



BCCP PROVIDER AGREEMENT

State Form 50041 (R8/ 5-25)
INDIANA DEPARTMENT OF HEALTH

INDIANA DEPARTMENT OF HEALTH
CHRONIC DISEASE, PRIMARY CARE AND
RURAL HEALTH
2 North Meridian
Indianapolis, IN 46204
Telephone: (317) 233-7901

Indiana Department of Health Breast and Cervical Cancer Program January 1, 2025 - December 31, 2029

As a participating provider in the Indiana Breast and Cervical Cancer Program (IN-BCCP), the provider agrees:

1. To provide covered services to IN-BCCP eligible clients according to age and current income guidelines as outlined by the IN-BCCP eligibility guidelines, including regular and periodic updates.
2. To comply with all state and federal statutes prohibiting discrimination on the basis of race, color, national origin, sex, age, religion, sexual preference, disability and status as a veteran.
3. To comply with all state and federal statutes related to the delivery of services to individuals.
4. To practice according to current standards of care as identified by the IN-BCCP.
5. To comply with the policies and procedures required by the IN-BCCP, and described in the current IN-BCCP Provider Manual and any periodic updates, including but not limited to:
 - A. Delivery of services
 - Utilization of guidelines specific in IN-BCCP client eligibility;
 - Utilization of U.S. Preventative Services Task Force (USPTF) and American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines specific to breast and cervical cancer screen;
 - Utilization of procedures regarding tracking and follow up clients enrolled in IN-BCCP.
 - B. Reporting of services
 - a. Timely client enrollment within Med-IT including:
 - Maintain Med-IT user access and follow access standards.
 - Assurance of signature to release information on the client info/enrollment tab.
 - Add client on client info tab if needed and/or enrollment screen on client info tab. Input or update Health History tab on the client info tab. Provide notes, all screening and/or diagnostic reports and follow-up needed for claim documentation and payment.
 - Service Requests are needed for each diagnostic service
 - b. In order to receive payment for screening, submit claims and associated documentation and provide current direct deposit information. These must be received within 30 days of the date of service.
6. To make every effort to pursue third party payments for services subject to this agreement. The IN-BCCP will be payer of last resort. Clients without insurance may still be served by IN-BCCP, but, if eligible, must be referred to qualified navigator as defined by the Indiana Department of Insurance, to assist in completing an application for health insurance coverable under the federally facilitated marketplace, Healthcare.gov or state-based insurance affordability program such as Medicaid or the Healthy Indiana Plan.

7. To accept as payment in full, amounts paid in accordance with Medicare rates, established by the IN-BCCP for services subject to this agreement. The provider agrees **not** to bill clients participating in IN-BCCP for any difference between provider fees for IN-BCCP covered services and the amount reimbursed by the IN-BCCP. **Note: The IN-BCCP does not cover co-pays. IN-BCCP may support individuals with high deductible insurance plans. If a client has a diagnosis and is enrolled in MA12 Medicaid, providers will need to bill Medicaid for any claims after coverage begins.**
8. To file payment claims for clients enrolled in the IN-BCCP within forty-five (45) days of the date of service. **IN-BCCP is not required to pay bills received more than forty-five (45) days after the date of service. The provider is prohibited from seeking payment from the IN-BCCP participant due to the provider's failure to timely file any bills with the IN-BCCP. Provider will bear the cost for all services provided when the Provider fails to timely file claims for services. If a provider seeks payment from an IN-BCCP participant in violation of this Provider Agreement, this Provider Agreement will be terminated. If a primary or Special Enrollment site provider enrolls an ineligible client into IN-BCCP, they shall assist the client with a sliding fee or identify other financial resources to cover their services with all providers.**
9. To submit claims electronically utilizing Indiana's electronic system utilizing UB04 claim, CMS 1500 claim form, or another approved claim format.
10. To comply with the Health Insurance Portability and Accountability Act of 1996. The primary or Special Enrollment site provider agrees to issue the IN-BCCP Notice of Privacy Practices to all participants.
11. To indemnify, defend, and hold harmless the State of Indiana and its agents, officers, and employees from all claims and suits, including court costs, attorney's fees, and other expenses, caused by any act or omission of the Provider and/or subordinates, if any. This paragraph excludes any acts of malpractice as defined in IC § 34-18-2-18. *"Malpractice" means a tort or breach of contract based on health care or professional services that were provided or that should have been provided, by a healthcare provider, to a patient.*
12. To report any staffing changes, site name change, or primary address changes immediately to the IN-BCCP regional coordinator or IN-BCCP state staff.
13. That provider information including address, Employer Identification Number (EIN), and financial institution information submitted on the Vendor Information form may be shared with a third-party payer to electronically reimburse for services.
14. To be a Preferred Health Care Provider with the Quit Now Referral Network. Refer patients ready to quit smoking to the Indiana Tobacco Quitline.
15. If, at any time, funds become unavailable to support IN-BCCP or specific services under IN-BCCP, this agreement shall be terminated immediately upon written notice by certified mail of such fact by IN-BCCP to the participating provider. In the event of such termination, the provider shall be entitled to payment for all services satisfactorily performed prior to date of termination.
16. That this agreement may be terminated with or without cause by either party upon thirty (30) days written notice by certified mail. In the event of such termination, the provider shall be entitled to payment for services satisfactorily performed prior to the date of the termination.

17. Upon the provider's failure to comply with the provision of this agreement, the IN-BCCP may terminate this agreement without prejudice to the right of the IN-BCCP to recover any money previously paid. The termination shall be effective upon the IN-BCCP giving provider written notice by certified mail at its last known address.
18. That the provider and the providers' s agents shall abide by all ethical requirements that apply to persons who have a business relationship with the State, as set forth in Indiana Code § 4-2-6 et seq., the regulations promulgated thereunder, and Executive Order 04-08, dated April 27, 2004. If the provider is not familiar with these ethical requirements, the provider should refer any questions to the Indiana State Ethics Commission or visit the Indiana State Ethics Commission website at <http://www.in.gov/ethics/>. If the provider or the provider's agents violate any applicable ethical standards, the State may, in its sole discretion, terminate this provider agreement immediately upon notice to the provider. In addition, the provider may be subject to penalties under Indiana Code § 4-2-6-12.
19. This agreement shall be in effect on the date approved by the IN-BCCP and shall remain in effect for approximately five (5) years, until provider agreement changes are made to the form or until such time as either party invokes termination as explained in paragraphs 8, 16, 17, 18 and 19. This provider agreement will expire on December 31, 2029.

See certification page below.

I have read, understand and agree to the terms of this agreement. Provider certifies that the appropriate person(s) has executed the agreement on behalf of the Provider as required by applicable corporate articles, by-laws, or resolutions.

Provider Agency Name (Financial Recipient Agency i.e. clinic, lab, hospital etc.):

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

National Provider Information Number: _____
(Please list all NPI codes that apply to this agreement, add separate sheet if necessary.)

Taxonomy Code (s): _____
(Please list all taxonomy codes that apply to this agreement, add separate sheet if necessary.)

Mammogram Site (MQSA): _____ Laboratory/CLIA: _____
(expiration date (month, day, year)) (expiration date (month, day, year))
CLIA Provider Number): _____

Provider Approval Signature: _____ Date: ____/____/____

Provider Title: _____

Indiana Department of Health Approval:

Cancer Early Detection Section Director Signature: _____ Date: ____/____/____

Type of Provider

- | | |
|--|--|
| <input type="checkbox"/> Provider Clinic | <input type="checkbox"/> Cytology Lab |
| <input type="checkbox"/> Not for Profit Clinic | <input type="checkbox"/> Private actioner |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Nurse manage/Physician Assistant Clinic |
| <input type="checkbox"/> Radiology Group | <input type="checkbox"/> Pathologist |
| <input type="checkbox"/> Surgeon | <input type="checkbox"/> Other |

Type of Cancer Screening Services to be Provided:

Breast Screening

- ☐ Clinical Breast Exam
- ☐ Mammography/Interpretation
- ☐ Ultrasound Interpretation
- ☐ Breast Biopsy/Interpretation
- ☐ Breast MRI (facility must have dedicated Breast MRI equipment that can perform MRI-Guided breast biopsies)

Cervical Screening

- ☐ Pelvic Exam
- ☐ Pap Smear
- ☐ Pap Smear Interpretation
- ☐ Colposcopy
- ☐ Cervical biopsy interpretation
- ☐ HPV genotyping