



Attestation Form for the Physician and Member Outreach Portion of the 2009 Cervical Cancer Screening QI Fund Project

IPA Name :

IPA #:

Name and phone number of the IPA contact for the Outreach Portion of the 2009 Cervical Cancer Screening QI Fund Project:

Name: _____

E-mail: _____

Phone Number _____

I attest that the information provided for the Physician and Member Outreach Portion of the 2009 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 outreach portion of the 2009 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 the 2009 Measurement Year Interim IPA 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.

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b. Enter the number of members on the 2009 Measurement Year Interim IPA Rate - "Not Meeting Criteria" list for Cervical Cancer Screening.

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c. (Optional) Enter the number of members on the 2009 Measurement Year Interim IPA Rate - "Not Meeting Criteria" list for Cervical Cancer Screening for whom the IPA identified a claim or encounter for a Pap smear.

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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

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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 include the number of members identified for each physician.

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 2009 on which the IPA obtained physician input on the cervical cancer screening member outreach initiative.

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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 2009. (Attach a copy of each medical record documenting this recommendation.)

Number of members