

We heal and inspire the human spirit.

To: IEHP OB/GYN Providers

From: IEHP – Provider Relations

Date: October 3, 2024

Subject: 2024 Cervical Cancer Screening Outreach – Return Interest Form by Oct 11!

We are offering OB/GYN Providers the opportunity to outreach to IEHP Members in their area who need a cervical cancer screening as part of their preventive care services.

If you choose to participate, you will receive Member contact information to outreach and schedule appointments¹.

Expectations for participating Providers upon return of the interest form:

- 1. Outreach to Members using the list that will be provided. These Member lists can only be used as part of this outreach effort and may not be used for any other purpose.
- 2. Schedule Member appointments for cervical cancer screening for <u>completion by</u> <u>December 31, 2024.</u>
- 3. Perform the screening and send the appropriate specimen to the lab for processing.

If interested in participating in the 2024 Cervical Cancer Screening Campaign, please complete one form per office location and FAX to (909) 297-2505, by October 11, 2024.

HEDIS® standards follow current US Preventive Services Taskforce and ACOG recommendations for cervical cancer screening in patients at normal risk who have a cervix:

Population	Recommendation
Ages 21 to 29 Years	Screen every 3 years with cervical cytology alone
Ages 30 to 65 Years	Screen every 3 years with cervical cytology alone, OR Screen every 5 years with high-risk human papillomavirus (hrHPV) testing alone, OR Screen every 5 years with co-testing (hrHPV and cytology)

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email ProviderServices@iehp.org

All IEHP communications can be found at <u>www.providerservices.iehp.org</u> > News & Updates > Notices

¹ Please feel free to mention IEHP offers a \$25 gift card to Members on the list when cervical cancer screening is completed by December 31, 2024.



Please complete the form and Fax to (909) 297-2505 by October 11, 2024.

OB/GYN Name:	
Office Address:	
Office Contact Name:	
YES! I agree to participate in the 2024 Cervical Cancer Screening Outreach Program. A maximum number of additional patients can be scheduled and seen by 12/31/2024.	
No, I do not wish to participate in the 2024 Cervical Cancer Screening Outreach Program.	