

**Quality Compliance Form**

<b>Colorectal Cancer Screening (COL)</b>		
<b>Provider Information</b>		
Provider Name		
Address		
Specialty		
NPI		
Tax ID		
Contact Name		
Contact Phone		
<b>Patient Information</b>		
Patient Name		
DOB		
Highmark Blue Cross Blue Shield of Western New York Insurance	Primary	Secondary
ID#		
Measure/Description	<p>This measure targets members 50-75 years of age (1946-1971) who had colorectal cancer screening.</p> <p>There are five (5) types of colorectal cancer screenings with an associated timeframe that meet the criteria:</p> <ol style="list-style-type: none"> <li>1. <b>FOBT</b> (fecal occult blood test) must be done in 2021; both iFOBT and gFOBT are acceptable.</li> <li>2. <b>Flexible sigmoidoscopy</b> must be done between 2017 and 2021.</li> <li>3. <b>Colonoscopy</b> must be done between 2012 and 2021.</li> <li>4. <b>CT colonography</b> test must be done between 2017 and 2021.</li> <li>5. <b>FIT-DNA (Cologuard)</b> must be done between 2019 and 2021.</li> </ol>	
Required Documents  *CCD's are not accepted per NCQA regulations	<p>Evidence of one of the five procedures listed above were completed during the specified timeframes.</p> <p><b>Exclusion:</b> Documentation of a diagnosis of colorectal cancer or a total colectomy any time during the member's history through December 31, 2021.</p>	
Comments		

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