



Notice of Intent to Adopt Rules

A copy of the proposed rules may be obtained at <https://rules.wyo.gov>

Revised June 2020

<u>1. General Information</u>			
a. Agency/Board Name*			
b. Agency/Board Address		c. City	d. Zip Code
e. Name of Agency Liaison		f. Agency Liaison Telephone Number	
g. Agency Liaison Email Address			
h. Date of Public Notice		i. Comment Period End Date	
j. Public Comment URL or Email Address:			
k. Program			
Amended Program Name (if applicable):			
* <input type="checkbox"/> By checking this box, the agency is indicating it is exempt from certain sections of the Administrative Procedure Act including public comment period requirements. Please contact the agency for details regarding these rules.			
<u>2. Legislative Enactment</u> For purposes of this Section 2, "new" only applies to regular non-emergency rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.			
a. Are these non-emergency regular rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?			
<input type="checkbox"/> No. <input type="checkbox"/> Yes. If the rules are new, please provide the Legislative Chapter Numbers and Years Enacted (e.g. 2015 Session Laws Chapter 154):			
<u>3. Rule Type and Information</u> For purposes of this Section 3, "New" means an emergency or regular rule that has never been previously created.			
a. Provide the Chapter Number, Title and Proposed Action for Each Chapter. Please use the "Additional Rule Information" form to identify additional rule chapters.			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
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Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
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Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			

4. Public Comments and Hearing Information

a. A public hearing on the proposed rules has been scheduled. No. Yes. Please complete the boxes below.

Date:	Time:	City:	Location:
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b. What is the manner in which interested persons may present their views on the rulemaking action?

By submitting written comments to the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members. Requests for a public hearing may be submitted:

To the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

c. Any person may urge the Agency not to adopt the rules and request the Agency to state its reasons for overruling the consideration urged against adoption. Requests for an agency response must be made prior to, or within thirty (30) days after adoption, of the rule, addressed to the Agency and Agency Liaison listed in Section 1 above.

5. Federal Law Requirements

a. These rules are created/amended/repealed to comply with federal law or regulatory requirements. No. Yes. Please complete the boxes below.

Applicable Federal Law or Regulation Citation:
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Indicate one (1):

The proposed rules meet, but do not exceed, minimum federal requirements.

The proposed rules exceed minimum federal requirements.

Any person wishing to object to the accuracy of any information provided by the Agency under this item should submit their objections prior to final adoption to:

To the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

6. State Statutory Requirements

a. Indicate one (1):

The proposed rule change *MEETS* minimum substantive statutory requirements.

The proposed rule change *EXCEEDS* minimum substantive statutory requirements. Please attach a statement explaining the reason that the rules exceed the requirements.

b. The Agency has completed a takings assessment as required by W.S. 9-5-304. A copy of the assessment used to evaluate the proposed rules may be obtained:

By contacting the Agency at the physical and/or email address listed in Section 1 above.

At the following URL: _____

7. Additional APA Provisions

a. Complete all that apply in regards to uniform rules:

These rules are not impacted by the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j).

The following chapters do not differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j):

_____ (Provide chapter numbers)

These chapters differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j) (see Statement of Principal Reasons).

_____ (Provide chapter numbers)

b. Checklist

The Statement of Principal Reasons is attached to this Notice and, in compliance with *Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council*, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule.

If applicable: In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Chapter 3, *Types of Rules Filings*, Section 1, Proposed Rules, of the Rules on Rules).

8. Authorization

a. I certify that the foregoing information is correct.

<i>Printed Name of Authorized Individual</i>	
<i>Title of Authorized Individual</i>	
<i>Date of Authorization</i>	

CHAPTERS 1, 15, 16, 17, and 18

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program
Intent to Repeal Chapters 15 through 18 and Promulgate Chapter 1 and to revise the Program
Name to Wyoming Cancer Program

Statement of Reasons

The Wyoming Department of Health (“Department”) proposes to repeal and replace its current rules governing the Wyoming Colorectal Cancer Screening Program with new rules, comprising of one chapter, pursuant to the provisions of Wyoming Statutes 35-25-203 and -204.

The Department has determined that the current rules addressing the Wyoming Colorectal Cancer Screening Program need to be updated to better align with W.S. 35-25-203 and -204. Further, the Department has identified a set of similar program rules from 2007 that should have been repealed when the current rules were promulgated in 2012. Since the Department proposes making extensive changes to the organization and substance of the provisions governing the Wyoming Colorectal Cancer Screening Program, the Department proposes to repeal and replace the current rules with new ones. Specifically, the Department proposes the following:

1. The repeal of *Rules, Wyoming Department of Health, Wyoming Colorectal Cancer Screening Program*, chapters 15 through 18 (2012);
2. The repeal of *Rules, Wyoming Department of Health, Preventative Health & Safety Division*, chapters 15 through 18 (2007); and
3. The adoption of *Rules, Wyoming Department of Health, Wyoming Cancer Program*, chapter 1.

Because the Department must handle this repeal-and-replace effort across two different program names, the Department is concurrently pursuing two different rules packets: one rules packet for repealing the Chapters 15 through 18 of the *Wyoming Department of Health, Preventative Health & Safety Division*; and one rules packet for revising the program name for *Wyoming Colorectal Cancer Screening Program* to *Wyoming Cancer Program* and repealing Chapter 15 through 18 and creating Chapter 1. This rules packet and statement of reasons is specifically regarding the *Wyoming Colorectal Cancer Screening Program*. The WDH is revising the program name to *Wyoming Cancer Program* and repealing chapter 15 through 18 and proposing to promulgate Chapter 1.

The Department proposes to repeal these rules to allow room for new rules to govern the Wyoming Cancer Screening Program. Although the Department intends the Program to operate substantially similar as before, there are material changes under the rules to better align the Program with statute and to improve the clarity and consistency of these rules. To better align with statute, Chapter 1 is being promulgated to improve the clarity and consistency of these rules, as described below:

1. Outdated and unnecessary provisions and definitions were removed and new definitions were added to assist in interpreting the content;
2. Outdated and incorrect eligibility and enrollment requirements were removed and new client eligibility requirements were added to align with statute;
3. Outdated enrollment requirements were removed and new client eligibility decisions and participation guidelines were added to better explain the processes of how eligibility decisions are made and how clients may participate in the program;
4. Outdated and cumbersome guidelines for participating healthcare providers, screening methods, and reimbursements were removed and new covered services and provider eligibility, reimbursement, and billing guidelines were added to provide a more simple and straightforward explanation; and
5. Program evaluation and reporting was removed as the Department decided this was unnecessary to include in the rules.

Chapter 1

Wyoming Colorectal Cancer Screening Program

Section 1. Authority. The Wyoming Department of Health (Department) promulgates these rules pursuant to Wyoming Statutes 35-25-203 and -204.

Section 2. Purpose. These rules implement the Department's Wyoming Colorectal Cancer Screening Program (WCCSP), as contemplated by the Wyoming Cancer Control Act at W.S. 35-25-204.

Section 3. Definitions.

(a) For the purpose of these rules, the following definitions apply:

(i) "Adverse event" is an injury or complication resulting from the colorectal cancer screening procedure.

(ii) "Underinsured" means an applicant has a large out-of-pocket cost sharing required by their health insurance plan that they cannot afford.

(iii) "Participating healthcare provider" means an entity that has executed a contract with Wyoming Medicaid and has a qualifying taxonomy code.

(iv) "Applicant" means an individual who has completed an enrollment form for the WCCSP.

(v) "Client" means an individual that has been accepted to participate in the WCCSP.

(vi) "Evidence-based colorectal cancer screening" means a test to screen for colorectal cancer that is supported by a large amount of scientific research.

Section 4. Client Eligibility Requirements.

(a) An individual is eligible to participate in the WCCSP as a client if the individual:

(i) has been a resident of the State of Wyoming for at least one (1) year immediately prior to receiving their evidence-based colorectal cancer screening;

- (ii) is age fifty (50) or over;
- (iii) has not become eligible for the federal Medicare program;
- (iv) is uninsured or underinsured; and
- (v) has a gross income before taxes at or below 250% of the Federal Poverty Guidelines.

(b) To participate in the WCCSP as a client, an eligible individual shall submit a complete application in the form and manner prescribed by the Department.

Section 5. Client Eligibility Decision.

(a) Upon receipt of a complete application, the Department shall determine if the applicant is eligible to enroll in the WCCSP as a client.

(i) If the Department determines that an applicant is eligible, the Department shall enroll the applicant in the WCCSP as a client and provide written notice of its decision.

(A) The Department may dis-enroll a client at any time if the Department determines that the client is no longer eligible to participate in the WCCSP.

(B) The Department shall provide the client written notice of the Department's decision to dis-enroll, including the basis for its decision.

(ii) If the Department determines that an applicant is not eligible, the Department shall provide the individual written notice of its decision, including the basis for its decision.

(iii) If the Department determines that an applicant is ineligible to enroll or that a client is no longer eligible to participate in the WCCSP, the applicant or client may submit a request for reconsideration in the form and manner prescribed by the Department. An applicant or client is not entitled to request a contested case proceeding pursuant to the Wyoming Administrative Procedure Act.

Section 6. Client Participation.

(a) A client is enrolled in the WCCSP for a period of one (1) year from the client's enrollment date.

(b) A client may receive colorectal cancer screening services only from a WCCSP participating healthcare provider.

(i) A client may receive coverage for one (1) evidence-based colorectal cancer screening every year. Colonoscopy coverage is limited to one (1) every ten (10) years.

(ii) A client may apply, in the form and manner prescribed by the Department, to receive an additional evidence-based colorectal cancer screening if medically indicated based on national evidence based guidelines. If the Department denies the application, the client may submit a request for reconsideration, with clinical documentation from the participating healthcare provider, in the form and manner prescribed by the Department. The client is not entitled to request a contested case proceeding pursuant to the Wyoming Administrative Procedure Act.

Section 7. Covered Services.

(a) For a client enrolled in the WCCSP, the Department shall cover the costs related to an evidence-based colorectal cancer screening, according to the following provisions:

(i) The Department shall reimburse a participating healthcare provider only for the services and at the rates identified on the WCCSP's Current Procedural Terminology (CPT) codes list, publicly available online at: <https://health.wyo.gov/publichealth/prevention/cancer/provider-information>; and

(ii) The Department may not reimburse a participating healthcare provider for:

(A) Services related to adverse events; and

(B) Follow-up surgery or additional care needed if cancer or another condition requiring additional medical care is found.

Section 8. Provider Eligibility, Reimbursement, and Billing.

(a) A healthcare provider may automatically participate in the WCCSP if they are approved as a Wyoming Medicaid provider with a qualifying taxonomy code.

(b) A participating healthcare provider may not receive reimbursement for covered services rendered to a client enrolled in the WCCSP unless the provider submits the appropriate

clinical documentation for the services performed, in the form and manner prescribed by the Department.

(c) The Department shall reimburse a participating healthcare provider for covered services rendered to a client enrolled in the WCCSP at the current Wyoming Medicaid allowable rates for the date of service.

(d) A participating healthcare provider shall accept the Department's payment for covered services as paid in full.

(e) A participating healthcare provider may not bill the client, or any member of the client's family, for services covered by the WCCSP. This prohibition includes imposing additional charges for covered services.

(f) A participating healthcare provider may bill a client enrolled in WCCSP if services provided are not covered by the WCCSP, and, prior to providing services, the provider informs the client in writing that the service is non-covered and the client is responsible for those charges.

(g) If an applicant is underinsured, the WCCSP is the payer of last resort.

Chapter 1

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Section 2. Purpose. These rules implement the Department's Wyoming Colorectal Cancer Screening Program (WCCSP), as contemplated by the Wyoming Cancer Control Act at W.S. 35-25-204.

Section 3. Definitions.

(a) For the purpose of these rules, the following definitions apply:

(i) "Adverse event" is an injury or complication resulting from the colorectal cancer screening procedure.

(ii) "Underinsured" means an applicant has a large out-of-pocket cost sharing required by their health insurance plan that they cannot afford.

(iii) "Participating healthcare provider" means an entity that has executed a contract with Wyoming Medicaid and has a qualifying taxonomy code.

(iv) "Applicant" means an individual who has completed an enrollment form for the WCCSP.

(v) "Client" means an individual that has been accepted to participate in the WCCSP.

(vi) "Evidence-based colorectal cancer screening" means a test to screen for colorectal cancer that is supported by a large amount of scientific research.

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(a) An individual is eligible to participate in the WCCSP as a client if the individual:

(i) has been a resident of the State of Wyoming for at least one (1) year immediately prior to receiving their evidence-based colorectal cancer screening;

(ii) is age fifty (50) or over;

(iii) has not become eligible for the federal Medicare program;

(iv) is uninsured or underinsured; and

(v) has a gross income before taxes at or below 250% of the Federal Poverty Guidelines.

(b) To participate in the WCCSP as a client, an eligible individual shall submit a complete application in the form and manner prescribed by the Department.

Section 5. Client Eligibility Decision.

(a) Upon receipt of a complete application, the Department shall determine if the applicant is eligible to enroll in the WCCSP as a client.

(i) If the Department determines that an applicant is eligible, the Department shall enroll the applicant in the WCCSP as a client and provide written notice of its decision.

(A) The Department may dis-enroll a client at any time if the Department determines that the client is no longer eligible to participate in the WCCSP.

(B) The Department shall provide the client written notice of the Department's decision to dis-enroll, including the basis for its decision.

(ii) If the Department determines that an applicant is not eligible, the Department shall provide the individual written notice of its decision, including the basis for its decision.

(iii) If the Department determines that an applicant is ineligible to enroll or that a client is no longer eligible to participate in the WCCSP, the applicant or client may submit a request for reconsideration in the form and manner prescribed by the Department. An applicant or client is not entitled to request a contested case proceeding pursuant to the Wyoming Administrative Procedure Act.

Section 6. Client Participation.

(a) A client is enrolled in the WCCSP for a period of one (1) year from the client's enrollment date.

(b) A client may receive colorectal cancer screening services only from a WCCSP participating healthcare provider.

(i) A client may receive coverage for one (1) evidence-based colorectal cancer screening every year. Colonoscopy coverage is limited to one (1) every ten (10) years.

(ii) A client may apply, in the form and manner prescribed by the Department, to receive an additional evidence-based colorectal cancer screening if medically indicated based on national evidence based guidelines. If the Department denies the application, the client may submit a request for reconsideration, with clinical documentation from the participating healthcare provider, in the form and manner prescribed by the Department. The client is not entitled to request a contested case proceeding pursuant to the Wyoming Administrative Procedure Act.

Section 7. Covered Services.

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(i) The Department shall reimburse a participating healthcare provider only for the services and at the rates identified on the WCCSP's Current Procedural Terminology (CPT) codes list, publicly available online at: <https://health.wyo.gov/publichealth/prevention/cancer/provider-information>; and

(ii) The Department may not reimburse a participating healthcare provider for:

(A) Services related to adverse events; and

(B) Follow-up surgery or additional care needed if cancer or another condition requiring additional medical care is found.

Section 8. Provider Eligibility, Reimbursement, and Billing.

(a) A healthcare provider may automatically participate in the WCCSP if they are approved as a Wyoming Medicaid provider with a qualifying taxonomy code.

(b) A participating healthcare provider may not receive reimbursement for covered services rendered to a client enrolled in the WCCSP unless the provider submits the appropriate clinical documentation for the services performed, in the form and manner prescribed by the Department.

(c) The Department shall reimburse a participating healthcare provider for covered services rendered to a client enrolled in the WCCSP at the current Wyoming Medicaid allowable rates for the date of service.

(d) A participating healthcare provider shall accept the Department's payment for covered services as paid in full.

(e) A participating healthcare provider may not bill the client, or any member of the client's family, for services covered by the WCCSP. This prohibition includes imposing additional charges for covered services.

(f) A participating healthcare provider may bill a client enrolled in WCCSP if services provided are not covered by the WCCSP, and, prior to providing services, the provider informs the client in writing that the service is non-covered and the client is responsible for those charges.

(g) If an applicant is underinsured, the WCCSP is the payer of last resort.

CHAPTER 15

General Provisions

This chapter has been repealed.

CHAPTER 15

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

General Provisions

This chapter has been repealed.

~~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.~~

~~Section 3. — General Provisions.~~

~~(a) — These rules shall provide for the following:~~

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

~~(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 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.~~

~~(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

Program Applicant Eligibility and Enrollment Requirements

This chapter has been repealed.

CHAPTER 16

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Program Applicant Eligibility and Enrollment Requirements

This chapter has been repealed.

~~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.~~

~~(b)— Age.— Applicant must be age fifty (50) or over, unless an exception is requested by a 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 must not already be enrolled in 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.~~

~~(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 WCCSP adheres to with regard to client enrollment and the processes for approval or denial of applications.~~

~~(a) Enrollment Period. A client who is enrolled in the WCCSP will remain in the program until they are eligible for Medicare or until adequate insurance coverage becomes available to the client. Clients who do not obtain a screen within three (3) months of initial enrollment approval 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.~~

~~(b) 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 will be referred to a WDH staff physician for enrollment decision.~~

~~(c) 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.~~

~~(d) 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 letter supporting the request. These documents shall be submitted to the Program Manager. A review team will be formed within the Department to respond to the appeals. The Department will make every effort to respond to the appeals within thirty (30) business days.~~

CHAPTER 17

**PROVIDER ELIGIBILITY, SCREENING METHODS, AND REIMBURSEMENT
GUIDELINES**

This chapter has been repealed.

CHAPTER 17

Rules and Regulations for the Wyoming Colorectal Cancer Screening Program

Provider Eligibility, Screening Methods, and Reimbursement Guidelines

This chapter has been repealed.

~~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.~~

~~(a) Services covered by the WCCSP.— Reimbursement is paid for services listed on the program's CPT code list. The CPT code list is located on the program's web site.~~

~~(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) — Reimbursement for adverse events is not covered 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 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 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

PROGRAM EVALUATION AND REPORTING

This chapter has been repealed.

CHAPTER 18

~~Rules and Regulations for the Wyoming Colorectal Cancer Screening Program~~

Program Evaluation and Reporting

This chapter has been repealed.

~~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, evaluation, and reporting of data.~~

~~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 colonoscopy report or other approved procedure reports and pathology report(s) (if biopsy performed) for all procedures requested for reimbursement.~~

~~(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.~~