

# BREAST CANCER SCREENING

## Measurement Specifications for Star Ratings Program



### Measurement Description

The percentage of females aged 52 to 74 who had one or more mammograms during the measurement year or the 27 months prior to the end of the measurement year.

### Measurement Source

HEDIS 2020-2021

### Denominator

Females 52 – 74 years of age as of the last date of the measurement year.

### Numerator

One or more mammograms during the measurement year or the 27 months prior to the end of the measurement year.

### Exclusion Criteria

Women who had a bilateral mastectomy

Women who had a bilateral mastectomy any time through the last day of the measurement period. Any of the following meet criteria for bilateral mastectomy:

- Bilateral mastectomy or history of bilateral mastectomy
- Left unilateral mastectomy **and** right unilateral mastectomy on the same or different date of service
- Absence of the left breast **and** absence of the right breast on the same or different date of service

Hospice

For Medicare reporting, exclude patients who actively receive hospice services any time during the measurement year

Exclude from Medicare reporting members age 65 and older as of January 1 of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Medicare Part C monthly membership file.

### Supplemental Data

Provision of numerator compliant screening tests and exclusionary data for females who had services prior to being an ATRIO member.

## Best Practice

- Assess practice processes to ensure mammograms are ordered and performed; standardize processes for patient assessment, referrals, reminders, and tracking
- Use standing orders and empower office staff to contact patients who need breast cancer screening to schedule screening test
- Develop and implement scripting to encourage patients to have an Annual Wellness Visit and address care gaps during visit, including Breast Cancer Screening
- Identify patients who have care gaps for these measures; perform outreach (mailing, telephone call, etc.) and/or address recommended screening with patient during encounter
- Consider making mammogram appointment for patient at time of office visit
- Identify patients who had a mammogram performed during the applicable time frame or who meet exclusion criteria; consider submitting information to ATRIO as supplemental data
- Consider a mandatory edit in EMR and or billing system to alert providers to patients having this diagnosis to order/schedule mammogram. For those without EMR, update preventive care flow sheet and encounter form
- Establish processes for patient education to address the purpose of breast cancer screening. Education must address at a minimum frequency of testing (at least every other year), risk and benefits
- Direct ATRIO members to coordinate services through their care coordinator who can assist with barriers to care such as transportation, etc.

## Star Ratings Performance Thresholds

Year	1 STAR	2 STARS	3 STARS	4 STARS	5 STARS
2014	< 50%	≥ 50% to < 63%	≥ 63% to < 74%	≥ 74% to < 81%	≥ 81%
2015	Removed as Star Measure				
2016	< 39%	≥ 39% to < 63%	≥ 63% to < 74%	≥ 74% to < 80%	≥ 80%
2017	< 43%	≥ 43% to < 63%	≥ 63% to < 69%	≥ 69% to < 76%	≥ 76%
2018	< 56%	≥ 56% to < 70%	≥ 70% to < 78%	≥ 78% to < 84%	≥ 84%
2019	<47%	≥ 47% to < 68%	≥ 68% to < 76%	≥ 76% to < 82%	≥ 82%
2020	<50%	≥ 50% to < 66%	≥ 66% to < 76%	≥ 76% to < 83%	≥ 83%
2021	<50%	≥ 50% to < 66%	≥ 66% to < 76%	≥ 76% to < 83%	≥ 83%