Welcome to the All Women Count! Program Webinar

We will begin shortly.

All lines are muted.
Housekeeping

• If you are having trouble hearing audio through your computer, dial in using the call-in number:
  • Call: 1-312-626-6799
  • Meeting ID: 827.8807.2748
  • Passcode: 159357

• Type your name and the clinic you’re representing in the chat box (include all names if multiple individuals are in the room)

• Webinar is being recorded and will be posted at: http://getscreened.sd.gov/count/

• All lines are muted

• Submit questions in the Chat Box
South Dakota Department of Health

All Women Count! (AWC!) Program
Finding Cancer Early For Better Outcomes
1-800-738-2301

AWC! Program Webinar
December 2, 2020
Purpose of webinar

- Impact of COVID-19 on screening
- Provide brief background, eligibility, and covered services on All Women Count! Program
- Review All Women Count! Program forms
- Q&A
Breast and Cervical Cancer Screening
BACK ON TRACK!

Mary J Milroy MD, FACS
Clinical Professor, Sanford School of Medicine, USD
December 2, 2020
I have nothing to disclose
Breast Cancer

• Most common cause of cancer in women
• Second only to lung cancer as a cause of cancer death in women
• Mortality decreasing in the US due to early diagnosis and improved systemic therapy
• Over 2.5 million breast cancer survivors

• American Cancer Society, Facts and Figures 2020
• Incidence:
  • Total: 279,100
  • Women: 276,480
  • Men: 2,620
  • SD: 720
• Mortality:
  • Total: 42,690
  • Women: 42,170
  • Men: 520
  • SD: 110
Cervical Cancer

• Most common HPV-associated cancer in women
• Half of cases occur in women under 50
• One quarter occur in women 25-39
• In the 1940s cervical cancer was the #1 cause of cancer mortality in women

• American Cancer Society, Facts and Figures 2020
• Incidence:
  • Total: 13,800
  • SD Estimate <50
• Mortality:
  • Total: 4,290
  • SD Estimate <50
# 5-year relative survival rates for breast cancer

(Based on women diagnosed with breast cancer between 2009 and 2015.)

<table>
<thead>
<tr>
<th>SEER Stage</th>
<th>5-year Relative Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Localized</td>
<td>99%</td>
</tr>
<tr>
<td>Regional</td>
<td>86%</td>
</tr>
<tr>
<td>Distant</td>
<td>27%</td>
</tr>
<tr>
<td>All SEER stages combined</td>
<td>90%</td>
</tr>
</tbody>
</table>
Early Detection and Improved Systemic Therapy Saves Lives!

**Figure 2. Trends in Age-adjusted Cancer Death Rates* by Site, Females, US, 1930-2017**

*Per 100,000, age adjusted to the 2000 US standard population. Rates exclude deaths in Puerto Rico and other US territories. †Uterus refers to uterine cervix and uterine corpus combined. The mortality rate for liver cancer is increasing.

Note: Due to changes in ICD coding, numerator information has changed over time. Rates for cancers of the liver, lung and bronchus, colon and rectum, and uterus are affected by these coding changes.


©2020, American Cancer Society, Inc., Surveillance Research
What Can Be Done to Decrease Incidence?

- Culturally appropriate, community-based intervention to support healthy behaviors
- Tobacco Prevention and Cessation Programs
- Alcohol Prevention Education
- Healthy Diet Education
- Education in understanding benefits of screening services
- Providing access to preventive health services
  - Vaccine-HPV
  - Cancer screening
Barriers to Cancer Screening Utilization

- Lack of Health Insurance - AWC is a vital resource for patients
- Transportation
- Cost
- Time off Work
- Language Barrier
- Fear of Pain
- Beliefs
- Embarrassment
Barriers to Mammography/Cancer Screening

• Location/ Type of Facility
• Limited Hours
• Ease of Making an Appointment
• Waiting Room Time

2020-Impact of COVID-19
Effect of COVID-19 on Cancer Screening
On March 13, 2020, a United States national emergency was declared due to COVID-19.

Subsequently, the American Cancer Society recommended that *no one should go to a healthcare facility for routine cancer screening until further notification.*

Other societies such as The American Society of Breast Surgeons, the American College of Radiology, and the American Society for Colposcopy and Cervical Pathology also advised patients to postpone elective care – including cancer screening – and plan to reschedule screening tests when healthcare facilities resume screening.
These recommendations apply only to people at average risk of cancer who do not have any signs or symptoms of cancer. Those with symptoms of cancer (e.g. a breast lump; blood in the stool, etc.) or those at a higher risk of cancer (e.g., women who have a mutation on a BRCA gene, etc.) should consult with a health care professional for guidance, since they may need to be evaluated more quickly than those at average risk.
The number of visits to ambulatory practices declined nearly 60 percent by early April. Since that time a rebound has occurred, but the number of visits is still roughly one-third lower than what was seen before the pandemic.
Effect of COVID-19 on Cancer Screening and Treatment

• According to Epic, screening appointments for breast, cervical, and colon cancers in March 2020 decreased between 86% and 94% compared with average volumes in the prior 3 years.¹ A review of the billing records of 320 million patients released by Komodo Health found that the total number of colonoscopies and biopsies performed dropped nearly 90% by mid-April compared with the same period in 2019. The company’s analysis also found that new colorectal cancer diagnoses were down more than 32% by mid-April, and the number of colorectal cancer surgeries fell by 53% compared with the previous year.²

• ASCO Post
SCRENNING RATES DURING COVID-19 PANDEMIC

- The COVID-19 pandemic has led to unprecedented drops in breast, colorectal, and cervical cancer screenings
  - Decreases of 83% - 90% compared to three-year averages
- The resulting backlog of cancer screenings will pose significant challenges for health systems as they adopt new processes and protocols necessary to safely restart screening.

Diagnostics used to screen and monitor cancer have dropped dramatically due to postponement of non-essential visits

Exhibit 14: Reduction in Diagnostic Testing Procedures, Week Ending April 10 Compared to February 2020

[Diagram showing percentage reductions for various diagnostic tests: Mammograms -87%, Pap Smears -83%, Colonoscopies -90%, CT Scans -39%, PSA Test -60%]

Source: IQVIA Real World Claims, April 17, 2020

ESTIMATES OF DELAYED/MISSED CANCER DIAGNOSES

Over 22 million screening tests for five common tumors may be disrupted, risking delayed or missed diagnoses for 80,000 patients

Exhibit 15: Modeled Impact of Reduced Screening Tests Three Months Ending June 5, 2020

<table>
<thead>
<tr>
<th>Tumor</th>
<th># annually</th>
<th>% fewer due to COVID</th>
<th># fewer tests over 3 months</th>
<th>Rate of positive cancer diagnosis per test</th>
<th>Delayed cancer diagnosis due to COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>42 Mn</td>
<td>-69%</td>
<td>7.2 Mn mammograms</td>
<td>1:200</td>
<td>36,000 patients</td>
</tr>
<tr>
<td>Cervical</td>
<td>79 Mn</td>
<td>-67%</td>
<td>13.2 Mn pap tests</td>
<td>1:5,274</td>
<td>2,500 patients</td>
</tr>
<tr>
<td>Colorectal</td>
<td>9.5 Mn</td>
<td>-72%</td>
<td>1.7 Mn colonoscopies</td>
<td>1:91</td>
<td>18,800 patients</td>
</tr>
<tr>
<td>Lung</td>
<td>700K</td>
<td>-30%</td>
<td>-52K CT scans</td>
<td>1:112</td>
<td>450 patients</td>
</tr>
<tr>
<td>Prostate</td>
<td>4.3 Mn</td>
<td>-48%</td>
<td>-520K PSA tests</td>
<td>1:23</td>
<td>22,600 patients</td>
</tr>
</tbody>
</table>

Over 22 million screening tests and over 80,000 positive cancer diagnosis potentially delayed

Source: IQVIA Institute, Apr 2020
Pre-COVID-19 Vaccination Progress

• Coverage with at least 1 dose of HPV vaccine increased from 68.1% in 2018 to 71.5% in 2019, and the percentage of adolescent who were up to date with the HPV vaccination series increased from 51.1% in 2018 to 54.2% in 2019. Both HPV vaccination coverage measures improved among female and males.
  – CDC Aug 21, 2020
  – 2020 vaccination rates not available until 2021
Effect of COVID-19 on Vaccination Rates

• “…amid overwhelmed US healthcare systems and fears of contracting COVID-19, routine vaccination rates declined significantly across all populations in the US, with demand plummeting as much as 95 percent for certain vaccines. These declines are dangerous to public health—the US can no longer delay life-saving vaccines and must address the concerning decline in vaccination rates.”

• National Foundation for Infectious Diseases
Resuming Cancer Screening and Vaccination

- Clinics should make “Back on Track” a high priority
- Prepare careful, safe plan for resuming elective care
- Re-opening should be flexible “dial forward/dial back”
- Safety precautions in place-masks, distancing, cleaning
- COVID-19 safe areas for screening and vaccination
- Drive-through vaccinations
- Educate and reassure patients and staff
- Prioritize patients
Resources Available

- **Screening & HPV Vaccination Guidance During COVID-19**

- ACS has released a new toolkit on *Cancer Screening During COVID-19*. This includes screening guidance for breast, cervical, colorectal and lung cancers and HPV vaccination. There is also a universal screening messages overview. Released in October 2020.
Resources Available

- **Getting Human Papillomavirus Vaccination Back on Track: Protecting our National Investment in Human Papillomavirus Vaccination in the COVID-19 Era**
- National HPV Vaccination Round Table

- **Promising Practices for Adolescent Vaccination During COVID-19: Insights from Key Vaccination Stakeholders**

- National HPV Vaccination Round Table
Cancer Screening is Important in Early Detection and Decreasing Mortality
Providing Cancer Prevention Education and Access to Cancer Screening Should Be a High Priority for Healthcare Facilities
Getting “Back on Track” in Cancer Screening Post COVID-19 Should be a Priority for Healthcare Facilities
QUESTIONS?
THANK YOU!
AWC! Team

• Lori Koenecke, Cancer Programs Director
• Roberta Hofeldt, AWC! Clinical Coordinator
• Tyann Gildemaster, AWC! Data Manager
• Sarah Quail, Cancer Programs Coordinator
• Stacy Seigfred, AWC! Outreach Coordinator
All Women Count! Program

• Address barriers to screening faced by low-income, uninsured and under-insured women

• Provide screening and diagnostic services

• Implement evidence-based strategies to increase screening within health system clinics
AWC! Eligibility:

- SD women ages 30-64
  - Women 30-64 (Eligible for CBE, Pap test and/or HPV only)
  - Women 40-64 (Eligible for CBE, Pap test and/or HPV only, Mammogram)

- Income: 200% Federal Poverty Level (*updated each calendar year; based on family size*)

- **Woman can have insurance!** (*AWC! is the secondary payer*)
AWC! Eligibility:

Priority population for breast cancer screening: Women ages 50-64

"I am tremendously grateful for this! It gives me a little peace of mind in the middle of all I have going on at this time in my life. Thanks so much!"

– AWC Participant
Covered services:

- Office visit for women 30-64
- Cervical cancer screening for women 30-64:
  - Pap testing alone every 3 years
  - Co-testing: combination of pap testing with HPV testing every 5 years
  - Primary HPV testing every 5 years

- Breast cancer screening for women 40-64:
  - Screening mammogram for women 40-64*
    - *Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!
  - Screening MRI (for high risk women only)
Additional covered services:

• Cervical cancer diagnostic services:
  • Cervical biopsies
  • Colposcopy
  • LEEP
  • Cone

• Breast cancer diagnostic services:
  • Diagnostic mammograms
  • Breast Ultrasounds
  • Breast Biopsies
Non covered services:

- Diagnostic Breast MRI
- BRCA Testing
- HIV & STD Testing
- Pelvic/transvaginal ultrasound
- PET scan
- Pregnancy Test
- Vaginal cultures
- Vaginal or vulvar biopsy
- Wet mount
- X-rays
- Blood draws (i.e. cholesterol, glucose, creatine, thyroid)
Non covered services:

Reminder: Please do not bill for items that are not covered by the program
What if there’s a cancer diagnosis:

- Woman MUST be enrolled in All Women Count!
  - Diagnosed with breast or cervical cancer
  - No credible health insurance coverage
- Contact All Women Count! Program
  - AWC! Program staff will work with woman to enroll into South Dakota Medicaid
Quick overview of program forms

• Visit Form
• Mammogram Summary
• Pap/HPV Summary

• Reminder: We need the original form sent to us, **not** a copy of the form.
ALL WOMEN COUNT!
VISIT FORM
WOMEN AGES 30-64
(800) 738-2301

Read, complete and sign consent at bottom of form.

1) Last Name 2) First Name 3) Ml 4) Maiden Name/Other Name
5) Date of Birth Age ______
6) Social Security Number
7) Address
8) City
9) State 10) Zip Code 11) County 12) Phone Number

13) Race(s) - (check all that apply)
    American Indian or Alaska Native
    Asian
    Black or African American
    Native Hawaiian or Pacific Islander
    White
    Unknown
14) Are you of Hispanic/Latina/Latino origin? Yes No Unknown
15) Number Living in Household (including yourself) ______
16) Total Gross Monthly Household income (before taxes)? $ ______

By signing on bottom of form, I confirm that the reported income above is true and accurate.

17) Do you have private health insurance coverage? Yes No
Health insurance does not prevent eligibility.
18) Do you have Medicare B or Medicaid? Yes No
If yes, STOP! Not eligible for AWC!

19) Marital Status
    Never Married
    Married
    Living with someone
    Divorced/Separated
    Widowed
    Other

20) Education
    Less than 9th grade
    High School Graduate or Equivalent
    Some High School
    Some College or Higher

21) Referral Source (check all that apply)
    Self/Friend/Family
    AWC? Reminder letter
    Clinic/Hospital
    Media Campaign (Radio, Newspaper, TV, Social Media)
    Patient Navigator with Clinic
    211 Helpline Referral

22) Previous Pap Test or HPV only testing? Yes No
23) If Yes, date of last Pap or HPV only testing ______

24) Have you had a Hysterectomy? Yes No
25) If Yes, reason for Hysterectomy
    Cervical Cancer
    Premalignant Disease
    Other

26) Are you a smoker/tobacco user? Yes No Former

Informed Consent and Release of Medical Information

By agreeing to take part in the All Women Count Program, I give my permission to any and all of my medical providers, clinics, and/or hospitals to provide all information concerning my breast or cervical screening and any related diagnosis or treatment to the Program. Any information provided to the Program will remain confidential, which means that the information will be available only to me and to the employees of the South Dakota Department of Health working with this Program. This information will only be used to meet the purposes of the Program, and any published reports which result from the Program will not identify me by name or social security number. This consent is valid for one (1) year unless otherwise specified by me, the program participant, or my legal representative. By signing below, I affirm that the information and reported income listed above is true and accurate.

Program Participant Signature Date Print Name Date of Birth

Page 1 of 2 Jan 2019
<table>
<thead>
<tr>
<th>15) Number Living in Household (including yourself)?</th>
<th>16) Total Gross Monthly Household income (before taxes)? $___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance does not prevent eligibility.</td>
<td>By signing on bottom of form, I confirm that the reported income above is true and accurate.</td>
</tr>
<tr>
<td>17) Do you have private health insurance coverage?</td>
<td>18) Do you have Medicare B or Medicaid?</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>If yes, STOP. Not eligible for AWC!</td>
<td>If yes, STOP. Not eligible for AWC!</td>
</tr>
</tbody>
</table>

Note: Eligibility is not dependent upon health insurance status.
# Visit Form - Page 2

## Eligibility Determination, Patient History & Today's Services - Clinic Use Only

### Patient History

<table>
<thead>
<tr>
<th>Screening prior to this visit:</th>
<th>Yes</th>
<th>Record</th>
<th>No prior exam/test</th>
<th>Don’t know if done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap smear</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1) High Risk for Cervical Cancer?  
   * Defined as prior 20+ exposure and immunosuppressed patients.* | Yes | No | Not Assessed / Unknown |
| 2) High Risk for Breast Cancer?  
   * Defined as a woman with BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment model, radiation treatment to the chest between ages 10-30, or personal or family history of genetic syndromes | Yes | No | Not Assessed / Unknown |
| 3) Did you refer to the SD Hotline? | Yes | No | Not Applicable |
| 4) Did you refer to the Marketplace (health insurance)? | Yes | No | Not Applicable |

### Eligibility Determination

<table>
<thead>
<tr>
<th>Age between 30-64</th>
<th>Eligible</th>
<th>Not Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible by Income (refer to question 16)</td>
<td>Eligible</td>
<td>Not Eligible</td>
</tr>
</tbody>
</table>

Name of person verifying eligibility: (Please Print)

### Breast Exam

- Breast exam done this visit?  
  - Yes: Findings for this exam:  
    - Normal/benign; no diagnostic evaluation needed or breast cancer required  
    - Abnormal: not suspicious for cancer (i.e., fibrocystic disease)  
    - Abnormal: suspicious for cancer, diagnostic evaluation required (two diagnostic tests required)  
  - No: Patient refused

### Mammogram

- Mammogram ordered or done this visit?  
  - Yes  
  - No  
  - Patient refused  
  *Pre-authorization is necessary for any woman age 30-30 for a mammogram and only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first-degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!

### MRI for High Risk Screening

- MRI for High Risk Screening  
  *Refer to question 2 above*

### Cervical Cancer Screening

- Cervical Cancer Screening done this visit?  
  - Yes  
  - No  
  - Patient refused  
  - Patient has had a hysterectomy for benign disease  
  - HPV done as co-testing  
  - HPV only

- Colposcopy done this visit?  
  - Yes, with Biopsy and ECC  
  - Yes, with Biopsy only  
  - Yes, with ECC only  
  - Yes, no pathology sent  
  - Endometrial Biopsy (used pre-authorization)

- Indications for Follow-Up/Abnormal Pap results  
  - ASC-US  
  - HPV positive with ASC-US (referred)  
  - LSIL  
  - HSIL  
  - AGUS  
  - +1 hr HPV testing

### RESCREEN PLAN

- Cervical Cancer Screen date:  
  - Yes  
  - No
Please return form immediately to:
All Women Count!
615 E. 4th St.
Pierre, SD 57501-1700
(800) 738-2301

ELIGIBILITY DETERMINATION, PATIENT HISTORY & TODAY’S SERVICES - CLINIC USE ONLY

<table>
<thead>
<tr>
<th>Name</th>
<th>Visit Date</th>
<th>Encounter Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________ / ______ / ______</td>
<td>____________</td>
</tr>
</tbody>
</table>

month  day  year
### Visit Form - Page 2

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Assessed / Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) High Risk for Cervical Cancer?*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Defined as prior DES exposure and immunocompromised patients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) High Risk for Breast Cancer?*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Defined as a woman with BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 20-25% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-30, or personal or family history of genetic syndromes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Did you refer to the SD Quitline?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Did you refer to the Marketplace (health insurance)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELIGIBILITY DETERMINATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Age between 30-64</td>
<td>Yes (Eligible)</td>
<td>No (Not Eligible)</td>
<td></td>
</tr>
<tr>
<td>6) Eligible by Income <em>(refer to question 16)</em></td>
<td>Yes (Eligible)</td>
<td>No (Not Eligible)</td>
<td></td>
</tr>
</tbody>
</table>

Name of person verifying eligibility          (Please Print)
# Mammogram Summary

**ALL WOMEN COUNT!**
Breast and Cervical Cancer Control Program
MAMMOGRAM SUMMARY
(800) 738-2301

## A. TO BE COMPLETED BY MAMMOGRAPHY FACILITY

<table>
<thead>
<tr>
<th>Facility where mammogram done:</th>
<th>Radiology #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram date: mm/dd/yyyy</td>
<td></td>
</tr>
<tr>
<td>Mammogram occurred: Stationary/In House</td>
<td>Mobile Unit</td>
</tr>
</tbody>
</table>

## B. RADIOLOGIST’S ASSESSMENT (To be completed by Radiologist)

<table>
<thead>
<tr>
<th>ACR ASSESSMENT CATEGORY</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Assessment is incomplete-need additional imaging evaluation</td>
<td>Magnification views</td>
</tr>
<tr>
<td>1 Negative</td>
<td>Additional projections</td>
</tr>
<tr>
<td>2 Benign finding</td>
<td>Spot compression</td>
</tr>
<tr>
<td>3 Probably benign finding-short interval follow-up suggested</td>
<td>Ultrasound examination</td>
</tr>
<tr>
<td>4 Suspicious Abnormality-biopsy should be considered</td>
<td>Comparison with previous films</td>
</tr>
<tr>
<td>5 Highly suggestive of malignancy-appropriate action should be taken</td>
<td>Surgical consult/biopsy</td>
</tr>
</tbody>
</table>

**COMMENTS:**

Radiologist name (please print) ___________________________
Radiologist signature ___________________________
Date dictated mm/dd/yyyy

Radiologist Group (please print) ___________________________

Please return form immediately to:
All Women Count!
615 E. 4th St.
Pierre, SD 57501-1700

Jan 2019
Patient name (Last, First, MI) ____________________________ DOB ____________________________

ALL WOMEN COUNT!
Breast and Cervical Cancer
Control Program
PAP/HPV SUMMARY
(800) 738-2301

Date Specimen collected: ______/____/____

A. PAP SMEAR INFORMATION (To be completed by cytotechnologist or pathologist)

Lab name: ____________________________ Specimen #: ____________

SPECIMEN TYPE: □ Conventional Pap smear □ liquid based (ThinPrep)®

SPECIMEN ADEQUACY
□ Satisfactory for evaluation
□ Unsatisfactory (If unsatisfactory, not covered)

INTERPRETATION RESULTS
□ Negative for intraepithelial lesion or malignancy
□ Infection/Inflammation/Reactive Changes (Beth 1991)
□ Atypical squamous cell of undetermined significance (ASC-US)
□ Low Grade SIL (including HPV changes)
□ Atypical squamous cells cannot exclude HSIL (ASC-H) (Beth 2001)
□ High Grade SIL
□ Squamous Cell Carcinoma
□ Atypical Glandular Cells (Beth 2014)
□ Adenocarcinoma in Situ (AIS) (Beth 2014)
□ Adenocarcinoma (Beth 2014)
□ Other
□ Endometrial cells (in women > 40 yr old)

B. HUMAN PAPILLOMAVIRUS

HPV Test Date: ______/____/____ HPV Test Reason: □ Co-Test or Screening □ Reflex □ Test Not Done
HPV Test Result:
□ Positive with genotyping not done
□ Negative
□ Positive with positive genotyping (types 16 or 18)
□ Positive with negative genotyping (positive HPV, but not types 16 or 18)

COMMENTS:

Pathologist name ____________________________ Date Reported ______/____/____

Please return form immediately to:
All Women Count!
615 E. 4th St.
Pierre, SD 57501-1700

Jan 2019
AWC! Program Forms

• Send the original form (not a copy)

• Place encounter label on Page 1 and Page 2 of the Visit Form, as well as on the Mammogram Summary and Pap/HPV Summary

• Evidence-based risk assessment tool

• Verify a woman’s income prior to signing off
Updated Resources

AWC! For Women 30-64

Breast & Cervical Cancer Screening & Diagnostic Services

Covered: Ages 30-64
- Office Visits
- Clinical Breast Exam (CBE)
- Mammograms (age 40+)
- Pap Test
- Primary HPV Testing
- Pap Test with HPV Co-testing
- Cervical Biopsies
- Breast Biopsies
- Diagnostic Mammograms
- Diagnostic Breast Ultrasounds

Guidelines For Participation

AGE
30-64 for Cervical Cancer Screening
40-64 for Breast Cancer Screening

INCOME

FAMILY SIZE | ANNUAL HOUSEHOLD INCOME
1          | $15,520
2          | $34,480
3          | $43,440
4          | $52,400
5+         | $61,360

Call AWC for information (605) 773-6074

Call your clinic today to schedule an appointment

Appointment Date/Time __________________________

Clinic/Location ________________________________

All Women Count! covers the cost of breast and cervical cancer screenings for eligible women

Ask clinic staff about the All Women Count! Program today
Key Takeaways

• Prioritize women 50 and older for breast cancer screening

• Women can have insurance and still be eligible for the AWC! Program

• Getting back on track with cancer screenings
Next Steps

• Assign an AWC! Champion at your clinic

• Contact the AWC! Program for additional assistance
  • 1-800-738-2301

• Coming in 2021:
  • Updated CPT and Income guidelines
Additional Information

• Program forms can be ordered online at: http://getscreened.sd.gov/count/

• Spanish Visit Forms are available upon request
  • To order: 1-800-738-2301

• Visit http://getscreened.sd.gov/count/ for AWC! materials, FAQ document, and today’s slides/recording
Q&A

• Submit questions via chat box
• Click “Unmute” on bottom left of screen or dial *6 to unmute if you’re on the phone

All Women Count! Program:

• 1-800-738-2301
• http://getscreened.sd.gov/count/

Evaluation Link: https://awcwebinar.questionpro.com