



Colorectal Cancer Screening (COL)

HEDIS 2020

Description

- Eligible Population for HEDIS 2020:

The percentage of adults aged 51 – 75 years of age as of 12/31/2019, who had appropriate colorectal cancer screening.

Appropriate Screening Defined

Screening typically start at age 50 and continue to age 75

- **Colonoscopy** –This test is usually done every 10 years.
- **Flexible Sigmoidoscopy** –This test is usually done every 5 years.
- **CT Colonography (Virtual Colonoscopy)** –This test is usually done every 5 years.
- **Fecal occult blood test (FOBT) or fecal immunochemical test (FIT)** –This test is usually done every 12 months.
- **FIT-DNA** –Tests stool for abnormal cells. This test is usually done every 3 years.

*All of the screenings are dependent upon your patients risk factors and results of screenings

Additional Compliance

- A **pathology report** that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria.
- For pathology reports that do not indicate the type of screening and for incomplete procedures:
 - Evidence that the scope advanced beyond the splenic flexure meets criteria for a completed **colonoscopy**.
 - Evidence that the scope advanced into the sigmoid colon meets criteria for a completed **flexible sigmoidoscopy**.

Documentation in the Medical Record

Colonoscopy during the measurement year or the nine years prior to the measurement year. **(Jan 2010-Dec 2019)**

Documentation for a Colonoscopy can be located:

THIS CAN BE PATIENT REPORTED.

A result is not needed.

- ✓ Office Visit notes
- ✓ Progress notes
- ✓ Medical History
- ✓ Health Maintenance Section
- ✓ Preventative Care Section
- ✓ Procedure Report from a Gastroenterologist
- ✓ Pathology report

Documentation in the Medical Record

Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. (Jan 2015-Dec 2019)

Documentation for a Flexible sigmoidoscopy can be located:

THIS CAN BE PATIENT REPORTED.

A result is not needed.

- ✓ Office Visit notes
- ✓ Progress notes
- ✓ Medical History
- ✓ Health Maintenance Section
- ✓ Preventative Care Section
- ✓ Procedure Report from a Gastroenterologist
- ✓ Pathology report

Documentation in the Medical Record

CT colonography during the measurement year or the four years prior to the measurement year. **(Jan 2015-Dec 2019)**

Documentation for a CT colonography can be located:

THIS CAN BE PATIENT REPORTED.

A result is not needed.

- ✓ Office Visit notes
- ✓ Progress notes
- ✓ Medical History
- ✓ Health Maintenance Section
- ✓ Preventative Care Section
- ✓ Radiology Report

Documentation in the Medical Record

FIT-DNA* (fecal immunochemical testing) during the measurement year or the two years prior to the measurement year. **(Jan 2017- Dec 2019)**

Documentation for a FIT-DNA can be located:

- ✓ Lab report
- ✓ Office Visit notes
- ✓ Progress notes
- ✓ Medical History
- ✓ Health Maintenance Section
- ✓ Preventative Care Section

Documentation in the Medical Record

Fecal occult blood test (FOBT) during the measurement year (2019)

Documentation for a FOBT can be located:

- ✓ Lab report (If the lab report indicates the number of samples given differs from the number of samples returned. The member will be considered noncompliant.)
- ✓ Office Visit notes
- ✓ Progress notes
- ✓ Medical History
- ✓ Health Maintenance Section
- ✓ Preventative Care Section

Digital rectal exam is NOT considered a compliant screening

Exclusions

- Members with a diagnosis of colorectal cancer or total colectomy.
- The diagnosis must be prior to December 31st of the measurement year.(2019)
- Members found to be in hospice or using hospice services any time during the measurement year are excluded from the measure

Common Chart Deficiencies and Tips

- Offer colorectal cancer screening screenings to all your members aged 50-75 years old, that are noncompliant.
- When a patient declines one screening method, discuss other colorectal cancer screening options.
- Make a follow up call if the member is noncompliant after receiving an order for a colorectal cancer screening.

Common Chart Deficiencies and Tips

- Document the date and type of the last colorectal cancer screening, in a place easily accessible. Ensure you are aware of when the next one is due. Often times we see “colorectal cancer screening due 2020”. It is unclear what type of colorectal cancer screening was last performed and the date in which it was last performed.
- If you do not have access or have been unsuccessful in obtaining past completed colorectal cancer screenings. Document what the patient tells you in regards to their last colorectal screening.
- If your patient filled out questionnaires contain a question asking about the patients last colorectal cancer screening. Be specific, ask the date and the screening type. Ensure this is placed in the members medical records so the provider is aware when the next one is due.


We Are Here to Help!

On a yearly basis, beginning in June the following occurs:

- A noncompliant, member specific Fecal Immunochemical Test (FIT) order form is sent to Primary Care Providers. The form is requesting a signature, completion of the order form, and return of the order form.
- Call staff outreaches to members when signed FIT order forms are received. The call staff assists in getting a FIT kit mailed to the members
- A member educational mailing providing colorectal cancer screening education is sent to noncompliant members

Colorectal Cancer Screening Member Educational Mailing

- Provides description of 5 different types of screening
- Translated into Spanish
- Provides facts regarding colorectal cancer
- Provides questions to ask their doctor
- Encourages a discussing with their provider regarding screening



Mercy Care Advantage (HMO SNP) cares about the health of our members. Getting regular colorectal cancer screenings can help save your life.

Colorectal cancer screening types*
(Screenings typically start at age 50 and continue to age 75)

- **Colonoscopy** – A doctor inserts a small camera that looks at the entire inside of your colon and rectum for cancer. This test is usually done every 10 years, depending on your risk factors and results.
- **Flexible Sigmoidoscopy** – A doctor inserts a small camera that looks at part of the colon and rectum. This test is usually done every 5 years, depending on your risk factors and results.
- **CT Colonography (Virtual Colonoscopy)** – A doctor inserts a small tube to put contrast in your colon that will allow pictures to be taken of your colon. This test is usually done every 5 years, depending on your risk factors and results.
- **Fecal occult blood test (FOBT) or fecal immunochemical test (FIT)** – Both are noninvasive, at home test kits that sample your stool for blood. This test is usually done every 12 months, depending on your risk factors and results.
- **FIT-DNA** – A noninvasive, at home test kit that samples your stool for abnormal cells. This test is usually done every 3 years, depending on your risk factors and results.

Who gets colorectal cancer?

- Both men and women
- It is most often found in people ages 50 years or older
- It is usually not linked to family history of colon cancer

What are the facts about colorectal cancer?

- It can be prevented
- With testing, it can be found when small or treatable
- Your risk increases with age
- Cancer is the second leading cause of deaths in the United States
- In the early stages, colorectal cancer can develop and spread without you having any symptoms
- It can be difficult to treat when it's in its advanced stages
- Regular screening can help save your life

Questions to ask your doctor
Make an informed decision with your doctor about which colorectal cancer screening is right for you.

- When was my last colorectal cancer screening?
- What were the results of my colorectal cancer screening?
- Do I have a family history of colorectal cancer?
- Do I have a higher risk and need a personalized plan for screenings?
- What is the appropriate screening for me?
- Is it time for a colorectal cancer screening?

Schedule an appointment with your doctor today.
If you need help scheduling an appointment, please call Mercy Care Advantage Member Services at **602-586-1730** or **1-877-436-5288**, 8:00 a.m. – 8:00 p.m., 7 days a week. TTY users should call **711**.

*Depending on your risk, you may need a personalized plan for screenings.

FIT Kit Order Forms Mailed to PCP's

- Review if the member is in need of a Colorectal cancer screening
- If the member is compliant. Fax back **documentation from the members chart**, where compliance is documented. (Returning the form with handwritten notes, without supportive documentation is not sufficient enough)
- Fax back the order forms by the due date

Fecal Immunochemical Test Order Form
InSure® FIT™

Member Name: _____
 DOB: _____
 LOB: _____ AHCCCS ID: _____
 Telephone Number: _____

Please sign below to complete FIT order for this member:

Primary Care Provider (PCP) Name: _____	
PCP Signature: _____	Date: _____
PCP Phone Number: _____	Honora Quest Account Number: _____
Diagnosis Code (Required): _____	Order Test Number: _____

If the above order is not signed, please select or indicate a reason in space provided below. If the member has had testing, provide date of testing. Please return all signed and unsigned order forms to the fax number listed below.

The member had the following test(s) completed:

FOBT/FIT between 01/01/2019-10/01/2019 _____ (date completed)
 Fax documentation of FOBT/FIT in 20____ (Lab report or documentation in the progress notes/history/medical record) of evidence of FOBT.

FIT-DNA test between 01/01/2019-10/01/2019 _____ (date completed)
 Fax documentation of FIT-DNA test between 2017-2019 (Lab report or documentation in the progress notes/history/medical record) of evidence of FIT-DNA.

Colonoscopy between 01/01/2010-10/01/2019 _____ (date completed)
 Fax documentation of colonoscopy between 2010-2019 (Procedure report or documentation in the progress notes/medical history/medical record). This can be patient reported.

Flexible sigmoidoscopy between 01/01/2015-10/01/2019 _____ (date completed)
 Fax documentation of a flexible sigmoidoscopy between 2015-2019 (Procedure report or documentation in the progress notes/medical history/medical record). This can be patient reported.

CT colonography between 01/01/2015-10/01/2019 _____ (date completed)
 Fax documentation of CT colonography between 2015-2019 (Procedure report or documentation in the progress notes/medical history/medical record). This can be patient reported.

Member has a history of colon cancer. Date of diagnosis: _____

Member has had a total colectomy. Date of surgery: _____

Fax documentation of history of colorectal cancer or total colectomy anytime on or before December 31, 2019). This can be patient reported.

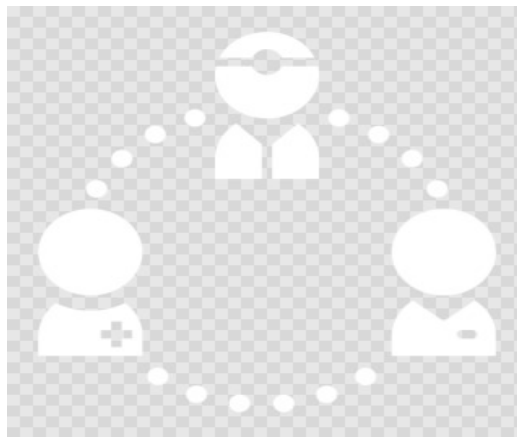
I have never seen the member in my office, or this member is not my patient

Other: _____

Please sign and fax this order form no later than July 31, 2019
 Attention: Alisha McClintock, Fax: 1-860-607-7272
 We appreciate your help to ensure our members receive important preventive screenings.

Contract services are funded under contract with AHCCCS.

Together we can achieve our goal of increasing colorectal cancer screening rates.



Thank You



mercy care