

Topic	Explanation
Measure Type	Static Star Measure
Description of the Measure	Percentage of female members 50–74 years of age who had a bilateral mammogram to screen for breast cancer.
Eligible Population	<p>Attributed female members 52–74 years of age as of the last date of the measurement year.</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Those who had a bilateral mastectomy (ICD-10 Z90.13) any time during the member’s history through the last day of the measurement year.</li> <li>• Unilateral mastectomy with a bilateral modifier (same procedure).</li> <li>• <b>Advanced Illness and Frailty Exclusion:</b> Members 66 years of age and older as of December 31 of the measurement year with frailty AND advanced illness diagnoses (exclusions applied based on processed claims data only).</li> <li>• Members receiving palliative care (as defined by the HEDIS value sets) during the measurement year.</li> </ul>
Compliant Member	One or more mammograms during the measurement year or the 15 months prior to the measurement year. For 2023, the look-back period for compliance will begin on October 1, 2021, and end December 31, 2023.
How to Submit to Highmark Inc.	<ul style="list-style-type: none"> <li>• Codes to identify breast cancer screening: 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, and 77067.</li> <li>• Submit bilateral screening via claim.</li> </ul> <p>Submit proof of screening or exclusions via the CQF Loop only if not captured by Highmark claims. Allow at least 30 days for claims to process before submitting through the CQF Loop.</p>
Best Practices	<ul style="list-style-type: none"> <li>• Identify non-compliant patients and address at the earliest opportunity for the patient to complete the test during the measurement year.</li> <li>• Review chart notes to find evidence of past bilateral mammogram or exclusions – submit via CQF Loop.             <ul style="list-style-type: none"> <li>- Previous breast cancer screening that may not have been submitted to Highmark via normal claims processing.</li> </ul> </li> <li>• Create alerts to inform providers of needed mammography.</li> <li>• Prep chart to ensure that provider addresses the need and orders bilateral mammography during the next office visit.</li> <li>• If no visit is scheduled, reach out to the member to discuss the need for bilateral mammography.</li> </ul>

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<b>Best Practices</b> (continued)	<ul style="list-style-type: none"> <li>• Create and send standing order to mail to patients for mammography.</li> <li>• Provide ongoing member outreach to encourage mammography screening.</li> <li>• Ask your patients if they've had a bilateral mammogram through a free screening event. Submit documentation through the CQF function.</li> <li>• Utilize Highmark's predesigned member letter templates and other informational resources that are located on the Provider Resource Center. (Screening reminder cards are located under the <b>Educational Materials</b> section.)</li> <li>• Be proactive. Evaluate practice processes for opportunities to close gaps every time the patient is seen rather than reacting to gap closure reports.</li> <li>• Review EMR open orders that were not completed in a consistent manner and complete outreach to the member(s).</li> </ul>
<b>Other</b>	<p>Measure assesses the use of imaging to detect early breast cancer in women. Because the measure does not remove women at a higher risk, all types of methods for mammogram qualify for numerator compliance. This includes screening (covered in full benefit), diagnostic (member liability could be encountered), film, digital, or digital breast tomosynthesis.</p> <p>MRIs, ultrasounds, and biopsies do NOT count for numerator compliance. Although these procedures are indicated for evaluating women at high risk for breast cancer, these procedures are performed in conjunction with a mammography.</p> <p>Data analytics has shown that there is a strong correlation between the AWV date and BCS test completion. There is a marked increase in compliance within three months of an AWV and a dramatic drop after the three-month mark. Hence, member(s) remaining non-compliant after three months should be reengaged.</p>

## Key Additional Resources

Additional information can be found on the Provider Resource Center under **Value-Based Reimbursement Programs Overview**, in the **Medicare Advantage Stars** section.

Additional mailers and information can be found by going to the Provider Resource Center, then by clicking **Educational Resources** and **Member and Provider**.