

**ScreenWise Provider Report Explanation and Instructions**

**Overview:**

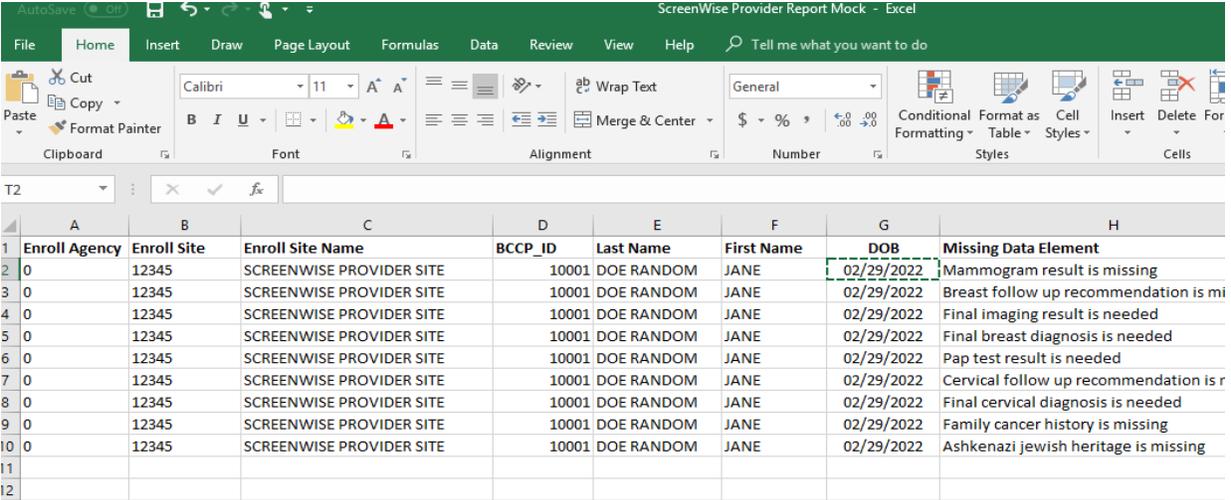
The ScreenWise Provider Report is the product of a program wide report run once monthly after the batch payment is completed in Ahlers, our program data and claims system. The reports are saved, by ScreenWise provider site, in an Excel file that details missing screening or diagnostic data for contracted providers ScreenWise patients that is required by our program. These reports are delivered to our primary program contact(s), assigned by the provider, via email. This report is part of a providers contractual obligation to provide complete patient data as required by our federal and local funders.

**Use:**

This report is designed to assist with the timely completion and coordination of required ScreenWise patient screening and diagnostic data. Its primary function is to provide ScreenWise contracted providers with a comprehensive fillable report to complete and return to ScreenWise to fulfill contractual requirements regarding patient screening or diagnostic data. This way, patient data that was missed, omitted, or unclear on the original submissions of [ScreenWise Patient Data Forms](#), can be easily corrected, coordinated, and submitted back the program quickly. Providing missing data also prevents billing errors and complications with patient re-enrollments.

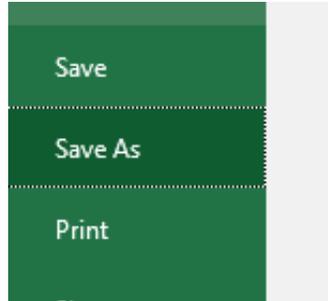
**Instructions:**

To fill and complete the ScreenWise Provider Report, open the document.



	A	B	C	D	E	F	G	H
1	Enroll Agency	Enroll Site	Enroll Site Name	BCCP_ID	Last Name	First Name	DOB	Missing Data Element
2	0	12345	SCREENWISE PROVIDER SITE	10001	DOE RANDOM	JANE	02/29/2022	Mammogram result is missing
3	0	12345	SCREENWISE PROVIDER SITE	10001	DOE RANDOM	JANE	02/29/2022	Breast follow up recommendation is m
4	0	12345	SCREENWISE PROVIDER SITE	10001	DOE RANDOM	JANE	02/29/2022	Final imaging result is needed
5	0	12345	SCREENWISE PROVIDER SITE	10001	DOE RANDOM	JANE	02/29/2022	Final breast diagnosis is needed
6	0	12345	SCREENWISE PROVIDER SITE	10001	DOE RANDOM	JANE	02/29/2022	Pap test result is needed
7	0	12345	SCREENWISE PROVIDER SITE	10001	DOE RANDOM	JANE	02/29/2022	Cervical follow up recommendation is r
8	0	12345	SCREENWISE PROVIDER SITE	10001	DOE RANDOM	JANE	02/29/2022	Final cervical diagnosis is needed
9	0	12345	SCREENWISE PROVIDER SITE	10001	DOE RANDOM	JANE	02/29/2022	Family cancer history is missing
10	0	12345	SCREENWISE PROVIDER SITE	10001	DOE RANDOM	JANE	02/29/2022	Ashkenazi jewish heritage is missing
11								
12								

Once the document is open. Go to the “File” tab/section and save the document using “Save As”. This will save the document on your machine or shared server and allow it to be edited and resent.



Once the document is saved. Review each patient’s missing data item(s).

Missing Data Element
Mammogram result is missing
Breast follow up recommendation is missing
Final imaging result is needed
Final breast diagnosis is needed
Pap test result is needed
Cervical follow up recommendation is missing
Final cervical diagnosis is needed
Family cancer history is missing
Ashkenazi jewish heritage is missing

For each missing data item, answers, results, or responses are provided in the columns if you scroll right. Response options are listed in Columns lettered F-P. Please scroll through all response options and highlight the correct response option for the patient in **yellow**.

Response Option 1	Response Option 2	Response Option 3	Response Option 4
BIRADS 1	BIRADS 2	BIRADS 3	BIRADS 4
Follow routine screening	Short-term follow up	Additional mammography views	Additional diagnostic procedures
BIRADS 1	BIRADS 2	BIRADS 3	BIRADS 4
Breast cancer not diagnosed	Invasive breast cancer	Lobular carcinoma in situ (LCIS) Stage	Ductal carcinoma in situ (DCIS) Stage
Negative for intraepithelial lesion or malignancy	ASC-US	LSIL	ASC-H
Follow routine screening	Short-term follow up	Additional diagnostic procedures	Patient lost to follow up
Normal/benign	HPV/condylomatous atypia	CIN I	CIN II
Yes	No	Unknown	
Yes	No	Unknown	

Example Case: Patient mammogram result.

<b>Missing Data Element</b>
Mammogram result is missing

Scroll right through columns F-P to choose BIRADS score or results for patient mammogram:

<b>Response Option 3</b>	<b>Response Option 4</b>
BIRADS 3	BIRADS 4

Example patient has a BIRADS score of BIRADS 4. To indicate this, highlight BIRADS 4 in yellow (to bring up highlight/text options you can right click, or use the task bar at the top) and write in date of mammogram in the cell.

<b>Response Option 4</b>	R
BIRADS 4, 01/22/2018	B
Additional diagnostic procedures	D

For response options that require more detail, i.e. “Additional Diagnostic Procedures”, “Short- Term Follow Up”, “Additional Mammography Views”, etc. Please provide procedure name, date, and result in the cell. Such as:

Mammogram result is missing	
Breast follow up recommendation is missing	
Final imaging result is needed	

Response Option 4: “Additional Diagnostic Procedures”

Additional diagnostic procedures: Ultrasound, 02/02/2018, BIRADS 4, Biopsy, 02/04/2018, BIRADS 2
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The patient had additional diagnostic procedures, which requires a Final Imaging Result and a Final Diagnosis. Provide these results/responses by choosing from the “Response Options” given in columns F-P, with the appropriate date, and highlight in yellow. Example, as follows:

“Final Imaging Result” : Reponse Option 2, with the date of final imaging.

<b>Response Option 2</b>	I
BIRADS 2	I
Short-term follow up	J
BIRADS 2, 02/04/2018	I

“Final Breast Diagnosis”: Response Option 1, with the date of final diagnosis.

<b>Response Option 1</b>
BIRADS 1
Follow routine screening
BIRADS 1
Breast cancer not diagnosed: 02/04/2018
Negative for intraepithelial lesion or malignancy

Please complete all missing patient data, with detail and date. When finished, save the document by hitting the save button under the “File” tab or by clicking the floppy disk at the top of the page.

Send the completed Provider Report as an attachment using the **secure portal**: <https://secureemail.dhsoha.state.or.us/encrypt> to the [Screenwise.info@dhsoha.state.or.us](mailto:Screenwise.info@dhsoha.state.or.us). Address the message with the subject line “Completed Provider Report: Provider Site Name, Month/Year”. i.e. Completed Provider Report: Virginia Garcia Beaverton, June 2018

If you have questions or concerns about missing patient data, spreadsheets, etc. please contact our Quality Assurance Coordinator, Tessa Jaqua, by email [Tessa.r.jaqua@state.or.us](mailto:Tessa.r.jaqua@state.or.us) or phone 971-673-1277