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Federal Poverty Level Increase

Expanded insurance coverage resulting from the Affordable Care Act (ACA) has increased the number of women who have access to comprehensive health care coverage, either through the private marketplace or expanded Medicaid. Some preventive services are covered under the ACA. The WVBCCSP will continue to cover services for women who are uninsured or underinsured. The Program will also continue to promote access to quality cancer screenings for all women and to address barriers that prevent women from being screened. The Program recently increased the eligibility ceiling for the Federal Poverty Level (FPL) from 200% to 250%. Thus, the pool of women eligible for WVBCCSP will be expanded to include those women who are over-income for Medicaid and those who have private insurance with high deductibles and co-pays.

Family	Monthly Income	Yearly Income
1	\$2,431	\$29,172
2	\$3,277	\$39,324
3	\$4,123	\$49,476
4	\$4,969	\$59,628
5	\$5,815	\$69,780

Director's Dialog: What Flourishes Here?

By: GeorgeAnn Grubb, MPH



**WVBCCSP Director
GeorgeAnn Grubb,
MPH**

Contact Information:

Georgeann.Grubb@wv.gov

304.558.5388

1.800.642.8522

Twenty years ago I was part of a team from the Tucker County Board of Education that shared the county's anti-bullying program, called "Respect and Protect," with several other counties. As attendees walked into the room for the introductory session, we had placed a large poster on an easel with the question, "What flourishes here?" Throughout the training we referred to the question, asking teachers and administrators to think about the school environment as a garden and to honestly assess the climate and growing conditions in their school. Were name-calling, put-downs, threats, racial/gender/sexual orientation slurs and labeling allowed to grow and thrive, or were they weeded out quickly (nipped in the bud!)? Were differences valued and celebrated? Did kindness, respect and understanding flourish?

To carry the analogy further, we can ask what flourishes in our homes, work places and communities? Is there a culture of health and prosperity or a culture of illness and poverty? Most likely there is a combination of both, but have we become resigned to West Virginia's long history of generational poverty, poor education, unemployment and the dreadful health statistics that are linked to these factors? Or are we resolved to change these traditions that do not serve us well? Are we looking for ways to turn the current predicament into a possibility? For myself, I choose to land on the side of possibility and I see evidence of it all over the state in our small towns, urban areas and our colleges and universities. More and more farmers markets are in existence than ever before and even mobile ones that are taking fresh produce to remote areas and senior residences. There are more community gardens, walking/biking trails, safe places to exercise at work and in neighborhoods, "farm-to-fork" restaurants and fruit trees growing on reclaimed mountaintop removal sites. The Governor was recently quoted as saying "agri-tourism is the way to attract tourists to the state where they can experience our homegrown products."

All of these examples and many others are a testimony to the power of community—by working together, at the state and local level, we can eliminate unhealthy behaviors, develop policies that address social disparities and develop healthcare strategies that ensure that health will flourish and be sustained here.

Dr. Georges Benjamin, Executive Director of the American Public Health Association, defines a "culture of health" as "living as long as you can, as well as you can and having a short, but glorious ending. It also means having a system in place that ensures we can achieve it." This is truly our public health challenge for our future so that good health can flourish here.

GeorgeAnn Grubb

WVBCCSP: Provider & Policy Reminders

WVBCCSP Invoicing

SCREENING PROVIDER	REFERRAL PROVIDER
<p>Submit <u>completed</u> Client Enrollment Form within 1 week of enrollment visit.</p> <p>Submit <u>completed</u> Patient Data Form attached to a WVBCCSP BATCH INVOICE within 60 days of date of service.</p> <p><u>Patient Data Form must be completed, dated and signed by the provider, including the signees' title.</u></p>	<p>Submit original Insurance Claim form (i.e. CMS 1500 or UB 92) within 60 days of service.</p> <p>Narrative results report for all services must be submitted to WVBCCSP in order for services to be reimbursed.</p>
<p><u>Submit invoices and required documentation to:</u></p> <p>WV Breast and Cervical Cancer Screening Program 350 Capitol Street, Room 427 Charleston, WV, 25301-3714</p>	<p><u>Submit invoices and required documentation to:</u></p> <p>WV Breast and Cervical Cancer Screening Program 350 Capitol Street, Room 427 Charleston, WV, 25301-3714</p>

- Acute care visits are NOT reimbursable.
- Cervical office visits are not covered.
- General anesthesia is not covered - complete a Diagnostic and Treatment Fund application prior to biopsy.
- Breast MRI is never covered.
- The only Ultrasound covered is "Ultrasound of Breast".
- Breast Ultrasound is not a stand-alone service-must be done in conjunction with a Mammogram.
- Pre-op procedures/labs/EKG are not covered.
- Only WVBCCSP approved codes for Program eligible women are covered.
- WVBCCSP is always the payor of last resort.
- When a third party payor is billed, a copy of the Explanation of Benefits (EOB) must be attached to the original insurance claim form.
- Participating providers may not balance bill the patient.
- Maximum of two breast surgeon consultations per breast problem, per year.
- Bill WVBCCSP within 60 days of the date service was performed.
- All invoices for services rendered up to and including June 29th of the fiscal year must be submitted by August 31st of the same year. If the invoices are not received by August 31st of the same year, they will be returned unpaid.
- A copy of the results narrative report of radiologic findings of each client's mammography/ultrasound must accompany the invoice submitted to the Program for payment to be made.
- A copy of the patient's WVBCCSP Referral Form and the pathology report or clinical note must accompany the invoice submitted to the Program for payment.

WVBCCSP: Provider & Policy Reminders

Providers Who Use Outside Billing Services

With the implementation of healthcare reform and changes to reimbursement requirements, many WVBCCSP contracted healthcare providers have started utilizing billing services that are not located within their facility. The WVBCCSP staff receives many calls for claim status from these outside billing agencies. In an attempt to help our providers, we want to remind everyone that the WVBCCSP cannot reimburse for any covered services without the results of that service being submitted to our office.

The Centers for Disease Control and Prevention (CDC) awards grant money based on the Program meeting certain data parameters and other requirements. The clinical information submitted to the WVBCCSP is entered into a computer database by Office of Maternal, Child & Family Health (OMCFH) Data Entry Staff and Tracking and Follow-Up Nurses. This clinical data is encoded and submitted to the CDC in April and October.

To speed reimbursement for services and prevent claims being denied for clinical results, the WVBCCSP encourages all providers, including screening providers, to submit the clinical results to the Program as soon as possible after the service is performed. Many billing agencies submit the invoices to the WVBCCSP very quickly. If providers would automatically send the clinical results to the Program for any WVBCCSP enrolled woman it would prevent many services, especially mammograms, from being denied and invoices being denied because results have not been received.

Occasionally, the WVBCCSP is billed for services that are not reimbursable. In this case, the woman may receive a bill for that service.

Information about the eligible CPT codes should be shared with billing agencies so they are aware of non-covered services.

Please share this information with any referral providers, including pathology laboratories. By working together, we can make the reimbursement process more efficient and prevent duplicate billing.



WEST VIRGINIA
Breast & Cervical
CANCER SCREENING PROGRAM

You're Worth It

Frequently Asked Questions

By: Pam Postalwait and Beth Staats

1. If a woman has health insurance, can she be enrolled in WVBCCSP?

Answer: Yes, a woman with health insurance is eligible for WVBCCSP enrollment if she states she cannot afford her deductibles or co-pays. She **MUST** be enrolled prior to receiving WVBCCSP covered services. Her insurance is billed prior to billing WVBCCSP. The Explanation of Benefits (EOB) from her insurance company needs to be sent to WVBCCSP when billing for the service. The WVBCCSP will reimburse the difference between what her insurance paid and the normal WVBCCSP reimbursement amount. The provider should not balance bill the woman.

To be enrolled in the WVBCCSP the woman must meet the WVBCCSP eligibility guidelines:

- 25-64 years of age (18-24 years of age may be eligible for a colposcopy with certain Pap test results; refer to the WVBCCSP Policy Manual for details)
- WV Resident
- Income at or below 250% of the current Federal Poverty Level (FPL)
- Uninsured or underinsured

2. What does Underinsured mean?

Answer: The WVBCCSP considers a woman under-insured if she:

- has medical insurance that does not cover WVBCCSP screening services
OR
- has an unmet deductible or required co-payment for services covered by WVBCCSP that she is unable to pay

3. What is a PHNPAT Nurse and what is the process for getting this distinction?

Answer: The Public Health Nurses Physical Assessment Training and Certification process is referred to as PHNPAT. To become qualified to perform screening services (CBE, Pap test or pelvic exam) for the WVBCCSP, a Registered Nurse who is not licensed for advanced practice must first become PHNPAT certified. This certifies the nurse to perform the identified services for the WVBCCSP only. Other clinicians (physician assistants and advanced practice nurses) may participate in PHNPAT if space allows, but they are not required to do so. Licensed practical nurses (LPNs) may audit the lecture component of PHNPAT when space allows, but are not eligible to participate in the clinical component.

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Lisa Cordero, RN, shares information with PHNPAT participants about breast imaging, reports and patient education.



Dr. Angel Smothers shares information with PHNPAT participants about cardiovascular disease.

Frequently Asked Questions (continued)

(continued from page 5)

PHNPAT Course

PHNPAT is a three - day comprehensive training program offered in the spring of each year. A refresher course is offered at the same time.

PHNPAT provides didactic and practical instruction in the following areas:

- Anatomy and physiology of the breast and female reproductive organs
- Pelvic examination and Pap test collection;
- Breast self-examination; and
- How and when to refer women for further diagnostic services and/or treatment.

PHNPAT Certification Process

In order to become PHNPAT certified, all participants must:

- Be currently licensed as a WV Registered Nurse;
- Attend all mandatory lectures and clinical components to be eligible for preceptorship;
- Perform fifty (50) complete examinations within six months of training. The examinations must include pelvic exam, Pap tests with adequate cellularity and clinical breast exams under the supervision of an experienced preceptor. Twenty-five (25) of the exams must be completed on women age 50 or older;
- Contract with preceptors (WV licensed physicians or certified practitioners) who agree to accept responsibility for supervision of the required examinations. Preceptors must document significant experience in providing these types of exams and agree to provide documentation of the completed process.

In order to maintain PHNPAT certification, all participants must:

Complete a refresher course at least every five (5) years that includes both a written and clinical exam.

For more information about PHNPAT please contact:

Vickie Burke
WVBCCSP Outreach and Education Coordinator
304-293-2370
vburke@hsc.wvu.edu

If you have questions you would like to submit for future issues of the *Provider Press*, please email your questions to Beth.D.Staats@wv.gov or Pam.A.Postalwait@wv.gov.

The West Virginia WISEWOMAN Program - Part Three

By: Sheryn Carey

The last edition of the Provider Press outlined the WISEWOMAN Program framework, which is based on the CDC's National Chronic Disease Prevention and Health Promotion Center's four domains: (1) Epidemiology and Surveillance, (2) Environmental Approaches, (3) Health Systems and (4) Community-Clinical Linkages. This article will look at some of the provider activities associated with each of these domains.

Domain 1: Epidemiology and Surveillance

The anticipated outcome of the Epidemiology and Surveillance Domain is collection and use of quality assured data to monitor progress, track outcomes, conduct evaluation and improve program effectiveness. WISEWOMAN data contributes to the body of evidence regarding the effectiveness of prevention services and their public health impact.

Data Collection and Analysis activities for WISEWOMAN Providers include:

1. Collect all data elements required by WV WISEWOMAN using WISEWOMAN forms.
2. Timely submission of WISEWOMAN participant forms to ensure that data is entered into the WISEWOMAN Information System.
3. Actively participate in the WISEWOMAN Quality Improvement (QI) Process. This includes QI related to:
 - Data quality and completeness
 - Blood pressure measurement
 - Hypertension control
 - Community navigation
 - Participant outcomes



Domain 2: Environmental Approaches

Improvements in social and physical environments make healthy behaviors more feasible. The anticipated outcomes in the Environmental Approaches Domain are environmental changes in communities that result in more places for physical activity, increased access to healthy food, smoking cessation services and more smoke-free public places. Environmental approaches have broad reach, sustained health impact and are best buys for public health.

WISEWOMAN Provider activities to Support Environmental Approaches include:

1. Conduct a biennial community scan of each community where WISEWOMAN is implemented; document the results of the community scan and use the community scan to identify existing resources in the community that foster healthy lifestyles, such as places for physical activity, access to healthy food and Program approved weight loss centers.
2. Provide relevant information about existing community resources to help WISEWOMAN participants achieve their lifestyle behavior change goals.

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The West Virginia WISEWOMAN Program - Part Three *(continued)*

(continued from page 7)

3. Collaborate with community partners to address healthy environments that will support women as they establish and sustain healthy eating habits, increase physical activity, stop smoking and avoid exposure to second-hand smoke. Specific examples of collaborative efforts might include:

- Developing a community garden
- Establishing or promoting a farmers market
- Creating or expanding a walking trail
- Setting up a bicycle sharing program
- Establishing smoke-free parks and athletic fields



Domain 3: Health Systems

The anticipated outcomes in the Health Systems Domain are clinical systems that deliver services more efficiently and effectively, including ways to systematically improve hypertension control.

Health Systems activities for WISEWOMAN Providers include:

1. Provide WISEWOMAN screening services and risk reduction counseling at the same office visit where WVBCSP screening services occur.
2. As applicable, provide to WV WISEWOMAN copies of contracts or letters of agreement with health care providers who indicate willingness to:
 - See program participants who require a medical evaluation for reimbursement at the current WISEWOMAN Program rate.
 - See program participants free or at reduced fees following the medical evaluation if additional care is required.
3. Ensure that health care providers to whom program participants are referred will follow national treatment and clinical follow-up care guidelines including drug therapy and periodic re-evaluation and re-administration of laboratory tests as recommended by:
 - Adult Treatment Panel III for treatment of cholesterol (ATP III)
 - Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 8)
 - Standards of Medical Care in Diabetes (published annually by American Diabetes Association)
4. Follow case management protocols related to alert value and hypertension case management.
5. If a Program participant's blood pressure and/or glucose measurements fall into the alert range, she must receive medical evaluation and treatment immediately or within 7 days of the alert measurement and case management to assist with accessing indicated medical care.
 - Case Management is a short-term intensive support service used to ensure that patients receive appropriate and timely medical care. Case management also assists patients in understanding the treatment regimen, obtaining affordable medication, attending medical appointments and/or reducing other barriers.

The West Virginia WISEWOMAN Program - Part Three (continued)

(continued from page 8)

Domain 4: Community-Clinical Linkages

Anticipated outcomes for the Community-Clinical Linkages Domain are increased use of community resources to improve cardiovascular health, including evidence-based lifestyle programs and resources that promote self-management of healthy behaviors and/or chronic disease.

WISEWOMAN Provider activities expected to enhance community-clinical linkages include, but are not limited to, the Lifestyle Program components and the following:

1. Use the community scan to identify existing evidence-based and other community programs to support WISEWOMAN participants in accomplishing their lifestyle behavior change goals.
2. Refer WISEWOMAN participants to appropriate evidence-based or other community programs depending on medical needs and goals. Examples:
 - A woman identified with pre-diabetes may be referred to the National Diabetes Prevention Program (NDPP)
 - A woman who is interested in losing weight may be referred to a local Take Off Pounds Sensibly (TOPS) club
 - A woman who is ready to quit smoking would be referred to the Quitline or to a local tobacco cessation program
3. Collaborate with evidence-based programs to ensure a referral system and feedback loop that informs WV WISEWOMAN of the status of women who access services and identifies barriers to accessing those services.
4. Use the results of the community scan to identify gaps in evidence-based and other community programs related to nutrition, physical activity and tobacco cessation.

In the next edition of this newsletter, we will look at the new Lifestyle Programs associated with the WV WISEWOMAN Program.



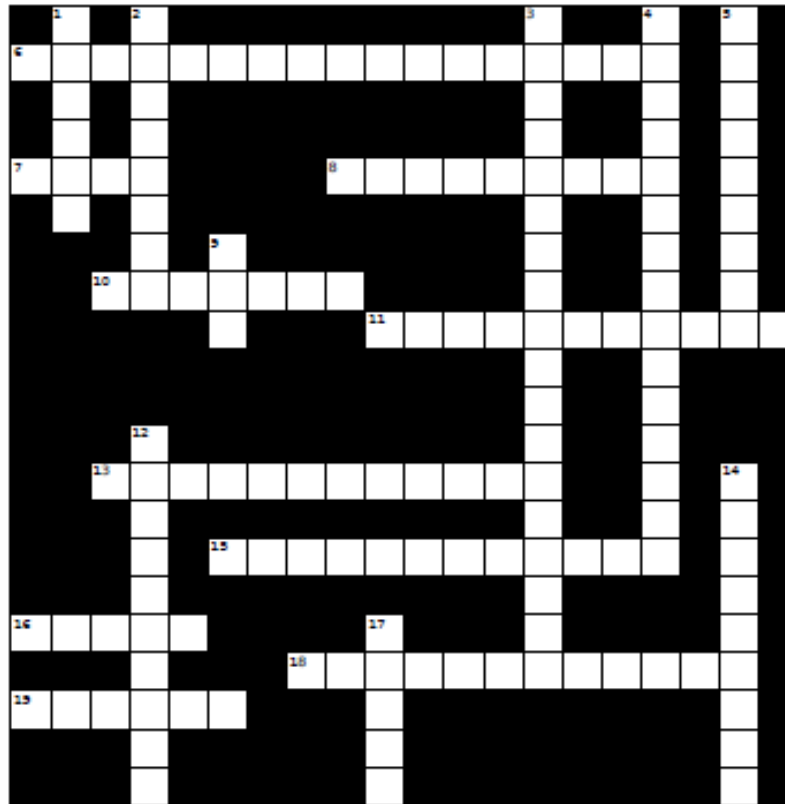
Attention All WVBCCSP Screening Clinics



**WISEWOMAN is seeking new providers.
If you are interested please contact
Sheryn Carey at 304-356-4345**

PROVIDER PUZZLE

Pam Postalwait, RN, Clinical Services Coordinator



- | | |
|--|---|
| 6 Across | 1 Down |
| Not covered by WV BCCSP but Providers may apply for coverage through the WV D&T Fund (2 Words) | Exam that must be done with a Pap test or CBE in order for BCCSP to reimburse |
| 7 The number of years a BCCSP Provider must retain all records, documents & correspondence | 2 The system used to report the interpretation of Pap test results |
| 8 This type of visit is never covered by BCCSP (2 Words) | 3 Must be completed at "Enrollment" visit and then updated annually (3 Words) |
| 10 This is not covered by BCCSP, even if ordered by the Physician (2 Words) | 4 One form that must be submitted when billing BCCSP for services (3 Words) |
| 11 Specific type of Pap test paid by BCCSP (2 Words) | 5 Recommended technique for performing a clinical breast exam |
| 13 A family history of this is considered a risk factor for breast cancer (2 Words) | 9 The number of surgical consultations that BCCSP will pay when a woman has an abnormal CBE |
| 15 The BCCSP form that is given to the patient to take with her when she has a mammogram (2 Words) | 12 This is not considered a "Risk Factor" for breast cancer (2 Words) |
| 16 The maximum interval (in days) between diagnosis and initiation of treatment | 14 What test qualifies payment for an ultrasound through BCCSP? |
| 18 This CBE finding dictates that the patient is referred for a surgical consult (2 Words) | 17 Most breast cancers appear in women who are older than this age (in years) |
| 19 The only ultrasound reimbursed by BCCSP | |

Answer Key on p.13



Healthy Recipe: Mac and Cheese with Veggies



Recipe from: Diabetes & Heart Healthy Meals for Two by the American Heart Association and the American Diabetes Association, copyright © 2008

Ingredients:

½ cup dried whole-wheat macaroni

cooking spray

1 tsp olive oil

½ medium red bell pepper, chopped

4 oz. broccoli florets, chopped

1 small yellow summer squash or zucchini (about 4 oz),

Tbsp water

½ cup fat-free half-and-half

¼ cup low-sodium vegetable broth

1 tbsp plus 1 tsp all-purpose flour

⅛ tsp salt

⅛ tsp pepper

⅓ cup low-fat shredded cheddar cheese

1 tbsp shredded or grated part-skim thinly 2 sliced crosswise asiago or Parmesan cheese

1 tbsp plain dry bread crumbs

Preparation:

1. Prepare the pasta using the package directions, omitting the salt and oil. Drain well in a colander. Lightly spray an 8-inch square baking pan with cooking spray. Pour the pasta into the baking pan.
2. Preheat the oven to ° 350 F.
3. In a large skillet, heat the oil over medium heat. Cook the bell pepper for 2-3 minutes, or until tender-crisp, stirring occasionally. Stir in the broccoli and squash. Cook for 1 minute. Stir in the water and cook for 2-3 minutes, or until tender, stirring occasionally.
4. In a small bowl, whisk together the half-and-half, broth, flour, salt and pepper. Pour into the cooked bell pepper mixture. Increase heat to medium high and bring to a simmer, stirring occasionally. Remove from heat. Stir in the cheddar and asiago until melted. Stir into the pasta. Sprinkle with the bread crumbs.
5. Bake for 20-25 minutes, or until the casserole is heated through and the top is golden brown.
6. Serves 2: 1 ½ cups per serving.

Nutritional Information Per Serving:

Exchanges/Choices: 2 Starches, 1/2 Fat-Free Milk, 1 Vegetable, 1 Fat

Calories: 265

Cholesterol: 15 mg

Total Fat: 8.0 g

Sodium: 410 mg

Saturated Fat: 3.2 g

Total Carbohydrate: 40g

Trans Fat: 0

Dietary Fiber: 6g

Protein: 13 g

Sugars: 8 g



Healthy Recipe: Mock-Southern Sweet Potato Pie



Recipe from: Keep the Beat: Heart Healthy Recipes
from the National Heart, Lung and Blood Institute

Ingredients:

FOR CRUST:

1 $\frac{1}{4}$ c flour
 $\frac{1}{4}$ tsp sugar
 $\frac{1}{3}$ c skim milk
2 tbsp vegetable oil

FOR FILLING:

$\frac{1}{4}$ c white sugar
 $\frac{1}{4}$ c brown sugar
 $\frac{1}{2}$ tsp salt
 $\frac{1}{4}$ tsp nutmeg
3 large eggs, beaten
 $\frac{1}{4}$ c canned evaporated skim milk
1 tsp vanilla extract
3 c sweet potatoes, cooked, mashed

Preparation:

1. Preheat oven to 350 ° F.

To prepare crust:

1. Combine flour and sugar in bowl.
2. Add milk and oil to flour mixture.
3. Stir with fork until well mixed. Then form pastry into smooth ball with your hands.
4. Roll ball between two, 12-inch squares of waxed paper, using short, brisk strokes, until pastry reaches edge of paper.
5. Peel off top paper and invert crust into 9-inch pie plate.

To prepare filling:

1. Combine sugars, salt, nutmeg and eggs.
2. Add milk and vanilla. Stir.
3. Add sweet potatoes and mix well.
4. Pour mixture into pie shell.
5. Bake for 60 minutes or until crust is golden brown.
6. Cool and cut into 16 slices.

Serves 16 : Serving size 1 slice

Nutritional Information Per Serving:

Calories: 147	Protein: 4g
Total Fat: 3 g	Total Fiber: 2 g
Saturated Fat: 1 g	Carbohydrates: 27 g
Cholesterol: 40 mg	Potassium: 293 mg
Sodium: 98 mg	

PROVIDER PUZZLE ANSWERS

Pam Postalwait, RN, Clinical Services Coordinator



- Across
- 6 Not covered by WV BCCSP but Providers may apply for coverage through the WV D&T Fund (2 Words)
 - 7 The number of years a BCCSP Provider must retain all records, documents & correspondence
 - 8 This type of visit is never covered by BCCSP (2 Words)
 - 10 This is not covered by BCCSP, even if ordered by the Physician (2 Words)
 - 11 Specific type of Pap test paid by BCCSP (2 Words)
 - 13 A family history of this is considered a risk factor for breast cancer (2 Words)
 - 15 The BCCSP form that is given to the patient to take with her when she has a mammogram (2 Words)
 - 16 The maximum interval (in days) between diagnosis and initiation of treatment
 - 18 This CBE finding dictates that the patient is referred for a surgical consult (2 Words)
 - 19 The only ultrasound reimbursed by BCCSP

- Down
- 1 Exam that must be done with a Pap test or CBE in order for BCCSP to reimburse
 - 2 The system used to report the interpretation of Pap test results
 - 3 Must be completed at "Enrollment" visit and then updated annually (3 Words)
 - 4 One form that must be submitted when billing BCCSP for services (3 Words)
 - 5 Recommended technique for performing a clinical breast exam
 - 9 The number of surgical consultations that BCCSP will pay when a woman has an abnormal CBE
 - 12 This is not considered a "Risk Factor" for breast cancer (2 Words)
 - 14 What test qualifies payment for an ultrasound through BCCSP?
 - 17 Most breast cancers appear in women who are older than this age (in years)

***West Virginia Breast and Cervical
Cancer Screening Program
2015 Provider Training Schedule***



Wednesday, January 21

Wednesday, February 18

Wednesday, March 4

Wednesday, April 22

May - no class

Wednesday, June 17

Wednesday, July 15

Wednesday, August 19

Wednesday, September 16

Wednesday, October 21

Wednesday, November 18

Wednesday, December 9



All Provider Trainings begin at 9:00 a.m. and end at 3:00 p.m. Providers may contact Pam Postalwait, RN, Clinical Services Coordinator at 304-346-4401 or Pam.A.Postalwait@wv.gov.

Save-the-Dates



Public Health Nurses Physical Assessment Training and combined Refresher Training (PHNPAT/PHNPATR)

Tuesday, March 24 through Thursday, March 26, 2015

at the Euro-Suites Hotel in Morgantown

For more information, please call 304-293-2370

Women's Health Conference

Wednesday, May 20 and Thursday, May 21, 2015

at the Marriott Town Center in Charleston

Watch for more details in the Spring Newsletter or call 1-800-642-8522

Vandalia-Con

Friday, May 22 through Sunday, May 24, 2015

at the Blennerhassett Hotel in Parkersburg

Watch for more details in the Spring Newsletter or call 304-293-2370



Vandalia-Con 2014 participants
preparing for the parade.



Participants at the 2013 Women's
Health Conference.

WVBCCSP Staff Updates

The WVBCCSP would like to welcome Eric Whitlock as the Medicaid Nurse Case Manager. Eric is a graduate of West Virginia State University with Bachelor's Degree in pre-law and an Associates Degree in Nursing.

Eric says he has had quite a few jobs throughout his career and is truly enjoying his new position as a WVBCCSP Nurse Case Manager. He is the father of two and has lived in the South Charleston area his entire life. In his spare time he loves to hunt and fish with his son and daughter (when he can convince her to join them). The three are also avid gun enthusiasts.

To Eric, the battle against breast cancer is a personal fight as his mother has battled the disease for several years. He says, "I'm so grateful to be where I am right now. If I can benefit one woman diagnosed with the terrible news that she has breast or cervical cancer, I will be satisfied."



Eric Whitlock

Welcome to the WVBCCSP team Eric!



Sarah Sanders

The WVBCCSP also welcomes Sarah Sanders, as the WISEWOMAN and Maternal Risk Screening Epidemiologist. She received a BA in Psychology from West Virginia University and an MA in Psychology and PhD in Behavioral Neuroscience from Binghamton University – State University of New York.

Sarah is originally from Tucker County, WV. Her immediate family and numerous extended family members live in West Virginia, primarily in the Tucker and Preston County areas.

Sarah enjoys books, not having to cook and a good movie. She is happy to be back in West Virginia after being gone for 14 years. Charleston is the furthest south she has lived and she, her dog, George and cat, Ethel are hoping for milder winters.

Cathy Chadwell , WVBCCSP Medicaid Nurse Case Manager, is now located in the Summers County DHHR office.

Her new address: Cathy Chadwell, RN
WVBCCP Medicaid Nurse Case Manager
Summers County DHHR Office
320 Summers Street, Suite A
Hinton, WV 25951

New Phone number: 304-466-0008

New fax number: 304-466-0009