

Colorectal Cancer Screening

Measure Basic Information

Name and date of specifications used:

HEDIS® 2016 Technical Specifications for Health Plans (Volume 2).

URL of Specifications: N/A

Measure Type:

HEDIS ☒ PQI ☐ Survey ☐ Other ☐ Specify:

Measure Utility:

CCO Incentive ☒ Core Performance ☐ CMS Adult Set ☐ CHIP Set ☐ State Performance ☒
Other ☐ Specify:

Data Source: MMIS/DSSURS, medical records

Measurement Period: January 1, 2016 – December 31, 2016

2013 Benchmark: N/A improvement target only

2014 Benchmark: 47%, Metrics & Scoring Committee consensus.

2015 Benchmark: 47%, Metrics & Scoring Committee consensus.

2016 Benchmark: TBD, pending Committee discussion in Oct 2015

Incentive Measure changes in specifications from 2015 to 2016:

OHA is using HEDIS 2016 specifications for all 2016 measurement. Changes from HEDIS 2015 to 2016 include:

- Clarification that FOBT tests performed in an office setting or performed on a sample collected via a digital rectal exam (DRE) do not meet criteria.
- HEDIS 2016 removed ICD-9CM diagnosis codes 154.2 and 154.3 from the Colorectal Cancer Value Set for identifying exclusions.

OHA continues to adopt the full HEDIS hybrid specifications for 2016. It is the CCO's responsibility to identify numerator compliance using any of the data sources allowed under the HEDIS hybrid method. Information may be abstracted from administrative data (claims), paper medical records, and audited supplemental databases or from automated systems such as electronic medical records (EMRs), registries, or claims systems.

- If using administrative data to identify numerator compliance, CCOs must follow HEDIS 2016 specifications for allowable codes and measure logic.
- If using medical record data to identify numerator compliance, CCOs have the option of using the chart review forms OHA has created or following HEDIS 2016 specifications to conduct the chart review.

See the guidance document for additional information on allowable data sources. OHA will provide sampling frames and updated guidance to CCOs on the hybrid methodology for 2016 in fall 2016. Guidance will be posted online at <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.apx>.

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule of thumb is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.

OHA is following HEDIS guidelines for Effectiveness of Care, Access/Availability of Care, Experience of Care, and Utilization measures to determine which services count. OHA is not using all codes listed in the HEDIS specifications.

Denied claims: Included ☒ Not included ☐

Member type: CCO A ☒ CCO B ☒ CCO G ☐

Measure Details

Data elements required denominator: Medicaid enrollees age 51-75 years as of December 31st of the measurement year. OHA will provide CCOs with the sampling frame for the chart review.

Required exclusions for denominator: Either of the following any time during the member's history through December 31 of the measurement year¹:

Colorectal Cancer Value Set		
HCPCS	ICD-9-CM Diagnosis	ICD-10-CM Diagnosis
G0213-G0215, G0231	153, 154.0, 154.1, 197.5, V10.05, V10.06	C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048

OR

Total Colectomy Value Set		
CPT	ICD-9-CM Procedure	ICD-10-CM Procedure
44150-44153, 44155-44158, 44210-44212	45.81-45.83	0DTE0ZZ, 0DTE4ZZ, 0DTE8ZZ

Deviations from cited specifications for denominator: None.

¹ To note, OHA's claims data only goes back to 2002.

Data elements required numerator: Unique number of individuals receiving at least one of the following screenings for colorectal cancer either during the measurement year or years prior to the measurement year (see table). See **medical record review** section.

Appropriate screenings are defined by:

FOBT Value Set		
Fecal occult blood test during the measurement year		
CPT	HCPCS	LOINC
82270, 82274	G0328	2335-8, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2

OR

Flexible Sigmoidoscopy Value Set			
Flexible sigmoidoscopy during the measurement year or four years prior to the measurement year			
CPT	HCPCS	ICD-9-CM Procedure	ICD-10-CM Procedure ²
45330-45335, 45337-45342, 45345	G0104	45.24	--

OR

Colonoscopy Value Set			
Colonoscopy during the measurement year or nine years prior to the measurement year			
CPT	HCPCS	ICD-9-CM Procedure	ICD-10-CM Procedure ¹
44388-44394, 44397, 45355, 45378-45387, 45391, 45392	G0105, G0121	45.22, 45.23, 45.25, 45.42, 45.43	--

Note: In office FOBT is not a USPSTF recommended procedure.

Required exclusions for numerator: None. Exclusionary evidence in the medical record must include a note indicating colorectal cancer or total colectomy any time during the member's history through December 31 of the measurement year.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: The measurement year and the year prior to the measurement year.

What are allowable gaps in enrollment: No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment.

² HEDIS 2016 does not include ICD-10 procedure codes for this measure, as ICD-10-PCS is intended for coding procedures performed in inpatient settings, whereas colorectal cancer screenings typically occur in outpatient settings.

Define Anchor Date (if applicable): December 31 of the measurement year.

Medical Record Review:

Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the “medical history” section of the record; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).

There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (iFOBT). Depending on the type of FOBT test, a certain number of samples are required for numerator compliance. Follow the instructions below to determine member compliance.

- If the medical record does not indicate the type of test and there is no indication of how many samples were returned, assume the required number was returned. The member meets the screening criteria for inclusion in the numerator.
- If the medical record does not indicate the type of test and the number of returned samples is specified, the member meets the screening criteria only if the number of samples specified is greater than or equal to three samples. If there are fewer than three samples, the member does not meet the screening criteria for inclusion.
- iFOBT tests may require fewer than three samples. If the medical record indicates that an iFOBT was done, the member meets the screening criteria, regardless of how many samples were returned.
- If the medical record indicates that a gFOBT was done, follow the scenarios below:
 - If the medical record does not indicate the number of returned samples, assume the required number was returned. The member meets the screening criteria for inclusion in the numerator.
 - If the medical record indicates that three or more samples were returned, the member meets the screening criteria for inclusion in the numerator.
 - If the medical record indicates that fewer than three samples were returned, the member does not meet the screening criteria.

Do not count digital rectal exam as evidence of a colorectal screening because it is not specific or comprehensive enough to screen for colorectal cancer.

For more information: The Colorectal Cancer Screening guidance document and other supporting documents can be found at <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx> and <http://www.oregon.gov/oha/Transformation-Center/Pages/Resources-Metric.aspx>

Version Control

- The specifications were updated on January 19, 2016 to clarify the lookback period for the denominator exclusion criteria.