monitor, along with this signed contract, documentation of being in compliance with the rules for cytology services in the Clinical Laboratory Improvement Amendments (CLIA) of 1988 by submitting the laboratory's CLIA identification number.

I. Provide to the LBCCP Contract Monitor, along with this signed contract, documentation for both the Contractor and each of its pathologists of coverage for general malpractice insurance or in the alternative, provide documentation of self-insurance, by providing a copy of the insurance binder which shall indicate the period of coverage.

Billing

J. Bill the LBCCP for the cytopathology for the Pap test using one of the following procedures: (1) slides, cervical or vaginal (the Bethesda System); manual screening, or (2) cervical or vaginal (the Bethesda System), collected in preservative fluid, automated thin layer preparation, manual screening.

K. Bill the LBCCP for microbiology, human papillomavirus, amplified probe technique (high-risk panel).

The Contractor and the LBCCP agree that:

L. Payment for services will not occur until the completed medical report for all screening and diagnostic services provided for the patient is received by the LBCCP.

M. Reimbursement will only occur for cytopathology, cervical or vaginal (the Bethesda System) for Pap tests using one of the following procedures: (1) slides, manual screening, or (2) collected in preservative fluid, automated thin layer preparation, manual screening. No other Pap test methods will be reimbursed through this Contract.

N. Reimbursement will only occur for microbiology, human papillomavirus, amplified probe technique (high-risk panel).

O. Reimbursement will only occur for breast or cervical biopsies.

P. This Contract is funded, in part, with Federal funds from the Centers for Disease Control and Prevention.

All recipients of Federal funds are prohibited from using Federal funds for Federal lobbying. In addition, if the Contractor receives $100,000 or more in Federal monies, the Contractor must disclose any Federal lobbying which is done with non-federal funds using Standard Form LLL. This form, if appropriate, is also hereby incorporated into this Contract.

Q. The following attached document is incorporated into, and hereby made a part of this Contract:

1. The reimbursement schedule, or any schedule that may be substituted by the LBCCP for the attached schedule, due to changes in reimbursement rates.

PHYSICIAN

Services to be Provided and Procedures

ATTACHMENT ___

The Contractor agrees to:

A. Follow the most recent version of the Minimal Clinical Elements (Attached) developed by the Maryland Breast and Cervical Cancer (Screening) Program Medical Advisory Committee as the standard for care for women screened and diagnosed through the Maryland Breast and Cervical Cancer (Screening) Program (BCCP).

B. See patients referred by the LBCCP for breast and cervical cancer screening and diagnostic services within a time frame that should not be more than eight (8) weeks for screening mammograms, six (6) weeks for other screening services, and four (4) weeks for diagnostic services from the date of referral.

C. Explain to the patient the contracted procedures, frequency of screening tests, and need for additional diagnostic tests and treatment, if indicated.

D. Perform a pelvic exam in order to determine if a patient has an intact cervix, upon her first visit. This visit will be reimbursed by the LBCCP.

E. Collect a specimen that can be used for a HPV test, high-risk panel, if a woman has a Pap test result of ASCUS.

F. Utilize a laboratory that is contracted with the LBCCP. Such laboratories will be licensed in Maryland, be in compliance with the rules for cytology services in the Clinical Laboratory Improvement Amendments of 1988, ensure that each individual engaged in the examination of gynecological preparations has passed the Cytology Proficiency Testing Program of the State of Maryland or, if an out-of-state laboratory is used, the American Society of Clinical Pathologists (ASCP) or the College of American Pathologists (CAP), and provide annual proof of individual staff members passing cytology proficiency testing.

G. Report abnormal findings that result from the performance of the contracted service(s) to the LBCCP's Contract Monitor or _____ by phone *and* mail, by fax, or by secure electronic communication within one (1) week of the exam, using a format directed by the LBCCP.

H. Report normal findings that result from the performance of the contracted service(s) to the LBCCP's Contract Monitor or ___ _____ by fax *or* mail within four (4) weeks of the exam, using a format directed by the LBCCP.

I. Report the stage and size of breast or cervical tumor(s) to the LBCCP Contract Monitor or _____ by mail, secure electronic

communication, or fax within one (1) week after determination of stage and size of tumor.

Qualifications and Insurance

J. Have clinical services and diagnostic procedures performed by an OB/GYN, Family Practitioner, Internist, General Practitioner, Radiologist, Surgeon, nurse practitioner, or physician assistant who has received specialized medical training to perform these procedures.

K. For physicians performing services under this Contract, provide a copy of each individual's current Maryland medical license and a copy of his/her specialty board certification, if applicable, to the LBCCP Contract Monitor with this signed Contract.

L. Obtain and maintain current medical liability insurance coverage and assume liability for the procedures and/or services rendered under this Contract; and provide documentation to the LBCCP Contract Monitor with this signed Contract.

M. Adhere to the provisions of COMAR 10.27.07, Practice of the Nurse Practitioner, and, for each nurse practitioner performing services under this Contract, provide a copy of the individuals' current Maryland nursing license and a copy of his/her area of certification, to the LBCCP Contract Monitor with this signed contract.

N. Adhere to the provisions of COMAR 10.32.03, Delegation of Duties by a Licensed Physician- Physician Assistant, and, for each physician assistant performing services under this Contract, provide a copy of the individuals' current Maryland certification, to the LBCCP Contract Monitor along with this signed Contract.

O. For mammography and other radiological procedures, provide documentation of current mammography accreditation by the American College of Radiology (ACR), or documentation of having submitted a completed application for ACR accreditation by the start of this contract. Accreditation must be granted within six (6) months of the start of this contract.

The Contractor and the LBCCP agree that:

P. Reimbursement will <u>only</u> occur for cytopathology, cervical or vaginal (the Bethesda System) for Pap tests using one of the following procedures: (1) slides, manual screening, or (2) collected in preservative fluid, automated thin layer preparation, manual screening. No other Pap test methods will be reimbursed through this Contract.

Q. This Contract is funded, in part, with Federal funds from the Centers for Disease Control and Prevention.
All recipients of Federal funds are prohibited from using Federal funds for Federal lobbying. In addition, if the Contractor receives $100,000 or more in

Federal monies, the Contractor must disclose any Federal lobbying which is done with non-federal funds using Standard Form LLL. This form, if appropriate, is also hereby incorporated into this Contract.

R. The following attached documents are incorporated into, and hereby made a part of this Contract:

1. The reimbursement schedule or any schedule that may be substituted on a yearly basis by the LBCCP for the attached schedule, due to changes in reimbursement rates.

2. The "Minimal Clinical Elements for Breast Cancer Detection and Diagnosis"
3. The "Minimal Clinical Elements for Cervical Cancer Detection and Diagnosis"

RADIOLOGY

Services to be Provided and Procedures

ATTACHMENT ___

The Contractor agrees to:

A. Follow the most recent version of the Minimal Clinical Elements (Attached) developed by the Maryland Breast and Cervical Cancer (Screening) Program Medical Advisory Committee as the standard for care for women screened and diagnosed through the Maryland Breast and Cervical Cancer (Screening) Program (BCCP).

B. See patients referred by the LBCCP for a screening mammogram within eight (8) weeks from the date of referral, and perform diagnostic mammography within two (2) weeks from the date of referral.

C. Report the mammography results of patients referred to the Contractor by the LBCCP to both the patient's primary care provider and to the LBCCP's Contract Monitor or _____ using the reporting lexicon recommended by the American College of Radiology and using the reporting format provided by the LBCCP.

D. Send patient results as follows:

- For mammograms that are "Negative," "Benign," or "Probably Benign," report results to the patient's primary care provider and the LBCCP's Contract Monitor or _____ by fax, mail, or secure electronic communication within two (2) weeks of performing the mammogram.

- For mammograms that indicate the need for further evaluation, "Assessment Incomplete," or have the result of "Suspicious Abnormality" or "Highly Suggestive of Malignancy, report results to the patient's primary care provider and the LBCCP's Contract Monitor or _____ by phone ***and*** mail or by fax or secure electronic communication within three (3) days of performing the mammogram.

- For ultrasounds and other breast procedures that do not require further evaluation, report results to the patient's primary care provider and to the LBCCP's Contract Monitor or _____ by fax, mail, or secure electronic communication within two (2) weeks of performing the procedure.

- For ultrasounds and other breast procedures that require further evaluation, report results to the patient's primary care provider and to the LBCCP's Contract Monitor or _____ by phone ***and*** mail or by fax or secure electronic communication within three (3) days of performing the procedure.

Qualifications and Insurance

E. For physicians performing services under this Contract, provide a copy of each individual's current Maryland medical license and a copy of his/her specialty board certification, if applicable, to the LBCCP Contract Monitor with this signed Contract.

F. For mammography and other radiological procedures, provide documentation of current mammography accreditation by the American College of Radiology (ACR), or documentation of having submitted a completed application for ACR accreditation by the start of this contract. Accreditation must be granted within six (6) months of the start of this contract.

G. Provide documentation of being certified by the Federal Food and Drug Administration (FDA) to provide screening mammography services.

H. Obtain and maintain current medical liability insurance coverage and assume liability for the procedures and/or services rendered under this Contract; and provide documentation to the LBCCP Contract Monitor with this signed Contract.

The Contractor and the LBCCP agree that:

I. Payment for services will not occur until the completed medical report for all screening and diagnostic services provided for the patient is received by the LBCCP.

J. This Contract is funded, in part, with Federal funds from the Centers for Disease Control and Prevention.

All recipients of Federal funds are prohibited from using Federal funds for Federal lobbying. In addition, if the Contractor receives $100,000 or more in Federal monies, the Contractor must disclose any Federal lobbying which is done with non-federal funds using Standard Form LLL. This form, if appropriate, is also hereby incorporated into this Contract.

K. The following attached documents are incorporated into, and hereby made a part of this Contract:

1. The reimbursement schedule, or any schedule that may be substituted by the LBCCP for the attached schedule, due to changes in reimbursement rates.

2. The "Minimal Clinical Elements for Breast Cancer Detection and Diagnosis"

3. The "Minimal Clinical Elements for Cervical Cancer Detection and Diagnosis"

SURGEON

Services to be Provided and Procedures

ATTACHMENT ___

The Contractor agrees to:

A. Follow the most recent version of the Minimal Clinical Elements (Attached) developed by the Maryland Breast and Cervical Cancer (Screening) Program Medical Advisory Committee as the standard for care for women screened and diagnosed through the Maryland Breast and Cervical Cancer (Screening) Program (BCCP).

B. See patients referred by the LBCCP for a surgical consultation, clinical breast examination, and/or breast or cervical cancer diagnostic services within two (2) weeks from the date of referral.

C. Explain to the patient the contracted procedures, frequency of screening tests, and need for additional diagnostic tests and treatment, if indicated.

D. Have clinical surgical consultation, clinical breast examination, and/or breast or cervical cancer diagnostic services performed by a surgeon, nurse practitioner, or physician assistant who has received specialized medical training to perform these procedures.

E. Report findings/results from the surgical consultation, clinical breast examination, and/or breast or cervical cancer diagnostic services to LBCCP's Contract Monitor or _____ by mail, fax, or secure electronic communication within one (1) week of the exam, using the format provided by the LBCCP.

Qualifications and Insurance

F. For physicians performing services under this Contract, provide a copy of each individual's current Maryland medical license and a copy of his/her specialty board certification, if applicable, to the LBCCP Contract Monitor with this signed Contract.

G. Obtain and maintain current medical liability insurance coverage and assume liability for the procedures and/or services rendered under this Contract; and provide documentation to the LBCCP Contract Monitor with this signed Contract.

H. Adhere to the provisions of COMAR 10.27.07, Practice of the Nurse Practitioner, and, for each nurse practitioner performing services under this Contract, provide a copy of the individuals' current Maryland nursing license and a copy of his/her area of certification, to the LBCCP Contract Monitor with this signed contract.

I. Adhere to the provisions of COMAR 10.32.03, Delegation of Duties by a Licensed Physician- Physician Assistant, and, for each physician assistant

performing services under this Contract, provide a copy of the individuals' current Maryland certification, to the LBCCP Contract Monitor along with this signed Contract.

The Contractor and the LBCCP agree that:

J. Payment for services will not occur until the completed medical report for all screening and diagnostic services provided for the patient is received by the LBCCP.

K. This Contract is funded, in part, with Federal funds from the Centers for Disease Control and Prevention.

All recipients of Federal funds are prohibited from using Federal funds for Federal lobbying. In addition, if the Contractor receives $100,000 or more in Federal monies, the Contractor must disclose any Federal lobbying which is done with non-federal funds using Standard Form LLL. This form, if appropriate, is also hereby incorporated into this Contract.

L. The following attached documents are incorporated into, and hereby made a part of this Contract:

1. The reimbursement schedule, or any schedule that may be substituted on a yearly basis by the LBCCP for the attached schedule, due to changes in reimbursement rates.

2. The "Minimal Clinical Elements for Breast Cancer Detection and Diagnosis"

3. The "Minimal Clinical Elements for Cervical Cancer Detection and Diagnosis"

VII. MBCCP MINIMAL STANDARDS FOR FOLLOW-UP OF ABNORMAL RESULTS

Maryland Breast and Cervical Cancer Program
Minimal Standards for Follow-up of Abnormal Results

PURPOSE:

To assure patients have been notified of their abnormal results and need for diagnostic work-up in compliance with the Minimal Clinical Elements (specifically those patients with mammography results of assessment incomplete (ACR 0 or ACR 6), suspicious abnormality (ACR 4), highly suggestive of malignancy (ACR 5), with Pap test results of Low Grade SIL, High Grade SIL, squamous cell carcinoma, or CBE results with follow-up indicated, or patients who have distinct palpable breast masses or thickening of concern to examiner and/or patient regardless of degree of tenderness; skin dimpling/reddening; nipple discharge that is bloody or unilateral, spontaneous, localized to one duct; skin retraction or scaliness around nipple; inverted nipple (recent occurrence/onset) in women not pregnant or lactating; or new onset of pain in the elderly atrophic breast) that require further diagnosis and treatment, i.e. CBE, Paps, ultrasounds, surgical consults, biopsies, etc.

PROCEDURES FOR LOCAL BCC PROGRAMS

1. All follow-up contacts and/or attempts to contact patients and medical providers following the protocol below shall be documented in writing in continuation or progress notes in the patient's chart. The person responsible for the appropriate follow-up steps shall sign and date each step taken.

2. Note: Assure timely receipt of results according to the contract terms (three days by fax, one week by mail) by utilizing internal tracking system to retrieve results as needed.

3. Upon receipt of results contact the medical provider who is responsible for notifying the patient of her result and determine the specific plan of care in compliance with the Minimal Clinical Elements.

4. After determining the plan of care from the medical provider and under the direction of a Registered Nurse within the local program, contact the client by telephone, mail and/or home visit to assure patient's understanding and to coordinate care. Notification by one of these methods must be attempted/completed within one week of receipt of results. (Phone attempts consist of multiple calls at varying hours in an effort to reach the patient).

5. If unable to contact patient using all previous options (phone, mail, and/or home visit) within three weeks of receipt of results, send a **certified** or **restricted** letter to the patient, including needed care with adverse health results if care refused.

6. If patient is contacted and refuses service she is sent a **certified** letter discussing the consequences of the refusal and a copy of the letter is sent to the provider. Patients who refuse should receive at least one additional contact within 6 months. If patient is contacted and refuses, or if no contact is made (lost), code Work-up Status as lost to follow-up or refused, enter the date lost/refused in the cancer software.

7. Send a copy of the **certified** letter (for unable to contact or refusal) to the appropriate physician who may be contacted to discuss revision of the case management plan.

8. If patient is contacted and appointments for diagnostic tests are arranged and completed, enter the diagnosis/treatment data into the patient's current screening cycle in the cancer software.

9. **All patients with abnormal results must be notified of results regardless of patient status/eligibility (address, income, insurance change).**

10. Upon completion of the diagnostic and/or treatment cycle, discuss annual screening guidelines with patient.

11. If a client refuses follow-up services but wants to continue with annual screening, the program should recall the woman for annual screening, regardless of whether she refused or was lost for work-up, enter a recall date(s) in the current screening cycle record. It is not until the program attempts to recall the woman for annual rescreening that one uses the Subsequent Cycle Flow Chart.

12. If patient is recalled for annual rescreening, is eligible and receives rescreening, enter the screening data into a new cycle. If patient is contacted, is ineligible or refuses rescreening **or** if no contact is made, use the Subsequent Cycle Flow Chart to enter a 'Close Out record' accordingly.

    Only enter a close out record once. With future attempts to recall the patient after a close out record was entered, change the recall date in the cycle in which the patient was closed out.

OPTIONAL: Continue to contact the client at intervals, whether refused or lost to follow-up as mentioned above.

SUGGESTION: Use data reports # 7 for abnormal breast screening, and # 8 for abnormal Pap test results to monitor patients needing follow-up for abnormal results, and an internal tracking system.

Maryland Breast and Cervical Cancer Program
Minimal Standards for Contact for Short-term Follow-up

PURPOSE:

To assure that patients needing short-term follow-up (e.g. results requiring reevaluation prior to annual screenings, repeat CBE, Pap smears and further mammography recall of less than one year ACR 3). The results necessitate contacting the medical provider who is responsible for notifying the patient of her result to determine the specific plan of care in compliance with the Minimal Clinical Elements.

PROCEDURES FOR LOCAL BCC PROGRAMS:

1. All follow-up contacts and/or attempts to contact patients and medical providers following the protocol below shall be documented in writing in continuation or progress notes in the patient's chart. The person responsible for the appropriate follow-up steps shall sign and date each step taken.

2. Note: Assure timely receipt of results according to the contract terms by utilizing internal tracking system to retrieve results as needed.

3. Upon receipt of results contact the medical provider who is responsible for notifying the patient of her result to determine the specific plan of care in compliance with the Minimal Clinical Elements.

4. Contact the patient by mail or telephone at least 1-2 months prior to the service due date to determine eligibility for recall.

5. If no response within 2-4 weeks, three attempts to contact the patient should be made, one of which should be by mail. Letter may indicate intent to discharge and should advise patient of possible adverse health effects if follow-up doesn't occur. (Phone attempts consist of multiple calls at varying hours in an effort to reach the client).

6. If no response, a home visit may be attempted; some type of notification should be left if no response.

7. If unable to contact patient using all previous options within 4 weeks of second contact/attempt, send a **certified** letter to the patient.

8. If patient is contacted and refuses service, send a **certified** letter discussing the consequences of the refusal to the patient and a copy to her medical provider.

Patients who refuse should receive at least one additional contact within 6 months.

9. Send a copy of the certified letter (for unable to contact or refusal) to the appropriate physician who may be contacted to discuss revision of the case management plan.

10. If patient is contacted, is eligible and receives short-term repeat screening, enter the screening data into a new cycle, unless a current cycle without this procedure exists in the cancer software. If patient is contacted, is ineligible or refuses rescreening or if no contact is made within three months after the patient is due for recall, use the Subsequent Cycle Flow Chart to enter a "Close Out Record" accordingly.

    Only enter a close out record once. If you wish to keep attempting to recall the patient after a close out record was entered, change the recall date in the cycle in which the patient was closed out. It is recommended to continue to contact the client at 6 months and 1 year by changing the recall date, unless the patient verbally refuses or is ineligible.

OPTIONAL: Continue to contact the client at intervals, whether they refuse or unable to reach.

SUGGESTION: Use data reports # 10, # 11 to monitor patients needing short-term follow-up, and an internal tracking system.

Maryland Breast and Cervical Cancer Program
Minimal Standards for Annual Screening
(Negative Results, no diagnosis planned)

PURPOSE:

- To inform patients of the importance of routine screening in order to detect cancer at the earliest time with highest chances for cure.
- To assure that patients needing annual screening return as recommended.

PROCEDURES FOR LOCAL BCC PROGRAMS:

1. All contacts and/or attempts to contact patients following the protocol below shall be documented in writing. The person responsible for the appropriate follow-up steps shall sign and date each step taken.

2. All patients will be contacted by mail or telephone 1-2 months prior to the service due date to determine eligibility for recall.

3. If no response within one month of initial contact and/or attempt, two attempts should be made one of which should be by mail. (Phone attempts consist of multiple calls at varying hours in an effort to reach the client). The letter may mention intent to discharge.

4. If no response 2 months after the due date, a final letter will be sent to the patient.

5. If patient is contacted, is eligible and receives rescreening, enter the screening data into a new cycle. If patient is contacted, is ineligible or refuses rescreening **or** if no contact is made within three months after the patient is due for recall, use the Subsequent Cycle Flow Chart to enter a "Close Out Record" accordingly.

   Only enter a close out record once. If you wish to keep attempting to recall the patient after a close out record was entered, change the recall date in the cycle in which the patient was closed out. It is recommended to continue to contact the client at 6 months and 1 year by changing the recall date, unless the patient verbally refuses or is ineligible.

Optional additional procedures:

1. A home visit may be attempted to urge client to get annual screening; some type of notification is left if no response.

2. A copy of the final discharge letter may be sent to the appropriate physician saying "attempts" were made to contact the patient, if you see the patient urge them to contact us.

IX. MBCCP REIMBURSEMENT RATE SCHEDULE

2016 Medicare Regions

Region 1	Region 99	Region - DC
Anne Arundel	Allegany	Montgomery
Baltimore	Calvert	Prince George's
Carroll	Caroline	
Harford	Cecil	
Howard	Charles	
Baltimore City	Dorchester	
	Frederick	
	Garrett	
	Kent	
	Queen Anne's	
	St. Mary's	
	Somerset	
	Talbot	
	Washington	
	Wicomico	
	Worcester	

Medicare/Medicaid 2016 Reimbursement Rates (Effective 1/1/2016)
Office Visit Codes - Medicare Rates Published January 2016

Code	Description	Provider Setting	Rates Region 1	Rates Region 99	Rates D.C. Region	Medicaid Rate (all Regions)
99201*	**New Patient: Single Exam** Problem focused history, a problem focused examination, and straightforward medical decision making.	Provider's Office	47.19	45.15	50.55	
99202*	**New Patient: Single Exam** Expanded focused history, expanded focused examination and straightforward medical decision making. (e.g. either a Pap test with a pelvic exam or a clinical breast exam; can also be both Pap test and CBE)	Provider's Office	80.26	77.01	85.69	
99203*	**New Patient: Exam** Detailed history, a detailed examination, and medical decision making of low complexity. (e.g., Pap test, pelvic exam, and clinical breast exam. Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure.	Provider's Office	116.09	111.35	123.73	
99204*	**New Patient: Exam** Comprehensive history, examination, and medical decision making of moderate complexity. Average visit 45 minutes.	Provider's Office	176.47	169.77	187.38	
99386	**New Patient: Initial Preventive Medicine visit** Age 40-64 years (e.g., Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only, reimburse at 99202 rates).	Provider's Office	No M-Care rates established. Reimburse at 99203 rates			
99387	Same as 99386, but 65 years and older					

* ***All consultations should be billed through 'new patient' office visit CPT codes 99201-99205. Consultations billed as 99204 and 99205 must meet the criteria for these codes and are not appropriate for screening visits.***

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

Medicare/Medicaid 2016 Reimbursement Rates (Effective 1/1/2016)
Office Visit Codes - Medicare Rates Published January 2016

Code	Description	Provider Setting	Rates Region 1	Rates Region 99	Rates D.C. Region	Medicaid Rate (all Regions)
99211	**Established Patient: Single or Repeat Exam** Problem focused history, a problem focused examination, and straightforward medical decision making.	Provider's Office	21.55	20.61	23.20	
99212	**Established Patient: Single or Repeat Exam** Focused history, focused examination and/or straightforward medical decision making. (e.g. either a Pap smear with a pelvic or a clinical breast exam; can also be both CBE and Pap test)	Provider's Office	46.77	44.80	50.10	
99213	**Established Patient: Exam** Expanded history, expanded examination and/or medical decision making of low complexity. (e.g. Pap smear, pelvic exam, and clinical breast exam. Can also be billed in conjunction with a colposcopy [with or without biopsy] procedure.)	Provider's Office	78.16	75.15	83.29	
99214	**Established Patient: Exam** Includes at least two of the following: A detailed history, a detailed exam, moderate-complexity medical decision-making. Average visit 25 minutes	Provider's Office	114.94	110.66	122.29	
99396	**Est. Patient: Preventive Medicine visit 40-64 years** Age 40-64 years (e.g., Pap smear, pelvic exam, and clinical breast exam. If CBE or Pap test only, reimburse at 99212 rates).	Provider's Office	No M-Care rates established. Reimburse at 99213 rates			
99397	Same as 99396, but 65 years and older					
99070	**Supplies and materials (except spectacles)** Provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	Provider's Office				9.99

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

Medicare/Medicaid 2016 Reimbursement Rates (Effective 1/1/2016)
Radiological Codes - Medicare Rates Published January 2016

Code	Description	Provider Setting	Rates Region 1	Rates Region 99	Rates D.C. Region	Medicaid Rate (all Regions)
77055	**Unilateral Mammography/Diagnostic**	All				
	Global		**97.27**	**92.83**	**105.00**	
	Technical Component (TC)		59.73	56.36	65.61	
	Interpretation (26)		37.54	36.47	39.39	
77056	**Bilateral Mammography/Diagnostic**	All				
	Global		**125.13**	**119.39**	**135.15**	
	Technical Component (TC)		78.58	74.16	86.32	
	Interpretation (26)		46.55	45.23	48.84	
77057	**Screening Mammography**	All				
	Global		**89.03**	**85.04**	**95.94**	
	Technical Component (TC)		51.48	48.57	56.55	
	Interpretation (26)		37.54	36.47	39.39	
76641*	**Ultrasound**					
	Complete exam of the breast, unilateral	All				
	Global		**117.62**	**112.10**	**127.27**	
	Technical Component (TC)		78.58	74.16	86.32	
	Interpretation (26)		39.03	37.94	40.95	
76642*	**Ultrasound**					
	Limited exam of the breast, unilateral	All				
	Global		**96.54**	**92.11**	**104.25**	
	Technical Component (TC)		60.12	56.73	66.04	
	Interpretation (26)		36.42	35.38	38.21	

**** Ultrasound CPT code 76645 no longer valid.***

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

Medicare/Medicaid 2016 Reimbursement Rates (Effective 1/1/2016)
Radiological Codes - Medicare Rates Published January 2016

Code	Description	Provider Setting	Rates Region 1	Rates Region 99	Rates D.C. Region	Medicaid Rate (all Regions)
76098	Radiological examination, surgical specimen	All				
	Imaging supervision and interpretation					
	Global					16.40
	Technical Component (TC)					10.68
	Interpretation (26)					5.72
76942	Ultrasonic guidance for needle placement	All				
	Imaging supervision and interpretation					
	Global					136.73
	Technical Component (TC)					112.41
	Interpretation (26)					24.32
G0202 *	Screening mammogram, Digital, Bilateral	All				
	Global		117.70	112.12	127.44	
	Technical Component (TC)		80.35	75.84	88.26	
	Interpretation (26)		37.35	36.29	39.18	
G0204 *	Diagnostic mammogram, Digital, Bilateral	All				
	Global		152.04	144.80	164.71	
	Technical Component (TC)		105.49	99.57	115.87	
	Interpretation (26)		46.55	45.23	48.84	
G0206*	Diagnostic mammogram, Digital, Unilateral	All				
	Global		118.88	113.23	128.73	
	Technical Component (TC)		81.53	76.95	89.56	
	Interpretation (26)		37.35	36.29	39.18	

**** BCCP digital mammogram Medicare rates are the average of Medicare digital and film rates.***

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

Medicare/Medicaid 2016 Reimbursement Rates (Effective 1/1/2016)
Radiological Codes - Medicare Rates Published January 2016

Code	Description	Provider Setting	Rates Region 1	Rates Region 99	Rates D.C. Region	Medicaid Rate (all Regions)
77058	Magnetic Resonance Imaging, Unilateral with and/or without contrast	All				
Global			590.70	560.09	644.54	
Tech (TC)			503.63	475.47	553.19	
Interpretation (26)			87.08	84.62	91.35	
77059	Magnetic Resonance Imaging, Bilateral with and/or without contrast	All				
Global			587.56	557.12	641.09	
Tech (TC)			500.48	472.50	549.74	
Interpretation (26)			87.08	84.62	91.35	

Allowable adjunct procedures for MRI's with contrast (appropriate invoice required):

82565	Blood Creatinine	All	6.34	6.34	6.98
A9579	Gadolinium-based contrast agent	All	1.893 per ml	1.893 per ml	1.893 per ml

The Maryland BCCP will reimburse for screening breast MRI performed in conjunction with a mammogram when a client has the following indications:

- Lifetime risk of breast cancer of about 20% to 25% or greater, according to risk assessment tools that are based mainly on family history (e.g. BRCAPRO),
- Known BRCA1 or BRCA2 gene mutation,
- First-degree relative (parent, brother, sister, or child) with a BRCA1 or BRCA2 gene mutation, but client has not had genetic testing themselves,
- Radiation therapy to the chest when they were between the ages of 10 and 30 years, or
- Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes.

Breast MRI can also 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 should never be reimbursed alone as a breast cancer screening tool

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

Medicare/Medicaid 2016 Reimbursement Rates (Effective 1/1/2016)
Colposcopy and Related Codes - Medicare Rates Published January 2016

Code	Description	Provider Setting	Rates Region 1	Rates Region 99	Rates D.C. Region	Medicaid Rate (all Regions)
57452*	Colposcopy	Provider's Office	117.99	113.02	125.88	
57454*	Colposcopy with biopsy of the cervix and endocervical curettage	Provider's Office	164.74	158.21	174.22	
57455*	Colposcopy with biopsy(ies) of the cervix	Provider's Office	154.16	147.78	164.00	
57456*	Colposcopy with endocervical curettage	Provider's Office	145.44	139.40	154.80	
57460	Endoscopy with loop electrode biopsy(s) of the cervix	Provider's Office				294.64
57461	Endoscopy with loop electrode conization of the cervix	Provider's Office				330.34
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	Provider's Office				130.08
57505	Endocervical curettage (not done as part of a dilation and curettage)	Provider's Office				99.67
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	Provider's Office				302.33
57522	Loop electrode excision procedure	Provider's Office				258.36
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	Provider's Office				108.64
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	Provider's Office				48.40

** If these procedures are performed in an ambulatory surgical center please call for the rate.*

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

Medicare/Medicaid 2016 Reimbursement Rates (Effective 1/1/2016)
Laboratory Visit Codes - Medicare Rates Published January 2016

Code	Description	Provider Setting	Rates Region 1	Rates Region 99	Rates D.C. Region	Medicaid Rate (all Regions)
88164	**Cytopathology, Slides, Cervical or Vaginal** The Bethesda System, up to 3 smears, manual screening by technician under physician supervision	All	14.39	14.39	14.39	
88172	**Cytopathology,** Evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)	All				
	Global					40.61
	Technical Component (TC)					17.64
	Interpretation (26)					22.97
88173	**Cytopathology,** Evaluation of fine needle aspirate; interpretation and report	All				
	Global					104.85
	Technical Component (TC)					52.69
	Interpretation (26)					52.16
88174	**Cytopathology, Cervical or Vaginal** Collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	All	29.11	29.11	29.11	
88175	**Cytopathology, Cervical or Vaginal** Collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision	All	36.09	36.09	36.09	
88141	**Cytopathology, Cervical or Vaginal** 1 smear requiring interpretation by physician. It should not include a physician modifier.	All	35.08	33.76	37.43	

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

Medicare/Medicaid 2016 Reimbursement Rates (Effective 1/1/2016)
Laboratory Visit Codes - Medicare Rates Published January 2016

Code	Description	Provider Setting	Rates Region 1	Rates Region 99	Rates D.C. Region	Medicaid Rate (all Regions)
88142	**Cytopathology, Cervical or Vaginal**	All				
	Collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision. Reported in Bethesda system.		27.60	27.60	27.60	
88143	**Cytopathology, Cervical or Vaginal**	All	27.60	27.60	27.60	
	Collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision. Reported in Bethesda system.					
88305	**Surgical Biopsy, Biopsy of Cervix**	All				
	Global		79.41	76.15	85.25	79.23
	Technical Component (TC)		37.74	35.59	41.45	52.04
	Interpretation (26)		41.67	40.56	43.81	27.19
88307	**Surgical Biopsy, Biopsy of Cervix**	All				
	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins					
	Global					155.70
	Technical Component (TC)					97.28
	Interpretation (26)					58.42
88331	**Pathology Consult during Surgery**	All				
	First tissue block, with frozen section(s),single specimen					
	Global					66.39
	Technical Component (TC)					22.57
	Interpretation (26)					43.82
88332	**Pathology Consult during Surgery**	All				
	First tissue block, with frozen section(s), each additional specimen					
	Global					29.78
	Technical Component (TC)					8.01
	Interpretation (26)					21.77
87624*	**HPV Hybrid Capture II test (high-risk panel)**	All	42.32	42.32	47.80	
87625*	**HPV Hybrid Capture II test (types 16-18 only)**	All	42.32	42.32	47.80	

Please refer to MCE's for circumstances where HPV test can be reimbursed.

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

Medicare/Medicaid 2016 Reimbursement Rates (Effective 1/1/2016)
Breast Incision, Excision, Repair, and Reconstruction Codes

Code	Description	Provider Setting	Rates Region 1	Rates Region 99	Rates D.C. Region	Medicaid Rate (all Regions)
19000	Puncture aspiration of cyst of breast	Provider's Office				84.53
19001	Puncture aspiration of cyst of breast each additional cyst, used with 19000	Provider's Office				19.79
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance	Provider's Office				102.07
19101	Breast biopsy, open, incisional	Provider's Office				231.90
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	Provider's Office				319.41
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	Provider's Office				342.99
19126	Excision of breast lesion identified by preoperative placement of radiological marker; open; *each additional lesion separately identified by a preoperative radiological marker*	Provider's Office				113.85
10021	Fine needle aspiration without imaging guidance	Provider's Office				103.10
10022	Fine needle aspiration with imaging guidance	Provider's Office				108.10

Various: Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

Medicaid 2016 Reimbursement Rates (Effective 7/1/2015) Anesthesia
(Reimbursable at Medicaid Rate only)

00400 **Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified.** **Provider's Office** **Conversion Factor: 1.1486**
Base Units = 3 (RVU = 45)

Anesthesia fees are the sum of the total time in minutes plus the base units converted to time units multiplied by the listed fee per unit and by the modifier rate (50% or 100%). Payment will be the lower of the provider's charge or the calculated fee amount. Base unit for 00400=3; base unit converted to time units for 00400=45 (3 base units x 15 minutes =Relative Value Unit).

Example: CPT Code: 00400, Time = 100 minutes, Modifier = QX

Total Units = (number of minutes + RVU) x Conversion Factor
Total Reimbursement = (100 minutes + 45 RVU) x 1.1486 Conversion Factor = 166.55 x .50 QX Modifier = $83.27

Modifiers:

Acceptable Modifiers:

-**AA** Anesthesia services performed personally by anesthesiologist (100%)
-**QK** Medically directed by a physician: two, three or four concurrent procedures (50%)
-**QX** Certified Registered Nurse Anesthetist (CRNA) with medical direction by a physician (50%)
-**QY** Medical direction of CRNA by an anesthesiologist (50%)
-**QZ** CRNA without medical direction by a physician (100%)

Other Modifiers:

G8; G9; QS – informational purposes only; does not affect payment

AD; 47; 55; 66; 81 - Unacceptable modifiers

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

NEW CPT CODES, MARYLAND MEDICAL ASSISTANCE RATES

CODE	DESCRIPTION	MODIFIER	BASE MODIFIER MULTIPLIER*	RATE	Replaces Old Codes:
19081	Breast Biopsy, Stereotactic, 1st Lesion	Base		$ 560.46	19102, 19103, 19295, 77031
		50	1.5	$ 840.69	
		51	0.5	$ 280.23	
		80	0.2	$ 112.09	
19082	Breast Biopsy, Stereotactic, Additional Lesions	Base		$ 453.77	19102, 19103, 19295, 77031
		50	2.0	$ 907.54	
		51	1.0	$ 453.77	
		80	0.2	$ 90.75	
19083	Breast Biopsy, 1st Lesion, US Guided Imaging	Base		$ 556.79	19102, 19103, 19295
		50	1.5	$ 835.19	
		51	0.5	$ 278.40	
		80	0.2	$ 111.36	
19084	Breast Biopsy, Additional Lesions, US Guided Imaging	Base		$ 447.68	19102, 19103, 19295
		50	2.0	$ 895.36	
		51	1.0	$ 447.68	
		80	0.2	$ 89.54	
19085	Breast Biopsy, 1st Lesion, MRI Guided Imaging	Base		$ 844.09	19102, 19103, 19295
		50	1.5	$ 1,266.14	
		51	0.5	$ 422.05	
		80	0.2	$ 168.82	

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

CODE	DESCRIPTION	MODIFIER	BASE MODIFIER MULTIPLIER*	RATE	Replaces Old Codes:
19086	Breast Biopsy, Additional Lesions, MRI Guided Imaging	Base		$ 673.43	19102, 19103, 19295
		50	2.0	$ 1,346.86	
		51	1.0	$ 673.43	
		80	0.2	$ 134.69	
19281	Placement of Breast Location Device for Biopsy, 1st Lesion, Mammographic Guidance	Base		$ 200.15	19290, 19291, 19295, 77032
		50	1.5	$ 300.23	
		51	0.5	$ 100.08	
		80	0.2	$ 40.03	
19282	Placement of Breast Location Device for Biopsy, Additional Lesion, Mammographic Guidance	Base		$ 139.37	19290, 19291, 19295, 77032
		50	2.0	$ 278.74	
		51	1.0	$ 139.37	
		80	0.2	$ 27.87	
19283	Placement of Breast Location Device for Biopsy, 1st Lesion, Stereotactic Guidance	Base		$ 227.75	19290, 19291, 19295, 77031
		50	1.5	$ 341.63	
		51	0.5	$ 113.88	
		80	0.2	$ 45.55	
19284	Placement of Breast Location Device for Biopsy, Additional Lesion, Stereotactic Guidance	Base		$ 167.56	19290, 19291, 19295, 77031
		50	2.0	$ 335.12	
		51	1.0	$ 167.56	
		80	0.2	$ 33.51	

CODE	DESCRIPTION	MODIFIER	BASE MODIFIER MULTIPLIER*	RATE	Replaces Old Codes:
19285	Placement of Breast Location Device for Biopsy, 1st Lesion, US Guidance	Base		$ 388.18	19290, 19291, 19295
		50	1.5	$ 582.27	
		51	0.5	$ 194.09	
		80	0.2	$ 77.64	
19286	Placement of Breast Location Device for Biopsy, Additional Lesion, US Guidance	Base		$ 326.30	19290, 19291, 19295
		50	2.0	$ 652.60	
		51	1.0	$ 326.30	
		80	0.2	$ 65.26	
19287	Placement of Breast Location Device for Biopsy, 1st Lesion, MRI Guidance	Base		$ 721.07	19290, 19291, 19295
		50	1.5	$ 1,081.61	
		51	0.5	$ 360.54	
		80	0.2	$ 144.21	
19288	Placement of Breast Location Device for Biopsy, Additional Lesion, MRI Guidance	Base		$ 574.44	19290, 19291, 19295
		50	2.0	$ 1,148.88	
		51	1.0	$ 574.44	
		80	0.2	$ 114.89	

* **Modifier Codes:**

50 Bilateral
51 Multiple Procedures
80 Assistant Surgeon

Medicare rates were posted by CMS January 11, 2016. Effective for services occurring after January 1, 2016. BCCP publish date: 02/08/2016

X. MBCCP TIME STUDY POLICY

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BCC PROGRAM

TIME STUDY POLICY AND PROCEDURE MANUAL

Effective Date: July 1, 2006
Revised: November 4, 2015

SECTION: FISCAL

SUBJECT: Time Study Requirements for Staff Paid With Federal (CDC) BCCP Funds

---

A. Policy

Federal regulations require documentation of expenditures for screening-related, non-screening, and administrative activities. During each fiscal year, statewide expenditures for screening related activities shall be no less than eighty percent of the grant award. Statewide expenditures for non-screening activities during each fiscal year shall, be less than or equal to twenty percent.

Time studies shall be performed quarterly by all State and local BCCP agency staff persons who have any portion of their salary paid with Centers for Disease Control and Prevention (CDC) BCCP funds (F676N grant). Time studies shall document the percentage breakdown of BCCP salaries charged to screening related, non-screening and general administration (non-BCCP) activities, and federally funded versus non-federally funded activities. If an employee is partially funded with federal funds, the employee must document time spent on federally funded activities and non-federally funded activities. **The BCCP Program may only be charged for actual hours worked on BCCP screening or non screening activities as calculated on the Daily Time Study Worksheet.**

B. Procedure

1. The time study shall be conducted during the entire third month of each quarter; i.e. September, December, March and June.

2. All staff shall complete the electronic Weekly Time Study Record, on the days they work during the third month of each quarter in the following manner:

   a. Enter the employee's local agency, name, total hours worked per week and job classification across the top of the record.

   b. Enter the appropriate dates in the left hand column.

   c. The first consideration in determining how to code time is the funding source of the employee. Record time in fifteen-minute intervals spent on activities by type of funding source for each of the activity categories

(Screening, Non-Screening, and Non-BCCP) by typing one of the following letters [C,F,S, or X] into the box next to the activity for each fifteen minutes worked.

i. F: Type F if the employee was federally funded while performing the activity.
ii. S: Type S if the employee was state funded while performing the activity.
iii. C: Type C if the employee was CRF funded while performing the activity.
iv. X: Type X if the employee was funded by any source not listed (other funding source) while performing the activity. X should never be coded unless the employee receives funding from a source other than the BCCP federal grant (F676N), BCCP state grant (F667N), or CRF grant.

d. If an employee receives funding from multiple sources, the secondary consideration in determining how to code time is the nature of the activity being performed and/or the funding source of the BCCP patient. For example, if an employee receives equal funding from both the federal and state BCCP grants, the employee would code approximately half of their time as F and half as S over the course of the time study month. The determination of which specific boxes to code as F or S should be made based on the activities performed or patients worked on throughout a given day.

e. Submit the electronic version of the Weekly Time Study Record to the BCCP coordinator at the end of the month. The totals will automatically be calculated for federal, state, CPEST, and other funding sources on the summary page of the document. Employees **must** complete the Weekly Time Study Record **electronically** in order for the totals to calculate accurately.

f. Print and sign the form attesting that the hours shown on Weekly Time Study Record summary page reflect the actual hours worked in the BCCP program.

3. The Local BCCP Coordinator shall:

a. Verify that the Weekly Time Study Record for each staff person who actually worked in the BCCP program has been completed as required.

b. Enter the number of boxes from each staff person's monthly summary sheet to the Monthly Summary (e.g. September Time Study) in the electronic budget package.

4. The Monthly Summary of Time Study Hours and Quarterly Expenditure Report are included in the financial package that shall be submitted electronically to the DHMH BCCP Fiscal Coordinator, no later than thirty (30) days after the end of the quarter.

5. Copies of all time study forms for every employee receiving salary support with CDC- BCCP funds shall be kept on file at the agency's office and stored in accordance with the policy and procedure established for other BCCP records.

6. During site visits or any other time deemed appropriate by the DHMH BCCP Office, individual time study records (Weekly Time Study Records and Monthly Summary of Time Study Hours) may be reviewed and compared against time sheets and payroll in order to ensure that the CDC-BCCP Program is only charged for actual hours worked in the CDC-BCCP Program.

WEEKLY TIME STUDY RECORD

LOC AL AGENCY: -

HOURS WORKED/WEEK: -

EMPLOYEE NAME: -

JOB CLASSIFICATION: -

Date	Activity	1 Hour	2 Hours	3 Hours	4 Hours	5 Hours	6 Hours	7 Hours	8 Hours
	Screening								
	Other/ Non-Screening								
	Non-BCCP								

Date	Activity	1 Hour	2 Hours	3 Hours	4 Hours	5 Hours	6 Hours	7 Hours	8 Hours
	Screening								
	Other/ Non-Screening								
	Non-BCCP								

Date	Activity	1 Hour	2 Hours	3 Hours	4 Hours	5 Hours	6 Hours	7 Hours	8 Hours
	Screening								
	Other/ Non-Screening								
	Non-BCCP								

XI. MBCCP REPORTING SCHEDULE

Breast and Cervical Cancer Screening Program
Reporting Schedule

Sample: For informational purposes only

Reports	Reporting Period	Due Date
Monthly Diagnostic Procedures Report	The prior month	By the 7th of each month
CaST Data Review		September
Matching Fund Report	July 1 – September 30	October 15
1st Quarter Fiscal Reports/Invoice	July 1 – September 30	October 31
Time Study	September 1 - 30	October 31
CaST Data Review		December
Matching Fund Report	October 1 – December 31	January 15
2nd Quarter Fiscal Reports/Invoice	October 1 – December 31	January 31
Narrative Performance Report	July 1 – December 31	January 31
Time Study	December 1 - 31	January 31
CaST Data Review		February/March
Budget Modifications	N/A	March 15
Matching Fund Report	January 1 – March 31	April 15
3rd Quarter Fiscal Reports/Invoice	January 1 – March 31	April 30
Time Study	March 1 - 31	April 30
CaST Data Review		May/June
Matching Fund Report	April 1 – June 30	July 15
4th Quarter Fiscal Reports/Invoice	April 1 – June 30	July 31
Time Study	June 1 - 30	July 31
Narrative Performance Report	July 1 – June 30	July 31

XII. MBCCP PERFORMANCE REPORT

Sample: For informational purposes only

FY 2016 Performance Report Breast and Cervical Cancer Screening Program

Local Jurisdiction: _____
Reporting Dates: _____

For Yes/No questions, mark your response with an ☒. You can do this by copying and pasting this box: ☒

A. Clients Served

CDC Funded (F676N)

1. Are you meeting your goal for the number of program-funded women to be served? (Refer to your work plan for the goal number and your progress. For the purpose of this report, the number of mammograms will approximate number of women screened.)
   ☐ Yes ☐ No

   b. If no, what barriers is the program facing?

   c. What action is being taken in order to meet the goal and overcome the reported barriers?

2. Are you meeting your goal for the number of non-program-funded women to be served? (Refer to your work plan for the goal number and your progress.)
   ☐ Yes ☐ No ☐ N/A: No PN-only goal

   b. If no, what barriers is the program facing:

   c. What action is being taken in order to meet the goal and overcome the reported barriers?

3. Approximately how many F676N clients were discharged from the program due to enrollment in expanded Medicaid coverage during FY 2016? _____

4. Approximately how many F676N clients were discharged from the program due to enrollment in a Health Benefit Exchange insurance plan during FY 2016? _____

State Funded (F667N)

1. Are you meeting your goal for the number of women to be served? (Refer to your work plan for the goal number and your progress. For the purpose of this report, the number of mammograms will approximate number of women screened.)
   ☐ Yes ☐ No

b. If no, what barriers is the program facing?

c. What action is being taken in order to meet the goal and overcome the reported barriers?

2. Are you meeting your goal for the number of non-program-funded women to be served? (Refer to your work plan for the goal number and your progress.)
☐ Yes ☐ No ☐ N/A: No PN-only goal

b. If no, what barriers is the program facing?:

c. What action is being taken in order to meet the goal and overcome the reported barriers?

3. Approximately how many F667N clients were discharged from the program due to enrollment in expanded Medicaid coverage during FY 2016? _____

4. Approximately how many F667N clients were discharged from the program due to enrollment in a Health Benefit Exchange insurance plan during FY 2016? _____

B. Policy, Procedure, Practice Updates

Since submission of the FY16 BCCP grant application, have you updated your program's policies, procedures, or practices for any of the following program components? If yes, please describe these updates, the rationale for the change, and the outcome(s) of the change. Attach revised policy/procedure documents to your performance report as necessary.

Program Component	Any Updates? Yes/No	Describe the updates, the rationale for the change, and the effects or outcomes of the change.
Outreach and recruitment		
Intake and enrollment		
Client results		
Case management		
Recall		
Patient navigation of non-program funded clients		
Data management		
Quality assurance/Quality		

improvement		
Partnerships, community coalitions, and public education		
Program administration, finance, and billing		

C. Outreach and Recruitment

1. Check off your program's priority populations and list the strategies that have been most effective in recruiting clients from each priority population this fiscal year.

Check Here √	Priority Population	Effective Strategies
	African American women	
	Asian Pacific Islander women	
	Native American women	
	Hispanic/Latina women	
	Rural women	
	Women with disabilities	
	Lesbian, bisexual, transgender women	
	Older women (age 50+)	
	Insured women	

2. Based on recruitment need, the three most important outreach efforts for next period will be:

Future Outreach Activities	Intended Audience	Reason for Selecting Activity

3. The following are suggestions for future DHMH-sponsored outreach/recruitment training:

D. Intake and Enrollment

1. How is your program monitoring and balancing enrollment of women into the two different funding sources in order to maximize screening expenditures in the F676N grant? In your response, please take into account issues such as eligibility criteria, the services to be delivered, and funding availability (award vs. expenditures).

E. Recall

1. Based on learn of program code recall data, the most successful **recall** efforts this period were: Please give explanations when necessary (i.e. Letters for first recall attempt, discharge letter, etc.).

   ___% Letters

   ___% Telephone calls

   ___% Home visits

   ___% Other

2. Recall barriers:
   a. List your greatest recall barriers:

   b. What strategies are most effective in addressing those barriers?

4. Please share any anecdotes, challenges, or successes that your program has faced in the area of recall.

F. Patient Navigation of Non-Program Funded Clients

1. Which of the following patient navigation implementation models has your program adopted in order to serve non-program funded clients?

Chosen Model(s): ✓	Models of Implementation	Please provide details:
	Contacting formerly enrolled MBCCEDP clients who were discharged after January 2014 due to enrolling in Medicaid or a Qualified Health Plan in order to assess breast and cervical cancer screening status (i.e. up-to-date or not) and current insurance status and – based on client status - to offer re-enrollment in MBCCEDP and/or PN services to promote screening.	
	Contacting MBCCEDP clinical providers (i.e. contracted providers) to describe the opportunity to offer PN services to the provider's clients included in target population and implement a referral and follow-up mechanism for interested providers.	
	Contacting non-MBCCEDP clinical providers in the community serving a significant percentage of women in the target population to offer PN services to eligible women and implement a referral and follow-up mechanism for willing providers.	
	Partnering with a MBCCEDP or non-MBCCEDP clinical provider to develop a plan to identify women in the provider's practice not up-to-date with breast or cervical cancer screening and employ a variety of evidence-based interventions, such as client and/or provider reminders and PN services to increase adherence to screening recommendations by women in the target population.	

	Customized model of implementation: Please describe the model in detail in the next column.	

2. Please describe the process and experience of implementing patient navigation for non-program funded clients in your jurisdiction, including both challenges and successes:

3. Has your program changed its model/approach since beginning to serve non-program funded clients?
☐ Yes ☐ No

b. If yes, please describe these changes and their rationale.

4. Of the ___(#)_____ non-program funded clients served during the reporting period, ___(#)_____ completed screening.

5. Of the ___(#)_____ non-program funded clients needing diagnostic testing during the reporting period, ___(#)_____ completed work-up.

6. What were the three most common screening/work-up barriers identified for your non-program funded clients during this reporting period?
   1.
   2.
   3.

7. What processes have you implemented to review and monitor non-program funded cases for follow-up, case management and completion of screening or diagnostic services?

G. Results and Case Management

1. Please identify any challenges your program has encountered with obtaining timely results and/or providing case management services to:
   a. Program funded clients:

   b. Non-program funded clients:

H. Data Management

1. During the reporting period, how many cases has your program:
   a. Opened in Care2Care? ___(#)_____

   b. Of these, __(#)__ were program-funded clients and __(#)___ were non-program funded clients.

   c. Closed in Care2Care? ___(#)_____

2. What processes have you implemented for quality review of Care2Care data to ensure required data elements are entered into Care2Care? Please include any challenges or successes that you have experienced.

3. MDE Edit Reports were performed to detect and correct data errors for the previous 2 quarters on:

1st quarter of the reporting period:
Date: _____ Date: _____ Date: _____

2nd quarter of the reporting period:
Date: _____ Date: _____ Date: _____

4. Has the program faced any barriers related to data review?
☐ Yes ☐ No

b. If yes, please explain:

c. If yes, what corrective actions will be taken to overcome these reported barriers?

5. Specify any DHMH-sponsored training needs related to data collection, computer hardware, or software issues that your program may have:

I. Partnerships, Community Coalitions, and Public Education

1. Copies of all public education materials your program purchased or produced in-house have been given to the Public Education Coordinator.
☐ Yes ☐ No: If materials have not been sent, attach them to this report.

2. The following are requests of the Public Education Coordinator at DHMH for assistance with:

J. Professional Development of Program Staff and Community Health Care Providers

1. During this period, did the BCCP staff provide any professional development to other professionals?
☐ Yes ☐ No

b. If yes, please provide specific information regarding the professional development activities:

Topic	Format Teleconference, lecture, self-learning tutorial, etc.	# Physicians		# Nurse Practitioners		# Physician Assistants		# Nurses	
		BCCP provider	Non-BCCP provider	BCCP provider	Non-BCCP provider	BCCP provider	Non-BCCP provider	BCCP provider	Non-BCCP provider

2. During this period, have any of the BCCP staff members attended or participated in any professional development programs related to the BCCP?
☐ Yes ☐ No

b. If yes, please complete the following. Include any in services and/ or trainings related to the program that was provided by DHMH. Please add tables as needed.

Training #1	
Name of Training	
Topic	
Type of Training (teleconference, lecture, self-learning tutorial, etc.)	
Sponsor	
Date	
Contact Hours	
Names of staff who attended this training	
Program Evaluation	Completed? ☐ Yes ☐ No
Training #2	
Name of Training	
Topic	
Type of Training (teleconference, lecture, self-learning tutorial)	
Sponsor	
Date	
Contact Hours	
Names of staff who attended this training	
Program Evaluation	Completed? ☐ Yes ☐ No
Training #3	
Name of Training	
Topic	
Type of Training (teleconference, lecture, self-learning tutorial)	
Sponsor	
Date	
Contact Hours	
Names of staff who attended this training	
Program Evaluation	Completed? ☐ Yes ☐ No

3. The following are suggestions for DHMH-sponsored professional development opportunities:
   a. Breast health topics:

   b. Cervical health topics:

   c. Miscellaneous topics:

K. Program Administration, Finance, and Billing

1. CDC Funded (F676N)
   a. To date, we have spent $ _____ of _____ (total award amount) in the CDC Breast and Cervical Cancer Program.

   b. To date, we have spent $ _____ of _____ (total purchase of care funds) for contractual medical services in the CDC Breast and Cervical Cancer Program.

   c. We are monitoring the program expenditures for **F676N** and to date the funds expended are ☐ Over ☐ Under the amount awarded for this half of the fiscal year. (Calculate by dividing the program's total award by two.)

2. State Funded (F667N)
   a. To date, we have spent $ _____ of _____ (total award amount) in the Breast Cancer Screening, Cancer Outreach & Diagnosis Case Management Grant.

   b. To date, we have spent $ _____ of _____ (total purchase of care funds) for
   contractual medical services in the Breast Cancer Screening, Cancer Outreach & Diagnosis Case Management Grant.

   c. We are monitoring the program expenditures for **F667N** and to date the funds expended are ☐ Over ☐ Under the amount awarded for this half of the fiscal year. (Calculate by dividing the program's total award by two.)

3. If you projected to over-expend funds, please provide a detailed corrective action plan for each grant for the rest of the fiscal year to ensure funds awarded are not overspent.

4. If you are projected to under-expend funds, please explain the reason for the under-expenditure and provide a detailed corrective action plan for each grant for the rest of the fiscal year to ensure the funds awarded are not under-spent, including if you are planning to submit a budget modification.

5. We are currently receiving bills for the ____(insert month and year)_____ time period.

6. Are any providers sending bills greater than 60 days past the client date of service?
☐ Yes ☐ No

b. If yes, please elaborate with information including the provider type and the time interval from date of service to receipt of bills:

7. We are receiving an Explanation of Benefits for all patients who have third party insurance.
☐ Yes ☐ No

b. If no, why not?

c. If no, provide a corrective action plan:

8. Name(s) of the individual staff person(s) responsible for completing F676N time study records:

9. Name(s) of the person(s) responsible for submitting the quarterly Time Study Reports to DHMH:

L. Additional Comments, Concerns, Anecdotes

XIII. MBCCP WORK PLAN STATUS REPORT

Sample: For informational purposes only

Maryland Breast and Cervical Cancer Program
Fiscal Year 2016 Work Plan STATUS REPORT
July 1, 2015 – June 30, 2016
F676N and F667N

_____ Breast and Cervical Cancer Program

STATUS UPDATE INSTRUCTIONS:
In the following template, insert each goal, measure of effectiveness, objective, and activity from your program's fiscal year 2016 work plan. Then, using as much detail as possible, use the Status Update column to provide updates regarding each of the activities. Also use this space to document any areas of concern or issue, noting corrective actions or plan changes as necessary.

BCCP Coordinators should contact their Technical Liaison at DHMH for further guidance or assistance as needed.

Component 1: Screening and Diagnostic Services Provision

Overarching Goal #1: By June 30, 2016, provide (#) program-eligible women with breast and cervical screening and diagnostic follow-up, including the recall of (#) and the enrollment of (#) new women utilizing federal funds (F676N); and By June 30, 2016, provide (#) program-eligible women with breast and cervical screening and diagnostic follow-up, including the recall of (#) and the enrollment of (#) new women utilizing state funds (F667N).	**Measures of Effectiveness:** (Insert your program's measures of effectiveness here.)

Objectives	**Activities Planned To Achieve This Objective**	**Status Update (date to date):** Below, fill in data as prompted and add updates which address progress regarding each of the activities listed in each row of your program work plan.
1. Enroll (#) new program-eligible women for screening and diagnostic follow-up services for the federally-funded grant and (#) new program-eligible women for the state-funded grant	1a.Implement FY 16 Outreach Plan to effectively recruit eligible clients. 1b. Meet with outreach workers to monitor outreach and recruitment. 1c. Use available data to evaluate and	**F676N:** Based on (data source), (#) new screening clients have received CDC-funded services. Based on (data source), (#) new diagnostic referral clients have received CDC-funded services.

	modify outreach activities	**F667N:** Based on (data source), (#) new screening clients have received state-funded services. Based on (data source), (#) new diagnostic referral clients have received state-funded services. **Additional mid-year updates:** **Additional end of year updates:**
2. Recall (#) program-eligible women for annual screening in the federal grant and (#) program-eligible women in the state grant.	(Insert your program's work plan activities here and below.)	**F676N:** Based on (data source), (#) annual recall clients have received CDC-funded services. **F667N:** Based on (data source), (#) annual recall clients have received state-funded services. **Additional mid-year updates:** **Additional end of year updates:**
3. Meet all standards for service provision to clients, including services offered, assessment and referrals for insurance and tobacco cessation, notification of results, follow-up recommendations, case management, and timely diagnosis and treatment initiation.		**Mid-year update:** **Additional end of year updates:**

(Add additional rows as needed to address additional specific objectives according to program need.)		**Mid-year update:** **Additional end of year updates:**

Component 2: Screening Promotion for Non-Program Funded Clients (REQUIRED, if program elects this optional component.)

Overarching Goal #1: By June 30, 2016, provide patient navigation services to (#) non-program funded clients in order to increase the rate of breast and/or cervical cancer screening in Maryland.	**Measures of Effectiveness:** (Insert your program's measures of effectiveness here.)

Objectives	**Activities Planned To Achieve This Objective**	**Status Update (date to date):** Below, fill in data as prompted and add updates which address progress regarding each of the activities listed in each row of your program work plan.
(Insert your program's work plan objectives here and below.)	(Insert your program's work plan activities here and below.)	**F676N:** During FY16, (#) non-program funded clients have been navigated through the CDC-funded program. **F667N:** During FY16, (#) non-program funded clients have been navigated through the state-funded program. **Additional mid-year updates:** **Additional end of year updates:**
		Mid-year update: **End of year updates:**

Component 3: Outreach and Recruitment of Program Clients

Overarching Goal #1: By June 30, 2016, recruit _(#)_ new clients to the program in order to provide breast and cervical cancer screening and diagnostic services, as needed by individual clients.		**Measures of Effectiveness:** (Insert your program's measures of effectiveness here.)
Objectives	**Activities Planned To Achieve This Objective**	**Status Update (date to date):** Below, add updates which address progress regarding each of the activities listed in each row of your program work plan.
(Insert your program's work plan objectives here and below.)	(Insert your program's work plan activities here and below.)	**Mid-year update:** **End of year updates:**
(Add objectives and rows as needed)		**Mid-year update:** **End of year updates:**

Component 3: Outreach and Recruitment of Program Clients (required if program elects this optional component.)

Overarching Goal #2: By June 30, 2016, recruit _(#)_ of new clients to the program in order to provide patient navigation services to facilitate attainment of breast and cervical cancer screening and diagnostic services, as needed by individual clients.		**Measures of Effectiveness:** (Insert your program's measures of effectiveness here.)
Objectives	**Activities Planned To Achieve This Objective**	**Status Update (date to date):** Below, add updates which address progress regarding each of the activities listed in each row of your program work plan.
(Insert your program's work plan objectives here and below.)	(Insert your program's work plan activities here and below.)	**Mid-year update:** **End of year updates:**
(Add objectives and rows as needed)		**Mid-year update:** **End of year updates:**

Component 4: Data Management

Overarching Goal #1: Through June 30, 2016, maintain high quality clinical data that accurately reflects clinical and patient navigation services provided and meets all program data requirements.		**Measures of Effectiveness:** (Insert your program's measures of effectiveness here.)
Objectives	**Activities Planned To Achieve This Objective**	**Status Update (date to date):** Below, add updates which address progress regarding each of the activities listed in each row of your program work plan.
(Insert your program's work plan objectives here and below.)	(Insert your program's work plan activities here and below.)	**Mid-year update:** **End of year updates:**
(Add objectives and rows as needed)		**Mid-year update:** **End of year updates:**

C**omponent 5: Quality Assurance/Quality Improvement**

Overarching Goal #1: Through June 30, 2016, assure high quality clinical and patient navigation services are provided to all enrolled clients in accordance with program requirements, Minimal Clinical Elements and quality performance measures.		**Measures of Effectiveness:** 1. The minimum program standard is met for all clinical quality performance measures.
Objectives	**Activities Planned To Achieve This Objective**	**Status Update (date to date):** Below add updates which address progress regarding each of the activities listed in each row of your program work plan.
1. By (insert date), attain (x%) (insert performance measure) for all clients.	(Insert your program's work plan activities here and below.)	**Mid-year update:** **End of year updates:**
(Insert your program's work plan objectives here and below.)		**Mid-year update:** **End of year updates:**

The following section on your **Public Education** plan for this fiscal year is REQUIRED. Remember, public education activities are designed to inform the general public about breast and cervical cancer screening as contrasted with outreach and recruitment activities which aim to bring women from priority populations into screening services.

Component 6: Partnerships and Public Education

Overarching Goal #1: Through June 30, 2016, provide public education and awareness messages to (#) County residents in order to build awareness and education regarding the importance of breast and cervical cancer screening.		**Measures of Effectiveness:** (Insert your program's measures of effectiveness here.)
Objectives	**Activities Planned To Achieve This Objective**	**Status Update (date to date):** Below, add updates which address progress regarding each of the activities listed in each row of your program work plan.
(Insert your program's work plan objectives here and below.)	(Insert your program's work plan activities here and below.)	**Mid-year update:** **End of year updates:**
(Add objectives and rows as needed)		**Mid-year update:** **End of year updates:**

Component 6: Partnerships and Public Education

Overarching Goal #2: Through June 30, 2016, maintain and build strategic partnerships to meet all program goals.		**Measures of Effectiveness:** (Insert your program's measures of effectiveness here.)
Objectives	**Activities Planned To Achieve This Objective**	**Status Update (date to date):** Below, add updates which address progress regarding each of the activities listed in each row of your program work plan.
1. Maintain and build cooperative partnerships with community partners.	(Insert your program's work plan activities here and below.)	**Mid-year update:** **End of year updates:**
2. Actively participate in community coalitions relevant to the program.		**Mid-year update:** **End of year updates:**

(Insert your program's work plan objectives here and below.)		**Mid-year update:** **End of year updates:**

Component 7: Professional Development

Overarching Goal #1: Through June 30, 2016, (Insert your program's Professional Development goals here.)		**Measures of Effectiveness:** (Insert your program's measures of effectiveness here.)
Objectives	**Activities Planned To Achieve This Objective**	**Status Update (date to date):** Below, add updates which address progress regarding each of the activities listed in each row of your program work plan.
(Insert your program's work plan objectives here and below.)	(Insert your program's work plan activities here and below.)	**Mid-year update:** **End of year updates:**

Component 8: Program Administration, Finance and Billing

Overarching Goal #1: Through June 30, 2016, meet all administrative objectives required to successfully operate the program and meet program requirements.		**Measures of Effectiveness:** 1. Federal grant fund spending is maximized. 2. At least 80% of federal funds are spent on screening activities. 3. (add additional measures as needed.)
Objectives	**Activities Planned To Achieve This Objective**	**Status Update (date to date):** Below, add updates which address progress regarding each of the activities listed in each row of your program work plan.
1. Assure program expenditures meet all program requirements and conditions of award, including a minimum of 80% of the grant spent on screening-related activities.	(Insert your program's work plan activities here and below.)	**Mid-year update:** **End of year updates:**
2. Assure that funds under this program will not be expended for services that can be paid by a health insurance plan.		**Mid-year update:** **End of year updates:**

Please use the latest data tables and expenditure reports to complete the following table, noting an explanation and corrective actions in any areas that your program is not meeting the state-wide goal. For measures not indicated on data tables, use estimates.

Performance Measures	State-Wide Goal	F676N CDC-Funded Clients	F667N State-Funded Clients	Explanation/ Corrective Actions to be Taken
1. % of mammograms performed on women aged 50-64	Minimum of 75%			
2. % of clients screened who receive a CBE within 90 days prior to their mammogram	100%			
3. % of clients with abnormal results who receive complete diagnostic work-up within 60 days	100%	Breast:		
		Cervical:		
4. % of clients with negative results who receive complete diagnostic work-up within 60 days	100%	Breast:		
		Cervical:		
5.% of clients with a mammogram result of BI-RADS 4 or 5 or with a suspicious breast lump who are seen by a surgeon, as required by the MCEs	100%			
6. % of clients diagnosed with breast cancer, invasive cervical cancer, or CIN II or greater on their cervical biopsy who begin treatment within 60 days of diagnosis	100%	Breast:		
		Cervical:		
7. % of clients with breast cancer or invasive cervical cancer who have stage and tumor size documented	100%	Breast:		
		Cervical:		
8. % of eligible clients with a recommendations for a short-term follow-up mammogram, clinical breast exam, or Pap test who return within 9 months of screening	80%			
9. % of clients with a recommendation for annual mammogram or clinical breast exam who return within 15 months of screening	80%			
10. % of funds spent on screening, referral, and follow-up services	80%			

XIV. MBCCP CONDITIONS OF AWARD

Conditions of Award are to be accepted and followed by local programs, including the Contractor.

Prevention and Health Promotion Administration

Center for Cancer Prevention and Control
Breast and Cervical Cancer Program
Conditions of Award

The Contractor must adhere to the Human Services Agreement Manual (http://dhmh.maryland.gov/docs/HSAM_093005.pdf) and the Prevention and Health Promotion Administration Conditions of Award for the Breast and Cervical Cancer Program.

1. Matching funds reports shall be submitted on a quarterly basis in conjunction with financial expenditure reports. These reports shall conform to the guidelines specified by the Center for Cancer Prevention and Control.

2. A minimum of 75% of all program-eligible mammograms funded through CDC funds must be provided for women aged 50 to 64 years.

3. An estimate of the amount of any funds which will be unexpended by the end of the funding period must be submitted in writing to the Center for Cancer Prevention and Control no later than ninety days prior to the end of the current State Fiscal year (March 31).

4. At least 60% of this award's expenditures must be spent on screening and follow-up activities in order to meet the "National Breast and Cervical Cancer Early Detection Program Administrative Requirements and Guidelines" dated April 1, 1994.

5. 40% or less of the total award's expenditures may be spent for administrative and clerical activities, non-patient transportation, surveillance, public education activities including printing and advertising, utilities, rental or indirect cost.

6. The funds awarded under this Contract shall be used to support staff to carry out responsibilities in accordance with COMAR 10.14.02, "Reimbursement for Breast and Cervical Cancer Diagnosis and Treatment."

7. Funds from this Contract are to be used to hire women who are from the community where the target population resides and should be like the target population in income and education levels.

8. The outreach workers and BCCP Coordinators employed through this Contract must attend all meetings as required by the Department of Health and Mental Hygiene.

9. The BCCP coordinator must meet at least bi-weekly with the outreach worker(s).

10. The Contractor shall submit written semi-annual reports that should include an evaluation of progress towards objectives, discussion of the problems, and proposed corrective action. These reports are due at the Department of Health and Mental Hygiene, Center for Cancer Prevention and Control by the time specified in the Contract award letter.

11. No funds from this Contract may be used to purchase breast self-examination (BSE) materials without prior written approval from the DHMH patient/public education and outreach coordinator.

12. Outreach and educational activities shall be targeted to women 40-64 years of age who are uninsured or underinsured and who have incomes at or below 250% of the federal poverty level.

13. All materials and educational supplies purchased under this Contract must be requested in writing and approved by the patient/public education and outreach coordinator prior to purchase.

14. Women screened must meet financial and insurance eligibility requirements as outlined in the Policy and Procedure Manual of the program.

15. This award may be adjusted quarterly based on actual participation as compared to projected participation level.

16. Financial expenditure reports shall be submitted quarterly to the Center for Cancer Prevention & Control. These reports will include expenditures for all line items as well as a narrative explanation for any budget variance of 5% or greater. If requested, the Contractor must submit journal entry detail for all line items. If requested, the Contractor must submit these reports on a monthly basis.

17. The reimbursement rate paid for each of the screening and follow-up services as designated by the Department may not exceed the Medicare rates and must be consistent with the Maryland Medicare Waiver approved by the Center for Medicare and Medicaid Services.

18. The reimbursement rate paid for each diagnostic service as designated by the Department may not exceed the medical assistance rates and must be consistent with the Maryland Medicare Waiver approved by the Center for Medicare and Medicaid Services. For each diagnostic service completed at a Maryland Health Service Cost Review Commission (MHSCRC) regulated facility, the reimbursement rate paid will be the MHSCRC rate.

19. Radiology providers under contract to provide screening services for women in the program must be accredited by the American College of Radiology, and be fully certified by the U.S. Food and Drug Administration to provide screening mammography in accordance with the Mammography Quality Standards Act (MQSA). They will report the results of mammography to both the program coordinator and the referring clinician using coding consistent with the lexicon recommended by the American College of Radiology.

20. Laboratories under contract to provide cytopathology and pathology services to women in the program must be in compliance with the Clinical Laboratories Improvement Act, and must provide documentation of each individual engaged in the examination of gynecologic preparations having passed the Cytology Proficiency Testing Program of the State of Maryland within the required time period. Out-of-state laboratories must provide annual proof of passing either the ASCP or the CAP proficiency test. All laboratories will report the results to both the program coordinator and the referring clinician using the Bethesda System terminology and indicating the presence or absence of endocervical cells.

21. All contracts and agreements entered into between the local program and providers of radiology, laboratory cytology, and medical clinical services shall be made using the “boiler plate”

contracts developed by the Center for Cancer Prevention and Control.

22. The Minimal Clinical Elements developed by the Maryland Breast & Cervical Cancer Program Medical Advisory Committee serves as the standard for breast and cervical cancer screening and diagnosis.

23. All budget modifications, supplements, and reductions are due March 15 of the current State Fiscal Year.

24. The Minimal Standards for Recall and Follow-up developed by consensus of the BCCP coordinators shall serve as the minimum standard for recall and follow-up procedures for the Breast and Cervical Cancer Program.

25. A chart will be maintained for each woman who receives screening services through this program.

26. As stipulated in the "National Breast and Cervical Cancer Early Detection Program Administrative Requirements and Guidelines", April 1, 1994, and Public Law 101- 354, this program is the payer of last resort. Before medical services are rendered, the Contractor must verify clients' insurance status; and before the Contractor pays for a medical service, an explanation of benefits (EOB) from a third party payer must be received if a client has any type of insurance coverage.

27. Women enrolled in Medicare Part B are not eligible for screening or diagnostic services through the CDC- funded Breast and Cervical Cancer Program (BCCP).

28. The Breast and Cervical Cancer Program will not allow encumbrances or accruals. If a program has had a significant back-billing problem with a major provider of screening services and it is anticipated that the program must accrue funds for this type of problem, you must submit a written request to accrue funds to the BCCP program for approval no later than 30 days prior to the end of the fiscal year.

29. The Contractor is required to use the cancer screening software designated by DHMH to collect screening and follow-up data. These data are to be sent to the Department via electronic means as specified by the Center for Cancer Prevention and Control. A data collection form must be used for all screening cycles.

30. Staff hired through this program shall assist eligible women with renewal applications for the Women's Breast and Cervical Cancer Health Program.

31. Budgets and time studies must be submitted electronically in accordance with the BCCP Program Budget Instructions. Time studies are to be performed according to the procedures and the schedule provided by the Center for Cancer Prevention and Control Time Study Policy and Procedure Manual.

32. A copy of the FY Annual Report (DHMH 440) must be submitted to the Center for Cancer Prevention and Control by no later than August 31 of each year. This information is required to accurately reflect expenditures on the federal financial status report that is due to the Centers for Disease Control (CDC) by September 29 of each year.