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Website Information

http://www.michigancancer.org/colorectal

If you do not have, or have forgotten, your login and password to the secure portion of the website, please contact Cathy Blaze (blazec@michigan.gov or (517) 241-0109).

Content of MCRCEDP website:
- Michigan Colorectal Cancer Early Detection Program Procedure Manual
- MCRCEDP Forms (Enrollment Form, FOBT Intake Form, Colonoscopy Intake Form)
- Michigan Cancer Consortium (MCC) Guidelines for the Early Detection of Colorectal Cancer
- MCRCEDP Conference Call Agendas and Summaries
- MCRCEDP Updates
- Provider Information, Forms and Updates
- MCRCEDP Memos and more
- MCRCEDP Resource Information
- Secure Client Information including:
  - MCRCEDP Client Lists
  - MCRCEDP Master Lists, Client FOBT and Colonoscopy Reports
  - Department of Community Health (DCH) File Transfer Application User Manual

** For additional copies of the MCC Guidelines, please visit the MCC website at:  

For free colorectal cancer resources visit the MCC website at:  
http://www.michigancancer.org/OurPriorities/Colorectal_Resources.cfm
http://www.screen4coloncancer.org/videos.asp

Web Sites of Interest — Federal Agencies  
http://www.michigancancer.org/OurPriorities/Colorectal_Resources.cfm#Web-fed

The Michigan Department of Community Health (MDCH) Web site offers information to Michigan residents on how and where to find low-cost or free health care:
www.michigan.gov/healthcarehelp
MCC Guidelines for the Early Detection of Colorectal Cancer
February 2009

Recommendations for Colorectal Cancer Screening (Table 1)

- Colon cancer prevention should be the primary goal of colorectal cancer screening. Tests that are designed to detect both early cancer and adenomatous polyps should be encouraged if resources are available and patients are willing to undergo an invasive test.
- If patient reports rectal bleeding a diagnostic evaluation is recommended, see Table 3.
- Screening should continue throughout life unless age or comorbid conditions limit life expectancy. The U.S. Preventive Services Task Force recommends against screening in adults older than age 85 years.

Table 1

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Recommendation</th>
<th>When to Begin</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AVERAGE RISK</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All people ages 50 and over not in the categories below</td>
<td>-Guai-based fecal occult blood test (gFOBT)*&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Age 50</td>
<td>-gFOBT every year, or</td>
</tr>
<tr>
<td></td>
<td>-Fecal Immunochemical Test (FIT)</td>
<td></td>
<td>-FIT every year, or</td>
</tr>
<tr>
<td></td>
<td>-Flexible sigmoidoscopy (FSIG)</td>
<td></td>
<td>-FSIG every year, or</td>
</tr>
<tr>
<td></td>
<td>-Flexible sigmoidoscopy plus FOBT</td>
<td></td>
<td>-FOBT every year &amp; FSIG every 5 years, or</td>
</tr>
<tr>
<td></td>
<td>-Double Contrast Barium Enema (DCBE)</td>
<td></td>
<td>-DCBE every 5 years, or</td>
</tr>
<tr>
<td></td>
<td>-Computed Tomographic Colonography (CTC)</td>
<td></td>
<td>-CTC every 5 years, or</td>
</tr>
<tr>
<td></td>
<td>-Colonoscopy (CS)</td>
<td></td>
<td>-CS every 10 years, or</td>
</tr>
<tr>
<td></td>
<td>-Stool DNA test (sDNA)</td>
<td></td>
<td>-sDNA guidelines being developed</td>
</tr>
</tbody>
</table>

*FOBT is defined as the at-home procedure of collecting two samples from three consecutive bowel movements.

### INCREASED RISK

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Recommendation</th>
<th>When to Begin</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Polyps at Prior Colonoscopy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small, rectal hyperplastic polyps</td>
<td>Colonoscopy</td>
<td>Time of initial diagnosis</td>
<td>Follow average risk recommendations unless hyperplastic polyposis syndrome</td>
</tr>
<tr>
<td>Single, small (&lt; 1 cm) adenomatous polyp OR 1-2 small tubular adenomas with low grade dysplasia</td>
<td>Colonoscopy</td>
<td>3-6 years after initial polypectomy</td>
<td>If normal, follow average risk recommendations</td>
</tr>
<tr>
<td>People with one large (≥ 1 cm) adenoma or 3-10 adenomas of any size or any adenoma with villous features or high grade dysplasia</td>
<td>Colonoscopy</td>
<td>3 years after initial polypectomy</td>
<td>If normal or 1-2 small tubular adenomas with low-grade dysplasia found, interval may be 5 years</td>
</tr>
<tr>
<td>People with more than 10 adenomas on a single exam</td>
<td>Colonoscopy</td>
<td>&lt; 3 years after initial polypectomy</td>
<td>Consider possibility of familial syndrome</td>
</tr>
<tr>
<td>Persons with sessile adenomas that are removed piecemeal</td>
<td>Colonoscopy</td>
<td>2-6 months to verify complete removal</td>
<td>Based on endoscopist’s judgment. Completeness of removal should be based upon both endoscopic and pathologic assessments</td>
</tr>
</tbody>
</table>

| History of Colorectal Cancer                                                 | Colonoscopy    | Within 1 year after resection | If normal, colonoscopy in 3 years; if still normal, colonoscopy every 5 years |
| Colorectal cancer or adenomatous polyp in one first degree relative (parent, sibling or child) before age 60 OR in two or more first degree relatives of any age | Colonoscopy    | Age 40 or 10 years before the youngest case in the family, whichever is earlier | Colorectal cancer or other visceral cancers under age 50 should be considered for counseling for genetic testing |
| Colorectal cancer or adenomatous polyp in a first-degree relative ≥ age 60 or two second-degree relatives with colorectal cancer | Any screening option as recommended for average risk individuals | Age 40 years | Every 5 years |

Counseling to consider genetic testing, with referral to a specialist/specialty center. As recommended for average risk persons, depending on type of screening procedure chosen.
Table 1 (Continued)

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Recommendation</th>
<th>When to Begin</th>
<th>Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic or clinical diagnosis, or family history of familial adenomatous polyposis (FAP)</td>
<td>Annual FSIG to determine if FAP is present and counseling and consideration of genetic testing</td>
<td>Puberty (Age 10-12 years)</td>
<td>If familial polyposis is confirmed, colectomy is indicated; otherwise, endoscopy every 1-2 years</td>
</tr>
<tr>
<td>Genetic or clinical diagnosis, or family history of hereditary non-polyposis colon cancer (HNPCC)</td>
<td>Colonoscopy and counseling and consideration of genetic testing</td>
<td>Age 20-25 years</td>
<td>Every 1-2 years until age 40, then every year</td>
</tr>
<tr>
<td>Inflammatory bowel disease, chronic ulcerative colitis, and Crohn’s colitis</td>
<td>Colonoscopy with biopsies for dysplasia</td>
<td>8 years after the start of colitis</td>
<td>Every 1-2 years</td>
</tr>
</tbody>
</table>

1 Digital rectal examination should be done at the same time as sigmoidoscopy or colonoscopy.
2 Personal or family history of visceral cancers such as endometrial, ovarian, gastric, hepatobiliary, or small bowel cancer or transitional-cell carcinoma of the renal pelvis or ureter may be suggestive of HNPCC. See above section on HNPCC.

Table 2

<table>
<thead>
<tr>
<th>Abnormal Screening Test Result</th>
<th>Recommended Procedure</th>
<th>Future Screening Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal Fecal Occult Blood Test (gFOBT or FIT)</td>
<td>Colonoscopy</td>
<td>Reassess risk status based upon results of colonic exam and follow appropriate future screening protocol.</td>
</tr>
<tr>
<td>Abnormal Flexible Sigmoidoscopy</td>
<td>If biopsy done:  If hyperplastic polyp: colonoscopy not necessary  If adenoma: colonoscopy OR  If no biopsy done: colonoscopy</td>
<td>Reassess risk status based upon results of biopsy and follow appropriate protocol.</td>
</tr>
<tr>
<td>Abnormal Double Contrast Barium Enema OR Abnormal CTC</td>
<td>Colonoscopy</td>
<td>Reassess risk status based upon results of biopsy and follow appropriate protocol.</td>
</tr>
<tr>
<td>Abnormal Colonoscopy</td>
<td>Biopsy or Polypectomy</td>
<td>Reassess risk status based upon results of biopsy and follow appropriate protocol.</td>
</tr>
<tr>
<td>Incomplete Colonoscopy</td>
<td>Double Contrast Barium Enema or CTC</td>
<td>Reassess risk status based upon results and follow appropriate protocol.</td>
</tr>
</tbody>
</table>

Table 3

<table>
<thead>
<tr>
<th>Symptom Reported by Patient</th>
<th>Recommended Procedure</th>
<th>Future Screening Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bright red rectal bleeding, on tissue, in bowl, or on stool</td>
<td>Age 50 and up: Colonoscopy or flexible sigmoidoscopy with double contrast barium enema. Age 40-50: If obvious anorectal disease, and no risk factors: flexible sigmoidoscopy. Otherwise: colonoscopy or flexible sigmoidoscopy with double contrast barium enema. Below age 40: If obvious anal source, and no risk factors: treat symptomatically. If recurrent symptoms then flexible sigmoidoscopy. Further testing if clinically indicated.</td>
<td>Reassess risk status based upon results of colonic exam and follow appropriate future screening protocol.</td>
</tr>
<tr>
<td>Burgundy blood marbled into the stool</td>
<td>Colonoscopy</td>
<td>Reassess risk status based upon results of colonic exam and follow appropriate future screening protocol.</td>
</tr>
</tbody>
</table>
Eligibility Requirements

The Michigan Colorectal Cancer Early Detection Program (MCRCEDP) provides colorectal screening services to program eligible men and women:

- Aged 50-64 years
- Average risk for colorectal cancer - screened by Fecal Occult Blood Test (FOBT)
- Increased risk for colorectal cancer - screened by colonoscopy
- Low income (up to 250% of the Federal poverty level)
- Who have inadequate or no health insurance

Colorectal screening of average and increased risk clients will follow the Michigan Cancer Consortium Guidelines for the Early Detection of Colorectal Cancer [http://www.michigancancer.org/PDFs/EarlyDetectionRecs/MCColoCaGuidelines-02.19.09.pdf](http://www.michigancancer.org/PDFs/EarlyDetectionRecs/MCColoCaGuidelines-02.19.09.pdf) (which are based on recommendations from the 2008 Joint Guideline from the American Cancer Society (ACS), the U.S. Multi-Society Task Force and the American College of Radiology and the U.S. Preventive Services Task Force.(USPSTF). Average risk clients will be screened by a high-sensitivity fecal occult blood test (FOBT), defined as the at-home procedure of collecting two samples from three consecutive bowel movements. Those clients with positive FOBTs will be referred for a diagnostic colonoscopy. Clients at increased risk will be screened by colonoscopy.

Client Eligibility
Screening efforts should focus on men and women between the age of 50 and 64 years who are at average risk for colorectal cancer. All enrolled clients must have a primary care provider assigned prior to screening.

Eligible Clients
Average Risk
Average risk is generally defined as:
1. No personal or family history of colorectal cancer or adenomas.
2. No history of inflammatory bowel disease (Ulcerative Colitis or Crohn’s Disease).
3. No history of genetic syndromes such as Familial Adenomatous Polyposis (FAP) or Hereditary Non-Polyposis Colorectal cancer (HPNCC).

More than 75 percent of the caseload budgeted for screening services should be dedicated to screening individuals at average risk (i.e., FOBT initially). This ratio will apply to each individual screening site selected for participation in the MCRCEDP.

Increased Risk
People at increased risk for colorectal cancer include those with:
1. A personal history of adenomatous polyps on a previous colonoscopy
2. A personal history of colorectal cancer, or
3. A family history of colorectal cancer or adenomatous polyps
People at increased risk for colorectal cancer due to family or personal history of colorectal cancer or adenomatous polyps may be eligible for colorectal cancer screening or surveillance. People at increased risk for colorectal cancer due to a personal history of adenomatous polyps or colorectal cancer are eligible for surveillance with colonoscopy only.

**INELIGIBLE CLIENTS**

**High Risk**

People at high risk for colorectal cancer are **NOT** eligible for screening or surveillance services through the MCRCEDP. A process must be in place to refer clients who are ineligible for the MCRDEDP for additional services and/or evaluation. People at high risk include those with:

1. A genetic, clinical diagnosis or family history of familial polyposis (FAP) or hereditary non-polyposis colorectal cancer (HNPCC).
2. A genetic, clinical diagnosis, family history or suspicion of FAP or HNPCC
3. A history of inflammatory bowel disease, ulcerative colitis or Crohn’s disease.
4. Significant gastrointestinal symptoms including, but not limited to: rectal bleeding, bloody diarrhea, blood in the stool within the past 6 months, prolonged change in bowel habits such as diarrhea or constipation for more than two weeks that has not been clinically evaluated
5. Abdominal pain
6. Unintentional weight loss of 10% or more of starting body weight
7. Symptoms of bowel obstruction (e.g., abdominal distension, nausea, vomiting, severe constipation)

**Referral of Ineligible Clients**

All clients who present to the program for screening services but who are found to be ineligible **must** be referred for additional services and/or evaluation coordinated within the community by the patient navigator.

**MCRCEDP Enrollment Procedure**

- Determine MCRCEDP eligibility based on information collected on the MCRCEDP Enrollment Form.
- Provide colorectal cancer screening based on the client’s risk assessment during enrollment:
  - Average risk clients will receive a fecal occult blood test (FOBT) and recommended re-screening information.
  - Increased risk clients will receive a screening colonoscopy with appropriate follow-up screening/surveillance information.
  - The LCA will provide a referral for a diagnostic colonoscopy to clients who have a positive FOBT, and if necessary, treatment.
Minimum Program Requirements

Introduction

This is a tool to guide local coordinating agencies and ensure sites participating in the Michigan Colorectal Cancer Early Detection Program (MCRCEDP) are meeting the requirements of the FY11 program.

Projects will be required to maintain supportive documentation for all Minimum Program Requirements listed below, and submit documentation as requested. Written documentation may be in the form of detailed flow sheets, schematics, or step-by-step policies and procedures. These documents should be compiled in a binder and be made available to both the Local Coordinating Agency (LCA) and Michigan Department of Community Health (MCDH). This document should result in a step-by-step manual for the program policies and procedures in your local health department. Upon completion of minimum program requirements, the Michigan Department of Community Health will authorize program implementation.

Minimum Program Requirements
Organizations funded by the Michigan Department of Community Health to implement the MCRCEDP must adhere to the following Program Requirements:

1) Project Coordination and Management

☐ Identify one person as the organization’s Local MCRCEDP Coordinator. This individual will be responsible for the administration of the local program, data collection, oversight of patient navigation and other duties as described in the MCRCEDP Policies and Procedures Manual.

☐ LCAs are required to follow all MCRCEDP policies and procedures in the above-mentioned manual per contract requirements.

☐ Meet or show significant progress toward meeting performance indicators established by the Centers for Disease Control and Prevention (CDC) and MCDH. These indicators will be provided to local coordinating agencies when finalized.

☐ LCA staff involved in the implementation of the MCRCEDP must attend training sessions offered by MDCH prior to their participation in the program. Following training, MDCH will provide authorization and a start date for the implementation of the MCRCEDP.

☐ All MCRCEDP staff changes (including extended sick leave) must be communicated to the MDCH Project Manager as soon as possible.
2) Participant Recruitment

☐ A work plan for how your organization will recruit eligible Breast and Cervical Cancer Control Program (BCCCP) women to participate in the MCRCEDP. Men and non-BCCCP clients should be included in this plan as soon as the colorectal cancer screening component of Michigan Breast and Cervical Cancer Control Information System (MBCIS) is made available by MDCH.

☐ A step-by-step policy is in place describing the local health department’s role in assisting clients who are ineligible for the MCRCEDP with providers and resources.

☐ A step-by-step policy for targeting and recruiting underserved populations other than BCCCP into the MCRCEDP.

3) Provision of Screening and Diagnostic Services


☐ A step-by-step policy for patient navigation for MCRCEDP clients, from program enrollment to completion of screening and if necessary, diagnostic colonoscopy or treatment.

☐ A step-by-step policy for the completion of FOBTs for average-risk clients including:
  - Signed, approved informed consent forms.
  - Distribution of only high sensitivity FOBT kits to clients. These kits will be provided by MDCH.
  - Follow-up within 4 weeks on unreturned FOBT kits.
  - Adherence to national CLIA standards for FOBT kits processing (internal or external with signed agreements).
  - Processing of returned kits and process for tracking FOBT results.
  - Notifying the client of FOBT results within 1 week of receipt.
  - Plan for communicating negative results/annual rescreen.
  - Referral of clients for office visits/colonoscopy services within 2 weeks of positive FOBT results. Clients with abnormal screening results must receive a final diagnosis within 90 days of the screening test.

☐ A step-by-step policy for the referral of clients requiring colonoscopy services including:
  - Signed, approved informed consent forms.
  - Referral of increased risk clients for office visits/colonoscopy services within 2 weeks of program enrollment.
• Communication with client and tracking for completion of scheduled services.
• Systematic tracking of “no-show” colonoscopy appointments including rescheduling of procedures.
• Adherence to national CLIA standards for processing pathology specimens.
• Plan to obtain medical dictation, pathology and procedure reports following the colonoscopy or authorized procedure.
• Plan to ensure colonoscopy results are communicated to clients:
  o Negative colonoscopy results and rescreening recommendations.
  o Positive non-cancerous colonoscopy results, and surveillance or rescreening recommendations.
  o Positive colonoscopy results (indicating cancer) including referrals for treatment within 60 days of diagnosis.
• Follow-up on clients who have positive FOBT results and are not responsive to requests to complete the diagnostic colonoscopy as recommended.
• Certified mail to clients with a positive FOBT who have not completed their scheduled diagnostic colonoscopy as recommended.

☐ A step-by-step policy for uncompensated care (such as treatment for complications from a colonoscopy, or treatment following the diagnosis of colorectal cancer) including the LCAs role assisting clients obtain necessary resources:
  - Provider referral list
  - Enrollment in community health plans or other appropriate resources
  - Available community specific resources

☐ A step-by-step policy for the training of provider agencies to ensure proper enrollment, patient education, referrals, data collection/reporting, appropriate, timely follow-up of all tests including rescreening and surveillance recommendations.

4) Patient Support/Case Management/Patient Navigation

☐ A plan to ensure patient support services to those referred for FOBT or endoscopic services in order to support screening adherence including:
  - Referral to a primary care provider (PCP) if no current provider
  - Client education about colorectal cancer, risk factors, screening recommendations (including diagnostic colonoscopy following FOBT), including treatment.

☐ A plan for the provision of patient support services to facilitate access to diagnostic and treatment services is in place including information that reduces barriers and facilitates screening completion by addressing areas such as:
  - Transportation
  - Financial
  - Physical needs
  - Psychological or behavioral issues such as:
• Trust
• Fatalistic view of cancer: cultural and personal beliefs
• Fear
• Education on colorectal cancer and importance of screening
• Importance of referrals from primary care providers

☐ A step-by-step tracking system to assure appropriate follow-up for participants needing timely diagnostic and treatment services as referenced in Provision of Screening and Diagnostic Services including:
  • Return of FOBT for processing within 4 weeks
  • FOBT results communicated to clients within 1 week of results
  • Scheduling of diagnostic colonoscopy and final diagnosis with 90 days of the screening exam.

5) Provider Care Network

☐ Agreements in place with providers and facilities to offer screening and diagnostic services according to MCC Guidelines for the Early Detection of Colorectal Cancer and acceptance of FY11 MCRCEDP Unit Cost Reimbursement Rate Schedule as payment in full. Please refer to FY11 MCRCEDP Unit Cost Reimbursement Rate Schedule.

☐ Plan for ongoing communication with providers regarding, but not limited to:
  • Dissemination of MCC Guidelines for the Early Detection of Colorectal Cancer and agreement to adherence of medical protocol, including surveillance and rescreening timeframes.
  • Provider documentation: procedure/pathology reports, claim submission/billing information and rescreening or surveillance recommendations.
  • Communication of pathology, medical dictation and claims within 2 weeks of the procedure.
  • Prompt reporting of sentinel events/complications from procedures to the LCA for forward to MDCH within 21 days.
  • MCRCEDP program updates.
  • Ongoing MCRCEDP website access.

6) Data Collection and Quality Control

☐ A step-by-step tracking and reminder system for the screening of both new and recalled clients. This includes documentation of telephone, mailing and other efforts to improve compliance with:
  • Completion of screening and additional diagnostic or follow-up procedures
  • Compliance with annual rescreening recommendations

☐ A step-by-step policy is in place, if necessary, for quality improvements to the tracking and reminder system.
A step-by-step policy for reporting complications experienced by clients who have received colonoscopy services (or MDCH authorized sigmoidoscopy/DCBE) either during, or within 30 days after the procedure, must be reported to MDCH with 21 days.

A step-by-step policy to maintain compliance with the collection of all data elements required by MDCH including:

- Communication of pathology, medical dictation and claims to MDCH within 1 week of receipt.
- Weekly mailing of completed FOBT/Colonoscopy Intake and Enrollment forms to MDCH.

A step-by-step policy for securing laboratories with documented adherence to national CLIA standard for the processing of pathology specimens. When applicable, a policy to maintain national CLIA standards for MCRCEDP staff responsible for analyzing FOBT kits (including annual recertification).

A step-by-step policy for maintaining annual recertification of the MCRCEDP staff in the areas of:
- Cultural competency
- Privacy and confidentiality protocols

### CDC Performance Indicators

#### Screening Priority Population
- 75% of the new clients screened are at average risk.
- 95% of average risk new clients are aged 50 year and older.

#### Completeness of Clinical Follow-Up
- Refers to the proper closure of screening cycles by providing appropriate follow-up care.
- 90% of abnormal test results with diagnostic follow-up completed.
- 90% of diagnosed cancers with treatment initiated.

#### Timeliness of Clinical Follow-up
- Amount of time (measured in number of days) from an abnormal screening result to final diagnosis.
- 80% of all positive tests (FOBT/authorized Sigmoidoscopy/Double Contrast Barium Enema) are followed-up with colonoscopy/final diagnosis within 90 days.
- 80% of diagnosed cancers have treatment initiated within 60 days.
Documentation of Patient Navigation Services

Coordination of Patient Navigation Services
Patient navigation (PN) will ensure that clients recruited for the MCRCEDP will understand and receive timely and appropriate clinical and treatment services, if necessary, regardless of their ability to pay for such services. PN services will be provided to all eligible individuals in each of the Michigan Colorectal Cancer Early Detection Program (MCRCEDP) agencies. Although many of the screening and follow-up services are subcontracted with community providers, the agency remains responsible for overseeing provision of timely services to MCRCEDP clients in the subcontracted community clinics.

Documentation of Patient Navigation Services
Appropriate documentation of MCRCEDP services must be submitted to the Cancer Prevention and Control Section of the Michigan Department of Community Health (MDCH). MCRCEDP services will not be considered complete until data is entered at MDCH.

Local Coordinating Agency (LCA) Responsibilities

By the last working day of each week, agency staff (or clinicians responsible for subcontracted services) must mail the following completed MCRCEDP forms:

Completion of MCRCEDP Forms:
- **For FOBT**, please complete the *FOBT Intake Form*, documenting test completeness, results, and recommended screening. It is imperative for the client to understand the importance of annual FOBT screening in the prevention of colorectal cancer.
  - If the FOBT is positive, there must be a referral for a diagnostic colonoscopy. (Complete the *Colonoscopy Intake Form*)
  - A certified letter terminating program enrollment must be sent to any client with a positive FOBT who fails to complete their diagnostic colonoscopy.
- **For diagnostic or screening colonoscopies**, please complete a *Colonoscopy Intake Form* for each procedure, documenting test completeness, results, recommended screening, surveillance and final diagnosis. It is imperative for the client to understand the importance of future screening/surveillance in the prevention of colorectal cancer.
  - For positive colonoscopy results, please complete Biopsy/Lesion Information on the *Colonoscopy Intake Form*.
  - Pathology reports, medical dictation and claim forms must be faxed to MDCH within one week of receipt.
  - Clients with abnormal screening results (positive FOBT) must receive a final diagnosis within 90 day of the screening test.
- Treatment for cancer must be started **within 60 days** of diagnosis. All clients must be provided assistance and support obtaining providers, and necessary resources for treatment.
- All complications either during the procedure or within 30 days of the procedure must be reported to MDCH **within 21 days** of the event.

**MDCH Responsibilities**

MDCH staff will review data submitted by agencies and complete data entry at MDCH.

MDCH will notify sites when secure data is available for review online at: [http://www.michigancancer.org/colorectal](http://www.michigancancer.org/colorectal).

It is the responsibility of the LCA to review secure online data to ensure completeness of data entry and accuracy of caseload count.
I. BACKGROUND AND RATIONALE

A patient navigator (PN) system has been shown to successfully increase colorectal cancer screening rates in low socioeconomic status populations. Navigation through the care system can be composed of four major elements: education/information, coordination of care, decision-making and self-care. \(^{(1)}\) The involvement of nurses and other staff in facilitation of cancer screening can contribute to an increase in screening rates. \(^{(2)}\) Involvement may include providing patient education and counseling about the importance and availability of screening services, and cancer screening results. Assistance may also be provided to individuals to obtain the resources necessary to complete screening and/or diagnostic tests in a timely manner. This would include facilitating communication among the patient, his or her family/partner, and the various health care providers involved in the provision of services.

Utilizing a PN, particularly to help with scheduling and follow-up of cancer screening has been found to improve screening completion rates among the “disadvantaged”. \(^{(3)}\) Once health care is initiated, having a system to track follow-up of cancer screening recommendations or referrals is crucial, as well as the follow up of abnormal screening results. \(^{(4)}\) The Michigan Cancer Consortium (MCC) has recognized the importance of tracking and reminder systems for the improvement of cancer screening rates, as is evidenced by the “Using Reminder & Tracking Systems to Increase Cancer Screening and Follow-up Rates” report written in 2002. \(^{(5)}\)

Conversations with states that have existing colorectal cancer early detection programs for the uninsured suggest that annual FOBT screening among this population is a challenge. \(^{(6)}\) Whether individuals have health insurance is a factor that affects colorectal cancer screening. Studies have shown that people who are uninsured are less likely to be screened for colorectal cancer. \(^{(7,8)}\) Current statewide estimates show that over 11% percent of Michigan residents age 45-54 do not have health care coverage, 9.2% of 55-59 year olds and 8.7% 60-64 year olds are uninsured. \(^{(9)}\)

Taking a family history is becoming increasingly important in chronic disease prevention in primary care \(^{(10)}\) and this is especially important for colorectal cancer given the risk-based screening guidelines. Colorectal cancer risk assessment tools and protocols have been developed for the Michigan Colorectal Cancer Early Detection Program. The risk assessment tools are based on the MCC Guidelines for the Early Detection of Colorectal Cancer that has integrated risk assessment protocols within appropriate risk-stratified categories. \(^{(11)}\) Major risk factors for colorectal cancer, such as family history of colorectal cancer, colorectal polyps or chronic inflammatory bowel disease, are addressed within the risk categories. Also
addressed within the risk categories are recommendations for care consistent with those of major national organizations, such as the American Cancer Society, the U.S. Multisociety Task Force, and the U.S. Preventive Services Task Force.\(^{12, 13, 14}\)

A. Overview of MCRCEDP Patient Navigation

PN will ensure that clients receive timely and appropriate clinical services regardless of their ability to pay for such services. PN services will be provided to all eligible individuals in each of the MCRCEDP agencies. Many of the screening and follow-up services are subcontracted with community providers. If the client does not have a primary care provider a referral list of providers will be shared with the client. Each agency is responsible for assuring that clients are enrolled with a primary care provider and that client’s receive colorectal cancer screening and treatment services when indicated, in a timely fashion.

The PN model for the MCRCEDP has some differences from the case management model used in the Breast and Cervical Cancer Control Program (BCCCP). In the BCCCP, case management occurs once an abnormal screening test result has been identified. The engagement of responsibility for the **PN in MCRCEDP shall begin with outreach and recruitment of eligible clients.** Once an eligible client is brought into the program, the patient navigator will then be responsible for all patient support activities through the completion of services. See the following section “Patient Navigation Interventions” for further details.

B. Definition of Patient Navigation

PN in the MCRCEDP refers to the outreach and recruitment of eligible clients and the assistance offered to healthcare consumers (patients, survivors, families, and caregivers) to help them access and then chart a course through the healthcare system and overcome barriers to quality care.\(^{15}\) Possible barriers to the completion of colorectal cancer screening may include:

- Transportation
- Financial
- Physical needs
- Trust (medical system/personnel)
- Lack of symptoms (I feel fine)
- Lack of physician referral (provider never told them about this screening)
- Fatalistic view of cancer: cultural and personal beliefs
- Fear (procedure/cancer diagnosis)

The MCRCEDP further defines PN as the process of a professional and para-professional within a local agency assisting patients with determination of program eligibility and enrollment following recruitment, risk assessment, education about colorectal cancer and appropriate screening procedures based on risk assessment, diagnostic tests for abnormal screening results,
follow-up to ensure screening compliance and referral for treatment when necessary.

The PN is also responsible for assisting high-risk clients who are ineligible for the MCRCEDP with referrals to providers and necessary community resources.

II. GOAL OF THE MICHIGAN COLORECTAL CANCER EARLY DETECTION PROGRAM’S PATIENT NAVIGATION

The MCRCEDP PN ensures that all eligible persons receive appropriate education and care, including screening, diagnostic and referrals for treatment, if needed. Patient navigators shall facilitate appropriate use of community resources to provide patients with the care they need when they need it.

A. Patient Navigation Objectives

The MCRCEDP has identified the following objectives for the patient navigator:

1. To provide colorectal cancer education, outreach and recruitment to underserved populations to increase colorectal cancer awareness and participation in the MCRCEDP.

2. To determine MCRCEDP eligibility and assist in the completion of the Enrollment Form.

3. To provide education prior to screening, for FOBT and colonoscopy, as is appropriate based on the results of the risk assessment.

4. To assess the actual or potential barriers to care that might prevent an individual from obtaining necessary screening, diagnostic testing or referral to treatment if needed.

5. To assist patients to overcome barriers to receiving care through education, counseling and/or acquisition of additional resources.

6. To facilitate efficient and cost-effective use of services/resources.

7. To facilitate timely progress through the screening, diagnostic testing and referral for treatment if needed.

8. To facilitate patient adherence to follow-up recommendations for screening or diagnostic tests.

9. To increase patient satisfaction/retention in MCRCEDP.
10. To establish and cultivate collaborative relationships with community providers to enhance timely and appropriate use of services.

11. To strengthen program visibility, accountability, and sustainability within the local community and the state.

B. Patient Navigation Interventions

The model used for developing the MCRCEDP patient navigator has been adapted from the BCCCP case management model as well as current literature. The MCRCEDP has categorized PN interventions into the following categories: Recruitment, Assessment, Planning, Implementation, Coordination, Monitoring and Evaluation. The role of the Patient Navigator in each of these categories is as follows:

1. Recruitment
   • A plan for the recruitment of eligible, underserved men and women for colorectal cancer screening.
   • A plan for referring clients who are high risk and ineligible for the MCRCEDP to providers and community resources.

2. Assessment
   • Gathers information to determine eligibility (age, risk, income, insurance factors).
   • Enrolls eligible clients – average and increased risk clients.
   • Support and referral of ineligible clients to appropriate community resources.
   • Completion of the MCRCEDP Enrollment Form.

3. Planning
   • Determines appropriate screening method based on risk assessment.
   • Educates the client about CRC screening and risk factors. Discusses with client any potential or existing barriers to screening and anticipates resources needed to complete screening.

4. Implementation – Client Education and Providing Support
   • Communicates with client to ensure screening is completed.
   • Educates clients on the importance of timely rescreening.
   • Schedules and educates client when follow-up diagnostic services are required.
   • Provides information about diagnostic services and/or coordinates with subcontracted agencies to assure the client receives this information.
   • Implements psychosocial interventions with client or family members (such as counseling, active listening and empathy) to assist in problem solving.
5. **Coordination**
   - Coordinates/initiates brokering and referral of services to meet the needs of the client.
   - Communicates with subcontracted providers regarding provision of follow-up services.
   - Provides assistance to ensure that the client receives the follow-up services including referrals for treatment when necessary.

6. **Monitoring**
   - Uses a tracking and reminder system to ensure clinical services are delivered and completed.
   - Coordinates/initiates ongoing or periodic reassessment of the client’s needs.
   - Coordinates/provides reassessment of the quality of care and services provided to the client to determine if new and continuing needs are being met.

7. **Evaluation**
   - Assesses client satisfaction with services received.

### III. REFERENCES

6. Phone Interview with Dr. Diane Dwyer, Maryland State Health Department, December 1, 2004.


Colorectal Cancer Resource Information

Michigan Colorectal Cancer Early Detection Program (MCRCEDP)
www.michigancancer.org/colorectal

Michigan Cancer Consortium (MCC)
http://michigancancer.org/

MCC Information Clearinghouse
http://www.hpclearinghouse.org/

American Cancer Society
1-800-227-2345
http://www.cancer.org/.

Centers for Disease Control (CDC)
http://www.cdc.gov/cancer/colorectal/

Centers for Disease Control and Prevention Guide to Community Preventive Services:
http://www.thecommunityguide.org/index.html

Patient Advocate Foundation: Designed to provide assistance to patients who have been diagnosed with colorectal cancer and are seeking education, access to care and financial aid.
1-866-657-8634
http://www.colorectalcareline.org/.

Medline Plus
National Institutes of Health
http://nihseniorhealth.gov/colorectalcancer/toc.html
http://www.nlm.nih.gov/medlineplus/tutorials/coloncancer/htm/_yes_50_no_0.htm

National Cancer Institute
Cancer Information Service
1-800-422-6237
www.cancer.gov
**National Colorectal Cancer Roundtable:** The National Colorectal Cancer Roundtable (NCCRT) is a national coalition of public, private, and voluntary organizations whose mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public.  
http://www.nccrt.org/

**Cancer Control Planet:** The State Cancer Profiles Web site brings together data that are collected from public health surveillance systems to provide state and, where possible, county-level statistical data in a variety of formats.  
http://ccplanet.cancer.gov/index.html

**Cancer Care**  
1-800-813-HOPE (4673)  
www.cancercare.org

**Colon Cancer Alliance**  
1-877-422-2030  
http://www.ccalliance.org/what.html

**The Jay Monahan Center for Gastrointestinal Health**  
www.monahancenter.org

**National Colorectal Cancer Research Alliance**  
www.nccra.org  
http://eifoundation.org/programs/eifs-national-colorectal-cancer-research-alliance

**C3: Colorectal Cancer Coalition**  
1-877-427-2111  
www.fightcolorectalcancer.org

**People Living With Cancer**  
(Patient Website of the American Society of Clinical Oncology)  
http://www.cancer.net/patient/Cancer+Types/Colorectal+Cancer

**Urban Indian Health Institute**  
(206) 812-3030  
http://www.theweavingproject.org/CARES-64.html
Risk Assessment Analysis Scripts

Low Risk - Under age 50 Script: No Screening Recommended

Because you are at low risk of colorectal cancer and under age 50 you are not eligible for the Michigan Colorectal Cancer Early Detection Program (MCRCEDP). Your risk of colon cancer is no greater than the average. It is recommended that once you reach 50 years of age, you begin screening for colorectal cancer by having one of the following tests:

- FECAL OCCULT BLOOD TEST or FOBT every year
- FECAL IMMUNOCHEMICAL TEST or FIT every year
- FLEXIBLE SIGMOIDOSCOPY OF FSIG every 5 years
- FLEXIBLE SIGMOIDOSCOPY with FOBT every 5 years
- DOUBLE CONTRAST BARIUM ENEMA or DCBE every 5 years or
- COMPUTED TOMOGRAPHIC COLONOGRAPHY or CTC EVERY 5 years or
- COLONOSCOPY every 10 years.

We urge you to discuss these options with your health care provider when you turn 50.

Average Risk – BCCCP Client, Aged 50 – 64: Ineligible for Program Script - No Enrollment

You are considered at average risk for colorectal cancer and:

- You have already been screened appropriately within the MCC guidelines, OR
- You have insurance that covers colorectal cancer screening.

Therefore, you are not eligible for this colorectal cancer screening program. However we urge you to continue to get your screening according to recommended guidelines that are:

- FECAL OCCULT BLOOD TEST or FOBT every year
- FLEXIBLE SIGMOIDOSCOPY every 5 years
- FLEXIBLE SIGMOIDOSCOPY with FOBT every 5 years
- DOUBLE CONTRAST BARIUM ENEMA every 5 years or
- COLONOSCOPY every 10 years.

We recommend that you talk with your health care provider about the best choice of tests for you and when you should be screened.

High-Risk - BCCCP Client, Aged 50 – 64 - Symptomatic Script: Ineligible for Program Script - No Enrollment (Recommend follow up and provide resources.)

In completing your risk assessment, you indicated that you have experienced symptoms such as unexplained belly pain, thinner stools (pencil-size), unexplained weight loss,
prolonged change in bowel habits such as diarrhea or constipation for more than two weeks that has not been clinically evaluated, black or bloody stools/diarrhea, or blood from your rectum. Those symptoms may be an indication of polyps or early warning signs of colorectal cancer. You may require ongoing medical evaluation or ongoing disease management outside of the scope of this project. We recommend that you talk with your health care provider and share this information with them. If you have no provider, we will give you a list of available resources.

**High Risk Category Script - BCCCP Client, Aged 50 – 64: Ineligible for Program Script** – No Enrollment (Recommend follow-up and give resources)

In completing your risk assessment, you indicated that you have a history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease), or personal/family history of a genetic or clinical diagnosis of familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC) which is associated with a higher risk for colorectal cancer. You may require ongoing medical evaluation or ongoing disease management outside of the scope of this project. We recommend that you talk with your health care provider and share this information with them. If you have no provider, we will give you a list of available resources.

**Average Risk: BCCCP Client, Age 50-64, and Asymptomatic Script: Recommend FOBT**

Because you are 50 -64 years old and considered at average risk for colorectal cancer, the Michigan Cancer Consortium recommends that you begin screening at age 50. Since you do not have insurance or your insurance does not cover colorectal cancer screening and you have a limited income, you are eligible for the Michigan Colorectal Cancer Early Detection Program. For people like yourself at average risk of colorectal cancer, it is recommended that you screen with a Fecal Occult Blood Test – also called an FOBT or Home Stool Test - which you can complete yourself at home. There is no cost to you for this service.

- The FOBT can find tiny amounts of blood in your stool that may not be seen by the eye. The blood may be from an intestinal polyp (mushroom-like growth in your bowel) or from a very early cancer. We will show you how to use the FOBT kit, and where to send it when you have finished the test. If blood is found in your stool, an additional test is necessary to find out why the blood is there. This program will allow you to get the necessary next test, called a colonoscopy. Our program will provide you with your results from your FOBT, and if you need additional testing (colonoscopy), we will help make arrangements with a specialist who will perform the colonoscopy. Not all follow-up services or treatment for colorectal cancer are free; if you are unable to pay, the Health Department will make every attempt to help you find agencies and/or providers who will work with you to receive needed services.
Average Risk – BCCCP Client, Aged 50-64: Positive FOBT Results Script: Recommend diagnostic colonoscopy

The results from your FOBT are positive, meaning blood was found in your stool specimen that may not have been visible to you. The blood found in your stool might be from an intestinal polyp or very early cancer. Since blood has been found, an additional procedure called a colonoscopy is recommended to find out why the blood is there. The colonoscopy will be provided to you. Our program will schedule the colonoscopy for you and provide you with the test results. If you need additional testing, we will help make the arrangement with a specialist. Additional testing is not covered by the screening program, but we will provide assistance to you for locating resources.

During the colonoscopy, under sedation, a lighted tube – like a long skinny flashlight - will be inserted into your colon or bowel through your rectum. There is a camera on the end that the physician can watch to examine the walls of the entire colon. If there are any polyps (mushroom-like growths), or areas that don’t look normal, the doctor can remove them during the procedure.

Increased Risk (Asymptomatic) - BCCCP Client, Aged 50 – 64: Screening Colonoscopy Script

Because you are 50 -64 years old and considered at increased risk for colorectal cancer, the Michigan Cancer Consortium recommends that you have a screening colonoscopy. Since you do not have insurance or your insurance does not cover colorectal cancer screening and you have a limited income, you are eligible for the Michigan Colorectal Cancer Early Detection Program in this county. For people at increased risk of colorectal cancer, the Michigan Cancer Consortium recommends procedure called a colonoscopy. During the colonoscopy, under sedation, a lighted tube – like a long skinny flashlight - will be inserted into your colon or bowel through your rectum. There is a camera on the end that the physician can watch to examine the walls of the entire colon. If there are any polyps (mushroom-like growths), or areas that don’t look normal, the doctor can remove them during the procedure.

The colonoscopy will be provided to you provide you with the test results. If you need additional testing, we will help make the arrangement with a specialist. Additional testing is not covered by the screening program, but we will provide assistance to you for locating resources.

Definitions of Commonly Used Terms:

**Crohn’s Disease** – Crohn's Disease causes inflammation in the small intestine. Crohn's Disease usually occurs in the lower part of the small intestine, called the ileum, but it can affect any part of the digestive tract, from the mouth to the anus. The inflammation extends deep into the lining of the affected organ. The inflammation can cause pain and can make the intestines empty frequently, resulting in diarrhea. Crohn's Disease is an inflammatory bowel disease (IBD), the general name for diseases that cause inflammation in the intestines.
**Colonoscopy** – A test that allows your doctor to look at the interior lining of your large intestine (rectum and colon) through a thin, flexible viewing instrument called a colonoscope. A colonoscopy helps detect ulcers, polyps, tumors, and areas of inflammation or bleeding. During a colonoscopy, tissue samples can be collected (biopsy) and abnormal growths can be removed. Colonoscopy can also be used as a screening test to identify and remove precancerous and cancerous growths in the colon or rectum (colorectal cancer).

- Screening Colonoscopy – Due to increased risk for colorectal cancer, a colonoscopy is performed as a screening procedure rather than an FOBT.
- Diagnostic Colonoscopy- Colonoscopies are used as a follow-up test for average risk clients who have an abnormal or positive FOBT.

**Colorectal Cancer** – Cancer is an abnormal and uncontrolled growth of cells in the body. "Colorectal" refers to the colon and rectum, which together make up the large intestine. Colorectal cancer can originate anywhere in the large intestines. The majority of colorectal cancers develop first as polyps, abnormal growths inside the colon or rectum that may become cancerous. Colorectal cancer develops with few, if any, symptoms at first. However, if symptoms are present, they may include: blood in or on the stool, a change in bowel habits, stools that are narrower than usual, general, unexplained stomach discomfort, frequent gas, pains, or indigestion, unexplained weight loss, chronic fatigue. These symptoms can also be associated with other health conditions.

**Double Contrast Barium Enema** – This test is an x-ray of the colon. An enema is given with liquid called barium. Then the doctor takes an x-ray. The barium makes it easy for the doctor to see the outline of the colon on the x-ray to check for polyps or other abnormalities.

**Fecal Occult Blood Test** – Also called a FOBT or Home Stool Test. The FOBT can find tiny amounts of blood that might be from an intestinal polyp or very early cancer. If blood is found an additional test will done to find out why the blood is there. The follow up test for a positive result on the stool test is called a colonoscopy.

**Inherited Syndromes** – There are inherited syndromes that may put an individual at a higher risk for colorectal cancer. They are:

- **Familial Adenomatous Polyposis or FAP**. This is a syndrome that runs in families in which a gene mutation can cause the development of colon, rectal or other cancers. People with FAP usually have a hundred or more of precancerous or benign polyps. Over time these polyps can become cancerous.

- **Hereditary Non-Polyposis Colorectal Cancer or HNPCC**. This is an inherited disorder in which there is an increased tendency to develop colorectal cancer without a large amount of polyps. It is the most commonly known hereditary cause of colon cancer.
Polyps – Colon polyps are growths that develop in the colon or the rectum. They can be non-cancerous or precancerous (adenomatous). The cause of most colon polyps is unknown.

Adenomatous Polyps – Colon polyps that are considered precancerous and removed during a colonoscopy.

Screening Tests – Medical tests used to find colorectal cancer. Screening tests can find polyps before they turn into cancer. Screening tests can also find colorectal cancer early, when the chance of being cured is good. There are several screening tests that can be used to find polyps or colorectal cancer. Fecal Occult Blood Test, Flexible Sigmoidoscopy, Colonoscopy and Double Contrast Barium Enema are screening tests. Sometimes these tests are used in combination with each other.

Sigmoidoscopy (or Flexible Sigmoidoscopy) – A procedure in which a doctor passes a lighted scope (sigmoidoscope) through the anus in order to view the inner lining of the large intestine's terminal portions, known as the sigmoid colon and rectum. The procedure is often used to detect cancer or investigate gastrointestinal disorders. This procedure allows the doctor to look inside the anus, rectum, and the lower part of the large intestine (colon) for abnormal growths (such as tumors or polyps), inflammation, bleeding, hemorrhoids, and other conditions (such as diverticulosis).

Stool – A medical word for bowel movement.
Identification of MCRCEDP Clients in MBCIS

When a BCCCP client is also enrolled in the MCRCEDP, there is a box (circled) below the WISEWOMAN box in MBCIS that you must check for the MCRCEDP. See the screen shot below for the location of the Client ID field.

*If the client is not identified using the check off box, client data will not download into the MCRCSP data system. Only clients found in the MCRCEDP data system will count toward caseload.*
Michigan Colorectal Cancer Early Detection Program (MCRCEDP)

RECORD OF INFORMED CONSENT

The ____________________ Health Department is offering the Michigan Colorectal Cancer Early Detection Program (MCRCEDP) to men and women who are uninsured or underinsured, age 50-64, and are at average or increased risk for colorectal cancer.

PURPOSE OF THIS PROGRAM
The purpose of the Michigan Colorectal Cancer Early Detection Program is to find out if an eligible client has colorectal cancer and, if he/she has cancer, to refer them for treatment. Regular cancer screening tests can help find a cancer that may be present when it is still very small. If cancer is found before it has spread to other parts of the body, chances of survival are much better.

WHAT SERVICES WILL I GET WHEN I ENROLL IN THE MCRCEDP
1. Fecal Occult Blood Test (FOBT).
   - The FOBT is a screening test for cancer of the colon and rectum. It looks for blood in the stool even when a person cannot see the blood. The test is an at-home procedure of collecting two samples from three consecutive bowel movements.
   - Blood can be in the stool because of cancer and also because of other problems. Some medications and some foods may also affect the test results.
2. Colonoscopy
   - The FOBT may not be the only test you need.
   - You may also need a doctor to look at your entire colon (colonoscopy) if the FOBT shows a need for follow-up of abnormal screening results or if you are at increased risk for colorectal cancer due to personal or family history.

WHO WILL PAY FOR THE MCRCEDP SERVICES:               INITIALS______________
- The MCRCEDP pays for the Fecal Occult Blood Test for colorectal cancer screening. If the FOBT is abnormal, the program will pay for a diagnostic colonoscopy.
- The MCRCEDP pays for a screening colonoscopy if you are at increased risk for colorectal cancer due to personal or family history.
- The MCRCEDP will pay for polyp removal during a colonoscopy and biopsies if needed. There may be other associated costs not covered by this program.
- My provider may recommend other tests or procedures either not covered by the MCRCEDP or are not related to colorectal cancer.
- If I agree to get these other screening/follow-up tests or procedures, the MCRCEDP will not be able to pay for them. I may have to pay for these additional services.

WHAT IF MY FOBT IS ABNORMAL                            INITIALS______________
- I will get the results of my FOBT and be told of any additional follow-up that I may need.
- If my FOBT is abnormal, the Health Department staff will help me make plans for additional diagnostic tests (colonoscopy) to decide if there is a problem.
- It is my choice whether or not to follow the recommendations for follow-up of any abnormal tests.
- Not all follow-up services are free. I understand that the MCRCEDP cannot pay for all of the charges related to the diagnostic tests. If I am unable to pay, the MCRCEDP agency will work with me to see that I get the services I need.
- If I have another provider, I can give the MCRCEDP written permission to send them my test results.
WHAT IF I AM DIAGNOSED WITH COLORECTAL CANCER?  INITIALS_____________

- I understand that the MCRCEDP does not pay for any treatment services for colorectal cancer such as: Surgery, Chemotherapy, Radiation, Medications, and Home Health Care, etc.
- If colorectal cancer is diagnosed, the Health Department will refer me to providers who work with this program who will help me get colorectal cancer treatment.
- If you are unable to pay for treatment, the Health Department will make every attempt to work with you to assure that you receive appropriate services.

THINGS I NEED TO KNOW ABOUT SCREENING TESTS

- The risks associated with the screening tests are low.
- I may ask for and receive any information the MCRCEDP agency or provider has that will help me better understand the screening procedures and risks.
- I may ask questions at any time.
- No screening test is 100% accurate. Screening tests can sometimes miss an abnormality or show an abnormality when one is not present.
- Getting normal test results today does not mean that cancer cannot develop later. These tests do not prevent cancer. It is important that you receive screenings regularly.
- If my screening is abnormal it does not always mean cancer. Only some men and women with abnormal screening results will, after more tests, be diagnosed with cancer. Some medicine and foods may affect the test results.

I AGREE TO:

- [ ] Complete the FOBT within a week and return it as instructed (or)
- [ ] Complete the prep and screening colonoscopy as scheduled.
- Provide the MCRCEDP with information about me, including my health history.
- Allow the MCRCEDP to exchange information regarding my case with my private provider, any consulting providers, any clinic or hospital to which I may be referred, my health insurance company, the Michigan Department of Community Health, the Michigan Public Health Institute, and the agency coordinating this program for the State of Michigan.
- Be contacted if follow-up appointments are necessary and when it is time to schedule the next yearly screening check-up.

I have been able to ask questions about this program and this form and have been given answers to my questions. Based on my understanding of this screening and follow-up program, I wish to enroll. The Health Department phone number is (____/___-_________)

______________________________________________ _________________
Signature of Client         Date

______________________________________________ _________________
Signature of Person Obtaining Informed Consent     Date

CONTENTS OF THIS FORM REMAIN IN EFFECT UNTIL NEXT ANNUAL VISIT.
# Michigan Colorectal Cancer Early Detection Program (MCRCEDP) Enrollment Form

Last Name: _____________________________________ First Name: ________________________________  
MBCIS ID: __________________ Client ID: ________________ Enrollment Site_______________________  
LCA Name: _____________________________ Enrollment Date (MM/DD/YYYY):_______/_______/__________

## 1. CLIENT INFORMATION (Completed by Client)

<table>
<thead>
<tr>
<th>BCCCP client?</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>If yes, go to page 2 – Primary Care Provider Section</th>
</tr>
</thead>
</table>

| SSN: | Last Name: | Suffix: (Sr. Jr.) |
| First Name: | M.I.: | Maiden Name: |
| Date of Birth: (MM/DD/YYYY) | Gender: | ☐ Female | ☐ Male |

| Street Address: | Apt. #: |
| City: | COUNTY: | STATE: | Zip: |

| Home Phone: | Work Phone: | Cell Phone: |
| ( ) | ( ) | ( ) |

## 2. RACE AND ETHNICITY (Completed by Client)

| Are you Hispanic or Latino? | ☐ Yes | ☐ No |
| What is your Race and/or Ethnicity (mark all that apply)? |

**Race** (check all that apply):
- ☐ White
- ☐ Black/African American
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaskan Native

**Ethnicity** (if not listed above):
- ☐ European
- ☐ Middle Eastern, North Africa, Arab
- ☐ African, Caribbean Islander
- ☐ Canadian/Latin American Indian
- ☐ Spaniard, Mexican, Central, South, or Latin American, Puerto Rican, Cuban
Michigan Colorectal Cancer Early Detection Program (MCRCEDP) Enrollment Form

| Last Name: ____________________________ | First Name: ____________________________ |
| MBCIS ID: ___________________ | Client ID: ____________ | Enrollment Site __________________________ 

3. ALTERNATE CONTACT INFORMATION (Completed by Client)

| Last Name: | First Name: |
| Relation: | ☐ Child ☐ Friend ☐ Neighbor ☐ Other ☐ Relative ☐ Social Work ☐ Spouse ☐ Co-Worker |
| Street Address: | Apt #: |
| City: | State: | Zip: |
| Phone: (____) _______- | Email: |

4. ADDITIONAL DEMOGRAPHIC INFORMATION (Completed by Client)

| Household Income (yearly): | Number of Household Members (including yourself): |
| Marital Status (check one): | Employment (check one): | Education (check one): |
| ☐ Married | ☐ Full time | ☐ Less than high school |
| ☐ Domestic Partner | ☐ Part time | ☐ High school graduate |
| ☐ Separated | ☐ Not employed | ☐ Some College |
| ☐ Divorced | ☐ Retired | ☐ College graduate |
| ☐ Never Married | ☐ Unknown | ☐ Unknown |
| ☐ Widowed | ☐ Unknown |
| ☐ Unknown |

5. PRIMARY CARE PROVIDER (Staff must Review this Section with Client)

Do you have a Primary Care Provider (PCP)?

☐ Yes (Please complete information below)  ☐ No  ☐ Unsure

If NO, client MUST BE provided with referral resources for enrollment with a PCP

| Practice/Provider Name: | Phone: (____) _______- |
| Street Address 1: | Street Address 2: |
| City: | County: | State: | Zip: |
Michigan Colorectal Cancer Early Detection Program (MCRCEDP) Enrollment Form

Last Name: _____________________________________ First Name: _____________________________________
MBCIS ID: __________________ Client ID: ________________ Enrollment Site_______________________

6. HEALTH INSURANCE INFORMATION (Staff must Review this Section with Client)

<table>
<thead>
<tr>
<th>Are you covered by Health Insurance?</th>
<th>Yes</th>
<th>No</th>
<th>(If yes, provide information below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Insurance:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>☐</td>
<td></td>
<td>Medicare – Type A</td>
</tr>
<tr>
<td>Commercial</td>
<td>☐</td>
<td></td>
<td>Medicare – Type B</td>
</tr>
<tr>
<td>Medicaid</td>
<td>☐</td>
<td></td>
<td>Medicare – Type A and B</td>
</tr>
<tr>
<td>Other _________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name and policy number of the health insurer? _____________________________________
_____________________________________________________________________________
☐ Copy of Insurance Card (front and back in the client’s medical chart)

7. LEARN OF PROGRAM (Completed by Client)

How did you learn of the program (check all that apply):

☐ Community Event ☐ Family Member ☐ Friend ☐ Health Care Provider ☐ Magazine ☐ Other: ____________________________
☐ Mailing/flyer ☐ Newspaper ☐ TV Ad ☐ Radio Ad ☐ Web Site

8. PROGRAM STAFF USE ONLY:

Eligible: ☐ Yes ☐ No

If No, reason: ☐ Age ☐ Income ☐ Insurance ☐ Family History ☐ Medical History/Condition
If no, referral to:__________________________________________________________

Scheduling:

Indication for initial test: ☐ Screening ☐ Surveillance ☐ Diagnostic

Recommended Test: ☐ FOBT ☐ Colonoscopy ☐ Other: ____________________________

Date FOBT kit distributed: (MM/DD/YYYY) _____/_____/______

**MUST complete a FOBT or Colonoscopy Intake Form**

Completed by: __________________________________ Date: _______/_______/__________

1/20/2011
# Michigan Colorectal Cancer Early Detection Program (MCRCEDP) Enrollment Form

**Last Name:** _____________________________________  **First Name:** ________________________________  
**MBCIS ID:** __________________  **Client ID:** ________________  **Enrollment Site:**_______________________

---

## 9. MEDICAL HISTORY  (Staff must Review this Section with Client)

### Have you ever had any of the following colorectal screening tests:

<table>
<thead>
<tr>
<th>TEST</th>
<th>DATE (MM/DD/YYYY)</th>
<th>RESULTS (check one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take Home FOBT/FIT</td>
<td>/ /</td>
<td>Normal/Negative  Abnormal/Positive  Unknown</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>/ /</td>
<td>Normal  Polyp(s)/Tumor(s)/Cancer  Unknown</td>
</tr>
<tr>
<td>Sigmoidoscopy</td>
<td>/ /</td>
<td>Normal  Polyp(s)/Tumor(s)/Cancer  Unknown</td>
</tr>
<tr>
<td>Double Contrast Barium Enema</td>
<td>/ /</td>
<td>Normal  Polyp(s)/Tumor(s)/Cancer  Unknown</td>
</tr>
<tr>
<td>Other</td>
<td>/ /</td>
<td>Normal  Polyp(s)/Tumor(s)/Cancer  Unknown</td>
</tr>
</tbody>
</table>

### Have you ever been told by a Health Professional that you have had:

- Crohn’s Disease
- Familial Adenomatous Polyposis (FAP)
- Hereditary Nonpolyposis Colorectal Cancer (HNPCC)
- Inflammatory Bowel Disease (IBD)
- Ulcerative Colitis

<table>
<thead>
<tr>
<th>Have you ever been told you have/had colorectal cancer?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, Date of Diagnosis? (MM/DD/YYYY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age:___________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Have you ever been told you have/had colorectal polyps?

<table>
<thead>
<tr>
<th>Have you ever been told you have/had colorectal polyps?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, Date (MM/DD/YYYY): <strong><strong><strong>/</strong></strong><em>/</em></strong>___</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were any of the polyps precancerous?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Do you have an immediate family member who has ever been diagnosed with colorectal cancer, or precancerous polyps?

<table>
<thead>
<tr>
<th>Please circle relative: Mother  Father  Sister  Brother  Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Are you currently experiencing any of the following?

- Rectal Bleeding (in the past six months)?
- Blood in your stool (in the past six months)?
- Diarrhea (lasting more than 1-2 weeks)?
- Constipation (lasting more than 1-2 weeks)?
- Unexplained weight loss?
- Lower abdominal pain?

<table>
<thead>
<tr>
<th>Are you currently experiencing any of the following?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

---
Michigan Colorectal Cancer Early Detection Program  
(MCRCEDP)  
Fecal Occult Blood Test (FOBT) - Intake Form

Last Name: ___________________________ First Name: ___________________________
LCA Name: _______________ FOBT Distribution Date (MM/DD/YYYY): ____/____/________
MBCIS ID: ____________ Client ID: ____________

1. FOBT Information:

<table>
<thead>
<tr>
<th>Date FOBT Processed: (MM/DD/YYYY)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Screening Adherence:

<table>
<thead>
<tr>
<th>Test Performed/Complete</th>
<th>No Test Performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FOBT card not returned</td>
</tr>
<tr>
<td></td>
<td>Client refused</td>
</tr>
<tr>
<td></td>
<td>Lost to follow-up</td>
</tr>
</tbody>
</table>

3. Screening Completed:

<table>
<thead>
<tr>
<th>Negative FOBT</th>
<th>Recommended test:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual FOBT</td>
</tr>
<tr>
<td></td>
<td><em>Client educated on importance of annual screening</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive FOBT</th>
<th>Recommended test:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diagnostic Colonoscopy</td>
</tr>
<tr>
<td></td>
<td>Referral date: (MM/DD/YYYY)</td>
</tr>
<tr>
<td></td>
<td><em><strong><strong>/</strong></strong></em>/__________</td>
</tr>
<tr>
<td></td>
<td><em>Must Complete Colonoscopy Intake form</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive FOBT/ Diagnostic Colonoscopy not Performed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Select the specialty of the person who distributed the FOBT Kit (check one):

- General Practitioner
- Family Practitioner
- Internist
- LPN (License Practical Nurse)
- RN (Registered Nurse)
- NP (Nurse Practitioner)
- PA (Physician Assistant)
- Administrator, if FOBT is mailed by non clinician
- OB/GYN
- Unknown

Completed by: ___________________________ Date: ___________________________

12/10/2010
# Michigan Colorectal Cancer Early Detection Program (MCRCEDP) Colonoscopy Intake Form

(Must complete one form for each procedure needed to reach a Final Diagnosis)

| Last Name: ______________________________ | First Name: ___________________________
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LCA Name: ______________________________</td>
<td>Procedure Date (MM/DD/YYYY): <em><strong><strong>/</strong></strong></em>/______</td>
</tr>
<tr>
<td>MBCIS #: ____________</td>
<td>Client ID: __________</td>
</tr>
</tbody>
</table>

## 1. Colonoscopy Information:

<table>
<thead>
<tr>
<th>Pre-Colonoscopy Office Visit (MM/DD/YYYY): <em><strong><strong><strong>/</strong></strong></strong></em>/___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was patient cleared for colonoscopy? □ Yes □ No</td>
</tr>
<tr>
<td>if No, reason: ________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of test (MM/DD/YYYY): <em><strong><strong><strong>/</strong></strong></strong></em>/___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Colonscopy</td>
</tr>
<tr>
<td>□ Was the cecum reached? □ Yes □ No</td>
</tr>
<tr>
<td>□ Sigmoidoscopy (MDCH authorization required)</td>
</tr>
<tr>
<td>□ DCBE (MDCH authorization required)</td>
</tr>
<tr>
<td>□ Other: __________________</td>
</tr>
<tr>
<td>Physician performing the procedure: __________________________</td>
</tr>
<tr>
<td>Specialty of Physician performing the procedure:</td>
</tr>
<tr>
<td>□ General Practitioner □ Gastroenterologist</td>
</tr>
<tr>
<td>□ Internist □ General Surgeon</td>
</tr>
<tr>
<td>□ Family Practitioner □ Colorectal Surgeon</td>
</tr>
<tr>
<td>□ Radiologist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was bowel prep considered adequate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No <em>Procedure should be rescheduled</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If bowel prep was inadequate, has procedure been rescheduled?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes – Date (MM/DD/YYYY): <em><strong><strong><strong>/</strong></strong></strong></em>/___________</td>
</tr>
<tr>
<td>□ If No, reason: ________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completeness of Test and Test Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test is complete and adequate with:</td>
</tr>
<tr>
<td>□ Normal/Negative/Diverticulosis/Hemorrhoids</td>
</tr>
<tr>
<td>□ Polyp</td>
</tr>
<tr>
<td>□ Lesion suspicious for cancer</td>
</tr>
<tr>
<td>□ Other finding (not suggestive of polyps/cancer)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Test is incomplete or inadequate with:</td>
</tr>
<tr>
<td>□ No finding</td>
</tr>
<tr>
<td>□ Polyp/Polyp fragments</td>
</tr>
<tr>
<td>□ Lesion suspicious for cancer</td>
</tr>
<tr>
<td>□ Other finding:</td>
</tr>
<tr>
<td>(Note: Incomplete test should be repeated)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report any complications during or within 30 days of the procedure requiring observation or treatment. Date of complication (MM/DD/YYYY):<em><strong><strong>/</strong></strong><strong>/</strong></em>___ (Must be reported to MDCH within 21 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No complications reported</td>
</tr>
<tr>
<td>□ Bleeding requiring transfusion</td>
</tr>
<tr>
<td>□ Bleeding not requiring transfusion</td>
</tr>
<tr>
<td>□ Cardiopulmonary event</td>
</tr>
<tr>
<td>□ Complications related to anesthesia</td>
</tr>
<tr>
<td>□ Bowel perforation</td>
</tr>
<tr>
<td>□ Post-polypectomy syndrome/excessive abdominal pain</td>
</tr>
<tr>
<td>□ Death</td>
</tr>
<tr>
<td>□ Other:</td>
</tr>
</tbody>
</table>
Michigan Colorectal Cancer Early Detection Program
(MCRCEDP)
Colonoscopy Intake Form
(Must complete one form for each procedure needed to reach a Final Diagnosis)

Last Name: _______________________________ First Name: __________________________
MBCIS #: ____________ Client ID: ___________

2. Polyp/Lesion Information from Endoscopic Biopsy or Surgery to Complete Diagnosis
(Must be completed if biopsy, polypectomy or surgery is performed)

Was a biopsy or polypectomy performed? ☐ *Yes ☐ No
*If biopsy or polypectomy performed, include pathology report and medical dictation

Number of specimens sent to pathology: __________________

Were all polyps completely removed? ☐ Yes ☐ No

Histology of most severe polyp/lesion:
☐ Normal or other non-polyp histology
☐ Non-adenomatous polyp
☐ Hyperplastic polyp
☐ Adenoma, NOS (no high grade dysplasia noted)
☐ Adenoma, tubular (no high grade dysplasia noted)
☐ Adenoma, mixed tubular villous (no high grade dysplasia noted)
☐ Adenoma, villous (no high grade dysplasia noted)
☐ Adenoma, serrated (no high grade dysplasia noted)
☐ Adenoma with high grade dysplasia (includes in situ)
☐ Adenocarcinoma invasive
☐ Cancer, other
☐ Unknown/other lesions ablated, not retrieved or confirmed

Adenomatous Polyp/Lesion Information (Complete if any of the shaded histologies above are indicated)

Total number of adenomatous polyps/lesions:
☐ Less than 97: Enter the number ______
☐ 97 or more adenomatous polyps/lesions
☐ Adenomatous polyps removed, exact number unknown

Size of largest adenomatous polyp/lesion: _________ cm

3. Surgery to Complete Diagnosis

Date of surgery: (MM/DD/YYYY) _____/_____/_______ ☐ Surgery recommended, but not performed
Facility: __________________________________________

12/10/2010

NOTE: Attach pathology report and medical dictation
Michigan Colorectal Cancer Early Detection Program (MCRCEDP)

Colonoscopy Intake Form

(Must complete one form for each procedure needed to reach a Final Diagnosis)

Last Name: ___________________________ First Name: __________________________
MBCIS #: ____________ Client ID: __________

4. Next Steps (Must be completed)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Recommended Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Screening/Diagnostic Completed – (Go to Final Diagnosis Section)</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Next Screening test in _____ years</td>
<td>Annual FOBT</td>
</tr>
<tr>
<td>3.</td>
<td>Next Surveillance test in _____ months or _____ years</td>
<td>Colonoscopy</td>
</tr>
<tr>
<td>4.</td>
<td>Screening/Diagnostic incomplete</td>
<td>Colonoscopy</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>Sigmoidoscopy (MDCH authorization required)</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>DCBE (MDCH authorization required)</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Surgery to complete diagnosis</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>Other: __________________________</td>
</tr>
</tbody>
</table>

5. Status of Final Diagnosis (Must be completed within 90 days of screening exam)

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Completed: Date of the Final Diagnosis: (MM/DD/YYYY) <em><strong><strong>/</strong></strong></em>/_______</td>
</tr>
<tr>
<td>2.</td>
<td>Pending, additional tests needed</td>
</tr>
<tr>
<td>3.</td>
<td>Client refused diagnostic testing</td>
</tr>
<tr>
<td>4.</td>
<td>Client lost to follow-up/deceased</td>
</tr>
<tr>
<td>5.</td>
<td>Certified letter sent to client informing him/her of results and the need for follow-up or program termination will occur. Date: (MM/DD/YYYY) <em><strong><strong>/</strong></strong></em>/_______</td>
</tr>
</tbody>
</table>

6. Final Diagnosis

- Normal/Negative
- Hyperplastic Polyps
- Adenomatous polyp, no high grade dysplasia
- Adenomatous polyp with high grade dysplasia
- Cancer (Complete Cancer Treatment Information)
  - New CRC Cancer
  - Recurrent CRC Cancer
  - Non-CRC Cancer
Michigan Colorectal Cancer Early Detection Program (MCRCEDP)
Colonoscopy Intake Form
(Must complete one form for each procedure needed to reach a Final Diagnosis)

Last Name: ________________________ First Name: ________________________
MBCIS #: ____________ Client ID: ___________

7. Cancer Treatment Information
   • Must be completed if Final Diagnosis = Cancer
   • Treatment must be started within 60 days of diagnosis

<table>
<thead>
<tr>
<th>Treatment start date: (MM/DD/YYYY)</th>
<th>Additional treatment planned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Treatment pending, additional tests needed</td>
<td>☐ Chemotherapy</td>
</tr>
<tr>
<td>☐ Treatment started</td>
<td>☐ Radiation</td>
</tr>
<tr>
<td>☐ Treatment not indicated due to polypectomy</td>
<td>☐ Surgery</td>
</tr>
<tr>
<td>☐ Treatment not recommended</td>
<td>☐ Other: ____________________</td>
</tr>
<tr>
<td>☐ Treatment refused</td>
<td></td>
</tr>
<tr>
<td>☐ Lost to follow-up</td>
<td></td>
</tr>
</tbody>
</table>

Completed by: ________________________________ Date: _____/_____/_______

NOTE: Attach pathology report and medical dictation
Claims and Data Tracking

*MCRCEDP Data
All completed MCRCEDP data forms, procedural information and medical claims must be submitted by mail at least once a week to MDCH:

- Enrollment Forms
- FOBT Intake Forms
- Colonoscopy Intake Forms
- Pathology reports
- Provider dictation
- Provider claims

Michigan Department of Community Health
Attention: Mary Lou Searls
109 Michigan Ave
WSB, 5th Floor
Lansing, MI 48913

MCRCEDP Claims
To ensure payment of MCRCEDP claims following a colonoscopy or other authorized MCRCEDP procedure, please mail all claims within one week of receipt:

Michigan Department of Community Health
Attention: Claims
109 Michigan Ave
WSB, 5th Floor
Lansing, MI 48913

*This process will be altered when MBCIS is available for the MCRCEDP. At that time, further training and instruction will be provided to appropriate staff.
**If Facility - does this Facility perform mammography?**  YES □  NO □

**INSTRUCTIONS:**
This form needs to be completed for each Provider and/or Facility that participates in the BCCCP/FP, WW, MCRCEDP, including local health departments and sub-contracted providers. All **bolded** fields must be completed.

**PROVIDER/FACILITY Information** (physical address)

<table>
<thead>
<tr>
<th>Federal Tax ID</th>
<th>~ 9 digits ~</th>
<th>&amp;</th>
<th>NPI</th>
<th>~ 10 digits ~</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name / Institution Name</td>
<td>First Name</td>
<td>M.I.</td>
<td>Credentials</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Suite/Apt/PO Box Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>County</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Phone # with area code</td>
<td>Phone Ext.</td>
<td>Fax # with area code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Email Address for BILLING memos and correspondence:*

**NOTES:**

**BILLING SERVICE Information** (if different from above)

<table>
<thead>
<tr>
<th>Federal Tax ID</th>
<th>~ 9 digits ~</th>
<th>&amp;</th>
<th>NPI</th>
<th>~ 10 digits ~</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Suite/Apt/PO Box Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>County</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Phone # with area code</td>
<td>Phone Ext.</td>
<td>Fax # with area code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LCA Information</th>
<th><strong>LCA ID</strong></th>
<th><strong>Billing Start Date</strong></th>
<th>Billing End Date</th>
<th>Completed By:</th>
</tr>
</thead>
</table>

**Please remember to include your LCA ID and Billing Start Date**

Provider/Facility Form

Please fax completed forms to:

**Tory Phelps**  
Fax # (517) 335-8752

---

**FY11**  
**MCRCEDP**  
**40/29/2011**  
**10/2010**
MBCIS User Agreement & Website Access Form

As a user of the Michigan Breast and Cervical Cancer Control Information System (MBCIS), I accept and agree to the following:

- I will handle information or documents obtained through the MBCIS in a confidential manner.
- I will restrict my use of the MBCIS to accessing information and generating documentation only as necessary to properly conduct the administration and management of my duties as they relate to breast and cervical cancer control.
- I understand that my transactions on the MBCIS are logged and are subject to being audited.
- I will not furnish information or documentation obtained through the MBCIS to individuals for personal use nor to any individuals not directly involved with the conduct of my duties as they relate to breast and cervical cancer control.
- I will not alter or falsify any document or data obtained through the MBCIS.
- I will not attempt to copy all or part of the database or the software used to access the MBCIS in any unauthorized fashion.
- I will carefully safeguard my access privileges and password for the MBCIS and will not permit the use of my access privileges by any other person.
- I will report any threat to or violation of the MBCIS and Discoverer security.
- I will strive to enter accurate and timely data into the MBCIS.

User Information (Please print):

Please select one of the following options and complete the information below:

- I would like to receive a MBCIS User ID

- I would like to update my current access.
  Current MBCIS User ID _______________________

- BCCCP Clinical (On-line training and Certificate of Completion required)
- WISEWOMAN
- Colorectal Cancer (MCRCEDP)
- Reports (Clinical / Financial)
- * Website Access (www.michigancancer.org/bcccp)
- BCCCP
- WW
- CRC (check all that apply)
- Discontinue Access

* Website Access – ONLY - Username:
  (You can select any username you desire. It is recommended that you select the first part of your email address. For example, if your email address is blazec@michigan.gov, your username would be blazec.)

* Website Access – ONLY - Password:
  (Please select a password of your choice. Cathy Blaze will be the only state staff who has access to your password. If you forget your password or wish to change it, please contact Cathy at blazec@michigan.gov or 517-241-0109)

Full Name ____________________________________________ EMAIL ____________________________________________

Job Title ____________________________________________ Local Coordinating Agency ____________________________________________

(______) ____________________________ (______) ____________________________
Telephone Number Fax Number

I have read the above security agreement and the prohibited acts provided on the reverse side of this form. I understand this information, and I agree to comply with the above provisions. Further, I understand any violation of these provisions may result in termination of access privileges and/or recommendation for prosecution.

________________________________________________________________________ Date ______________
User’s Signature

________________________________________________________________________ Date ______________
Supervisor’s Name (Print) ____________________________________________ Supervisor’s Signature

________________________________________________________________________ Date ______________

Please fax completed form to:
Cathy Blaze
MBCIS User Agreement & Website Access Form Fax # (517) 335-8752 Revised Mar 2011
MBCIS User Agreement & Website Access Form

Michigan Computer Law

MCL 752.794 - 752.797

Sec.752.794  A person shall not, for the purpose of devising or executing a scheme or artifice with intent to defraud or for the purpose of obtaining money, property, or service by means of a false or fraudulent pretense, representation, or promise with intent to, gain access to or cause access to be made to a computer, computer system, or computer network.

Sec.752.795  A person shall not intentionally and without authorization, gain access to, alter, damage, or destroy a computer, computer system, or computer network, or gain access to alter, damage, or destroy a computer software program or data contained in a computer, computer system, or computer network.

Sec.752.796  A person shall not utilize a computer, computer system, or computer network to commit a violation of section 174 of Act 328 of the Public Acts of 1931……being section 750.362 of the Michigan Compiled Laws. [Larceny by conversion]

Sec.752.797  A person who violates this act, if the violation involves $100.00 or less, is guilty of a misdemeanor. If the violation involves more than $100.00, the person is guilty of a felony, punishable by imprisonment for not more than 10 years, or a fine of not more than $5,000.00, or both.
Provider Website Information

http://www.michigancancer.org/colorectal

On the secure website, you will find:

- Michigan Colorectal Cancer Early Detection Program Procedure Manual
- Michigan Cancer Consortium (MCC) Guidelines for the Early Detection of Colorectal Cancer
- CRC Forms (Enrollment Form, FOBT Intake Form, Colonoscopy Intake Form)
- MCRCEDP Provider Information/Updates: Claims, FY11 MCRCEDP Unit Cost Reimbursement Rates, Guidelines and Educational Materials
- CRC Resource Information: Provider and client (links to free CME’s)
- CRC Memos and more

** For additional copies of the MCC Guidelines, please visit the MCC website at: http://www.michigancancer.org/PDFs/EarlyDetectionRecs/MCCColoCaGuidelines-02.19.09.pdf


For free colorectal cancer resources visit the MCC website at:
http://www.michigancancer.org/OurPriorities/Colorectal_Resources.cfm
http://www.screen4coloncancer.org/videos.asp

Web Sites of Interest — Federal Agencies (NCI, AHRQ, CDC)
http://www.michigancancer.org/OurPriorities/Colorectal_Resources.cfm#Web-fed

The Michigan Department of Community Health (MDCH) Web site offers information to Michigan residents on how and where to find low-cost or free health care:
www.michigan.gov/healthcarehelp
Provider Claim Submission

Payment of claims for the Michigan Colorectal Cancer Early Detection Program must be authorized by Michigan Department of Community Health (MDCH) prior to payment. For prompt payment of claims, all providers and facilities are encouraged to submit MCRCEDP paper claims to the following location:

Michigan Department of Community Health
Attention: Claims
109 Michigan Ave
WSB, 5th Floor
Lansing, MI 48913

Claims submitted electronically to the Third Party Administrator (TPA) may not receive prompt payment without receipt of paper claim at MDCH.
# FY 2011
## MCRCEDP
### Unit Cost Reimbursement Rate Schedule

<table>
<thead>
<tr>
<th>MCRCEDP Services</th>
<th>FY 2011 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>**1. Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or</td>
<td></td>
</tr>
<tr>
<td>without collection of specimen(s) by brushing or washing, with or</td>
<td></td>
</tr>
<tr>
<td>without colon decompression.</td>
<td></td>
</tr>
<tr>
<td>Provider 45378</td>
<td>$372.55</td>
</tr>
<tr>
<td>ASC 45378-SG</td>
<td>$214.67</td>
</tr>
<tr>
<td>Hospital 45378</td>
<td>$214.67</td>
</tr>
</tbody>
</table>

| **2. Discontinued Procedure- Colonoscopy, flexible, proximal to splenic          |              |
| flexure; diagnostic, with or without collection of specimen(s) by brushing       |              |
| or washing, with or without colon decompression.                                  |              |
| Provider 45378-53                                                                 | $125.58      |
| ASC 45378-53-SG                                                                  | $60.80       |
| Hospital 45378-53                                                                | $60.80       |

| **3. Colonoscopy, flexible, proximal to splenic fixture; biopsy, single or       |              |
| multiple                                                                       |              |
| Provider 45380                                                                    | $447.02      |
| ASC 45380-SG                                                                     | $258.53      |
| Hospital 45380                                                                   | $258.53      |

| **4. Colonoscopy, flexible, proximal to splenic flexure; with control of         |              |
| bleeding, any method                                                            |              |
| Provider 45382                                                                    | $587.47      |
| ASC 45382-SG                                                                     | $329.06      |
| Hospital 45382                                                                   | $329.06      |

| **5. Colonoscopy, flexible, proximal to splenic flexure; with ablation of         |              |
| tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy     |              |
| forceps, bipolar cautery or snare technique.                                     |              |
| Provider 45383                                                                    | $534.49      |
| ASC 45383-SG                                                                     | $333.07      |
| Hospital 45383                                                                   | $333.07      |

| **6. Colonoscopy, flexible, proximal to splenic flexure; with removal of          |              |
| tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar          |              |
| cautery                                                                         |              |
| Provider 45384                                                                    | $440.48      |
| ASC 45384-SG                                                                     | $268.79      |
| Hospital 45384                                                                   | $268.79      |

| **7. Colonoscopy, flexible, proximal to splenic flexure; with removal of          |              |
| tumor(s), polyp(s), or other lesion(s) by snare technique                        |              |
| Provider 45385                                                                    | $505.03      |
| ASC 45385-SG                                                                     | $306.79      |
| Hospital 45385                                                                   | $306.79      |

**Only 1 facility charge will be paid per procedure**

ASC = Ambulatory Surgical Center > Billed on HCFA 1500 Claim Form with SG modifier
Hospital Facility Fee billed on UB04 Claim Form with a MCRCEDP-Approved Revenue Code
## FY 2011
### MCRCEDP
#### Unit Cost Reimbursement Rate Schedule

<table>
<thead>
<tr>
<th>MCRCEDP Services</th>
<th>FY 2011 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Multi-test Laboratory Panels, basic metabolic (calcium ionized)</td>
<td>$12.36</td>
</tr>
<tr>
<td>9. Multi-test Laboratory Panels, comprehensive metabolic panel</td>
<td>$15.20</td>
</tr>
<tr>
<td>10. Chemistry: Occult Blood, by peroxidase activity (e.g. guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards or single triple card for consecutive collection) (FOBT)</td>
<td>$3.80</td>
</tr>
<tr>
<td>11. Blood Counts, complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count</td>
<td>$11.34</td>
</tr>
<tr>
<td>12. Blood Counts, complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet count)</td>
<td>$6.79</td>
</tr>
<tr>
<td>13. Thromboplastin Time, Partial (PTT), plasma or whole blood</td>
<td>$8.76</td>
</tr>
<tr>
<td>14. Surgical Pathology, gross and microscopic examination; Colon, biopsy; Polyp, colorectal - Level IV</td>
<td>$83.61</td>
</tr>
<tr>
<td>a. Global</td>
<td>$52.55</td>
</tr>
<tr>
<td>b. Technical/Facility Only</td>
<td>$31.06</td>
</tr>
<tr>
<td>15. Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report</td>
<td>$21.31</td>
</tr>
<tr>
<td>16. Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report</td>
<td>$12.05</td>
</tr>
<tr>
<td>17. Electrocardiogram, routine ECG with at least 12 leads; tracing only, with interpretation and report</td>
<td>$9.26</td>
</tr>
<tr>
<td>18. Rhythm ECG, 1-3 leads; with interpretation and report</td>
<td>$13.68</td>
</tr>
<tr>
<td>19. Rhythm ECG, 1-3 leads; tracing only without interpretation and report</td>
<td>$5.50</td>
</tr>
<tr>
<td>20. Rhythm ECG, 1-3 leads; interpretation and report only</td>
<td>$8.19</td>
</tr>
</tbody>
</table>

*QW = Test performed with Cholestech*
<table>
<thead>
<tr>
<th>MCRCEDP Services</th>
<th>FY 2011 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Office Visit – New Patient Partial Exam</td>
<td>99201 $33.26</td>
</tr>
<tr>
<td></td>
<td>99202 $33.26</td>
</tr>
<tr>
<td>22. Office Visit – New Patient Full Exam</td>
<td>99203 $83.53</td>
</tr>
<tr>
<td>23. Office Visit – Established Patient Partial Exam</td>
<td>99211 $16.82</td>
</tr>
<tr>
<td></td>
<td>99212 $16.82</td>
</tr>
<tr>
<td>24. Office Visit – Established Patient Full Exam</td>
<td>99213 $54.88</td>
</tr>
</tbody>
</table>
## FY 2011
### MCRCEDP
#### Unit Cost Reimbursement Rate Schedule
Codes Requiring Nurse Consultant Approval

<table>
<thead>
<tr>
<th>MCRCEDP NURSE APPROVED ONLY Services</th>
<th>CPT</th>
<th>FY2011 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sigmoidoscopy, flexible: diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)</td>
<td>Provider</td>
<td>45530</td>
</tr>
<tr>
<td></td>
<td>ASC (facility only)</td>
<td>* 45530 SG</td>
</tr>
<tr>
<td></td>
<td>Hospital (facility only, bill with Revenue Code 0146)</td>
<td>45530</td>
</tr>
<tr>
<td>Radiography: Intestines, Radiologic examination colon; contrast (e.g. Barium) enema, with or without KUB (Double Contrast Barium Enema (DCBE))</td>
<td></td>
<td>74270</td>
</tr>
<tr>
<td></td>
<td>a. Global</td>
<td>74270-TC</td>
</tr>
<tr>
<td></td>
<td>b. Technical/Facility Only</td>
<td>74270-26</td>
</tr>
<tr>
<td>Radiography: Intestines, air contrast with high density barium, with or without glucagons (Double Contrast Barium Enema (DCBE))</td>
<td></td>
<td>74280</td>
</tr>
<tr>
<td></td>
<td>a. Global</td>
<td>74280-TC</td>
</tr>
<tr>
<td></td>
<td>b. Technical/Facility Only</td>
<td>74280-26</td>
</tr>
<tr>
<td>Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum</td>
<td></td>
<td>00810-AA</td>
</tr>
<tr>
<td></td>
<td>a. Anesthesia services performed personally by anesthesiologist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Medical supervision by a physician: more than four concurrent anesthesia procedures</td>
<td>00810-AD</td>
</tr>
<tr>
<td></td>
<td>c. Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals</td>
<td>00810-QK</td>
</tr>
<tr>
<td></td>
<td>d. CRNA service: with medical direction by a physician</td>
<td>00810-QX</td>
</tr>
<tr>
<td></td>
<td>e. Anesthesiologist medically directs one CRNA</td>
<td>00810-QY</td>
</tr>
<tr>
<td></td>
<td>f. CRNA service: (supervised) without medical direction by a physician</td>
<td>00810-QZ</td>
</tr>
</tbody>
</table>

**2010 Medicare Anesthesia Conversion rate = $21.61**

**Only 1 facility charge will be paid per procedure**

04/29/2011
Special Budgeting and Program Instructions
For the Local Health Services

**Michigan Colorectal Cancer Early Detection Program** – The Michigan Colorectal Cancer Early Detection Program (MCRCEDP) budget is to be developed in the following way:

1. One budget column, titled “MCRCEDP”, needs to be used to budget costs associated with the program. This budget column is intended to cover all staffing and coordination for the program. All allowable expenses will be reimbursed through the CPBC agreement.

2. All direct service claims must be billed through the Third Party Administrator. The LHD and/or direct service providers with contracts or letters of agreement with the LHD will be responsible for billing.

3. The staffing, coordination and direct service total amount is $100 per woman or man based on a target caseload established by MDCH. Performance reimbursement will be based upon the understanding that a certain level of performance (measured by outputs) must be met. There is a 90% performance requirement for this program. The performance target output measure is the number of women and men that complete a screening test for colorectal cancer.

4. For specific program requirements, including current direct service reimbursement rates and other documentation, refer to the most current MCRCEDP manual.
Michigan Colorectal Cancer Early Detection Program (MCRCEDP)
FOBT Screening

Complete **MCRCEDP Enrollment Form**: Average Risk Client

Provide FOBT Kit, CRC Education and Patient Navigation
*(Instruct Client To Return Kit In 1 Week)*

- Completed Kit Not Returned *(Within 4 Weeks)*
  - Reminder Phone Call #1
  - Completed Kit Not Returned *(Within 4 Weeks)*
    - Reminder Phone Call #2
    - Reminder Letter Sent *(must return by XX date or lose opportunity to participate)*
- Completed Kit Not Returned *(Within 4 Months)*
  - Lost to Follow Up

- FOBT Kit Returned/Completed
  - FOBT Analyzed/Lab
    - Results to LCA
      - Negative
      - Positive
        - See Colonoscopy Flowchart
Diagnostic Colonoscopy  
Average Risk: Positive FOBT Result  
(Abnormal/positive screening results must receive a final diagnosis within 90 days)  
(Call Client Within 1 Week of Positive FOBT Results)

Screening Colonoscopy  
Increased Risk  
Complete MCRCEDP Enrollment Form

Initiate Colonoscopy Intake Form

Schedule Colonoscopy Appointment/Office Visit  
Provide Patient Education and Navigation  
(Within 2 Weeks)

Colonoscopy Completed

Results to LCA

Colonoscopy Completed

Negative Examination or Pre-Cancerous Polyps

Cancerous Polyp(s) Removed

CRC Diagnosed

Provide Education/Patient Navigation

Surveillance/Rescreen per MCC Guidelines

Final Diagnosis/Complete Colonoscopy Intake Form

Referral For Additional Treatment  
(Treatment Must Begin Within 60 Days of Diagnosis)

Provide Referral for Community Resources

Abnormal/positive screening results must receive a final diagnosis within 90 days.