



**HMO Illinois / BlueAdvantage HMO**  
**Attestation Form for the**  
**2008 Cervical Cancer Screening QI Fund Project**

5571288815

**IPA Name :** \_\_\_\_\_

**IPA #:** \_\_\_\_\_

**NPI #:** \_\_\_\_\_

**Name and phone number of the IPA contact for 2008 Cervical Cancer Screening QI Fund Project:**

**Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

I attest that the information provided for the 2008 Cervical Cancer Screening QI Fund Project is accurate. I understand that payment is dependent upon the IPA meeting project requirements. The IPA may be ineligible for the 2008 Cervical Cancer Screening QI Fund payment if the HMO determines that the information submitted is incomplete or not accurate.

Signature of Medical Director or Administrator: \_\_\_\_\_

Printed name of Medical Director or Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Member List**

For BCBSIL use only

1. Was a 2008 Measurement Year - IPA Interim Rate: Not Meeting Criteria list for Cervical Cancer Screening downloaded from D2?  Yes  No

If yes, document the following information:

a. Enter the date the member list was downloaded from D2.

□□ / □□ / □□□□

b. Enter the number of members on the 2008 Measurement Year - IPA Interim Rate: Not Meeting Criteria list for Cervical Cancer Screening.

□□□□□

c. (Optional) Enter the number of members on the 2008 Measurement Year - IPA Interim Rate: Not Meeting Criteria list for whom the IPA identified a claim or encounter for a Pap smear.

□□□□□

d. Enter the final number of members identified as needing outreach for cervical cancer screening.

□□□□□

**Physician Outreach**

2. Was physician outreach performed for cervical cancer screening?  Yes  No

If yes, document the following information:

a. Enter the date physician outreach was completed and the total number of physicians who received an outreach list.

Date □□ / □□ / □□□□

□□□□ Number of physicians

**OVER**

For BCBSIL  
use only

b. Enter the total number of members on the outreach list sent to the physicians.

c. Check the box and attach the list of physicians and members.

d. Check the box and attach a copy of the communication(s) for the physician outreach.

**Member Outreach**

3. Was member outreach performed for cervical cancer screening?

 Yes No

If yes, document the following information:

a. Provide at least one date in 2008 on which the IPA obtained physician input on the cervical cancer screening member outreach initiative.

 /  / b. Record the date that the member outreach was completed and the number of members who received each type of outreach. Attach a copy of the member outreach communication that was used. (Please note that the IPA is only required to utilize **one** type of member outreach.)

1. Enter the date and number of members who received any written outreach communication and attach a sample(s) of the written communication(s).

Date  /  / 

Number of members

2. Enter the date and number of members who received telephonic outreach and attach a copy of the script used for telephonic outreach.

Date  /  / 

Number of members

3. Enter the date and number of members who received e-mail outreach and attach a sample of the e-mail(s).

Date  /  / 

Number of members

4. Enter the number of members who received a face-to-face recommendation for cervical cancer screening from their physician in 2008. (Attach a copy of each medical record documenting this recommendation.)

Number of members

5. Enter the date and number of members who received outreach by any other method(s) and attach a detailed description of the outreach initiative.

Date  /  / 

Number of members