



1. Cervical Cancer Screening Component

PROGRAM GOAL

To ensure that IEHP's female Members receive an annual Cervical Cytology Test.

PROGRAM OVERVIEW

Participating OB/GYN Specialists are incentivized \$50 for each Cervical Cytology Test they provide to an eligible IEHP Member. Only one Cervical Cytology Test per year qualifies for this incentive.

WHO CAN PARTICIPATE

Any credentialed IEHP OB/GYN Specialist authorized to treat female Members.

WHICH MEMBERS ARE ELIGIBLE

Any female Member enrolled in one of these programs: Medi-Cal or IEHP DualChoice. Plus, the Member must be:

- Active on the date of service (DOS) the Cervical Cytology Test is performed
- Age 21 or older

INCENTIVE

- \$50 for each Cervical Cytology Test
- Incentives are paid within 30 working days of receipt of a complete Cervical Cytology Test form submitted online

HOW TO REPORT CERVICAL CYTOLOGY TESTS

Complete a Cervical Cytology Test Form online at www.iehp.org and indicate appropriate CPT and ICD codes. The Cervical Cytology Test Form must be submitted to IEHP **within 2 months from the date of service** and must meet IEHP submission standards to qualify for incentive.

WHERE TO SUBMIT THE FORMS

Submit online at www.iehp.org. Log in to the IEHP Secure Provider Portal and click on the P4P button. **Need help?** Refer to the online P4P Submission Training Manual or call the Provider Relations Team at (909) 890-2054.

FOR CORRECTIVE RESUBMISSIONS ONLY

IEHP will only accept corrective resubmissions on paper. IEHP requires a CMS 1500 form. Submit corrections to IEHP **within 60 days** of initial electronic submission date.

Mail your Cervical Cytology Test corrections to:

Inland Empire Health Plan
Attention: Quality Informatics
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800

