RAE 1 Quality Measure Overview



September 2026

United Healthcare®

Agenda

- RAE 1 Quality Measure Performance Review
- RAE 1 Quality Measure Review
  - Cervical Cancer Screening
  - Colorectal Cancer Screening

RAE 1 Quality Measure Review

RAE 1 Quality Measure Performance Review

Measure*	Rate	Basecamp	Three Line	Summit	Threshold Status
QI Activity (Identification) – Milestone 1	91.08%	50.00%	75.00%	90.00%	Summit
QI Activity (Mid-Year Goal) – Milestone 2	93.19%	50.00%	75.00%	90.00%	Summit*
QI Activity (Annual Goal) – Milestone 3	In Progress	50.00%	75.00%	90.00%	N/A

**Projected Threshold Status*

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Quality Measure Thresholds

PCMP Thresholds				
Measure	Reporting Timeframe	Basecamp	Tree Line	Summit
Cervical Cancer Screening	CY2026	47.00%	50.00%	52.00%
Colorectal Cancer Screening	CY2026	32.00%	37.00%	41.00%

RAE 1 Thresholds*				
Measure	Reporting Timeframe	Basecamp	Tree Line	Summit
Cervical Cancer Screening	CY2026	60.00%	60.00%	60.00%
Colorectal Cancer Screening	CY2026	60.00%	60.00%	60.00%

*60% of PCMPs must meet the identified Threshold

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RAE 1 Quality Measure Performance Review

Regional Performance			
Measure*	**CY2024 Baseline**	**SFY 25-26 Q3**	**Threshold Status**
Cervical Cancer Screening (CCS)	47.28%	47.60%	Basecamp
Colorectal Cancer Screening (COL)	30.26%	33.64%	Basecamp

RAE 1 Performance		
Measure*	**SFY 25-26 Q3 Threshold Status**	**Opportunity for Improvement**
Cervical Cancer Screening (CCS)	Not Meeting	• 12 more practices to meet Summit Threshold
Colorectal Cancer Screening (COL)	Not Meeting	• 7 more practices to meet Summit Threshold

**Measure performance does not include 90-day claims runout*

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RAE 1 KPI Measure Review

Cervical Cancer Screening

Colorectal Cancer Screening

Cervical Cancer Screening (CCS)

Measure Description

The percentage of patients ages 21 to 64 who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Patients ages 21 to 64 who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
- Patients ages 30 to 64 who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) tested within the last 5 years.
- Patients ages 30 to 64 who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

Denominator

Patients ages 24-64 as of the last day of the measurement period and meet the criteria for participation:

- Administrative gender of female at any time in their history
- Sex assigned at birth of female at any time in their history
- Sex parameter for clinical use of female during 2026

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Cervical Cancer Screening (CCS)

Numerator

Patients recommended for routine cervical cancer screening who were screened for cervical cancer. Either of the following meets criteria:

- Patients ages 24 to 64 who were recommended for routine cervical cancer screening and had cervical cytology during the measurement period or the 2 years prior to the measurement period.
- Patients ages 30 to 64 who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing during the measurement period or the 4 years prior to the measurement period, and who were ages 30 or older on the test date.

Exclusions

- Patients receiving hospice or palliative care any time during 2026.
- Patients who died any time during 2026.
- Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time in the patient's history through December 31, 2026
- Patients with Sex Assigned at Birth of Male at any time during the patient's history.

Measurement Period

January 1 – December 31, 2026

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Cervical Cancer Screening (CCS)

Measure Callouts

- Meets Numerator Criteria:
  - Lab results that indicate the sample contained “no endocervical cells” may be used
  - Any cervical cancer screening method that includes collection and microscopic analysis of cervical cells.
  - Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting
    - Additional methods to identify cotesting are not necessary.

- Does Not Meet Numerator Criteria:
  - Lab results that explicitly state the sample was inadequate or that “no cervical cells were present”

- Does Not Meet Exclusion Criteria:
  - Documentation of a “hysterectomy” alone - it is not sufficient evidence that the cervix was removed. **Documentation must include the words “total hysterectomy”.**

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Colorectal Cancer Screening (COL)

Measure Description
The percentage of patients 45–75 years of age who had appropriate screening for colorectal cancer.

Denominator
The percentage of patients 46–75 years of age who had appropriate screening for colorectal cancer.

Numerator
Patients with one or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal Occult blood test (FOBT) during the measurement period (2026)
- Stool DNA (sDNA) with FIT test during the measurement period or the 2 years prior to the measurement period (2024-2026)
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period (2022-2026)
- CT colonography during the measurement period or the 4 years prior to the measurement period (2022-2026)
- Colonoscopy during the measurement period or the 9 years prior to the measurement period (2017-2026)

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Colorectal Cancer Screening (COL)

Exclusions

- Patients receiving hospice or palliative care any time during 2026.
- Patients who died any time during 2026.
- Patients who had colorectal cancer any time during the patient's history through December 31.
- Patients who had a total colectomy any time during the patient's history through December 31.
- Patients 66 years of age and older who meet any of the following during 2026:
  - Frailty and advanced illness:
    - 2 frailty claims with different dates of service during 2026

    AND
    - 2 advanced illness claims during 2025 or 2026 with different dates of service OR a dispensed dementia medication in 2025 or 2026

Measurement Period

January 1 – December 31, 2026

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Colorectal Cancer Screening (COL)



Measure Callouts

- The year of the screening is required
- Lab, procedure, and pathology reports that indicate the type of screening and date qualify for the numerator.
- A result is not required if it is part of the patient's medical/health history
  - Uncertainty about the patient's medical/health history – include the result

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Questions?

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Follow-up Q&A

Q: For a patient that has had a hysterectomy with the removal of the cervix, is there any data on why a provider would still recommend the cervical cancer screening, but is excluded from the measure?

A: While a patient with a total hysterectomy (cervix removed) for a benign reason is excluded from the Cervical Cancer Screening measure and generally should not continue routine cervical cancer screening, there are several reasons a provider may still recommend screening or perform testing.

Common reasons include:

- History of cervical cancer or high-grade cervical dysplasia (CIN 2, CIN 3, AIS). These patients require continued surveillance after hysterectomy and are not considered average-risk.
- Uncertainty regarding whether the cervix was actually removed. Some patients have a supracervical/subtotal hysterectomy where the cervix remains, and screening should continue.
- Incomplete historical records. If the provider cannot verify the hysterectomy type or prior cervical pathology, they may continue screening out of caution.
- Immunocompromised patients (e.g., HIV, transplant recipients) may require individualized screening approaches that differ from routine recommendations.
- Vaginal cuff surveillance. After treatment for cervical cancer or significant precancer, providers may perform cytology of the vaginal cuff. Although patients often refer to this as a "Pap test," it is being done for post-treatment surveillance rather than routine cervical cancer screening.

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