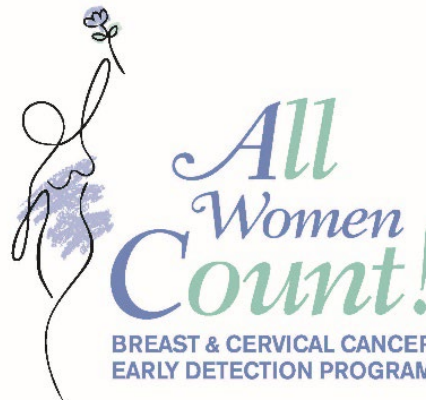


South Dakota Department of Health

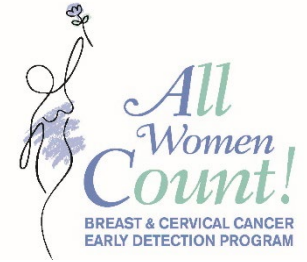
All Women Count! (AWC!) Program
Finding Cancer Early For Better Outcomes

1-800-738-2301

www.getscreenedsd.org/awc

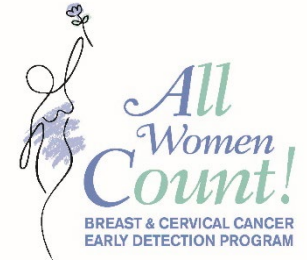


December 13, 2023



AWC! Team

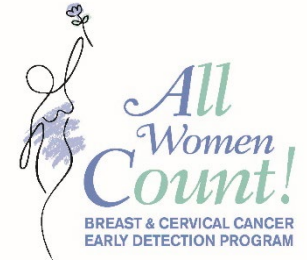
- Sarah Quail, Cancer Programs Director
- Roberta Hofeldt, AWC! Clinical Coordinator
- Tyann Gildemaster, AWC! Data Manager
- Vacant, AWC! Outreach Coordinator



What's New this Year?

- Medicaid Expansion
- Increase in AWC! income guidelines from 200% to 250% Federal Poverty Level
- New third-party claims administrator
- Online Learning Module (PROF) now housed on TRAIN
- Cervical cancer screening case management letters

All Women Count! Program Overview



There are two requirements for the AWC! program:

Age

- South Dakota women ages 30-64
 - Women 30-64 are eligible for cervical cancer screening as well as an annual office visit
 - Women 40-64 are also eligible for an annual mammogram

Income

- 250% Federal Poverty Level
- Updated every calendar year
- www.getscreenedsd.org/awc#Service

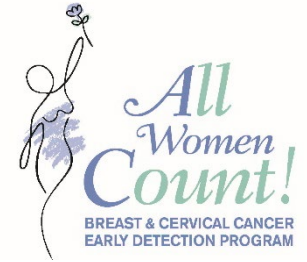
AWC! Program Income Guidelines

Effective date July 1, 2023.

- Household combined income before taxes should be at or below levels listed for family size.
- Single income before taxes should be at or below levels listed for family size.
- For those with business expenses (farm or ranch) should use annual adjusted income after expenses.

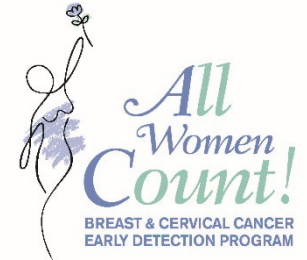
FAMILY SIZE	ANNUAL INCOME	MONTHLY INCOME	WEEKLY INCOME
1	\$ 36,450	\$ 3,038	\$ 701
2	\$ 49,300	\$ 4,108	\$ 948
3	\$ 62,150	\$ 5,179	\$1,195
4	\$ 75,000	\$ 6,250	\$1,442
5	\$ 87,850	\$ 7,321	\$1,689
6	\$ 100,700	\$ 8,392	\$1,937
7	\$113,550	\$ 9,463	\$2,184
8	\$126,400	\$10,533	\$2,431
9	\$139,250	\$11,604	\$2,678
10	\$152,100	\$12,675	\$2,925
11	\$164,950	\$13,746	\$3,172
12	\$177,800	\$14,817	\$3,419
13	\$190,650	\$15,888	\$3,666
14	\$203,500	\$16,958	\$3,913
15	\$208,640	\$17,387	\$4,012





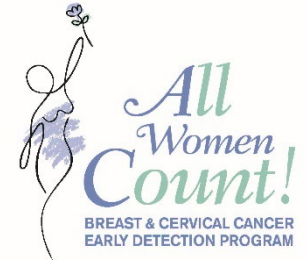
What If She's Insured?

- A woman will **not** be disqualified for this program if she has other health insurance.
- **Exception:** If she has Medicaid or Medicare Part B, this program won't provide any additional benefit.
- If she has insurance, AWC will act as secondary insurance for covered services only. We can help with expenses that her primary insurance doesn't cover at 100%, such as expenses associated with a biopsy.
- Being enrolled in AWC also gives the woman a safety net if she loses her primary insurance.



Do We Need Proof of Her Income?

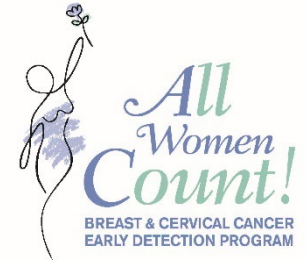
- **NO.** We do not require proof of income for the AWC! program.
- We only ask that you look at the income the patient reported on her enrollment form and compare it to the income chart.



Covered services:

- Office visit for women 30-64
- Cervical cancer screening for women 30-64:
 - Pap testing alone every 3 years
 - Co-testing: combination of pap testing with HPV testing every 5 years
 - Primary HPV testing every 5 years
- Breast cancer screening for women 40-64:
 - Screening mammogram for women 40-64
 - *Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!

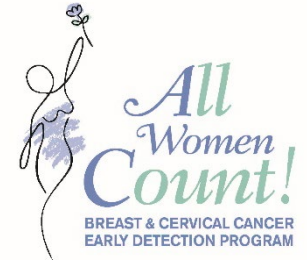
Additional Covered Services:

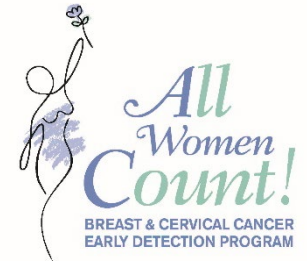


- Cervical cancer diagnostic services:
 - Cervical biopsies
 - Colposcopy
 - LEEP
 - Cone biopsy
- Breast cancer diagnostic services:
 - Diagnostic mammograms
 - Breast Ultrasounds
 - Breast Biopsies
- Screening MRI for High-Risk women only
 - Pre-authorization from AWC! required
 - Case by case basis; documentation may be requested
 - AWC! Staff will consult with Breast Medical Advisor on each case
 - *In conjunction with screening mammogram*

Services not covered:

- Diagnostic Breast MRI
- BRCA Testing
- HIV & STD Testing
- Pelvic/transvaginal ultrasound
- PET scan
- Pregnancy Test
- Vaginal cultures
- Vaginal or vulvar biopsy
- Wet mount
- X-rays
- Blood draws (*i.e. cholesterol, glucose, creatine, thyroid*)





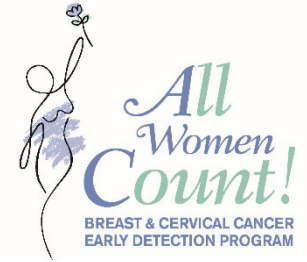
What if there's a cancer diagnosis?

- AWC! Program staff will work to enroll women in need of treatment in the SD Medicaid program. To qualify:
 - She **MUST** be enrolled in All Women Count! prior to diagnosis
 - Diagnosed with *breast* or *cervical* cancer
 - No credible health insurance coverage
 - Must provide proof of income at this point
 - Must be a U.S. citizen



Strong Families - South Dakota's Foundation and Our Future



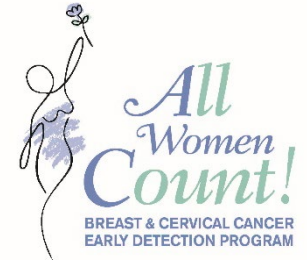


Case Study #1

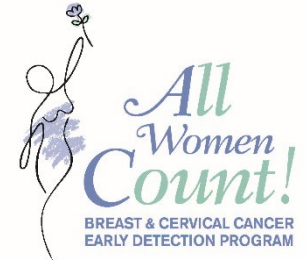
- 35-year-old woman
- Single, 2 children
- Small business owner
 - No health insurance
 - Annual salary varies, typically makes around \$60,000
- Recently felt a new lump in her left breast

Case Study #2

- 41-year-old woman
- Married, 3 children
- Stay at home mom
 - Covered under husband's insurance
 - Annual household income \$87,000
- Presents at clinic for her annual exam

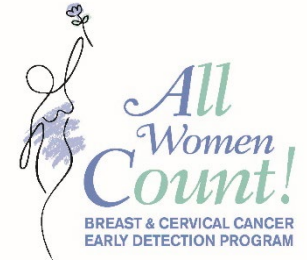


Case Study #3



- 55-year-old woman
- Married, no children
- Recently lost her job, husband can only work part time
- Presents at clinic for acute issue
- Hasn't received a mammogram since 2019

Visit Form

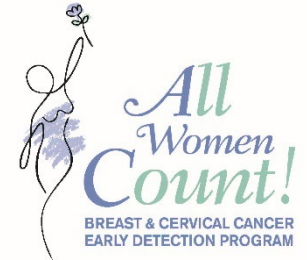


- Place an encounter sticker on the top right of the purple form.
- Confirm that the patient is age 30-64 for cervical screening or 40-64 for breast screening.
- Review the patient's answers to total household income and total number of people living in the household (**Questions 15 and 16**) to see if she qualifies.
- Make sure **ALL** questions on **both sides** have been answered.
- Confirm that she has signed the bottom of the page.
- Leave top left field blank (AWC! Office Use Only)

AWC! Office Use Only				ALL WOMEN COUNT! VISIT FORM WOMEN AGES 30-64 (800) 738-2301				Encounter Number			
<input type="checkbox"/> Enrollment <input type="checkbox"/> Re-Enrollment/Return Visit								-----			
Read, complete and sign consent at bottom of form.											
1) Last Name		2) First Name			3) MI	4) Maiden Name/Other Name					
5) Date of Birth Age _____		6) Social Security Number			7) Address						
8) City		9) State	10) Zip Code		11) County		12) Phone Number				
13) Race(s) - (check all that apply)				14) Are you of Hispanic/Latina/Latino origin?							
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American				<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
15) Number Living in Household (including yourself)? _____				16) Total Gross Monthly Household income (before taxes)? \$ _____							
<i>By signing on bottom of form, I confirm that the reported income above is true and accurate.</i>											
17) Do you have private health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No				18) Do you have Medicare B or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<i>If yes, STOP. Not eligible for AWC!</i>											
19) Marital Status											
<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Living with someone <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other											
20) Education											
<input type="checkbox"/> Less than 9th grade <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Unknown <input type="checkbox"/> Some High School <input type="checkbox"/> Some College or Higher											
21) Referral Source (check all that apply)											
<input type="checkbox"/> Self/Friend/Family <input type="checkbox"/> AWC! Reminder letter <input type="checkbox"/> Patient Navigator with Clinic <input type="checkbox"/> Clinic/Hospital <input type="checkbox"/> Media Campaign (Radio, Newspaper, TV, Social Media) <input type="checkbox"/> 211 Helpline Referral											
22) Previous Pap Test or HPV only testing? <input type="checkbox"/> Yes <input type="checkbox"/> No				23) If Yes, date of last Pap or HPV only testing _____							
24) Have you had a Hysterectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No				25) If Yes, reason for Hysterectomy							
				<input type="checkbox"/> Cervical Cancer <input type="checkbox"/> Non-Cancer <input type="checkbox"/> Pre-Cancer <input type="checkbox"/> Unknown							
26) Are you a smoker/tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Former							
Informed Consent and Release of Medical Information											
<small>By agreeing to take part in the All Women Count! Program, I give my permission to any and all of my medical providers, clinics, and/or hospitals to provide all information concerning my breast or cervical screening and any related diagnosis or treatment to the Program. Any information provided to the Program will remain confidential, which means that the information will be available only to me and to the employees of the South Dakota Department of Health working with this Program. The information will only be used to meet the purposes of the Program, and any published reports which result from the Program will not identify me by name or social security number. This consent is valid for one (1) year unless otherwise specified by me, the program participant, or my legal representative. By signing below, I affirm that the information and reported income listed above is true and accurate.</small>											
Program Participant Signature _____			Date _____		Print Name _____		Date of Birth _____				
Page 1 of 2 Jan 2019											


Pap/HPV Summary

- Be sure the HPV section at the bottom of the page is filled out completely




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

Encounter Number



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



Date Specimen collected:
____/____/____

A. PAP SMEAR INFORMATION (To be completed by cytotechnologist or pathologist)

Lab name: _____ Specimen #: _____

SPECIMEN TYPE: Conventional Pap smear Liquid based (*ThinPrep*)[®]

SPECIMEN ADEQUACY
 Satisfactory for evaluation
 Unsatisfactory (*If unsatisfactory, not covered*)

INTERPRETATION RESULTS

Negative for intraepithelial lesion or malignancy
 Infection/Inflammation/Reactive Changes (Beth 1991)
 Atypical squamous cell of undetermined significance (ASC-US)
 Low Grade SIL (including HPV changes)
 Atypical squamous cells cannot exclude HSIL (ASC-H) (Beth 2001)
 High Grade SIL
 Squamous Cell Carcinoma
 Atypical Glandular Cells (Beth 2014)
 Adenocarcinoma in Situ (AIS) (Beth 2014)
 Adenocarcinoma (Beth 2014)
 Other
 Endometrial cells (in women > 40 yr old)

B. HUMAN PAPILLOMAVIRUS

HPV Test Date: _____ HPV Test Reason: Co-Test or Screening Reflex Test Not Done

HPV Test Result:
 Positive with genotyping not done
 Negative
 Positive with positive genotyping (types 16 or 18)
 Positive with negative genotyping (positive HPV, but not types 16 or 18)

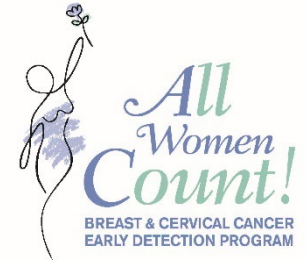
COMMENTS:

Pathologist name _____ Date Reported _____/_____/_____
month day year

Please return form immediately to:
All Women Count!
615 E. 4th St.
Pierre, SD 57501-1700

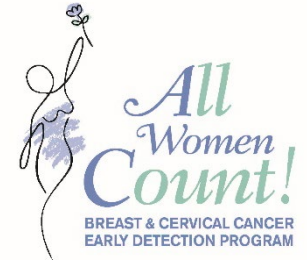
Jan 2019

Billing



- AWC! is a payer of last resort. We can cover deductibles, copays, or other unpaid charges for insured women, as well as screening services listed for uninsured women.
- AWC! pays Medicare Part B rates.
- Billing questions:
1-800-738-2301 or Tyann.Gildemaster@state.sd.us

New Third Party Claims Administrator



- **New Payer ID: SDAWC**
- Let Clearinghouse know to update your AWC! claims with the new Payer ID
 - If you have issues or questions, contact Linda at 855-757-6060 ext. 490 or linda@claim.md
- Can continue mailing claims, but payment will be a bit slower
- Can also contact Tyann at Tyann.Gildemaster@state.sd.us

CDC Requirements



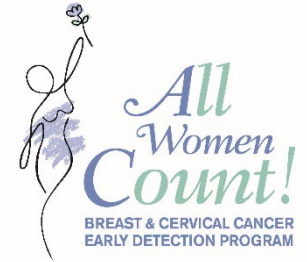
South Dakota

NBCCEDP Core Performance Indicators

April 2023 MDE Submission, Full MDE Results from July 2021 - June 2022

NBCCEDP CORE PERFORMANCE INDICATORS				South Dakota Results		All Programs Combined Results	
Indicator Type	Item #	Program Priority Indicator	CDC Standard	Percentage	Standard Met ? *	Percentage	Standard Met ? *
Screening Priority Population	1	Percentage of women aged 30 and over receiving their first cervical cancer screening through the program who have never been screened or not screened within the last 10 years	≥ 35%	41.5% (193/465)	YES	32.0% (21,426/67,007)	NO
Cervical Cancer Diagnostic Measures	2	Percentage of cervical cancer screening records with planned and completed diagnostic follow-up	≥ 90%	85.5% (100/117)	YES	90.5% (11,230/12,409)	YES
	3	Percentage of cervical cancer screening records with planned and completed diagnostic follow-up and time between screening and final diagnosis ≤ 60 days	≥ 75%	81.4% (79/97)	YES	62.8% (5,777/9,205)	NO
	4	Percentage of cervical cancer records with a final diagnosis of HSIL, CIN2, CIN3/CIS, or invasive cervical cancer that have treatment started	≥ 90%	92.9% (26/28)	YES	85.9% (1,413/1,644)	NO
	5	Percentage of cervical cancer records with a final diagnosis of HSIL, CIN2, CIN3/CIS, or invasive cervical cancer with time between final diagnosis and treatment ≤ 60 days	≥ 80%	69.2% (18/26)	YES	78.7% (1,108/1,407)	YES
Breast Cancer Diagnostic Measures	6	Percentage of mammogram screening records with abnormal results and completed diagnostic follow-up	≥ 90%	95.3% (101/106)	YES	92.9% (24,622/26,515)	YES
	7	Percentage of mammogram screening records with completed follow-up and time between abnormal screening and final diagnosis ≤ 60 days	≥ 75%	94.1% (95/101)	YES	85.4% (21,022/24,614)	YES
	8	Percentage of breast cancer records with a final diagnosis of 'CIS, other', DCIS, or invasive breast cancer that have treatment started	≥ 90%	90.9% (10/11)	YES	94.4% (2,462/2,608)	YES
	9	Percentage of breast cancer records with a final diagnosis of 'CIS, other', DCIS, or invasive breast cancer with time between final diagnosis and treatment ≤ 60 days	≥ 80%	80.0% (8/10)	YES	88.8% (2,167/2,440)	YES

Online Learning Module



- The All Women Count! Program's online learning module now available through TRAIN
- Other SD Department of Health trainings are also available through this website
- Link will be updated on the AWC! website soon

START

- Go to the [SD TRAIN PORTAL](https://train.org/sd/home)
Web Address:
train.org/sd/home
- Choose "Create an Account"

HOME COURSE CATALOG CALENDAR RESOURCES HELP

Login Name

Password

Remember me

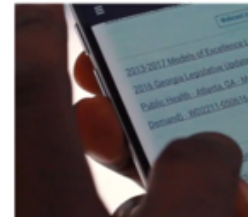
Login

[Can't log in?](#)

Create an Account

Welcome to TRAIN :

TRAIN South Dakota is a gateway to a comprehensive catalog of public health resources to serve the citizens of South Dakota. Public Health Foundation.



CREATE ACCOUNT

- Please use your WORK email for your login name
- Set Time Zone and Zip Code for your working location
- Check "I agree to all TRAIN policies"
- Choose "Next Step"

1

TRAIN South Dakota

Create Account

Create Login Name

Create a Password

Confirm Password

Your Email Address

Please enter your work email address. If you do not have one, enter your school or personal email.

First Name

Last Name

Time Zone

Zip/Postal Code

Please enter your work Zip/Postal Code. If you do not have one, enter your school or personal Zip/Postal Code.

I agree to all [TRAIN policies](#)

Next Step



ENTER ACCOUNT INFORMATION

- Organization: SD Department of Health **partner** you work for
- Title: Job Title
- Department: **Name of Health Clinic**
- Please use **work** address and phone number
- Choose "Next"

2

TRAIN South Dakota

Account information

Organization Name

Title

Department

Street Address

Street Address Cont.

City

State / Territory

Zip / Postal Code

Country

Phone Number

Work, Home, or Mobile

[Next](#)

[Back](#)

TRAIN South Dakota

South Dakota Required Group Selection

South Dakota TRAIN requires more detailed group selection. Please refine your selections below

Location / South Dakota
(Click any level to return to it)

Select: County

[Aurora](#)

[Beadle](#)

[Bennett](#)

[Bon Homme](#)

[Brookings](#)

[Brown](#)

[Bzile](#)

[Buffalo](#)

[Butte](#)

[Campbell](#)

[Charles Mix](#)

SELECT COUNTY

- Choose the county in which you **reside**
- Click green 'Confirm these selections'

3

SELECT DOH EMPLOYEE STATUS

- Choose "Non-Department of Health Employee"

4

TRAIN South Dakota

South Dakota Required Group Selection

South Dakota TRAIN requires more detailed group selection. Please refine your selections below

National/South Dakota
1 Cluster

Because you are affiliated with South Dakota, you will need to answer a few additional questions.

Location / South Dakota

(Click any level to return to it)

Select: Department

[Department of Health Employees](#)

[Non Department of Health employees](#)

Back

SELECT DOH PARTNER TYPE

- Select **Healthcare Systems**

5

TRAIN South Dakota

South Dakota Required Group Selection

South Dakota TRAIN requires more detailed group selection. Please refine your selections below

National/South Dakota
1 Cluster

Because you are affiliated with South Dakota, you will need to answer a few additional questions.

Location / South Dakota
/ [Non Department of Health employees](#)

(Click any level to return to it)

Select: Division

Group search

[Business and Industry](#)

[Child and Adult Care Food Program](#)

[Firefighter](#)

[Healthcare System](#)

[Law Enforcement](#)

[Legal Community](#)

[Nonprofit Associations](#)

[NOT A MEMBER OF ONE OF THESE AGENCIES/INDUSTRIES](#)

[Nursing Homes & Long Term Care Facilities](#)

[Other](#)

[Other Health Care Providers](#)

[Schools & Universities](#)



SELECT OFFICE Healthcare System

- Select the specific group you work for
- Some Healthcare Systems will have an office location to select on the next screen
- Select green "Confirm these selections" button
- Select blue "Continue" button

6

South Dakota Required Group Selection

South Dakota TRAIN requires more detailed group selection. Please refine your selections below

National/South Dakota
1 Cluster

Because you are affiliated with South Dakota, you will need to answer a few additional questions.

Location / South Dakota
/ Non Department of Health employee
/ Healthcare System

(Click any level to return to it)

Select: Healthcare System

[Avera](#)

[Brookings Health System](#)

[Monument Health](#)

[OTHER HEALTHCARE SYSTEM](#)

[Sanford](#)

Back

SELECT PROFESSIONAL JOB ROLES

- Choose up to **THREE** roles which best fit your job functions
- Click the **circle** on the right of your primary role
- Click the blue "Continue" button that appears

7

Professional Role (Fields marked below are required)

Please take a minute to review all roles before making your selection.

Please select up to three (3) Professional Roles that best match your profession, and select Specialization where available.
If the "Other" option is selected, please enter specialization

	Primary
<input type="checkbox"/> Allied Health Professional	<input type="radio"/>
<input type="checkbox"/> Administrator / Director / Manager	<input type="radio"/>
<input type="checkbox"/> Administrative Support Staff	<input type="radio"/>
<input type="checkbox"/> Animal Control Specialist / Veterinarian	<input type="radio"/>
<input type="checkbox"/> Biostatistician	<input type="radio"/>
<input type="checkbox"/> Childcare Provider	<input type="radio"/>
<input type="checkbox"/> Communicable Disease / Infection Control Staff	<input type="radio"/>
<input type="checkbox"/> Community Health Worker (CHW)	<input type="radio"/>
<input type="checkbox"/> Computer / Information Systems Specialist	<input type="radio"/>
<input type="checkbox"/> Dental Professional	<input type="radio"/>

SELECT WORK SETTING

- Choose up to **THREE** settings which best fit your job functions
- Click the **circle** on the right of your primary setting for work
- Click the blue "Finish Creating Account" button that appears

8

Work Settings (Fields marked below are required)

Please select up to three (3) Work Settings that best fit your work environment. Choose Subcategories where applicable.

	Primary
<input type="checkbox"/> Academic / Educational Institution --Select--	<input type="radio"/>
<input type="checkbox"/> Official Public Health Agencies --Select--	<input type="radio"/>
<input type="checkbox"/> Military	<input type="radio"/>
<input type="checkbox"/> Other Government Agencies (except Military)	<input type="radio"/>
<input type="checkbox"/> Healthcare Services --Select--	<input type="radio"/>
<input type="checkbox"/> Indian Health Service	<input type="radio"/>
<input type="checkbox"/> Tribal Health Sites	<input type="radio"/>
<input type="checkbox"/> Non-Profit Organization (except Healthcare)	<input type="radio"/>
<input type="checkbox"/> Private Industry (except Healthcare)	<input type="radio"/>
<input type="checkbox"/> Other (specify) _____	<input type="radio"/>

Back



Announcements



There is no news available. Stay tuned!

Use this page to search for any course or document on the TRAIN Learning Network site. The results may be limited by any groups you have joined within TRAIN ([see your profile](#) for details).

Sort by relevance

Filters

Search By ▲
[< Any Search By Courses](#)

Affiliate ▼

Format ▼

Subject ▼

Meets CDC Quality Training Standards

Course Rating ▼

Common Filters ▼

Competencies and Capabilities ▼

1,682 record(s) found.

Courses x

[SD All Women Count! December 2022 Webinar](#)

Webcast (recorded) ▼

SD DOH

[SD All Women Count!](#)

Web-based Training - Self-study ▼

SD DOH

[SD All Women Count! Webinar Series 2022](#)

Blended Learning Series ▼

SD DOH

[Count the Kicks](#)

Webstream/Archived Webcast ▼

SD DOH

[SD-TCP: Quit Tobacco SD Campaign Media Updates](#)

Webcast (recorded) ▼

SD DOH

[SD WIC-IT Assignment 2 - Checkpoint 3: Family Information](#)

Web-based Training - Self-study ▼

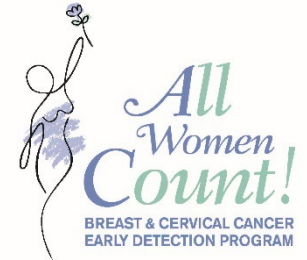
SD DOH

[SD WIC-IT Assignment 2 - Checkpoint 2: Schedule](#)

Web-based Training - Self-study ▼

SD DOH

Case Management Letters



Date

AWC! Participant Name

AWC! Participant mailing address.

AWC! Participant mailing address.

Dear AWC! Program Participant Name

I am writing to you because of an abnormal exam you had done through the All Women Count! (AWC!) Program. The Pap and HPV test that was done in month of 2023 had abnormal results. If you have not discussed the Pap test results with your provider or nurse yet, please call the clinic where you had the Pap test done. The staff can help you decide if you need further testing or not. Cervical cancer screenings and diagnostic tests can find cancer early. If you have questions, please call me at 1-800-738-2301 or directly at 605-773-4379. I am available 8am to 5pm (CST). The AWC! web site is [https://www.getscreenedsd.org/.](https://www.getscreenedsd.org/)

Sincerely,

Roberta Hofeldt R.N.
Clinical Care Coordinator
All Women Count! Program



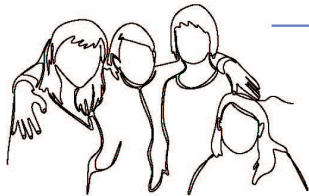
SOUTH DAKOTA DEPARTMENT OF HEALTH

New Resource- AWC! Booklet

WHO

1

WHO



Who is eligible for the AWC! Program?

Women ages 30-64

Women 65+ without Medicare B benefits

Within the income guidelines (**250% Federal Poverty Level**)

Women with health insurance; use AWC! as secondary payor

- Medicaid recipients are exempt from program
- Uninsured with cancer diagnosis - contact Medicaid for eligibility

WHAT

2

WHAT



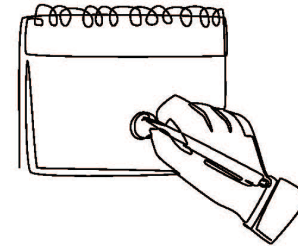
AWC! provides the following screenings for breast and cervical cancer:

- Pap test with HPV
- HPV primary testing
- Mammogram screening ages 40-64
 - Mammograms 30-39 / prior authorization is needed
- MRI breast screening for **high-risk women only** / prior authorization is needed
 - Call 1-800-738-2301

WHEN

3

WHEN



How often should women be screened?

Annually

- Surveillance mammograms and Pap test as indicated
- Requires new visit form with each visit

WHERE

4

WHERE



Where can women enroll in the program?

Women can enroll in a clinic site that participates with **AWC! Program**.

List of provider sites by county, www.getscreenedsd.org

WHY

5

WHY



Benefits of the AWC! Program:

- Find cancer early for better outcomes
- Support positive health habits
- Routine contact with health care services

HOW

6

HOW



Use AWC! forms for scheduled services

- Return completed **purple visit form**
- Route **blue Pap summary form** with specimen going to the lab
- Route to the mammography department or have the patient take the **pink mammogram summary form** to mammography the day of her mammogram

Program training modules Program Resource Online Facilitator (PROF). Now located at the TRAIN Learning Network.

<https://www.train.org/main/welcome>



SOUTH DAKOTA DEPARTMENT OF HEALTH

https://www.getscreenedsd.org/awc



ABOUT

Breast & Cervical Cancer Screening Program

South Dakota women have help to cover the cost of breast and cervical cancer screening. Mammograms, Pap smears and related exams are available at no cost to eligible women at many doctors' offices, mammography units, family planning and other health clinics.

The All Women Count! Program serves women 30-64 years of age for Pap smears, 40-64 for mammograms, without insurance to pay for screening exams, and who have insurance but cannot pay the deductible or co-payment. Mammograms for women ages 30-39 require preauthorization through their healthcare provider. The program pays providers directly.

AWC! Webinar

The All Women Count! Program will be hosting an informational webinar on Wednesday, December 13, 2023. View our [Save The Date](#) invite for more info. Click [here](#) to register.

LIST SERVE

If you would like to join the **SD Cancer Programs** listserv, please click [here](#) for the link and instructions.

Fill in your name, email address, and then click Subscribe. You will receive a confirmation email with additional steps to confirm your identity.

Forms & Program Materials

Request more forms by clicking [here](#). Order AWC! Program materials free of charge by clicking [here](#).

News & Information

AWC!

All Women
Count Manual

PROF
Program and Resource Online Facilitator

Online Training
for AWC!
provider sites

DSS

South Dakota
Medicaid Program
Treatment Coverage

CDC

Center for Disease and
Control Prevention

2-1-1

211
Helpline

American Cancer Society Resources



Help for Patients, Survivors, and Caregivers

The American Cancer Society offers support in your community and online to help you during and after cancer treatment. Below are just some of the resources we provide. Visit cancer.org or call us at **1-800-227-2345** for more information.

24/7 cancer helpline

The American Cancer Society's cancer helpline provides 24/7 support when you're dealing with cancer by connecting you with trained cancer information specialists who can answer questions about your diagnosis and provide guidance and a compassionate ear. We will connect you with American Cancer Society programs and services and provide you with referrals to other national resources. Call us at **1-800-227-2345** or visit cancer.org to live chat with us. We can assist in English, Spanish, and more than 200 other languages via a translation service.

Educational materials about cancer

Our materials can help you and your loved ones understand your diagnosis, treatment, and potential side effects, and provide detailed information on our programs and services. To request materials, call **1-800-227-2345** or visit cancer.org and live chat with a staff member.

Places to stay during treatment

Our Hope Lodge® program provides a free, nurturing home away from home for cancer patients and their caregivers when they have to travel for treatment. To find a Hope Lodge community near you, contact your doctor, social worker, or patient navigator or visit cancer.org/hopelodge.

Rides to treatment

When transportation to treatment is a concern, we may be able to help provide the rides. Our Road To Recovery® volunteer drivers provide free rides to cancer patients who would otherwise have difficulty getting to their cancer-related appointments. In some areas, we also offer community transportation grants to health systems to help patients get to treatment. Visit cancer.org/roadtorecovery to learn more.

Connecting cancer survivors

Our Cancer Survivors Network™ (CSN) provides a safe online connection where cancer patients and caregivers can find others with similar experiences and interests. As a CSN member, you can participate on discussion boards, join a chat room, and build your own support network. To become a member, visit csn.cancer.org.

Breast cancer support

Our Reach To Recovery® program connects breast cancer patients with trained volunteers to receive peer-to-peer support on everything from practical and emotional issues to helping them cope with their disease, treatment, and long-term survivorship issues. To learn more, visit reach.cancer.org.

Hair-loss and mastectomy products

Cancer and cancer treatment can have profound effects, including some that alter a patient's appearance, such as hair loss. The American Cancer Society's "tlc" Tender Loving Care® program helps women with appearance-related side effects by offering them a variety of affordable wigs, hats, and scarves as well as a full range of mastectomy products. These items can be purchased from the privacy of their own home by calling **1-800-850-9445** or visiting the "tlc" website at tlcdirect.org.

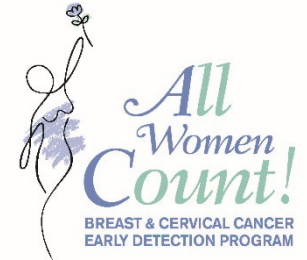
American Cancer Society books

We publish books that help patients and their caregivers when they are dealing with a cancer diagnosis and treatment. They range from patient education, quality of life, and caregiving issues to healthy living. Visit cancer.org/bookstore to learn more; our books also are available through major book retailers.

- Emotional support
- Diagnosis & treatment info
- Peer support
- Transportation
- Lodging

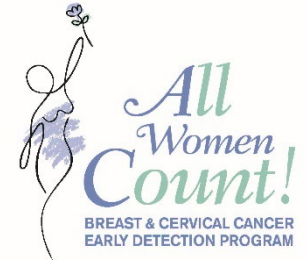
www.cancer.org

1-800-227-2345



Additional Information

- Contact the AWC! Program for additional assistance
 - 1-800-738-2301
 - <https://www.getscreenedsd.org/awc>
- Coming in 2024:
 - Updated CPT and Income guidelines
 - Case management letters



Q&A

- Submit questions via chat box
- Click “Unmute” on bottom left of screen or dial *6 to unmute if you’re on the phone

All Women Count! Program:

- 1-800-738-2301
- <https://www.getscreenedsd.org/awc>

Evaluation Link: <https://sdstate.questionpro.com/AWC2023>