South Dakota Department of Health

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

AWC! Program Updates
December 19, 2018
Purpose of webinar

• Provide brief background, eligibility, and covered services on All Women Count! Program

• Provide All Women Count! Program updates and changes effective **January 1, 2019**

• Provide next steps and timeline

• Q&A
Background:

• 1997: All Women Count! began screening women for breast and cervical cancer

• Today: Have screened over 27,000 women in 200+ participating provider sites across SD

• Screening statistics:

  Breast Program Stats
  • 52,490 Clinical Breast Exams (CBE)
  • 29,419 mammograms
  • 420 breast cancers diagnosed (includes in-situ)

  Cervical Program Stats
  • 41,992 Pap tests
  • 527 pre-cancer (CIN 2,3)
  • 50 Invasive Cervical Cancers
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! priority population for breast screening: Women ages 50-64
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!

• Reminder: 50-64 is the priority population
Additional covered services:

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

- Breast cancer diagnostic services:
  - Diagnostic mammograms
  - Breast Ultrasounds
  - Breast Biopsies
New covered service:

• NEW in January 2019:
  • Screening MRI for High Risk women only
    • Pre-authorization required
    • Case by case basis
    • Documentation may be requested
    • AWC! Staff will consult with Breast Medical Advisor on each case
  • In conjunction with screening mammogram
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)
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
Program updates and changes:

• Effective January 1, 2019:
  • New program forms dated Jan 2019:
    • Visit Form (purple)
    • Mammogram Summary Form (light pink)
    • Pap/HPV Summary Form (blue)

• Mailed on 12/7/18 to:
  FACILITY NAME
  AWC! PROGRAM MAIN CONTACT
  ADDRESS
  CITY, STATE  ZIP
Program updates and changes:

- Effective January 1, 2019:
  - Visit Form (purple):
    - Many questions were deleted – no longer reported to CDC
    - All questions must be answered
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) M/ F
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
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 (be careful!)
$

17) Do you have private health insurance coverage?
Yes
No

18) Do you have Medicare B or Medicaid?
Yes
No

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

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

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

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
Pre Cancer
Non-Cancer
Unknown

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

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 the Program. The 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>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15) Number Living in Household (including yourself)? ........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16) Total Gross Monthly Household income (before taxes)? $...............</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By signing on bottom of form, I confirm that the reported income above is true and accurate.</td>
<td></td>
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</tr>
<tr>
<td>17) Do you have private health insurance coverage? Yes No</td>
<td></td>
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</tr>
<tr>
<td>Health insurance does not prevent eligibility.</td>
<td></td>
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</tr>
<tr>
<td>18) Do you have Medicare B or Medicaid? Yes No</td>
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<td></td>
</tr>
<tr>
<td>If yes, STOP. Not eligible for AWC!</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ELIGIBILITY DETERMINATION, PATIENT HISTORY &amp; TODAY’S SERVICES - CLINIC USE ONLY</strong></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td></td>
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</tr>
<tr>
<td><strong>Name</strong></td>
<td><strong>Visit Date</strong></td>
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<tr>
<td><strong>PATIENT HISTORY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening prior to this visit:</td>
<td>Yes</td>
<td>Record</td>
</tr>
<tr>
<td>Pap smear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) High Risk for Cervical Cancer?*</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>*Defined as prior DBS exposure and immunocompromised patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) High Risk for Breast Cancer?*</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>*Defined as a woman with BRCA mutation, a first-degree relative who is a BRCA carrier, a lifetime risk of 26-29% or greater as defined by risk assessment models, radiation treatment to the chest between ages 10-39, or personal or family history of genetic syndromes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Did you refer to the SD Quitline?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4) Did you refer to the Marketplace (health insurance)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>ELIGIBILITY DETERMINATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Age between 30-64</td>
<td>Yes (Eligible)</td>
<td>No (Not Eligible)</td>
</tr>
<tr>
<td>6) Eligible by Income (refer to question 16)</td>
<td>Yes (Eligible)</td>
<td>No (Not Eligible)</td>
</tr>
<tr>
<td><strong>Name of person verifying eligibility (PVD/Print)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BREAST DATA</strong></td>
<td></td>
<td></td>
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<tr>
<td>Breast exam done this visit?</td>
<td>Yes</td>
<td>Findings for this exam:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Normal/benign; no diagnostic evaluation is to be performed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abnormal: not suspicious for cancer (i.e., fibrocystic disease).</td>
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<td></td>
<td></td>
<td>Abnormal: suspicious for cancer, diagnostic evaluation required (two diagnostic tests required)</td>
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<tr>
<td></td>
<td>No</td>
<td>Patient refused</td>
</tr>
<tr>
<td><strong>CERVICAL DATA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Screening done this visit?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Patient refused</td>
</tr>
<tr>
<td></td>
<td>No, Patient has had a hysterectomy for benign disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HPV done as co-testing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HPV only</td>
<td></td>
</tr>
<tr>
<td>Colposcopy done this visit?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No, with Biopsy and ECC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No, with ECC only</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No, no pathology sent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Endometrial Biopsy required</td>
<td></td>
</tr>
<tr>
<td>Indications for Follow-Up/Abnormal Pap results</td>
<td>ASC-US</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HPV positive with ASC-US (reflex)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LSIL</td>
<td></td>
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<tr>
<td></td>
<td>HSIL</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AGUS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ hr HPV testing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abnormal Pap date</td>
<td></td>
</tr>
<tr>
<td>Was Cervical Cancer Screening done as follow up to a previous abnormal?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>RESCREEN PLAN</strong> (Date you would rescreen patient if test(s) done or ordered today are normal): Mammogram_______ Cervical Cancer Screen date_______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**ELIGIBILITY DETERMINATION, PATIENT HISTORY & TODAY’S SERVICES - CLINIC USE ONLY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Visit Date</th>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

**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>

[Marking boxes for yes or no and dates]
<table>
<thead>
<tr>
<th></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></td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Not Assessed / Unknown</td>
</tr>
<tr>
<td><strong>Defined as prior DES exposure and immunocompromised patients.</strong></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></td>
<td>□ Yes</td>
<td>□ No</td>
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<tr>
<td><strong>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</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Did you refer to the SD Quitline?</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Not Applicable</td>
</tr>
<tr>
<td>4) Did you refer to the Marketplace (health insurance)?</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Not Applicable</td>
</tr>
</tbody>
</table>

(Mailed to your facility every year).

<table>
<thead>
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<tr>
<td>5) Age between 30-64</td>
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</tr>
</tbody>
</table>

Name of person verifying eligibility  (Please Print)
## Breast Exam Data

<table>
<thead>
<tr>
<th>Breast exam done this visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes Findings for this exam:</td>
</tr>
<tr>
<td>□ Normal/benign: no diagnostic evaluation to r/o breast cancer required.</td>
</tr>
<tr>
<td>□ Abnormal: not suspicious for cancer (i.e. fibrocystic disease).</td>
</tr>
<tr>
<td>□ Abnormal: suspicious for cancer, diagnostic evaluation required (two diagnostic tests required)</td>
</tr>
<tr>
<td>□ No Patient refused</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mammogram ordered or done this visit?*</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td>□ Patient refused</td>
</tr>
</tbody>
</table>

*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!

## MRI for High Risk Screening

(Refer to question 2 above)

<table>
<thead>
<tr>
<th>□ Screening MRI for High Risk Women Only</th>
</tr>
</thead>
</table>

Authorization #___________

Pre-authorization required
1-800-738-2301
Visit Form - Back Page

<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>
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<td>* Defined as a woman with BRCA mutation, a first-degree relative who is</td>
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<td></td>
</tr>
<tr>
<td>a BRCA carrier, a lifetime risk of 20-25% or greater as defined by</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>risk assessment models, radiation treatment to the chest between ages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>Not Applicable</td>
</tr>
<tr>
<td>4) Did you refer to the Marketplace (health insurance)?</td>
<td></td>
<td></td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**Breast Exam Done This Visit?**
- Yes
- No

Findings for this exam:
- Normal/benign: no diagnostic evaluation to rule out breast cancer required.
- Abnormal: not suspicious for cancer (i.e. fibrocystic disease).
- Abnormal: suspicious for cancer; diagnostic evaluation required (two diagnostic tests required)
- Patient refused

**Mammogram Ordered or Done This Visit?**
- Yes
- No
- Patient refused

**MRI for High Risk Screening**
(Refer to question 2 above)
- Screening MRI for High Risk Women Only

Authorization #__________
Pre-authorization required
1-800-738-2301

*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!
<table>
<thead>
<tr>
<th>Cervical Cancer Screening done this visit?</th>
<th>Colposcopy done this visit?</th>
<th>Indications for Follow-Up/Abnormal Pap results</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ No</td>
<td>□ ASC-US</td>
</tr>
<tr>
<td>□ No</td>
<td>□ Yes, with Biopsy and ECC</td>
<td>□ HPV positive with ASC-US (reflex)</td>
</tr>
<tr>
<td>□ Patient refused</td>
<td>□ Yes, with Biopsy only</td>
<td>□ LSIL</td>
</tr>
<tr>
<td>□ No, Patient has had a hysterectomy for benign disease</td>
<td>□ Yes, with ECC only</td>
<td>□ HSIL</td>
</tr>
<tr>
<td>□ HPV done as co-testing</td>
<td>□ Yes, no pathology sent</td>
<td>□ AGUS</td>
</tr>
<tr>
<td>□ HPV only</td>
<td>□ Endometrial Biopsy</td>
<td>□ + hr HPV testing</td>
</tr>
<tr>
<td></td>
<td>(needs pre-authorization)</td>
<td></td>
</tr>
</tbody>
</table>

Was Cervical Cancer Screening done as follow up to a previous abnormal? □ Yes □ No

Rescreen Plan: (Date you would rescreen patient if test(s) done or ordered today are normal): Mammogram _______ Cervical Cancer Screen date _______
Program updates and changes:

- Effective January 1, 2019:
  - Mammogram Summary (pink):
    - Two questions were removed:
      - Film vs digital
      - Type (bilateral; unilateral)
  - Added:
    - Stationary vs Mobile unit
Mammogram Summary

Patient name (Last, First, MI) _______________________________ DOB _______________________________

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

Encounter Number

A. TO BE COMPLETED BY MAMMOGRAPHY FACILITY

Facility where mammogram done: _______________________________ Radiology #: _______________________________

Mammogram date _____ / _____ / ______
  month  day  year

Mammogram occurred:  □ Stationary/In House  □ Mobile Unit
Program updates and changes:

• Effective January 1, 2019:
  • Pap/HPV Summary (blue):
    • HPV section added
Pap/HPV Summary

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
☐ Insufficient (If unsatisfactory, not covered)

INTERPRETATION RESULTS
☐ Negative for intraepithelial lesion or malignancy
☐ Infection/Inflammation/Reactive Changes (Both)
☐ Atypical squamous cells of undetermined significance (ASCUS)
☐ Low Grade SIL (including HPV changes)
☐ Atypical squamous cells cannot exclude HGSIL (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
Pap/HPV Summary

Patient name (Last, First, MI)______________________________DOB__________________

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

Date Specimen collected:
______/______

Encounter Number
_____  ______
## INTERPRETATION RESULTS

1. Negative for intraepithelial lesion or malignancy
2. Infection/Inflammation/Reactive Changes (Beth 1991)
3. Atypical squamous cell of undetermined significance (ASC-US)
4. Low Grade SIL (including HPV changes)
5. Atypical squamous cells cannot exclude HSIL (ASC-H) (Beth 2001)
6. High Grade SIL
7. Squamous Cell Carcinoma
8. Atypical Glandular Cells (Beth 2014)
9. Adenocarcinoma in Situ (AIS) (Beth 2014)
10. Adenocarcinoma (Beth 2014)
11. Other
12. Endometrial cells (in women > 40 yr old)
### Pap/HPV Summary

#### B. HUMAN PAPILLOMAVIRUS

<table>
<thead>
<tr>
<th>HPV Test Date:</th>
<th>HPV Test Reason:</th>
<th>Co-Test or Screening</th>
<th>Reflex</th>
<th>Test Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV Test Result:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Positive with genotyping not done</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Positive with positive genotyping (types 16 or 18)</td>
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<tr>
<td>4</td>
<td>Positive with negative genotyping (positive HPV, but not types 16 or 18)</td>
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</tbody>
</table>
Program updates and changes:

• Updates:
  • Frequently Asked Questions document will be posted to: [http://getscreened.sd.gov/count/](http://getscreened.sd.gov/count/)
  • CPT and Income guidelines coming in 2019
  • January’s (and future) Pap Cycle Report will not be mailed out
    • Can request one at any time
  • Spanish Visit Forms will be available
    • To order: 1-800-738-2301
Next steps and timeline:

- Assign an AWC! Champion at your clinic
- Find the new forms that were mailed to you
- On December 31, 2018: Destroy ALL All Women Count! Forms dated prior to January 2019:
  - Enrollment Form (March 2016)
  - Return Visit Form (March 2016)
  - Mammogram Summary (December, 2008)
  - Pap Summary (July 2013)
- Begin using NEW FORMS dated Jan 2019 on January 1, 2019
Next steps and timeline:

• To order more forms:
  • Contact All Women Count! Program staff at 1-800-738-2301

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/