### 2016 HEDIS REFERENCE SHEET

**Colorectal Cancer Screening**

### Which members are included in the sample?

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

### Product Lines:

Commercial and Medicare.

### Exclusions:

Either of the following any time during the member’s history through December 31 of the measurement year:
- Colorectal cancer (Colorectal Cancer Value Set).
- Total colectomy (Total Colectomy Value Set).

### Documentation Required:

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 exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.

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Note: The HEDIS 2016 Criteria for the Colorectal Cancer Screening measure is derived from the NCQA HEDIS 2016 Technical Specifications, Volume 2. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
Continuous enrollment

The measurement year and the year prior to the measurement year.

Can administrative data be used to satisfy this measure?

Yes. This measure is reviewed using administrative data or medical record review.

How can we improve the score of this HEDIS measure?

- Use correct diagnosis and procedure codes.
- Submit claims and encounter data in a timely manner.
- Ensure proper documentation in medical record: If there is no evidence of a prior colonoscopy or if patient refuses; encourage annual FOBT kits. When documenting compliance with this measure (Colonoscopy, Sigmoidoscopy or FOBT) ensure that the month, year and result are recorded.
- Clearly document patients with ileostomies, which imply colon removal (exclusion), and patients with a history of colon cancer.
- Update patient history annually regarding colorectal cancer screening (test done and a date).
- Use standing orders and empower office staff to distribute FOBT or FIT kits to patients who need colorectal cancer screening or prepare referral for colonoscopy.

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