

## The Director's Corner

Good afternoon!

I want to sincerely thank everyone for their participation with FPAR and all your continued efforts in providing quality care to the State of West Virginia.

I also want to make you aware that we are preparing to submit more required information to the Office of Population Affairs and may have to contact you via phone or email to collect the necessary documentation. I thank you in advance for your understanding!

Cathy Capps-Amburgey,  
Director  
WV Family Planning  
Program

# The Information X Change



**February 2018**

WV Family Planning Program  
*What's your plan?*

### *Training Information*

The next training opportunity for the 2016 WV Family Planning Guidelines, QFP, and Title X Program Requirements, will take place by conference call on March 15, 2018 from 9:00AM-12:00PM. If you would like to participate in a conference call training, please email Kathy Howell at [kathy.l.howell@wv.gov](mailto:kathy.l.howell@wv.gov) to receive the dial-in information.

If you're interested in more training, join the Family Planning National Training Center for a webinar that will clarify some of the common misconceptions about the 340B Drug

Discount Program by covering the most frequently asked questions about the use of 340B in Title X service sites. The webinar will also cover the certification process, eligibility criteria, and best practices for compliance with 340B program guidelines. Bring your questions to the webinar or submit them in advance when you register. You can register [here](#).

Or earn free CME/CE Credits in 15-20 minutes online with the Association of Reproductive Health Professional's "Clinical Minute" Videos. Click [here](#) for more information.

### *Important Information*

We have been experiencing some billing issues in recent months and have had some bills which have been delayed as a result. In order to ensure a quick and accurate billing process, pay special attention to this section.

Please remember to complete all billing forms in their entirety prior to faxing. For example, the clinician referral line should be completed, regardless of whether the procedure is a referral or completed on-site. Additionally, all

patient data forms must be entered into FPEDS prior to faxing and as quickly after the visit as possible.

Lastly, when you refer for sterilization or insertions/removals, please be sure to put only one name for the surgeon or provider referral line. We have to be able to locate the agreement with the listed provider before payment can be made.

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[www.wvdhhr.org/fp](http://www.wvdhhr.org/fp)

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### *Reminders*

Please remember that each clinical service site must have a Family Planning Program contact person with a valid email address that is checked at least once per week. When a contact person

changes, the program must be notified within 10 days to allow for continued communication. If you need to change your contact person, please notify Kathy Howell at [kathy.l.howell@wv.gov](mailto:kathy.l.howell@wv.gov).

### *Title X/OPA Information*

#### **Morbidity and Mortality Weekly Report...**

HIV Infection and HIV-Associated Behaviors Among Persons Who Inject Drugs – 20 Cities, United States, 2015

services program in the previous 12 months. Provision of sterile syringes and other community-based strategies can decrease risk for HIV transmission. You can read the full report [here](#).

Persons who inject drugs are at increased risk for acquiring human immunodeficiency virus (HIV) infection. In 2015, National HIV Behavioral Surveillance found a 7 percent prevalence of HIV infection among persons who inject drugs which was lower than in 2012 (11 percent). Among HIV-negative respondents, 27 percent reported sharing syringes and 67 percent reported having vaginal sex without a condom in the previous 12 months. Additionally, only 52 percent received syringes from a syringe services program and 34 percent received all syringes from sterile sources. HIV infection prevalence was higher among blacks (11 percent) than whites (6 percent) but more white persons who inject drugs shared syringes and injection equipment in the previous 12 months. Persons who inject drugs are at risk for acquiring HIV infection because of their drug use practices and sexual behaviors. Approximately half of injection drug users did not receive syringes from a syringe

#### **Continuing education...**

CDC's *MMWR* and Medscape launched a new, [free continuing education activity](#) that describes diagnosis delays among persons infected with HIV - *Vital Signs: Human Immunodeficiency Virus Testing and Diagnosis Delays – United States*. This activity is intended for infectious disease clinicians, family medicine specialists, internists, nurses, pharmacists, public health officials, and other clinicians caring for patients with or at risk for HIV infection. You can find more details, including a registration link [here](#).

#### **FDA...**

The FDA expanded the approved use of Lynparza to include the treatment of patients with certain types of breast cancer. This is the first drug in its class approved to treat breast cancer, and it is the first time any drug has been approved to treat certain patients with metastatic breast cancer who have a "BRCA" gene mutation. You can read the news release [here](#).

### *Other Program Information*

The Office of Population Affairs has been transitioning to a new email system that has left many unable to receive their email updates. If you have not already added the new email address

[donotreply@connect.hhs.gov](mailto:donotreply@connect.hhs.gov) to your email contacts list, please do so to ensure that you continue to receive the OPA Update e-newsletter.

