

## *Vandalia-Con: Saving the Mothers of Invention*

By: Shelly Dusic

### *INSIDE THIS ISSUE:*

Steampunk Comes to WV	1, 6
Director's Dialog	2
WVBCCSP Provider & Policy Changes, Updates & Reminders	3-4
Affordable Care Act Impact	5
The WISEWOMAN Program	7-8
Healthy Recipe	9
PHNPAT	10
WHIPs	11
Provider Puzzle	12
"80% By 2018"	13-14
Provider Puzzle Answer Key	15
2014 Provider Training Schedule	16

"Vandalia-Con: Saving the Mothers of Invention" was West Virginia's first Steampunk Convention. The Convention was held at the Blennerhassett Hotel in Parkersburg, WV, May 2-4, 2014. Those attending joined the fight against breast cancer, with all proceeds being donated to the WV Breast and Cervical Cancer Diagnostic and Treatment Fund and Bonnie's Bus. We are very pleased to announce that the event was a success! Approximately 185 people attended the convention and another 125 joined us for Vandalia-Con's Pink Block Party on Sunday, which included a Health Fair and mammograms on Bonnie's Bus.

Captain Lovelock, an entertainer who traveled from Rhode Island to perform at Vandalia-Con, said, "If you were not in West Virginia at Vandalia-Con this weekend, you missed out!"



Mark Twain (center) with the crew of The Dead Rabbit (left) and members of the Karnevil Sideshow (right).



Zebulon Pike, airship specialist, in front of the Blennerhassett hotel.



(continued on page 6)

## ***Director's Dialog: The ACA and the WVBCCSP***



**WVBCCSP Director  
GeorgeAnn Grubb, MPH**

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By: GeorgeAnn Grubb, MPH

As the Affordable Care Act (ACA) is implemented, the uncertain landscape of health care reform is coming into sharper focus, with more clarity about what expanded insurance coverage will mean for thousands of West Virginians. The benefits for women are many. Women cannot be denied coverage for a pre-existing condition. Most plans will cover preventive services, like cancer screenings, at no out-of-pocket cost. Women's health coverage must include pregnancy and newborn care, as well as domestic violence screening and counseling. Breastfeeding support and equipment are covered. Services to help women quit smoking are covered. Women cannot be charged more than men for the same health coverage. And being a woman is no longer a pre-existing condition! The ACA makes it easier for women to access and pay for health care, thus helping them and their families stay healthy.

While all of this is encouraging, there remains a great deal of uncertainty. The WVBCCSP has been monitoring the impact of the ACA on our Program by following the leadership provided by CDC, consulting with our CDC Project Officer, and learning from the experiences of other state Breast and Cervical Programs. We are gathering and analyzing our screening data to determine how we can best modify our Program to continue to reach those women who remain uninsured or underinsured. We have raised the ceiling on the Federal Poverty Level to cover women who are over-income for Medicaid, but cannot afford to purchase insurance. For those women who have insurance that does not cover what they need or who have cost-prohibitive co-pays or deductibles, WVBCCSP will continue to act as the payor of last resort.

The WVBCCSP is so much more than just a payment source. In addition to the provision of services, the promotion of these services will become increasingly critical as we expand our public education and outreach efforts. As always, the WVBCCSP will focus on connecting women to comprehensive, high-quality breast and cervical cancer prevention and care services, as well as reaching out to priority populations and helping to remove barriers for all West Virginia women, regardless of income, age or insurance coverage. And as always, we couldn't do it without you!

*GeorgeAnn Grubb*

# *WVBCCSP Provider & Policy Reminders and CHANGES*

## **WVBCCSP adopts new ASCCP Pap guidelines**

In 2012 the American Society for Colposcopy and Cervical Pathology (ASCCP) updated the recommended guidelines for the management of abnormal cervical cancer screening tests and cancer precursors. **On June 30, 2014 the WVBCCSP and West Virginia Family Planning Program will begin following these guidelines.** The Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors are available at [www.asccp.org/Consensus2012](http://www.asccp.org/Consensus2012). Program reimbursement guidelines are not a substitute for clinical judgment.

Highlights of the new ASCCP guidelines are listed below:

- Cervical screening should begin at age 21.
- Women **under age 21** years should NOT be screened regardless of the age of sexual initiation or other risk factors.
- 2012 Guidelines recommend that women **21 years through 29 years of age** should have a Pap test every 3 years. HPV testing is unacceptable for managing women ages 21-29 and should not be performed on women under 30 years of age.
- In the guidelines, HPV refers only to “High Risk” HPV.
- For women **aged 30-65 years**, co-testing with a Pap test (cervical cytology) and HPV testing is preferred and should be performed every 5 years OR screening with cytology alone every 3 years is acceptable.
- Women who have had the HPV vaccine still need regular cervical screening based on the current guidelines.
- Women who have had their cervix removed (hysterectomy) for a non-cancerous condition (like fibroids) do not need cervical screening.
- Women **over the age of 65 years** and who have evidence of adequate negative prior screening results and no history of a CIN2 or higher, routine cytology screening and HPV testing should be discontinued and not restarted for any reason. Adequate negative prior screening results are defined as three consecutive negative cytology results or two consecutive negative co-tests within the previous 10 years, with the most recent test performed within the past 5 years.
- Women who have a history of cervical cancer, are infected with the Human Immunodeficiency Virus (HIV), have a weakened immune system or who were exposed to Diethylstilbestrol (DES) before birth should not follow the guidelines.

# ***WVBCCSP Provider & Policy Reminders and CHANGES***

## ***Eligibility Increased to 250% Federal Poverty Level (FPL)***

Effective June 30, 2014, WVBCCSP increased the financial eligibility to 250% of the Federal Poverty Level (FPL) for ALL Program enrollees. By increasing the Program eligibility to 250% FPL, the pool of women eligible for WVBCCSP is expanded to include those women who are over-income for Medicaid and those who cannot afford to purchase private insurance.

When assessing a woman's financial eligibility for WVBCCSP, no proof of income is required. Eligibility is based on the woman's verbal statement of family size and income. Be sure you share this new eligibility information with your staff members who are responsible for assessing eligibility and enrolling women in WVBCCSP.



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CANCER SCREENING PROGRAM  
*You're Worth It*

## ***Screening Mammogram Eligibility***

- Over 50 years old = annual screening mammogram
- 40-49 years old = MUST have documented HIGH RISK Factors
- Under 40 = NEVER eligible for a WVBCCSP funded screening mammogram

## *The Affordable Care Act's Impact on WVBCCSP and WISEWOMAN*

By: GeorgeAnn Grubb and Beth Staats

The Affordable Care Act (ACA) will increase the number of women who have access to comprehensive health care coverage, either through the private marketplace or expanded Medicaid. WVBCCSP will continue to cover services for women who are uninsured and underinsured. The Program will also continue to promote access to quality cancer screenings for all women and to address barriers that prevent women from getting screened.

Preventive services covered under the ACA include breast and cervical cancer screenings and some diagnostic procedures. The ACA requires insurance policies to cover routine gynecological screenings including Pap tests, pelvic exams and clinical breast exams (CBE). There may be cases where a woman has insurance that fully covers her Pap and screening mammogram but requires she meet her deductible, or she may have a co-pay for additional diagnostic testing. If she states the deductible or co-pay are not affordable, she can be enrolled in WVBCCSP and referred for additional services per WVBCCSP guidelines. She must still meet eligibility guidelines. As with any woman who has insurance, her insurance **MUST** be billed first and the Explanation of Benefits (EOB) submitted with the invoice. WVBCCSP reimburses the difference between the insurance payment and the normal WVBCCSP reimbursement rate. If a woman has Medicare, Medicaid or is an HMO enrollee, she is not eligible for WVBCCSP or WISEWOMAN.

A woman can only be eligible for WV WISEWOMAN if she meets the eligibility requirements and her Pap and/or CBE are paid for by WVBCCSP. Women are not eligible for WV WISEWOMAN enrollment if they are only referred to WVBCCSP for diagnostic services.

**The one eligibility modification made by WVBCCSP related to the ACA is the increase of the Federal Poverty Level (FPL) from 200% to 250%. The ceiling for Medicaid is 138% FPL. Thus the pool of women eligible for WVBCCSP is expanded to include those women who are over-income for Medicaid and those who cannot afford to purchase private insurance.**

Women with family income up to 138% of the FPL may be eligible for expanded WV Medicaid. They should be encouraged to visit their local DHHR and apply for expanded Medicaid coverage. If a woman has insurance coverage, she is not eligible for the West Virginia Breast and Cervical Cancer Diagnostic and Treatment Fund or the Medicaid Treatment Act.



## *Vandalia-Con: Saving the Mothers of Invention (continued)*



(continued from page 1)

By: Shelly Dusic

There were panels and classes, ghost hunts, movie screenings, tours, games and more throughout the weekend. Approximately \$5,000 was raised through the efforts of all that attended the Convention. We are declaring this event a smashing success and we hope to see you all there next year. To learn more about this amazing event, please visit us on Facebook or check out the website at [www.vandalia-con.org](http://www.vandalia-con.org).



Hustle & Bustle Creations  
at the Saturday Night Ball.



Xen with fire fans at the  
Inferno Fire Troupe  
Performance.



Guest musician Painless Parker.



Booyah breathing fire at the Inferno  
Fire Troupe Performance.



Shelly and Lillian Dusic,  
Steampunk family.

## *The WV WISEWOMAN Program*

By: Sheryn Carey

The previous edition of the Provider Press discussed the purposes of the WISEWOMAN Program and identified the cardiovascular disease risk factors that are the focus of the Program's efforts. Through the current WISEWOMAN grant, hypertension is the risk factor that will receive the greatest attention with the available Program funds.

Additionally, this iteration of the WISEWOMAN Program is built on a framework that acknowledges that individual health is increasingly influenced by social factors and that healthy people tend to live in healthy communities. In addition to strong medical care systems, healthy communities have a range of environmental supports that promote and protect health across the lifespan and give people opportunities to take charge of their health.

The WISEWOMAN Program framework 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**. WISEWOMAN Program activities are focused primarily in the Health Systems and Community-Clinical Linkage Domains. The Epidemiology and Surveillance Domain activities (with a data focus) are intended to support all program components. The Environmental Approaches Domain activities will be best accomplished through effective partnership efforts to support the primary mission of the Program. Activities often cross domains and grantees should connect goals and activities in all of the domains. The socio-ecological approach represented by the four domains aligns with Healthy People 2020 and national strategies to improve the quality of health care, reduce health inequities and contain health care costs.

The WV WISEWOMAN Program's policies and procedures, work plan and evaluation strategies have been developed with these four domains as the framework. The following provides more definition of each of the CDC's National Center for Chronic Disease Prevention and Health Promotion Domains:

(continued on page 8)



# *The WV WISEWOMAN Program (continued)*

(continued from page 7)

By: Sheryn Carey

## **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.

## **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.

## **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.

## **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.

In the next edition of this newsletter, we will look at some of the specific provider activities associated with each of these domains.





## *Healthy Recipe: Mojito Fruit Salad*



### **Ingredients:**

- |   |                                |
|---|--------------------------------|
| 1 cup cubed seeded watermelon           | 1 cup fresh blueberries        |
| 1 cup seedless grapes                   | 3 sprigs fresh mint            |
| 1 cup cubed cantaloupe                  | 2 teaspoons white sugar        |
| 1 cup hulled and quartered strawberries | 3 tablespoons fresh lime juice |
| 1 cup peeled and quartered kiwi         |                                |

### **Directions:**

1. Mix the watermelon, grapes, cantaloupe, strawberries and kiwi in a bowl with a tight-fitting lid; top with blueberries.
2. Stir the mint, sugar, and lime juice in a bowl, crushing the mint with the back of a spoon while mixing to extract flavors; pour over the fruit mixture. Seal the bowl with a lid and refrigerate at least 1 hour.
3. Just before serving, gently flip the sealed bowl several times to coat the fruit with the dressing.

Nutritional Information Per Serving:			
Servings per recipe	6	Total Carbs	20.7g
Calories	83	Dietary Fiber	2.6g
Total Fat	0.6 g	Protein	1.3g
Cholesterol	0mg	Sodium	7mg

Recipe from [allrecipes.com](http://allrecipes.com)

# *Public Health Nurses Physical Assessment Training (PHNPAT)*

By: Vickie Burke

Early this spring, registered nurses from around the state traveled to Morgantown to attend the Public Health Nurses Physical Assessment Training and Refresher (PHNPAT/PHNPATR) course. During the three-day comprehensive training, held March 18-20 at the Erikson Alumni Center, participants received training by experienced medical staff and health professionals. They learned about the anatomy and physiology of the breast and pelvic region, breast self-examination instruction, menopause, Human Papillomavirus, clinical trials and more. PHNPAT also provided the nurses with the hands-on clinical experience they needed to perform Pap tests, pelvic exams and clinical breast exams in their local clinics and hospitals. Nurses play an increasingly important role in the cancer screening process, as well as in the diagnosis and treatment of cancer.

Cancer screening is an important tool to help prevent cancer or detect cancer in its early stages, when treatment may be more successful. West Virginia is one of the most rural states in the country, leaving many communities underserved. PHNPAT certified nurses help alleviate some of the barriers that providers face in offering much needed screening services. They are trained to provide WVBCSP patients with Pap tests, pelvic exams and clinical breast exams, saving both time and money when a doctor or other health professional is unavailable.

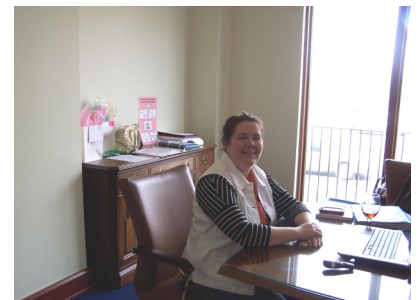
This year, one nurse was re-certified and five nurses were seeking certification. The PHNPAT Program continues to address a gap in services for rural areas while meeting the professional education needs of providers.



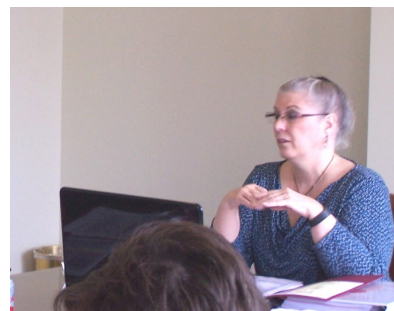
Speaker Amanda Leinweber,  
PA-C.



2014 PHNPAT participants.



Speaker Angel Smothers,  
DNP, FNP-BC.



Speaker Pam Postalwait,  
RN.



2014 PHNPAT participants.



Speaker David Myerberg, MD,  
JD.

## *Women's Health Information Programs (WHIPs)*

By: Vickie Burke

The Women's Health Information Programs (WHIPs) were held in Charleston and Morgantown this year. Over 200 nurses, doctors, administrators and other health care providers attended this WVBCCSP sponsored training.

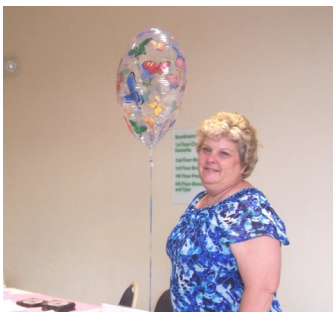
GeorgeAnn Grubb, Director of the WV Breast and Cervical Cancer Screening Program (WVBCCSP) started the morning with a brief history and overview of the WVBCCSP. She discussed CDC funding, the Diagnostic and Treatment (D & T) Fund and the Medicaid Treatment Act. She also talked about the expanded insurance coverage resulting from the Affordable Care Act (ACA) and how it may affect WV women and the WVBCCSP. GeorgeAnn shared the WVBCCSP Vision: "Healthy women living cancer-free" and Mission: "To lead and support breast and cervical cancer screening to save lives." She stated, "WVBCCSP is still here to promote and provide access to quality cancer screening using population-based outreach strategies and evidence-based practices." Clinics were encouraged to continue to enroll women using the new income guideline that has been raised to 250% of the Federal Poverty Level.

Nikki Lyttle, Epidemiologist, presented a WVBCCSP data review. She identified the enrollment trends over the last few years and noted that enrollment and the number of women screened this year was affected by the ACA, as expected. Nikki reported that all core performance indicators were once again met this year. She congratulated the WHIPs participants for reaching this goal.

Beth Staats, Nurse Supervisor, and Pam Postalwait, Clinical Services Coordinator, presented WVBCCSP Clinical Updates. They reviewed WVBCCSP Eligibility Requirements and WVBCCSP forms in great detail. They also discussed the new cervical cancer screening guidelines that will go into effect June 30, 2014 (see page 3 for more details on these changes). The morning concluded with a question and answer session.

After a delicious lunch, Fran King and Betsy Murphy, breast cancer survivors, each shared their personal cancer stories. Both women thanked the WVBCCSP providers for their compassion and care of WV women.

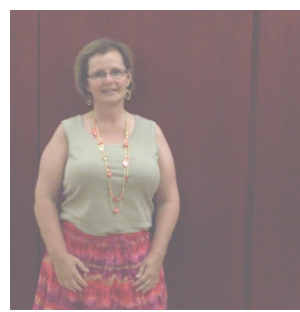
The training ended with a unique method of testing the knowledge absorbed by the participants—a lively game of Jeopardy!! It was a fun way to summarize the information shared throughout the day. And last but not least, two participants won the traditional WHIPs door prize—a pink cart filled with office supplies.



Fran King, Cancer Survivor Speaker.



Heather Cook, Bluestone Health Care, winner of Jeopardy in Charleston.



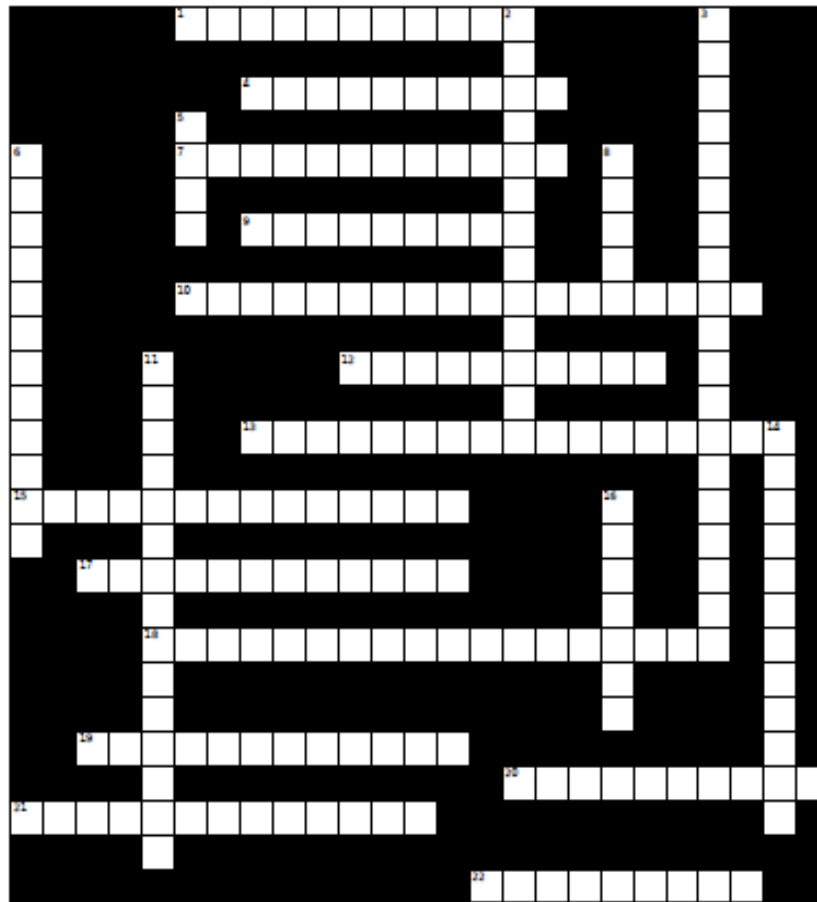
Betsy Murphy, Cancer Survivor Speaker.



Pam Postalwait and Jeopardy contestants in Morgantown.

# Provider Puzzle

## Pam Postalwait



- Across
- 1 if these are documented, a woman 40-49 is eligible for BCCSP screening mammogram (2 Words)
  - 4 never having children is one of these (breast cancer) (2 Words)
  - 7 Patient can have only one of this type visit (2 Words)
  - 9 this provider type is responsible for initiating referrals for BCC women as needed
  - 10 form must be completed at enrollment visit & updated annually (3 Words)
  - 12 this is not a risk factor (2 Words)
  - 13 the interval between initial screening and diagnosis of abnormal breast screenings should be (4 Words)
  - 15 WVBCCSP will pay for two of these visits per year per breast problem (2 Words)
  - 17 form to bill BCCSP for screening provider services (2 Words)
  - 18 Type of BCCSP visit for yearly breast/cervical screening (3 Words)
  - 19 woman must take this form to the mammogram provider (2 Words)
  - 20 a mammogram must also be done in order for Program reimbursement
  - 21 mark this visit type if woman was diagnosed with cervical cancer and needs treatment through the Medicaid Treatment Act (3 Words)
  - 22 age recommended for initiation of cervical screening (2 Words)

- Down
- 2 this information is documented on the Patient Data form (2 Words)
  - 3 woman who returns for cervical screening only (3 Words)
  - 5 time frame (years) for BCCSP providers to maintain copies of records
  - 6 a woman who has had hysterectomy for fibroids will return for this visit type (2 Words)
  - 8 time frame (in days) for BCCSP providers to submit bills to the program
  - 11 program form used to document the Pap and pelvic results (3 Words)
  - 14 abnormal CBE result (2 Words)
  - 16 a risk factor for cervical cancer

(answers are on page 15)



By: Michelle Chappell

The American Cancer Society has been a committed WVBCCSP partner and they want providers to know about a new initiative. Read about the project and consider signing a pledge.

### ***What is 80% by 2018?***

“80% by 2018” is a National Colorectal Cancer Roundtable initiative in which dozens of organizations have committed to eliminating colorectal cancer as a major public health problem and are working toward the shared goal of reaching 80% of adults aged 50 and older screened for colorectal cancer by 2018. The National Colorectal Cancer Roundtable, an organization co-founded by the American Cancer Society and the Centers for Disease Control and Prevention used March 2014, National Colorectal Cancer Awareness Month, to rally organizations behind this shared goal.

### ***80% by 2018 Vision Statement:***

Our organizations stand united in the belief that we can eliminate colorectal cancer as a major public health problem. We have screening technologies that work, the national capacity to apply these technologies and effective local models for delivering the continuum of care in a more organized fashion. Equal access to care is everyone’s responsibility. We share a commitment to eliminating disparities in access to care. As such, our organizations will work to empower communities, patients, providers, community health centers and health systems to embrace these models and develop the partnerships needed to deliver coordinated, quality colorectal cancer screening and follow up care that engages the patient and empowers them to complete needed care from screening through treatment and long-term follow-up.

### ***Why are organizations committing to 80% by 2018? Colorectal cancer is a major public health problem.***

- Colorectal cancer is the third leading cause of cancer death in men and women in the U.S. and a cause of considerable suffering among more than 140,000 adults diagnosed with colorectal cancer each year.
- When adults get screened for colorectal cancer, it can be detected early at a stage when treatment is most likely to be successful, and in some cases, it can be prevented through the detection and removal of precancerous polyps.
- About 1 in 3 adults between 50 and 75 years old, about 23 million people, are not getting tested as recommended.
- The people less likely to get tested are Hispanics, American Indians or Alaska Natives, rural populations, men, those 50 to 64 and those with lower education and income.
- Screening can save lives but only if people get tested.
- There are several recommended screening test options, including: colonoscopy, stool tests (guaiac fecal occult blood test [FOBT] or fecal immunochemical test [FIT]) and sigmoidoscopy.
- The best test is the one that gets done.

(continued on page 14)



(continued from page 13)

By: Michelle Chappell

***Our organizations stand united in the belief that we can eliminate colorectal cancer as a major public health problem.***

- We know what we need to do to get more people screened for colorectal cancer, prevent more cancers and save lives.
- We share a commitment to eliminating disparities in access to care. Our organizations will work toward a common goal to empower communities, patients, health care providers, community health center and health systems to close the screening gap.
- Achieving an 80% screening rate by 2018 will require the collaboration of many leaders; it cannot be achieved working in isolation.
- Health care providers, health systems, communities, businesses, community health centers, government and every day Americans all have a role to play.
- Dozens of groups, including the American Cancer Society, have pledged to work together to increase the nation’s colon cancer screening rates and embrace the goal of reaching 80%.

***Now is the time to work together to reach an 80% colorectal cancer screening rate by 2018***

- The percentage of the population up-to-date with recommended colorectal cancer screening increased from 56% in 2002 to 65% in 2010.
- Still, patients and providers do not always know about or consider all the available recommended screening tests, and currently, most health care providers and systems are not set up to help more people get screened for colorectal cancer.
- Top health systems already are achieving 80% screening rates. Massachusetts is already screening over 76% of their eligible population, the highest screening rate in the nation. An 80% screening rate is achievable.
- Across our nation significant disparities exist but we are committed to eliminating these disparities. The healthcare landscape is changing and barriers for colorectal cancer screening are breaking down.
- Part of the 80% by 2018 goal is to leverage the energy of multiple and diverse committed partners to make history and achieve this remarkable public health goal.
- By working together, demanding more of ourselves and collectively pushing harder toward this common goal, we will make greater progress, prevent more cancers and save more lives than we would by acting alone.

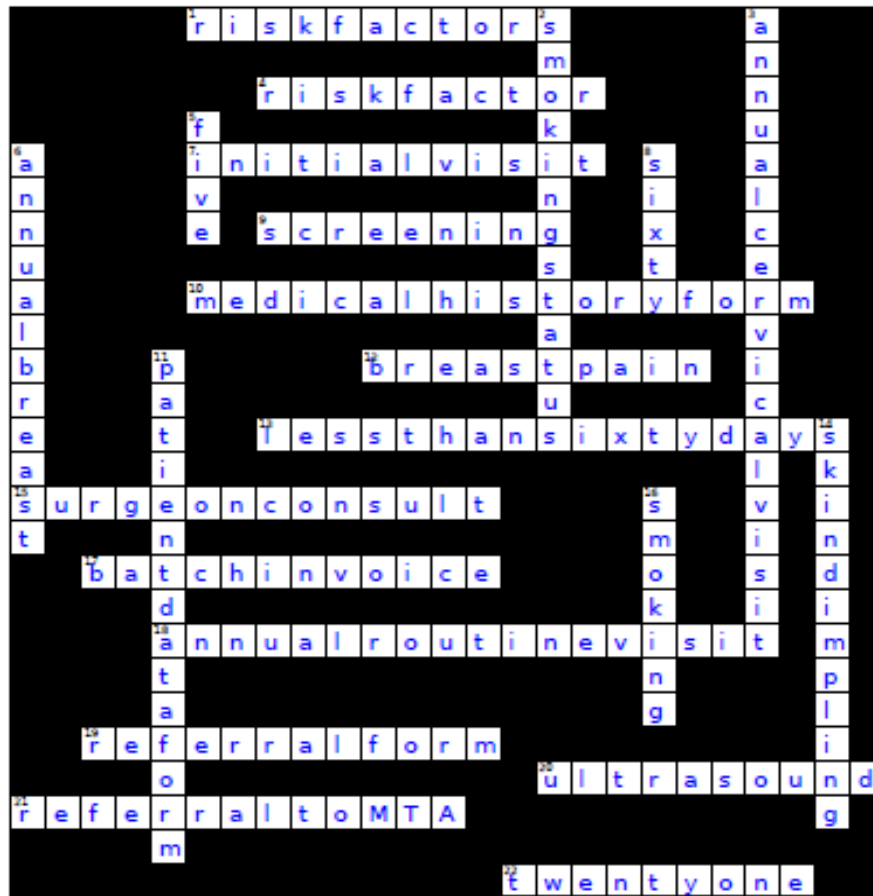
To link to the “80% by 2018” pledge, go to <http://nccrt.org/about/80-percent-by-2018/80-percent-by-2018-pledge/>. For more information or to send your completed pledge, contact Michelle Chappell, American Cancer Society. Email: [Michelle.chappell@cancer.org](mailto:Michelle.chappell@cancer.org). Phone: 404-327-6559.

1 Morbidity and Mortality Weekly Report: Vital Signs: Colorectal Cancer Screening Test Use - United States, 2012. Centers for Disease Control and Prevention. November 5, 2013. Vol. 62

# Provider Puzzle

Pam Postalwait

## Answers



### Across

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***West Virginia Breast and Cervical  
Cancer Screening Program  
2014 Provider Training Schedule***



July 2, 2014

August 6, 2014

September 3, 2014

October 1, 2014

November 13, 2014

December 3, 2014



**Pre-Registration is required.**

**Contact:** Pam Postalwait, RN, Clinical Care Services, WVBCCSP  
**Work:** 304-356-4401 or **email:** [pam.a.postalwait@wv.gov](mailto:pam.a.postalwait@wv.gov)

All classes are scheduled 9:00 a.m. - 3:00 p.m. each day at WVDHHR on 350 Capitol Street (the old Diamond Building).

Attendees must report to the Capitol Street side of the Diamond Building before 9:00 a.m. to sign-in and will then be escorted to the conference room on the fourth floor for the training.





WEST VIRGINIA  
**Breast & Cervical**  
CANCER SCREENING PROGRAM

*You're Worth It*

This newsletter is for providers participating in the WVBCSP and WISEWOMAN programs. If you would like to contribute information or article ideas for the next edition of the Provider Press, please contact:

*Editor*

**Vickie Burke**  
Outreach and Education Coordinator  
vburke@hsc.wvu.edu

*This publication was supported by cooperative agreement under DP12-1205 from the Centers for Disease Control and Prevention (CDC).*



WV OFFICE OF  
**Maternal, Child  
& Family Health**

West Virginia Department of Health and Human Resources



MARY BABB

**RANDOLPH CANCER CENTER**  
at West Virginia University