



mercy care

Colorectal Cancer Screening (COL)

HEDIS 2021

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mercy care

Description

Eligible Population for HEDIS 2021:

The percentage of adults aged 51 – 75 years of age as of 12/31/2020, who had appropriate colorectal cancer screening.



Appropriate Screening Defined

Screenings 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.
- **FIT-DNA** –Tests stool for abnormal cells. This test is usually done every 3 years.
- **Fecal occult blood test (FOBT) or fecal immunochemical test (FIT)** –This test is usually done every 12 months.

*All of the screenings are dependent upon your patient's 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 2011-Dec 2020**).

Documentation for a Colonoscopy can be located:

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

Remember this can be patient reported and result is not needed.

Documentation in the Medical Record

Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. (Jan 2016- Dec 2020)

Documentation for a Flexible sigmoidoscopy can be located:

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

Remember this can be patient reported and result is not needed.

Documentation in the Medical Record

CT colonography during the measurement year or the four years prior to the measurement year. (Jan 2016-Dec 2020)

Documentation for a CT colonography can be located:

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

Remember this can be patient reported and result is not needed.

Documentation in the Medical Record

FIT-DNA* (fecal immunochemical testing) during the measurement year or the two years prior to the measurement year. **(Jan 2018- Dec 2020)**

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 (2020)

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.(2020)

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 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.
- Be sure not to document C-Scope this does not meet compliance.
- Always remember to document ***type of screening and date.***

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 regarding their last colorectal screening.
- If you ask your patient to fill out questionnaires be sure to contain a question asking about the patient’s last colorectal cancer screening. Be specific, ask the **date and the screening type**. Ensure this is placed in the member’s 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, Mercy Care does the following outreaches:

- A member specific Fecal Immunochemical Test (FIT) order form is sent to Primary Care Providers on any members that have not had a screening done. The form has a place for the PCP's signature and information on how to return the form.
- Next, our call staff outreaches to members when the 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 information is sent to all non compliant members.

Colorectal Cancer Screening Member Educational Mailing



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 air or gas 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

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

What are the facts about colorectal cancer?

- It can be prevented
- With testing, it can be found when small and 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
- 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.

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

FIT Kit Order Forms Mailed to PCP's

4755 S. 44th Place
Phoenix, AZ 85040



Please determine if the member needs a colorectal screening done. If so, **sign the form** and fax this to the number provided.

If the member is already **compliant**. Fax back **documentation from the members chart**, where compliance is documented. Or, place the date next to the appropriate screening and **sign the bottom** below the screening. Please fax the order forms to us by the due date.

Fecal Immunochemical Test Order Form InSure® FIT™

Member Name: [ENTITY_FIRSTNAME] [ENTITY_LASTNAME]
DOB: [DOB] AHCCCS ID: [AHCCCSID]
LOB: [LOB] Telephone Number: [E1_PHONE]

1. Please sign below to have the member complete a FIT test:

Primary Care Provider (PCP) Name: [E2_FIRSTNAME] [E2_LASTNAME]
 **PCP Signature: _____ Date: _____
 PCP Phone Number: [E3_PHONE] Order Test Number: 11293
 Sonora Quest Account Number (REQUIRED): _____ must provide to submit form
 Diagnosis Code: Z12.11 Other diagnosis Code: _____

2. If the above order is not signed, please specify indicate a reason in the space provided below.

Please return all signed and unsigned forms to the fax number listed below:

- Member has a history of colon cancer. Date of diagnosis: _____ (provide documentation)
- Member has had a colon resection. Date of surgery: _____ (provide documentation)
- I have never seen this member in my office, or this member is not my patient _____
- Other: _____

3. If the member had the following test(s) completed as indicated below please write the date it was completed in the space below and sign the on the line below or fax documentation of the screening (lab or procedure report, documentation in the progress note that the screening was done with the date (month/year), medical history with the date of screening) to the fax number below:

- FOBT/FIT between 01/01/2020 -12/31/2020 Date of screening: _____
- Colonoscopy between 01/01/2011-12/31/2020 Date of screening: _____
- Flexible sigmoidoscopy between 01/01/2016 -12/31/2020 Date of screening: _____
- CT colonography between 01/01/2016 -12/31/2020 Date of screening: _____
- FIT-DNA test between 01/01/2018 -12/31/2020 Date of screening: _____

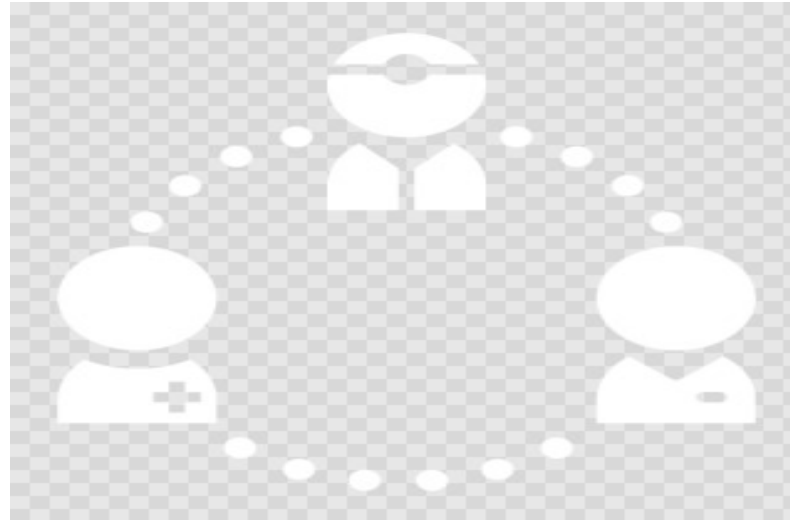
**PCP signature for compliance of the screening above _____ Date: _____

Please sign and fax this order form no later than July 31, 2020

Attn: Nicole Nanoia-Bergler Fax: 1-800-607-7272

We appreciate your help to ensure our members receive important preventive screenings.

**Together we can achieve our goal of increasing colorectal cancer screening rates and saving lives.
Thank you for all that you do!**



Thank You

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