
Program Memorandum Intermediaries/Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal AB-01-32

Date: FEBRUARY 15, 2001

CHANGE REQUEST 1532

SUBJECT: Promoting Colorectal Cancer Screening as a Part of Colorectal Cancer Awareness Month

Background

Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. The estimates for new cases and deaths from CRC in 2001 are 135,400 and 56,700 respectively. However, CRC is one of the most preventable cancers, as well as one of the most curable cancers when detected at an early stage.

Despite the advantages of CRC screening and the fact that Medicare covers CRC screening tests, utilization of this benefit is low. When testifying before the Special Committee on Aging in March 2000, the General Accounting Office (GAO) reported that in 1999, only 14.1 percent of Medicare beneficiaries had one or more of the covered CRC services for screening or diagnostic purposes. The utilization rate had changed little from the 1995 rate of 13.6 percent. While GAO noted numerous reasons for the low rates, including patient, physician, and delivery system issues, its report of the testimony states that there is “substantial room for better outreach and education.” Participation from carriers and intermediaries in this effort is needed to increase the utilization of this important benefit.

Since implementation of Medicare’s CRC screening benefit, HCFA has partnered with the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI) to increase CRC screening within the Medicare population. Together CDC, HCFA, and NCI carry out the *Screen for Life* (SFL) campaign, which informs men and women aged 50 years and older—the group most at risk—about the importance of CRC screening for early detection and prevention of the disease.

Last year Congress designated March as National CRC Awareness Month. HCFA joins numerous agencies and organizations in a campaign during the month of March to bring the public’s attention to the seriousness of CRC and its prevention. As a part of HCFA’s commitment to the SFL and National CRC Awareness Month campaigns, we are directing carriers and intermediaries to carry out several activities in March and April.

Distribution of CRC Materials

The SFL campaign has developed numerous materials which carriers and intermediaries can distribute to help inform Medicare beneficiaries about the importance of screening. We encourage you to make these materials available to Medicare beneficiaries, health care providers, and partners (e.g., provide copies at health fairs, meetings, and presentations, and supply copies to partners). Attachment 1 lists print materials that can be ordered free of charge or can be downloaded from the Internet, as well as ordering instructions.

HCFA-Pub. 60AB

Materials that are available include:

- “Good News” Poster (4 versions) targeting Caucasian, African-American, Asian-American, and Hispanic audiences, with tear-off cards that beneficiaries can take on visits to their doctors (stresses the importance of screening, mentions Medicare coverage);
- “No Symptoms” poster (points out that CRC often starts with no symptoms);
- “Let’s Break the Silence” CRC brochures (English and Spanish versions);
- “Colorectal Cancer – Facts on Screening” (for patients); and
- “Colorectal Cancer – Health Professionals Facts on Screening.”

In addition, other types of materials such as camera-ready slicks, television public service announcements (PSAs), and radio PSAs are available. Copies may be ordered from the CDC Internet site. (See directions in Attachment 1.)

CRC Message in Medicare Summary Notice (MSN) or Explanation of Medicare Benefits (EOMB) - Requirement

In support of the National Colorectal Cancer Awareness Month and SFL campaigns, HCFA requires you to include the following message in your MSN or EOMB during the months of March and April 2001. Note that you are not required to include the message in Spanish or in your EOMB if standard systems coding changes are necessary. The message follows:

English: Medicare covers colorectal cancer screening tests that can find pre-cancerous polyps in the colon and rectum. The polyps can be removed before they become cancerous. Talk to your doctor about getting tested.

Spanish: Medicare cubre las pruebas de investigación del cáncer colorectal que pueden encontrar pólipos precancerosos en el colon y recto. Los pólipos pueden ser removidos antes de que sean cancerosos. Comuníquese con su doctor sobre hacerse la prueba.

Article in Beneficiary Newsletter and Web Site - Requirement

If you publish a beneficiary newsletter, include the attached article (Attachment 2) in the next issue. If possible, the article should appear in an issue that covers the March 2001 time period. In addition, if you have a web site that includes information for Medicare beneficiaries, include the attached article on the site from March 2001 through February 2002.

Article in Provider Newsletter and Web Site

Although a provider-oriented article has not been included with this Program Memorandum (PM), you are encouraged to publish an article or message in your provider newsletters and on your web sites. Providers should be encouraged to discuss CRC screening with their patients. Research conducted to support the National CRC Awareness Month Campaign found that nearly half of survey respondents who were 50 years of age or older reported that their doctors did not discuss CRC screening with them. However, 9 out of 10 survey respondents reported that they underwent the CRC screening tests that were recommended by their physicians.

Articles placed in provider newsletters and web sites could include information on available CRC materials and ordering instructions (Attachment 1). CRC materials such as posters, brochures and fact sheets can be displayed in offices and offered to patients. Articles also could address Medicare coverage of CRC screening (including the coverage of colonoscopies for average risk individuals, effective July 1, 2001), as well as other information provided in the attached beneficiary article (Attachment 2).

The *effective date* for this PM is February 15, 2001.

The *implementation date* for this PM is March 1, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after January 31, 2002.

If you have any questions concerning the content of the MSN/EOMB message or information provided in Attachments 1 and 2, call Trish Sharp on 410-786-6880 or write to PSharp@hcfa.gov.

For questions concerning implementation of the activities specified in the PM, call or write to your regional office contact listed below:

Boston Region:	Marva Nathan	617-565-1234	MNathan@hcfa.gov
New York Region:	Marjorie Finnigan	212-264-3219	MFinnigan@hcfa.gov
Philadelphia Region:	Peter Goodman	215-861-4213	PGoodman2@hcfa.gov
Atlanta Region:	Teresa Wilson	404-562-7235	TWilson2@hcfa.gov
Chicago Region:	Druquilla Brown	312-353-9845	DBrown3@hcfa.gov
Dallas Region:	Joyce Martin	214-767-2133	JMartin3@hcfa.gov
Kansas City Region:	Carl Hawkins	816-426-2866	CHawkins1@hcfa.gov
Denver Region:	Diane Livesay	303-844-7057	DLivesay@hcfa.gov
San Francisco Region:	Henry Tyson	415-744-3434	HTyson@hcfa.gov
Seattle Region:	Michelle Sawtell	206-615-2065	MSawtell@hcfa.gov

COLORECTAL CANCER (CRC) SCREENING PUBLICATIONS

TO ORDER COPIES FROM HCFA -- FAX, E-MAIL, OR TELEPHONE:

Orders For 1-99 copies:

- Fax: 410-786-4786
- E-Mail: LBeasley@HCFA.gov
- Phone: Larry Beasley (410-786-7843)

Orders for 100 or more copies:

- Fax: 410-786-1905
- E-Mail: STaylor@HCFA.gov
- Phone: Susie Taylor (410-786-7849)

NOTE: Please order publications via fax or e-mail when possible. Because of the large volume of requests, you may not receive an acknowledgment return call for orders placed on voice mail.

TO ORDER OR DOWNLOAD PUBLICATIONS FROM HCFA'S INTERNET SITE:

- See information from the chart that follows for ordering or downloading "Let's Break the Silence" brochures from the HCFA Internet site.

TO ORDER OR DOWNLOAD PUBLICATIONS FROM CDC:

- Visit the Internet site at: <http://www.cdc.gov/cancer/screenforlife>,
 - Call **1-888-842-6355**, or
 - Write cancerinfo@cdc.gov.
- In addition, other types of materials such as camera ready slicks, television PSAs, and radio PSAs, which are not listed on the table that follows, can be ordered from the CDC Internet site.

TO VIEW MATERIALS BEFORE ORDERING

- Visit the CDC Internet site at: <http://www.cdc.gov/cancer/screenforlife>

COLORECTAL CANCER SCREENING CAMPAIGN PRINT MATERIALS

Campaign Print Material	Version	HCFA – CDC Pub No.	Additional Information
Poster	“Medicare Good News” (Caucasian Audience)	HCFA #10122	Order packets of tear-off cards (HCFA #10140 – English) to attach to poster. Order from HCFA.
Poster	“Medicare Good News” (African-Amer. Audience)	HCFA #10124	Order packets of tear-off cards (HCFA #10140 – English) to attach to poster. Order from HCFA.
Poster	“Medicare Good News” (Asian-Amer. Audience)	HCFA #10125	Order packets of tear-off cards (HCFA #10140 – English) to attach to poster. Order from HCFA.
Poster	“Medicare Good News” (Hispanic Audience)	HCFA #10142	Order packets of tear-off cards (HCFA #10141 – Spanish) to attach to poster. Order from HCFA.
Poster - NEW	“No Symptoms”	HCFA #10183 CDC #099-6478	Posterboard backing. Order from HCFA.
Tear-off cards For Medicare “Good News” Poster	English	HCFA #10140	Packet of English language tear-off information cards, which attaches to “Good News” poster. Provides info on eligibility for CRC screening under Medicare, Medicare coverage of CRC screening, and risk for CRC. Order from HCFA.
Tear-off cards for Medicare “Good News” Poster	Spanish	HCFA #10141	Packet of Spanish language tear-off information cards, which attaches to Hispanic version of “Good News” poster. Provides information on eligibility for CRC screening under Medicare, Medicare coverage of CRC screening, and risk for CRC. Order from HCFA.
Brochure	“Let’s Break the Silence” - English	HCFA #95173 CDC #099-6010	Also can be viewed or downloaded from the HCFA or CDC Internet sites. (The HCFA site is located at: http://www.medicare.gov/Publications/coloeng.pdf .) NOTE: The English version of the brochure has an incorrect HCFA Pub No. listed on the back--#10126.)
Brochure	“Let’s Break the Silence” - Spanish	HCFA #10158 CDC #099-6198	Also can be viewed or downloaded from the HCFA or CDC Internet sites. (The HCFA site is located at: http://www.medicare.gov/Publications/colspan.pdf .) NOTE: The Spanish brochure has an incorrect CDC Pub No. listed on the back--#099-6010.
Fact Sheet - NEW	CRC Facts on Screening (Patients)	CDC #099-6486	A limited number of fact sheets currently are available. They may be ordered or downloaded from CDC’s <i>Screen for Life</i> Internet Site. (See instructions on page 1.)
Fact Sheet - NEW	CRC Health Professionals Facts on Screening	CDC #099-6487	A limited number of fact sheets currently are available. They may be ordered or downloaded from CDC’s <i>Screen for Life</i> Internet Site. (See instructions on page 1.)

ARTICLE**March is Colorectal Cancer Awareness Month
Some Important Facts You Should Know about Colorectal Cancer!**

- **Colorectal cancer is the second leading cause of cancer related deaths for men and women in the United States.** Colorectal cancer (cancer of the colon or rectum) is second only to lung cancer in causing cancer-related deaths in the U.S. An estimated 135,400 new cases and 56,700 deaths from colorectal cancer are expected in 2001.
- **More than one-third of colorectal cancer deaths could be avoided if people over 50 had regular screening tests.**
- **Most colorectal cancers begin as polyps.** (Polyps are growths on the inner wall of the colon or rectum.)
- **Colorectal cancer starts with no symptoms.** Screening tests are so important because they can find colorectal cancer early, when treatment works best. When colorectal cancer is detected in the earliest stage of the disease (Stage 1), the survival rate is 96 percent.
- **Colorectal cancer is one of the most preventable cancers.** Screening tests can help prevent colorectal cancer by finding pre-cancerous polyps so they can be removed before they turn into cancer.
- **Risk increases as we age.** The risk of developing colorectal cancer increases with age. In fact, most cases occur in people 50 and older.
- **Both men and women are at risk.** Some people think that women are not at risk for colorectal cancer. However, both sexes may develop this cancer.
- **African-Americans are more likely than whites to be diagnosed with colorectal cancer at a more advanced stage and more likely to die of it once diagnosed.**
- **Medicare helps pay for colorectal cancer screening tests.** People with Medicare Part B coverage who are age 50 or older are eligible for colorectal cancer screenings. However, in the case of colonoscopy, there is no age limit. The following screening tests are covered by Medicare:
 - **Fecal Occult Blood Test** (done at home) – Covered once per year. You pay no coinsurance and no Part B deductible.
 - **Flexible Sigmoidoscopy** – Covered once every 4 years. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible.
 - **Colonoscopy**
High Risk Individuals - If you are at high risk for colorectal cancer, Medicare covers a colonoscopy or a barium enema every 2 years. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible. (Your risk is greater if you have a history of inflammatory bowel disease, colorectal cancer, or polyps, and if you have a family history of colorectal cancer or polyps, or have certain hereditary syndromes.)

Average Risk Individuals – Beginning July 1, 2001, if you are at average risk (i.e., not at high risk) for colorectal cancer, Medicare will cover a colonoscopy every 10 years. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible. However, if you are at average risk and have had a covered flexible sigmoidoscopy, you must wait 4 years to be eligible for Medicare coverage of a colonoscopy.

- **Barium Enema** – This test can substitute for a flexible sigmoidoscopy or for a colonoscopy. You pay 20 percent of the Medicare approved amount after the yearly Part B deductible.

Steps You Can Take Now To Protect Your Health

- If you are 50 years old and have never been screened, talk to your doctor about having a screening test for colorectal cancer. Discuss the screening options that are right for you. Do not wait for symptoms.
- If you have any of the following symptoms, discuss them with your doctor. Only he or she can determine if cancer or other conditions are causing the symptoms. The symptoms are:
 - Blood in or on the stool,
 - A change in bowel habits,
 - Stools that are narrower than usual,
 - General stomach discomfort,
 - Frequent gas pains, and
 - Unexplained weight loss.
- Visit the Federal Government's *Screen for Life* website at: www.cdc.gov/cancer/ScreenforLife for more information about colorectal cancer screening tests.
- Call the Centers for Disease Control and Prevention's toll-free line at 1-888-842-6355 to order a copy of a helpful fact sheet called **Colorectal Cancer Facts on Screening**. It also can be downloaded from the *Screen for Life* website. The fact sheet can help you decide on which screening test(s) is right for you. It gives important information about colorectal cancer and describes the screening tests. It also includes a chart describing each test with information on the purpose of the test, important things to consider when choosing a test, how often to have the test, the cost, and insurance/Medicare coverage.
- Call the National Cancer Institute's Cancer Information Service on 1-800-4-CANCER (TTY 1-800-332-9615) for more information about colorectal cancer or any other cancer.
- When you visit the doctor, keep the following tips in mind so that you get the most from your visit.
 - Do not feel uncomfortable about asking questions. Bring a list of questions with you, and have it handy when you talk to the doctor.
 - Ask about colorectal cancer screening, even if your doctor does not mention it.
 - If you do not understand everything your doctor tells you, let him or her know.
 - Bring a notepad and write down notes to help you remember important points.
 - Ask your doctor for materials on colorectal cancer and other topics that you can read after you leave the office.