Take Charge!

Follow up, Diagnostic, and Treatment (ODH Form No. 274C)

Before Proceeding with Training

- Have the Take Charge! Follow up, Diagnostic, and Treatment (ODH Form No. 274C) and the 274C Additional Information Document in front of you for easy reference

- Plan on completing the skill assessment at the end of the training

- Allow approximately 30 minutes for training (including completion of the skill assessment)
- Find a quiet place to complete the training Please do not work as a group

Who is required to take the new ODH Form No. 274C Training?

- Patient Navigator
- Administrative Assistant
- Medical Assistant
- Billing/Invoice Personnel
- Licensed healthcare provider (DO, MD, PA, Nurse Practitioner, RN, LPN, etc.) who provides Take Charge! services for Take Charge! eligible women

ALL individuals who assist with Take Charge! related clients and services

Training Goal & Objectives

Goal

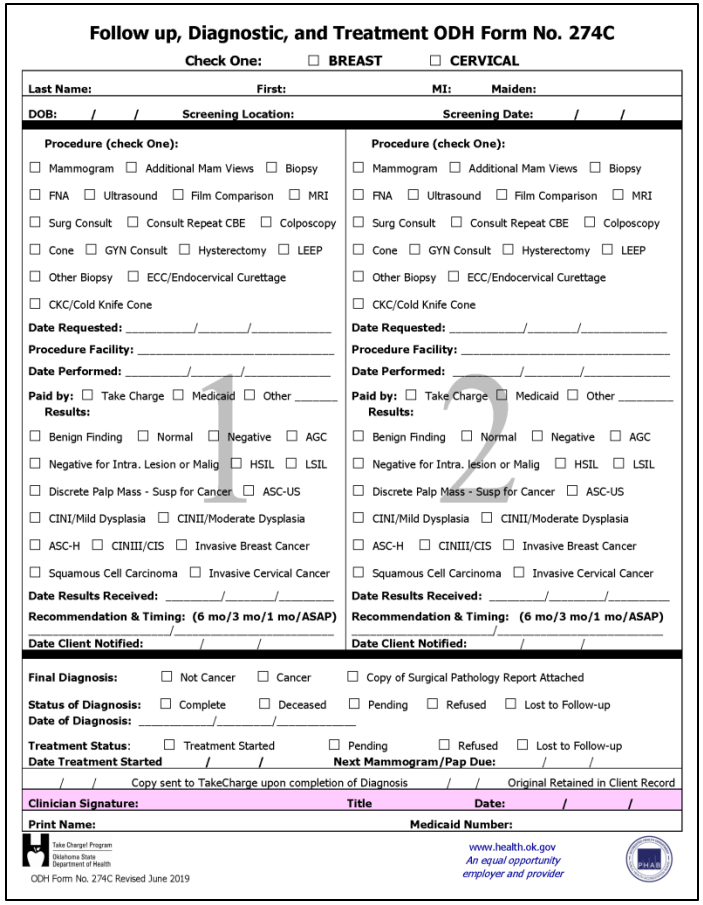
Provide an opportunity to gain knowledge and skill in completion of the Take Charge! ODH Form No. 274C

Objectives

Upon completion of this self-study, participants will be able to:

- Recall the steps for completion of the revised ODH Form N. 274C
- Correctly complete the revised ODH Form No. 274C

Take Charge! Follow up, Diagnostic, and Treatment (ODH Form No. 274C)



Follow up, Diagnostic, and Treatment ODH Form No. 274C

Check One: ☐ **BREAST** ☐ **CERVICAL**

Last Name: **First:** **MI:** **Maiden:**

DOB: / / **Screening Location:** **Screening Date:** / /

1	2
Procedure (check One):	**Procedure (check One):**
☐ Mammogram ☐ Additional Mam Views ☐ Biopsy	☐ Mammogram ☐ Additional Mam Views ☐ Biopsy
☐ FNA ☐ Ultrasound ☐ Film Comparison ☐ MRI	☐ FNA ☐ Ultrasound ☐ Film Comparison ☐ MRI
☐ Surg Consult ☐ Consult Repeat CBE ☐ Colposcopy	☐ Surg Consult ☐ Consult Repeat CBE ☐ Colposcopy
☐ Cone ☐ GYN Consult ☐ Hysterectomy ☐ LEEP	☐ Cone ☐ GYN Consult ☐ Hysterectomy ☐ LEEP
☐ Other Biopsy ☐ ECC/Endocervical Curettage	☐ Other Biopsy ☐ ECC/Endocervical Curettage
☐ CKC/Cold Knife Cone	☐ CKC/Cold Knife Cone
Date Requested: _____/_____/_____	**Date Requested:** _____/_____/_____
Procedure Facility: _____	**Procedure Facility:** _____
Date Performed: _____/_____/_____	**Date Performed:** _____/_____/_____
Paid by: ☐ Take Charge ☐ Medicaid ☐ Other _____	**Paid by:** ☐ Take Charge ☐ Medicaid ☐ Other _____
Results:	**Results:**
☐ Benign Finding ☐ Normal ☐ Negative ☐ AGC	☐ Benign Finding ☐ Normal ☐ Negative ☐ AGC
☐ Negative for Intra. Lesion or Malig ☐ HSIL ☐ LSIL	☐ Negative for Intra. lesion or Malig ☐ HSIL ☐ LSIL
☐ Discrete Palp Mass - Susp for Cancer ☐ ASC-US	☐ Discrete Palp Mass - Susp for Cancer ☐ ASC-US
☐ CINI/Mild Dysplasia ☐ CINII/Moderate Dysplasia	☐ CINI/Mild Dysplasia ☐ CINII/Moderate Dysplasia
☐ ASC-H ☐ CINIII/CIS ☐ Invasive Breast Cancer	☐ ASC-H ☐ CINIII/CIS ☐ Invasive Breast Cancer
☐ Squamous Cell Carcinoma ☐ Invasive Cervical Cancer	☐ Squamous Cell Carcinoma ☐ Invasive Cervical Cancer
Date Results Received: _____/_____/_____	**Date Results Received:** _____/_____/_____
Recommendation & Timing: **(6 mo/3 mo/1 mo/ASAP)**	**Recommendation & Timing:** **(6 mo/3 mo/1 mo/ASAP)**
_____/_____	_____/_____
Date Client Notified: / /	**Date Client Notified:** / /

Final Diagnosis: ☐ Not Cancer ☐ Cancer ☐ Copy of Surgical Pathology Report Attached

Status of Diagnosis: ☐ Complete ☐ Deceased ☐ Pending ☐ Refused ☐ Lost to Follow-up
Date of Diagnosis: _____/_____/_____

Treatment Status: ☐ Treatment Started ☐ Pending ☐ Refused ☐ Lost to Follow-up
Date Treatment Started / / **Next Mammogram/Pap Due:** / /

/ / Copy sent to TakeCharge upon completion of Diagnosis / / Original Retained in Client Record

Clinician Signature: **Title** **Date:** / /

Print Name: **Medicaid Number:**

Take Charge! Program, Oklahoma State Department of Health

ODH Form No. 274C Revised June 2019

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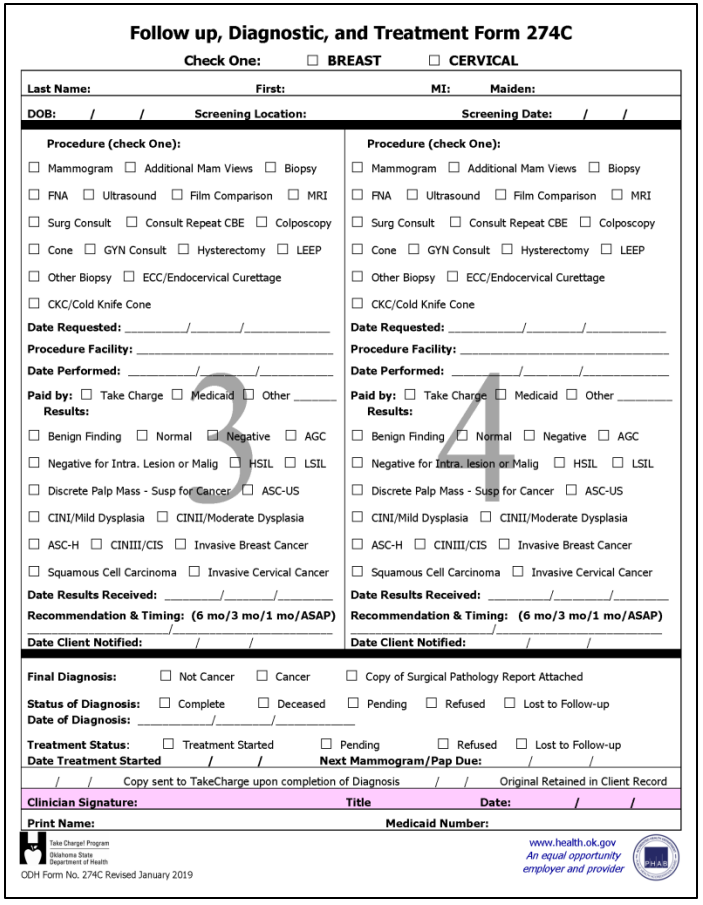

Follow up, Diagnostic, and Treatment Form 274C

Check One: ☐ **BREAST** ☐ **CERVICAL**

Last Name: **First:** **MI:** **Maiden:**

DOB: / / **Screening Location:** **Screening Date:** / /

3	4
Procedure (check One):	**Procedure (check One):**
☐ Mammogram ☐ Additional Mam Views ☐ Biopsy	☐ Mammogram ☐ Additional Mam Views ☐ Biopsy
☐ FNA ☐ Ultrasound ☐ Film Comparison ☐ MRI	☐ FNA ☐ Ultrasound ☐ Film Comparison ☐ MRI
☐ Surg Consult ☐ Consult Repeat CBE ☐ Colposcopy	☐ Surg Consult ☐ Consult Repeat CBE ☐ Colposcopy
☐ Cone ☐ GYN Consult ☐ Hysterectomy ☐ LEEP	☐ Cone ☐ GYN Consult ☐ Hysterectomy ☐ LEEP
☐ Other Biopsy ☐ ECC/Endocervical Curettage	☐ Other Biopsy ☐ ECC/Endocervical Curettage
☐ CKC/Cold Knife Cone	☐ CKC/Cold Knife Cone
Date Requested: _____/_____/_____	**Date Requested:** _____/_____/_____
Procedure Facility: _____	**Procedure Facility:** _____
Date Performed: _____/_____/_____	**Date Performed:** _____/_____/_____
Paid by: ☐ Take Charge ☐ Medicaid ☐ Other _____	**Paid by:** ☐ Take Charge ☐ Medicaid ☐ Other _____
Results:	**Results:**
☐ Benign Finding ☐ Normal ☐ Negative ☐ AGC	☐ Benign Finding ☐ Normal ☐ Negative ☐ AGC
☐ Negative for Intra. Lesion or Malig ☐ HSIL ☐ LSIL	☐ Negative for Intra. lesion or Malig ☐ HSIL ☐ LSIL
☐ Discrete Palp Mass - Susp for Cancer ☐ ASC-US	☐ Discrete Palp Mass - Susp for Cancer ☐ ASC-US
☐ CINI/Mild Dysplasia ☐ CINII/Moderate Dysplasia	☐ CINI/Mild Dysplasia ☐ CINII/Moderate Dysplasia
☐ ASC-H ☐ CINIII/CIS ☐ Invasive Breast Cancer	☐ ASC-H ☐ CINIII/CIS ☐ Invasive Breast Cancer
☐ Squamous Cell Carcinoma ☐ Invasive Cervical Cancer	☐ Squamous Cell Carcinoma ☐ Invasive Cervical Cancer
Date Results Received: _____/_____/_____	**Date Results Received:** _____/_____/_____
Recommendation & Timing: **(6 mo/3 mo/1 mo/ASAP)**	**Recommendation & Timing:** **(6 mo/3 mo/1 mo/ASAP)**
_____/_____	_____/_____
Date Client Notified: / /	**Date Client Notified:** / /

Final Diagnosis: ☐ Not Cancer ☐ Cancer ☐ Copy of Surgical Pathology Report Attached

Status of Diagnosis: ☐ Complete ☐ Deceased ☐ Pending ☐ Refused ☐ Lost to Follow-up
Date of Diagnosis: _____/_____/_____

Treatment Status: ☐ Treatment Started ☐ Pending ☐ Refused ☐ Lost to Follow-up
Date Treatment Started / / **Next Mammogram/Pap Due:** / /

/ / Copy sent to TakeCharge upon completion of Diagnosis / / Original Retained in Client Record

Clinician Signature: **Title** **Date:** / /

Print Name: **Medicaid Number:**

Take Charge! Program, Oklahoma State Department of Health

ODH Form No. 274C Revised January 2019

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Background Information

- ODH Form 274C is currently a 2 page/2 part No copy required (NCR) form
  - When the current NCR forms have been used, the ODH Form 274C will be printed on regular paper.

- Write neatly using **black ink**
- Do not write on the stack of NCR ODH Form No. 274C Forms
- The revised ODH Form No. 274C contains **NEW** requirements from CDC

Background Information (cont.)

- Per the terms of the contract, report follow-up of all abnormal findings until a final breast or cervical diagnosis (cancer or not cancer) shall be determined for program eligible clients
- Results shall be documented on OSDH 274C forms within 60 of receiving the abnormal results
- Obtaining a signed medical release from the client may be necessary to obtain the follow-up diagnostic and or treatment information
- Clients eligible for breast and cervical cancer diagnostic and treatment services through Oklahoma Cares shall be marked "not paid" by the Take Charge! Program to avoid double payment.

Implementation Information

- The middle of the 274C has four areas that can be used to document the services a client received
- Each of the four sections have procedures and results for both breast and cervical
- If the client receives more than four breast or cervical procedures, additional forms may be completed and reimbursed if applicable
- Draw a line through the procedure documentation areas if they will not be used to document services

Implementation Information (cont.)

- The revised 274C form goes into effect immediately
- Discard all previous versions of the ODH Form No. 274C upon receipt of the revised forms
- **Services documented on the old forms will be denied until the revised ODH Form No. 274C has been submitted**
- To order additional ODH Form No. 274C complete the Take Charge! order form and fax it to 405-271-6315 or email it to CancerPCP@health.ok.gov

Completing Top of Page 1 & Page 2

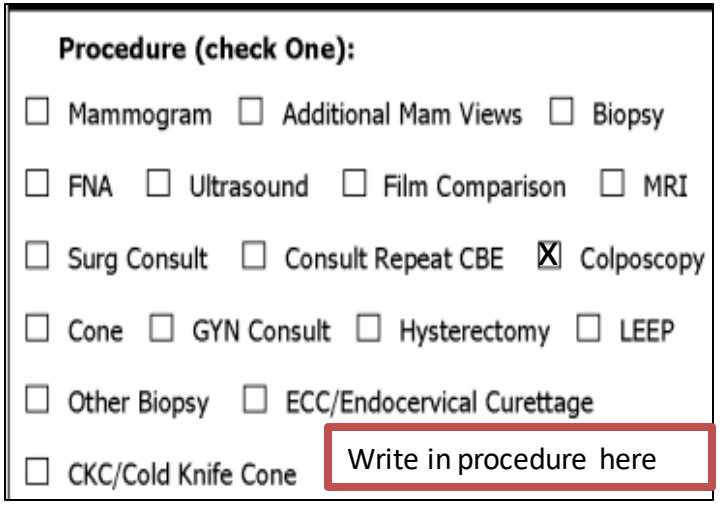
Follow up, Diagnostic, and Treatment ODH Form No. 274C

Check One: ☐ **BREAST** ☒ **CERVICAL**

Last Name: Liang	**First:** Lisa	**MI:** A	**Maiden:** Liu		
DOB: 12 / 21 / 1960	**Screening Location:** 1234		**Screening Date:** 09 / 30 / 2019		

- Mark the box to indicate if the follow-up information is for Breast or Cervical
  - Do not put Breast and Cervical Follow Up, Diagnostic, and Treatment information on the same form
- Write the client's last name, first name, middle initial and maiden name
- Enter the client's date of birth
- If the client has different name or date of birth from the Take Charge! Letter, please provide a proof of ID or correct the name on the Take Charge! Letter
- Write in your facility's four-digit facility code that was given to you when you received your contract
- Write in the date of the clinical breast exam if the form is documenting breast information
- Write in the date of the Pap test and HPV test if the form is documenting cervical information
- Do not leave this area blank

Completing Procedure Information



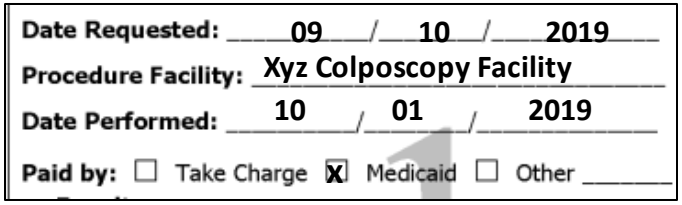
Procedure

- Select the procedure that the client was referred for by placing a checkmark in the corresponding box
- Select only one procedure per area
- The procedure marked on the ODH Form No. 274C must match the work up planned on the ODH Form No. 274A and the referral information as indicated on the ODH Form No. 1342

The following procedures are left off the form. Please write them in

- Colposcopy with biopsy
- Colposcopy with biopsy and ECC
- Hysterectomy
- Pelvic Ultrasound

Completing Procedure Information

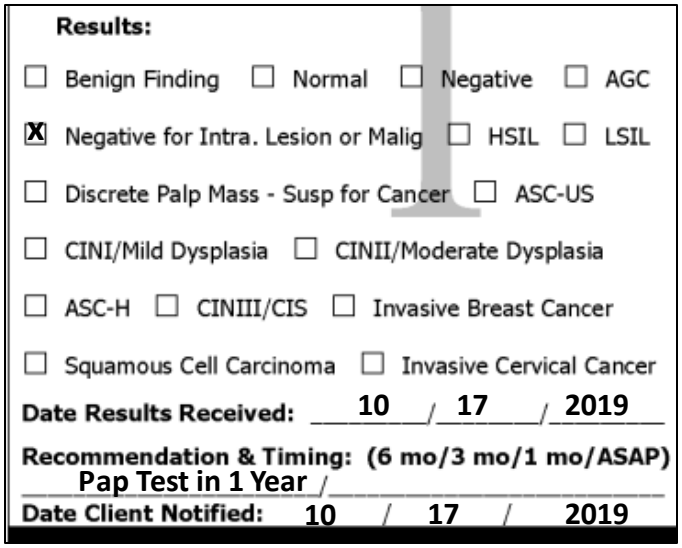

Date Requested: 09 / 10 / 2019
Procedure Facility: Xyz Colposcopy Facility
Date Performed: 10 / 01 / 2019
Paid by: ☐ Take Charge ☒ Medicaid ☐ Other _____

Please ensure that the date performed matches the date shown on the backup document(s).

Procedure Information (cont.)

- Enter the date the procedure/additional testing was requested
- Enter the name of the facility the client was referred to
- Enter the date that the procedure was performed
- Abnormal findings always require complete work-up within 60 days or less of the abnormal finding date
- All findings listed under the abnormal field require a complete work-up
- Paid by Take Charge! should be marked "Yes" if the procedure was ordered using an ODH Form No. 1342
- If the procured was paid by Oklahoma Cares/Medicaid mark "Medicaid"

Completing Section (cont.)



Results:

☐ Benign Finding ☐ Normal ☐ Negative ☐ AGC

☒ Negative for Intra. Lesion or Malig ☐ HSIL ☐ LSIL

☐ Discrete Palp Mass - Susp for Cancer ☐ ASC-US

☐ CINI/Mild Dysplasia ☐ CINII/Moderate Dysplasia

☐ ASC-H ☐ CINIII/CIS ☐ Invasive Breast Cancer

☐ Squamous Cell Carcinoma ☐ Invasive Cervical Cancer

Date Results Received: 10 / 17 / 2019

Recommendation & Timing: (6 mo/3 mo/1 mo/ASAP)

Pap Test in 1 Year /

Date Client Notified: 10 / 17 / 2019

Procedure Information (cont.):

- Select only one result of the procedure
- Enter the date the results were received by your facility
- Enter the recommendation and timing of next steps for the woman
- Cervical recommendations must be one of the responses listed on slide no. 14
- Breast recommendations must be one of the responses listed on slide no. 15 & 16
- Enter the date the client was notified of the results

Please see the following page for a complete listing of results, recommendations, and timings.

Cervical Diagnostic Recommendations

- Short term Follow-up (4 month)
- 6 month Follow-up
- Cold Knife Cone
- Colposcopy with biopsy
- Colposcopy without biopsy
- Definitive treatment
- Endocervical Curettage (ECC)
- Follow Routine
- Gynecologic Consultation
- HPV Test
- Hysterectomy
- Loop Electrosurgical Excision Procedure (LEEP)
- Other Biopsy
- Pap in 1 year
- Pap in 2 years
- Pap in 5 years
- Pelvic Ultrasound
- Repeat Pap test immediately

Breast Diagnostic Recommendations

- Additional Mam (mammogram) views (also referred to as Diagnostic Mammogram)
- Biopsy
- Clinical Breast Exam (CBE) by consult
- Film Comparison
  - This requires additional clarification/procedures when used in accordance with NCCN guidelines
- Fine needle aspirate (FNA)
- Follow routine screening 1 year
- Follow-up in 2 years

Breast Recommendations (cont.)

- Obtain definitive Rx (prescription)
- Other
- Repeat Mam immediately
- Surgical Consult
- Ultrasound
- Unknown (not yet determined)
- Please follow the NCCN guidelines for follow-up guidelines

Procedure 2, 3, and 4

- If the client received more than one breast or cervical procedure, document the additional procedures in areas 2, 3 and 4
- Use the previous instructions listed on slide 14 - 16 to complete areas 2, 3 and 4

Final Components of Page 1 & Page 2

Final Diagnosis: ☒ Not Cancer ☐ Cancer ☐ Copy of Surgical Pathology Report Attached

Status of Diagnosis: ☒ Complete ☐ Deceased ☐ Pending ☐ Refused ☐ Lost to Follow-up

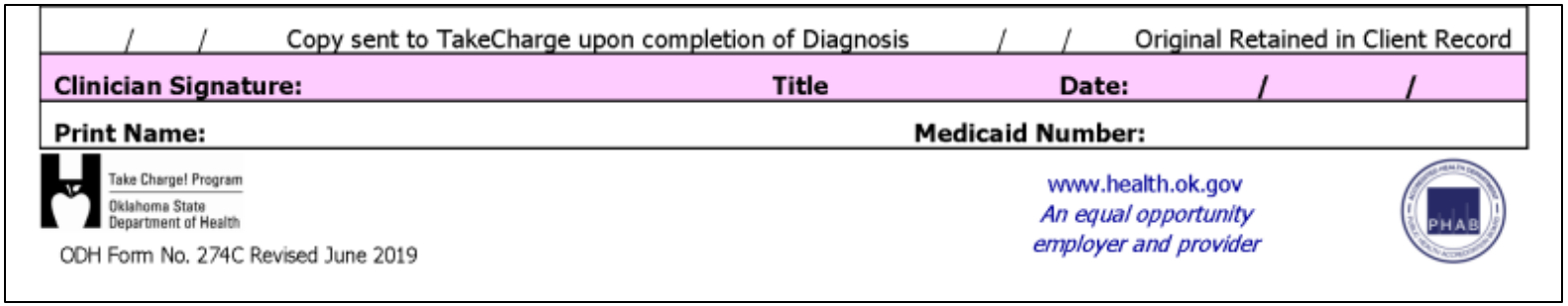
Date of Diagnosis: 10 / 17 /2019

Treatment Status: ☐ Treatment Started ☐ Pending ☐ Refused ☐ Lost to Follow-up

Date Treatment Started / / **Next Mammogram/Pap Due:** 10 / 17 / 2020

- Indicate the final diagnosis of breast and/or cervical outcome.
- If the woman was diagnosed with cancer, attach a copy of the surgical pathology report
- Indicate the status of the diagnosis
- Selecting refused and lost to follow-up requires authorization from the Take Charge! patient navigator
- Please refer to slide no. 19 for procedures related to status of diagnosis
- If Breast and/or cervical cancer was not diagnosed, leave the treatment status area and date treatment status blank
- Enter the date of the women's next mammogram or pap test

Final Components of Page 1 & Page 2 (cont.)



/ / Copy sent to TakeCharge upon completion of Diagnosis / / Original Retained in Client Record

Clinician Signature: **Title** **Date:** / /

Print Name: **Medicaid Number:**

Take Charge! Program
Oklahoma State Department of Health

ODH Form No. 274C Revised June 2019

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PHAB

- Indicate the date the copy of 274C was sent to your billing office for invoice preparation
- Indicate the date the original was retained in the client chart/scanned and stored electronically
- Once the ODH Form No. 274C is complete, the healthcare provider that performed the screening services should review and sign and print their name on the form
- If the client has a Medicaid number, enter the woman's Medicaid number on the form

Patient Navigation Services Referral

Refer a client to the Take Charge! Patient Navigator (PN) within 30 days of the abnormal clinical finding when:

- Client appears to be refusing services
- Unable to locate the client (lost to follow-up) Three documented attempts are required prior to indicating a client is lost to follow-up. The patient navigator and your facility will conduct this process together
- Anytime that you would like additional assistance with a client

Call the Take Charge! patient navigator at 888-669-5934 to refer the client

Contact Information

Take Charge! toll free number

1-888-669-5934

Center for Chronic Disease Prevention and Health Promotion

405-271-3619

Email CancerPCP@health.ok.gov

(Please do not email protected health/confidential information)

Confidential Fax Number

405-271-6315

Take Charge! website

http://takecharge.health.ok.gov

Skill Assessment

Please complete the electronic post assessment located at the link below.

<insert link here>

For issues with the skill assessment, contact:

Take Charge! administrative staff

at 405-271-3619