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breast and cervical cancer  
screening program

VOLUME 5 ISSUE 1

# WVBCCSP PROVIDER PRESS

SPRING 2007

## Website Benefits Providers and WV Women



Providers and WV women may now access the West Virginia Breast and Cervical Cancer Screening Program's (WVBCCSP) website. The site aids providers in accessing important Program information quickly and efficiently, without having to make phone calls or search through manuals.

Providers can access provider directories (updated monthly), current forms, information updates, professional education and training opportunities, and other Program resources. Publications such as the *Policies and Procedures Manual*, *Provider Press* newsletters, and *Annual Reports* may also be downloaded. Providers who prefer communication over the phone or through e-mail or simply can't find answers they are looking for on the site may obtain contact information for all staff on the *Contact Us* page, including Tracking and Follow-up nurses, Case Managers, and Cancer Information Specialists located throughout the state.

The site has proven to be a hit so far. Launched on November 1, 2006, the website had almost 3,000 visits in its first six months of existence. The WVBCCSP website promises to gain more recognition as providers discover the value of its content. Visit [www.wvdhhr.org/bccsp](http://www.wvdhhr.org/bccsp) and see what it can do for you!

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Here is an example of how to find provider forms on the website.

Provider Resources

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Information Updates



Christina Mullins  
WVBCCSP Program  
Director

## Christina's Corner:

As a child, my father and I loved to watch a television show called the "A-Team." On that show, there was a group of former war heroes who always made elaborate plans to save the day and capture the villains. Generally, their plans did not go exactly the way they were originally intended (which was the fun of the show), but the leader of this group would always say "I love it when a plan comes together" when they succeeded at the end. As the leader of the West Virginia Breast and Cervical Cancer Screening Program, I too love it when a plan comes together.

Last spring, the staff again reminded me of our need for a website. We wanted a website that would be used by providers, clients, staff, and partners. We even made a list of things that we wanted to see housed on the website such as forms, manuals, resource lists, and bulletin boards. When we proceeded to the implementation phase of our project, we identified the villain in this story. There was no one available on our staff to actually spend time writing and designing the product. The nurses were all busy tracking and following abnormal screening and diagnostic results, the Cancer Information Specialists were helping identify and recruit women in the field, and the rest of us were preparing for

our regional training events (BCCIPs) and summer meeting schedules.

This situation left us stuck until an idea emerged. We could hire an intern! This would be inexpensive, short-term, and would benefit the student assigned to us. We quickly contacted the Governor's Summer Internship Program, and selected Samantha Haverlock, a journalism student from WVU. Our intern worked hard all summer. She completed draft after draft of future WVBCCSP web pages, and as summer came to a close, the website began to take shape and was later approved for launch.

Please take a few minutes and check out our website at [www.wvdhhr.org/bccsp](http://www.wvdhhr.org/bccsp). You will find copies of Program forms, current provider lists, information updates, community resources and much more. We plan to keep this site current by updating it each month. WVBCCSP staff has become users of our website and hope you will too. I love it when a plan comes together.

I would also like to take a moment to formally wish April Stannard, Judith Hedrick, Sissy Price, and Melissa Mealy the best in their new positions and welcome Cally Mervine (Region 7 CIS), Samantha Haverlock (Education Coordinator), and Carolyn Ferrell (Region 3 CIS) to WVBCCSP.

## WVBCCSP Data Update

*WVBCCSP data from 1991 through December 31, 2006*

Number of women enrolled: .....	105,973
Number of Pap tests provided: .....	205,533
Number of mammograms provided: .....	133,292
Number of clinical breast exams provided: .....	191,646
Number of invasive breast cancers diagnosed: .....	655
Number of invasive cervical cancers diagnosed: .....	114

# Getting to Know the WVBCCSP Staff



## *Meet Samantha*

Samantha graduated from WVU with a degree in Journalism in May 2006. After graduation, she interned with the WVBCCSP in Charleston for six months before happily accepting the position of Education Coordinator in December 2006. Samantha hopes to earn a master's degree in Public Administration.

**Likes**—Traveling, severe thunderstorms, Mexican food, exercising, volunteering for Special Olympics

**Dislikes**—Eating healthy, bad drivers, rude people, cleaning, spiders and snakes



## *Meet Cally*

Cally Mervine joined the WVBCCSP as a Cancer Information Specialist (CIS) for Region 7 in December 2006. She has an associate's degree from George Washington University (in Washington, D.C.) in Medical Lab Technique and a bachelor's degree in Liberal Studies (English depth) from Excelsior College in Albany, NY. Cally is currently pursuing a master's degree in Humanities from American Public University in Charles Town, WV.

**Likes**—Coffee from all night diners, reading philosophy, cleaning while listening to opera, dogs, plants and flowers

**Dislikes**—Taking allergy medicine, fast drivers, getting lost with or without a map, gray and slushy snow, restricting coffee intake



## *Meet Carolyn*

Carolyn Ferrell graduated from West Virginia University with degrees in Dental Hygiene and Nursing, and a master's degree in Health Education. Carolyn joined the WVBCCSP as the CIS for Region 3 in mid-March 2007. Prior to working with WVBCCSP, she was employed by Charleston Area Medical Center, the Governor's Cabinet for Children and Families, and the West Virginia Poison Center.

**Likes**—Walks, laughter, volunteering for Hospice, the color blue, daisies and tulips

**Dislikes**—Lots of noise, fatigue, heat with humidity, junk mail, rude people



# New Lab... New Changes



The WVBCCSP started the New Year by contracting a new lab, Cytology Services of Maryland (CSM), to read all Pap tests for WVBCCSP screening providers. This change follows a string of improvements over the last few years to make the Program as efficient and effective as possible. CSM

commits to supplying Pap test (both conventional and liquid-based) results as quickly as possible.

In order for CSM to process specimens without delay, CSM provides some helpful tips:

- On the lab request form, be sure to check off BCCSP, FAM PLAN, or PRIVATE PT at the top of the page.
- Complete as much patient information as possible, ensuring that all shaded areas are complete and accurate, as required by law.
- Label the specimen with the patient's name that corresponds with the lab request form.
- The bottom (yellow) copy of the lab request form should be kept by the clinic for patient records.
- For billing purposes, if the patient has insurance, include a photocopy of the front and back of the patient's insurance card.

- For Thin-Prep Paps, be sure the vial is closed tightly and placed inside the sealable portion of the specimen biohazard bag and place the lab request form in the outside pocket.

Also, be sure to place as many Pap specimens into the mailer boxes and as many mailer boxes into the UPS/FedEx shipping envelopes as possible. UPS and FedEx are CSM's shippers of preference because of their tracking capabilities, and shipping is provided at no cost to providers. Specimens can be sent to CSM via two day ground service. For pick up of specimens, call (800) PICK-UPS for UPS or (800) Go-Fed-Ex for FedEx.

Results for Pap tests are available 7-10 calendar days from the day CSM receives the specimen. HPV results are available within 5-10 additional calendar days from the cytology completed date, if reflexed. Reports for histology are available within 1-2 days from the date CSM receives the specimen. Hardcopies of reports are mailed once the case is complete. In addition, CSM offers eReporting which allows providers to view reports online via the web, or providers may contact the Client Services department for verbal and/or faxed results. If providers need results for multiple patients, fax the names and dates of birth to the Client Services department at (301) 206-2595 and results will be faxed upon receipt. For additional supplies, simply complete a supply order form and fax to (301) 206-2595.

CSM thanks you for your patience during the successful completion of assisting WVBCCSP with nearly 2,000 Paps from December 2006 that ACS was unable to complete. CSM is confident that each provider will see results more quickly and appreciates the opportunity to service West Virginia and its patients. You may reach CSM's Client Services department and Pathologists via telephone from 6am-6pm, Monday thru Friday at (877) 549-2642.

# WV Cancer Plan Launch

On May 22, 2007, approximately 200 state cancer survivors, advocates, government officials, and the healthcare community gathered in Charleston, WV, with Governor Manchin, Linda Armstrong Kelly, and the Mountains of Hope Cancer Coalition to celebrate the launch of the 2007 *West Virginia Cancer Plan*. The Plan is a consensus-based document that serves as a statewide blueprint for cancer prevention and control activities. It outlines a comprehensive approach to prevention, early detection, and quality of life/survivorship and will assist state, regional, and local cancer prevention and control partners as they work to reduce the burden of cancer on all West Virginians.

The highlight of the evening came when Linda Armstrong Kelly, mother of Lance Armstrong (founder of the Lance Armstrong Foundation), discussed the importance of working together to conquer cancer and her personal message about overcoming life's barriers. Linda also conducted a book signing for her new book, titled *No Mountain High Enough*, during a reception following her presentation. Leslie Given, former head of the Centers for Disease Control and Prevention's Comprehensive Cancer Initiative and a Webster County native, congratulated Mountains of Hope on its plan and challenged all guests to help implement the plan.

The *West Virginia Cancer Plan* is available online at the Mountains of Hope website ([www.wvmountainsofhope.org](http://www.wvmountainsofhope.org)). You may receive a print copy by contacting the coalition at P.O. Box 6886, Morgantown, WV 26506. You may also request a copy by calling (304) 293-2370 or fax a request to (304) 599-1552.



# Statewide Referral Provider Trainings Completed

The WVBCCSP finishes the new Referral Provider Manual and proudly announces the completion of on-site trainings for mammographers, breast surgeons, and colposcopy providers. The Cancer Information Specialists conducted a statewide referral provider training blitz during March, April, and May 2007. Approximately 310 trainings were conducted.

Some common areas of discussion included, but were not limited to:

## *All Referral Providers—*

- Bill the WVBCCSP within 60 days of the date of service
- Accept the WVBCCSP's rate of pay for covered services as payment in full and do not balance bill the patient
- Send all insurance claim forms and reports to the WVBCCSP *together* for prompt reimbursement
- All exceptions to the covered CPT Codes must be made directly by the Program Director

## *Mammography/Ultrasound Providers—*

- CAD is not reimbursable through the WVBCCSP
- Digital mammography is reimbursed at the screening mammogram rate
- Ultrasounds will be approved for reimbursement only when used in conjunction *with* a mammogram
- WVBCCSP does not reimburse for a 3-month follow-up ultrasound
- If a 6-month repeat ultrasound is requested, reimbursement can only be rendered if done as an adjunct to a 6-month repeat mammogram

## *Breast Surgeons—*

- One of the following four CBE results must be documented by the screening provider on the Breast Services Referral form (Y202) in order for WVBCCSP to reimburse for the breast surgical consultation:
  - Discrete Palpable Mass (Suspicious for Cancer)
  - Bloody or Serous Nipple Discharge
  - Nipple or Areola Scaliness
  - Skin Dimpling or Retraction
- WVBCCSP will reimburse for two surgical consultations each year per breast problem—initial consultation plus one follow-up consultation
- The post-operative office visit is considered part of the breast biopsy global CPT code and cannot be billed as a separate breast consultation visit
- Preoperative procedures are not reimbursed by the WVBCCSP (e.g. chest x-ray, EKG, lab work, etc.)

## *Colposcopy Providers—*

- Gynecologic consultations are not reimbursable through the WVBCCSP
- A repeat Pap test after colposcopy must be performed by the patient's screening provider
- WVBCCSP does not reimburse for a follow-up colposcopy in the absence of a repeat Pap test

If you have any questions or need additional on-site technical assistance, please call your regional Cancer Information Specialist or the Program's Clinical Services Coordinator.



# State Programs: Are They Cost-Effective?

Since its inception, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) has provided more than 5 million breast and cervical cancer screening and diagnostic tests for over 2.1 million low-income women. Over the years, the annual budget for the national program averaged just over \$160 million. Prior to 2004, NBCCEDP completed only one economic analysis.

In June 2004, the Centers for Disease Control and Prevention (CDC) asked the WVBCCSP to participate in a comparative cost effectiveness study of nine state programs. The study sought to develop an effective tool for collecting cost information from NBCCEDP grantees, which would then assist CDC in making optimal decisions regarding program performance improvement and maximizing NBCCEDP resources. Through this study, the CDC wanted to answer several important questions including, but not limited to:

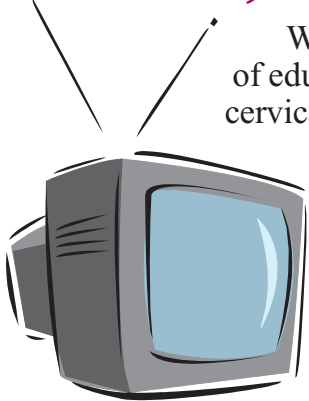
- What is the cost per woman screened for breast and cervical cancer?
- What is the cost per breast and cervical cancer detected?

Preliminary results from this study indicated that the average cost per woman served by the NBCCEDP ranged from \$260.80 to \$769.99. The

average clinical cost (screening and case management) ranged from \$146.71 to \$354.67. The cost per woman served by the WVBCCSP was \$260.80 and the clinical cost was \$146.71—indicating that West Virginia served women more cost-effectively than any other NBCCEDP grantee participating in this study. The average cost for screening and diagnostic tests per woman ranged from \$73 to \$190 (breast) and \$29 to \$111 (cervical). The average cost of screening and diagnosis for West Virginia was \$73 (breast) and \$32 (cervical). It should be noted that there appears to be a correlation between average cost and total number of women screened (programs that screen more women appear to have lower costs). Program structure also appears to play a role in the cost-effectiveness of state programs. Centralized programs, such as the WVBCCSP, appear to serve women more cost-effectively than decentralized programs. There was only a slight increase in cost for programs whose structure incorporates both centralized and decentralized aspects (mixed).

During Phase II of the study, the CDC will be contacting the remaining NBCCEDP grantees to collect data. Once all of the data has been collected and analyzed, CDC will design a cost-effectiveness model/framework and perform a cost-effectiveness assessment.

## *Media, Media, Media...*



WVBCCSP found a creative way of educating women about breast and cervical cancer. Using communication as a tool, Melissa Mealy, former Cancer Information Specialist in Region 6, promoted the WVBCCSP by way of great conversation on Comcast Newsmakers Channel 33. This public forum provides a free one-on-one interview segment airing for one month (or about fifty

times) and is worth \$5,000 of in-kind donations. “This is a great way for WVBCCSP to be promoted in the northern panhandle. Our program is always looking for innovative ways to reach women who need our services,” says Melissa.

The WVBCCSP staff wants to thank Comcast for its commitment to public service programming and its generous donation of air time to WVBCCSP.

80,000 households in the Ohio Valley receive information about screening services.

# Working Together to Achieve Success... Cervical Health Awareness Month



Current research demonstrates that prevention and early detection, two key components of the WVBCCSP, help promote better health. WVBCCSP Cancer Information Specialists (CIS) started off the New Year doing just that; promoting better health by conducting Free Screening Clinics during January, February, and March 2007.

With the help of volunteers, partners, and healthcare providers, women received more than just free breast and cervical cancer screening. Food, door prizes, educational information, and other forms of screening, such as body mass index and bone density screenings, influenced women to follow through with their scheduled

appointments. Approximately 304 women were screened at twenty Free Screening Clinics during the first quarter of 2007. Of the women screened, 201 were WVBCCSP eligible.

Partnering with others makes it possible for the WVBCCSP to offer more innovative ways to educate women about the risks of breast and cervical cancer and the benefits of early detection and screening. According to the National Cancer Institute, partners are valuable because they can provide:

- Access to a group of people who might not currently be reached;
- Credibility for the message being portrayed;
- Additional resources;
- Expertise on particular topics.

The WVBCCSP is convinced that by involving partners throughout the planning process, outreach activities, such as Free Screening Clinics, can be better than ever before. Success is driven by more than just luck. It's about heart, commitment, and partnerships!





# *The Ovarian Cancer Initiative*

In 2002, Dr. Gerard Oakley, a gynecologic oncologist with the Joan C. Edwards Marshall University School of Medicine, presented the idea of organizing community-driven programs across West Virginia to reach women with information about ovarian cancer. In 2003, this idea was funded by the WV Comprehensive Cancer Program through a grant from the Centers for Disease Control and Prevention. The idea has evolved into an innovative statewide program, known as the Ovarian Cancer Initiative, with strong community ties and support from grassroots organizations. To date, the Initiative has educated 2,500 women in thirty-two West Virginia communities on the risk factors and symptoms of this deadly disease. On average, women attending these programs who completed pre and post tests increased their knowledge and understanding of ovarian cancer by approximately 62%.

The Initiative works closely with one of its strongest collaborators, the WVBCCSP, to plan and implement community programs. A typical community program consists of an educational presentation by an ovarian cancer expert and a social component, such as lunch or dinner, to attract women

45 years of age and older in WV communities. Ovarian Cancer Initiative staff works closely with regional WVBCCSP Cancer Information Specialists to identify areas of need and interest and to identify community members to volunteer on local planning committees. These committees work with Initiative staff to develop and design the programs. Women attending the programs report an overwhelmingly positive experience with 98% stating that the programs influenced their decision to schedule a gynecologic exam.

With continued funding, the Ovarian Cancer Initiative will work to sustain and expand ovarian cancer awareness efforts in WV. Over the next few years, the Initiative will continue collaborating with the WVBCCSP to implement the successful community-driven awareness programs and other outreach strategies for the 45 years old and over population. The Initiative hopes to develop annual professional education programs to educate women on the various aspects of ovarian cancer. They also hope to establish a community-based initiatives' grant program to fund community projects aimed at increasing ovarian cancer awareness.

## *Partnering with the Intercultural Cancer Council*

A few years ago the Intercultural Cancer Council (ICC) partnered with the Office of Health/Health Resources and Services Administration and created the *Cultural Competence in Cancer Care: A Health Care Professional's Passport* to acquaint professionals with various cultures, communication norms, and specific behaviors that could facilitate improved communication between health care professionals and patients.

Shortly after the release of the publication, representatives from ICC began discussing the need for a chapter on Appalachia and approached the Appalachia Community Cancer Network (ACCN) about participating in the project. ACCN is a partnership of five universities, including West Virginia University. Stephenie Kennedy, director of educa-

tional and outreach activities for both ACCN and the WVBCCSP, developed sections of the new chapter. Pamela Brown, Director of Cancer Prevention and Control at WVU, stated, "By including a chapter focused on the people of Appalachia, the ICC is recognizing that health disparities proliferate in lower-income white communities."

The second edition of the *Passport* was released at the end of 2006 and includes a chapter highlighting the individuality and uniqueness of the Appalachian population. Members of the regional ACCN Community Advisory Committees provided valuable input into this chapter as well as ensuring cultural authenticity. To obtain a copy of this publication, contact the ICC at (713) 798-4617 or visit <http://iccnetwork.org>.

# *Benefiting Women—* **Case Management and the Medicaid Treatment Act**

Over the past few years, the WVBCCSP's Case Management has evolved. Currently, four Program Case Managers work with women who have been diagnosed with breast or cervical cancer or certain pre-cancerous conditions. They guide women through the process of being diagnosed, applying for a Medicaid card, and receiving and completing treatment.

Women must follow specific guidelines in order to enroll into the Medicaid Treatment Act (MTA). Any female resident of WV under the age of 65, who does not have credible health insurance (as defined by Medicaid) and is *in need of* or receiving *active treatment* for an eligible breast or cervical diagnosis, is qualified for the West Virginia MTA.

The Case Managers rely on the WVBCCSP screening and referral providers to send women to their county Department of Health and Human Resources (DHHR) office for admittance into the MTA. To complete the process, the woman must have a CDC Certificate of Diagnosis. She must also complete a Medicaid application. The provider should send a copy of the Certificate of Diagnosis and a Case Management Referral Form to the WVBCCSP office. The woman should be enrolled in WVBCCSP by a screening provider. On some occasions, a woman receives her eligible diagnosis through a provider outside of the WVBCCSP but still qualifies for a Medicaid card. The woman does not have to meet the financial eligibility guidelines of the WVBCCSP to qualify for the MTA.



During the Medicaid application process, the woman must supply proof of identity and residency to the DHHR. Once the woman completes the proper paperwork, the DHHR issues the woman a Medicaid card, which covers all necessary services. The Case Manager assigned to the woman's county of residence will contact the patient as soon as possible to complete a Needs Assessment and assure she is receiving treatment. The woman must keep her Case Manager up-to-date on her treating physician and treatment status. She must also complete annual renewal paperwork as required by Medicaid.

If providers have any questions about an eligible diagnosis or the Medicaid Treatment Act, they should contact a Case Manager or the WVBCCSP Nurse Supervisor, Beth Staats, at 304-558-5388 or 1-800-642-8522 (toll free in WV).



## Who are the WVBCCSP Case Managers?

There are four registered nurses working as WVBCCSP Case Managers. They are assigned by regions. (see map)

Region A: Cathy Chadwell, RN

304-256-6777

Region B: Kyla Nelson, RN

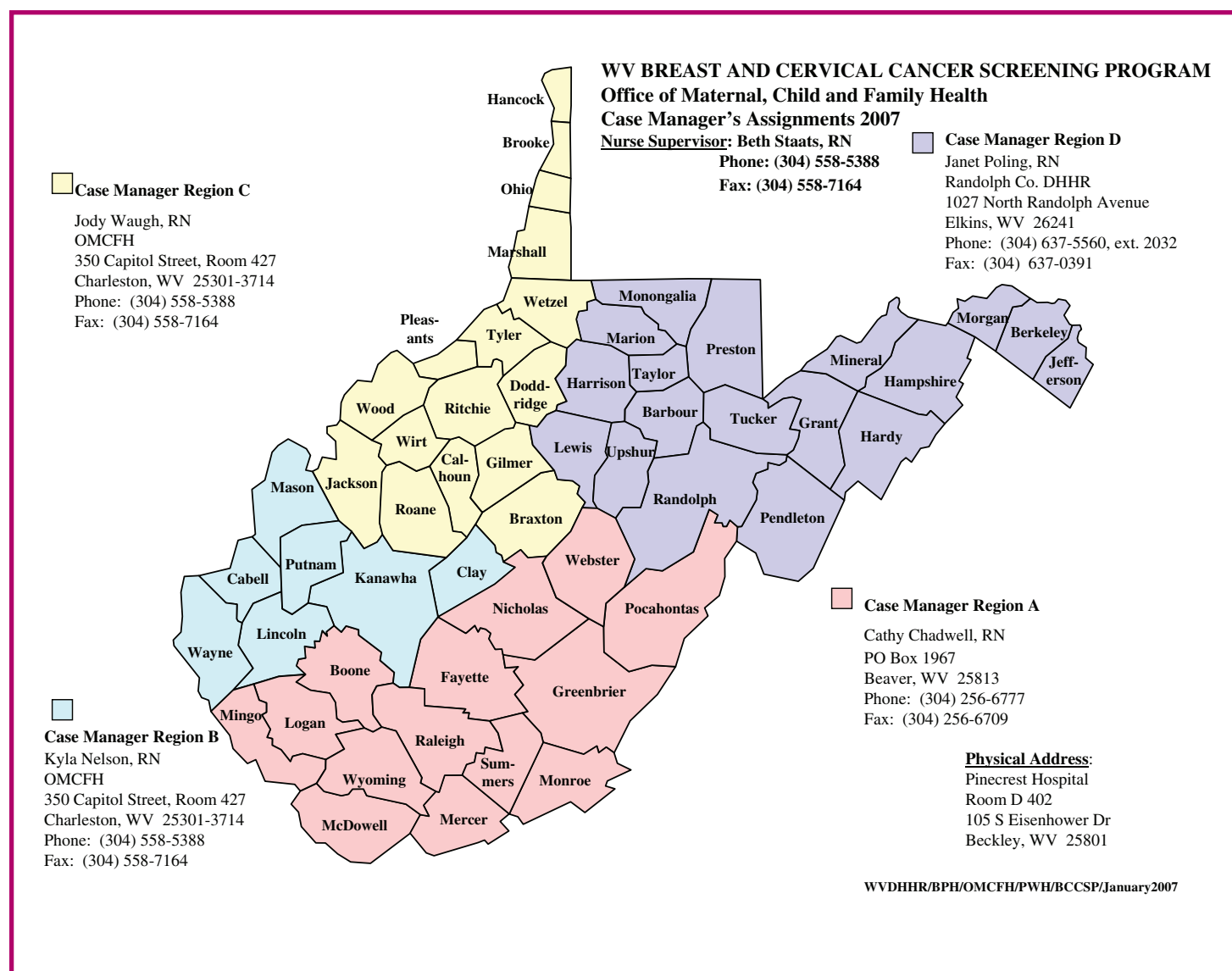
304-558-5388

Region C: Jody Waugh

304-558-5388

Region D: Jan Poling, RN

304-637-5560 ext. 2032



If providers identify women who have abnormal results and are not getting recommended follow-up, those providers must send a Case Management Referral Form to

the WVBCCSP Nurse Supervisor. A Case Manager will follow up on all of these referrals and encourage the women to keep their recommended follow-up appointments.



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## You're Worth It . . .

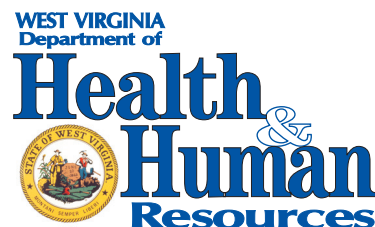
This newsletter is for providers participating in the WVBCCSP. If you would like to contribute information or article ideas for this newsletter, please contact:

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Robert C. Byrd Health Sciences Center

Mary Babb Randolph Cancer Center

