

October is Breast Cancer Awareness Month. This is a great time to check in with your female members who have not already obtained their mammogram. McLaren Health Plan (MHP) is committed to the health of our members. In addition to this important screening, there are other preventive screenings your female patients should be obtaining such as screening for Cervical Cancer and Chlamydia. 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.)

McLaren Incentivizes these important screenings as well as other preventive services, please check out our PCP Incentive Opportunities at McLaren's website www.McLarenHealthPlan.org.

Health Screening Measure	Medicaid CY22 Rates	Medicaid YTD23 Rates	Medicaid Goal	CMTY CY22 Rates	CMTY YTD23 Rates	CMTY Goal
Mammogram	54.65%	46.19%	58.70%	77.57%	69.89%	75.53%
Cervical Cancer Screening	55.06%	46.61%	63.66%	75.22%	67.11%	78.14%
Chlamydia Testing	57.54%	33.49%	61.75%	49.25%	23.86%	53.75%

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 _____	