



GOVERNMENT OF GUAM

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



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAGA'

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LAHI

ARTHUR U. SAN AGUSTIN, MHR
DIRECTOR

LAURENT SF DUENAS, MPH, BSN
DEPUTY DIRECTOR

TERRY G. AGUON
DEPUTY DIRECTOR

JUN 09 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
ARTHUR U. SAN AGUSTIN, MHR GOVERNOR'S CHAMBER

OFFICE OF THE GOVERNOR



DATE: 7-15-21

TIME: 3:12 p

RECEIVED BY: DB

GC2021-1252

2021-1413D
RCVD AT CENTRAL FILE
JUL 14 '21 PM 2:15
Elaine Tajalle

Department of Public Health & Social Services
155 Hesler Place, Hagatna, Guam 96910
www.dphss.guam.gov

li RECEIVED
July 7, 2019
OFFICE OF THE ATTORNEY GENERAL
ADMINISTRATION

21-0374

**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

Handwritten notes and stamps at the bottom of the page.

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

21-0374

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

DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES:
By Its

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

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

Date: 5-24-2021

Date: JUN 09 2021

CERTIFIED FUNDS AVAILABLE:
Acct #: 51011211712SE114/230
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

APPROVED:
**CLEARED PER
BBMR'S REVIEW**

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

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

Date: JUN 07 2021

Date: JUL 06 2021

APPROVED AS TO LEGALITY AND FORM:

RECEIVED

JUN 30 2021
**Bureau of Budget and
Management Research**

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

LEEVIN TAITANO CAMACHO
Attorney General of Guam
Date: 7/19/21
DPHSS 21-0374


APPROVED:

LOURDES A. LEON GUERRERO
Governor of Guam
Date: 7/19/2021

RECEIVED
07-08-21
OFFICE OF THE ATTORNEY GENERAL
SOLICITORS DIVISION

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

Date: 5-24-2021

**DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES:**
By Its



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

Date: JUN 09 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



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

Date: JUN 07 2021

APPROVED:

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

Date: _____

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	<i>Initial</i> 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	<i>Periodic</i> 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:

DPHSS: NR Date: 6/9/2021

Provider: NR Date: 5/24/2021

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, <i>used with 19000</i>		\$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		

Please Initial Below:

DPHSS: [Signature] Date: 6/9/2021Provider: [Signature] Date: 5/24/2021

	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	Placement 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

Please Initial Below:

DPHSS: AS Date: 6/9/2021

Provider: AS Date: 7/24/2021

Revised December 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.)				

Please Initial Below:

DPHSS: AK Date: 6/9/2021

Provider: AK Date: 5/24/2021

CPT Code	Cervical Cancer Screening and Diagnostic Procedures	End Note	Medicare	Mod 26	TC
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, <u>requiring interpretation by physician</u>		\$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: XW Date: 6/9/2021Provider: [Signature] Date: 5/29/2021

Revised December 2020

58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)		\$53.73		
87426	COVID-19 infectious 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	\$162.00
88364	In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure		\$161.54	\$36.47	\$125.07
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	\$108.95
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) Payment Rates

CPT Code	Procedure	End note	Medicare 2021
19000 SG	Aspiration of cyst		\$75.95

Please Initial Below:

DPHSS: *[Signature]* Date: 6/9/2021

Provider: *[Signature]* Date: 5/24/2021

19125	Excision		\$1,153.38
-------	----------	--	------------

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 Note
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 <u>not</u> 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: [Signature] Date: 6/9/2021

Provider: [Signature] Date: 5/24/2021

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

Please Initial Below:

DPHSS: *[Signature]* Date: 6/9/2021

Provider: *[Signature]* Date: 7/24/2021

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.
6. 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.

- 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

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 x 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

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
2. Working knowledge of United States Preventative Services Task Force (USPSTF) Breast and Cervical Cancer Screening Guidelines
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
8. 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
2. 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)
5. Proven administrative and people-skills:
 - a. 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
- i) 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
 - ii) 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)*

- 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 x 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: _____

Date: _____

FORM 2
MEDICAL RECORDS CLERK TIME SHEET

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

TIME SHEET

Employee Name: _____ Title: _____
 Employee Number: _____ Status: _____
 Department: _____ Supervisor: _____

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
Weekly Totals					

Employee signature: _____ Date: _____
 Supervisor signature: _____ Date: _____

FORM 3
MEDICAL RECORDS INVOICE

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:

1. 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.
3. 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.
4. 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.
7. 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.

ANNUAL CLINIC DATA COLLECTION FORM- CERVICAL CANCER			
Grantee Name:	Please select:	Assessment Date (MM/DD/YYYY):	
PARTNER HEALTH SYSTEM CHARACTERISTICS			
Health system name:		Health system ID:	
<small>(optional field)</small>		<small>(optional field)</small>	
<small>(optional field)</small>		<small>(optional field)</small>	
Comments (200 char limit):			
CLINIC CHARACTERISTICS			
Clinic name:		Clinic ID:	
Total # of clinic patients, age 21-64, women:		<small>(optional field)</small>	
<small>(optional field)</small>		<small>(optional field)</small>	
Comments (200 char limit):			
REPORT PERIOD			
Report Period:	Please select:	Cervical cancer activity partnership status:	Please select: Not terminated
Implementation status:	Please select:	Termination date (MM/YYYY):	
Implementation start date (MM/YYYY):		Reason for termination (200 char):	
<small>(optional field)</small>		<small>(optional field)</small>	
<small>(optional field)</small>		<small>(optional field)</small>	
ANNUAL CLINIC CERVICAL CANCER SCREENING RATE (Complete either or both chart review and EHR sections)			
Chart Review (CR) Screening Rate Data			
CR Screening rate (%) calculated field:		Measure used:	Please select: None select
CR Denominator to calculate screening rate:		Start date of 12-month reporting period (MM/DD/YYYY):	
CR Numerator to calculate screening rate:		End date of 12-month reporting period (MM/DD/YYYY):	
If screening rate unavailable, date the rate will be available (MM/DD/YYYY):		% of charts reviewed to calculate screening rate (auto-calculated):	
<small>(optional field)</small>		Sampling method:	Please select:
<small>(optional field)</small>		<small>(optional field)</small>	
Comments (200 char limit):			
Electronic Health Record (EHR) Screening Rate Data			
EHR Screening rate (%) calculated field:		Measure used:	Please select: None select
EHR Denominator to calculate screening rate:		Start date of 12-month reporting period (MM/DD/YYYY):	
EHR Numerator to calculate screening rate:		End date of 12-month reporting period (MM/DD/YYYY):	
If screening rate unavailable, date the rate will be available (MM/DD/YYYY):		How confident are you in the accuracy of the EHR-calculated screening rate?	Please select:
EHR rate reporting source:	Please select:	Screening rate problem:	Please select:
Screening rate target:		Specify screening rate problem (200 char limit):	
<small>(optional field)</small>			
Comments (200 char limit):			

MONITORING AND QUALITY IMPROVEMENT			
Clinic cervical cancer screening policy:	Frequency of monitoring screening rate:	Frequency of implementation support to clinic:	Comments (250 character limit):
Validated screening rate:	Clinic cervical cancer champion:	GBCCEDP clinical services:	
EVIDENCE BASED INTERVENTIONS			
PATIENT REMINDER SYSTEM			
Were NSCEDP resources used toward a patient reminder system during this FY?	Please select	If not in place or resources used, patient reminder system planning activities:	Please select
Patient reminder system in place at FY end:	Please select	If in place, patient reminder system sustainability:	Please select
If in place, patient reminder system modality:	Please select		
If multi-modal, patient reminder dosage:	Please select		
PROVIDER REMINDER SYSTEM			
Were NSCEDP resources used toward a provider reminder system during this FY?	Please select	If not in place or resources used, provider reminder system planning activities:	Please select
Provider reminder system in place at FY end:	Please select	If in place, provider reminder system sustainability:	Please select
If in place, provider reminder system modality:	Please select		
If multi-modal, provider reminder dosage:	Please select		
PROVIDER ASSESSMENT AND FEEDBACK			
Were NSCEDP resources used toward provider assessment and feedback during this FY?	Please select	If not in place or resources used, provider assessment and feedback planning activities:	Please select
Provider assessment and feedback in place at FY end:	Please select	If in place, provider assessment and feedback sustainability:	Please select
If in place, frequency of provider assessment and feedback during this FY:	Please select		
REDUCING STRUCTURAL BARRIERS			
Were NSCEDP resources used toward reducing structural barriers during this FY?	Please select	If not in place or resources used, reducing structural barriers planning activities:	Please select
Reducing structural barriers in place at FY end:	Please select	If in place, reducing structural barriers sustainability:	Please select
If in place, reducing structural barriers modality:	Please select		
If multi-modal, reducing structural barriers dosage:	Please select		
SMALL MEDIA			
Were NSCEDP resources used toward small media during this FY?	Please select	If not in place or resources used, small media planning activities:	Please select
Small media in place at FY end:	Please select	If in place, small media sustainability:	Please select
If in place, small media modality:	Please select		
If multi-modal, small media dosage:	Please select		

PATIENT EDUCATION			
Were NBCCEDP resources used toward patient education during this FY?	Please select: <input type="checkbox"/>	If not in place or resources used, patient education planning activities:	Please select: <input type="checkbox"/>
Patient education in place at FY end?	Please select: <input type="checkbox"/>	If in place, patient education sustainability:	Please select: <input type="checkbox"/>
If in place, patient education dosage:	Please select: <input type="checkbox"/>		
<i>(Custom field)</i>		<i>(Custom field)</i>	
<i>(Custom field)</i>		<i>(Custom field)</i>	
REDUCING OUT OF POCKET COSTS			
Were NBCCEDP resources used toward reducing out of pocket costs during this FY?	Please select: <input type="checkbox"/>	If not in place or resources used, reducing out of pocket costs planning activities:	Please select: <input type="checkbox"/>
Reducing out of pocket costs in place at FY end?	Please select: <input type="checkbox"/>	If in place, reducing out of pocket costs sustainability:	Please select: <input type="checkbox"/>
If in place, reducing out of pocket costs modality:	Please select: <input type="checkbox"/>		
If multi-modal, reducing out of pocket costs dosage:	Please select: <input type="checkbox"/>		
<i>(Custom field)</i>		<i>(Custom field)</i>	
<i>(Custom field)</i>		<i>(Custom field)</i>	
PROFESSIONAL DEVELOPMENT AND PROVIDER EDUCATION			
Were NBCCEDP resources used toward professional development and provider education during this FY?	Please select: <input type="checkbox"/>	Professional development and provider education in place at FY end?	Please select: <input type="checkbox"/>
If in place, professional development and provider education dosage:	Please select: <input type="checkbox"/>		
<i>(Custom field)</i>		<i>(Custom field)</i>	
<i>(Custom field)</i>		<i>(Custom field)</i>	
COMMUNITY OUTREACH, EDUCATION, AND SUPPORT			
COMMUNITY OUTREACH, EDUCATION, AND SUPPORT			
Were NBCCEDP resources used toward community outreach activities during this FY?	Please select: <input type="checkbox"/>	If not in place or resources used, community outreach planning activities:	Please select: <input type="checkbox"/>
Community outreach activities in place at FY end?	Please select: <input type="checkbox"/>	If in place, community outreach sustainability:	Please select: <input type="checkbox"/>
If CNWs in place, # of FTE CNWs:	Please select: <input type="checkbox"/>		
If in place, community outreach activities dosage:	Please select: <input type="checkbox"/>		
<i>(Custom field)</i>		<i>(Custom field)</i>	
<i>(Custom field)</i>		<i>(Custom field)</i>	
Other community-clinical linkage (CCL) activities			
Other CCL activities in place at FY end?			
PATIENT NAVIGATION FOR SCREENING, DIAGNOSTICS, AND/OR TREATMENT INITIATION			
Were NBCCEDP resources used toward patient navigation during this FY?	Please select: <input type="checkbox"/>	If not in place or resources used, patient navigation planning activities:	Please select: <input type="checkbox"/>
Patient navigation in place at FY end?	Please select: <input type="checkbox"/>	If in place, patient navigation sustainability:	Please select: <input type="checkbox"/>
If patient navigation in place, # of FTEs delivering patient navigation:			
If patient navigation in place, # of clients navigated:	Please select: <input type="checkbox"/>		
If in place, patient navigation activities dosage:	Please select: <input type="checkbox"/>		
<i>(Custom field)</i>		<i>(Custom field)</i>	
<i>(Custom field)</i>		<i>(Custom field)</i>	
OTHER CERVICAL CANCER ACTIVITY 1			
Other Cervical Cancer Activity 1		Were NBCCEDP resources used toward Activity 1 during this FY?	Please select: <input type="checkbox"/>
OTHER CERVICAL CANCER ACTIVITY 2			
Other Cervical Cancer Activity 2		Were NBCCEDP resources used toward Activity 2 during this FY?	Please select: <input type="checkbox"/>
OTHER CERVICAL CANCER ACTIVITY 3			
Other Cervical Cancer Activity 3		Were NBCCEDP resources used toward Activity 3 during this FY?	Please select: <input type="checkbox"/>
Comments:			

Annual Clinic Data Dictionary for CERVICAL CANCER			
NBCCEDP Variable	Variable Definition	Field Type	Response Options
Grantee name:	Two-character Grantee Code (assigned by CDC)	Let	Various
Assessment Date:	Date the clinic annual data assessment was completed.	Date	MMDD/YYYY
PARTNER HEALTH SYSTEM CHARACTERISTICS			
Health system name:	Name of the partner health system under which the clinic (intervention site) operates.	Character	Free text 100 Char limit
Health system ID:	Unique three-digit identification code for the partner health system assigned by the grantee. Use the same three-digit identification code assigned at baseline.	Numeric	001-999
Comments:	Optional comments.	Character	Free text 200 character limit
CLINIC CHARACTERISTICS			
Clinic name:	Name of the primary care clinic site. A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or "practices"	Character	Free text 100 character limit
Clinic ID:	Unique three-digit identification code for the clinic assigned by the grantee. Use same three-digit identification code assigned at baseline.	Numeric	001-999
Total # of clinic patients, age 21-64, women	The total number of patients aged 21-64, women, who have had at least one medical visit to the clinic in the last complete calendar year (January-December). If unavailable, it is acceptable to report on a similar range used by the clinic for measuring screening rates (e.g., 24-64 used for calculating a HEDIS screening rate).	Numeric	1-9999999
Comments:	Optional comments.	Character	Free text 200 character limit
REPORT PERIOD			
Report Period:	Report period represented in sections 9-12 where longitudinal data items are reported. Annual data are reported at the end of each program year (PY) Note that the screening rates reported at baseline and annually use a consistent 12-month reporting period.	Let	NBCCEDP1701-py1 NBCCEDP1701-py2 NBCCEDP1701-py3 NBCCEDP1701-py4 NBCCEDP1701-py5
Implementation status	Indicates if implementation activities have started using NBCCEDP resources to support 1 or more EBIs to increase cervical cancer screening during the program year. If resources were used for EBI planning only (see item 9a-g4), report 'Not started'. If implementation has not started, skip to partnership status.	Let	Started Not started
Implementation start date	Month and year when implementation is started. For this variable, implementation is defined as using NBCCEDP resources to put one or more new EBIs in place or enhance/improve an EBI (or EBIs) that was in place at baseline.	Date	MM/YYYY
Cervical cancer activity partnership status	Indicates if 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 year or planned through the end of the FOA.	Let	Not terminated Terminated
Reason for termination	Reason that cervical cancer EBI implementation and screening rate monitoring activities have been terminated.	Character	Free text 200 char limit
Termination date:	Month and year when the clinic partnership for cervical cancer EBI activities and screening rate monitoring activities were terminated.	Date	MM/YYYY
Chart Review (CR) Screening Rate Data for Cervical Cancer			
CR Screening rate (%):	THIS RATE WILL BE AUTOMATICALLY CALCULATED USING THE NUMERATOR AND DENOMINATOR REPORTED BELOW.	Numeric	00-100
CR Denominator to calculate screening rate:	Denominator is dependent on the measure used (e.g., OPRA, HEDIS, UDS). Please see Appendix 2 in CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.	Numeric	1-9999999
CR Numerator to calculate screening rate:	Numerator is dependent on the measure used (e.g., OPRA, HEDIS, UDS). Please see Appendix 2 in CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.	Numeric	1-9999999

<p>If screening rate unavailable, date the rate will be available:</p>	<p>If a screening rate cannot be obtained with the clinic baseline data, provide the approximate date that the screening rate will be available.</p> <p>A baseline screening rate will not be available for a new clinic that was not in operation for at least one full year prior to the baseline assessment.</p>	Date	MM/DD/YYYY
<p>Measure used:</p>	<p>Indicates the measure that was used to calculate the numerator and denominator for the screening rate.</p> <p>If an existing measure (e.g., HEDIS, UDS, GPRA) was not used, the CDC Guidance for Measuring Breast Cervical and Colorectal Cancer Screening Rates in Health System Clinics provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected.</p> <p>The same measure reported at baseline should be used for reporting in subsequent years.</p>	List	<p>GPRA</p> <p>HEDIS</p> <p>NQF</p> <p>UDS</p> <p>Other</p>
<p>Start date of 12-month reporting period:</p>	<p>The reporting period for the baseline screening rate should be the most recent 12-month reporting period available. The start date for the 12-month reporting period should not be more than 2 years prior to the anticipated start date of GBCCEDP supported activities.</p> <p>The same 12-month measurement year should be used for all subsequent years of cervical cancer screening rate data collection at the clinic.</p>	Date	MM/DD/YYYY
<p>End date of 12-month reporting period:</p>	<p>The reporting period for the baseline screening rate should be the most recent 12-month measurement period available.</p> <p>The same 12-month measurement year should be used for all subsequent years of cervical cancer screening rate data collection at the clinic.</p>	Date	MM/DD/YYYY
<p>% of charts reviewed to calculate screening rate:</p>	<p>Indicates the percent of 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 denominator definition for the measure used (e.g., for HEDIS, 10% of charts for women aged 24-64, who had at least one medical visit during the measurement year). See CDC Guidance for Measuring Breast Cervical and Colorectal Cancer Screening Rates in Health System Clinics.</p> <p>This % will be automatically calculated using the denominator and total # of clinic patients reported above for this PY.</p>	Numeric	00-100
<p>Sampling method</p>	<p>Were records selected (through either a random or systematic sampling method) to generate a representative sample of the entire population of patients who meet the inclusion/exclusion criteria? See p. 10 in CDC Guidance for Measuring Breast Cervical and Colorectal Cancer Screening Rates in Health System Clinics.</p> <p>Random sample takes a randomly assigned subset of the population identified in the sampling frame. This is typically accomplished through generating a random number that will be assigned to each patient in the sampling frame. This can be accomplished in many ways (e.g., random number table, web-based software, computer software).</p> <p>Systematic sample orders every patient (e.g., alphabetically, by ID) in the sampling frame and then selects every nth patient.</p>	List	<p>Yes</p> <p>No</p> <p>Unknown</p>
<p>Electronic Health Record (EHR) Screening Rate Data for Cervical Cancer</p>			
<p>EHR Screening rate (%):</p>	<p>THE RATE WILL BE AUTOMATICALLY CALCULATED USING THE NUMERATOR AND DENOMINATOR REPORTED BELOW.</p>	Numeric	00-100
<p>EHR Denominator to calculate screening rate:</p>	<p>Denominator is dependent on the measure used (e.g., GPRA, HEDIS, UDS). Please see Appendix 2 in CDC Guidance for Measuring Breast Cervical and Colorectal Cancer Screening Rates in Health System Clinics.</p>	Numeric	1-999999
<p>EHR Numerator to calculate screening rate:</p>	<p>Numerator is dependent on the measure used (e.g., GPRA, HEDIS, UDS). Please see Appendix 2 in CDC Guidance for Measuring Breast Cervical and Colorectal Cancer Screening Rates in Health System Clinics.</p>	Numeric	1-999999
<p>If screening rate unavailable, date the rate will be available:</p>	<p>If a screening rate cannot be obtained with the clinic baseline data, provide the approximate date that the screening rate will be available.</p> <p>A baseline screening rate will not be available for a new clinic that was not in operation for at least one full year prior to the baseline assessment.</p>	Date	MM/YYYY
<p>Measure used:</p>	<p>Indicates the measure that was used to calculate the numerator and denominator for the screening rate.</p> <p>If an existing measure (e.g., HEDIS, GPRA, UDS) was not used, the CDC Guidance for Measuring Breast Cervical and Colorectal Cancer Screening Rates in Health System Clinics provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected.</p> <p>The same measure reported at baseline should be used for reporting in subsequent years.</p>	List	<p>GPRA</p> <p>HEDIS</p> <p>NQF</p> <p>UDS</p> <p>Other</p>

Start date of 12-month reporting period:	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available and consistent with the measure used (see CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics). The start date for the 12-month reporting period should not be more than 2 years prior to the anticipated start date of NBCCEDP's supported activities. The same 12-month measurement year should be used for all subsequent years of cervical cancer screening rate data collection at the clinic.	Date	MM/DD/YYYY
End date of 12-month reporting period:	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available. The same 12-month measurement year should be used for all subsequent years of cervical cancer screening rate data collection at the clinic.	Date	MM/DD/YYYY
EHR rate reporting source:	Indicates the source of the denominator and numerator data reported for the EHR screening rate.	List	HCCN data warehouse Clinic EHR Health system EHR EHR vendor Other
How confident are you in the accuracy of the EHR-calculated screening rate?	Indicates the grantee's confidence in the accuracy of the EHR-calculated screening rate. Accuracy of EHR-calculated screening rates can vary depending on how data are documented and entered into the EHR. For additional information, see the National Colorectal Cancer Research Roundtable's summary report, "Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers" and "CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics."	List	Not confident Somewhat confident Very confident
Screening rate problem	Are there known unresolved problems with the EHR reported screening rate or screening data quality?	List	Yes No
Specify screening rate problem	If YES to screening rate problem, specify the problem and any activities conducted this program year to address it. Describe the issue and severity of known problems or rationale for low confidence in the validity of the EHR-reported screening rate. Specify any activities such as improvements made to data entry systems or to the screening rate measurement calculation.	Character	Free text 256 char limit
Screening rate target	Indicates the screening rate target established for the subsequent annual screening rate reporting period. The number represents a percentage value (rate per 100). Targets should be realistic and actionable.	Numeric	1-100 999 if no target set
Comments:	Optional comments	Character	Free text 200 character limit
MONITORING AND QUALITY IMPROVEMENT			
Clinic screening policy	Does the clinic have a written cervical cancer screening policy or protocol in use? A credible policy should include a defined set of guidelines and procedures in place and in use at the clinic or parent health system to support cervical cancer screening, a team responsible for implementing the policy, and a quality assurance structure (e.g., professional screening guideline followed such as USPSTF, process to assess patient screening history and preferences, insurance, process for scheduling screening or referral, steps/procedures/roles to implement the office policy)	List	Yes No
Frequency of monitoring screening rate	Indicates how often the clinic cervical cancer screening rate is monitored and reviewed by clinic personnel.	List	Monthly Quarterly Semi-annually Annually
Frequency of implementation support to clinic	On-site or direct contacts (e.g., telephone) with the clinic to support and improve implementation activities for EHR and cervical cancer screening data quality. Support could be provided by a grantee or contracted agent. Example support activities include conducting a clinic workflow assessment, providing technical assistance on implementing an EHR, training staff to support an EHR, providing technical assistance to develop a cervical cancer screening policy, or providing feedback to staff from monitoring or evaluating an EHR implementation.	List	Weekly Monthly Quarterly Semi-annually Annually
Validating screening rate	Validated the cervical cancer screening rate data using chart review or other methods during this year	List	Yes No
Clinic cervical cancer champion	Is there a known champion for cervical cancer screening internal to the clinic or parent health system?	List	Yes No

BCCEDP clinical services	Does your program support the reimburse for cervical cancer screening, diagnostics, and/or patient navigation services at the clinic? Funding could come from CDC, state, or other sources	Let	Yes No
Comments:	Optional comments	Character	Free text 200 character limit
EVIDENCE-BASED INTERVENTIONS			
For each EBI, report annually whether NBCCEDP resources supported the EBI during the PY, if the EBI is in place and operational at the end of the PY, and if not in place were planning activities conducted, and if the EBI is sustainable.			
PATIENT REMINDER SYSTEM			
Were NBCCEDP resources used toward a patient reminder system during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for cervical cancer screening.	Let	Yes No
Patient reminder system in place at PY end	Indicates whether the EBI is in place for cervical 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.	Let	Yes No
Patient reminder system modality during this PY	If in place, indicates whether an average patient at the clinic received cervical cancer screening reminders in more than one way (e.g. same patient received 3 reminders: one by letter, another by text message, and a third by telephone) or a reminder type multiple times (e.g. same patient received 2 different text message reminders or 2 different telephone messages) during the PY.	Let	Yes No
Patient reminder dosage during this PY	If multi-modal for cervical cancer screening, how many different ways or different times did a given patient receive cervical cancer screening reminders?	Let	2 3 4 5 or more
Patient reminder system planning activities	If not in place, were planning activities conducted the year for future implementation of the EBI for cervical cancer screening?	Let	Yes No
Patient reminder system sustainability	If in place for cervical cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed 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 NBCCEDP resources No
PROVIDER REMINDER SYSTEM			
Were NBCCEDP resources used toward a provider reminder system during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for cervical cancer screening.	Let	Yes No
Provider reminder system in place at PY end	Indicates whether the EBI is in place for cervical 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.	Let	Yes No
Provider reminder system modality during this PY	If in place, indicates whether providers at the clinic typically received cervical cancer screening reminders for a given patient in multiple ways during the PY (e.g., provider receives both an EHR pop-up message and a flagged patient chart for same patient)	Let	Yes No
Provider reminder system dosage	If multi-modal, on average, how many different ways did providers receive cervical cancer screening reminders for a given patient?	Let	2 3 4 5 or more
Provider reminder system planning activities	If not in place, were planning activities conducted this year for future implementation of the EBI for cervical cancer screening?	Let	Yes No
Provider reminder system sustainability	If in place for cervical cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed 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 NBCCEDP resources No

PROVIDER ASSESSMENT AND FEEDBACK			
Were NBCCEDP resources used toward a provider assessment and feedback reminder system during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contract) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for cervical cancer screening.	Yes No	Yes No
Provider assessment and feedback reminder system in place at PY end	Indicates whether the EBI is in place for cervical 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.	Yes No	Yes No
Provider assessment and feedback frequency during this PY	If in place, indicates, on average, how often providers were given feedback on their performance in providing cervical cancer screening services during the PY.	Yes No	Weekly Monthly Quarterly Annually
Provider assessment and feedback reminder system planning activities	If not in place, were planning activities conducted this year for future implementation of the EBI for cervical cancer screening?	Yes No	Yes No
Provider assessment and feedback reminder system sustainability	If in place for cervical cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.)	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
REDUCING STRUCTURAL BARRIERS			
Were NBCCEDP resources used toward reducing structural barriers during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contract) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for cervical cancer screening.	Yes No	Yes No
Reducing structural barriers in place at PY end	Indicates whether the EBI is in place for cervical 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.	Yes No	Yes No
Reducing structural barriers modality	If in place, indicates whether the clinic reduced structural barriers for patients in multiple ways during the PY (e.g. offered evening clinic hours, provided free screenings for some patients).	Yes No	Yes No
Reducing structural barriers dosage	If multi-modal, how many different ways did the clinic reduce structural barriers to cervical cancer screening during the PY?	2 3 4 5 or more	2 3 4 5 or more
Reducing structural barriers planning activities	If not in place, were planning activities conducted this year for future implementation of the EBI for cervical cancer screening?	Yes No	Yes No
Reducing structural barriers sustainability	If in place for cervical cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.)	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
SMALL MEDIA			
Were NBCCEDP resources used toward a small media during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contract) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for cervical cancer screening.	Yes No	Yes No
Small media in place at PY end	Indicates whether the EBI is in place for cervical 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.	Yes No	Yes No
Small media modality during this PY	If in place, indicates whether a given patient received multiple forms of small media related to cervical cancer screening (e.g. the same patient received a postcard, was exposed to posters in the office setting, received a clinic newsletter or brochure) during the PY.	Yes No	Yes No
Small media dosage during the PY	If multi-modal, how many different ways did a given patient likely receive small media about cervical cancer screening?	2 3 4 5 or more	2 3 4 5 or more
Small media planning activities	If not in place, were planning activities conducted this year for future implementation of the EBI for cervical cancer screening?	Yes No	Yes No

Small made sustainability	In place for cervical cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed 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 NBCCEDP resources No
PATIENT EDUCATION			
Were NBCCEDP resources used toward a patient education system during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for cervical cancer screening.	Let	Yes No
Patient education system in place at PY end	Indicates whether the EBI is in place for cervical cancer screening and operations (in use) in the clinic at the end of the PY, regardless of the quality, reach, or current level of functionality.	Let	Yes No
Patient education dosage during this PY	In place, indicates, on average, how many hours of cervical cancer screening education were received by a given patient during the PY.	Let	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours
Patient education system planning activities	If not in place, were planning activities conducted the year for future implementation of the EBI for cervical cancer screening?	Let	Yes No
Patient education system sustainability	In place for cervical cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed 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 NBCCEDP resources No
REDUCING OUT OF POCKET COSTS			
Were NBCCEDP resources used toward reducing out of pocket costs during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for cervical cancer screening.	Let	Yes No
Reducing out of pocket costs in place at PY end	Indicates whether the EBI is in place for cervical cancer screening and operations (in use) in the clinic at the end of the PY, regardless of the quality, reach, or current level of functionality. If NBCCEDP resources were used to support/reimburse for cervical cancer screening and/or diagnostics, then the EBI should be considered in place.	Let	Yes No
Reducing out of pocket costs modestly during this PY	In place, indicates whether the clinic reduced out of pocket costs for patients in multiple ways during the PY.	Let	Yes No
Reducing out of pocket costs dosage	In multi-modal, on average, how many different ways did the clinic use to reduce out of pocket costs for patients?	Let	2 3 4 5 or more
Reducing out of pocket costs planning activities	If not in place, were planning activities conducted the year for future implementation of the EBI for cervical cancer screening?	Let	Yes No
Reducing out of pocket costs sustainability	In place for cervical cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed 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 NBCCEDP resources No
PROFESSIONAL DEVELOPMENT AND PROVIDER EDUCATION			
Were NBCCEDP resources used toward professional development and provider education during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	Let	Yes No
Professional development and provider education in place at PY end:	Indicates whether the activity is in place and operational (in use) in the clinic at the end of the PY, regardless of quality, reach, or current level of functionality.	Let	Yes No
Professional development and provider education dosage during this PY	In place, indicates on average, how many hours of cervical cancer screening professional development/training or education were received by a given provider during the PY.	Let	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours

COMMUNITY OUTREACH, EDUCATION, AND SUPPORT			
COMMUNITY OUTREACH, EDUCATION, AND SUPPORT			
Were NBCCEDP resources used toward community outreach activities during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity for cervical cancer screening.	List	Yes No
Community outreach activities in place at PY end:	Indicates whether the activity is in place for cervical cancer screening and operational (in use) in the clinic at the end of the PY, regardless of quality, reach, or current level of functionality.	List	Yes No
Community outreach activities dosage during this PY	If in place, for 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.	List	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	If not in place, were planning activities conducted this year for future implementation of the activity for cervical cancer screening?	List	Yes No
Community outreach sustainability:	If in place for cervical cancer screening, do you consider the activity as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure 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 NBCCEDP resources Yes, without NBCCEDP resources No
If community health workers (CHWs) in place, # of FTE CHWs	The number of CHW full time equivalents (FTEs) employed at or by the clinic for cervical cancer screening. For this number, please provide the total sum of whole and partial FTEs to the nearest tenth decimal place.	Numeric	00.0000
OTHER COMMUNITY CLINICAL LINKAGE ACTIVITIES			
Other community-clinical linkage activities	Describe other activities this clinic is conducting to link women in the community to cervical cancer screening services in this clinic.	Character	Free text 256 Character
PATIENT NAVIGATION FOR SCREENING, DIAGNOSTICS, AND/OR TREATMENT INITIATION			
Were NBCCEDP resources used toward patient navigation during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving patient navigation activities for cervical cancer.	List	Yes No
Patient navigation in place at PY end:	Indicates whether patient navigation is in place for cervical cancer and operational (in use) in the clinic at the end of the PY, regardless of quality, reach, or current level of functionality.	List	Yes No
Patient navigation dosage during this PY:	If in place, for persons at the clinic who received navigation this PY, indicates the average amount of navigation time she received to overcome cervical cancer screening barriers.	List	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours
Patient navigation planning activities	If not in place, were planning activities conducted this year for future implementation of patient navigation for cervical cancer?	List	Yes No
Patient navigation sustainability:	If in place for cervical cancer, do you consider patient navigation as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain patient navigators. Patient navigation has become an institutionalized component of the health system and/or clinic operations.)	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
If patient navigation in place, # of FTEs delivering patient navigation:	The number of full time equivalents (FTEs) conducting patient navigation for cervical cancer in this clinic. For this number, please provide the total sum of whole and partial FTEs to the nearest tenth decimal place.	Numeric	00.0000
If patient navigation in place, # of clients navigated	Report the number of clients receiving navigation services for cervical cancer during this program year.	Numeric	1-9999 99999 (Junk)
Other Cervical Cancer Activity 1			
Other Cervical Cancer Activity 1	Description of other Cervical Cancer activity or strategy (1).	Character	Free text 200 character limit
Were NBCCEDP resources used toward Activity 1 during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	List	Yes No Unknown

Other Cervical Cancer Activity 2			
Other Cervical Cancer Activity 2	Description of other Cervical Cancer activity or strategy (2).	Character	Free text 200 character limit
Were NBCCEDP resources used toward Activity 2 during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	List	Yes No Unknown
Other Cervical Cancer Activity 3			
Other Cervical Cancer Activity 3	Description of other Cervical Cancer activity or strategy (3).	Character	Free text 200 character limit
Were NBCCEDP resources used toward Activity 3 during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	List	Yes 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:

1. 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.
3. 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.
4. 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.
7. 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.

ANNUAL CLINIC DATA COLLECTION FORM- BREAST CANCER			
Grantee Name:	Please select:	Assessment Date (MM/DD/YYYY):	
PARTNER HEALTH SYSTEM CHARACTERISTICS			
Health system name:		Health system ID:	
<small>(structure field)</small>		<small>(structure field)</small>	
<small>(structure field)</small>		<small>(structure field)</small>	
Comments <small>(see also 200)</small> :			
CLINIC CHARACTERISTICS			
Clinic name:		Clinic ID:	
Total # of clinic patients, age 50-74, women:		<small>(structure field)</small>	
<small>(structure field)</small>		<small>(structure field)</small>	
Comments <small>(see also 200)</small> :			
REPORT PERIOD			
Report Period:	Please select:	Breast cancer activity partnership status:	Not terminated / NOT terminated
Implementation status:	Please select:	Termination date (MM/YYYY):	
Implementation start date (MM/YYYY):		Reason for termination (200 char):	
<small>(structure field)</small>		<small>(structure field)</small>	
<small>(structure field)</small>		<small>(structure field)</small>	
ANNUAL CLINIC BREAST CANCER SCREENING RATE (Complete either or both chart review and EHR sections)			
Chart Review (CR) Screening Rate Data			
CR Screening rate (%) calculated field:		Measure used:	Please select
CR Denominator to calculate screening rate:		Start date of 12-month reporting period (MM/DD/YYYY):	
CR Numerator to calculate screening rate:		End date of 12-month reporting period (MM/DD/YYYY):	
If screening rate unavailable, date the rate will be available (MM/DD/YYYY):		% of charts reviewed to calculate screening rate (auto-calculated):	
<small>(structure field)</small>		Sampling method:	Please select
<small>(structure field)</small>		<small>(structure field)</small>	
Comments <small>(see also 200)</small> :			
Electronic Health Record (EHR) Screening Rate Data			
EHR Screening rate (%) calculated field:		Measure used:	Please select
EHR Denominator to calculate screening rate:		Start date of 12-month reporting period (MM/DD/YYYY):	
EHR Numerator to calculate screening rate:		End date of 12-month reporting period (MM/DD/YYYY):	
If screening rate unavailable, date the rate will be available (MM/DD/YYYY):		How confident are you in the accuracy of the EHR-calculated screening rate?	Please select
EHR rate reporting source:	Please select:	Screening rate problem:	Please select:
Screening rate target:		Specify screening rate problem <small>(see also 200)</small> :	
<small>(structure field)</small>			
Comments <small>(see also 200)</small> :			

MONITORING AND QUALITY IMPROVEMENT			
Clinic breast cancer screening policy:	Please select	Validated screening rate:	Please select
Frequency of monitoring screening rate:	Please select	Clinic breast cancer champion:	Please select
Frequency of implementation support to clinic:	Please select	BCCEDP clinical services:	Please select
Comments (see also Item C)			
[Question field]		[Question field]	
[Question field]		[Question field]	
EVIDENCE BASED INTERVENTIONS			
PATIENT REMINDER SYSTEM			
Were NBCCEDP resources used toward a patient reminder system during this PY?	Please select	If not in place or resources used, patient reminder system planning activities:	Please select
Patient reminder system in place at PY end:	Please select	If in place, patient reminder system sustainability:	Please select
If in place, patient reminder system modality:	Please select		
If multi-modal, patient reminder dosage:	Please select		
[Question field]		[Question field]	
[Question field]		[Question field]	
PROVIDER REMINDER SYSTEM			
Were NBCCEDP resources used toward a provider reminder system during this PY?	Please select	If not in place or resources used, provider reminder system planning activities:	Please select
Provider reminder system in place at PY end:	Please select	If in place, provider reminder system sustainability:	Please select
If in place, provider reminder system modality:	Please select		
If multi-modal, provider reminder dosage:	Please select		
[Question field]		[Question field]	
[Question field]		[Question field]	
PROVIDER ASSESSMENT AND FEEDBACK			
Were NBCCEDP resources used toward provider assessment and feedback during this PY?	Please select	If not in place or resources used, provider assessment and feedback planning activities:	Please select
Provider assessment and feedback in place at PY end:	Please select	If in place, provider assessment and feedback sustainability:	Please select
If in place, frequency of provider assessment and feedback during this PY:	Please select		
[Question field]		[Question field]	
[Question field]		[Question field]	
REDUCING STRUCTURAL BARRIERS			
Were NBCCEDP resources used toward reducing structural barriers during this PY?	Please select	If not in place or resources used, reducing structural barriers planning activities:	Please select
Reducing structural barriers in place at PY end:	Please select	If in place, reducing structural barriers sustainability:	Please select
If in place, reducing structural barriers modality:	Please select		
If multi-modal, reducing structural barriers dosage:	Please select		
[Question field]		[Question field]	
[Question field]		[Question field]	
SMALL MEDIA			
Were NBCCEDP resources used toward small media during this PY?	Please select	If not in place or resources used, small media planning activities:	Please select
Small media in place at PY end:	Please select	If in place, small media sustainability:	Please select
If in place, small media modality:	Please select		
If multi-modal, small media dosage:	Please select		
[Question field]		[Question field]	
[Question field]		[Question field]	

PATIENT EDUCATION			
Were NBCCEDP resources used toward patient education during this FY?	Please select:	If not in place or resources used, patient education planning activities:	Please select:
Patent education in place at FY end:	Please select:	If in place, patient education sustainability:	Please select:
If in place, patient education dosage:	Please select:		
Number field		Number field	
Number field		Number field	
REDUCING OUT OF POCKET COSTS			
Were NBCCEDP resources used toward reducing out of pocket costs during this FY?	Please select:	If not in place or resources used, reducing out of pocket costs planning activities:	Please select:
Reducing out of pocket costs in place at FY end:	Please select:	If in place, reducing out of pocket costs sustainability:	Please select:
If in place, reducing out of pocket costs modality:	Please select:		
If multi-modal, reducing out of pocket costs dosage:	Please select:		
Number field		Number field	
Number field		Number field	
PROFESSIONAL DEVELOPMENT AND PROVIDER EDUCATION			
Were NBCCEDP resources used toward professional development and provider education during this FY?	Please select:	Professional development and provider education in place at FY end:	Please select:
If in place, professional development and provider education dosage:	Please select:		
Number field		Number field	
Number field		Number field	
COMMUNITY OUTREACH, EDUCATION, AND SUPPORT			
COMMUNITY OUTREACH, EDUCATION, AND SUPPORT			
Were NBCCEDP resources used toward community outreach activities during this FY?	Please select:	If not in place or resources used, community outreach planning activities:	Please select:
Community outreach activities in place at FY end:	Please select:	If in place, community outreach sustainability:	Please select:
If CHWs in place, # of FTE CHWs:	Please select:		
If in place, community outreach activities dosage:	Please select:		
Number field		Number field	
Number field		Number field	
Other community-clinical linkage (CCL) activities			
Other CCL activities (as one line):			
PATIENT NAVIGATION FOR SCREENING, DIAGNOSTICS, AND/OR TREATMENT INITIATION			
Were NBCCEDP resources used toward patient navigation during this FY?	Please select:	If not in place or resources used, patient navigation planning activities:	Please select:
Patent navigation in place at FY end:	Please select:	If in place, patient navigation sustainability:	Please select:
If patient navigation in place, # of FTEs delivering patient navigation:			
If patient navigation in place, # of clients navigated:	Please select:		
If in place, patient navigation activities dosage:	Please select:		
Number field		Number field	
Number field		Number field	
OTHER BREAST CANCER ACTIVITY 1			
Other Breast Cancer Activity 1		Were NBCCEDP resources used toward Activity 1 during this FY?	Please select:
			Please select:
OTHER BREAST CANCER ACTIVITY 2			
Other Breast Cancer Activity 2		Were NBCCEDP resources used toward Activity 2 during this FY?	Please select:
			Please select:
OTHER BREAST CANCER ACTIVITY 3			
Other Breast Cancer Activity 3		Were NBCCEDP resources used toward Activity 3 during this FY?	Please select:
			Please select:
Comments:			

Annual Clinic Data Dictionary for BREAST CANCER			
NBCCEDP Variable	Variable Definition	Field Type	Response Options
Grantee name:	Two-character Grantee Code (assigned by CDC)	Text	Various
Assessment Date:	Date the clinic annual data assessment was completed.	Date	MMDDYYYY
PARTNER HEALTH SYSTEM CHARACTERISTICS			
Health system name:	Name of the partner health system under which the clinic (intervention site) operates.	Character	Free text 100 Char limit
Health system ID:	Unique three-digit identification code for the partner health system assigned by the grantee. Use the same three-digit identification code assigned at baseline.	Numeric	001-999
Comments:	Optional comments.	Character	Free text 200 character limit
CLINIC CHARACTERISTICS			
Clinic name:	Name of the primary care clinic. A clinic is defined as a location where primary care services are delivered. Clinics may also be referred to as "sites" or "practices."	Character	Free text 100 character limit
Clinic ID:	Unique three-digit identification code for the clinic assigned by the grantee. Use same three-digit identification code assigned at baseline.	Numeric	001-999
Total # of clinic patients, age 50-74, women	The total number of patients aged 50-74, women, who have had at least one medical visit to the clinic in the last complete calendar year (January-December). If unavailable, it is acceptable to report on a similar range used by the clinic for measuring screening rates (e.g. 52-74, used for calculating a HEDIS screening rate).	Numeric	1-9999999
Comments:	Optional comments.	Character	Free text 200 character limit
REPORT PERIOD			
Report Period:	Report period represented in sections 5-12 where longitudinal data items are reported. Annual data are reported at the end of each program year (PY) Note that the screening rates reported at baseline and annually use a consistent 12-month reporting period.	Text	NBCCEDP1701-py1 NBCCEDP1701-py2 NBCCEDP1701-py3 NBCCEDP1701-py4 NBCCEDP1701-py5
Implementation status	Indicates if implementation activities have started using NBCCEDP resources to support 1 or more EBIs to increase breast cancer screening during the program year. If resources were used for EBI planning only, report "Not started". If implementation has not started, skip to partnership status.	Text	Started Not started
Implementation start date	Month and year when implementation started. For this variable, implementation is defined as using NBCCEDP resources to put one or more new EBIs in place or enhance/improve an EBI (or EBIs) that was in place at baseline.	Date	MMYYYY
Breast cancer activity partnership status	Indicates if the NBCCEDP breast cancer EBI activities with the clinic have been terminated with no implementation or breast cancer screening rate monitoring activities conducted the program year or planned through the end of the FCA.	Text	Not terminated Terminated
Reason for termination	Reason that breast cancer EBI implementation and screening rate monitoring activities have been terminated.	Character	Free text 200 char limit
Termination date:	Month and year when the clinic partnership for breast cancer EBI activities and screening rate monitoring activities were terminated.	Date	MMYYYY
Chart Review (CR) Screening Rate Data for Breast Cancer			
CR Screening rate (%):	THIS RATE WILL BE AUTOMATICALLY CALCULATED USING THE NUMERATOR AND DENOMINATOR REPORTED BELOW.	Numeric	00-100
CR Denominator to calculate screening rate:	Denominator is dependent on the measure used (e.g., GPR, HEDIS, UD5). Please see Appendix 1 in CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.	Numeric	1-9999999
CR Numerator to calculate screening rate:	Numerator is dependent on the measure used (e.g., GPR, HEDIS, UD5). Please see Appendix 1 in CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.	Numeric	1-9999999

If screening rate unavailable, date the rate will be available:	If a screening rate cannot be obtained with the clinic baseline data, provide the approximate date that the screening rate will be available. Baseline screening rate will not be available for a new clinic that was not in operation for at least one full year prior to the baseline assessment.	Date	MM/DD/YYYY
Measure used:	Indicates the measure that was used to calculate the numerator and denominator for the screening rate. If an existing measure (e.g., HEDIS, UDS, GPRA) was not used, the CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected. The same measure reported at baseline should be used for reporting in subsequent years.	List	GPRA HEDIS NQF Other
Start date of 12-month reporting period:	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available. The start date for the 12-month reporting period should not be more than 2 years prior to the anticipated start date of NBCCEDP 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.	Date	MM/DD/YYYY
End date of 12-month reporting period:	The reporting period for the baseline screening rate should be the most recent 12-month measurement period available. The same 12-month measurement year should be used for all subsequent years of breast cancer screening rate data collection at the clinic.	Date	MM/DD/YYYY
% of charts reviewed to calculate screening rate:	Indicates the percent of 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 denominator definition for the measure used (e.g., for HEDIS, 10% of charts for women aged 52 to 74, who had at least one medical visit during the measurement year). See CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics. This % will be automatically calculated using the denominator and total # of clinic patients reported above for this PY.	Numeric	00-100
Sampling method	Were records selected (through either a random or systematic sampling method) to generate a representative sample of the entire population of patients who meet the inclusion/exclusion criteria? See p. 19 in CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics. A random sample takes a randomly assigned subset of the population identified in the sampling frame. This is typically accomplished through generating a random number that will be assigned to each patient in the sampling frame. This can be accomplished in many ways (e.g., random number table, web-based software, computer software). A systematic sample orders every patient (e.g., alphabetically, by ID) in the sampling frame and then selects every nth patient.	List	Yes No Unknown
Electronic Health Record (EHR) Screening Rate Data for Breast Cancer			
EHR Screening rate (%):	THIS RATE WILL BE AUTOMATICALLY CALCULATED USING THE NUMERATOR AND DENOMINATOR REPORTED BELOW.	Numeric	00-100
EHR Denominator to calculate screening rate:	Denominator is dependent on the measure used (e.g., GPRA, HEDIS, UDS). Please see Appendix 1 in CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.	Numeric	1-9999999
EHR Numerator to calculate screening rate:	Numerator is dependent on the measure used (e.g., GPRA, HEDIS, UDS). Please see Appendix 1 in CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics.	Numeric	1-9999999
If screening rate unavailable, date the rate will be available:	If a screening rate cannot be obtained with the clinic baseline data, provide the approximate date that the screening rate will be available. Baseline screening rate will not be available for a new clinic that was not in operation for at least one full year prior to the baseline assessment.	Date	MM/YYYY
Measure used:	Indicates the measure that was used to calculate the numerator and denominator for the screening rate. If an existing measure (e.g., HEDIS, GPRA, UDS) was not used, the CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics provides information on calculating a NQF-endorsed measure. If this is used, "NQF" should be selected. The same measure reported at baseline should be used for reporting in subsequent years.	List	GPRA HEDIS NQF Other

Start date of 12-month reporting period:	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available and consistent with the measure used (see <i>CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics</i>). The start date for the 12-month reporting period should not be more than 2 years prior to the anticipated start date of NBCCEDP supported activities. The same 12-month measurement year should be used for all subsequent years of cervical cancer screening rate data collection at the clinic.	Date	MM/DD/YYYY
End date of 12-month reporting period:	The reporting period for the baseline screening rate should be the most recent 12-month reporting period available. The same 12-month measurement year should be used for all subsequent years of breast cancer screening rate data collection at the clinic.	Date	MM/DD/YYYY
EHR rate reporting source:	Indicates the source of the denominator and numerator data reported for the EHR screening rate.	List	MCCN data warehouse Clinic EHR Health system EHR EHR vendor Other
How confident are you in the accuracy of the EHR-calculated screening rate?	Indicates the grantee's confidence in the accuracy of the EHR-calculated screening rate. Accuracy of EHR-calculated screening rates can vary depending on how data are documented and entered into the EHR. For additional information, see the National Colorectal Cancer Research Institute's summary report, "Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers" and "CDC Guidance for Measuring Breast, Cervical, and Colorectal Cancer Screening Rates in Health System Clinics."	List	Not confident Somewhat confident Very confident
Screening rate problem	Are there known unresolved problems with the EHR reported screening rate or screening data quality?	List	Yes No
Specify screening rate problem	If YES to screening rate problem, specify the problem and any activities conducted this program year to address it. Describe the issue and severity of known problems or rationale for low confidence in the validity of the EHR-reported screening rate. Specify any activities such as improvements made to data entry systems or to the screening rate measurement calculation.	Character	Free list 256 character limit
Screening rate target	Indicates the screening rate target established for the subsequent annual screening rate reporting period. The number represents a percentage value (rate per 100). Targets should be realistic and actionable.	Numeric	1-100 999 if no target set
Comments:	Optional comments.	Character	Free list 200 character limit
MONITORING AND QUALITY IMPROVEMENT			
Clinic screening policy	Does the clinic have a written breast cancer screening policy or protocol in use? A credible 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 team responsible for implementing the policy, and a quality assurance structure (e.g., professional screening guideline followed such as USPSTF, process to assess patient screening history, insurance, process for scheduling screening or referral, steps/procedures/roles to implement the office policy)	List	Yes No
Frequency of monitoring screening rate	Indicates how often the clinic breast cancer screening rate is monitored and reviewed by clinic personnel.	List	Monthly Quarterly Semi-annually Annually
Frequency of implementation support to clinic	On-site or direct contacts (e.g., telephone) with the clinic to support and improve implementation activities for EBIs and breast cancer screening data quality. Support could be provided by a grantee or contracted agent. Example support activities include conducting a clinic workflow assessment, providing technical assistance on implementing an EBI, training staff to support an EBI, providing technical assistance to develop a breast cancer screening policy, or providing feedback to staff from monitoring or evaluating an EBI implementation.	List	Weekly Monthly Quarterly Semi-annually Annually
Validating screening rate	Validated the breast cancer screening rate data using chart review or other methods during the PY	List	Yes No
Clinic breast cancer champion	Is there a known champion for breast cancer screening internal to the clinic or parent health system?	List	Yes No

GBCCEDP clinical services	Does your program support/burden for breast cancer screening, diagnostics, and/or patient navigation services at the clinic? Funding could come from CDC, state, or other sources	List	Yes No
Comments:	Optional comments	Character	Free text 200 character limit
EVIDENCE-BASED INTERVENTIONS			
For each EBI, report annually whether NBCCEDP resources supported the EBI during the PY, if the EBI is in place and operational at the end of the PY, and if not in place were planning activities conducted, and if the EBI is sustainable.			
PATIENT REMINDER SYSTEM			
Were NBCCEDP resources used toward a patient reminder system during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for breast cancer screening.	List	Yes No
Patient reminder system in place at PY end	Indicates whether the EBI is 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.	List	Yes No
Patient reminder system modality during this PY	If in place, indicates whether an average patient at the clinic received breast cancer screening reminders in more than one way (e.g., same patient received 3 reminders: one by letter, another by text message, and a third by telephone) or a reminder type multiple times (e.g., same patient received 2 different text message reminders or 2 different telephone messages) during the PY.	List	Yes No
Patient reminder dosage during this PY	Multi-modal for breast cancer screening, how many different ways or different times did a given patient receive breast cancer screening reminders?	List	2 3 4 5 or more
Patient reminder system planning activities	If not in place, were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	List	Yes No
Patient reminder system sustainability	If in place for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.)	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
PROVIDER REMINDER SYSTEM			
Were NBCCEDP resources used toward a provider reminder system during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for breast cancer screening.	List	Yes No
Provider reminder system in place at PY end	Indicates whether the EBI is 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.	List	Yes No
Provider reminder system modality during this PY	If in place, indicates whether providers at the clinic typically received breast cancer screening reminders for a given patient in multiple ways during the PY (e.g., provider receives both an EHR pop-up message and a flagged patient chart for same patient)	List	Yes No
Provider reminder system dosage	Multi-modal (on average, how many different ways did providers receive breast cancer screening reminders for a given patient?)	List	2 3 4 5 or more
Provider reminder system planning activities	If not in place, were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	List	Yes No
Provider reminder system sustainability	If in place for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.)	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No

PROVIDER ASSESSMENT AND FEEDBACK			
Were NBCCEDP resources used toward a provider assessment and feedback reminder system during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for breast cancer screening.	Let	Yes No
Provider assessment and feedback reminder system in place at PY end	Indicates whether the EBI is 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.	Let	Yes No
Provider assessment and feedback frequency during this PY	If in place, indicates, on average, how often providers were given feedback on their performance in providing breast cancer screening services during this PY.	Let	Weekly Monthly Quarterly Annually
Provider assessment and feedback reminder system planning activities	If not in place, were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	Let	Yes No
Provider assessment and feedback reminder system sustainability	If in place for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed 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 NBCCEDP resources No
REDUCING STRUCTURAL BARRIERS			
Were NBCCEDP resources used toward reducing structural barriers during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for breast cancer screening.	Let	Yes No
Reducing structural barriers in place at PY end	Indicates whether the EBI is 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.	Let	Yes No
Reducing structural barriers modality	If in place, indicates whether the clinic reduced structural barriers for patients in multiple ways during the PY (e.g. offered evening clinic hours, provided free screenings for some patients).	Let	Yes No
Reducing structural barriers dosage	If multi-modal, how many different ways did the clinic reduce structural barriers to breast cancer screening during this PY?	Let	2 3 4 5 or more
Reducing structural barriers planning activities	If not in place, were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	Let	Yes No
Reducing structural barriers sustainability	If in place for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed 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 NBCCEDP resources No
SMALL MEDIA			
Were NBCCEDP resources used toward a small media during this PY?	Indicates whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contract) were used during this PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for breast cancer screening.	Let	Yes No
Small media in place at PY end	Indicates whether the EBI is 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.	Let	Yes No
Small media modality during this PY	If in place, indicates whether a given patient received multiple forms of small media related to breast cancer screening (e.g., the same patient received a postcard, was exposed to posters in the office setting, received a clinic newsletter or brochure) during the PY.	Let	Yes No
Small media dosage during this PY	If multi-modal, how many different ways did a given patient likely receive small media about breast cancer screening?	Let	2 3 4 5 or more
Small media planning activities	If not in place, were planning activities conducted this year for future implementation of the EBI for breast cancer screening?	Let	Yes No

EBI made sustainable	In place for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.)	Yes	Yes, with NBCCEDP Resources Yes, without NBCCEDP Resources No
PATIENT EDUCATION			
Were NBCCEDP resources used toward a patient education system during the PY?	Indicate whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contract) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for breast cancer screening.	Yes	Yes No
Patient education system in place at PY end	Indicate whether the EBI is 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.	Yes	Yes No
Patient education dosage during the PY	In place, indicate, on average, how many hours of breast cancer screening education were received by a given patient during the PY.	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours	
Patient education system planning activities	If not in place, were planning activities conducted the year for future implementation of the EBI for breast cancer screening?	Yes	Yes No
Patient education system sustainability	In place for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.)	Yes	Yes, with NBCCEDP Resources Yes, without NBCCEDP Resources No
REDUCING OUT OF POCKET COSTS			
Were NBCCEDP resources used toward reducing out of pocket costs during the PY?	Indicate whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contract) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the EBI for breast cancer screening.	Yes	Yes No
Reducing out of pocket costs in place at PY end	Indicate whether the EBI is 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. If NBCCEDP resources were used to support or reimburse for breast cancer screening and/or diagnostics, then the EBI should be considered in place.	Yes	Yes No
Reducing out of pocket costs modality during the PY	In place, indicate whether the clinic reduced out of pocket costs for patients in multiple ways during the PY	Yes	Yes No
Reducing out of pocket costs dosage	If multi-modal, on average, how many different ways did the clinic use to reduce out of pocket costs for patients?	2 3 4 5 or more	
Reducing out of pocket costs planning activities	If not in place, were planning activities conducted the year for future implementation of the EBI for breast cancer screening?	Yes	Yes No
Reducing out of pocket costs sustainability	In place for breast cancer screening, do you consider the EBI as fully integrated into health system and/or clinic operations and sustainable? (High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain the EBI. The EBI has become an institutionalized component of the health system and/or clinic operations.)	Yes	Yes, with NBCCEDP Resources Yes, without NBCCEDP Resources No
PROFESSIONAL DEVELOPMENT AND PROVIDER EDUCATION			
Were NBCCEDP resources used toward professional development and provider education during the PY?	Indicate whether NBCCEDP grantee resources (e.g. funds, staff time, materials, contract) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	Yes	Yes No
Professional development and provider education in place at PY end:	Indicate whether the activity is in place and operational (in use) in the clinic at the end of the PY, regardless of quality, reach, or current level of functionality.	Yes	Yes No
Professional development and provider education dosage during the PY	In place, indicate on average, how many hours of breast cancer screening professional development/training or education were received by a given provider during the PY.	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours	

COMMUNITY OUTREACH, EDUCATION, AND SUPPORT			
COMMUNITY OUTREACH, EDUCATION, AND SUPPORT			
Were NBCCEDP resources used toward community outreach activities during the PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity for breast cancer screening.	List	Yes No
Community outreach activities in place at PY end:	Indicates whether the activity is in place for breast cancer screening and operational (in use) in the clinic at the end of the PY, regardless of quality, reach, or current level of functionality.	List	Yes No
Community outreach activities dosage during the PY	If in place, for persons in the clinic's community who were exposed to outreach activities conducted by the clinic during the PY, indicates the amount of time a given person received those activities.	List	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	If not in place, were planning activities conducted the year for future implementation of the activity for breast cancer screening?	List	Yes No
Community outreach sustainability:	If in place for breast cancer screening, do you consider the activity as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure 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 NBCCEDP resources Yes, without NBCCEDP resources No
# community health workers (CHWs) in place, # of FTE CHWs	The number of CHW full time equivalents (FTEs) employed and/or by the clinic for breast cancer screening. For the number, please provide the total sum of whole and partial FTEs to the nearest tenth decimal place.	Numeric	00.0-999.0
OTHER COMMUNITY CLINICAL LINKAGE ACTIVITIES			
Other community-clinical linkage activities	Describe other activities the clinic is conducting to link women in the community to breast cancer screening services in the clinic.	Character	Free text 256 Char limit
PATIENT NAVIGATION FOR SCREENING, DIAGNOSTICS, AND/OR TREATMENT INITIATION			
Were NBCCEDP resources used toward patient navigation during the PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving patient navigation activities for breast cancer.	List	Yes No
Patient navigation in place at PY end:	Indicates whether patient navigation is in place for breast cancer and operational (in use) in the clinic at the end of the PY, regardless of quality, reach, or current level of functionality.	List	Yes No
Patient navigation dosage during the PY:	If in place, for persons at the clinic who received navigation the PY, indicates the average amount of navigation time she received to overcome breast cancer screening barriers.	List	Less than 15 minutes 15 to 30 minutes 31 minutes to 1 hour 2 to 3 hours More than 3 hours
Patient navigation planning activities	If not in place, were planning activities conducted the year for future implementation of patient navigation for breast cancer?	List	Yes No
Patient navigation sustainability:	If in place for breast cancer, do you consider patient navigation as fully integrated into health system and/or clinic operations and sustainable? [High quality implementation has been achieved and a supporting infrastructure is in place along with any financial support needed to maintain patient navigators. Patient navigation has become an institutionalized component of the health system and/or clinic operations.]	List	Yes, with NBCCEDP resources Yes, without NBCCEDP resources No
# patient navigation in place, # of FTEs delivering patient navigation:	The number of full time equivalents (FTEs) conducting patient navigation for breast cancer in the clinic. For the number, please provide the total sum of whole and partial FTEs to the nearest tenth decimal place.	Numeric	00.0-999.0
# patient navigation in place, # of clients navigated	Report the number of clients receiving navigation services for breast cancer during the program year.	Numeric	1-99999 99999 (Unk)

Other Breast Cancer Activity 1			
Other Breast Cancer Activity 1	Description of other Breast Cancer activity or strategy (1).	Character	Free text 200 character limit
Were NBCCEDP resources used toward Activity 1 during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	List	Yes No Unknown
Other Breast Cancer Activity 2			
Other Breast Cancer Activity 2	Description of other Breast Cancer activity or strategy (2).	Character	Free text 200 character limit
Were NBCCEDP resources used toward Activity 2 during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	List	Yes No Unknown
Other Breast Cancer Activity 3			
Other Breast Cancer Activity 3	Description of other Breast Cancer activity or strategy (3).	Character	Free text 200 character limit
Were NBCCEDP resources used toward Activity 3 during this PY?	Indicates whether NBCCEDP grantee resources (e.g., funds, staff time, materials, contracts) were used during the PY to contribute to planning, developing, implementing, monitoring/evaluating or improving the activity.	List	Yes No Unknown
Comments:	Optional comments	Character	Free text 200 character limit

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:

1. 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 in PY3. Refer to reports in B&C-BARS for a listing of which clinics CDC expects annual COVID-19 clinic data for.
3. 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.
4. 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.
7. 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.

ANNUAL CLINIC DATA COLLECTION FORM: COVID-19 IMPACT on CERVICAL CANCER			
Grantor code:	Please select:	Date (MM/DD/YYYY):	
Health system name:		Health system ID:	
Clinic name:		Clinic ID:	
COVID-19 CLINIC CLOSURE OR HOURS/DAYS REDUCED			
COVID-19 clinic closure or hours/days reduced:	Please select:		
COVID-19 closure amount (# of weeks):			
Clinic Hours - pre COVID-19 (# of hours each week):			
COVID-19 Hours reduced (# of hours each week):			
COVID-19 Percent Hours reduced (auto-calculating):			
COVID-19 Weeks with reduced hours (# of weeks):			
Justification:		Justification:	
Justification:		Justification:	
COVID-19 SCREENING/DIAGNOSTIC IMPACT			
COVID-19 screening/diagnostic impact:	Please select:	COVID-19 patients cancelled:	Please select:
COVID-19 sick visits:	Please select:	COVID-19 patients fearful:	Please select:
COVID-19 high risk visits:	Please select:	COVID-19 other:	Please select:
COVID-19 isolated visits:	Please select:	COVID-19 other specify (200 character limit):	
COVID-19 unable to refer for follow-up testing:	Please select:		
Justification:		Justification:	
Justification:		Justification:	
COVID-19 EBI IMPACT			
COVID-19 EBI impact:	Please select:	COVID-19 Reducing Structural Barriers impact:	Please select:
COVID-19 Patient Reminder impact:	Please select:	COVID-19 Patient Navigation impact:	Please select:
COVID-19 Provider Reminder impact:	Please select:		
COVID-19 Provider Assessment and Feedback impact:	Please select:		
Justification:		Justification:	
Justification:		Justification:	
COVID-19 Comments (200 character limit):			

ANNUAL CLINIC DATA DICTIONARY: COVID-19 IMPACT on CERVICAL CANCER			
NBCCEDP Variable	Variable Definition	Field Type	Response Options
Grantee code:	Two-character Grantee Code (assigned by CDC).	List	Various
Date:	Date the clinic annual data assessment was completed.	Date	MM/DD/YYYY
COVID-19 CLINIC CLOSURE OR HOURS/DAYS REDUCED			
COVID-19 clinic closure or hours/days reduced:	Indicates whether the clinic closed for an extended period of time (a full week or more) or reduced hours/days because of COVID-19 at any time during the program year (July 1-June 30). 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	List	Yes, closed Yes, reduced hours/days Yes, both closed and reduced hours/days No, clinic did not close or reduce hours/days
COVID-19 closure amount:	Indicates the amount of weeks, in total, the clinic was closed because of COVID-19 at any time during the program year (July 1- June 30).	Numeric	# of weeks
Clinic Hours - pre COVID-19:	Indicates the typical number of hours a week the clinic was open before closing and/or reducing hours due to COVID-19. - Example: For a clinic that was normally open eight hours each day, five 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 at any 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 clinic 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 normally open eight hours each day, five days a week and is closed for one day a week because of COVID-19, you would enter '8 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 '16 hours'.	Numeric	# of hours each week
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 Indicates the amount of time, in percentage, the clinic reduced hours because of COVID-19 at any time during a given week during the program year (July 1 - June 30).	Numeric	% each week
COVID-19 Weeks with reduced hours:	Indicates the amount of weeks the clinic reduced time because of COVID-19 during the program year (July 1- June 30). - The total number of weeks in which the reduction occurred during the program year	Numeric	# of weeks
COVID-19 SCREENING/DIAGNOSTIC IMPACT			
COVID-19 screening/diagnostic impact:	Indicates whether COVID-19 negatively impacted the clinic's delivery of cervical cancer screening and diagnostic services during the program year (July 1 - June 30).	List	Yes No
COVID-19 sick visits:	Clinic visits were restricted to sick patients, with limited or no preventive care available	List	Yes No
COVID-19 High risk visits:	Clinic visits were limited to patients at high risk or with symptoms for cervical cancer	List	Yes No
COVID-19 telemed visits:	Clinic visits were restricted to telehealth/telemedicine only	List	Yes No
COVID-19 unable to refer for follow-up testing:	Clinic could not refer patients with abnormal Pap results for follow-up testing due to limited availability of diagnostic services	List	Yes No
COVID-19 patients cancelled:	Patients cancelled or did not schedule appointments due to COVID concerns	List	Yes No
COVID-19 patients fearful:	Patients fearful of getting COVID-19. If patients were not fearful of getting COVID-19 or if the clinic was unable to capture/collect/note this information, select 'No'	List	Yes No

COVID-19 SCREENING/DIAGNOSTIC IMPACT			
COVID-19 screening/diagnostic impact:	Indicates whether COVID-19 negatively impacted the clinic's delivery of cervical cancer screening and diagnostic services during the program year (July 1 - June 30).	List	Yes No
COVID-19 sick visits:	Clinic visits were restricted to sick patients, with limited or no preventive care available	List	Yes No
COVID-19 high risk visits:	Clinic visits were limited to patients at high risk or with symptoms for cervical cancer	List	Yes No
COVID-19 telemed visits:	Clinic visits were restricted to telehealth/telemedicine only	List	Yes No
COVID-19 unable to refer for follow-up testing:	Clinic could not refer patients with abnormal Pap results for follow-up testing due to limited availability of diagnostic services	List	Yes No
COVID-19 patients cancelled:	Patients cancelled or did not schedule appointments due to COVID concerns	List	Yes No
COVID-19 patients fearful:	Patients fearful of getting COVID-19. If patients were not fearful of getting COVID-19 or if the clinic was unable to capture/collect/note this information, select 'No'.	List	Yes No
COVID-19 other:	COVID-19 negatively impacted the clinic's delivery of cervical cancer screening and diagnostic services that cannot be categorized in the above options.	List	Yes No
COVID-19 other specify:	Other, specify	Character	Free text 200 char limit
COVID-19 EBI IMPACT			
COVID-19 EBI Impact:	Indicates whether COVID-19 negatively impacted the clinic's implementation of evidence-based interventions (EBIs) or Patient Navigation activities for cervical cancer screening during the program year (July 1-June 30). (e.g., implementation of some or all EBIs were suspended)	List	Yes No
COVID-19 Patient Reminder Impact:	Indicates whether COVID-19 negatively impacted the clinic's implementation of Patient Reminder activities for cervical cancer screening during the program year (July 1-June 30).	List	Yes No
COVID-19 Provider Reminder Impact:	Indicates whether COVID-19 negatively impacted the clinic's implementation of Provider Reminder activities for cervical cancer screening during the program year (July 1-June 30).	List	Yes No
COVID-19 Provider Assessment and Feedback Impact:	Indicates whether COVID-19 negatively impacted the clinic's implementation of Provider Assessment and Feedback activities for cervical cancer screening during the program year (July 1-June 30).	List	Yes No
COVID-19 Reducing Structural Barriers Impact:	Indicates whether COVID-19 negatively impacted the clinic's implementation of Reducing Structural Barriers activities for cervical cancer screening during the program year (July 1-June 30).	List	Yes No
COVID-19 Patient Navigation Impact:	Indicates whether COVID-19 negatively impacted the clinic's implementation of Patient Navigation activities for cervical cancer screening during the program year (July 1-June 30).	List	Yes No
COVID-19 Comments:	Optional comments for COVID-19 section	Character	Free text 200 character limit

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?

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:

1. 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 in PY3. Refer to reports in B&C-BARS for a listing of which clinics CDC expects annual COVID-19 clinic data for.
3. 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.
4. 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 pink fields. You will be required to report those data into B&C-BARS.
7. 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.

ANNUAL CLINIC DATA COLLECTION FORM: COVID-19 IMPACT on BREAST CANCER			
Grantee code:	Please select: <input type="text"/>	Date (MM/DD/YYYY):	
Health system name:		Health system ID:	
Clinic name:		Clinic ID:	
COVID-19 CLINIC CLOSURE OR HOURS/DAYS REDUCED			
COVID-19 clinic closure or hours/days reduced:	Please select: <input type="text"/>		
COVID-19 closure amount (# of weeks):			
Clinic Hours - pre COVID-19 (# of hours each week):			
COVID-19 Hours reduced (# of hours each week):			
COVID-19 Percent Hours reduced (auto-calculated):			
COVID-19 Weeks with reduced hours (# of weeks):			
Question field			
Question field		Question field	
COVID-19 SCREENING/DIAGNOSTIC IMPACT			
COVID-19 screening/diagnostic impact:	Please select: <input type="text"/>		
COVID-19 sick visits:	Please select: <input type="text"/>	COVID-19 patients cancelled:	Please select: <input type="text"/>
COVID-19 high risk visits:	Please select: <input type="text"/>	COVID-19 patients fearful:	Please select: <input type="text"/>
COVID-19 telemed visits:	Please select: <input type="text"/>	COVID-19 other:	Please select: <input type="text"/>
COVID-19 unable to refer for mammography:	Please select: <input type="text"/>	COVID-19 other specify (200 character limit):	
COVID-19 unable to refer for follow-up testing:	Please select: <input type="text"/>		
Question field		Question field	
Question field		Question field	
COVID-19 EBI IMPACT			
COVID-19 EBI impact:	Please select: <input type="text"/>		
COVID-19 Patient Reminder impact:	Please select: <input type="text"/>	COVID-19 Reducing Structural Barriers impact:	Please select: <input type="text"/>
COVID-19 Provider Reminder impact:	Please select: <input type="text"/>	COVID-19 Patient Navigation impact:	Please select: <input type="text"/>
COVID-19 Provider Assessment and Feedback impact:	Please select: <input type="text"/>		
Question field		Question field	
Question field		Question field	
COVID-19 Comments (200 character limit):			

ANNUAL CLINIC DATA DICTIONARY: COVID-19 IMPACT on BREAST CANCER			
NBCCEDP Variable	Variable Definition	Field Type	Response Options
Granite code:	Two-character Granite Code (assigned by CDC).	List	Various
Date:	Date the clinic annual data assessment was completed.	Date	MMDD/YYYY
COVID-19 CLINIC CLOSURE OR HOURS/DAYS REDUCED			
COVID-19 clinic closure or hours/days reduced:	Indicates whether the clinic closed for an extended period of time (a full week or more) or reduced hours/days because of COVID-19 at any time during the program year (July 1-June 30). 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	List	Yes, closed Yes, reduced hours/days Yes, both closed and reduced hours/days No, clinic did not close or reduce hours/days
COVID-19 closure amount	Indicates the amount of weeks, in total, the clinic was closed because of COVID-19 at any time during the program year (July 1- June 30).	Numeric	# of weeks
Clinic Hours - pre COVID-19:	Indicates the typical number of hours a week the clinic was open before closing and/or reducing hours due to COVID-19. - Example: For a clinic that was normally open eight hours each day, five 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 at any 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 clinic 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 normally open eight hours each day, five days a week and closed for one day a week because of COVID-19, you would enter '8 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 '16 hours'.	Numeric	# of hours each week
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 Indicates the amount of time, in percentage, the clinic reduced hours because of COVID-19 at any time during a given week during the program year (July 1- June 30).	Numeric	% each week
COVID-19 Weeks with reduced hours:	Indicates the amount of weeks the clinic reduced time because of COVID-19 during the program year (July 1- June 30). - The total number of weeks in which the reduction occurred during the program year	Numeric	# of weeks
COVID-19 SCREENING/DIAGNOSTIC IMPACT			
COVID-19 screening/diagnostic impact	Indicates whether COVID-19 negatively impacted the clinic's delivery of breast cancer screening and diagnostic services during the program year (July 1- June 30).	List	Yes No
COVID-19 sick visits:	Clinic visits were restricted to sick patients, with limited or no preventive care available	List	Yes No
COVID-19 high risk visits:	Clinic visits were limited to patients at high risk or with symptoms for breast cancer	List	Yes No
COVID-19 telemed visits:	Clinic visits were restricted to telehealth/telemedicine only	List	Yes No
COVID-19 unable to refer for mammography:	Clinic could not refer average risk patients for mammography due to limited availability of mammography services	List	Yes No
COVID-19 unable to refer for follow-up testing:	Clinic could not refer patients with abnormal mammography for follow-up testing due to limited availability of diagnostic services	List	Yes No
COVID-19 patients cancelled:	Patients cancelled or did not schedule appointments due to COVID concerns	List	Yes No
COVID-19 patients fearful:	Patients fearful of getting COVID-19. If patients were not fearful of getting COVID-19 or if the clinic was unable to capture/collect this information, select 'No'.	List	Yes No
COVID-19 other:	COVID-19 negatively impacted the clinic's delivery of breast cancer screening and diagnostic services that cannot be categorized in the above options.	List	Yes No
COVID-19 other specify:	Other, specify	Character	Free text 200 char limit

COVID-19 IMPACT			
COVID-19 EBI Impact	Indicates whether COVID-19 negatively impacted the clinic's implementation of evidence-based interventions (EBIs) or Patient Navigation activities for breast cancer screening during the program year (July 1-June 30). (e.g. implementation of some or all EBIs were suspended)	List	Yes No
COVID-19 Patient Reminder Impact	Indicates whether COVID-19 negatively impacted the clinic's implementation of Patient Reminder activities for breast cancer screening during the program year (July 1-June 30).	List	Yes No
COVID-19 Provider Reminder Impact	Indicates whether COVID-19 negatively impacted the clinic's implementation of Provider Reminder activities for breast cancer screening during the program year (July 1-June 30).	List	Yes No
COVID-19 Provider Assessment and Feedback Impact	Indicates whether COVID-19 negatively impacted the clinic's implementation of Provider Assessment and Feedback activities for breast cancer screening during the program year (July 1-June 30).	List	Yes No
COVID-19 Reducing Structural Barriers Impact	Indicates whether COVID-19 negatively impacted the clinic's implementation of Reducing Structural Barriers activities for breast cancer screening during the program year (July 1-June 30).	List	Yes No
COVID-19 Patient Navigation Impact	Indicates whether COVID-19 negatively impacted the clinic's implementation of Patient Navigation activities for breast cancer screening during the program year (July 1-June 30).	List	Yes No
COVID-19 Comments:	Optional comments for COVID-19 section	Character	Free text 200 character limit

FORM 8
COMMUNITY PROGRAM AIDE II MONTHLY
REPORT

Evidence Based Intervention Tracking Monthly Report

Date Reported: _____

	July	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 mammograms completed												
4. Total Number of pap tests completed												
5. Total Number of post cards sent												
6. Total Number of post cards received												
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: _____
DATE: _____

RECEIVED BY GBCCEDP STAFF: _____
DATE: _____

FORM 9
COMMUNITY PROGRAM AIDE II TIME SHEET

Plan and Account Name for	Agent Assigned Code	Plan and Billing	W-1 Type	Plan Start Date	Plan End Date	UI (S)	3rd Jul	3rd Oct	Cash Flow	Plan Start Date for 2018	Plan End Date for 2018	Plan and Billing for 2018
643112	Aug 15, 2017	Period 1	emp									
643112	Aug 15, 2017	Period 2	emp									
643112	Aug 15, 2017	Period 3	emp									
643112	Aug 15, 2017	Period 4	emp									
643112	Aug 15, 2017	Period 5	emp									
643112	Aug 15, 2017	Period 6	emp									
643112	Aug 15, 2017	Period 7	emp									
643112	Aug 15, 2017	Period 8	emp									
643112	Aug 15, 2017	Period 9	emp									
643112	Aug 15, 2017	Period 10	emp									
643112	Aug 15, 2017	Period 11	emp									
643112	Aug 15, 2017	Period 12	emp									
643112	Aug 15, 2017	Period 13	emp									
643112	Aug 15, 2017	Period 14	emp									
643112	Aug 15, 2017	Period 15	emp									
643112	Aug 15, 2017	Period 16	emp									
643112	Aug 15, 2017	Period 17	emp									
643112	Aug 15, 2017	Period 18	emp									
643112	Aug 15, 2017	Period 19	emp									
643112	Aug 15, 2017	Period 20	emp									
643112	Aug 15, 2017	Period 21	emp									
643112	Aug 15, 2017	Period 22	emp									
643112	Aug 15, 2017	Period 23	emp									
643112	Aug 15, 2017	Period 24	emp									
643112	Aug 15, 2017	Period 25	emp									
643112	Aug 15, 2017	Period 26	emp									
643112	Aug 15, 2017	Period 27	emp									
643112	Aug 15, 2017	Period 28	emp									
643112	Aug 15, 2017	Period 29	emp									
643112	Aug 15, 2017	Period 30	emp									
643112	Aug 15, 2017	Period 31	emp									
643112	Aug 15, 2017	Period 32	emp									
643112	Aug 15, 2017	Period 33	emp									
643112	Aug 15, 2017	Period 34	emp									
643112	Aug 15, 2017	Period 35	emp									
643112	Aug 15, 2017	Period 36	emp									
643112	Aug 15, 2017	Period 37	emp									
643112	Aug 15, 2017	Period 38	emp									
643112	Aug 15, 2017	Period 39	emp									
643112	Aug 15, 2017	Period 40	emp									
643112	Aug 15, 2017	Period 41	emp									
643112	Aug 15, 2017	Period 42	emp									
643112	Aug 15, 2017	Period 43	emp									
643112	Aug 15, 2017	Period 44	emp									
643112	Aug 15, 2017	Period 45	emp									
643112	Aug 15, 2017	Period 46	emp									
643112	Aug 15, 2017	Period 47	emp									
643112	Aug 15, 2017	Period 48	emp									
643112	Aug 15, 2017	Period 49	emp									
643112	Aug 15, 2017	Period 50	emp									
643112	Aug 15, 2017	Period 51	emp									
643112	Aug 15, 2017	Period 52	emp									
643112	Aug 15, 2017	Period 53	emp									
643112	Aug 15, 2017	Period 54	emp									
643112	Aug 15, 2017	Period 55	emp									
643112	Aug 15, 2017	Period 56	emp									
643112	Aug 15, 2017	Period 57	emp									
643112	Aug 15, 2017	Period 58	emp									
643112	Aug 15, 2017	Period 59	emp									
643112	Aug 15, 2017	Period 60	emp									
643112	Aug 15, 2017	Period 61	emp									
643112	Aug 15, 2017	Period 62	emp									
643112	Aug 15, 2017	Period 63	emp									
643112	Aug 15, 2017	Period 64	emp									
643112	Aug 15, 2017	Period 65	emp									
643112	Aug 15, 2017	Period 66	emp									
643112	Aug 15, 2017	Period 67	emp									
643112	Aug 15, 2017	Period 68	emp									
643112	Aug 15, 2017	Period 69	emp									
643112	Aug 15, 2017	Period 70	emp									
643112	Aug 15, 2017	Period 71	emp									
643112	Aug 15, 2017	Period 72	emp									
643112	Aug 15, 2017	Period 73	emp									
643112	Aug 15, 2017	Period 74	emp									
643112	Aug 15, 2017	Period 75	emp									
643112	Aug 15, 2017	Period 76	emp									
643112	Aug 15, 2017	Period 77	emp									
643112	Aug 15, 2017	Period 78	emp									
643112	Aug 15, 2017	Period 79	emp									
643112	Aug 15, 2017	Period 80	emp									
643112	Aug 15, 2017	Period 81	emp									
643112	Aug 15, 2017	Period 82	emp									
643112	Aug 15, 2017	Period 83	emp									
643112	Aug 15, 2017	Period 84	emp									
643112	Aug 15, 2017	Period 85	emp									
643112	Aug 15, 2017	Period 86	emp									
643112	Aug 15, 2017	Period 87	emp									
643112	Aug 15, 2017	Period 88	emp									
643112	Aug 15, 2017	Period 89	emp									
643112	Aug 15, 2017	Period 90	emp									
643112	Aug 15, 2017	Period 91	emp									
643112	Aug 15, 2017	Period 92	emp									
643112	Aug 15, 2017	Period 93	emp									
643112	Aug 15, 2017	Period 94	emp									
643112	Aug 15, 2017	Period 95	emp									
643112	Aug 15, 2017	Period 96	emp									
643112	Aug 15, 2017	Period 97	emp									
643112	Aug 15, 2017	Period 98	emp									
643112	Aug 15, 2017	Period 99	emp									
643112	Aug 15, 2017	Period 100	emp									

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

TIME SHEET

Employee Name: _____ Title: _____
 Employee Number: _____ Status: _____
 Department: _____ Supervisor: _____

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
Weekly Totals					

Employee signature: _____ Date: _____
 Supervisor signature: _____ Date: _____

FORM 10

COMMUNITY PROGRAM AIDE II INVOICE

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 Official:	Chima Mbakwem 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 Director:	Arthur U. San Agustin, MHR Director, Department of Public Health and Social Services 155 Hesler Place, Hagatna, Guam 96910 Email: arthur.sanagustin@dphss.guam.gov Phone: 671-922-2503
(xi)	CFDA Number and Name:	CFDA NO. 93.898 Guam Breast and Cervical Cancer Early Detection Program and Guam Comprehensive Cancer Control Program Cooperative Agreement
(xii)	Identification of Whether Subaward is R&D:	No
(xiii)	Indirect Cost Rate for [AGENCY] Federal Award:	TBD
	Subrecipient Indirect Costs:	N/A

"REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR

THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION

By direction of the Secretary of Labor | WAGE AND HOUR DIVISION

WASHINGTON D.C. 20210

| Wage Determination No.: 2015-5694

Daniel W. Simms Division of | Revision No.: 12

Director Wage Determinations| Date Of Last Revision: 07/24/2020

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

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - 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 - Elevator Operator	9.35

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
12000 - 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 Administrator		25.20
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

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 I	19.12
23092 - Aircrew Life Support Equipment (ALSE) Mechanic II	21.67
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 Mechanic	17.16

23411 - Heating Ventilation And Air Contidioning Mechanic (Research Facility)	18.25
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 Coordinator	14.72
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 Surface Programs	(see 2) 20.77
30621 - Weather Observer Senior	(see 2) 23.08
31000 - Transportation/Mobile Equipment Operation Occupations	
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:

(1) 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:

- 1) 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))."



Recipient Information

1. Recipient Name

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

2. Congressional District of Recipient
00

3. Payment System Identifier (ID)
1980018947B5

4. Employer Identification Number (EIN)
980018947

5. Data Universal Numbering System (DUNS)
855028700

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 Program

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?

No

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 \$806,773.00

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

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 -	
Congressional District of Recipient	
00	
Payment Account Number and Type	
1980018947B5	
Employer Identification Number (EIN) Data	
980018947	
Universal Numbering System (DUNS)	
855028700	
Recipient's Unique Entity Identifier	
Not Available	
31. Assistance Type	
Cooperative Agreement	
32. Type of Award	
Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial 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
l. TOTAL APPROVED BUDGET	\$806,773.00
m. Federal Share	\$806,773.00
n. Non-Federal Share	\$0.00

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	DP	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



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

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
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$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 Law 101-354, 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. section 247b (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.

Cost sharing or matching alternative: 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 [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- 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

Guam Department of Public Health
 DP006269-05

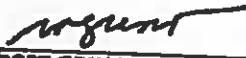
Grantee:
 Award Number:

Attachment 1

Federal Cost Categories	NCCCP	NBCCEDP	Year 05 Budget
Salaries & Wages	\$ 147,996	\$ 205,657	\$353,653
Fringe Benefits	\$ 55,775	\$ 75,599	\$131,374
Travel	\$ 9,194	\$ -	\$9,194
Equipment			\$0
Supplies	\$ 3,000	\$ -	\$3,000
Contractual costs	\$ 119,397	\$ 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			\$0
Programmatic Encouraged Cost Share			\$0
Total Approved Budget	\$406,773	\$400,000	\$806,773

IN WITNESS THEREOF, the parties have set their hands to this Sixth Amendment 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: 3/12/2021


DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES:
By Its



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

Date: MAR 3 8 2021

CERTIFIED FUNDS AVAILABLE:
Acct #: S101H301712SE114230
Amount: \$35,000.00 (C180600962)
Amount: \$10,000.00 (additional)
Total Amount: \$45,000.00
Document #: 21-1700-077
Vendor #: F0526501
Period: June 30, 2020 to June 29, 2021
Subject to appropriation, allocation, and
availability




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

Date: MAR 2 6 2021

APPROVED:

CLEARED PER
BBMR'S REVIEW



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

Date: APR 19 2021

APPROVED AS TO LEGALITY AND FORM:

LEEVIN TAITANO CAMACHO
Attorney General of Guam

Date: _____

APPROVED:

LOURDES A. LEON GUERRERO
Governor of Guam

Date: _____

RECEIVED

APR 12 2021
21-6-17-0032
Bureau of Budget and
Management Research

21-0260 [Signature]

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

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

DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES:
By Its

[Signature]
ROSE GRINO
Medical Administrator
TakeCare Insurance, Inc.
DBA(s) FHP Health Center &
FHP Women's Health Center
Date: 3/12/2021

[Signature]
ARTHUR U. SAN AGUSTIN, MHR
Director, Department of Public
Health and Social Services
Date: MAR 30 2021

CERTIFIED FUNDS AVAILABLE:
Acct #: 5101H201712SE114/230
Amount: \$35,000.00 (C180600962)
Amount: \$10,000.00 (additional)
Total Amount: \$45,000.00
Document #: 021-1700-077
Vendor #: F0526501
Period: June 30, 2020 to June 29, 2021
Subject to appropriation, allocation, and
availability

APPROVED:

[Signature]
TOMMY C. YARAGUE
Certifying Officer, Department
of Public Health and Social
Services
Date: MAR 26 2021

[Signature]
LESTER L. CARLSON JR.
Director, Bureau of Budget and
Management Research
Date: _____

APPROVED AS TO LEGALITY AND FORM:

[Signature]
LEEVIN TAITANO CAMACHO
Attorney General of Guam
Date: 4/5/21
DPHSS 21-0260

APPROVED:

[Signature]
LOURDES A. LEON GUERRERO
Governor of Guam
Date: 5/8/2021

DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS
Registration Date 05/08/2021
Registration No. 0180610962
Vendor No. 00526501 Amo # 1142021
Registered By: R 05/14/2021

RECEIVED
04-23-21
OFFICE OF THE ATTORNEY GENERAL
GOVERNOR'S OFFICE

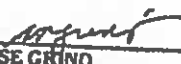
20-0233 04


Fifth Amendment and Second Option to Renew Between DPHSS/GOCCCDP 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 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

DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES:
By Its


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



LINDA UNPINGCO DENOREY, MPH
Director, Department of Public
Health and Social Services

Date: 5/26/2020


Date: 6/3/2020


CERTIFIED FUNDS AVAILABLE:
Acct #: 5101H301712SE114/230
Amount: \$35,000.00
Vendor: F0526381
Funds certified through June 29 2021 Subject to
appropriation, allocation, and availability of funds

APPROVED:

RECEIVED

JUN 04 2020
Bureau of Budget and
Management Research

Document No: C20-1700-042


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



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

Date: MAY 18 2020

Date: JUN 05 2020


CLEARED PER
BBMR'S 12337

APPROVED AS TO LEGALITY AND FORM:


LEEVIN TAITANO CAMACHO
Attorney General of Guam

Date: 7/6/20
DPHSS 20-0233

APPROVED:


LOURDES A. LEON GUERRERO
Governor of Guam

Date: 7/15/2020

DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS
Registration Date 07/15/2020
Registration No. C180600962
Vendor No. F0526381 sub 5 200251
Registered By: R 07/24/2020

RECEIVED
06 23 2020
OFFICE OF THE ATTORNEY GENERAL
SOLUTIONS DIVISION

20-0041 *[initials]*

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

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

DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES
By Its

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

[Signature]
LINDA UNPINGCO DENORCEY, MPH
Director, Department of Public
Health and Social Services

Date: 12-13-19

Date: 12/19/19

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

APPROVED:

CLEARED PER
BBMR'S REVIEW

[Signature]
TOMMY C. TAITAGUE
Certifying Officer, Department
of Public Health and Social
Services
Date: NOV 18 2019

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

Date: JAN 21 2020

RECEIVED

APPROVED AS TO LEGALITY AND FORM:

[Signature]
LEEVIN TAITANO CAMACHO
Attorney General of Guam
Date: 2/3/20

JAN 22 2020
Bureau of Budget and
Management Research
[Signature]

DPHSS 20-0041

APPROVED:
[Signature]
LOURDES A. LEON GUERRERO
Governor of Guam
Date: 2/07/20

DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS
Registration Date 02/07/2020
Registration No. C180600961
Vendor No. F0526501 Amend #4
Registered By: R 05/21/2020

RECEIVED
01-27-20
OFFICE OF THE ATTORNEY GENERAL
SOLICITORS DIVISION

19-0445 *[initials]*

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 indicated below.

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

DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES:
By Its

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

[Signature]
LINDA UNPINGCO DE NORCEY, MPH
Director, Department of Public
Health and Social Services

Date: 6/28/19

Date: 6/26/19

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.

APPROVED:

Document No.: 019-1700-074

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

Date: JUN 27 2019

6/27/19

CLEARED PER
BBMR'S REVIEW

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

JUL 16 2019

Date: _____

Bureau of Budget and
Management Research

JUL 03 2019

RECEIVED

APPROVED AS TO LEGALITY AND FORM:

[Signature]
LEE VIN TAITANO CAMACHO
Attorney General of Guam

Date: 7/2/19
DPHSS 19-0445

APPROVED:

[Signature]
LOURDES A. LEON GUERRERO
Governor of Guam

Date: 8/6/2019

DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS
Registration Date: 05/06/2019
Registration No.: 0181610961
Vendor No.: F0526501
Registered By: [Signature]

RECEIVED
07-18-19 501201925698
OFFICE OF THE ATTORNEY GENERAL
COLLECTORS DIVISION
07-23-19 *[initials]*

19-0362 *[Signature]*

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
By Its

DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES:
By Its

[Signature]
ROSE ORINO
Medical Administrator
TakeCare Insurance, Inc.
DBA(s) FHP Health Center &
FHP Women's Health Center
Date: 5-28-19

[Signature]
LINDA UNPINGCO DENORCEY, MPH
Director, Department of Public
Health and Social Services
Date: _____

CERTIFIED FUNDS AVAILABLE:
Acct #: 5101H181712SE114/230
Amount: \$50,000.00 (C180600960)
Amount: \$25,000.00 (additional)
Total Amount: \$75,000.00
Document #: C19-1700-066
Vendor #: F0526501
Period: August 3, 2018 to June 29, 2019
Subject to appropriation, allocation, and
availability

APPROVED:

[Signature]
TOMMY C. TADAGUE
Certifying Officer, Department
of Public Health and Social
Services
Date: MAY 20 2019

CLEARED FOR
BONAS REVIEW
[Signature]
LESTER L. CARLSON JR.
Director, Bureau of Budget and
Management Research
Date: JUN 12 2019

APPROVED AS TO LEGALITY AND FORM:

[Signature]
LEEVIN TAITANO CAMACHO
Attorney General of Guam
Date: 6/21/19
DPHSS 19-0362

RECEIVED
[Signature]
1133 AM
JUN 11 2019
Bureau of Budget and
Management Research

APPROVED:
[Signature]
LOURDES A. LEON GUERRERO
Governor of Guam
Date: 7/2/2019

DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS
Registration Date: 07/02/2019
Registration No. C180600960
Vendor No. F0526501
Registered By: P. O. [Signature]

RECEIVED
06-14-19
[Signature]

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.

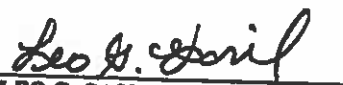
HEALTH PROVIDER
TAKECARE INSURANCE, INC.
DBA(S) FHP HEALTH CENTER &
FHP WOMEN'S HEALTH CENTER
By Its



JEFFREY LARSEN
Vice President/Clinic Administrator
TakeCare Insurance, Inc.
DBA(s) FHP Health Center &
FHP Women's Health Center

Date: 6/28/18

**DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES:**
By Its

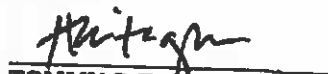


LEO G. CASIL
Acting Director, Department of Public
Health and Social Services

Date: 7/10/18

CERTIFIED FUNDS AVAILABLE:

Acct #: 5101H181712SE114/230
Amount: \$35,000
Document No. C18-1700-052
Subject to appropriation, allocation, and
availability



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

Date: JUL 10 2018

APPROVED:

7-10-18

**CLEARED PER
BBMR'S REVIEW**

LESTER L. CARLSON JR.
Deputy Director BBMR

Date: JUL 18 2018

RECEIVED

JUL 12 2018
Bureau of Budget and
Management Research

APPROVED AS TO LEGALITY AND FORM:

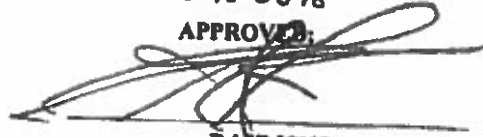


ELIZABETH BARRETT-ANDERSON
Attorney General of Guam

Date: 7/27/18

DPASS 18-0398

APPROVED:



RAYMOND S. TENORIO
Acting Governor of Guam

Date: 8/3/2018

RECEIVED
07-29-18
OFFICE OF THE ATTORNEY GENERAL
SOLICITORS DIVISION