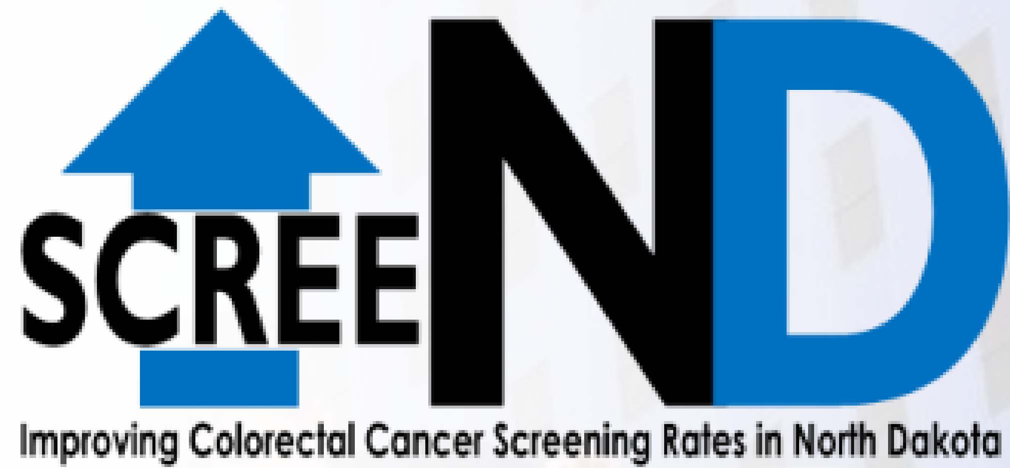

Transforming CRC Screening in Rural and Tribal Communities: Five Years of Measurable Impact in North Dakota

Nikki Medalen, MS, BSN, RN, CPHQ
Jonathan Gardner, CNP
Carolyne Tufte, LPN

NDCCRT Annual Meeting, April 30, 2026

Thank you to our participating clinics and the ScreeND team for your dedication to increase colorectal cancer screening rates in your community.

Judy Beck, RN, MSN
Quality Improvement Program Director

Nikki Medalen, MS, RN, APHN-BC, CPHQ
Quality Improvement Specialist

Jonathan Gardner, CNP
Data Manager

Nathan Brintnell
Programmer/Security Analyst

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Quality Improvement Specialist

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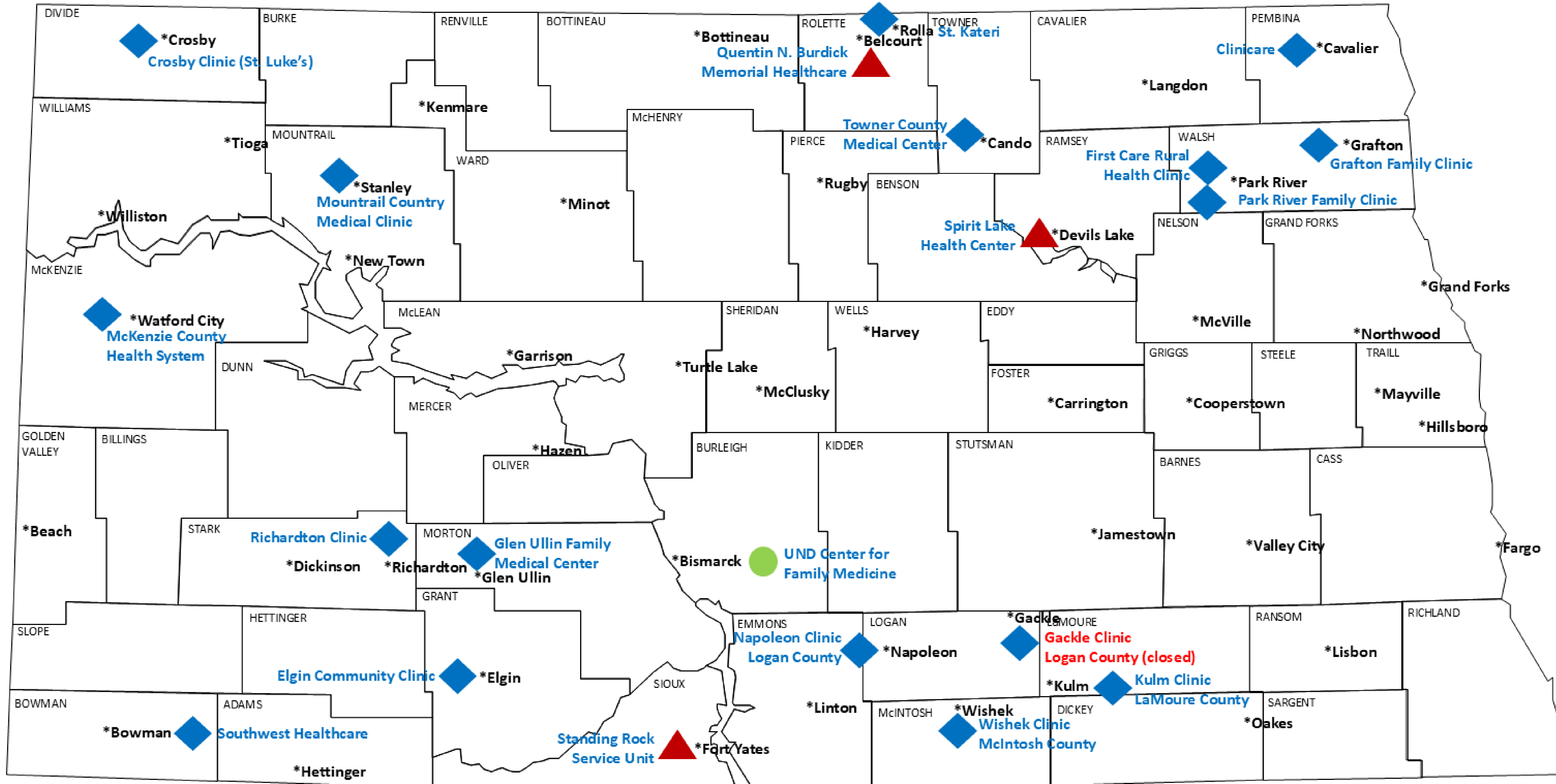
Communications Coordinator

SCREEND | Recruited Clinics



Rural Health Clinics

Tribal Clinics

Primary Care Clinic

21
Clinics

126
Providers/Clinicians

181
Nurses

110
Support Staff

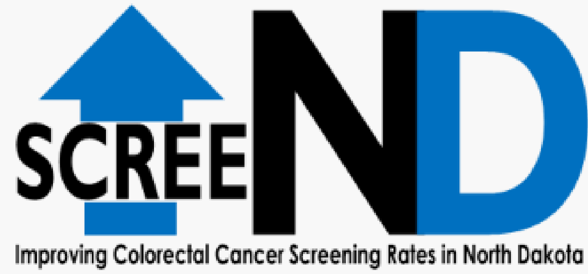
64,115
Patients (95% Rural)

6,168
Estimated Native American Patient Population ages 45-75

Thank you to our subject matter experts and organizations that provided resources, advisors or partnerships.

U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

EXACT SCIENCES



Logic Model

ScreeND Team

Inputs

- Funding
- Staff
- CDC Resources
- Technology
- Partners
- NDCRCSI

Activities

- Recruitment
- Develop Implementation Plan
- Conduct Rapid Action Collaboratives
- Provide Technical Assistance and Coaching Calls
- Implement Medallion Reward Program
- Promote Partner Education Opportunities and Training Materials
- Provide Technical Assistance for EHR Reporting
- Provide Technical Assistance for Chart Review / Validation
- Analyze Data
- Educate on NDCRCSI
- Develop process for colonoscopy referrals when appropriate

Outputs

- Signed Participation Agreements
- Completed Readiness Assessments
- Validated CRC Screening Rates
- Feedback Reports
- NDCRCSI Provider Enrollments

Clinic Outcomes

Short Term (6 months)

- Clinic Champion Identified
- Clinic Staff have awareness of current processes, gaps, and existing interventions
- Clinic selects EBIs to Implement
- Clinic Staff have knowledge and skills for Implementation of EBIs and Supporting Interventions
- Collect and Report EHR Data
- Collect and Report Chart Validation Data

Mid Term (1 to 3 years)

- Implement Evidence Based Interventions
  - Provider Assessment and Feedback
  - Provider Reminders
  - Clinic Reminders
  - Reducing Structural Barriers
- Implement Supporting Interventions
  - Patient Navigation
  - Small Media
- Patients with positive FIT/DNAFit receive follow-up colonoscopy

Long Term (5 years)

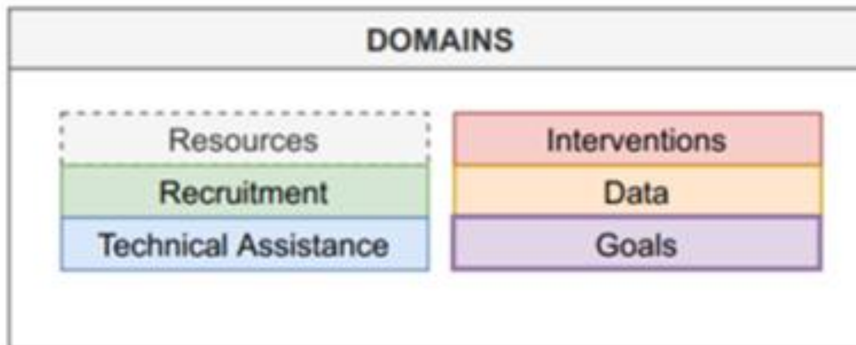
- Clinic CRC Screening Rates Increase from Baseline

Assumptions

- **TIME:** Clinic staff have time to participate in action collaboratives and coaching calls
- **ELECTRONIC HEALTH RECORDS:** Clinics are able to run reports to collect necessary EHR data, or funds to upgrade as needed.
- **LABOR:** Clinic staff are willing and able to perform retrospective chart abstraction for data validation

External Factors

- **COVID-19**
- **COMPETING PRIORITIES**
- **STAFF TURNOVER**
- **ELECTRONIC HEALTH RECORDS**



Evidence-Based and Other Interventions

Evidence-Based Interventions	Supporting and Other Interventions
Provider Assessment and Feedback Evaluation of provider performance with feedback to support quality improvement in cancer screening practices.	**Small Media** Use of images, videos, or printed materials to inform, educate, and motivate people to complete cancer screening.
Provider Reminders Notifications to providers indicating when a client is due for a cancer screening test.	**Patient Navigation** Individualized assistance to help patients overcome barriers and successfully complete screening.
Client / Patient Reminders Letters, phone calls, or electronic messages advising patients that they are due for cancer screening.	**Measuring Practice Progress** Regular collection and review of data to monitor screening performance and improvement over time.
Reducing Structural Barriers Efforts to lower obstacles such as travel, cost, time, or other logistical barriers that limit access to screening.	**Policy Development** Establishment of protocols to ensure that every eligible patient is consistently offered cancer screening.

Data Collection

Monthly Data Collection

Colorectal Cancer Screening Rate

Use a 12-month lookback period ending 2025-06-30.	Numerator	Denominator	Screening Rate
Overall Colorectal Cancer Screening Rate			View equation

Non-invasive colorectal cancer screening tests

Use a one-month lookback period (6-2025).	Tests Distributed (Unique Patients)	Tests Resulted	Positive/Abnormal Results
FIT/FOBT			
Cologuard			
Other Non-invasive Screening			

Screening Colonoscopies

Use a one-month lookback period (6-2025).	Ordered / Referred	Completed / Resulted	Colorectal Cancer Diagnoses
Screening Colonoscopies			
Follow-on Colonoscopies			

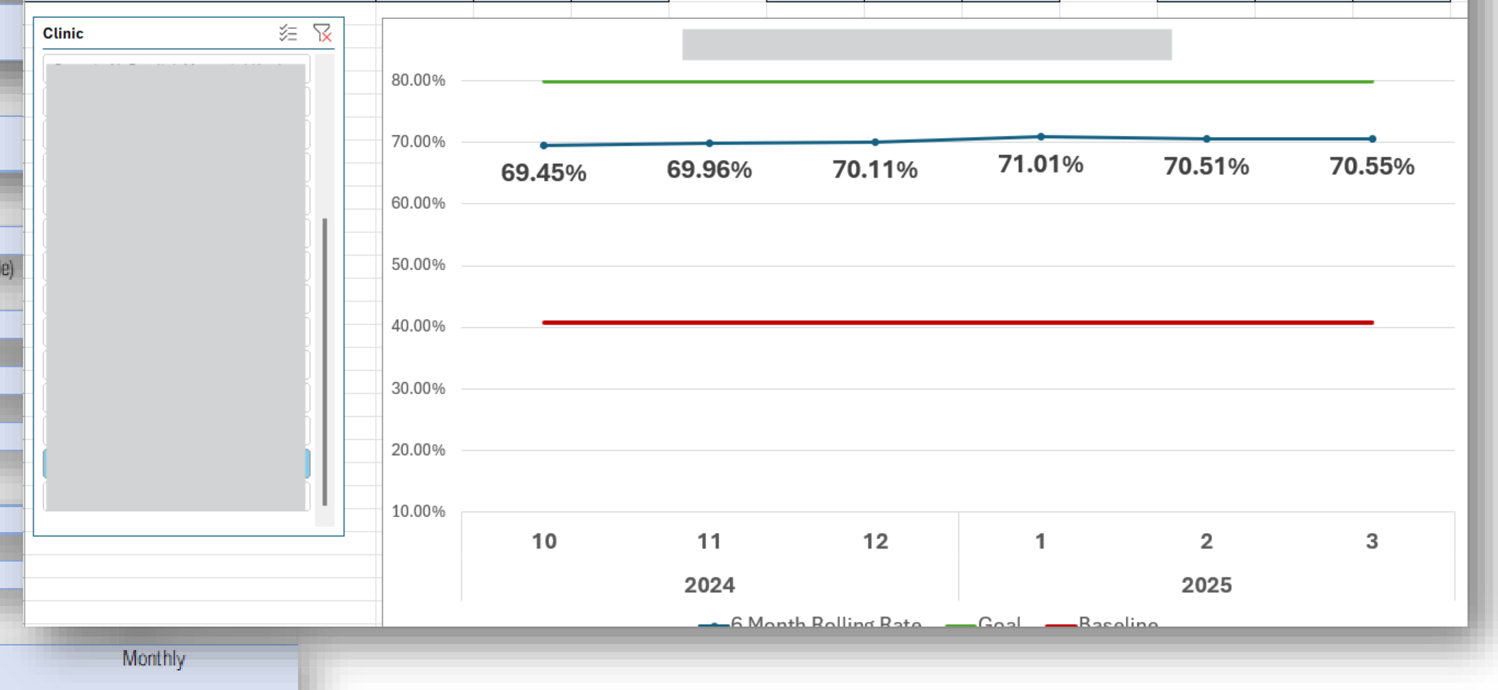
Baseline and Annual Data

- Clinic Population
- Race / Ethnicity
- Insurance Coverage

Internal Quality Control (IQC)

	Cohort	Baseline	Denominator	Min CR	2021	CR	2022	CR	2023	CR	2024	CR	2025	CR		Running Monitoring Rate	Rolling Rate 3 Month	Rolling Rate 6 Month	Rolling Rate 12 Month	Latest Available Rate	Latest Available Period	3M Rolling Relative Improvement	6M Rolling Relative Improvement	12M Rolling Relative Improvement	Goal	% of Goal Reached
		32.25%	2822	100	28.89%	3	27.35%	6	25.05%	21	31.94%	0	37.46%	0		29.36%	35.41%	34.70%	34.32%	37.27%	2025.05	9.80%	7.61%	6.41%	54%	14.53%
		23.76%	2218	100	34.51%	0	27.36%	0	24.16%	0	21.22%	0	18.69%	0		25.73%	19.49%	18.50%	19.69%	19.58%	2025.05	-17.96%	-22.13%	-17.12%	24%	7113.63%
		49.77%	8349	100	53.18%	0	53.42%	0	54.47%	0	59.88%	0	62.16%	0		55.59%	62.41%	62.09%	60.98%	63.15%	2025.04	25.40%	24.75%	22.52%	62%	103.36%
		56.75%	1177	100	56.08%	158	60.68%	0	62.95%	0	65.92%	0	67.26%	0		62.96%	67.34%	67.35%	67.32%	67.92%	2025.05	18.65%	18.68%	18.62%	70%	79.90%
		48.13%	1710	100	51.51%	0	58.19%	0	62.72%	0	65.66%	0	65.34%	0		59.18%	66.23%	65.51%	66.20%	66.55%	2025.05	37.61%	36.12%	37.54%	70%	82.77%
		29.46%	1110	100	28.09%	23	32.91%	0	34.07%	0	32.08%	0	32.96%	0		32.52%	32.81%	33.30%	32.10%	33.27%	2025.02	11.35%	13.04%	8.98%	36%	55.38%
		24.40%	1447	100	18.87%	41	50.07%	117	51.23%	107	57.84%	105	57.80%	0		49.84%	57.66%	57.76%	58.54%	56.83%	2025.05	136.31%	136.72%	139.90%	62%	88.46%
		41.73%	417	41	51.35%	59	62.44%	90	66.46%	0	72.27%	0	73.99%	0		66.11%	74.03%	74.62%	74.62%	71.15%	2025.05	77.39%	78.81%	78.82%	80%	84.39%
		34.38%	32	3	60.33%	32	60.26%	48	66.51%	0	74.87%	0	-	0		65.38%										
		25.81%	155	15	33.96%	60	46.68%	80	50.80%	0	58.30%	0	72.64%	0		53.56%										
		44.85%	136	13	50.95%	60	64.57%	81	68.12%	0	75.04%	0	77.58%	0		69.30%										
		14.56%	529	52	44.71%	0	55.51%	0	64.04%	0	66.63%	0	62.67%	0		58.68%										
		7.10%	324	32	33.64%	0	50.23%	0	56.88%	0	55.58%	0	61.43%	0		52.17%										
		17.65%	187	18	40.83%	0	46.58%	0	56.41%	0	70.18%	0	77.10%	0		56.39%										
		26.93%	375	37	-	0	43.07%	0	43.59%	0	50.61%	0	-	0		45.25%										
		40.74%	2062	30	-	0	60.09%	30	63.99%	118	69.73%	121	71.52%	48		66.82%										
		41.50%	735	30	-	0	60.87%	30	63.68%	119	68.86%	119	70.96%	50		66.31%										
		2.81%	818	30	-	0	23.12%	0	43.70%	19	50.95%	0	69.06%	0		48.40%										
		32.79%	430	30	-	0	-	0	38.53%	42	49.90%	121	60.84%	38		47.23%										
		28.98%	1187	30	-	0	33.31%	0	36.46%	31	42.72%	108	45.42%	29		41.62%										
		30.83%	1064	30	-	0	-	0	35.51%	0	41.04%	21	47.74%	12		42.94%										
Average / Overall		31.20%	27284	1091	36.10%	436	38.16%	482	43.34%	457	44.71%	595	44.32%	177	Overall	52.16%										
			Annual Numerator		26460		40123		46048		61462		27531		Improvement	20.96%										

	3 Month N	3 Month D	3 Month Rate	3 Month RRI	6 Month N	6 Month D	6 Month Rate	6 Month RRI	12 Month N	12 Month D	12 Month Rate
Baseline Rate	840	2062	40.74%								
Screening Rates (50-75)	1739	2411	72.13%	77.06%	3454	4823	71.62%	75.80%	6810	9620	70.79%
Screening Rates (45-49)	134	273	49.08%		271	548	49.45%		547	1120	48.84%
Non-invasive Screening Tests	6	10	60.00%		13	18	72.22%		33	47	70.21%
Non-invasive Screening Tests (45-49)	1	0	-		1	2	50.00%		6	9	66.67%
Screening Colonoscopies	33	32	103.13%		58	64	90.63%		109	143	76.22%
Screening Colonoscopies (45-49)	8	12	66.67%		13	15	86.67%		17	31	54.84%
Follow-on Colonoscopies	0	0	-		0	0	-		1	1	100.00%
Follow-on Colonoscopies (45-49)	0	0	-		0	0	-		0	0	-
FIT Positives	4	6	66.67%		6	13	46.15%		9		-
FIT Positives (45-49)	0	1	0.00%		0	1	0.00%		0		-
Cancer Diagnoses	0				0				1		
iCare Rate (IHS)	0	0	-		0	0	-		0	0	-



	[Recruited Clinics]		50-75 seen by their Primary Care Provider within the reporting period
D.4	D.4 Screening Rate: Calculated clinic colorectal cancer screening rate (EHR or Chart Reviews) [Recruited Clinics]	Clinic-selected quality measure numerator definition OR The number of patients ages 51-75 not overdue for colorectal cancer screening by stool-based test or colonoscopy	Clinic-selected quality measure denominator definition OR the number of em patients ages 50-75 seen by their Primary Care Provider within the reporting
D.5	D.5 Electronic Health Records Tracking CRC Screening Rates (Clinic Data; Technical Assistance)	EHRs Tracking CRC Screening Rates	Unique EHRs for Enrolled Clinics
M.1	M.1 Budget Monitoring (Finance)	Program Year Cumulative Expenditures	Program Year Budget
N.1	N.1 NDCRCSI: Number of enrolled patients with completed tests eligible for NDCRCSI (Clinic Data, Chart Review Data) [Recruited Clinics]	NDCRCSI enrolled patients with completed stool-based tests	All patients with completed stool-based tests
N.2	N.2 NDCRCSI: NDCRCSI enrolled patients with positive/abnormal stool-based tests (Clinic Data, Chart Review Data) [Recruited Clinics]	NDCRCSI enrolled patients with positive/abnormal results	NDCRCSI enrolled patients with completed stool-based tests
N.3	N.3 NDCRCSI: Patients referred through NDCRCSI for follow-up colonoscopies (Clinic Data, Chart Review Data, NDDoH NDCRCSI Data) [NDDoH]	Patients referred through NDCRCSI for follow-up colonoscopies	NDCRCSI enrolled patients with positive/abnormal results
N.4	N.4 NDCRCSI: Patients completing follow-up colonoscopies with NDCRCSI funds (Clinic Data, Chart Review Data, NDDoH NDCRCSI Data) [NDDoH]	Patients completed follow-up colonoscopies through NDCRCSI	Patients referred through NDCRCSI for follow-up colonoscopies
N.5	N.5 Providers Enrolled in NDCRCSI (Recruitment)	Enrolled providers	Recruited Providers
N.6	N.6 NDCRCSI: Patients completing follow-up colonoscopies with NDCRCSI funds (NDDoH NDCRCSI Data) [NDDoH]	Patients completed follow-up colonoscopies through NDCRCSI (Statewide)	Patients referred through NDCRCSI for follow-up colonoscopies (Statewide)
P.1	P.1 Patient Population (Clinic Data; US Census)	Clinic Patient Population 50-75	Estimated North Dakota Population 50-75
R.1	R.1 Clinic Recruitment Efforts (Recruitment; Technical Assistance)	Recruited Clinics	Clinics Targeted for Recruitment (Cumulative)
R.2	R.2 Health System Recruitment Efforts (Recruitment; Technical Assistance)	Recruited Health Systems	Health Systems Targeted for Recruitment (Cumulative)
R.3	R.3 Initial Readiness Assessments Completed (Recruitment)	Completed Initial Readiness Assessments	Recruited Clinics
R.4	R.4 Detail Readiness Assessments Completed (Recruitment)	Completed Detail Readiness Assessments	Recruited Clinics
T.1	T.1 Technical Assistance: Frequency of Technical Assistance (ScreeND Technical Assistance) [QHA]	Number of Technical Assistance events and requests by clinic	Technical Assistance frequency reporting time frame (month)
T.2	T.2a-d Technical Assistance: EBIs Implemented (Recruitment, Clinic Data) [QHA]	Clinics implementing each EBI	Recruited Clinics
T.3	T.3 Technical Assistance: Multiple EBIs Implemented (Recruitment, Clinic Data) [QHA]	Clinics implementing 2 or more EBIs	Recruited Clinics
T.4	T.4a-b Technical Assistance: Supporting Interventions (Recruitment, Clinic Data) [QHA]	Clinics implementing each Supporting Intervention	Recruited Clinics
T.5	T.5 Formal Evaluation Metrics: Participant-provided technical assistance evaluation scores (Formal Evaluation Surveys) [QHA]	Mean formal evaluation scores across participants	Maximum formal evaluation score
T.6	T.6 Informal Evaluation Metrics: Participant-provided technical assistance evaluation scores (Informal Evaluation Surveys) [QHA]	Mean informal evaluation scores across participants	Maximum informal evaluation score	Monthly

Impactful Tools Created

- https://screend.org
- **Missed Opportunity Reports** – Supporting performance improvement through actionable insights.
- **Provider Assessment & Feedback Tools** – Helping clinicians reflect, improve, and grow.
- **Patient Education Materials** – Evidence-based, accessible resources tailored to different needs.
- **Customizable Templates & Toolkits** – Adaptable assets for diverse settings.

DON'T WAIT. TRUST YOUR GUT!

SCREEND

Colorectal cancer is often a silent disease. Usually, there are no symptoms. That's why getting screened is so important. It can help prevent colorectal cancer – or catch it early when it is easiest to treat.

Most people should begin screening at age 45.

First District Health Unit

STAYING AHEAD OF THE CURVE ...

What You Should Know About Colorectal Cancer

You can reduce your risk of colorectal cancer with routine screenings beginning at age 45.

Colorectal Cancer is often a silent disease. Usually, there are no symptoms. That is why getting screened is so important.

Removing polyps (growths) found in early screening reduces the risk of colorectal cancer and saves lives.

Colorectal Cancer is the ... 2ND MOST DIAGNOSED CANCER AND LEADING CAUSE OF CANCER-RELATED DEATHS (among cancers that affect both men and women) In North Dakota.

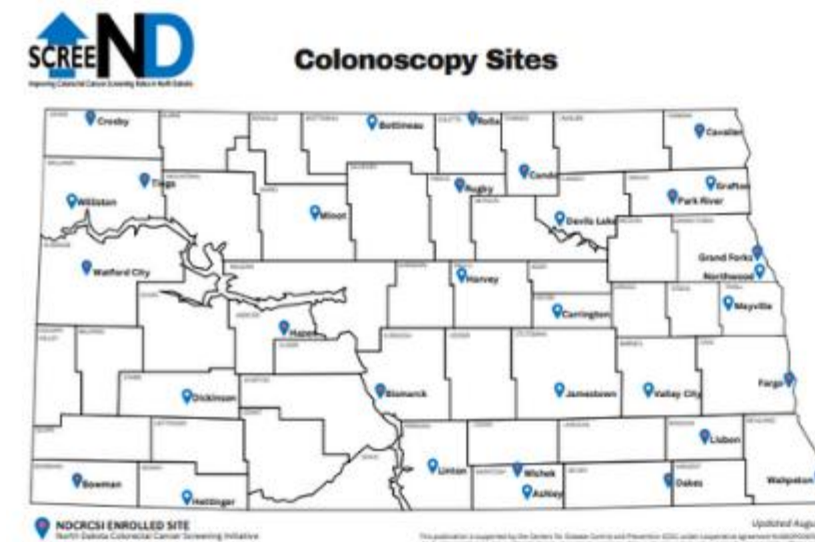
1 in 23 Lifetime risk of colorectal cancer for men

1 in 26 Lifetime risk of colorectal cancer for women

370 Estimated new cases of colorectal cancer this year

110 People will die from colorectal cancer this year

	Colonoscopy (Visual Exam)	Multi Stool DNA Test (Cologuard)
How is the test done?	The doctor uses a scope to look for and remove polyps (growths) in the colon/rectum	The lab looks for abnormal DNA and blood in the stool sample
Who should be screened?	Adults at high or average risk	Adults 45+ at average risk
How often do I need it?	Every 10 Years (Adults at high risk may need more frequent testing as recommended by their healthcare provider)	Every 3 years
Is it invasive?	Yes	No, used at home
Do I have to do any prep?	Yes, full bowel prep including fasting and laxatives	No
How long will it take?	1-2 days for bowel prep and procedure	The time it takes to collect a sample
Will my test be covered?	Covered by most insurance	Covered by most insurance
What if I have a positive result?	Polyps (growths) removed and examined	Follow-up colonoscopy



AVOID THE FLU + PREVENT COLORECTAL CANCER

SCHEDULE YOUR FLU SHOT & YOUR SCREENING

What's Covered?

Listed are the most common forms of insurance. Find the one that applies to you to see what is covered.

Private Insurance – Affordable Care Act (ACA) Plans, also known as "Metallic" plans. Most HSA plans are also in this category. All screening types and follow up 100% covered. See plan documentation regarding surveillance or diagnostic colonoscopy.

Private Insurance – Non-ACA Plans, also known as "grandfathered" plans. Coverage of services by each individual or group insurance plan may differ. See your specific plan documentation or call the number on the back of the insurance card to verify coverage.

NDPERS PPO/Basic Grandfathered Health Plan by Sanford Health Plan – FIT Test 100% Covered. $200 benefit towards screening once per benefit year. See your specific plan documentation or call the number on the back of the insurance card to verify coverage.

North Dakota Medicaid and Medicaid Expansion Medicaid beneficiaries may be subject to Client Shared – All screening types and services 100% covered.

Medicare Part B Medicare – Advantage plans may require Advance Notice or pre-authorization. All screening types and follow up 100% covered. For Preventative Diagnostic Colonoscopies: 85% through 2026 90% through 2029 then 100% from 2030. See your plan for more information.

Uninsured – North Dakota Colorectal Cancer Screening Initiative (NDCRCSI) is serving uninsured and underinsured at participating clinics. If you qualify, all screening types and services are 100% covered.

12:00

NOTIFICATION

Spirit Lake Health Center is now offering COLOGUARD SCREENINGS!

Talk to your health care provider about your screening options!

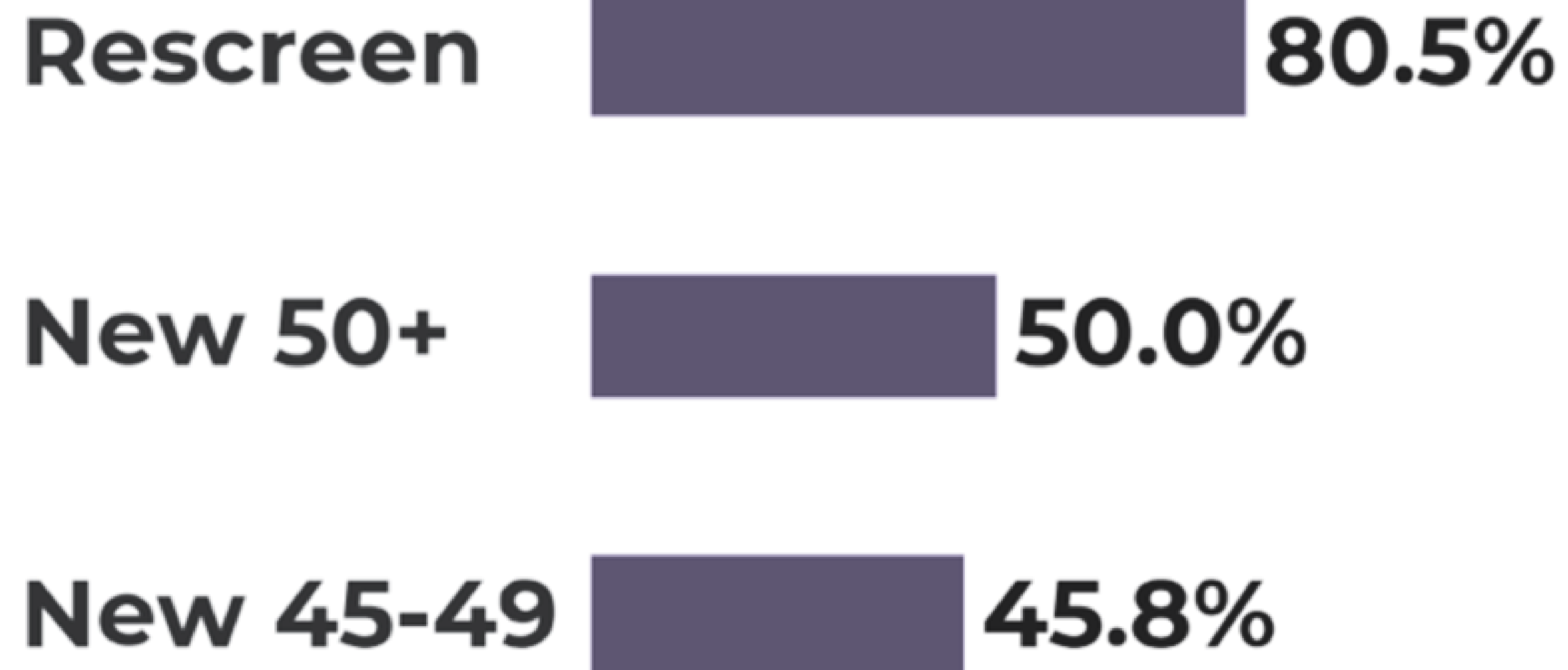
(701)766-1600

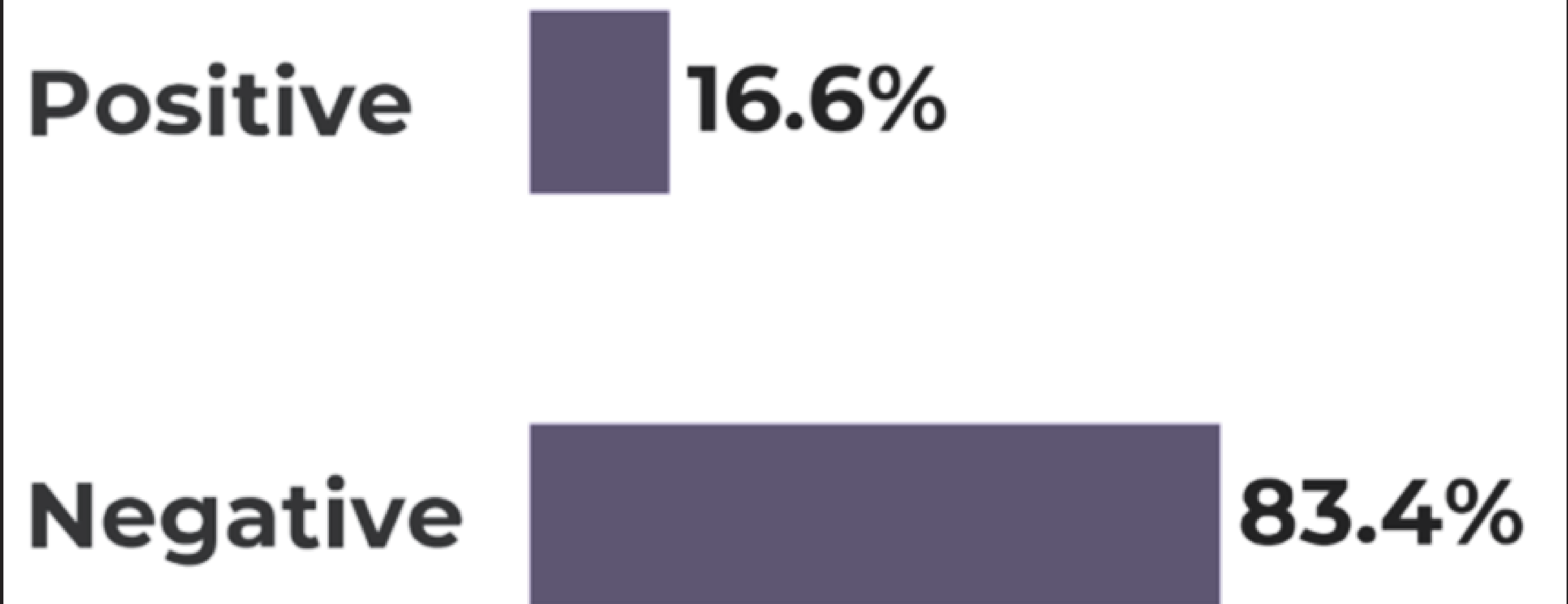
At-Home Screening Test · Fast & Painless · Affordable

Spirit Lake Health Center (701) 766-1600

Cologuard ScreeND Usage Report: Aggregate of All ScreeND Clinics

Report timeframe: May 2023 to April 2025





Provider Assessment and Feedback

"We talk about screening all day long and we all think we are screening at a very high percentage, but you don't actually know what happens when the patient walks out of the exam room until you look at the data."
Dr. Jeffrey Hostetter, Center for Family Medicine

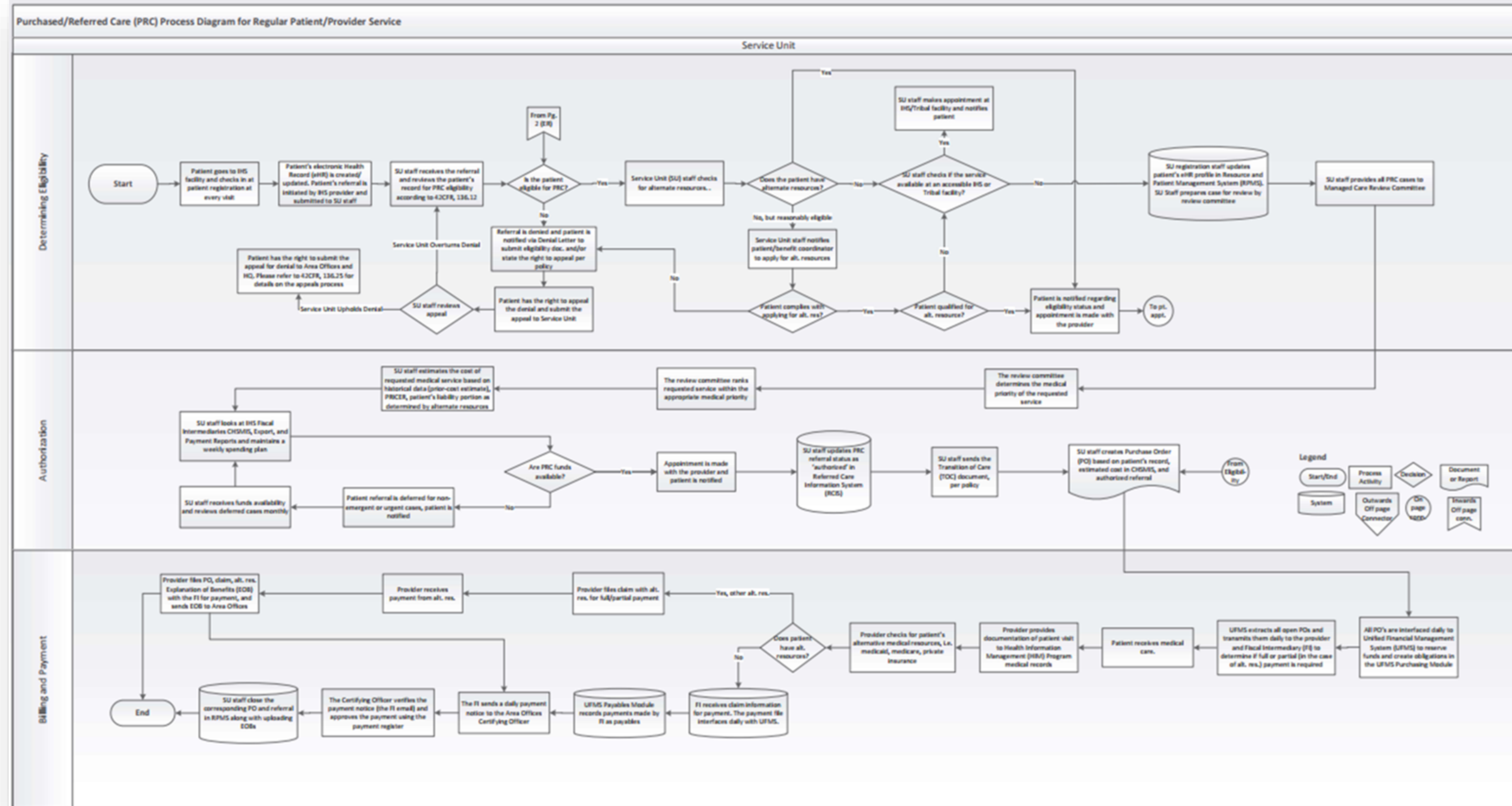
Impact of Provider Assessment and Feedback Based on review of 11 studies for Community Guide for Preventive Services	
Cancer Screening Type	Percentage point change
Breast cancer screening	3-28 percentage points
Cervical Cancer Screening	4-46 percentage points
Colorectal Cancer Screening	13-45 percentage points

What do you do with the data?

- Share strategies for making the recommendation
- Request records
- Clean-up charts
- Reconcile data from multiple sources

Provider Assessment for CRC Screening					
Clinic 1					
Providers	# of Patient's due for CRC screening	# of Patient's Screened for CRC	Total Number of Patient's Ages 45 to 75	% of Patient's Due	% of Patient's Screened
Dr. Smith	96	114	210	46%	54%
Dr. Schatteles	68	192	260	26%	74%
Uno, NP	110	98	208	53%	47%
Johnson, NP	14	6	20	70%	30%
Buckmier, NP	61	115	176	35%	65%
Azure, NP	128	31	159	81%	19%
Ystaas, NP	71	201	278	26%	72%
No PCP	31	15	46	67%	33%
Total	579	772	1357	43%	57%

Challenge, Breakthrough, and Impact



- Access Challenge
  - IHS patients lacked access to mts-DNA due to insurance limitations, creating inequitable colorectal cancer screening.
- Strategic Breakthrough
  - A new Purchased Referred Care (PRC) billing pathway enabled cost-free Cologuard ordering integrated into clinical workflows, reducing administrative burden. (Live 2/24/2026)
- Nationwide Impact
  - The initiative expanded equitable colorectal screening access across all IHS facilities, supporting early detection and prevention.

EXACT SCIENCES is now ABBOTT

Health Care Professionals' Perceptions of the Barriers to CRC Screening for Rural, Frontier and Native American Populations in North Dakota

Health Systems Needs Assessment

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SCREEND | IMPROVING COLORECTAL CANCER SCREENING RATES IN NORTH DAKOTA

March 2024

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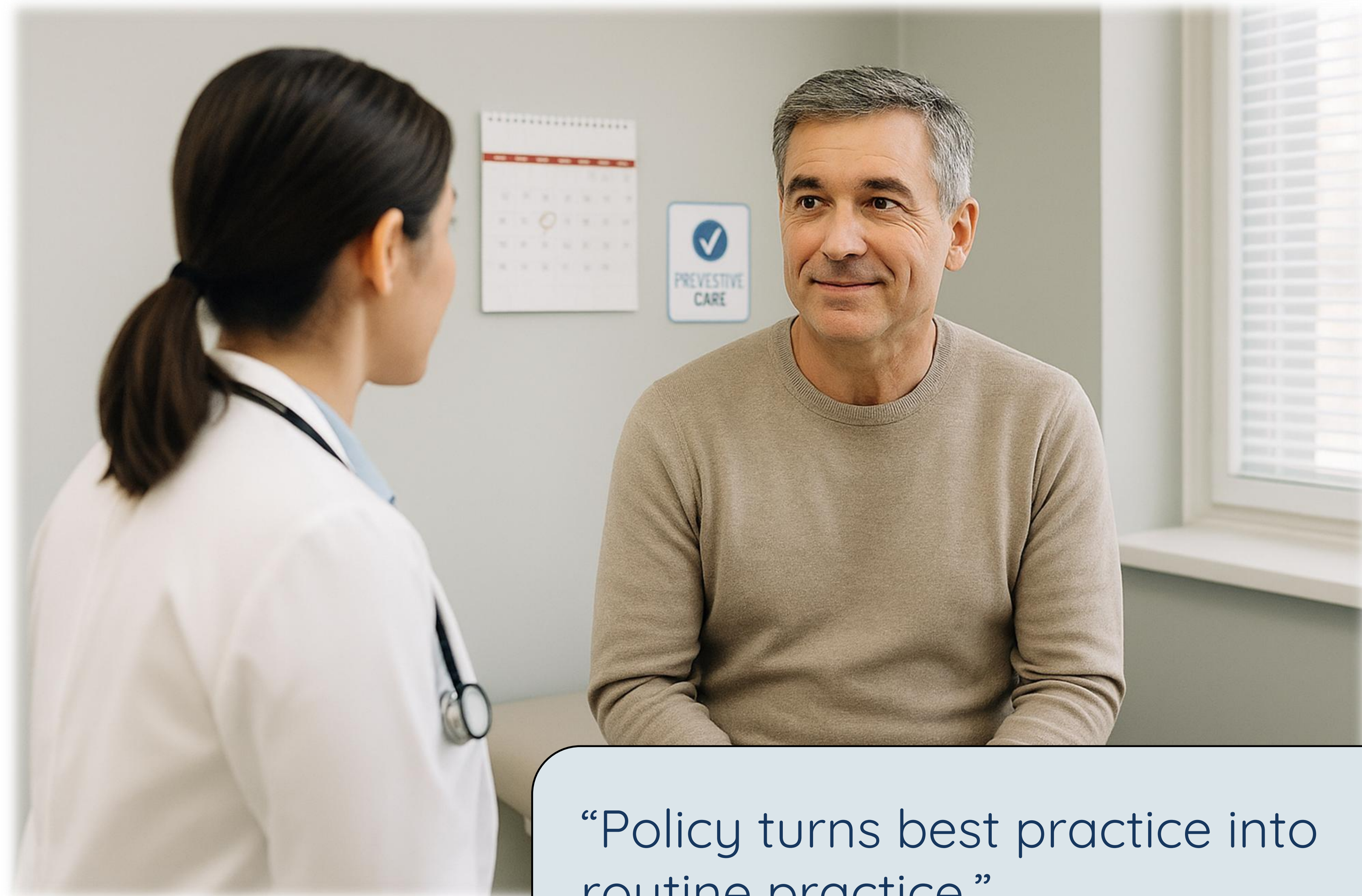
Key Informant Interviews were held between October 2023 and January 2024 in twelve health centers representing 21 clinics participating in the ScreeND Program: one urban, eight rural and three tribal. These were held face-to-face and interviewers from QHA took notes for data analysis. An external partner located in North Dakota, with more than a decade of experience in community-based participatory research and evaluation, completed the thematic analysis.

Recommendations:

1. **Education & Resources:** Develop patient education materials and financial guidance.
2. **Targeted Outreach:** Focus on patients aged 45-55 and promote wellness visits.
3. **Community Events:** Host events with follow-up procedures.
4. **Data Collection:** Train clinics on meaningful data collection and EHR usage.
5. **Promote Cologuard:** Improve workflow and reimbursement for Cologuard.

Making Colorectal Screening Happen: The Role of Clinic Policy



"Policy turns best practice into routine practice."
- Paul Cairney

- ✓ Creates Consistency
- ✓ Reduces Messed Opportunities
- ✓ Supports Sustainability
- ✓ Improve Equity
- ✓ Strengthens Data Accuracy
- ✓ Drives Higher Screening Rates
- ✓ Enables Team-based Care

Missed Opportunity Report: Turning Data into Action

	MRN	Patient	PCP	# of Visits	Visit Type	Encounter Provider	Payor	Notes
1	189649		Dr. Larson	2	Office Visit	Peterson	BCBS	Patient scheduled for 2/1
2	257557		Dr. Larson	2	Nursing Home	Smith	Medicare	Had visit on 11/2/22 to discuss CRC Screening
3	240199		Dr. Larson	1	Office Visit	Olson	BCBS	
4	350812		Dr. Larson	2	fice Visit & Ann. Exa	Benson	Medicare	Was scheduled 11/1/22, got Covid, doing Cologuard in AZ now
5	358190		Dr. Larson	1	Pre-Op	Peterson	Medicare	
6	405293		Dr. Larson	2	DOT & Office Visit	Smith	Sanford	
7	408194		Dr. Larson	1	Pre-Op	Smith	BCBS	Patient scheduled for 2/16
8	438262		Dr. Larson	1	Office Visit	Peterson	Medicaid	
9	467301		Dr. Larson	1	Diabetes	Olson	Medicaid	
10	677616		Dr. Larson	1	Diabetes	Benson	BCBS	
11	1022315		Dr. Larson	1	Office Visit	Smith	BCBS	Will do next year when on Medicare
12	1064547		Dr. Larson	2	ed Refill & Office Vi	Benson	Medicare	
13	1087837		Dr. Larson	1	Office Visit	Olson	Medicaid	Discussed Cologuard - pt indecisive
14	1088613		Dr. Larson	2	fice Visit & Med Ref	Beach	Sanford	
15	1143948		Dr. Larson	1	Office Visit		Medicare	

Highlights:

✓ Flexible review window (weekly/monthly/etc)

✓ Provider-specific trends highlight workflow gaps

✓ Review: # visits, PCP vs. encounter provider, payor, notes

- Reveals care gaps that may not be addressed for another year
- 15 opportunities for colon cancer screening; 9 missed opportunities

Individual responsibility

Team-based care

Removing Barriers: Talking to Insurance About Screening

Financial Barriers to Screening

- Patients reported **confusion about insurance language**
- Common terms like *copay, deductible, coinsurance* are rarely explained
- Fear of unexpected bills delays or prevents screening

Our Solution

- A **simple conversation guide** for insurance calls
- Uses **plain language** and **key questions**
- Helps patients understand **coverage and out-of-pocket costs**
- Designed for **real-world use**, not insurance experts

Conversation with your Insurance Provider

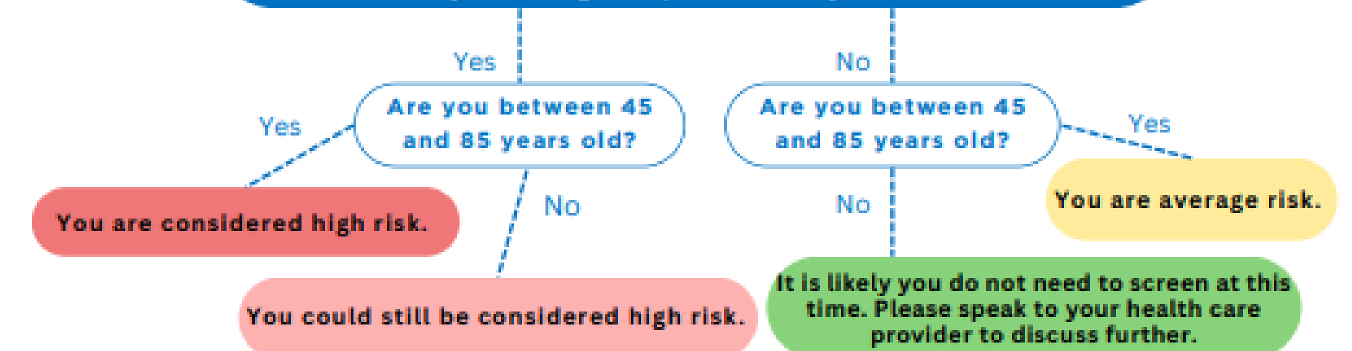
UNDERSTAND YOUR COVERAGE AND GET YOUR QUESTIONS ABOUT COLORECTAL SCREENING ANSWERED!

Step 1 - Prepare

Things to remember before calling your insurance company:

- You are the subscriber to your insurance plan.
- You are calling to verify your benefit coverage.
- You might have to select several prompts before getting connected to a representative.

Step 2 - Identify your risk



Average Risk

- "Hello, I'm calling because I am interested in being screened for colon cancer. Can you please tell me if my plan covers this?"
- "I'm concerned that I will receive a bill for these tests, is there a percentage I should expect to pay out of my own pocket?

High or potentially high risk

- "Hello, I'm calling because I am interested in being screened for colon cancer. Can you please tell me if my plan covers this?"
- "I think I am high risk for colon cancer because [state reason(s) why]. Is there anything my provider or I need to do to ensure a colonoscopy is covered?
- "I'm concerned that I will receive a bill for these tests. Is there a percentage I should expect to pay out of pocket?

Step 3 - Call

Find your insurance card and call the number on the back.

If your insurance coverage indicates you might receive a bill you feel you cannot afford, call NDCRCSI at (833) 220-2981

This publication is supported by the Centers for Disease Control and Prevention (CDC) under cooperative agreement NU58DP006762 awarded to Quality Health Associates of North Dakota. It contents are those of the author(s) and do not necessarily represent the official views of CDC.

What's Covered Document

- **Quick reference tool** for summarizing colorectal cancer screening coverage across the most common insurance plans in North Dakota
- **Clarifies cost-sharing** for FIT, Cologuard®, and colonoscopies
- **Supports clinician-patient conversations** by reducing confusion about coverage and billing
- Designed to **reduce financial barriers** to care

What's Covered? *Demystifying Cost-Sharing for Colorectal Cancer Screening* (January 2024)

Routine Screening Tests	FIT or iFOBT	FIT-DNA or mt-sDNA (Cologuard®)	Screening Colonoscopy	Follow-on Colonoscopy	Preventive Diagnostic Colonoscopy	Surveillance or Diagnostic Colonoscopy
			Screening procedure with no diagnosis or tissue removal		Screening or Follow-on procedure with diagnosis or tissue removal	
Screening Interval	1 Year	3 Years	10 Years			2 Years[a]
Private Insurance Affordable Care Act (ACA) Plans, also known as "Metallic" plans. Most HSA plans are also in this category.	100%	100%	100%	100% Modifier [c] 33	100%	See plan documentation [b]
Private Insurance Non-ACA Plans, also known as "grandfathered" plans.	See plan documentation [b]					
NDPERS PPO/Basic Grandfathered Health Plan by Sanford Health Plan	100%	$200 benefit towards screening once per benefit year. See plan documentation [b]			See plan documentation [b]	
North Dakota Medicaid and Medicaid Expansion Medicaid beneficiaries may be subject to Client Share[d]	100%	100%	100%	100%	100%	100%
Medicare Part B **Medicare Advantage** plans may require Advance Notice or Preauthorization. [e]	100%	100%	100%	100% Modifier [c] **KX**	85% through 2026 90% through 2029 then 100% from 2030 Modifier [c] **PT**	100%
North Dakota Colorectal Cancer Screening Initiative (NDCRCSI) Serving uninsured and underinsured at participating clinics.	100%	100%	100%	100%	100%	100%

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[a] *Medicare Part B and Medicaid covers a colonoscopy every 24 months for above-average risk factors. Other insurance plans may differ.*
[b] *Coverage of services by each individual or group insurance plan may differ. See the specific plan documentation or call the number on the back of the insurance card to verify coverage.*
[c] *CPT® and HCPCS code billing modifiers must be used with these plans to guarantee coverage of certain preventive services. See the following page for additional information.*
[d] *Medicaid beneficiaries may be subject to Client Share (Recipient Liability). See the Fact Sheet (https://www.hhs.nd.gov/sites/www/files/documents/DHS%20Legacy/fact-sheet-medicaid-recipient-liability.pdf) for details.*
[e] *Refer to the United Health Care Provider Administrative Guides (https://www.uhcprovider.com/en/admin-guides.html) for Advance Notice or Preauthorization requirements.*

Quality Health Associates of North Dakota ▪ 41 36th Avenue NW ▪ Minot, ND 58703 ▪ www.qualityhealthnd.org

North Dakota Colonoscopy Locator

Developed in collaboration with ND Colorectal Cancer Roundtable

First, search for an Origin City and select it below.

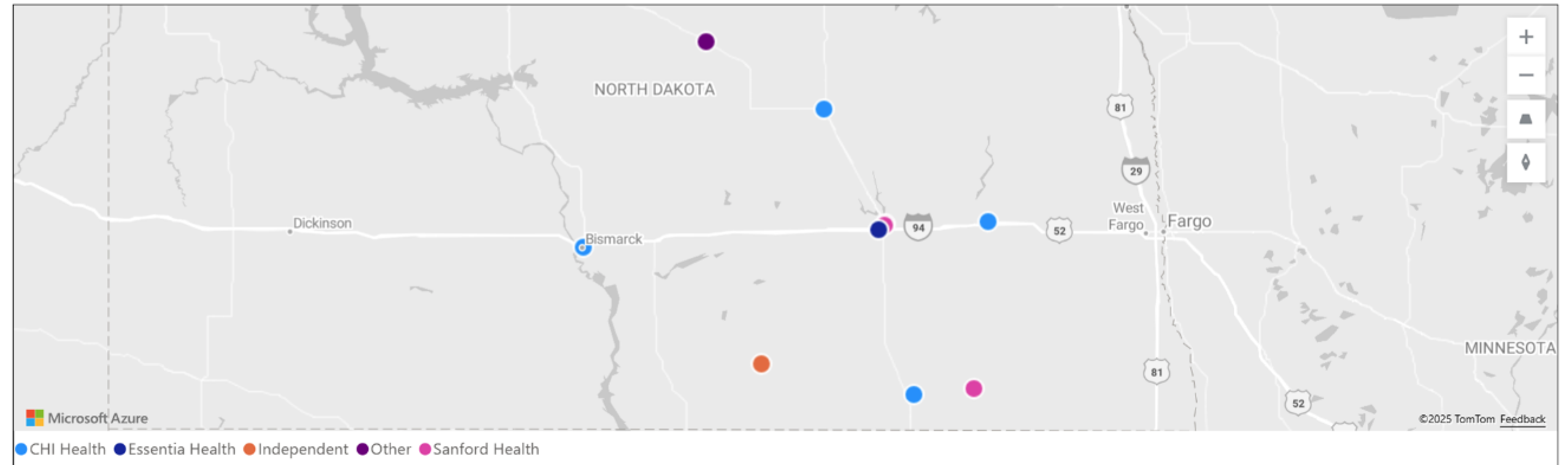
Buchanan

Then, click here to see the map.

Search Results

◉ Buchanan, North Dakota

- Housed on ND Cancer Coalition Website
- Search colonoscopy sites across North Dakota
- Find colonoscopy nearest the patient
- FREE to use by providers or patients
- Helps to drive revenue to smaller CAH Facilities for screening
- Helps Reserve capacity at tertiary facilities for follow-on colonoscopies and diagnostics
- Went live January 2025 - 6 tertiary facilities that had 1 ½-2 year waiting times; now those same 6 list “6 months or more”



Distance (mi)	Colonoscopy Site Name	Screening Wait Time	Diagnostic Wait Time	Scheduling Phone	Referral Fax	Physical Location	Programs	Last Updated
13	Sanford Health 2nd Avenue Clinic					300 2nd Ave NE, Jamestown, ND 58401	NDCRCSI	
14	Sanford Health Jamestown Clinic					904 5th Ave NE, Jamestown, ND 58401	NDCRCSI	
15	Essentia Health Jamestown Clinic	Two to Three (2-3) Weeks	Two to Three (2-3) Weeks	(701) 253-5300	(701) 253-5402	2430 20th Street SW, Jamestown, ND 58401	None	9/11/2025 8:57:59 AM
31	CHI Carrington Health Center	Two to Three (2-3) Weeks	Two to Three (2-3) Weeks	(701) 652-7140	(701) 652-7024	800 4th Street North, Carrington, ND 58421	None	5/21/2025 7:49:00 AM
51	CHI Mercy Health	One to Two (1-2) Months	One to Two (1-2) Months	(701) 845-6522	(701) 845-6520	570 Chautauqua Boulevard, Valley City, ND 58072	None	9/29/2025 12:58:42 PM
75	CHI Oakes Hospital	Two to Three (2-3) Weeks	One (1) Week	(701) 742-3614	(701) 742-3860	1200 North 7th Street, Oakes, ND 58474	NDCRCSI	9/26/2025 8:40:11 AM
85	SMP Health - St Aloisius	Two to Three (2-3) Weeks	Two to Three (2-3) Weeks	(701) 324-5131	(701) 324-5126	325 Brewster Street East, Harvey, ND 58341	NDCRCSI	7/14/2025 9:24:55 AM
87	CHI St Alexius Health	One (1) Week	One (1) Week	(701) 662-9711		1031 7th Street Northeast, Devils Lake, ND 58301	None	9/10/2025 2:48:03 PM
91	Oakes Family Medicine Sanford Clinic	One to Two (1-2) Months	One to Two (1-2) Months	(701) 742-3267	(701) 742-3201	420 7th Street South, Oakes, ND 58474	NDCRCSI	4/25/2025 8:25:36 AM
94	South Central Health Wishek	Two to Three (2-3) Weeks	Two to Three (2-3) Weeks	(701) 452-2326	(701) 452-3113	1007 4th Avenue South, Wishek, ND 58495	NDCRCSI	8/11/2025 8:18:51 AM
113	CHI St Alexius Health	One (1) Week	One (1) Week	(701) 530-7000		900 East Broadway Avenue, Bismarck, ND 58501	None	9/4/2025 9:01:07 AM

https://www.ndcancercoalition.org/crcmap

Screening Rate Improvement

Baseline Latest Rate

90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

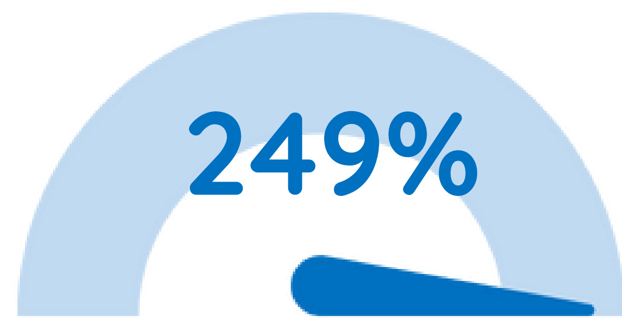
67.29% 33.30% 44.33% 61.06% 18.50% 62.09% 65.36% 74.83% 70.59% 74.62% 63.88% 61.74% 70.11% 67.89% 70.84% 70.51% 33.58% 57.95% 78.79% 50.58% 43.53%

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

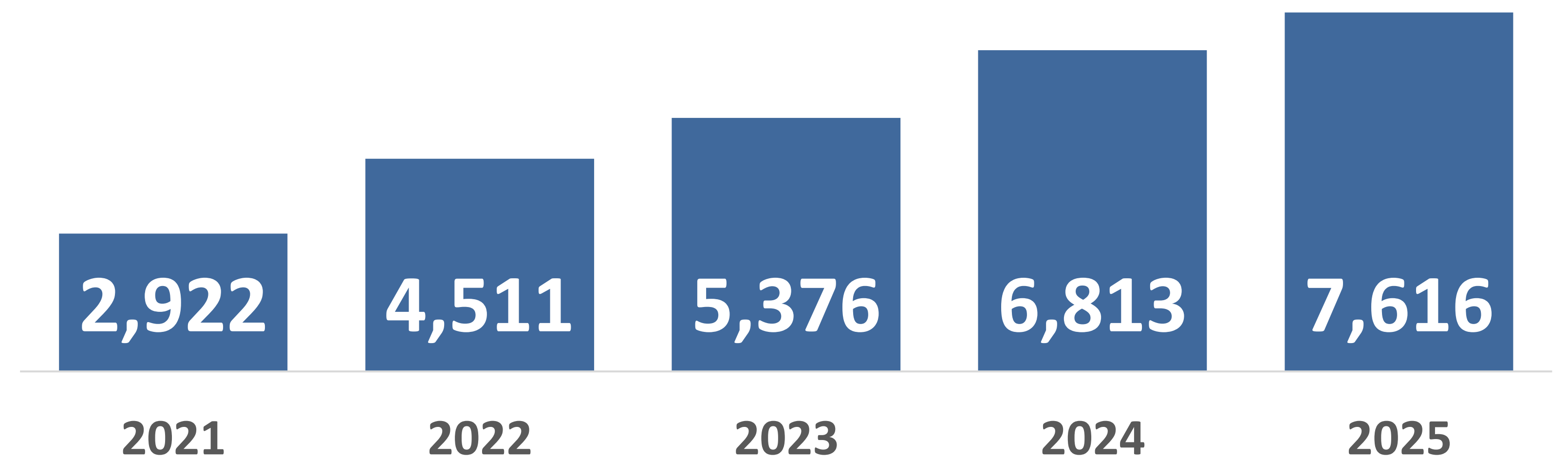
Clinic

Percentage Points

Average Improvement



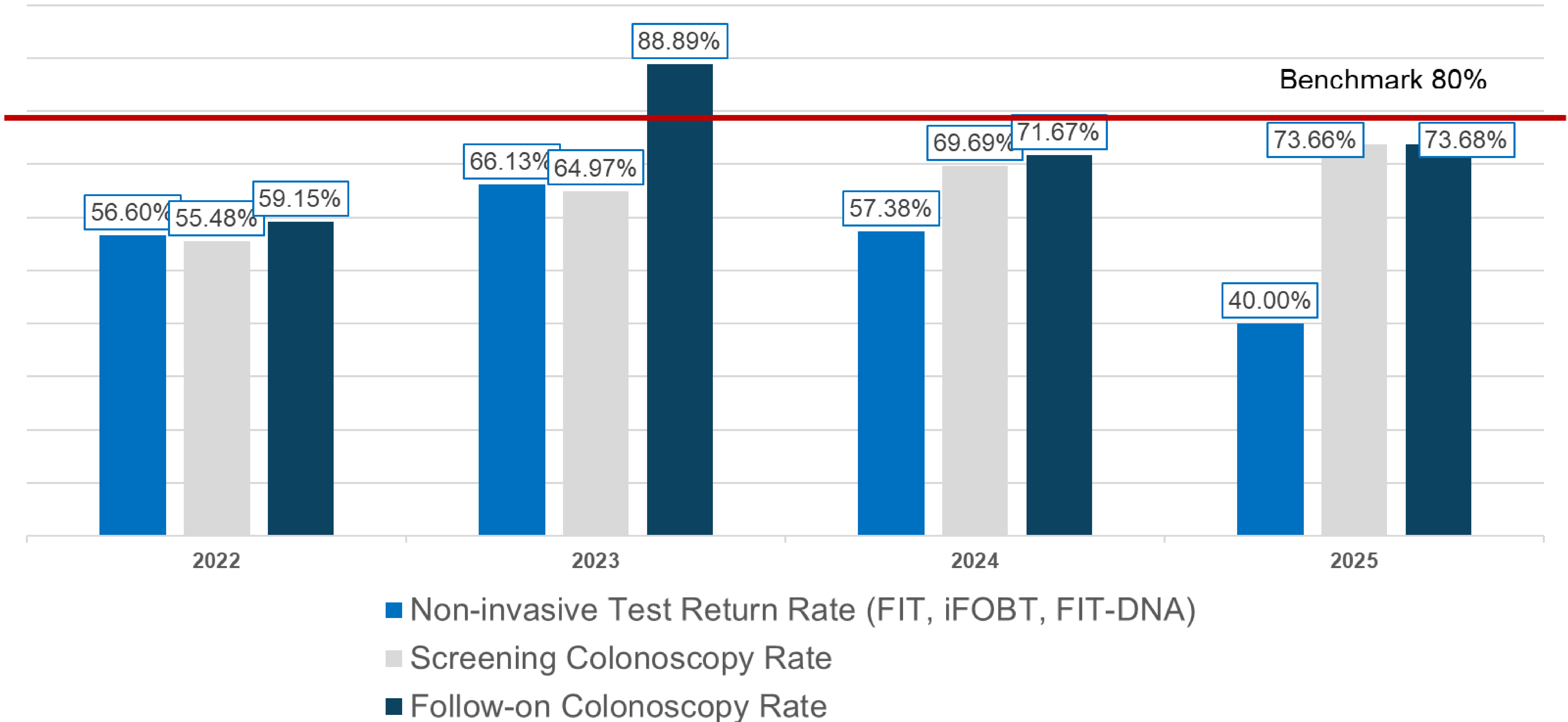
Overall Relative Improvement



Additional People Screened per Year

Completion Rates

In late 2024 and into 2025, several clinics launched 'Care Gap Projects,' ordering Cologuard for patients due for CRC screening, even without recent visits. Completion rates were lower than those screened during routine appointments.



Milestone Achievements

Level	Milestones
Copper	☐ Signed commitment letter ☐ Form multidisciplinary innovation team ☐ Completed Clinic Readiness Assessment ☐ Completed introductory meeting ☐ Submitted Action Plan and set goal for year 1 ☐ Submitted baseline data
Bronze	☐ Data submission is current. ☐ Initiated two (2) evidence-based interventions defined in Action Plan ☐ Submit current clinic policy for CRC Screening
Silver	☐ Team members participate in scheduled coaching calls and rapid action collaborative ☐ Implement at least 2 evidence-based interventions specific to improving CRC screening rates ☐ Achieve 1st year goal for improving CRC Screening rate ☐ Share SCREEND performance with Clinic Board or Leadership
Gold	☐ Annual review and update of Action Plan ☐ Submit at least one success story or lesson learned related to the interventions selected. ☐ Achieve 2nd year goal for improving CRC Screening rate ☐ Distribute clinician level data to medical staff
Platinum	☐ Achieve 3rd year goal for improving CRC Screening rate. ☐ Using EHR to fullest potential to sustain EBIs such as flagging for follow-up, tracking screening results, pulling reports, generating and sending reminders to both providers and patients.

$97,000 awarded to clinics!

Lessons Learned

The Rapid Action Collaborative provided foundational content, though the webinar format posed challenges for clinic staff engagement.

A formal CRC screening policy is vital for consistent and sustainable practices—it establishes a standard approach. Implementing standing orders for nurses to initiate stool tests for average-risk patients further strengthened screening efforts.

Offering stool tests in addition to colonoscopy increases screening rates. “The best test is the one that gets done.”

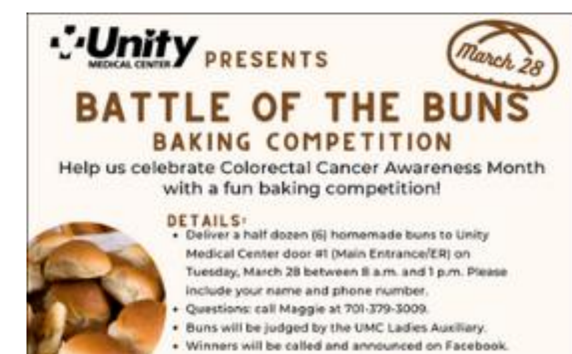
Identifying missed screening opportunities—such as specific visit types, payor sources, and whether patients saw their designated PCP—is essential.

CRC screening rates can improve up to 60% through opportunistic approaches, but achieving higher rates requires intentional, sustained effort.

A 12-month lookback yielded a more accurate screening rate than monthly reporting, as it captured screenings completed after the initial visit.

Initially, clinics reported effective implementation of the interventions; however, at the one-year self-assessment, they rated their performance lower, reflecting a deeper understanding of the associated responsibilities.

Social Media, Marketing, Messaging & Awareness



Millions of Memories

NCCRT National Achievement Award: Quality Health Associates of North Dakota

CONGRATULATIONS

TO THE 2026 ACS NCCRT NATIONAL ACHIEVEMENT AWARDEES

GRAND PRIZE:

Quality Health Associates of North Dakota

HONOREES:

BRAVE-CRC at the University of Texas MD Anderson Cancer Center

Fred Hutch/UW Medicine Population Health CRC Screening Program

MNGI Digestive Health

Thank-you!

It has been an privilege to work on this project, and an honor to share it with you.

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Quality Health Associates of North Dakota
has joined Mountain Pacific Quality Health Foundation