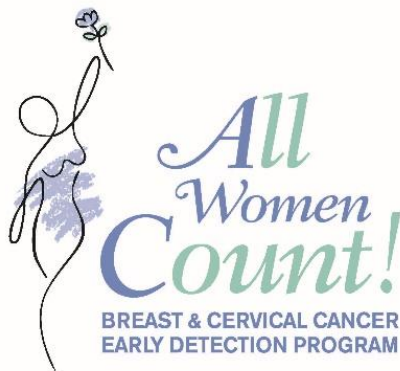
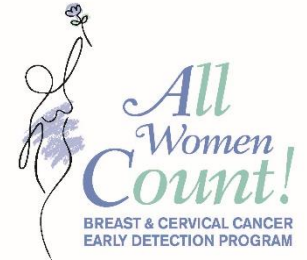


# South Dakota Department of Health

All Women Count! (AWC!) Program  
Finding Cancer Early For Better Outcomes  
1-800-738-2301



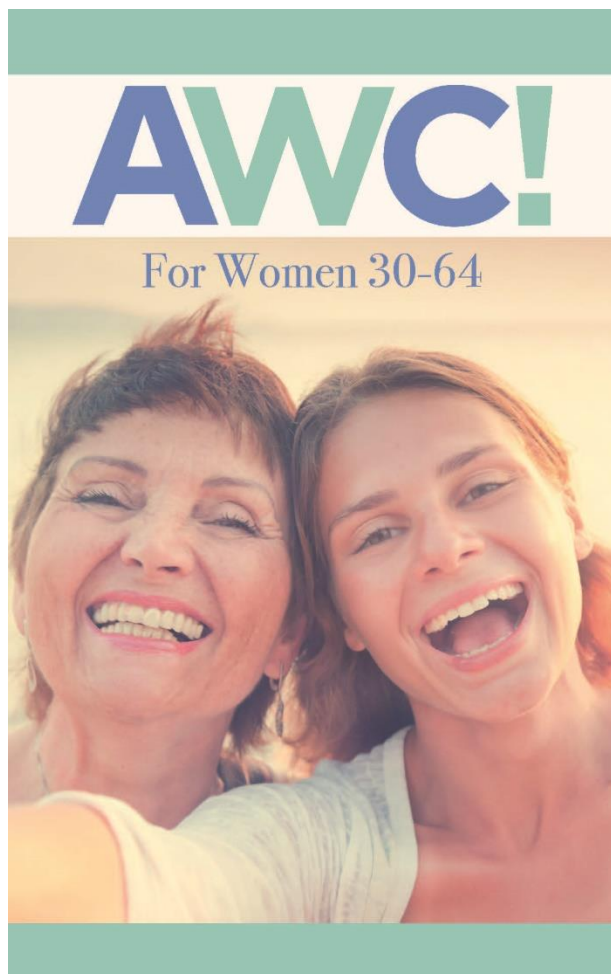
AWC! Program Webinar  
December 15, 2022



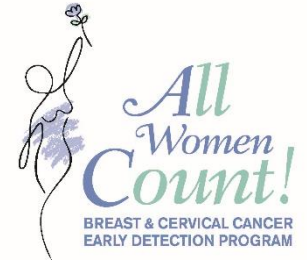
# AWC! Team

- Sarah Quail, Cancer Programs Coordinator
- Roberta Hofeldt, AWC! Clinical Coordinator
- Tyann Gildemaster, AWC! Data Manager
- Stacy Seigfred, AWC! Outreach Coordinator

# All Women Count! Program



- Address barriers to screening faced by low-income, uninsured and under-insured women
- Provide screening and diagnostic services
- Implement evidence-based strategies to increase screening within health system clinics



# Who Is Eligible?

- There are only two requirements for the AWC! program: Age & Income
  - South Dakota women ages 30-64
    - Women 30-64 can receive a clinical breast exam and cervical screening services
    - Women 40-64 are also eligible for a screening mammogram

FAMILY SIZE	ANNUAL INCOME	MONTHLY INCOME	WEEKLY INCOME
<b>1</b>	<b>\$ 27,180</b>	<b>\$ 2,265</b>	<b>\$ 523</b>
<b>2</b>	<b>\$ 36,620</b>	<b>\$ 3,052</b>	<b>\$ 704</b>
<b>3</b>	<b>\$ 46,060</b>	<b>\$ 3,838</b>	<b>\$ 886</b>
<b>4</b>	<b>\$ 55,500</b>	<b>\$ 4,625</b>	<b>\$1,067</b>
<b>5</b>	<b>\$ 64,940</b>	<b>\$ 5,412</b>	<b>\$1,249</b>
<b>6</b>	<b>\$ 74,380</b>	<b>\$ 6,198</b>	<b>\$1,430</b>
<b>7</b>	<b>\$ 83,820</b>	<b>\$ 6,985</b>	<b>\$1,612</b>
<b>8</b>	<b>\$ 93,260</b>	<b>\$ 7,772</b>	<b>\$1,793</b>
<b>9</b>	<b>\$ 102,700</b>	<b>\$ 8,558</b>	<b>\$1,975</b>
<b>10</b>	<b>\$ 112,140</b>	<b>\$ 9,345</b>	<b>\$2,157</b>
<b>11</b>	<b>\$ 121,580</b>	<b>\$10,132</b>	<b>\$2,338</b>
<b>12</b>	<b>\$ 131,020</b>	<b>\$10,918</b>	<b>\$2,520</b>
<b>13</b>	<b>\$ 140,460</b>	<b>\$11,705</b>	<b>\$ 2,701</b>
<b>14</b>	<b>\$ 149,900</b>	<b>\$12,492</b>	<b>\$2,882</b>
<b>15</b>	<b>\$ 159,340</b>	<b>\$13,278</b>	<b>\$3,064</b>

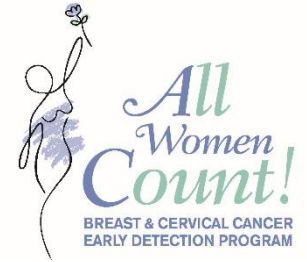
Household combined income before taxes (adjusted gross income) should be at or below levels listed for family size.

Single income before taxes should be at or below levels listed for family size.

Reminder: Use the purple Visit Form, Pink Mammogram Summary, and Blue PAP/HPV Summary

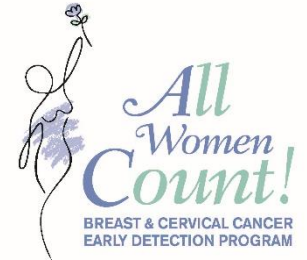
For further clarification, call the South Dakota Department of Health, All Women Count! Program at **1-800-738-2301**.

*Effective February 1, 2022*



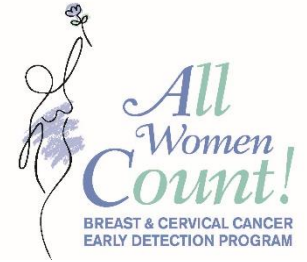
# What If She's Insured?

- Insured status is NOT a factor in qualifying for AWC!
- If she has insurance, AWC! will act as secondary insurance for covered services only.



# Do We Need Proof of Her Income?

- **NO.** We do not require proof of income for the AWC! program.
- We only ask that you look at the income the patient reported on her enrollment form and compare it to the income chart.

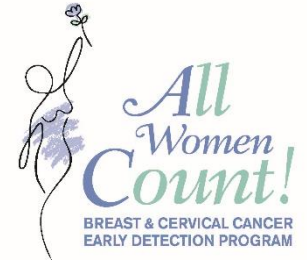


# Covered services:

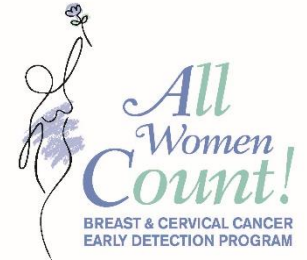
- Office visit for women 30-64
- Cervical cancer screening for women 30-64:
  - Pap testing alone every 3 years
  - Co-testing: combination of pap testing with HPV testing every 5 years
  - Primary HPV testing every 5 years
- Breast cancer screening for women 40-64:
  - Screening mammogram for women 40-64
    - \*Pre-authorization is necessary for any woman age 30-39 for a mammogram and allowed only if she has an abnormal clinical breast exam that is suspicious for cancer or has a first degree relative ever diagnosed with breast cancer. Please call 1-800-738-2301 and ask for All Women Count!



# Additional Covered Services:



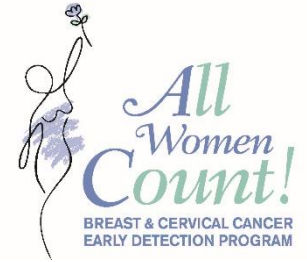
- Cervical cancer diagnostic services:
  - Cervical biopsies
  - Colposcopy
  - LEEP
  - Cone
  
- Breast cancer diagnostic services:
  - Diagnostic mammograms
  - Breast Ultrasounds
  - Breast Biopsies



## Services not covered:

- Diagnostic Breast MRI
- BRCA Testing
- HIV & STD Testing
- Pelvic/transvaginal ultrasound
- PET scan
- Pregnancy Test
- Vaginal cultures
- Vaginal or vulvar biopsy
- Wet mount
- X-rays
- Blood draws (*i.e. cholesterol, glucose, creatine, thyroid*)

# Screening MRI:



- Definition of Screening vs. Diagnostic examination
- Screening=No breast symptoms, No clinical or radiographic findings
- Current negative exam and mammogram
- MRI for High-Risk women only
- **Question 2 clinic side of program purple form**
  - Pre-authorization required: call 1-800-738-2301
  - Information / Documentation will be requested
  - Elevated Risk
    - Personal or 1<sup>st</sup> degree family BRCA gene mutation
    - Radiation treatment between ages 10-30
    - Risk evaluation by genetic counselor
    - Risk scale 20% lifetime risk

National Institute of Health / Cancer Institute: <https://bcrisktool.cancer.gov/>

## Patient Eligibility

Does the woman have a medical history of any breast cancer or of ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS) or has she received previous radiation therapy to the chest for treatment of Hodgkin lymphoma?

- Yes
- No


Does the woman have a mutation in either the *BRCA1* or *BRCA2* gene, or a diagnosis of a genetic syndrome that may be associated with elevated risk of breast cancer?

- Yes
- No
- Unknown


## Demographics

**What is the patient's age?**

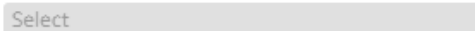
This tool calculates risk for women between the ages of 35 and 85.

Select age 

**What is the patient's race/ethnicity?**

Select race 

**What is the sub race/ethnicity or place of birth?**

Select 

## Patient & Family History

Has the patient ever had a breast biopsy with a benign (not cancer) diagnosis?

- Yes
- No
- Unknown

How many breast biopsies with a benign diagnosis has the patient had?

- 1
- 2 or more


Has the patient ever had a breast biopsy with atypical hyperplasia?

- Yes
- No
- Unknown

What was the woman's age at the time of her first menstrual period?

- 7 to 11
- 12 to 13
- 14 or older

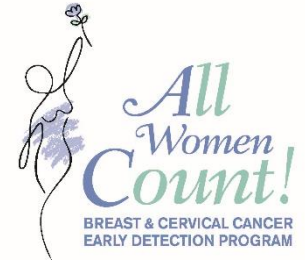
What was the woman's age when she gave birth to her first child?

Select 

How many of the woman's first-degree relatives (mother, sisters, daughters) have had breast cancer?

- None
- One
- More than one
- Unknown

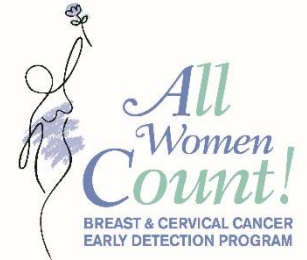
# Enrollment Form



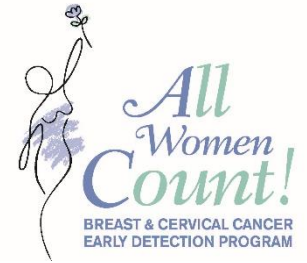
- Place an encounter sticker on the top right of the purple form.
- Confirm that the patient is age 30-64 for cervical screening or 40-64 for breast screening.
- Review the patient's answers to total household income and total number of people living in the household (Questions 15 and 16) to see if she qualifies.
- Make sure **ALL** questions on **both sides** have been answered.
- Confirm that she has signed the bottom of the page.

ALL WOMEN COUNT! VISIT FORM WOMEN AGES 30-64 (800) 738-2301				Encounter Number	
<b>AWC! Office Use Only</b> <input type="checkbox"/> Enrollment <input type="checkbox"/> Re-Enrollment/Return Visit				<input type="text"/>	
<p align="center"><b>Read, complete and sign consent at bottom of form.</b></p>					
1) Last Name		2) First Name		3) MI	4) Maiden Name/Other Name
5) Date of Birth Age _____		6) Social Security Number		7) Address	
8) City		9) State	10) Zip Code	11) County	12) Phone Number
13) Race(s) - (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown				14) Are you of Hispanic/Latina/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15) Number Living in Household (including yourself)? _____		16) Total Gross Monthly Household income (before taxes)? \$ _____ <i>By signing on bottom of form, I confirm that the reported income above is true and accurate.</i>			
17) Do you have private health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Health insurance does not prevent eligibility.</i>		18) Do you have Medicare B or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, STOP. Not eligible for AWC!</i>			
19) Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Living with someone <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other					
20) Education <input type="checkbox"/> Less than 9th grade <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Unknown <input type="checkbox"/> Some High School <input type="checkbox"/> Some College or Higher					
21) Referral Source (check all that apply) <input type="checkbox"/> Self/Friend/Family <input type="checkbox"/> AWC! Reminder letter <input type="checkbox"/> Patient Navigator with Clinic <input type="checkbox"/> Clinic/Hospital <input type="checkbox"/> Media Campaign (Radio, Newspaper, TV, Social Media) <input type="checkbox"/> 211 Helpline Referral					
22) Previous Pap Test or HPV only testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		23) If Yes, date of last Pap or HPV only testing _____			
24) Have you had a Hysterectomy? <input type="checkbox"/> Yes <input type="checkbox"/> No		25) If Yes, reason for Hysterectomy <input type="checkbox"/> Cervical Cancer <input type="checkbox"/> Non-Cancer <input type="checkbox"/> Pre-Cancer <input type="checkbox"/> Unknown			
26) Are you a smoker/tobacco user? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Former			
<b>Informed Consent and Release of Medical Information</b> By agreeing to take part in the All Women Count! Program, I give my permission to any and all of my medical providers, clinics, and/or hospitals to provide all information concerning my breast or cervical screening and any related diagnosis or treatment to the Program. Any information provided to the Program will remain confidential, which means that the information will be available only to me and to the employees of the South Dakota Department of Health working with this Program. The information will only be used to meet the purposes of the Program, and any published reports which result from the Program will not identify me by name or social security number. This consent is valid for one (1) year unless otherwise specified by me, the program participant, or my legal representative. By signing below, I affirm that the information and reported income listed above is true and accurate.					
Program Participant Signature _____		Date _____	Print Name _____		Date of Birth _____

# Billing



- AWC! is a payer of last resort. We can cover deductibles, copays, or other unpaid charges for insured women, as well as screening services listed for uninsured women.
- AWC! pays Medicare Part B rates.
- Billing questions:
  - 1-800-738-2301 or [Tyann.Gildemaster@state.sd.us](mailto:Tyann.Gildemaster@state.sd.us)



# What if there's a cancer diagnosis:

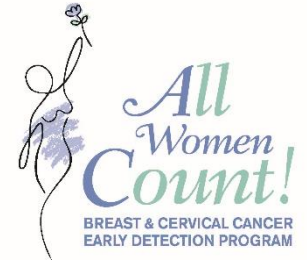
- Woman **MUST** be enrolled in All Women Count!
  - Diagnosed with breast or cervical cancer
  - No credible health insurance coverage
- Contact All Women Count! Program
  - AWC! Program staff will work with woman to enroll into South Dakota Medicaid



*Strong Families - South Dakota's Foundation and Our Future*







- Thank you for participating in the AWC! program. Together, we can make sure all women have access to quality health screenings.
- Please feel free to contact me with any questions:

Stacy Seigfred

AWC! Clinic Outreach Training

[sseigfred@bhssc.org](mailto:sseigfred@bhssc.org)

(605) 679-1064



Community Health Worker  
Collaborative of South Dakota

**INTRODUCTION AND OVERVIEW –  
COMMUNITY HEALTH WORKERS**



A woman with long dark hair, wearing a dark turtleneck sweater, is smiling and writing in a small notebook with a pen. She is sitting in a chair and looking towards a group of people whose backs are to the camera. The scene is outdoors, possibly on a porch or balcony, with a railing visible. The entire image has a light green overlay.

WHAT IS A COMMUNITY HEALTH WORKER?

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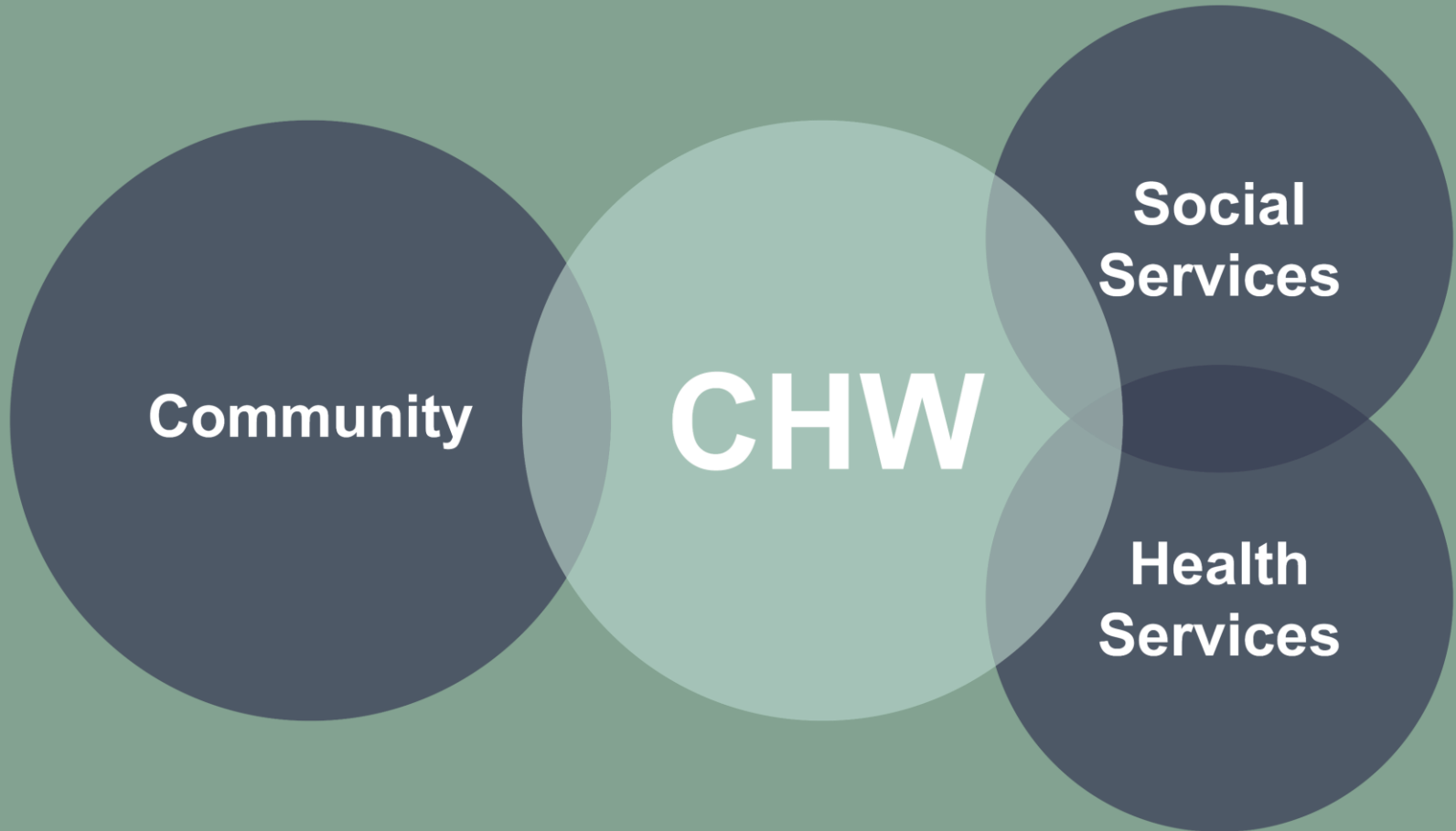
# WHAT IS A CHW?

## American Public Health Association (APHA)

“A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.”

- APHA 2022



**Community**

**CHW**

**Social  
Services**

**Health  
Services**

---

# COMMUNITY HEALTH WORKER TITLES

## CHWs in South Dakota

- **Certified CHW** – A Certified CHW is an individual who has completed an approved CHW training program and applied for and received CHW Certification in South Dakota. A Certified CHW in South Dakota works under the APHA definition of a CHW.
- **Community Health Representative (CHR)** – A CHR is an individual who has completed an approved CHR training program through Indian Health Service (IHS) and works under the APHA definition of a CHW and the IHS definition of a CHR.



# SCOPE OF WORK

South Dakota-Specific

---

# CHW SCOPE OF WORK

## South Dakota-Specific

- **Health system navigation and resource coordination**, including helping a patient find providers to receive a service, helping a patient make an appointment for a service, arranging transportation to a medical appointment, attending an appointment with the patient for a medical service, and helping a patient find other relevant community resources such as a support group.
- **Health promotion and coaching**, including providing information or education to patients that makes positive contributions to their health status, such as cessation of tobacco use, reduction in the misuse of alcohol or drugs, improvement in nutrition, improvement of physical fitness, family planning, control of stress, pregnancy and infant care including prevention of fetal alcohol syndrome.
- **Health education to teach or promote methods and measures that have been proven effective in avoiding illness and/or lessening its effects**, such as immunizations, control of high blood pressure, control of sexually transmittable disease, prevention and control of diabetes, control of toxic agents, occupational safety and health, and accident prevention. The content of the education must be consistent with established or recognized healthcare standards.





# CHW REIMBURSEMENT

South Dakota Medicaid

---

# QUALIFYING CONDITIONS AND/OR QUALIFYING BARRIERS



## Qualifying Conditions

- Asthma
- Cancer
- COPD
- Depression
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Mental Health Conditions
- Obesity
- Musculoskeletal and neck/back disorders
- Prediabetes
- High Risk Pregnancy
- Substance Use Disorder
- Tobacco use
- Use of multiple medications (6 or more classes of drugs)

## Qualifying Barriers

- **Geographic distance from health services**
- **Lack of phone** (results in the individual going to the emergency department instead of scheduling a medical appointment)
- **Cultural/language communication barriers**

---

# CHW SCOPE OF WORK

## South Dakota Medicaid-Specific (Detailed)

- **Health system navigation and resource coordination**, including helping a recipient find Medicaid providers to receive a service, helping a recipient make an appointment for a Medicaid-covered service, arranging transportation to a medical appointment, attending an appointment with the patient for a covered medical service, and helping a recipient find other relevant community resources such as a support group.
- **Health promotion and coaching**, including providing information or education to recipients that makes positive contributions to their health status, such as cessation of tobacco use, reduction in the misuse of alcohol or drugs, improvement in nutrition, improvement of physical fitness, family planning, control of stress, pregnancy and infant care including prevention of fetal alcohol syndrome.
- **Health education to teach or promote methods and measures that have been proven effective in avoiding illness and/or lessening its effects**, such as immunizations, control of high blood pressure, control of sexually transmittable disease, prevention and control of diabetes, control of toxic agents, occupational safety and health, and accident prevention. The content of the education must be consistent with established or recognized healthcare standards.

# REIMBURSEMENT RATES

## CHW Services

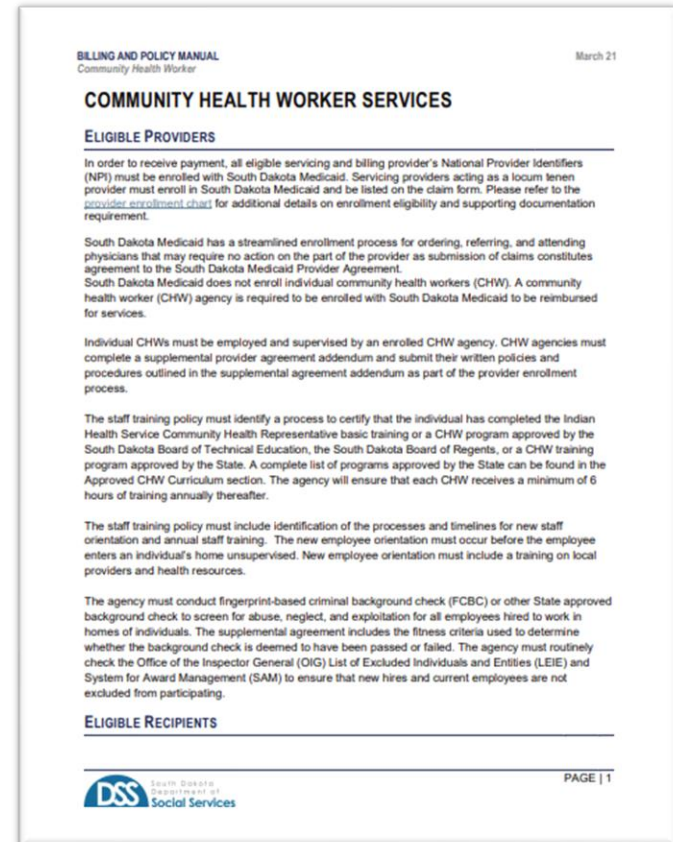
- **CHW Services are provided in units**
  - 1 Unit = 30 Minutes
  - 2 Units = 60 Minutes
- **1 Hour = \$61.78 in reimbursement**
- **Limitations**
  - Limit 4 Units of service per day
  - Up to 5 Units can take place in the clinic setting (before transitioning to home, community, telehealth, or telephone encounters)
  - 104 Units of service per year

CPT Code	Rate*	Service Type
98960	\$30.89	1 patient 1 unit
98961	\$15.45	2-4 patients 1 unit
98962	\$10.81	5-8 patients 1 unit

# ADDITIONAL REQUIREMENTS

## SD Medicaid Reimbursement

- CHW Services must be provider ordered (MD/DO, PA, NP, CNM or Dentist).
- Individual CHWs must be employed and supervised by an enrolled CHW agency.
- As of January 1, 2023, all CHWs must be Certified CHWs.
- Services must take place in the home or community setting, unless attending a medical appointment with a patient (with the exception of up to 5 Units).
- Transportation is not a reimbursable service.
- Medicaid Expansion – July 1, 2023
- See Billing and Policy Manual for complete information.



[www.chwsd.org/reimbursement/](http://www.chwsd.org/reimbursement/)



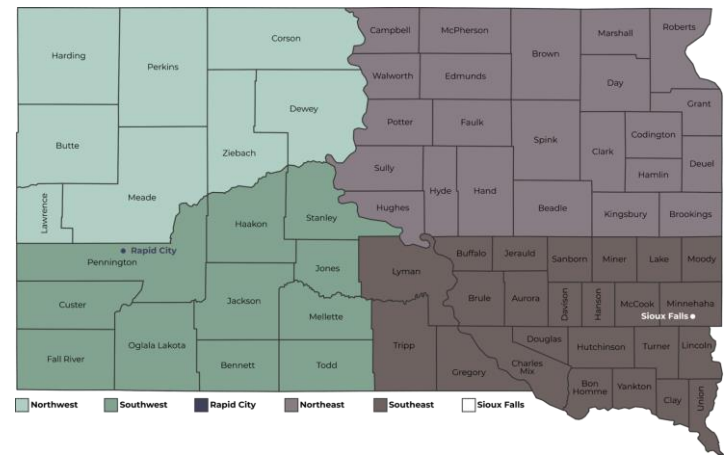
# STATUS OF CHW WORKFORCE IN SD

Overview – December 2022

# SOUTH DAKOTA

## Current CHW Programming

- As of December 1, 2022:
  - 115 practicing or in training CHWs (includes January students)
  - 85 practicing CHRs
- Goal of 300 CHWs and CHRs by June 1, 2024



<https://chwsd.org/chw-chr-sites/>

A woman with long dark hair, wearing a dark zip-up jacket, is smiling and looking towards the camera. She is sitting at a table, and her hands are visible, holding a white object. The background is a library with bookshelves filled with books. The entire image has a green tint.

# CHW PLANNING TOOLKITS

South Dakota-Specific



# CHW TOOLKITS

## South Dakota-Specific Planning Toolkits

- **4-Module Medical/Clinical Toolkit** - Self-Guided Resource Version and CEU Version (2 Free CEUs)
- **3-Module Community-Based Organization Toolkit**



Self-Guided CHW Planning Toolkit



CHW Planning Toolkit (CEU Version)



Community-Based Organization Planning Toolkit

[www.chwsd.org/chw-toolkits/](http://www.chwsd.org/chw-toolkits/)

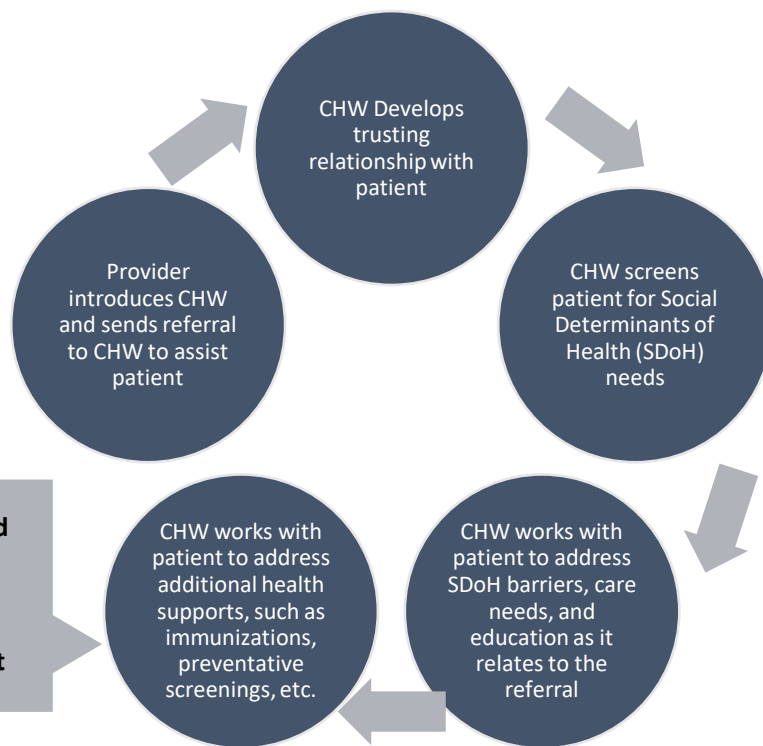


# CHW CASE STUDIES

Integrating Cancer Education and Coordination into CHW Services

# CHW Care Model

## Example of CHW Support Timeline



- CHW Services are meant to be short term services (3-6 months, typically 1 year maximum)
- CHW uses trusting relationship with patient (and new skills and self-sufficiencies) to address other health needs, such as immunizations or preventative cancer screenings

---

# SAVE THE DATE *CONFERENCE*

---

- 1-5 PM CT Monday and 8-3:30 PM CT Tuesday
- 3 Breakout tracks
  - CHWs/CHRs
  - Supervisors
  - CHW and CHR Allies

**CHWSD**

2ND ANNUAL  
SOUTH DAKOTA  
CHW CONFERENCE

**MAY  
15 & 16  
2023**

Sioux Falls Convention Center  
More information,  
an agenda, and  
registration to come

SAVE  
THE  
DATE



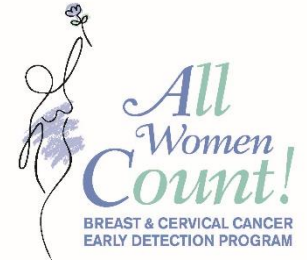
# THANK YOU

COMMUNITY HEALTH WORKER COLLABORATIVE OF SD

[www.chwsd.org](http://www.chwsd.org)

605.937.9730

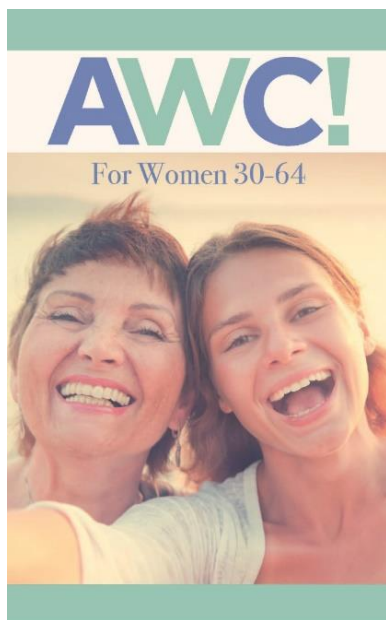
[info@chwsd.org](mailto:info@chwsd.org)



# Ann Hodgman, Nurse Practitioner

## Black Hills Family Practice

# Program Resources



All Women Count! covers the cost of breast and cervical cancer screenings for eligible women

Ask clinic staff about the All Women Count! Program today

### Breast & Cervical Cancer Screening & Diagnostic Services

Covered: Ages 30-64

- Office Visit
- Clinical Breast Exam (CBE)
- Screening Mammograms (ages 40-64)
- Breast Screening MRI for High Risk Women
- Pap Test
- Primary HPV Testing
- Pap Test with HPV Co-Testing
- Cervical Biopsies
- Breast Biopsies
- Diagnostic Mammograms
- Diagnostic Breast Ultrasounds

### Guidelines For Participation

**AGE**

30-64 for Cervical Cancer Screening  
40-64 for Breast Cancer Screening

**INCOME**

FAMILY SIZE	ANNUAL HOUSEHOLD INCOME
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5+	Call AWC! for information (1-800-738-2301)

2019 Income Guidelines  
Income Guidelines Change Annually

Call your clinic today to schedule an appointment

Appointment Date/Time \_\_\_\_\_

Clinic/Location \_\_\_\_\_

1,000 of this brochure have been printed on Recycled Paper by the South Dakota Dept. of Health. At a cost of \$0.11 each, supported by Cooperative Agreement Number EP000235, funded by the Centers for Disease Control and Prevention. We cannot assume the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

<https://getscreened.sd.gov/count/> January 2019

### ALL WOMEN COUNT! SCREENING SITE MANUAL OUTLINE

**INTRODUCTION**

- Importance of Early Detection
- Step by Step Overview

**AWC! Program**

- Provider Role
- Eligibility and Enrollment
- Visit Form
- Mammogram Summary
- Pap/HPV Summary
- Billing
- Payments
- Tracking and Other Tools
- Training

**APPENDICES**

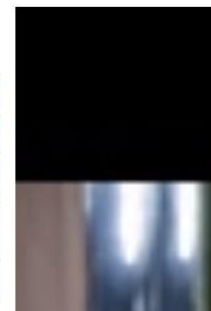
- APPENDIX A-H
- APPENDIX I-Q

## PROF All Women Count!

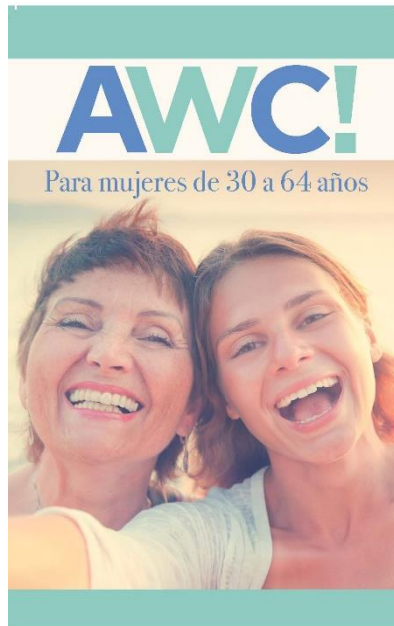
Welcome Sarah Quail!

[Logout](#)

- Home
- My Training
- Surveys
- Cancer Survivorship E-Learning Series
- Help



# Additional Resources



**AWC!**  
Para mujeres de 30 a 64 años

¡Todas las mujeres cuentan! cubre el coste de las pruebas de detección del cáncer de mama y de cuello uterino de las mujeres elegibles

Pida hoy mismo al personal de la clínica información sobre el programa  
¡Todas las mujeres cuentan!

## Servicios de detección y diagnóstico del cáncer de mama y de cuello uterino

### Cobertura: de 30 a 64 años

- Visita al médico
- Examen clínico de la mama (CBE)
- Mamografías de detección precoz (de 40 a 64 años)
- IRM (Imaginología por resonancia magnética) de detección para mujeres con alto riesgo
- Citología vaginal
- Prueba de detección primaria del VPH
- Citología vaginal con prueba conjunta del VPH
- Biopsias cervicales
- Biopsias de mama
- Mamografías de diagnóstico

### Directrices de participación

#### EDAD

- 30 a 64 años para la detección precoz del cáncer de cuello uterino
- 40 a 64 años para la detección precoz del cáncer de mama

#### INGRESOS

MIEMBROS DE LA UNIDAD FAMILIAR	INGRESOS ANUALES DEL HOGAR
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
+ de 5	¡Llame a AWC! Para más información (1-800-738-2301)

Reserva de ingresos de 2021.  
Los requisitos de ingresos cambian anualmente.

Llame a su clínica hoy para programar una cita

Fecha y hora de la cita \_\_\_\_\_

Clínica y ubicación \_\_\_\_\_



<https://getscreened.sd.gov/count/>    MAY 2021



You may qualify for **FREE** cancer screenings.

Have you been putting off cancer screenings for financial reasons? The South Dakota Department of Health has a program that may be able to help. The **All Women Count!** Program helps eligible South Dakota women cover the cost of breast and cervical cancer screening. This includes:



Talk to your doctor today to see if you qualify. For more information and eligibility requirements, visit [getscreenedsd.org](https://getscreenedsd.org).

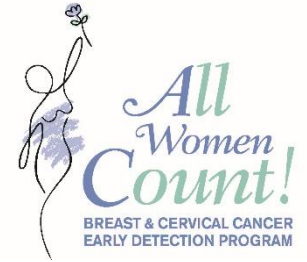
**AWC!**  
GETS CREENEDSD.ORG  
1.800.738.2301

**SD**  
SOUTH DAKOTA  
DEPARTMENT OF HEALTH



The South Dakota Department of Health per visit. LUMCs cover a cost of \$125 per visit. MAMC.

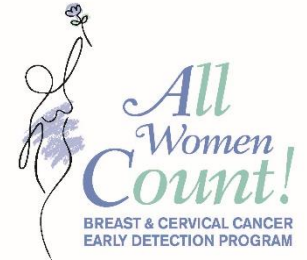




# Next Steps

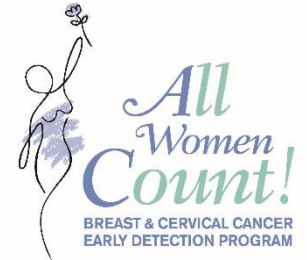
## January is Cervical Cancer Awareness Month!

- The majority of women with invasive cervical cancer have not had regular Pap and HPV testing done= Never or Rarely Screened
- Focus on those who have never been screened or not screened in the past 10 years



# Additional Information

- Contact the AWC! Program for additional assistance
  - 1-800-738-2301
  - <https://www.getscreenedsd.org/awc>
- Additional one-on-one training is available for clinics
  - Contact Stacy Seigfred: [sseigfred@bhssc.org](mailto:sseigfred@bhssc.org)
- Coming in 2023:
  - Updated CPT and Income guidelines
  - Clinic Feedback Reports



## Q&A

- Submit questions via chat box
- Click “Unmute” on bottom left of screen or dial \*6 to unmute if you’re on the phone

## All Women Count! Program:

- 1-800-738-2301
- <https://www.getscreenedsd.org/awc>

Evaluation Link: <https://sdstate.questionpro.com/AWC2022>