



May 23, 2008

Re: Provider Recognition Program 2007 Reconsideration Process, Phase II: Cervical Cancer and Chlamydia Screenings Due June 6, 2008

Dear Primary Care Provider (PCP):

The Provider Recognition Program payments to be awarded beginning September 2008 will be based on health care services provided to members assigned to your PCP group during 2007. The first phase of the 2007 reconsideration process regarding breast cancer screenings was distributed in mid-May.

For the second phase of the reconsideration process, we have enclosed lists of members assigned to your practice for at least seven (7) months during 2007 who should have received (a) cervical cancer screenings during 2005, 2006, or 2007, or (b) chlamydia screenings during 2007.

To improve your scores for these measures, The Plan must receive your medical record documentation* no later than June 6, 2008. Please send all requests for reconsideration to the attention of:

Joanne Strano-Smith, R.N.
Manager of Quality Improvement
Passport Health Plan
305 W. Broadway
Louisville, KY 40202

***Requirements for Medical Record Documentation**

Medical record documentation must demonstrate **(a) services occurring** or **(b) services not required based on the Plan's Clinical Practice Guidelines**. Providers are strongly encouraged to support each exclusion by specifying the appropriate section of Passport Health Plan's Clinical Practice Guidelines.

For **cervical cancer screening exclusions** due to a hysterectomy, the hysterectomy must be total, with no residual cervix. For example, appropriate medical record documentation for this exclusion would specify "total hysterectomy," "complete hysterectomy," "total abdominal or vaginal hysterectomy," or "radical hysterectomy." Documentation of a "vaginal pap smear" in conjunction with documentation of "hysterectomy" meets exclusion criteria.

You may also refer to the enclosed *Guidelines for Documentation* for more details on how to request reconsideration using medical record documentation.

As always, we appreciate the services you provide to our members and your ongoing participation in the Passport Health Plan network. If you have any questions regarding the Provider Recognition Program, please contact your Provider Relations representative directly or the Provider Recognition Program representative at (502) 585-7946.

Sincerely,

Denise Schifano
AVP, Provider Relations

Enclosures

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