



UTAH DEPARTMENT OF  
**HEALTH**  
 BeWise Program

Utah Department of Health  
 BUREAU OF HEALTH PROMOTION  
 P.O. Box 142107  
 Salt Lake City, Utah 84114-2107  
 Telephone: (801) 538-6712 or 1-800-717-1811  
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## CLINIC PROVIDER AGREEMENT

Clinic Name: \_\_\_\_\_ NPI# \_\_\_\_\_

Office Hours: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) (City) (Zip) (County)

| Participating Health Care Providers at Clinic | Medical License Number |
|---|------------------------|
|   |                        |
|   |                        |
|   |                        |
|   |                        |
|   |                        |

Clinic Fax Number: \_\_\_\_\_

Appointment Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**\*Please Note:** If you have multiple clinic locations please provide the address, phone, fax, appointment contact person, and list of providers for each clinic. Additional contact information may be included as an attachment.

I would like to participate in the **BeWise Program** within the Utah Department of Health (UDOH) and agree to see women with alert values for diagnosis within (7) seven days or one week from the time screening clinic calls to make the appointment.

The purpose of the BeWise Program is to expand preventive health care services to women who receive breast and cervical cancer screening. In addition to breast and cervical cancer screening eligible women, receive a blood glucose test, lipid panel, blood pressure screening, and lifestyle coaching.

The goal of this Provider Agreement is to provide diagnostic and follow-up care for women with

alert values initially screened at contracting BeWise clinic. Descriptions of alert screening values are listed in the following table:

| Alert Screening Values                         |            |
|--|------------|
| Systolic Blood Pressure                        | >180mmHg   |
| Diastolic Blood Pressure                       | >110 mmHG  |
| Fasting or Non-fasting total Blood Cholesterol | >400 mg/dL |
| Fasting or Non-fasting Blood Glucose           | >250 mg/dL |

I understand that women who are screened through the BeWise clinic become my patients and I am responsible and accountable for those women who present with abnormal lab values and need further diagnostic services and treatment referral.

I also understand that I am responsible for determining which of the diagnostic services listed below will be provided to her and for informing the patient and the BeWise Program of all test results.

| CPT   | Description   | Reimbursement Rate |
|-------|---|--------------------|
| 99201 | Office visit for new patient–problem focus 10 min face to face  | \$43.39            |
| 99202 | Office visit for new patient–expanded problem focus 20 min face to face   | \$73.21            |
| 99203 | Office visit for new patient–expanded problem focus 30 min face to face   | \$105.78           |
| 99211 | Office visit for established patient-minimal problem 5 min face to face   | \$20.79            |
| 99212 | Office visit for established patient-problem focus 10 min face to face  | \$42.64            |
| 99213 | Office visit for established patient-expanded problem focus 15 min face to face   | \$71.20            |
| 80061 | Lipid Panel   | \$16.53            |
| 82465 | Cholesterol, total  | \$5.37             |
| 83718 | HDL cholesterol   | \$10.12            |
| 82947 | Glucose; quantitative   | \$4.85             |
| 82948 | Glucose; blood, reagent strip   | \$5.04             |
| 82951 | Glucose tolerance test, three specimens   | \$15.89            |
| 83036 | Hemoglobin, glycated (HbA1c) <i>used in lieu of other glucose testing for those with previous diagnosis of diabetes</i> | \$11.99            |
| 80048 | Basic Metabolic profile   | \$10.44            |
| 80053 | Comprehensive metabolic panel   | \$13.04            |
| 36415 | Routine Venipuncture  | \$3.00             |

I understand that the UDOH/BeWise Program will only pay for **up to two office visits** and the services indicated by the CPT codes listed above and that the rates of reimbursement stated above must be accepted by me as payment in full for services rendered.

I also agree to bill the patients insurance first (when applicable) before billing the BeWise Program for any services rendered.

Only patients referred by the BeWise screening clinics who present a voucher for following-up services are eligible for this coverage.

The UDOH will not reimburse the PROVIDER for treatment or medication associated with the diagnostic procedures listed above. The woman should be referred to companies/businesses that provide low-cost medications (a list will be provided by the BeWise Program).

As a participating provider, I agree to submit completed UCCP form and appropriate medical reports (diagnostic and progress notes) to the BeWise Program for each patient referred to me within **15** days of clinical visit. I understand that reimbursement is contingent upon receipt of this form by the UDOH and that I must submit an itemized invoice to the BeWise Program. I understand that the patients referred to me have consented that I may share information related to their medical care with the UDOH.

The service period for this agreement will be ongoing from signed date unless terminated or extended by agreement in accordance with the terms and conditions of this Provider Agreement.

This agreement may be ended at any time with 30 days written notice from either the provider or the UDOH. This agreement is contingent upon the provider's certification as a physician licensed in the state by the Utah Department of Commerce, Division of Occupational and Professional Licensing.

The BeWise Accounting Staff is the contact for all matters relating to billing and reimbursement. The agreed provider shall contact the BeWise Program Director immediately if the provider is unable to fulfill any of the requirements of the agreement or if there are any questions regarding the interoperations of the provisions of the agreement.

Either the Provider or the BeWise Program may terminate this agreement with thirty (30) days written notice. In the event of a termination of the agreement, the BeWise Program will reimburse the Provider for costs incurred to the date of termination.

In acknowledgement of the aforementioned, these authorized representatives of the Provider Agreement and the BeWise Program do hereby indicate their consent.

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Name (printed or typed)

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Signature of the Provider Agreement Monitor

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Business Address (printed or typed)

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Business Telephone (printed or typed)

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Date

**Important Contact Persons**

BeWise Program Manager: Kalyann Fillion 801-538-7009

BeWise RN Clinical Services Coordinator: Anna Testa 801-538-6437

Contracts and Agreements: Joannah Sparks 801-538-9271

Accounting and Billing: Lily Doyle 801-538-6230