# IT-12.2: Cervical Cancer Screening

| **Measure Title** | **IT-12.2 Cervical Cancer Screening (CCS)** |
| --- | --- |
| **Description** | Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:* Women age 21–64 who had cervical cytology performed every 3 years.
* Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
 |
| **NQF Number** | 0032 |
| **Measure Steward** | National Committee for Quality Assurance |
| **Link to measure citation** | <https://www.qualityforum.org/QPS/0032>http://www.qualitymeasures.ahrq.gov/content.aspx?id=47141 National Committee for Quality Assurance specifications:(<http://www.ncqa.org/LinkClick.aspx?fileticket=POLoMIAi3Mo%3d&tabid=59&mid=1604&forcedownload=true>) |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC

|  |  |  |  |
| --- | --- | --- | --- |
|  | Baseline | DY4 | DY5 |
| Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) |
| Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) |

 |
| **Benchmark Description** |

|  |
| --- |
| NCQA Accreditation Benchmarks and Thresholds |
| HPL (90th Percentile) | 78.51% |
| MPL (25th Percentile) or 10th if applicable | 68.37% |

 |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:* Replaced health plan-specific language requiring continuous member enrollment and inserted a requirement that the patient must have at least one outpatient encounter in the prior year.
 |
| **Denominator Description**  | Women 24-64 years of age as of the end of the measurement year  |
| **Denominator Inclusions** | Women must have had at least one (1) outpatient encounter in the prior 12-month period.  |
| **Denominator Exclusions** | Exclude women who had a hysterectomy with no residual cervix any time during their medical history through the end of the measurement year. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed.
* For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases.
* For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases.
 |
| **Numerator Description**  | The number of women who were screened for cervical cancer during the measurement year or the two years prior to the measurement year. |
| **Numerator Inclusions** | A woman had a Pap test if a submitted claim/encounter contains any one of the codes listed in Table CCS-A of the original measure documentation to identify cervical cancer screening. Refer to National Committee for Quality Assurance hyperlink above to access Table CCS-A.  |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative/Clinical data sources |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome  |