Cancer Crusade Attachment for Laboratory

SERVICES AND PROCEDURES TO BE PROVIDED

**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.
2. Follow the most recent version of the Minimal Clinical Elements (attached) developed by the Maryland Department of Health Cancer Medical Advisory Committees as the standard for care for clients screened and diagnosed through the LCP.

1. Send test results to the client’s primary care provider and the LCP bymail, fax, or secure electronic communication within ten (10) business days of receiving the specimen.
2. Receive, interpret and notify the LCP of the results of laboratory tests at a cost not to exceed the fee on the reimbursement schedule(s) or any schedule that may be substituted by the LCP due to changes in Medicaid and Medicare allowable reimbursement rates.

This fee includes the cytotechnologist and cytopathologist’s fees, the costs for picking up the test, interpreting the test, and the cost of reporting the result of the test to the LCP.

1. Conduct cytopathology, cervical or vaginal (the Bethesda System) for Pap tests using one of the following procedures: (1) slides, manual screening, or (2) collected in preservative fluid, automated thin layer preparation, manual screening. No other Pap test methods will be reimbursed through this Contract.
2. When conducting HPV testing, only use the amplified probe technique high-risk panel.
3. For reporting of cervical specimen collection and cytology findings, please use the 2014 Bethesda System for Reporting Cervical Cytology.

***Qualifications and Insurance***

1. Provide to the LCP Contract Monitor, along with this signed contract, documentation for both the Contractor and each of its pathologists of coverage for general malpractice insurance or in the alternative, provide documentation of self-insurance, by providing a copy of the insurance binder which shall indicate the period of coverage.
2. Provide to the LCP Contract Monitor, along with this signed contract, documentation of each individual engaged in the examination of gynecologic preparations, has passed the Cytology Proficiency Testing Program of the American Society of Clinical Pathologists (ASCP) or the College of American Pathologists (CAP), and provide annual proof of individual staff members passing cytology proficiency testing.
3. Provide to the LCP Contract Monitor, along with this signed contract, documentation of being in compliance with the rules in the Clinical Laboratory Improvement Amendments (CLIA) of 1988 by submitting the laboratory’s CLIA identification number or certification.

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

1. The following attached document(s) is incorporated into, and hereby made a part of this Contract:

1. The reimbursement schedule(s) or any schedule that may be substituted by the LCP due to changes in Medicaid and Medicare allowable reimbursement rates.

As appropriate,

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

3. The “Minimal Clinical Elements for Cervical Cancer Detection and Diagnosis;”

4. The “Colorectal Cancer Minimal Elements for Colorectal Cancer Detection and Diagnosis;”

1. The “Minimal Clinical Elements for Lung Cancer Detection and Diagnosis;”
2. The “Oral Cancer Minimal Elements for Screening, Diagnosis, and Evaluation of Oral Lesions;”
3. The “Prostate Cancer Minimal Elements for Information, Screening, Diagnosis, Treatment, and Follow up;”
4. Minimal Clinical Elements for Colorectal Cancer Detection and Diagnosis.