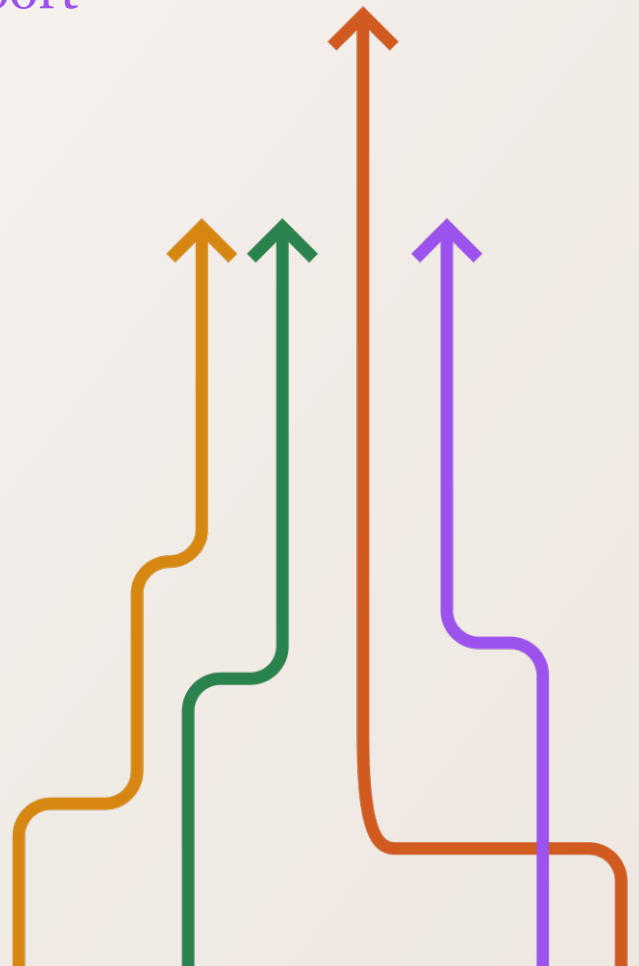


Breast cancer screening recall rates: A comprehensive quality analysis

Populi | Qualified entity public report

July 2024



Content

Report overview	2
Measure	2
Overview	2
Methodology & definitions	3
Data	3
Measure score interpretation	3
Breast cancer screening recall rates	5
All beneficiaries (combined Medicare & commercial)	5
Medicare beneficiaries	7
Commercial beneficiaries	8
Historical Trends	11
Trends: All beneficiaries (combined Medicare & commercial)	11
Trends: Medicare beneficiaries	13
Trends: Commercial beneficiaries	15
Conclusion	17
About us	18
About Populi, a Definitive Healthcare Company	18
The qualified entity program	18

Report overview

According to the American Cancer Society, one of the most common cancers among women in the United States is breast cancer. In 2024, it is projected that over 350,000 new cases of breast cancer will be diagnosed.¹

Given the relative prevalence of this disease, diagnostic testing for breast cancer is common and recommended for all women and assigned female at birth persons over a certain age and with various risk factors. Testing primarily includes imaging studies such as mammography and digital breast tomosynthesis (DBT), a form of 3D mammography.

While it is important to get screened for breast cancer, research indicates that mammography and DBT recall rates that are too high or too low can have adverse effects.

According to a study prepared for the Centers for Medicare & Medicaid Services (CMS):

- From the perspective of both clinical quality and efficiency, there are potentially negative consequences if the mammography and DBT recall rate is either too high or too low. A high cumulative dose of low-energy radiation can be a consequence of too many false-positive mammography and DBT follow-up studies. Radiation received from mammography or DBT may induce more cancers in younger women or those carrying deleterious gene mutations, such as BRCA-1 and BRCA-2 (Berrington de Gonzalez et al. 2009). Additional imaging and biopsies after a screening mammography or DBT can also result in over-diagnosis among patients who do not have breast cancer, increasing their anxiety and distress. Alternatively, inappropriately low recall rates may lead to delayed diagnoses or undetected cases of breast cancer (Nelson et al. 2019). Inclusion of DBT when evaluating follow-up care may improve recall rates and positive prediction values compared to metrics that focus on mammography (Aujero et al. 2017; Bian et al. 2016; Conant et al. 2016; Pozz et al. 2016; and Skaane 2017).²

The purpose of this report is to provide an analysis of breast cancer screening recall rates, calculating the percentage of beneficiaries with mammography or digital breast tomosynthesis (DBT) screening studies that are followed by a diagnostic mammography, DBT, ultrasound, or magnetic resonance imaging (MRI) of the breast in an outpatient or office setting within 45 days.

This report includes national and state aggregations for breast cancer screening rates for Medicare and Commercial beneficiaries.

Measure

Overview

Breast cancer screening recalls rates are a standard CMS quality measure as part of the Hospital Outpatient Quality Reporting (OQR) Program.³

In this report, we will assess breast cancer screening recall rates as measured by CMS and determine ranges for Medicare beneficiaries, commercial beneficiaries, and an aggregate across Medicare and commercial beneficiaries.

¹ American Cancer Society. 2024 Trends in Breast Cancer.

<https://www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html>

² Breast Cancer Screening Recall Rates (OP-39) 2021 Ad Hoc Reevaluation Report, Deliverable #4-11b. Produced by Yale-New Haven Health Services Corporation/Center for Outcomes Research and Evaluation (YNHHSC/CORE) and The Lewin Group. Prepared for Centers for Medicare & Medicaid Services (CMS).

https://qualitynet.cms.gov/files/64e389439631f9001cc7df9b?filename=1m_OP39MIF_v16.0b.pdf

³ CMS Hospital Outpatient Quality Reporting Program. OP-39: Breast Cancer Screening Recall Rates.

<https://qualitynet.cms.gov/outpatient/specifications-manuals>

Methodology & definitions

Populi based its methodology on the standard measure criteria from CMS as outlined below.

Measure source

Center for Medicare and Medicaid Services (CMS) Medicare quality initiatives through the Hospital Outpatient Quality Reporting Program.⁴

Time period: FFY 2023 (October 1, 2022 – September 30, 2023)

Historical analysis is also provided for calendar years 2019 – 2022, and calendar year to-date (September 30) 2023. This timing aligns with claims availability.

Denominator eligibility

Medicare and commercial beneficiaries who underwent a screening mammography or DBT study at a facility reimbursed through the CMS Outpatient Prospective Payment System

Numerator eligibility

Medicare and commercial beneficiaries who had a diagnostic mammography study, DBT, ultrasound, or MRI of the breast following a screening mammography or DBT study on the same day or within 45 days of the screening study

Exclusion criteria

No exclusions

Data

The measures are calculated using an integrated data set containing commercial all-payor claims data and the Medicare Fee-for-Service (FFS) data Populi receives as a Qualified Entity. All measures in this report are based on national data from all U.S. states and the District of Columbia.

The definitions of each payor source are as follows:

- Medicare FFS includes enrollment and claims data for approximately 37 million individuals covered by Traditional Medicare.
- Commercial all-payor claims data covers approximately 244 million individuals who are commercially insured and have relevant claims activity during the reporting period. Please note that commercial all-payor claims data does not represent 100% of the total commercial claims activity available for analyses.

Measure score interpretation

For the breast cancer screening recall rates measure (OP-39), facilities are assessed on performance rates between 5% and 12%.⁵ According to CMS and the American College of Radiology (ACR):

- If a facility's score is lower than 5%, there may be missing cases of cancer.
- If a facility's score is above 12%, the facility may be recalling too many beneficiaries for follow-up imaging.

⁴ Refer to Measure Variation ID: 12735 - Breast Cancer Screening Recall Rates, Program-Specific Version ID: 01648-01-C-HOQR.

⁵ CMS Hospital Outpatient Quality Reporting Program. OP-39: Breast Cancer Screening Recall Rates. <https://qualitynet.cms.gov/outpatient/specifications-manuals>

This report provides aggregate recall rates (expressed as a percentage) at the national and state level and compares them to the 5 – 12% acceptable range. The results feature national and state indicators for whether certain geographies have higher or lower overall breast cancer screening recall rates.

Additionally, this report provides an annual trend line for historical years, to provide some context as to how breast cancer screening recall rates have changed over time.

Breast cancer screening recall rates

All beneficiaries (combined Medicare & commercial)

Overall, 18.5 million patients within the combined beneficiary group had a mammography or DBT study in FFY 2023.

- Of the 18.5 million patients with a diagnostic breast imaging study, 1.7 million had a follow-up breast imaging study within 45 days, representing a **9.7% overall recall rate**.

Results

National rates

- The national recall rate for breast cancer screening is **9.7%**, which is in the standard range of recall rates.

State rates

States in the South and West have lower overall breast cancer screening recall rates. Refer to Figures 1.1 and 1.2 for a visual breakdown of the recall rates.

- States with lower than 5% recall rates:
 - Nevada (4.8%)**
- States with higher than 12% recall rates:
 - Connecticut (12.1%)**
 - Michigan (12.5%)**
 - Rhode Island (13.2%)**
 - New Jersey (13.2%)**
 - Illinois (13.3%)**
 - District of Columbia (13.5%)**

Findings

Most states have recall rates within the standard range (5 – 12%). Seven out of 50 states (plus the District of Columbia) have recall rates that are outside the standard ranges, with one below and six above the standard range.

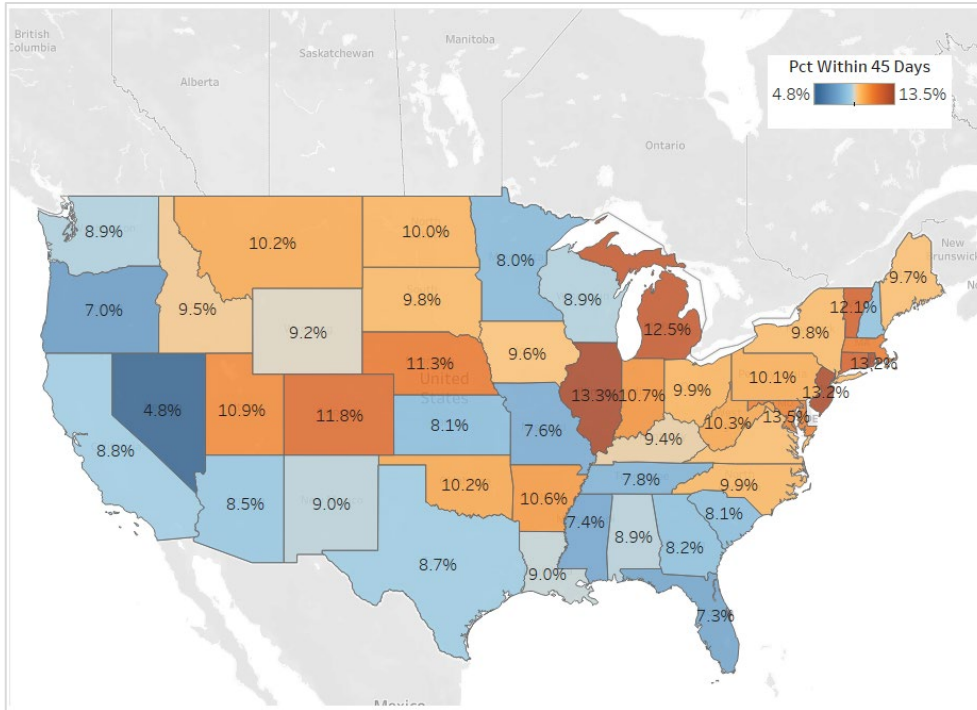


Figure 1.1. Heatmap of U.S. states based on breast cancer screening recall rates, combined Medicare FFS and commercial all-payor beneficiaries.

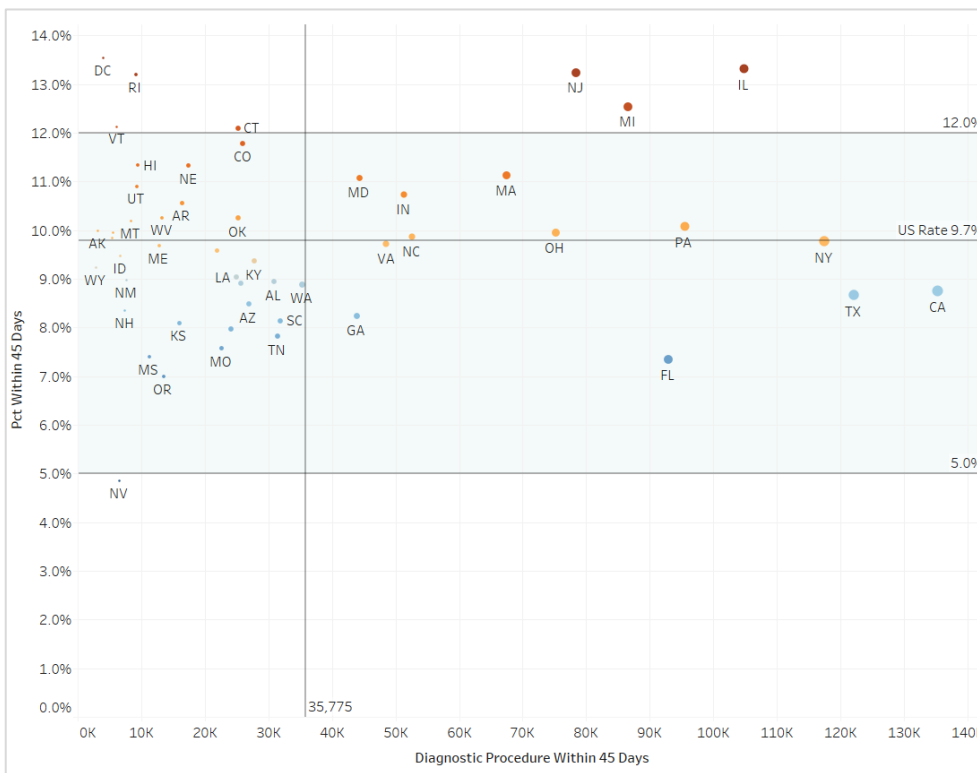


Figure 1.2. Scatterplot of U.S. states based on breast cancer screening recall rates, combined Medicare FFS and commercial all-payor beneficiaries.

Medicare beneficiaries

Overall, 6.3 million Medicare beneficiaries had a mammography or DBT study in FFY 2023.

- Of the 6.3 million patients with a diagnostic breast imaging study, 545,000 had a follow-up breast imaging study within 45 days—an **8.7% overall recall rate**.

Results

National rates

- The national recall rate for breast cancer screening is **8.7%**, which is in the standard range of recall rates.

State rates

For Medicare FFS beneficiaries, the breast cancer screening recall rates are all within standard ranges across all states. Refer to Figures 1.1 and 1.2 for a visual breakdown of the recall rates.

Findings

All states have recall rates within the standard range (5 – 12%). Compared to the recall rates in the combined dataset and the commercial all-payor dataset, Medicare FFS beneficiaries have rates that fall more frequently in the acceptable range.

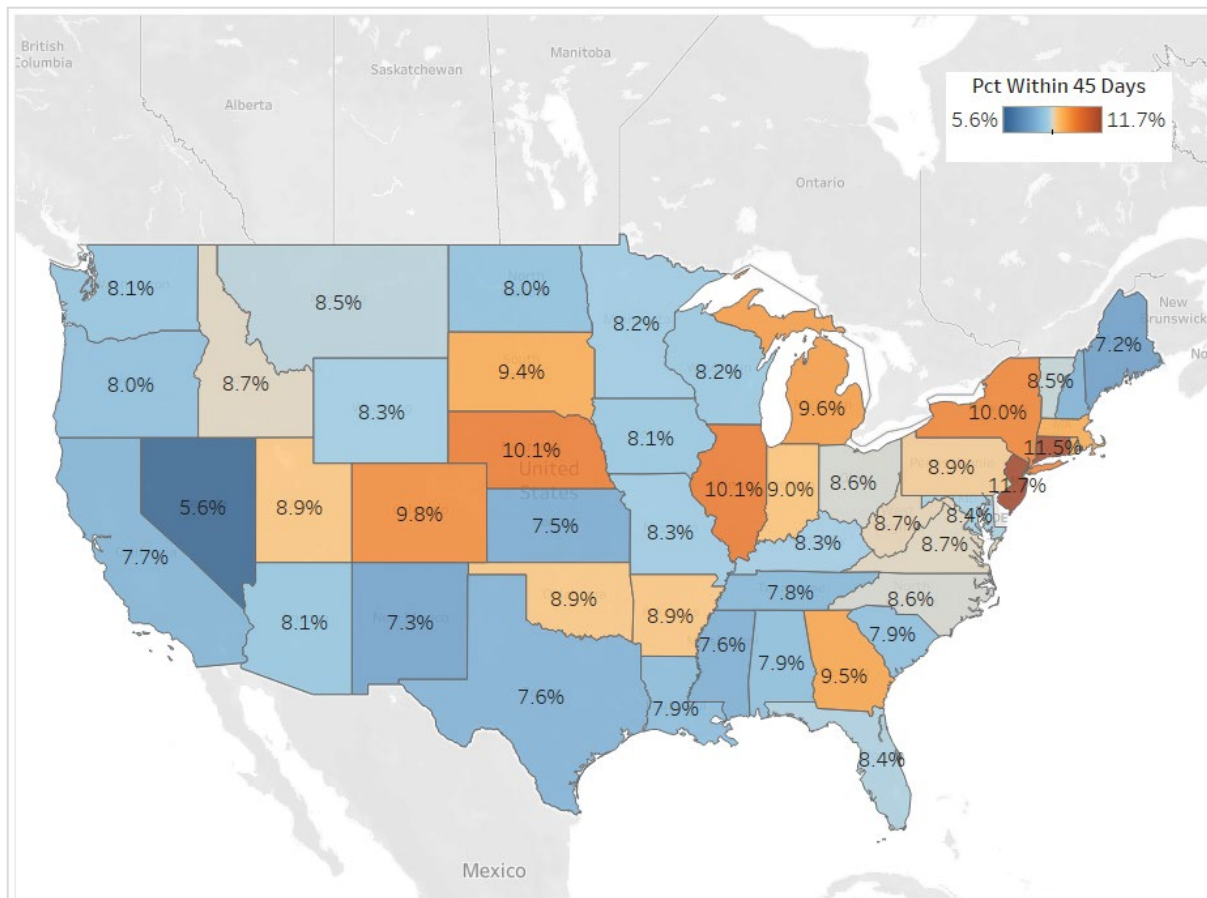


Figure 2.1. Heatmap of U.S. states based on breast cancer screening recall rates, for Medicare FFS beneficiaries.

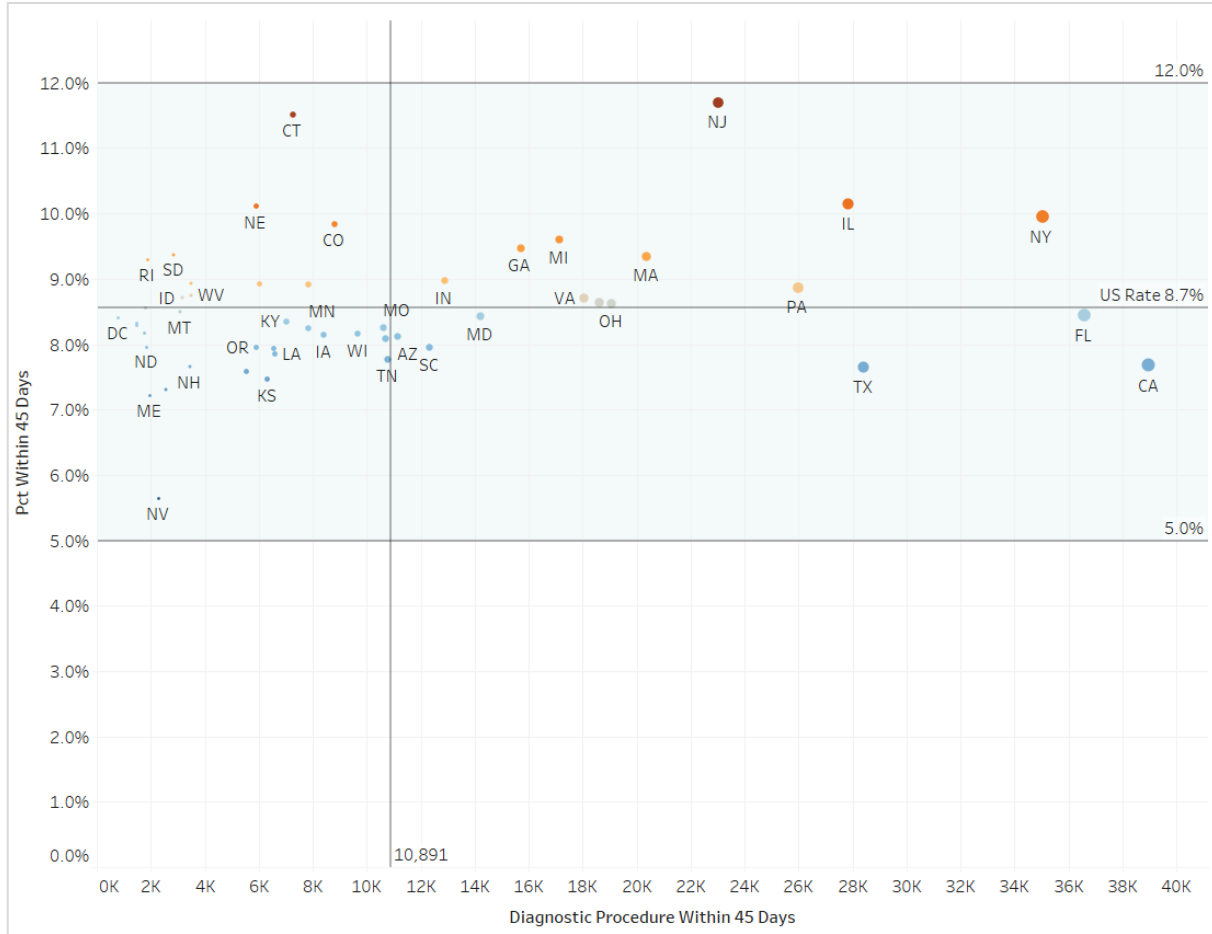


Figure 2.2. Scatterplot of U.S. states based on breast cancer screening recall rates, for Medicare FFS.

Commercial beneficiaries

Overall, 12.2 million patients within the available commercial data were shown to have had a mammography or DBT study in FFY 2023.

- Of the 12.2 million patients with a diagnostic breast imaging study, 1.2 million had a follow-up breast imaging study within 45 days, representing a **10.1% overall recall rate**.

Results

National rates

- The national recall rate for breast cancer screening is **10.1%**, which is in the standard range of recall rates.

State rates

States in the South and West have lower overall breast cancer screening recall rates. Refer to Figures 1.1 and 1.2 for a visual breakdown of the recall rates.

- States with lower than 5% recall rates:
 - **Nevada (4.5%)**
- States with higher than 12% recall rates:
 - **Nebraska (12.1%)**
 - **Massachusetts (12.1%)**
 - **Alaska (12.2%)**
 - **Connecticut (12.3%)**
 - **Hawaii (12.4%)**
 - **Utah (12.6%)**
 - **Maryland (13%)**
 - **Colorado (13.1%)**
 - **Michigan (13.6%)**
 - **New Jersey (14%)**
 - **Vermont (14.7%)**
 - **Rhode Island (14.8%)**
 - **Illinois (15%)**
 - **District of Columbia (15.9%)**

Findings

Most states have recall rates within the standard range (5 – 12%). Fifteen out of 50 states (plus the District of Columbia) have recall rates that are outside the standard ranges, with one below and 14 above the standard range.

Most notably, the commercial all-payor beneficiaries have higher recall rates than Medicare FFS beneficiaries. While Nevada consistently rates on the lower end of the spectrum for recall rates, there are more states that have higher recall rates.

- This finding may indicate that more commercially insured patients are being recalled for breast cancer screening.

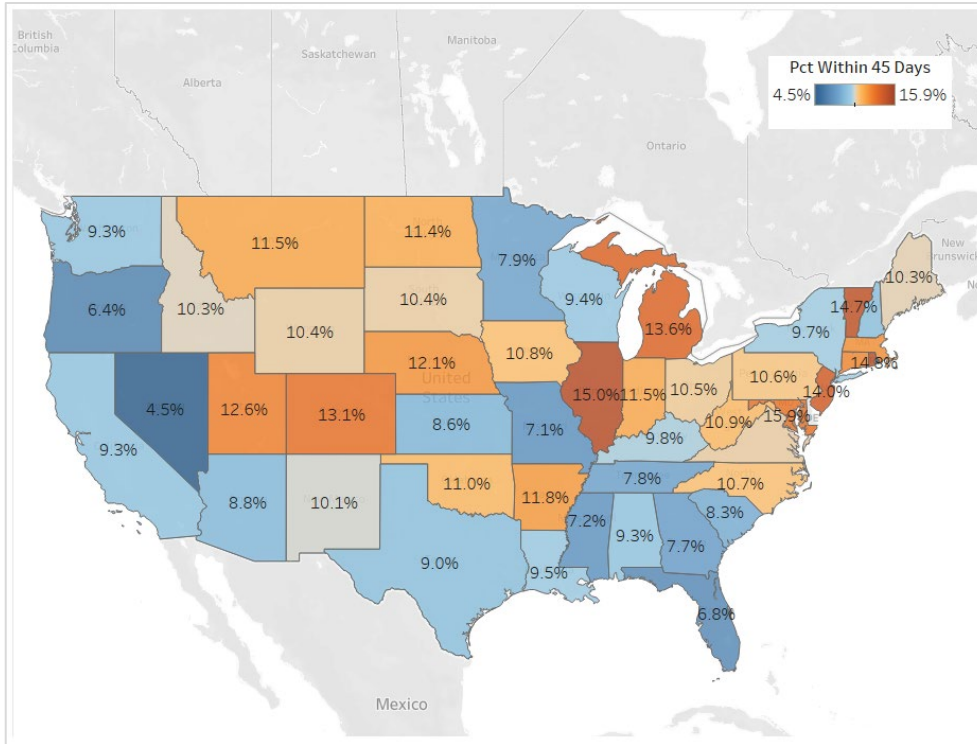


Figure 3.1. Heatmap of U.S. states based on breast cancer screening recall rates, for commercial all-payor beneficiaries.

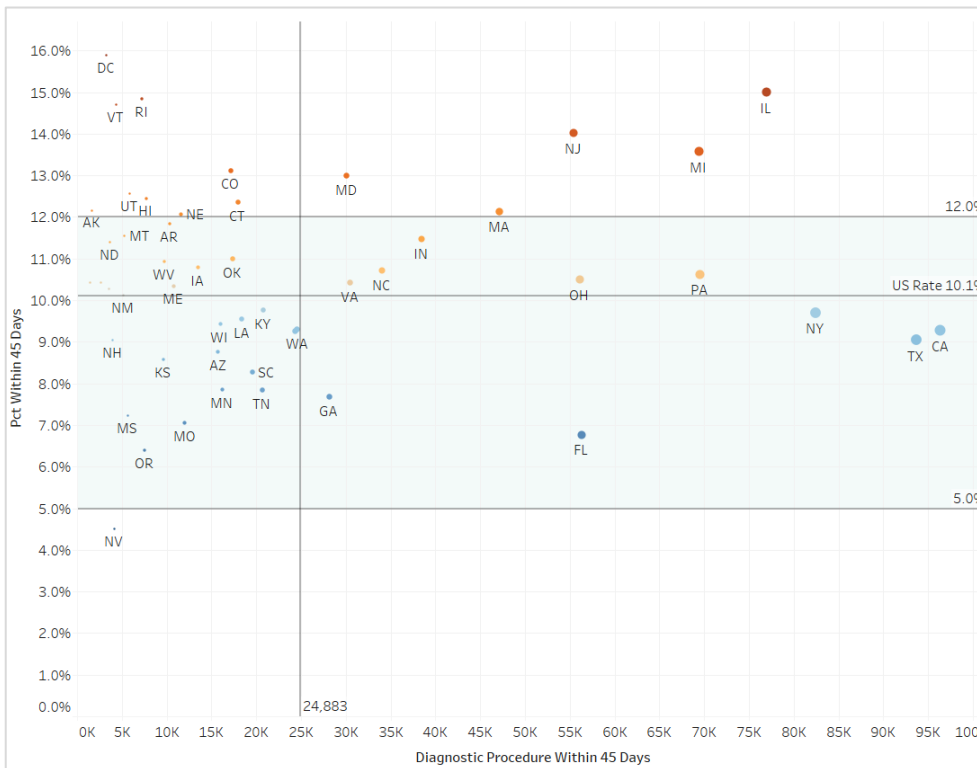


Figure 3.2. Scatterplot of U.S. states based on breast cancer screening recall rates, for commercial all-payor beneficiaries.

Historical Trends

Trends: All beneficiaries (combined Medicare and commercial)

Between the years of 2019 and 2023, 2019 was the most consistent year for recall rates across all states for all beneficiaries, while 2022 had the highest recall rates across the U.S. and in select states (as depicted in Figure 4.1 below).

Patient State	2019	2020	2021	2022	2023 YTD =
Grand Total	8.4%	8.7%	9.6%	9.8%	8.6%
Illinois	11.4%	11.9%	13.7%	14.1%	12.1%
Rhode Island	10.1%	10.2%	11.9%	12.7%	12.1%
New Jersey	10.5%	10.7%	12.3%	13.4%	11.9%
District of Columbia	9.9%	12.5%	12.7%	15.1%	11.6%
Michigan	9.4%	10.3%	12.0%	12.4%	11.1%
Connecticut	8.5%	9.0%	9.8%	11.0%	10.9%
Hawaii	9.9%	11.0%	12.0%	11.3%	10.5%
Colorado	9.6%	11.0%	11.9%	11.5%	10.5%
Vermont	9.6%	10.3%	12.0%	12.2%	10.4%
Nebraska	9.4%	10.0%	10.5%	11.2%	10.4%
Massachusetts	9.8%	9.7%	10.7%	11.0%	9.9%
Maryland	9.1%	9.6%	11.1%	11.2%	9.9%
Arkansas	10.5%	10.7%	11.9%	11.5%	9.6%
Indiana	9.7%	9.9%	10.6%	11.0%	9.6%
Utah	8.6%	9.8%	10.7%	11.4%	9.4%
West Virginia	9.5%	9.8%	9.8%	10.3%	9.2%
Montana	9.5%	9.4%	9.8%	10.0%	9.1%
Pennsylvania	8.6%	8.9%	9.9%	10.4%	9.1%
Alaska	9.6%	10.3%	8.5%	9.9%	9.0%
North Carolina	9.3%	9.4%	10.0%	10.0%	9.0%
North Dakota	8.3%	8.1%	9.5%	10.0%	8.9%
Oklahoma	8.0%	8.4%	9.5%	10.2%	8.9%
New York	7.2%	7.7%	8.9%	9.4%	8.8%
Ohio	8.9%	9.2%	9.4%	9.7%	8.7%
South Dakota	8.9%	9.8%	9.7%	10.0%	8.7%
Iowa	7.6%	8.4%	9.3%	9.4%	8.5%
Wyoming	9.1%	8.8%	9.9%	9.8%	8.5%
Idaho	9.9%	10.2%	11.5%	10.1%	8.4%
Maine	7.3%	8.3%	9.2%	9.8%	8.4%
Virginia	8.7%	8.8%	9.8%	10.6%	8.3%
Louisiana	8.2%	9.0%	9.2%	9.2%	8.2%
Alabama	7.6%	7.7%	8.8%	9.2%	8.2%
Kentucky	8.0%	8.7%	9.7%	9.0%	8.2%
Wisconsin	7.4%	8.2%	8.7%	8.6%	8.0%
Washington	8.4%	8.5%	9.1%	9.2%	7.8%
Texas	8.0%	8.4%	8.9%	8.9%	7.7%
New Mexico	9.7%	9.7%	9.8%	9.1%	7.6%
California	7.2%	7.1%	8.5%	8.8%	7.6%
New Hampshire	7.6%	7.9%	8.4%	8.6%	7.4%
Arizona	7.9%	7.4%	8.6%	8.4%	7.4%
Kansas	7.6%	7.6%	8.3%	8.4%	7.3%
South Carolina	8.2%	9.0%	9.3%	8.7%	7.3%
Georgia	7.9%	7.4%	8.5%	8.5%	7.2%
Minnesota	7.3%	7.5%	8.0%	8.1%	7.1%
Tennessee	7.8%	8.0%	8.7%	8.4%	6.9%
Missouri	7.7%	8.1%	8.3%	8.0%	6.7%
Mississippi	6.9%	7.0%	7.5%	7.5%	6.6%
Florida	7.2%	7.3%	7.5%	7.5%	6.5%
Oregon	7.0%	7.2%	7.6%	7.2%	6.1%
Nevada	6.5%	5.3%	5.5%	6.2%	4.1%

Range Above Acceptable Below

Figure 4.1. Summary of U.S. states based on breast cancer screening recall rates, for grand total (commercial all-payor and Medicare) beneficiaries across CY 2019 – 2022, and CYTD (September) 2023.

From 2020 to 2022, there were steady increases in recall rates. Based on CYTD 2023, recall rates seem to be declining back into the acceptable range of 5 – 12% (as depicted in Figure 4.2 below). The states that experienced increases in recall rates are also highlighted below.

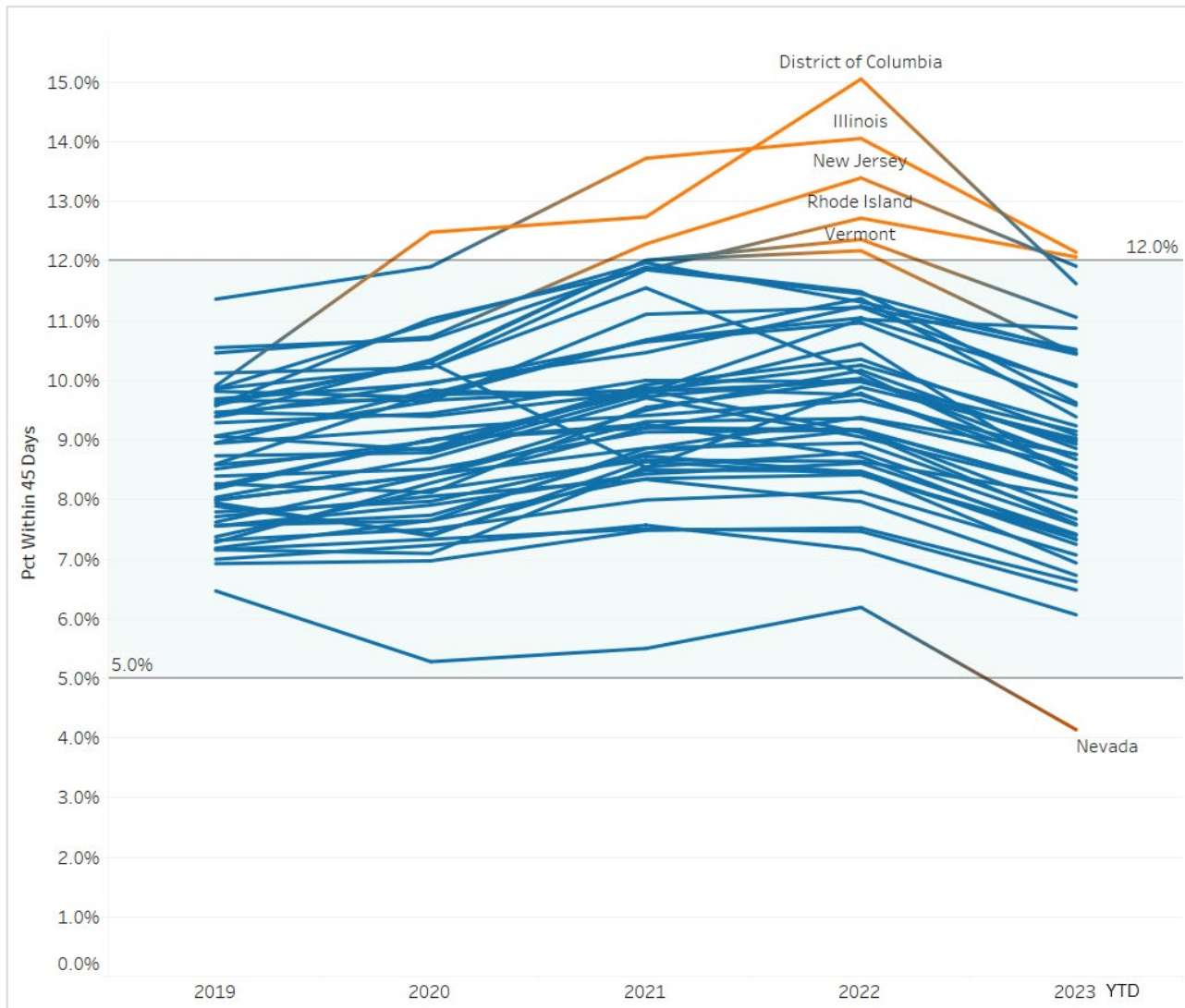


Figure 4.2. Trendline of U.S. states based on breast cancer screening recall rates, for grand total (commercial all-payor and Medicare) beneficiaries across CY 2019 – 2022, and CYTD (September) 2023.

Trends: Medicare beneficiaries

Breast cancer screening recall rates for Medicare beneficiaries have remained mostly consistent from 2019 to CYTD 2023. Similar to the overall rates, 2022 had the highest recall rates for Medicare beneficiaries across the U.S. and in most states (as depicted in Figure 4.1 below).

Patient State	2019	2020	2021	2022	2023 YTD [†]
Grand Total	8.0%	8.3%	8.8%	8.9%	7.8%
New Jersey	9.9%	9.7%	10.7%	11.8%	10.6%
Connecticut	8.7%	9.6%	9.7%	10.6%	10.4%
Nebraska	9.2%	9.3%	9.8%	10.3%	9.2%
New York	7.1%	7.7%	8.8%	9.6%	9.1%
Illinois	9.5%	10.0%	10.8%	10.7%	9.0%
Colorado	9.4%	9.5%	10.0%	10.0%	8.9%
Georgia	9.3%	9.0%	9.4%	9.5%	8.6%
Michigan	8.2%	8.7%	9.6%	9.7%	8.6%
Massachusetts	8.4%	8.8%	9.8%	9.5%	8.3%
Rhode Island	8.4%	8.8%	9.4%	9.5%	8.2%
Indiana	8.4%	8.5%	8.9%	8.8%	8.2%
South Dakota	8.5%	9.0%	9.1%	9.6%	8.2%
Idaho	8.5%	9.0%	9.5%	8.0%	8.1%
Arkansas	9.7%	9.3%	9.7%	9.5%	8.0%
Alaska	8.9%	8.0%	7.4%	7.8%	8.0%
Oklahoma	7.7%	8.2%	9.1%	9.2%	7.9%
Pennsylvania	8.3%	8.4%	9.1%	9.4%	7.9%
West Virginia	8.9%	9.4%	9.3%	9.0%	7.8%
Utah	8.3%	8.9%	9.0%	9.4%	7.8%
Montana	8.8%	8.4%	8.8%	8.9%	7.8%
Wyoming	8.3%	8.2%	9.1%	8.8%	7.8%
Ohio	8.8%	8.8%	9.1%	9.0%	7.7%
Virginia	7.8%	7.9%	8.5%	9.1%	7.7%
North Carolina	8.1%	8.1%	8.6%	8.6%	7.7%
Florida	7.5%	8.2%	8.5%	8.6%	7.5%
Maryland	7.5%	7.8%	8.9%	8.8%	7.4%
Hawaii	8.2%	8.7%	9.0%	8.5%	7.4%
Iowa	7.3%	7.6%	8.2%	7.9%	7.4%
Missouri	8.2%	8.3%	9.1%	8.5%	7.4%
District of Columbia	7.7%	10.0%	9.8%	9.4%	7.3%
Vermont	7.8%	8.7%	9.4%	9.0%	7.3%
Kentucky	8.5%	8.3%	9.3%	9.1%	7.2%
Oregon	7.7%	8.2%	8.6%	8.3%	7.2%
Alabama	7.1%	7.2%	7.8%	7.8%	7.2%
Wisconsin	7.2%	7.7%	7.8%	8.3%	7.2%
Minnesota	7.2%	7.7%	8.0%	8.2%	7.2%
Arizona	7.5%	7.5%	8.1%	8.2%	7.2%
Louisiana	8.1%	8.2%	8.0%	8.0%	7.1%
North Dakota	7.2%	6.4%	7.5%	7.8%	7.1%
Washington	8.2%	8.2%	8.8%	8.7%	7.1%
South Carolina	7.7%	8.2%	8.4%	8.3%	7.1%
Tennessee	8.1%	8.0%	8.5%	8.2%	7.0%
Texas	7.9%	7.8%	8.0%	8.2%	6.8%
New Hampshire	7.7%	7.5%	8.2%	8.2%	6.8%
California	7.4%	7.8%	8.3%	8.2%	6.8%
Mississippi	7.6%	7.3%	7.4%	7.8%	6.8%
Kansas	6.9%	7.0%	7.6%	7.5%	6.7%
New Mexico	7.7%	8.1%	8.6%	7.9%	6.1%
Maine	6.9%	7.1%	7.5%	8.0%	6.1%
Nevada	6.6%	6.3%	6.8%	6.6%	4.9%

Range ■ Acceptable ■ Below

Figure 5.1. Summary of U.S. states based on breast cancer screening recall rates, for Medicare beneficiaries across CY 2019 – 2022, and CYTD (September) 2023.

While there were a few states that experienced increases from 2020 through 2022, most states have very consistent recall rates for Medicare beneficiaries that fall within acceptable rates of 5 – 12% (as depicted in Figure 4.2 below). Of note, only Nevada dropped below the 5% recall rate in 2023.

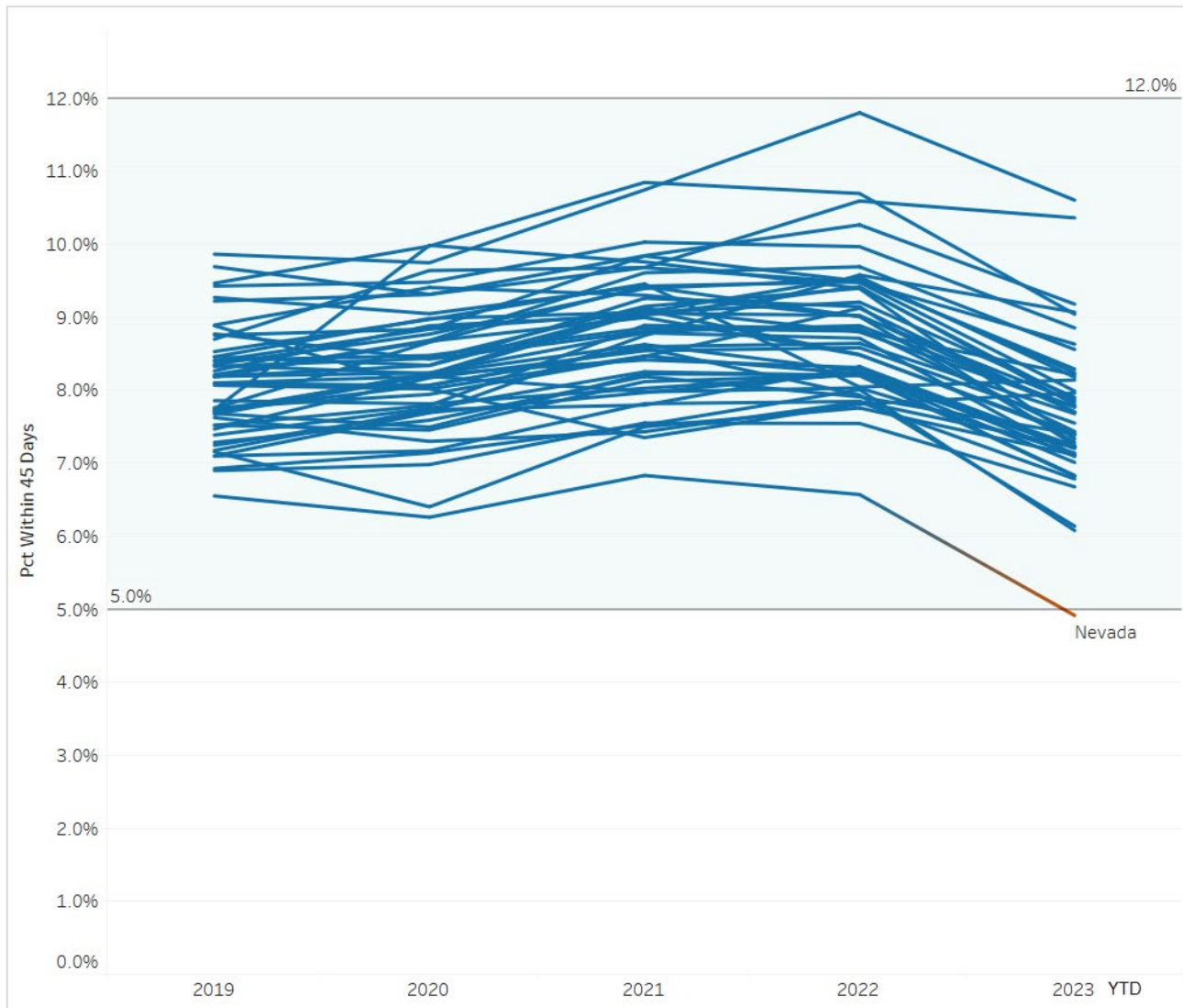


Figure 5.2. Trendline of U.S. states based on breast cancer screening recall rates, for Medicare beneficiaries across CY 2019 – 2022, and CYTD (September) 2023.

Trends: Commercial beneficiaries

Between the years of 2019 and 2023, 2019 was the most consistent year for recall rates across all states for all beneficiaries, with 2022 having the highest recall rates across the U.S. and in select states (as depicted in Figure 4.1 below).

Patient State	2019	2020	2021	2022	2023 YTD ^F
Grand Total	8.6%	9.0%	10.0%	10.3%	9.0%
Illinois	12.2%	12.8%	15.0%	15.7%	13.8%
District of Columbia	11.0%	13.7%	14.1%	17.2%	13.7%
Rhode Island	10.7%	10.6%	12.6%	13.9%	13.7%
Vermont	11.0%	11.5%	13.9%	14.4%	12.7%
New Jersey	10.7%	11.2%	13.0%	14.2%	12.6%
Michigan	9.9%	10.9%	12.8%	13.3%	11.9%
Maryland	10.0%	10.8%	12.5%	12.8%	11.7%
Hawaii	10.4%	11.6%	12.9%	12.3%	11.6%
Colorado	9.7%	12.0%	13.1%	12.5%	11.6%
Nebraska	9.5%	10.4%	10.8%	11.8%	11.2%
Connecticut	8.4%	8.6%	9.9%	11.2%	11.1%
Arkansas	11.1%	11.6%	13.5%	13.0%	10.9%
Massachusetts	10.8%	10.3%	11.2%	12.0%	10.8%
Utah	9.3%	11.1%	12.1%	13.0%	10.7%
Alaska	10.0%	11.8%	9.6%	12.1%	10.6%
Montana	10.0%	10.2%	10.6%	10.8%	10.3%
North Dakota	8.9%	9.0%	10.8%	11.6%	10.2%
Indiana	10.3%	10.6%	11.4%	11.9%	10.2%
West Virginia	9.7%	9.9%	10.1%	10.8%	9.9%
North Carolina	10.1%	10.4%	10.9%	10.9%	9.9%
Pennsylvania	8.7%	9.0%	10.2%	10.8%	9.6%
Wyoming	9.9%	9.6%	10.8%	10.9%	9.6%
Iowa	7.9%	9.0%	10.2%	10.6%	9.5%
Oklahoma	8.2%	8.5%	9.7%	10.7%	9.4%
South Dakota	9.4%	10.6%	10.6%	10.6%	9.3%
Ohio	9.0%	9.3%	9.6%	9.9%	9.2%
Maine	7.4%	8.6%	9.7%	10.2%	9.0%
Virginia	9.6%	9.5%	10.8%	11.8%	8.8%
Idaho	10.5%	10.9%	13.0%	11.7%	8.8%
Louisiana	8.2%	9.3%	9.7%	9.7%	8.6%
New York	7.2%	7.6%	8.9%	9.3%	8.6%
Wisconsin	7.5%	8.4%	9.2%	8.9%	8.6%
New Mexico	10.9%	10.7%	10.6%	9.9%	8.6%
Kentucky	7.8%	8.8%	9.9%	9.0%	8.5%
Alabama	7.7%	7.9%	9.1%	9.5%	8.5%
Washington	8.5%	8.7%	9.3%	9.4%	8.1%
New Hampshire	7.5%	8.3%	8.6%	9.0%	8.0%
Texas	8.0%	8.7%	9.2%	9.2%	8.0%
California	7.0%	6.7%	8.7%	9.1%	7.9%
Kansas	8.0%	8.1%	8.9%	9.0%	7.8%
Arizona	8.3%	7.3%	9.1%	8.6%	7.6%
South Carolina	8.6%	9.5%	9.8%	9.0%	7.5%
Minnesota	7.3%	7.4%	8.0%	8.1%	7.0%
Tennessee	7.7%	7.9%	8.9%	8.6%	6.9%
Georgia	7.1%	6.5%	8.0%	8.0%	6.6%
Mississippi	6.3%	6.7%	7.5%	7.2%	6.5%
Missouri	7.4%	7.9%	7.8%	7.6%	6.2%
Florida	7.0%	6.9%	7.0%	6.9%	5.9%
Oregon	6.6%	6.6%	6.9%	6.4%	5.3%
Nevada	6.4%	4.8%	5.0%	6.0%	3.8%

Range ■ Above ■ Acceptable ■ Below

Figure 6.1. Summary of U.S. states based on breast cancer screening recall rates, for patients within the available commercial data across CY 2019 – 2022, and CYTD (September) 2023.

Between the years of 2019 and 2023, there were significant increases in recall rates from 2020 to 2022 especially for specific states (as depicted in Figure 4.2 below). Based on CYTD 2023, recall rates seem to be declining back into the acceptable range of 5 – 12%. The states that experienced the most increases in recall rates are also highlighted below.

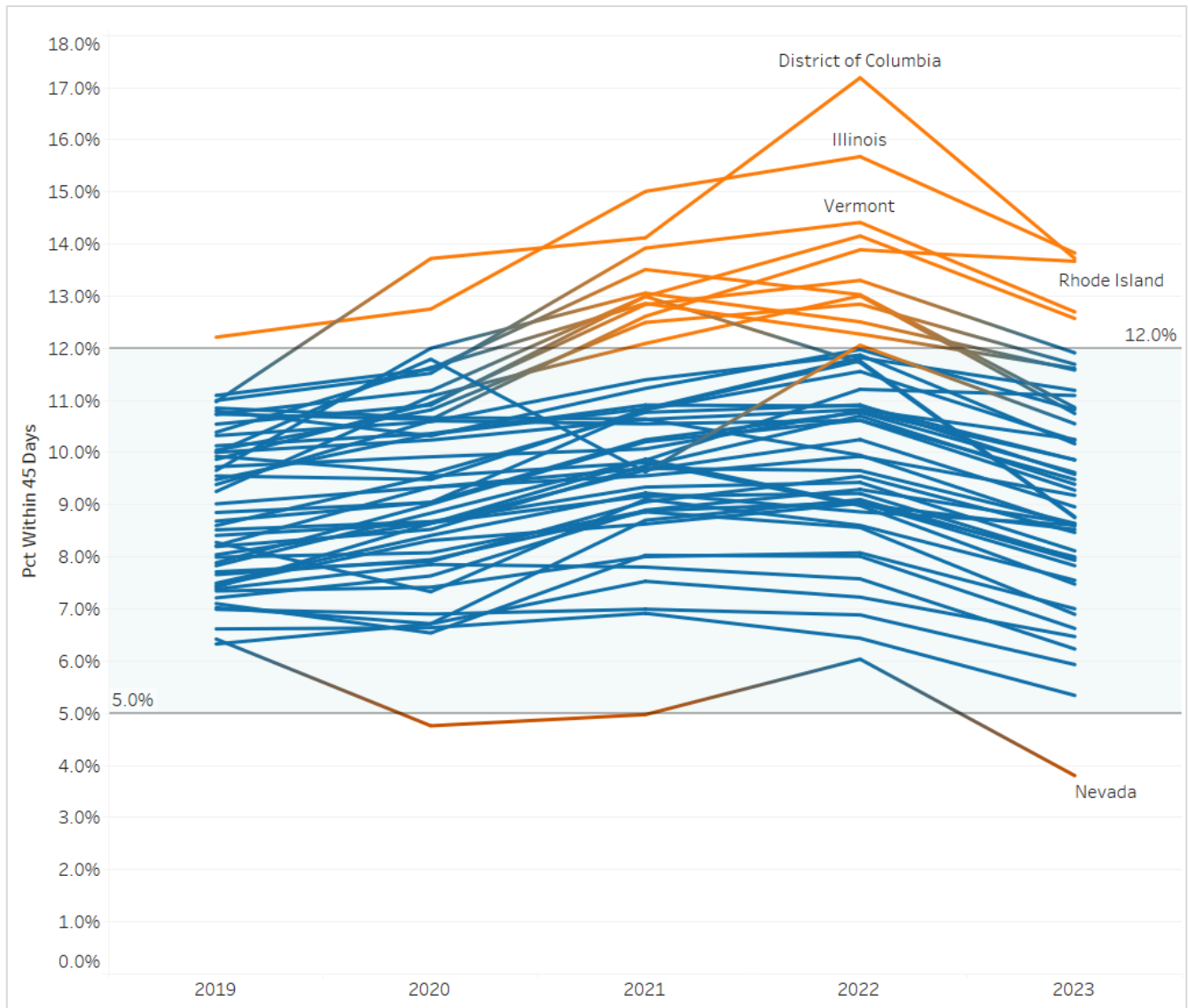


Figure 6.2. Trendline of U.S. states based on breast cancer screening recall rates, for patients within the available commercial data across CY 2019 – 2022, and CYTD (September) 2023.

Conclusion

For all states in the latest full year of data (FFY 2023), breast cancer screening recall rates for Medicare beneficiaries are in line with the acceptable range of 5 – 12%. In select states, commercial all-payor beneficiaries (as depicted in Figure 4.1 below) have higher recall rates than Medicare beneficiaries, with one state (Nevada) demonstrating a lower recall rate.

Overall, breast cancer screening recall rates tend to skew on the higher end, with a U.S. average of 9.7% across both commercial and Medicare beneficiaries.

Patient State	Commercial	Medicare	Grand Total
Grand Total	10.1%	8.7%	9.7%
District of Columbia	15.9%	8.4%	13.5%
Illinois	15.0%	10.1%	13.3%
New Jersey	14.0%	11.7%	13.2%
Rhode Island	14.8%	9.3%	13.2%
Michigan	13.6%	9.6%	12.5%
Vermont	14.7%	8.5%	12.1%
Connecticut	12.3%	11.5%	12.1%
Colorado	13.1%	9.8%	11.8%
Hawaii	12.4%	8.2%	11.3%
Nebraska	12.1%	10.1%	11.3%
Massachusetts	12.1%	9.3%	11.1%
Maryland	13.0%	8.4%	11.1%
Utah	12.6%	8.9%	10.9%
Indiana	11.5%	9.0%	10.7%
Arkansas	11.8%	8.9%	10.6%
West Virginia	10.9%	8.7%	10.3%
Oklahoma	11.0%	8.9%	10.2%
Montana	11.5%	8.5%	10.2%
Pennsylvania	10.6%	8.9%	10.1%
Alaska	12.2%	8.3%	10.0%
North Dakota	11.4%	8.0%	10.0%
Ohio	10.5%	8.6%	9.9%
North Carolina	10.7%	8.6%	9.9%
South Dakota	10.4%	9.4%	9.8%
New York	9.7%	10.0%	9.8%
Virginia	10.4%	8.7%	9.7%
Maine	10.3%	7.2%	9.7%
Iowa	10.8%	8.1%	9.6%
Idaho	10.3%	8.7%	9.5%
Kentucky	9.8%	8.3%	9.4%
Wyoming	10.4%	8.3%	9.2%
Louisiana	9.5%	7.9%	9.0%
New Mexico	10.1%	7.3%	9.0%
Alabama	9.3%	7.9%	8.9%
Wisconsin	9.4%	8.2%	8.9%
Washington	9.3%	8.1%	8.9%
California	9.3%	7.7%	8.8%
Texas	9.0%	7.6%	8.7%
Arizona	8.8%	8.1%	8.5%
New Hampshire	9.0%	7.7%	8.3%
Georgia	7.7%	9.5%	8.2%
South Carolina	8.3%	7.9%	8.1%
Kansas	8.6%	7.5%	8.1%
Minnesota	7.9%	8.2%	8.0%
Tennessee	7.8%	7.8%	7.8%
Missouri	7.1%	8.3%	7.6%
Mississippi	7.2%	7.6%	7.4%
Florida	6.8%	8.4%	7.3%
Oregon	6.4%	8.0%	7.0%
Nevada	4.5%	5.6%	4.8%

Range Above Acceptable Below

Figure 7.1. Summary of U.S. states based on breast cancer screening recall rates, for commercial all-payor, Medicare, and grand total (commercial all-payor and Medicare) beneficiaries.

About us

About Populi, a Definitive Healthcare Company

At Definitive Healthcare, our mission is to transform data, analytics, and expertise into healthcare commercial intelligence. We help clients uncover the right markets, opportunities, and people, so they can shape tomorrow's healthcare industry. Our SaaS platform creates new paths to commercial success in the healthcare market, so companies can identify where to go next.

Populi, a Definitive Healthcare Company, provides solutions to drive healthcare organization growth with use-case driven analytics and customizable visuals, all in a plug-and-play solution.

- **Provider Intelligence:** Inform your provider outreach and targeting strategy with comprehensive affiliations and attribute data.
- **Market Intelligence:** Understand your market trends with claims-based volume and benchmarking analytics.
- **Network Intelligence:** Understand and manage your network performance with analytics on referral patterns, benchmarks, and market volumes.
- **Population Intelligence:** Optimize your marketing campaigns and consumer activation with robust patient and consumer analytics.

For more information, contact us at support@populi.ai.

The qualified entity program

The Centers for Medicare and Medicaid Services (CMS) makes 100% of Parts A, B, and D Medicare Fee-for-Service data available to approved organizations to facilitate the evaluation of health care quality and provider performance. Approved Qualified Entities are required to produce CMS-approved public reports combining the Medicare data and their own data holdings.