



# Cancer Prevention and Early Detection Program Manual

## Section 4: Clinic Quality Improvement

### Sub-Strategy: Follow-Up Colonoscopy Services

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### Organizations Eligible for this Sub-Strategy

- Health systems / Clinics
- Network organizations **are not** eligible for this strategy.
- Community-based organizations **are not** eligible for this strategy.

Only organizations that apply and are funded to implement evidence-based interventions (EBIs): Client Reminders, Patient Navigation, Provider Assessment & Feedback, Provider Reminder & Recall, Reducing Structural Barriers, and/or Small Media, to increase colorectal cancer screenings through the Clinic Quality Improvement Strategy (see Section 4: Clinic Quality Improvement of the CPED [Program Manual](#)) are eligible for this Sub-Strategy. If a funded organization has multiple clinics, yet only a subset of clinics are implementing EBIs, only clients receiving care at clinics where EBIs are being implemented are eligible to access follow-up colonoscopy funds. Organizations funded only to implement EBIs to increase breast and cervical cancer screening are not eligible for this Sub-Strategy. Organizations funded for the Clinic Quality Improvement strategy will be referred to only as “organizations” throughout this section. Clinics eligible to implement this Sub-Strategy will be referred to only as “clinics” throughout this section.

## Overview

Screening for colorectal cancer (CRC) is a process that may involve one or more tests. For example, if someone is screened using a fecal occult blood test (FOBT) or fecal immunochemical test (FIT), and has a positive or abnormal result, a follow-up colonoscopy must be obtained to complete the screening process.

CDPHE, which funds this Sub-Strategy, adheres to national colorectal cancer screening clinical guidelines. The U.S. Preventive Services Task Force ([USPSTF](#)) is one example, yet national guidelines do not replace clinical judgment based on individual circumstances.

Through CDPHE, a small pool of funds is available to support completion of follow-up colonoscopies for asymptomatic clients with a positive initial screening test. Eligibility and expectations surrounding access of these funds can be found in this document.

The intent of the follow-up colonoscopy funds is not to support or establish a ‘screening program’ that exists outside of a clinic. The intent of the funds is two-fold:

1. Facilitate the development of partnerships between primary care clinics and endoscopy providers that can be leveraged once the contracted funding ends.
2. Facilitate the development of partnerships between federal funding recipients (e.g. CDPHE) and primary care clinics by reducing barriers, such as cost of follow-up colonoscopy, that may hinder clinics’ participation in efforts to increase CRC screening rates.

## Client Eligibility

### Eligible

1. Clients must be asymptomatic at the time of the initial colorectal cancer screening.
2. A positive or abnormal initial screening test of an asymptomatic client may include completion of one of the following:
  - a. Fecal immunochemical test (FIT);
  - b. Fecal occult blood test (FOBT);
  - c. Multi-target stool DNA test (FIT-DNA or Cologuard);
  - d. Flexible sigmoidoscopy;
  - e. Computed tomographic colonography (CTC or virtual colonoscopy).
3. Clients must be at least 45 but less than 76 years of age.
4. Clients must be uninsured or underinsured.<sup>1</sup>
  - a. These funds are to be used as payor of last resort and shall not supplant other sources of payment for a follow-up colonoscopy.
  - b. Uninsured individuals should be referred to [Health First Colorado](#) or [Connect for Health Colorado](#) for assessment of eligibility for [Health First Colorado](#) or subsidized marketplace health insurance coverage. If a client is found to be eligible for coverage, but does not want to apply, please document why (if provided by the client). The client would still be eligible to receive a follow-up colonoscopy.
5. Verification of lawful presence in the United States is not required.

### Ineligible

1. Clients who undergo a colonoscopy to evaluate or diagnose symptoms.

#### Ineligible due to likely colonoscopy recommendation as the screening test for non-average risk clients

1. Clients with a known personal history of colon cancer.
2. Clients with a known family history of colon cancer.
3. Clients with a known genetic mutation, e.g., Lynch Syndrome.
4. Clients with a history of inflammatory bowel disease [Crohn's or Ulcerative Colitis].

## Reimbursement Rates & CPT Codes

CDPHE is the payor of last resort for clinic clients. Reimbursement for a follow-up colonoscopy may not exceed the Medicare rate.

Allowable follow-up colonoscopy screening and diagnostic procedures are included in the CPT Code List on the program [website](#).

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<sup>1</sup> Underinsured is defined as “individuals and families with public or private insurance that does not cover all necessary health care services, resulting in out-of-pocket expenses that may affect their ability to pay for or gain access to health care.”  
(*HealthWords 2, Colorado Health Institute, 2009*)

Clinical guidelines and policies are not intended to limit client care or interfere with the clinical decision-making of individual providers. However, clinics must adhere to clinical guidelines and program policies to ensure the appropriate use of program funding and reimbursement for eligible clients. Provider discretion may be used to provide procedures beyond the CPT code list, but CDPHE is unable to reimburse for such procedures.

Time and effort for a navigator to guide a client through completion of a follow-up colonoscopy paid for using CDPHE funds is a reasonable expense. Supporting a client with barrier reduction [obtaining bowl prep supplies or transportation to/from the procedure] is also a reasonable expense. Please work with your CDPHE Organizational Lead to ensure your organization's budget is reflective of such planned expenses as appropriate.

## Clinic Requirements Prior to Accessing Follow Up Colonoscopy Funds

1. Completion of Steps 1-3 of CPED's Clinic Quality Improvement (CQI) Strategy.
2. In process of Step 4: Implementation of CPED's Clinic Quality Improvement (CQI) Strategy.
3. Colorectal Cancer Clinic Champion reads the "Links of Care: Report on a Pilot Project to Increase Colorectal Cancer Screening Rates and Ensure Access to Specialty Care for Underserved Patients" report on the program [website](#).
  - a. This report provides an overview of what CDPHE, jointly with clinics, intends to work towards through this Sub-Strategy. Specifically, CDPHE seeks to support the development, maintenance or strengthening of medical neighborhoods and screening navigation.
  - b. *As this work continues to take shape, further details will be shared by CDPHE and stakeholders during Fiscal Year 2022-2023: June 30, 2022 - June 29, 2023*
4. Identification and agreements with entities willing to provide follow-up colonoscopy services to eligible clients.
  - a. CDPHE encourages clinics to identify local partners as much as is feasible to reduce barriers, for example transportation.
  - b. CDPHE encourages clinics to cultivate partnerships that may extend beyond the CPED Sub-Strategy funds.
  - c. Requirements surrounding service agreements, including subcontracts, are described within the Additional Information section.
5. Identification of clients with a positive initial screening test who meet eligibility requirements.
6. Identification of a treatment referral option. Please work with your [CDPHE Organization Lead](#) and Technical Assistance providers if this is a challenge to identify. Treatment services for colon cancer are not funded through CPED contracts.

## Clinic Actions for Screening Completion

1. Schedule client at a follow-up colonoscopy provider.
2. Offer health navigation services to the client.
  - a. A health navigator can support reduction of barriers, for example, obtaining prep supplies or transportation to/from the procedure
  - b. A health navigator can educate the client on the procedure and reduce client fears.
  - c. For more information, review the Health Navigation best practices section.
3. Track clients to ensure the colonoscopy occurred and conduct follow-up as needed.
4. Obtain client’s follow-up colonoscopy screening result (including pathology results as appropriate) and enter into the client’s chart within the clinic’s electronic health record (EHR). Document client’s future colorectal screening interval based on results.
5. If colon cancer was diagnosed, offer health navigation services to support client with treatment initiation.
  - a. For more information, review the post-diagnosis treatment and resources section.

## Data Collection & Reporting Requirements

Clinics are required to report data on follow-up colonoscopies paid for through CDPHE. Clinics are expected to report aggregate data on the results and final diagnosis. Clinics may also be asked to participate in surveys, focus groups or interviews to inform program improvement, success stories, or evaluation activities.

Annually, clinics are required to report the following in aggregate for follow-up colonoscopies paid for in any amount by CDPHE:

Data Point	Definition
Number of clients with CDPHE-paid follow-up colonoscopy	The total number of clients who had a follow-up colonoscopy for a positive or abnormal CRC screening test, that was funded in any amount with CDPHE funds, during the reporting period
Number of clients with normal colonoscopy results	Total number of clients who had a follow-up colonoscopy for a positive or abnormal CRC screening test that was funded in any amount with CDPHE funds during the reporting period with normal results.
Number of clients with adenomatous polyps	Total number of clients who had a follow-up colonoscopy for a positive or abnormal CRC screening test, that was funded in any amount with CDPHE funds, during the reporting period, with adenomatous polyps removed.
Number of clients with abnormal findings	The total number of clients who had a follow-up colonoscopy for a positive or abnormal CRC screening test, that was funded in

	amount with CDPHE funds, during the reporting period, with other abnormal findings (other than adenomatous polyps).
Number of clients diagnosed with CRC	The total number of clients who had a follow-up colonoscopy for a positive or abnormal CRC screening test, that was funded in amount with CDPHE funds, during the reporting period, who were diagnosed with colorectal cancer.

These five data points will be required annually and reported in the same tool as the clinical eQMs. Data is collected in REDCap on either a calendar or fiscal year reporting schedule. Reporting for the five data points concerning follow up colonoscopies paid for in any amount with CDPHE funds will follow the same reporting period as eQMs and must be reported by clinic, not by overall health system. For more information on required annual eQm reporting, please see ‘Data Collection and Reporting Requirements’ in Section 4: Clinic Quality Improvement of the [Program Manual](#).

## Reimbursement and Invoicing

When submitting for reimbursement for follow-up colonoscopy services, please submit the request using the CDPHE provided invoice template (Additional information regarding invoicing can be found in Section 1: Grant Management of the [Program Manual](#)). Indicate the total cost of follow-up colonoscopies completed during the invoice time frame on the appropriate budget line. No personal health information (PHI) of the client should be included in the invoice, and no supporting information needs to be submitted with the invoice. Clinics must maintain follow-up colonoscopy documentation in the case of an audit or chart review (see Additional Information section for details).

Organizations are responsible for tracking the allotted annual number and associated budget for follow up colonoscopies. Follow-up colonoscopy services and costs exceeding the annual budget allotment may be the responsibility of the organization.

Organizations may submit for reimbursement of time and effort for health navigators supporting clients through completion of a follow-up colonoscopy paid for using any amount of CDPHE funds. Please work with the CDPHE Organization Lead to ensure the organization has an approved budget that reflects this allowable expense before incurring such costs.

Organizations may submit reimbursement for costs associated with reducing barriers to complete a follow-up colonoscopy, for example transportation. Please work with the CDPHE Organization Lead to ensure the organization has an approved budget that reflects allowable expenses before incurring such costs.

See ‘Contract Monitoring and Quality Assurance’ section within Section 4: Clinic Quality Improvement of the [Program Manual](#) regarding contractor performance. Organizations must meet requirements as part of contractor performance. Additional information on Contractor

Performance Evaluations can be found in Section 1: Grant Management of the [Program Manual](#).

## Additional Information

### Subcontracting

The organization must maintain, at a minimum, a memorandum of understanding (MOU) or other binding written agreement, such as a subcontract with referral colonoscopy providers. All services on the Current Procedural Technology (CPT) Code List on the program [website](#) must be covered within an agreement(s) with subcontractors.

Organizations must **not** subcontract or refer out for health navigation services. Activities commonly done by subcontractors or referral providers, such as reminder calls for appointments or client notification of follow-up colonoscopy results, may be considered normal scope of activities for a subcontractor and not navigation services.

### Requirements

- **Clients must not be billed for CDPHE-covered services**  
Clients must not be billed or made responsible for any costs associated with follow-up colonoscopy services outlined on the CPT Code List. CDPHE updates the CPT Code List annually based on information found on the Centers for Medicare and Medicaid Services website. CDPHE encourages agreements, specific to when CPED funds are involved for follow-up colonoscopy services, that clearly state that clients will not receive invoices for covered services provided.
- **Clients must be notified of costs for services that are not covered**  
If services not on the CPT Code List are provided, subcontractors may bill the client for these services. However, clients must be notified and advised of the costs **before** services are provided.
- **Subcontract with local providers when possible**  
Subcontracts should be secured with local providers to the extent possible. Please work with your [CDPHE Organization Lead](#) and Technical Assistance provider if follow-up colonoscopy services are more than 60 miles away.
- **Organization is responsible for client care**  
A subcontractor is subject to all of the terms and conditions of the organization's CPED contract. Additionally, the organization remains ultimately responsible for the timely and satisfactory completion of all work performed by any subcontractor(s) under the contract.
- **Organization is responsible for payment to subcontractors**  
Organizations are responsible for paying subcontractors for any costs associated with the services outlined on the CPT Code List. CDPHE does not work directly with the organization's subcontractors. Communicating with subcontractors is the responsibility of the clinic or organization.

## Typical Services Subcontracted

Clinics are authorized to subcontract all follow-up colonoscopy services. Typical services for subcontract include:

- Follow-up Colonoscopy
- Surgical services
- Pathology services
- Diagnostic procedures

## Subcontracting Basics

It is each organization's responsibility to ensure that its subcontracts or MOUs are reviewed by its legal counsel. Subcontracts should be signed by both parties, outline specific roles and responsibilities, and ensure that all financial obligations are defined and other terms/conditions included.

At a minimum, the following elements should be incorporated into an agreement:

- General description of the project, including an outline of the specific roles and responsibilities and specific screening services to be provided.
- Payment mechanism.
- Reporting results back to the clinic and client.
- An agreement to screen clients referred to them at current Medicare rates specified in the CPT Code List.
- Signatures of both parties.

## Health Navigation

Clients often face significant barriers to accessing and completing cancer screening and diagnostics. Health navigation (also referred to as patient navigation) is individualized assistance offered by a non-licensed professional to clients to help overcome health care system barriers and facilitate timely access to quality screening and diagnostics as well as initiation of treatment services for persons diagnosed with cancer. Given the centrality of the client-navigator relationship, health navigation should include a minimum of two, but preferably more, contacts with a client.

Health navigation is a recommended approach for clinics to reduce client barriers and increase likelihood of cancer screening completion. This includes both initial and follow-up colonoscopy screenings. If a client does not report a barrier or does not want navigation assistance, health navigation should not be provided. If a clinic provides health navigation, the following are best practice recommendations to support completion of colorectal cancer screenings.

- Provision of client education regarding the colorectal cancer screening test.
- Written assessment of individual client barriers to cancer screening, diagnostic services, and/or initiation of cancer treatment.



- Resolution of client barriers (e.g., transportation, translation services).
- Reminder calls/contacts for:
  - Completion and return of stool tests (e.g., FOBT/FIT)
  - Obtaining bowel prep supplies
  - Completion of bowel prep
  - Endoscopy appointment
- Tracking and follow-up to monitor client progress in completing screening, diagnostic testing, and/or initiating cancer treatment.

## Training Recommendations for Health Navigators

In Colorado, training programs are available to prepare non-licensed health navigators, ranging from a community college program to online training.

Clinics are encouraged to explore course offerings that will provide non-licensed health navigators an opportunity to learn or revisit navigator core competencies. Please contact your [CDPHE Organization Lead](#) if the cost to attend a health navigation training is prohibitive. Organizations are encouraged to attend CDPHE-Recognized Training programs listed on the [Colorado Health Navigator Registry](#). Organizations are encouraged to build [health navigator competencies](#) into job descriptions for clinic staff providing health navigation.

Supervisors of health navigators are also encouraged to complete a level 3 training offered through [The Patient Navigator Training Collaborative](#).

## Post-Diagnosis Treatment and Resources

Treatment services for colon cancer are not funded through CPED contracts. Clinics are expected to navigate a client diagnosed with colon cancer through the initiation of cancer treatment.

Suggested resources to support obtaining cancer treatment:

- Apply for emergency Medicaid and/or normal Medicaid if the client meets qualifications
  - Clients with non-citizen status will need to provide a signed physician statement for proof of life/limb-threatening emergency to receive limited medical benefits for the emergency. If provided coverage, it is limited to care and services that are necessary to treat immediate emergency medical conditions.
- [Colorectal Cancer Alliance \(CCA\) resources info](#)
- Older adult resources: Senior Health Insurance Assistance Program (SHIP), Denver Regional Council of Governments (DRCOG)
- Colorado Indigent Care Program (CICP)
- Hospital and Community Financial Assistance Programs or Financial Navigators
- Pharmaceutical Financial Assistance Program/Free Drug Programs
- [Colonoscopy Assist](#)

- American Cancer Society

Many cancer centers have financial navigators or counselors that can help identify available treatment resources and assistance. Other organizations that may potentially provide assistance include the Colorado Community Health Initiative (CCHI), a nonprofit advocacy organization that offers consumer assistance programs that aid in navigating medical insurance and bills.

Resources for post-diagnosis treatment may be limited. Please share both successes and challenges in obtaining services with your [CDPHE Organization Lead](#) and Technical Assistance providers.

## **Contract Monitoring / Chart Review**

Data chart reviews may occur as part of contract monitoring processes, as the reviews provide critical information necessary for assessing a clinic's performance and accurate payment for follow-up colonoscopies. Documentation necessary for these reviews may include information found in electronic health records or paper medical charts.

Each clinic will participate in at least one data chart review during the life of the CPED contract. The following data must be collected and maintained at the clinic for each client whose follow up colonoscopy services were paid for by CDPHE:

- Patient Name
- Date of Birth
- Date of initial colorectal cancer screening (e.g., FIT/FOBT) and result
- Documentation of navigation and/or barrier reduction services, if applicable, that were provided in order to complete a follow-up colonoscopy
- Date of follow-up colonoscopy and location of services
- Colonoscopy and pathology report (e.g. number of biopsies taken, location of biopsies, and pathology of biopsies)
- Endoscopy provider note on future screening recommendations based on colonoscopy and pathology results