Cancer Crusade Attachment for Provider

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.

1. Follow the most recent version of the Minimal Clinical Elements (Attached) developed by the Maryland Department of Health (MDH) Cancer Medical Advisory Committees as the standard for care for Maryland residents screened and diagnosed through the LCP.
2. See clients referred by LCP for cancer screening and diagnostic services as indicated below:
   * 1. For cancer services, within a time frame that is not more than eight (8) weeks for screening services, and two (2) weeks for diagnostic services, from the date of referral.
3. For services related to cervical cancer screening:
   * 1. Perform a pelvic exam in order to determine if a client has an intact cervix, upon her first visit. This visit will be reimbursed by the LCP.
     2. Collect a specimen that can be used for a HPV test, high-risk panel, if a woman has a Pap test result of atypical squamous cells of undetermined significance (ASCUS).
4. Explain to the client the contracted procedures, frequency of screening tests, and need for additional diagnostic tests and treatment, if indicated.
5. Utilize a laboratory that is contracted with the LCP and licensed in the state in which they operate. For cervical cancer services, such laboratories must be in compliance with the rules for cytology services in the Clinical Laboratory Improvement Amendments of 1988, ensure that each individual engaged in the examination of gynecological 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.
6. Report abnormal findings that result from the performance of the contracted service(s) to the LCP by phone *and* mail, by fax, or by secure electronic communication within seven (7) calendar days of the exam, using a format directed by the LCP.
7. Report normal findings that result from the performance of the contracted service(s) to the LCP by mail, by fax, or by secure electronic communication within twenty-one (21) calendar days of the exam, using a format directed by the LCP.
8. Report the stage and size of cancer tumor(s) 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.

***Qualifications and Insurance***

1. Have clinical services performed by a 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. Reimbursement will only occur for 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 or screening by automated system under physician supervision as listed on the reimbursement schedule provided by the Cancer Screening Program Unit (CSPU). No other Pap test methods will be reimbursed through this Contract.
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.

As relevant:

1. 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 Clinical Elements for Information, Screening, Diagnosis, Treatment, and Follow up;”
4. The “Minimal Clinical Elements for Colorectal Cancer Detection and Diagnosis.”