The Wyoming Department of Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, or disability in its programs and services.

Si usted o alguien a quien usted está ayudando tiene preguntas sobre el Departamento de Salud de Wyoming, tiene el derecho de obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-866-571-0944 o visite una oficina de enfermería de salud pública cerca de usted para obtener ayuda.

Si vous ou la personne que vous aidez avez des questions pour le Département de Santé de l’État du Wyoming, vous avez le droit de recevoir assistance et information dans votre langue sans aucun coût. Pour parler avec un interprète, appelez au 1-866-571-0944 ou visitez une clinique de santé publique près de vous pour obtenir assistance.

如果您或您正在幫助對懷俄明州衛生部提出疑問，您有權利用您的語言免費獲得幫助和信息。與口譯員交談，致電1-866-571-0944或訪問您附近的公共衛生護理室尋求幫助。

Additional information, copies, and alternative formats may be obtained from:

Wyoming
Department of Health

Breast and Cervical Cancer Screening Program

Enrollment Guide

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Welcome to the Breast and Cervical Cancer Screening Program

This Enrollment Guide provides information about the Wyoming Cancer Program, Breast and Cervical Cancer Screening Program. Please read the information below carefully and use it as a reference. If you have questions at any time, contact the program at 1.800.264.1296.

Choosing a Provider and Making an Appointment

- Included with this guide is a list of contracted healthcare providers in your county. If you would like a list of contracted healthcare providers from another county, please contact our office.
- Schedule an appointment for your Pap test, pelvic exam, clinical breast exam, or mammogram with a contracted healthcare provider. The program cannot pay for screenings with a healthcare provider who is not contracted.
- Be sure to go to your scheduled appointments! Your healthcare provider can bill you for missed appointments.
- Present your enrollment card at the time of your appointment. This will ensure your healthcare provider sends your billing information to the correct program.
- Remind your healthcare provider to use an enrolled pathology and/or radiology center for your screening. The program can only make a payment to contracted healthcare providers, laboratories, and radiology centers.

Covered and Non-Covered Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Non-Covered Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visit</td>
<td>Telephone consultation</td>
</tr>
<tr>
<td>Mammograms/breast tomosynthesis</td>
<td>A second office visit to complete a pelvic examination, Pap test, and clinical breast exam (all of these procedures should be completed in one office visit)</td>
</tr>
<tr>
<td>Diagnostic mammograms</td>
<td>In-patient hospital services</td>
</tr>
<tr>
<td>Breast ultrasounds</td>
<td>Excision of benign breast cyst/lesion (must be suspicious for cancer)</td>
</tr>
<tr>
<td>Breast biopsies</td>
<td>Evaluation of vaginal or vulvar lesions</td>
</tr>
<tr>
<td>Clinical breast exams</td>
<td>Removal of polyps</td>
</tr>
<tr>
<td>Pap tests</td>
<td>Blood work</td>
</tr>
<tr>
<td>Colposcopies</td>
<td>Urine analysis</td>
</tr>
<tr>
<td>Repeat Pap tests, mammograms, breast ultrasounds, and clinical breast exams are approved for short-term follow-up at intervals less than one year</td>
<td>Chest x-ray</td>
</tr>
<tr>
<td>Follow-up surgical consultation after breast biopsy*</td>
<td>Electrocardiogram (ECG or EKG)</td>
</tr>
<tr>
<td>Follow-up consultation after a colposcopy, if treatment is needed*</td>
<td>Pelvic ultrasound</td>
</tr>
<tr>
<td>Excision of suspicious breast cyst/lesion</td>
<td>Bone scan</td>
</tr>
<tr>
<td>Endometrial sampling after an AGUS Pap result</td>
<td>Colposcopy as part of a LEEP</td>
</tr>
<tr>
<td>HPV testing for women 30 years and older</td>
<td>Repeat Pap test performed simultaneously with colposcopy or colposcopy with biopsy (unless more than four months have passed since the initial Pap test was performed)</td>
</tr>
</tbody>
</table>

*Consultation is a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another contracted healthcare provider.

Other tests may be covered upon program approval. Please contact the program for more information.

Breast and Cervical Treatment

If your doctor says you need breast or cervical cancer (or cervical pre-cancer) treatment, call to speak with a program nurse at 1.800.264.1296.

Many women enrolled in the program may qualify for Medicaid benefits, which could cover breast or cervical cancer treatment. The program nurse will work with you to refer your case to the Division of Healthcare Financing (Medicaid).

The Breast and Cervical Cancer Screening Program does not require women to be U.S. citizens in order to be enrolled in the screening program. However, to qualify for treatment through Medicaid, women must be U.S. citizens or resident aliens (documented immigrants). The Medicaid program will make the final determination of eligibility for Medicaid benefits.

If eligible for Medicaid, it is important that you inform your healthcare providers of this change as Medicaid may cover the costs of recent cancer diagnostic or treatment services that still have an outstanding balance. If you are enrolled in Medicaid, your enrollment in the Breast and Cervical Cancer Screening Program will be made inactive.

Frequently Asked Questions

How long can I be in this program?

Enrollment periods are for two years. You may reapply for the program as long as you meet the program eligibility criteria.

Generally, clients age 65 and older may qualify for Medicare Part B, which may cover breast and cervical cancer screening exams. If you are 65 or older, it is encouraged that you apply for Medicare Part B.

What if I have had a breast or cervical cancer exam recently?

Let the program know if you have had a breast or cervical cancer screening exam within the month prior to your enrollment in this program. If the appointment was made with a contracted healthcare provider, the program may be able to cover the cost of your breast and cervical appointment bills, as long as it is a service covered by the program.

If I have gone through menopause, do I still need a Pap test?

Talk with your healthcare provider about how often you need to have a Pap test.

What if I have a breast or cervical cancer symptom before it is time for my annual exam?

If you have a breast or cervical cancer symptom before your annual exam is due, please contact your healthcare provider to discuss your symptoms.

What if my financial or insurance status changes?

When you signed the application, you agreed to notify the program if your financial or insurance status changed. Call the program at 1.800.264.1296 if anything changes.

What if I only have Medicare Part A?

Medicare Part A does not affect your eligibility to remain in the program.

What should I do if I lose my enrollment card?

Call the program at 1.800.264.1296 and the program can issue you a new card.

Can I change my healthcare provider?

Enrolled clients can choose their healthcare provider, however, the program can only reimburse contracted healthcare providers. For a current list of all contracted healthcare providers in the program, call the program at 1.800.264.1296 or visit the program’s website at www.health.wyo.gov/cancer.

What if I receive a bill from a healthcare provider for a service I thought was covered by the program?

Your healthcare provider should send bills directly to the program. If you receive a bill in the mail for a service covered by the program, call 1.800.264.1296.