

Select Health Quality Provider Program

BREAST CANCER SCREENING

2026 Quality Measure Reference Guide



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Related Quick Links

- [Primary Care \(Adult/Pediatric\) Measures Quick Guide](#)
- [Report Hub Instructions: Basic User](#)
- [Formatting a Gaps List in Excel](#)
- [Select Health Preventive Care Screening Guidelines](#)
- [Select Health Coding & Reimbursement Policies](#)
- [Quality Data Correction \(QDC\) Tool: Submitting Corrections](#)
- [Attribution and Demographic Allowable Corrections](#)



**Select
Health**

This measure is included in the Primary Care Quality Provider Program.

Measure Description

Description	The percentage of members ages 40 to 74 who had a screening mammogram for breast cancer*
Denominator	Members ages 42 to 74 during the measurement year**
Numerator	<p>Members in the denominator who had 1 or more mammograms any time between October 2024 and December 2026</p> <p>Include members recommended for routine breast cancer screening with any of the following criteria:</p> <ul style="list-style-type: none"> Administrative Gender of Female (Administrative gender code female) at any time in the member’s history Sex Assigned at Birth (LOINC code LA3-6) at any time in the member’s history Sex Parameter for Clinical Use of Female (Sex Parameter for Clinical Use code Female-typical) during the measurement period Only mammography as recommended by the U.S. Preventive Services Task Force (USPSTF) or digital breast tomosynthesis screenings will satisfy this measure
Intake and Measurement Periods	<p>Intake Period: January 1 through December 31 of the measurement year</p> <p>Measurement Period: October 1 through December 31 of the measurement year</p>
Exclusions	<p>Members who:</p> <ul style="list-style-type: none"> Have a history of a bilateral mastectomy or both left and right unilateral mastectomies with 2 different dates of service (may be excluded from the denominator) Had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria (Gender Dysphoria Value Set) any time during the member’s history through the end of the measurement period
Corrections Allowed	<ul style="list-style-type: none"> “Patient had a mammogram.” “Patient is male at birth.” “Patient does not fit age criteria.” “Patient had bilateral mastectomy or two unilateral mastectomies.”

* NCQA’s intent is to include members who were assigned as female at birth. Only mammography as recommended by the U.S. Preventive Services Task Force (USPSTF) or digital breast tomosynthesis screenings will satisfy this measure.

** Once a member turns 50, this difference between the measure description and the denominator description allows two years to complete the mammogram.

Allowable Corrections

General Guidance

- Include a copy of EHR note, progress note, or screen print signed by MA/RN/MD including member name, DOB, and provider.
- Submit corrections using [this online tool](#).
- Wait 6 weeks from the date of service to enter corrections to allow for claim lag.
- Don't attach multiple patient records to a single correction.
- Each date of service requires separate correction entries.

ALLOWABLE CORRECTIONS FOR BREAST CANCER SCREENING						
Allowable Correction	Submission Correction Process				Additional Required Documentation*	Notes for Entering Corrections
	Category	Measure	Component	Correction Type		
Does not fit age criteria	Refer to Demographic Corrections				Date of birth	Mammogram 2026 Date Range: OCT 2024–DEC 2026.
Patient is male					BIRTH sex of patient	
Unaccounted for mastectomy	Preventive Screening	Breast Cancer Screening	BCS Exclusion	<ul style="list-style-type: none"> • Bilateral Mastectomy • Unilateral Mastectomy: Right • Unilateral Mastectomy: Left 	Date of mastectomy**	Note that: <ul style="list-style-type: none"> • When only year is given, use date 12/31/YEAR • When only month & year are given, use last day of month (e.g., April 2026: 4/30/2026)
Unaccounted for breast cancer screening			BCS Numerator	Mammography	Date of mammogram	Breast biopsies, thermography, ultrasounds, and/or MRIs DO NOT COUNT.

* See "General Guidance" above.

** Coding for mastectomy was different prior to **10/1/2015**. Please double check the date of mastectomy and select the correct option from the dropdown list in the QDC tool.

[Access guidance for general corrections to demographics.](#)

Frequently Asked Questions

Q: Why does this measure matter?

A: This measure is important for patient outcomes because:

- Routine screening mammograms can reduce breast cancer mortality by about 20% for women with average risk.
- Utah women rank 7.8% below the national average for screening mammograms.
- Breast cancer is the most common cancer in women worldwide.
- The incidence of breast cancer doubles between ages 35 and 40, and it continues to increase with every decade of life.

Q: What is Select Health doing to help?

A: Screening mammography is covered as a preventive benefit. Check the [Select Health Preventive Care guidelines](#) for specific coverage information. In addition, we:

- Work with a data analytics call center to make outbound calls to members who are due for breast cancer screening.
- Mail a brochure encouraging members to get preventive screenings.
- Collaborate with a pharmaceutical company to provide clinics with customizable breast cancer promotional materials (e.g., tent cards, postcards, and a navigation script for making outreach calls).

Select Health Quality Provider Program provides an up-to-date registry of patients included in this measure with their compliance status.

Q: What are best practices for this measure?

A: Best practices include:

- Developing a screening policy and putting it into practice by:
 - Documenting the policy in writing and sharing it with staff
 - Identifying roles and giving all staff members a responsibility in the process
- Identifying available resources and putting office systems in place, such as:
 - Instituting pre-visit planning and putting alerts into your EHR
 - Holding daily or weekly care huddles
 - Compiling written patient instruction/information sheets
 - Making tracking and follow-up a part of your process
- Making consistent recommendations, especially from the provider, including:
 - Remembering that a recommendation from a healthcare provider is vital
 - Establishing standard screening messages to be shared with patients
 - Being well-versed on all screening modalities available
 - Considering how to best support non-English speaking patients
 - Remembering to address with all populations, including the underserved
- Measure progress toward your goals and adjust the process when needed by:
 - Establishing a baseline screening rate and setting an ambitious goal
 - Discussing how your screening system is working during staff meetings
 - Making process adjustments as needed to ensure success

Resources:

American Cancer Society. Guidelines for the Early Detection of Cancer. **ACS.org**. Last Revised March 14, 2022. <https://www.cancer.org/content/dam/CRC/PDF/Public/912.00.pdf>. Accessed February 5, 2024.

National Committee for Quality Assurance. *Breast cancer screening (BCS, BCS-E)*. **NCQA.org**. [date unknown]. <https://www.ncqa.org/hedis/measures/breast-cancer-screening/>. February 5, 2024.

National Committee for Quality Assurance. *Colorectal Cancer Screening (COL, COL-E)*. **NCQA.org**. [date unknown]. <https://www.ncqa.org/hedis/measures/colorectal-cancer-screening/>. Accessed February 5, 2024.

Great Plains Colon Cancer Task Force. *Two Cancer Screenings You Should Never Skip*. **coloncancertaskforce.org**. 2026. <https://www.coloncancertaskforce.org/blog-entries/two-cancer-screenings-you-should-never-skip>. Accessed February 11, 2026.

Utah Department of Health and Human Services. *PHOM Indicator Profile Report of Breast Cancer Screening (Mammography)*. **ibis.health.utah.gov**. Updated November 2021. Updated February 6, 2025. <https://ibis.utah.gov/ibisph-view/report/phom/summary/BreCAMam.html>. Accessed February 11, 2026.

Working Your Open Gaps List

STEP 1
<p>Create a current gaps in care list:</p> <ol style="list-style-type: none"> 1. Open your Gaps-in-Care-for-Download report: QPP Report Hub 2. Apply these filters: <ul style="list-style-type: none"> — Super clinic: Choose your clinic. — Measure: Click on “Breast Cancer Screening - ECDS (BCSE).” — Status: Unclick the "Compliant" box. This will filter for only the achievable and/or non-compliant members. 3. In the drop-down menu on the top right side of the page, change the view from "Member" to "Download." 4. Follow the instructions on the screen to export the data to Excel. <p>Refer to Report Hub Instructions: Basic User.</p>
STEP 2
<p>Format your Excel export. (Refer to Formatting a Gaps List in Excel.)</p>
STEP 3
<p>Review tips for working your gaps-in-care list (page 6).</p>

Measure Information

One in 8 women in the United States will be diagnosed with breast cancer in her lifetime.¹ The great news is, when caught in its earliest stages, the 5-year relative survival rate is 99%.² Advances in early detection and treatment methods have significantly increased breast cancer survival rates in recent years.

The objective behind cancer screenings is to reduce cancer morbidity and mortality by detecting cancer early and by detecting cancer precursors that can help in preventing the development of cancer. Use the filtered gaps-in-care list to schedule screening appointments for achievable members or find possible correction documentation for members who may have had these screenings prior to being covered by Select Health or by a secondary payer.

Corrections are allowed if the member falls into the acceptable intake and measurement periods and has had an appropriate screening. **Learn more in the Allowable Corrections section (see [page 3](#)).**

For coverage information, refer to:

- [Select Health Preventive Care and Screening Guidelines](#)
- [Select Health Coding & Reimbursement Policies](#).

Working Open Gaps List, Continued

Tips for Working Your Gaps-in-Care List

1. **For members whose status shows “Achievable,” look at their record in your EHR.** Members may have had these screenings prior to being covered by Select Health. Establish a process to relay this information to the provider to help educate current Select Health members on the importance of screenings and prevent any gaps from being missed.
2. **If your team hasn’t already done so, please implement these best practices:**
 - Make sure that you review and document member’s cancer screening(s) history annually (the type of screening done, the date, and any further screening recommendations).
 - Designate staff to scrub charts prior to the visit and send notes/messages to the medical assistant or provider about whether the patient requires any type of cancer screening at their visit.
 - Encourage members to schedule screenings early as they fill up quickly.
3. **If the cancer screening is current, but the gap is still showing as “Achievable,” the record of the cancer screening can be submitted as a correction. Be sure to:**
 - Access the Quality Data Corrections (QDC) Tool. (Reference the QDC Tool guide for “Submitting Corrections.”)
 - Use the “QDC Correction URL” link(s) provided in the downloaded gaps-in-care **Excel** file (last column) to have member, provider, and measure information (i.e., EMPI, Member ID, and Provider Name) pre-populated. This link will open the relevant screen (see image below) showing this information).
 - Remember to pull a **NEW** Select Health Quality Provider Gaps List before submitting corrections.

Corrections Pro Tip

Please wait **6 weeks** from the date of service before determining if a correction is needed. This allows time for claims to be processed, ultimately ensuring that only needed corrections are submitted.

QDC Corrections URL

<https://fssocaregiver.intermountain.net/MCS/QualityDataCorrection/submission?&cat=1&msr=12&comp=16>

EMPI * Or Member Id *

Provider Name *
Coleman, Stephen |

Category * Preventive Screening Measure * Breast Cancer Screening Component * BCS Numerator

Measure Specific Correction

BCS Numerator Date * BCS Numerator Type *

Add Attachment(s)*: Comment

0/255

References:

1. American Cancer Society. Breast Cancer Facts & Figures 2019-2020. Atlanta: American Cancer Society, Inc. 2019. Available at: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf>. Accessed March 29, 2025.
2. American Cancer Society. Survival rates for breast cancer. **ACS.org** website. Last revised January 19, 2025. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf>. Accessed March 29, 2025.

Best Practices: Closing Gaps in Care

To help close gaps in care:

- You do not need the actual mammography report from the provider to close this gap. It can be self-reported and documented in your EHR.
- You will need the test name and a date. If the date is within the proper evidence-based time period for screening, the gap can be closed.
- Schedule your patients early as mammography schedules fill up at the end of the year.
- Review and document each member's breast cancer screening history annually (which screening was done and the date).

NOTE: A history of a bilateral mastectomy (or two unilateral mastectomies) will remove the member from this measure.

Questions about the Quality Provider Program?
Contact us at QualityProvider@selecthealth.org.