

HMO Illinois / BlueAdvantage HMO 2008 Colorectal Cancer Screening QI Fund Project Overview

HIPAA Privacy Regulation

According to the HIPAA Privacy Regulations (45 CFR 160, 164) as amended August 14, 2002, health care providers can disclose protected health information (“PHI”) to health plans for HEDIS data collection and other quality improvement activities. Providers are permitted under the HIPAA Privacy Regulations to disclose PHI to health plans for the above purposes without authorization from the patient when both the provider and health plan have or had a relationship with the patient and the information relates to that relationship. (45 CFR 164.506)(c)(4).

Identification of Members

BCBSIL identified members:

- Age 51-80 as of December 31, 2007
- Enrolled with the IPA on 12/31/07 and for at least 10 months in 2007

From this population, a random sample was selected.

Note that sampled members for whom BCBSIL has already received acceptable documentation of exclusions or qualifying colorectal cancer screenings have been identified. Therefore, these members are not included on the electronic IPA roster, but this information will be included in the final IPA rate.

Guidelines for Obtaining Data

1. Administrative / claims data:

- We encourage that you first review administrative or claims data to identify members who have had a qualifying colorectal cancer screening. **Refer to Table 1 for qualifying codes of colorectal cancer screenings and to Table 2 for qualifying codes for exclusions.** These are the only codes that will be accepted for the colorectal cancer screening project. If the member had a qualifying screening within the specified timeframe, document the type of screening and enter the date of the screening.

TABLE 1: Codes to Identify Colorectal Cancer Screening

Description	Timeframes	CPT	HCPCS	ICD-9CM Diagnosis	ICD-9-CM Procedure	LOINC
Fecal occult blood test (FOBT)	1/1/1998-12/31/2007	82270, 82274	G0107, G0328	V76.51		2335-8, 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3
Flexible sigmoidoscopy	1/1/2003-12/31/2007	45330-45335, 45337-45342, 45345	G0104		45.24,	
Double contrast barium enema (DCBE)	1/1/2003-12/31/2007	74280				
Colonoscopy	1/1/1998-12/31/07	44388-44394, 44397, 45355, 45378-45387, 45391-45392	G0105, G0121		45.22-45.23, 45.25, 45.42 , 45.43	

TABLE 2: Codes to Identify Exclusions for Colorectal Cancer Screening

Description	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-CM Procedure
Colorectal cancer		G0213-G0215 G0231	153, 154.0, 154.1, 197.5, V10.05	
Total colectomy	44150-44153, 44155-44158, 44210-44212			45.8

2. Medical Record Review:

- Review the medical records for ALL members without documentation of colorectal cancer screening to determine whether the member had a qualifying colorectal cancer screening within the timeframe.
- Complete the form following the instructions for the web based tool.
- In order to qualify as an acceptable colorectal cancer screening OR exclusion, SUPPORTING DOCUMENTATION must be included with your submission.

If the member was **not** screened for colorectal cancer during the specified timeframe, the member may qualify for an exclusion. Complete the exclusion section.

EXCLUSION SECTION:

The exclusions for the 2008 Colorectal Cancer Screening QI Fund Project are as follows:

- The member was not between 51 and 80 years of age as of 12/31/2007. (Date of birth is not between 1/1/1927 and 12/31/1956)
- The member had a total colectomy or a diagnosis of colorectal cancer at any time on or before 12/31/2007.
- The member was deceased on or before 12/31/2007.
- The member was not enrolled with the IPA on 12/31/07 and for at least 10 months of 2007.

Note the following:

- The last name for dependents with a hyphenated last name or a last name that is different than the subscriber's last name is shortened to include only the first five characters of the dependent's last name.
- The most current Subscriber ID has been provided. Please call if you are unable to identify the member.
- There are several options available to identify a member:
 - Name and DOB
 - Subscriber ID and DOB
 - Name and Subscriber ID

Medical Record Data Abstraction Procedure

- Medical record documentation may include services provided within your IPA or by other providers.
- Document ALL services for which you have a record.
- In order to qualify as service OR an exclusion, SUPPORTING DOCUMENTATION must be postmarked by the project deadline.

RECORD REVIEW AND REQUIRED DOCUMENTATION

- There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (iFOBT).
- For gFOBT, three samples must have been tested to be counted.
- Immunochemical FOBT tests are counted regardless of the number of specimens that were tested.

Supporting documentation must include any of the following:

- Administrative/claims record indicating the qualifying code and date the colorectal cancer screening was performed
- Medical record data indicating that the qualifying screening was performed (may include progress notes, lab data, hospital reports, etc.)

Supporting documentation from the medical record must include the date and type of colorectal cancer screening performed AND the result or finding. For a notation in the progress notes, the result or finding must also be present. A notation in the medical history that the member was screened for colorectal cancer without a result may be counted because it pertains to a screening that occurred in the past. It is assumed that the result was negative unless otherwise noted. The notation must include a date reference that meets the timeline outlined in the project.

Insufficient documentation includes the following:

- For gFOBT, if the medical record notes that fewer than three were returned, the member does not meet the screening criteria for inclusion in the numerator.
- gFOBT testing on a specimen obtained during physical examination does not count.
- Testing on a specimen obtained during a “digital rectal exam” does not count as FOBT testing.
- “Guaiac negative” or “FOBT negative” documented in the medical record at the time of a physical exam does not count as FOBT testing.
- “Single contrast barium enema” or “barium enema” are not counted as colorectal cancer screening.

Scoring

1. If the HMO confirms from your 2008 Colorectal Cancer Screening QI Fund Project submission that a member meets the criteria for exclusion, the member will be removed from the denominator. Please note that members who have not seen a physician in your IPA and members who have refused a service do not meet criteria for exclusion, and therefore will not be removed from the denominator.
2. The IPA rate will be calculated as follows:

Denominator = Number of members in the IPA sample minus the number of exclusions confirmed by the HMO

Numerator = Number of members in the IPA sample screened for colorectal cancer during the specified timeframe confirmed by the HMO

Reporting of Results

IPAs will receive their own IPA results, as well as Network results.

Important Reminders

Please record the following information on the Attestation Form:

- Name and phone number of IPA contact for the Colorectal Cancer Screening QI Fund Project
- Signature of IPA Medical Director or Administrator, attesting that the submission is complete and accurate.
- The deadline for the 2008 Colorectal Cancer Screening QI Fund Project is **July 18, 2008** and includes:
 - The web-based tool is available for data entry through July 18, 2008.
 - Supporting documentation must be postmarked by the project deadline.
 - We encourage you to keep a copy of your supporting documentation.

If you have any questions about the 2008 Colorectal Cancer Screening QI Fund Project, please call Janette Glenn, RN, MBA Quality Management Specialist at (312) 653-3722.

Send supporting documentation and the completed and signed Attestation form postmarked by the project deadline to:

Blue Cross and Blue Shield of Illinois
300 E. Randolph, 24th Floor
Chicago, IL 60601
Attn: Janette Glenn, RN, MBA

ATTACHMENT 2

2008 Colorectal Cancer Screening QI Fund Project

Instructions for Completion of Web-based Forms

If you have problems accessing or functioning in the Web-based tool application, please call **Daurice Jordan** at (312) 653-4604 OR **Issa Webb** at (312) 653-2435. Complete each Web-based form. Screenshots of the Web-based tool follow.

Contact: Janelle Glenn (312) 653-3722

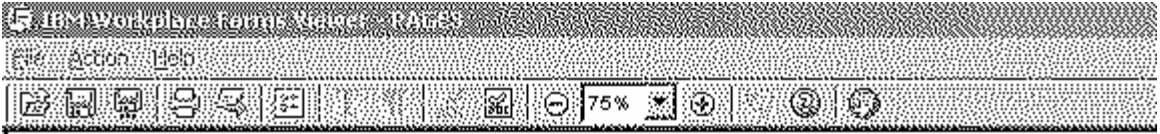
IPA Name : _____ **IPA # :** _____ / _____
Patient Name : _____ **BCBSIL ID :** _____
DOB : _____ **Subscriber Name :** _____
Project ID _____

This form is not ready to submit.

Did the member have a qualifying screening for colorectal cancer between 1/1/1998 and 12/31/2007? Yes No Unknown

Please indicate which of the following screening(s) the member received and the date(s) of Service.
 [Note: You may enter all that apply.]

- Y N Colonoscopy between 1/1/1998 - 12/31/2007
- Y N Flexible Sigmoidoscopy between 1/1/2003 - 12/31/2007
- Y N Guaiac Fecal Occult Blood Test (gFOBT) or Immunochemical Fecal Occult Blood Test (iFOBT) between 1/1/2007 - 12/31/2007.
- Y N Double Contrast Barium (DCBE) or Air Contrast Barium Enema (ACBE) between 1/1/2003 - 12/31/2007.



This Page is Complete. Please click the Back Button to return to the First Page.

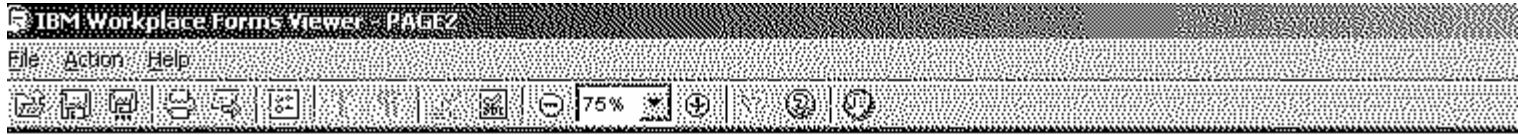
Colonoscopy between 1/1/1998 - 12/31/2007

Record the date and submit a copy of the supporting documentation.

Date of Service (Example: 11/15/2005)

[BACK](#)

Exclusion Section:



This Page is Complete. Please click the Back button to return to the First Page.

If question 2 is "Yes," submit supporting documentation.

Please note: You must answer ALL 4 questions.

- | | | | |
|--|---------------------------------------|---------------------------------------|----------------------------------|
| 1. Was the member between 51 and 80 years of age as of 12/31/2007 (Date of birth is not between 1/1/1927 and 12/31/1956)? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> UNKNOWN |
| 2. Did the member have a total colectomy or a diagnosis of colorectal cancer at any time on or before 12/31/2007?
SUBMIT SUPPORTING DOCUMENTATION | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> UNKNOWN |
| 3. Was the member was deceased on or before 12/31/2007? | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N | <input type="checkbox"/> UNKNOWN |
| 4. Was the member enrolled with the IPA for at least 10 months of 2007? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> UNKNOWN |

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Blue Cross Blue Shield of Illinois

2008 Colorectal Cancer Screening Project

Member Ready For Submission

Previous Next

Search

Survey ID: BCBSIL ID#:
 Last Name: Date of Birth:
 First Name: Subscriber Name:
 Project ID:

Clear Search Search

Submit Data to BCBSIL

Enter your portal username/password and click submit

Username:

Password:

Submit One Submit All

Contact: Janelle Glenn (312) 653-3722

IPA Name : **IPA # :** /
Patient Name : **BCBSIL ID :**
DOB : **Subscriber Name :**
Project ID

This form is ready to submit.

Did the member have a qualifying screening for colorectal cancer between 1/1/1998 and 12/31/2007? Yes No Unknown

Please indicate which of the following screening(s) the member received and the date(s) of Service.
 [Note: You may enter all that apply.]

Y N Colonoscopy between 1/1/1998 - 12/31/2007

Date Recorded

Y N Flexible Sigmoidoscopy between 1/1/2003 - 12/31/2007

Y N Guaiac Fecal Occult Blood Test (gFOBT) or Immunochemical Fecal Occult Blood Test (iFOBT) between 1/1/2007 - 12/31/2007.

Y N Double Contrast Barium (DCBE) or Air Contrast Barium Enema (ACBE) between 1/1/2003 - 12/31/2007.