

**Attachment 1:
Cancer Screening and Prevention Initiative 2022
Cancer Screening and Prevention Initiative Methodology**

Timeframe

The cancer screening initiative period includes dates of service from October 1, 2022, through March 31, 2023.

Goal

The goal of this initiative is to increase the number of high-quality Medicaid Managed Care operations that can lead to increased numbers of individuals undergoing early detection and prevention of cancer. The Agency will use regular meetings during the initiative to chronicle operational enhancements associated with increased encounters of cancer prevention and early detection. The following cancers and interventions will be the foci of this initiative:

Cancer	Interventions
Colorectal Cancer	<ul style="list-style-type: none"> • Screening by stool-based testing or direct visualization in eligible individuals.
Breast Cancer	<ul style="list-style-type: none"> • Screening by three-dimensional (3D) versus two-dimensional (2D) mammography in eligible individuals. • Time between abnormal breast imaging and breast biopsy.
Cervical Cancer and Oropharyngeal Cancer	<ul style="list-style-type: none"> • Human papillomavirus vaccination in eligible individuals.
Oropharyngeal Cancer and Lung Cancer	<ul style="list-style-type: none"> • Referrals to tobacco cessation programs for quit attempts.

Summary of United States Preventative Services Task Force (USPSTF) Reducing Cancer Risk

Colorectal cancer is the second leading cause of cancer death for both men and women in Florida. This cancer is prioritized by the 2022-2026 Florida State Health Improvement Plan, Chronic Disease Objective 1.4, whose objective is to increase colorectal cancer screening in the State of Florida from 70% to 80% by December 31, 2026. Furthermore, the 2020-2025 Florida Cancer Plan Goal 12 intends to reduce the colorectal cancer mortality through early detection in all Floridians.

Colorectal cancer is most frequently diagnosed among persons aged 65 to 74 years. However, it is estimated that 10.5% of new colorectal cancer cases occur in persons younger than 50 years of age. Incidence of colorectal cancer in adults aged 40 to 49 years has increased by almost 15% from 2000-2002 to 2014-2016. In 2018, approximately 30% of eligible adults in Florida were not up to date with colorectal cancer screening. In low-income populations, such as the Medicaid covered population, approximately 60% of adults were not up to date with colorectal cancer screening. Detecting colorectal cancer in its earliest stages permits treatments with curative intent.

The USPSTF recommends screening for colorectal cancer in adults aged 45 to 75 years. The two kinds of colorectal cancer screening include stool-based tests and direct visualization tests.

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Stool-based tests include high-sensitivity guaiac fecal occult blood test (gFOBT), fecal immunochemical test (FIT), and a combined stool DNA plus FIT test (sDNA-FIT, Cologuard®). Among the stool-based tests, screening with annual FIT or annual sDNA-FIT provides an estimated greater life-years gained than annual high-sensitivity gFOBT or sDNA-FIT every 3 years. Direct visualization tests include colonoscopy, CT colonography, and flexible sigmoidoscopy. Among the direct visualization tests, a colonoscopy every 10 years or CT colonography every 5 years have greater estimated life-years gained than flexible sigmoidoscopy every 5 years. Colonoscopy has the added advantage of polyp removal, which is an effective method for preventing colorectal cancers. Refer to the Agency’s coverage policies and fee schedules: <https://ahca.myflorida.com/medicaid/review/index.shtml>.

The USPSTF recommended intervals for colorectal cancer screening are:

- High-sensitivity gFOBT or FIT every 1 year
- sDNA-FIT (Cologuard®) every 1 to 3 years
- CT colonography every 5 years
- Flexible sigmoidoscopy every 5 years
- Flexible sigmoidoscopy every 10 years + FIT every year
- Colonoscopy screening every 10 years

In standard clinical practice, the most frequently utilized colorectal cancer screening methods are:

- FIT every 1 year
- sDNA-FIT (Cologuard®) every 3 years
- Colonoscopy screening every 10 years

Codes to Identify Excluded Individuals from Colorectal Cancer Incentive

People with history of colorectal cancer, defined as HCPCS:, G0231, ICD-10: Z85.038, Z85.048, C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, prior to screening period.

People with history of total colectomy, defined as CPT: 44150-44153, 44155-44158, 44210-44212, prior to screening period.

Claim Codes Identifying People Undergoing Colorectal Cancer Screening

The following claim codes will be used to identify unique individuals with episodes of colorectal cancer screening during the initiative period.

Code	Description
CPT Code 82274	Occult Blood, Fecal, Immunoassay
HCPCS Code G0328	Colorectal cancer screening; fecal occult blood test, immunoassay
CPT Code 81528	Cologuard®, multi-target stool DNA-based colorectal screening
CPT Code 45378	Colonoscopy without biopsy or other interventions
HCPCS Code G0105	Colorectal cancer screening; colonoscopy on individual at high risk

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HCPCS Code G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
ICD-10 code Z12.11	Colonoscopy, Encounter for screening for malignant neoplasm of colon

Determining Plan Eligibility

For any health plan to qualify for this alleviation of quality performance-related liquidated damages, the plan must have achieved a colorectal cancer screening rate of 30% or greater of its screening eligible 45- to 75-year-olds by March 31, 2023. The calculation of each plan's colorectal cancer screening rate is determined by the following:

Numerator: Distinct individuals aged 45 to 75 years with Florida Medicaid claims evidence of FIT within the 365 days prior to and including March 31, 2023, multi-target stool-based DNA test (Cologuard®) within the 1,095 days prior to and including March 31, 2023, or screening colonoscopy within the 3,650 days prior to and including March 31, 2023.

Denominator: Distinct individuals who were continuously enrolled in the Florida Medicaid health plan, defined as coverage for eleven months or greater each year of enrollment, and who were aged 45 to 75 years old within 365 days prior to and including March 31, 2023 for FIT testing, 1,095 days prior to and including March 31, 2023 for multi-target stool-based DNA test (Cologuard®), or 3,650 days prior to and including March 31, 2023 for screening colonoscopy.

The screening rate for each health plan is calculated as the Numerator divided by the Denominator and then multiplied by 100.

For purposes of this initiative, only Medicaid claims will be used to calculate the screening rate. Medicare claims will not be used to calculate the screening rate in this initiative.

The final date for assessing claims data will be June 30, 2023, to allow for a three-month claims lag from date of service.

Claims Codes Identifying People with Positive/Abnormal Screening Test for Linkage to Follow-Up Colonoscopy

The following claims codes will be used to identify distinct individuals who have had a positive/abnormal FIT or Cologuard test and subsequently underwent colonoscopy:

- 45380 – Colonoscopy, flexible; with biopsy, single or multiple
- 45381 – Colonoscopy, flexible; with directed submucosal injection(s), any substance
- 45382 – Colonoscopy, flexible; with control of bleeding, any method
- 45384 – Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
- 45385 – Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

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- 45388 – Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
- 45390 – Colonoscopy, flexible; with endoscopic mucosal resection

Calculating the Incentive Amount

For plan's achieving a colorectal cancer screening rate of 30% or greater by March 31, 2023, the calculation of discount will be as such:

$[(\text{Number of enrollees undergoing FIT test during incentive period} * 1) + (\text{Number of enrollees undergoing Cologuard} * 3) + (\text{Number of enrollees undergoing Colonoscopy} * 10)] * \3
$+$
$(\text{Number of enrollees with positive/abnormal FIT or Cologuard test who undergo subsequent diagnostic colonoscopy within 60 days of positive/abnormal test} * 7) * \3

Breast Cancer

The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and may benefit more than average-risk women from beginning screening in their 40s. There are multiple advantages to 3D mammography compared to 2D mammography, including higher sensitivity especially in women with dense breasts and fewer false positives.

During this initiative, the Agency will report to the health plans their numbers and rates of 3D mammography compared to 2D mammography in eligible women. The health plans and the Agency will discuss opportunities to increase 3D mammography among eligible women.

In the US, the average time interval between abnormal mammogram screening and biopsy is 28 days. The average time for first surgeon visit is 32 days and the average time to breast surgery is 53 days. These durations are longer for women of color.

During this initiative, the Agency will report to the health plans their time intervals between mammogram screening and biopsy or surgery. Data by race, ethnicity, geography (e.g., region, county, or ZIP code), or socioeconomic status will be presented, if available. The health plans and the Agency will discuss opportunities to shorten time intervals.

Cervical Cancer and Oropharyngeal Cancer

The human papillomavirus (HPV) has become a significant driver of cervical cancer and oropharyngeal cancers. To prevent and potentially eliminate these cancers, the HPV vaccine is recommended for routine vaccination starting at age 11 or 12 years. The HPV vaccine is a covered intervention for Medicaid recipients.

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During this initiative, the Agency will report to the health plans their HPV vaccination rates for eligible people (e.g., ages 9 years to 26 years). Medicaid claims data will be displayed. If available, SHOTS record data will also be displayed. Data by race, ethnicity, geography or socioeconomic status will be presented, if available. The health plans and the Agency will discuss opportunities to increase the rate.

During this initiative, the Agency will report to the health plans the number and rate of screening-eligible Medicaid enrollees undergoing cervical cancer screening including HPV testing. Data by race, ethnicity, geography or socioeconomic status will be presented, if available. The health plans and the Agency will discuss opportunities to increase screening.

Oropharyngeal Cancer and Lung Cancer

Tobacco is the other major driver of oropharyngeal cancer and the leading cause of lung cancer. Tobacco cessation services are covered for Medicaid recipients, including the Healthy Behaviors program. Florida's State Health Improvement Plan (SHIP) also seeks to increase the number of Floridians with tobacco quit attempts.

During this initiative, the Agency will report to the health plans the number and rate of Medicaid enrollees participating in tobacco cessation programs such as Healthy Behavior programs or Tobacco Free Florida referral programs. Data by race, ethnicity, geography or socioeconomic status will be presented, if available. The health plans and the Agency will discuss opportunities to increase referrals and completion.

Regular Meetings Between Health Plans and Florida Medicaid

Each Comprehensive, MMA, LTC, and Specialty health plan choosing to participate must assign a representative and alternative representative for this initiative. The representatives and Florida Medicaid staff will meet regularly to discuss enhancements within health plan operations, data on screening activity and prevention interventions, data on linkage to care after abnormal test result, how to engage physicians as leaders of disease prevention, how to engage enrollees in reducing their cancer risk, and how to reduce disparities. The Agency will host the regular meetings and may invite subject matter experts to assist progress.