



Cancer Detection Programs: Every Woman Counts

Step-by-Step Provider User Guide

California Department of Public Health (CDPH)
Cancer Detection Section (CDS)



and



Medi-Cal Web Site:
www.medi-cal.ca.gov

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Introduction

This Step-by-Step User Guide is the instruction manual for enrolling women and entering data on the Internet for the California Department of Public Health (CDPH) Cancer Detection Section's (CDS) breast and cervical cancer screening program known as Cancer Detection Programs: Every Woman Counts (CDP: EWC). Only Primary Care Providers (PCPs) will complete the online *Recipient Information* form, the *Breast and Cervical Cancer Screen* forms and the *Breast and Cervical Cancer Follow-Up* forms. PCPs will need computers with Internet access to complete these forms. Recipient information is mandated by Centers for Disease Control and Prevention (CDC) and other programs sponsored by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to monitor clinical outcomes. PCPs are eligible for reimbursement of case management services rendered upon submission of complete and accurate recipient data using the appropriate online forms. This complete and accurate data is necessary for continued NBCCEDP funding of CDP: EWC.

Scope of Benefits

CDP: EWC is a breast and cervical cancer screening program with benefits reimbursable to all enrolled CDS providers. Case management reimbursement will be offered only to PCPs when they perform case management services and submit recipient information using the online *Recipient Information* form and the *Breast and Cervical Screen and Follow-Up* forms. Case management fees are reimbursable at completion of the data submission and paid only once per woman (per year), whether one screen is needed to complete a normal screening event, or multiple screens are needed for an abnormal workup. More data may be required even after billing for case management. A complete review of these forms will be covered later in this user guide. For a complete list of covered services, please refer to the *Cancer Detection Programs: Every Woman Counts* section of the Medi-Cal manual (can detect). This list includes the case management reimbursement code.

Provider Participation

Primary Care Providers (PCPs)

PCPs are providers who are enrolled through one of the Regional Cancer Detection Partnerships and have a Provider Enrollment Agreement (PEA) on file with CDS. Some PCPs only enroll for Breast Cancer Screening services, while other enrolled PCPs conduct Breast and Cervical Cancer Screening services. PCPs perform clinical breast exams (CBE) and/or pelvic exams/Pap tests, and coordinate recipients' care. PCPs are the screening entry point for recipients and are the only providers who can enroll recipients through the *Recipient Information* online forms and complete and submit the *Breast and/or Cervical Cancer Screen and Follow-Up* forms. Each PCP must complete a *Medi-Cal Point of Service (POS) Network/Internet Agreement* and have Internet access to participate in this program. Reporting the final outcome for each recipient of the screening and diagnostic service provided is very important for future program funding.

Referral Providers

Referral providers are any providers to whom PCPs refer patients, for example, radiologists, surgeons, anesthesiologists and pathologists. PCPs can refer recipients to any appropriate Medi-Cal provider in good standing. PCPs are required to inform the referral providers of the billing requirements, covered services, recipient's eligibility status, and the 14-digit recipient ID number. PCPs remain responsible for ensuring that clinical standards of the program are met. PCPs are responsible for obtaining and submitting data (e.g., diagnostic procedures, final diagnosis, staging and treatment status) from the referral provider.



Recipient Eligibility

For current eligibility information and criteria, refer to the *Cancer Detection Programs: Every Woman Counts* section of the Medi-Cal manual.

Income

Federal poverty level incomes are adjusted on an annual basis (in April) and are published every year in the *Medi-Cal Update* bulletins and manual pages.

Health Insurance

To be eligible for the CDP: EWC program, PCPs must certify that the recipient is uninsured or underinsured by recipient self-report. For current insurance information and criteria, refer to the *Cancer Detection Programs: Every Woman Counts* section (can detect) of the Medi-Cal manual.

Online Forms

PCPs complete online forms in order to:

- Certify recipient eligibility.
- Obtain a recipient ID number for billing.
- Enter screening results of all recipients.
- Enter diagnostic procedures, diagnosis status, final diagnosis and, if applicable, staging and treatment information of recipients with abnormal screening results.



Accessing the Forms

STEP 1: Complete and submit the *Medi-Cal Point of Service (POS) Internet/Network Agreement*. Call the Telephone Service Center (TSC) at 1-800-541-5555 and select the POS/Internet option for assistance.

STEP 2: Connect to the Internet.

STEP 3: Point your browser to www.medi-cal.ca.gov.

STEP 4: Click the **Transaction Login** link.



STEP 3:
Point your browser to
www.medi-cal.ca.gov

STEP 4:
Click the
Transaction Login link

Figure 1: Medi-Cal Web site home page.



STEP 5: Type in the provider number of the site where the recipient is enrolling into Cancer Detection Programs: Every Woman Counts (CDP: EWC) services.

STEP 6: Type in the PIN number associated with the above provider number.

STEP 7: Click the **Submit** button.

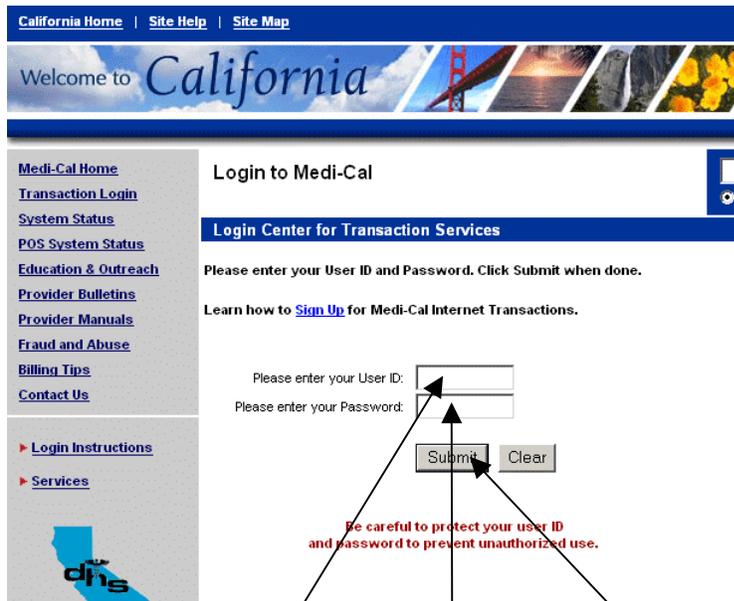
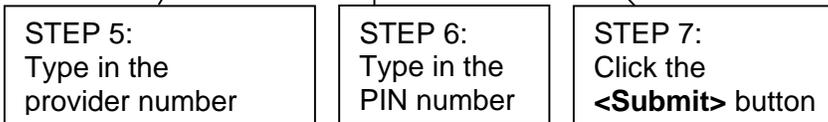


Figure 2: Login Center for Transaction Services page.



STEP 8: Click the “Cancer Detection Programs Application” link. If the “Cancer Detection Programs Application” link does not appear as an option, the provider number you used is not identified as a Cancer Detection Programs: Every Woman Counts (CDP: EWC) Primary Care Provider. Check with your clinic contact to make sure that the provider number is correct. If it is, call the Telephone Service Center (TSC) at 1-800-541-5555 to verify that a *POS Internet/Network Agreement* is on file (see STEP 1).

California Home Friday, May 14, 2004

Welcome to **California**

Transaction Services

You are logged in as: HSC999998

Real Time Internet Eligibility (RTIE)
 Determine monthly Patient (Subscriber) Eligibility and obtain an Eligibility Verification Confirmation (EVC) Number
[Single Subscriber](#)
[Multiple Subscribers](#)

Perform SOC (Spend Down) Transactions
 Apply or Reverse Subscriber's Share of Cost (Spend Down) Amount

Perform Medical Services Reservation Transactions
 Make or Reverse a Medical Services Reservation (Medi-Services)

Perform Automated Provider Services (a.k.a. PTN on Web)
 Perform various transactions including Checkwrite, Claim Status, Issue Status, and Procedure Code inquiries

Online TAR Applications
 Create, Update, or Inquire on TARs. View adjudicated TAR responses or Submit electronic attachments

Perform BCCTP Enrollment
 Complete and Submit a BCCTP Medi-Cal application

[CHDP Downloads](#)

Cancer Detection Programs Application ← Eligibility and Case Management for Cancer Detection Programs

STEP: 8
 Click the **Cancer Detection Programs Application** link

Figure 3: Transaction Services page.



STEP 9: The CDP Recipient Search screen should appear in the middle of the screen. If it does, skip to STEP 13, otherwise continue to STEP 10.

STEP 10: If the area is empty, as shown in *Figure 4*, the Macromedia Flash Player is not installed. To install, click the “CDP Documents” link, scroll to the bottom of the page and click the “Web Tool Box” link, then the “Macromedia Flash” link and follow the installation instructions.

The screenshot shows the California Department of Health Services website. At the top, there is a blue banner with "California Home" on the left and "Friday, May 14, 2004" on the right. Below the banner is a "Welcome to California" graphic with various state symbols. A search bar and "My CA" link are in the top right. On the left is a vertical navigation menu with links like "Medi-Cal Home", "Login", "Publications", "Related Sites", "Dept. of Health Services", "Site Map", "Site Help", "System Status", "POS System Status", and "Web Tool Box". Below these are expandable sections for "Eligibility", "SOC (Spend Down)", "Medical Services", "TAR Menu", "BCCTP", "Cancer Detection Programs", "Provider Services", "Login", and "Exit". At the bottom of the menu are "CDP Documents", "CDP Frequently Asked Questions", and a "dhs" logo. The main content area has a purple silhouette of a person, a search bar, and a "My CA" link. A blue bar says "Click [HERE](#) to download Cancer Detection Programs Documents" and "You are logged in as: HSC999998". Two callout boxes with arrows point to the "CDP Documents" link and the empty main content area.

This area should not be empty

STEP 10: Click the **CDP Documents** link, then scroll to the bottom and click **Web Tool Box**

Figure 4: Empty page, showing a need to install the Macromedia Flash Player.





Figure 5: The Macromedia Flash Player Download Center page.

STEP 11: If the Flash player does not install, ask for assistance from your office IT department. Your computer may require administrative access to download and install the plug-in.

STEP 12: If you are still having problems installing the Flash player, call the TSC at 1-800-541-5555 for assistance (select the POS/Internet option).



STEP 13: In addition to completing the online forms, there are paper forms required to enroll recipients. Click the “CDP Documents” link to download the required forms from the Cancer Detection Programs: Every Woman Counts Downloads page. An initial step in the enrollment process is having the recipient complete her portion of the eligibility form and the consent form. Eligibility forms are currently available in English and Spanish. Consent forms are available in seven languages: English, Chinese (Cantonese, Mandarin), Korean, Russian, Spanish and Vietnamese. In addition to obtaining a signed consent form, providers must ensure that the recipient receives the Cancer Detection Section’s *Notice of Privacy Practices* (NPP) statement (included with the consent form). *Figure 6* points to the “CDP Documents” page links located on the left side and middle of the screen. *Figure 7* (next page) shows the Cancer Detection Programs: Every Woman Counts Downloads page.

The screenshot shows the 'Cancer Detection Programs: Every Woman Counts' website. At the top, there is a navigation bar with 'California Home', 'Site Help', and 'Site Map'. Below this is a banner with 'Welcome to California' and various images. The main content area includes a search bar, a login status 'You are logged in as: BCCTP0001', and a link 'Click HERE to download Cancer Detection Programs Documents'. On the left, a navigation menu lists various services, with 'CDP Documents' and 'CDP Frequently Asked Questions' highlighted. The central part of the page is the 'CDP Recipient Search' form, which has two search sections: 'Search by Recipient ID' and 'Search by Recipient Info'. The 'Search by Recipient ID' section has a 'Recipient ID' field and a 'Go' button. The 'Search by Recipient Info' section has fields for 'First Name', 'Last Name', 'Date of Birth' (with a date format 'mm/dd/yyyy'), and 'Mother's Maiden Name', each with a 'Go' button. Below these is a 'Search Results by Recipient Info' table with columns for 'Recipient ID', 'Name', 'Mother's Maiden Name', and 'Zip Code'. A callout box on the right points to the 'CDP Documents' link in the menu and the 'Click HERE to download...' link in the header, with the text: 'STEP 13: Click the CDP Documents link to access the "downloads" page'.

Figure 6: Cancer Detection Programs: Every Woman Counts Recipient Search page.



STEP 14: Click on the documents that you need to download and print them as required. As optional documents are added or newer versions of the documents are published, they will be available on this page.

Note: Every woman enrolled in Cancer Detection Programs: Every Woman Counts (CDP: EWC) is required to receive a Notice of Privacy Practices. This is available as part of the consent form (see STEP 13).

The screenshot shows the 'Cancer Detection Programs: Every Woman Counts Downloads' page. On the left is a navigation menu with links: [Provider Bulletins](#), [Provider Manuals](#), [Fraud and Abuse](#), [Billing Tips](#) (Updated), and [Contact Us](#). Below the menu is the California Department of Health Services logo. The main content area lists several document categories with links to specific forms and worksheets. Three callout boxes on the right point to specific links:

- Required documents to include in recipient's medical record:** Points to the 'Consent to Participate in Program and Privacy Statement Forms' section, which includes links for English, Cantonese, Chinese Mandarin, Korean, Russian, Spanish, and Vietnamese forms.
- Optional documents (posted for information and PCPs are strongly suggested to use):** Points to the 'Breast and Cervical Data Entry Worksheets & Instructions' section, which includes links for Breast and Cervical Screen & Follow-Up Data Entry Worksheets and their respective instructions in color versions.
- Optional documents (posted for information):** Points to the 'Reimbursable Procedures' section, which includes links for Breast Only Primary Care, Breast & Cervical Primary Care, and Referral Provider Reimbursable Procedures.

Figure 7: Cancer Detection Programs: Every Woman Counts Downloads page.

STEP 15: To enroll a woman, you must start with the CDP Recipient Search screen. Enter at least the first two letters of her last name; enter her date of birth, and click the **Go** button.

When you do the search, a number of things can happen:

1. If the woman is found, the Search Results by Recipient Info box at the bottom of the CDP Recipient Search screen will be populated. GO TO STEP 21.
2. If the woman is not found in the database, the *Recipient Information* form will be displayed with the information that you entered. GO TO STEP 16.



3. If the woman is not found, but you know she was enrolled previously, here are some tips before enrolling her again and creating a new ID number:
 - If the search included more than two letters of the last name, re-enter using just the first two letters of the last name in the **Last Name** field.
 - Ask the woman if she has a copy of her old ID card.
 - Check the medical chart for a copy of the old ID card.
 - If the woman's ID card is available, enter the complete recipient ID in the **Recipient ID** field and click **Go**.
 - Ask if the woman may have used **another last name or date of birth**.
 - Try entering the first two letters of the **first** name in the **Last Name** field (the last and first names may have been reversed when entered previously).

Note: Only the enrolling PCP will have access to a previously enrolled recipient's clinical information.

California Home | Site Help | Site Map Tuesday, September 25, 2007

Welcome to **California**

Medi-Cal Home | Transaction Login | System Status | POS System Status | Education & Outreach | Provider Bulletins | Provider Manuals | Fraud and Abuse | Billing Tips | Contact Us

Cancer Detection Programs: Every Woman Counts search
Medi-Cal

Click [HERE](#) to download Cancer Detection Programs Documents

You are logged in as: BCCTP000T

CDP Recipient Search

Search by Recipient ID

* Recipient ID

* Indicates Required Field

Search by Recipient Info

First Name

* Last Name

* Date of Birth mm/dd/yyyy

Mother's Maiden Name

* Indicates Required Field

Search Results by Recipient Info

Recipient ID	Name	Mother's Maiden Name	Zip Code

STEP 15:
To enroll a woman:

- Enter at least the first two letters of her last name (not case sensitive)
- Enter her date of birth in the format as shown
- Click the **<Go>** button



Figure 8: CDP Recipient Search screen.

STEP 16: Complete the *Recipient Info* form (see pages 21 – 23 for instructions).

STEP 17: Select the appropriate eligibility check boxes.

STEP 18: Click the **Submit New Recipient** button.

The screenshot shows the 'Recipient Info' form with the following fields and annotations:

- STEP 16:** Complete the *Recipient Info* form. Required fields are marked with an asterisk (*). Fields include:
 - * Last Name: Tully
 - First Name: Christine
 - MI: []
 - Mother's Maiden Name: []
 - * Date of Birth: 01/15/1948
 - * Address: 112 Canal St
 - * City: Sacramento
 - State: CA
 - * Zip Code: 95423
 - Phone Number (contact number if homeless): (916) 555-4455
- Reminder:** Enter ethnicity and race information. Fields include:
 - Are you Hispanic or Latino? (Yes/No)
 - Select all that apply to you: American Indian or Alaskan Native, Asian, Black or African American, Pacific Islander, White, Unknown
 - Asian - Select one: Asian Indian
 - Pacific Islander - Select one: Hawaiian
- STEP 17:** Select the appropriate eligibility check boxes.
 - Meets CDP age criteria for breast and cervical cancer screening and diagnostic programs.
 - Meets CDP income and insurance criteria for breast and cervical cancer screening, diagnostics, and treatment programs.
 - Recipient referred for Breast and Cervical Cancer Treatment Program.
 - Signed CDP consent form.
- STEP 18:** Click the **<Submit New Recipient>** button.

Buttons: Recipient Search/Add, Submit New Recipient. Legend: * Indicates Required Field.

Figure 9: Recipient Info form.



If everything is completed, a pop-up box will appear informing you that you have successfully added this record and displaying the recipient ID number. In addition, the recipient ID number will appear at the top of the page as well as in the Recipient Info tab.

STEP 19: Click the **OK** button on the pop-up box to continue. The label on the button at the bottom of the **Recipient Info** form will change to read "Update Recipient Info."

Links allowing you to print the recipient information (GO TO STEP 30) and the recipient ID card (GO TO STEP 32) are displayed at the bottom of the form. Tabs to enter screening or follow-up data appear at the top of the form (SEE STEP 23).

STEP 20: To enroll another recipient, click the **Recipient Search/Add** link.

Recipient ID displays in three places

STEP 19: Click the **<OK>** button to continue

Label on button changes to "Update Recipient Info"

Links to printing the recipient info and the recipient ID card are displayed

STEP 20: Click the **<Recipient Search/Add>** link to enroll a new recipient

Figure 10: Recipient information record added.



STEP 21: If the woman is found, the Search Results by Recipient Info box at the bottom of the CDP Recipient Search screen will be populated. More than one record may be displayed based on the information that you entered for the search. Based on recipient ID number and name, select the correct record by clicking on it.

STEP 22: If none of the records match the information you have, add a new recipient by clicking **Add New Recipient** (GO TO STEP 16).

The screenshot shows the 'CDP Recipient Search' interface. It is divided into three main sections:

- Search by Recipient ID:** Contains a text input field for 'Recipient ID' with an asterisk indicating it is required, and a 'Go' button.
- Search by Recipient Info:** Contains text input fields for 'First Name', 'Last Name' (with 'Tu' entered), 'Date of Birth' (with '01/15/1948' entered), and 'Mother's Maiden Name'. A 'Go' button and an 'Add New Recipient' link are also present.
- Search Results by Recipient Info:** A table with columns for Recipient ID, Name, Mother's Maiden Name, and Zip Code. One record is shown: Recipient ID 349A0870267510, Name Tully Christine, Mother's Maiden Name, and Zip Code 95423.

Two callout boxes are present:

- STEP 21:** A box with the text 'STEP 21: Select the correct record by clicking on it' and an arrow pointing to the 'Name' column header in the search results table.
- STEP 22:** A box with the text 'STEP 22: If none of the records match the information you have, add a new recipient by clicking the <Add New Recipient> link GO TO STEP 16' and an arrow pointing to the 'Add New Recipient' link.

Figure 11: CDP Recipient Search screen.

STEP 23: If the woman is enrolled, the *Recipient Information* form will be displayed with tabs that allow you to go to the *Breast Screen*, the *Breast Follow-Up*, the *Cervical Screen*, and the *Cervical Follow-Up* online forms for reporting screening and follow-up results.

The screenshot shows a horizontal row of five tabs:

- Recipient Info:** The active tab, showing the recipient ID '349A0942185069' below it.
- Breast Screen**
- Breast Follow-Up**
- Cervical Screen**
- Cervical Follow-Up**

Figure 12: Tabs for accessing *Breast Screen*, *Breast Follow-Up*, *Cervical Screen*, and *Cervical Follow-Up* online forms.



STEP 24: If the woman is enrolled by another provider you will see the **NOT** Provider of Record message. Read and follow the directions in the pop-up box, if it appears.



Figure 13: NOT Provider of Record pop-up information box.

If you are becoming the provider of record, you must:

- Re-verify that the recipient is eligible.
- Have the recipient complete the eligibility and consent forms for the medical record.
- Verify and update the information as needed.
- Select the appropriate eligibility check boxes.
- Click the **Recertify Recipient** button.

If the woman's Recipient Certification Date is "Expired" (see *Figure 14* on the next page), the *Recipient Information* form will be populated with the information that you entered plus the information that is already in the database for this woman. A recipient ID will be displayed. This recipient ID is not active until the online form is completed and the recipient is recertified. The first step in this process is to validate and correct the information associated with this recipient.

STEP 25: Have the recipient complete new eligibility and consent forms. Check the information against the database and make any corrections online to update name, address and phone number.

STEP 26: Enter ethnicity and race information.

STEP 27: Select the appropriate eligibility check boxes.

STEP 28: Click the **Recertify Recipient** button.



Recipient Info
349A0558085344

Recipient ID: 349A0558085344

* Last Name: First Name: MI:

Mother's Maiden Name:

* Date of Birth: mm/dd/yyyy

* Address:

* City: State: * Zip Code:

Phone Number (contact number if homeless): () -

Are you Hispanic or Latino?
 Yes No

Select all that apply to you:
 American Indian or Alaskan Native
 Asian
 Black or African American
 Pacific Islander
 White
 Unknown

Asian - Select one: Pacific Islander - Select one:

Meets CDP age criteria for breast and cervical cancer screening and diagnostic programs.
 Meets CDP income and insurance criteria for breast and cervical cancer screening, diagnostics, and treatment programs.
 Recipient referred for Breast and Cervical Cancer Treatment Program.
 Signed CDP consent form.

Recipient Certification Date: **** EXPIRED ****

Recipient Search/Add

* Indicates Required Field

STEP 25: Validate and correct information in record

STEP 26: Enter ethnicity and race information

STEP 27: Select the appropriate eligibility check boxes

* Refer to page 23 for instructions.

STEP 28: Click the <Recertify Recipient> button

Figure 14: Recipient Info form showing the recipient certification date as “Expired.”



If everything is completed, a pop-up information box will appear with the message “You have successfully enrolled Recipient ID: XX9AXXXXXXXXXXX under your Provider ID.”

STEP 29: Click the **OK** button

The screenshot shows a web application interface with a pop-up information box. The background interface includes tabs for 'Recipient Info', 'Breast Screen', 'Breast Follow-Up', 'Cervical Screen', and 'Cervical Follow-Up'. The 'Recipient Info' tab is active, showing the recipient ID '349A0558085344' and fields for 'Last Name' (Smith), 'First Name', and 'MI'. Below these fields is a dropdown menu for ethnicity with options: Pacific Islander, White, and Unknown. There are also several checkboxes for certification criteria, a date field for 'Recipient Certification Date: 9/25/2007', and buttons for 'Recipient Search/Add', 'Update Recipient Info', 'Print Recipient Info', and 'Print Recipient ID Card'. A red question mark icon is visible in the top right corner of the main interface.

The pop-up information box is titled 'Record Updated' and contains the following text: 'You have successfully Recertified Recipient ID: 349A0558085344'. At the bottom of the pop-up box is an 'OK' button. An arrow points from a text box labeled 'STEP 29: Click the <OK> button' to the 'OK' button.

Figure 15: Pop-up information box showing record updated.

Note: The recipient ID number remains the same. A woman should have only one ID number for as long as she remains in the program, even if she moves to another address in California.



STEP 30: After clicking the **Print Recipient Info** link on the online *Recipient Info* form, you will be able to click the **Print** button to print the recipient information.

Note: The Print Recipient Info screen shows the most recently submitted demographic and clinical data for the recipient. The example shown in *Figure 16* has no clinical data submitted. It is recommended to print **after** all data has been submitted through the *Recipient Info* form and all applicable breast and/or cervical screen and follow-up forms, in order to retain the recipient's submitted demographic and clinical information.

STEP 31: Click **Return to Recipient Info** link to go back to the *Recipient Info* form.

Cancer Detection Program: Every Woman Counts

349A0355177977
 Christine Tully
 112 Canal St
 Sacramento, CA 95423
 Recipient is Hispanic/Latino
 Recipient's Ethnicity is: Pacific Islander, Asian
 Asian Indian Hawaiian
 Recipient meets CDP age criteria for breast and cervical cancer screening and diagnostic problems.
 Recipient meets CDP income and insurance criteria for breast and cervical cancer screening, diagnostics, and treatment
 Recipient was not referred for Breast and Cervical Cancer Treatment Program.
 Recipient signed CDP consent form. Recipient Certification Date: 9/25/2007
 Recipient Certification End Date: 9/24/2008

Breast Screen

Recipient screening was not performed by Cancer Detection Program: Every Woman Counts
 Unknown if recipient has current breast symptoms
 Recipient's current results were not obtained from a non-CDP provider.

Breast Follow-up

Additional mammographic views not performed. Repeat Breast Exam/Surgical Consultation not performed.
 Ultrasound not performed. Biopsy/Lumpectomy not performed.
 Fine needle/Cyst aspiration not performed.
 Other procedure not performed.
 Other procedure not performed:

Cervical Screen

Recipient screening was not performed by Cancer Detection Program: Every Woman Counts

Cervical Follow-up

Colposcopy without biopsy not performed. Colposcopy directed biopsy not performed.
 Other procedure not performed
 Other procedure not performed:

Current Date: 9/25/2007

[Print](#) [Return to Recipient Info](#)

STEP 30:
Click the **<Print>** button to print copy of recipient information for recipient's medical records (not required, but recommended)

STEP 31:
Click the **<Return to Recipient Info>** link to go back to *Recipient Info* form

Figure 16: Printing recipient information.



STEP 32: After clicking the **Print ID Card** button on the *Recipient Info* form, you will be able to click the **Print** button to print the recipient's ID Card.

Note: If the recipient ID card is not visible, scroll up to see the ID card.

STEP 33: Click **Return to Recipient Info** in order to go back to the *Recipient Info* form.

STEP 32: Click the **<Print ID Card>** button to print a copy of the recipient's ID card.

STEP 33: Click the **<Return to Recipient Info>** link to go back to *Recipient Info* form.

Figure 17: Printing the recipient's ID Card.

Note: Multiple copies of the ID card are recommended for:

- The recipient, in order to instruct her on what services are covered with the ID card.
- The medical record (not required, but recommended).
- The mammogram provider, if applicable.
- The Pap test lab requisition, if applicable.



Instructions for Completing the *Recipient Information* Online Form

Recipient Info 349A0972596979	Breast Screen	Breast Follow-Up	Cervical Screen	Cervical Follow-Up
----------------------------------	---------------	------------------	-----------------	--------------------

Recipient ID: 349A0972596979 

* Last Name First Name MI

Mother's Maiden Name

* Date of Birth mm/dd/yyyy

* Address

* City State * Zip Code

State: CA

Phone Number (contact number if homeless) () -

Are you Hispanic or Latino?
 Yes No

Select all that apply to you:
 American Indian or Alaskan Native
 Asian
 Black or African American
 Pacific Islander
 White
 Unknown

Asian - Select one:

Pacific Islander - Select one:

Meets CDP age criteria for breast and cervical cancer screening and diagnostic programs.
 Meets CDP income and insurance criteria for breast and cervical cancer screening, diagnostics, and treatment programs.
 Recipient referred for Breast and Cervical Cancer Treatment Program.
 Signed CDP consent form.

Recipient Certification Date: 9/25/2007

Recipient Search/Add [Print Recipient Info](#)
[Print Recipient ID Card](#)

* Indicates Required Field

Figure 18: Recipient Info online form



Instructions for Completing the *Recipient Information* Online Form (continued)

Recipient Information

Recipient ID: 349A0972596979

* Last Name First Name MI

Mother's Maiden Name

* Date of Birth mm/dd/ccyy

* Address

* City State CA * Zip Code

Phone Number (contact number if homeless)
() -

Note: An asterisk (*) means that the information is required.

Last Name: Enter last name of the recipient.

- If the recipient has only one name, enter name in the last name field and leave the first name blank.

First Name: Enter first name of the recipient.

Middle Initial: Enter middle initial of the recipient.

- If the recipient does not have a middle initial, leave blank.

Mother's Maiden Name: Enter the mother's maiden name of the recipient.

- This field allows a minimum of 2 and a maximum of 20 alpha characters including hyphens.

Date of Birth: Enter date of birth of the recipient in the space provided using the following format: Month (MM)/ Day (DD)/ Year (CCYY). For example, January 7, 1950 would be entered as 01/07/1950.

Address: Enter residence address of the recipient. If homeless, enter the address where the recipient receives mail.

City: Enter name of the city in which the recipient lives or receives mail.

ZIP Code: Enter the ZIP code for the recipient's residence or mailing address.

Phone Number: Enter the recipient's telephone number, including area code.

- If the recipient has no telephone number, enter the telephone number of the recipient's contact.



Instructions for Completing the *Recipient Information Online Form* (continued)

Are you Hispanic or Latino?
 Yes No

Select all that apply to you:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Pacific Islander
- White
- Unknown

Asian - Select one:

Pacific Islander - Select one:

Are you Hispanic or Latino? Enter the recipient's response to this question. Please encourage applicants to provide race and ethnicity information.

- Even if the recipient responds "Yes," **further race information is desired.**

Select all that apply to you: Use the selection box to choose one (or more) race designation(s) that apply to the recipient. **Press and hold CTRL key to select more than one race designation.**

- If possible, avoid selecting "Unknown" for race. Complete race information is desired.

Asian – Select one: Use the drop-down box to select the sub-category of Asian if the recipient indicates that she is "Asian."

Pacific Islander – Select one: Use the drop-down box to select the sub-category of Pacific Islander if the recipient indicates that she is "Pacific Islander."

Meets CDP age criteria for breast and cervical cancer screening and diagnostic programs.

Meets CDP income and insurance criteria for breast and cervical cancer screening, diagnostics, and treatment programs.

Recipient referred for Breast and Cervical Cancer Treatment Program.

Signed CDP consent form.

Recipient Search/Add

* Indicates Required Field

Meets CDP age criteria: Select this box if the recipient meets the program age criteria.

Meets CDP income and insurance criteria: Select this box if the recipient meets the program income and insurance criteria.

- File the forms used to validate that the recipient meets these criteria in the recipient's medical record.

Signed CDP consent form: Select this box if the recipient has signed the program consent form.

- File the signed consent and eligibility forms in the recipient's medical record.

Note: Save the data entered by clicking the "Submit New Recipient" or "Update Recipient Info" button at the bottom of the form. If the recipient is being recertified, this button will read "Recertify Recipient."



Instructions for Completing the *Breast Screen* Online Form

Recipient Info	Breast Screen 349A0458515565	Breast Follow-Up	Cervical Screen	Cervical Follow-Up
----------------	---------------------------------	------------------	-----------------	--------------------

**Breast Cancer Screening Performed through Cancer Detection Programs:
Every Woman Counts?** Yes No 

Clinical Breast Exam

CURRENT breast symptoms? Yes No Unknown
 Date of CURRENT CBE: mm/dd/yyyy
 CURRENT Results obtained from a non-CDP provider

CURRENT Clinical Breast Exam Results (Check One)

- No breast abnormality
- Benign breast condition
- Probably benign breast condition
- Abnormality, rule out breast cancer

If CBE not performed, why not? (Check One)

- CBE not needed at this time
- CBE needed but not performed (includes refused/other/reason unknown)

PREVIOUS Mammogram(s)? Yes No Unknown
 Date of most recent PREVIOUS mammogram: mm yyyy Date unknown

Mammogram

Date of mammogram: mm/dd/yyyy

Mammography Results (Check one)

- Negative
- Benign
- Probably benign
- Suspicious abnormality
- Highly suggestive of malignancy
- Assessment incomplete
- Unsatisfactory, radiologist could not read

If mammogram not performed, why not? (Check one)

- Not needed
- Needed but not performed (includes refused)
- Done recently, breast screening and follow-up services paid with non-CDP funds

NEXT STEP

**Based on CURRENT CBE, mammogram, or patient's concerns the next step for this recipient is:
(Check One)**

- Recipient should return for a routine rescreen
- IMMEDIATE WORK-UP**
- Short-Term Follow-Up

Figure 19: Breast Screen online form



Instructions for Completing the *Breast Screen* Online Form (continued)

Recipient Info	Breast Screen 349A0458515565	Breast Follow-Up	Cervical Screen	Cervical Follow-Up
Breast Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts?				
Every Woman Counts? <input type="radio"/> Yes <input type="radio"/> No				

Note: Data must be entered prior to ID expiration date. Tabs for screen and follow-up are not visible after eligibility is expired.

Breast Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts?

- Select “Yes” if the screening is performed by a Cancer Detection Programs: Every Woman Counts (CDP: EWC) provider.
- Select “No” if the screening is performed by a non-CDP provider (e.g., FPACT).

Clinical Breast Exam (CBE)

Clinical Breast Exam	
CURRENT breast symptoms?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date of CURRENT CBE:	<input type="text"/> mm/dd/yyyy
<input type="checkbox"/> CURRENT Results obtained from a non-CDP provider	

CURRENT breast symptoms?

- Select “Yes” if the recipient reports any breast symptoms.
- Select “No” if the recipient does not report breast symptoms.
- Select “Unknown” if (1) the woman wasn’t asked; (2) the answer wasn’t recorded; (3) the woman does not know; or (4) the woman refused to answer.
- Examples of breast symptoms include:
 - Discrete mass/lump
 - Non-cyclical breast pain
 - Spontaneous unilateral nipple discharge
 - Skin scaliness
 - Skin dimpling or puckering
 - Skin ulceration
 - Skin inflammation

Date of CURRENT CBE: Enter the date of the current Clinical Breast Examination (CBE), using the following format: Month (MM)/Day (DD)/Year (CCYY).

CURRENT Results obtained from a non-CDP program provider: Select this box if the CBE results reported below have been obtained from a non-CDP provider (e.g., an outside provider and/or not paid by CDP: EWC).



Instructions for Completing the *Breast Screen Online Form* (continued)

CURRENT Clinical Breast Exam Results (Check One)

- No breast abnormality
- Benign breast condition
- Probably benign breast condition
- Abnormality, rule out breast cancer

CURRENT Clinical Breast Exam Results (Check One): Select the CBE result that corresponds to the reported result of the CBE.

- **No breast abnormality:** Select if the CBE was performed and the finding was within normal limits.
- **Benign breast condition:** Select if the CBE revealed a finding not of concern for breast cancer.
- **Probably benign breast condition:** Select if the CBE revealed a finding that requires a follow-up exam in 3-6 months.
- **Abnormality, rule out breast cancer:** Select if the CBE revealed a finding that is **suspicious for breast cancer** and requires an immediate diagnostic procedure, **in addition to the initial mammogram**, to rule out breast cancer.

Note: For a screening CBE with abnormal results and negative/benign mammogram result, complete and submit breast cancer diagnostic procedure(s), diagnosis status and final diagnosis using the ***Breast Follow-Up form***.

If CBE not performed, why not? (Check One)

- CBE not needed at this time
- CBE needed but not performed (includes refused/other/reason unknown)

If CBE not performed, why not? (Check One): Select one of the following if a CBE was not performed.

- **CBE not needed at this time:**
 - Select if the recipient had a normal CBE within the last 12 months or per PCP discretion.
 - Select if the CBE was performed by a non-CDP provider (an outside provider and/or not paid by CDP: EWC).
- **CBE needed but not performed (includes refused/other/reason unknown):**
 - Select if the recipient is due for a CBE but one was not performed.
 - Select if recipient refused examination or if due to other unknown reasons, the CBE was not performed.



Instructions for Completing the *Breast Screen* Online Form (continued)

Previous Mammogram

PREVIOUS Mammogram(s)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date of most recent PREVIOUS mammogram: <input type="text"/> mm <input type="text"/> ccyy <input type="checkbox"/> Date unknown

PREVIOUS Mammogram(s)?

- Select “Yes” if the recipient has had one or more previous mammograms.
- Select “No” if the recipient has not had a previous mammogram.
- Select “Unknown” if it is not known if the recipient has had a previous mammogram.

Date of most recent PREVIOUS mammogram:

- Enter the month and year of the recipient’s most recent previous mammogram, using the following format: Month (MM)/Year (CCYY).
- If the month of the previous mammogram is not known, enter the year. The month field will automatically fill “00.”
- If the year of the previous mammogram is not known, select “Date Unknown.”

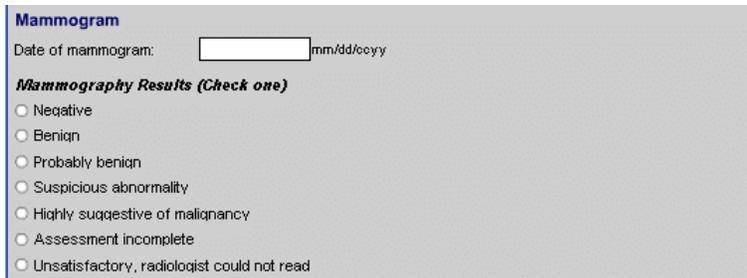
To demonstrate program success in rescreening, please make every attempt to find the year of the previous mammogram, if one was done. To obtain the date of the previous mammogram:

- Check the mammogram report. It includes dates of prior mammograms used for comparison.
- Check the chart for copies of old reports.



Instructions for Completing the *Breast Screen* Online Form (continued)

Mammogram



Mammogram

Date of mammogram: mm/dd/yyyy

Mammography Results (Check one)

- Negative
- Benign
- Probably benign
- Suspicious abnormality
- Highly suggestive of malignancy
- Assessment incomplete
- Unsatisfactory, radiologist could not read

Date of mammogram: Enter the date of the recipient's initial mammogram using the following format: Month (MM)/Day (DD)/Year (CCYY).

Note: The initial mammogram could be a screening or diagnostic mammogram.

Mammography Results (Check one): Select the mammogram result that corresponds to the reported "Final Result" of the initial mammogram (screening or diagnostic).

- **Negative** (BIRADS 1): Select if the assessment was **negative**.
- **Benign** (BIRADS 2): Select if the assessment was **benign**.
- **Probably benign** (BIRADS 3): Select if the assessment was **probably benign**. Probably benign findings have a high probability of being benign. Further clinical evaluation must be completed for a probably benign mammogram.
 - If there is a planned delay between the initial screening and further clinical evaluation:
 - Select **Short-term Follow-up** as the *Next Step*.
 - Complete and submit the next procedure(s) using a new ***Breast Screen*** form. (See instructions on page 50.)
 - If there is an immediate clinical evaluation:
 - Select **Immediate Work-up** as the *Next Step*.
 - Complete and submit breast cancer diagnostic procedure(s), diagnosis status and final diagnosis using the ***Breast Follow-Up*** form.
- **Suspicious abnormality** (BIRADS 4): Select if the assessment was **suspicious abnormality**. This indicates the findings do not have the characteristic morphology of breast cancer but do have a **strong probability of being cancer**.
 - Select **Immediate Work-up** as the *Next Step*.
 - Complete and submit breast cancer diagnostic procedure(s), diagnostic status and final diagnosis using the ***Breast Follow-Up*** form.
- **Highly suggestive of malignancy** (BIRADS 5): Select if the assessment was **highly suggestive of malignancy**. These finding(s) have a **high probability of being cancer**.
 - Select **Immediate Work-up** as the *Next Step*.
 - Complete and submit breast cancer diagnostic procedure(s), diagnostic status and final diagnosis using the ***Breast Follow-Up*** form.



Instructions for Completing the *Breast Screen* Online Form (continued)

Mammogram

Date of mammogram: mm/dd/yyyy

Mammography Results (Check one)

Negative

Benign

Probably benign

Suspicious abnormality

Highly suggestive of malignancy

Assessment incomplete

Unsatisfactory, radiologist could not read

- **Assessment incomplete (BIRADS 0):** Select if the assessment was **incomplete**. This category is reported as requiring additional imaging evaluation and/or review of prior mammograms. No final assessment can be assigned due to incomplete radiologic work-up.
 - If the radiologist requires additional imaging to make a final assessment, (e.g., additional mammographic views and/or ultrasound), select **Immediate Work-up** as the *Next Step* and submit the breast cancer diagnostic procedure(s), diagnostic status and final diagnosis using the **Breast Follow-Up form**.
 - If the radiologist is waiting to obtain old films for comparison, wait for the final assessment report and enter the final result of BIRADS 1, 2, 3, 4, or 5.
- **Unsatisfactory, radiologist could not read:** Select this box if the assessment was **unsatisfactory**.
 - Select **Short Term Follow-Up** as the *Next Step*.
 - After the repeat mammogram is completed, submit repeated mammogram using a new **Breast Screen form**. (See instructions on page 50.)

If mammogram not performed, why not? (Check one)

Not needed

Needed but not performed (includes refused)

Done recently, breast screening and follow-up services paid with non-CDP funds

- If mammogram not performed, why not? (Check one):** Select the description that most closely documents the reason why a mammogram was not performed.
- **Not needed:** Select this if the recipient had a normal mammogram within the last 12 months or per PCP discretion. This can include a mammogram done elsewhere.
 - **Needed but not performed (includes refused):** Select this if the mammogram was needed but was not performed. The recipient could have refused the mammogram.



Instructions for Completing the *Breast Screen* Online Form (continued)

NEXT STEP
Based on CURRENT CBE, mammogram, or patient's concerns the next step for this recipient is:
(Check One)

Recipient should return for a routine rescreen

IMMEDIATE WORK-UP

Short-Term Follow-Up

Submit

Based on CURRENT CBE, mammogram, or patient's concerns, the NEXT STEP for this recipient is: (Check One)

- **Recipient should return for routine rescreen:**
 - Select this when both the CBE and mammogram are normal/benign.
 - Submit next breast screening (CBE and mammogram) using a new ***Breast Screen*** form by clicking **Add new Breast Screening record**. (See instructions on page 50.)
 - Do not submit next breast screening (CBE and mammogram) using a ***Breast Follow-Up*** form.
- **IMMEDIATE WORK-UP:**
 - Select this when additional diagnostic procedures are required without delay to rule out breast cancer.
 - Same-day Ultrasound is considered an Immediate Work-Up.
 - Complete and submit breast cancer diagnostic procedures, diagnosis status and final diagnosis using the ***Breast Follow-Up*** form.
- **Short-Term Follow-Up:**
 - Select this when additional diagnostic procedures/exams are required after 3 to 6 months planned delay but within the next 12 months.
 - Submit next procedure(s) on a new ***Breast Screen*** form by selecting **Add new Breast Screening record**. (See instructions on page 50.)

Note: For the following abnormal breast screening results, Cancer Detection Programs: Every Women Counts requires Immediate Work-Up as the *Next Step* and data for Breast Cancer Diagnostic Procedures, Diagnosis Status and Final Diagnosis submitted using a *Breast Follow-Up* form:

- **CBE: Abnormality, rule out breast cancer**
- **Mammogram: Suspicious abnormality**
- **Mammogram: Highly suggestive of malignancy**
- **Mammogram: Assessment incomplete (follow-up consisting of further imaging procedures)**



Instructions For Completing The *Breast Follow-Up* Online Form

Recipient Info	Breast Screen	Breast Follow-Up 349A0458515565	Cervical Screen	Cervical Follow-Up
----------------	---------------	---	-----------------	--------------------

Breast Cancer Diagnostic Procedures ?

Additional mammographic views mm/dd/yyyy

Repeat Breast Exam/Surgical Consultation mm/dd/yyyy

Ultrasound mm/dd/yyyy

Biopsy/Lumpectomy mm/dd/yyyy

Fine needle/Cyst aspiration mm/dd/yyyy

Other procedure performed mm/dd/yyyy

Specify:

Other procedure performed mm/dd/yyyy

Specify:

Breast Cancer Diagnosis Status

Work-up complete

Lost to follow-up (two phone calls and certified letter sent)

Work-up refused

Died before work-up completed

Date of this diagnostic status mm/dd/yyyy

Breast Cancer Final Diagnosis

Not Cancer

Cancer in situ (Ductal or Lobular not specified)

Lobular Cancer in situ (LCIS) (AJCC stage 0)

Ductal Cancer in situ (DCIS) (AJCC stage 0)

Invasive Cancer

Date of this final diagnosis mm/dd/yyyy

<p>Invasive Breast Cancer Stage</p> <p><input type="radio"/> AJCC stage I</p> <p><input type="radio"/> AJCC stage II</p> <p><input type="radio"/> AJCC stage III</p> <p><input type="radio"/> AJCC stage IV</p> <p><input type="radio"/> Stage unknown (Check if the invasive cancer stage is unconfirmed or not available.)</p>	<p>Invasive Breast Cancer Tumor Size</p> <p><input type="radio"/> 0 to <= 1cm</p> <p><input type="radio"/> >1 to <= 2cm</p> <p><input type="radio"/> >2 to <= 5cm</p> <p><input type="radio"/> > 5cm</p> <p><input type="radio"/> Unknown</p>
---	--

Breast Cancer Treatment Status

Treatment Initiated

Referred for treatment (pending)

Lost to follow-up (two phone calls and certified letter)

Treatment refused

Treatment not needed

Died before entering treatment

Date of this treatment status mm/dd/yyyy

Figure 20: *Breast Follow-Up* online form.



Instructions For Completing The *Breast Follow-Up* Online Form (continued)

❖ **Complete Breast Cancer Diagnostic Procedures only if the breast screening results were abnormal (see note on page 30) and/or “Immediate Work-up” selected in the previous step.**

Recipient Info	Breast Screen	Breast Follow-Up 349A0458515565	Cervical Screen	Cervical Follow-Up
Breast Cancer Diagnostic Procedures				
Additional mammographic views	<input type="text"/>	mm/dd/ccyy		
Repeat Breast Exam/Surgical Consultation	<input type="text"/>	mm/dd/ccyy		
Ultrasound	<input type="text"/>	mm/dd/ccyy		
Biopsy/Lumpectomy	<input type="text"/>	mm/dd/ccyy		
Fine needle/Cyst aspiration	<input type="text"/>	mm/dd/ccyy		
Other procedure performed	<input type="text"/>	mm/dd/ccyy		
Specify:	<input type="text"/>			
Other procedure performed	<input type="text"/>	mm/dd/ccyy		
Specify:	<input type="text"/>			

Breast Cancer Diagnostic Procedures: Enter the date the diagnostic procedure was performed, not the date of the results. If there are duplicate diagnostic procedures (e.g., two biopsies performed), enter the date of the most recent procedure. All dates should be entered using the following format: Month (MM)/Day (DD)/Year (CCYY).

- **Additional mammographic views:** If additional views (e.g., spot compression, etc.) were performed, enter the date.
- **Repeat Breast Exam/Surgical Consultation:** If a repeat CBE or surgical consultation was performed, enter the date. If both were performed, enter the date of the surgical consultation.
- **Ultrasound:** If an ultrasound was performed, enter the date.
- **Biopsy/Lumpectomy:** If a biopsy or lumpectomy was performed, enter the date. If both were performed, enter the date of the procedure performed resulting in a final diagnosis.
- **Fine needle/Cyst aspiration:** If a fine needle aspiration or a cyst aspiration was performed, enter the date.
- **Other procedure performed:** If a diagnostic procedure **not listed above** was performed, enter the date.
- **Specify:** Enter a description of the other diagnostic procedure performed.
 - Enter **only** the following diagnostic procedures as an “Other Breast Diagnostic Procedure”:

<input type="radio"/> MRI	<input type="radio"/> Sentinel lymph node biopsy
<input type="radio"/> CT scan	<input type="radio"/> C&S nipple discharge
<input type="radio"/> PET scan	<input type="radio"/> CAD, chest X-ray
<input type="radio"/> Ductogram	<input type="radio"/> Galactogram
<input type="radio"/> Skin biopsy	<input type="radio"/> Bone scan
<input type="radio"/> Cannulization	<input type="radio"/> Other medical consults
 - **Do not enter** additional mammogram, CBE/surgical consult, ultrasound, biopsy/lumpectomy, fine needle/cyst aspiration or treatment as an “Other Breast Diagnostic Procedure.”
 - Please report any of the “Other Breast Diagnostic Procedures” even though they are not covered by Cancer Detection Programs: Every Woman Counts (CDP: EWC).



Instructions For Completing The *Breast Follow-Up* Online Form (continued)

❖ **Complete Breast Cancer Diagnosis Status only if the breast screening results were abnormal (see note on page 30) and/or “Immediate Work-up” selected in the previous step.**

Breast Cancer Diagnosis Status

Work-up complete

Lost to follow-up (two phone calls and certified letter sent)

Work-up refused

Died before work-up completed

Date of this diagnostic status mm/dd/yyyy

Breast Cancer Diagnosis Status

(Select only one)

- **Work-up complete:** Select this if no immediate diagnostic procedures are needed to determine the diagnosis. It is also appropriate to select “Work-up complete” if the recipient is advised to return for further evaluation (e.g., CBE, mammogram, etc.) in 3 to 6 months after current diagnostic procedures.
 - If work-up is complete, enter the date of this diagnostic status. Use the date of the diagnostic procedure used to complete the work-up.
 - In the next section, enter the Breast Cancer Final Diagnosis and date of the final diagnosis. (See instructions on page 34.)
- **Lost to follow-up (two phone calls and certified letter sent):** Select this if the recipient is considered lost to follow-up before the definitive diagnostic procedures were performed. Three attempts must be made to contact the recipient. The third contact attempt must be by certified letter.
- **Work-up refused:** Select this if the recipient refused to have diagnostic procedures performed, acquired insurance, moved out of the area, or changed PCP for any reason.
- **Died before work-up completed:** Select this if the recipient died before the diagnostic procedure(s) was performed.

If work-up was **NOT** complete (patient was Lost to Follow-up, Work-up Refused, or Died before work-up completed):

- Enter the date this was determined as the Date of this Diagnostic Status.
- Enter the date this was determined as the Date of this Final Diagnosis.
- **DO NOT** select a Breast Cancer Final Diagnosis category.

Date of this diagnostic status: Enter the date of the diagnostic status using the following format: Month (MM)/Day (DD)/Year (CCYY). Use the date of the definitive diagnostic procedure as the date of this diagnostic status.



Instructions For Completing The *Breast Follow-Up* Online Form (continued)

❖ **Complete Breast Cancer Final Diagnosis only if the breast screening results were abnormal (see note on page 30) and/or “Immediate Work-up” selected in the previous step.**

Breast Cancer Final Diagnosis

Not Cancer

Cancer in situ (Ductal or Lobular not specified)

Lobular Cancer in situ (LCIS) (AJCC stage 0)

Ductal Cancer in situ (DCIS) (AJCC stage 0)

Invasive Cancer

Date of this final diagnosis mm/dd/yyyy

Breast Cancer Final Diagnosis: A final diagnosis of breast cancer can only be determined by a pathology report from histologic examination of tissue/cells. Select a final diagnosis if the Breast Cancer Diagnosis Status was “Work-up Complete.”

- **Not Cancer:** Select this if cancer is not found during current diagnostic procedures.
- **Cancer in situ (Ductal or Lobular not specified): *Do not select Cancer in situ.*** If the pathology report indicates the diagnosis of breast cancer in situ, select lobular (LCIS) or ductal (DCIS) below.
- **Lobular Cancer in situ (LCIS) (AJCC Stage 0):** Select this if the pathology report indicates the diagnosis is lobular carcinoma in situ.
- **Ductal Cancer in situ (DCIS) (AJCC Stage 0):** Select this if the pathology report indicates the diagnosis is ductal carcinoma in situ.
 - Breast Cancer Treatment data **is required** for a final diagnosis of DCIS.
- **Invasive Cancer:** Select this if the pathology report indicates the diagnosis is invasive cancer. If the pathology report indicates both invasive and in-situ components, select “Invasive Cancer.” Select this also for **Paget’s disease** (of the nipple with no tumor).
 - Data for Invasive Breast Cancer Stage, Invasive Breast Cancer Tumor Size and Breast Cancer Treatment Status **is required** for a final diagnosis of Invasive Cancer.

Date of This Final Diagnosis: Enter the date of the diagnosis using the following format: Month (MM)/Day (DD)/Year (CCYY).

- Enter just the date of this final diagnosis for patients that are Lost to Follow-up, Refused service or Died before work-up completed. **Note:** A final diagnosis category is not required unless the Breast Cancer Diagnosis Status was “Work-up Complete.”



Instructions For Completing The *Breast Follow-Up* Online Form (continued)

❖ **Complete Invasive Breast Cancer Stage only if the Breast Cancer Final Diagnosis is invasive breast cancer.**

Invasive Breast Cancer Stage

- AJCC stage I
- AJCC stage II
- AJCC stage III
- AJCC stage IV
- Stage unknown (Check if the invasive cancer stage is unconfirmed or not available.)

Invasive Breast Cancer Stage: Please refer to the National Cancer Institute Web site for the American Joint Committee on Cancer (AJCC) staging system:
<http://www.cancer.gov/cancertopics/pdq/treatment/breast/HealthProfessional/page3>

Select one of the following AJCC stages if the woman has invasive breast cancer:

- **AJCC Stage I**
- **AJCC Stage II**
- **AJCC Stage III**
- **AJCC Stage IV**
- **Stage unknown**
 - Select “Stage unknown” if the pathology report indicates invasive cancer **and** the stage is not available from any source (e.g., surgeon, oncologist, pathologist, etc.).
 - Select “Stage unknown” for diagnosis of **malignant phyllodes**.

❖ **Complete Breast Cancer Tumor Size only if the Breast Cancer Final Diagnosis is invasive breast cancer.**

Invasive Breast Cancer Tumor Size

- 0 to ≤ 1 cm
- >1 to ≤ 2 cm
- >2 to ≤ 5 cm
- > 5 cm
- Unknown

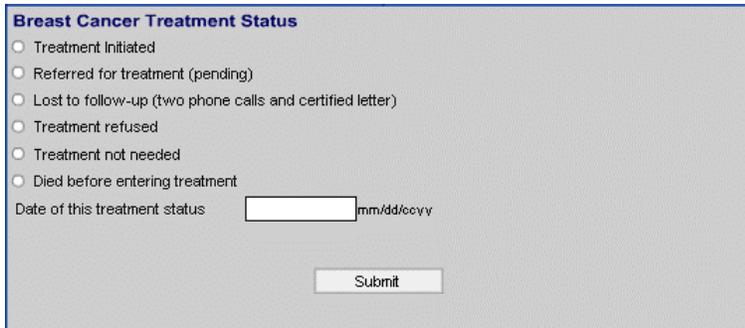
Invasive Breast Cancer Tumor Size: The tumor size is based on surgical reports, pathology reports, biopsy reports and clinical or radiologic exams.

- **0 to ≤ 1 cm:** Select this if the tumor is no more than 1 cm in its greatest dimension.
- **> 1 to ≤ 2 cm:** Select this if the tumor is greater than 1 cm and less than or equal to 2 cm in its greatest dimension.
- **> 2 to ≤ 5 cm:** Select this if the tumor is greater than 2 cm and less than or equal to 5 cm in its greatest dimension.
- **> 5 cm:** Select this if the tumor is greater than 5 cm in its greatest dimension.
- **Unknown:** Select this only if the tumor size is not available from any source.
 - Select “Unknown” tumor size for diagnosis of **inflammatory breast cancer**.



Instructions For Completing The *Breast Follow-Up* Online Form (continued)

❖ **Complete Breast Cancer Treatment Status if Breast Cancer Final Diagnosis is invasive cancer or DCIS.**



The screenshot shows a form titled "Breast Cancer Treatment Status". It contains six radio button options: "Treatment Initiated", "Referred for treatment (pending)", "Lost to follow-up (two phone calls and certified letter)", "Treatment refused", "Treatment not needed", and "Died before entering treatment". Below these options is a text field for "Date of this treatment status" with a placeholder "mm/dd/ccyy" and a "Submit" button.

Breast Cancer Treatment Status

- **Treatment initiated:** Select this if the clinic staff can verify from the recipient or treatment facility that treatment has been initiated.
- **Referred for treatment (pending): *Do not select Referred for treatment.*** A referral for treatment is **not** sufficient confirmation that treatment has been initiated. Data submission is **not** complete if "Referred for treatment" is selected.
- **Lost to follow-up (two phone calls and certified letter):** Select this if the recipient did not begin treatment and the clinic staff cannot locate the recipient. Three attempts must be made to contact the recipient. The third attempt must be by certified letter.
- **Treatment refused:** Select this if the recipient refused treatment. Select this if the recipient only received non-standard or alternative treatments.
- **Treatment not needed:** Select this if the medical provider and recipient agree that treatment would adversely affect the woman's quality of life (with late or end-stage cancers) and that treatment is not recommended or needed at this time.
- **Died before entering treatment:** Select this if the recipient died before beginning treatment.

Date of this treatment status: Enter the date when treatment was initiated or other treatment status was determined using the following format: Month (MM)/Day (DD)/Year (CCYY).

Note: In some cases, a diagnostic procedure (e.g., lumpectomy) may result in a final diagnosis and serve as treatment. When this occurs, enter data in the following fields (see page 31):

- **The diagnostic procedure and date in the Breast Cancer Diagnostic Procedures section.**
- **Use the date of the diagnostic procedure in the "Date of this diagnostic status" field.**
- **Use the date of the diagnostic procedure in the "Date of this final diagnosis" field.**
- **Select "Treatment Initiated" for Breast Cancer Treatment Status.**
- **Use the date of the diagnostic procedure in the "Date of this treatment status" field.**



Instructions for Completing the *Cervical Cancer Screen* Online Form

Recipient Info	Breast Screen	Breast Follow-Up	Cervical Screen 349A0458515565	Cervical Follow-Up
----------------	---------------	------------------	--	--------------------

**Cervical Cancer Screening Performed through Cancer Detection Programs:
Every Woman Counts?** Yes No ?

Pelvic Exam
Date of CURRENT pelvic exam mm/dd/yyyy
Rectovaginal exam performed? Yes No

Previous Pap Smear Test(s)? Yes No Unknown
Date of most recent PREVIOUS Pap smear mm yyyy Date unknown

Pap Smear Test
Date of Pap Smear Test mm/dd/yyyy

Specimen Adequacy (Check one)	Specimen Type (Check one)
<input type="radio"/> Satisfactory for evaluation <input type="radio"/> Unsatisfactory for evaluation	<input type="radio"/> Conventional Smear <input type="radio"/> Other (not covered) <input type="radio"/> Liquid Based (not covered) <input type="radio"/> Unknown

Pap Smear Results (Check one)

- Negative for intraepithelial lesion or malignancy
- Atypical squamous cells of undetermined significance (ASC-US)
- Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-H)
- Low grade squamous intraepithelial lesion (LSIL) encompassing: human papillomavirus/mild dysplasia/cervical intraepithelial neoplasia (CIN I)
- High grade squamous intraepithelial lesion (HSIL) encompassing: moderate and severe dysplasia, carcinoma in situ, CIN II and CIN III
- Squamous cell carcinoma
- Atypical glandular cells (AGC)
- Atypical glandular cells (AGC), favor neoplastic
- Endocervical adenocarcinoma in situ (AIS)
- Adenocarcinoma
- Other (specify)

If Pap Smear Test not performed, why not? (Check one)

- Not needed
- Needed but not performed (includes refused)
- Done recently, cervical screening and follow-up services paid with non-CDP funds

NEXT STEP
Based on pelvic exam or Pap smear test results, the next step for this recipient is:

- Recipient should return for routine rescreen
- IMMEDIATE WORK-UP**
- Short-Term Follow-Up

Figure 21: *Cervical Cancer Screen* online Form.



Instructions for Completing the *Cervical Cancer Screen Online Form* (continued)

Recipient Info	Breast Screen	Breast Follow-Up	Cervical Screen 349A0458515565	Cervical Follow-Up
Cervical Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts? <input type="radio"/> Yes <input type="radio"/> No				

Cervical Cancer Screening Performed through Cancer Detection Programs: Every Woman Counts?

- Select “Yes” if the screening is performed by a Cancer Detection Programs: Every Woman Counts (CDP: EWC) provider.
- Select “No” if the screening is performed by a non-CDP provider (e.g., FPACT).

Pelvic Exam
Date of CURRENT pelvic exam <input type="text"/> mm/dd/ccyy
Rectovaginal exam performed? <input type="radio"/> Yes <input type="radio"/> No

Pelvic Exam

Date of current pelvic exam: Enter the date if a pelvic exam was performed using the following format: Month (MM)/Day (DD)/Year (CCYY).

Rectovaginal exam performed?

- Select “Yes” if a rectovaginal exam was performed.
- Select “No” if a rectovaginal exam was not performed.

Pap Smear

Previous Pap Smear Test(s)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date of most recent PREVIOUS Pap smear <input type="text"/> mm <input type="text"/> ccyy <input type="checkbox"/> Date unknown

Previous Pap Smear Test(s)?

- Select “Yes” if a previous Pap smear test was done.
- Select “No” if a previous Pap smear test was not done.
- Select “Unknown” if it is unknown as to whether the recipient had a previous Pap smear test.

One measure of the program’s success is the number of “never or rarely screened” women who receive a cervical cancer screening. “Rarely screened” means five or more years between screenings. To help us track the program’s performance, ask if it has been more than five years since her previous Pap smear test and, if so, enter a date at least six years before the current year.

Date of most recent PREVIOUS Pap smear (date box) or date unknown:

- Enter the month and year of the previous Pap smear test using the following format: Month (MM)/ Year (CCYY). If it has been more than five years since her previous Pap smear test, enter a date at least six years before the current year.
- If the month of the previous Pap smear test is not known, enter the year. The month field will automatically fill “00.”
- If the year of the previous Pap smear test is not known, select “Date Unknown.”



Instructions for Completing the *Cervical Cancer Screen Online Form* (continued)

Pap Smear Test

Date of Pap Smear Test mm/dd/ccyy

Date of Pap Smear Test: If a Pap smear test was performed, enter the date using the following format: Month (MM) Day/(DD)/Year (CCYY).

- Use the date the Pap smear test was performed, not the date of the results.
- A Pap smear test (initial or follow-up) starts a new screening cycle and is reported using a ***Cervical Cancer Screen form***. (See instructions on page 50.)

Specimen Adequacy (Check one)

- Satisfactory for evaluation
- Unsatisfactory for evaluation

Specimen Adequacy (Check one)

- **Satisfactory for evaluation:** Select if the cytology report states that the Pap smear test was satisfactory or adequate.
- **Unsatisfactory for evaluation:** Select if the cytology report states that the Pap smear test was an unsatisfactory or inadequate specimen (e.g., a specimen with no epithelial cells or excessive blood cells).
 - If specimen is “Unsatisfactory for Evaluation,” select “Other” as the Pap smear result and enter “Unsatisfactory” as the description.
 - Select Short-Term Follow-up as the *Next Step* and submit repeat Pap smear test using a new ***Cervical Cancer Screen form***. (See instructions on page 50.)

Specimen Type (Check one)

- Conventional Smear
- Other (not covered)
- Liquid Based (not covered)
- Unknown

Specimen Type (Check one): Select specimen type to document the type of Pap smear testing kit used to obtain the Pap smear specimen (conventional smear, liquid based, other or unknown).



Instructions for Completing the *Cervical Cancer Screen Online Form* (continued)

Pap Smear Results (Check one)

- Negative for intraepithelial lesion or malignancy
- Atypical squamous cells of undetermined significance (ASC-US)
- Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-H)
- Low grade squamous intraepithelial lesion (LSIL) encompassing: human papillomavirus/mild dysplasia/cervical intraepithelial neoplasia (CIN I)
- High grade squamous intraepithelial lesion (HSIL) encompassing: moderate and severe dysplasia, carcinoma in situ, CIN II and CIN III
- Squamous cell carcinoma
- Atypical glandular cells (AGC)
- Atypical glandular cells (AGC), favor neoplastic
- Endocervical adenocarcinoma in situ (AIS)
- Adenocarcinoma
- Other (specify)

Pap Smear Results (Check one): Select the Pap smear result that best corresponds to the reported Pap smear result.

- Negative for intraepithelial lesion or malignancy
- Atypical squamous cells of undetermined significance (ASC-US)
- (*)Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-H)
- Low grade squamous intraepithelial lesion (LSIL) encompassing: human papilloma virus/mild dysplasia/cervical intraepithelial neoplasia (CIN I)
- (*)High grade squamous intraepithelial lesion (HSIL) encompassing: moderate and severe dysplasia, carcinoma in situ, CIN II and CIN III
- (*)Squamous cell carcinoma
- (*)Atypical glandular cells (AGC)
- (*)Atypical glandular cells (AGC), favor neoplastic
- (*)Endocervical adenocarcinoma in situ (AIS)
- (*)Adenocarcinoma
- Other (specify) _____
 - Examples of appropriate entries for “Other” Pap Smear Results are:
 - No endocervical component
 - Endometrial cells (for women older than 40)
 - Unsatisfactory (i.e., specimen adequacy is unsatisfactory for evaluation)

Note: An asterisk (*) indicates Pap smear results that require an Immediate Work-up as the Next Step and submission of Cervical Cancer Diagnostic Procedures, Diagnosis Status and Final Diagnosis using the *Cervical Cancer Follow-Up* form.



Instructions for Completing the *Cervical Cancer Screen* Online Form (continued)

Pap Smear Test not performed, why not? (Check one)

- Not needed
- Needed but not performed (includes refused)
- Done recently, cervical screening and follow-up services paid with non-CDP funds

If Pap smear test not performed, why not? (Check one): Select the description that most closely documents the reason why no Pap smear test was performed.

- **Not needed:** Select this if the recipient had a normal Pap smear test within the last 12 months or per PCP discretion.
- **Needed but not performed (includes refused):** Select this if the Pap smear test was indicated but was not performed. The recipient could have refused the Pap smear.
- **Done recently, cervical screening and follow-up services paid with non-CDP funds:** Select this if the recipient had a Pap smear test done elsewhere or services were paid with non-CDP funds (e.g., FPACT).

NEXT STEP

Based on pelvic exam or Pap smear test results, the next step for this recipient is:

- Recipient should return for routine rescreen
- IMMEDIATE WORK-UP**
- Short-Term Follow-Up

Submit

Based on pelvic exam or Pap smear results, the *Next Step* for this recipient is:
(Select One)

- **Recipient should return for routine rescreen:**
 - Select this if the Pap smear test and pelvic exam screening was normal.
 - Submit next cervical screening (Pap smear and pelvic exam) using a new *Cervical Cancer Screen* form by clicking the **Add new Cervical Screening record** button.
 - **Do not** submit next cervical screening using a ***Cervical Cancer Follow-Up* form.**
- **Immediate Work-Up:**
 - Select this when additional diagnostic procedures are required without delay to rule out cervical cancer.
 - Complete and submit cervical cancer diagnostic procedures, diagnosis status and final diagnosis using a *Cervical Cancer Follow-Up* form.
- **Short-Term Follow-Up:**
 - Select this when additional diagnostic procedures/exams are required after a planned delay (e.g., repeat Pap smear test in 3 to 6 months).
 - Submit next procedure(s) using a new *Cervical Cancer Screen* form by clicking the **Add new Cervical Screening record** button. (See instructions on page 50.)



Instructions for Completing the *Cervical Cancer Screen* Online Form (continued)

For the following abnormal cervical screening results, CDP: EWC requires Immediate Work-up as the *Next Step* and Cervical Cancer Diagnostic Procedures, Diagnosis Status and Final Diagnosis data submitted using the *Cervical Cancer Follow-Up* form:

- (*)Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-H)
- (*)High-grade squamous intraepithelial lesion (HSIL) encompassing: moderate and severe dysplasia, carcinoma in situ, CIN II and CIN III
- (*)Squamous cell carcinoma
- (*)Atypical glandular cells (AGC)
- (*)Atypical glandular cells (AGC), favor neoplastic
- (*)Endocervical adenocarcinoma in situ (AIS)
- (*)Adenocarcinoma



Instructions for Completing the *Cervical Cancer Follow-Up* Online Form

Recipient Info	Breast Screen	Breast Follow-Up	Cervical Screen	Cervical Follow-Up 349A0458515565
----------------	---------------	------------------	-----------------	--------------------------------------

Cervical Cancer Diagnostic Procedures

Colposcopy without biopsy: mm/dd/ccyy

Colposcopy directed biopsy: mm/dd/ccyy

Other procedure performed: mm/dd/ccyy

Specify:

Other procedure performed: mm/dd/ccyy

Specify:

Cervical Cancer Diagnosis Status (Check One)

Work-up complete
 Lost to follow-up (two phone calls and certified letter sent)
 Work-up refused
 Died before work-up completed

Date of this diagnostic status: mm/dd/ccyy

Cervical Cancer Final Diagnosis (Check One)

Normal/Benign reaction
 HPV/condylomata/atypia
 CIN I (biopsy diagnosis)
 CIN II (biopsy diagnosis)
 CIN III/carcinoma in situ (stage 0) (biopsy diagnosis)
 Invasive cervical carcinoma (biopsy diagnosis)
 Other (specify)

Date of this diagnosis: mm/dd/ccyy

Invasive Cervical Cancer Stage (Check One)

AJCC stage I
 AJCC stage II
 AJCC stage III
 AJCC stage IV
 Stage unknown (Check if the invasive cancer stage is unconfirmed or not available.)

Cervical Cancer Treatment Status (Check One)

Treatment Initiated
 Referred for treatment (pending)
 Lost to follow-up (two phone calls and certified letter)
 Treatment refused
 Treatment not needed
 Died before entering treatment

Date of this treatment status: mm/dd/ccyy

Figure 22: *Cervical Cancer Follow-Up* Online Form.



Instructions for Completing the *Cervical Cancer Follow-Up* Online Form (continued)

❖ **Complete Cervical Cancer Diagnostic Procedures if there were abnormal (*) cervical screening results (see page 42) and/or Immediate Work-up selected in the previous step.**

Recipient Info	Breast Screen	Breast Follow-Up	Cervical Screen	Cervical Follow-Up 349A0458515565
Cervical Cancer Diagnostic Procedures				
Colposcopy without biopsy	<input type="text"/>	mm/dd/yyyy		
Colposcopy directed biopsy	<input type="text"/>	mm/dd/yyyy		
Other procedure performed	<input type="text"/>	mm/dd/yyyy		
Specify:	<input type="text"/>			
Other procedure performed	<input type="text"/>	mm/dd/yyyy		
Specify:	<input type="text"/>			

Cervical Cancer Diagnostic Procedures: Use the date the diagnostic procedure was performed, not the date of the results.

- **Colposcopy without biopsy (date):** Enter the date of the procedure using the following format: Month (MM)/Day (DD)/Year (CCYY).
- **Colposcopy directed biopsy (date):** Enter the date of the procedure using the following format: Month (MM)/Day (DD)/Year (CCYY).
- **Other procedure performed (date):** This field is completed if another procedure was performed. Enter the date of the procedure using the following format: Month (MM)/Day (DD)/Year (CCYY).
- **Specify:** Enter a description for the additional diagnostic procedure performed.
 - Enter **only** the following diagnostic procedures as an “Other Procedure”:
 - Endocervical curettage (ECC)
 - Excision of endocervical polyps
 - Endometrial biopsy (EMB)
 - Diagnostic conization
 - Biopsy of other structures such as the vagina and vulva
 - Cervicography
 - Loop electrocautery excision procedure (LEEP)
 - HPV testing
 - Please report any of the procedures listed above even though they are not covered by Cancer Detection Programs: Every Woman Counts (CDP: EWC).
 - **Do not enter colposcopy without biopsy, colposcopy with biopsy, Pap smear test results or treatment** (e.g., cryosurgery, hysterectomy, etc.) as an “Other Cervical Cancer Diagnostic Procedure.” Pap smear test results should only be submitted using a ***Cervical Cancer Screen form***.



Instructions for Completing the *Cervical Cancer Follow-Up Online Form* (continued)

❖ **Complete Cervical Cancer Diagnosis Status** if there were abnormal (*) cervical screening results (see page 42) and/or Immediate Work-up selected in the previous step.

Cervical Cancer Diagnosis Status (Check One)

Work-up complete

Lost to follow-up (two phone calls and certified letter sent)

Work-up refused

Died before work-up completed

Date of this diagnostic status mm/dd/ccyy

Cervical Cancer Diagnosis Status (Check One)

- **Work-up complete:** Select this if there are no further immediate diagnostic procedures needed to determine the diagnosis. It is also appropriate to select “Work-up complete” if the recipient is advised to return for further evaluation (e.g., repeat Pap smear test) in 3 to 6 months, after current diagnostic procedures.
 - If work-up is complete, enter the date of this diagnostic status. Use the date of the diagnostic procedure used to complete the work-up.
 - In the next section, enter the Cervical Cancer Final Diagnosis and date of this diagnosis. (See page 46 for instructions.)
- **Lost to follow-up (two phone calls and certified letter sent):** Select this if the recipient did not follow-up before the definitive diagnostic procedures were performed. Three attempts must be made to contact the recipient. The third attempt must be by certified letter.
- **Diagnostic work-up refused:** Select this if the recipient refused to have diagnostic procedures performed, acquired insurance, moved out of the area or changed PCP for any reason.
- **Died before work-up completed:** Select this if the recipient died before the diagnostic procedure(s) was performed.

If work-up was **not** complete (patient was Lost to Follow-up, Work-up Refused, or Died Before Work-up Completed):

- Enter the date this was determined as the Date of this Diagnostic Status.
- Enter the date this was determined as the Date of this Final Diagnosis.
- **Do not** select a Cervical Cancer Final Diagnosis category.

Date of this diagnostic status (date): Enter the date of this diagnostic status using the following format: Month (MM)/Day (DD)/Year (CCYY). Use the date of the definitive diagnostic procedure as the date of this diagnostic status.



Instructions for Completing the *Cervical Cancer Follow-Up* Online Form (continued)

❖ **Complete Cervical Cancer Final Diagnosis** if there were abnormal (*) cervical screening results (see page 42) and/or Immediate Work-up selected in the previous step.

Cervical Cancer Final Diagnosis (Check One)

Normal/Benign reaction

HPV/condylomata/atypia

CIN I (biopsy diagnosis)

CIN II (biopsy diagnosis)

CIN III/carcinoma in situ (stage 0) (biopsy diagnosis)

Invasive cervical carcinoma (biopsy diagnosis)

Other (specify)

Date of this diagnosis mm/dd/yyyy

Cervical Cancer Final Diagnosis (Check One): Select the diagnosis that most closely documents the reported result of the cervical final diagnosis. The final diagnosis of cervical cancer is usually determined by a pathology report from histologic examination of tissue/cells. Select a Cervical Cancer Final Diagnosis if Cervical Cancer Diagnosis Status was “Work-up complete.”

Note: DO NOT submit a repeat Pap smear result using the *Cervical Cancer Follow-up* form.

- **Normal/benign reaction:**
 - Select this if the colposcopic examination is normal and the entire squamocolumnar junction is seen.
 - Select this if the biopsy results are negative and the endocervical curettage is negative.
- **HPV/condylomata/atypia:** Select this when the cytology report notes cellular changes associated with the human papilloma virus (HPV) and no higher-grade atypia.
- **CIN I (biopsy diagnosis):** Select this when the pathology report notes findings consistent with a low-grade squamous intraepithelial lesion (LSIL) or cervical intraepithelial neoplasia (CIN I).
- **CIN II (biopsy diagnosis):** Select this if the pathology report indicates findings consistent with a high-grade squamous intraepithelial lesion (HSIL), moderate dysplasia or cervical intraepithelial neoplasia (CIN II).
 - Cervical Cancer Treatment data **is required**.
- **CIN III/carcinoma in situ (biopsy diagnosis):** Select this if the pathology report indicates findings consistent with severe dysplasia, cervical intraepithelial neoplasia (CIN III), or carcinoma in situ.
 - Cervical Cancer Treatment data **is required**.
- **Invasive cervical carcinoma (biopsy diagnosis):** Select this if the pathology report indicates invasive carcinoma.
 - Invasive Cervical Cancer Stage and Cervical Cancer Treatment data **is required**.



Instructions for Completing the *Cervical Cancer Follow-Up* Online Form (continued)

❖ **Complete Cervical Cancer Final Diagnosis** if there were abnormal (*) cervical screening results (see page 42) and/or Immediate Work-up selected in the previous step.

Cervical Cancer Final Diagnosis (Check One)

Normal/Benign reaction

HPV/condylomata/atypia

CIN I (biopsy diagnosis)

CIN II (biopsy diagnosis)

CIN III/carcinoma in situ (stage 0) (biopsy diagnosis)

Invasive cervical carcinoma (biopsy diagnosis)

Other (specify)

Date of this diagnosis mm/dd/ccyy

- **Other (specify):** Select this if the pathology report indicates a different cancer or if the result is not listed above. Enter a description of the result in the space provided.
- Enter the following diagnoses as an “Other” Cervical Cancer Final Diagnosis:
 - HSIL (biopsy result)
 - LSIL (biopsy result)
 - Cervical polyps
 - Adenocarcinoma of the cervix
 - Vaginal intraepithelial neoplasia (VAIN)
 - Vulvar intraepithelial neoplasia (VIN)
 - Other cancers of the endometrium, vagina, ovaries or vulva (including primary and metastatic disease)
 - **Do not submit a repeat Pap smear test result as an “Other” Cervical Cancer Final Diagnosis.**

Date of the final diagnosis (date box): Enter the date of this diagnosis using the following format: Month (MM)/Day (DD)/Year (CCYY).



Instructions for Completing the *Cervical Cancer Follow-Up* Online Form (continued)

❖ Complete Invasive Cervical Cancer Stage only if the Cervical Cancer Final Diagnosis is invasive cervical carcinoma.

Invasive Cervical Cancer Stage (Check One)

- AJCC stage I
- AJCC stage II
- AJCC stage III
- AJCC stage IV
- Stage unknown (Check if the invasive cancer stage is unconfirmed or not available.)

Please refer to the National Cancer Institute Web site for the American Joint Committee on Cancer (AJCC) or Federation Internationale de Gynecologie et d'Obstetrique (FIGO) staging system:
<http://www.nci.nih.gov/cancertopics/pdq/treatment/cervical/HealthProfessional/page3>

Select one of the AJCC/FIGO stages if the woman has **invasive** cervical carcinoma:

- **AJCC Stage I/FIGO Stage 1**
- **AJCC Stage II/FIGO Stage 2**
- **AJCC Stage III/FIGO Stage 3**
- **AJCC Stage IV/FIGO Stage 4**
- **Stage unknown**
 - Select "Stage unknown" only if the pathology report indicates invasive cervical carcinoma and the stage is not available from any source (e.g., surgeon, oncologist, pathologist, etc.).



Instructions for Completing the *Cervical Cancer Follow-Up Online Form* (continued)

❖ **Complete Cervical Treatment Status if Cervical Cancer Final Diagnosis is CIN II, CIN III/carcinoma in situ, HSIL or invasive cancer.**

Cervical Cancer Treatment Status (Check One)

Treatment Initiated

Referred for treatment (pending)

Lost to follow-up (two phone calls and certified letter)

Treatment refused

Treatment not needed

Died before entering treatment

Date of this treatment status mm/dd/ccyy

Cervical Cancer Treatment Status (Check One):

- **Treatment Initiated:** Select this if the recipient accepted a referral for treatment and the clinic staff can verify from either the recipient or treatment facility that treatment has been initiated.
- **Referred for treatment (pending):** **Do not select Referred for treatment.** A referral for treatment is **not** sufficient confirmation that treatment has been initiated. Data submission is **not** complete if “Referred for treatment” is selected.
- **Lost to follow-up (two phone calls and certified letter):** Select this if the recipient did not begin treatment and the clinic staff cannot locate the recipient. Three attempts must be made to contact the recipient. The third attempt must be by certified letter.
- **Treatment refused:** Select this if the recipient refused treatment. If the recipient only receives non-standard or alternative treatments, select “Treatment refused.”
- **Treatment not needed:** Select this if the medical provider and recipient agree that treatment would adversely affect the woman’s quality of life (with late or end-stage cancers) and that treatment is not recommended or needed at this time.
- **Died before entering treatment:** Select this if the recipient died before beginning treatment.

Date of this treatment status: Enter the date when treatment was initiated or other treatment status was determined using the following format: Month (MM)/Day (DD)/Year (CCYY).

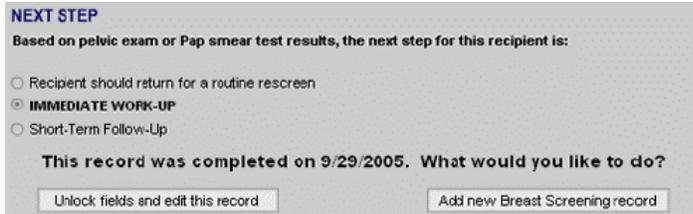
Note: In some cases, a diagnostic procedure may also serve as treatment (e.g., LEEP). When this occurs, enter data in the following fields (see page 43):

- Specify other procedure(s) performed and date(s) in the Cervical Cancer Diagnostic Procedures section.
- Use the date of the diagnostic procedure in the “Date of this diagnostic status” field.
- Use the date of the diagnostic procedure in the “Date of this diagnosis” field.
- Select “Treatment Initiated” for Cervical Cancer Treatment Status.
- Use the date of the diagnostic procedure in the “Date of this treatment status” field.



Instructions on Adding New Records

This is applicable for the breast and cervical online forms (*Breast Screen, Breast Follow-up, Cervical Screen and Cervical Follow-Up*):



NEXT STEP
Based on pelvic exam or Pap smear test results, the next step for this recipient is:

Recipient should return for a routine rescreen
 IMMEDIATE WORK-UP
 Short-Term Follow-Up

This record was completed on 9/29/2005. What would you like to do?

Unlock fields and edit this record Add new Breast Screening record

To enter data of new screening or follow-up procedures:

- Click the **Add new Breast (or Cervical) Screening (or Follow-Up) record** button.
- Enter data into **blank** online form.
- Click the **Submit** button (see below for message displayed).



Breast Follow Up Record Added

 You have successfully added a new Breast Follow Up record for Recipient ID: 349A0650124551

OK



Instructions on Editing Records

This is applicable for the breast and cervical online forms (*Breast Screen, Breast Follow-up, Cervical Screen and Cervical Follow-Up*):

NEXT STEP
Based on CURRENT CBE, mammogram, or patient's concerns the next step for this recipient is:
(Check One)
 Recipient should return for a routine rescreen
 IMMEDIATE WORK-UP
 Short-Term Follow-Up

This record was completed on 9/29/2005. What would you like to do?

To enter additional data or correct data of previously submitted online forms:

- Click the **Unlock fields and edit this record** button.
- Correct or enter additional data to online form that displays previously submitted data.
- Click **Update** to submit additional or corrected data (see below for message displayed).

Breast Follow Up Record Updated

 You have successfully updated a Breast Follow Up record for
Recipient ID: 349A0850124551

To delete a selection that was submitted in error for a specific field that should have been blank (i.e., Cancer Final Diagnosis, Stage, Tumor Size, and Treatment Status):

- Click on the specific breast or cervical online form.
- Click the **Unlock fields and edit this record** button.
- Click in one of the date fields in order to make sure that the cursor is on the form.
- Use the TAB key or SHIFT-TAB key (SHIFT-TAB moves backwards) to navigate to the field you want to clear.
- Press the ESC key to clear the field selected in error.
- Click **Update** to submit corrected form.

See below for an example of how the ">2 to =<5cm" value is "highlighted" by using the TAB key or SHIFT-TAB key to navigate to the Invasive Breast Cancer Tumor Size field.

Invasive Breast Cancer Tumor Size

0 to =< 1cm
 >1 to =< 2cm
 >2 to =< 5cm
 > 5cm
 Unknown



Claim Submission

Primary Care Providers (PCPs) are required to submit screening, diagnostic procedures, diagnosis status, final diagnosis, cancer staging and treatment data using the Cancer Detection Programs: Every Woman Counts (CDP: EWC) Internet application. Claims may be submitted either hard copy or electronically through usual Medi-Cal channels. Claims must be submitted with the 14-digit ID number that is received after the *Recipient Information* Online Form has been completed and submitted. All claims submitted without the 14-digit ID number will be denied. All other Medi-Cal criteria will apply (e.g., timeliness guidelines, modifier requirements, etc.).

In order for claims to be paid, the recipient ID must be current (i.e., Recipient Certification Date cannot be expired) both at the time of service and at the time for billing. If the ID Card has expired at the time of billing, the claim will be denied. For more information regarding claims, call the Telephone Service Center (TSC) at 1-800-541-5555.

Breast and Cervical Cancer Treatment Program (BCCTP)

For those recipients who have been diagnosed with breast or cervical cancer or certain pre-cancerous conditions and are found to need treatment, please refer to the Breast and Cervical Cancer Treatment Program (BCCTP) area of the Medi-Cal Web site. For more information regarding the BCCTP, please call 1-800-824-0088 for a BCCTP Eligibility Specialist or visit the BCCTP Web site at <http://www.dhcs.ca.gov/services/medi-cal/Pages/BCCTP.aspx>.



Terms and Acronyms

Acronym	Definition
BCCCP	Breast and Cervical Cancer Control Program
BCCTP	Breast & Cervical Cancer Treatment Program
BCEDP	Breast Cancer Early Detection Program
BCTG	Beneficiary Correspondence and Telephone Group
CBE	Clinical Breast Exam
CDC	Centers for Disease Control and Prevention, Communication Disorder Centers
CDPH	California Department of Public Health
CDP: EWC	Cancer Detection Programs: Every Woman Counts
CDS	Cancer Detection Section
CMC	Computer Media Claims
COS	Category of Service
DHCS	Department of Health Care Services
EDS	Electronic Data Systems
FPACT	Family PACT (Family Planning, Access, Care and Treatment)
HIPAA	Health Insurance Portability and Accountability Act
MDE	Minimum Data Elements
NCCC	Northern California Cancer Center (CDP:EWC patient referral call center)
OHC	Other Health Coverage
OOS	Out-Of-State Provider Line
Partnership	Regional Cancer Detection Partnership, a local resource for Cancer Detection Programs: Every Woman Counts
PCP	Primary Care Provider
PEA	Provider Enrollment Agreement
PIN	Provider Identification Number
POS	Point of Service
PSC	Provider Support Center
PTN	Provider Telecommunications Network
RAD	Remittance Advice Details
TSC	Telephone Service Center (EDS provider support call center)

Note: For a complete list of Medi-Cal acronyms, please refer to the *Acronyms and Abbreviations Glossary* in the Medi-Cal Indexes and Glossary Manual.



Provider Resources

Contact Information	Assistance Available
<p>Telephone Service Center (TSC) 1-800-541-5555 8 a.m. – 5 p.m., Monday – Friday</p> <p>POS/Internet Help Desk 6 a.m. – midnight, 7 days a week</p> <p>Computer Media Claims Help Desk (CMC) 8 a.m. – 5 p.m., Monday - Friday</p>	<ul style="list-style-type: none"> • Cancer Detection Programs: Every Woman Counts, Family PACT, OB, CPSP, PE, BCCTP • Billing assistance, Claim Status • Request representative onsite technical assistance • General Medi-Cal issues • Medi-Cal provider enrollment • PIN requests • Web site questions • BCCTP application assistance • CMC claims submission and technical assistance
<p>Regional Cancer Detection Partnerships</p> <p>A complete list of partnerships is located on the Cancer Detection Programs: Every Woman Counts Web site: www.dhs.ca.gov/cancerdetection/regionalcontractors.htm</p>	<ul style="list-style-type: none"> • Program information • Technical assistance to implement program requirements • Information about professional education and other events • Collaboration with other providers in the region • Program-related quality improvement initiatives • Cancer Detection Programs: Every Woman Counts online forms assistance
<p>Cancer Detection Programs: Every Woman Counts Web site: www.dhs.ca.gov/cancerdetection</p>	<ul style="list-style-type: none"> • Consumer program information
<p>Cancer Detection Programs: Every Woman Counts in collaboration with San Diego State University Quality Assurance Project Web site: http://qap.sdsu.edu</p>	<ul style="list-style-type: none"> • Provider clinical resources • Breast Diagnostic Algorithms • Provider training opportunities
<p>Breast and Cervical Cancer Treatment Program (BCCTP) Eligibility Specialist 1-800-824-0088 8 a.m. – 5 p.m., Monday - Friday</p>	<ul style="list-style-type: none"> • BCCTP eligibility • Eligibility policy questions • BCCTP application questions • Information about BCCTP
<p>Cancer Detection Programs: Every Woman Counts Consumer Line 1-800-511-2300 Operated by the Northern California Cancer Center (NCCC) 9 a.m. – 7 p.m., Monday - Friday</p>	<ul style="list-style-type: none"> • Information on women's cancer screening services • Eligibility for free women's cancer screening services • Referrals to providers of women's cancer screening services • Assistance available in English, Spanish, Mandarin, Cantonese, Vietnamese, Korean
Contact Information	Assistance Available
<p><i>Cancer Detection Programs: Every Woman Counts</i> section of the Medi-Cal Provider Manual. Web site: www.medi-cal.ca.gov</p>	<ul style="list-style-type: none"> • Cancer Detection Programs: Every Woman Counts requirements and approved procedures • Medi-Cal billing policy and guidelines



Communicating with Medi-Cal

Medi-Cal Directory

The following directory lists the help desks and touch-tone interactive response systems that providers may call for Medi-Cal information or assistance. See corresponding telephone numbers and hours of operation on the following page.

For Assistance With	Please Call
BILLING INSTRUCTIONS OR OTHER INQUIRIES NOT LISTED BELOW	TSC
BILLING INQUIRIES BY RECIPIENTS (ONLY)	BCTG
CLAIM ADJUDICATION	
Claim Status	PTN
General Inquiries	TSC
Pharmacy Online (Paid or Denied Claims)	TSC
Warrant Information	PTN
ENROLLMENT	
Electronic Billing	TSC
General Inquiries	TSC
In-state and Border Providers	DHCS
Out-of-State Providers	OOS
POS Network	TSC
MANUALS AND GENERAL INFORMATION	
Automated Eligibility Verification System (AEVS) User Manual	TSC
Automated Remittance Data Services (ARDS) Manual **	TSC
Computer Media Claims Technical Manual **	TSC
Internet Professional Claim Submission (IPCS) User Guide	TSC
Point of Service Network Interface Specifications **	TSC
Point of Service (POS) Device User Guide **	TSC
Provider Manual (In-state and Border Providers)	TSC
RECIPIENT ELIGIBILITY VERIFICATION	
AEVS, POS Device, Internet or Third-Party User Support – Eligibility Verification, Medi-Service, or SOC Transactions	TSC
Internet Batch Eligibility Application – Eligibility Verification	TSC
Telephone Inquiry	AEVS
Telephone Inquiry (Non-Medi-Cal Providers)	SAEVS
TREATMENT AUTHORIZATION REQUEST (TAR)	
Authorization	TAR field office
Denial	TAR field office
General Inquiries	TSC
Status	PTN
Submission (General)	TAR field office

** Includes information about software development and/or distribution.



Help Desk		TELEPHONE NUMBER	ASSISTANCE FOR
BENEFICIARY CORRESPONDENCE* AND TELEPHONE GROUP 8 a.m. – 5 p.m., Mon – Fri	BCTG	1-916-636-1980	Recipients Only – Billing Questions
DHCS PROVIDER ENROLLMENT 8 a.m. – 5 p.m., Mon – Fri	DHCS	1-916-323-1945	All Providers
BORDER PROVIDER LINE* 8 a.m. – 5 p.m., Mon – Fri	Border	1-916-636-1200	Border Providers, Out-of-State billers billing for in-state providers
OUT-OF-STATE PROVIDER LINE* 8 a.m. – 12 p.m., 1 p.m. – 5 p.m., Mon – Fri	OOS	1-916-636-1960	Provides services to California recipients in areas that are not within California borders
TELEPHONE SERVICE CENTER* 8 a.m. – 5 p.m., Mon – Fri	TSC	1-800-541-5555	In-state Medi-Cal Providers Computer Media Claims (CMC) Fee-For-Service/ Managed Care Providers Health Access Programs (HAP): Obstetrics or Comprehensive Perinatal Services Program (OB/CPSP) Family PACT Cancer Detection Programs: Every Woman Counts Special Program Providers: Adult Day Health Care (ADHC) California Children's Services/ Genetically Handicapped Persons Program (CCS/GHPP) Children's Treatment Program (CTP) or Child Health and Disability Prevention Program (CHDP) Expanded Access to Primary Care Program (EAPC) Local Educational Agency (LEA)
TELEPHONE SERVICE CENTER* 6 a.m. – 12 a.m., 7 days a week	TSC	1-800-541-5555	POS Help Desk Internet Help Desk
TREATMENT AUTHORIZATION REQUEST (TAR) FIELD OFFICES	TAR	Refer to the <i>TAR Field Office Addresses</i> section in the Part 2 manual.	
INTERACTIVE RESPONSE SYSTEMS			
AUTOMATED ELIGIBILITY VERIFICATION SYSTEM 2 a.m. – 12 a.m., 7 days a week	AEVS	1-800-456-2387 1-800-866-2387	In-state Medi-Cal Providers Out-of-State, Border Providers
SUPPLEMENTARY AUTOMATED ELIGIBILITY SYSTEM* 2:30 a.m. – 12 a.m., 7 days a week	SAEVS	1-800-541-5555 1-916-636-1990	In-state Non-Medi-Cal Providers and Intermediaries Out-of-State, Border, Local Providers ⁺
PROVIDER TELECOMMUNICATIONS NETWORK (PTN) 2:30 a.m. – 12 a.m., 7 days a week	PTN	1-800-786-4346 1-916-636-1950	In-state Medi-Cal Providers Out-of-State, Border, Local Providers ⁺

+ Local Medi-Cal Providers are those who can call without paying toll charges.

* Bilingual (English/Spanish) operators are available.



This information is subject to change.