



# The Importance of Breast Cancer Screening (BCS) - Medicaid

As providers, you know that “breast cancer is the fourth leading cause of cancer death in the US and is the most common cancer in women”<sup>1</sup>. Regardless of age, women often need help determining when they become at risk for breast cancer, when to start or stop mammography, how often to be screened and the effectiveness of clinical breast examinations. The most common question: Is it necessary and beneficial?

## Benefits of screening

Screening and early detection is the single most effective way to prevent breast cancer. When the cancer is discovered early, nearly 100 percent of women have at least a five-year survival rate before it spreads. Although breast cancer cannot be prevented entirely, there are measures your female patients can take to decrease risk and improve early detection of the disease. It is important to discuss individual risk factors, such as age, menopausal status, and family history, to determine their screening needs.

Informed medical decision-making is highly recommended, even crucial, for individuals considering breast cancer screening. Numerous options on what kind of screening is best and how often it should be done has discouraged, intimidated, and hindered women from making this critical decision. Misconceptions about painful mammograms frequently dissuade women from seeking this vital step in early detection. That is where providers, and their staff, can offer the most significant assistance to their female patients. The following is a helpful, patient guide on [mammograms](#).

## Close Gaps

Breast Cancer Screening (BCS) is part of the [National Committee for Quality Assurance \(NCQA\)](#), Healthcare Effectiveness Data and Information Set (HEDIS®) Annual Audit. The following is a guide for information and components of that measure required for a successful audit.

- The percentage of women 50-74 years of age as of December 31 of the measurement year who had a mammogram to screen for breast cancer.
  - This measure assesses the use of imaging to detect early breast cancer in women. Because the measure denominator does not remove women at higher risk in breast cancer, all types, and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance. MRIs, ultrasounds, or biopsies do not count towards the numerator.

**Breast cancer death rates declined 40% from 1989 to 2016 among women.  
The progress is attributed to improvements in early detection.<sup>2</sup>**

## Resources:

Reference and review the [BCBSTX Preventive Care Guidelines \(PCGs\)](#), [Clinical Practice Guidelines \(CPGs\)](#) and [THSteps for Medical Providers](#) which includes all current vaccine schedules, [ImmTrac2](#), and other important guidance for treating your patients.

<sup>1</sup><https://www.aafp.org/afp/2020/0201/p184.html>

<sup>2</sup><https://www.cancer.org/latest-news/report-breast-cancer-death-rates-down-40-percent-since-1989.html#:~:text=A%20new%20American%20Cancer%20Society,avoided%20during%20those%2028%20years>