1. General Information

a. Agency/Board Name: See attached list for references
   Wyoming Department of Health

b. Agency/Board Address
   6101 Yellowstone Road, Suite 510

c. Agency/Board City
   Cheyenne

d. Agency/Board Zip Code
   82002

e. Name of Contact Person
   Carol E. Peterson

f. Contact Telephone Number
   307-777-6006

h. Adoption Date:
   June 11, 2012

i. Program(s) See attached list for references
   Wyoming Colorectal Cancer Screening Program

2. Rule Type and Information

a. These rules are: □ Emergency Rules (After completing all of Section 2, proceed to Section 5 below) □ Regular Rules

b. Choose all that apply: □ New Rules* □ Amended Rules □ Repealed Rules

* "New" rules means the first set of regular rules to be promulgated by the Agency after the Legislature adopted a new statutory provision or significantly amended an existing statute.

   If "New," provide the Enrolled Act number and year enacted: Enrolled Act 49, 2011 General Session

c. Provide the Chapter Number, and Short Title of Each Chapter being Created/Amended/Repealed (if more than 5 chapters are being created/amended/repealed, please use the Additional Rule Information form and attach it to this certification)

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d. □ The Statement of Reasons is attached to this certification.

e. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing:

3. State Government Notice of Intended Rulemaking

a. Date on which the Notice of Intent containing all of the information required by W.S. 16-3-103(a) was filed with the Secretary of State:

b. Date on which the Notice of Intent and proposed rules in strike and underscore format were provided to the Legislative Service Office:

c. Date on which the Notice of Intent and proposed rules in strike and underscore format were provided to the Attorney General:
4. Public Notice of Intended Rulemaking
a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. □ Yes □ No □ N/A
b. A public hearing was held on the proposed rules. □ Yes □ No

If "Yes." Date. Time. City. Location.

5. Final Filing of Rules
a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature: June 11, 2012
b. Date on which final rules were sent to the Legislative Service Office: June 11, 2012
c. Date on which a PDF of the final rules was electronically sent to the Secretary of State: June 11, 2012

6. Agency/Board Certification
The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual

Printed Name of Signatory Thomas O. Forslund

Signatory Title Director, Wyoming Department of Health

Date of Signature June 11, 2012

7. Governor's Certification
I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules.
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature

Date of Signature

Distribution List:

Attorney General
1. Statement of Reasons;
2. Original Certification Page;
3. Summary of Comments (regular rules);
4. Hard copy of rules: clean and strike/underline; and
5. Memo to Governor documenting emergency (emergency rules).

LSO
1. Statement of Reasons;
2. Copy of Certification Page;
3. Summary of Comments (regular rules);
4. Hard copy of rules: clean and strike/underline;
5. Electronic copy of rules: clean and strike/underline; and
6. Memo to Governor documenting emergency (emergency rules).

SOS
1. PDF of clean copy of rules; and
2. Hard copy of Certification Page as delivered by the AG.
The Wyoming Department of Health adopted the following Amended Rules to comply with the provisions of W.S. § 35-25-204, et seq., 2011 Wyoming Sessions Laws, Chapter 106, and the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq.

The Wyoming Department of Health (WDH) promulgated these Amended Rules to comply with 2011 Wyoming Session Laws, Chapter 106. The law states that, “Eligibility for the program set forth in this section shall be limited to individuals who are Wyoming residents and have been so for at least one (1) year immediately prior to screening. The eligibility shall be for one (1) colonoscopy every ten (10) years, counting any done before the effective date of this act or before the individual became a Wyoming resident. However, the department, on a case-by-case basis, may authorize follow-up screening when medically indicated, based on national evidence based guidelines.” The WCCSP also made additional edits to the Rules in order to clarify language so that it better aligns with program processes and to eliminate redundant language.

As required by W.S. § 16-3-103(a)(i)(G), these Rules and Regulations for the Wyoming Colorectal Cancer Screening Program meet minimum substantive state statutory requirements.
COMMENTS AND RESPONSES

Rules and Regulations for Chapter 15 through 18
Wyoming Colorectal Cancer Screening Program

June 11, 2012

Comment #1: No comments were received.

Response:  N/A.
State of Wyoming

Department of Health

Chapter 15 through 18
Rules and Regulations for the
Wyoming Colorectal Cancer Screening Program

Thomas O. Forslund, Director

June 2012
State of Wyoming
Department of Health

Chapter 15 through 18
Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program (WCCSP)

Additional information and copies may be obtained from:
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WCCSP Manager
Wyoming Department of Health
Public Health Division
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Cheyenne, Wyoming 82002
Phone: (307) 777-6006
Fax: (307) 777-1950
E-Mail Address:
carol.peterson@wyo.gov

This document is available in alternative format upon request.
CHAPTER 15

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

General Provisions

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq., and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. These rules and regulations are adopted to establish general provisions and definitions for the WCCSP.


(a) These rules shall provide for the following:

(i) Case management services to Wyoming men and women enrolled in the WCCSP;

(ii) Public education and outreach services to educate Wyoming men, women, and providers about colorectal cancer and evidence-based screening guidelines, as well as to promote the WCCSP.

(b) The WCCSP may issue manuals, brochures, or other documents to interpret the provisions of these rules and regulations. Such documents shall be consistent with and reflect the policies contained in these rules and regulations. The provisions contained in manuals and brochures shall be subordinate to the provisions of these rules and regulations, except as otherwise provided in W.S. § 35-25-204.

(c) The incorporation by reference of any external standard is intended to be the incorporation of that standard as it is in effect on the effective date of this Chapter, except as otherwise provided in W.S. § 35-25-204.

Section 4. Definitions. The following definitions shall apply in the interpretation and enforcement of these rules. Where the context in which words are used in these rules indicates such is the intent, words in the singular number shall include the plural and vice versa. For the purpose of the rules, the following shall apply:

(a) "Adverse Event" is an injury or complication resulting from the colonoscopy procedure.
(b) “Colonoscopy” is an endoscopic medical procedure that uses a long, flexible, lighted tubular instrument called a colonoscopy to view the rectum and the entire inner lining of the colon (large intestine).

(c) “Case Management” means the provision of educational and emotional support and/or clinical navigation services for program enrolled clients by the program nurse to ensure compliance with screening protocols.

(d) “Contractor” means an entity that has executed a contract for professional services with the WCCSP.

(e) “Department” means the Wyoming Department of Health, its agent, designee, or successor.

(f) “Enrollment Start-Date” is the date the application is approved by the WCCSP.

(g) “Federal Poverty Level” means the set minimum amount of income that a family needs for food, clothing, transportation, shelter, and other necessities. In the United States, this level is determined by the United States Department of Health and Human Services.

(h) “Team Member” refers to the WCCSP staff, as well as any other representative given authority to make decisions on behalf of the WCCSP by the Program Manager or person serving as acting Program Manager.

(i) “CPT Code List” refers to a list created by the WCCSP that identifies various colonoscopy-related codes that are reimbursable by the program. The most current version of the list will be posted on the program website and accessible to all providers.

Section 5. Severability. If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in force and full effect.
CHAPTER 16

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Program Applicant Eligibility and Enrollment Requirements

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq., and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. These rules and regulations are adopted to establish eligibility and enrollment guidelines of program applicants for the WCCSP benefits.

Section 3. Eligibility Guidelines. A completed and signed application must be submitted to the WCCSP for approval. The following eligibility criteria must be met before an application may be approved for enrollment:

(a) Residency. Applicant must have been a resident of the State of Wyoming for at least one (1) year prior to making application under the program. Applicant shall swear to an oath of residency when completing the application for enrollment.

(b) Age. Applicant must be age fifty (50) or over, unless an order is completed by the healthcare provider indicating the need for earlier screening. A minimum age requirement of age eighteen (18) is necessary to be screened through the program.

(c) Insurance. Applicant shall not be enrolled under the Federal Medicare program or Wyoming Medicaid.

(d) Income. Applicant must be at or below 250% of the Federal Poverty Level (as evidenced by most previous year’s income tax return or most recent proof of income).

(e) Provider. Applicant, upon approval, must receive their colonoscopy from a provider contracted with the WCCSP.

Section 4. Enrollment Guidelines. The following are guidelines the WCCSP adheres to with regard to client enrollment and the processes for approval or denial of applications.

(a) Payment for Colonoscopies Performed Prior to Enrollment Approval. There will be no reimbursement to providers for colonoscopies performed prior to the
date the applicant obtains WCCSP approval. The applicant/patient assumes all responsibility for any costs relating to procedures performed prior to the Enrollment Start Date.

(b) Enrollment Period. A client who is enrolled in the WCCSP will remain in the program until they are eligible for Medicare at age sixty-five (65), or until proper insurance coverage and financial resources become available to the client. If a client does not obtain a screen within three (3) months of initial enrollment approval, he will be notified in writing that enrollment approval may be terminated if screening is not obtained within the next ninety (90) calendar days. If provider capacity is insufficient at the time of enrollment approval, an extension may be given at the Department’s sole discretion.

(c) Decision-Making Process. Upon receipt of an application, it will be reviewed and approved or denied by WCCSP team members. If a decision is complex and cannot be determined by the team members, the case may be referred to the Program Manager for an enrollment decision. If a decision still cannot be made, the State Health Officer may assist in making enrollment decisions.

(d) Notification to Applicants of Approval or Denial. Eligibility is not determined online, in person, or over the telephone. Applicants are informed in writing whether their application has been approved or denied. Reasons for denial will be specified in the letter.

(e) Review Process. Applicants who are denied enrollment may submit a written letter explaining their situation or they may request that their healthcare provider submit a written explanation. These letters shall be submitted to the Program Manager for review. A review team, including the program nurse, is formed within the Department to respond to the applicant’s letter. The Department will make every effort to respond to the applicant’s letter within thirty (30) work days.

(f) Cancer Treatment. The WCCSP does not cover costs of treatment relating to a cancer diagnosis. In the event the patient does not qualify for Medicaid, the Nurse Manager acts as a patient navigator to aid the individual in locating or identifying resources to help reduce the burden of a cancer diagnosis on the enrolled program participant.
CHAPTER 17

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Provider Eligibility, Screening Methods, and Reimbursement Guidelines

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq., and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. The following rules and regulations are adopted to establish provider eligibility, screening methods, and reimbursement guidelines.

Section 3. Eligibility. A physician must be licensed to practice medicine as determined by the credentialing state’s Board of Medicine to be an eligible provider for reimbursement of colorectal cancer screening services (i.e., colonoscopy) by the WCCSP.

Section 4. Reimbursement for Services. Pursuant to W.S. § 35-25-204, the WCCSP will reimburse providers for the costs relating to colonoscopy screening. If a colonoscopy screening is unsuccessful and cannot be completed, an alternate screening method will be considered for reimbursement on a case-by-case basis as determined by the Department’s staff physician.

Services covered by the WCCSP. Expenses that may be reimbursed by the WCCSP at a rate paid under the Wyoming Medical Assistance and Services Act are as follows:

(i) Pre-operative consultation fee;

(ii) Colonoscopy procedure;

(iii) Level IV surgical pathology, gross and microscopic examination;

and

(iv) Facility and anesthesiology fees.

For a detailed look at the WCCSP approved CPT-code list, please visit http://www.health.wyo.gov/phsd/cep/provider.html.

(b) Services not covered by the WCCSP.

(i) There will be no reimbursement to providers for colonoscopies or related costs performed prior to the WCCSP Enrollment Start Date. The applicant/patient must have a WCCSP payment voucher to present to the provider prior to the procedure,
unless otherwise approved by WCCSP. If applicant/patient does not have proper enrollment approval, the applicant/patient will assume responsibility for any costs relating to procedures performed prior to enrollment approval.

(ii) Other screenings, such as Standard or Immunochemical Fecal Occult Blood Testing (FOBT), Flexible Sigmoidoscopy, Barium Enema, Stool Mutational Analysis, CT and MRI Colonography (Virtual Colonoscopy), Screening tests requested at intervals sooner than are recommended by program guidelines (unless the Department provides a written waiver to applicant pursuant to a written explanation letter by the attending physician), Medial therapy for Inflammatory Bowel Disease, or Genetic Testing are not reimbursable by the WCCSP.

(iii) The WCCSP shall not reimburse for follow-up surgery or additional care needed if an actual cancer or other condition requiring additional medical care is found.

Section 5. Payment Policy. Screening by the WCCSP will be paid by the program at the current Wyoming Medicaid allowable rates for the date of service. For circumstances where multiple biopsy/removal techniques are used during one colonoscopy, the program will pay 100% for the allowable Medicaid reimbursement amount for the service of the highest cost, then 50% of the allowable Medicaid reimbursement amount for the second service, and 25% of the allowable Medicaid reimbursement amount for the third and sequential techniques.

(a) The Contractor must accept as payment in full the current Medicaid allowable charge in effect on the date of the covered service as identified on the WCCSP CPT code set.

(b) The Contractor is prohibited from making additional charge(s) to the client, any member of the client’s family, or other sources of supplementation for those services covered by the WCCSP.

(c) The Contractor shall have and/or retain the expressed right to bill clients enrolled in WCCSP for any services not covered by the WCCSP.
CHAPTER 18

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Program Evaluation and Reporting

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq., and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. The following rules and regulations are adopted to institute a mechanism for evaluating program process, clinical outcomes, and cost data relating to the WCCSP.

Section 3. Data Collection and Reporting. Healthcare providers are required to submit the following data for each individual screen through the WCCSP:

(a) Provider Data.

(i) Screening Procedure Report; and

(ii) Pathology Report (if biopsy performed).

Additionally, the WCCSP is responsible for obtaining demographic data relating to the applicant, including, but not limited to, the following:

(b) Demographic Information.

(i) Age;

(ii) Gender;

(iii) Income;

(iv) Residency status;

(v) Insurance information; and

(vi) Past health history relating to colorectal cancer.

The WCCSP will be responsible for outcome data relating to program processes. The following data will be reported to the Wyoming State Legislature with regard to program outcomes and successes:
(c) Clinical Outcomes.

(i) Screening Outcomes;

(ii) Screening Results; and

(iii) Pathology Results.

(d) Process-related outcomes.

(i) Marketing efforts;

(ii) Time to process applications;

(iii) Screening completion rates;

(iv) Number of patients reporting barriers to transportation/translation services;

(v) Quality and timeliness of care; and

(vi) Patient satisfaction with screening program.

The WCCSP is responsible for cost data relating to the program. The following cost-related data will be reported to the Wyoming State Legislature:

(e) Cost-related outcomes.

(i) Total amount billed to the WCCSP by providers;

(ii) Total amount paid by the WCCSP to providers;

(iii) Provider write-off amount to support the WCCSP;

(iv) Billing averages by provider type;

(v) Average screening cost per patient; and

(vi) Total screening costs per year and per biennium.
State of Wyoming

Department of Health

Chapter 15 through 18
Rules and Regulations for the
Wyoming Colorectal Cancer Screening Program

Brent D. Sherard, M.D., M.P.H., F.A.C.P.
Director and State Health Officer

Thomas O. Forslund, Director

November 2009
March 2012
State of Wyoming
Department of Health

Chapter 15 through 18
Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program (WCCSP)

Additional information and copies may be obtained from:
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This document is available in alternative format upon request.
CHAPTER 15

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

General Provisions

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq., and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. To provide the WCCSP the authority to issue vouchers for colonoscopies to eligible Wyoming residents who are at or below 250% of the Federal Poverty Level. These rules and regulations are adopted to establish general provisions and definitions for the WCCSP.


(a) These rules shall provide for the following:

(i) Case management services to Wyoming men and women enrolled in the WCCSP; and

(ii) Collection of data pertaining to the colonoscopies performed through the WCCSP; and

(iii) Public education and clinical outreach services to educate Wyoming men, women, and providers about colorectal cancer and evidence-based screening guidelines, as well as promote the WCCSP.

(b) The WCCSP may issue manuals, brochures, or other documents to interpret the provisions of these rules and regulations. Such documents shall be consistent with and reflect the policies contained in these rules and regulations. The provisions contained in manuals and brochures shall be subordinate to the provisions of these rules and regulations, except as otherwise provided in W.S. § 35-25-204.

(c) The incorporation by reference of any external standard is intended to be the incorporation of that standard as it is in effect on the effective date of this Chapter, except as otherwise provided in W.S. § 35-25-204.

Section 4. Definitions. The following definitions shall apply in the interpretation and enforcement of these rules. Where the context in which words are used in these rules indicates such is the intent, words in the singular number shall include the plural and vice versa. Throughout these rules gender pronouns are used interchangeably. The drafters have attempted to utilize each gender pronoun in equal numbers, in random
distribution. Words in each gender include individuals of the other gender. For the purpose of the rules, the following shall apply:

(a) “Adverse Event” is an injury or complication resulting from the colonoscopy procedure.

(b) “Colonoscopy” is an endoscopic medical procedure that uses a long, flexible, lighted tubular instrument called a colonoscope to view the rectum and the entire inner lining of the colon (large intestine).

(c) “Case Management” means the provision of educational and emotional support and/or clinical navigation services for program enrolled clients by the program nurse to ensure compliance with screening protocols.

(d) “Contractor” means an entity that has executed a contract for professional services with the WCCSP.

(e) “Department” means the Wyoming Department of Health, its agent, designee, or successor.

(f) “Enrollment Start-Date” is the date the application is approved by the WCCSP enrollment specialist.

(g) “Federal Poverty Level” means the set minimum amount of income that a family needs for food, clothing, transportation, shelter, and other necessities. In the United States, this level is determined by the United States Department of Health and Human Services.

(h) “Team Member” refers to the Enrollment Specialist, Nurse Manager, or Program Manager for the WCCSP staff, as well as any other representative given authority to make decisions on behalf of the WCCSP by the Program Manager or person serving as acting Program Manager.

(i) “WCCSP-approved CPT code list” refers to a code list created by the WCCSP which identifies various colonoscopy-related codes which are reimbursable by the program. The most current version of the list will be posted on the program website and accessible to all providers.

(j) “Wyoming Medical Assistance and Services Act” refers to W.S. § 42-4-101, et seq.

Section 5. Severability. If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in force and full effect.
CHAPTER 16

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Program Applicant Eligibility and Enrollment Requirements

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, *et seq.*, and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. These rules and regulations are adopted to establish eligibility and enrollment guidelines of program applicants for the WCCSP benefits.

Section 3. Eligibility Guidelines. A completed and signed application must be submitted to the WCCSP for approval. The following eligibility criteria must be met before an application may be approved for enrollment:

(a) Residency. Applicant must have been a resident of the State of Wyoming for at least one (1) year immediately prior to making application to the program. Applicant shall swear to an oath of residency when completing the application for enrollment and will remain a resident through the term of the program.

(b) Age. Applicant must be age fifty (50) or over, unless an order is completed exception is requested by the healthcare provider indicating the need for earlier screening and the exception meets the program’s evidence based guidelines. A minimum age requirement of age eighteen (18) is necessary to be screened through the program.

(c) Insurance. Applicant shall not already be enrolled under the federal Medicare program or Wyoming Medicaid.

(d) Income. Applicant’s gross income (before taxes) at the time of application must be at or below 250% of the Federal Poverty Level. (as evidenced by most previous year’s income tax return or most recent proof of income).

(e) Provider. Applicant, upon approval, must receive their colonoscopy from a provider contracted with the WCCSP.

(f) Ten-Year Rule. Upon approval of application for enrollment, applicant will be eligible for one (1) colonoscopy every ten (10) years, counting any colonoscopy completed before July 1, 2007, or before the applicant became a Wyoming resident. However, the WCCSP on a case-by-case basis may authorize follow-up screening when medically indicated based on national evidence-based guidelines.
Section 4. Enrollment Guidelines. The following are guidelines the program WCCSP adheres to with regard to client enrollment and the processes for approval or denial of applications.

(a) Payment for Colonoscopies Performed Prior to Enrollment Approval. There will be no reimbursement to providers for colonoscopies performed prior to the date the applicant obtains WCCSP approval. The applicant/patient assumes all responsibility for any costs relating to procedures performed prior to the Enrollment Start Date.

(b) Enrollment Period. A client who is enrolled in the WCCSP will remain in the program until they are eligible for Medicare at age sixty-five (65), or until proper adequate insurance coverage and financial resources becomes available to the client. If a client does not obtain a screen within three (3) months of initial enrollment approval, he will be notified in writing that enrollment approval may be terminated if screening is not obtained within the next ninety (90) calendar days. If provider capacity is insufficient at the time of enrollment approval, an extension may be given at the Department’s sole discretion.

(c) Decision-Making Process. Upon receipt of an application, it will be reviewed and then approved or denied by a minimum of two (2) WCCSP team members. If a decision is complex and cannot be determined by the team members, the case may be referred to the Program Manager for an enrollment decision. If a decision still cannot be made, the State Health Officer may assist in making a WDH staff physician for the enrollment decisions.

(d) Notification to Applicants of Approval or Denial. Eligibility is not determined online, in person, or over the telephone. Applicants are informed in writing whether their application has been approved or denied. Reasons for denial will be specified in the letter.

(e) Review Process. Applicants who are denied enrollment may submit a written letter explaining their situation or they may request that their healthcare provider submit a written explanation letter supporting the request. These letters shall be submitted to the Program Manager for review. A review team, including the program nurse, is formed within the Department to respond to the applicant’s letter appeals. The Department will make every effort to respond to the applicant’s letter appeals within thirty (30) work business days.

(f) Cancer Treatment. The WCCSP does not cover costs of treatment relating to a cancer diagnosis. In the event the patient does not qualify for Medicaid, the Nurse Manager acts as a patient navigator to aid the individual in locating or identifying resources to help reduce the burden of a cancer diagnosis on the enrolled program participant.
CHAPTER 17

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Provider Eligibility, Screening Methods, and Reimbursement Guidelines

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq., and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. The following rules and regulations are adopted to establish provider eligibility, screening methods, and reimbursement guidelines.

Section 3. Eligibility. A physician must be licensed to practice medicine as determined by the credentialing state’s Board of Medicine to be an eligible provider for reimbursement of colorectal cancer screening services (i.e., colonoscopy) by the WCCSP.

Section 4. Reimbursement for Services. Pursuant to W.S. § 35-25-204, the WCCSP will reimburse providers for the costs relating to colonoscopy screening only. If a colonoscopy screening is unsuccessful and screening cannot be completed via colonoscopy, an alternate method will be considered for reimbursement on a case-by-case basis as determined by the Department’s staff physician.

(a) Services covered by the WCCSP. Expenses that may be reimbursed by Reimbursement by the WCCSP at the rate is paid under the Wyoming Medical Assistance and Services Act are for services listed on the program CPT code list, as follows:

(i) Pre-operative consultation fee;

(ii) Colonoscopy procedure;

(iii) Level IV surgical pathology, gross and microscopic examination;

and

(iv) Facility and anesthesiology fees.

For a detailed look at the WCCSP approved The CPT-code list, please visit is located on the program web site. http://www.health.wyo.gov/phsd/ccp/provider.html.

(b) Services not covered by the WCCSP.
(i) There will be no reimbursement to providers for colonoscopies or related costs performed prior to the WCCSP enrollment start date. The applicant/patient must have a WCCSP payment voucher to present to the provider prior to the procedure, unless otherwise approved by WCCSP. If applicant/patient does not have proper enrollment approval, the applicant/patient will assume responsibility for any costs relating to procedures performed prior to enrollment approval.

(ii) Other screenings, such as Standard or Immunochemical Fecal Occult Blood Testing (FOBT), Flexible Sigmoidoscopy, Barium Enema, Stool Mutational Analysis, CT and MRI Colonography (Virtual Colonoscopy). Screening tests requested at intervals sooner than are recommended by program guidelines (unless the Department provides a written waiver to applicant pursuant to a written explanation letter by the attending physician), Medical therapy for Inflammatory Bowel Disease, or Genetic Testing are not reimbursable by the WCCSP.

(iii) Reimbursement for adverse events is not covered by the WCCSP. The program will only reimburse for procedures identified in the WCCSP-approved CPT coding list.

(iv) The WCCSP shall not reimburse for follow-up surgery or additional care needed if an actual cancer or other condition requiring additional medical care is found.

Section 5. Payment Policy. Screening by the WCCSP will be paid by the program at the current Wyoming Medicaid allowable rates for the date of service. For circumstances where multiple biopsy/removal techniques are used during one colonoscopy, the program will pay 100% percent for the allowable Medicaid reimbursement amount for the service of the highest cost, then 50% percent of the allowable Medicaid reimbursement amount for the second service, and 25% percent of the allowable Medicaid reimbursement amount for the third and sequential techniques.

(a) The Contractor must accept as payment in full the current Medicaid allowable charge in effect on the date of the covered service as identified on the WCCSP CPT code set.

(b) The Contractor is prohibited from making additional charge(s) to the client, or any member of the client’s family, or other sources of supplementation for those services covered by the WCCSP.

(c) The Contractor shall have and/or retain the express right to bill clients enrolled in WCCSP for any services not covered by the WCCSP.
CHAPTER 18

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Program Evaluation and Reporting

Section 1. Authority. This Chapter is promulgated by the Wyoming Department of Health pursuant to the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq., and the various provisions of W.S. § 35-25-204, which authorizes the Department to establish the Wyoming Colorectal Cancer Screening Program (WCCSP).

Section 2. Statement of Purpose. The following rules and regulations are adopted to institute a mechanism for the collection, analysis, evaluating program process, evaluation, and reporting of data, clinical outcomes, and cost data relating to the WCCSP.

Section 3. Data Collection and Reporting. The program shall establish and maintain an appropriate data collection system.

(a) Program participating healthcare providers are required to submit the following data for each individual screened through the WCCSP: the colonoscopy report (or other approved procedure reports) and pathology report(s) (if biopsy performed) for all procedures they requested for reimbursement for.

(a) Provider Data:

(i) Screening Procedure Report; and

(ii) Pathology Report (if biopsy performed).

Additionally, the WCCSP is responsible for obtaining demographic data relating to the applicant, including, but not limited, to the following:

(b) Demographic Information:

(i) Age;

(ii) Gender;

(iii) Income;

(iv) Residency status;

(v) Insurance information; and

(vi) Past health history relating to colorectal cancer.
The WCCSP will be responsible for outcome data relating to program processes. The following data will be reported to the Wyoming State Legislature with regard to program outcomes and successes:

(e)Clinical Outcomes

(i)Screening Outcomes;

(ii)Screening Results;

(iii)Pathology Results.

(d)Process-related outcomes.

(i)Marketing efforts;

(ii)Time to process applications;

(iii)Screening completion rates;

(iv)Number of patients reporting barriers to transportation/translation services;

(v)Quality and timeliness of care; and

(vi)Patient satisfaction with screening program.

The WCCSP is responsible for cost data relating to the program. The following cost-related data will be reported to the Wyoming State Legislature:

(e)Cost-related outcomes.

(i)Total amount billed to the WCCSP by providers;

(ii)Total amount paid by the WCCSP to providers;

(iii)Provider write off amount to support the WCCSP;

(iv)Billing averages by provider type;

(v)Average screening cost per patient; and

(vi)Total screening costs per year and per biennium.

(b)The WCCSP is responsible for the collection and analysis of client demographic data, clinical outcome data, program process and outcome data and reimbursement cost related data.
(c) The WCCSP will produce data reports and other program reports as requested and on an as-needed basis.