KWCSP boilerplate contract language:

* Contractor will submit medical record documentation including complete assessment per the CCSG, and a follow-up plan for continuing care to the Health Department within two weeks of the procedure(s) or the receipt of the test result(s). Medical records, including test results, MUST be submitted to the Health Department before payment can be made to the Contractor. *Source: FY18 contract language*
* Contractor will refer all KWCSP patients in need of breast or cervical cancer treatment services to the LHD, who will then refer these patients to the Department for Medicaid Services Breast and Cervical Cancer Treatment Program (BCCTP). *Source: AR core function*
* Contractor billing must use CPT codes and ICD-10 nomenclature. Contractor will bill for services directly to the Health Department for KWCSP-eligible patients (uninsured or underinsured patients). The patient shall not be billed by the contracted provider. Contractor shall not bill third party payor or patient for any services covered by this contract. The KWCSP reimbursement rates (see KWCSP rate sheet) are considered payment in full. *Source: FY18 contract language*
* Contractors providing KWCSP and/or FP program services will be audited for quality assurance by the LHD every six months or as directed by the DWH. *Source: AR🡪Program Description🡪Quality Assurance*