2025 QUALIFIED ENTITY REPORT

Colorectal Cancer Screening

2017-2022

DECEMBER 2025

Blue Cross Blue Shield

bhi
Blue Health Intelligence®

ABOUT THE QUALIFIED ENTITY CERTIFICATION PROGRAM

In June 2019, Blue Health Intelligence® (BHI®) was named a certified National Qualified Entity (QE). With this distinction, BHI gained access to all Medicare fee-for-service (FFS) claims for acute care, post-acute care, physician office, and pharmacy services for more than 37 million individuals each year. BHI has combined FFS Medicare data with its already rich set of commercial claims from 277 million unique individuals and 12.7 billion claims to help address healthcare's triple aim – better care for individuals, better health for populations, and lower costs for all. Specifically, the QE program was created as part of the Affordable Care Act with the purpose of combining Medicare data with a commercial claims data set and using it to report publicly on health system quality measures. For more information, visit qemedicaredata.org.

ABOUT BLUE HEALTH INTELLIGENCE

BHI works with the most comprehensive data and advanced analytics in healthcare to improve healthcare cost, quality, and access. We collaborate with health plans, providers, researchers, and life science companies across a range of disciplines, including value-based care, health equity, and cost transparency. Blue Health Intelligence is a trade name of Health Intelligence Company LLC, an independent licensee of the Blue Cross Blue Shield Association. For more information, visit bluehealthintelligence.com.

Colorectal Cancer Screening (COL) Quality Measure Report (2017–2022)
Produced under the CMS Qualified Entity (QE) Program

Executive Summary

As a certified Medicare Qualified Entity (QE), Blue Health Intelligence® (BHI®) is authorized by the Centers for Medicare & Medicaid Services (CMS) to use combined Medicare and Blue Cross Blue Shield (BCBS) commercial claims data to evaluate provider performance and publicly report on quality measures. This report highlights the Colorectal Cancer Screening (COL) measure, assessing preventive care performance across commercial and Medicare populations between 2017 and 2022. The measure evaluates the percentage of adults aged 46–75 who received appropriate screening for colorectal cancer. The analysis demonstrates measurable variation in provider performance between payer populations. These insights help identify gaps in preventive care delivery, highlight providers achieving best-practice adherence, and support the QE Program's purpose—to enhance transparency, accountability, and quality improvement across the U.S. healthcare system.

Background and Alignment with the QE Program

The CMS Qualified Entity Program enables certified organizations to use multi-payer claims data to evaluate and publicly report provider performance on quality, cost, and efficiency measures; promote transparency by making performance results accessible; and drive quality improvement through data-driven benchmarking and accountability. By reporting on the Colorectal Cancer Screening measure, BHI supports these objectives by assessing how effectively providers deliver preventive cancer screening services, identifying variation in performance between payer types, and enabling providers to benchmark performance against peers.

Methods

BHI used integrated Medicare Fee-for-Service and BCBS commercial claims data for all 50 states and the District of Columbia, spanning measurement years 2017–2022. Measure Definition: The Colorectal Cancer Screening (COL) measure follows HEDIS® specifications and captures the percentage of adults aged 46–75 who received appropriate screening.

Product Lines

Commercial, Medicare

Age

We examined members who were 46 years of age as of December 31 of the measurement year to 75 years of age as of December 31 of the measurement year. The results are stratified into two age ranges: 46-49 and 50-75, and the total number (the sum of the age stratifications).

Denominator

The eligible population:

- Continuously enrolled during the measurement year and the year prior to the measurement year
- No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment
- Must have Medical benefit
- Ages 46-75 as of December 31 of the measurement year

Numerator

One or more screenings for colorectal cancer. Any of the following meet the criteria:
- Fecal occult blood test during the measurement year
- Flexible sigmoidoscopy during the measurement year or 4 years prior to the measurement year
- Coloscopy during the measurement year or the 9 years prior to the measurement year
- CT colonography during the measurement year or 4 years prior to the measurement year
- Stool DNA (sDNA) with FIT test during the measurement year or the 2 years prior to the measurement year

Measure Exclusions

- Members who had colorectal cancer or a total colectomy any time during the member's history through December 31 of the measurement year.
- Medicare members 66 years of age and older as of December 31 of the measurement year and enrolled in Institutional SNP or living long-term in an institution during the measurement year.
- Members in hospice.
- Members who died during the measurement year.
- Palliative care during the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness.

Evaluation of Provider Performance
The measure results provide a direct lens on provider performance in delivering recommended preventive care.
- Quality of Care: Providers with higher screening adherence rates demonstrate stronger engagement in evidence-based preventive practices.
- Equity and Access: Variation across payer populations reveals potential access disparities or systemic differences in care management.
- Performance Benchmarking: By comparing multi-payer results, providers can benchmark their outcomes relative to peers, supporting internal quality-improvement planning.
- Transparency and Accountability: Public reporting of screening rates fulfills the QE Program's objective to make provider performance data available for consumers, purchasers, and regulators to inform value-based decision-making.

Implications for Quality Improvement
The identified variations provide actionable insights for stakeholders:
- Providers: can implement proactive outreach and reminder systems to close screening gaps.
- Payers: can align value-based incentives and education initiatives to improve screening rates.
- Patients: gain clearer visibility into preventive-care performance, empowering informed choice.

By translating these data into public reporting, BHI supports CMS's mission to advance value-based care and population-level health improvement.

Conclusion

Through this analysis, BHI fulfills the CMS Qualified Entity Program's purpose—leveraging comprehensive, multi-payer data to evaluate provider performance, drive quality transparency, and inform system-wide improvement.

Monitoring colorectal cancer screening adherence not only reflects provider commitment to preventive care but also advances the broader goal of ensuring better outcomes, better coordination, and better value across the healthcare landscape.

Results

2017: Percentage of Members 45-75 years of age who had appropriate screening for colorectal cancer

Due to the continuous enrollment requirements of the Colorectal Cancer Screening measure, the measure cannot be measured for 2017 as the criteria requires enrollment for the measurement year and the year prior to the measurement year. Since BHI only has Medicare FFS data for 2017-2022, we are unable to assess continuous enrollment criteria and rates for 2017.

2018: Percentage of Members 45-75 years of age who had appropriate screening for colorectal cancer

	Total Population	Denominator	Numerator	Rate
Commercial + Medicare Fee-for-Service (FFS)				
Ages 46-49	4,027,901	4,012,658	321,037	8.0%
Ages 50-75	35,873,672	34,691,338	7,957,412	22.9%
Total	39,901,573	38,703,996	8,278,449	21.4%
Commercial				
Ages 46-49	3,660,773	3,649,749	294,337	8.1%
Ages 50-75	18,366,314	18,171,251	4,365,191	24.0%
Total	22,027,087	21,821,000	4,659,528	21.4%
Medicare FFS				
Ages 46-49	367,128	362,909	26,700	7.4%
Ages 50-75	17,507,358	16,520,087	3,592,221	21.7%
Total	17,874,486	16,882,996	3,618,921	21.4%

Results (continued)

2019: Percentage of Members 45-75 years of age who had appropriate screening for colorectal cancer

	Total Population	Denominator	Numerator	Rate
Commercial + Medicare Fee-for-Service (FFS)				
Ages 46-49	4,017,527	4,000,309	412,720	10.3%
Ages 50-75	36,872,943	35,602,467	10,841,909	30.5%
Total	40,890,470	39,602,776	11,254,629	28.4%
Commercial				
Ages 46-49	3,665,056	3,652,399	378,117	10.4%
Ages 50-75	18,725,881	18,505,991	5,911,302	31.9%
Total	22,390,937	22,158,390	6,289,419	28.4%
Medicare FFS				
Ages 46-49	352,471	347,910	34,603	10.0%
Ages 50-75	18,147,062	17,096,476	4,930,607	28.8%
Total	18,499,533	17,444,386	4,965,210	28.5%

2020: Percentage of Members 45-75 years of age who had appropriate screening for colorectal cancer

	Total Population	Denominator	Numerator	Rate
Commercial + Medicare Fee-for-Service (FFS)				
Ages 46-49	3,811,520	3,793,575	441,314	11.6%
Ages 50-75	33,327,688	32,221,648	12,002,275	37.2%
Total	37,139,208	36,015,223	12,443,589	34.6%
Commercial				
Ages 46-49	3,559,873	3,546,457	407,014	11.5%
Ages 50-75	18,735,110	18,501,913	6,648,189	35.9%
Total	22,294,983	22,048,370	7,055,203	32.0%
Medicare FFS				
Ages 46-49	251,647	247,118	34,300	13.9%
Ages 50-75	14,592,578	13,719,735	5,354,086	39.0%
Total	14,844,225	13,966,853	5,388,386	38.6%

Results (continued)

2021: Percentage of Members 45-75 years of age who had appropriate screening for colorectal cancer

	Total Population	Denominator	Numerator	Rate
Commercial + Medicare Fee-for-Service (FFS)				
Ages 46-49	3,825,371	3,806,533	588,974	15.5%
Ages 50-75	33,547,341	32,313,860	13,681,917	42.3%
Total	37,372,712	36,120,393	14,270,891	39.5%
Commercial				
Ages 46-49	3,611,733	3,596,811	553,671	15.4%
Ages 50-75	19,427,652	19,167,238	7,866,312	41.0%
Total	23,039,385	22,764,049	8,419,983	37.0%
Medicare FFS				
Ages 46-49	213,638	209,722	35,303	16.8%
Ages 50-75	14,119,689	13,146,622	5,815,605	44.2%
Total	14,333,327	13,356,344	5,850,908	43.8%

2022: Percentage of Members 45-75 years of age who had appropriate screening for colorectal cancer

	Total Population	Denominator	Numerator	Rate
Commercial + Medicare Fee-for-Service (FFS)				
Ages 46-49	3,816,529	3,796,858	915,425	24.1%
Ages 50-75	36,234,457	34,956,571	14,755,361	42.2%
Total	40,050,986	38,753,429	15,670,786	40.4%
Commercial				
Ages 46-49	3,560,822	3,544,917	871,657	24.6%
Ages 50-75	19,359,502	19,090,952	8,694,844	45.5%
Total	22,920,324	22,635,869	9,566,501	42.3%
Medicare FFS				
Ages 46-49	255,707	251,941	43,768	17.4%
Ages 50-75	16,874,955	15,865,619	6,060,517	38.2%
Total	17,130,662	16,117,560	6,104,285	37.9%