

Breast Cancer Screening (BCS)



Overview

- Breast cancer is when cells begin to grow out of control, that can start in one or both breast
- It can spread when the cancer cells get into the blood or lymph system and then are carried to other parts of the body
- The most common breast cancers such as ductal carcinoma in situ (DCIS) and invasive carcinoma are adenocarcinomas, since the cancers start in the gland cells in the milk ducts or the lobules (milk-producing glands)

Breast Cancer Screening

WHY IS IT IMPORTANT

- Breast cancer is the most common cancer in women in the United States
 - It is about 30% (or 1 in 3) of all new female cancers each year
- Breast cancer is the second leading cause of cancer death among women in the United States
- The American Cancer Society's estimates for 2023 that 43,700 women in the U.S will die from breast cancer
- Breast cancer screening can detect early stage of breast cancer and increases the survival odds

<https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>

Understanding the Measure

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- How is someone identified for the measure:
 - Women 50 – 74 years of age (include women 52 years of age) by the end of the current year
- How is it measured:
 - Members who had mammogram test from October 1st of 2 previous years to end of the current year
 - Must be reported electronically (digital). Traditional reporting of BCS has been retired. Medical record test result can still be used to close care gap for Medicare

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TALKING POINTS WITH PROVIDER GROUPS

- Discuss with provider groups the purpose of ordering mammogram test for breast cancer screening in members between 50 - 74 years of age
- Share the quality care gaps report showing
 - Noncompliant eligible members for this measure
 - Members with no annual wellness visit or no visit at all (MWOV) in the current year
- Encourage provider groups to schedule screenings for their patients
- Advise provider groups to review members' medical records to confirm if a mammogram test from October 1st of 2 previous years was completed and the test result is in the chart
 - If multiple members had mammogram test done, discuss the option of submitting Supplemental Data FF to capture the completed service and close the care gap in our system
 - If member(s) had a visit in current year but no evidence that mammogram test was completed (no claim) or no documentation in medical record that mammogram test was completed, recommend calling these members and schedule their mammogram test
 - For members without visit (MWOV) in the current year, recommend provider groups to call these members and schedule AWV

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PROVIDER GROUP'S KEYS TO SUCCESS

- Encourage provider groups to use the care gaps report to call members without visit (MWOV) or missing annual wellness visit in the current year
- Encourage provider groups to assign a staff to complete patient teaching on the importance of getting mammogram test done - to identify those with early stage of breast cancer because early detection leads to successful treatment
 - Identify any barriers that is preventing member from getting the test. For example, transportation or does not know which facility to go to
- Encourage provider groups to schedule their patients' mammogram test
- Remind members to complete Release of Information (ROI), if needed so PCP can get the mammogram test result
- Encourage providers to document the date and the specific test completed when reviewing the patient's history
- Submit monthly supplemental data flat file to capture completed BCS from prior year and for new members enrolled with Centene in the current year

Resources

- [HEDIS Quick Reference Guide \(page 34\)](#)
- [Adult Pocket Guide](#)

