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October 2024

ScreenWise Enrollment Training Module

Learning objectives for this module are to understand:



- Clinical partner responsibilities
- Enrollment process
- ScreenWise Enrollment Form



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ScreenWise Clinical Partner Responsibilities

Clinical partners are required to:

- Determine patient eligibility based on requirements found on the ScreenWise home webpage at: <https://www.oregon.gov/oha/screenwise>.
- Complete the ScreenWise Enrollment Form by answering all questions and checking for legibility before submitting. This form is pdf fillable.
- Submit ScreenWise enrollment within 5 days from date of service.
- Reply to ScreenWise staff questions within 2 business days.
- Retain copy of ScreenWise Enrollment Form in patient's file.
- Reassess patient eligibility for re-enrollment into ScreenWise if your patient's follow-up procedures extend past 1-year enrollment period.



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Completing and Submitting the ScreenWise Enrollment Form

Completing the ScreenWise Enrollment Form

- Use current version of ScreenWise Enrollment Form as found on the ScreenWise Provider Forms page on ScreenWise website at: <https://www.oregon.gov/oha/screenwise>.
- Print out and complete by hand or use PDF fillable format.
- Form has been translated into a variety of languages for patient accessibility. More languages can be made available by request.
- The entire form can be completed by clinic staff, or:
 - Patient can complete all pages except for the services page.
 - Services page is completed by clinic staff, indicating services ordered at the time of enrollment.

Agency Information & Patient Information

- Include agency and site name so patient is enrolled at correct location.
- Include all patient names and medical record number associated with your clinic.
- Information is self-declared so no proof of name, date of birth or address needs to be collected or submitted.

Enrolling agency name:

Enrolling site name:

Enrolling type: ☐ In person (signature required)
☐ Remotely (write 'remote' on signature line)

Medical record number: Date of enrollment:

Patient full name:

Date of birth: Gender identity:
(such as female, male, or non-binary)

☐ Homeless or unstable housing? (If so, check box and only write ZIP code and county below)

Home address: Apartment number:

City: State: ZIP:

Phone: County:

Patient Insurance and Income Eligibility

- Information is self-declared, so no proof of insurance status or income needs to be collected or submitted.
- Household size includes the individual, their spouse (if married), and dependents who can be claimed for tax credits or deductions.

Do you have health insurance or Medicaid?:

☐ Yes

☐ Yes, but not enough to cover my needs

☐ No

What is your gross monthly household income?

(This is the total income before taxes for all household members)

\$ monthly

How many people live in your household?

(Including yourself)

people

Patient Consent

The consent page lists program coverages and guidelines for informed consent. Patients can sign in person at the time of their appointment, or clinic staff can sign after explaining the program coverages to the patient being enrolled remotely.

Clinic staff indicates whether the enrollment is in person, or remote, with guidance on how to complete the signature on the consent page if enrollment is remote.

Enrolling type: ☐ In person (signature required)
☒ Remotely (write 'remote' on signature line)

By signing this form, I confirm that:

I meet all of the following eligibility requirements for the program:

- I live in or intend to live in Oregon
- My household income is at or below 250% of the Federal Poverty Level
- I do not have insurance, or my insurance does not fully cover my needs

Patient signature: Remote Date:

Patient name (printed):

Patient Service Eligibility

Reminder of age-eligibility:

Age 18-39 and need breast or cervical cancer diagnostic services. ☐ Yes

Age 40 or older and need breast or cervical cancer screening or diagnostic services. ☐ Yes

Breast & cervical cancer risk:

High Risk for Breast Cancer? ☐ Yes ☐ No ☐ Unknown

Previous screening history:

Last Pap (prior to current enrollment)?

☐ Yes, date (if known):

☐ No

☐ Unknown

Patient Cancer Screening Services

The patient's breast and cervical cancer screening services are based on current orders at time of enrollment. There is an option to answer 'no' for any services not currently ordered. These answers inform ScreenWise of pending results expected to be submitted by clinics.

Breast cancer services	
Clinical Breast Exam (Current Enrollment Period):	<input type="checkbox"/> Normal
CBE date (MM/DD/YYYY): <input type="text"/>	<input type="checkbox"/> Abnormal/suspicious for cancer
	<input type="checkbox"/> Not performed
<hr/>	
Current Mammogram ordered?	<input type="checkbox"/> Yes (screening or diagnostic)
	<input type="checkbox"/> Sent directly for additional diagnostics (e.g. ultrasound, biopsy, etc.)
	<input type="checkbox"/> No breast services performed
Cervical cancer screening services	
Current Cervical Services ordered	<input type="checkbox"/> Routine Pap
	<input type="checkbox"/> Surveillance after recent abnormal Pap
	<input type="checkbox"/> No pap, other diagnostic ordered
	<input type="checkbox"/> Colposcopy
	<input type="checkbox"/> Other cervical diagnostics
	<input type="checkbox"/> No cervical services performed
HPV ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optional REALD Information

- Identifies the race, ethnicity, language, disability populations served by the ScreenWise Program.
- These are optional questions which individuals can answer by checking the appropriate box or decline answering by checking the “don’t know” or “don’t want to answer” boxes.
- Can be completed by the patient or transferred from clinic’s EHR.

Submitting ScreenWise Enrollment Forms

- The only document needed to enroll a patient into ScreenWise is the Enrollment Form. Do not submit the patient's EHR, imaging orders, or other clinic documents.
- To prevent delaying patient enrollment, verify all questions have been answered before submitting.
- Follow instructions for submitting documents to ScreenWise using the state's secure portal. Instructions are found on the ScreenWise Provider Forms page on the ScreenWise Website at:
<https://www.Oregon.gov/oha/screenwise>.
- ScreenWise does not confirm enrollment of all individuals; however, alerts for missing information or enrollment denials will be sent right away.

Key Enrollment Take-Aways

To expedite patient enrollments into ScreenWise:

- Answer all questions and check for legibility of the form before submitting to ScreenWise.
- Submit the ScreenWise Enrollment Form via the secure portal within 5 days from patient's date of service.
- The patient's pending breast and cervical cancer screening services are based on current needs at time of enrollment.
- Respond to ScreenWise staff inquiries about your patient's pending enrollment within 2 business days.

ScreenWise clinical partner contact information

Clinical partners can contact ScreenWise with eligibility, enrollment, and result reporting questions or concerns at:

- Email: ScreenWise.info@odhs.oregon.gov
- Phone: 971-673-0581
- Fax: 971-673-0997

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Laura Hunsinger at laura.p.hunsinger@oha.oregon.gov or 503-580-0652 (voice/text). We accept all relay calls.

Public Health Division
ScreenWise Program
800 NE Oregon Street, Suite 805
Portland, OR 97232
<http://www.oregon.gov/oha/screenwise>

