

COLORECTAL CANCER PREVENTION DEMONSTRATION PROJECT

*Report to the Minnesota
Legislature 2011*

Minnesota Department of Health

February 15, 2011



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COLORECTAL CANCER PREVENTION DEMONSTRATION PROJECT

February 15, 2011

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Minnesota Department of Health
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2011 Minnesota Colorectal Cancer Prevention Demonstration Project Legislative Report

Executive Summary

In the 2008 Minnesota Legislative Session a statute was passed requiring the Minnesota Department of Health to establish a grants program to implement a colorectal cancer prevention demonstration project. The legislation limited implementation of the demonstration project to two facilities: Bemidji MeritCare and Hennepin County Medical Center. The duration of the project was for the period July 2009 through December 31, 2010. The Department of Human Services was required to provide treatment to any individual diagnosed with colon cancer in this demonstration project. The purpose of this report is to fulfill the requirement to evaluate the demonstration project and make recommendations for increasing the number of persons in Minnesota who receive recommended colon cancer screening.

Key recommendations from our evaluation are:

Recommendation 1: Eliminate or reduce financial barriers to colorectal cancer screening for uninsured individuals.

Recommendation 2: Cover the costs associated with treatment for colorectal cancer for uninsured individuals.

Recommendation 3: Make eligibility criteria for any future state-funded screening project consistent with the eligibility criteria of the federally-funded Sage Scopes program.

Recommendation 4: Increased capacity for patient outreach and education are needed in order to reach low income, un- and underinsured individuals with colorectal cancer services.

**Minnesota Department of Health
Minnesota Colorectal Cancer Prevention Demonstration Project
Legislative Report**

Introduction

The Minnesota Department of Health's Cancer Control Section (MDH, CCS) received funding from the Minnesota Legislature (Laws of Minnesota 2009, Chapter 79, Art. 13, Sec. 4, Subd. 2; See Appendix 1) to initiate a colorectal cancer (CRC) prevention demonstration program in July 2009. A requirement of the legislation mandated the health commissioner evaluate the demonstration project and make recommendations for increasing the number of persons in Minnesota who receive recommended colon cancer screening. This report fulfills that requirement.

The CRC prevention demonstration project was developed in conjunction with a new federal cooperative agreement MDH received in the summer of 2009 to implement a colorectal screening program called "Sage Scopes." The state-funded project and federally-funded program were blended. Funds awarded by the state legislature to administer the CRC prevention demonstration project (\$42,000) were redirected by the commissioner of health to address the state's budget shortfall. Grant funds awarded (\$250,000) were fully available for the project.

The state-funded Sage Scopes was a colonoscopy-based program available at two medical facilities: Hennepin County Medical Center in Minneapolis and MeritCare-Sanford Health in Bemidji. The priority population for the Sage Scopes demonstration project was un- and underinsured Minnesotans ages 50 to 64 with incomes at or below 250% of the federal poverty limit. Populations of special interest were American Indians and African Americans because these groups have the highest rates of CRC incidence and mortality among Minnesota's population groups.

Impact of Colorectal Cancer in Minnesota

Colorectal cancer is the second leading cause of cancer-related deaths in Minnesota. The American Cancer society estimates 2,500 Minnesotans will be diagnosed with colorectal cancer and about 850 Minnesotans will die from colorectal cancer in 2011.

There are significant disparities in CRC incidence and mortality. Colorectal cancer incidence among American Indians is twice as high in Minnesota as in the U.S. as a whole. African American men and women have much higher rates of colorectal cancer diagnosed at a later stage. African Americans have a five-year survival rate of 86% compared with 91% for non-Hispanic whites. Like many cancers, the vast majority of colorectal cancer cases are diagnosed in older individuals (70% in individuals older than 65 years of age).

Colorectal cancer incidence and mortality have both declined over the last two decades. The primary reasons for this decline are increased colorectal cancer screening coupled with better diagnosis and treatment.

Colorectal cancer is one of the few cancers that are largely preventable. Most colorectal cancers grow over many years and start from polyps in the colon and rectum. Since screening can identify and facilitate removal of precancerous lesions and polyps, not getting screened is considered a risk factor for colorectal cancer. Other risk factors include age, a personal or family history of colorectal cancer, history of inflammatory bowel disease, personal history of polyps and/or colorectal cancer, as well as obesity, alcohol consumption, poor diet and physical inactivity.

National guidelines recommend that all persons aged 50 years and older should be screened for colorectal cancer. In Minnesota new guidelines established by the Institute for Clinical Systems Improvement (ICSI) recommend colorectal cancer screening for American Indians begin at age 45. ICSI is a non-profit organization that supports and promotes the use of evidence-based health care. It is comprised of Minnesota's largest medical groups (60 medical groups) and sponsored by six Minnesota and Wisconsin Health Plans.

Increased screening rates will reduce illness and death from colorectal cancer. The Centers for Disease Control and Prevention have set as their goal to increase population-based colorectal cancer screening rates to 80% by 2014. It will take significant effort to reach this goal in Minnesota since we estimate that only 65% of Minnesotans have been screened according to national colorectal cancer guidelines. An even greater challenge is to increase the screening rate of Minnesotans who do not have health insurance as well as those on Medicaid. National data estimates that only 18.8% of the uninsured and 39.6% of those on Medicaid are screened for colorectal cancer. Screening rates in Minnesota's Medicaid population are estimated to be 43%.

Screening Demonstration Project Overview

As required by legislation, screening grant contracts were established at two locations: Hennepin County Medical Center (HCMC) and Bemidji's MeritCare-Sanford Health facility.

Initial work undertaken by Sage Scopes focused on development of screening protocols, patient forms (see Appendix 2), and establishing clinic flow to implement the demonstration project. Significant work with the Minnesota Department of Human Services (DHS) was necessary to interpret and define eligibility criteria (see Appendix 3) so that any colorectal cancers diagnosed in the demonstration project met the requirements of the legislation to pay for treatment services. In addition, recruitment strategies were developed to identify individuals who met demonstration project eligibility criteria. This work took a considerable amount of time project.

It was very difficult to find individuals who met both criteria (3) and (4) because almost every Minnesota resident with an income below 250% of the federal poverty level (criteria 4) is eligible for MinnesotaCare (criteria 3).

A key challenge was that eligibility criteria for individuals in the state-funded Sage Scopes project, was narrower. The legislative language required individuals be: (1) 50 years and older who had not been screened for colorectal cancer according to national guidelines or under the age of 50 and at high risk for colon cancer; (2) be uninsured, or if insured, have coverage that does not cover the full cost of colorectal cancer screenings; (3) ineligible for medical assistance, general assistance medical care, or MinnesotaCare programs; and (4) have a gross family income at or below 250% of the federal poverty level. It was very difficult to find individuals who met both criteria (3) and (4) because almost every Minnesota resident with an income below 250% of the federal poverty level (criteria 4) is eligible for MinnesotaCare (criteria 3).

Individuals screened through the state-funded Sage Scopes demonstration project were required to meet the Minnesota DHS defined eligibility criteria in order to be eligible for treatment. In addition, the ability to provide treatment was essential to ensure MeritCare-Sanford Health's participation in the project. The legislation established a Medicaid waiver. In the federally-funded Sage Scopes Program only a few providers are willing to participate. This is because participating providers must ensure the cost of treatment is covered for individuals diagnosed with colon cancer while screening and follow-up tests required to diagnose colorectal cancer are paid for with federal funds. Ultimately, no individuals screened required treatment.

A significant amount of staff time was devoted to developing and implementing strategies to find individuals who met the state-funded Sage Scopes narrow eligibility criteria. Letters and flyers were sent to women who previously participated in the Sage Screening Program, Minnesota's free breast and cervical cancer screening program, encouraging them and their significant others to call. Minnesota Department of Human Services agreed to mail letters to Minnesotans denied the State insurance program (MinnesotaCare). Additionally, letters were mailed to men from a commercial mailing list selected from residency and income guidelines. Out of about 3,800 letters and/or flyers mailed, approximately 500 individuals called to find out if they were eligible to participate.

A coalition including representatives from the tribal reservations in northwestern Minnesota, known as the "MINO BIMAADIZIWIN (Healthy Living) Colorectal Cancer Screening Promotion Group," worked diligently to plan implementation of the screening program at MeritCare's facility in Bemidji. They struggled to recruit American Indians living at Leech Lake, White Earth and Red Lake reservations to get screened. This is due in large measure to the American Indian population's belief that treaty rights ensure access to health care and their distrust of the Medicaid and other Minnesota health care programs. Ads were posted in the *Bemidji Pioneer* daily newspaper, as well as the three tribal newspapers (White

Earth, Red Lake and Leech Lake). This was the only population in which incentives were provided for patients who completed their colonoscopy. In spite of their challenges in identifying individuals who met state program eligibility criteria, they did have tremendous success in motivating about 80 American Indians to be screened utilizing other health care resources (e.g. tribal health).

Other recruitment strategies employed included referrals from several community clinics which tend to serve lower-income Minnesotans. The Sage Screening Program's call center employees referred women scheduling breast cancer screening to Sage Scopes. Community partners (e.g. Vietnamese Social Service, the American Cancer Society and Portico Healthnet) also referred clients.

As of December 31, 2010, a total of 144 individuals were screened with colonoscopy in the state-funded Sage Scopes demonstration project. There were 85 individuals screened at HCMC and 59 individuals received colonoscopies at MeritCare-Sanford Health in Bemidji. Approximately 30% of those screened had polyps removed. Thus potentially 43 individuals had cancers prevented.

Our overall goal was to screen approximately 200 individuals. Although more individuals were not screened through this demonstration project, we are satisfied that the lessons learned in its implementation gave us insight to make recommendations to increase CRC screening rates.

Priority recommendations for increasing colorectal cancer screening among Minnesotans

Recommendation 1: Eliminate or reduce the financial barriers to colorectal cancer screening for uninsured individuals.

It has been demonstrated that cost sharing by low income people (i.e., copayments and deductibles), lack of health insurance and not having a usual source of care are all significantly associated with lower rates of cancer screening, late stage cancer, and poor cancer survival. Thus, if we want to reduce health disparities related to colorectal cancer, the aforementioned factors need to be addressed.

Recommendation 2: Cover the costs associated with treatment for colorectal cancer for uninsured individuals.

One of the successes of the state-funded CRC program was that there was a mechanism to cover treatment costs. In the federal Sage Scopes Program, only a few providers are willing to participate because they are required to cover the cost of treatment for individuals diagnosed with colon cancer.

Recommendation 3: Make eligibility criteria for any future state-funded screening project consistent with the eligibility criteria of the federally-funded Sage Scopes program.

We would not support future funding for screening utilizing the same criteria. The final language created significant implementation problems. The interpretation of the bill's eligibility criteria created a situation such that the project could not be executed consistent with the bill's intention. The Catch-22 was that any individual who was eligible for a Minnesota health care program was ineligible for the state-funded program. Virtually anyone in Minnesota with an income at or below 275% of the federal poverty limit is eligible for MinnesotaCare. Thus, individuals eligible for but not enrolled in the MinnesotaCare program could not receive state-funded Sage Scopes screening services. Although there were some exceptions, the staff time required to identify eligible individuals created a very inefficient and inaccessible program.

Recommendation 4: Increased capacity for patient outreach and education are needed in order to reach low income, un- and underinsured individuals with colorectal cancer services.

MDH received the coincidental funding for the federal program, which enabled MDH to provide the outreach and education needed to recruit un- and under-insured individuals.

Recommendations for increasing screening among the insured who have a regular source of care are focused on health systems solutions. These include having doctors and health plans doing more to improve referrals and reminders for colorectal cancer screening, use of electronic health records to track compliance with screening guidelines, provider education regarding the new ICSI colorectal cancer screening guidelines, and quality assurance work to incent providers that have higher colorectal cancer screening rates.

For Minnesotans who lack insurance and a regular source of care, financial assistance (in the form of coverage of medical procedures) is essential as is the provision of information about the preventability of colorectal cancer, the value of early detection and the screening tests available. MDH is highly skilled in promoting cancer screening at the population level and reaching hard-to-reach and underserved populations with cancer screening message using evidence-based strategies. Colorectal cancer screening tests are incredibly efficacious but highly noxious. Thus, individuals who do not routinely access the health system for preventive care must be persuaded to get screened for colorectal cancer.

APPENDIX 1

COLORECTAL CANCER PREVENTION PROJECT

Sec. 44. MINNESOTA COLORECTAL CANCER PREVENTION DEMONSTRATION PROJECT.

Subdivision 1. Establishment. The commissioner of health shall award grants to Hennepin County Medical Center and MeritCare Bemidji for a colorectal screening demonstration project to provide screening to uninsured and underinsured women and men. The project shall expire December 31, 2010.

Subd. 2. Eligibility. To be eligible for colorectal screening under this demonstration project, an applicant must:

- (1) be at least 50 years of age, or under the age of 50 and at high risk for colon cancer;
- (2) be uninsured, or if insured, have coverage that does not cover the full cost of colorectal cancer screenings;
- (3) not be eligible for medical assistance, general assistance medical care, or MinnesotaCare programs; and
- (4) have a gross family income at or below 250 percent of the federal poverty level.

Subd. 3. Services. Services provided under this project shall include:

- (1) colorectal cancer screening, according to standard practices of medicine, or guidelines provided by the Institute for Clinical Systems Improvement or the American Cancer Society;
- (2) follow-up services for abnormal tests; and
- (3) diagnostic services to determine the extent and proper course of treatment.

Subd. 4. Project evaluation. The commissioner of health shall evaluate the demonstration project and make recommendations for increasing the number of persons in Minnesota who receive recommended colon cancer screening. The commissioner of health shall submit the evaluation and recommendations to the legislature by January 15, 2011.

Laws of Minnesota 2009, Chapter 79, Art. 10, Sec. 44

Colorectal Screening. \$88,000 in fiscal year 2010 and \$62,000 in fiscal year 2011 are for grants to the Hennepin County Medical Center and MeritCare Bemidji for colorectal screening demonstration projects.

Laws of Minnesota 2009, Chapter 79, Art. 13, Sec. 4, Subd. 2

Sec. 2. Laws 2009, chapter 79, article 13, section 4, is amended to read:

...

Colorectal Screening. \$88,000 \$188,000 in fiscal year 2010 and \$62,000 in fiscal year 2011 are for grants to the Hennepin County Medical Center and MeritCare Bemidji for colorectal screening demonstration projects.

Laws of Minnesota 2009, Chapter 173, Art. 2, Sec. 2

Sec. 18. Minnesota Statutes 2008, section 256B.057, subdivision 11, as added by Laws 2009, chapter 79, article 5, section 19, is amended to read:

Subd. 11. **Treatment for colorectal cancer.** (a) Medical assistance shall be paid for an individual who:

- (1) has been screened for colorectal cancer by the colorectal cancer prevention demonstration project;
 - (2) according to the individual's treating health professional, needs treatment for colorectal cancer;
 - (3) meets income eligibility guidelines for the colorectal cancer prevention demonstration project;
 - (4) is under the age of 65; and
 - (5) is not otherwise eligible for medical assistance or covered under creditable coverage as defined under United States Code, title 42, section 300gg(a)(c), but without regard to paragraph (1)(F) of such section.
- (b) Medical assistance provided under this subdivision shall be limited to services provided during the period that the individual receives treatment for colorectal cancer.
- (c) An individual meeting the criteria in paragraph (a) is eligible for medical assistance without meeting the eligibility criteria relating to income and assets in section 256B.056, subdivisions 1a to 5b.
- (d) This subdivision expires December 31, 2010.

Laws of Minnesota 2009, Chapter 173, Art. 1, Sec. 18

APPENDIX 2

- 1) Consent for Release of Information/Enrollment Form
- 2) Procedure-Path Report
- 3) Surgery-Treatment Report
- 4) Follow-up
- 5) Office Visit

Sage Scopes Program Consent for Release of Information

Sage Encounter Number

Assign a new number for each visit.

Program. The Minnesota Department of Health (MDH) manages the Sage Scopes Colorectal Cancer Screening Program, the Sage Breast and Cervical Cancer Screening Program, and the SagePlus Heart Health program (collectively called "Sage Programs"). The Centers for Disease Control and Prevention (CDC) and the State of Minnesota have funded Sage Scopes from 2010 through 2014.

What the Program Covers. If you are eligible and enroll in the Sage Scopes Program, you will receive a free colonoscopy. Materials necessary to prepare for your colonoscopy and any required preparatory procedures will also be free. If your colonoscopy is abnormal, follow-up tests and procedures will be provided at no cost to you.

Requirements to participate. You are not required by law to provide any information to the Sage Scopes Program. However, if you do not provide the requested information (except your social security number), you may not be able to participate in the program. While MDH requests your social security number in order to better identify your records, you may participate in the program even if you choose not to provide your social security number.

Scope of Consent. This Consent Form allows the Sage Scopes Program to:

- obtain your medical information from your health care providers.
- release your medical record information to CDC and its data contractor.
- assess cancer screening services through the program.

You must read and sign this consent form if you want the Sage Scopes Program to pay for your colorectal cancer screening.

I authorize doctors and other medical providers (including hospitals, endoscopy centers, and laboratories) to give the following information to the Sage Scopes Program:

- All my identifying information, including my name, date of birth, address, phone numbers, health insurance, income, household size, race, ethnicity, place of birth, primary language, education, and social security number (if provided).
- Contact information for my doctors and health care providers, including their names, addresses and telephone numbers.
- Medical information collected during the program, including my chart number; weight, height, blood pressure; tobacco use; colorectal medical history; results of colorectal cancer screening tests, symptoms, follow-up tests, and treatment.
- Cost data related to procedures covered by the Program.

All information released to the Sage Scopes Program is protected by the Minnesota Government Practices Act. This means that the only people having access to my identifying information will be my doctors and health care providers and MDH employees who work with the Sage programs or the Minnesota Cancer Surveillance System.

I authorize Sage Scopes to share my information with doctors and health care providers whom I may involve in my medical care. Information released to doctors and health care providers is protected by federal or state medical privacy rules.

I also authorize Sage Scopes to share my medical information, cost data, and demographics with CDC and its data contractor. Information released to CDC and its data contractor will not include my name, phone number, social security number, or address.

If I need coverage for treatment, I authorize Sage Scopes to release this information to the Minnesota Department of Human Services and its agents to assist me in finding and enrolling in a program that will cover treatment.

Except for the release of information that I have authorized in this consent form, all information given to Sage Scopes, CDC, and its data contractor will be kept confidential and will not be disclosed to others except as allowed or required by Minnesota or federal law.

Sage Scopes will use my information to:

- Document my eligibility for the program.
- Assure that I receive appropriate preparation, screening, and diagnostic follow-up.
- Assist in locating resources to support treatment (if needed).
- Manage and evaluate the program.

The permissions I authorize in this consent form expire one year from the date of my signature.

I may withdraw from Sage Scopes and cancel the permissions authorized in this consent form prior to their expiration. In order to cancel my permission, I must send a letter to my doctors or other health care providers and to Sage Scopes. The letter must include my name, date of birth, a statement cancelling my permission to release information, and my signature. If I cancel my permission, I will no longer be enrolled in Sage Scopes and may be financially responsible for any outstanding bills.

Name (printed): _____ Date of Birth: _____ (mo) _____ (day) _____ (yr)

Signature: _____ Signature Date: _____ (mo) _____ (day) _____ (yr)

Note to health care providers: This document complies with the requirements of HIPAA (Health Insurance Portability and Accountability Act), the Federal Privacy Act of 1974, the Minnesota Government Data Practices Act, and the Minnesota Health Records Act, regarding authorizations to disclose protected health information. See 45 C.F.R. § 164.508(c)(1); 5 U.S.C. 552a; Minn. Stat. §§ 13.05, subd. 4(d), 144.291 to 144.298.



Sage Scopes Program Enrollment Form

Sage Encounter Number

Assign a new number for each visit.

1. Name: _____ 2. Gender Male Female
Last First Middle initial

3. Birthdate ____/____/____ 4. Social Security #: _____
month day year

5. Street Address: _____ Apartment: _____

6. City: _____ 7. State: _____ 8. Zip: _____

9. County: _____ 10. Home phone #: (____) _____ 11. Other phone: (____) _____

12. Are you Hispanic or Latino/a? (Mexican, South or Central American, Puerto Rican, Cuban, or other Spanish Culture)
 Yes No

13. What race do you consider yourself? (please check one or more of the following that identifies your race)
 White American Indian or Alaskan Native
 Black or African American Asian (specify) _____
(Hmong, Vietnamese, Korean, Cambodian, Chinese, Thai, Indian, or any other Asian)
 Native Hawaiian or other Pacific Islander Other (specify) _____

14. In what country were you born? United States Other _____

15. What is the primary language spoken in your household? _____

16. Do you have any health insurance? (Including Medical Assistance, Medicare, Minnesota Care, or private insurance?)
 Yes, (please write the name of insurance) _____ No

17. What is the total monthly household income before taxes? \$ _____ per month
[Note: If you farm or are self-employed, use net income (after deducting business expenses).]

18. Including yourself, how many people are supported by this income (check one box)?
 1 2 3 4 5 6 7 8 9 10 or more

19. Have you smoked cigarettes (tobacco) in the past...
 Week Month Year More than a year ago Never smoked

20. If you still smoke, would you like help quitting? Yes No

21. Does anyone else in your household smoke? Yes No

22. Please select your highest level of education.
 Grade 8 or less Associate Degree
 Grade 9-11 (some High School) Bachelor's Degree (4-year college graduate)
 Grade 12 or GED (High School Graduate) Post-graduate degree (Master's, Professional, Doctorate)
 College or Tech. School, but no degree

Patient History – To be filled out by a clinician or staff member

24. Have you ever had a colorectal screening test? Yes No Don't Know
(Such as a Fecal Immunochemical Test (FIT), Fecal Occult Blood Test (FOBT), Sigmoidoscopy, Colonoscopy)

25. Do you have a history of colorectal cancer? Yes No Don't Know
If yes, year of diagnosis: _____

26. Have you ever had precancerous polyps in your colon or your rectum? Yes No Don't Know

27. Have you ever been told by a doctor or other health professional that you have:

	Yes	No	Don't Know
a. Familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer (HNPCC)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Ulcerative Colitis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Crohn's Disease?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

28. Has your mother, father, brother(s), sister(s), or children had:

	Yes	No	Don't Know
a. Colorectal polyps before age 60?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Colorectal cancer before age 60?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

29. Have you had rectal bleeding, bloody diarrhea, or blood in your stool within the last 6 months? Yes No



Please complete and return to:
 Minnesota Department of Health
 Cancer Control Section Sage Scopes Program
 P.O. Box 64882, St. Paul, MN 55164-0882



Sage Scopes Program Procedure and Pathology Report

Sage Scopes Encounter Number

Please complete one (1) form for each procedure started for a patient.

Patient Name: _____ (last) (first) (middle initial) Chart #: _____

1. Type of Procedure: Colonoscopy DCBE Other (specify) _____

2. Indication for Test: Screening Surveillance Diagnostic

3. Date procedure performed: ____/____/____
(mo) (day) (year)

4. Name of Attending Physician (print clearly): _____

5. Was bowel prep adequate to complete procedure? Yes No
(If no, stop here. Patient must be rescheduled.)

6. If procedure was colonoscopy, was colonoscopy completed (cecum reached)?
 Yes (skip to question #8)
 No *If colonoscopy is discontinued due to excessive pain, the provider may complete screening on the same day, with a DCBE.*

7. If procedure was not completed, was another procedure ordered to complete screening?
 DCBE Other (specify) _____ None

If yes, Name of Provider (print clearly): _____

8. Was polypectomy performed? Yes No

9. Number of specimens sent to pathology: _____

10. Were all polyps completely removed? Yes No

11. Was a biopsy performed? Yes No

If polypectomy or biopsy performed, please complete MDH pathology form on reverse side and include pathology report and dictation.

12. Results of Procedure (or DCBE, if screening completed with DCBE):

- Normal/Negative
- Diverticulosis/Hemorrhoids
- Other finding not suggestive of cancer/polyps
- Polyp(s)/lesions suspicious for cancer/presumed cancer
- Inadequate/Incomplete test with no findings

13. Complications of procedure requiring observation or treatment:

- No complications reported
- Bleeding Requiring transfusion
 Not requiring transfusion
- Cardiopulmonary events (hypertension, hypoxia, arrhythmia, etc.)
- Complications related to anesthesia
- Bowel perforation
- Post-polypectomy syndrome/excessive abdominal pain
- Death
- Other _____

14. If no pathology required, when is next screening/surveillance colonoscopy recommended?

____ years
 ____ months
 ____ other, specify _____



Sage Scopes Program Surgery Report

Sage Scopes Encounter Number

Patient Name: _____
(last) (first) (middle initial)

Chart #: _____

Date surgery performed: ____/____/____ Location: _____
(mo) (day) (year)

Surgeon (Name of Provider) (print clearly): _____

1. Histology from surgical resection

- 1 Normal or other non-polyp histology
- 2 Non-adenomatous polyp (inflammatory, hamartomatous, etc.)
- 3 Hyperplastic polyp
- 4 Adenoma, NOS (no high grade dysplasia noted)
- 5 Adenoma, tubular (no high grade dysplasia noted)
- 6 Adenoma, mixed tubular villous (no high grade dysplasia noted)
- 7 Adenoma, villous (no high grade dysplasia noted)
- 8 Adenoma, serrated (no high grade dysplasia noted)
- 9 Adenoma with high grade dysplasia (includes in situ carcinoma)
- 10 Adenocarcinoma, invasive
- 11 Carcinoma, other
- 12 Unknown/other lesions ablated, not retrieved or confirmed

2. Stage of Colorectal Cancer:

- 1 Stage 0 Carcinoma in situ
- 2 Stage I (Dukes A colon cancer)
- 3 Stage II (Dukes B colon cancer)
- 4 Stage III (Dukes C colon cancer)
- 5 Stage IV (Dukes D colon cancer)

3. Please specify any additional treatment planned:

- 1 Chemotherapy
- 2 Radiation therapy
- 3 Other _____

4. Date of first treatment/date treatment started (if known) ____/____/____
(mo) (day) (year)

5. Next colonoscopy recommended in: _____ years
_____ months
_____ other, specify _____



Please complete and return to:
Minnesota Department of Health
Cancer Control Section Sage Scopes Program
P.O. Box 64882, St. Paul, MN 55164-0882



**Sage Scopes Program
Office Visit Report**

Sage Scopes Encounter Number

Assign a new encounter
number for this office visit

Patient Name: _____ Chart #: _____
(last) (first) (middle initial)

Date of Birth: ____/____/____ Date of Visit: ____/____/____
(month) (day) (year) (month) (day) (year)

Name of Physician Performing Examination: _____
(print clearly)

Pre-colonoscopy office visit (Complete this section only if patient is being seen before the colonoscopy)

1. Type of visit

- Routine physical examination
- Evaluation and management visit prior to colonoscopy (for patients with medical conditions - i.e., COPD, medications, etc. - that affect the pre-operative instructions)

2. Labs performed

- Yes No

If yes, please indicate:

- Metabolic panel
- Blood count
- Prothrombin or thromboplastin time
- ECG

Note: Labs not listed are not covered by Sage Scopes.

3. Was patient cleared for colonoscopy?

- Yes
- No Explanation: _____

Note: the purpose of this form is to document that an office visit occurred so that MDH will credit your grant account for this service. Note that visits related to treatment or diagnosis of conditions other than cancer are not covered by Sage Scopes.



Please complete and return to:

Minnesota Department of Health
Cancer Control Section Sage Scopes Program
P.O. Box 64882, St. Paul, MN 55164-0882



Bulletin

August 4, 2010

Minnesota Department of Human Services -- P.O. Box 64941 -- St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- MinnesotaCare
Operations Managers,
Supervisors and Staff
- Bemidji MeritCare and
Hennepin County
Medical Center
- Social Services
Supervisors and Staff
- Tribal Directors
- Minnesota Department
of Health

ACTION/DUE DATE

Please read for information
by 09/01/2010.

EXPIRATION DATE

December 31, 2010

Medical Assistance (MA) for Individuals Screened by the Minnesota Sage Scopes Program

TOPIC

Medical Assistance (MA) for individuals screened by the Minnesota Sage Scopes Program who need treatment for colorectal cancer.

PURPOSE

The bulletin provides policy information for a new category of MA for individuals screened through the Minnesota Sage Scopes Program who need treatment for colorectal cancer.

CONTACT

Counties, MinnesotaCare Operations and tribal agencies should submit policy questions to HealthQuest.

All others direct questions to:

Health Care Eligibility and Access (HCEA) Division
P.O. Box 64989
540 Cedar Street
St. Paul, MN 55164-0989

SIGNED

BILLI JO ZIELINSKI
Assistant Commissioner
Health Care Administration

I. Background

The 2009 Minnesota Legislature enacted a law granting Medical Assistance (MA) eligibility to individuals screened by the Minnesota Sage Scopes program, who need treatment for colorectal cancer.

The Minnesota Sage Scopes program is a new limited enrollment demonstration project administered by the Minnesota Department of Health. Minnesota Sage Scopes provides free colorectal cancer screening, follow-up services and diagnostic services following a diagnosis of colorectal cancer, to people who meet certain eligibility criteria. Funding is available to screen approximately 200 individuals under the demonstration. Two providers, Hennepin County Medical Center (HCMC) and Bemidji MeritCare, began screening individuals under the Minnesota Sage Scopes program in June 2010. The demonstration ends December 31, 2010.

For information about eligibility for the Minnesota Sage Scopes program, refer interested parties to the Minnesota Department of Health, Xeng Khang (pronounced Shane) at (651) 556-0680 or (651) 201-5600.

People screened by the Minnesota Sage Scopes program who need treatment for colorectal cancer may qualify for MA under a new basis of eligibility, MA for individuals with colorectal cancer. MA eligibility under this new basis ends December 31, 2010.

Due to the temporary nature of this new MA basis of eligibility, all applications and eligibility determinations for people screened by the Minnesota Sage Scopes program will be handled by Department of Human Services (DHS) staff. County and tribal agencies will not determine eligibility or maintain these cases.

County agencies continue to be responsible for MA eligibility and enrollment for women screened through the Sage Screening Program who need treatment for breast or cervical cancer (MA-BC). This bulletin makes no changes to eligibility policy or administration of the MA-BC basis of eligibility.

II. MA for Individuals with Colorectal Cancer

A. Eligibility Criteria

Applicants may be eligible for MA for individuals with colorectal cancer if they meet all of the following conditions:

- Have been screened by the Minnesota Sage Scopes program.
- Need treatment for colorectal cancer according to a health professional.
- Are under age 65.
- Are not eligible for MA, General Assistance Medical Care (GAMC), or MinnesotaCare.
- Are not covered by other creditable health insurance.

1. Minnesota Sage Scopes Screening and Need for Treatment

Only people who are screened by the Minnesota Sage Scopes program and who need treatment for colorectal cancer are eligible for the MA under this basis. The Minnesota Sage Scopes providers will identify people who have been screened and who need treatment for colorectal cancer. Receipt of the necessary application forms is proof that an individual meets this requirement. See Section B for a description of the necessary application forms.

2. Ineligibility for MA, GAMC and MinnesotaCare

To qualify for screening under the Minnesota Sage Scopes program, and to qualify for MA for individuals with colorectal cancer, an individual must be ineligible for MA, GAMC and MinnesotaCare. The Minnesota Sage Scopes providers will ensure that individuals meet this requirement prior to screening under the Minnesota Sage Scopes program. Consider a person who has been screened by the Minnesota Sage Scopes program to be ineligible for MA, GAMC and MinnesotaCare.

3. Creditable Health Insurance

People who have other creditable health insurance cannot qualify for MA for individuals with colorectal cancer. This insurance barrier is identical to the insurance barrier for MA for women who need treatment for breast or cervical cancer (MA-BC). Follow the Insurance and Benefit Recovery guidelines in Health Care Programs Manual (HCPM), Section 03.45.30 - Medical Assistance for Breast/Cervical Cancer (MA-BC), to determine whether an applicant has other creditable health insurance that would prevent eligibility for MA for individuals with colorectal cancer.

4. Other MA Eligibility Criteria

To qualify for screening under the Minnesota Sage Scopes program, an individual must have gross family income at or below 250 percent of the federal poverty guidelines (FPG). The Minnesota Sage Scopes providers ensure a person meets this requirement prior to screening. For a person who has been screened and needs treatment for colorectal cancer, there is no income or asset limit to be eligible for MA for individuals with colorectal cancer. Because there are no income or asset limits, standard guidelines for MA household composition, eligibility method, deductions and disregards, and spenddowns do not apply.

All other MA eligibility criteria that do not relate to income or assets apply to applicants and enrollees for MA for individuals with colorectal cancer. The standard MA guidelines with regard to Social Security Number, Citizenship/Immigration Status, and Residency apply.

B. Application and Renewal Process

The Minnesota Sage Scopes providers will give applicants who are screened and found to need treatment for colorectal cancer the necessary forms to apply for MA and will assist individuals with the application process. The providers will FAX the completed

forms directly to MN DHS – MA Colorectal Cancer at (651) 431-7446 for an eligibility determination. County and tribal agencies that receive these forms in error should immediately FAX them to MN DHS – MA Colorectal Cancer at the number above.

To apply for MA for individuals with colorectal cancer, applicants must complete the Minnesota Health Care Programs Application/Renewal for Breast and Cervical Cancer Coverage Group, DHS-3525 and submit with a copy of the Minnesota Sage Scopes Screening form (Attachment A).

DHS staff will determine eligibility for MA for individuals with colorectal cancer within 15 business days of the date the agency receives both the application and the screening form.

There are no renewal requirements for MA for individuals with colorectal cancer. MA coverage under this basis of eligibility ends December 31, 2010.

C. Eligibility Begin Date

MA eligibility for individuals with colorectal cancer may begin no earlier than the first day of the month in which the individual was screened under the Minnesota Sage Scopes program. There is no retroactive coverage available.

Example:

Larry is screened at Hennepin County Medical Center (HCMC) under the Minnesota Sage Scopes program on August 20, 2010. His physician determines he needs treatment for colorectal cancer. HCMC faxes the application and Minnesota Sage Scopes screening form to DHS the same day.

Action:

DHS approves MA for individuals with colorectal cancer effective August 1, 2010.

D. Verifications

Require a completed Minnesota Health Care Programs Application/Renewal for Breast and Cervical Cancer Coverage Group, DHS-3525 and a copy of the Minnesota Sage Scopes Screening form (Attachment A). The screening form must be completed by a health professional at a clinic affiliated with HCMC or Bemidji MeritCare.

Follow standard MA guidelines for verification of Social Security Number, citizenship/immigration status, and residency.

Do not require applicants to submit any other verification.

E. Covered Services and Service Delivery

People enrolled in MA for individuals with colorectal cancer are eligible for all MA covered services and are excluded from managed care enrollment.

F. End of Eligibility Basis

The MA basis of eligibility for individuals with colorectal cancer ends December 31,

2010. Eligibility for MA under this basis may end prior to December 31, 2010, if an individual no longer needs treatment for colorectal cancer, or if they report a change that makes them ineligible for MA.

Enrollees who wish to apply for other Minnesota Health Care Programs following closure of MA for individuals with colorectal cancer must submit a Minnesota Health Care Programs Application, DHS-3417.

III. Application Processing and Systems

DHS will provide application processing and systems instructions to staff who will administer MA for individuals with colorectal cancer. There are no MAXIS or MMIS changes associated with the new basis of eligibility.

IV. Attachments

Attachment A: Minnesota Sage Scopes Screening Form.

V. Legal References

Laws of Minnesota 2009, chapter 79, article 5, section 19.

Laws of Minnesota 2009, chapter 79, article 10, section 44.

VI. Americans with Disabilities Act (ADA) Advisory

This information is available in alternative formats to individuals with disabilities by calling (651) 431-2283 (voice) or toll free at (888) 938-3224. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

_____ _____ _____

Assign a new number for each visit.

Sage Scopes Program Consent for Release of Information

Program. The Minnesota Department of Health (MDH) manages the Sage Scopes Colorectal Cancer Screening Program, the Sage Breast and Cervical Cancer Screening Program, and the SagePlus Heart Health program (collectively called "Sage Programs"). The Centers for Disease Control and Prevention (CDC) and the State of Minnesota have funded Sage Scopes from 2010 through 2014.

What the Program Covers. If you are eligible and enroll in the Sage Scopes Program, you will receive a free colonoscopy. Materials necessary to prepare for your colonoscopy and any required preparatory procedures will also be free. If your colonoscopy is abnormal, follow-up tests and procedures will be provided at no cost to you.

Requirements to participate. You are not required by law to provide any information to the Sage Scopes Program. However, if you do not provide the requested information (except your social security number), you may not be able to participate in the program. While MDH requests your social security number in order to better identify your records, you may participate in the program even if you choose not to provide your social security number.

Scope of Consent. This Consent Form allows the Sage Scopes Program to:

- obtain your medical information from your health care providers.
- release your medical record information to CDC and its data contractor.
- assess cancer screening services through the program.

You must read and sign this consent form if you want the Sage Scopes Program to pay for your colorectal cancer screening.

I authorize doctors and other medical providers (including hospitals, endoscopy centers, and laboratories) to give the following information to the Sage Scopes Program:

- All my identifying information, including my name, date of birth, address, phone numbers, health insurance, income, household size, race, ethnicity, place of birth, primary language, education, and social security number (if provided).
- Contact information for my doctors and health care providers, including their names, addresses and telephone numbers.
- Medical information collected during the program, including my chart number; weight, height, blood pressure; tobacco use; colorectal medical history; results of colorectal cancer screening tests, symptoms, follow-up tests, and treatment.
- Cost data related to procedures covered by the Program.

All information released to the Sage Scopes Program is protected by the Minnesota Government Practices Act. This means that the only people having access to my identifying information will be my doctors and health care providers and MDH employees who work with the Sage programs or the Minnesota Cancer Surveillance System.

I authorize Sage Scopes to share my information with doctors and health care providers whom I may involve in my medical care. Information released to doctors and health care providers is protected by federal or state medical privacy rules.

I also authorize Sage Scopes to share my medical information, cost data, and demographics with CDC and its data contractor. Information released to CDC and its data contractor will not include my name, phone number, social security number, or address.

If I need coverage for treatment, I authorize Sage Scopes to release this information to the Minnesota Department of Human Services and its agents to assist me in finding and enrolling in a program that will cover treatment.

Except for the release of information that I have authorized in this consent form, all information given to Sage Scopes, CDC, and its data contractor will be kept confidential and will not be disclosed to others except as allowed or required by Minnesota or federal law.

Sage Scopes will use my information to:

- Document my eligibility for the program.
- Assure that I receive appropriate preparation, screening, and diagnostic follow-up.
- Assist in locating resources to support treatment (if needed).
- Manage and evaluate the program.

The permissions I authorize in this consent form expire one year from the date of my signature.

I may withdraw from Sage Scopes and cancel the permissions authorized in this consent form prior to their expiration. In order to cancel my permission, I must send a letter to my doctors or other health care providers and to Sage Scopes. The letter must include my name, date of birth, a statement cancelling my permission to release information, and my signature. If I cancel my permission, I will no longer be enrolled in Sage Scopes and may be financially responsible for any outstanding bills.

Name (printed): _____ Date of Birth: _____ (mo) _____ (day) _____ (yr)

Signature: _____ Signature Date: _____ (mo) _____ (day) _____ (yr)

Note to health care providers: This document complies with the requirements of HIPAA (Health Insurance Portability and Accountability Act), the Federal Privacy Act of 1974, the Minnesota Government Data Practices Act, and the Minnesota Health Records Act, regarding authorizations to disclose protected health information. See 45 C.F.R. § 164.508(c)(1); 5 U.S.C. 552a; Minn. Stat. §§ 13.05, subd. 4(d), 144.291 to 144.298.



Sage Scopes Program Enrollment Form

Sage Encounter Number

Assign a new number for each visit.

1. Name: _____			2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Last	First	Middle initial			
3. Birthdate: ____/____/____		4. Social Security #: _____			
month day year					
5. Street Address: _____			Apartment: _____		
6. City: _____		7. State: _____		8. Zip: _____	
9. County: _____		10. Home phone #: (____) _____		11. Other phone: (____) _____	
12. Are you Hispanic or Latino/a? (Mexican, South or Central American, Puerto Rican, Cuban, or other Spanish Culture)					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
13. What race do you consider yourself? (please check one or more of the following that identifies your race)					
<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian (specify) _____			
<input type="checkbox"/> Native Hawaiian or other Pacific Islander		(Hmong, Vietnamese, Korean, Cambodian, Chinese, Thai, Indian, or any other Asian)			
<input type="checkbox"/> Other (specify) _____					
14. In what country were you born? <input type="checkbox"/> United States <input type="checkbox"/> Other _____					
15. What is the primary language spoken in your household? _____					
16. Do you have any health insurance? (Including Medical Assistance, Medicare, Minnesota Care, or private insurance?)					
<input type="checkbox"/> Yes, (please write the name of insurance) _____ <input type="checkbox"/> No					
17. What is the total monthly household income before taxes? \$ _____ per month					
[Note: If you farm or are self-employed, use net income (after deducting business expenses).					
18. Including yourself, how many people are supported by this income (check one box)?					
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 or more					
19. Have you smoked cigarettes (tobacco) in the past...					
<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> More than a year ago <input type="checkbox"/> Never smoked					
20. If you still smoke, would you like help quitting? <input type="checkbox"/> Yes <input type="checkbox"/> No					
21. Does anyone else in your household smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No					
22. Please select your highest level of education.					
<input type="checkbox"/> Grade 8 or less		<input type="checkbox"/> Associate Degree			
<input type="checkbox"/> Grade 9-11 (some High School)		<input type="checkbox"/> Bachelor's Degree (4-year college graduate)			
<input type="checkbox"/> Grade 12 or GED (High School Graduate)		<input type="checkbox"/> Post-graduate degree (Master's, Professional, Doctorate)			
<input type="checkbox"/> College or Tech. School, but no degree					
Patient History – To be filled out by a clinician or staff member					
24. Have you ever had a colorectal screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know					
(Such as a Fecal Immunochemical Test (FIT), Fecal Occult Blood Test (FOBT), Sigmoidoscopy, Colonoscopy)					
25. Do you have a history of colorectal cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know					
If yes, year of diagnosis: _____					
26. Have you ever had polyps in your colon or your rectum? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know					
27. Have you ever been told by a doctor or other health professional that you have:					
		Yes	No	Don't Know	
a. Familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer (HNPCC)?		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
b. Ulcerative Colitis?		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
c. Crohn's Disease?		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
28. Has your mother, father, brother(s), sister(s), or children had:					
		Yes	No	Don't Know	
a. Colorectal polyps before age 60?		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
b. Colorectal cancer before age 60?		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
29. Have you had rectal bleeding, bloody diarrhea, or blood in your stool within the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					



Please complete and return to:
Minnesota Department of Health
Cancer Control Section Sage-Scopes Program
P.O. Box 64882, St. Paul, MN 55164-0882

