



## Attachment E: SAMPLE Memorandum of Understanding

**[INSERT Grantee Name]**

And

**[INSERT Screening/Treatment Partner]**

**Purpose:** Throughout the 22-county service area of Susan G. Komen Colorado, medically underserved communities face barriers to breast cancer screening services which can provide early detection of the disease when it is more treatable and less likely to have spread to other regions. Culturally and linguistically appropriate educational services are a crucial component of informing women of the importance of annual screening and in turn providing them a referral to a screening facility that can offer them appropriate services.

**Background:** **[INSERT Grantee Name]** and **[INSERT Screening/Treatment Partner]** agree to collaborate to ensure that medically underserved women in **[INSERT the region(s) covered by applicant]** are provided the education and knowledge about the importance of early detection of breast cancer and, following this, the appropriate medical screening services and, if needed, diagnostic services. It is imperative that women who are provided this education are linked with a screening provider that is able to provide appropriate services and provide follow up to **[INSERT Grantee Name]** on the number of women screened and those that require follow up care or services. Specific objectives of the collaboration are **(EXAMPLES):**

Objective 1: Establish a tracking mechanism for **[INSERT Grantee Name]** to provide to **[INSERT Screening/Treatment Partner]** with pertinent information on patients that were referred for screening through education and outreach activities

Objective 2: Follow up with all patients referred for screening to ensure they schedule a screening appointment

Objective 3: Provide appropriate screening services to women referred and follow-up services to those with abnormal findings

Objective 4: Create a reporting structure where **[INSERT Screening/Treatment Partner]** will inform **[INSERT Grantee Name]** of the number of referred women

who were provided screening or treatment services and those that require follow-up care

Objective 5: Provide appropriate screening or diagnostic services to a Women's Wellness Connection or Medicaid Breast and Cervical Cancer Treatment provider [INSERT Screening/Treatment Partner] if a woman is eligible to receive services under either program

Objective 6: Demonstrate compliance with Susan G. Komen Colorado's insurance and liability requirements for grant-receiving organizations

**Specific Responsibilities:**

- Both parties will respect patient privacy according to HIPAA regulations in their reporting mechanisms.
- Both parties will provide culturally and linguistically appropriate services to patients served.

**[INSERT Grantee Name]:**

- Provide XXX patients with a referral to screening services at [INSERT Screening/Treatment Partner]
- Create a [weekly] report for [INSERT Screening/Treatment Partner] with the appropriate contact information on the women who were referred for screening
- Follow up via phone, email, or mail with patients referred for screening to ensure they schedule and attend their screening session
- Receive weekly report from [INSERT Screening/Treatment Partner] regarding, the outcome of screening, and whether any patients require follow up services

**[INSERT Screening/Treatment Partner]:**

- Receive [weekly] report from [INSERT Grantee Name] with the appropriate contact information on women who were referred for screening
- Provide appropriate screening or treatment services to referred patients including clinical breast exams, mammograms, diagnostic procedures, surgical consults, surgery, radiation, hormone therapy, and oral chemotherapy
- Accept as payment in full for provided services the Medicare reimbursement rate for treatment for breast cancer or rates published by Women's Wellness Connection for screening and diagnostic procedures so as to refrain from billing patients for any remaining balance for provided services.
- Create a [weekly] report for [INSERT Grantee Name] with appropriate contact information on patients that received screening, including the outcome, and any follow up services recommended
- Work with [INSERT Grantee Name] to follow up with patients in need of additional services and schedule appropriate appointments

**[INSERT Appropriate Party Name]:**

- Provide certificate(s) of insurance showing proof of coverage for amounts required by Susan G. Komen Colorado for the type of funded breast health project for the full grant period, or not less than April 1, 2016 – March 31, 2017.

**Terms of Understanding:**

- A. **Key Personnel:** Each organization shall identify one key contact to represent their organization in this collaboration
  - B. *Period of Effectiveness:* This MOU shall expire March, 31 2017.
  - C. *Provisions for Review and Change:* This Memorandum of Understanding may be revised by approval of all parties and may be terminated by a 60-day advance notification from any party.
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NAME  
TITLE  
Grantee Name

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NAME  
TITLE  
Screening/Treatment Partner