



**Health Choice**



## Medicaid Managed Care Organization



## Performance Improvement Projects



## Cervical Cancer Screening Final Report 2008 - 2011

Submitted by:  
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HealthChoice and Acute Care Administration  
Division of HealthChoice Management  
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# Cervical Cancer Screening Performance Improvement Project Final Report

## Introduction

The Maryland Department of Health and Mental Hygiene (DHMH) is responsible for the evaluation of the quality of care provided to Medical Assistance recipients enrolled in the HealthChoice program. DHMH contracts with Delmarva Foundation to serve as the External Quality Review Organization (EQRO). As the EQRO, Delmarva Foundation is responsible for evaluating the Performance Improvement Projects (PIPs) submitted by the Managed Care Organizations (MCOs).

The Cervical Cancer Screening PIP addressed members of the HealthChoice population that were at increased risk of developing Cervical Cancer. According to the CDC, cervical cancer was one of the most common causes of cancer related deaths for women in America. Early detection increases treatment options and survival rates. Since the development and use of the Papanicolaou (Pap) Test, incidences and mortality have declined significantly over the past several decades. The latest data from 2007 indicates that the annual cervical cancer mortality rate for Maryland was 2.5% (per 100,000 deaths).

The American Cancer Society recommends screening should be done every year with the regular Pap test or every two years using the newer liquid-based Pap test. Cervical cancer screening promotes early detection and ultimately increases survival rates. The project indicator measures the percentage of women that received a Pap test in the measurement year or the two years prior to the measurement year. The PIP was designed to assess the percentage of women ages 21 – 64 who were screened for cervical cancer.

Recognizing the importance of preventive care to this specific HealthChoice population, DHMH required the seven MCOs to establish opportunities and effective systems of care for Cervical Cancer Screening. The MCOs are:

AMERIGROUP Community Care (ACC)

Diamond Plan from Coventry Health Care, Inc. (DIA)

Jai Medical Systems (JMS)

Maryland Physicians Care (MPC)

MedStar Family Choice (MFSC)

Priority Partners (PPMCO)

UnitedHealthcare (UHC)

## PIP Purpose and Objectives

Each MCO was required to conduct PIPs that were designed to achieve, through ongoing measurements and interventions, significant improvement, sustained over time in clinical care and non-clinical care areas that were expected to have a favorable effect on health outcomes. The PIPs included measurements of performance using objective quality indicators, the implementation of system interventions to achieve improvement in quality, evaluation of the effectiveness of the interventions, and planning and initiation of activities for increasing or sustaining improvement. In addition to improving the quality, access, or timeliness of service delivery, the process of completing a PIP functions as a learning opportunity for the MCO. The processes and skills required in PIPs, such as indicator development, root cause analysis, and intervention development are transferable to other projects that can lead to improvement in other health areas.

## Validation Process

As part of the annual external quality review, Delmarva Foundation conducted a review of the Cervical Cancer Screening PIPs submitted by each HealthChoice MCO. The guidelines utilized for PIP review activities were CMS' *Validation of PIPs* protocols. CMS' *Validation of PIPs* assists EQROs in evaluating whether or not the PIP was designed, conducted, and reported in a sound manner and the degree of confidence a state agency could have in the reported results.

Reviewers evaluated each project submitted using a standard validation tool that employed the CMS validation methodology. This included assessing each project in ten critical areas. These ten areas are:

- Step 1: Review the Selected Study Topics
- Step 2: Review the Study Questions
- Step 3: Review the Selected Study Indicator(s)
- Step 4: Review the Identified Study Population
- Step 5: Review Sampling Methods
- Step 6: Review the MCO's Data Collection Procedures
- Step 7: Assess the MCO's Improvement Strategies
- Step 8: Review Data Analysis and Interpretation of Study Results
- Step 9: Assess the Likelihood that Reported Improvement is Real Improvement
- Step 10: Assess Whether the MCO has Sustained its Documented Improvement

As Delmarva Foundation staff conducted the review, each component within a standard (step) was rated. Components were then rolled up to create a determination of “met”, “partially met”, “unmet” or “not applicable” for each of the ten standards. Table 1 describes this scoring methodology.

**Table 1. Rating Scale for Performance Improvement Project Validation Review**

<b>Rating</b>	<b>Rating Methodology</b>
<b>Met</b>	<b>All required components were present.</b>
<b>Partially Met</b>	<b>One but not all components were present.</b>
<b>Unmet</b>	<b>None of the required components were present.</b>
<b>Not Applicable</b>	<b>None of the required components are applicable.</b>

### **Topic Selected and Performance Measures**

Recognizing opportunities for improvement, DHMH selected Cervical Cancer Screening as a PIP topic. Each MCO was instructed to select appropriate performance measures within the topic area. Project titles and selected measures for each MCO are listed in Table 2.

Table 2. MCO Project Titles and Selected Performance Measures

MCO	Project Title	Measure(s)
ACC	Cervical Cancer Screening	HEDIS <sup>1</sup> Cervical Cancer Screening
DIA	Cervical Cancer Screening	HEDIS <sup>1</sup> Cervical Cancer Screening
JMS	Cervical Cancer Screening	HEDIS <sup>1</sup> Cervical Cancer Screening
MPC	Cervical Cancer Screening	HEDIS <sup>1</sup> Cervical Cancer Screening
MSFC	Cervical Cancer Screening	HEDIS <sup>1</sup> Cervical Cancer Screening
PPMCO	Cervical Cancer Screening	HEDIS <sup>1</sup> Cervical Cancer Screening
UHC	Cervical Cancer Screening	HEDIS <sup>1</sup> Cervical Cancer Screening

<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance.

## Project Summaries

PIP summaries are described below for the HealthChoice MCOs. Presented in Tables 3-9, each summary includes a description of the Project Goals, Outcomes, Identified Barriers to Care, and Interventions.

Table 3. Project Summary for AMERIGROUP Community Care

ACC Cervical Cancer Screening	
<b>Goal</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2007 77.34%                      1<sup>st</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2008 77.42%                      2<sup>nd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2009 77.92%                      3<sup>rd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2010 78.65%</p>
<b>Outcomes</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline (CY 2007): 61.43%                      1<sup>st</sup> Remeasurement (CY 2008): 67.93%                      2<sup>nd</sup> Remeasurement (CY 2009): 67.26%                      3<sup>rd</sup> Remeasurement (CY 2010): 76.60%</p>
<b>Identified Barriers to Care</b>	<p><u>Member Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of education on the importance of receiving preventative services</li> <li>• Dr. didn't tell the member to get the service</li> <li>• Fear of either getting the service or results</li> <li>• Cultural differences related to seeking CCS</li> <li>• Transient and cannot be contacted by either phone or mail</li> <li>• Forgot about the appointment or do not go to appointment due to weather</li> <li>• Difficulty coordinating transportation to and from appointments</li> </ul> <p><u>Provider Barriers:</u></p> <ul style="list-style-type: none"> <li>• Appointment access and availability if members only want to see female providers</li> <li>• Lack of education to member regarding importance of receiving preventative services</li> <li>• Members transient and cannot be contacted by either phone or mail</li> <li>• Failure of provider to report a member contraindication to Pap test such as status post a hysterectomy</li> <li>• Potential for member not to see Pap test</li> <li>• Failure of providers to submit encounter information</li> </ul> <p><u>MCO Barriers:</u></p> <ul style="list-style-type: none"> <li>• Member may have another type of insurance as primary insurance</li> <li>• Members transient and cannot be contacted by either phone or mail</li> <li>• Failure of providers to submit encounter information</li> <li>• Unable to link member to OB/GYN provider without a claim</li> </ul>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>• Distribution of AMERITIPs at health fairs and educational classes</li> <li>• Mailings and phone calls to members reminding them of the importance of getting cervical cancer screenings</li> <li>• Assisted with making appointments and transportation to providers</li> <li>• Partnered with multiple provider sites to hold special sessions for ACC members and assisted members with making appointments</li> <li>• Provider incentive program</li> <li>• Provider education</li> </ul>

Table 4. Project Summary for DIA Plan from Coventry Health Care, Inc.

DIA Cervical Cancer Screening	
<b>Goal</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2007 77.34%                      1<sup>st</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2008 77.42%                      2<sup>nd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2009 77.92%                      3<sup>rd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2010 78.65%</p>
<b>Outcomes</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline (CY 2007): 47.97%                      1<sup>st</sup> Remeasurement (CY 2008): 62.75%                      2<sup>nd</sup> Remeasurement (CY 2009): 65.63%                      3<sup>rd</sup> Remeasurement (CY 2010): 70.23%</p>
<b>Identified Barriers to Care</b>	<p><u>Member Barriers:</u></p> <ul style="list-style-type: none"> <li>• Fear of testing/diagnosis of cervical cancer</li> <li>• Members not seeking care or care is not with assigned PCP</li> <li>• Members not aware that transportation and/or transportation assistance is available</li> <li>• Member doesn't have time to care for themselves if they have smaller children in the home</li> <li>• Low literacy</li> </ul> <p><u>Provider Barriers:</u></p> <ul style="list-style-type: none"> <li>• Where members are accessing/utilizing PCP, but no test documentation exists, PCP may not be discussing/encouraging screening or documenting information on past/current screenings in chart</li> <li>• Providers not able to contact member due to incorrect telephone number</li> </ul> <p><u>MCO Barriers:</u></p> <ul style="list-style-type: none"> <li>• Plan may not be receiving all claims data for screening</li> <li>• Plan issue with member demographics</li> <li>• Overall member non-compliance with HEDIS measures</li> </ul> <p><u>National Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of education nationally concerning cervical cancer screening</li> <li>• Cultural and financial belief barriers</li> <li>• Lack of family support and/or job hours conflicting with physician office hours</li> </ul>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>• Targeted letters to members noncompliant for CCS</li> <li>• Distribution of Preventive Health Guidelines to Providers</li> <li>• Preventive Health Brochures mailed to women</li> <li>• Social Worker hired to work with members and encourage screenings</li> <li>• Hired company to provide Home Visits to members who are unable to be reached by phone or mail</li> <li>• Member and provider incentive programs</li> <li>• Member appreciation events for members compliant with CCS HEDIS measure</li> </ul>

Table 5. Project Summary for Jai Medical Systems

JMS Cervical Cancer Screening	
<b>Goal</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2007 77.34%                      1<sup>st</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2008 77.42%                      2<sup>nd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2009 77.92%                      3<sup>rd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2010 78.65%</p>
<b>Outcome(s)</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline (CY 2007): 73.80%                      1<sup>st</sup> Remeasurement (CY 2008): 77.96%                      2<sup>nd</sup> Remeasurement (CY 2009): 76.36%                      3<sup>rd</sup> Remeasurement (CY 2010): 79.73%</p>
<b>Identified Barriers to Care</b>	<p><u>Member Barriers:</u></p> <ul style="list-style-type: none"> <li>• General dislike of the procedure</li> <li>• Unable to locate the member</li> </ul> <p><u>Provider Barriers:</u></p> <ul style="list-style-type: none"> <li>• PCPs forgetting or not wanting to perform the procedure</li> <li>• Lack of time or knowledge on how to perform the procedure</li> </ul> <p><u>MCO Barriers:</u></p> <ul style="list-style-type: none"> <li>• Billing errors</li> </ul>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>• Quarterly billing audits and chart reviews to ensure accurate coding/billing by PCPs</li> <li>• Outreach letters to members not receiving CCSs</li> <li>• Outreach and education to PCPs including mailings and newsletters</li> <li>• Member incentives</li> <li>• Home visits to members who have not received CCSs</li> <li>• Additional PCPs and staff hired at core medical facilities</li> <li>• Implemented Women's Health Afternoons monthly to address the fact that provider do not have enough time to perform Pap tests</li> </ul>

Table 6. Project Summary for Maryland Physicians Care

MPC Cervical Cancer Screening	
<b>Goals</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2007 77.34%                      1<sup>st</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2008 77.42%                      2<sup>nd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2009 77.92%                      3<sup>rd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2010 78.65%</p>
<b>Outcomes</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline (CY 2007): 64.05%                      1<sup>st</sup> Remeasurement (CY 2008): 66.25%                      2<sup>nd</sup> Remeasurement (CY 2009): 67.92%                      3<sup>rd</sup> Remeasurement (CY 2010): 69.67%</p>
<b>Identified Barriers to Care</b>	<p><u>Member Barriers:</u></p> <ul style="list-style-type: none"> <li>• Homelessness</li> <li>• Lack of Transportation</li> <li>• Member noncompliance</li> <li>• Access/Availability of services</li> <li>• Lack of member knowledge regarding treatment resources</li> <li>• Low literacy</li> <li>• Lack of community resources</li> <li>• Lack of member/PCP relationship</li> </ul> <p><u>Provider Barriers:</u></p> <ul style="list-style-type: none"> <li>• Staffing/resources</li> <li>• Inadequate reimbursement</li> <li>• Limited coordination of care between ER and PCP</li> <li>• Inadequate/Inaccurate member contact information</li> <li>• Lack of member compliance</li> <li>• Lack of provider knowledge regarding available treatment/community resources</li> </ul> <p><u>MCO Barriers:</u></p> <ul style="list-style-type: none"> <li>• Inadequate use of HEDIS tools</li> <li>• Inadequate screening by provider offices</li> <li>• Member noncompliance</li> <li>• Limited staffing resources</li> <li>• Inadequate member contact information</li> <li>• Lack of coordination with other agencies</li> <li>• Increased membership</li> </ul>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>• Outreach calls to members</li> <li>• Three outreach staff members transitioned and trained to support HEDIS initiatives</li> <li>• Member and Provider incentives</li> <li>• Appointment reminder calls to members</li> <li>• Onsite appointment scheduling at provider offices</li> <li>• Hired additional and temporary outreach staff</li> <li>• Pap Clinic Days established at larger FQHC practices</li> <li>• Member and Provider educational newsletters regarding Pap tests</li> </ul>

Table 7. Project Summary for MedStar Family Choice

MSFC Cervical Cancer Screening	
<b>Goals</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2007 77.34%                      1<sup>st</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2008 77.42%                      2<sup>nd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2009 77.92%                      3<sup>rd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2010 78.65%</p>
<b>Outcomes</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline (CY 2007): 64.72%                      1<sup>st</sup> Remeasurement (CY 2008): 66.42%                      2<sup>nd</sup> Remeasurement (CY 2009): 67.65%                      3<sup>rd</sup> Remeasurement (CY 2010): 76.39%</p>
<b>Identified Barriers to Care</b>	<p><u>Member Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of member awareness</li> <li>• Misinformation (think because they are not sexually active they do not need a Pap test)</li> <li>• Perceived discomfort</li> <li>• No show for appointments</li> <li>• Inconvenience of scheduling</li> <li>• Transportation</li> </ul> <p><u>Provider Barriers:</u></p> <ul style="list-style-type: none"> <li>• PCPs do not recommend the exam</li> <li>• Pap tests not getting in the PCP chart if ordered by a non PCP</li> </ul>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>• Call campaign to member who have not received a Pap test</li> <li>• Member incentives</li> <li>• Educational flyers mailed to women between the ages of 18 and 65</li> <li>• Outreach calls to members to assist with making appointments and transportation</li> <li>• Provider educational articles mailed and on website</li> </ul>

Table 8. Project Summary for Priority Partners

PPMCO Cervical Cancer Screening	
<b>Goals</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2007 77.34%                      1<sup>st</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2008 77.42%                      2<sup>nd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2009 77.92%                      3<sup>rd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2010 78.65%</p>
<b>Outcomes</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline (CY 2007): 66%                      1<sup>st</sup> Remeasurement (CY 2008): 63.03%                      2<sup>nd</sup> Remeasurement (CY 2009): 67.71%                      3<sup>rd</sup> Remeasurement (CY 2010): 69.40%</p>
<b>Identified Barriers to Care</b>	<p><u>Member Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of member understanding of the importance of preventive health care, specifically CCSs</li> <li>• Lack of knowledge of available resources</li> <li>• Transportation issues</li> </ul> <p><u>Provider Barriers:</u></p> <ul style="list-style-type: none"> <li>• Member noncompliance</li> <li>• Lack of knowledge regarding HEDIS CCS specifications</li> <li>• Lack of knowledge regarding use of appropriate billing codes</li> <li>• Inability to identify members who have not had a CCS</li> </ul> <p><u>MCO Barriers:</u></p> <ul style="list-style-type: none"> <li>• Inappropriate billing by providers leading to inability to capture administrative claims data for Pap tests</li> <li>• Member noncompliance</li> <li>• Increasing PPMCO enrollment</li> <li>• Incorrect member information resulting in an inability to communicate with members</li> </ul>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>• Telephone campaign to contact members with a preventive health message</li> <li>• Disseminate patient specific lists to PCPs identifying their patients who have not received a CCS</li> <li>• Member and Provider newsletter articles</li> <li>• Member and Provider incentives</li> <li>• 5 new outreach positions hired to target members with gaps in care including CCS</li> <li>• Contracted with Optum to contact members identified as having gaps in care related to CCS; members are assisted with appointment scheduling and transportation as needed</li> <li>• Cervical Cancer Screening clinic day</li> </ul>

Table 9. Project Summary for UnitedHealthcare

UHC Cervical Cancer Screening	
<b>Goal</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2007 77.34%                      1<sup>st</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2008 77.42%                      2<sup>nd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2009 77.92%                      3<sup>rd</sup> Remeasurement Goal: HEDIS National Medicaid 90<sup>th</sup> Percentile 2010 78.65%</p>
<b>Outcomes</b>	<p><b>Indicator 1: HEDIS Cervical Cancer Screening</b>                      Baseline (CY 2007): 64.8%                      1<sup>st</sup> Remeasurement (CY 2008): 66.05%                      2<sup>nd</sup> Remeasurement (CY 2009): 64.42%                      3<sup>rd</sup> Remeasurement (CY 2010): 70.26%</p>
<b>Identified Barriers to Care</b>	<p><u>Member Barriers:</u></p> <ul style="list-style-type: none"> <li>• Lack of knowledge of prevention of cervical cancer</li> <li>• Lack of willingness to have CCS performed</li> </ul> <p><u>Provider Barriers:</u></p> <ul style="list-style-type: none"> <li>• Incorrect billing codes used</li> <li>• Providers do not submit claims, such as non-par providers or some LHD's</li> <li>• Incorrect member demographics for mailings and phone outreach</li> </ul> <p><u>MCO Barriers:</u></p> <ul style="list-style-type: none"> <li>• Verification of lab vendor files</li> </ul>
<b>Interventions</b>	<ul style="list-style-type: none"> <li>• Member and Provider incentives</li> <li>• Member and Provider educational mailings</li> <li>• Member outreach to assist in conducting appointments</li> <li>• Hired health educator to collaborate with member and provider education and LHDs and FQHCs on submitting claims</li> <li>• Provider file reviews</li> </ul>

## Results

This section presents an overview of the validation findings for each Cervical Cancer Screening PIP submitted to Delmarva Foundation. Each MCO's PIP was reviewed against all 27 components contained within the ten standards. The results of the ten activities assessed for each PIP submitted by the plans are presented in Tables 10-16 below.

Table 10. ACC Cervical Cancer Screening PIP Summary

Step	Description	Review Determinations			
		2008	2009	2010	2011
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Partially Met	Unmet	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Partially Met	Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2008, ACC’s Cervical Cancer Screening PIP received a rating of “Not Applicable” for Steps 9 and 10 due to that being the baseline year (January 1 through December 31, 2004) of data collection and validation for the PIP.

In 2009, ACC received a rating of “Partially Met” for Step 7 due to the majority of its interventions being mass mailings and phone calls, which are generally not effective. Also, the MCO hired additional interim HEDIS staff and partnered with lab vendors to obtain PAP smears. These latter interventions are viewed as targeting an increase in its HEDIS score, rather than encouraging women to obtain their cervical cancer screening. ACC received a rating of “Not Applicable” for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2010, ACC received a rating of “Unmet” for Step 7 because the MCO did not conduct annual barrier analysis as required. Step 9 received a rating of “Partially Met” because there was no documented quantitative improvement from the first remeasurement period to the second remeasurement period.

In 2011, ACC received a rating of “Met” for all areas of assessment.

Table 11. DIA Cervical Cancer Screening PIP Summary

Step	Description	Review Determinations			
		2008	2009	2010	2011
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Met	Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2008, DIA’s Cervical Cancer Screening PIP received a rating of “Not Applicable” for Steps 9 and 10 due to that being the baseline year (January 1 through December 31, 2004) of data collection and validation for the PIP.

In 2009, DIA received a rating of “Not Applicable” for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2010 and 2011, DIA received a rating of “Met” for all areas of assessment.

Table 12. JMS Cervical Cancer Screening PIP Summary

Step	Description	Review Determinations			
		2008	2009	2010	2011
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	N/A	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Partially Met	Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2008, JMS’s Cervical Cancer Screening PIP received a rating of “Not Applicable” for Step 7 because sampling was not used in the study the first year. A rating of “Not Applicable” was received for Steps 9 and 10 due to that being the baseline year (January 1 through December 31, 2004) of data collection and validation for the PIP.

In 2009, JMS received a rating of “Not Applicable” for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2010 JMS received a rating of “Partially Met” for Step 9 because there was no documented quantitative improvement from the first remeasurement period to the second remeasurement period.

In 2011, JMS received a rating of “Met” for all areas of assessment.

Table 13. MPC Cervical Cancer Screening PIP Summary

Step	Description	Review Determinations			
		2008	2009	2010	2011
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Met	Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2008, MPC’s Cervical Cancer Screening PIP received a rating of “Not Applicable” for Steps 9 and 10 due to that being the baseline year (January 1 through December 31, 2004) of data collection and validation for the PIP.

In 2009, MPC received a rating of “Not Applicable” for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2010 and 2011, MPC received a rating of “Met” for all areas of assessment.

Table 14. MSFC Cervical Cancer Screening PIP Summary

Step	Description	Review Determinations			
		2008	2009	2010	2011
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Met	Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2008, MSFC’s Cervical Cancer Screening PIP received a rating of “Not Applicable” for Steps 9 and 10 due to that being the baseline year (January 1 through December 31, 2004) of data collection and validation for the PIP.

In 2009, MSFC received a rating of “Not Applicable” for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2010 and 2011, MSFC received a rating of “Met” for all areas of assessment.

Table 15. PPMCO Cervical Cancer Screening PIP Summary

Step	Description	Review Determinations			
		2008	2009	2010	2011
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Partially Met	Met	Met
10	Assess Sustained Improvement	N/A	N/A	Met	Met

In 2008, PPMCO’s Cervical Cancer Screening PIP received a rating of “Not Applicable” for Steps 9 and 10 due to that being the baseline year (January 1 through December 31, 2004) of data collection and validation for the PIP.

In 2009, PPMCO received a rating of “Partially Met” for Step 9 because there was no documented quantitative improvement from the baseline measurement period to the first remeasurement period. PPMCO received a rating of “Not Applicable” for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2010 and 2011, PPMCO received a rating of “Met” for all areas of assessment.

Table 16. UHC Cervical Cancer Screening PIP Summary

Step	Description	Review Determinations			
		2008	2009	2010	2011
1	Assess the Study Methodology	Met	Met	Met	Met
2	Review the Study Question(s)	Met	Met	Met	Met
3	Review the Selected Study Indicator(s)	Met	Met	Met	Met
4	Review the Identified Study Population	Met	Met	Met	Met
5	Review Sampling Methods	Met	Met	Met	Met
6	Review Data Collection Procedures	Met	Met	Met	Met
7	Assess Improvement Strategies	Met	Met	Met	Met
8	Review Data Analysis and Interpretation of Study Results	Met	Met	Met	Met
9	Assess Whether Improvement is Real Improvement	N/A	Met	Partially Met	Met
10	Assess Sustained Improvement	N/A	N/A	Unmet	Met

In 2008, UHC’s Cervical Cancer Screening PIP received a rating of “Not Applicable” for Steps 9 and 10 due to that being the baseline year (January 1 through December 31, 2004) of data collection and validation for the PIP.

In 2009, UHC received a rating of “Not Applicable” for Step 10 because Sustained Improvement cannot be assessed until after the second remeasurement period.

In 2010, UHC received a rating of “Partially Met” for Step 9 because there was no documented quantitative improvement from the first remeasurement period to the second remeasurement period. A rating of “Unmet” was received for Step 10 because sustained improvement was not demonstrated through repeated measurements over comparable time periods. Although the MCO demonstrated improvement in rates from baseline to the first remeasurement period, the improvement was not able to be sustained throughout the second remeasurement period.

In 2011, UHC received a rating of “Met” for all areas of assessment.

## Conclusions

Through the validation process, Delmarva Foundation has determined that the MCO's have utilized sound study methodology, sampling methodology, and data collection procedures throughout their Cervical Cancer Screening PIPs. Since the PIP indicators were HEDIS measures, the methodologies, and data collection procedures were also evaluated by independent auditors each year in addition to Delmarva Foundation.

Delmarva Foundation identified the following areas of difficulty for the MCOs throughout the PIP process:

- Barrier Analysis: MCOs must complete an annual and comprehensive barrier analysis that results in identifying member, provider, and administrative barriers.
- Intervention Development: Once barriers are identified, aggressive system-level interventions that target members, providers, and administrative barriers should be implemented.

All MCO's indicator rates increased over baseline measurement. The average increase across all MCOs for the HEDIS Cervical Cancer Screening Rate was 9.93 percentage points, with one MCO increasing by 22.26 percentage points. If the MCO's continue the interventions currently in place, it is expected that these rates will continue to be sustained as demonstrated throughout the remeasurement periods within this study.