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# Breast and Colorectal Cancer Screening Utilization Among Medicare Beneficiaries

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Screening services have been part of Medicare benefits since coverage for mammograms was introduced in 1988.<sup>1</sup> Since that time, benefits for these types of services have expanded to include screenings for colorectal, cervical, vaginal, and prostate cancers, as well as for cardiovascular disease, diabetes, abdominal aortic aneurysm, and glaucoma. Although these benefits have been available, they have not been used to their full advantage by Medicare beneficiaries.

In August 2008, the Centers for Medicare & Medicaid Services (CMS) launched a 3-year contract, the 9th Scope of Work (9th SOW), that focuses on quality improvement efforts in a variety of health care settings. To ensure that Medicare beneficiaries receive health care that meets nationally accepted standards of care and that health care providers receive assistance in enhancing quality, CMS contracts with Quality Improvement Organizations (QIOs) located in the 50 states, the US Virgin Islands, Puerto Rico, and the District of Columbia. QIOs conduct activities with providers in each of their contracted states/jurisdictions to improve quality of care.

One of the national Themes of the 9th SOW is Prevention. QIOs are working with participating primary care physicians to increase the national rates for breast and colorectal cancer (CRC) screenings

among Medicare beneficiaries. Summaries of current rates for these measures and coverage information follow.

## **Mammography Utilization and Coverage**

Nationally, approximately 30% or more of women over the age of 40 do not receive mammograms within recommended intervals.<sup>2,3</sup> Recent CMS data (2005–2007) show that only 60.7% of eligible beneficiaries aged 52 through 69 had screenings.<sup>2</sup> The American Cancer Society (ACS) reported in 2005 that, while more women aged 50 to 64 received mammograms in a 2-year time frame (71.8%), those in the age groups of 40 to 49 and 65+ are more in line with the CMS percentages (63.5% and 63.8%, respectively). Both CMS and ACS have noted small declines in utilization in recent years.<sup>2,3</sup>

Medicare covers breast cancer screening mammograms annually for all female beneficiaries who are 40 years or older. Medicare also provides coverage for one baseline mammogram for female beneficiaries between the ages of 35 and 39. The service is provided under Medicare Part B. Although there is no Medicare Part B deductible, coinsurance or copayment applies.<sup>4</sup>

## **Colorectal Cancer (CRC) Screening Utilization and Coverage**

In contrast to breast cancer screening, utilization of CRC screening in the United States is increasing. For example, ACS statistics show that rates rose from 42.5% in 2000 to 46.8% in 2005 for adults who are 50 or older.<sup>3</sup> However, both ACS and CMS data confirm that the percentage of persons being screened for CRC is smaller compared with women being screened for breast cancer. Only 49.3% of Medicare beneficiaries who were 50 to 80 years old received CRC screenings within recommended intervals, based on claims reported in 2007. This includes individuals who had either a fecal occult blood test (FOBT), a flexible sigmoidoscopy, a colonoscopy, or a barium enema.<sup>2</sup> American Cancer Society statistics

**Table 1. Cancer Screening Utilization Rates by Race/Ethnicity, 2005**

Breast	
Percentage (%) of Women 40 Years or Older Who Received a Mammogram Within the Past 2 Years	
White (non-Hispanic)	68.1
African American (non-Hispanic)	64.9
Hispanic/Latina	59.6
American Indian/Alaska Native <sup>a</sup>	66.6
Asian <sup>b</sup>	54.2
Colorectal	
Percentage (%) of Adults 50 Years or Older Who Received a Fecal Occult Blood Test (FOBT) or Endoscopy <sup>c</sup>	
White (non-Hispanic)	49.5
African American (non-Hispanic)	40.1
Hispanic/Latina	31.9
American Indian/Alaska Native <sup>a</sup>	34.4
Asian <sup>b</sup>	33.8

<sup>a</sup> Estimates should be interpreted with caution because of small sample size.

<sup>b</sup> Does not include Native Hawaiians or other Pacific Islanders.

<sup>c</sup> Either an FOBT within the past year, a sigmoidoscopy within the past 5 years, or a colonoscopy within the past 10 years.

Source: Adapted from *Cancer Prevention & Early Detection Facts & Figures 2008*<sup>3</sup>

in 2005 show that 41.8% of US adults aged 50 to 64 and 52.7% of those over 65 were up to date with CRC screenings (an FOBT within the past year, a sigmoidoscopy within the past 5 years, or a colonoscopy within the past 10 years).<sup>3</sup>

All Medicare beneficiaries aged 50 and older are covered for CRC screenings under Medicare Part B. However, when an individual is at high risk, there is no minimum age for receiving a screening colonoscopy or a barium enema in place of the screening colonoscopy. Coverage varies depending on the type of screening. Current Medicare coverage includes:

- FOBT—annually
- Flexible sigmoidoscopy—once every 4 years
- Screening colonoscopy—once every 2 years (for beneficiaries at high risk); once every 10 years, but not within 4 years of a

screening sigmoidoscopy (for beneficiaries not at high risk)

- Barium enema—once every 2 years (for beneficiaries at high risk); once every 4 years (for beneficiaries not at high risk)

An annual FOBT is fully covered by Medicare. There is no deductible, coinsurance, or copayment. For all other procedures, the coinsurance or copayment applies, but there is no deductible. (If a CRC screening test becomes diagnostic, the deductible is not waived.) If a flexible sigmoidoscopy or colonoscopy procedure is performed in a hospital outpatient department or if a flexible sigmoidoscopy is performed in an ambulatory surgical center, the beneficiary will pay 25% of the Medicare-approved amount. There are additional specific coverage requirements for each screening test/procedure.<sup>4</sup> Health care provid-

ers can obtain criteria information by going to [www.cms.hhs.gov/MLNProducts/downloads/mps\\_guide\\_web-061305.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/mps_guide_web-061305.pdf) and downloading CMS' *Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals, Second Edition*.

### Utilization Among Minority Populations

Early detection through screening can reduce mortality from breast cancer and CRC. However, as has been noted with other health care services, the percentages of individuals in minority populations screened for breast cancer and CRC are lower than the percentages among individuals identified as non-Hispanic white (Table 1). The ACS reports that cancer screening rates also appear to be low in immigrants who have been in the United States less than 10 years.

A number of financial and structural barriers have been identified that prevent minority patients from obtaining health care services. These can include lack of or inadequate health insurance, poverty, limited education, and cultural factors such as distrust of the health care system.

### Recommendations

Primary care physicians and health care professionals working in their offices have been challenged to increase the number of Medicare patients they refer for breast cancer and CRC screenings. Processes for referrals of eligible patients and tracking to monitor if patients follow through with the referral are key interventions for improving utilization. Educating Medicare

beneficiaries about the need for these life-saving screenings and the benefits that cover these services will encourage patient adherence. See Table 2 for CMS publications that can be downloaded and distributed to patients. **MPM**

**References**

1. Centers for Medicare & Medicaid Services (CMS). Key Milestones in CMS Programs. CMS Web site. www.cms.hhs.gov/History/Downloads/CMSProgramKeyMilestones.pdf. 2007 Accessed November 8, 2008.
2. QIONet Program Progress Reports. *Prevention reports: core measures improvement rates statewide by race – core measures without influenza immunization quarter ending: quarter 1 03/31/2008*. CMS Intranet [secure system]. 2008. Accessed October 21, 2008.
3. Cokkinides V, Bandi P, Seigel R, Ward EM, Thun MJ. Cancer Prevention & Early Detection Facts & Figures 2008. American Cancer Society Web site. www.cancer.org/downloads/STT/CPED\_2008.pdf. Accessed November 12, 2008.
4. Centers for Medicare & Medicaid Services (CMS). *The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers, and Other Health Care Professionals*. 2nd ed. CMS Web site. www.cms.hhs.gov/MLN

**PROVIDER ACTION**

**Impact to You**  
 The need for Medicare beneficiaries to receive their recommended breast and colorectal cancer screening is significant. Forty percent of eligible beneficiaries did not have mammography screening, and 50% did not receive recommended colorectal cancer screening.

**What You Need to Know**  
 Providers must be fully aware of the recommendations for breast and colorectal cancer screening and promote screening. Make sure your patients know that they do not have a Medicare Part B deductible, coinsurance, or copayment for breast and colorectal cancer screening.

**What You Need to Do**  
 Providers need to develop a process within their practices that prompts them during normal office visits to recommend screenings and provide patients with information, including many publications available through CMS.

Products/downloads/mps\_guide\_web-061305.pdf. August 2007. Accessed November 13, 2008.

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**Table 2. CMS Publications About Cancer Screening and Other Preventive Services for Medicare Beneficiaries**

Physicians can order and/or download the following materials from www.medicare.gov by clicking on “Find a Medicare Publication” and searching by Publication ID.

Publication Information	Description
<i>Colorectal Cancer: Basic Facts on Screening</i> Two pages Publication ID 11011	This fact sheet provides an explanation of colorectal cancer and screening options.
<i>Colorectal Cancer Screening Saves Lives</i> Two pages Publication ID 11010	This brochure provides information on the different types of colorectal cancer screening tests, how screening saves lives, who is at high risk, symptoms, and insurance coverage.
<i>Mammograms &amp; Breast Health: An Information Guide for Women</i> 24 pages Publication ID 11117	This booklet explains the mammogram and provides information about breast health.
<i>A Healthier US Starts Here</i> Four pages Publication ID 11308	This brochure provides tips for people with Medicare when talking to their doctors and a checklist to help identify which Medicare preventive benefits are right for them.
<i>Staying Healthy: Medicare’s Preventive Services</i> Four pages Publication ID 11100	This publication was developed in cooperation with the American Cancer Society, American Diabetes Association, and American Heart Association to provide an overview of Medicare’s covered preventive services.
<i>Your Guide to Medicare’s Preventive Services</i> 20 pages Publication ID 10110	This booklet provides descriptions of preventive services covered by Medicare.