March 31, 2022

Dear Colleague:

NCQA is pleased to present the *Measurement Year (MY) 2022 HEDIS®*[1] for the *Quality Rating System: Technical Update.* With this release, NCQA freezes the HEDIS technical specifications for MY 2022. This memo contains corrections, policy changes and clarifications to the *MY 2022 HEDIS for the Quality Rating System*.

The U.S. Preventive Services Task Force published new guidelines for colorectal cancer screening shortly before the release of traditional and Electronic Clinical Data Systems (ECDS)-reported versions of Colorectal Cancer Screening (COL) in the *MY 2022 Volume 2: Technical Specifications*. NCQA conducted an off-cycle reevaluation of the measure for MY 2022 to align it with the new guidelines. The updated versions of the COL (Attachment A) and COL-E (Attachment B) measure specifications must be used for MY 2022 reporting.

The final versions of the Medication List Directory (MLD), Value Set Directory (VSD) and Risk Adjustment Tables for MY 2022 reporting are available in the NCQA Store.

- **MY 2022 Quality Rating System (QRS) HEDIS Value Set Directory:** https://store.ncqa.org/my-2022-quality-rating-system-qrs-hedis-value-set-directory.html
- **HEDIS MY 2022 Medication List Directory:** https://store.ncqa.org/hedis-my-2022-medication-list-directory.html
- **HEDIS MY 2022 Risk Adjustment Tables:** https://store.ncqa.org/hedis-my-2022-risk-adjustment-tables.html.

The HEDIS Audit Timeline for MY 2022 is available on the NCQA website.

Changes listed in this document are required for MY 2022 HEDIS for QRS reporting. Review all items in the table below and incorporate them into your implementation processes. If information in this memo contradicts a previous My NCQA system response, then the response is obsolete.

If you have questions about information included in the *Technical Update* or about other measure specifications, contact us through My NCQA (https://my.ncqa.org). We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA
Director, Performance Measurement

Enclosure

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Specification Updates

This document contains corrections, policy changes and clarifications to *MY 2022 HEDIS* for the *Quality Rating System.* NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update
24	General Guideline 9	Deceased Members—Note	Add the following as a third bullet under the Note: • *This is a member-level exclusion. For episode-based measures, if one event does not meet numerator criteria and the organization chooses to use this optional exclusion, remove all member events/episodes from the measure.*
28	General Guideline 21	Supplemental Data—Supplemental Data Definitions	Add the following definition after the "CCDs" definition: ***NCQA DAV data*** For data from an NCQA-Validated DAV entity, the auditor must: • Receive a completed current year's Roadmap Section 5 from the reporting entity using the data. The Roadmap must explain how data from the validated DAV entity is transferred to the reporting entity and what the entity does to the data. This is completed by the health plan; no documentation is required from the DAV entity, which has already been validated. – If the reporting entity processes the validated CCD in any way after receipt, the auditor must validate the file back to the original validated CCD to ensure that no data were changed. • Receive the final validation report that indicates the validated data clusters and the date when they were validated. If an NCQA-validated DAV entity includes data from an unvalidated data cluster, the auditor must validate the data, following the nonstandard supplemental data guidelines, before the data can be used for HEDIS reporting. The auditor may not perform PSV on any validated data files.
33 34	General Guideline 23 General Guideline 23	Race and Ethnicity (RES) Stratification—Determining race reporting category, Note Race and Ethnicity (RES) Stratification—Determining ethnicity reporting category, Note	Replace the Note in both sections with the following two bullets: • The "Asked but No Answer" category is only reported using direct data. • The "Unknown" category is only reported using indirect data.

Page	Measure/Guideline	Head/Subtitle	Update
49	Guidelines for Calculations and Sampling	Guidelines for the Hybrid Method-Table 1: Sample Size Information for Hybrid Measures	In the "Colorectal Cancer Screening" row, replace "Y" with "N" in the "Prior Year's Rate May Be Used to Reduce MY 2022 Sample Size[1]" column.
55	Substituting Medical Records	1. Errors in sampling data	Add the following text as the third paragraph: Members may also be identified as valid data errors if administrative data refresh finds they meet exclusion criteria. Report these members as valid data errors.
55	Guidelines for Calculations and Sampling	Hybrid Method: Three Approaches	Add the following text to the end of this section: For all three approaches, the value reported for the EligiblePopulation data element must be the number of members in the eligible population before optional exclusions and after required exclusions are applied. For example, if the eligible population is 100 members and 10 members met optional exclusion criteria, the eligible population value reported must still be 100. Refer to *Appendix 2: Data Element Definitions* for additional information.
77	Appropriate Testing for Pharyngitis	CWP Antibiotic Medications table	Delete "Ceftibuten" and "Cefditoren" from the *Third generation cephalosporins* row.
82	Appropriate Treatment for Upper Respiratory Infection	AAB Antibiotic Medications table	• Delete the entire *Ketolides* row. • Delete "Cefditoren" and "Ceftibuten" from the *Third-generation cephalosporins* row.
87	Asthma Medication Ratio	Asthma Controller Medications table	Delete the entire *Antiasthmatic* combinations row.
91	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	AAB Antibiotic Medications table	• Delete the entire *Ketolides* row. • Delete "Cefditoren" and "Ceftibuten" from the *Third-generation cephalosporins* row.
103	Child and Adolescent Well-Care Visits	Table WCV-B-4: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Race and Table WCV-C-4: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Ethnicity	Replace references to "Unknown" with "Unknown**" in the "Race" and "Ethnicity" columns.

Page	Measure/Guideline	Head/Subtitle	Update
103	Child and Adolescent Well-Care Visits	Table WCV-B-4: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Race and Table WCV-C-4: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Ethnicity	Add the following text below the asterisk that reads "*AskedButNoAnswer is only reported for Source='Direct'": **Unknown is only reported for Source='Indirect.'
113	Colorectal Cancer Screening	Entire Measure Specification	Remove this measure and specifications entirely and replace them with the text in Attachment A.
123	Controlling High Blood Pressure	Exclusions (optional)	Replace the reference to "(Nephrectomy Value Set)" with "(Total Nephrectomy Value Set; Partial Nephrectomy Value Set)."
126	Controlling High Blood Pressure	Table CBP-B-4: Data Elements for Controlling High Blood Pressure: Stratifications by Race and Table CBP-C-4: Data Elements for Controlling High Blood Pressure: Stratifications by Ethnicity	Replace references to "Unknown" with "Unknown**" in the "Race" and "Ethnicity" columns.
127	Controlling High Blood Pressure	Table CBP-B-4: Data Elements for Controlling High Blood Pressure: Stratifications by Race and Table CBP-C-4: Data Elements for Controlling High Blood Pressure: Stratifications by Ethnicity	Add the following text below the asterisk that reads "*AskedButNoAnswer is only reported for Source='Direct.'": **Unknown is only reported for Source='Indirect.'
128	Eye Exam for Patients with Diabetes	Diabetes Medications table	• Add "Dapagliflozin-saxagliptin"; "Ertugliflozin-metformin"; "Ertugliflozin-sitagliptin" and "Empagliflozin-linagliptin-metformin" to the *Antidiabetic combinations* row. • Add "Insulin degludec-liraglutide" and "Insulin glargine-lixisenatide" to the *Insulin* row. • Add "Lixisenatide" to the *Glucagon-like peptide-1 (GLP1) agonists* row. • Add "Ertugliflozin" to the *Sodium glucose cotransporter 2 (SGLT2) inhibitor* row.
142	Hemoglobin A1c Control for Patients With Diabetes	Diabetes Medications table	• Add "Dapagliflozin-saxagliptin"; "Ertugliflozin-metformin"; "Ertugliflozin-sitagliptin" and "Empagliflozin-linagliptin-metformin" to the *Antidiabetic combinations* row. • Add "Insulin degludec-liraglutide" and "Insulin glargine-lixisenatide" to the *Insulin* row. • Add "Lixisenatide" to the *Glucagon-like peptide-1 (GLP1) agonists* row. • Add "Ertugliflozin" to the *Sodium glucose cotransporter 2 (SGLT2) inhibitor* row.

Page	Measure/Guideline	Head/Subtitle	Update
146	Hemoglobin A1c Control for Patients With Diabetes	Table HBD-B-4: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Race and Table HBD-C-1/2/3: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Ethnicity	Replace references to "Unknown" with "Unknown***" in the "Race" and "Ethnicity" columns.
146	Hemoglobin A1c Control for Patients With Diabetes	Table HBD-B-4: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Race and Table HBD-C-4: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Ethnicity	Add the following text below the asterisk that reads "**AskedButNoAnswer is only reported for Source='Direct.'": ***Unknown is only reported for Source='Indirect.'
162	Kidney Health Evaluation for Patients With Diabetes	Diabetes Medications table	• Add "Dapagliflozin-saxagliptin"; "Ertugliflozin-metformin"; "Ertugliflozin-sitagliptin" and "Empagliflozin-linagliptin-metformin" to the *Antidiabetic combinations* row. • Add "Insulin degludec-liraglutide" and "Insulin glargine-lixisenatide" to the *Insulin* row. • Add "Lixisenatide" to the *Glucagon-like peptide-1 (GLP1) agonists* row. • Add "Ertugliflozin" to the *Sodium glucose cotransporter 2 (SGLT2) inhibitor* row.
182	Prenatal and Postpartum Care	Table PPC-B-4: Data Elements for Prenatal and Postpartum Care: Stratifications by Race and Table PPC-C-4: Data Elements for Prenatal and Postpartum Care: Stratifications by Ethnicity	Replace references to "Unknown" with "Unknown***" in the "Race" and "Ethnicity" columns.
182	Prenatal and Postpartum Care	Table PPC-B-4: Data Elements for Prenatal and Postpartum Care: Stratifications by Race and Table PPC-C-4: Data Elements for Prenatal and Postpartum Care: Stratifications by Ethnicity	Add the following text below the asterisk that reads "**AskedButNoAnswer is only reported for Source='Direct'": ***Unknown is only reported for Source='Indirect.'

Page	Measure/Guideline	Head/Subtitle	Update
185	Use of Imaging Studies for Low Back Pain	Event/Diagnosis: Step 4: Required exclusions	In the last bullet, replace the reference to "(Osteoporosis Medication List)" with "(Osteoporosis Medications List)."
217	Colorectal Cancer Screening (COL-E)	Entire Measure Specification	Remove this measure and specifications entirely and replace them with the text in Attachment B.
228	Appendix 2: Data Element Definitions	NumeratorByAdminElig—Description	Replace the text in parentheses with the following text: (before optional exclusions)
		CYAR—Description	
229	Appendix 2: Data Element Definitions	OversampleRecordsNumber—Meaning	Replace references to "MRSS" with "sample."
		ExclusionAdminOptional—Meaning	
		ExclusionEmployeeOrDep—Meaning	
229	Appendix 2—Data Element Definitions	ExclusionValidDataErrors—Meaning	Add the following text to the end of the definition: If an administrative exclusion is found during data refresh, the member is also considered a valid data error.

Colorectal Cancer Screening (COL)

SUMMARY OF CHANGES TO HEDIS MY 2022

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Revised the Reporting Instructions for the "NumeratorByAdminElig" data element in *Table COL-A-4: Data Elements for Colorectal Cancer Screening* to "For each Stratification" to indicate that it is a stratified value.
- Added new data elements tables for race and ethnicity stratification reporting.

SUMMARY OF CHANGES FOR HEDIS MY 2022 TECHNICAL UPDATE

- Revised the age range from 50–75 years of age to 45–75 years of age.
- Added age stratifications.
- Changed references of "FIT-DNA test" to "stool DNA (sDNA) with FIT test" in the numerator.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Revised the Data Elements for Reporting tables to reflect age stratifications.
- Added a footnote to Table COL-B-4 and Table COL-C-4 to clarify that the "unknown" category for race and ethnicity is only reported for the indirect data source.

HEDIS FOR QRS SPECIFIC GUIDANCE

- This measure includes stratifications for race and ethnicity that were proposed to be added to the QRS measure set in the Draft 2022 Call Letter. Refer to the Final 2022 Call Letter and *2023 QRS and QHP Enrollee Survey Technical Guidance* for guidance on reporting this measure.
- Optional ECDS reporting for *Colorectal Cancer Screening* was proposed for addition in the Draft 2022 Call Letter. Refer to *Measures Reported Using Electronic Clinical Data Systems* below for the specification. Refer to the Final 2022 Call Letter and *2023 QRS and QHP Enrollee Survey Technical Guidance* for guidance on reporting this measure.

Description

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

Eligible Population

Product lines Exchange

Ages 46–75 years as of December 31 of the measurement year. Report two age stratifications and a total rate:

- 46–49 years.
- 50–75 years.
- Total.

The total is the sum of the age stratifications.

Stratification

Report the following stratifications by race and total, and stratifications by ethnicity and total:

- Race*:*
  - White.
  - Black or African American.
  - American Indian and Alaska Native.
  - Asian.
  - Native Hawaiian and Other Pacific Islander.
  - Some Other Race.
  - Two or More Races.
  - Asked but No Answer.
  - Unknown.
  - Total.
- Ethnicity*:*
  - Hispanic/Latino.
  - Not Hispanic/Latino.
  - Asked but No Answer.
  - Unknown.
  - Total.

Note: *Stratifications are mutually exclusive and the sum of all categories in each stratification is the Total population.*

Continuous enrollment

The measurement year and the year prior to the measurement year.

Allowable gap

No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment.

Anchor date

December 31 of the measurement year.

Benefit

Medical.

Event/diagnosis

None.

Required exclusions

Exclude members who meet any of the following criteria:

- Members in hospice or using hospice services anytime during the measurement year. Refer to *General Guideline 8: Members in Hospice*.
- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) during the measurement year.

Exclusions

Exclude members who meet any of the following criteria:

Note: *Supplemental and medical record data may not be used for these exclusions.*

- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty ***and*** advanced illness. Members must meet **BOTH** of the following frailty and advanced illness criteria to be excluded:

1. At least one claim/encounter for frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) during the measurement year.
2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
   - At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set), telephone visits (Telephone Visits Value Set), e-visits or virtual check-ins (Online Assessments Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
     1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
     2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
     3. Identify the discharge date for the stay.
   - At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set).
   - At least one acute inpatient discharge with an advanced illness diagnosis (Advanced Illness Value Set) on the discharge claim. To identify an acute inpatient discharge:
     1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
     2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
     3. Identify the discharge date for the stay.
   - A dispensed dementia medication (Dementia Medications List).

Dementia Medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

Administrative Specification

Denominator The eligible population.

Numerator One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test (FOBT Lab Test Value Set; FOBT Test Result or Finding Value Set) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type.

- Flexible sigmoidoscopy (Flexible Sigmoidoscopy Value Set; History of Flexible Sigmoidoscopy Value Set) during the measurement year or the four years prior to the measurement year.
- Colonoscopy (Colonoscopy Value Set; History of Colonoscopy Value Set) during the measurement year or the nine years prior to the measurement year.
- CT colonography (CT Colonography Value Set) during the measurement year or the four years prior to the measurement year.
- Stool DNA (sDNA) with FIT test (sDNA FIT Lab Test Value Set; sDNA FIT Test Result or Finding Value Set) during the measurement year or the two years prior to the measurement year.

Exclusion *(optional)*

Either of the following any time during the member's history through December 31 of the measurement year:

- Colorectal cancer (Colorectal Cancer Value Set).
- Total colectomy (Total Colectomy Value Set; History of Total Colectomy Value Set).

Hybrid Specification

Denominator A systematic sample drawn from the eligible population for the Medicare and commercial product lines. Because *Colorectal Cancer Screening* has been significantly revised, sample size reduction is not allowed.

For Medicare reporting, the denominator (MRSS) for the Total category is the entire systematic sample. Do not pull samples for each stratification. The individual stratifications for the denominators and all numerators must sum to the totals.

Numerator One or more screenings for colorectal cancer. Appropriate screenings are defined by one of the following:

- FOBT during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year.
- Stool DNA (sDNA) with FIT test during the measurement year or the two years prior to the measurement year.

Administrative Refer to *Administrative Specification* to identify positive numerator hits from the administrative data.

Medical record Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the member's "medical history"; if this is not

clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).

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.

There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (FIT). Depending on the type of FOBT test, a certain number of samples are required for numerator compliance. Follow the instructions below to determine member compliance.

- If the medical record does not indicate the type of test and there is no indication of how many samples were returned, assume the required number was returned. The member meets the screening criteria for inclusion in the numerator.
- If the medical record does not indicate the type of test and the number of returned samples is specified, the member meets the screening criteria only if the number of samples specified is greater than or equal to three samples. If there are fewer than three samples, the member does not meet the screening criteria for inclusion.
- FIT tests may require fewer than three samples. If the medical record indicates that an FIT was done, the member meets the screening criteria, regardless of how many samples were returned.
- If the medical record indicates that a gFOBT was done, follow the scenarios below.
  - *If the medical record does not indicate the number of returned samples,* assume the required number was returned. The member meets the screening criteria for inclusion in the numerator.
  - *If the medical record indicates that three or more samples were returned,* the member meets the screening criteria for inclusion in the numerator.
  - *If the medical record indicates that fewer than three samples were returned,* the member does not meet the screening criteria.

Do not count digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.

Exclusion *(optional)*

Refer to *Administrative Specification* for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating colorectal cancer or total colectomy any time during the member's history through December 31 of the measurement year.

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table COL-A-4: Data Elements for Colorectal Cancer Screening

Metric	Age	Data Element	Reporting Instructions	A
ColorectalCancerScreening	46-49	CollectionMethod	Repeat per Stratification	✓
	50-75	EligiblePopulation	For each Stratification	✓
	Total	ExclusionAdminRequired	For each Stratification	✓
		NumeratorByAdminElig	For each Stratification	
		CYAR	Only for Total (Percent)	
		MinReqSampleSize	Repeat per Stratification	
		OversampleRate	Repeat per Stratification	
		OversampleRecordsNumber	(Count)	
		ExclusionValidDataErrors	Repeat per Stratification	
		ExclusionAdminOptional	Repeat per Stratification	
		ExclusionMedRecOptional	Repeat per Stratification	
		ExclusionEmployeeOrDep	Repeat per Stratification	
		OversampleRecsAdded	Repeat per Stratification	
		Denominator	For each Stratification	
		NumeratorByAdmin	For each Stratification	✓
		NumeratorByMedicalRecords	For each Stratification	
		NumeratorBySupplemental	For each Stratification	✓
		Rate	(Percent)	✓

Table COL-B-4: Data Elements for Colorectal Cancer Screening: Stratifications by Race

Metric	Race	Source	Data Element	Reporting Instructions	A
ColorectalCancerScreening	White	Direct	CollectionMethod	Repeat per Stratification	✓
	BlackOrAfricanAmerican	Indirect	EligiblePopulation	For each Stratification	✓
	AmericanIndianAndAlaskaNative	Total	Denominator	For each Stratification	
	Asian		Numerator	For each Stratification	✓
	NativeHawaiianAndOtherPacificIslander		Rate	(Percent)	✓
	SomeOtherRace				
	TwoOrMoreRaces				
	AskedButNoAnswer*				
	Unknown**				

Table COL-C-4: Data Elements for Colorectal Cancer Screening: Stratifications by Ethnicity

Metric	Ethnicity	Source	Data Element	Reporting Instructions	A
ColorectalCancerScreening	HispanicOrLatino	Direct	CollectionMethod	Repeat per Stratification	✓
	NotHispanicOrLatino	Indirect	EligiblePopulation	For each Stratification	✓
	AskedButNoAnswer*	Total	Denominator	For each Stratification	
	Unknown**		Numerator	For each Stratification	✓
			Rate	(Percent)	✓

*AskedButNoAnswer is only reported for Source='Direct.'

**Unknown is only reported for Source='Indirect.'

Colorectal Cancer Screening (COL-E)

SUMMARY OF CHANGES TO HEDIS MY 2022

- Added optional ECDS reporting to HEDIS for QRS.

SUMMARY OF CHANGES FOR HEDIS MY 2022 TECHNICAL UPDATE

- Revised the age range from 50–75 years of age to 45–75 years of age.
- Updated the clinical recommendation statement to reflect new guidelines.
- Added age stratifications.
- Changed references of "FIT-DNA test" to "stool DNA (sDNA) with FIT test" in the numerator.
- Revised the Data Elements for Reporting tables to reflect age stratifications.
- Added a footnote to COL-E-A-4 and Table COL-E-B-4 to clarify that the "unknown" category for race and ethnicity is only reported for the indirect data source.

HEDIS FOR QRS SPECIFIC GUIDANCE

- This measure includes stratifications for race and ethnicity that were proposed to be added to the QRS measure set in the Draft 2022 Call Letter. Refer to the Final 2022 Call Letter and *2023 QRS and QHP Enrollee Survey Technical Guidance* for guidance on reporting this measure.
- This measure includes optional ECDS reporting that was proposed in the Draft 2022 Call Letter. Refer to the Final 2022 Call Letter and *2023 QRS and QHP Enrollee Survey Technical Guidance* for guidance on reporting this measure.

Description	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.
Measurement period	January 1–December 31.
Clinical recommendation statement	The U.S. Preventive Services Task Force "recommends screening for colorectal cancer in all adults aged 50 to 75 years (A recommendation) and all adults aged 45 to 49 years (B recommendation)." Potential screening methods include an annual guaiac-based fecal occult blood test (gFOBT), annual fecal immunochemical test (FIT), multitargeted stool DNA with FIT test (sDNA FIT) every 3 years, colonoscopy every 10 years, CT colonography every 5 years, flexible sigmoidoscopy every 5 years or flexible sigmoidoscopy every 10 years, with FIT every year.
Citations	U.S. Preventive Services Task Force. 2021. "Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement." *JAMA* 325(19):1965–1977. doi:10.1001/jama.2021.6238

Characteristics	
Scoring	Proportion.
Type	Process.
Stratification	1. Exchange: Race – White. 2. Exchange: Race – Black or African American. 3. Exchange: Race – American Indian and Alaska Native. 4. Exchange: Race – Asian. 5. Exchange: Race – Native Hawaiian and Other Pacific Islander. 6. Exchange: Race – Some Other Race. 7. Exchange: Race – Two or More Races. 8. Exchange: Race – Asked but No Answer. 9. Exchange: Race – Unknown. 10. Exchange: Ethnicity – Hispanic/Latino. 11. Exchange: Ethnicity – Not Hispanic/Latino. 12. Exchange: Ethnicity – Asked but No Answer. 13. Exchange: Ethnicity – Unknown. 14. Exchange: Age – 46-49 years. 15. Exchange: Age – 50-75 years.
Risk adjustment	None.
Improvement notation	A higher rate indicates better performance.
Definitions	
Participation	The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting. Allocation for reporting is based on eligibility during the Participation Period.
Participation Period	The Measurement Period and the year prior to the Measurement Period.
Initial Population	Members 46–75 years as of the end of the Measurement Period who also meet the criteria for Participation.
Exclusions	• Members in hospice or using hospice services any time during the Measurement Period. • Members with colorectal cancer or a total colectomy any time during the member's history through the end of the Measurement Period. • Medicare members 66 years of age and older by the end of the Measurement Period who meet either of the following:

	– Enrolled in an Institutional SNP (I-SNP) any time during the Measurement Period. – Living long-term in an institution any time during the Measurement Period, as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the Measurement Period. • Members 66 years of age and older by the end of the Measurement Period, with frailty and advanced illness. • Members receiving palliative care during the Measurement Period.
Denominator	The Initial Population, minus Exclusions.
Numerator	Members with one or more screenings for colorectal cancer. Any of the following meet criteria: • Fecal occult blood test during the Measurement Period. • Flexible sigmoidoscopy during the Measurement Period or the four years prior to the Measurement Period. • Colonoscopy during the Measurement Period or the nine years prior to the Measurement Period. • CT colonography during the Measurement Period or the four years prior to the Measurement Period. • Stool DNA (sDNA) with FIT test during the Measurement Period or the two years prior to the Measurement Period.
Data criteria (element level)	
Value Sets: • **COLE_HEDIS_MY2022-1.0.0** – Colonoscopy (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1064) – Colorectal Cancer (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1065) – CT Colonography (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1421) – (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1750) – Flexible Sigmoidoscopy (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1102) – FOBT Lab Test (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1959) – FOBT Test Result or Finding (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1960) – History of Colonoscopy (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1910) – History of Flexible Sigmoidoscopy (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1911) – History of Total Colectomy (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1912) – sDNA FIT Lab Test (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1749) – sDNA FIT Test Result or Finding (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1750) – Total Colectomy (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1250)	

- **NCQA_AdvancedIllnessandFrailty-1.0.0**
  - Acute Inpatient (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1810)
  - Advanced Illness (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1465)
  - Dementia Medications (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1729)
  - ED (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1086)
  - Frailty Device (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1530)
  - Frailty Diagnosis (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1531)
  - Frailty Encounter (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1532)
  - Frailty Symptom (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1533)
  - Nonacute Inpatient (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1189)
  - Observation (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1191)
  - Online Assessments (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1446)
  - Outpatient (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1202)
  - Telephone Visits (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1246)
- **NCQA_Claims-1.0.0**
  - Inpatient Stay (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1395)
  - Nonacute Inpatient Stay (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1398)
- **NCQA_Hospice-1.0.0**
  - Hospice Encounter (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1761)
  - Hospice Intervention (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1762)
- **NCQA_PalliativeCare-1.0.0**
  - Palliative Care Assessment (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2225)
  - Palliative Care Encounter (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1450)
  - Palliative Care Intervention (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2224)

Direct Reference Codes and Codesystems:

- **NCQA_PalliativeCare-1.0.0**
  - codesystem "ICD-10": 'http://hl7.org/fhir/sid/icd-10-cm'
  - code "Encounter for palliative care": 'Z51.5' from "ICD-10" display 'Encounter for palliative care'
- **NCQA_Terminology-1.0.0**
  - codesystem "claim-type": 'http://terminology.hl7.org/CodeSystem/claim-type'
  - codesystem "ConditionClinicalStatusCodes": 'http://terminology.hl7.org/CodeSystem/condition-clinical'
  - codesystem "coverage-type": 'http://terminology.hl7.org/CodeSystem/v3-ActCode’
  - code "active": 'active' from "ConditionClinicalStatusCodes"
  - code "Institutional": 'institutional' from "claim-type"
  - code "managed care policy": 'MCPOL' from "coverage-type"
  - code "Professional": 'professional' from "claim-type"
  - code "retiree health program": 'RETIRE' from "coverage-type"
  - code "subsidized health program": 'SUBSIDIZ' from "coverage-type"

Data Elements for Reporting

Organizations that submit data to NCQA must provide the following data elements in a specified file.

Table COL-E-A-4: Metadata Elements for Colorectal Cancer Screening

Metric	Age	Data Element	Reporting Instructions
ColorectalCancerScreening	46-49	InitialPopulation	For each Stratification
	50-75	ExclusionsByEHR	For each Stratification
	Total	ExclusionsByCaseManagement	For each Stratification
		ExclusionsByHIERegistry	For each Stratification
		ExclusionsByAdmin	For each Stratification
		Exclusions	(Sum over SSoRs)
		Denominator	For each Stratification
		NumeratorByEHR	For each Stratification
		NumeratorByCaseManagement	For each Stratification
		NumeratorByHIERegistry	For each Stratification
		NumeratorByAdmin	For each Stratification
		Numerator	(Sum over SSoRs)
		Rate	(Percent)

Table COL-E-B 4: Data Elements for Colorectal Cancer Screening: Stratifications by Race

Metric
ColorectalCancerScreening

Race	Source	Data Element	Reporting Instructions
White	Direct	InitialPopulation	For each Stratification
BlackOrAfricanAmerican	Indirect	Exclusions	For each Stratification
AmericanIndianAndAlaskaNative	Total	Denominator	For each Stratification
Asian		Numerator	For each Stratification
NativeHawaiianAndOtherPacificIslander		Rate	(Percent)
SomeOtherRace			
TwoOrMoreRaces			
AskedButNoAnswer*			
Unknown**			

Table COL-E-C-4: Data Elements for Colorectal Cancer Screening: Stratifications by Ethnicity

Metric
ColorectalCancerScreening

Ethnicity	Source	Data Element	Reporting Instructions
HispanicOrLatino	Direct	InitialPopulation	For each Stratification
NotHispanicOrLatino	Indirect	Exclusions	For each Stratification
AskedButNoAnswer*	Total	Denominator	For each Stratification
Unknown**		Numerator	For each Stratification
		Rate	(Percent)

*AskedButNoAnswer is only reported for Source='Direct.'

**Unknown is only reported for Source='Indirect.'