

Colorectal Cancer Screening

Metric Information

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

Metric specification version: HEDIS® Measurement Year 2020 and Measurement Year 2021 Technical Specifications for Health Plans, NCQA.

Data collection method: Administrative only.

Data source: ProviderOne Medicaid claims/encounter and enrollment data.

Claim status: Include only final paid claims or accepted encounters in metric calculation.

Identification window: Measurement year.

Direction of quality improvement: Higher is better.

URL of specifications: www.ncqa.org/hedis/measures

DSRIP Program Summary

Metric utility: ACH Project P4P ACH High Performance DSRIP statewide accountability

This is an information only metric

ACH regional attribution: Residence in the ACH region for 11 out of 12 months in the measurement year.

DSRIP Metric Details

Eligible Population	
Age	51-75 years. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	The measurement year and the year prior to the measurement year.
Allowable gap in Medicaid enrollment	No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment.
Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

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Denominator:

Data elements required for denominator: Medicaid beneficiaries who meet the above eligibility criteria.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
 - o Beneficiaries in hospice care.
 - o Members 66 years of age and older as of the last day of the measurement year with frailty and advanced illness. See HEDIS® manual for more information.
 - o Colorectal cancer any time during the member's history through the last day of the measurement year.
 - o Total colectomy any time during the member's history through the last of the measurement year.

Deviations from cited specifications for denominator.

- HEDIS® specifications require no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Numerator:

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator. One or more screenings for colorectal cancer.

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None