## CANCER CRUSADE ATTACHMENT FOR COLONOSCOPY

**SERVICES AND PROCEDURES TO BE PROVIDED**

Part I. The Contractor agrees to:

1. Comply with Maryland Department of Health Data Use Policy 01.06.01 and Maryland Department of Health Strategic Data Initiative policies and procedures for any data that is considered Maryland Department of Health data.

1. Follow the most recent version of the “Colorectal Cancer Minimal Elements for Colorectal Cancer Detection and Diagnosis” developed by the Cancer Medical Advisory Committee of the Maryland Department of Health as the standard for care for Maryland residents screened and diagnosed through the LCP.
2. See patients referred by LCP for cancer screening and diagnostic services within a time frame that is not more than six (6) weeks for screening services and four (4) weeks for diagnostic services, from the date of referral.
3. Explain to the client the contracted procedures, frequency of screening tests, and need for additional diagnostic tests and treatment, if indicated.
4. Utilize a laboratory that is contracted with the LCP and licensed in the state in which it operates for the processing of polyp(s), lesion(s), or tumor(s) specimens obtained during colonoscopy.
5. Report **abnormal** findings from the physical examination, colonoscopy, biopsy, \_\_\_\_\_\_\_\_\_\_ and/or other laboratory, pathology results to the LCP by phone *and* mail, by fax, or by secure electronic communication within seven (7) calendar days of the of the exam, using a format directed by the LCP.
6. Report results of the **normal** findings from the physical examination, colonoscopy, biopsy, \_\_\_\_\_\_\_\_\_\_ and/or other laboratory, pathology results to the LCP by phone *and* mail, by fax, or by secure electronic communication within twenty-one (21) calendar days after having seen the patient, using the format provided by the LCP.
7. Report the stage and size of colorectal tumor(s) and any abnormal finding including findings indicative of additional cancer that is not colorectal cancer to the LCP by mail, by fax, or by secure electronic communication within seven (7) calendar days after determination of stage and size of tumor, using the format provided by the LCP.
8. Repeat colorectal cancer screening where the colonoscopy was found to be “Inadequate” within a time frame coordinated with the LCP.

#### ***Qualifications and insurance***

1. Have clinical services performed by licensed physician, nurse practitioner, or physician assistant, who has received specialized medical training to perform these procedures.
2. For physicians performing services under this Contract, provide a copy of each individual’s current medical license from the state in which they are practicing and provide a copy of his/her specialty board certification, if applicable, to the LCP Contract Monitor with this signed Contract.
3. Obtain and maintain current medical liability insurance coverage and assume liability for the procedures and/or services rendered under this Contract; and provide documentation to the LCP Contract Monitor with this signed Contract.
4. Adhere to the provisions of COMAR 10.27.07, Practice of the Nurse Practitioner, and, for each nurse practitioner performing services under this Contract, provide a copy of the individual's current Maryland nursing license and a copy of his/her area of certification, to the LCP Contract Monitor with this signed contract.
5. Adhere to the provisions of COMAR 10.32.03, Delegation of Duties by a Licensed Physician- Physician Assistant, and, for each physician assistant performing services under this Contract, provide a copy of the individual’s current Maryland certification, to the LCP Contract Monitor along with this signed Contract.

**The Contractor and the LCP agree that:**

1. For services that are regulated by the Maryland Health Services Cost Review Commission (MHSCRC): Bill the LHD for one or more of the services listed in Part I of the Service Contract, at the rate approved for the Contractor by the MHSCRC. The hospital will charge the program the full MHSCRC regulated rate for the colonoscopy procedure. The LCP will reimburse for facility fees for colonoscopy at the region’s Medicare reimbursement rate. Any remaining balance between the HSCRC regulated rates and the local cancer program payment shall be treated pursuant to the hospital’s charity care policy, or be considered a “contractual allowance,” in accordance with HSCRC regulations and policy.
2. The following attached documents are incorporated into, and hereby made a part of this Contract:
3. The reimbursement schedule(s) or any schedule that may be substituted by the LCP due to changes in Medicaid and Medicare allowable reimbursement rates.

2. The “Minimal Clinical Elements for Colorectal Cancer Detection and Diagnosis.”