2020 Quality Measure Highlight

Cervical Cancer Screening (CCS)

MEASURE DESCRIPTION

The number of continuously enrolled Medi-Cal women 24 - 64 years of age as of December 31, 2020 **(Denominator)**

The percentage of members 21 - 64 years of age who were screened for cervical cancer - using either of the following criteria: **(Numerator)**

- **Criteria 1:** Member age **21 - 64** (as of December 31 of the measurement year) who had cervical cytology (Pap smear) performed within the last 3 years (e.g., screening in measurement year **2019, 2018, or 2017**).

For members who **do not meet** Criteria 1, see Criteria 2.

- **Criteria 2:** Member age **30 - 64** who had cervical high-risk human papillomavirus (hrHPV) testing or cervical cytology / hrHPV *co-testing performed within the last 5 years (e.g., screening during **2019** or the four years prior **2015 - 2018**) and who were 30 or older as of the date of testing.

Measure Type: Hybrid (medical record / claims / lab data)

Intent / Importance: To detect cervical cancer in its early stages. For members in the noted age ranges to be educated on the importance of having a Pap test (cervical cytology) every 3 - 5 years and for the providers to make the tests convenient and accessible.

Coding

Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175

HPV Test CPT: 87620, 87621, 87622, 87624, 87625

Diagnosis Codes: Q51.5, Z90.710, Z90.712

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org

References: National Committee on Quality Assurance (NCQA) HEDIS® 2020Vol 2 Technical Specifications for Health Plans;

PCP QIP 2020	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	5 points 15 points	72.02%	90th
Partial Points	Family Medicine Internal Medicine	2.5 points 7.5 points	66.49%	75th
Relative Improvement Points	Family medicine Internal Medicine	2.5 points 7.5 points	60.65%	50th

Please Note

- PHC will apply a Gateway Measure to QIP final payment rates for Measurement Year 2020. Final QIP incentive payments issued in 2021 are subject to a reduction for either of the following :
  1) Timely claims submission – if more than 25 percent of parent organization level claim submissions are more than 90 days after the date of service, or 2) site average PCP Office Visits are less than 2.1 per member for the measurement year.
- If the doctor is willing to attest and document permanently in the patient's chart a "complete," "total" or "radical" abdominal or vaginal hysterectomy date and the patient provides limited date information, please use the following for uploading the date into eReports:
  a) Year - (01/01/YYYY) or (12/31/YYYY) b) Month and Year – (MM/01/YYYY) or (MM/30 or 31/YYYY) If the doctor diagnosis no residual cervix, cervical agenesis or acquired absence of cervix, please upload into eReports: Date of Diagnosis – (MM/DD/YYYY)
- For more information, please refer to the PCP QIP Specifications, or contact the QIP Team at QIP@partnershiphp.org.

References: National Committee on Quality Assurance (NCQA) HEDIS® 2020Vol 2 Technical Specifications for Health Plans;

Compliant Documentation

- 21 - 64 years of age.
  - Pap test with collection date and result (e.g., PCP provider documents Pap smear done on 3/15/17, Pap was normal, or lab results show cervical cytology collected on 3/15/17, final report on 3/17/17 normal, no atypical cells).
- Lab results indicate the sample contained "no endocervical cells" **and** a valid result is reported for the test (e.g., no dysplasia, no atypical cells) for members 30 - 64 years of age.
  - hrHPV test with collection date and result.
  - Pap test **and** HPV test with the same date of service (e.g., On 2/3/15 the order reads - PAP **with** or **and** HPV testing [*This is known as "Co-testing" the samples are collected and both tests are ordered, regardless of the cytology result on the same date of service]).
  - Reflex testing with collection date and result (e.g., When the HPV test was performed only after determining the cytology result – virus group number).

Non-Compliant Documentation

- Lab results that explicitly state the sample was inadequate or that "no cervical cells were present."
- Biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

Exclusions

- Documentation of "complete," "total," or "radical," abdominal or vaginal hysterectomy meet criteria for hysterectomy with no residual cervix.
- Cervical agenesis (born without a cervix). This includes transgender women.
- Documentation of hysterectomy and that the patient no longer needs Pap testing / cervical cancer screening.
- Documentation of "vaginal Pap smear" along with "history of hysterectomy."
- Members in hospice and those with terminal illnesses.

References: National Committee on Quality Assurance (NCQA) HEDIS® 2020Vol 2 Technical Specifications for Health Plans;

Best and Promising Practices

- Use person-centered plain language and educational information to members in appropriate language.
- Send one week appointment reminder (e.g., post card / letter signed by the provider), text reminder (one day prior).
- Utilize “flag” alerts in the EMR / EHR system that each staff member can use to identify and communicate to patients / members who are due for their screening services at every member encounter.
- Conduct chart scrubbing prior to the visit to determine if screening / preventive services are due.
- Encourage, if due, patient to complete cervical cancer screening during current appointment.
- Use standardized templates in the EMR / EHR system to guide providers and staff through the visit to ensure all components were met and documented.
- Schedule future visits while the member / patient is waiting to be seen by the provider or before the member leaves the office.
- Actively pursue missed appointments with letters and reminder calls; designate a staff member to outreach.
- Document why the member is excluded (e.g., total abdominal or vaginal hysterectomy).
- Document results of most recent Pap screening and the date screening was performed.
- Establish standard practice to include hrHPV testing, with or without cytology, for patients 30 - 64 years of age.
- Submit claims and encounter data within 90 days of service.

References: National Committee on Quality Assurance (NCQA) HEDIS® 2020Vol 2 Technical Specifications for Health Plans;