

# Quality Provider Program — Primary Care

## Working Your Open Gaps List: Cancer Screenings: Breast (BCS) and Colorectal (COL)

### Instructions

#### 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 (COL)," "Breast Cancer Screening - ECDS (BCSE)."**
  - **Status:** Unclick the **"Compliant"** box. This will filter for only the achievable members.
3. In the dropdown 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.

(See [Formatting a Gaps List in Excel](#).)

#### STEP 3

Review "Tips for Working your Gaps-in-Care List" (beginning on [page 2](#)).

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

### Measure Information

One in 8 women in the United States will be diagnosed with breast cancer in her lifetime.<sup>1</sup> The great news is, when caught in its earliest stages, the 5-year relative survival rate is 99%.<sup>2</sup> Advances in early detection and treatment methods have significantly increased breast cancer survival rates in recent years.

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.<sup>3</sup>

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 patients 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. Please refer to the current [Measurement Booklet](#) and [Quick Guide](#).

For coverage information, refer to [Select Health Preventive Care and Screening Guidelines](#), [Select Health Coding & Reimbursement policies](#).

*Tips for Working Your Gaps-in-Care List begin on page 2...*



Questions about the Quality Provider Program?  
Contact us at [QualityProvider@selecthealth.org](mailto:QualityProvider@selecthealth.org).

# Cancer Screenings: Breast (BCS) and Colorectal (COL), Continued

## Tips for Working Your Gaps-in-Care List

### 1. Often, it saves time to work on the Breast and Colorectal cancer screening list together.

For members whose status shows “Achievable,” look at their record in your EMR. Patients 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 patients on the importance of screenings and prevent any gaps from being missed.

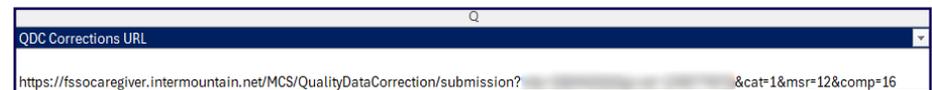
### 2. Screening Options: Colonoscopy, every 7–10 years for routine testing. Cologuard, every 3 years for testing. FIT, once each year.

### 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:

- a. Access the [Quality Data Corrections \(QDC\) Tool](#). (Reference the QDC Tool guide for "[Submitting Corrections](#).”)
- b. 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 (see **Figure 1a** and **Figure 1b** below) showing this information.



- c. Remember to pull a NEW Select Health Quality Provider Gaps List before submitting corrections.

Continued on page 3...

## NOTES:

- For breast cancer screenings, a history of a bilateral mastectomy (or two unilateral mastectomies) will remove the member from the measure.
- For colon cancer screenings, a history of colon cancer or total colectomy will remove a member from the measure.

Figure 1a. Entering Corrections: Colorectal Cancer

A screenshot of the "Quality Data Correction Tool" interface for "Add Correction". The form is pre-populated with: EMPI \* (redacted), Member Id \* (redacted), Provider Name \* (Coleman, Stephen |), Category \* (Preventive Screening), Measure \* (Colorectal Cancer Screening), Component \* (COL Numerator), COL Numerator Date \* (calendar icon), COL Numerator Type \* (dropdown), Add Attachment(s): (upload icon), and Comment (text area). At the bottom are "Review & Submit" and "Reset" buttons.

Figure 1b. Entering Corrections: Breast Cancer

A screenshot of the "Quality Data Correction Tool" interface for "Add Correction". The form is pre-populated with: EMPI \* (redacted), Member Id \* (redacted), Provider Name \* (Coleman, Stephen |), Category \* (Preventive Screening), Measure \* (Breast Cancer Screening), Component \* (BCS Numerator), BCS Numerator Date \* (calendar icon), BCS Numerator Type \* (dropdown), Add Attachment(s): (upload icon), and Comment (text area). At the bottom are "Review & Submit" and "Reset" buttons.

# Cancer Screenings: Breast (BCS) and Colorectal (COL), Continued

## Learn More

For more information on how to enter corrections, please refer to the [Allowable Corrections Guide](#).

### 5. Supplemental resource to identify open gaps:

- Visit the QPP Dashboard and open the MEMBER\_COMPLIANCE tab.
- Apply filters as indicated below in **Figure 2**.

**Figure 2. Example: Supplemental Resource**

**Super clinic.** Choose your clinic.

**Status.** Unclick the Compliant box. This will filter for only the achievable members.

**Member.** Unclick the All checkbox. Search for the member scheduled for the upcoming appointment using their name, formatted "last name, first name."

Open gaps for the selected member will be depicted.

**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 saving us all time by submitting only corrections that really may be needed.

Member	EMPI	Birth Date	Provider	Clinic	Breast Cancer Screenings - EGD5 (BCSE)	Colorectal EGD5 (COLC)
			GOLDING, BRADY J	INTERMOUNTAIN RIVER ROAD L	Open	Open

## References:

1. American Cancer Society. *Breast Cancer Facts & Figures 2019-2020*. Atlanta: American Cancer Society, Inc. 2019. Available at: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf>. Accessed March 29, 2025.
2. American Cancer Society. Survival rates for breast cancer. **ACS.org** website. Last revised January 19, 2025. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf>. Accessed March 29, 2025.
3. Colon Cancer Coalition. Colon cancer facts. **coloncancercoalition.org** website. 2025. <https://coloncancercoalition.org/colon-cancer-screening/facts/>. Accessed March 29, 2025.