

January is Cervical Cancer Awareness Month. This is a great time to check in with your female members who have not already obtained this important screening or missed appointments due to the COVID pandemic. Half of women in the U.S. between the ages of 21 and 60 don't know how often they should be screened for cervical cancer. Talk to your members and educate them on these necessary screenings. Encourage the HPV vaccine as a proven cancer prevention option. McLaren Health Plan (MHP) is committed to the health of our members. Please **join us** in this effort by providing the following cervical cancer screening for women.

Cervical cancer screening is recommended every 1-5 years for women 21 - 64 years of age.

This can be one of the following services:

- Cervical cytology (Age 21-64 every 1-3 years) or
- Cervical high-risk HPV testing (Age 30-64 every 1-5 years) or
- Cervical cytology and high-risk HPV co-testing (Ages 30-64, every 1-5 years)

Health Screening Measure	Medicaid CY21Rates	Medicaid CY22Rates	Medicaid Goal	CMTY CY21Rates	CMTY CY22Rates	CMTY Goal rate
Cervical Cancer Screening	57%	41%	64%	73%	64%	78%

McLaren wants to recognize and reward you for your excellent quality care and offers an incentive opportunity for Primary Care Providers. Based on your Cervical Cancer Screening overall compliance for your assigned membership you will earn a per member incentive noted below:

Line of Business	NCQA 75 th Percentile	NCQA 90 th Percentile
Medicaid	63.66%	67.99%
Community	78.14%	80.54%
INCENTIVE OPPORTUNITY	\$25 Per Screened Member	\$50 Per Screened Member

We look forward to working in partnership with you to assist our members in achieving optimal health. If you would like a listing of your assigned patients that need these services or if you have questions or would like more information, please email us at MHPQuality@mcclaren.org.

Remember to talk to your patients about tobacco cessation, MHP has a free tobacco cessation program for MHP Community and Medicaid members, call (800) 784-8669 for more information.

Thank you for the quality care you deliver!

PCP Feedback (Please print)	Comments, requests, questions, etc.: FAX to (810) 600-7985
PCP Name/Office Name _____	
Name _____	Phone _____
Email _____	