Baseline and Annual breast and cervical cancer screening rates and implementation activities should be based on the clinic’s rate and activities (not the entire Health System’s).

**Record Submission Timeline**

- **Recruit clinics & submit Baseline Records throughout the Program Year**
  - July
  - June

- **Submit Screening Rates by March 31st**
  - July
  - Sep
  - March

- **Submit ALL Annual Records and any available Screening Rates by Sep 30th**
  - July
  - Sep
  - March

**Enrolling and Terminating Clinics**

Clinics can be enrolled at any time during the program year. Both a Baseline and an Annual Record are required for the program year in which the clinic is enrolled.

If a clinic partnership is terminated at any point during a program year, submit a complete Annual Record, since program activities were conducted for part of the year. In the Annual Record for the next program year, select ‘Terminated’ as the clinic partnership status in field 5b.

**Clinic NBC CEDP Breast or Cervical Activities Start Date**

This is the date the clinic began actively participating in NBC CEDP breast or cervical cancer activities, as defined in the clinic data dictionary, item 1b.

The clinic’s assigned Baseline program year is derived based on this date. For example, if the ‘activities start date’ is May 2, 2019, the clinic will be assigned as joining the program in PY2.
Check and address all edits identified in B&C BARS, after data entry but before clicking Submit, when reporting Baseline and Annual Records. ‘Edits’ can be found on the Edits-Submit tab and also in Reports.

When you enter a screening rate, B&C-BARS displays all previously reported screening rates. Does the newly reported rate make sense when compared to previously reported rates? Provide comments to explain any large fluctuations in the screening rate that might be observed.

Ensure use of the same 12-month measurement period and measurement type across all years of reported data.

Don’t forget to click SUBMIT—this will indicate to IMS and CDC that you have finished reporting data for the submission period.

Reports are available in B&C BARS to view and monitor your program’s data.

**Measuring Screening Rates**

- The 12-month measurement period should be consistent with the 12-month period used at Baseline.
- Measurement type (UDS, HEDIS, NQF, etc.) should be consistent with the measurement type used at Baseline.

**Screening Rate Targets**

Enter the goal screening rate for the next program year (NOT the % increase you are aiming for).

Discuss and set targets in collaboration with the partner clinic. Set targets that are realistic but ambitious, and monitor progress toward the target screening rate throughout the program year.

**Completed Screening**

To be included in the screening rate numerator (as a completed screening), the screening test or procedure must be completed and valid results must be received.

**DON’T BE SHY.** If you need help, ask your Program Consultant to put you in touch with CDC’s evaluation team.