

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



ARTHUR U. SAN AGUSTIN, MHR

LAURENT SF DUENAS, MPH, BSN DEPUTY DIRECTOR

> TERRY G. AGUON DEPUTY DIRECTOR

JUN 0 9 2021

MEMORANDUM

TO:

Governor of Guam

VIA:

Attorney General of Guam

Director, Bureau of Budget and Management Research

FROM:

Director, Department of Public Health and Social Services

SUBJECT:

Seventh Amendment and Final Option to Renew the Health Provider Agreement for

Breast and Cervical Cancer Screening and Diagnostic Services - TakeCare Insurance Company Inc. DBA(S) FHP Health Center & FHP Women's Health

Center

Attached for your review and approval is the Seventh Amendment and Final Option to Renew the Health Provider Agreement between the Department of Public Health and Social Services and TakeCare Insurance Company Inc. DBA(S) FHP Health Center & FHP Women's Health Center. This Agreement is to provide breast and cervical cancer screening and diagnostic services to eligible women on Guam.

Your consideration and expeditious approval on the attached Agreement is requested. The Guam Breast and Cervical Cancer Early Detection Program is 100% federally funded.

Should you have any questions please contact Ms. Elizabeth Guerrero, Program Coordinator IV, at 483-0563 or by email at elizabeth.guerrero@dphss.guam.gov; or Ms. Arlie Bonto, Program Coordinator II, at 488-7023 or via email at arlie.bonto@dphss.guam.gov.

ARTHUR U. SAN AGUSTIN, MHRGOVERNOR'S CHAMBER



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GC2021-1252

Department of Public Health & Social Services 155 Hesler Place, Hagatna, Guam 98910 www.dphss.guam.gov



OFFICE OF THE ATTORNEY GENERAL ADMINISTRATION



SEVENTH AMENDMENT AND FINAL OPTION TO RENEW HEALTH PROVIDER AGREEMENT FOR BREAST AND CERVICAL CANCER SCREENING AND DIAGNOSTIC SERVICES BETWEEN

THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC HEALTH

BUREAU OF PRIMARY CARE SERVICES

GUAM BREAST AND CERVICAL CANCER SCREENING EARLY DETECTION PROGRAM AND

TAKECARE INSURANCE COMPANY INC., DBA(S) FHP HEALTH CENTER & FHP WOMEN'S HEALTH CENTER (RFP/DPHSS-2018-02)

100% Federally Funded by U.S. Department of Health and Human Services, Center for Disease Control, Guam Breast Cancer and Cervical Cancer Early Detection Program and Guam Comprehensive Cancer Control Program Cooperative Agreement, CFDA Number 93,898.

Subrecipient/Subaward Federal Funding to Health Provider is passthrough by grantee DPHSS GBCCEDP

This Seventh Amendment and Final Option to Renew (Seventh Amendment) to the Health Provider Agreement, is entered into by the Department of Public Health and Social Services, Division of Public Health, Bureau of Primary Care Health Services, Guam Breast Cancer and Cervical Cancer Screening and Early Detection Program, (DPHSS, GBCCEDP or DPHSS GBCCEDP) a line agency of the government of Guam, whose address is 155 Hesler Place, Hagatna, Guam 96910, and TakeCare Insurance Company, Inc. dba(s) FHP Health Center and FHP Women's Health Center, professional associations under the laws of Guam, (Health Provider, Contractor or Subrecipient) whose address is P.O. Box 6578, Tamuning, Guam, 96931.

WHEREAS, the parties in this Health Provider RFP/DPHSS-2018-02 Agreement/Sub-Award in addition to the original contract, effective on August 21, 2018 have previously agreed to the following:

Health Provider Agreement	Effective August 21, 2018 through June 29, 2019 with option to renew up to three additional one year periods.	Not to Exceed Amount of \$35,000 through June 29, 2019
First Amendment		Increasing Not to Exceed Amount of \$35,000 by \$15,000 to \$50,000 through June 29, 2019
Second Amendment		Increasing Not to Exceed Amount of \$50,000 by \$25,000 to \$75,000 through June 29, 2019
Third Amendment	First Renewal June 30, 2019 through June 29, 2020 with option to renew up to two additional one year periods	Not to Exceed Amount of \$50,000 through June 29, 2020
Fourth Amendment		Increasing Not to Exceed Amount of \$50,000 by \$30,000 to \$80,000 through June 29, 2020



Seventh Amendment and Final Option to Renew Between DPHSS/GBCCEDP and TakeCare Insurance Company, Inc. dba(s) FHP Health Center and FHP Women's Health Center Page 2 of 3

Fifth Amendment	Second Renewal June 30, 2020 through June 29, 2021 with option to renew up to one additional one year periods	Not to Exceed Amount of \$35,000 through June 29, 2021
Sixth Amendment		Increasing Not to Exceed Amount of \$35,000 by \$10,000 to \$45,000 through June 29, 2021

WHEREAS, in this Seventh Amendment, the parties agree to their final renewal term of one year through June 29, 2022.

NOW THEREFORE, the parties agree as follows:

- 1. DPHSS GBCCEDP herein exercises its final one (1) year renewal of the Agreement through June 29, 2022, subject to appropriation, allocation, and availability of funds. Multiple certification of funds may be made in any fiscal year.
- 2. DPHSS GBCCEDP shall compensate Health Provider for services in the total not to exceed amount of thirty-eight thousand six hundred twenty-three dollars (\$38,623) for any services rendered from June 30, 2021 through June 29, 2022, pursuant to the FY 21 Medicare Part B Reimbursement Rates and the additional services implemented in the final year set forth in #6 of this amendment below. This amount may be reduced or increased depending on the appropriation, allocation and availability of funding and the demand for services. Multiple certification of funds can be made in any fiscal year. The total not to exceed amount of \$38,623 consists of \$13,000 for breast and cervical cancer screening and diagnostic services and \$25,623 for the additional services set forth in #6 of this amendment.
- 3. Included in the Agreement are the current 2021 Medicare Part B Reimbursement Rates and 2021 NBCCEDP Allowable Procedures and Relevant CPT® Code.
- 4. The current attached U.S. DOL Wage Determination for Guam is added to the Agreement.
- 5. The 2021 NBCCEDP Program Manual Version 3 is incorporated by reference and added to the agreement, available upon request to Arlie Flores Bonto, Program Coordinator II, at 1-671-488-7023 or arlie.bonto@dphss.guam.gov; but not attached.
- 6. A (NEW) Section 2 (E). Year 5 Implementation of Evidence Based Intervention (EBI) Strategy: Patient Reminder and Recall System, as set forth in an attachment by that name, amends Section 2 Scope of Work of the Agreement, and is added to the Agreement.
- 7. The current attached subaward data sheet is added to the Agreement.
- 8. The current attached Notice of Grant Award, 5 NU58D9006269-05-00, is added to the Agreement.

All other terms and conditions remain the same.

Further the parties sayeth naught.

SIGNATURE PAGE FOLLOWS	

Seventh Amendment and Final Option to Renew Between DPHSS/GBCCEDP and TakeCare Insurance Company, Inc. dba(s) FHP Health Center and FHP Women's Health Center

IN WITNESS THEREOF, the parties have set their hands to this Seventh Amendment and Final Option to Renew on the dates indicated below.

HEALTH PROVIDER TAKECARE INSURANCE, INC. DBA(S) FHP HEALTH CENTER & FHP WOMEN'S HEALTH CENTER By Its

Medical Administrator TakeCare Insurance, Inc. DBA(s) FHP Health Center & FHP Women's Health Center

5-24-2021

CERTIFIED FUNDS AVAILABLE:

Acct #: 5101H211712SE114/230

Amount: \$38,623.00 Vendor#: F0526501

Funds certified through June 29, 2022 Subject to appropriation, allocation, and availability of funds

Document No.: 021-1700-088

Certifying Officer, Department of Public Health and Social Services

JUN 0 7 2921

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES: By Its

ARTHUR U. SAN AGUSTIN, MHR Director, Department of Public Health and Social Services

Date:

JUN 0 9 2021

APPROVED:

CLEARED PER

LESTER L CARLSON JR. Director, Fureau of Sudget and Management Research

JUL 06 2021

APPROVED AS TO LEGALITY AND FORM:

DEPARTMENT OF ADMINISTRATION

DIVISION OF ACCOUNTS

Registration Date: 07/19/2021 Registration No: C180600963 A#7/final

Vendor No: F0526501

8/12/21

Registered By: Resy R. Sapungan

Attorney General of Guam

LOURDES A. LEON GUERRERO

Governor of Guam

JUN 30 2021 4

Bureau of budget and Management Research



Seventh Amendment and Final Option to Renew Between DPHSS/GBCCEDP and TakeCare Insurance Company, Inc. dba(s) FHP Health Center and FHP Women's Health Center Page 3 of 3

IN WITNESS THEREOF, the parties have set their hands to this Seventh Amendment and Final Option to Renew on the dates indicated below.

HEALTH PROVIDER
TAKECARE INSURANCE, INC.
DBA(S) FHP HEALTH CENTER &
FHP WOMEN'S HEALTH CENTER
By Its

ROSE GRINO
Medical Administrator
TakeCare Insurance, Inc.
DBA(s) FHP Health Center &
FHP Women's Health Center

Date: 5-24-202/

CERTIFIED FUNDS AVAILABLE:

Acet #: 5101H211712SE114/230

Amount: \$38,623.00 Vendor#: F0526501

Funds certified through June 29, 2022. Subject to appropriation, allocation, and availability of funds.

Document No.: <u>@21-1700-088</u>

TOMMY C. TAIT GUE Certifying Officer, Department of Public Health and Social Services

Date: JUN 0 7 2021

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES: By Its

ARTHUR U. SAN AGUSTIN, MHR Director, Department of Public

Health and Social Services

ate: **JUN 0** 9 2021

APPROVED:

LESTER L. CARLSON JR.
Director, Bureau of Budget and
Management Research

ate:

APPROVED AS TO LEGALITY AND FORM:

LEEVIN TAITANO CAMACHO Attorney General of Guam

Date: ___

APPROVED:

LOURDES A. LEON GUERRERO Governor of Guam

Date: ____

2021 NBCCEDP Allowable Procedures and Relevant CPT® Codes

Listed below are allowable procedures and the corresponding suggested Current Procedural Terminology (CPT) codes for use in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) under these general conditions—

- Grantees are required to be responsible stewards of the NBCCEDP funds and use screening and diagnostic
 dollars in an efficient and appropriate manner.
- When questions arise regarding the appropriateness to use a specific CPT code, the grantee should discuss with their local medical consultants and CDC program consultant to determine appropriateness.
- The CPT codes listed are not all-inclusive and grantees may add other, including temporary, CPT codes for an approved procedure.

CPT Code	Office Visits	End Note	Medicare	Mod 26	TC
99202	New patient; medically appropriate history/exam, straightforward decision-making; 15-29 minutes		\$78.77		
99203	New patient; medically appropriate history/exam, low level decision-making; 30-44 minutes		\$120.14		
99204	New patient; medically appropriate history/exam, moderate level decision-making; 45-59 minutes	1	\$178.41		
99205	New patient; medically appropriate history/exam, high level decision-making; 60-74 minutes	1	\$235.14		
99211	Established patient; evaluation and management, may not require presence of physician; presenting problems are minimal		\$25.32		
99212	Established patient; medically appropriate history/exam, straightforward decision-making; 10-19 minutes		\$60.94		
99213	Established patient; medically appropriate history/exam, low level decision-making; 20-29 minutes		\$98.02		
99214	Established patient; medically appropriate history/exam, moderate decision-making, 30-39 minutes		\$138,76		
99385	Initial comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age	2			
99386	Same as 99385, but 40 to 64 years of age	2			
99387	Same as 99385, but 65 years of age or older	2			
99395	Periodic comprehensive preventive medicine evaluation and management; history, examination, counseling and guidance, risk factor reduction, ordering of appropriate immunizations and lab procedures; 18 to 39 years of age	2			
99396	Same as 99395, but 40 to 64 years of age	2			
99397	Same as 99395, but 65 years of age or older	2			

CPT is a registered trademark of the American Medical Association

Please Initial Below:

PHSS: Date: 6 /9/7071

Provider: 15/24/2021

CPT Code	Breast Cancer Screening and Diagnostic Procedures	End Note	Medicare	Mod 26	TC
77065	Diagnostic mammography, unilateral, includes CAD		\$145.38	\$41.05	\$104.33
77066	Diagnostic mammography, bilateral, includes CAD		\$184.22	\$50.78	\$133,44
77067	Screening mammography, bilateral, includes CAD	_	\$149.21	\$38,89	\$110,31
77063	Screening digital breast tomosynthesis, bilateral	3	\$59.98	\$30.86	\$29.11
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral	4	\$59.98	\$30.86	\$29.11
76098	Radiological examination, surgical specimen		\$47.13	\$16.18	\$30.95
77053	Mammary ductogram or galactogram, single duct		\$62.45	\$18.34	\$44.11
77046	Magnetic resonance imaging (MRI), breast, without contrast, unilateral	5	\$269.95	\$73.25	\$196.69
77047	Magnetic resonance imaging (MRI), breast, without contrast, bilateral	5	\$276.83	\$80.93	\$195.90
77048	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, unilateral	5	\$430.99	\$106.67	\$324.32
77049	Magnetic resonance imaging (MRI), breast, including CAD, with and without contrast, bilateral	5	\$439.47	\$116.75	\$322.72
76641	Ultrasound, complete examination of breast including axilla, unilateral		\$120.32	\$37.04	\$83.19
76642	Ultrasound, limited examination of breast including axilla, unilateral		\$98.53	\$34.88	\$63.65
76942	Ultrasonic guidance for needle placement, imaging supervision and interpretation		\$63.48	\$32.13	\$31.34
19000	Puncture aspiration of cyst of breast		\$120.73		
19001	Puncture aspiration of cyst of breast, each additional cyst, used with 19000		\$28.74		
19100	Breast biopsy, percutaneous, needle core, not using imaging guidance		\$175.86		
19101	Breast biopsy, open, incisional		\$378.14		
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions		\$560.51		
19125	Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion		\$616.12		
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker		\$163.85		
19081	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion	6	\$652.33		
19082	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous;	6	\$528.55		

DPHSS: Date: 6/9 NOM

Provider: 15/24/2021

			Revi	ised Decem	ber 2020
	stereotactic guidance; each additional lesion				
19083	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion	6	\$654.01		
19084	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion	6	\$519.60		
19085	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion	6	\$1,013.17		
19086	Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion	6	\$809.09		
19281	Placement of breast localization device, percutaneous; mammographic guidance; first lesion	7	\$276.86		
19282	Pracement of breast localization device, percutaneous; mammographic guidance; each additional lesion	7	\$200.08		
19283	Placement of breast localization device, percutaneous; stereotactic guidance; first lesion	7	\$306.51		
19284	Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion	7	\$236.92		
19285	Placement of breast localization device, percutaneous; ultrasound guidance; first lesion	7	\$495.38		
19286	Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion	7	\$421.73		
19287	Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion	7	\$858.38		
19288	Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion	7	\$678.65		
10021	Fine needle aspiration biopsy without imaging guidance, first lesion		\$113.38		
10004	Fine needle aspiration biopsy without imaging guidance, each additional lesion		\$54.32		
10005	Fine needle aspiration biopsy including ultrasound guidance, first lesion	_	\$149.91		
10006	Fine needle aspiration biopsy including ultrasound guidance, each additional lesion		\$64.32		
10007	Fine needle aspiration biopsy including fluoroscopic guidance, first lesion		\$349.84		
10008	Fine needle aspiration biopsy including fluoroscopic guidance, each additional lesion		\$184.56		
10009	Fine needle aspiration biopsy including CT guidance, first lesion		\$540.85		
10010	Fine needle aspiration biopsy including CT guidance, each additional lesion		\$317.73		
10011	Fine needle aspiration biopsy including MRI guidance, first lesion	8			
10012	Fine needle aspiration biopsy including MRI guidance, each additional lesion	8			
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), first evaluation episode		\$60.28	\$37.71	\$22.57

DPHSS: Date: 6/9/701

Provider: 17/24/2021

<u> </u>		Revi	sed Decem	ber 2020
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s), each separate additional evaluation episode	\$31.39	\$23.01	\$8.38
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$171.64	\$74.26	\$97.39
88305	Surgical pathology, gross and microscopic examination	\$77.95	\$39.43	\$38.52
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$323.14	\$87.29	\$235.85
88360	Morphometric analysis, tumor immunohistochemistry, per specimen; manual	\$138.51	\$44.15	\$94.36
88361	Morphometric analysis, tumor immunohistochemistry, per specimen; using computer-assisted technology	\$137.25	\$45.68	\$91.57
Various	To include any pre-operative testing procedures medically necessary for the planned surgical procedure (e.g. complete blood count, urinalysis, pregnancy test, pre-operative CXR, etc.)			

DPHSS: Date: 6/9/707

Provider: 1 Date: 1/21/2021

CPT Code	Cervical Cancer Screening and Diagnostic Procedures	End Note	Medicare	Mod 26	ТС
88164	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision		\$15.15		
88165	Cytopathology (conventional Pap test), slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision		\$42.22		
88141	Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician		\$23.76		
88142	Cytopathology (liquid-based Pap test) cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision		\$20.26		
88143	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision		\$23.04		
88174	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision		\$25.37		
88175	Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening, under physician supervision		\$26.61		
87624	Human Papillomavirus, high-risk types	9	\$35.09		
87625	Human Papillomavirus, types 16 and 18 only	9	\$40.55		 -
57452	Colposcopy of the cervix		\$135.65		
57454	Colposcopy of the cervix, with biopsy and endocervical curettage		\$180.56		
57455	Colposcopy of the cervix, with biopsy		\$173.55		
57456	Colposcopy of the cervix, with endocervical curettage		\$163.12		
57460	Colposcopy with loop electrode biopsy(s) of the cervix		\$357.61		
57461	Colposcopy with loop electrode conization of the cervix		\$396.03		
57500	Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)		\$172.63		
57505	Endocervical curettage (not done as part of a dilation and curettage)		\$164.07		
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser		\$380.87		
57522	Loop electrode excision procedure		\$326.30		
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)		\$111.17		

Please Initial Below:

DPHSS: Date: U9707/

Provider: Date: \[\sqrt{29/2021}

		Revis	ed Decem	ber 2020
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	\$53.73		
87426	COVID-19 infections agent detection by nuclei acid DNA or RNA; amplified probe technique	\$35.33		
87635	COVID-19 infectious agent antigen detected by immunoassay technique; qualitative or semiquantitative	\$51.31		
88365	In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure	\$207.84	\$45.84	\$162.0
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure	\$161.54	\$36.47	\$125.0
88366	In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure	\$329.01	\$65.31	\$263.70
88367	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, initial single probe stain procedure	\$128.70	\$35.14	\$93.56
88373	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each additional probe stain procedure	\$80.90	\$27.06	\$53.84
88374	Morphometric analysis, in situ hybridization, computer-assisted, per specimen, each multiplex stain procedure	\$398.17	\$45.77	\$352.40
88368	Morphometric analysis, in situ hybridization, manual, per specimen, initial single probe stain procedure	\$152.17	\$43.21	\$108.9
88369	Morphometric analysis, in situ hybridization, manual, per specimen, each additional probe stain procedure	\$131.63	\$33.68	\$97.95
88377	Morphometric analysis, in situ hybridization, manual, per specimen, each multiplex stain procedure	\$478.22	\$66.96	\$411.26
88305	Surgical pathology, gross and microscopic examination	\$77.95	\$39.43	\$38.52
88307	Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	\$323.14	\$87.29	\$235.85
88331	Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	\$113.64	\$65.54	\$48.09
88332	Pathology consultation during surgery, each additional tissue block, with frozen section(s)	\$59.95	\$32.59	\$27.36
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	\$117.67	\$36.87	\$80.80
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	\$104.52	\$29.94	\$74.58
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)			
Various	Pre-operative testing; CBC, urinalysis, pregnancy test, etc. These procedures should be medically necessary for the planned surgical procedure.			

	Ambulatory Surgical Center (ASC) Payme	ent Rates	
CPT Code	Procedure	End note	Medicare 2021
19000 SG	Aspiration of cyst		\$75.95

DPHSS: Date: 6/9/7071

Provider: 1 Date: 5/24/2021

19125	Excision
10120	LAGISIUII

	Anesthesia					
CPT Code	Procedure	End note	Medicare 2021			
00400	Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified		\$21.79			
99156	Moderate anesthesia, 10-22 minutes for 5 individuals years or older		\$78.27			
99157	Moderate anesthesia for each additional 15 minutes	10	\$65.39			

CPT Code	Procedures Specifically Not Allowed	End Not
Any	Treatment of breast carcinoma in situ, breast cancer, cervical intraepithelial neoplasia and cervical cancer.	
77061	Breast tomosynthesis, unilateral	11
77062	Breast tomosynthesis, bilateral	11
87623	Human papillomavirus, low-risk types	

	Description
1	All consultations should be billed through the standard "new patient" office visit CPT codes 99201–99205. Consultations billed as 99204 or 99205 must meet the criteria for these codes. These codes (99204–99205) are typically not appropriate for NBCCEDP screening visits, but may be used when provider spends extra time to do a detailed risk assessment.
2	The type and duration of office visits should be appropriate to the level of care needed to accomplish screening and diagnostic follow-up within the NBCCEDP. While some programs may need to use 993XX-series codes, Preventive Medicine Evaluation visits are not covered by Medicare and not appropriate for the NBCCEDP. The 9938X codes shall be reimbursed at or below the 99203 rate, and 9939X codes shall be reimbursed at or below the 99213 rate.
3	List separately in addition to code for primary procedure 77067.
4	List separately in addition to 77065 or 77066.
5	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA gene mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20% or greater as defined by risk assessment models such as BRCAPRO that depend largely on family history. Breast MRI also can be used to assess areas of concern on a mammogram, or to evaluate a client with a history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a women who has just been newly diagnosed with breast cancer in order to determine treatment.
6	Codes 19081–19086 are to be used for breast biopsies that include image guidance, placement of a localization device, and imaging of specimen. They should not be used in conjunction with 19281–19288.
7	Codes 19281–19288 are for image guidance placement of a localization device without image-guided biopsy. These codes should not be used in conjunction with 19081–19086.
8	For CPT 10011 use the reimbursement rate for CPT code 10009. For CPT 10012 use the reimbursement rate for CPT code 10010.
9	HPV DNA testing is not a reimbursable procedure if used as an adjunctive screening test to the Pap for women under 30 years of age.

Please Initial Below:

DPHSS: Date: 417071

10	Example: If procedure is 50 minutes, code 99156 + (99157 x 2).	Revised December 2020
	No separate charge allowed if procedure <10 minutes. These procedures have not been approved for coverage by Medicare.	

DPHSS: Date: 6/9/707/

Provider: Date: 1/21/2021

AMENDMENT TO SCOPE OF WORK

The parties additionally add to the Agreement, the following (NEW) Section 2. (E).

(NEW) Section 2 (E)

YEAR 5 IMPLEMENTATION OF EVIDENCE BASED INTERVENTION (EBI) STRATEGY: PATIENT REMINDER AND RECALL SYSTEM

Department of Public Health and Social Services' Guam Breast and Cervical Cancer Early Detection Program (DPHSS GBCCEDP) transitions from planning years, Program Year 2-4, to implementation of the EBI during Program Year 5. The EBI is only applicable for this subawardee, TakeCare Insurance Company Inc., dba(s) FHP Health Center & FHP Women's Health Center, as they are the only contracted Health Provider that provides both breast and cervical cancer screening and diagnostic services for the program.

Health Provider shall provide additional services as part of this Agreement, in order to enhance existing systems for breast and cervical cancer screening, follow-up and support services for low-income populations with special emphasis on: uninsured or underinsured, older, medically underserved, lesbians, women with disabilities and other disparate populations.

Health Provider shall implement a health system evidence-based intervention strategy, a Patient Reminder Recall System, which will include patient reminder post cards, reminder calls, and tracking sheets, which are intended to increase breast and cervical cancer screening rates and identify barriers to screening. The implementation shall include an assessment process, to assess the effectiveness of the Patient Reminder and Recall System, EBI strategy, on breast and cervical cancer screening rates. Health Provider shall collaborate with DPHSS GBCCEDP to provide baseline and annual clinic data as required by the Centers for Disease Control and Prevention to be submitted.

1) Outcomes

The DPHSS GBCCEDP EBI intervention being implemented by Health Provider by the end of the Project will include these outcomes:

- a) Increased appropriate breast and cervical cancer screening, rescreening, and surveillance among the EBI Clinic population
- b) Increased use of evidence- based lifestyle programs, clinical preventive services, and cancer care
- c) Improved delivery of clinical preventive services and cancer care
- d) Enhanced data-based decision-making regarding breast and cervical cancer screening

2) Personnel - Medical Records Clerk

Health Provider shall provide a Medical Records Clerk that meets the following qualifications, experience, knowledge, abilities, and skills, and the following services.

a) Qualifications

i) Education

Bachelor's Degree in a health related or social sciences field from an accredited college or university or Medical Assistant or higher-level education, or 1+ years' experience in a medical office; Health Insurance Portability and Accountability Act (HIPAA) Compliance Certified

- ii) Experience & Knowledge, Abilities, Skills:
 - aa) Proven track record in conducting health data analysis that ensures a great degree of familiarity with the following:
 - 1. Data collection
 - 2. Medical terminology, CPT Codes, ICD-10
 - 3. Proficiency in data analysis in both quantitative and qualitative data
 - 4. Producing data reports
 - 5. At least a working knowledge in one of the following software for data analysis purposes:
 - a. SPSS, Excel, Atlas TI, SAS
 - 6. Skills sets used in evidence- and time-based data collection processes
 - bb) Documented work experience in health data collection, analysis and reporting
 - 1. Work experience in extracting and recording data from a health data system or electronic health record EHR
 - 2. Work experience with chart reviews
 - 3. Familiarity with designing statistical analysis, conducting statistical analysis and interpretation of results.
 - 4. Work experience with mathematical modeling and simulation, epidemiology, health economic models.
 - 5. Work experience in developing charts, graphs, maps, and data visualization tools to monitor trends, outliers, and patterns.
 - Proven administrative and people-skills
 - a. Ensure quality of data
 - b. Ability to meet deadlines
 - c. Ability to demonstrate good working relationship with colleagues and peers
 - d. Excellent time management skills
 - e. Demonstrated medical record extraction
- b) Services to be Provided
 - i) The Health Provider shall receive training on FHP Health Center's EHR from the Business System Analyst/EMR trainer to extract and report data required for the baseline clinic data submission at maximum of 2 hours.

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- ii) The Health Provider shall extract the following information from FHP Health Center's EHR from at least 3,300 patient charts:
 - aa) January 1, 2020 December 31, 2020 clinic data of women who are 50 74 years old that had at least one doctor's visit to the clinic.
 - bb) January 1, 2020 December 31, 2020 clinic data of women who are 52 to 74 years old that had a doctor's visit but must exclude those with bilateral mastectomies or two unilateral mastectomies.
 - cc) Women from item (bb) who had at least one mammogram between October 1, 2018 and December, 31, 2020.
 - dd) January 1, 2020 December 31, 2020 clinic data of women ages 21 64 years old that had at least one doctor's visit to the clinic.
 - ee) January 1, 2020 December 31, 2020 clinic data of women ages 24 to 64 years old that had a doctor's visit but must exclude women who had a complete hysterectomy with no residual cervix
 - ff) Women from item (ee) who received one or more screening of cervical cancer (Primary HPV or Co-test (Pap and HPV) or Pap only) between January 1, 2020 December 31, 2020.
- iii) The Health Provider shall collaborate with the DPHSS GBCCEDP staff to complete the following forms by **September 29, 2021**:
 - aa) Annual Clinic Data Collection Form: Cervical Cancer v2 (Form 4)
 - bb) Annual Clinic Data Collection Form: Breast Cancer v2 (Form 5)
- iv) Attend appropriate DPHSS GBCCEDP monthly meetings to facilitate discussion and provide reports of activity such as records extracted and progress of the health data collection and analysis. Participate in various conference calls, as needed.
- v) The Health Provider shall complete and submit a compiled data report and presentation of findings to the DPHSS GBCCEDP staff and stakeholders. All deliverables shall be completed within the specified allotted deadline.
- c) Data Reports
 - i) The Health Provider shall include the following information in the Medical Records Clerk Monthly Reports (Form 1):
 - aa) Total number of charts extracted of women ages 50-74 years old that had at least one doctor's visit to the clinic between January 1, 2020 December 31, 2020
 - bb) Total number of charts extracted of women who are 52 to 74 years old that had a doctor's visit but must exclude those with bilateral mastectomies or two unilateral mastectomies between January 1, 2020
 December 31, 2020
 - cc) Total number of charts extracted from item (bb) that completed their breast cancer screening between October 1, 2018 and December 31, 2020
 - dd) Total number of charts extracted of women ages 21 64 years old that had a doctor's visit to the clinic between January 1, 2020 December

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31, 2020.

- ee) Total number of charts extracted of women ages 24 to 64 years old that had a doctor's visit but must exclude those who had a complete hysterectomy January 1, 2020 and December, 31, 2020
- ff) Total number of charts extracted from item (ee) that completed their cervical cancer screening between January 1, 2020 December 31, 2020.
- ii) The Health Provider shall collaborate with DPHSS GBCCEDP staff with the completion of the following forms by **September 29, 2021**:
 - aa) Annual Clinic Data Collection Form: Cervical Cancer v2 (Form 4)
 - bb) Annual Clinic Data Collection Form: Breast Cancer v2 (Form 5)
- iii) The Health Provider shall attach these reports to the Medical Records Clerk Time Sheets (Form 2) and Invoices (Form 3).

d) Compensation

Health Provider shall provide itemized invoices on a monthly basis (or as otherwise agreed to by the parties), including services per hour, training, compiled data reports, and signed time sheets certifying the hours worked for the period and approved/signed by authorized DPHSS GBCCEDP official.

- i) Payments shall be processed on the following schedule:
 - aa) Rate: \$13.49/hour x 64 hours = \$863.36
 - bb) Training: $$13.49/hour \times 2 hours = 26.98
 - cc) First payment (\$458.66)— upon submission of data report of Section 2) b) ii) aa-cc) and completion of maximum 2 hours of training.
 - dd) Second payment (\$431.68)— upon submission of final compiled data report of Section 2) b) ii) dd-ff) and Section 2) c) ii) and presentation of findings to DPHSS GBCCEDP staff and stakeholders. Project must be completed on or before September 29, 2021.
 - ee) Total payment: \$890.34
- ii) The Health Provider shall be compensated only for services in accordance with DPHSS GBCCEDP's budgeted amount under the grant's provisions.
- iii) The Health Provider shall not be paid for time not worked.
- iv) Payments shall be made through the Department of Administration per Government of Guam policies and practices.

3) Personnel - Community Program Aide II

Health Provider shall provide a Community Program Aide II that meets the following qualifications, experience, knowledge, abilities, and skills, and the following services.

a) Qualifications (NEW) Section 2 (E) page 4 of 59

i) Education

Bachelor's Degree in a health related or social sciences field from an accredited college or university or Certified Nursing Assistant or higher-level education, or 1+ years' experience in a medical office or healthcare background such as nursing, social work or other patient-centered healthcare role; Health Insurance Portability and Accountability Act (HIPAA) Compliance Certified

- ii) Experience & Knowledge, Abilities, Skills
 - aa) Proven track record in conducting patient care management that ensures a great degree of familiarity with the following:
 - 1. Providing day-to-day coordination and communication to patients receiving care

 - 3. Working knowledge of scheduling patients, intake and referral
 - 4. Patient Records Management
 - 5. Data collection
 - 6. Medical terminology, CPT Codes, ICD-10
 - 7. Producing data reports
 - Working knowledge with various computer software and hardware including word-processing, knowledge of Microsoft Word and Excel
 - bb) Documented work experience in patient care coordination, patient education and health data collection:
 - 1. Work experience in navigating patients through cancer screening process
 - Work experience with serving as a liaison for patients and physicians by assisting patients in accessing service within the system, facilitating communication with referring physicians, referring patients to appropriate resources and providing follow-up.
 - 3. Work experience in maintaining accurate client records by documenting all contacts, services provided, and outcomes in order to track all clients and services for future reference.
 - 4. Work experience in inputting, extracting and recording data from a health data system or electronic health record (EHR)
 - Proven administrative and people-skills:
 - Ability to demonstrate high functioning level of interpersonal relationships with patients, physicians, nurses, and other clinical and non-clinical staff to coordinate patient care

- b. Ability to maintain composure when confronted by difficult situations and to respond professionally
- c. Communicate effectively with a diverse population
- d. Excellent time management skills
- e. Ensure quality of data
- f. Ability to meet deadlines
- b) Services to be Provided
 - The Health Provider shall receive training on FHP Health Center's EHR from the Business System Analyst/EMR trainer to identify patients who are due for their screening, schedule appointments, and track all correspondence with the patient at maximum of 120 hours.
 - ii) The Health Provider shall identify women who are due for breast and cervical cancer screening for the upcoming month via EHR.
 - iii) The Health Provider shall print names and addresses of women who are due for screening on labels.
 - iv) The Health Provider shall place stamps and labels on postcards and mail them out.
 - v) The Health Provider shall call patients from the same mailing list that did not schedule or show up for their appointment. Patient must be contacted at a minimum of 3 times.
 - vi) The Health Provider shall schedule patients who have answered reminder calls.
 - vii) The Health Provider shall send a list of hard to reach patients to DPHSS GBCCEDP for follow-up and patient education.
 - viii) The Health Provider shall track the following information:
 - aa) Total number of patients due for breast and cervical cancer screening
 - bb) Total number patients scheduled
 - cc) Total number of mammograms completed
 - dd) Total number of pap tests completed
 - ee) Total number of post cards sent
 - ff) Total number of post cards received
 - gg) Total number of calls made
 - hh) List reasons why patients did not show up for their appointment or refused
 - Total number of patients who referred to the DPHSS GBCCEDP for follow-up and patient education
 - ix) The Health Provider shall collaborate with the DPHSS GBCCEDP staff to complete of the following forms by **September 29, 2021**:
 - aa) Annual Clinic Data Collection Form: Cervical Cancer v2 (Form 4)
 - bb) Annual Clinic Data Collection Form: Breast Cancer v2 (Form 5)
 - cc) Annual Clinic Data Collection Form: COVID-19 Impact on Cervical Cancer (Form 6)
 - dd) Annual Clinic Data Collection Form: COVID-19 Impact on Breast Cancer (Form 7)

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- x) Attend appropriate DPHSS GBCCEDP monthly meetings to facilitate discussion and provide reports of activity such as breast and cervical cancer screening patient navigation data collection and analysis. Participate in various conference calls, as needed.
- xi) The Health Provider shall complete and submit compiled data report and presentation of findings to the DPHSS GBCCEDP staff and stakeholders. All deliverables shall be completed within the specified allotted deadlines.

c) Data Reports

- i) The Health Provider shall include the following information in the Community Program Aide II Monthly Reports (Form 8):
 - aa) Total number of patients due for breast and cervical cancer screening
 - bb) Total number patients scheduled
 - cc) Total number of mammograms completed
 - dd) Total number of pap tests completed
 - ee) Total number of post cards sent
 - ff) Total number of post cards received
 - gg) Total number of calls made
 - hh) List reasons why patients did not show up for their appointment or refused
 - ii) Total number of patients who referred to DPHSS GBCCEDP for follow-up and patient education
- ii) The Health Provider shall collaborate with the DPHSS GBCCEDP staff to complete and submit the following reports by **September 29, 2021**:
 - aa) Annual Clinic Data Collection Form: Cervical Cancer v2 (Form 4)
 - bb) Annual Clinic Data Collection Form: Breast Cancer v2 (Form 5)
 - cc) Annual Clinic Data Collection Form: COVID-19 Impact on Cervical Cancer (Form 6)
 - dd) Annual Clinic Data Collection Form: COVID-19 Impact on Breast Cancer (Form 7)
- iii) The Health Provider shall attach these reports to the Community Program Aide II Time Sheet (Form 9) and Invoice (Form 10).

d) Compensation

Health Provider shall provide itemized invoices on a monthly basis (or as otherwise agreed to by the parties), including services per hour, training, compiled data reports, and signed time sheets certifying the hours worked for the period and approved/signed by authorized DPHSS GBCCEDP official.

- i) Payments shall be processed on the following schedule:
 - aa) Rate: \$11.89/hour x 40 hours x 52 weeks = \$24,731.20 (includes training)

- bb) First payment (\$2,060.94) upon submission of monthly data report and completion of EHR and scheduling training.
- cc) Second Eleventh payments ($$2,060.93 \times 10 = $20,609.30$) upon submission of monthly data report.
- dd) Final payment (\$2,060.94) upon submission of final compiled data reports, Section 3) c) ii), and presentation of findings to the DPHSS GBCCEDP staff and stakeholders. Project must be completed on or before June 29, 2021.
- ee) Total payment: \$24,731.20
- ii) The Health Provider shall be compensated only for services in accordance with the DPHSS GBCCEDP's budgeted amount under the grant's provisions.
- iii) The Health Provider will not be paid for time not worked.
- iv) Payments shall be made through the Department of Administration per Government of Guam policies.

4) Periodic Assessment of Performance

The Health Provider shall participate in a periodic service performance evaluation. Evaluation will be performed by the DPHSS GBCCEDP Program Coordinator and will be based on a careful review of the tangible product (i.e. data report) submitted to the DPHSS GBCCEDP Program Coordinator.

Performance Standards shall be based on the provisions of Sections 2) b) and 3) b).

Rating: Unsatisfactory, Satisfactory, or Outstanding 5) Ownership of Documents

The parties agree that all memoranda, tools, reports and other incidental work or materials furnished hereunder shall be and remain the property of the DPHSS GBCCEDP including all publication rights and copyright interests and may be used by the DPHSS GBCCEDP without any additional cost to the DPHSS.

All documents, correspondence, and other material furnished to the Health Provider shall remain the property of the DPHSS GBCCEDP.

Medical Records Clerk

Forms applicable to this work attached:

Form 1	Medical Records Clerk Monthly Report
Form 2	Medical Records Clerk Time Sheet
Form 3	Medical Records Clerk Invoice
Form 4	Annual Clinic Data Collection Form: Cervical Cancer v2
Form 5	Annual Clinic Data Collection Form: Breast Cancer v2

FORM 1 MEDICAL RECORDS CLERK MONTHLY REPORT

Medical Records Clerk Monthly Report

Date Reported:				
	July	August	September	Comments
1) Total number of charts extracted of women ages 50- 74 years old that had at least one doctor's visit to the clinic between January 1, 2020 - December 31, 2020				
2) Total number of charts extracted of women who are 52 to 74 years old that had a doctor's visit but must exclude those with bilateral mastectomies or two unilateral mastectomies between January 1, 2020 - December 31, 2020				
3) Total number of charts extracted from #2 that completed their breast cancer screening between October 1, 2018 and December, 31, 2020				
4) Total number of charts extracted of women ages 21 - 64 years old that had a doctor's visit to the clinic between January 1, 2020 - December 31, 2020.				
5) Total number of charts extracted of women ages 24 to 64 years old that had a doctor's visit but must exclude those who had a complete hysterectomy between January 1, 2020 - December 31, 2020				
6) Total number of charts extracted from #5 that completed their cervical cancer screening between January 1, 2020 – December 31, 2020				
Name of Medical Records Clerk: Signature:				
Received by GBCCEDP Staff:				

FORM 2 MEDICAL RECORDS CLERK TIME SHEET

[Company Name]
[Street Address]
[City, ST ZIP Code]
Phone [phone] Fax [fax]

TIME SHEET

Employee N Employee	ame:		Title:		
Number:			Status: _		
Department:			Supervisor: _		
Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
		<u> </u>			
		Weekly Totals			
Employee signature:				Date:	
Supervisor signature:				Date:	

FORM 3 MEDICAL RECORDS INVOICE

[Company Name]

INVOICE

[Street Address]

[City, ST ZIP]

Phone: (000) 000-0000

INVOICE#	DATE
2034	2/21/18

BILL TO

[Name]

(Company Name)

[Street Address]

[City, ST ZIP]

[Phone]

[Email Address]

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Training: 2 hours at \$18/hr.	1	\$18.00	18.00
Labor: 5 chart at \$4/chart	5	\$4.00	20.00
			•
			•
			•
	GI IOTH		
	SUBTO		38.00
Received by: Signature:	ТОТА	AL \$	38.00
Date Received:			

If you have any questions about this invoice, please contact [Name, Phone, email@address.com]

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FORM 4

ANNUAL CLINIC DATA COLLECTION FORM: CERVICAL CANCER V2

INSTRUCTIONS: ANNUAL CLINIC DATA COLLECTION FORM for CERVICAL CANCER

The Annual Clinic Data Collection (ACDC) form is an optional tool developed by CDC that grantees can use to collect annual data from health system and clinic partners. The data collected in this form are designed to serve as a reference point to assess changes in cervical cancer screening rates among participating clinics.

What is included?

This Excel file includes the ACDC form and a corresponding data dictionary. The data dictionary provides a description for each variable in the ACDC form and should be consulted as needed. For guidance on selecting and calculating a cervical cancer screening rate, refer to the accompanying document, Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.

What are the required fields?

Required fields are denoted with asterisks and are teal while the customizable fields are light blue. To label a custom field, click into a light blue cell and type your label text. If you would like to add additional fields, CDC can provide you with an unlocked file. Note: Although fields in both the 'Chart Review Screening Rate Data' and 'Electronic Health Record Screening Rate Data' sections are indicated as required, you only need to complete the section for which you have the most accurate and reliable data.

How do I complete the ACDC form?

When you first open the Excel file, a SECURITY WARNING banner will appear across the top of the form. Click the "Enable Content" button. A secondary pop-up window will appear asking "Do you want to make this file a Trusted Document?" select the "Yes" button.

If you ask your clinic partner to complete the form, we recommend sending it to them electronically. Once clinic staff complete the form, they should send the form back to you electronically. Alternatively, you can complete the forms yourselves after consulting with the clinics to receive the appropriate responses. Please do not send these forms to CDC or IMS.

How do I assign IDs to partner health systems and clinics?

Use the same 3-digit identifier you assigned to each partner health system and clinic during submission of baseline clinic data. Refer to reports in B&C-BARS as a reference to the identifiers assigned. It is essential to use the same identifiers throughout the program period to link baseline and annual data for each clinic and assess changes over time.

How do I report the annual clinic data via the web-based Breast and Cervical Baseline and Annual Reporting System (B&C-BARS)?

You will manually enter the annual clinic data into the web-based Breast and Cervical Baseline and Annual Reporting System (B&C-BARS). You should refer to the ACDC form when entering the data and take steps to ensure accurate data entry.

KEEP IN MIND:

- The ACDC form is an optional tool and you are not required to use it. CDC developed the ACDC form to assist you with the data collection process.
- Complete a separate ACDC form for every participating clinic for which you submitted baseline data. Refer to reports in B&C-BARS for a listing of which clinics CDC expects annual clinic data for.
- Remember to use the same 3-digit assigned IDs for health systems and clinics. Refer to reports in B&C-BARS for a listing of the IDs for your partner health systems and clinics.
- Pay attention to character limits in free text fields. Refer to the data dictionary for guidance.
- 5. Do not send the completed form to CDC or IMS.
- Complete all teal fields. You will be required to report those data into B&C-BARS.
- Use the completed BCDC form when entering the clinic data into the B&C-BARS. The form does not automatically feed into the system.
- Ensure the data are accurate and have been entered appropriately into the B&C-BARS.
 Refer to the data dictionary for guidance.
- 9. You may add custom fields to meet your data collection needs.

ANNUAL	CLINIC DATA	COLLECTION FORM- CERVICAL CANCER	
Grantee Name*:	Please select	- Accessment Date (MM/DD/YYY)*:	1
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Comments (200 cher livit):			
		REPORT PERIOD	
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Implementation start date (MM/YYYY):		Resear for terrification (200 char):	
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ANNUAL CLINIC CERVICAL	CANCER SCREEN	ING RATE (Complete either or both chart review and E	HR sections)
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CR Humerator to calculate screening rate':		End date of 12-month reporting period	
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EHR Screening rate (%) calculated		Measure used':	Please selectures e select
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EHR Numerator to calculate acreening rate:		End date of 12-month reporting period	
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	MONITORING A	AND QUALITY IMPROVEMENT		
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Frequency of implementation support to clinis:	Presentation	- BCCEOP clinical services*:	Processor	-
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June 100				_
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	PAT	IENT EDUCATION	
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	COMMUNITY OUTRE	ACH, EDUCATION, AND SUPPORT	
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Jacobsen Salah		particular (
	Other community-	clinical linkage (CCL) activities	
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NECCEDP Variable	Verlable Definition	Field Type	Response Options
Orantee name:	Two-cheracter Grantee Code (assigned by CDC)	Lasi	Various
			VIIITIQUS
Accessment Date:	Date the clinic ennual data assessment was completed.	Date	MMDDAYYY
	PARTNER HEALTH STOTEM CHARACTERISTICS		
locii systemneme:	Name of the partner health system under which the clinic (intervention site) operates.	Character	Free text 100 Char lend
leath system D:	Unique tree-digéidentification code for the partner health system assigned by the granite. Use the same tree-digéidentification code assigned albaseline.	Numeric	021-995
Comments:	Optional comments.	Character	Free tox1 200 character lend
	CLING CHARACTERISTICS		
linic name:	Name of the primary care clinichts. Acting is defined as a location where primary care services	Character	Free hal
	are delivered. Clinics may also be referred to as "siles" or "practices."	- neret pr	100 character limit
Sinic ID:	Unique bree-dig tidentification code for the clinic sesigned by the granties. Use same bree-dig tidentification code sesigned at baseline.	Numeric	001-898
olal 8 of clinic patenta, age 21-64, roman	The bits number of patents eged 21-84, women, who have had all testione medical visit bits clinic in the its (complete calendar year (January-December).	Numeric	1-0999999
	Sunsystems, its acceptable to report on a similar range used by the clinic for measuring acreeling rates (e.g., 24-64 used for calculating a HEDIS acreening rate).		
oraneris:	Optonal comments,	Charactur	Free text 200 character limit
	REFORT PERIOD		E 2 2 1 102
portPeriod:	Report period represented in sections 5-12 where long fuding I data forms are reported.	Let	
	Annual data are reported althe end of each program year (PV)	Cat	NBCCEDP1701-py1
	Note the title acreening rates reported at baseline and annually use a consistent 12-month		NBCCEDP1701-py2
	reporting period.		NBCCEDP1701-py4
	179-0-1-124		NBCCEDP 1701-py5
piomentalion atrius	Indicates directamentation activities have started using NBCCEDP resources to support 1 or more EBs to increase cervical cancer screening during the program year, fresources were used for EBI planning only (see time 9a-g4), report Notstarted".	Let	Started Notstarted
	Emplementation has not started, skip to partnership status.		Matsiering
Diementation startdate	Month and year when implementation is started. For this variable, implementation is defined as using	Date	MANOCOT
	NBCCEOPresources to pulone or more new Etts in place or enhance/improve an Ett (or Etts) tasiwas in place at baseline.		
ervical cancer activity partners hip this:	Indicates the NBCCEDP cervical cancer EBI activities with the clinic have been terminated with no implementation or cervical cancer screening rate monitoring activities conducted this program	List	Nottermeated
and a second second	year or planted through the end of the FDA.		Termnated
eson for investige	Reason that cervical cancer Ethirplementation and screening rate monitoring activities have been terminated.	Character	Freelext
rmination date:	Month and year when the clinic partnership for cervical cancer EBlackvilles and screening rate	Date	200 char limit
	monitoring activities were terminated.		Present 1 2 1
Screening rate (%):	Chart Ray liw (CR) Screening Rate Data for Cervical Cancer		
- congress (St.	THIS RATE WILL BE AUTOMATICALLY CALCULATED USING THE NUMERATOR AND DENOMINATOR REPORTED BELOW.	Numeric	00-100
t Denominator to calculate	Denominable is dependention the measure used (e.g. GPRA HEDIS, UDS). Please see Appendix 2. In CDC Guidance to Measuring Breast Cervical and Colorectal Center Screening Rates in	Numeric	1-9999999
	Heath System Clinics.		
and the second s			
Numerator to calculate	Numerator is dependent on the measure used (e.g., GPRA, HEDIS, UDS), Please see Appendix 2.	Numere	1-0099999

Escreening rate unevaluate, data the rate will be available:	Is account rate cannot be obtained with the clinic baseline date, provide the approximate date that the agreeing rate will be available.	Date	MADDAAAA
	Abaseine screening rate will not be available for a new since that was not no operation for at least one full year prior to the baseine assessment.		
Nessure used;	indicates the measure that was used to calculate the numerator and denominator for the screening rate.	Let	GPRA
	for any series of the series o		HEDE
	Interesting measure (e.g., HEDIS, UDS, OFFIA) was notused, the CDC Guidance for Measuring Breast Cervical and Coloractal Gancer Screening Retus in Health System Clinics provides		NOF
	miprimition on calculating a NQF-endorsed measure. If it is is used, "NQF" should be selected.		UDS
	The same measure reported at besiding should be used for reporting in subsequenty ears.		Other
Daridain of 12-month reporting	The reporting period for the baseline ecreening rate should be the most recent 12 month reporting		
period:	period available. The standate for the 12-month reporting period ahould not be more than 2 years, pror to the anticipated standate of NBCC EDP supported activities.	Date	MMDD/YYYY
	The same 12-month measurementy pay should be used for all subsequenty years of cervical cancer acreening rail date collection at the clinic.		
End date of 12-month reporting period:	The reporting period for the basis ine screening rate should be the most recent (2-month measurement period available.	Dalu	мыррууу
	The same 12-month measurement year about be used for all subsequent years of services cancer acreening rate date categories either cancer.		
Notcher's reviewed to calculate acreening rate:	Indicates the percential medical charts that were reviewed. A minimum of 10% or 100 charts should be reviewed. The percent should be based on the number of women meeting the demomnator delinition for the measure used (e.g., for IHEDIS, 10% of charts for women aged 24-64, who had at leas (one medical via during the measurement year). See CDC Guidance for Measuring Breast	Humans	00-100
	Corveol and Cobracial Concer Screening Raiss in Health System Clinics. Thin % will be submatically exiculted using the denominator and total 6 of child potential reported above for this PY.		
Burping nethed	Were records selected (hrough either a random or systematic sampting method) to generate a representative sample of the entire population of patients who meet the inclusionablection or terms?	Lei	Yes
	Bes p. 10 in CDC Guidence for Measuring Breast Corvical and Colorectal Concer Screening Rales in Health System Cinics.		No
	Arandom sample takes a randomly assigned subset of the population identified in the sampling frame. This is typically accompleted through generating a random number friet will be assigned to each patent in the sampling frame. This can be accompleted in many ways (e.g., random number table, web-based solvers, computer solvers).		Unknown
	Asystemetic sample orders every patent (e.g., alphabetically, by ID) in the sampling frame and then selects every nit patent.		
	Spectronic Health Recent (ENR) Screening Rate Data for Corvical Canaer		
HR Screening rate (%):	The rate will seautomatcally calculated using the numerator and denominator reported selow.	Numeric	00-100
HR Denominator to calculate preening rate:	Denominator is dependention the measure used (e.g., OFRA HEDS, UDS). Please see Appendix 2. in CDC Guidance by Measuring Breast Cervical and Colorecta/Cencer Screening Rates in	Numeric	1-9989999
	Heath System Cinics.		
if Numerator to calculate preening rate;	Numeralbri's dependenton the measure used (e.g., GPRA, HEDB, UDS), Please see Appendix 2, in COC Guidence for Alexauring Breast Corvest, and Colorectal Cancer Screening Rates in Heath System Clinics.	Numera	1-000000
screening rate unavailable, date no rate will be available:	Es screening rate cannot be obtained with the clinic beauting date, provide the approximate date half be accepting to the will be available.	Date	MWYYYY
	Abseline screening rais will notice evaluate for a new clinic shallwas notin operation for all was one bit year providing baseline assessment.		
resure meed:	Indicates the measure that was used to calculate the numerator and denominator for the screening rate.	Lut	OFRA
resure used:	fee.	Let	GFRA HEDIS
leaure weed:	Fan Statistics and Colorectal Concerns Screening Rates at Health Statistic Concerns and Colorectal Concerns Screening Rates at Health Statistic Concerns and Colorectal Concerns Screening Rates at Health Statistic Concerns	Lui	
iosure wood:	fee.	Lei	HEDIS
secure modd:	Fan Statistics and Colorectal Concerns Screening Rates at Health Statistic Concerns and Colorectal Concerns Screening Rates at Health Statistic Concerns and Colorectal Concerns Screening Rates at Health Statistic Concerns	Luj	HEDIS NGF

Bertdeb of 12-month reporting period:	The reporting period by the baseline screening rels should be the most recent 12-month reporting period available and consultant with the measure used (see CDC Guidence for Measuring Breast Cervical, and Colorochi Cancor Screening Rates in Health System Cancos). The start date by the 12-month reporting period should not be more than 2 years pror to the anticipated start date of NBCCED Ps upported activities. The same 12-month measurement year should be used for all subsequent years of cervical.	Date	MANDAYYY
	Cancer screening related collection at the climic.		
End data of 12-month reporting period:	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available.	Date	MMOD/YYY
	The same 12-month measurement year should be used for all subsequent years of cervical cancer surrening rate data collection at the clinic.		
EHR rate reporting source:	Indicates the source of the denominator and numerator date reported for the EHR acrossing rate.	Let	HCCN data warehouse
			Cinc EHR
			Health system EHR
			EHR vender
How confidentare you in the securacy of the DHR-calculated	Indicates the granter's confidence in the accuracy of the EHR-calculated acreening rate.	Lui	Netconident
screening rate?	Accuracy of EHR-calculated screening rates can vary depending on how data are documented		50 new hat confident
	and embred into the EHR. For additional information, see the National Coloractic Cancer Roundiable's a unwary report, "Use of Sections: Alederal Records to Feetings Coloractic Cancer Screening in Community Health Centers" and "CDC Gudance for Measuring Breast Corvical, and Coloractic Cancer Screening Rates in Health System Chics."		Very confident
Boreaning rate problem	Are there known unresolved problems with the EHR reported screening rate or acreening date quality?	List	Yes
			No
Specify screening rate problem	8YE3 to acreening rate problem, specify the problem and any activities conducted the program year to address &	Character	Free text
	Describe the usua and severify of known problems or rationals for low confidence in the validity of the BHR -reported screening rate. Specify any activities such as improvements made to sets entry systems or to the screening rate measurement calculation.		256 char limit
Acroening rate larged	thicasts the screening rate target established for the subsequent annual screening rate reporting period. The number represents a percentage value (rate per 100). Targets a hould be realistic and actionable.	Numero	1-103 999 4 no largel set
Comments:	Optional comments -	Character	Free text 200 character limit
	MONITORING AND QUALITY INPROVEMENT		
Cine screening poley	Does the place have a written cervical cancer acreening policy or protocolinuse?	Lat	Yes
	Acred the policy should include a defined set of guidelines and procedures in place and in use at the clinic of parenthesith system to support cervical cancer screening, a learn responsible for implementing the policy, and a quality assurance structure (e.g., protessional screening guideline bitweed such as USPSTF, process to assess patentiscreening the bitweet such as USPSTF, process to assess patentiscreening or reterrat, as type-procedures are applicable to implement the office policy).		No
Frequency of monitoring acreening rate	Indicates how often the clinic servicel cancer screening rate is monitored and reviewed by sinic	Lat	Monthly
	personnel		Quarterly
			Semi-annually Annually
requency of Implementation	On-site or direction incits (e.g., triephone) with the clinic is support and improve emplementation	Lat	Weekly
Lupports cine	schrees by EBs and cervical cancer screening date qualty. Support could be provided by a grantee or contracted agent. Example support acts are white conductors a transfer agent.	33	Monthly
	assessment, providing technical assistance on implymenting an EBI, terring staffs support an EBI, annual no behand a servicial concernment and include a providing technical assistance to develop a convenience acceptance and policy as provided assistance.		Quarterly
	leadback to stafform monitoring or evaluating an Etilemplementation.		Sem-annually
Malina accessible cale	thMehdha	3,575	Annually
aldsing screening rain	Validated the servical cancer screening rate data using charties away or other methods during the py	Let	Yes No
alking screening rate	Validated the service licenser screening rate data using charilleview or other methods during the PY Is there a known champion for convex cancer acreening internal to the clinic or parentheath system?	Let	Yes

BCCEDPcIntralservices	Does your programsupportfermourse for cervical cancer screening, diagnostics, and/or patent navigation services at this clinic? Funding could come from CDC, state, or other sources	Lel	Yes No
Comments:	Optional community.	Character	Free lext 200 character lend
	EVOINGS BASID STERVISITIONS		
For each EBI, report annually wheth conducted, and if the EBI is austain	or NBCCEDP resources supported the ESI during the PY, If the ESI is in place and operational at the able.	end of the FY, an	d If not in place were planning activities
	PATENT REMINDER SYSTEM		
Were NBCCEDPresources used toward a patent reminder system during this PY?	Indicates whether NBCCEDP granter resources (e.g. lunds, stell time, materials, contract, were used during the PY to controlle to planning, developing, implamenting, monitoring by alusting or improving the EBI for cervical cancer acreening.	Let	Yes
Patentreminder system in place at PY and	Indicates whether the EBIs in place for curvical cancer screening and operational (in use) in the clinic withe end of the PY, regardless of the quality, reach, or current level of functionality.	Let	Yes
Patent reminder ays tem modelity during this PY	In place, indicates whether an average patential the clinic received cervical cancer screening reminders in more than one way (e.g., same patent received 3 reminders; one by letter, another by textimes sage, and a tirrid by trisphone) or a reminder type multiple times (e.g., same patent received 3 different textimes sage reminders or 2 different telephone messages) during the PY.	Lai	Yes No
Patentreminder dosage during his PY	Emu3-model for cervical cancer acreening, how many different ways or different times did a given patent receive cervical cancer acreening reminders?	Lut	2 3 4 5 or more
Palentremender system planning activities	final in place, were planning activities conducted this year for Little implementation of the EBI for cervical cancer acreening?	Lişt	Yes No
Patent reminder a ya tem sus tainability	If n piece for cervical cancers acreeming, do you consider the EBI as fully integrated into health aystem and/or clinic operations and sustainable? [Figh quality implementation has been achieved and a supporting in the structure is implace along with any financial supporting edge to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.]	Lasi	Yee, with NBCCEDP resources Yes, without NBCCEDP resources No
	PROVIDER REMINDER SYSTEM		
Were NBCCEDP resources used oward a provider reminder system furing this PY7	indicable whether NBCCEDP grantie resources (e.g. lunds, shaftine, mahrinia, contact) were used during the PV to contribute to planning, developing, implementing, monitoring-trislutable or improving the EBI bir cervical cancer acreening.	Lei	Tes No
Provider reminder system in place at Pfend	Indicates whether the EBIse in place for cervical concern acreering and operational (in use) in the clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	Let	Yes
havider reminder system modelly uring this PY	Implice, indicates whether providers with a time typically received cervical cancer acreering reminders for a given patent in multiple ways during the PY (e.g., provider receives both an EHR popular massage and a flagged patent charitor same patent).	Lat	Yes No
rovider reminder system dosage	I multi-model, on average, how many diferent ways did providers receive betwice cancer screening reminders for a given patent?	Let	2 3 4 5 or mare
rovider reminder system planning covides	Enotiniplace, were planning activities conducted this year for future implementation of the ESI for cervical cancer acreening?	List	Yes No
rovider remnder system ustanabšty	Emplace for cervical cancer acreening, do you consider the EBEss fully integrated into health system and/or clinic operations and sustainable? Projet quality implementation has been achieved and a supporting inteat future is in place along with any financial supportinged ob marriain the EBI. The EBI has become an institutional cell component of the health system and/or clinic operations.	Lut	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No

FROWDER ASSESSMENT AND FEEDBACK		
Indicates whether NBCCED Pgrantse resources (e.g. linds, staff time, materials, contract) were used during the PT to conticulate to planning, developing, implamenting, monitoring levels along or improving the Ellistic reviewal cancer screening.	Lal	Yes
Indicates whether the EBIs in place for corvical cancer screening and operational (in use) in the	Let	Yes
care autre and other PT, regardless of the quality, reach, or current level of functionally.		No
	Lat	Weeky
		Monthly Quarterly Annually
Find in place, were planning activities conducted this year for future implementation of the EBI for	Let	Yes
An in the state of		No
En place for cervical cancer screening, do you consider the Ellias Lify integrabed into health	Lei	Yes , with NECCEDP resources
and a supporting intrastructure is in place along with any financial support needed to me intention		Yes, w thoutNBCCEDPresources
ESI. The ESI has become an its Multimakted component of the health system end for clinic operations.]		No
ABDUÇNG STRUCTURAL BARRISTS		
and cales whether NBCCEDF grantse resources (e.g. Linds, shall tre, materials, contract) were	Let	Yes
used during his PY to contitute to planning, developing, implementing, monitoring level liabing or improving the EBI for cervical cancer is creening.		No
Indicates whether the ESI's implace for conveniencer acreening and operational (in use) in this	Lut	Yes
and an anito or the vision and a street questy, reach, or current evel of Linconsety.		No
Emplace, indicates whether the clinic reduced structural barriers for patents in multiple ways during the Pring Johnson structural bound in the proposed by some salaring.	Lui	Yes
		Na
Smuth-model how many differentiarays did the clinic reduce structural barriers to cervical cancer screening during the PY?	Let	2
		4 Sor more
Enoting little, were planning solvites conducted this year for future explanation of the EBI for Convice cancer a presence?	Lati	Yes
		No
Emplace for cervical cancer streening, do you consider the EBI as fully integrated into heath	List	Yes, we NBCCEDPressures
and a supporting intrastructure is in place along with any financial support needed to maintain the		Yes, whost NBCCED Presources
ESL The EBihas become an institutionalized componential the health system and/or clinic operations.]		No
SMALL MEDIA		
Indicates whether NBCCEDP grantee resources (e.g. lands, stations, materials, contact) were	Lut	Yes
used during the PY to contibute to planning, developing, implementing, misnibiring level using or moreoving the EBI bir convicul cancer a creening.		Na
Indicates whether the EMs is place for carrical cancer acreening and operational (in use) in the cancer although the Prince of the Prince of the Bushb, reach, or currently varied for contact.	Lat	Yes
		No
En place, ridicates whether a given patent received multiple forms of small middle related to	Let	Yes
cervical cancer screening (e.g., the same palent received a posturit, was exposed to posture in the office setting, received a chinic news latter or brochure) during the PY.		No
Emult-model, how many differentways did a given patent thely receive small media about cervical concer screening?	Lut	3
		4 5 or more
Enotes place, were planning activities conducted this year for future implementation of the EBI for correct cancer agreeming?	Lut	Yes
	Indicabs whether NECCEDP granter resources (a.g. lands, staffine, materials, contract) were used during the PY to cent bub to planning, developing, implementing, monitoring by sale and contract the end of the PY, repardless of the quality, reach, or current tevel of unclanative contracts whether the Eile is obtained to the quality, reach, or current tevel of unclanative contracts and of the PY, repardless of the quality, reach, or current tevel of unclanative. In place, indicates, on average, how other providers were given bedoack on their performance in providing corruption and success during the PY. Individual place, were planning activities conducted this year for future implementation of the Eile or corruption of the providing corruption of the Eile or corruption of the corruption of the place, were planning activities and sucliminable? Pigth quality motivate library and an appointing in face butter is in place along with any financial support needed to maintain the Eile The Eile has become an institutionalized component job he has this year benefit and on the the personnel of the providing the personnel of the has the providing the PY to certificate or corruptional corruptions (e.g. Linds, staffare, materials, contract) were used during the PY to certificate or corruptional corruptions (e.g. Linds, staffare, materials, contract) were used during the PY to certificate or corruptional corruptions (e.g. Linds, staffare, materials, contract) were used during the PY to certificate or corruptional corruptions of the quality, reach, or current level of functionally. In place, were planning activides or corruptional barriers to patents in multiple wery during the PY (e.g. offered evening clinic hours, provided the surperinted of the servical cancer acreening during the PY (e.g. offered evening clinic hours, provided the surperinted to the servical cancer acreening during the PY. In place, were planning activides conducted the year for future replanemation has been achieved and an apporting during the PY. In p	Indicates whether NECCED granter resources (a.g. funds, sixthms, materials, contract) were used during the PY to control but to be anning, developing, implementing, morborright valuating or moveming the ESDs control but to be anning, developing, implementing, morborright valuating or movements and the control cancer screening. Indicates whether the ESDs in pipes by carvical cancer screening and operational (in use) in the chief of the PY, regardless of the quality, reach, or current variety of functionality. In place, indicates, on average, how other previous were given teedback on their performance in providing convicual cancer screening services during the PY. In place, were planning activities conducted the year by future implementation of the ESDs overval (center acreeming? In place, were planning activities conducted the year by future implementation of the ESDs overval (center acreeming?) In place, were planning activities conducted the year by future implementation in the bean acreemed of the place acreeming of the center of the ESDs and the provided of the place and the place acreeming of the teeth in place to the place acreeming of the teeth in place to the estimate of the ESDs and the place acreeming of the teeth in place acreeming of the teeth in place acreeming the teeth in place to the estimate of the ESDs and the place acreeming the teeth in place acreeming the teeth in place acreeming the teeth in place acreeming the place acreeming to the place acreeming the place acreeming the place acreeming the place acreeming to the planning during the place acreeming the

Small made sustainability	En pièce for cerrical cancer screening, do you consider the ESI as fully intigrated into heath system and/or clinic operations and sustainable? Jitiph quality implementation has been achieved and a supporting intrastructure is in place along with any financial support needed to maintain the ESI. The ESI has become an institutionalized component of the health ay stamand or clinic operations J	Let	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
	PATIENT EDUCATION		
Were NBCCEDP resources used toward a palent education system during this PY?	Indicates whether NECCED Pyranter resources (e.g. lands, staffine, materials, contact were used during the PY to contribute to planning, developing, implementing, monitoring the student or improving the Elithricery calcancer screening.	Lel	Yes No
Patenteducation system in place at PY and	Indicates whether the EBI is in place for convicionness acreening and operational (in use) in the clinic although of the PY, regardless of the quality, reach, or current level of functionality.	Lat	Yes No
Patent education decage during this PY	En place, indicates, on average, how many hours of cervical cancer acreening education were received by a given patentiduring the PY,	Let	Less than 15 menutes 15 to 30 menutes 31 menutes to 1 hour 2 to 3 hours More than 3 hours
Potenteducation systemplanning activities	Enote place, were planning activities conducted the year for litture implementation of the ESI for cervical cancer screening?	Lei	Yes No
Palenteducation system sustainability	In place by corvical cancer acreening, do you consider the EBI as tuly integrated into health system and/or clinic operations and sustainable? Pright quality implementation has been achieved and a supporting intrastructure is in place along with any financial supportingeded to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.	Let	Yes, with NBCCEDP resources Yes, without NBC CED Presources No
	REDUCING OUT OF POCKET COSTS		
Were NBCCEDPresources used toward reducing outofpectateosis during this PY?	Indicates whether NBCCCDP granter resources (e.g. Linds, shiftine, materials, contact) were used during the PV to conticute to planning, developing, implementing, man foreight alusting or improving the EBI for cervical cancer acreening.	Let	Yes No
Reducing eulef packetoests in place at PY and	Indicabs whether the EBIs in place for convicul cancer screening and operational (in use) in this clinic all the end of the PY, regardless of the quality, reach, or current level of functionality. ###################################	Lai	Yes No
Reducing outelpacketcosts modelly during the PY	In place, indicates whether the clinic reduced out of pock at cash, for patents in the tiple ways during the PY	Lei	Yes No
Reducing outof pocketoes is decage	Imus-modal on average, how many different ways did the clinic use to reduce out of pock efcests for patents?	Let	3 3 4 5 or more
Reducing autof pockstossis planning activities	Enote place, were planning activities conducted the year for future implementation of the EBI for cervical cancer activening?	Lut	Yes Na
Reducing autof pocket costs sustainability	Emplote for convicultancer screening, do you consider the EM as July integrated into health system and/or clinic operations and sustemable? Figh quality implementation has been achieved and a supporting intrastructure is in place along with any financial support needed to immittee EM. The EM has become an institutionalized component of the health system and/or clinic operations (Lai	Yes, with NBCCED Presources Yes, without NBCCED Presources No
	PROFESSIONAL DENELOPMENT AND PROVIDER EDUCATION		
Were NBCCEDP resources used triverd professional development, and provider education during this PV?	Indicates whether NBC CEPP grantse resources (e.g., lands, stafftins, materials, contact were used during the PY to centrifulls to planning, developing, implementing, monderinglevaluating or improving the solvely.	Let	Yes
Professional development and provider education in place sIPY end:	inducates whether the sicivity α in place and operational (in use) in the clinic at the end of the PT, regardless of quality, reach, or current level of functionality.	Let	Yes
Probesions developmentand provider education desage during this PY	In place, indicates on average, how many hours of cervical cancer screening professional developments aming or education were received by a given provider during the PY.	Liet	Less than 13 minutes 13 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours

	COMMUNITY OUTHEACH, EDUCATION, AND SUPPORT		
	COMMUNITY OUTREACH, EDUCATION, AND SUPPORT		
West NBCCEDP REGUIDES	Indicates whether \BCCEDP grantee resources (e.g., lunds, staff firm, materials,	List	Yes
used Shreet community cultouch activities during this PY?	contact) were used clump this PY to contribute to planning, developing, implementing, implementing, implementing the activity for convoid contains occurring.		No
Community outwarth activities in place at PY end:	Indicates whether the activity is in place for convocil cancer scenaring and operational (in use) in this clinic at the end of the PY, regardess of quality, reach, or custod level of	List:	Yes
	Ancionsity,		Na
Community authorsh activities dosage during this PY	Fin place, for parions in the clinic's community who were exposed to currench activities conducted by the clinic during this PY, indicates the amount of time is given person econvict those activities.	tlet	Leon Part 15 mm, line 15 to 30 mm, line 31 mm, line to 1 hour 2 to 3 hours More than 3 hours
Community extreach planning activities	First in place, were planning activities conducted this year for future implementation of the activity for convocal concern screening?	List	Yes No
Companyoutsich	Fire place for convicual concerns consuming, do you consider the activity as fully integrated into	List	Yes, with ABCCEDP assures
eusteinsbillity:	hastin system and/or office operations and austiniable? [High quality implementation has been achieved and a supporting inflaminative is in place along with any financial support resided to martism the activity. The activity has become an institutionalized component of the half in system and/or office operations.]	USI .	Ym, whole NBCCEDP resour
Formurb/heth wokes	The number of CHW I/II time equivalents (TTLs) employed at or by the clinic for cervical		
(CiffWs)in place, 8 of FTE CiffWs	concer screening. For this number, please provide the lotal sum of whole and passal FTE's 10 the resnet tenths decoral place.	Numeto	00.0-699.0
****	OTHER COMMUNITY CUNICAL UNKAGE ACTIVITIES		
Other community clinical linkage activities	Describe other ectivities his clinic is conducting to link women in the community in convex concerning serves in this clinic.	Character	Free text. 256 Charliest
	PATERTHAVIDATION FOR SCREENING, DIAGNOSTICS, AND/OR TREATME	MALE AND A STORY	
Were NB CCEDP macures			
wed bread point new golden duing this PY?	Indicates whether NB CCEDP greates resources (e.g., funds, staff time, materials, contract) were used during this PY to constitute to planning, developing, implementing, manifold greatesting or improving patient resognion activities for convocal concern.	List	Y Sa
Patient resignion in place at PY and:	Indicates whether potent revigation is in place for cervical cancer and operational (in use) in this clinic at the end of the PY, regardless of quality, reach, or current level of functionality.	List	Yes No
Patent makpulan dawaya duling stie PY:	If in place, for passons at this elimic who acceived rengation this P.Y., indicates the average amount of navigation time site acceived to overcome convocal cancer screening basisms.	Liec	Less Fron 15 retrutes 15 to 30 minutes 31 minutes 11 hour 2 to 3 hours More than 3 hours
Palett resignin planting activities	First in place, were planning activities conducted the year for Lean implementation of patient navigation for convical carrier?	List	Yes No
Patent resignion systemability:	If in place for cervical cancer, do you consider patient nevigation as fully integrated into health system and/or olinic operations and austamable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support	List	Yes, With NBCCEDP resources Yes, without NBCCEDP resources
	residad to mantan potent novojatos. Platient novojation has become an institutionalized component of the health system entitor clinic operations.]		No
f patient making patient in place, it of FTE's delivering patient particulars	The number of US time equivalents (FTEs) conducting patient revigation for convext concert in this store. For this number, please provide the total sum of whole and partial FTEs to the necessitating discrete classes.	Numeric	03.0-999.0
I patent medgetion in place, if of clients newligated	Report to unities of clients receiving navigation services for cervical carper during this program year.	Numeric	1-00008 90000 (Urkl)
	Other Curvinal Corner Activity 1		
Other Cervical Cancer Activity 1	Description of other Cervical Carbon activity or strategy (1).	Secretary Street	Charles of the Control of the Contro
Sales on the Cartes Method I	ermonopous of their better better during of bittings (1).	Chancier	Free text 200 character limit
Was NBCCED# meuces	Indicates whether NBCCEOP grantee resources (e.g., Sunds, staff time, materials,	tist	Yes
used toward Activity 1 dusing this PY?	cordical) were used duting this PY to contribute to planning, developing, implementing, manifoling/enducting or improving the activity.		No
	The second secon		Unknown

	Other Cervical Corner Activity 2		
Other Cervical Center Activity 2	Description of other Cervical Cercer activity or strategy (2).	Character	Fine text
			200 character limit
Were NBCCEDP resources used toward Activity 2 during this PY?	Indicates whether NBCCEDP granted resources (e.g., funds, staff time, metallals, contract) were used during this PY to constitute to planning, developing, implementing, more being leveluating or improving the activity.	List	Yes
			No
			Unknown
	Other Conviced Concer Authory 2		
Other Cervical Carour Activity 3	Description of other Cervical Cancer activity or stategy (3).	Character	Free taxt
			200 character limit
Were NBCCEDP resources used toward Addividy 2 during	Indicates whether NB CCEOP grantee resources (e.g., funds, staff time, materials,	Ust	Yes
tis PY?	contract) were used duting this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.		No
			Unknown
Comments:	Optional comments.	Character	Free text 200 character limit

FORM 5

ANNUAL CLINIC DATA COLLECTION FORM: BREAST CANCER V2

INSTRUCTIONS: ANNUAL CLINIC DATA COLLECTION FORM for BREAST CANCER

The Annual Clinic Data Collection (ACDC) form is an optional tool developed by CDC that grantees can use to collect annual data from health system and clinic partners. The data collected in this form are designed to serve as a reference point to assess changes in breast cancer screening rates among participating clinics.

What is included?

This Excel file includes the ACDC form and a corresponding data dictionary. The data dictionary provides a description for each variable in the ACDC form and should be consulted as needed. For guidance on selecting and calculating a breast cancer screening rate, refer to the accompanying document, Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.

What are the required fields?

Required fields are denoted with asterisks and are teal while the customizable fields are light blue. To label a custom field, click into a light blue cell and type your label text. If you would like to add additional fields, CDC can provide you with an unlocked file. Note: Although fields in both the 'Chart Review Screening Rate Data' and 'Electronic Health Record Screening Rate Data' sections are indicated as required, you only need to complete the section for which you have the most accurate and reliable data.

How do I complete the ACDC form?

When you first open the Excel file, a SECURITY WARNING banner will appear across the top of the form. Click the "Enable Content" button. A secondary pop-up window will appear asking "Do you want to make this file a Trusted Document?" select the "Yes" button.

If you ask your clinic partner to complete the form, we recommend sending it to them electronically. Once clinic staff complete the form, they should send the form back to you electronically. Alternatively, you can complete the forms yourselves after consulting with the clinics to receive the appropriate responses. Please do not send these forms to CDC or IMS.

How do I assign IDs to partner health systems and clinics?

Use the same 3-digit identifier you assigned to each partner health system and clinic during submission of baseline clinic data. Refer to reports in B&C-BARS as a reference to the identifiers assigned. It is essential to use the same identifiers throughout the program period to link baseline and annual data for each clinic and assess changes over time.

How do I report the annual clinic data via the web-based Breast and Cervical Baseline and Annual Reporting System (B&C-BARS)?

You will manually enter the annual clinic data into the web-based Breast and Cervical Baseline and Annual Reporting System (B&C-BARS). You should refer to the ACDC form when entering the data and take steps to ensure accurate data entry.

KEEP IN MIND:

- The ACDC form is an optional tool and you are not required to use it. CDC developed the ACDC form to assist you with the data collection process.
- 2. Complete a separate ACDC form for every participating clinic for which you submitted baseline data. Refer to reports in B&C-BARS for a listing of which clinics CDC expects annual clinic data for.
- Remember to use the same 3-digit assigned IDs for health systems and clinics. Refer to reports in B&C-BARS for a listing of the IDs for your partner health systems and clinics.
- Pay attention to character limits in free text fields. Refer to the data dictionary for guidance.
- 5. Do not send the completed form to CDC or IMS.
- 6. Complete all teal fields. You will be required to report those data into B&C-BARS.
- Use the completed BCDC form when entering the clinic data into the B&C-BARS. The form does not automatically feed into the system.
- 8. Ensure the data are accurate and have been entered appropriately into the B&C-BARS. Refer to the data dictionary for guidance.
- 9. You may add custom fields to meet your data collection needs.

ANNUAL	CLINIC DATA	COLLECTION FORM- BREAST CANCER	
Grantee Harne ¹ :	Please select	- Assessment Date (MM/DD/YYYY)*:	
	The second second second	LTH SYSTEM CHARACTERISTICS	
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Durline Relig		James Feld	
page 444		June 1nd	
Comments passes must			
	CLI	NIC CHARACTERISTICS	
Clinic name":		Clinic ID:	
Total # of clinic patients, age 50-74, woman*:		January Refig	
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Commints per der eng:			
		REPORT PERIOD	
Report Period*:	Please select	- Breest cancer activity partnership status*:	Not terminated -
Implementation status*:	Please select	- Termination date (MM/YYYY):	
Implementation start date (MM/YYYY):		Research for termination (200 char):	
jumated .		Justice Sale)	
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Justine Bald		(baller (M))	
Comments as as e-q:			
	Electronic Healt	h Record (EHR) Screening Rate Data	
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EHR Numerator to calculate ecreening rate:		End date of 12-month reporting period	
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If In place, patient education dosage*:	Please s Fleak a select		
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	Ulreak Bre	Were NECCEOP resources used toward Activity	21 Plante select
Other Breet Center Activity 2		during this PY?	Passage
	OTHER BRE	AST CANCER ACTIVITY 3	
Other Breet Cancer Activity 3		Were NECCEDP resources used toward Activity during this PY?	3 Please select:
Commente:			

Annual Clinic Data Dictionary for BREAST CANCER					
BCCEPP Veriable	Variable Definition	Field Type	Response Options		
anti-a name:	Two-character Grantee Code (assigned by CDC)	Let	Visitous		
ssessmentDelb:	Date the clinic sinnual date assessment was completed.	Dela	MADDAYYY		
		100			
	PARTIER HEALTH SYSTEM CHARACTERISTICS	- 8	0.000		
ealtraystemname:	Name of the pertner health system under which the clinic (wiervention site) operates,	Character	Free text 100 Char limit		
eath system D;	Unique three-digit dentification code for the partner health system assigned by the grantee. Use the same three-digit dentification code assigned albestime.		001-098		
coments:	Optional comments.	Character	Free text 200 character limit		
	CLIND CHARACTERISTICS		7 - 7		
inic name:	Name of the primary care single to Acting to defined as a location where primary care services	Character	Free Inni		
	are delivered. Cincs may also be reterred to as "sites" or "practices."		100 character limit		
Inic ID;	Unique three-digit dentification code for the clinic assigned by the grantee. Use same three-digit identification code as agned at baseline.	Numeric	001-999		
olsi if el clinic petents, age 50-74, omen	The total number of patients aged \$0.74, women, who have had at least one medical visits the clinic in the last complete satendar year (January-December).	Numere	1-2099999		
	funaveilable, is a screptable to report on a similar range used by the clinic for measuring acreening rates (e.g. 52-74, used for calculating a HEDIS acreening rate).				
Comments:	Optonal comments.	Character	Free last 200 character limit		
	REPORT FERIOD				
aport Feriod.	Report percel represented in sections 3-12 where long fudinal data fame are reported.	Lat	NSCCEDP1701-py1		
	Annual data are reported at the end of each program year (PY)		NECCEDP1701-py2		
	Note that the screening rates reported at baseline and annually use a consistent 12-month		NBCCEDP1701-py3		
	reporting period.		NSCCEDP 1701-py4		
			NECCEOP 1701-py5		
rplementation ştatus	Indicates & regionentation activities have started using NBCCEDP resources to support 1 or more EBIs to increase breaktoincer screening during the program year. Fresources were used for EBI	Lat	Started		
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	Il implementation has not started, skip to partners hip status.				
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	Abaseine acreening rate will not be available for a new clinic Statiwas not in operation for at least		
	one full year prior to the baseline assessment		
Measure used:	Indicates the meet une that was used to calculate the numerator and denominator for the screening rate.	List	GPRA
	San existing measure (e.g., HEDIS, UDS, GPRA) was not used, the CDC Guidence for Measuring		HEDIS
	Breast, Corvest, and Colorscial Cancer Scienning Raiss in Health System Clinics provides information on calculating a NQF-endorsed measure. This is used, "NQF" should be selected.		Other
	The same measure reported at baseline should be used for reporting it subsequently ears.		
Bartdate of 12-month reporting	The reporting period for the baseline acreening rate should be the most recent 12-month reporting	Data	миррлуу
period:	perod available. The startdate for the 12-month reporting period should not be more than 2 years prior to the anticipated startdate of NBCCEDF supported activities.		
	The same 12-month measurement year should be used for all subsequent years of breast cancer screening rate data collection at the clinic.	3	
End date of 12-month reporting period:	The reporting period for the baseline acreening rate should be the most recent 12-month newsurement period aviatable.	Dete	MMDDAYYY
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%elcherts reviewed to calculate screening rate:	thic site the percentofmed call charts theirwers reviewed. Aminimum of 10% or 100 charts should be reviewed. The percent should be based on the number of women meeting the denominator definion by the measure us ad (e.g., by HEDIS, 10% of charts to women aged 52 to 74, who had at	Numeric	69-169
	lessions madically all during the measurement/year). Bee COC Guidance for Measuring Breast Cervical and Colorectal Cencer Screening Rates in Health System Clinics.		
	This % will be automatically calculated using the denominator and total 8 of clinic policyte reported above for this PY.		
Sempling method	Were records selected (brough either a randomor systematic sempling method) to generate a representative sample of the entire sopulation of patents who meet the occus and election or large?	Let	Yes
	See p. 10 in CDC Guidance for Measuring Breast Cervical and Colorectal Center Screening Rates in Neath System Clinica.		Unknown
	Arandom sample takes a randomly assigned subsisted the population identified in the sampling frame. This is typically accomplished through generating a random number that will be assigned to each patent in the sampling frame. The can be accomplished in many ways (e.g., random number table, web-based software, computer software).		WITE COMP
	Asystematic sample orders every patent (e.g., alphabetically, by Ω) in the sampling filline and then salects every intip patent.		
	Sectronic Health Record (SHR) Screening Rate Data for Breast Concer		
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EHR Denominator to palculate occeening rate; EHR Numerator to calculate screening rate;	THE RATE WILL BE AUTOMATICALLY CALCULATED USING THE HUMBRATOR AND DENOMINATOR REPORTED S BLOW. Denominably is dependent on the measure used (e.g., GPRA HEDS, UDS). Please see Appends 1. in CDC Dudance by Measuring Breast Cervical and Cobractal Cencer Screening Rates in Health System Clinics. Numerature a dependent on the measure used (e.g., GPRA HEDS, UDS). Please see Appenda 1. in CDC Guidance by Measuring Breast Cervical and Cobractal Cencer Screening Rates in Health System Clinics. Be accreening rate cannot be obtained with the since beaching date, provide the approximate date that he accreening rate will be aveilable. Abaseline screening rate will be aveilable,	Numero Numero	1-9939999 1-9939999 MMYYYY
EHR Denominator to palculate occeening rate; EHR Numerator to calculate occeening rate; Factoring rate unevaluate, data the rate will be available;	TWBRATE WILL BEAUTOMATICALLY CALCULATED USING THEHUMERATOR AND DENOMINATOR REPORTED B ELOW. Denominator is dependent on the measure used (e.g., GPRA HEDE, UDS). Please see Appendix 1. in CDC Guidance for Measuring Breast Cervical, and Cobractal Cencer Screening Rates in Health System Clinics. Numerator is dependent on the measure used (e.g., GPRA, HEDE, UDS). Please see Appendix 1. in CDC Guidance for Measuring Breast, Cervical, and Coloractal Cancer Screening Rates in Health System Clinics. Bis acreening rate cannot be obtained with the clinic baseline data, provide the approximate data belief to accessing rate will not be available for a new clinic hallwas not in operation for alleast one full year prior to the baseline as seas ment. Indicates the measure that was used to calculate the numerator and denominator for the screening rate. Bis exacting measure (e.g., HEDE, GPRA UDS) was not used, the CDC Guidance for Measuring Breast Convication Center Screening Rates in Health System Center provides	Numero Numero Date	1-9839899 1-9899999
EHR Denominator to palculate occuenting rate; EHR Numerator to calculate accessing rate; Facturening rate unevaluate, data the rate will be available;	THIS RATE WILL BE AUTOMATICALLY CALCULATED USING THE HUMERATOR AND DEHOMNATOR REPORTED BELOW. Denominably is dependent on the measure used (e.g., GPRA HEDRS, UDS). Please see Appendix 1, in CDC Guidance for Measuring Breast Cervical, and Cobrectal Cencer Screening Rates in Health System Clinics. Numerator a dependent on the measure used (e.g., GPRA HEDRS, UDS). Please see Appendix 1, in CDC Guidance for Measuring Breast Cervical and Cobrectal Cancer Screening Rates in Health System Clinics. Be accreening rate cannot be obtained with the clinic beseine date, provide the approximate date that the screening rate will not be evaluable for a new clinic field was not in operation for allowed that live screening rate will not be evaluable for a new clinic field was not in operation for allowed that lives in year prior to the baseline assessment. Indicates the measure field was used to calculate the numerator and denominator for the screening rate. Ean exacting measure (e.g., HEDRS, GPRA UDS) was not used, the CDC Guidance for Measuring	Numero Numero Date	1-9999999 1-9999999 MM/YYYY GPRA HEDIS

eerlad:	The reporting period for the baseline accessing rate should be the most recent 12-monts reporting period available and consistent with the measure used (see CDC Guidance by Measuring Breast Cervical and Colorocal Censer Screening Rates in Headth System Clinics). The stant date for the 12-month reporting period should not be more than 2 years pror to the anticipated startidate of NBCCEDP supported activities. The same 12-month measurement year should be used for all subsequent years of cervical cancer screening rate date collection at the clinic.	Deta	MANDOMYYY
ind date of 12-month reporting verted:	The reporting period for the baseline acreening rate should be the most recent 12-month reporting period available.	Date	MMDD/YYY
	The same 12-month measurementy ear should be used for all subsequenty ears of breast cancer screening rate data collection all the clinic.		
EHR rate reporting source:	indicates the source of the denominator and numerator data reported for the EAR screening rate.	Let	HCCN dals warehouse
			Cinc DIR
			Heath system EHR
			EHR vendor
			Other
fow confidentiare you in the	Indicates the grantier's confidence in the accuracy of the EHR-calculated screening rate.	Let	Notconident
ocuracy of the EHR-calculated	Accuracy of EHR-calcusted screening rates can vary depending on how data are documented		Somewhat confident
	and entered into the EHR. For additional information, see the National Coloractal Cancer. Roundtable's summary report, "Use of Bectronic Medical Records to Facilities Coloractal Cancer. Screening in Community Health Canters" and "CDC Guidance for Measuring Breast, Corvical, and Coloractal Cancer Screening Ratis in Health System Clinics."		Very confident
Screening rate problem	Are there known unresolved problems with the EHR reported acreening rate or screening date	Lat	Yes
	qually?		No
Specify acreening rate problem	TYES to acreening rate problem, a pecify the problem and any activities conducted the program	Character	Free but
	year to address 4.		258 char limit
	Descripe the sease and severify of known problems or rationals for the confidence in the validity of the EHR-reported acrossing late. Specify any activities such as engrovements made to itake entry systems or to the acrossing rate measurement calculation.		averier wile
Acreening rate larget	Indicales he screening rate largetes libitated by the subsequent annual screening rate reporting period. The number represents a percentage value (rate per 103). Targets should be realistic and actionable.	Numeric	1-103 999 Ino largetant
Comments:	Optional comments.	Character	Free text 200 character time
	MONITORING AND QUALITY IMPROVEMENT	- 14-	100
Clinic acreening policy	Does the clinic have swiften breast cancer screening policy or protocoln use?	List	Yes
Clinic screening policy		List	No No
Frequency of monitoring screening	Does the clinic have swiften breastigacer screening policy or protectin use? Acredible policy should include a defined set of guidelines and procedures in place and in use of the clinic or parenthesatis system to support breasticancer acreaning, a team responsible for implementing the policy, and quality examines a functive (e.g., protessional screening guideline blowed such as USPSTF, process to assess potents creening in a byte strength or process by as haduling a creening or referral, stops force dures holds to implement the office policy) Indicates how often the clinic brussicancer screening rate is manifered and reviewed by clinic	List	
	Does the clinic have awritten breastigancer screening policy or protocol in use? Acredials policy should include a defined a roll guidelines and procedures in place and in use at the clinic or parenthasits system to support breasticancer screening, a barries possible for implementing the policy, and a quality assurance shuckine (e.g., protes and acreening guideline blowed such as USPSTF, process to assess patents creening in byty hat breitherecethours and process by scheduling screening or reterral, steps. procedures from the office policy)		Menthly Quarterly
Frequency of monitoring screening	Does the clinic have swiften breastigacer screening policy or protectin use? Acredible policy should include a defined set of guidelines and procedures in place and in use of the clinic or parenthesatis system to support breasticancer acreaning, a team responsible for implementing the policy, and quality examines a functive (e.g., protessional screening guideline blowed such as USPSTF, process to assess potents creening in a byte strength or process by as haduling a creening or referral, stops force dures holds to implement the office policy) Indicates how often the clinic brussicancer screening rate is manifered and reviewed by clinic		No
Frequency of monitoring screening sale	Does the clinic have swritten breast cancer screening policy or protocoln use? Acredible policy should include a defined set of guidelines and procedures in place and in use at the clinic or parent health system to support breast cancer screening, a term responsible for implementing the policy, and a quality assurance shucture (e.g., professional screening guideline blowed such as USPSTF, process to assess patents creening to professional screening the byty is but preference, but process to ast need using screening or referral, steps in procedures from the office policy) Indicates how often the chirc breast cancer screening rate is manifored and reviewed by clinic personnel.	Let	Menthly Quarterly Sam-annually Annually
Frequency of monitoring screening	Does the chirc have swiften breast cancer screening policy or probabilities? Acredials policy should include a defined a etolguidelines and procedures in place and in use at the chirc or parenthisath system to support breast cancer screening, a team responsible for implementing the policy, and a quality assurance structure (a.g., protes a small screening guideline blowed such as USPSTF, process to assess patent screening in the policy is supreferenced in surance, process for a field using screening or referral, a tipps procedures folias to implement the office policy) Indicates how others the chirc breast cancer screening rate is manifered and reviewed by clinic personnel. On-a fail or direct combots (a.g., triephone) with the chirc to support and improve implementation activities for EBIs and preset cancer screening date quality. Support could be provided by is		Menihiy Quarterly Sem-annually Annually Weekly
Frequency of montoring screening size	Does the clinic have swritten breast cancer screening policy or protocol in use? Acredible policy should include a defined a riciliguateries and procedures in place and in use at the clinic or parentheath system to support breast cancer screening, a termine ponsible for implementing the policy, and a quality assurance shocker (e.g., protes sonal screening guideline blowed such as USPSTF, process to assess patentscreening the policy and a quality assurance, process to assessing a creening or referral, stops/procedures/roles to implement the office policy) Indicates how often the clinic breast cancer screening rate is munitared and reviewed by clinic personnel. On-site of direct contacts (e.g., telephone with the clinic is support and improve implementation activities for the clinic breast cancer screening date quality. Support could be provided by a granter or contracted agent. Execute is seasoned to the conducting a clinic work flow assessment, providing technical assatished on implementing an ESI, training staffs support an ESI.	Let	Monthly Quarterly Sam-annually Annually Weekly Monthly
Frequency of montoring screening size	Does the chirc have swiften breast cancer screening policy or probabilities? Acredials policy should include a defined a etolguidelines and procedures in place and in use at the chirc or parentheath system to support breast cancer screening, a feather spons the for moleomenting the policy, and a quality assurance structure (a.g., protes a small screening guideline blowed such as USFSTF, process to assess patentscreening his bytes brained and several guideline blowed such as USFSTF, process to assess patentscreening or referral, supplications to implement the office policy) Indicates how other the chirc breast cancer screening rate is monitored and reviewed by clinic personnel. On-site or direct combots (a.g., triephone) with the chirc to support and improve implementation activities for EBs and sreast cancer screening data quality. Support could be provided by a grantee or contracted agent. Example supportabilities include conducting a chirc work flow assessment, providing the chircal assistance on implementing an EBI, training shift is supported EBI, providing betinical assistance to develop a breast cancer screening policy, or providing the providing betinical assistance on implementing an EBI, training shift is supported.	Let	Menthly Guarterly Sem-annually Annually Weekly Monthly Guarterly
Frequency of montoring screening size	Does the clinic have swritten breast cancer screening policy or protocol in use? Acredible policy should include a defined a riciliguateries and procedures in place and in use at the clinic or parentheath system to support breast cancer screening, a termine ponsible for implementing the policy, and a quality assurance shocker (e.g., protes sonal screening guideline blowed such as USPSTF, process to assess patentscreening the policy and a quality assurance, process to assessing a creening or referral, stops/procedures/roles to implement the office policy) Indicates how often the clinic breast cancer screening rate is munitared and reviewed by clinic personnel. On-site of direct contacts (e.g., telephone with the clinic is support and improve implementation activities for the clinic breast cancer screening date quality. Support could be provided by a granter or contracted agent. Execute is seasoned to the conducting a clinic work flow assessment, providing technical assatished on implementing an ESI, training staffs support an ESI.	Let	Menthly Quarterly Sem-annually Annually Westly Monthly Quarterly Sem-annually
Frequency of monitoring screening size Frequency of molecularities support to canic	Does the clinic have swritten breast cancer screening policy or protection use? Acredible policy should include a defined a stolguidatives and procedures in place and in use at the clinic or parentheath system is support breast cancer screening, a term responsible for implementing the policy, and a quality assurance shucture (a.g., protes sonal screening guidaline blowed such as USPSTF, process to assess patentscreening in the procedures from the process to assess patentscreening or referral, stops from the process to assess patentscreening or referral, stops from the clinic breast cancer screening rate is munitared and reviewed by clinic personnel. On-a term of direct contacts (e.g., talephone with the clinic is support and improve implementation acts does not Ethis and breast cancer is creening date quality. Support could be provided by a grantee or contracted agent. Example support acts here include conducting a chinic work flow assessment, providing technical assistance or implementing an Ethic terming shifts assigned as the conducting a chinic stance is the conduction as the providing technical assistance or implementing an Ethic terming shifts assigned as the conduction of the conducting a chinic stance is the conduction of	Lat	Monthly Quarterly Sem-annually Annually Weekly Monthly Quarterly Sem-annually Annually
Frequency of montoring screening size	Does the chirc have swiften breast cancer screening policy or probabilities? Acredials policy should include a defined a etolguidelines and procedures in place and in use at the chirc or parentheath system to support breast cancer screening, a feather spons the for moleomenting the policy, and a quality assurance structure (a.g., protes a small screening guideline blowed such as USFSTF, process to assess patentscreening his bytes brained and several guideline blowed such as USFSTF, process to assess patentscreening or referral, supplications to implement the office policy) Indicates how other the chirc breast cancer screening rate is monitored and reviewed by clinic personnel. On-site or direct combots (a.g., triephone) with the chirc to support and improve implementation activities for EBs and sreast cancer screening data quality. Support could be provided by a grantee or contracted agent. Example supportabilities include conducting a chirc work flow assessment, providing the chircal assistance on implementing an EBI, training shift is supported EBI, providing betinical assistance to develop a breast cancer screening policy, or providing the providing betinical assistance on implementing an EBI, training shift is supported.	Let	Menthly Quarterly Sem-annually Annually Westly Monthly Quarterly Sem-annually
Frequency of monitoring screening size Frequency of molecularities support to canic	Does the clinic have swritten breast cancer screening policy or protection use? Acredible policy should include a defined a stolguidatives and procedures in place and in use at the clinic or parentheath system is support breast cancer screening, a term responsible for implementing the policy, and a quality assurance shucture (a.g., protes sonal screening guidaline blowed such as USPSTF, process to assess patentscreening in the procedures from the process to assess patentscreening or referral, stops from the process to assess patentscreening or referral, stops from the clinic breast cancer screening rate is munitared and reviewed by clinic personnel. On-a term of direct contacts (e.g., talephone with the clinic is support and improve implementation acts does not Ethis and breast cancer is creening date quality. Support could be provided by a grantee or contracted agent. Example support acts here include conducting a chinic work flow assessment, providing technical assistance or implementing an Ethic terming shifts assigned as the conducting a chinic stance is the conduction as the providing technical assistance or implementing an Ethic terming shifts assigned as the conduction of the conducting a chinic stance is the conduction of	Lat	Menthly Quarterly Bern-annually Annually Weakly Monthly Quarterly Sem-annually Annually Yes

BCCED#cinics/services	Does your program supporthermburse for breasicancer screening, degrootics, and/or patent navigation services withis clinic? Funding could come from CDC, slats, or other sources	Lat	Yes No	
omments:	Optional comments,	Cheracter	Free text 200 character limb	
	ENDERICS BASED PITERVENTIONS			
for each ESi, report annually whether conducted, and if the ESI is austainal	r MSCCEDP resources supported the ESI during the PY, if the ESI is in piece and operational at the $f e$ is in	nd of the PY, and	d if not in place were planning activities	
	PATIENT REMADER SYSTEM			
Vere NBCCEDP resources used oward a patentreminder system furing this PY?	ward a patent reminder system used during the PY to contribute to planning, developing, implementing, montoring level telling or		Yes No	
Patentreminder system in place at PY and	Indicates whether the EBIs on place for breast cancer screening and operational (in use) in the clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	Lat	Yes No	
Potentrominder system modelly during the PY	If in place, indicates whether an average patential the clinic received breast cancer screening reminders is more than one way (e.g., same patent received 3 reminders, one by leter, another by teatingssage, and a first by telephone) or a reminder type multiple times (e.g., same patent received 2 different texts are patent received 2 different texts are patent.)	LINI	Yes	
Patentreminder dosage during his py	Smu5-modalfor breastcancer screening, how many different ways or different times did a given patent receive breastcancer screening reminders?	List	Z 3 4 \$ or more	
Padentreminder system planning activities	Inote place, were planning activities conducted the year for future implementation of the EBI for breast scancer screening?	Let	Yes No	
Patentreminder system sus telnability	I'm place for brees i cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and automated 7 fright quality implementation has been achieved and a supporting interstructure au in place along with any financial supporting intended to manifest the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with NBCCED Presources Yes, without NBCCED Presources No	
	PROVIDER REMINDER SYSTEM			
Were NBCCEDPresources used bward a provider reminder system during this PY7	Indicates whether NBCCEDP grantse resources (e.g. funds, staffine, materials, contract) were used during the PY to contribute to planning, developing, molementing, montaring availating or improving the EBI for breast cancer is creening.	Let	Yes No	
Provider reminder system in place at PY end	Indicates whether the EBIs in place for breast cancer screening and operational (in use) in the clinic at the end of the PY, regardless of the quality, reach, or surrent level of functionality.	Lel	Yes No	
Provider reminder system modelly during his PY	En place, indicates whether providers althis clinic typically received breast cancer screening reminders for a given patent in multiple ways during the PY (e.g., provider receives both an EHR populp missage and a flegged patent chartor same patent).	Lat	Yes Na	
Provider reminder system dosage	SmuS-mode.Lon everage, how many distrentways did providers receive breast cancer screening reminders bit a given patent?	Lat	2 3 4 5 or more	
Provider reminder system planning activities	Enot in place, were planning activities conducted his year for future implementation of the EBI for breast cancer screening?	Let	Yes No	
Provider reminder system sustainability	I'm place for brees icancer screening, do you consider the EBI as July integrated into health system and/or clinic operations and austenable? Fight quality implementation has been achieved and a supporting intestructure or place along with any financial supportinged to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.]	Lui	Yes, with NBCCED Presources Yes, without NBCCED Presources No	

	PROVIDER ASSESSMENT AND PEEDBACK		
Were NGCC EDP resources used toward a provider assessmentand	Indicates whether NBCCEDP granter resources (e.g. Linds, statume, instrust, contract were used during this PV to contribute to planning, developing, indicate and incomplex alusting or	Let	Yes
bedbeck reminder systemduring this PY?	used uting the PT Comtalle to panning, strettering, making manitoring/avaluating or improving the ESI for breas (cancer screening.		No
Provider assessmentand feelback reminder systemin place of PY and	indicates whether the EBI is in place for breast concern creening and operational (in use) in the clinic although on the EBI is in place for quality, reach, or current level of functionality.	Let	Yes
Toy tier seases mentand bedback	in place, microlles, on everage, how often providers were given feedback on thee performance in		
equency during his PY	providing break licencer acreening services during this PY.	Lat	Weekly Monthly Guarterty Armsely
tovider assessmentand feedback aminder system planning activities	Inot nutroe, were planning activities conducted the year for future implementation of the EB for breastic ancer a creening?	Let	Yes
rovider as seasment and teedback eminder by stem sustainability	In pince by breast cancer acreening, do you consider the Ellias fully integrated into health system and/or clinic operations and a us limitable 7 lingship repaired into has been achieved and a supporting into as fuctor as in place along with any functional supporting on the substitution of the supporting into as further than the Ellias become an institutionatized component of the health system and/or clinic operations.	£as1	Yes, with NBCCEDP resources Yes, without NBCCED Presources No
	REDUCING STRUCTURAL BARRERS		
fore NBCCEDP resources used ward reducing structural herriers.	Indicates whether NBCCEDP grantee recourses (e.g. lands, staffine, materials, contact) were	Let	Yes
uring the PY?	used during this PY to contribute to planning, developing, inclumenting, monitoring leveluating or improving the Etitor breast cancer acreening.		No
educing a fructural barriers in leas at PY and	Indicates whether the Etha in place for breast cancer a creening and operational (in use) or the clinic attreend of the Pr, regardless of the quality, reach, or current level of Linctonality.	Let	Yes No
educing at uctural barriers indelity	En place, indicates whether the clinic reduced structural barriers for patents in multiple ways during the PY (e.g., othered evening clinic hours, provided the screenings for some patents).	Let	Yes No
educing structural barriers de age	Emult-model, how many different ways did the clinic reduce structural barriers to breast cancer screening during the PY?	Let	2 3 4 5 or more
educing affuctural between Brining activities	Incliniplace, were planning activities conducted the year for future implementation of the EB for breast cencer acreering?	Lat	Yes No
educing structural bermans ustained thy	So place by presidencer screening, do you consider the EBI as key integrated into health system and/or bind operations and sustainable? [High quality implementation has been achieved as as supporting intrastructure is in place along with any financial supporting intrastructure is in place along with any financial support health are the EBI. The EBI has become an institutionated component of the health ayelim and/or clinic operations (Lat	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
	SMALL MEDIA	- 10	
ere NBCCEDP resources used ward a small media during the Pr?	Indicates whether NBCCEDP granter resources (e.g. lands, statine, materials, contact) were used during the PYto contitute to planning, developing, implementing, monterregionalisting or improving the EBF or breast cancer screening.	Lui	Yes No
mi media in place allFY and	Indicates whether the ESI is in place for breast cancer acreering and operational (in use) in the claricaths and of the PY, regardless of the quality, reach, or current level of functionality.	Let	Yes No
al media modelly during his PY	If in place, nd cates whether a given patentirecoved multiple turns of small made related to breast cancer acreaing (e.g., the same patentirecoved a position), was exposed to posters in the otice setting, received a clinic news letter or brochure) during the PY.	Lei	Yes No
ell media dosage during the PY	Emult-model, how many different ways did a given patent likely receive simal mode about breest cancer acreening?	Let	2 3 4 5 or mare
all media planning activities	Endin place, were stanning activities conducted the year for falure implementation of the EBfor breast cancer screening?	Lat	Yes

inst made sustainabily	If a pice for breast cancer a precoung, do you consider the EBI as fully integrated into health a yatem and/or clinic operations and austinative? Fight quality implementation has been achieved and a supporting initiative time is in piece along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health ayatem and/or clinic operations.]	Lei	Yes, with NECCED Presources Yes, without NECCED Presources No
	PATIENT EDUCATION		
Vere NBCCEDP recourses used overd a patent education system furing the PY?	Indicates whether NBCCEDP granter resources (e.g. lunds, staffine, materials, contact) were used during the PV to contribute to planning, developing, implementing, monitoring levaluating or improving the EBI for breast cancer's creening.	Lat	Yes
Patenteducation system in place at Prend	Indicates whether the EBHs in place for breast cancer acreening and operational (in use) in the since afthe end of the PY, regardless of the quality, reach, or current lavel of functionality.	Lat	Yes Ma
Interneducation desage during this PY	fin place, indicates, on average, how many hours of breas (cancer screening education were received by a given patentiduring the PY.	Lai	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours
Stanteducation system planning activities	Enote place, were planning activities conducted the year for lature implementation of the EBI for breast cancer acreening?	Let	Yes Na
Intenteducation system usternability	Emplace by breastcancer screening, do you consider the ESI as July integrated into health system and/or clinic operations and sustainable? (Agriquiatly implementation has been achieved and a supporting intrastructure to in place along with any financial supporting order to married the ESI. The ESI has become an institutionalized component of the health system endlor clinic operations.)	Let	Ves, with NBCCEDP resources Ves, without NBCCEDP resources No
	REDUCING OUT OF POCKET COSTS		
Were NBCCEDP resources used twend reducing outofpocketoosis during this PY?	Indicates whether NBCCEDP grantee resources (e.g. lunds, shaftime, materials, contact) were used during the PYto continue to planning, developing, implementing, monitoring-treatuating or improving the Etilian breastcancer screening.	Let	Yes No
Reducing outof pecketoos is in place at PY and	Indicates whether the EBIs in place for breast cancer screening and operational (in use) in the clinic at the end of the PY, regardless of the quality, reach, or current level of functionality. #BCCED Presources were used to support tembursia for breast cancer screening and/or diagnostics, then the EBIs hould be considered in place.	Lut	Yes No
Reducing outof pocket costs modelly during this PY	I'm place, indicales whether this clinic reduced out of pocket costs for patients in multiple ways during this PY	Lut	Yes No
Reducing outofpecketcosts docage	Emult-model, on average, how many different ways did the clinic use to reduce out of pocketose to tor patents ?	Let	2 3 4 5 or more
Reducing out of pocket costs planning activities	Enoin place, were planning activities conducted this year for future implementation of the ESI for breast concerns creening?	Let	Yes Na
Reducing outof pocket coats sustainability	Em place for breasticencer screening, do you consider the EBIas fully integrated into health system and/or clinic operations as us to assist nable? (Fight quality implementation has been achieved and a supporting eithat suctive as in place along with any francial supportined do to mainten the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.)	Let	Yes, with NBCCEDPresources Yes, without NBCCEDP resources No
	PROPERIONAL DEVELOPMENTAND PROVIDER EDUCATION		
Were NSCCEDP resources used breard probes lotal development and provider education during this PT?	Indicate whether NBC CED Pgrantse resources (e.g., funds, shaftine, materials, contact were used during the PY to contribute to planning, developing, implementing, montaringlevaluating or improving the activity.	Let	Yes No
Professional development and provider education in place at PY and:	ind-cales whether the activity is in piece and operational (in use) in this clinic at the end of the PY, regardless of quality, reach, or current level of functionality.	Lat	Yes No
Probesional development and provider aducation dosage during his PY	En piece, indicabs on average, how many hours of breastcancer screening professional development training or education were received by a given provider during the PY.	Let	Less than 15 mmules 15 to 30 mmules 31 mmules to 1 nour 2 to 3 nours More than 3 hours

	COMMUNITYOUTREACH, IDUCATION, AND SUPPORT		
	COMMUNITY OUTREACH, EDUCATION, AND SUFFORT		
Were NECCEDP resources used trward community outreach activities during this PY7	Indicates whether NBCCEDP grantise resources (e.g., funds, staff time, materials, contract) were used during the PY to contribute to planting, developing, implementing, maniforing leveluating or improving the activity for breast cancer acreening.	Lui	Yes
Community outsach activities in place stPY end:	Indicates whether the activity is in place for breast cancer acreening and operational (in use) in this clinic at the end of the PY, regardless of quality, reach, or current level of functionally.	Lat	Yes No
Community outreach activities dosage during this PY	En place, by persons in the clinic's community who were exposed to outreach activities conducted by the clinic during this PY, indicates the amount of time a given person received those activities.	Lef	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours
Community outreach planning activities	From piece, were planning acwiles conducted the year for future implementation of the activity for breast concer screening?	Lui	Yes
Community outreach sustainability:	En place for breast cancer screening, do you consider the activity as July integrated into health system application operations and sustainable? Pigh quality implementation has been achieved and a supporting aftest ucture is in place along with any financial support needed to maintain the activity. The activity has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with NBCCEDPresources Yes, without NBCCEDPresources No
Ecommunity health workers (CHWs) in place, # of FTE CHWs	The number of CHW full time equivalents (FTEs) empty editor by the clinic for breast cancer accessing. For the number, please provide the total sum of whole and partial FTEs to the nearest britis decreal place.	Numera	020-9190
	OTHER COMMUNITY CLINICAL LINKAGE ACTIVITIES		
Other community-clinical linkage activities	Describe other activities this clinic is conducting to link women in the community to breast cancer acreening serves in this clinic.	Cheracter	Free leat 258 Char limit
	PATIBIT HAVIGATION FOR SCREENING, DIACHOUTES, AND OR TREATMENT WIT	MOTTAN	
Were NBCCEDF resources used toward patent navigation during the PY?	Indicates whether NBCCEDP grantee resources (e.g., kinds, staff time, materials, sentract) were used during the PY to contribute to planning, developing, molecularing, maniformy levaluating or improving patent new gation activities for breast cancer.	Let	Yes
Patentnavigation in place at PY and:	Indicates whether patentinavigation as place for breast cancer and operational (in use) in the gine all the end of the PY, regardless of qualty, reach, or current level of functionality.	Let	Yes No
Patent navigation docage during this Pri:	Emplace, for persons withis aim a who received nevigation this PY, indicates the average amount of navigation time she received to overcome breast cancer screening parriers.	Lat	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours
Patentnavigator planning activities	Enoin place, were planning ack des conducted this year for lubre implementation of patent navigation for breast cancer?	List	Yes Na
Paler (nevigation sustainability:	In place for breast cancer, do you consider palent navigation as fully integrated into health system and/or clinic operations and austinustic? (Figh quality implementation has been achieved and a supporting intestructure is in place along with any financial supporting edge of maintain pattern navigators. Patent navigation has become an institutionalized component of the health system and/or clinic operations.)	List	Yes, with NBCCED Presources Yes, without NBCCED Presources No
	The number of full lime equivalents (FTEs) conducting patent nev gation for breast cancer in the	Numeric	00.0-999.0
Epeteninavigation in piece, 8 of FTEs delivering patentnavigation:	cinc. For the number, please provide the blais smotwhole and pertain FTEs to the nearest tenths decimal place.		

	Other Breest Cancer Activity 1		
Other Breasi Cancer Activity 1	Description of other Breast Cancer activity or straingy (1).	Character	Free lext
			200 character limit
Were NBCCEDP resources used lowerd Activity 1 during this Pr?	hdicates whether NBCCEDP grantee resources (e.g., lunds, staffirm, maturals, contract) were used during the Pf to contribute to paranting, seveloping, implementing, monitoring leveluating or	Lat	Yes
owere sound temporal sets	moreous as activity.		No
			Unknown
	Other Breast Cancer Activity 2		44 = 2500
Other Breast Cancer Activity 2	Description of other Breast Cancer activity or strategy (2)	Character	Free text
			200 character limit
Were NBCCED Presources used lowerd Activity 2 during this P/?	thd cales whether NBCCEDP granter resources (e.g. lunds, staffine, materials, contact, were used during the PT'b contribute to planning, developing, implementing, monitoring trializating or	List	Yes
name seem 5 on this see Lit.	control to solvit.		No
			Unknows
	Other Breast Gamer Activity 3		
Other Breast Cancer Activity 3	Description of other Breast Cancer activity or strategy (3).	Character	Free lext
			200 character limit
Were NBCCEDP resources used bward Activity 2 during the PY?	indicates whether NBCC ED Pgrantse resources (e.g., lands, staffine, meterieti, contracti were used during the PY to contribute to planning, developing, molementing, montaring trializating or	Let	Yes
numbers of a spirit and all all	more and the score are in beauting, developing, movementing, montaining are accessed of		No
			Unknown
Comments:	Optohal comments	Character	Free trail

Community Program Aide II

Forms applicable to this work attached:

Form 4	Annual Clinic Data Collection Form: Cervical Cancer v2
Form 5	Annual Clinic Data Collection Form: Breast Cancer v2
Form 6	Annual Clinic Data Collection Form: COVID-19 Impact on Cervical Cancer
Form 7	Annual Clinic Data Collection Form: COVID-19 Impact on Breast Cancer
Form 8	Community Program Aide II Monthly Report
Form 9	Community Program Aide II Time Sheet
Form 10	Community Program Aide II Invoice

FORM 6

ANNUAL CLINIC DATA COLLECTION FORM: COVID-19 IMPACT ON CERVICAL CANCER

INSTRUCTIONS: ANNUAL CLINIC DATA COLLECTION FORM: COVID-19 IMPACT on CERVICAL CANCER

The Annual Clinic Data Collection (ACDC) form for COVID-19 impact is an optional tool developed by the CDC that grantees can use to collect annual data from health system and clinic partners on the COVID-19 impact on cervical cancer. The data collected in this form will help to interpret changes in breast and cervical screening rates due to disruptions in clinic activities or EBI implementation.

What is included?

This Excel file includes the ACDC form and a corresponding data dictionary. The data dictionary provides a description for each variable in the ACDC form and should be consulted as needed.

What are the required fields?

Required fields are denoted with asterisks and are teal while the customizable fields are light blue. To label a custom field, click into a light blue cell and type your label text. If you would like to add additional fields, CDC can provide you with an unlocked file.

How do I complete the ACDC form?

When you first open the Excel file, a SECURITY WARNING banner will appear across the top of the form. Click the "Enable Content" button. A secondary pop-up window will appear asking "Do you want to make this file a Trusted Document?" select the "Yes" button.

If you ask your clinic partner to complete the form, we recommend sending it to them electronically. Once clinic staff complete the form, they should send the form back to you electronically. Alternatively, you can complete the forms yourselves after consulting with the clinics to receive the appropriate responses. Please do not send these forms to CDC or IMS.

How do I assign IDs to partner health systems and clinics?

Use the same 3-digit identifier you assigned to each partner health system and clinic during submission of baseline clinic data. Refer to reports in B&C-BARS as a reference to the identifiers assigned. It is essential to use the same identifiers throughout the program period to link baseline and annual data for each clinic and assess changes over time.

How do I report the annual clinic data via the web-based Breast and Cervical Baseline and Annual Reporting System (B&C-BARS)?

You will manually enter the annual clinic data into the web-based Breast and Cervical Baseline and Annual Reporting System (B&C-BARS), You should refer to the ACDC form when entering the data and take steps to ensure accurate data entry.

KEEP IN MIND:

- The ACDC form is an optional tool and you are not required to use it. CDC developed the ACDC form to assist you with the data collection process.
- Complete a separate ACDC form for every participating clinic for which you submitted
 baseline data in PY3. Refer to reports in B&C-BARS for a listing of which clinics CDC expects
 annual COVID-19 clinic data for.
- Remember to use the same 3-digit assigned IDs for health systems and clinics. Refer to reports in B&C-BARS for a listing of the IDs for your partner health systems and clinics.
- Pay attention to character limits in free text fields. Refer to the data dictionary for guidance.
- 5. Do not send the completed form to CDC or IMS.
- 6. Complete all teal fields. You will be required to report those data into B&C-BARS.
- Use the completed ACDC form when entering the clinic data into the B&C-BARS. The form does not automatically feed into the system.
- 8. Ensure the data are accurate and have been entered appropriately into the B&C-BARS. Refer to the data dictionary for guidance.
- 9. You may add custom fields to meet your data collection needs.

Granite dodr's	Please select		Data DEMODRATYY):		
	Processes	et.	<u> </u>		
Health system name":			Health system ID*:		
Clinic surne":			Clinic 10*:		
	COVID-19 (CLINIC CLOSUR	E OR HOURS/DAYS REDUCED		
COVID-16 citals closure or hoursidays reduced":	Please delect:				
COVID-19 closure amount (F of weeks)*:					
Clinic Hours - pre COVID-18 (II of hours each week)					
COVID-19 Hours reduced (F of hours each week)*:					
COVID-16 Percent Hours reduced (auto- calculated):					
CCVID-19 Weeks with reduced hours (# of weeks)*:					
hope MI			pushedial		
with hell					
	COV	ID-19 SCREENIN	IGDIAGNOSTIC IMPACT	-	
COVID-19 servening/degraphic impact":	Passantitics:	-	COVID-19 patients cancelled":	Pites while	
COVID-19 sick visits*:	Physical Interest		- COVID-18 patients fearful?:	Propertities	
COVID-19 high risk visits*:	Pleastate		COVID-19 other*:	Properties	
COVID-19 Islamed visits*:	Flores telesc		Parameters and parameters		
COVID-18 unable to refer for follow-up tenting*:	Plumethic:		COVID-15 other specify (200 character limit*:		
-te-tag			Jacobse Staff		
	-		American bang	1	
		CDVID-1	BEBLIMPACT		
COVID-19 ESI Impact*	Please salest:				
COVIC-18 Patient Reminder Impact's	Powertehct		- COVID-19 Reducing Structural Berriers Impact':	Pages white	
COVID-18 Provider Naminater Impact:	Pinter stillt:			Place select	
COVID-18 Provider Assessment and Pseubook	Please Militie	•	COVID-19 Patient Navigation Impact':		
Impact's	5300	•			
			Joseph Brid		
the test of the second			p		

	ANNUAL CLINIC DATA DICTIONARY: COVID-19 IMPACT on CERVICAL CANC	ER	
NBCCEDP Variable	Variable Definition	Field Type	Response Options
Gravies code:	Two-character Grentee Code (essigned by CDC).	List	Various
Date	Oute the ciric annual data assessment was completed.	Date	MM/DD/YYYY
	COVID-19 CLIMC CLOSURE OR HOURE/DAYS RECUCED		waller and the same of the sam
COVID-19 clinic closure or hours/days reduced:	Indicates whether the place closed for an extended partod of time (a full week or more) or reduced houseldown because of COVID-19 at any time during the program year (July 1-June 30).	List	Yes, closed
	Response action notes:		Yes, reduced hours/days
	- Closed: the clinic was completely closed to patients for an extended period of time (at least a full week or mone) because of COMID-19		Yes, both closed and reduced hours/de
	 Hours reduced: the clinic was partially closed to patients for a set number of days per week or a set number of hours per day because of COVID-19 		No, clinic did not close or reduce hours/days
COVID-19 closure amount:	Indicates the amount of weeks, in total, the chick was closed bucause of COVID-19 at any time during the program year (July 1- June 30).	Numeric	If of weeks
Ciric Haus - pre COVID-18:	Indicates the typical number of hours a week the cfinic was open before closing and/or reducing hours due to COVID-19.	Numeric	If of hours each week
	 Example: For a clinic that was normally open sight hours each day, five days a week prior to COVID- 19, you would enter '40 hours' to indicate the normal ciric hours 		
COVID-19 Hours reduced:	Indicates the number of hours, in total, the ciric reduced hours/days because of COVID-19 at any	Numeric	# of hours each week
	time cluring a given week cluring the program year (July 1+ June 30). - Note: You will be entering number of hours reduced and the number of weeks for these reduced.		
	hours. If this reduction in hours changed over time, you can enter an everage for the number of hours		
	per week.		
	 If the ciric reduced hours for a set amount of hours per day, provide the number of hours reduced for the entire week during the program year. 		
	- Example: For a clinic that is reamally open eight hours each day, five days a week and it closed for		
	one day a week because of COVID-19, you would enter '8 hours' to indicate the reduction in hours		
	each week. If this clinic was closed for one day it week and open for two test hours each remaining day, you would gree "16 hours".		
	The state of the s		
COVID-19 Percent Hours reduced:	THIS FIELD WILL BE AUTOMATICALLY CALCULATED USING THE CLINIC HOURS-PRE COVID-19 AND THE COVID-19 HOURS REDUCED FIELDS	Numeric	% each week
	Indicates the amount of time, in percentage, the direct reduced hours because of COVID-19 at any		
	time during a given week during the program year (July 1 - June 30).		
COVID-19 Weeks with reduced hours:	Indicates the amount of weeks the ciric reduced time because of COVID-19 during the program year (July 1- June 30).	Numeric	# of weeks
III.	+ The total number of weeks in which the reduction occurred during the program year		
	COVID-19 SCREEMINE/DEAS NOSTIC IMPACT		
COVID-19 screening/degrostic impact:	Indicates whether COVID-19 negatively impacted the chric's delivery of cervical cancer acreering and	List	Yes
	diagnostic services during the program year (July 1 - June 30).		No
COVID-19 sick visits:	Clinic visits were restricted to sick patients, with limited or no preventive care available	List	Yes
AND			No
COVID-19 high risk visite:	Clinic visits were limited to patients at high risk or with symptoms far convicul concer-	List	Yes
COVID-19 Johnned violat:	Ciric visits were restricted to leichestivitalemedicine only	List	No.
			No.
COVID-19 unable to refer for follow-	Clinic could not refer patients with abnormal Pap results for follow-up testing due to limited availability of	List	Yes
up teeting:	degrostic services	-	No
COVID-19 patients concelled:	Patients cancelled or did not schedule appointments due to COVID concerns	List	Yes
			No
COVED-19 patients fearful	Patients feerful of getting COVID-19. If patients were not feerful of getting COVID-19 or if the chie.	Link	Yes
on title in herenn senitr	was unable to capture/collect/ricte this information, select "No".		

	COVID-19 SCREEMING/BLAGHOSTIC IMPACT		
COVID-19 acrearing/degraphic report:	fridicates whether COVID-19 regatively impacted the clinic's delivery of cervical cancer screening and diagnostic services claring the program year (July 1 - June 30).	(ist	Yes
			No
COVID-19 sick visits:	Ciric visks were restricted to sick patients, with finited or no preventive care available	List	Yes
			No
COVID-19 high risk visits:	Ciric visits were limited to patients at high risk or with symptoms for curvical career	List	Yes
PT-10-TO-ST			No
COVID-19 telemed viols:	Clinic visits were restricted to telehealth/telemedicine only	List	Yes
			No
COVID-19 unable to refer for follow-	Ciric could not refer patients with abnormal Pap results for follow-up testing due to limited evaluality of	List	Yes
up testing:	diagnostic services		No
COVID-19 patients carculat:	Patients cancelled or did not schedule appointments due to COVID concerns	List	Yes
			No
COVID-19 patients fearful:	Patients fearful of gatting COVID-19. If patients were not fearful of gatting COVID-19 or If the clinic	List	Yes
	was unable to captura/collect/note this information, select 'Not.		No
COVID-19 other:	COVID-19 negatively impacted the cinics delivery of cervical cancer screening and degressic services	List	Yee
	that cannot be categorized in the above options.		No
COVID-19 other specify:	Other, specify	Character	Free tast 200 char limit
	COVID-19 EN IMPAGY	-	
COVID-19 EBI Impact:	Indicates whether COVID-19 negatively impacted the clinic's implementation of evidence-based interventions (EBIs) or Patient Nevication activities for convical cancer screening during the program	Link	Yes
	year (July 1-June 30). (e.g., implementation of some or all EBIs were suspended)		No
COVID-19 Patiest Reminder Impact:	Indicates whether COVID-19 regalively impacted the chicks implementation of Patient Reminder	Eint	Yes
	activities for cervical cencer screening during the program year (July 1-June 30).	_	No
COVID-19 Provider Reminder Impact:	Indicates whether COVID-19 regatively impacted the climbs implementation of Provider Reminder	1 iet	- V
	activities for curvical curror screening during the program year (July 1-June 30).	Ti	No
			140
	Indicates whether COVID-19 paretholic impacted the cities invaluementation of Provider Assessment	l lee	
COVID-18 Provider Assessment and	Indicates whether COVID-19 negatively impacted the clinics implementation of Provider Assessment and Feedback activities for cervical cancer screening during the program year (July 1-June 30).	Liet	Yee
COVID-18 Provider Assessment and		List	
COVID-19 Provider Assessment and Feedback Impact:	and Feedback activities for curvical cancer screening during the program year (July 1-June 30).		Yes No
COVID-19 Provider Assessment and Feedback Impact: COVID-19 Rankeing Structural		Ust	Yes No
COVID-19 Provider Assessment and Feedback Impact: COVID-19 Rankeling Structural	and Feedback activities for curvical cancer screening during the program year (July 1-June 30). Indicates whether COVID-19 regatively impacted the chric's implementation of Reducing Structural		Yes No
COVID-19 Provider Assessment and Featback Impact: COVID-19 Rackeing Structural Berniers Impact:	and Feedback activities for curvical cancer screening during the program year (July 1-June 30). Indicates whether COVID-19 registively impacted the clinic's implementation of Reducing Structural Barriers activities for cervical cancer acreeing during the program year (July 1-June 30). Indicates whether COVID-19 negatively impacted the clinic's implementation of Patient Nevigation.		Yes No
COVID-19 Provider Assessment and Feedback Impact: COVID-19 Rankeing Structural Benters Impact:	and Feedback activities for curvical cancer screening during the program year (July 1-June 30). Indicates whether COVID-19 regatively impacted the clinic's implementation of Reducing Structural Barriers activities for cervical cancer acreening during the program year (July 1-June 30).	List	Yes No Yes No
COVID-19 Provider Assessment and Feedback Impact: COVID-19 Reskeing Structural Bernara Impact: COVID-19 Patient Newpolion Impact:	and Feedback activities for curvical cancer screening during the program year (July 1-June 30). Indicates whether COVID-19 registively impacted the clinic's implementation of Reducing Structural Barriers activities for cervical cancer acreeing during the program year (July 1-June 30). Indicates whether COVID-19 negatively impacted the clinic's implementation of Patient Nevigation.	List	Yes No Yes No Yes

FORM 7

ANNUAL CLINIC DATA COLLECTION FORM: COVID-19 IMPACT ON BREAST CANCER

INSTRUCTIONS: ANNUAL CLINIC DATA COLLECTION FORM: COVID-19 IMPACT on BREAST CANCER

The Annual Clinic Data Collection (ACDC) form for COVID-19 impact is an optional tool developed by the CDC that grantees can use to collect annual data from health system and clinic partners on the COVID-19 impact on breast cancer. The data collected in this form will help to interpret changes in breast and cervical screening rates due to disruptions in clinic activities or EBI implementation.

What is included?

This Excel file includes the ACDC form and a corresponding data dictionary. The data dictionary provides a description for each variable in the ACDC form and should be consulted as needed.

What are the required fields?

Required fields are denoted with asterisks and are pink while the customizable fields are light blue. To label a custom field, click into a light blue cell and type your label text. If you would like to add additional fields, CDC can provide you with an unlocked file.

How do I complete the ACDC form?

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If you ask your clinic partner to complete the form, we recommend sending it to them electronically. Once clinic staff complete the form, they should send the form back to you electronically. Alternatively, you can complete the forms yourselves after consulting with the clinics to receive the appropriate responses. Please do not send these forms to CDC or IMS.

How do I assign IDs to partner health systems and clinics?

Use the same 3-digit identifier you assigned to each partner health system and clinic during submission of baseline clinic data. Refer to reports in 8&C-BARS as a reference to the identifiers assigned, it is essential to use the same identifiers throughout the program period to link baseline and annual data for each clinic and assess changes over time.

How do I report the annual clinic data via the web-based Breast and Cervical Baseline and Annual Reporting System (B&C-BARS)?

You will manually enter the annual clinic data into the web-based Breast and Cervical Baseline and Annual Reporting System (B&C-BARS). You should refer to the ACDC form when entering the data and take steps to ensure accurate data entry.

KEEP IN MIND:

- The ACDC form is an optional tool and you are not required to use it. CDC developed the ACDC form to assist you with the data collection process.
- Complete a separate ACDC form for every participating clinic for which you submitted baseline data in PY3. Refer to reports in B&C-BARS for a listing of which clinics CDC expects annual COVID-19 clinic data for.
- Remember to use the same 3-digit assigned IDs for health systems and clinics. Refer to reports in B&C-BARS for a listing of the IDs for your partner health systems and clinics.
- Pay attention to character limits in free text fields. Refer to the data dictionary for guidance.
- 5. Do not send the completed form to CDC or IMS.
- Complete all pink fields. You will be required to report those data into B&C-BARS.
- Use the completed ACDC form when entering the clinic data into the B&C-BARS. The form
 does not automatically feed into the system.
- Ensure the data are accurate and have been entered appropriately into the B&C-BARS.
 Refer to the data dictionary for guidance.
- 9. You may add custom fields to meet your data collection needs.

Grantse code':	Please select		Date (MM/DD/YYYY):	
Health system name":	Total Joseph		Health system ID*:	
Clinic name":			Clinic ID*:	
	COVID-19 CLI	NIC CLOSUR	E OR HOURS/DAYS REDUCED	
COVID-19 clinic closure or hoursidays reduced":	Planedelect	-		
COVID-19 closure emount (# of weeks)*:				
Clinic Hours - pre COVID-19 (# of hours each week)*:				
COVID-19 Hours reduced (# of hours each				
COVID-16 Percent Hours reduced (auto- calculated)*:				
COVID-19 Weeks with reduced hours (# of weeks)*:				
haster first				1
			Josephal	
5	COVID-	19 SCREENIA	IG/DIAGNOSTIC IMPACT	
COVID-19 covering/diagnostic impact*:	Photo addingt:	-		
COVID-19 elek vielter:	Planse aslegt:		COVID-19 patients cancalled*:	Prince spinst:
COVID-19 high risk visits*:	Plane salett	-	COVID-19 patients fearful?:	Photos select:
COVID-19 telemed visits*:	Please delect	-	COVID-19 other*:	Pinose solect:
COVID-19 unable to refer for mananography*:	Pleasedatest	•		
COVID-19 unable to refer for follow-up testing*:	Phonocoleict:	•	COVID-19 other specify (200 character limit*:	
			pure-toy.	
			pursuing .	
	* - *	COVID-19	EBI IMPACT	
OVID-19 EBI Impaci*:	Planendalist	•		
COVID-19 Patient Reminder Impact*:	Plansodalisel:		COVID-19 Reducing Structural Berriers Impact*:	Please select
COVID-19 Provider Reminder Impact*:	Planedelect	•	COVID-19 Patient Navigation Impact*:	Pleasanisti
COVID-19 Provider Assessment and Feedback	Places select			4
MATERIAL PROPERTY.				
			productive Control of the Control of	

	ANNUAL CLINIC DATA DICTIONARY, COVID-19 IMPACT on BREAST C	ANCER	
NBCCEDP Variable	Variable Definition	Field Type	Response Options
Grantes code:	fwo-character Grantee Code (assigned by CDC).	Lat	Various
Date:	Date the civic annual date assessment was completed.	Date	MMDDYYY
	COVE-19 CLINIC GLOSURE OR HOURSDAYS REDUCED		
COVID-19 clinic closure or hoursitievs reduced:	Indicates whether the clinic closed for an extended period of time (a full week or more) or reduced hours tileys because of COVID-19 at any time during the program	List	Yes, closed
nostaras y a recursos.	year (July 1-June 30).		Yes, reduced hours/days
	Response option notes: - Closed: the clinic was completely closed to patients for an extended period of time (at least a full week or more) because of COVID-19 - Hours reduced: the clinic was partially closed to patients for a set number of days per week or a set number of hours per day because of COVID-19		Yes, both closed and reduced hours days No, clinic did not close or reduc hours days
COVID-19 closure amount	Indicates the amount of weeks, in this, the clinic was closed because of COVID-19 at any time during the program year (July 1- June 30).	Numeric	# ofweeks
Clinic Hours - pre COVID-19:	indicates the lypical number of hours a week the clinic was open before closing and/or reducing hours due to COVID-18. - Example: For a clinic that was normally open eighthours each day, see days a week prior to COVID-19, you would enter 40 hours' to indicate the normal clinic hours.	Numeric	# of hours each week
COVID-19 Hours reduced:	Indicates the number of hours, in total, the clinic reduced hours days because of COVID-19 attany time during a given week during the program year (July 1 - June 30). Note: You will be entering number of hours reduced and the number of weeks for these reduced hours. If the reduction in hours changed over time, you can enter an average for the number of hours per week. - If the chinic reduced hours for a setamount of hours per day, provide the number of hours reduced for the enter week during the program year. - Example: For a clinic hate normally open eight hours each day, five days a week and actoised for one day a week because of COVID-19, you would enter it hours' to indicate the reduction in hours each week. If the clinic was closed for one day a week and open for two less hours each remaining day, you would enter it is hours'.	Numeric	#ofhours each week
COVID-19 PercentHours reduced:	THIS FIELD WELL BE AUTOMATICALLY CALCULATED USING THE "CLINIC HOURS- PRECOVED-19" AND THE "COVID-19 HOURS REDUCED" FIELDS Indicates the amount of time, in percentage, the clinic reduced hours because of COVID-19 alany time during a given week during the program year (July 1-June 30).	Numeric	%oach week
COVD-19 Weeks win reduced hours:	Indicates the amount of weeks the clinic reduced time because of COVID-19 during the program year (July 1- June 30). - The bital number of weeks in which the reduction occurred during the program year.	Numeric	# ofweeks
	COVED-19 SCREENINGEDIA GNOSTIC MITACT		
COVID-19	indicates whether COVID-19 negatively impacted the clinic's delivery of breast	List	Yes
acreening/diagnosiic Impact	cancer screening and diagnostic services during the program year (July 1 - June 30).	Lat	No
COVO-18 sick visits:	Clinic visits were restricted to sick patents, with limited or no preventive care available	List	Yes No
COVID-18 high risk visits:	Clinic visits were limited to patients athigh risk or with symptoms for preast cancer	List	Yes
COVID-19 brismed visits:	Clinic visits were restricted to teleheatt/biemedicine only	List	Yes
COVID-18 unable to refer for mammography:	Clinic could not refer average risk patents for mammography due to limited availability of mammography services	List	Yes
COVID-19 unable to refer for bllow-up testing:	Clinic could not refer patents with abnormal mammography for billow-up testing due to limited availability of discress services.	Lat	No Yes
COVID-19 patents cancelled:	Patents canceled or did not scheduly appointments due to COVID concerns		No
	The state of the s	List	Yes No
COVID-19 patents fearful:	Patents tearly ofgeting COVID-19, Epatents were not fearly of geting COVID-19 or Ethe clinic was unable to capture/collecthole his information, select No.	List	Yos
COVID-19 other:	COVID-19 negatively impacted the clinic's delivery old reast cancer screening and diagnostic services that cannot be categorized in the above options.	List	Yes
COVD-18 other specify:	Other, specify	Character	Free text 200 char limb

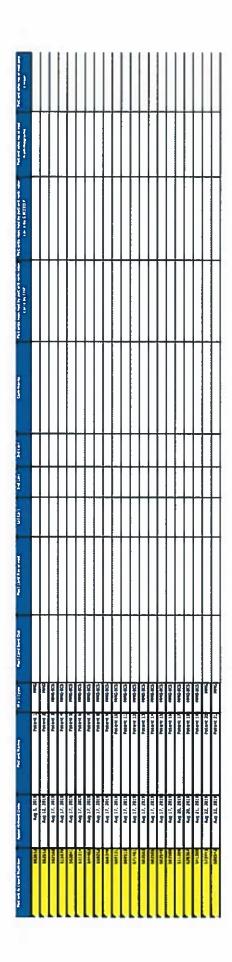
	COVID-18 MEIMPACT		
COVID-19 Estimpact	Indicates whether COVD-19 negatively impacted the clinic's implementation of evidence-based interventions (EBIs) or Petent Navigation activities for breast	List	Yes
	cancer screening during the program year (July 1-June 30), (e.g., implementation of some or all EBIs were suspended)		No
COVID-19 Patent Reminder	Indicates whether COVID-19 negatively impacted the clinic's implementation of Patent Reminder activities for breast cancer screening during the program year	Lat	Yes
	(July 1-June 30).		No
COVID-19 Provider Reminder	Indicates whether COVID-19 negatively impacted the clinic's implementation of	List	Yes
Total Control of the	Provider Reminder activities for breastcancer screening during the program year (July 1-June 30).		No
COVO-19 Provider Assessmentand Feedback	indicates whether COVID-19 negatively impacted the clinic's implementation of Provider Assessmentand Feedback activities for pressicencer screening during	List	Yes
Impact	he programyear (July 1-June 30).		No
COVID-19 Reducing Structural Barriers Impact	Indicates whether COVID-19 negatively impacted the clinic's implementation of	List	Yes
en noministratività mibere	Reducing Structural Barriers activities for breast cancer screening during the program year (July 1-June 30).		No
COVID-19 Patent Navigation	Indicates whether COVO-19 negatively impacted the clinic's implementation of	List	Yes
INPOSE .	PatentNavigation activities for breastcancer screening during the program year (July 1-June 30).		No
COVID-18 Comments:	Optional Comments for COVID-19 section	Character	Free link! 200 character limit

FORM 8 COMMUNITY PROGRAM AIDE II MONTHLY REPORT

	Anr	August	September	October	November	December	January	February	March	April	May	June
1. Total Number of patients due for breast and cervical cancer screening												
2. Total Number patients scheduled												
3. Total Number of manmagrams completed												
4. Total Number of pap tests completed												
5. Total Number of post cards sent												
6. Total Number of post cards received		1									1	
7. Total Number of calls made												
8. List reasons why patients did not show up for their appointment or refused												
9. Total Number of patients who referred to the GBCCEDP for follow-up and patient												
education												

NAME OF COMMUNITY PROGRAM AIDE II:

FORM 9 COMMUNITY PROGRAM AIDE II TIME SHEET



(NEW) Section 2 (E) page 56 of 59

[Company Name] [Street Address] [City, ST ZIP Code] Phone [phone] Fax [fax]

TIME SHEET

Employee Name: Employee Number:			Status:		
Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
			•		
		Weekly Totals			fer .
Employee					
signature:				Date:	
Supervisor signature:				Date:	

FORM 10 COMMUNITY PROGRAM AIDE II INVOICE

[Company Name]

INVOICE

[Street Address]

[City, ST ZIP]

(Email Address)

Phone: (000) 000-0000

INVOICE#	DATE
2034	2/21/18

BILL TO [Name] [Company Name] [Street Address] [CRy,ST ZIP] [Phone]

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Labor: 160 hours at \$10.14/chart	160	\$10.14	1,622.40
			•
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	SUBTO	OTAL	1,622.40
	TOTA	L \$	1,622.40
Received by:			
Signature:			
Date Received:			

If you have any questions about this invoice, please contact [Name, Phone, email@address.com]

2021 Subaward Data

(i)	Subrecipient Name	FHP Health Center
(ii)	Subrecipient Unique Entity Identifier:	855034562
(iii)	Federal Award Identification Number (FAIN):	5 NU58DP006269-05-00
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	May 10, 2021
(v)	Subaward Period of Performance Start Date:	Effective Date of Governor's Signature
	Subaward Period of Performance End Date:	June 29, 2022
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Subrecipient:	\$38,623
(vii)	Total Amount of Federal Funds Obligated to the Subrecipient by the Pass-Through Entity Including the Current Obligation:	\$0
(viii)	Total Amount of the Federal Award Committed to the Subrecipient by the Pass-Through Entity:	\$38,623
(ix)	Federal Award Project Description:	Guam Breast and Cervical Cancer Early Detection Program and Guam Comprehensive Cancer Control Program
(x)	Name of Federal Awarding Agency:	Department of Health and Human Services Centers for Disease Control and Prevention CDC Office of Financial Resources 2920 Brandywine Road Atlanta, GA 30341
	Name of Pass-Through Entity:	Guam Department of Public Health and Social Services 155 Hesler Place, Hagatna, Guam 96910
	Contact Information for Federal Awarding Official:	Charissa Rivers Project Officer, Centers of Disease Control and Prevention

		1600 Clifton Rd
		Atlanta, GA 30333
		Email: ili@cdc.gov
		Phone: 770-488-3938
	Contact Information for [AGENCY] Authorizing	Chima Mbakwem
	Official:	Acting Chief Public Health Officer,
		Department of Public Health and Social Services
		155 Hesler Place,
		Hagatna, Guam 96910
		Email:
		chima.mbakwem@dphss.guam.gov
		Phone: 671-747-6956
	Contact Information for [AGENCY] Project	Arthur U. San Agustin, MHR
	Director:	Director,
		Department of Public Health and Social Services
		155 Hesler Place,
		Hagatna, Guam 96910
		Email:
		arthur.sanagustin@dphss.guam.gov
(vi)	CFDA Number and Name:	Phone: 671-922-2503 CFDA NO. 93.898
(xi)	Croa Number and Name:	Guam Breast and Cervical Cancer
		Early Detection Program and
		Guam Comprehensive Cancer
		Control Program Cooperative
	TI OF STATE	Agreement
(xii)	Identification of Whether Subaward is R&D:	No
(xiii)	Indirect Cost Rate for [AGENCY] Federal Award:	TBD
	Subrecipient Indirect Costs:	N/A

Note: Under Executive Order (EO) 13658 an hourly minimum

wage of \$10.80 for calendar year 2020 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1 2015. If this contract is covered by the EO the contractor must pay all workers in any classification listed on this wage determination at least \$10.80 per hour (or the applicable wage rate listed on this wage determination if it is higher) for all hours spent performing on the contract in calendar year 2020. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

States: Guam Northern Marianas Wake Island

Area: Guam Statewide

Northern Marianas Statewide

Wake Island Statewide

Fringe Benefits Required Follow the Occupational Listing

,	TECHNATION CORP. TITLE	FOOTNOTS	
•	DCCUPATION CODE - TITLE	FOOTNOTE	RATE
	21000 - Administrative Support And Clerical Occupations		
•	01011 - Accounting Clerk I		13.57
	01012 - Accounting Clerk II		15.23
	01013 - Accounting Clerk III		17.04
	01020 - Administrative Assistant		21.43
	01035 - Court Reporter		17.40
	01041 - Customer Service Representative I		11.51
	01042 - Customer Service Representative II		12.94
	01043 - Customer Service Representative III		14.12
	01051 - Data Entry Operator I		12.15
	01052 - Data Entry Operator II		13.25
	01060 - Dispatcher Motor Vehicle		15.81
	01070 - Document Preparation Clerk		13.85
	01090 - Duplicating Machine Operator		13.85
	01111 - General Clerk I		10.35
	01112 - General Clerk II		11.29
	01113 - General Clerk III		12.68
	01120 - Housing Referral Assistant		19.39
	01141 - Messenger Courier		11.37
	01191 - Order Clerk I		12.57
	01192 - Order Clerk II		13.71
	01261 - Personnel Assistant (Employment) I		15.95
	01262 - Personnel Assistant (Employment) II		17.85
	01263 - Personnel Assistant (Employment) III		19.89
	01270 - Production Control Clerk		21.78
	01290 - Rental Clerk		11.10
	01300 - Scheduler Maintenance		15.55
	01311 - Secretary I		15.55
	01312 - Secretary II		17.40
	01313 - Secretary III		19.39
	01320 - Service Order Dispatcher		14.00
	01410 - Supply Technician		21.43
	01420 - Survey Worker		16.79

	01460 - Switchboard Operator/Receptionist	9.67
)	01531 - Travel Clerk I	13.01
	01532 - Travel Clerk II	14.12
	01533 - Travel Clerk III	15.09
	01611 - Word Processor I	14.53
	01612 - Word Processor II	16.31
	01613 - Word Processor III	18.26
	05000 - Automotive Service Occupations	
	05005 - Automobile Body Repairer Fiberglass	14.82
	05010 - Automotive Electrician	13.92
	05040 - Automotive Glass Installer	13.02
	05070 - Automotive Worker	13.02
	05110 - Mobile Equipment Servicer	11.16
	05130 - Motor Equipment Metal Mechanic	14.82
	05160 - Motor Equipment Metal Worker	13.02
	05190 - Motor Vehicle Mechanic	14.82
	05220 - Motor Vehicle Mechanic Helper	10.22
	05250 - Motor Vehicle Upholstery Worker	12.11
	05280 - Motor Vehicle Wrecker	13.02
	05310 - Painter Automotive	13.92
	05340 - Radiator Repair Specialist	13.02
	05370 - Tire Repairer	12.34
	05400 - Transmission Repair Specialist	14.82
	07000 - Food Preparation And Service Occupations	
	07010 - Baker	10.47
	07041 - Cook I	12.05
	07042 - Cook II	14.05
	07070 - Dishwasher	9.28
	07130 - Food Service Worker	9.34
	07210 - Meat Cutter	11.86
	07260 - Waiter/Waitress	9.23
	09000 - Furniture Maintenance And Repair Occupations	
	09010 - Electrostatic Spray Painter	18.04
	09040 - Furniture Handler	10.95
	09080 - furniture Refinisher	18.04
	09090 - Furniture Refinisher Helper	13.27
	09110 - Furniture Repairer Minor	15.70
)	09130 - Upholsterer	18.04
	11000 - General Services And Support Occupations	
	11030 - Cleaner Vehicles	9.35
	11060 - Flevator Operator	0.35

	11090 - Gardener	13.00
	11122 - Housekeeping Aide	9.44
	11150 - Janitor	9.44
	11210 - Laborer Grounds Maintenance	9.82
	11240 - Maid or Houseman	9.26
	11260 - Pruner	8.79
	11270 - Tractor Operator	11.90
	11330 - Trail Maintenance Worker	9.82
	11360 - Window Cleaner	10.54
1	2000 - Health Occupations	
	12010 - Ambulance Driver	17.77
	12011 - Breath Alcohol Technician	17.77
	12012 - Certified Occupational Therapist Assistant	24.38
	12015 - Certified Physical Therapist Assistant	24.38
	12020 - Dental Assistant	15.02
	12025 - Dental Hygienist	32.84
	12030 - EKG Technician	25.99
	12035 - Electroneurodiagnostic Technologist	25.99
	12040 - Emergency Medical Technician	17.77
	12071 - Licensed Practical Nurse I	15.88
	12072 - Licensed Practical Nurse II	17.77
	12073 - Licensed Practical Nurse III	19.81
	12100 - Medical Assistant	12.26
	12130 - Medical Laboratory Technician	18.82
	12160 - Medical Record Clerk	13.61
	12190 - Medical Record Technician	17.77
	12195 - Medical Transcriptionist	15.88
	12210 - Nuclear Medicine Technologist	39.04
	12221 - Nursing Assistant I	11.34
	12222 - Nursing Assistant II	12.75
	12223 - Nursing Assistant III	13.91
	12224 - Nursing Assistant IV	15.61
	12235 - Optical Dispenser	17.77
	12236 - Optical Technician	15.88
	12250 - Pharmacy Technician	15.49
	12280 - Phlebotomist	15.33
	12305 - Radiologic Technologist	23.03
	12311 - Registered Nurse I	22.53
	12312 - Registered Nurse II	27.56
	12313 - Registered Nurse II Specialist	27.56
	12314 - Registered Nurse III	33 34

12315 - Registered Nurse III Anesthetist		33.34
12316 - Registered Nurse IV		39.96
12317 - Scheduler (Drug and Alcohol Testing)		22.01
12320 - Substance Abuse Treatment Counselor		22.01
13000 - Information And Arts Occupations		
13011 - Exhibits Specialist I		20.35
13012 - Exhibits Specialist II		25.20
13013 - Exhibits Specialist III		30.83
13041 - Illustrator I		20.35
13042 - Illustrator II		25.20
13043 - Illustrator III		30.83
13047 - Librarian		27.91
13050 - Library Aide/Clerk		16.20
13054 - Library Information Technology Systems		25.20
Administrator		
13058 - Library Technician		16.64
13061 - Media Specialist I		18.18
13062 - Media Specialist II		20.35
13063 - Media Specialist III		22.68
13071 - Photographer I		18.18
13072 - Photographer II		20.35
13073 - Photographer III		25.20
13074 - Photographer IV		30.83
13075 - Photographer V		37.30
13090 - Technical Order Library Clerk		20.35
13110 - Video Teleconference Technician		17.38
14000 - Information Technology Occupations		
14041 - Computer Operator I		15.71
14042 - Computer Operator II		17.22
14043 - Computer Operator III		19.19
14044 - Computer Operator IV		21.33
14045 - Computer Operator V		23.62
14071 - Computer Programmer I	(see 1)	15.73
14072 - Computer Programmer II	(see 1)	19.50
14073 - Computer Programmer III	(see 1)	23.84
14074 - Computer Programmer IV	(see 1)	
14101 - Computer Systems Analyst I	(see 1)	24.23
14102 - Computer Systems Analyst II	(see 1)	
14103 - Computer Systems Analyst III	(see 1)	
14150 - Peripheral Equipment Operator		15.71
14160 - Personal Computer Support Technician		21 33

14170 - System Support Specialist	21.24
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	24.23
15020 - Aircrew Training Devices Instructor (Rated)	29.32
15030 - Air Crew Training Devices Instructor (Pilot)	34.91
15050 - Computer Based Training Specialist / Instructor	24.23
15060 - Educational Technologist	27.61
15070 - Flight Instructor (Pilot)	34.91
15080 - Graphic Artist	20.47
15085 - Maintenance Test Pilot Fixed Jet/Prop	34.91
15086 - Maintenance Test Pilot Rotary Wing	34.91
15088 - Non-Maintenance Test/Co-Pilot	34.91
15090 - Technical Instructor	17.67
15095 - Technical Instructor/Course Developer	21.62
15110 - Test Proctor	14.27
15120 - Tutor	14.27
16000 - Laundry Dry-Cleaning Pressing And Related Occupations	
16010 - Assembler	9.88
16030 - Counter Attendant	9.88
16040 - Dry Cleaner	11.30
16070 - Finisher Flatwork Machine	9.88
16090 - Presser Hand	9.88
16110 - Presser Machine Drycleaning	9.88
16130 - Presser Machine Shirts	9.88
16160 - Presser Machine Wearing Apparel Laundry	9.88
16190 - Sewing Machine Operator	11.94
16220 - Tailor	12.44
16250 - Washer Machine	10.36
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	18.04
19040 - Tool And Die Maker	22.67
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	13.96
21030 - Material Coordinator	21.78
21040 - Material Expediter	21.78
21050 - Material Handling Laborer	11.37
21071 - Order Filler	9.66
21080 - Production Line Worker (Food Processing)	13.96
21110 - Shipping Packer	15.92
21130 - Shipping/Receiving Clerk	15.92
21140 - Store Worker I	14.76

-		o, angor
	21150 - Stock Clerk	20.75
)	21210 - Tools And Parts Attendant	13.96
	21410 - Warehouse Specialist	13.96
	23000 - Mechanics And Maintenance And Repair Occupations	
	23010 - Aerospace Structural Welder	22.76
	23019 - Aircraft Logs and Records Technician	17.70
	23021 - Aircraft Mechanic I	21.67
	23022 - Aircraft Mechanic II	22.76
	23023 - Aircraft Mechanic III	23.91
	23040 - Aircraft Mechanic Helper	15.07
	23050 - Aircraft Painter	20.35
	23060 - Aircraft Servicer	17.70
	23070 - Aircraft Survival Flight Equipment Technician	20.35
	23080 - Aircraft Worker	19.12
	23091 - Aircrew Life Support Equipment (ALSE) Mechanic	19.12
	I	
	23092 - Aircrew Life Support Equipment (ALSE) Mechanic	21.67
	II	
	23110 - Appliance Mechanic	18.04
	23120 - Bicycle Repairer	14.49
	23125 - Cable Splicer	19.59
	23130 - Carpenter Maintenance	16.07
	23140 - Carpet Layer	16.86
	23160 - Electrician Maintenance	18.05
	23181 - Electronics Technician Maintenance I	16.86
	23182 - Electronics Technician Maintenance II	18.04
	23183 - Electronics Technician Maintenance III	19.55
	23260 - Fabric Worker	15.70
	23290 - Fire Alarm System Mechanic	15.43
	23310 - Fire Extinguisher Repairer	14.49
	23311 - Fuel Distribution System Mechanic	19.21
	23312 - Fuel Distribution System Operator	14.49
	23370 - General Maintenance Worker	11.96
	23380 - Ground Support Equipment Mechanic	21.67
	23381 - Ground Support Equipment Servicer	17.70
	23382 - Ground Support Equipment Worker	19.12
	23391 - Gunsmith I	14.49
	23392 - Gunsmith II	16.86
	23393 - Gunsmith III	19.21
	23410 - Heating Ventilation And Air-Conditioning	17.16
	Mechanic	

23411 - Heating Ventilation And Air Contidioning	18.25
Mechanic (Research Facility)	
23430 - Heavy Equipment Mechanic	18.35
23440 - Heavy Equipment Operator	17.12
23460 - Instrument Mechanic	19.21
23465 - Laboratory/Shelter Mechanic	18.04
23470 - Laborer	11.37
23510 - Locksmith	18.04
23530 - Machinery Maintenance Mechanic	23.13
23550 - Machinist Maintenance	19.21
23580 - Maintenance Trades Helper	10.67
23591 - Metrology Technician I	19.21
23592 - Metrology Technician II	20.42
23593 - Metrology Technician III	21.63
23640 - Millwright	19.21
23710 - Office Appliance Repairer	18.04
23760 - Painter Maintenance	13.95
23790 - Pipefitter Maintenance	18.39
23810 - Plumber Maintenance	17.27
23820 - Pneudraulic Systems Mechanic	19.21
23850 - Rigger	19.21
23870 - Scale Mechanic	16.86
23890 - Sheet-Metal Worker Maintenance	16.09
23910 - Small Engine Mechanic	16.86
23931 - Telecommunications Mechanic I	19.01
23932 - Telecommunications Mechanic II	19.91
23950 - Telephone Lineman	18.24
23960 - Welder Combination Maintenance	17.95
23965 - Well Driller	19.21
23970 - Woodcraft Worker	19.21
23980 - Woodworker	14,49
24000 - Personal Needs Occupations	
24550 - Case Manager	14.72
24570 - Child Care Attendant	10.09
24580 - Child Care Center Clerk	13.25
24610 - Chore Aide	11.62
24620 - Family Readiness And Support Services	14.72
Coordinator	
24630 - Homemaker	16.12
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	19.21

	25040	- Sewage Plant Operator	21.59
)	25070	- Stationary Engineer	19.21
	25190	- Ventilation Equipment Tender	13.27
	25210	- Water Treatment Plant Operator	21.59
	27000 -	Protective Service Occupations	
	27004	- Alarm Monitor	10.90
	27007	- Baggage Inspector	9.40
	27008	- Corrections Officer	12.05
	27010	- Court Security Officer	12.05
	27030	- Detection Dog Handler	10.90
	27040	- Detention Officer	12.05
	27070	- Firefighter	12.05
	27101	- Guard I	9.40
	27102	- Guard II	10.90
	27131	- Police Officer I	12.05
	27132	- Police Officer II	13.40
	28000 -	Recreation Occupations	
	28041	- Carnival Equipment Operator	12.79
	28042	- Carnival Equipment Repairer	13,97
)	28043	- Carnival Worker	9.45
	28210	- Gate Attendant/Gate Tender	13.18
	28310	- Lifeguard	11.01
	28350	- Park Attendant (Aide)	14.74
	28510	- Recreation Aide/Health Facility Attendant	11.84
	28515	- Recreation Specialist	18.26
	28630	- Sports Official	11.74
	28690	- Swimming Pool Operator	17.71
	29000 -	Stevedoring/Longshoremen Occupational Services	
	29010	- Blocker And Bracer	23.62
	29020	- Hatch Tender	23.62
	29030	- Line Handler	23.62
	29041	- Stevedore I	21.98
	29042	- Stevedore II	25.26
	30000 -	Technical Occupations	
	30010	- Air Traffic Control Specialist Center (HFO) (see 2)	39.89
	30011	- Air Traffic Control Specialist Station (HFO) (see 2)	27.50
	30012	- Air Traffic Control Specialist Terminal (HFO) (see 2)	30.29
)	30021	- Archeological Technician I	17.49
	30022	- Archeological Technician II	19.56
	30023	- Archeological Technician III	24.21
	30030	- Cartographic Technician	23.18

30040 - Civil Engineering Technician		23.08
30051 - Cryogenic Technician I		25.57
30052 - Cryogenic Technician II		28.24
30061 - Drafter/CAD Operator I		17.49
30062 - Drafter/CAD Operator II		19.56
30063 - Drafter/CAD Operator III		20.77
30064 - Drafter/CAD Operator IV		25.57
30081 - Engineering Technician I		14.84
30082 - Engineering Technician II		16.66
30083 - Engineering Technician III		18.64
30084 - Engineering Technician IV		23.08
30085 - Engineering Technician V		28.24
30086 - Engineering Technician VI		34.16
30090 - Environmental Technician		23.08
30095 - Evidence Control Specialist		23.08
30210 - Laboratory Technician		20.77
30221 - Latent Fingerprint Technician I		25.57
30222 - Latent Fingerprint Technician II		28.24
30240 - Mathematical Technician		23.34
30361 - Paralegal/Legal Assistant I		19.44
30362 - Paralegal/Legal Assistant II		23.94
30363 - Paralegal/Legal Assistant III		29.29
30364 - Paralegal/Legal Assistant IV		35.44
30375 - Petroleum Supply Specialist		28.24
30390 - Photo-Optics Technician		21.93
30395 - Radiation Control Technician		28.24
30461 - Technical Writer I		23.08
30462 - Technical Writer II		28.24
30463 - Technical Writer III		34.16
30491 - Unexploded Ordnance (UXO) Technician I		25.35
30492 - Unexploded Ordnance (UXO) Technician II		30.67
30493 - Unexploded Ordnance (UXO) Technician III		36.76
30494 - Unexploded (UXO) Safety Escort		25.35
30495 - Unexploded (UXO) Sweep Personnel		25.35
30501 - Weather Forecaster I		25.57
30502 - Weather Forecaster II		31.09
30620 - Weather Observer Combined Upper Air Or	(see 2)	20.77
Surface Programs		
30621 - Weather Observer Senior	(see 2)	23.08
31000 - Transportation/Mobile Equipment Operation Occ	tupations	
31010 - Airplane Pilot		30.67

31020 - Bus Aide	8.15
31030 - Bus Driver	9.69
31043 - Driver Courier	9.69
31260 - Parking and Lot Attendant	9.91
31290 - Shuttle Bus Driver	10.59
31310 - Taxi Driver	10.37
31361 - Truckdriver Light	10.59
31362 - Truckdriver Medium	11.61
31363 - Truckdriver Heavy	13.92
31364 - Truckdriver Tractor-Trailer	13.92
99000 - Miscellaneous Occupations	
99020 - Cabin Safety Specialist	14.95
99030 - Cashier	9.48
99050 - Desk Clerk	9.70
99095 - Embalmer	25.35
99130 - Flight Follower	25.35
99251 - Laboratory Animal Caretaker I	22.67
99252 - Laboratory Animal Caretaker II	24.77
99260 - Marketing Analyst	21.54
99310 - Mortician	25.35
99410 - Pest Controller	14.61
99510 - Photofinishing Worker	13.32
99710 - Recycling Laborer	15.75
99711 - Recycling Specialist	21.66
99730 - Refuse Collector	14.91
99810 - Sales Clerk	9.66
99820 - School Crossing Guard	16.75
99830 - Survey Party Chief	22.02
99831 - Surveying Aide	12.52
99832 - Surveying Technician	16.27
99840 - Vending Machine Attendant	22.67
99841 - Vending Machine Repairer	28.88
99842 - Vending Machine Repairer Helper	22 67

Note: Executive Order (EO) 13706 Establishing Paid Sick Leave for Federal

Contractors applies to all contracts subject to the Service Contract Act for which
the contract is awarded (and any solicitation was issued) on or after January 1

2017. If this contract is covered by the EO the contractor must provide employees
with 1 hour of paid sick leave for every 30 hours they work up to 56 hours of paid
sick leave each year. Employees must be permitted to use paid sick leave for their
own illness injury or other health-related needs including preventive care; to
assist a family member (or person who is like family to the employee) who is ill
injured or has other health-related needs including preventive care; or for
reasons resulting from or to assist a family member (or person who is like family
to the employee) who is the victim of domestic violence sexual assault or
stalking. Additional information on contractor requirements and worker protections
under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: Life accident and health insurance plans sick leave pension plans civic and personal leave severance pay and savings and thrift plans.

Minimum employer contributions costing an average of \$4.54 per hour computed on the basis of all hours worked by service employees employed on the contract.

HEALTH & WELFARE EO 13706: Minimum employer contributions costing an average of \$4. 22 per hour computed on the basis of all hours worked by service employees employed on the covered contracts. *

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706 Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; and 4 weeks after 3 years. Length of service includes the whole span of continuous service with the present contractor or successor wherever employed and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day Martin Luther
King Jr.'s Birthday Washington's Birthday Memorial Day Independence Day
Labor Day Columbus Day Veterans' Day Thanksgiving Day and Christmas Day. (A
contractor may substitute for any of the named holidays another day off with pay in
accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b) this wage determination does not apply to any employee who individually qualifies as a bona fide executive administrative or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals (29 C.F.R. 541. 400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage

determination.

Additionally because job titles vary widely and change quickly in the computer industry job titles are not determinative of the application of the computer professional exemption. Therefore the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

- The application of systems analysis techniques and procedures including consulting with users to determine hardware software or system functional specifications;
- (2) The design development documentation analysis creation testing or modification of computer systems or programs including prototypes based on and related to user or system design specifications;
- (3) The design documentation testing creation or modification of computer programs related to machine operating systems; or
- (4) A combination of the aforementioned duties the performance of which requires the same level of skills. (29 C.F.R. 541.400).
- 2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

^{**} HAZARDOUS PAY DIFFERENTIAL **

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance explosives and incendiary materials. This includes work such as screening blending dying mixing and pressing of sensitive ordnance explosives and pyrotechnic compositions such as lead azide black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization modification renovation demolition and maintenance operations on sensitive ordnance explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with or in close proximity to ordnance (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands face or arms of the employee engaged in the operation irritation of the skin minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving unloading storage and hauling of ordnance explosive and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance explosives and incendiary material differential pay.

** UNIFORM ALLOWANCE **

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract by the employer by the state or local law etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an

adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition where uniform cleaning and maintenance is made the responsibility of the employee all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However in those instances where the uniforms furnished are made of ""wash and wear"" materials may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning daily washing or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract by the contractor by law or by the nature of the work there is no requirement that employees be reimbursed for uniform maintenance costs.

** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS **

The duties of employees under job titles listed are those described in the ""Service Contract Act Directory of Occupations"" Fifth Edition (Revision 1) dated September 2015 unless otherwise indicated.

** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE Standard Form 1444 (SF-1444) **

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e. the work to be performed is not performed by any classification listed in the wage determination) be classified by the contractor so as to provide a reasonable relationship (i.e. appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR

4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification wage rate and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are included in a contract a separate SF-1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- When preparing the bid the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award the contractor prepares a written report listing in order the proposed classification title(s) a Federal grade equivalency (FGE) for each proposed classification(s) job description(s) and rationale for proposed wage rate(s) including information regarding the agreement or disagreement of the authorized representative of the employees involved or where there is no authorized representative the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action together with the agency's recommendations and pertinent information including the position of the contractor and the employees to the U.S. Department of Labor Wage and Hour Division for review (See 29 CFR 4.6(b)(2)(ii)).

4) Within 30 days of receipt the Wage and Hour Division approves modifies or disapproves the action via transmittal to the agency contracting officer or notifies the contracting officer that additional time will be required to process the request.

- 5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.
- 6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.

When preparing a conformance request the ""Service Contract Act Directory of Occupations"" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split combine or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1))."

Notice of Award

Award# 5 NU58DP006269-05-00

FAIN# NU58DP006269

Federal Award Date: 05/10/2021

Recipient Information

1. Recipient Name

Guam Department of Public Health 123 Chalan Kareta Mangilao, GU 96913-6304

- 2. Congressional District of Recipient
- 3. Payment System Identifier (ID) 1980018947B5
- 4. Employer Identification Number (EIN) 980018947
- 5. Data Universal Numbering System (DUNS)
- 6. Recipient's Unique Entity Identifier
- 7. Project Director or Principal Investigator

Mr. Lawrence Alam Program Coordinator IV lawrence.alam@dphss.guam.gov 671-735-7335

8. Authorized Official

Ms. Suzanne Kaneshiro SUZANNE.KANESHIRO@DPHSS.GUAM.GOV 6717357299

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Emmanuella Lamothe omy9@cdc.gov 404.498.5772

10.Program Official Contact Information

Charissa Rivers ili3@cdc.gov 770-488-3938

Federal Award Information

11. Award Number

5 NU58DP006269-05-00

- 12. Unique Federal Award Identification Number (FAIN) NU58DP006269
- 13. Statutory Authority

301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 241(a) and 247b(k)(2)], as amended.

14. Federal Award Project Title

Guam Breast and Cervical Cancer Early Detection Program and Guam Comprehensive Cancer Control

- 15. Assistance Listing Number 93,898
- 16. Assistance Listing Program Title

Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

17. Award Action Type

Non-Competing Continuation

18. Is the Award R&D?

Summary Federal Award Financial Information

19. Budget Period Start Date 06/30/2021 - End Date 06/29/2022

20. Total Amount of Federal Funds Obligated by this Action \$806,773.00 20a. Direct Cost Amount \$752,889.00 20b. Indirect Cost Amount \$53,884.00 21. Authorized Carryover \$0.00 22. Offset \$0.00 23. Total Amount of Federal Funds Obligated this budget period \$0.00 24. Total Approved Cost Sharing or Matching, where applicable \$0.00 25. Total Federal and Non-Federal Approved this Budget Period

26. Project Period Start Date 06/30/2017 - End Date 06/29/2022

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period

Not Available

\$806,773.00

28. Authorized Treatment of Program Income

MATCHING

29. Grants Management Officer - Signature

Ms. Pamela Render Grants Management Officer

0. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 5 NU58DP006269-05-00 FAIN# NU58DP006269

Federal Award Date: 05/10/2021

Recipient Information

Recipient Name

Guam Department of Public Health 123 Chalan Kareta

Mangilao, GU 96913-6304

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Congressional District of Recipient

Payment Account Number and Type

Employer Identification Number (EIN) Data

980018947

Universal Numbering System (DUNS)

955019700

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Appro	oved B	Judget	
(Excludes	Direct	Assistance	:)

1. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

ii. Total project costs including grant funus and an	other imalicial participation	
a. Salaries and Wages	\$353,653.00	
b. Fringe Benefits	\$131,374.00	
c. Total Personnel Costs	\$485,027.00	
d. Equipment	\$0.00	
e. Supplies	\$3,000,00	
f. Travel	\$9,194.00	
g. Construction	\$0.00	
h. Other	\$42,700.00	
i. Contractual	\$212,968.00	
j. TOTAL DIRECT COSTS	\$752,889.00	
k. INDIRECT COSTS	\$53,884.00	
I. TOTAL APPROVED BUDGET	\$806,773.00	
m. Federal Share	\$806,773.00	

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-921Z1RU	17NU58DP006269	DP	41.51	\$400,000,00	75-21-0948
1-9390540	17NU58DP006269	DP	41.51	\$98,580.00	75-21-0948
1-9390541	17NU58DP006269	DP	41.51	\$165,928.00	75-21-0948
1-9390542	17NU58DP006269	ÐP	41.51	\$59,105.00	75-21-0948
1-9390543	17NU58DP006269	DP	41.51	\$75,937.00	75-21-0948
1-9390544	17NU58DP006269	DP	41.51	\$7,223.00	75-21-0948

n. Non-Federal Share

\$0.00



Award# 5 NU58DP006269-05-00 FAIN# NU58DP006269

Federal Award Date: 05/10/2021

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Friage Benefits	\$0.00	\$0.00	\$0.00
Tratvel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

Guam Department of Public Health

5 NU58DP006269-05-00

- 1. Terms and Conditions
- 2. Funding Spreadsheet

AWARD INFORMATION

Incorporation: In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at

https://www.cdc.gov/grants/federalregulationspolicies/index.html, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number DP17-1701, titled Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations, and application dated February 26, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

Approved Funding: Funding in the amount of \$806,773 is approved for the Year 05 budget period, which is **June 30, 2021** through **June 29, 2022**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

The NOFO provides for the funding of multiple components under this award. The approved component funding levels for this notice of award are:

NOFO Component	Amount
NBCCEDP	\$ 400,000
NCCCP	\$ 406,773

Financial Assistance Mechanism: Cooperative Agreement

Substantial Involvement by CDC: This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

CDC activities in this NOFO are as follows:

- Collaboration between program consultants across the division to provide coordination
 of program monitoring and technical assistance activities such as joint program calls,
 site visits, and regional consultations.
- Team Leads, Project Officers, and Subject Matter Experts from across the division jointly plan and participate in trainings and other capacity building activities that address crosscutting strategic areas.
- Resources and guides that address key programmatic needs across the FOA will be jointly developed and/or disseminated to ensure consistent messages with meeting

grantee technical assistance needs.

- Technical assistance in the areas of program implementation, fiscal and grants
 management, surveillance and epidemiology, health education and promotion,
 evaluation, community-clinical linkages, and environmental approaches will be
 coordinated across programs to ensure consistency and build awardee capacity.
- CDC Chronic Project Officers will continue to identify collaboration and coordination opportunities through the NCCDPHP Regional Team meeting
- Coordinated Program Directors meetings and Cancer Conferences will be prioritized to reduce burden on grantees
- Establish program policies and guidelines collaboratively with grantees.
- Facilitate the exchange of information and coordination, collaboration, and service integration between grantees and chronic disease counterparts.
- Provide ongoing guidance, consultation and technical assistance to support the planning, implementation, monitoring, and evaluation of the activities listed within the components funded in this FOA.
- Monitor grantee progress in implementing the program and work with grantees through email, conference calls, and site visits, and review of progress reports and other data reports to support program progress and program improvement.
- Convene trainings, capacity building exercises, meetings, web forums, conference calls, and site visits with grantees.
- Provide relevant scientific research findings, peer-reviewed publications, success stories, public health recommendations, and up-to-date clinical guidelines related to the FOA.
- Provide eligible population estimates for available geographic units. Estimates are currently available at the national, state, and county level. Estimates can be found at: http://www.census.gov/hhes/www/sahie/data/index.html.
- Design, implement, and evaluate program implementation of screening and patient support services.
- Provide strategies to work effectively with health care systems and community-based organizations to use available data and target populations to decrease disparities.
- Provide guidance on practical application of appropriate Public Laws based on the
 program specific needs. These laws include; Public Law101-354, including amendments
 to the law, Public Health Service Act, (42 USC 280e-280e-4; Public Law 102-515), as
 amended and Public Health Service Act, [42 U.S.C. section247b (e) and (k)(2)], as
 amended.
- Provide tools and methodologies to conduct linkages between the screening program data and central cancer registries data, and reporting registry stage data in the MDE.
- Develop regular data monitoring feedback reports based on clinical data submissions to support data use for quality assurance, program improvement, and program monitoring and evaluation.
- Evaluate, monitor, and report on progress toward meeting performance standards using interim progress reports, end of year reports, MDE reports, annual surveys, and others described in FOA.
- Provide analytic datasets through CDC's Research Data Center, restricted data access files for NPCR-sponsored registries, and a public use dataset.
- Provide mechanisms to facilitate external data linkages through CDC's National Death Index and Social Security Administration's Administrative Databases.
- Provide assistance with dissemination of information, including evaluation results, about awardee's program efforts to the public and public health audiences. When appropriate, evaluation findings will be described for individual awardees by name.
- Provide technical assistance and support to central cancer registries for electronic

pathology, biomarkers and physician reporting/Meaningful Use efforts.

 Develop and provide publicly available software programs for collecting, receiving, validating, processing, and analyzing cancer registry data.

 Provide NPCR Program Standards and Program Manual to ensure standardized operations and data collection.

 Collaborate with national partners and organizations to standardize the reporting of cancer, promote education for cancer registrars, and advocate for central cancer registries by actively participating as chairs/members of committees/workgroups.

 Assess the quality of central cancer registry data by conducting NPCR-sponsored Data Quality Evaluations of central cancer registries.

 Receive, evaluate, and disseminate cancer surveillance data received from central cancer registries through the NPCR Cancer Surveillance System.

Maintain online dissemination tools http://www.cdc.gov/cancer/npcr/tools.htm

BUDGET REQUIREMENTS:

Please provide the following information by submitting a grant note in Grant Solutions as soon as this information is available:

INDIRECT COSTS – Please submit the updated ICR agreement covering the Year 5 budget period as soon as it is available.

NBCCEDP

 CONTRACTUAL/CONSULTANT: Please provide all the contractual/consultant elements that are TBD (Health Data Statistician, Patient Navigator, Medical Advisor, Evaluator) as required in the CDC Budget Preparation Guidelines for all contractors and consultants.

NCCCP

- CONTRACTUAL/CONSULTANT: Please provide all the contractual/consultant elements that are TBD (Program Evaluator) as required in the CDC Budget Preparation Guidelines for all contractors and consultants.
- Please provide a detailed budget for the contracts with the University of Hawaii and SPARK.

Expanded Authority: The recipient is permitted the following expanded authority in the administration of the award.

☑ Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

<u>Cost sharing or matching alternative</u>: Under this alternative, program income is used to finance some or the entire non-federal share of the project/program.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Notice of Funding Opportunity (NOFO) Restrictions:

- · Recipients may not use funds for research.
- · Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
- publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See <u>Additional Requirement (AR) 12</u> for detailed guidance on this prohibition and <u>additional guidance on lobbying for CDC recipients</u>.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for
 - applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

Program 1: NBCCEDP

- As specified in PL 101-354, use of federal funds for treatment is prohibited.
- As specified by PL 101-354, not more than 10 percent of cooperative funds awarded may be spent annually for administrative expenses. These administrative expenses are in lieu of and replace indirect costs [Section 1504(f) of the PHS Act, as amended].

Program 3: NPCR

- As specified in the Public Health Service Act, (42 USC 280e-280e-4), as amended, cooperative agreement funds must not be used for purposes other than those outlined in this announcement.
- Purchase, licensing, or development of central cancer registry applications or database systems that perform the same functions as tools provided by CDC/NPCR (see CDC/NPCR Registry Plus module description).
- Design and development of new software and/or enhancement of an existing central cancer registry database management system where publicly available products exist.
- Funding for activities associated with the maintenance and support of a central registry database system that exceeds 20 percent of the total direct budget request per year. For additional information see http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/
- Direct data collection in reporting facilities unless justified. For additional information see http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/
- Abstracting from hard-copy medical records at the central cancer registry unless justified. For additional information see http://www.cdc.gov/cancer/dcpc/about/foa-dp17-1701/
- Promotional items.
- International travel (exception Canada for NAACCR conference).
- Travel to meetings not directly related to cancer registries.
- Travel for non-registry staff NOTE: In accordance with Health and Human Services (HHS) Grants Policy Statement, travel is only allowable for personnel directly charged and approved on the grant/cooperative agreement.
- Cell phones, blackberries, palm pilots, or any other personal electronic device.
- · Automobiles.
- · Construction.
- Funds must be used to supplement not to supplant existing State and/or other Federal resources.

Indirect Costs:

Indirect costs are approved based on the negotiated indirect cost rate agreement dated April 3, 2019, which calculates indirect costs as follows, a fixed rate is approved at 12.25% of the base, which includes, total direct salaries and wages, excluding fringe benefits. The effective dates of this indirect cost rate are from October 1, 2019 to September 30, 2020.

Matching Funds Requirement: Matching is generally calculated on the basis of the federal award amount and is comprised of recipient contributions proposed to support anticipated costs of the project during a specific budget period (confirmation of the existence of funding is supplied by the recipient via their Federal Financial Report). The recipient must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. The recipient may not use matching expenditures to count toward any Maintaining State Funding requirement.

*Note: The required and/or encouraged match dollar amounts are identified on the "Component Funding Spreadsheet" attached and associated with this Notice of Award.

NBCCEDP: Recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502(a) and (b)(1), (2), and (3) of the Public Health Services (PHS) Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds awarded under this program.

However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements up to \$200,000 for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands.

Matching funds may be cash, in-kind or donated services or equipment. Contributions may be made directly or through donations from public or private entities. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title I to use funds received under the Indian Self-Determination Act as matching funds.

Applicants may also designate as State/Tribal/Territorial/Pacific Island Jurisdiction matching funds any non-Federal amounts spent pursuant to Title XIX of the Social Security Act for the screening and case management of women for breast and cervical cancers.

Matching funds may not include: (1) payment for treatment services or the donation of treatment services; (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirements must be documented by the applicant and will be subject to audit.

NCCCP: Cost sharing funds are encouraged in an amount not less than ten percent of Federal funds awarded under this program. Cost sharing is encouraged if it helps to leverage federal and state resources, is responsive to stated CDC recipient activities, supports the National Comprehensive Cancer Control Program priorities, and does not compromise the integrity or the ability of the comprehensive cancer control program to accomplish proposed activities. Matching funds are not required under this cooperative agreement, but are encouraged.

NPCR: Per PHS Act (42 USC 280e-280e-4), matching funds are required for Program 3, NPCR applicants in an amount not less than 25 percent of such costs or one dollar for every three dollars of Federal funds awarded under this program; [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(1)]. Matching funds may be cash, in-kind, or donated services or equipment. Contributions may be made directly or through donations from public or private entities. However, Title 48 of the U.S. Code 1469a (d) requires DHHS to waive matching fund requirements for Guam, U.S. Virgin Islands, American Samoa and the Commonwealth of the Northern Mariana Islands up to \$200,000. Public Law 93-638 authorizes tribal organizations contracting under the authority of Title 1 to use funds received under the Indian Self-Determination Act as matching funds. Non-federal financial contributions in excess of the Maintenance of Effort may be used for matching.

Matching funds may not include: (1) payment for treatment services or the donations of treatment services (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirement must be documented by the applicant and will be subject to audit. Documentation of appropriate matching is to be provided in the detailed budget and narrative justification.

Maintenance of Effort (MOE) Requirement: MOE represents an applicant/recipient historical level of contributions related to federal programmatic activities which have been made prior to the receipt of federal funds "expenditures (money spent)." MOE is used as an indicator of non-federal support for public health before the infusion of federal funds. These expenditures are calculated by the recipient without reference to any federal funding that also may have contributed to such programmatic activities in the past. Recipients must stipulate the total dollar amount in their grant applications. Recipients must be able to account for MOE separately from accounting for federal funds and separately from accounting for any matching funds

requirement; this accounting is subject to ongoing monitoring, oversight, and audit. MOE may not include any matching funds requirement.

NBCCEDP: Maintenance of Effort is required for this program in accordance with the authorizing legislation PL 101-354. The average amount of non-Federal contributions toward breast and cervical cancer programs and activities for the two-year period preceding the first Federal fiscal year of funding for NBCCEDP is referred to as Maintenance of Effort (MOE). Only those non-Federal contributions in excess of the MOE amount may be considered matching funds. Supplanting, or replacing, existing program efforts currently paid with Federal or non-Federal sources is not allowable.

NCCCP: Maintenance of effort is not required for this program.

NPCR: Maintenance of Effort is required for this program. Recipients must agree to make available (directly or through donations from public or private entities) non-Federal contributions equal to the amount expended during the fiscal year preceding the first year of the original NPCR cooperative agreement award for the collection of data on cancer, as noted in Public Health Service Act (42 USC 280e-280e-4).

In determining the amount of non-Federal contributions for cost-sharing or matching, the recipient may include only those contributions that are in excess of the amount of contributions made by the State for collection of data on cancer for the fiscal year preceding the first year of the original NPCR cooperative agreement award. CDC may decrease the amount of non-Federal contributions required if the State can show that the amount will cause them financial hardship [Title 42, Chapter 6A, Subchapter II, Part M, § 280e(b)(2)(B)].

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted no later than 90 days after the end of the budget period. To submit the FFR, log in to https://pms.psc.gov/, select "Federal Financial Report" from the menu bar and then click on Federal Financial Reporting.

The FFR for the budget period 04 is due by **September 30, 2021**. Reporting timeframe is **June 30, 2020** through **June 29, 2021**. The FFR is cumulative and should only include those funds authorized and disbursed during the timeframe covered by the report.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

Performance Progress and Monitoring: Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022. The components of the PPMR are available for download at: https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html.

Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS): Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all

information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services

Emmanuella Lamothe, Grants Management Officer/Specialist

Centers for Disease Control and Prevention

Branch 5 Supporting Chronic Diseases and Injury Prevention

Email: omy9@cdc.gov (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services
Office of the Inspector General
ATTN: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW
Cohen Building, Room 5527
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or

Email: MandatoryGranteeDisclosures@oig.hhs.gov

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

PAYMENT INFORMATION

The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.

Payment Management System Subaccount: Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 1 of the Notice of Award must be known in order to draw down funds.

PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS

The final programmatic report format required is the following.

Final Performance Progress and Evaluation Report: This report should include the information specified in the NOFO and is submitted 90 days following the end of the period of performance via www.grantsolutions.gov. At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Additional guidance may be provided by the GMS and found at: https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html

CDC Staff Contacts

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

GMS Contact:

Emmanuella Lamothe, Grants Management Specialist Centers for Disease Control and Prevention Branch 5 Supporting Chronic Diseases and Injury Prevention Telephone: 404-498-5772

Email: omy9@cdc.gov

Program/Project Officer: The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

Programmatic Contact:

Charissa Rivers, Project Officer, NBCCEDP Centers for Disease Control and Prevention

Telephone: 770-488-3938 Email: ili3@cdc.gov

Jamila Fonseca, Project Officer, NCCCP Centers for Disease Control and Prevention

Telephone: 770-488-4296 Email: jcf0@cdc.gov **Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact:

Pamela Render, Grants Management Officer
Centers for Disease Control and Prevention
Branch 5 Supporting Chronic Diseases and Injury Prevention

Telephone: 770-488-2712 Email: plr3@cdc.gov

Grantee: Award Number:

Guam Department of Public Health DP006269-05

Attachment 1			
Federal Cost Categories	NCCCP	NBCCEDP	Year 05 Budget
Salaries & Wages	\$ 147,996	\$ 205,657	\$353,653
Fringe Benefits	\$ 52,775	\$ 75,599	\$131,374
Travel	\$ 9,194	- \$	\$9,194
Equipment			\$0
Supplies	000'E \$	- \$	\$3,000
Contractual costs	\$ \$	\$ 93,571	\$212,968
Other	\$ 42,700	- \$	\$42,700
Consultant Costs	\$		\$0
Total Direct Costs	\$ 378,062	\$ 374,827	\$752,889
Indirect Costs	\$ 28,711	\$ 25,173	\$53,884
Non-Federal Share Requirement		B.	\$0
Programmatic Encouraged Cost Share	•	•	20
Total Approved Budget	\$406,773	\$400,000	\$806,773

or Benevice DPHSB/GBCCEEDP and ToleClass Separates Company, Sec. (Sin(s) FSSP Health Contex and FMP Worses's Health Contex Page 3 of 3 IN WITNESS THEREOF, the parties have set their hands to this Sixth Assendment on the dates indicated below. **REALTH PROVIDER** TAKECARE INSURANCE, INC. DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES: DBA(S) PHP HEALTH CENTER & FHP WOMEN'S HEALTH CENTER By its By Ita wagens ROSE GRINO Medical Administrator U. SAN AGUSTIN, BIHR TakeCare Insurance, Inc. DBA(s) PHP Health Center & or, Department of Public Health and Social Services FKP Women's Health Center MAR 3 8 2021 Date: 3/12/2021 Date CERTIFIED FUNDS AVAILABLE: Acet #: 5101H201712\$E114/230 APPROVED: Amount: 535,000,00 (C180600962) Amount: \$10,000.00 (additional) Total Amount: \$45,000,00 Document #:021-1700 -077 Vendor#: F0526501 CLEARED PER Period: June 30, 2020 to June 29, 2021 BBMR'S REVIEW Subject to appropriation, allocation, and We toen TOMMY C. TATEAGUE Director, Bytess of Judget and Certifying Officer, Departm of Public Health and Social 9 Services or Rese

MAR 2 6 2021

APPROVED AS TO LEGALITY AND FORM:

APR/19 2021

LEEVIN TAITANO CAMACHO Attorney General of Guern

Dale:

APPROVED:

LOURDES A. LEON GUERRERO Governor of Guara

Date:

ECEIVED

APR 12 2021 for 21.6.17.0032 Bureau J. Budyet and Management Research

South Attendment between DPHSS/GBCCEDP and TaleCom Insurance Company, Inc. (Emis) FHF Health Center and FHP Women's Health Center Page 3 of 3

IN WITNESS THEREOF, the parties have set their hands to this South Amendment on the dates indicated below.

HEALTH PROVIDER
TAKECARE INSURANCE, INC.
DBA(5) FHP HEALTH CENTER &
FHP WOMEN'S HEALTH CENTER
By Its

ROSE GRINO
Medical Administrator
TakeCare Insurance, Inc.
DBA(s) FHP Health Center &
FHP Women's Health Center

Date: 3/12/2021

CERTIFIED FUNDS AVAILABLE:
Acct #: 5101H201712SE114/230
Amount: 535,000.00 (C180600962)
Amount: \$10,000.00 (additional)
Total Amount: \$45,000.00
Document #: C21-1700-077
Vendor #: F0526501
Period: June 30, 2020 to June 29, 2021
Subject to appropriation, allocation, and availability

TOMMY C. TAPPAGUE
Certifying Officer, Department
of Public Health and Social
Services

Date: MAR 2 6 2021

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES: By its

ARTHUR U. SAN AGUSTIN, MHR Director, Department of Public Health and Social Services

Date: 60AR 3 8 2021

APPROVED:

LESTER L. CARLSON JR. Director, Bureau of Budget and Management Research

Date: ____

APPROVED AS TO LEGALITY AND FORM:

LEEVIN TAITANG CAMACHO
Attorney General of Guerra

0980-17 55HdQ

APPROVED:

LOURDES A. LEON GUERRERO
Governos of Guern

Date: 6 8 300

DEPARTMENT OF ADMINISTRATION DIVISION OF ACCOUNTS

Registration Date 05/09/2021
Registration No. 6/804/09/62

Vendor No. 1982/61/ Austral's Justices

Registered By: # 05/M/



Fifth Amendment and Second Option to Renow Between DPHSS/GBCCCDP and TakeCare insurance Company, Inc. dba(s) Fifth Health Center and FHP Women's Health Center
Page 3 of 3

IN WITNESS THEREOF, the parties have set their hands to this Third Amendment and First Option to Renew on the dates indicated below

HEALTH PROVIDER
TAKECARE INSURANCE, INC.
DBA(S) FHP HEALTH CENTER &
FHP WOMEN'S HEALTH CENTER
By Its

ROSE GRINO
Medical Administrator
TakeCare Insurance, inc.
DBA(s) FIIP Health Center &
FHP Women's Health Center

Date: 5/26/2020

CERTIFIED FUNDS AVAILABLE:
Actt #: 5101H2017125E114/230
Amount: \$35,000 00
Vendorf: F0526581
Funds certified through June 29 2021 Subject to appropriation, allocation, and availability of funds

Document No <u>C20-1700-042</u>

TO VIMY C. TAITAGUE
Centifying Officer, Department
of Public Health and Soc at
Services

Date: MAY

MAY 1 8 2020

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES: By Its

LINDA UNPINGCO DENORCEY, MPH Director, Ocpariment of Public

Health and Social Services

Date __ 6/3/2020

APPROVED:

RECEIVED JUN 04 2020

Bureau of Buoget and Management Research

LESTER L CARLSON JR. Director, Bureau of Budget and Management Research

JUN 8 5 2028

CLEARED PER BENR'S 12 3 37

APPROVED AS TO LEGALITY AND FORM:

Date

LEEV N TAITANO CAMACHO Autorizey General of Guam

Date

TIENO

DPHSS 20-0233

APPROVED:

LOURDES A. LEON GUERRERO
Governor, of Guerr

Date 7 15 9000

DEPARTMENT OF ADMINISTRATION DIVISION OF ACCOUNTS

Registration Date__

Registration No. C180610963

Vendor No. F0626601 hup#6 2007861

Registered By:_

01/242020

OG 35CHVED

IN WITNESS THEREOF, the parties have set their hands to this Fourth Amendment on the dates indicated below.

TAKECARE INSURANCE, INC. DBA(S) FHP HEALTH CENTER & FHP WOMEN'S HEALTH CENTER By Its

ROSE ORINO Medical Administrator TakeCare Insurance, Inc. DBA(s) FHP Health Center & FHP Women's Health Center

12-13.19

CERTIFIED FUNDS AVAILABLE:

Acct #: 5101H191712SE114/230 Amount: \$50,000.00 (C180600961) Amount: \$30,000.00 (additional) Total Amount: \$80,000.00

Document #: 020 - 1700 - 015 Vendor #: F0526501

Period: June 30, 2019 to June 29, 2020 Subject to appropriation, allocation, and availability

TOMMY C. TAITAGUE Certifying Officer, Department of Public Health and Social Services

Date:

NOV 1 8 2019

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES By Its

LINDA UNPINOCO DENORCEY, MPH

Director, Department of Public Health and Social Services

APPROVED:

LESTER L. CARLSON JR. Director, Bureau of Budget and Management Research

JAN 21 2020 Date:

APPROVED AS TO LEGALITY AND FORM:

LEEVIN TAITANO CAMACHO Attorney General of Guam

2/3/20 Date:

DPHSS 20-0041

APPROVED:

OURDES A. LEON GUERRERO

DEPARTMENT OF ADMINISTRATION DIVISION OF ACCOUNTS

Managemen

Registration Date 02/07/2028

Registration No. CISOL 10961

Vendor No. F057650/ Ange 4

Registered By:

Third Amendment and First Option to Renew Between DPHSS/GBCCEDP and TakeCare Insurance Company, Inc. dba(s) FHP Health Center and FHP Women's Health Center

IN WITNESS THEREOF, the parties have set their hands to this Third Amendment and First Option to Renew on the dates

HEALTH PROVIDER TAKECARE INSURANCE, INC. DBA(S) FHP HEALTH CENTER & FHP WOMEN'S HEALTH CENTER By Its

ROSE GRINO **Medical Administrator** TakeCare Insurance, Inc. DBA(s) FHP Health Center & FHP Women's Health Center

CERTIFIED FUNDS AVAILABLE:

Acct #: 5101H191712SE114/230

Amount: \$50,000.00 Vendor#: F0526501

Funds certified through June 29, 2020. Subject to appropriation, allocation, and availability of funds,

Document No.: <u>C19-1700-0</u>

TOMMY C. TAITAGUE Certifying Officer, Department of Public Health and Social Services

JUN 2 7 2019

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES: By Its

Director, Department of Public Health and Social Services

APPROVED:

LESTER L. CARLSON JR.

Director, Bureau of Budget and Management Research

JUL 16 2019

Date:

APPROVED as to legality and form:

> LEEVIN TAITANO CAMACHO Attorney General of Guam

> > 7/3/4 CDPHSS 19-0445 APPROVED:

LOURDES A. LEON GUERRERO

Governor of Guam

DEPARTMENT OF ADMINISTRATION DIVISION OF ACCOUNTS

istration Date

Registration No. Vendor No. 10536501

Registered By:

ureau of budget and nagement Research

IN WITNESS THEREOF, the parties have set their hands to this First Amendment on the dates indicated below.

HEALTH PROVIDER TAKECARE INSURANCE, INC. DBA(S) FHP HEALTH CENTER & FHP WOMEN'S HEALTH CENTER

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES: By Its

ROSE ORINO Medical Administrator TakeCare Insurance, Inc. DBA(s) FHP Health Center & FHP Women's Health Center

Date:

CERTIFIED FUNDS AVAILABLE: Acct #: 5101H181712SE114/230

Amount: \$50,000.00 (C180600960) Amount: \$25,000.00 (additional)

Total Amount: \$75,000.00
Document #: C/9-1700-066 Vendor#: F0526501 -

Period: August 3, 2018 to June 29, 2019 Subject to appropriation, allocation, and availability

TOMMY C. TAMAGUE Certifying Officer, Department of Public Health and Social Services

MAY 2 0 2019

LINDA UNPINGCO DENONCEY Director, Department of Public Health and Social Services

Date:

APPROVED:

Director, Bureau of Budget and Management Research

JUN 12 2019 Date:

APPROVED AS TO LEGALITY AND E LEEVIN TAITANO CAMACHO Attorney General of Guam Date: 6/2/19 OPHSS 19-0362	RECEIVED JUN 11 2019 Bureau or Buoget and Management Research
APPROVED: LOURDES A. LEON GUERRERO Governor of Guam Date: 1 2 2019	DEPARTMENT OF ADMINISTRATION DIVISION OF ACCOUNTS Registration Date 07/02/20/4 Registration No. C/8000900 Vandor No. F052 (60) PMS0 2 /ACCOUNTS Registrated By: Registrated By

Health Provider Agreement
Between DPHSS/GBCCEDP and TakeCare Insurance, Inc.
DBA(s) FHP Health Center & FHP Women's Health Center
RFP/DPHSS-2018-02

IN WITNESS THEREOF, the parties have entered into this Agreement on the dates indicated by their respective names.

HEALTH PROVIDER DEPARTMENT OF PUBLIC HEALTH TAKECARE INSURANCE, INC. AND SOCIAL SERVICES: DBA(S) FHP HEALTH CENTER & By Its FHP WOMEN'S HEALTH CENTER By its SEFFREY LARSEN LEO G. CASIL Vice President/Clinic Administrator Acting Director, Department of Public TakeCare Insurance, Inc. Health and Social Services DBA(s) FHP Health Center & FHP Women's Health Conter CERTIFIED FUNDS AVAILABLE: APPROVED: Acct #: 5101H181712SE114/230 Amount: \$35,000 Document No. C18-1700-052 Subject to appropriation, allocation, and avallability Management Record TOMMY C. TATTAGUE Bureau or Budgel LESTER L. CARLSON JR. Certifying Officer, Department **Deputy Director BBMR** of Public Health and Social Services JUL 18 2010 JUL_1_0_2018 Date: APPROVED AS TO LEGALITY AND FORM: ELIZABETH BARRETT-ANDERSON Attorney General of Guam

> RAYMOND S. TENORSO Acting Governor of Guam

Date: 8/3/2018

(DPACT 18-0198 APPROVED:

> Page 20 of 161 6/26/18