

## Take Charge! Breast and Cervical Cancer Screening Form Training (ODH Form 274A)

### Slide 1

Welcome to the Take Charge! Breast and Cervical Cancer Screening Form Training.

### Slide 2

Before you begin the training there are a few things you will need to do before advancing to the next slide.

Have the Breast and Cervical Cancer Screening Form ODH 274A in front of you for easy reference. Plan on completing and returning the assessment which includes a test and two case studies. Allow 30 minutes to complete the training, the test and case studies.

### Slide 3

This slide provides information about who should complete the Take Charge! Breast and Cervical Cancer Screening Form No. 274A training at your facility. The list is basically anyone in your facility that works with the Take Charge! program and the program forms in any way.

### Slide 4

This is the training agenda so that you can see all of the items that will be covered in this training. We will go over Goal and Objectives; Background Information; Implementation Information; How the new form is used; Step by Step Instructions; and the Assessment.

### Slide 5

The goal of this training is to provide an opportunity for you to gain knowledge and practice completing the Take Charge! Breast and Cervical Cancer Screening Form No. 274A.

By the time you have finished this training, you should be able to correctly complete the form and understand the new components of the 274A form. For ease of training, I will refer to the Take Charge! Breast and Cervical Cancer Screening Form No. 274A as the 274A form throughout the remainder of this training.

### Slide 6

Let's start with a little bit of background information of the 274A. The 274A is a two page form with additional check boxes to reduce writing. It is important to understand that both pages of the form must be completed, even if a woman only receives a breast service or cervical service.

The 274A also contains new requirements from the Centers of Disease Control and Prevention along with suggestions from our contractors.

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Once you receive your 274A, please discard the older versions of the 274A. Be sure to look at the bottom of the 274A, for the most current revision date. The current version of the form has a revision date of June 2014.

### Slide 7

As in the past, the 274A is completed by the Take Charge! contracted health care provider that performed the clinical services. The 274A must be signed and dated by the healthcare provider that performed the services. Some facilities have multiple staff recording information or providing services for one client. All of the staff involved can sign the form, if that helps keep track of chain of custody.

As a reminder, the 274A is not complete until every field has an answer and boxes are marked. 274As will be returned to your office and payment delayed for incomplete forms.

### Slide 8

Now it is time to go over some implementation information. The 274A form goes into effect September 15, 2014.

Any services completed after October 15, 2014 on the old forms will be denied for payment until the new form has been completed. When it's time to order additional forms, please complete the Take Charge! order form and fax it to (405) 271-6315 or email it to [CancerPCP@health.ok.gov](mailto:CancerPCP@health.ok.gov)

### Slide 9

The 274A is used in many different ways. It is used as a communication tool, a data collection device and documentation of services.

It is the main communication tool used to provide documentation of services provided at contracted healthcare facilities. The information on this form provides documentation of the services provided and the clinical findings. The Take Charge! Administrative office relies on the information on this form to provide 99% of the data that is submitted to CDC.

The 274A also serves as documentation for invoicing. Services are not reimbursed if they are not documented properly.

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### Slide 10

Let's get started on the details of the 274A. The form has been broken down into sections for ease of training. We will review each section of the 274A form, separately.

So let's start at Part 1 of the 274A.

The first thing you are going to do is write in your facilities chart identification number for the client. You may also use this space to write in the client's last name and date of birth.

The next field to be completed is the name of your facility. This is the name used on your contract. Then you are going to write in your facility site code number. This is a site code number that your facility was given when your contract began. If you don't know the facility site code number, please contact the Take Charge! administrative office for assistance.

Write in the client's social security number. If the client does not have a social security number, write 999-99-9999. This is a change in instructions from the previous instructions.

Then write the client's age on the day that the service was provided.

Ask the client to spell their last name and then write the information in this box.

Ask the client their first name and then write the information in this box.

Ask the client their middle initial and then write the information in this box.

Ask the client to their maiden name and then write the information in this box.

Ask the client their birthday, then write the client's date of birth in the following format month-month/day-day/and a four digit year.

Ask the client their daytime phone number and enter the client's daytime phone number including the area code in this area.

Write in the client's mailing address, city, state, zip code and county. If the client doesn't have a mailing address, please enter a finding address such as a friend's address; or significant other's address and notate that it is a finding address.

Mark "one" or "more" of the client's self reported race. Ask the client with which race or races that they identify with, please do not assume or guess.

Mark the client's self reported ethnicity. Please ask the client if she is Hispanic or non-Hispanic. If she doesn't know, mark unknown, remember, don't guess or assume.

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Ask the client if she employed. If she employed, write the name of her company, address, city, state and zip code in the space provided. If she is not employed, write "not employed" on the line beside company name. This is a new aspect to the 274A.

### Slide 11

This slide covers part 2 and 3 of the 274A form.

Please mark only one response, of how the client heard about the Take Charge! program. This information is useful in planning recruitment activities and marketing.

Part 3 is another **new aspect** to the 274A. Enter the client's height and weight. After you enter the height and weight, calculate their BMI. CDC has a great tool for calculating BMI if a tool is needed. Enter the client's blood pressure on today's visit. Mark if the client received physical activity or nutritional information. Enter the date of the client's last A1c and cholesterol test. Please note: Funds are not available at this time to pay for A1C and cholesterol testing. The information gathered in this part of the form will be used to determine if additional resources are needed for Take Charge! women.

### Slide 12

Part 4 and Part 5A are covered on this slide

Part 4 provides information for the healthcare providers to make clinical decisions. Mark if the client is reporting breast symptoms and indicate if she has ever had a prior mammogram. If she knows where the mammogram was performed and when it was done, please write it in the fields on the form.

Part 5A is a **new part** of the 274A. This area is used to provide information about breast imaging services. Please be sure to mark only one response in this area. Mark routine screening mammogram if the woman is being referred for a routine screening mammogram. If a woman is only receiving cervical services, mark cervical record only.

### Slide 13

Part 5B is the clinical breast exam portion of the form

Enter the name of the facility where the clinical breast exam was performed. Enter the date the clinical breast exam was performed. If your facility performed the clinical breast exam and would like for the service to be reimbursed, please mark the box "yes" in the payment section.

Mark the finding of the clinical breast exam. Only mark one finding. The database system only allows us to enter one clinical breast exam finding. If a client has multiple findings, pick the one that best describes the overall problem. If a result is in bold, it requires a work-up. Work-up information is entered in the Breast Work-up planned

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section of Part 5C. The clinical comments section can be used to show the findings of a clinical breast exam. Any notes you put here are not entered into the database.

Don't miss the helpful hint on this page!

### Slide 14

Part 5C of the form is the section where you provide breast imaging information for mammograms only.

Please chose either screening mammogram or diagnostic mammogram for the client. Be sure that you are following the guidelines for Take Charge! funded mammograms. As an easy rule of thumb, women 50-65 years of age qualify for a Take Charge! funded mammogram. Pre authorization for a Take Charge! funded mammogram is required for women younger than 50.

Please chose the type of mammography the woman will receive, film or digital. For your information, most mammography facilities perform digital mammograms. If the mammogram was paid by Take Charge! mark the box "yes" in the payment section.

Enter the imaging facilities name, the date the imaging was performed, the date the results were received and the date the client was notified of her imaging results. Remember that the woman must receive notification of abnormal results within 5 days of the facility or provider receiving the report. Normal results must be reported within 7 days of the facility or provider receiving a report. For additional information on contacting clients with result, review the service provision section of your Take Charge! contract.

Mark the results of the mammogram. Only check one result. If a result is in bold, it requires work-up.

Be sure to mark work-up is not needed, if a woman doesn't need a breast work-up. If the client requires a work-up mark the type of work-up required. I want to point out that the type of follow-up you indicate on this form should match the information on the Take Charge! Screening and Diagnostic Services Coupon (ODH Form 833) and Follow-up, Diagnostic, and Treatment Form (ODH Form 274CD). The 274A will be returned to you for correction if Yes or No is not checked in Breast Work planned. Please note that you should rarely use the "unknown work-up" planned answer. This field will be closely monitored.

Don't miss the helpful hint on this page!

### Slide 15

At this point we have reviewed page one of the two page 274A. So let's get started on page two of the 274A.

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At the top of the second page, on the chart id number line, please print the client's last name and date of birth. This will help if pages get misplaced. As a reminder, both pages must be completed even if the client only received breast services or cervical services.

### Slide 16

Now we are shifting over to cover the cervical cancer screening section of the 274A. This slide covers Part 6 and Part 7A

Part 6 of the 274A covers previous cervical cancer screening information. Enter the woman's previous cervical cancer information in this section. If she remembers the location or when she had previous Pap test, please enter the information in this field. If she has a hysterectomy, cervical cancer, or past abnormal Pap test, please indicate it on the 274A.

Part 7A is the part of the form that is used to tell us whether or not a client is going to get routine cervical cancer screening. If the client is only receiving breast screening services, please mark that it is a breast record only, cervical services not done.

### Slide 17

Part 7B is the section of the form where you enter the pelvic information. Mark either the pelvic exam or visual vaginal/perianal exam. Most often healthcare providers are performing a pelvic exam. A visual vaginal exam/perineal exam is typically performed by registered nurses who have received special training on performing pelvic exams and Pap tests.

Enter the date of the exam. If you would to be reimbursed for performing the pelvic exam, mark "yes" in the payment section.

Mark the finding of the pelvic exam. Only mark one finding. The database system only allows us to enter one finding. If a client has multiple findings, pick the one that best describes the overall problem. The clinical comments section can be used to show the findings of a pelvic exam. Any notes you put here are not entered into the database.

### Slide 18

Now it is time to review the section about the client's Pap test and HPV test. Enter the name of the facility where the Pap test was performed in Part 7C. Enter the date the Pap test was performed and select the type of specimen. Most Pap tests provided in the Take Charge! program are liquid based pap tests. As a reminder, if your facility performed the Pap test and would like for the service to be reimbursed, please mark the "Yes" box in the payment section. Enter the date that the results were received and the date the client was notified. As a reminder, clients with abnormal results must be notified within 5 days of the facility or provider receiving the report. Clients with

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normal results must be notified within 7 days of the facility or provider receiving the report.

Select the specimen adequacy of the report. Enter the results of the Pap test. Remember to only mark only result.

As a reminder, Take Charge! has new guidelines about performing HPV testing. Please refer to the current guidelines for cervical cancer screening. They are located on the Take Charge! website at <http://takecharge.health.ok.gov>. If an HPV test was performed, please mark Yes and enter the date that the HPV was processed by the lab. Indicate if the HPV result was positive or negative.

And Look, another helpful hint for you to review.

### Slide 19

This section is used to document the cervical work-up planned. Please mark the type of cervical work-up that is indicated. Reminder, the type of work-up you indicate on the ODH 274A should match the information on the Take Charge! Screening and Diagnostic Services Coupon (ODH Form 833) and Follow-up, Diagnostic, and Treatment Form (ODH Form 274CD). If the client doesn't need a work-up you must mark No, cervical work-up not planned. If an answer to this section is not completed, the 274A will be returned to your facility which may cause a delay in your reimbursement.

### Slide 20

Part 8 of the form must be completed by asking the client the questions in this section. Mark only one answer per question.

The healthcare provider should sign and date the form once it completed. At this point, the form is complete. There are a few more helpful hints on the next few slides.

### Slide 21

Consider having another person review the form for completeness and accuracy prior to sending the form to your billing office for invoice preparation.

The 274A is complete when it is filled it in it's entirety.

The pink and yellow copies of the 274A should be mailed to the Take Charge! administrative office when you are submitting your invoice.

### Slide 22

A commonly asked question we hear is "When do you seen in the 274A?" The 274A should be mailed when it is completed, even if the client is still in need of further diagnostic services. The 274A must be sent in timely in order for all of the many data reports to be accurate and current.

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If you would like for us to review your 274As prior to submitting your invoice, we are happy to do so. Just give us a call or fax over the forms and indicate you would like a review.

The original of 274A should be maintained in your office for at least seven years.

### Slide 23

We have provided you with a general checklist to assist with invoice preparation. This is for your use and doesn't need to be submitted to our office.

### Slide 24

Now it is time to practice what you've learned.

Please complete and return the following post assessment and two case studies. Click on the words Assessment, Case Study 1 and Case Study 2 on the next slide, when you are ready to begin the assessment. The files will automatically open.

Once you have completed the assessment and case studies fax them to 405-271-6315. Please allow 1 week for processing.

A certificate of achievement will be sent to you upon completing the test and case studies.

In order to complete the case studies, you will need two of the 274A forms. Please know that the case studies do not represent actual clients and are for instructional purposes.

Once you have completed the test and the case studies and need additional information, please contact the Take Charge! office at 405-271-4072. The contact information is shown on the slide on the last page of this training.

The audio portion of this training has ended.