

October is Breast Cancer Awareness Month. This is a great time to check in with your female members who have not already obtained important screenings. McLaren Health Plan (MHP) is committed to the health of our members. There are preventive screenings your female patients should be obtaining, other than the mammogram. Please join us in this effort by providing the following preventive screenings for women:

- **Mammograms** are recommended every two years for women 50 - 74 years of age.
- **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)
- **Chlamydia testing** is recommended for all women 16 - 24 years of age (and males 16 - 18 years of age.)

**MHP incentivizes these important screenings as well as other preventive services, please check out our PCP incentive opportunities at [www.McLarenHealthPlan.org](http://www.McLarenHealthPlan.org).**

Health Screening Measure	Medicaid CY19 Rates	Medicaid CY20 Rates	Medicaid Goal	Community CY19 Rates	Community CY20 Rates	Community Goal rate
Mammogram	61%	56%	64%	75%	75%	77%
Cervical Cancer Screening	65%	60%	67%	71%	71%	81%
Chlamydia Testing	61%	57%	67%	49%	49%	56%

We look forward to working in partnership with you to assist our members in achieving optimal health. If you would like a list of your assigned patients who need these services or if you have questions or would like more information, please email us at [MHPOutreach@mclaren.org](mailto:MHPOutreach@mclaren.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!**

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