INTRODUCTION

The ANCO FAX News focuses on ANCO’s core activities—advocacy, clinical and professional education, and Association news. While membership mailings and e-mail or FAX broadcasts continue, the ANCO FAX News summarizes this information in a regular forum of important news to members. Contact the ANCO office for additional information regarding any item published in the ANCO FAX News or to contribute items.

The ANCO FAX News is FAXed to Individual Member practices, and e-mailed to Group, Institutional, and Corporate (contacts) Members. The next regular ANCO FAX News will be published on December 14th. Send your comments or contributions to ANCO, P.O. Box 151109, San Rafael, CA 94915-1109; Voice: (415) 472-3960; FAX: (415) 472-3961; execdir@anco-online.org.

ADVOCACY

[Editor’s Note: ANCO meets regularly with national, regional, and statewide organizations to discuss issues of importance to hematology/oncology practices and people living with cancer. We continually seek input from members on agenda items for these meetings. Send your issues to the ANCO office.]

ACCC, ASCO, ASH, and National Legislative & Regulatory Issues

[Editor’s Note: ANCO is a member of the Association of Community Cancer Centers (ACCC) and a state/regional affiliate of the American Society of Clinical Oncology (ASCO). ANCO and the American Society of Hematology (ASH) share information with members. We regularly participate with these organizations on matters of national importance to cancer care.]

The perennial scramble to address Medicare’s Sustainable Growth Rate (SGR) has resumed in Congress’s lame duck session as lawmakers explore proposals to fix the flawed formula that determines physician reimbursement for Medicare services. Physicians are scheduled to see a 26.5% cut to Medicare reimbursements at the end of the year unless Congress steps in to delay...
the cuts, as it has done repeatedly over the past several years. There are many proposals to address the cut including one by the GOP Doctors Caucus that would patch the SGR for another year providing Congress with enough time to develop a long-term replacement to the faulty formula. ASCO continues to advocate that any SGR replacement be physician-led while promoting the highest quality of care for patients, and it continues to participate in high-level meetings with lawmakers on solutions to address the SGR crisis.

CMS has released the final Medicare Physician Fee Schedule for 2013. CMS estimates that in calendar year 2013 the hematology/oncology specialty will see a positive impact of 2%. The actual impact on individual physician practices will depend on the mix of services provided. More importantly, this estimate does not include the 26.5% decrease if Congress does not pass a SGR patch or fix before January 1st. The conversion factor (CF) for 2013 is projected to be $25 according to the SGR reduction, down from $34.04 in 2012. Here are some highlights of the final rule:

- IMRT and SBRT: There were supposed to be changes in IMRT and SBRT that contributed largely to a 14% proposed cut in radiation oncology, but this was modified by adding some more practice expense items to these codes. Hence, radiation oncology will only take a 7% decrease, on average.
- 96413, 96416: The relative values of these codes were increased (as ASCO requested) for some pre-service time and for supervision of nurses in the pre-service time.
- Expansion of the Multiple Procedure Payment Reduction: The one that applies most to oncology is the technical and professional component reduction for advanced imaging procedures performed by the same physicians practicing under the same group NPI on the same patient the same day.
- Molecular Pathology Services: CMS will pay for these in 2013 on the Clinical Laboratory Fee Schedule. There is one code that will be paid on the Physician Fee Schedule and that is for the interpretation and report of these molecular diagnostics. The code will be G0452 (previously 83912).
- New HCPCS codes: The following HCPCS codes are effective starting January 1st, 2013:
  - C9295 (carfilzomib, 1mg)
  - C9296 (ziv-aflibercept, 1mg)
  - J9002 (Doxil, 10mg)
  - J9024 (brentuximab, 1mg)

ASCO will be analyzing the final rule in greater detail in the near future. Read ASH’s analysis of the final rule at www.hematology.org/News/2012/9325.aspx.

President Obama and Congressional leaders are negotiating ways to avoid mandated spending cuts under sequestration that include cuts to Medicare provider payments that are in addition to the SGR cuts scheduled for January 1st. ASCO is calling on members to urge Congressional lawmakers to prevent the looming budget cuts that will take effect in January 2013 under sequestration. ASCO warns that the sequestration cuts to cancer research, oncology practices, and the drug review process will affect 1.6M individuals newly diagnosed with cancer each year, 12M individuals living with cancer, and many more who will receive a cancer diagnosis over the next decade. ASCO and ANCO encourage members to make phone calls, write e-mails, and send letters to their Congressional representatives. Visit ASCO’s ACT Network at capwiz.com/asco/home/ for help contacting your representatives.

If your practice is experiencing a shortage of a particular therapy, the American Society of Health-System Pharmacists (ASHP) has prepared guidance for purchasing drugs in short supply at www.ashp.org/DocLibrary/Policy/DrugShortages/Purchasing-Drug-Products-in-Short-Supply.aspx and guidelines on managing drug product shortages at www.ashp.org/s_ashp/docs/files/BP07/Procure_Gdl_Shortages.pdf. A patient update from the FDA is available at www.fda.gov/ForConsumers/ConsumerUpdates/ucm258152.htm. Price gouging is a by-product of drug shortages and falls under the
enforcement authority of the Federal Trade Commission (FTC). It has investigated and filed suit against pharmaceutical firms for price gouging in the past. New complaints can be filed at www.ftccomplaintassistant.gov/. The ASHP encourages physicians to report price gouging to their State Attorney General’s office (oag.ca.gov/).

CMS’s final rule governing Accountable Care Organizations (ACOs) is available at www.cms.gov/aco/. ACOs aim to lower costs and improve care by fostering cooperation between physicians, hospitals, and other providers. Most responses to the preliminary rule were negative. Some organizations argued that the management of ACOs should be simplified. Other groups worried that potential savings are limited, especially when considering startup costs. The final rule incorporates more than 1,300 stakeholder comments and makes a number of improvements that will strengthen the program according to CMS. View ACCC’s presentation on the final rule at www.accc-cancer.org/members_only/pdf/ACO-2011-Final-Rule-Slides.pdf; read ASH’s summary of the final rule at www.hematology.org/News/2011/7133.aspx.

ASCO recently hosted a webcast entitled CMS Reporting Requirements for the Physician Quality Reporting System (PQRS), eRx, and EHR incentive programs. You can download the slides from that webcast at www.ancone-line.org/ASCCOMSReporting.pdf. Comprehensive information about these CMS incentive programs and their reporting requirements is available at www.asco.org/CMSSeporting. In summary, it is very important for practices to start participating in PQRS, eRx, and EHR activities starting in 2013 to avoid payment adjustments (i.e., penalties) in later years.

Under the locum tenens provisions of Medicare, the regular physician’s absence (and the need for a locum tenens physician) may be due to reasons such as illness, pregnancy, vacation, or continuing medical education. In these situations, services performed by the substitute physician may be submitted and paid under the regular physician’s NPI. The “regular physician” is considered the physician that is normally scheduled to see a patient and may be a primary care physician or a specialist. CMS guidelines specify that, in order to submit a claim under the locum tenens provisions, all of the following criteria must be met:

- The regular physician is unavailable to provide the visit services.
- The Medicare beneficiary has arranged or seeks to receive the visit services from the regular physician.
- The regular physician pays the locum tenens for his/her services on a per diem or similar fee-for-time basis. Note that this arrangement is between the regular physician and the substitute physician, and is not presided over by Medicare.
- The substitute physician does not provide the visit services to Medicare patients over a continuous period of longer than 60 days.
- Submit the locum tenens services under the regular physician’s NPI with HCPCS code modifier Q6 (service furnished by a locum tenens physician).

Note that documentation in the patient’s medical record should clearly show who actually rendered the service, as the claim itself will reflect the NPI of the regular physician. In true “locum tenens” situations, do not enroll the locum tenens physician through the Medicare Provider Enrollment process. If you anticipate that the locum tenens physician will provide services for longer than 60 days, follow the normal Provider Enrollment guidelines and submit the appropriate CMS-855 forms to enroll the physician and reassign his/her benefits to the group, if appropriate.

CMA, MOASC, and State Legislative & Regulatory Issues

[Editor’s Note: ANCO and the Medical Oncology Association of Southern California (MOASC) are members of the California Medical Association’s (CMA) Council on Legislation, House of Delegates, and specialty delegation. ANCO and MOASC coordinate advocacy activities in California. ANCO’s advocacy reporting is supported by a grant from Pfizer Oncology.]

CMA has published a summary of some of the most important new state laws affecting health care and taking effect in 2013 at

CMA’s On-Call document (#0661) entitled Physician-Hospital Compensation Arrangements and the Potential for Improper Referrals provides a general summary of applicable fraud and abuse laws used to challenge physician-hospital compensation arrangements. As the health care delivery landscape changes, the pressure for physicians and hospitals to seek alignment is amplified. The government has increased its scrutiny of physician-hospital financial arrangements and, depending upon how these arrangements are structured, these contracts could be viewed by regulators as a cover for buying physician referrals or stifling competition. Visit www.cmanet.org/resource-library/detail/item=physician-hospital-compensation-arrangements for more information.

Did you know that California’s Employment Development Department (EDD) administers the State Disability Insurance Program (SDI) and that SDI includes the Paid Family Leave (PFL) program that could benefit your patients and their families? PFL provides benefits to workers who take time off to care for a seriously ill child, spouse, parent, or domestic partner. EDD is reaching out to the provider community to make their patients and their families aware of PFL. For more information, please visit www.edd.ca.gov/disability/Paid_Family_Leave.htm.

The California Pre-Existing Condition Insurance Plan (PCIP) can help your patients who have been locked out of the health coverage market because of a pre-existing medical condition. The PCIP does not base eligibility on income and enrollees receive comprehensive health coverage at the same price that healthy people pay. PCIP covers physician and hospital services and prescription drugs. For more information about the PCIP visit www.pcip.ca.gov or download the brochure at www.anco-online.org/CA_PCIP.pdf.

CMA Practice Resources (CPR) is a monthly e-mail bulletin from CMA’s Center for Economic Services that is full of tips and tools to help physicians and their office staff improve practice efficiency and viability. Subscribing to CPR is free and open to anyone, but CMA membership is necessary to access the resources, toolkits, forms, and tools that are located on the members-only CMA website. Please visit www.cmanet.org/cpr to subscribe.

CMA’s Reform Essentials provides subscribers with information on how California is working to meet various deadlines and milestones staggered throughout the Patient Protection and Affordable Care Act (ACA), or health reform. Visit www.cmanet.org and search for Reform Essentials.

CMA has led the way in analyzing Federal health care reform and what it will mean to physicians. One key element of reform involves establishing Accountable Care Organizations (ACOs) as a new model of care. Under the new law, groups of physicians who see Medicare patients and agree to work together—meeting certain government requirements to qualify as an ACO—would be eligible for bonuses if they meet cost benchmarks for caring for their patient population and other criteria. CMA has adopted ACO and medical foundation principles for physicians to follow. For detailed information, please visit www.cmanet.org/news/detail?article=cma-creates-governance-guidance-for-new. In addition, the California HealthCare Foundation has published a briefing on ACOs at www.chcf.org/events/2010/briefing-aco-provider-integration-and-impact-of-health-reform.

Palmetto/J1MAC, DHCS/MediCal, & Private Payers

[Editor’s Note: ANCO communicates regularly with Palmetto/J1MAC that administers the J1MAC (Medicare) in California, and the Department of Health Care Services (DHCS) that administers DHCS/MediCal in California.]

CMS has awarded the Jurisdiction E A/B MAC contract to Noridian Administrative Services for Medicare Part B claims for covered services in California, Hawaii, and Nevada. The current Part A/B MAC is Palmetto GBA and they will continue to administer provider claims for up to six months as CMS Oversees the transfer of these responsibilities to Noridian. For more information, please visit www.anco-
ANCO has learned that Palmetto GBA is appealing CMS’s decision and that no transition activities have been initiated.

Palmetto/J1MAC has published articles on the proper use of CPT Modifiers 24, 25, and 57. Go to www.palmettobga.com/j1b > Browse by Topic > General (11/16/2012) for more information.

Palmetto/J1MAC will host a series of webinars on evaluation and management (E/M) services in December. The first webinar takes place on December 11th. Go to www.palmettobga.com/j1b > Learning & Education > POE News (11/14/2012) for more information.

Palmetto/J1MAC is presenting free E/M workshops in Monterey (December 3) and Daly City (January 14) designed for physicians/nonphysician practitioners (NPPs) and coding staff that will assist with introducing, applying, and selecting the proper E/M level of service. Go to www.palmettobga.com/j1b > Learning & Education > POE News (09/12/2012) for more information.

Palmetto/J1MAC will host an Ask-The Contractor teleconference on December 13th to present changes in Medicare Part B for 2013. Go to www.palmettobga.com/event/pgbaevent.nsf/EventDetails.xsp?EventID=928FUF0804 to register.

All physicians must make their CY2013 Medicare participation decision by December 31st. Providers who want to maintain their current participation (PAR) status (PAR or Non-PAR) do not need to take any action during the upcoming annual participation enrollment program. To sign a participation agreement is to agree to accept assignment for all covered services that you provide to Medicare patients in CY2013. Go to www.palmettobga.com/j1b > Browse by Topic > General (11/15/2012) for more information.

Palmetto/J1MAC has published 2013 Medicare Part B Fee Schedules for Northern California at www.palmettobga.com/j1b > Top Links > Fee Schedules.

ANCO has learned that some members are in receipt of Medicare Recovery Audit Contractor (RAC; HealthDataInsights) letters requesting medical records about the use of Neulasta on the same day as chemotherapy. Please let the ANCO office (execdir@anco-online.org) know if you have received such letters. Please be prepared to provide ANCO with the dates of service covered by the letters and the protocols being impacted. ANCO encourages all members to comply with these requests in a timely fashion and appeal recoupments if appropriate.

Palmetto/J1MAC’s December Medicare Advisory is available at www.palmettobga.com > Publications > Medicare Advisory. Of specific relevance to oncology, the current edition features:

- January 2013 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revision to Prior Quarterly Pricing Files
- Manual Updates to Clarify Skilled Nursing Facility (SNF) Claims Processing

For the latest CMS e-News (published weekly on Wednesday) visit www.palmettobga.com/j1b > Browse by Topic > General > CMS e-News.

DHCS/MediCal will soon be notifying physicians that they must re-enroll in MediCal as one of the provisions of the Affordable Care Act (ACA). The ACA requires every state Medicaid program to revalidate provider enrollment information at least every five years beginning in January 2013. Notices of revalidation will be mailed beginning the second week of January 2013. Physicians who have revalidated, updated, or submitted new applications to the Medicare program within the last 12 months (i.e., in 2012) will not be required to revalidate at this time.

DHCS/MediCal has informed ANCO that physician administered drugs (PADs) will be reimbursed as follows:

1. If CMS publishes a Medicare rate for a drug, then DHCS/MediCal will implement that rate for that quarter (at 100% of the Medicare allowable).
2. If CMS does not publish a Medicare rate for a drug, then DHCS/MediCal will
default to the pharmacy rate (i.e., AWP - 17%).

3. For MediCal-only beneficiaries, DHCS/MediCal will reimburse for PADS at the full Medicare allowable.

4. For dual eligibles (i.e., Medi-Medi beneficiaries), Medicare will pay 80% of the allowable and DHCS/MediCal will pay the difference between what Medicare paid (i.e., 80% of the allowable) and the maximum DHCS/MediCal rate.

**ANCO and CMA continue to attempt to clarify DHCS/MediCal’s intention to retroactively implement Medicare-based pricing to September 1, 2011.**

DHCS/MediCal has identified December 31st as the final date that providers can submit claims in 4010/5.1/1.1 format. Effective on or after January 1st, 2013, all 4010/5.1/1.1 formatted claims will be rejected due to HIPAA non-compliance and will not be processed. This will result in non-payment of claims. Providers who have not yet converted to 5010/D.0.12 formats are strongly advised to do so before the December 31st deadline. Go to www.medical.ca.gov > HIPAA 5010/4010/NCPDP for more information.

**Over the past month, Blue Cross sent notices to physician practices advising them of the insurer’s new Anthem Individual/Exchange Network that will serve both individuals who purchase coverage through the California Health Benefits Exchange and individuals who purchase coverage from Anthem Blue Cross in the individual market outside of the exchange.** The letter states that Blue Cross is amending the physician’s Blue Cross Prudent Buyer Agreement to automatically include the new individual/exchange network, effective January 1st, 2014. The new fee schedule associated with this product was included with the notice. Physicians who do not wish to participate in this network must notify Blue Cross of their intent to opt out by December 31st, 2012 and opt out notices should be in writing and sent via certified mail with return receipt. Physicians who did not receive a letter, are unsure whether they are affected by this change, or those who have general questions about the amendment can contact Blue Cross’s Network Relations Department at (855) 238-0095 or networkrelations@wellpoint.com.

**Did you know that California has a quick, easy, and free way for physicians to get help with claims payment problems?** The Department of Managed Health Care’s (DMHC) Provider Complaint Unit (PCU) was created as an alternative way for physicians to resolve claims payment issues without having to go to court. An online Provider Complaint System evaluates claim reimbursement disputes such as timely submission and payment of claims, failure to pay according to contracts, coding disputes, and enforcement of the provider bill of rights. The PCU investigates and addresses individual claims problems and also systemic unfair payment or billing patterns among health plans. The DMHC is the State agency that regulates all California HMOs, and Anthem Blue Cross and Blue Shield PPOs. If you are a physician and would like to report a problem regarding claims payment, please contact DMHC at (877) 525-1295 or visit www.healthhelp.ca.gov. DMHC is interested in current preauthorization/certification, claims processing, and payment problems facing the hematology/oncology community. Visit www.anco-online.org/Resources.pdf for specific instructions on how to report your issues to DMHC. The independent dispute resolution process is described at www.hmohelp.ca.gov/dmhc_consumer/pc/pc_imr.aspx. Practices can review past DMHC enforcement actions at www.hmohelp.ca.gov/dmhc_consumer/pc/pc_arbitration.aspx; or, past independent medical review findings at www.hmohelp.ca.gov/dmhc_consumer/pc/pc_imrdec.aspx. (Read a history of California’s independent medical review process at www.chcf.org/publications/2012/01/independent-medical-review-history.)
EDUCATION

[Editor's Note: ANCO organizes clinical and professional education meetings throughout the year and throughout Northern California.]

The Role of Oncology in ACOs and Value-Based Reimbursement Programs

ANCO hosted a webcast entitled The Role of Oncology in ACOs and Value-Based Reimbursement Programs on November 28th. Thanks to Medivation/Astellas and Millennium for sponsoring the webcast. Download the webcast slides at www.anco-online.org/Brow2012.html.

ACCC’s Webinar Course on Financial Assistance to Patients

ACCC is in the midst of its 10-part online course entitled The Financial Information and Learning Network for Community-Based Cancer Programs. The next course is available on November 30th and is entitled Reporting Processes and Data to Internal Stakeholders. These programs are designed for financial specialists, social workers, patient navigators, administrators, and other staff that provide financial assistance to patients and families. Visit www.accc-cancer.org/education/FinancialCounseling-Courses.asp for more information.

ASCO’s Quality Care Symposium: Quality Matters

ASCO is hosting its first Quality Care Symposium: Quality Matters in San Diego on November 30th - December 1st. Visit quality2012.asco.org for more information.

54th ASH Annual Meeting

The 54th ASH Annual takes place December 8-11th in Atlanta. Visit www.hematology.org/Meetings/Annual-Meeting/ for more information.

ANCO’s Medicare Reimbursement for Oncology 2013

ANCO will host its annual Medicare Reimbursement for Oncology programs in Sacramento, Fresno, and San José on January 2nd, 4th, respectively. Roberta Buell, M.B.A., onPoint Oncology, will provide a comprehensive update of coding, billing, and reimbursement changes for Medicare; Arthur Lurvey, M.D., Palmetto/JIMAC, will also present the latest information on Medicare from the Contractor Medical Director’s perspective. Announcements were mailed in mid-November and are available online at www.anco-online.org/OncReimb2013.html. (Please note that incorrect dates are printed on the announcement; these meetings are in Sacramento on Wednesday, January 2; Fresno on Thursday, January 3; and, San José on Friday, January 4.)

ANCO’s SABCS Highlights 2012

ANCO’s annual SABCS Highlights will take place on January 16th at the Four Seasons Hotel in San Francisco. Faculty from Stanford University, UC Davis, and UC San Francisco will present and review the clinically most relevant results presented at December 2012’s San Antonio Breast Cancer Symposium. The meeting announcement/registration form will be mailed in early December and is available at www.anco-online.org/sabcs2013.html.

ASH’s Highlights of ASH

ANCO is pleased to partner with the American Society of Hematology (ASH) to bring the only official Highlights of ASH to San Francisco on February 1st-2nd. This exceptional educational opportunity will feature leading hematology experts who will present unbiased analysis from the 54th ASH Annual Meeting abstracts and sessions, evolving therapies, and the latest treatment options and their clinical applications. The program for the meeting along with additional details can be viewed at www.hematology.org/Highlights. ANCO members receive a special discounted registration rate to attend this meeting. Contact ANCO at execdir@anco-online.org for the registration code or e-mail ASH directly at customerservice@hematology.org.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

December 6th
Helping Cancer Patients and Their Families Cope with the Stresses of Caregiving
CancerCare
Connect Education Workshop
December 12th
Understanding the Affordable Care Act (ACA) For People Living with Cancer
CancerCare
Connect Education Workshop
December 14th
Understanding the Molecular Portrait of Breast Cancer
CancerCare
Connect Education Workshop
December 19th
Advances in the Treatment of Colorectal Cancer
CancerCare
Connect Education Workshop
December 20th
Update on Lymphoma from the 2012 ASH Annual Meeting
CancerCare
Connect Education Workshop
January 15th
Update from the 2012 ASH Annual Meeting
CancerCare
Connect Education Workshop

Please contact the ANCO office for more information about these meetings.

ASSOCIATION NEWS

Board of Directors

The ANCO Board of Directors meets by teleconference and occasionally in person to discuss issues affecting the Association, clinical and professional education, and ways to better serve the membership. Board meetings are open to individual physician members. The next regularly scheduled ANCO Board of Directors meeting will take place on January 16th. Please call José Luis González, ANCO Executive Director, at (415) 472-3960 if you wish to participate in a future teleconference/meeting.

Individual Member News

It is with regret that ANCO reports the passing of Stephen T. Hufford, M.D., on November 6th. An ANCO member since 1995, Dr. Hufford served as a Board member from 2005-2007 and as Treasurer from 2006-2007. Memories may be shared at tributes.com/stephenhufford and the family requests donations to the Stephen T. Hufford Memorial Fund via the same website in lieu of flowers.

An updated Directory of Members is available online at www.anco-online.org/pubs.html as a .pdf document. We urge all ANCO members to download their own edition of The ANCO Directory of Members. The online edition is regularly updated. Therefore, please verify your Directory entry and contact the ANCO office at execdir@anco-online.org with any corrections, additions, and/or deletions.

Group Member News

ANCO initiated a Group Membership in 2008 based on a mutual set of perceived values and benefits and a mutual set of interests. The ANCO Board believes that the Association and The Permanente Medical Group (TPMG) will each receive value from Group Membership. ANCO thanks The Permanente Medical Group for joining ANCO.

ANCO initiated a Multi Site Group Membership in 2010 to encourage all physicians (medical and radiation oncologists) from multisite and multidisciplinary practices to join. ANCO thanks Diablo Valley Oncology & Hematology Medical Group, EastBay Partners in Cancer Care, Pacific Cancer Care, Palo Alto Medical Foundation, Redwood Regional Oncology Center, and Valley Medical Oncology Consultants for their multi site group memberships.

Institutional Member News

ANCO initiated an Institutional Membership in 2002. Department(s) of Hematology and/or Oncology of accredited, degree granting teaching universities or research institutions are eligible for institutional membership. ANCO thanks the following Institutional Members for their support:
• Stanford University Medical Oncology
• University of California, Davis, Cancer Center
• University of California, San Francisco

UCSF’s Radiation Oncology Update: Cross-Platform Radiation Therapy in an Evidence-Based World takes place at The St. Regis Hotel in San Francisco on February 15-17th, 2013. For more information, please visit www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MRO13001.

Stanford’s 14th Multidisciplinary Management of Cancers returns on Friday and Saturday, March 8-9th, 2013. This meeting will take place at Stanford University. Watch for the meeting brochure in November.

Corporate Member News

ANCO thanks the following Corporate Members for their generous support that enables ANCO to provide services to the hematology/oncology community in Northern California, and to provide its members and their patients with substantial benefits in the areas of advocacy, education, and information dissemination:

Agenda • Allos Therapeutics • AMGEN AMAG Pharmaceuticals • Astellas Oncology AstraZeneca • Baxter BioScience Bayer Healthcare/Onyx Pharmaceuticals Biodesix • Bristol-Myers Squibb Oncology Cardinal Health Specialty Solutions Celgene • Dendreon • Eisai Genentech BioOncology • Genomic Health GlaxoSmithKline Oncology • Incyte • Innovatix Janssen Biotech Lash Group Healthcare Consultants Lilly Oncology • McKesson Specialty Health Medivation • Merck • Millennium Novartis Oncology • Oncology Supply/ION Onyx Pharmaceuticals • Pfizer Oncology ProStrakan • Sanofi Oncology • Seattle Genetics Spectrum Pharmaceuticals • Teva Oncology

We especially wish to thank and welcome AMAG Pharmaceuticals, Biodesix, Incyte, Innovatix, Medivation, Onyx Pharmaceuticals, and ProStrakan as new Corporate Members for 2012. Alexion Pharmaceuticals, The Apothecary Shop, biogenIDEC, bioTheranostics, Boehringer Ingelheim Pharmaceuticals, Clarient Diagnostic Services, Myriad Genetics, and Pathwork Diagnostics did not renew their Corporate Membership for 2012. Please visit www.anco-online.org/assistance.html for updated Corporate Member drug reimbursement and patient assistance program information.

Publications, Resources, Services, & Surveys

ASCO is embarking on CancerLinQ, a multi-phase initiative that promises to change the way cancer is understood and treated. This rapid learning system will harness technological advances to connect oncology practices, measure quality and performance, and provide physicians with decision support in real time. Read more at www.asco.org/cancerlinq. CancerLinQ addresses the Institute of Medicine’s (IOM) core recommendations for learning health systems (see www.iom.edu/Reports/2012/Best-Care-at-Lower-Cost-The-Path-to-Continuously-Learning-Health-Care-in-America.aspx) and will be shared at ASCO’s inaugural Quality Care Symposium in San Diego.

The ASCO website now includes a Cancer Portals page that serves as a resource for physicians to discover the latest findings in various areas of cancer research through scientific abstracts, videos, links, and other materials. Visit www.asco.org > Practice & Guidelines > Cancer Portals.

ASCO’s Quality Oncology Practice Initiative (QOPI) is designed to promote excellence in cancer care by helping oncologists create a culture of self-examination and improvement. ASCO offers the QOPI Certification Program to recognize QOPI participants who achieve rigorous standards for cancer care. The QOPI Certification designation can be used by certified practices to demonstrate an advanced commitment to quality. For more information or to register, go to qopi.asco.org.

ASCO in Action has posted a new section containing useful resources for members on policy and practice issues. Under the new Resources tab on ASCO in Action, members can find information on insurance coverage for clinical trials, including Federal regulations for private insurance coverage, Medicare coverage
information, and states laws and cooperative agreements. Check out the Resources tab now at ascoaction.asco.org > Resources.

ASCO’s Practical Tips for the Oncology Practice is a comprehensive resource providing answers to the most commonly asked questions regarding coding, reimbursement, coverage, and regulatory policies specific to the oncology practice. Office managers, administrators, nurses, and physicians alike rely on this fundamental resource. Order the latest edition (and related products) at store2.asco.org/Practical-Oncology-Practice-Fifth-Edition.

ASCOConnection.org is a social networking site where practice administrators can easily connect, collaborate, and exchange information about day-to-day issues facing oncology practice. The Practice section is located under the Forums tab.

The November issue of the Journal of Oncology Practice is now available and features articles entitled Clinical Practice Guidelines for Cancer Care; Utilization and Expectations of the Practicing Oncologist; Promise and Perils of Guidelines in Quality Care; and, Physician Quality Reporting System Enters Penalty Phase: Practices Urged to Prepare Now to Avoid Medicare Payment Reductions. Visit jop.ascopubs.org for more information.

ACCC’s 2012 Patient Assistance and Reimbursement Guide helps community cancer centers meet the ongoing challenge of ensuring access to care for all patients with cancer. Expanded and updated, the Guide features a quick reference guide by drug name with links directly to the drug manufacturers, a list of pharmaceutical and non-pharmaceutical patient assistance programs, a patient assistance program flow chart, directions on how to apply and links to enrollment forms, and an in-depth look at the value of financial counselors. Visit www.accc-cancer.org/publications/publications-PAP.asp to access this resource.

The Community Oncology Alliance’s (COA) Administrators’ Network (CAN) website is available at can.communityoncology.org/#. Bobbi Buell is the CAN Web Mistress. The site includes a variety of presentations, tools, resources, and copies of her newsletter.

NCCN has updated their Clinical Practice Guidelines in Oncology and/or Drugs & Biologics Compendium for bladder cancer. Want NCCN Compendium and NCCN Guidelines updates as they happen? Subscribe to NCCN Flash Updates to have changes delivered straight to your inbox. NCCN Flash Updates provide immediate notification of changes and updates to published NCCN Drugs & Biologics Compendium chapters and NCCN Clinical Practice Guidelines in Oncology. Subscribers receive an e-mail as soon as updates or changes occur. Visit www.nccn.org/network/business_insights/flash_updates/default.asp to learn more about NCCN Flash Updates. A preview of the NCCN Biomarkers Compendium is now available at www.nccn.org/professionals/biomarkers/default.asp. This Compendium contains information designed to support decision-making about the appropriate use of biomarker testing in patients with cancer.

All ANCO members should be aware that the NCCN Drugs & Biologics Compendium is available via the United Healthcare (UHC) provider portal. If you are a contracted UHC provider, then you do not need to subscribe individually to the Compendium.

The Cancer Prevention Institute of California (CPIC) publishes resources for people living with cancer in several languages. One of these publications is a booklet to help cancer patients keep basic information in one document (e.g., physician’s name and telephone number, receptionist name and telephone number, telephone number to call on the weekends, treatment side-effects that must be reported, etc.). This booklet is available in five languages—Chinese, English, Korean, Spanish, and Vietnamese. Go to www.cpic.org > Outreach > Publications for more information or call CPIC at (510) 608-5000.

Individual Membership Dues for 2013

Membership renewal notices for 2013 will be mailed on December 1st along with annual election ballots and the 2012 Annual Report.