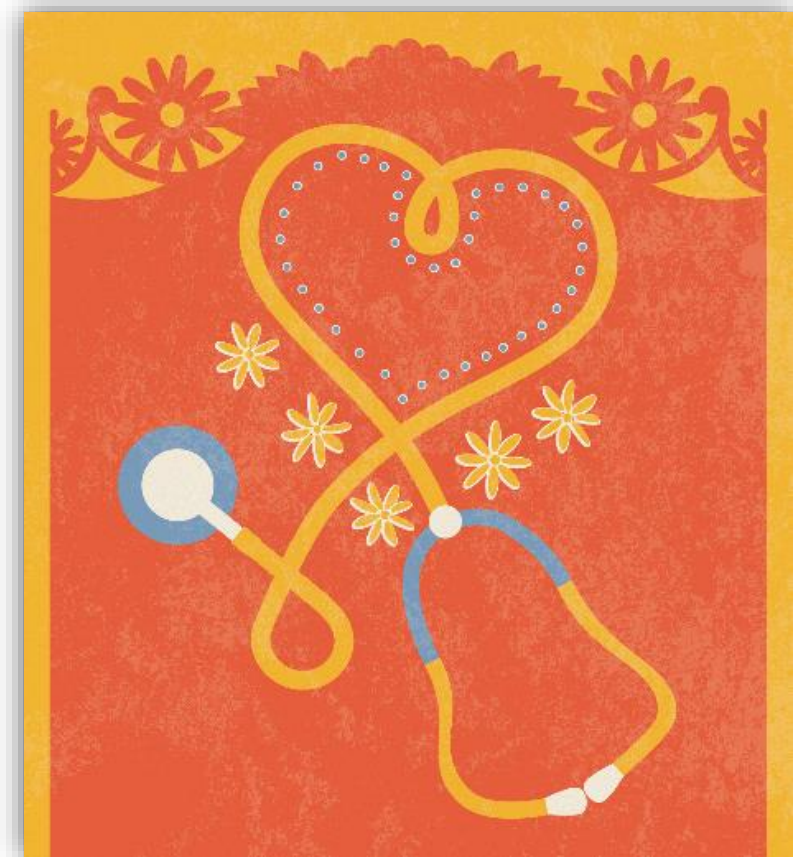


ScreenWise Program Provider Manual

Operations and Programmatic Requirements



Revised January 2019

Oregon Public Health Division
Center for Prevention and Health Promotion
Adolescent, Genetics and Reproductive Health Section

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Welcome to the Oregon ScreenWise Program!

This program is offered through the Oregon Health Authority (OHA) and includes a network of participating providers. The goal of this manual is to offer practical advice for implementing the ScreenWise Program.

Instructions for Using This Manual

This manual is organized into five sections:

- I) **The Oregon ScreenWise Program**, which provides an overview of the program;
- II) **Service Delivery Model**, which details the stages of our service delivery model;
- III) **Reporting**, which describes data collection and billing requirements;
- IV) **Provider Requirements**, which explains additional requirements providers must fulfill; and
- V) **Appendices & References**, which offer more in-depth guidelines and resources.



This manual is a living document that will be updated as needed. ScreenWise values community feedback and is continuously evolving to meet provider and patient needs. Thus, this manual may change, and you are encouraged to use the version found on our website, as it is the most up-to-date. If this manual changes in a manner that is beyond clerical in nature, providers will be given written email notice and 30 days to respond. After 30 days, providers are assumed to consent to changes.

ScreenWise Contact Information

If you have a question or concern, please reach out to us using one of the methods below.

Email: screenwise.info@dhsoha.state.or.us
ScreenWise Main Office: 971-673-0581
ScreenWise Info Line: 877-255-7070
Confidential Fax: 971-673-0997
Website: www.healthoregon.org/screenwise

<i>For the Following Inquiries...</i>	<i>Call the...</i>
<ul style="list-style-type: none">- Program technical assistance- Questions specific to billing and claims	ScreenWise Main Office 971-673-0581
<ul style="list-style-type: none">- Referrals to additional diagnostic services- To speak to a ScreenWise Specialist about patient resources- General information about the ScreenWise Program- Patient eligibility- Community referrals	ScreenWise Info Line 877-255-7070

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I. THE OREGON SCREENWISE PROGRAM

Mission

The Oregon ScreenWise Program (ScreenWise) aims to reduce disparities in breast, cervical, and hereditary cancer morbidity and mortality. We do this by securing access to evidence-based clinical services via the ScreenWise Provider Network and by supporting statewide health system change.

Provider Network

As a ScreenWise provider, you have signed a Medical Services Agreement (MSA) with OHA. You are joining a network of eligible medical providers throughout the state of Oregon who can perform services (all or some) related to breast and cervical cancer screenings and diagnostics, and genetic services related to hereditary breast and ovarian cancer syndrome (HBOC).

Service Delivery and Provider Requirements

ScreenWise providers are encouraged to offer as many covered services as is reasonable and/or feasible relative to the patient's eligibility, the specific organization, and its capacity to comply with the requirements of the program. In addition to providing services, our providers are expected to fulfill a set of administrative responsibilities that include comprehensive reporting of data, appropriate claims submission, quality assurance, compliance with medical standards, providing continuity of care, ongoing professional development, documentation, and communications. Further detail about these requirements are detailed in Sections II, III, and IV of this manual.

Our Responsibility to Providers

We are committed to supporting our providers in fulfilling their goals and expectations. To do so, ScreenWise offers support through technical assistance and trainings, communications about policy and procedure updates, online access to forms and materials, reimbursement of appropriate screening and diagnostic services, and compliance with the Health Information Portability and Accountability Act (HIPAA) guidelines and confidentiality practices. We seek and value continued feedback, so please share with us how we can best support you.

II. SERVICE DELIVERY MODEL

ScreenWise has adopted the following service delivery flow to support providers in understanding their role in performing ScreenWise services.

Engage	Determine if patient meets program and age-eligibility, explain available and covered services and responsibilities, obtain informed consent
Assess	Explain and offer necessary breast, cervical, and hereditary cancer screening and/or diagnostic services, as needed and eligible, submit complete data forms and claims information to program
Link	Schedule follow-up services and referrals, monitor patient outcomes, coordinate and submit all remaining patient screening and diagnostic outcome data.

Engage

INTAKE

ScreenWise providers are expected to identify patients, determine patient eligibility, obtain informed consent, and provide proper documentation of all provided services and outcomes to ScreenWise.

At a patient's intake visit, you will enroll them into ScreenWise, obtain informed consent, complete a health history, and provide or refer patients to clinically recommended services, as eligible. All steps should be documented in the [ScreenWise Intake Packet](#) and be sent to ScreenWise **within 5 business days**.

Eligibility & Enrollment

Patients self-declare their age, location, income, and insurance status for establishment of eligibility and are not required to provide proof or documentation to qualify. Service eligibility must be determined by a medical provider.

To be eligible for ScreenWise clinical services, a person must be eligible in the following ways:

- Age:
 - Age 21-49 and needing breast or cervical cancer diagnostic services¥.
 - Age 50 or older and needing breast or cervical cancer screening or diagnostic services
- Location¥¥ A patient must live in, or intend to live in, Oregon
- Income¥¥ A patient must have a household income at or below 250% of Federal Poverty Level ([Income chart available on our website](#))
- Insurance status¥¥: A patient must either have no health insurance **OR** have health insurance, but not enough to cover their needs

¥ Need for diagnostic services to be determined by clinician

¥¥ Location, Income and Insurance information is self-declared by patient

For further guidance on screening and general program information, providers can contact ScreenWise at 971-673-0581 and speak with a program staff person.

Engagement Activities

Engagement activities refers to provider strategies to increase patient participation in screening services. Strategies may include, but are not limited to, placing ScreenWise materials in waiting rooms and lobby areas and participating in outreach activities.

Eligibility Period

Once patients are enrolled, they remain enrolled for 12 months from the date of enrollment. Eligibility may also be retroactive for 90 days prior to the date of signature on the enrollment form. Patients can re-enroll in ScreenWise each year as necessary if they continue to meet age and other eligibility requirements.

Eligibility Exceptions

Some patients, despite having insurance, qualify for ScreenWise:

Type of Insurance/Insurance Status	ScreenWise Eligible	Not ScreenWise Eligible
No insurance	x	
Pending OHP	x	
OHP CAWEM	x	
Indian Health Services eligible	x	
Health insurance, but not enough to cover patient's needs	x	
Private insurance that fully covers breast and cervical cancer screening, and diagnostic needs do not pose a cost burden to patient, including Medicare Part B, C, and supplemental plans.		x
Current OHP		x

Informed Consent

To enroll a patient, providers must first obtain informed consent by informing each patient, verbally and with supplementary written materials as needed, without bias or coercion, in a language they understand, that their decision to participate is voluntary. The signature agreeing to consent is on page 2 of the intake packet.

Assess

PATIENT HISTORY

ScreenWise providers will collect a patient history that may inform which clinically-recommended breast, cervical, and hereditary cancer screening, and/or diagnostic services will be offered. Service determinations will be made using evidence-based guidelines, clinical judgement and protocol, and patient request, based on eligibility and applicability.

The intake packet has two questions that may flag a referral to, or the provision of, hereditary breast and ovarian cancer syndrome (HBOC)-related services. ScreenWise patients identified to be at risk of having HBOC should be referred for cancer genetic counseling at a ScreenWise

approved genetics clinic. To find out more about how to refer a ScreenWise patient for HBOC-related genetic counseling or to provide BRCA testing services, see [Appendix D](#).

SCREEN

Providers will use national clinical guidelines to deliver clinically-recommended services to eligible patients, such as pelvic exams, Pap smears, HPV tests, clinical breast exams, mammograms, etc.

When interpreting results and determining further diagnostics, ScreenWise requires that providers use nationally-recognized clinical guidelines. These guidelines include:

- The United States Preventive Services Task Force (USPSTF)
- National Comprehensive Cancer Network (NCCN)
- American Society for Colposcopy and Cervical Pathology (ASCCP)

Providers will coordinate referrals for additional covered services, that are outside the scope of their clinic or practice, to any ScreenWise contracted provider.

For specific recommendations for hereditary cancer risk assessment and screening tools, please visit [Appendix D](#) or our [website](#) for more information.

Results Form

After screening or diagnostic services, providers are required to follow-up with all their ScreenWise patients regarding their results and recommended next steps. If results from screenings are benign, providers should advise patients to follow clinically-recommended surveillance.

If results are abnormal, enrolling providers must notify patients of these results (either verbally or in writing), provide patient education, and collaborate with the patient on an individualized health plan.

Patient education should be offered to all patients. This includes information on the importance of screening at recommended intervals, a description of recommended follow-up medical services and their possible results. Providers should also inform patients of their risk factors as well as signs and symptoms of breast or cervical cancer.

***Quick Tip:**
To avoid delay, make sure all required data fields are complete and legible.*

Providers are required to note all patient screening results on the [Results Form](#) and send it to ScreenWise as soon as all results are in.

If an abnormal breast or cervical cancer screening result comes in, providers will need to record the final outcome of any further diagnostic testing or imaging on the Final Outcome Form.

Link

FOLLOW-UP AND FINAL OUTCOME

Final Outcome Form

When a patient has been referred for a diagnostic procedure or receives an abnormal breast or cervical cancer screening and requires further care, providers are required to communicate the final diagnosis, and final outcome of the patient. This should be done on the ScreenWise [Final Outcome Form](#).

Enrolling providers should refer patients for any necessary breast or cervical cancer diagnostics outside of the scope of the clinic to a ScreenWise contracted provider. If providers are unsure if a provider is contracted with ScreenWise please call the program for more information.

Patient Referrals

When referring a patient for ancillary or diagnostic services, ScreenWise asks that providers use the referral form located on the [website](#) or notate clearly on referral form that the patient is covered through ScreenWise. This decreases the chance that the patient will be improperly billed for the services. For more information on referring patients for genetic counseling services or BRCA testing, please see [Appendix D](#) for more information.

ScreenWise Service Conclusion

ScreenWise follow-up services conclude when all the following are met and appropriate documentation (forms listed above) has been submitted to ScreenWise:

- Diagnostic services are completed, and breast/cervical cancer is diagnosed or ruled out.
- Treatment is initiated (if needed);
- The patient refuses either treatment or diagnostic follow-up*; or
- The patient is lost to follow up*.

* Definition: A patient is considered lost to follow-up after a clinic has made at least 3 attempts to contact and schedule/reschedule services.

Timeliness of Follow-up for Women with Abnormal Screening Results

The interval between abnormal breast cancer screening results and final diagnosis should be 60 days or less;
The interval between abnormal cervical cancer results and final diagnosis should be 90 days or less.

Timeliness of Treatment for Women Diagnosed with Cancer

The interval between diagnosis of invasive breast or cervical cancer and initiation of treatment should be 60 days or less.

The interval between diagnosis of cervical intraepithelial neoplasia and initiation of treatment should be 90 days or less.

Patient Monitoring and Treatment Options

Along with arranging abnormal or diagnostic follow-up activities, providers are expected to continuously monitor the services and referrals that are made to ensure access to treatment is completed in a timely manner. Please note, however, that while ScreenWise requires that providers connect patients to treatment, the program cannot cover the cost of treatment. Even so, it is important that the healthcare provider, to the best of their ability, help the patient to identify a plan and access available resources.

For patients with a qualifying diagnosis of breast or cervical cancer, the Oregon Health Plan Breast and Cervical Cancer Treatment Program (BCCTP) may be an option for providing funding assistance for cancer treatment. BCCTP is not a part of the ScreenWise Program.

To be presumptively eligible for BCCTP, a patient must:

- Meet the same eligibility guidelines for ScreenWise services (but does not have to be enrolled);
- Have been diagnosed as needing treatment for breast or cervical cancer, or specific precancerous conditions;
- Be less than 65-years-old;
- Have no health insurance to pay for treatment; and
- Be a US citizen or have lawful residential status for the requisite length of time. If a patient is NOT a US citizen or lawful resident and therefore does not qualify for the BCCTP program, then community charity care options will need to be sought.

To enroll a patient in this program, contact the Oregon Health Plan directly at 1-800-699-9075.

To enroll a patient in the Oregon Health Plan, Breast and Cervical Cancer Treatment Program (BCCTP), contact OHP at 1-800-699-9075.

Further details on BCCTP, including the application, can be found through the ScreenWise [website](#).

III. REPORTING

ScreenWise receives funding from the Centers for Disease Control and Prevention (CDC), which we then distribute to our providers for reimbursement of eligible patient screening and diagnostic services. In return, ScreenWise providers must submit complete patient-level clinical data to comply with CDC data requirements.

Patient-level clinical data informs ScreenWise of provider needs and areas for support, informs the CDC of national and community trends, and informs policy decisions and program development.

In this way, we all play a part in the larger network that is improving the healthcare of our communities.

DATA COLLECTION

Forms

ScreenWise collects patient enrollment, screening, and outcome data through standardized forms that capture the elements needed to maintain program funding. To download these forms please visit our [website](#). Providers are encouraged to use the [form tutorials](#) available on the website for assistance with form logistics or contact a ScreenWise staff person with questions. Providers are encouraged to submit forms via the ScreenWise secure email portal (see [Appendix A](#) for ScreenWise Approved Data and Claim Submission Methods).

Forms should be filled out completely, accurately and checked for legibility and quality before submission to ScreenWise. If forms are lacking information required for enrollment or arrive on incorrect or old form versions, these forms will be returned and must be corrected before resubmission. It may take up to 3 weeks for ScreenWise to manually input forms and/or claims data into our system. Depending on when the forms and/or claims data is received and the volume of submissions, the forms and/or claims data may not be entered and processed during the month received. In such cases, it will be entered and processed in the next payment cycle.

Data Collection Timeline Requirements

In accordance with the Oregon Administrative Rules (OARs), data must be submitted in a timely manner to facilitate payments to providers and to conduct quality assurance.

- Enrolling providers must submit the completed Intake Packet to ScreenWise within 5 business days from the date of enrollment.
- Ancillary providers must submit results of patient services to enrolling clinics within 14 calendar days from the Date of Service. Enrolling providers will document the results on the appropriate form and submit to ScreenWise.
- All other data must be submitted within 90 days from the date of enrollment. If a case requires additional diagnostic services that exceed 90 days from the date of enrollment, the data must be submitted immediately upon receipt.
- Please contact ScreenWise if you have any issues meeting these timelines.

Monthly Provider Report

The monthly Provider Report reflects clinical data submitted by clinic partners and highlights missing data elements required by ScreenWise. This report is generated and sent to the primary program contact each month following the processing date for claims. For data elements that are requested for ScreenWise patients, providers need to highlight or enter the missing information into the provider report using the choices provided or filling in missing dates or additional services (with corresponding dates). To enter data into this report, providers can save the Provider Report file, enter the missing data into the report file as directed and resend the file to ScreenWise through the secure email portal. For further instructions on the use and submission of this report, please consult the instruction document on the ScreenWise [website](#).

Billing and Claims

Reimbursement Rates and Clinical Exceptions

ScreenWise reimbursement rates match current Oregon Health Plan (Medicaid) reimbursement rates for approved CPT codes. There is no prior authorization required for a procedure code that is listed on the Covered Procedure list or ScreenWise Claim Forms. For the most current list of reimbursable services, please view the Covered Procedure list found on the ScreenWise [website](#). Reimbursement rates are re-evaluated annually or at funder discretion.

If the provider prescribes a medically necessary service that is not on the Reimbursement Schedule (or covered code list) they may request an exception by using the Clinical Exception Form located on our [website](#).

Provider Reimbursement Requirements

Providers are expected to adhere to the following reimbursement guidelines:

- The provider must have a signed and executed Medical Services Agreement with ScreenWise.
- ScreenWise is the payer of last and only resort and cannot act as a secondary payer.
- Claims must be submitted within 120 days of the Date of Service.
- If a claim is denied, the claim must be resolved within 120 days of the date of the denial.
- Providers must accept ScreenWise reimbursement rates for billed services as payment in full.
- Providers cannot bill patients for ScreenWise covered services or non-covered related services such as Supplies, Pharmacy, etc.

Billing Patients for Services

Patients enrolled in ScreenWise should never be billed for program-covered expenses. A patient may be billed for services that are not covered by ScreenWise. However, the referring or enrolling provider must inform the patient in advance of receiving the specific service that it is not covered, the estimated cost of the service, and that the patient or patient representative is financially responsible for payment for the specific service. Providers must document in writing that the patient was provided this information and the patient knowingly and voluntarily agreed

to be responsible for payment. Providers must maintain written documentation of this activity and of the patient’s consent, such as by using the Out-of-Pocket Agreement Form that can be found on the ScreenWise [website](#).

Patients Receiving Bills for Covered Services

Patients will sometimes be billed for otherwise covered services. This happens most often when ancillary service referrals are not clear or patient intake packets are not submitted in a timely manner. Enrolling providers need to notify patients when educating them about program that if they receive bills for breast, cervical, and/or hereditary cancer screening or diagnostic services to bring the bills in as soon as possible, not to ignore them or make payments. This will ease the difficulty of resolution and reduce patient stress. For providers who have a patient being billed, please contact the Billing Specialist with bill information as soon as possible. For more information on resolving patient bills, please consult the [“Patient Billed Procedure”](#) on our website.

Claim Submission

To submit claims, enrolling providers can use the ScreenWise Claim Forms or Health Insurance Claim Form (HICF), Standard 1500 or the UB-04.

Providers are encouraged to submit claims in the manner that best works for their clinic. ScreenWise cannot accept electronic billing at this time.

Please note that as of 10/02/2017 ScreenWise has limited office visit codes available to enrolling providers. Office visit codes that are available to enrolling providers can be found on the ScreenWise Claim Forms ([ScreenWise Screening Services](#) and [ScreenWise Diagnostic Services](#)).

Initial intake/enrolling office visits, results coordination, and abnormal follow up codes that are billable are as follows:

Patient Intake	Comprehensive patient intake	INTKE (99204 or 99215)	1 per patient in 12 month period
Patient Results	Patient screening results coordination	RESLT (99080)	1 per patient in 12 month period
Abnormal Follow Up	Abnormal Follow Up	ABNRM (99213)	2 per patient in 12 month period

If a patient has already received initial intake services and/or requires additional follow up or diagnostic services (i.e. appearance of a breast lump, repeat Pap, Colposcopy, etc.), this code is available:

Diagnostic Office Visit	Diagnostic office visit: Detailed history, exam, straightforward decision making	DXVST (99214)	2 per patient in 12 month period
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Due to the limited office visit CPT codes that our program allows, clinics can choose the form codes (INTKE, RESLT, ABNRM or DXVST) as a billing mechanism to assist with reconciliation and stay within coding rules. These form codes map back to the CPT codes listed underneath

them. If choosing to bill form codes, please circle them clearly on the claim form or add them to your HICF process as needed.

If enrolling providers choose to use ScreenWise Claim Forms please note that the CPT or alpha form code that providers wish to be billed must be clearly circled (see example below). If no CPT code is circled, we will bill the first code listed. Dates of service must always be provided, as well as a diagnosis code(s). Without these details, claims may be returned or denied.

	Description	Date of Service	CPT Code	Primary Diagnosis Code	Quantity Allowed
Patient Intake	Comprehensive patient intake	12/5	INTKE (99204 or 99215)	Z12.3, Z13.6, Z01.419	1 per patient in 12 month period
Patient Results	Patient screening results coordination	12/12	RESLT (99080)	Z12.3, Z01.419	1 per patient in 12 month period
Abnormal Follow Up	Abnormal Follow Up		ABNRM (99213)		2 per patient in 12 month period
HPV	HPV, high-risk types or HPV, types 16 and 18	12/5	87624 or 87625	Z01.149	

Providers can send claims to ScreenWise, *Attention: Billing* via the ScreenWise approved data and claim submission methods (Appendix A).

It may take up to 3 weeks for ScreenWise to manually input claims into our system. Depending on when the claim is received and the volume of submissions, the claim may not be entered and processed during the month received. In such cases, it will be entered and processed in the next payment cycle. Claims are processed on or around the 9th of each month.

Monthly Explanation of Benefits (EOB) Report

The Explanation of Benefits (EOB) report features a summary of claims received, paid, or denied for the past billing cycle. This report includes the reason for denial, if applicable. This monthly report highlights your claims' status in the ScreenWise system and can be used for reconciliation. The EOB report is sent to the EOB contact(s), typically at around the 3rd week of the month. Payments can be expected within 30 days of the claim process date, on or around the 9th of each month.

Provider Refund Check Process and Policy

ScreenWise will process refund checks if the information provided on the refund check gives enough information to process/research. This includes patient name, date of birth, date of service and site name. If the check does not provide enough information to process, then the check will be returned to the sender. To request information about a prior refund, providers must provide a copy of the canceled check.

If providers discover they have been paid for a claim in error, or if the patient is not theirs, please contact the Billing Specialist who can void the claim, which will result in an automatic

take back on the following Provider EOB. ScreenWise prefers this method over receiving refund checks.

If providers have questions regarding this process, please call or email ScreenWise at (971) 673-0581 or ScreenWise.info@dhsosha.state.or.us

Denial of Reimbursement

Claims may be denied for any of the following reasons:

- Services provided to ineligible patients.
- A signed Medical Services Agreement (MSA) is not on file.
- Patient was not enrolled for the indicated date of service.
- Required data elements were not completed.
- Guidelines for screening and follow-up are not met.
- The claim is submitted more than 120 days from the date of service.
- Procedure and/or diagnosis codes are for services not covered.

No payment will be made for any expense incurred for any of the following services or items:

- Treatment for cancer or pre-cancerous conditions, or genetic conditions;
- Testing for sexually transmitted infections;
- Any other medical service or laboratory tests whose primary purpose is for a reason other than breast or cervical cancer screening or diagnostic testing.

Providers can review and reconcile reimbursements using the EOB report. Whenever possible, ScreenWise wants to assist providers with timely reimbursement of claims and strives to prevent patients from being billed for ScreenWise services. As a provider, if you have issues with a claim denial that results in postponement of reimbursement and/or a patient being billed, please communicate with our team by calling our Billing Specialist, sending us a secure email, or viewing our training resources on our website. The ScreenWise Program has confidential, secure voice mail and a secure e-mail portal through the state of Oregon.

All denials are reported on the Monthly EOB Report with specific denial messages that indicate the reason for the claim's denial.

IV. PROVIDER REQUIREMENTS

Along with screening services and reporting, providers in the ScreenWise network are also responsible for fulfilling the following set of administrative guidelines and requirements.

Quality Assurance

ScreenWise conducts regular quality assurance to ensure that providers are fulfilling the requirements set forth in their Medical Services Agreement and to evaluate areas for program improvements and support. For more detailed information about our quality assurance component, including a list of performance measures and quality assurance activities, see [Appendix B](#).

Medical Standards

ScreenWise values the expertise of contracted providers in their clinical decision-making and therefore encourages providers to use evidence-based guidelines and their own clinical judgment around breast, cervical, and hereditary cancer screening and diagnostics and related follow-up services. As a standard, however, ScreenWise follows the evidence-based guidelines set forth by the US Preventive Services Task Force (USPSTF), the National Comprehensive Cancer Network (NCCN), and American Society for Colposcopy and Cervical Pathology (ASCCP). The most current guidelines can be found on the ScreenWise [website](#).

It is the provider's responsibility to ensure that all medical staff are licensed or certified to provide services within their scope and that they are aware of (and have access to) guidelines. In addition, providers are required to comply with all HIPAA regulations (see Appendix C) and ensure that they are utilizing only Clinical Laboratory Improvement Amendments (CLIA)-approved laboratories.

Continuity of Care

Providers are required to ensure continuity of care during a patient's screening cycle. This process includes follow-up with 100% of patients with abnormal screening results, ensuring that patients receive access to diagnostic testing and/or treatment and scheduling of re-screenings for patients at recommended intervals. If a provider or agency discontinues ScreenWise services for any reason, patients with abnormal results must continue to receive follow-up care and case management services from the provider, and data must still be submitted through the completion of each patient's 12-month cycle.

Patient Navigation

All ScreenWise-enrolled patients with abnormal screening or diagnostic results must be assessed for their need of patient navigation services and provided with such services accordingly. The CDC defines patient navigation as individualized assistance offered to patients to help overcome barriers and facilitate timely access to quality screening and diagnostic services, as well as initiation of timely treatment for those diagnosed with cancer.

Professional Development

As part of their participation in ScreenWise, providers may be required to participate in ongoing professional development, education, and training opportunities with ScreenWise staff.

Documentation

Providers are required to maintain complete patient data, including informed consent, enrollment information, and screening and diagnostic follow-up documentation. Providers must maintain this documentation for at least 7 years.

Communications

ScreenWise values open communication with providers. As such, providers are asked to identify a main point of contact at their agency along with a main billing contact, provide those individual's contact information for ScreenWise staff, and submit written notification via email or phone of any personnel changes to ScreenWise within 30 days.

Provider Termination

The provider or ScreenWise may terminate enrollment at any time. The request must be sent in writing, via certified mail, return receipt requested. Provider terminations or suspensions and subsequent recovery of payments may be for, but are not limited to, the following reasons:

- Breach of the Medical Services Agreement (MSA);
- Failure to comply with statutes, regulations, and policies of the Oregon Health Authority, or federal or state regulations that apply to the provider;
- Loss of licensure or certification;

Termination of the agreement by ScreenWise is subject to the provider appeal rights described in OAR 333-010-0185 through 333-010-0195. Termination does not eliminate the provider's obligations to submit data and follow-up with patients through each patient's cycle. Additional guidance regarding termination may be found in the Oregon Administrative Rules located on our [website](#).

Appendix A: ScreenWise Approved Data and Claim Submission Methods

The best way to submit ScreenWise data or claims is through the State of Oregon's Secure/Encrypted email server: <https://secureemail.dhsoha.state.or.us/encrypt>

Then create your email and send to: ScreenWise.Info@dhsoha.state.or.us

- For HIPAA compliance, **do not** put the patient name or date of birth in the subject line
- Use a meaningful subject line: *(example)*
 - DATA: (Your Agency Name & Site)
or
 - CLAIM: (Your Agency Name & Site)
 - *This format allows us to easily locate your documents among the incoming data received daily.*
- If you need assistance accessing the email server, contact the State Service Desk in Salem at 1-503-945-5623, Option 3 (for email / Collaborative Communications).

If you are not able to submit data via the State's Secure/Encrypted email server, you may send it via our confidential fax line: 971-673-0997.

Appendix B: Quality Assurance and Corrective Action

The ScreenWise program provides a quality program for both providers and patients alike. To maintain program quality, ScreenWise expects providers to adhere to the guidance listed in this program manual and the provider expectations listed below. To support the efforts of providers and the safety and care of ScreenWise patients, the program will also conduct quality assurance activities for monitoring and improvement purposes.

Quality Assurance Activities

ScreenWise may monitor and evaluate providers through the following activities:

- Preparing and distributing individual provider data reports.
- Periodically reviewing patient service data for compliance to standards of care.
- Tracking all abnormal results to ensure patients receive appropriate and timely diagnostic services and access to treatment.
- Performing site visits.
- Providing training and technical assistance to improve adherence to program guidelines.
- Evaluating patient and provider expectations through customer satisfaction surveys.
- Taking feedback from providers to create systems between our program and clinics that increase efficiency and decrease provider burden.

Quality Assurance Provider Expectations

Quality Assurance activities will monitor a provider's compliance based on the following:

Patient Rights:

- Privacy and confidentiality practices;
- Compliance with the Civil Rights and Americans with Disabilities Acts;
- Patient access to test results and an interpreter;
- Follow-up of medical problems through referrals, diagnosis, and treatment; and
- Whether patient has been held financially responsible for services.

Intake and Eligibility Guidelines:

- Provider knowledge of ScreenWise eligibility guidelines;
- Provider knowledge of the procedure to screen and identify patients;
- Process for the regular review of patients' continued eligibility; and
- Complete and timely submission of patient Intake Packets.

Screening and Diagnostic Protocols:

- Ability to follow evidence-based guidelines for screening activities;
- Establishment of standards and protocols for follow-up care; and
- Services for tracking patients with abnormal results (i.e. documentation of name, the test given, and date completed, results and whether patient was notified, referrals to follow-up care or treatment, and visit dates for follow-up care); and
- Complete and timely submission of data.

Clinic Management:

- Staff training and familiarity with ScreenWise guidelines;
- Professionally licensed and certified staff able to perform program activities;
- Prompt notification to ScreenWise of staffing changes;
- Policies and procedures for filing billing and forms and for tracking program funds;
- Clean and appropriate facility for screening; and
- In-house plan for quality checks at regular intervals.

Quality Assurance Intervention and Corrective Action

If a provider is struggling with program guidelines or expectations, a review may be requested, either by the ScreenWise program or by the provider. At the time of review, ScreenWise staff will provide technical assistance to the provider or system and/or suggest possible solutions or work flow adjustments. If the provider is still struggling or is still not adhering to requirements outlined in this manual or the ScreenWise OARs, ScreenWise will proceed with corrective action procedures to improve the documented issues. If measurable correction or improvement is not completed, sufficient, or causes significant capacity issues for the ScreenWise program, ScreenWise will seek to terminate the provider's operating relationship with the program.

Examples of issues to prompt corrective action:

- Consistent submission of claims for non-covered services and/or incorrect CPT/ICD combinations.
- Consistent issues with timely claim submission
- Abuse of claim resubmission opportunities
- Consistent untimely filing of patient data forms
- Consistent filing of incomplete or unusable data forms
- Refusal to return missing or incomplete required patient data
- Patients consistently receiving bills for ScreenWise covered services
- Other items named in the [OARs](#)

Corrective Action Process:

- When an issue is brought to the QA coordinator, the coordinator or responsible staff will attempt to contact the site/agency via email or phone.
- If contact is made, alert provider of the issue and ask to remedy as soon as possible, providing assistance or follow-up as needed.
- If the issue is not resolved within a timely manner, an official communication via email will be sent citing issue and previous communication. It will provide clear instructions for correction and a timeline for resolution (typically 30-60 days).
- If the issue is not resolved within the identified timeline, another official communication should be issued via email and phone, re-stating the timeline and options for resolution. This communication will detail the timeline and repercussions for not resolving the issue, including a suspension or termination of services.
- If resolution does not occur, then the action detailed in the previous communication should commence following the given timeline.

Note: Special consideration needs to be taken for the timely filing and resolution of claims which is 120 days from Date of Service, plus 120 days from Date of Claim Denial for resolution.

Appendix C: Medical Records, Confidentiality, Informed Consent, Release of Information, and HIPAA

Health Insurance Portability and Accountability Act (HIPAA) Responsibilities

As a health program, ScreenWise is required to protect patient information and inform patients of their rights under HIPAA. Contracted ScreenWise providers must comply with HIPAA regarding the confidentiality of patient records.

Medical Records and Confidentiality

Participating providers must maintain medical records for each ScreenWise patient for a minimum of seven years. The information must be protected from inappropriate disclosure. The use and/or disclosure of any patient's medical or social information of a confidential nature must be protected.

Informed Consent

The patient consent section of the intake packet must be signed and dated and remain a permanent part of the patient's medical record. The patient must be re-evaluated for program eligibility and sign the form every year for continued participation in ScreenWise. The signed consent gives permission for ScreenWise to share information with ScreenWise providers and the organizations that fund the program. This information enables ScreenWise to follow the patient's progress, improve the quality of services for patients in the program, and comply with CDC data reporting requirements.

OHA Notice of Privacy Practices

At the time patient eligibility is being assessed, all ScreenWise enrolling providers must offer a copy of OHA's current Notice of Privacy Practices (NOPP) to the patient. Copies of the NOPP Form are available on the ScreenWise [website](#). If you have questions about this notice, please contact the privacy office, which is part of the Oregon DHS/OHA Information Security and Privacy Office (ISPO) at dhs.privacyhelp@state.or.us or by telephone at 503-945-5780.

Appendix D: Hereditary Cancer Screening

Hereditary cancer screening is an important aspect of breast cancer screening. All ScreenWise patients should be screened for hereditary breast and ovarian cancer syndrome (HBOC) risk based on their personal and family medical history and Ashkenazi Jewish ancestry.

For ScreenWise patients identified to be at risk of having HBOC, it is the provider's responsibility to provide or refer the patient to HBOC-related genetic counseling. After counseling, if medically appropriate and desired by the patient, BRCA testing can occur. The provider should also follow-up on the patient's individualized health plan created during the genetic counseling session. This individualized plan will outline important screening and risk-reducing steps based on your patients' personal hereditary cancer risk.

ScreenWise requires that providers use nationally-recognized clinical guidelines in determining when to refer to or provide HBOC-related genetic counseling:

- [National Comprehensive Cancer Network \(NCCN\)](#). Genetic/Familial High-Risk Assessment: Breast and Ovarian. Referral to cancer genetic services (page BR/OV-1&2, *Criteria for Further Genetic Risk Evaluation*).
- [US Preventive Services Task Force \(USPSTF\)](#). BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing.
 - The USPSTF recommends against routine genetic counseling or BRCA testing for women whose family history is not associated with an increased risk for potentially harmful mutations in the BRCA1 or BRCA2 genes.

Along with evidence-based guidelines, hereditary cancer screening tools can also help providers decide to provide or refer the patient to HBOC-related genetic counseling.

Criteria for BRCA testing are not the same as criteria for HBOC-related genetic counseling: ScreenWise requires that providers use nationally-recognized clinical guidelines in determining when to test for harmful mutations in the BRCA genes.

- [National Comprehensive Cancer Network \(NCCN\)](#). Genetic/Familial High-Risk Assessment: Breast and Ovarian. BRCA Testing (page BRCA-1&2, *BRCA1/2 Testing Criteria*).
- [US Preventive Services Task Force \(USPSTF\)](#). BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing.
 - The USPSTF recommends against routine genetic counseling or BRCA testing for women whose family history is not associated with an increased risk for potentially harmful mutations in the BRCA1 or BRCA2 genes.

Screening Tools for Risk of Hereditary Cancer and Need for Genetic Counseling

There are many tools available to help primary care providers identify their patients at risk of having HBOC and therefore be appropriate for genetic counseling. Each tool will have a different referral rate, based on the tool's referral criteria. Each tool has limitations and, unlike the guidelines, will not have 100% sensitivity or specificity. The following information on available HBOC-related genetic risk assessment and referral tools is not exhaustive:

USPSTF Recommended BRCA-Related Cancer Risk Screening Tools:

The United States Preventive Services Task Force (USPSTF) recommends that primary care providers screen women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of five screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (*BRCA1* or *BRCA2*).¹

The five USPSTF recommended tools are:

- Ontario Family History Assessment Tool (FHAT)²
- Manchester Scoring System³
- Referral Screening Tool (RST)⁴
- Pedigree Assessment Tool (PAT)⁵
- Family History Screener (FHS-7)⁶

Each tool has limitations, and the USPSTF found insufficient evidence to recommend one tool over another. For more information about the pros and cons of each tool or to access the tools, visit the [USPSTF recommendation](#).

ScreenWise patients with positive screening results should be offered HBOC-related genetic counseling and, if medically appropriate and desired by the patient after counseling, BRCA testing. These services should be provided by a health professional trained to provide this counseling and interpret genetic test results.

Breast Cancer Genetics Referral Screening Tool (B-RST):

- <https://www.breastcancergenescreen.org/>
- Online, can be patient or provider facing
- Based on the USPSTF recommended Referral Screening Tool (RST)
- Sensitivity 81%, Specificity 92%⁷

Family Health Screening Questionnaire:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4018372/figure/f3-0120241/>
- Paper based, 9 questions, 1 positive answer indicates referral⁷
- Sensitivity 95%, Specificity 92%⁷

6-point Scale:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3362189/pdf/phg-0015-0172.pdf>
- Paper based, 10 questions, ≥6 points indicates referral⁷
- Sensitivity 27%, Specificity 97%⁷

Red flags for Referral to or Provision of HBOC-Related Genetic Services

Referral to, or provision of, HBOC-related genetic services should be made using evidence-based guidelines, patient personal and family medical history, hereditary cancer screening tools, clinical judgement and protocol, and patient request.

1. ScreenWise includes the following two questions on the Patient Intake Packet to help identify which of your patients may be at risk of having HBOC. Have you or any of your close blood related relatives, ever been diagnosed with the following cancers: breast, fallopian tube, male breast, melanoma, ovarian, pancreatic, peritoneal, or prostate?
 - **Why ask this?** These cancers can all be associated with HBOC. Genetic counseling can help your patient understand their personal cancer risk and take steps to reduce the risk as well as identify cancer early, if it develops.
2. Are you of Ashkenazi Jewish origin?
 - **Why ask this?** Some populations have higher rates of certain mutations. One out of every 40 Ashkenazi Jewish people carries a mutation in the BRCA1 or BRCA2 gene, which is 10 times higher rate than the general population.

ScreenWise Coverage of Cancer Genetic Services

Clinicians should refer all ScreenWise patients found to be at risk of having hereditary breast and ovarian cancer (HBOC) syndrome for cancer genetic services at a ScreenWise-approved genetics **clinic**.

- Please see our [website](#) for the list of cancer genetic clinics currently authorized to see ScreenWise patients.

Genetic Counseling: ScreenWise will cover up to two hours of pre- and post-test genetic counseling. Please be clear in the referral to the genetics clinic that your patient is a ScreenWise patient. The genetic clinic that provides the genetic services will bill ScreenWise directly.

➡ **BRCA testing after referral to HBOC genetic counseling:**

- If medically appropriate and desired by your patient, the clinic that provides genetic counseling will also order the appropriate BRCA tests.
 - The clinic that provides genetic counseling will let the genetic testing lab know that the patient is a ScreenWise patient.
 - The genetic testing lab conducting the BRCA test will bill ScreenWise directly.

BRCA Testing in Your Clinic: When you identify a patient as being at risk of having HBOC syndrome and they decline referral to cancer genetic counseling, please use NCCN* guidelines to determine if BRCA testing is medically appropriate.

- #### ➡
- If BRCA testing is medically appropriate and desired by your patient, you may discuss hereditary cancer and HBOC with your patient and offer BRCA testing.
 - Be clear in the BRCA testing order that your patient is a ScreenWise patient.
 - The genetic testing lab will bill ScreenWise directly for the BRCA tests.
 - BRCA test kits can be ordered through Ambry Genetics (<https://www.ambrygen.com/>), GeneDx (<https://www.genedx.com/>),

Invitae (<https://www.invitae.com>), and Myriad (<https://myriad.com/>).

Provider Training and Resources for Hereditary Cancer Risk Assessment

ScreenWise is contracted with four of the five cancer genetic clinics in Oregon that are staffed with board certified genetic counselors (CGC), Advanced Practice Nurses in Genetics (APNG), and board certified clinical geneticists (MD). Connecting with these specialists can be a great resource for you and your patients. Please see our website for the contact information of the cancer genetic clinics currently set up to see ScreenWise patients.

Due to the shortage of genetic specialists, it is important that other health professionals with experience in cancer genetics (defined as providing cancer risk assessment on a regular basis) also be included in providing high-quality cancer genetic services to our patients. If you are currently offering cancer genetic counseling and/or cancer genetic testing to your patients, please email ScreenWise at screenwise.info@dhsosha.state.or.us to discuss connecting additional ScreenWise patients to your clinic.

For providers who would like more information about hereditary cancer risk assessment, some educational opportunities and resources are listed below:

Bright Pink:

Bright Pink has a health care provider learning platform. Their Women's Health Provider Education Initiative takes a unique approach to educating providers on how to stratify and manage breast and ovarian cancer risk by offering accredited, self-paced, interactive e-learning modules. CMEs and CEs available. For more information, please see <https://www.brightpink.org/healthcare-providers/online-learning/>.

City of Hope:

The City of Hope is accredited by the Accreditation Council for Continuing Medical Education for physicians, and allied health care providers such as RNs and NPs may utilize AMA Category 1 accredited courses to fulfill CME requirements for certification. The City of Hope also offers a 14-week Cancer Genetics Intensive Course, for which ScreenWise may be able to provide tuition scholarships. For more information, please see <https://www.cityofhope.org/education> or contact ScreenWise.

Commission on Cancer:

The Commission on Cancer's (CoC) *Cancer Program Standards Manual* (2016 edition) provides information on the definition and requirements of cancer genetic counseling and risk assessment. For more information, please see https://www.facs.org/~media/files/quality%20programs/cancer/coc/2016%20coc%20standards%20manual_interactive%20pdf.ashx.

Inside Knowledge: Get the Facts about Gynecologic Cancer:

The Center for Disease Control and Prevention (CDC) has created the Gynecologic Cancer Curriculum to inform health care providers about the five main types of gynecologic cancers (cervical, ovarian, uterine, vaginal, and vulvar). The target audience for this material is any primary health care provider who treats adult female patients. Module 4 addresses Genetics of

Gynecologic Cancers. Continuing education is available for completion of this activity. For more information, please see www.cdc.gov/cancer/knowledge/provider-education.

Jackson Lab:

The Jackson Lab provides free, self-paced CME learning modules developed to help primary care providers identify, evaluate, and manage patients at increased risk of hereditary cancer syndromes and more. For more information, please see <https://learn.education.jax.org/>.

Other CME and Educational Opportunities:

Please see a list of CMEs and other educational opportunities on our [website](#) under Genetics Information.

References

- ¹United States Preventive Services Task Force (USPSTF). [BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing](#).
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- ⁴Bellcross CA, Lemke AA, Pape LS, Tess AL, Meisner LT. [Evaluation of a breast/ovarian cancer genetics referral screening tool in a mammography population](#). *Genetics in Medicine* 2009;11(11):783–789.
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- ⁷PDQ Cancer Genetics Editorial Board. Cancer Genetics Risk Assessment and Counseling (PDQ®): Health Professional Version. 2018 Jun 13. PDQ Cancer Information Summaries [Internet]. Table 1. Available Tools to Identify Candidates for Referral to Genetics for Further Evaluation and Consideration of Genetic Testing. Bethesda (MD): National Cancer Institute (US); 2002-. Cited 2/28/18. Available from <http://www.ncbi.nlm.nih.gov/books/NBK65817/>