



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: February 7, 2023

* = Mandatory, information must be provided

or Procurement Director Award

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Department of Health Services (ADHS)

***Project Title/Description:**

Well Woman Health Check Program (WWHP)

***Purpose:**

Provide access for uninsured and underinsured women to receive breast and cervical cancer screening and diagnostic services. Provide Navigation Only services for insured women to assist them in receiving breast and cervical cancer screening.

ADHS decided to issue short term (no more than two years) "Competition Impracticable" contracts state-wide last year and are extending these for a year with this Amendment #1. The Price Sheet has increased from \$518,100 to \$533,050 for this contract year, providing a bit more money for screening, diagnostic and navigation services.

***Procurement Method:**

This Revenue Contract is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

The program aims to provide:

- Clinical breast exams, mammograms and pap/HPV tests to eligible women;
- Diagnostic services to detect breast and cervical cancers for women with abnormal screening results;
- Case management to ensure that women access and receive services;
- Navigation Only to provide individualized service planning and assistance in securing access to services for insured women for breast and cervical cancer screening;
- Development of Survivorship Care Plans for Cancer survivors;
- Training and education about the program to community members and health professionals; and
- Provide assistance to members of the community to enroll on the Breast and Cervical Cancer Treatment Program (BCCTP)

***Public Benefit:**

The WWHP program in Pima County has been providing screening and diagnostic services since 1995 through subcontracts with community providers. In FY 21-22, over 2,838 services were provided for breast and cervical screening, approximately 482 were referred for further diagnostics, and 20 were referred for cancer treatment. In addition to screening and diagnostic services, the program educated at-risk and vulnerable women about breast and cervical health, the importance of regular screening and early detection, and community resources that are available.

***Metrics Available to Measure Performance:**

- # of mammograms provided
- # of pap and HPV tests
- # of women referred for future diagnostics
- # of women referred for cancer treatment
- # of women provided Navigation Only services
- # of community referrals assisted to enroll on BCCTP

***Retroactive:**

No. The effective date is upon signature.

*6/11/23 approved
REC 1/20/23*

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

Expense Amount: \$* _____ Revenue Amount: \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? Yes No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? Yes No

If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Amendment No.: _____ AMS Version No.: _____

Commencement Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ _____

Is there revenue included? Yes No If Yes \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) Award Amendment

Document Type: GTAM Department Code: HD Grant Number (i.e.,15-123): 23-053

Commencement Date: upon signature Termination Date: 01/28/2024 Amendment Number: 01

Match Amount: \$ _____ Revenue Amount: \$ 533,050.00

***All Funding Source(s) required:** Centers for Disease Control and State funding (ADOT and other)

***Match funding from General Fund?** Yes No If Yes \$ _____ % _____

***Match funding from other sources?** Yes No If Yes \$ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** _____ via the Arizona Department of Health Services

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: [Signature] 1-13-23

Deputy County Administrator Signature/Date: [Signature] 23 Jan 2023

County Administrator Signature/Date: [Signature] 1/23/2023

(Required for Board Agenda/Addendum Items)



CONTRACT AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF PROCUREMENT
150 N 18th Ave., Ste. #530
Phoenix, Arizona 85007

CONTRACT NO.: CTR059661

AMENDMENT NO.: 1

Procurement Officer
Anthony Beckum

Well Woman Health Check Program

Effective upon signature by both parties it is mutually agreed that the Contract referenced in this amendment is amended as follows:

1. Pursuant to Special Terms and Conditions, Provision Three (3), Contract Extensions (2 Year Maximum) the Contract is hereby extended to **January 28th, 2024**.
2. Pursuant to the Uniform Terms and Conditions, Provision Five (5), Contract Changes, Section 5.1., Amendments the Contract is hereby revised with the following:
 - 2.1. The Scope of Work is revised and replaced;
 - 2.2. The Price Sheet is revised and replaced;
 - 2.3. Exhibit 1 is revised and replaced;
 - 2.4. The Boycott of Israel Disclosure is revised and replaced; and
 - 2.5. The Forced Labor of Ethnic Uyghurs Ban is added.

CHANGES SHALL BE REFLECTED IN **RED**

ALL OTHER PROVISIONS SHALL REMAIN IN THEIR ENTIRETY

Contractor hereby acknowledges receipt and acceptance of above amendment and that a signed copy must be filed with the Procurement Office before the effective date

The above referenced Contract Amendment is hereby executed this ____ day of _____ 20____ at Phoenix, Arizona

(To be filled out by Procurement Office)

Contractor Signature

Contractor Signature Date

Authorized Signatory's Name and Title

Pima County Health Department

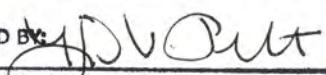
Contractor's Name

Procurement Officer Signature

APPROVED AS TO FORM:


Deputy County Attorney
Jonathan Pinkney

REVIEWED BY:


Appointing Authority or Designee
Pima County Health Department



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Scope of Work

Definitions:

ADHS WWHP:	Arizona Department of Health Services Well Woman Health Check Program in Arizona, an entity of the Division of Prevention and the Bureau of Chronic Disease and Health Promotion (BCDHP), managed by the Program Director.
AHCCCS:	Arizona Health Care Cost Containment System, Arizona's Medicaid Program.
BCCTP:	Breast and Cervical Cancer Treatment Program.
CDC:	Centers for Disease Control and Prevention. CDC is the federal funding source for Well Woman Health Check Program (WWHP).
Client:	A woman who is eligible to receive WWHP services and who has been enrolled in the Program.
Community Referral:	A Community Referral is a woman referred to the Breast and Cervical Cancer Treatment Program who has been diagnosed with breast cancer, pre-cancerous cervical lesions or cervical cancer outside of the WWHP.
Contractor:	A service provider under a Contract to provide WWHP services for ADHS. Also referred to in this Scope of Work as the Contractor.
Contractor's Expenditure Report (CER):	A monthly report in which claims for reimbursement of allowable costs are submitted to the Program Director for review and approval, and then forwarded to ADHS WWHP financial staff for processing and payment. (Form to be provided by WWHP financial staff).
Department:	Arizona Department of Health Services (ADHS).
Evidence Based Initiatives:	Activities or strategies that are derived from or informed by objective evidence. For this program the Evidence Based Initiatives (EBIs) can be found in The Guide to Community Preventive Services .
HIPAA:	Health Insurance Portability Accountability and Affordability Act. All WWHP information and data must be managed within HIPAA guidelines.



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MDEs:	Minimum Data Elements are clinical information forms containing data required by the CDC. The data is entered into the Cancer Screening Tracking System (CaST) and then submitted in de-identified format to CDC.
Navigation Only:	The WWHP pays to screen and navigate uninsured or under-insured women. The program also pays to navigate insured women through breast and cervical cancer screening and diagnostics and into treatment if necessary.
Operations Manual:	The CDC Program Manual has been distributed by cancer staff to each Contractor.
Population Health:	A population health perspective encompasses the ability to assess the health needs of a specific population; implement and evaluate interventions to improve the health of that population; and provide care for individual patients in the context of the culture, health status, and health needs of the populations of which that patient is a member.
Program:	The system of services for breast and cervical cancer screening and diagnostics that serves selected communities and functions under the auspices of the WWHP, ADHS. In addition to screening and diagnostics the program also requires quality improvement initiatives regarding breast and cervical cancer screening and diagnostics.
Program Coordinator:	Personnel hired by the Contractor to administer the contract with ADHS WWHP.
Program Director:	Personnel hired by ADHS to implement and monitor the WWHP.
Reimbursement:	Payments made on the basis of claims itemized and properly justified in the CER. Clinical services reimbursed at Medicare reimbursement rates. Documentation must be provided to support all expenses listed on CER.
Reports:	All required reports and reporting information, including but not limited to, the Labor Activity Report, Quarterly Report, monthly CER, and the Annual Work Plan. Reports are explained during quarterly contractor meetings. The ADHS WWHP may require additional reports not defined in this contract.
Medical Service Provider:	All Medical Doctors (M.D.s) or Doctors of Osteopathy (D.O.s) referring patients to the BCCTP shall be currently licensed under the provisions of the Arizona Revised Statutes, Title 32, Chapter 13 or 17 or contracted with an AHCCCS Health Plan. All other personnel providing services shall be registered, licensed, or board certified in Arizona in their respective fields, as applicable and/or AHCCCS providers. Indian Health Service providers must be licensed in Arizona or per The Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2671-2680. If the referring physician is to be the treating physician, they need to



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be contracted with an AHCCCS Health Plan. Indian Health Service providers must be licensed in Arizona or per The Federal Tort Claims Act (FTCA), 28 U.S.C. §§ 1346(b), 2671-2680.

Quality
Improvement:

Systematic and continuous actions leading to measurable improvement in health care services and the health status of targeted patient groups.

Systems
Change:

The process of improving the capacity of the public health system to work with many sectors to improve the health status of all people in a community. Community is defined as your geographic area with a strong focus on those using services from your providers.



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1. Background:

- 1.1 ADHS, Division of Public Health Services (PHS), Bureau of Chronic Disease and Health Promotion (BCDHP) receives funding through a cooperative agreement with the CDC and from the State of Arizona to provide a statewide breast and cervical cancer screening and quality improvement program, known locally as the WWHP. The WWHP is part of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which was authorized when the U.S. Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354 and reauthorized April 20, 2007. The Act placed the responsibility for NBCCEDP with the United States Government's CDC. It also provided the foundation of NBCCEDP policies and requirements with regard to program eligibility and operations in each state; and
- 1.2 The Breast and Cervical Cancer Mortality and Prevention Act of 1990 strictly prohibits use of NBCCEDP funds for cancer treatment. In October 2000, the U.S. Congress passed the Breast and Cervical Cancer Prevention and Treatment Act of 2000, Public Law 106-354. This law gives states the authority to provide optional Medicaid coverage to certain breast or cervical cancer patients. In the spring of 2001, the Arizona Legislature passed H.B. 2194 that authorizes AHCCCS, effective January 1, 2002, to provide cancer treatment for certain women diagnosed through the WWHP with breast cancer, pre-cancerous cervical lesions and cervical cancer. This was called the BCCTP. This law was changed in 2012; beginning on August 2, 2012, uninsured Arizona women, diagnosed with breast or cervical cancer, with an income at or below 250% of the Federal Poverty Level are eligible for treatment through the BCCTP provided by AHCCCS. To be eligible for treatment, women must be under the age of sixty-five (65) **(aged forty to sixty-four (40-64) years for breast cancer, and aged twenty-one to sixty-four (21-64) years for cervical cancer)**, a resident of Arizona, have no credible health insurance coverage, be diagnosed with a breast cancer, cervical cancer or precancerous cervical lesion and be a U.S. citizen or **legal permanent resident of at least five (5) years**.
- 1.3 **Eligibility for Enrollment in the WWHP Program:**
 - 1.3.1 To qualify as a client for breast and cervical cancer screening and diagnostic services under WWHP:
 - 1.3.1.1 The woman's income shall not exceed 250% of the Federal Poverty Level established annually by the Federal Register. A clear and usable format can be found at the Following [site, wellwomanhealthcheck.org](http://www.wellwomanhealthcheck.org);
 - 1.3.1.2 She shall be a permanent resident of Arizona, or have been in the State for at least one (1) day with the intention of establishing permanent residence in Arizona;
 - 1.3.1.3 She shall be uninsured or under-insured. Under-insured is defined as health insurance that does not cover preventative health care, or where the unmet deductible exceeds one hundred dollars (\$100.00);
 - 1.3.1.4 Special attention and priority is given to enrollment of traditionally underserved populations outside of the mainstream of patient care **including those living in rural and frontier geographic areas; culturally isolated, incarcerated or institutionalized, medically underserved, racial and ethnic minorities, women with disabilities, lesbians, gay, bisexual, transgender, or queer, and with low literacy or non-English speaking language barriers**); and



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- 1.3.1.5 Insured women meeting the program income guidelines qualify for Navigation Only services through the WWHP.
- 1.3.2 The WWHP Contractor will be responsible for directing women requesting WWHP services to Medicaid and other insurance options. If women are not able to afford the coverage provided via other insurance options and not eligible for Medicaid they can then be enrolled in the WWHP. There will be more information provided regarding this requirement as other insurance options become available. Requirements include the following:
- 1.3.2.1 The Contractor is responsible for using the flowsheets and attestations provided during open enrollment for the Affordable Care Act; and
- 1.3.2.2 The Contractor shall have certified enrollment specialists on site or have established working relationships with local certified enrollment specialists.
- 1.3.3 Women sixty-five (65) years of age or older who also meet these requirements include:
- 1.3.3.1 Women who do not have Medicare Part B may be enrolled in the WWHP;
- 1.3.3.2 These women who will receive screening and diagnostic services following the same protocols used for other women in the program;
- 1.3.3.3 If diagnosed with cancer, this population of women is not eligible to receive treatment services under the Breast and Cervical Cancer Prevention and Treatment Act of 2000;
- 1.3.3.4 These women, though they do not have Part B, Medicare, are eligible for other benefits through Medicare, Part A;
- 1.3.3.5 These women, when possible, should be referred to healthcare organizations or agencies providing benefits provided under Medicare Parts A and B. If a client is unable to pay Medicare premiums she may be eligible for assistance under AHCCCS; and
- 1.3.3.6. NBCCEDP funds can be used to evaluate women under the age of forty (40) who are asymptomatic and has been determined to be at high risk for breast cancer.**
- 1.3.4 Women, forty to sixty-four (40 – 64) years of age:
- 1.3.4.1 Women fifty to sixty-four (50 – 64) years of age are CDC's priority population for mammography screening services and reimbursed with Federal funds;
- 1.3.4.2 Women fifty (50) years of age and older shall account for **a majority** of the mammography services, utilizing federal funding provided to WWHP Contractors;
- 1.3.4.3 Mammography services, utilizing State funding, shall be provided to women forty to forty-nine (40-49) years of age;



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1.3.4.4 Women with an intact cervix or history of cervical neoplasia are eligible to receive Pap test screening in accordance with the WWHP cervical screening policy;

1.3.4.5 The clinical breast examination, pelvic examination and Pap test (if necessary) are included in the office visit reimbursement. Office visits solely for the purpose of giving the patient a referral for a mammogram are not reimbursed. Providing the referral for the mammogram shall occur at the initial visit; and

1.3.4.6. Women from populations with high rates of late stage disease and high mortality should be the focus of the program.

1.3.5 Women under forty (40) years of age:

1.3.5.1 Women less than forty (40) years of age may be enrolled for breast cancer screening and diagnostic services if they exhibit clinically confirmed symptoms of breast cancer. Women are eligible for cervical cancer screening at the age of twenty-one (21);

1.3.5.2 Once the client's abnormality has been resolved and the recommendation is to return to routine screening intervals, the client should be removed from WWHP rolls and referred to the local Title V (Maternal and Child Health Service Block Grant) or Title X (Arizona Family Planning) program. Woman under age twenty-one (21) are not typically eligible for the program. Women under age twenty-one (21) with symptoms will be addressed on a case by case basis and in consideration of CDC guidelines; and

1.3.5.3. Women not eligible to receive Medicare Part B and those who are Medicare-eligible but cannot pay the premium to enroll in Medicare Part B may receive mammograms through the NBCCEDP.

1.4 Eligibility for Treatment:

1.4.1 Certain women screened through the WWHP are eligible for treatment provided through AHCCCS. Each WWHP eligible woman who has been clinically diagnosed with breast cancer, cervical cancer, or pre-cancerous cervical lesions (CIN II or CIN III) shall be screened for eligibility for the BCCTP, facilitated by AHCCCS. Required documents include: pathology report showing a diagnosis of breast cancer, cervical cancer, or pre-cancerous cervical lesions; BC-100 **Referral** Form; WWHP Demographic and Eligibility Form; AHCCCS Application; copies of Arizona driver's license, social security card, U.S. Birth Certificate or Legal Permanent Resident card with at least five (5) years of legal residency; and documents demonstrating proof of current gross household income. **If the woman has legal permanent residency status, the Sponsor Deeming Form AH-611 must also be completed.** All application documents for the BCCTP are found online at www.wellwomanhealthcheck.org/bcctp. When a packet is complete the Contractor is responsible for forwarding it to the ADHS WWHP for review. ADHS will submit the approved documents to the AHCCCS BCCTP,

1.4.2 Women not eligible for treatment services under the Breast and Cervical Cancer Prevention and Treatment Act shall be referred to clinicians willing to donate and/or



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provide services on a low cost/no cost basis. Available donated funds from foundations and/or organizations may be used to offset the treatment costs for these women. If the Contractor chooses to serve women not eligible for treatment under the Breast and Cervical Cancer Prevention and Treatment Act, the Contractor shall guarantee treatment within sixty (60) days from the date of diagnosis per CDC Program guidelines. If the Contractor is unable to access these treatment services within sixty (60) days, future screening efforts will be limited to only those women eligible under the Breast and Cervical Cancer Prevention and Treatment Act, and

- 1.4.3 Regardless of the source of treatment funds, the Contractor is responsible for ensuring treatment is initiated within program timeframes and reporting the treatment start date to ADHS, in writing, via email, when the treatment is initiated. The time from diagnosis to treatment shall be less than sixty (60) days. These women shall be tracked up to and including treatment initiation. Any tracking forms provided by ADHS will be used by the Contractor. This requirement also applies to Navigation Only patients.

2. Objective:

- 2.1 To provide comprehensive breast and cervical cancer screening and diagnostic services, known locally as the WWHP. The WWHP provides services in accordance with Public Law 101-354, the Breast and Cervical Cancer Mortality Prevention Act of 1990. The Department, WWHP Contractor, WWHP Service Providers, and other partners work together to accomplish this mandate through the program components:

- 2.1.1 **Program management and collaboration,**
- 2.1.2 Partnerships and Coalition **participation for cancer control and prevention,**
- 2.1.3 Public Education and Recruitment,
- 2.1.4 Professional Development,
- 2.1.5 Quality Assurance and Improvement,
- 2.1.6 **Breast and cervical cancer** Screening, Referral, Tracking, Follow-up Case Management, and Re-screening,
- 2.1.7 Navigation Only,
- 2.1.8 Systems Change,
- 2.1.9 Data Management and Surveillance, and
- 2.1.10 **Program assessment and** evaluation.

- 2.2 Detailed information describing the program, its components, and its policies and procedures is available in multiple volumes at the following link: [National Breast and Cervical Cancer Early Detection Program Manual](#). Information about the WWHP can be found at wellwomanhealthcheck.org; and

- 2.3 Contractors are currently needed to service all areas in the State of Arizona.



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3. Goals:

- 3.1 The Contractor shall develop, implement and evaluate a WWHP that includes:
 - 3.1.1 Ongoing in-reach, outreach and the recruitment of eligible women **prioritizing the CDC priority funded populations,**
 - 3.1.2 Providing accessible, timely, and quality breast and cervical cancer screening services for uninsured and under-insured patients **among other eligibility criteria,**
 - 3.1.3 Implementation **of Evidence Based Interventions (EBIs) within the participating clinics,**
 - 3.1.4 Providing accessible, timely and quality **case management and** navigation only to insured patients,
 - 3.1.5 Active participation in **cancer coalitions and early detection and prevention workgroups** that shall assist the Well Woman Health Check Program including but not limited to:
 - 3.1.5.1 Improving and expanding WWHP services;
 - 3.1.5.2 Identifying and partnering with referral resources within local communities;
 - 3.1.5.3 Coordinating community services to reduce duplicative efforts;
 - 3.1.5.4 Securing accessible treatment and follow-up services for WWHP women diagnosed with cancer who are ineligible for treatment services under the Breast and Cervical Cancer Prevention and Treatment Act of 2000. (BCCTP);
 - 3.1.5.5 Supporting enrollment in the BCCTP for community members diagnosed with breast and/or cervical cancer outside of the WWHP; and
 - 3.1.5.6 Working with community partners to increase breast and cervical cancer screening rates in their geographic area and referrals to the BCCTP.
 - 3.1.6 Ongoing provider education in the Contractor's area of responsibility. Education shall include WWHP purpose, eligibility for the WWHP and the BCCTP, program guidelines, and survivorship resources,
 - 3.1.7 Navigation of women diagnosed with breast and/or cervical cancer to survivorship support. This can be accomplished by linking these women with resources on **WWHP Survivorship website,**
 - 3.1.8 Systems Change and Quality Improvement activities that increase the breast and cervical cancer screening rates for all women in the Contractor's area of responsibility,
 - 3.1.9 **Provide tobacco use assessment and referral to all women participating in the program including referral to smoking cessation support such as ASHLine and document,**
 - 3.1.10 Ongoing community and provider education regarding the expanded BCCTP availability, process, and guidelines,



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- 3.1.11 Ongoing provider education regarding the need to report cancer cases to the Arizona Cancer Registry,
- 3.1.12 Ongoing provider education regarding clinical algorithms, and
- 3.1.13 **Utilization of mobile mammography units or establish partnerships with mobile mammography units to reach isolated or medically underserved populations.**

4. Tasks/Methods of Accountability

- 4.1 The Contractor shall hire and retain a Program Coordinator, funded by WWHP, to perform functions necessary for compliance with the following program components:
 - 4.1.1 Labor Activity Reports shall reflect actual WWHP hours of staff time for reimbursement and are to be maintained in Contractor files for audit purposes. When staff changes occur, the Program Director shall be notified in writing within fifteen (15) days,
 - 4.1.2 If key personnel are not available for work under this Contract for a continuous period exceeding thirty (30) calendar days, or are expected to devote substantially less effort to the work than initially anticipated, the Contractor shall immediately notify the Program Director, and shall replace such personnel with personnel substantially equal in ability and qualifications within thirty (30) days,
 - 4.1.3 The Contractor shall submit monthly CERs to the Program Director **and Program Manager** for reimbursement with accurate and complete forms. Services shall be billed within forty (40) days of the date of service. Reimbursement may be denied for services billed after forty (40) days of the date of service. CERs, patient listings and forms will be sent to the WWHP in a manner that is HIPAA compliant; protecting patient confidentiality at all times. Large bundles of patient information should be delivered using the established Secure File Transfer Protocol (SFTP) and shall include the following:
 - 4.1.3.1 Documentation for Personnel and ERE costs will be submitted with each CER on which Personnel and ERE reimbursement is requested. The documentation will include staff name, rate, hours, total pay and total ERE charged. The total for all staff will be equal to what is listed on the CER;
 - 4.1.3.2 Documentation for Other Expenses will include copies of invoices where the total matches the amount billed;
 - 4.1.3.3 Documentation for Indirect Costs will detail how they are determined. Annually the Indirect Agreement will be provided to the ADHS WWHP Director **and Program Manager**; and
 - 4.1.3.4 All documentation is to be delivered in one PDF file using Secure File Transfer Protocol (SFTP).
 - 4.1.4 Final CER billing shall be received to the Program Director **and Program Manager** no later than forty (40) days after the end of the budget period/program year. Reimbursement will be denied for any outstanding claims submitted beyond that date,



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- 4.1.5 All WWHP Contractor Program Coordinators and their Quality Improvement Managers shall be required to attend the ADHS WWHP quarterly meetings. Travel expenses shall be covered, at state rates, and supported in the contractor's WWHP budget. Travel expenses shall not exceed amount limits set by the State of Arizona and claims shall conform to standards established by ADHS. Documentation shall be maintained in Contractor's files for audits. Documentation will also be submitted to ADHS when a travel expense is listed on the CER. The Contractor's Program Managers and staff are held accountable for understanding the information shared at the meeting,
- 4.1.6 The Contactor shall be required to attend bi-monthly administrative and program check-in meetings virtually and report progress on screening targets,
- 4.1.7 The Contactor shall be required to fill out and submit quarterly program reports, failure to do so will affect future funding,
- 4.1.8 The Contactor shall be required to increase screenings by five percent (5%) annually per the CDC requirement, and
- 4.1.9 The Contractor shall document plans and performance as described in tasks 4.1.1 to 4.1.8 using Program authorized reporting formats.
- 4.2 Claims for reimbursement of allowable expenses shall be submitted by the following categories:
- 4.2.1 CLIENT TRANSPORTATION. The Contractor shall coordinate and provide transportation for clients, if necessary, to screening and to diagnostic appointments. Transportation expenses are reimbursed at AHCCCS rates. Documentation will be submitted with the CER rebilling for that service. Supporting documentation shall be maintained in the Contractor's files for audits,
- 4.2.2 DIRECT CLIENT (PATIENT CARE) SERVICES. The Contractor shall report all expenses related to WWHP screening and diagnosis. Supporting documentation shall be attached to the monthly CER. Documentation includes MDEs and all related items. Services costing (\$200.00) or more require that the original invoice be included,
- 4.2.2.1 NON-CLIENT COSTS. Documentation related to administrative and travel expenses shall be submitted with the CER and also shall be retained in the Contractor's offices and available on demand to representatives of ADHS WWHP and to program auditors. For the purposes of this Contract, documentation pertains to sales receipts and any other form of invoices for purchases of goods or services, documentation related to compensation of personnel and employment-related costs, documentation for public education expenditures, documentation for staff travel expenditures (Mileage Log and receipts for travel-related expenses), and receipts for all other administrative costs. Contractor shall keep documentation and receipts on file at the Contractor offices, and these shall be made available on demand to representatives of ADHS WWHP and to program auditors. All non-client costs billed on the CER must have supporting documentation submitted with the CER. All travel expenses associated to WWHP activities to be reimbursed at the State rate and shall



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not exceed amount limits set by the State of Arizona and claims shall conform to standards established by ADHS.

- 4.3 It is the Contractor's responsibility to track and report the operational and financial information. It is the Contractor's responsibility to observe screening rates, spending ratios and spending limits based on the following:
- 4.3.1 The Contractor shall closely track the application of funds and shall maintain an internal accounting system that indicates the real-time totals of payments and the balance of unexpended funds for each cost component of the program and for each of the funding sources. The Contractor shall not exceed budgeted amounts and agrees to notify ADHS WWHP ninety (90) days prior to any depletion of budgeted funds. The Contractor shall use at least ninety-five percent (95%) of budgeted funds, failure to meet the ninety-five percent (95%) spending threshold will result in decreased funding available in subsequent Contract years,
 - 4.3.2 Rates of performance, expressed in the budget of this Contract as the number of women to be screened, are obligatory (due ten (10) days after the end of each quarter). In signing the Offer and Acceptance, the Contractor agrees to achieve the stated screening number and recognizes that an anticipated failure to do so shall result in withdrawal of funding,
 - 4.3.3 Within thirty (30) days of Contract award the Contractor shall report to ADHS their facility baseline screening rates for breast and cervical cancer. If this is done via a chart audit, the audit will be conducted on the appropriate number of relevant charts to ensure that it is statistically significant for their clinic population. Requirements include the following:
 - 4.3.3.1 The Contractor shall complete the Baseline Clinic Data Collection Forms **(Breast & Cervical Clinic Based Annual Reporting System (B&C BARS))** for breast and cervical cancer annually. The breast cancer baselines will be created for one (1) population sets; those fifty to seventy-four (50-74) for breast **and those twenty-one to sixty-four (21-64) for cervical.** (This form will be provided by ADHS);
 - 4.3.3.2 The Contractor shall complete the NBCCEDP Health System EBI Implementation Plan **Guide**, and **Template following a program assessment, (The Clinic Review Guide and Template from the CDC will be provided by ADHS); and**
 - 4.3.3.3 **ADHS will provide an EBI Clinic Review Tool to the contractors after award.**
 - 4.3.4 The Contractor shall assure that expenditures for costs incurred in screening and diagnostics procedures are not duplicated in payments of salaries or employee-related expenses for personnel who conduct those same procedures.
- 4.4 Screening, Diagnostic and Treatment Services shall include the following:
- 4.4.1 The Contractor shall provide breast and cervical cancer screening services with timely (within the established timeframes as mentioned in the manual) and appropriate diagnostic and treatment services in accordance with service and reimbursement policies set forth by the **Program** Manual, the Clinical Guidelines and



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algorithms provided by ADHS, and the Medicare Reimbursement Schedule (Exhibit 2). It is the Contractor's responsibility to:

- 4.4.1.1 Provide WWHP services to enrolled women directly or through contracts with qualified Service Providers;
- 4.4.1.2 Ensure that women enrolled in WWHP are not charged for covered services; and
- 4.4.1.3 Navigate insured women through screening, diagnostic and, if necessary, treatment services.
- 4.4.2 Reimbursement rates are set in accordance with Medicare Part B allowable rates. New rates are effective every year, and once available, distributed by the **Program Manager** at ADHS. A listing of maximum reimbursement rates is provided to each Contractor by ADHS each year,
- 4.4.3 **Patient navigation services are reimbursed for insured patients at the Contractor clinic at the flat rate of fifty-five dollars (\$55) per patient navigated. Navigation shall be completed in full (dependent on the individual needs of the patient) in order to be reimbursed. Navigation Only patients shall be reported on the WWHP Client Listing and included in monthly CER and bundle submissions, and**
- 4.4.4 The Contractor shall implement a case management system to assess the need for case management for abnormal screening results and provide timely and appropriate follow-up as defined in the WWHP and CDC guidelines. To assure quality in case management, the Contractor shall comply with the following:
 - 4.4.4.1 The time from abnormal screening result to complete diagnosis shall be sixty (60) or fewer calendar days for all cases. If this time frame is not met, services will not be reimbursed; and
 - 4.4.4.2 The time from diagnosis to treatment start for breast cancer and invasive cervical cancer shall be sixty (60) or fewer calendar days for all cases. The time from diagnosis to treatment start for cervical lesions requiring treatment shall be ninety (90) or fewer calendar days for all cases. If this time frame is not met, services will not be reimbursed.
- 4.5 Covered services shall include:
 - 4.5.1 Screening services, including:
 - 4.5.1.1 Breast – annual screening mammography for women forty (40) to sixty-four (64) years old. It is not a requirement for every woman to have a Clinical Breast Exam (CBE) prior to a mammogram. Reimbursement is allowed for a CBE, but it is not required. The decision to have a CBE should be between a woman and her provider. Diagnostics following an abnormal CBE or mammogram follow the Breast Cancer Diagnostic Algorithms provided to the Contractors by ADHS.
 - 4.5.1.1.1 Women thirty-five (35) to sixty-four (64) years old shall be assessed for their lifetime breast cancer risk. The Contractor will either use the Gail Model or Tyrer-Cuzick risk assessment



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tool (provided by ADHS). Risk assessment results will be reported to ADHS WWHP as an MDE, and

4.5.1.1.2 Those women determined to be at high risk may have an MRI. Requests for approval of an MRI must be submitted to the WWHP offices at ADHS.

4.5.1.2 Cervical - the pelvic examination and the Pap test must be done in accordance with the WWHP Clinical Guidelines and the CDC guidance provided in the National Breast and Cervical Cancer Early Detection Program Manual. This guidance changes periodically and the Contractors will be responsible for keeping protocols, process and algorithms in step with the CDC guidelines. Guidance for cervical screening algorithms can be found at the American Society for Colposcopy and Cervical Pathology ([ASCCP guidelines](#)) page. To be eligible for Pap test screening:

4.5.1.2.1 Women shall have an intact cervix or history of cervical neoplasia,

4.5.1.2.2 Cervical Cancer screening shall be for women aged twenty-one (21) to sixty-four (64) years old, regardless of sexual activity,

4.5.1.2.3 **For those aged twenty-one to twenty-nine (21-29) years and thirty to sixty-four (30-64) years, funds can be used to reimburse for:**

4.5.1.2.3.1 Pap testing alone every three (3) years,

4.5.1.2.3.2 Co-testing with the combination of Pap testing with human papillomavirus (HPV) testing every five (5) years for those aged forty to sixty-four (40-64), and

4.5.1.2.3.3 Primary HPV testing every five (5) years. Women under the age of twenty-one (21) are not eligible to participate in the program. Pap testing provided outside of these timeframes or age ranges will not be reimbursed unless clinically warranted.

4.5.1.2.4 Women twenty-one (21) to sixty-four (64) shall be assessed for their overall risk for cervical cancer. Risk assessments results will be reported to ADHS WWHP as an MDE **(There will be a space on the WWHP form specific to reporting the risk determination),**

4.5.1.2.5 Women considered high risk (Human Immunodeficiency virus (HIV) positive, immunocompromised, and exposed in utero to diethylstilbestrol) may need to be screened more often and should follow the recommendations of their provider,



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4.5.1.2.6 Women who have had a hysterectomy for invasive cervical cancer should undergo cervical cancer screening for twenty (20) years even if it goes past the age of sixty-five (65). Women who have had cervical cancer should continue screening indefinitely as long as they are in reasonable health,

4.5.1.2.7 **The Contractor should focus their efforts on screening a minimum of thirty-five (35%) of program eligible women who have never been screened for cervical cancer or who have not been screened within the past ten (10) years,**

4.5.1.2.8 If CDC changes program screening guidance, the Contractor shall reflect the guidance as requested by ADHS and CDC, and

4.5.1.2.9 For follow-up testing after abnormal Pap results, the Contractor will provide diagnostic testing as per the ASCCP guidelines.

4.5.2 **The target population for** Navigation Only services **should be predominately** low-income women **(at or below 250% Federal Poverty Level [FPL])**, insured women between the ages of twenty-one (21) and sixty-four (64) receiving services from the Contractor's clinic will be enrolled in the WWHP to receive patient navigation and case management for their breast and cervical cancer screening and diagnostic procedures. While these clinical services will not be reimbursable by the WWHP and will be covered by the woman's insurance, patient navigation will be reimbursed to the Contractor at the flat rate of fifty-five dollars (\$55) per patient. MDEs will be submitted to ADHS WWHP on Navigated Only patients. Patient navigation for women served in the WWHP must include the following activities:

4.5.2.1 A written assessment of the client's barriers to cancer screening, diagnostic services, and initiation of cancer treatment;

4.5.2.2 Client education and support;

4.5.2.3 Resolution of client barriers (i.e. transportation and translation services);

4.5.2.4 Client tracking and follow-up to monitor progress in completing screening, diagnostic testing, and initiating cancer treatment;

4.5.2.5 Given the centrality of the client-navigator relationship, patient navigation must include a minimum of two (2), but preferably more, contacts with the client;

4.5.2.6 Collection of data to evaluate the primary outcomes of patient navigation: client adherence to cancer screening, diagnostic testing, and treatment initiation. Clients lost to follow-up should be tracked;

4.5.2.7 **Linking women to other needed health, community, and social services; and**

4.5.2.8 Patient navigation services are terminated when a client:



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- 4.5.2.7.1 Completes screening and has a normal result,
 - 4.5.2.7.2 Completes diagnostic testing and has normal results, or
 - 4.5.2.7.3 Initiates cancer treatment or refuses treatment.
- 4.5.3 Diagnostic services
- 4.5.3.1 Covered diagnostic services are reimbursed in accordance with amounts listed by ADHS WWHP in the annual Fee Schedule of the Medicare Reimbursement Rates for allowed procedures.
- 4.6 The Contractor shall implement a case management system to assess the need for case management for abnormal screening results and monitor timely and appropriate follow-up as defined in the WWHP and CDC guidelines. To assure quality in case management, the Contractor shall comply with the following:
- 4.6.1 The time from screening to diagnosis shall be less than sixty (60) calendar days;
 - 4.6.2 For all breast cancer and all invasive cervical cancer the time from diagnosis to treatment shall be less than sixty (60) days. For all HSIL (High Grade Squamous Intraepithelial Lesion), Cervical Intraepithelial Neoplasia, Grade II (CIN2), Cervical Intraepithelial Neoplasia, Grade III (CIN3), and Cervical Cancer in Situ, the time from diagnosis to treatment will be less than ninety (90) days; and
 - 4.6.3 Women diagnosed with breast or cervical abnormalities are followed using the WWHP guidelines and the algorithms discussed above. If a case appears complex, the WWHP Medical Directors are available to provide assistance. The case records are submitted to the WWHP Program Director or WWHP Program Manager. ADHS staff is responsible for communicating with the Medical Director. If additional information is requested by the Medical Director, the Contractor is responsible for providing that information to ADHS within forty-eight (48) hours.
- 4.7 The Contractor shall coordinate the submission of BCCTP application packets to ADHS WWHP Program Director or Program Manager. The Contractor will guide the patient in the BCCTP Enrollment Application process. Application packets must include: pathology report showing a diagnosis of breast cancer, cervical cancer, or pre-cancerous cervical lesions (CIN II or CIN III); BC-100 Form; WWHP Demographic and Eligibility Form; AHCCCS Application; copies of Arizona driver's license, social security card, U.S. Birth Certificate or Legal Permanent Resident card with at least five (5) years of legal residency; and documents demonstrating proof of current gross household income;
- 4.8 The BCCTP was expanded on August 2, 2012. This expansion allows uninsured women in Arizona, with an income at or below 250% of the Federal Poverty Level, diagnosed with breast or cervical cancer on or after August 2, 2012 to enroll in the BCCTP. The process for this enrollment can be found on the [Breast and Cervical Cancer Treatment](http://www.wellwomanhealthcheck.org) page of the wellwomanhealthcheck.org website. Contractor is responsible for educating local providers and organizations about the expansion and the process for enrolling these Community Referrals into the BCCTP. Contractor will use the materials available on the website for this education process. Contractor is also responsible for coordinating the submission of these packets for their site(s). The contractor is required to process Community Referral applications for BCCTP for the geographic area in which they are providing services;



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- 4.9 The Contractor will link patients diagnosed with breast or cervical cancer to survivorship services as listed on the [survivorship page](#) of wellwomanhealthcheck.org. The annual work plan will include a description of survivorship resources available in the community and how the clinic plans on linking patients with those resources. The case manager will show cancer patients the tab specific to survivorship care plans and explain how those are to be used; and

5. Quality Assurance

- 5.1 The Contractor and Service Providers shall respond within forty-eight (48) hours to communications concerning quality assurance issues. Consider any request for patient information or data a quality assurance issue;
- 5.2 Lost to follow-up for abnormal results is defined as not being able to contact a woman for follow-up services or even to inform of results. Lost to follow-up cases shall not be closed as lost to follow-up until the appropriate WWHP procedures have been executed and documented in the patients' chart, and until a copy of the special form to report lost to follow-up has been sent to the ADHS WWHP analyst (**in the appropriate MDE bundle submission**). A woman cannot be declared lost to follow-up unless significant documented efforts have been made to locate the woman. The Contractor shall supply documentation of at least four (4) attempts to follow-up with the patient. The four attempts shall consist of three (3) telephone calls and one (1) certified letter. The return receipt or returned letter must be filed in the patient's medical record. A copy of the receipt will accompany the lost to follow-up form submitted to ADHS;
- 5.3 Quality standards shall include the following:
- 5.3.1 The Contractor shall maintain a secured file of all such documents that shall be available for review at any time. The Contractor and all subcontractors shall obtain and maintain the following current documents:
- 5.3.1.1 License(s);
- 5.3.1.2 Certification(s); and
- 5.3.1.3 Liability insurance.
- 5.3.2 Personnel: All Medical Doctors (M.D.s) or Doctors of Osteopathy (D.O.s) providing services under this Contract shall be AHCCCS providers and currently licensed under the provisions of the Arizona Revised Statutes (A.R.S), Title 32, Chapter 13 or 17. All other personnel providing services shall be registered, licensed, or board certified in Arizona in their respective fields, as applicable. Indian Health Service providers are not required to have Arizona licenses, and
- 5.3.3 Facility: To be approved for payment, all mammography reports shall be submitted using the language of the American College of Radiology (ACR) lexicon, also known as BI-RAD System™. All laboratory facilities used by the Contractor and its subcontractors shall adhere to the standards of the Clinical Laboratory Improvement Act (CLIA) (1988), and maintain the appropriate CLIA certification. To be approved for payment, all Pap test reports shall be submitted using the current Bethesda System of reporting.
- 5.4 Service Provider Contracts shall grant the Contractor and ADHS WWHP representatives, access to review WWHP client records, and policy and procedure statements. Review is necessary to monitor compliance with WWHP protocols and to manage clinical quality.



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- Provider Contracts will require that all cancer cases be submitted to the ACR by the diagnosing provider within ninety (90) days of diagnosis;
- 5.5 WWHP patient records shall be maintained by Service Providers for up to ten (10) years to ensure patient care. After ten (10) years, the patient records may be destroyed in a manner consistent with HIPAA regulations;
 - 5.6 Each Contractor is responsible for ensuring that the Contractor and all subcontractors provide the Program Director with legible copies of procedure reports/results in addition to properly completed WWHP MDEs; and that Service Providers understand and follow clinical guidelines and program policies/procedures;
 - 5.7 Sub-contracts with clinicians (breast and cervical) shall be with AHCCCS registered Service Providers. In the event a woman's diagnostic work-up is positive for cancer or pre-cancerous cervical lesions, and the client's treatment is received through AHCCCS, AHCCCS shall cover the cost of treatment and diagnostic procedures. By sub-contracting with AHCCCS registered Service Providers, AHCCCS can pay the Service Provider directly for the diagnostic services rendered;
 - 5.8 Assessment of the patient's smoking status will occur during each annual visit. If the patient is a current smoker of either smokeless or combustible tobacco, the patient will be referred to the ASHLine Smoking Cessation call in system. Referral forms will be provided. Smoking status will be recorded on the Demographic and Enrollment Form; and
 - 5.9 The WWHP is a screening and quality improvement program. Due to the Quality Improvement focus of the WWHP, each contracted entities Quality Improvement Manager will attend the WWHP quarterly contractor meetings.

6. Partners and Coalition Building

- 6.1 The Contractor is responsible for participating in coalitions and/or partnerships focused on improving services or access to services for breast and cervical cancer issues. To accomplish this, the Contractor shall:
 - 6.1.1 Participate in local meetings of groups, organizations, and agencies such as, but not limited to, the American Cancer Society, the Arizona Cancer Coalition, ethnic and cultural coalitions, and health care coalitions. The purpose of this participation is to establish and maintain local networking opportunities for identifying treatment opportunities and enhance public awareness of breast and cervical cancer resources,
 - 6.1.2 Participate in planning activities supporting American Cancer Society walks/runs and other events. The Contractor will also participate in these local events,
 - 6.1.3 Actively participate in a work group of the Arizona Cancer Coalition. Work groups are project focused and change over time. The focus of all work groups is to lower the burden of cancer in Arizona while improving the quality of life for cancer survivors and their families. Contractor will report work group selection in their quarterly report,
 - 6.1.4 Educate local providers and organizations about the BCCTP expansion and the process for enrolling these Community Referrals into the BCCTP. The Contractor will use the materials available on the website for this education process. The Contractor is also responsible for coordinating the submission of these packets for



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their site(s). The BCCTP was expanded on August 2, 2012. This expansion allows uninsured women in Arizona, with an income at or below 250% of the Federal Poverty Level, diagnosed with breast or cervical cancer on or after August 2, 2012 to enroll in the BCCTP. The process for this enrollment can be found on the [Breast and Cervical Cancer Treatment](#) page of the [wellwomanhealthcheck.org](#) website, and

- 6.1.5 Assess their community for healthy lifestyle programs and activities targeting adults (examples include the Chronic Disease Self-Management Program, National Diabetes Prevention Program, Diabetes Self-Management Program, **and the LIVESTRONG program at the Young Men's Christian Association [YMCA]**). A listing of these resources will be submitted in the annual work plan. This resource will be shared with WWHP patients and they will be encouraged to participate in these activities.

7. Local Public Education and Recruitment Activities

The Contractor shall:

- 7.1 Develop and implement a minimum of **two (2)** activities focused on breast and cervical cancer, using public education and recruitment methods identified as appropriate for the local service area by key personnel;
- 7.2 Develop and implement recruitment strategies to recruit eligible women from priority populations (**those living in rural and frontier geographic areas, uninsured or underinsured persons, culturally isolated persons, incarcerated or institutionalized women, medically underserved persons, persons from minorities defined by race, religion, ethnicity, or culture, including African American, Alaska Native, American Indian, Asian American, Pacific Islander and Hispanic persons: lesbian, gay, bisexual, or transgender (LGBT) persons, and persons who have low literacy, non-English speaking language barriers, and disabilities**);
- 7.3 Develop **protocols** to ensure a client returns on an annual basis for appropriate screening;
- 7.4 Develop and implement recruitment efforts of clients to ensure utilization of all funds budgeted;
- 7.5 **Use in-reach and evidence-based strategies to increase clinic screening rates to levels required for Healthy People 2030;**
- 7.6 Implement program processes that maintain fidelity with WWHP guidelines. This encompasses clinical protocols, recruitment, in-reach, enrollment processes, ongoing quality improvement processes, public education, provider education and forms;
- 7.7 **Utilize mobile mammography units as part of recruitment strategies among other activities in addition to partnership with community mobile mammography units; and**
- 7.8 **Engage Community Health Workers (CHWs) to connect the program eligible women with the healthcare system or to create community clinical linkages. Recruitment efforts should include culturally appropriate communications and intervention to help reach those disparate populations.**

8. Local Professional Development

The Contractor shall:



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- 8.1 Develop a minimum of one (1) activity addressing the continuing professional development needs in connection with breast and cervical cancer screening, diagnosis and treatment. The educational event will provide Continuing Medical Education and Continuing Education Units (CMEs/CEUs) for the participants. These events will be reported in the quarterly report. They will include the sign-in sheet, presentation PowerPoint, and evaluation results. WWHP Service Providers shall be provided opportunities to be involved in all breast and cervical cancer clinical education activities relating to breast and cervical cancer;
- 8.2 Work closely with the ADHS WWHP and others to assess and address local professional development needs;
- 8.3 Educate community providers regarding the WWHP and the expansion of the BCCTP. Education shall include program services, eligibility, locations, access to the treatment program and guidance for overall program access;
- 8.4 Work with contracted providers to encourage and support their timely reporting of cancer cases to the Arizona Cancer Registry; and
- 8.5 Document activities and evaluation findings related to Task 4.1.6 in the quarterly reports.

9. Screening and Navigation Quotas

- 9.1 The Contractor shall screen a number of women for their geographical area. This number will be updated annually by the CDC.
- 9.2 The Contractor shall provide navigation services to a number of insured women in their health system every year. These patients shall be enrolled in the "Navigation Only" component of the WWHP. Their screening and diagnostic test results shall be reported to ADHS WWHP as MDEs.
- 9.3 Screening and navigation services shall be completed between June 30, and June 29, of each year.

10. Systems Change

- 10.1 The Contractor shall address policy within their clinic(s) to prioritize breast and cervical cancer screening for all women using their clinic(s);
- 10.2 The Contractor shall determine baseline screening levels for breast and cervical cancer within their clinic(s) and report to ADHS within thirty (30) days of Contract award and annually thereafter;
- 10.3 The Contractor shall implement evidence-based strategies to increase screening rates for breast and cervical cancer within all WWHP contracted facilities. Evidence based strategies to increase cancer screening can be found at www.TheCommunityGuide.org;
- 10.4 The new contractor will complete the Baseline-Clinic Data Collection Forms for Breast and Cervical Cancer. The contractor will complete the Annual Clinic Data Collection Forms for Breast and Cervical Cancer annually. Any contractor who has not completed the NBCCEDP Health System EBI Implementation plan will do so (these templates will be provided by ADHS **upon receipt from the CDC**);
- 10.5 The Contractor shall report screening baselines by July 30th of each subsequent program year;



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- 10.6 CDC may change the systems change guidance during the life of this award. If that occurs the Contractor shall agree to change their scope to meet the revised requirements; and
- 10.7 Successful systems change implementation requires clinic operations and leadership support. The WWHP is no longer a simple screening program for the uninsured. Nationally the infrastructure is being used to improve cancer screening rates for all users; a population health approach. **Ultimately, a comprehensive public health approach is needed to increase breast and cervical cancer screening and follow-up. This expanded focus shall help to reduce disparities and missed opportunities during patient encounters. These interventions need to be a part of the long-term substantially of the program and** requires leadership approval and support for the following:
- 10.7.1 The use of evidence-based initiatives to improve breast and cervical cancer screening rates in all clinics providing services for the WWHP,
 - 10.7.2 The provision of IT support to create and pull reports as needed to support systems change/quality improvement practice,
 - 10.7.3 Operational support to assess and determine clinic patient flow and to attempt revisions when necessary,
 - 10.7.4 Provider cooperation and support for provider reminders and provider assessment and feedback,
 - 10.7.5 Providing time at several provider meetings per year for reporting on breast and cervical cancer screening rates and progress on improvements,
 - 10.7.6 Provide support for program staff to complete one (1) provider education session, with CMEs per program year, and
 - 10.7.7 Providing support for navigation only of insured patients through breast and cervical cancer screening, diagnostics and into treatment if necessary.

11. Deliverables

- 11.1 The Contractor shall provide ADHS with lists of all Service Providers within ten (10) days of Contract execution, at the beginning of each Contract year, and as Service Providers are removed and/or added. Copies of Contracts with Service Providers shall be kept on file at the Contractor offices for audit purposes;
- 11.2 The Contractor shall provide documentation of activities, products **and evaluation of tangible results of the activities** related to Task 4.1.9 in the Quarterly Reports, Quarterly Reports are due ten (10) days after the end of each quarter;
- 11.3 Annual Work Plan is due thirty (30) days after signing the Contract and annual Amendment;
- 11.4 Screening Baselines are due thirty (30) days after Contract award and annually thereafter;
- 11.5 Payment may be withheld when reporting requirements are not met;
- 11.6 **The Contractor shall provide a written plan that illustrates how the Contractor shall perform up to contractual standards in the event of a pandemic. ADHS may require a copy of the plan at any time prior or post award of a Contract. At a minimum, the pandemic performance plan shall include:**



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- 11.6.1. Key succession and performance planning, if there is a sudden significant decrease in Contractor's workforce,
- 11.6.2. Alternative methods to ensure there are products in the supply chain, and
- 11.6.3. An up-to-date list of company contacts and organizational chart.

11.7 Delivery Schedule

Item	Due Date
CEO, CMO and staff signed Letter of Support for items listed in 10.7	Include in the initial Application Annually thereafter
Selection of two (2) EBI's to use per clinic site	Thirty (30) days for new clinics (must be used consistently for five (5) years)
Number of uninsured women, forty or more (40+) using clinic in past twelve (12) months	Include in the initial Application, Annually thereafter
Breast and Cervical Cancer Screening Rates Inclusive of Numerator and Denominator and specific description of standard being used Healthcare Effectiveness Data and Information Set (HEDIS), Uniform Data System (UDS), Government Performance and Results Act (GPRA), or National Quality Forum (NQF)	Include in the initial Application (include formula explaining how it is derived) Quarterly thereafter
Number of Insured Women, forty or more (40+) using clinic in past twelve (12) months	Include in the initial Application Annually thereafter
Number of women, forty or more (40+) and number of women, fifty or more (50+) using the clinic	Include in the initial Application Annually thereafter
Navigation Only Forms – completed	Monthly, with CER/MDE bundle
Proposed date and topic of Provider Education Session. It is required that CMEs are offered.	February 15th for first year, July 15th thereafter
Medicaid and Online Insurance Enrollment Data	Quarterly with Quarterly Reports (due within ten (10) days after the end of each quarter)

12. Notices, Correspondences, Reports and Invoices

12.1. Notices, Correspondence and Reports from Contractor to ADHS shall be sent to:

Polar S. Akoi, Program Director
Arizona Department of Health Services
150 North 18th Avenue, Phoenix, AZ 85007
Phone: 602-364-1431



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Email: polar.akoi@azdhs.gov

12.2. CERs from the Contractor to ADHS shall be sent to: sftp.adhs.gov

12.3. Notices, Correspondence and Reports from ADHS to Contractor shall be sent to:

Sharon Grant, MA
Contracts/Grants Manager
Pima County Health Department
3950 S. Country Club Rd., #100
Tucson, AZ 85714
Email: Sharon.grant@pima.gov
Phone: 520-724-7842

12.4. AUTOMATED CLEARING HOUSE. ADHS may pay invoices for some or all Orders through an Automated Clearing House (ACH). In order to receive payments in this manner, the Contractor must complete an ACH Vendor Authorization Form (form GAO-618) within thirty (30) days after the effective date of the Contract. The form is available online at: <https://gao.az.gov/sites/default/files/GAO-618%20ACH%20Authorization%20Form%20101019.pdf>; and

12.4.1. ACH Vendor Authorization Form shall be emailed to Vendor.Payautomation@azdoa.gov.



CONTRACT AMENDMENT

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HEALTH SERVICES
OFFICE OF PROCUREMENT
150 N 18th Ave., Ste. #530
Phoenix, Arizona 85007

CONTRACT NO.: CTR059661

AMENDMENT NO.: 1

Procurement Officer
Anthony Beckum

PRICE SHEET

Description	Amount
Personnel and ERE	\$230,000
Screening and Diagnostic (Payment for covered services shall be made per reimbursement rates in accordance with current Medicare Part B allowable rates and as provided on the Purchase Order)	\$291,000
Navigation Only	\$6,050
Sub Recipient Indirect (Paid for by other funds)	\$3,000
Other Operating Expenses	\$3,000
Total	\$533,050

Note: With prior consent of the Well Woman Health Check Program Director and as approved on the CER, the Contractor is authorized to transfer up to a maximum of twenty percent (20%) of the total budget between line items. Transfers exceeding twenty percent (20%) shall require a written Contract Amendment. The Contractor must maintain federal funding requirements.



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Exhibit 1 – 2 CFR 200.332

§ 200.332

Requirements for pass-through entities.

All pass-through entities must:

(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	Arizona Department of Health Services
UEI #	QMWUG1AMYF65
Federal Award Identification (Grant Number):	5 NU58DP006341-05-00
Subrecipient name (which must match the name associated with its unique entity identifier):	Pima County Health Department
Subrecipient's unique entity identifier (UEI #):	U8XUY58VDQS3
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	NU58DP006341
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	05/26/2022
Subaward Period of Performance Start and End Date;	06/30/2022-06/29/2027
Subaward Budget Period Start and End Date:	06/30/2022-06/29/2023
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient:	\$262,000.00
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	\$3,226,408.00
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	\$4,318,880.00
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	Arizona Cancer Prevention and Control Programs



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Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity

Center for Disease Control &
Prevention

Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

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

Identification of whether the award is R&D

No

Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414



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Boycott of Israel Disclosure

Please note that if any of the following apply to this Solicitation, Contract, or Contractor, then the Offeror shall select the "Exempt Solicitation, Contract, or Contractor" option below:

- The Solicitation or Contract has an estimated value of less than \$100,000;
- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; and/or
- Contractor is a non-profit organization.

Pursuant to A.R.S. § 35-393.01, public entities are prohibited from entering into contracts "unless the contract includes a written certification that the company is not currently engaged in, and agrees for the duration of the contract to not engage in, a boycott of goods or services from Israel."

Under A.R.S. § 35-393:

1. "Boycott" means engaging in a refusal to deal, terminating business activities or performing other actions that are intended to limit commercial relations with entities doing business in Israel or in territories controlled by Israel, if those actions are taken either:
 - (a) Based in part on the fact that the entity does business in Israel or in territories controlled by Israel.
 - (b) In a manner that discriminates on the basis of nationality, national origin or religion and that is not based on a valid business reason.
2. "Company" means an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate, that engages in for-profit activity and that has ten or more full-time employees.
- ...
5. "Public entity": (a) Means this State, a political subdivision of this State or an agency, board, commission or department of this State or a political subdivision of this State. (b) Includes the universities under the jurisdiction of the Arizona board of regents and community college districts as defined in section 15-1401.

The certification below does not include boycotts prohibited by 50 United States Code Section 4842 or a regulation issued pursuant to that section. See A.R.S. § 35-393.03.

In compliance with A.R.S. § 35-393 *et seq.*, all offerors must select one of the following:

- The Company submitting this Offer does not participate in, and agrees not to participate in during the term of the contract, a boycott of Israel in accordance with A.R.S. § 35-393 *et seq.* I understand that my entire response will become a public record in accordance with A.A.C. R2-7-C317.
- The Company submitting this Offer does participate in a boycott of Israel as described in A.R.S. § 35-393 *et seq.*
- Exempt Solicitation, Contract, or Contractor.**

Indicate which of the following statements applies to this Contract:

- Solicitation or Contract has an estimated value of less than \$100,000;
- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; and/or
- Contractor is a non-profit organization.

Company name

Signature of person authorized to sign

Address

Printed name and title

City State Zip

Email address Phone number



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Forced Labor of Ethnic Uyghurs Ban

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- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; OR
- Contractor is a non-profit organization.

Pursuant to A.R.S. § 35-394, written certification is required to show that the company entering into a contract with a public entity does not use the forced labor, or any goods or services produced by the forced labor, of ethnic Uyghurs in the People's Republic of China.

Under A.R.S. § 35-394:

1. "Company" means an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate, that engages in for-profit activity and that has ten or more full-time employees.
2. "Public entity" means this State, a political subdivision of this State or an agency, board, commission or department of this State or a political subdivision of this State.

In compliance with A.R.S. §§ 35-394 *et seq.*, all offerors must select one of the following:

- The Company submitting this Offer **does not** use, and agrees not to use during the term of the contract, any of the following:
- Forced labor of ethnic Uyghurs in the People's Republic of China;
 - Any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China; or
 - Any Contractors, Subcontractors, or suppliers that use the forced labor or any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China.
- The Company submitting this Offer **does** participate in use of Forced Uyghurs Labor as described in A.R.S. § 35-394.
- Exempt Contractor**
Indicate which of the following statements applies to the Contractor (may be more than one):
- Contractor is a sole proprietorship;
 - Contractor has fewer than ten (10) employees; and/or
 - Contractor is a non-profit organization.

Company Name

Signature of person authorized to sign

Address

Printed name and title

City, State, ZIP

Contact email address

Contact phone number



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 - In a manner that discriminates on the basis of nationality, national origin or religion and that is not based on a valid business reason.
- "Company" means an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate, that engages in for-profit activity and that has ten or more full-time employees.
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- The Company submitting this Offer does participate in a boycott of Israel as described in A.R.S. § 35-393 et seq.
- Exempt Solicitation, Contract, or Contractor.**

Indicate which of the following statements applies to this Contract:

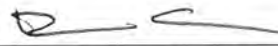
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- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; and/or
- Contractor is a non-profit organization.

Pima County Health Department

 Company name
 3950 S. Country Club Rd, Suite 100

 Address
 Tucson, AZ 85714

 City State Zip



 Signature of person authorized to sign
 Donald Gates, Business Operations Manager

 Printed name and title
 Donald.Gates@pima.gov 520-724-7843

 Email address Phone number



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In compliance with A.R.S. §§ 35-394 *et seq.*, all offerors must select one of the following:

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- Forced labor of ethnic Uyghurs in the People's Republic of China;
 - Any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China; or
 - Any Contractors, Subcontractors, or suppliers that use the forced labor or any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China.
- The Company submitting this Offer **does** participate in use of Forced Uyghurs Labor as described in A.R.S. § 35-394.
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Pima County Health Department

Company Name

Signature of person authorized to sign

3950 S. Country Club Rd., Suite 100

Address

Donald Gates, Business Operations Manager

Printed name and title

Tucson, AZ 85739

City, State, ZIP

Donald.Gates@pima.gov 520-724-7843

Contact email address Contact phone number