

Form 1: Program Partnership Application
DHHS91198 Breast and Cervical Cancer Screening

Section 1: Applicant Information

Applicant Health System Name:	
Applicant Legal Address:	
Applicant mailing address:	
Applicant contact email address:	
Applicant contact phone number:	

Section 2: Minimum Mandatory Qualifications

A “yes” reply to all questions below is required to be awarded a contract.

Place a mark in the “yes” or “no” column for each question.	Yes	No
Does your health system serve low-income (250% Federal Poverty Level), uninsured or underinsured population?		
Does your health system maintain active license(s) with the Utah Department of Commerce, Division of Occupational and Professional License for the healthcare services it provides?		
Will your health system comply with the Utah Breast and Cervical Cancer Screening Program Manual for Partners?		
Does your health system have a current process to manage the care of clients with abnormal findings?		
Does your health system accept Medicare reimbursement rates as payment in full for covered services? (For clinics: B&C funds cannot be used to pay for any service for which payment has been made on a prepaid basis.)		

Section 3: Scope of Clinical Capabilities

Check only the services your health system is licensed for and plan to provide under this agreement.

Clinical exams	
Breast and Cervical Cancer screening exams	
Screening & Diagnostics	
Screening Mammography	
Diagnostic Mammography	
General Radiology and Imaging services for breast cancer screening	
Pathology	
Pathology for breast and cervical biopsies	
Surgical & Specialized Procedures	
Colposcopy	
Surgical Breast Biopsies	
Anesthesia Services	