



Colorectal Cancer Screening Tip Sheet

What is the CMS Star Rating Program?

CMS uses a five-star quality rating system to measure the experiences Medicare beneficiaries have with their health plan and healthcare system – the Star Rating Program. Health plans are rated on a scale of 1 to 5 stars, with 5 being the highest. These ratings are then published on the Medicare Plan Finder at [medicare.gov](https://www.medicare.gov) to raise the quality of care for Medicare beneficiaries, strengthen beneficiary protections and help consumers compare health plans more easily.

Measure Description

Weight: 1

This measure shows the percent of plan members aged 45 to 75 as of December 31st of the measurement year who had appropriate screening for colon cancer.

Measure Source

- Claims & Chart Review.

Stars/Quality Specifications

The measure assesses the percentage of members 45 to 75 years of age who had appropriate screening for colorectal cancer using any of the following tests:

- Fecal occult blood test during the measurement year. For administration data, assume the required number of samples were returned, regardless of FOBT type.
- 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 with FIT test during the measurement year or the two years prior to the measurement year.

Strategies for Success

- Encourage patients to have colon cancer screening appropriate for their risk level.
- Use culturally sensitive counseling and behavioral interviewing.
- Discuss family history of colon cancer with the patient.

Coding and Documentation Tips

Exclusionary criteria includes:

- Hospice, palliative care or deceased members during measurement year.
- Colorectal cancer any time during member's history through December 31st of measurement year.
- Total colectomy any time during member's history through December 31st of measurement year.

Members may be excluded from this measure due to frailty and/or advanced illness. Click the following link to review the master code list for exclusions: [Exclusion Codes](#)

If you have any questions, please contact your Provider Relations Specialist.