Select Health Quality Provider Program

COLORECTAL CANCER SCREENING

2026 Quality Measure Reference Guide

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Select Health

This measure is included in the Primary Care Quality Provider Program.

Measure Description

Description	The percentage of members ages 45 to 75 who had appropriate screening for colorectal cancer
Denominator	Members ages 46 to 75 during the measurement year*
Numerator	Members in the denominator who had 1 of the following: • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT)** 1 or more times during the measurement year • Flexible sigmoidoscopy 1 or more times from 2022 to 2026 • Colonoscopy 1 or more times from 2017 to 2026 • CT colonography 1 or more times from 2022 to 2026 • Fit DNA or Cologuard test 1 or more times from 2024 to 2026**
Intake and Measurement Periods	**Intake Period**: **January 1** through **December 31** of the measurement year **Measurement Period**: **January 1, 2017**, through **December 31, 2026**
Exclusions	Members who have been diagnosed with colorectal cancer or who have had a total colectomy at any time
Corrections Allowed	• "Patient had appropriate screening." • "Patient has a diagnosis of colorectal cancer." • "Patient does not fit age criteria." • "Patient has a diagnosis of total colectomy."

* Once a member turns 45, this difference between the measure description and the denominator description allows 1 year to complete a colon cancer screening.

** Note that:
- FIT and FIT-DNA (stool DNA with FIT test) are different tests.
- Cologuard test is a covered benefit on Select Health Medicare and Commercial plans.

Allowable Corrections

General Guidance

- Include a copy of EHR note, progress note, or screen print signed by MA/RN/MD including member name, DOB, and provider.
- Submit corrections using **this online tool**.
- Wait 6 weeks from the date of service to enter corrections to allow for claim lag.
- Don't attach multiple patient records to a single correction.
- Each date of service requires separate correction entries.

ALLOWABLE CORRECTIONS FOR COLORECTAL CANCER SCREENING

Allowable Correction	Submission Correction Process		Additional Required Documentation*	Notes for Entering Corrections
	Category (Measure)	**Component** (Correction Type)		
Does not fit age criteria	**Refer to Demographic Corrections**		Date of birth	**For any correction:** • When only year is given, use date 12/31/YEAR. • When only month & year is given, use last day of month (e.g., April 2026: 4/30/2026) **In the correction tool, use:** • FOBT for Fecal Occult Blood Test (FOBT) or fecal immunochemical test (FIT) • FIT-DNA for Fit DNA or Cologuard test **
Unaccounted for total colectomy	**Preventive Screening** (Colorectal Cancer Screening)	**COL-E Exclusion** (Total Colectomy)	Date of total colectomy	
Unaccounted for colorectal cancer diagnosis		**COL-E Exclusion** (Colorectal Cancer, history of)	Date of diagnosis	
Unaccounted for colorectal cancer screening		**COL-E Numerator** (FOBT, FLEXSIG, Colonoscopy, CT Colonosco-py, FIT-DNA)	• **Colonoscopy/ Flex Sig/CT Colonoscopy:** date service was performed • **Cologuard/FOBT:** Resulted or reported date, **NOT** date of collection	

* See general guidance above.
Digital rectal exams or FOBT performed in an office setting **DOES NOT COUNT.

Access guidance for general corrections to attribution and demographics.

Frequently Asked Questions

Q: Why does this measure matter?

A: This measure is important for patient outcomes because:

- The chance of surviving colon cancer exceeds 90% when diagnosed before it has extended beyond the intestinal wall.
- Colon cancer has been on the rise, most likely due to underutilized screening practices.
- Colon cancer is the 3rd most common cancer worldwide and the second leading cause of cancer deaths.

Q: What is Select Health doing to help?

A: Screening colonoscopy is covered as a preventive benefit. Check the **Select Health Preventive Care guidelines** for specific coverage information.
In addition, we:

- Work with a data analytics call center to make outbound calls to members who are due for breast cancer screening
- Mail a brochure encouraging members to get preventive screenings
- Collaborate with a pharmaceutical company to provide clinics with customizable breast cancer promotional materials (e.g., tent cards, post cards, and a navigation script for making outreach calls)

Select Health Quality Provider Program provides an up-to-date registry of patients included in this measure with their compliance status.

Q: What are best practices for this measure?

A: Best practices include:

- Developing a screening policy and putting it into practice by:
  - — Documenting the policy in writing and sharing it with staff
  - — Identifying roles and giving all staff members a responsibility in the process
- Identifying available resources and putting office systems in place, such as:
  - — Instituting pre-visit planning and putting alerts into your EHR
  - — Holding daily or weekly care huddles
  - — Compiling written patient instruction/information sheets
  - — Making tracking and follow-up a part of your process
- Making consistent recommendations, especially from the provider, including:
  - — Remembering that a recommendation from a healthcare provider is vital
  - — Establishing standard screening messages to be shared with patients
  - — Being well versed on all screening modalities available
  - — Considering how to best support non-English speaking patients
  - — Remembering to address with all populations, including the underserved
- Measure progress toward your goals and adjust the process when needed by:
  - — Establishing a baseline screening rate and setting an ambitious goal
  - — Discussing how your screening system is working during staff meetings
  - — Making process adjustments as needed to ensure success

Resources:

American Cancer Society. *American Cancer Society Guidelines for the Early Detection of Cancer.* **ACS.org**. Last Revised December 4, 2025. **https://www.cancer.org/cancer/screening/american-cancer-society-guidelines-for-the-early-detection-of-cancer.html**. Accessed February 11, 2026.

National Committee for Quality Assurance. *Breast cancer screening (BCS, BCS-E).* **NCQA.org**. [date unknown]. **https://www.ncqa.org/hedis/measures/breast-cancer-screening/**. Febru3ry 5, 2024.

National Committee for Quality Assurance. *Colorectal Cancer Screening (COL, COL-E).* **NCQA.org**. [date unknown]. **https://www.ncqa.org/hedis/measures/colorectal-cancer-screening/**. Accessed February 5, 2024.

Great Plains Colon Cancer Task Force. *Two Cancer Screenings You Should Never Skip.* **coloncancertaskforce.org**. 2026. **https://www.coloncancertaskforce.org/blog-entries/two-cancer-screenings-you-should-never-skip**. Accessed February 11, 2026.

Utah Department of Health and Human Services. *PHOM Indicator Profile Report of Breast Cancer Screening (Mammography).* **ibis.health.utah.gov**. Updated November 2021. Updated February 6, 2025. **https://ibis.utah.gov/ibisph-view/report/phom/summary/BreCAMam.html**. Accessed February 11, 2026.

Select Health

Working Your Open Gaps List

STEP 1
Create a current gaps-in-care list: 1. Open your Gaps-in-Care-for-Download report: **QPP Report Hub** 2. Apply these filters: — **Super clinic:** Choose your clinic. — **Measure:** Click on **"Cancer Screening: Colorectal (COLE)."** — **Status:** Unclick the "Compliant" box. This will filter for only the achievable and/or non-compliant members. 3. In the drop-down menu on the top right side of the page, change the view from "**Member**" to '**Download.**" 4. Follow the instructions on the screen to export the data to Excel. Refer to **Report Hub Instructions: Basic User**.
STEP 2
Format your Excel export. (Refer to **Formatting a Gaps List in Excel**.)
STEP 3
Review tips for working your gaps-in-care list (**page 6**).

Measure Information

Early detection through screening can save lives. Colon cancer is the 1st leading cause of death in men under 50, 2nd leading cause of cancer death in women under 50, and 2nd leading cause of cancer death in men and women combined in the U.S.[1]

NOTE: Examples used in this document are for instructional purposes only; the dates that appear are only representative of what a user might see.

The objective behind cancer screenings is to reduce cancer morbidity and mortality by detecting cancer early and by detecting cancer precursors that can help in preventing the development of cancer. Use the filtered gaps-in-care list to schedule screening appointments for achievable members or find possible correction documentation for members who may have had these screenings prior to being covered by Select Health or by a secondary payer.

Corrections are allowed if the member falls into the acceptable intake and measurement periods and has had an appropriate screening. **Learn more in the Allowable Correction section (see page 3).**

For coverage information, refer to:

- **Select Health Preventive Care and Screening Guidelines**
- **Select Health Coding & Reimbursement policies**

Corrections Pro Tip

Please wait **6 weeks** from the date of service before determining if a correction is needed.

This allows time for claims to be processed, ultimately ensuring that only needed corrections are submitted.

Continued on page 6...

Working Your Open Gaps List, Continued

Tips for Working Your Gaps-in-Care List

1. **For members whose status shows "Achievable," look at their record in your EHR.** Members may have had these screenings prior to being covered by Select Health. Establish a process to relay this information to the provider to help educate current Select Health members on the importance of screenings and prevent any gaps from being missed.
2. **Screening Options:** Colonoscopy, every 7–10 years for routine testing. Cologuard, every 3 years for testing. FIT, once each year.
3. **If your team hasn't already done so, please implement these best practices:**
   - Make sure that you review and document member's cancer screening(s) history annually (the type of screening done, the date, and any further screening recommendations).
   - Designate staff to scrub charts prior to the visit and send notes/messages to the medical assistant or provider about whether the patient requires any type of cancer screening at their visit.
   - Encourage members to schedule screenings early as they fill up quickly.
4. **If the cancer screening is current, but the gap is still showing as "Achievable," the record of the cancer screening can be submitted as a correction. Be sure to:**
   - Access the Quality Data Corrections (QDC) Tool. (Reference the QDC Tool guide for "Submitting Corrections.")
   - Use the "QDC Correction URL" link(s) provided in the downloaded gaps-in-care Excel file (last column) to have member, provider, and measure information (i.e., EMPI, Member ID, and Provider Name) pre-populated. This link will open the relevant screen showing this information.
   - Remember to pull a **NEW** Select Health Quality Provider Gaps List before submitting corrections.

Best Practices: Closing Gaps in Care

To help close gaps in care:

- Review and document member's colon cancer screening history annually (which screening was done, the date, and further screening recommendations).
- When appropriate, have your staff educate patients on how to use a Fecal Immunochemical Test (FIT) or Cologuard kit. Be sure to:
  - — Give the patient a deadline for obtaining the sample and sending it off to be processed.
  - — Have a method of tracking FIT tests and Cologuard kits sent with patients; place reminder calls to patients if test results are not received after one or two months.
- You can self-report and document the colonoscopy in your EHR as you do not need the actual colonoscopy report from the provider to close this gap. You will need the test type and a date. If the date is within the appropriate evidence-based time period for screening, the gap can be closed.

NOTE: A history of colon cancer or total colectomy will remove a member from the measure.

Questions about the Quality Provider Program?
Contact us at QualityProvider@selecthealth.org.

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