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®¹ 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](http://www.ncqa.org/hedis/measures)

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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.

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DSRIP Metric Details

<table>
<thead>
<tr>
<th>Eligible Population</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Minimum Medicaid enrollment</td>
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<tr>
<td>Allowable gap in Medicaid enrollment</td>
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<tr>
<td>Medicaid enrollment anchor date</td>
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<tr>
<td>Medicaid benefit and eligibility</td>
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</tbody>
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¹ The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.
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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:
  - Beneficiaries in hospice care.
  - 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.
  - Colorectal cancer any time during the member’s history through the last day of the measurement year.
  - Total colectomy any time during the member’s history through the last day 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