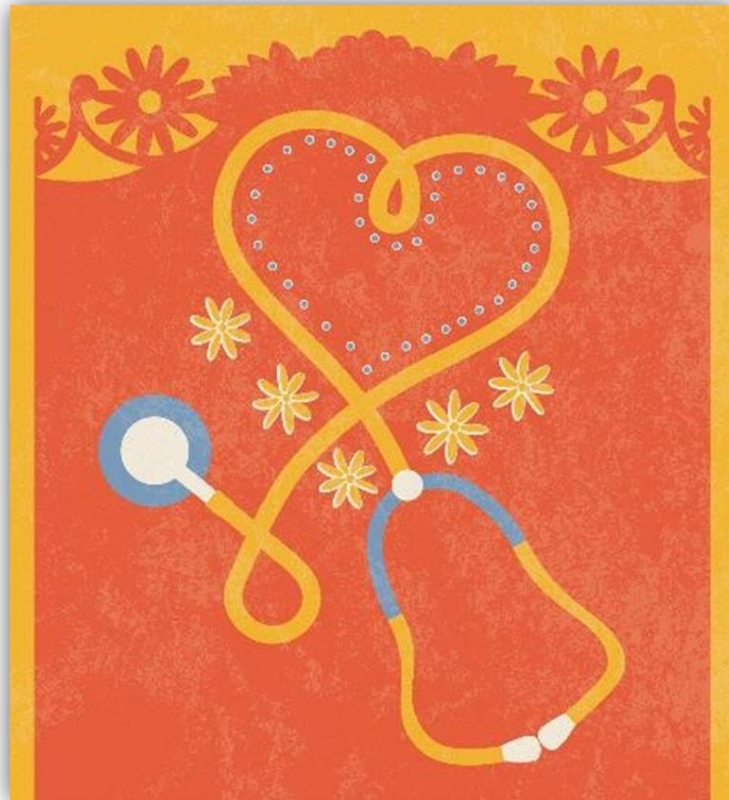


ScreenWise Provider Manual

Operations and Programmatic Requirements for ScreenWise Clinics and Providers



Revised March 2025

Oregon Public Health Division
Center for Prevention and Health Promotion
Adolescent, ScreenWise 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 at your facility.

Instructions for Using This Manual

This manual is organized into four sections:

1. The Oregon ScreenWise Program

program overview and eligibility requirements
Pages 4-6

2. Reporting

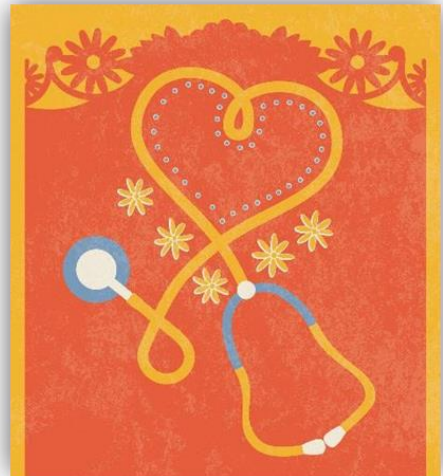
data collection and requirements
Pages 7-11

3. Billing & Claims

*reimbursement rates, billing requirements, and
telemedicine*
Pages 12-16

4. Provider Requirements

administrative requirements
Pages 17-21



This manual is a living document that will be updated as needed. The latest version can be found on our [website](#). ScreenWise values feedback and is continuously evolving to meet provider and patient needs. If you have suggestions or questions, please contact the ScreenWise (SW) program.

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:

<i>For the Following Inquiries...</i>	<i>Call the...</i>
<ul style="list-style-type: none">❖ Enrollment Status and Patient Data Submission❖ Program Policies and Operation Assistance❖ General questions	ScreenWise Main Office (971) 673-0581 Secure email at: ScreenWise.info@odhsoha.oregon.gov
<ul style="list-style-type: none">❖ Billing and Claims	ScreenWise Billing (971) 673-1060 Secure email at: ScreenWise.info@odhsoha.oregon.gov
<ul style="list-style-type: none">❖ Patient Enrollment Assistance	ScreenWise Patient Assistance Line (971) 673-0581

Confidential Fax:

971-673-0997

Website:

www.healthoregon.org/screenwise

1. The Oregon ScreenWise Program

Our Mission:

To reduce disparities in breast and cervical 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.

The ScreenWise Program, as part of the Adolescent, ScreenWise and Reproductive Health (ASRH) Section, commits to working towards racial equity by addressing racism, acknowledging implicit bias, and shifting how we do what we do. We accept that our commitment to diversity, equity and inclusion means a commitment to constant learning – we will make mistakes, but we are determined to learn from them and to improve.

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.

Enrolling Provider

- Provides screening office visits, care coordination and reports all results to ScreenWise.
- Includes: Federally Qualified Health Centers, Local Health Departments, Rural Health Centers, Private Clinics, Naturopaths, Tribal Health Centers, County Clinics

Ancillary Provider

- Provides services beyond the scope of an enrolling provider. Reports results to enrolling provider and bills ScreenWise for services
- Includes: labs, imaging centers, surgeons, surgical centers, hospitals, county clinics

ScreenWise Eligibility Requirements

Eligibility Requirements for ScreenWise clinical services:

AGE	18-39 and in need* of breast or cervical cancer diagnostic services (*need determined by clinician)	40+ and in need of breast or cervical cancer screening or diagnostic services
LOCATION	Must live, or intend to live, in Oregon	
INCOME	Household income at or below 250% of Federal Poverty Level (Income chart available on our website)	
INSURANCE STATUS	No Health Insurance OR Have Health Insurance, but not enough to cover their needs (see below for exceptions)	

Insurance Eligibility Exceptions:

Type of Insurance/Insurance Status	ScreenWise Eligible	ScreenWise Not Eligible
No insurance	x	
Pending OHP	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. Does not pose a cost burden to patient, including Medicare Part B, C.		x
Current OHP		x

Eligibility Period

Once patients are enrolled, they remain **enrolled for 12 months from the date of enrollment**. Patients can re-enroll in ScreenWise each year as necessary if they continue to meet age and other eligibility requirements.

Eligibility may also be retroactive for 90 days prior to the date of signature on the enrollment form.

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 Enrollment form. If a patient is being enrolled remotely, please indicate this on the signature line. The patient must be re-evaluated for program eligibility and sign the form every year for continued participation in ScreenWise.

2. Reporting

Data Collection

Forms

ScreenWise collects patient enrollment, screening, and outcome data through standardized forms. These forms include:

1. Enrollment
2. Results Form
3. Final Outcome Form

To download these forms and to view training tutorials, please visit the section “For Providers” on our [website](#).

Key guidance on using the SW forms:

- Forms are updated annually, please check our website to verify you’re using the latest forms.
- It may take up to 3 weeks for ScreenWise to manually input forms and/or claims data into our system.
- 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.
- Forms should be filled out completely, accurately and checked for legibility and quality before submission to ScreenWise.
- Providers are required to submit forms via the ScreenWise secure email portal. Portal instructions are located on our website.

ScreenWise Enrollment

ScreenWise providers are expected to:

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

- All steps should be documented in the [ScreenWise Enrollment Packet](#)

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.

Data Type	Timeline
Enrollment Form	Enrolling providers must submit the completed Enrollment form to ScreenWise within 5 business days from the date of enrollment.
Results of Patient Services	Ancillary providers must submit results to enrolling clinics within 14 calendar days from Date of Service. Enrolling providers will then document the results on the appropriate form and submit it to ScreenWise.
All other data	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.

Result and Final Outcome Form

When a patient has been referred for a screening mammogram or had a pap and HPV test done in the office and do not need a follow up service, providers are required to communicate their outcome with the [Results Form](#).

If a patient 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 – on the [Final Outcome Form](#).

Screening Results

After screening or diagnostic services, providers are required to follow-up with all their ScreenWise patients regarding their results and to note all patient screening results on the [Results Form](#) and send it to ScreenWise as soon as the results are in.

The recommended next steps:	
If the results are benign , providers must:	Advise patients to follow clinically recommended surveillance
If results are abnormal , providers must:	<ol style="list-style-type: none"> 1. Notify patients of these results (either verbally or in writing) 2. Provide patient education 3. Collaborate with the patient on an individualized health plan. 4. Record final outcome of any further diagnostic or imaging on the Final Outcome Form.
Regardless of results, providers must provide patient education , which includes:	<ul style="list-style-type: none"> • Information on the importance of screening at recommended intervals • Description of recommended follow-up medical services and their possible results • Information on patients' risk factors as well as signs and symptoms of breast or cervical cancer.

Patient Referrals

- Enrolling providers should refer patients for any necessary breast or cervical screening and diagnostics outside of the scope of the clinic to a ScreenWise contracted provider.
- Enrolling providers can use our [Referral Form](#) or their form that states ScreenWise as the payor. *This decreases the chance that the patient will be improperly billed for the services.*

Timeliness of Follow Up and Treatment

Follow Up for Patients with Abnormal Screening Results	
Abnormal Breast Cancer Results → Final Diagnosis	60 days or less
Abnormal Cervical Cancer Results → Final Diagnosis	90 days or less

Treatment for Patients Diagnosed with Cancer	
Invasive Breast or Cervical Cancer → Initiation of Treatment	60 days or less
Cervical Intraepithelial Neoplasia → Initiation of Treatment	90 days or less

Patient Monitoring and Treatment Options

Providers are expected to continuously monitor the services and referrals that are made to ensure access to treatment is completed in a timely manner. It is important that the healthcare provider, to the best of their ability, help the patient to identify a plan and access available resources.

Please note, however, that while ScreenWise requires that providers connect patients to treatment, the program cannot cover the cost of treatment.

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
- 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

To enroll a patient in this program, contact the Oregon Health Plan directly at 1-800-699-9075 or 1-877-255-7070 option 5. Further details on BCCTP, including the application, can be found through the ScreenWise [website](#).

Oregon Health Authority (OHA) Notice of Privacy Practices

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@odhsosha.oregon.gov or by telephone at 503-945-5780.

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 is lost to follow up*; or.
- The patient refuses either treatment or diagnostic follow-up*.

**Lost to Follow Up is defined as no response after 3 attempts with 3 different methods such as phone call, text, email, or land-mail.*

3. Billing and Claims

If you have issues with a claim denial, EOB questions, and/or a patient being billed, contact our Billing Specialist at (971) 673-1060 or send us a secure email at ScreenWise.info@odhsoha.oregon.gov.

I. Reimbursement Rates and Clinical Exceptions

ScreenWise reimbursement rates match current Oregon Health Plan (Medicaid) reimbursement rates for approved CPT (Current Procedural Terminology) codes. There is no prior authorization required for any 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 and updated annually or at funder discretion.

If the provider prescribes a medically necessary service for breast or cervical cancer screening or diagnostics that is not on the Reimbursement Schedule (Covered Procedure list), they may request an exception by using the [Clinical Exception Form](#), located on our website under Forms/Optional Forms.

II. Provider Reimbursement Requirements

Providers are expected to adhere to the following reimbursement guidelines:

- The provider must have a signed and executed Medical Services Agreement (MSA) with ScreenWise.
- ScreenWise is the payor of last and only resort and cannot act as a secondary payor for any claims. Dual payments by ScreenWise and any other payor is not allowed.
- Claims must be submitted within 365 days of the Date of Service.
- If a claim is denied, the claim must be resolved within 365 days of the date of the denial.
- Providers must accept ScreenWise reimbursement rates for billed services as payment in full. Patients may not be billed for the remainder of the balance.
- Providers cannot bill patients for ScreenWise covered services or non-covered related services such as Supplies, Pharmacy, etc.

III. Billing Patients for Services

A patient may be billed for services that are not covered by ScreenWise and only after providers:

1. 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's or patient representative's financial responsibility for payment for the specific service.
2. Document in writing that the patient was provided this information and the patient knowingly and voluntarily agreed to be responsible for payment.
3. 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, under Forms/Optional Forms.

IV. Claim Submission

Claim reimbursement forms, office visit codes, and covered services are available to enrolling providers through our [Billing and Claims page](#). Health Insurance Claim Form (HICF), Standard 1500 or the UB-04 are also accepted.

ScreenWise cannot accept electronic billing at this time. ScreenWise requires all providers to submit claims via the State of Oregon's Secure/Encrypted email server: <https://secureemail.dhsoha.state.or.us/encrypt>

ScreenWise has limited office visit codes available to providers:

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

Dates of service must always be provided, as well as diagnosis code(s). ***Please note that without these details, claims may be returned or denied.*** Claims are processed on or close to the 9th of each month.

v. Monthly Explanation of Benefits (EOB) Report

The Explanation of Benefits (EOB) report features:

- ❖ summary of claims received and filed, paid, or denied for the past billing cycle.
- ❖ the reason for denial (if applicable)
- ❖ claims' status in the ScreenWise system

The EOB report is sent to the EOB contact(s), typically on the 16th of the month via secure e-mail. Payments can be expected within 30 days of the claim process date, which is on or close to the 9th of each month.

VI. Provider Refund Check Process and Policy

If providers discover they have been paid for a claim in error, please contact the Billing Specialist.

- ❖ Voiding the claim will result in an automatic take back on the next Provider EOB. *ScreenWise prefers this method over receiving refund checks.*

ScreenWise will process refund checks that include the following information:

- patient name
- date of birth
- date of service
- site name
- the TAX ID number of the Provider

Telemedicine and reimbursement

1. Information Related to the Provision of Telemedicine Services

For the purposes of this document, telemedicine is defined as the use of

- (1) synchronous (live two-way interactive) video and audio transmission ('videoconference')
- (2) telephonic communication between a health care provider and client. Such communications may be conducted regardless of the location of the client and/or provider (e.g., clinic site or home).

HIPPA Rules on Telemedicine	<p>During the COVID-19 pandemic, the U.S. Department of Health and Human Services, Office of Civil Rights has issued guidance allowing discretion for telemedicine remote communications:</p> <p><i>“Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telemedicine without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telemedicine during the COVID-19 nationwide public health emergency. “</i></p> <p>Please note that Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and <u>should not</u> be used in the provision of telemedicine.</p>
OHP and HERC Coverage Guidance	<p>OHA's Health Evidence Review Commission (HERC) has released guidance clarifying expanded coverage of synchronous audio and video, telephone, online (e.g., patient portal) services and provider-to-provider consultations for OHP during the COVID-19 pandemic.</p>

2. ScreenWise Coverage of Telemedicine Services

ScreenWise acknowledges that each agency will identify which services are deemed “essential” and/or time-sensitive, which types of visits may be delayed or rescheduled (e.g., annual exams), and which types of services are clinically appropriate to be delivered through a telemedicine modality.

We have also expanded the list of telemedicine services that will be covered at the Medicaid Rates, including visits to enroll patients into ScreenWise with documented patient consent.

Please refer to the [Billings and Claims](#) page on our website for the most updated list of CPT and ICD-10 diagnosis codes accepted by the program or contact the Billing Specialist for questions.

4. 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:

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 and cervical 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.
- ❖ comply with all HIPAA regulations 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, clinical partners may be required to participate in ongoing professional development, education, and training opportunities with ScreenWise staff. Please see the [ScreenWise Providers training](#) webpage for the latest information.

Medical records retention

Providers are required to maintain patient’s medical records for at least 10 years. This includes (but not limited to):

- complete patient data, including informed consent
- enrollment information
- screening and diagnostic follow-up documentation.

For more information on medical records retention please see the [State of Oregon’s administrative rules](#).

Health Insurance Portability and Accountability Act (HIPAA) & Confidentiality

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.

Providers are required to put into place safeguards to protect health information to ensure they do not use or disclose health information improperly. Providers are required to have procedures in place on who can view and access health information as well as implement training programs for employees about how to protect health information.

Communications

ScreenWise values communication and relationship building with our clinical partners. This is generally done by the following:

1. identify main point of contact(s) at each clinical site
2. identify billing contact(s)
3. submit notification via email or phone of any personnel changes to ScreenWise within 30 days of staffing change.

Quality Assurance

ScreenWise conducts quality assurance to ensure that providers are meeting the requirements in their Medical Services Agreement and to evaluate areas for program improvements and support. The following represents areas of QA activities and expectations to ensure standards are met.

I. Quality Assurance Activities

The ScreenWise program evaluates providers through the following activities:

- Preparing and distributing provider data reports for missing data.
- Reviewing patient service data for compliance to standards of care.
- Providing training and technical assistance to improve adherence to program guidelines.
- Seeking feedback from providers.

II. Provider Expectations

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

a. Patient Rights:

- Privacy and confidentiality practices.
- Compliance with the Civil Rights and Americans with Disabilities Act

- Patient access to an interpreter.
- Patient access to test results.

b. Intake and Eligibility Guidelines:

- Provider knowledge of ScreenWise eligibility guidelines.
- Complete and timely submission of patient enrollment forms.

c. Screening and Diagnostic Protocols

- Ability to follow evidence-based guidelines for screening activities.
- Standards and protocols for follow-up care
- Services for tracking patients with abnormal results
- Complete and timely submission of data.

d. Clinic Operations

- Staff familiarity with ScreenWise guidelines and requirements.
- Professionally licensed and certified staff.
- Timely notification to ScreenWise of any staffing changes.
- Policies and procedures for filing billing claims and for tracking program funds.

Provider Data Reports (PDR)

Provider Data Report (PDR) 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 need to:

1. save the Provider Report file
2. enter the missing data into the report file as directed
3. resend the file to ScreenWise through the secure email portal.

For further instructions on the use and submission of this report, please consult the [ScreenWise Provider Training](#) on the ScreenWise website.

III. Quality Assurance Intervention

If a provider is struggling with program guidelines outlined in the OAR's or expectations, ScreenWise staff will do the following:

Step 1. Initiate a meeting to review quality assurance standards. A review may be requested, either by the ScreenWise program or by the provider.

- SW staff will provide technical assistance, direction to applicable provider training module(s), and/or suggest possible solutions or workflow adjustments.

Step 2. ScreenWise staff will monitor the situation over a 6-month period to assess area(s) of improvement.

If needed, Step 3. After 6-months, initiate another meeting with leadership from both entities to determine best course of action.

If measurable correction or improvement is not completed and/or causes significant capacity strain for the ScreenWise Program, ScreenWise will seek to terminate the provider's operating relationship with the program.

Provider Termination

The provider or ScreenWise may terminate enrollment at any time. The request must be sent in writing, by email or mail. 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.*