F		
Ċ	ONNE	CTION
		Th

Medical Management Update September 2017



HEALTH PLAN

CHLAMYDIA SCREENING The Most Often Missed Preventive Screening

McLaren Health Plan is committed to the appropriate health screenings that promote healthy life styles. We have many initiatives that support these screenings. Please **join us** in this effort by providing Chlamydia testing in your office.

The ability to screen for Chlamydia using a urine sample has simplified this recommended preventive screening, however less than 50% of the eligible populations receive this important screening.

Chlamydia testing is recommended for:

- Women ages 16 to 24
- Men ages 16 to 18

How does your office assure all sexually active women between 16-24 years and sexually active men between 16-18 years are tested?

- Is it assessed during an adolescent well exam?
- Is it included as a component of annual pap smear for women?

Answering no to one of the above may indicate potential gaps within your practice, as well as missed opportunities to provide this important preventive screen.

Chlamydia Screening INCENTIVE FLYERS for Providers and Members are attached

Also, remember that when a patient tests positive for Chlamydia, they should inform their previous sexual partners. Expedited Partner Therapy (EPT) should be provided for the partners of patients with a clinical or laboratory diagnosis of Chlamydia. Additional guidance regarding EPT can be found at the following MHDDS link: michigan.gov/documents/mdch/EPT_for_Chlamydia_and_Gonorrhea_Guidance_-_For_Health_Care_ Providers_494241_7.pdf

A continued focus and a strong partnership with you will aid in providing this important screening to all eligible members. <u>Please help our members get this important test by scheduling an office visit</u>. If we can assist your office by contacting these members, or if you would like a listing of your patients who have not received this test, please call Customer Service at (888) 327-0671.

McLaren Health Plan thanks you for the quality care your deliver!

PCP Feedback

[Comments, Requests, Questions, etc.: FAX BACK to (877) 502-1567]

Name ____

Phone/email ______

tel (888) 327-0671 • fax (877) 502-1567 McLarenHealthPlan.org