ANCO FAX News

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INTRODUCTION

The *ANCO FAX News* focuses on ANCO's core activities—advocacy, clinical and professional education, membership benefits, and *Association* news. While membership mailings, FAX broadcasts, and ListServ postings 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.

There is information in the *ANCO FAX News* for every member of your practice or organization. Pass it along!

- ❒ **Physician Members**
- ❒ **Nurses & Office Managers**
- ❒ **Office Staff**
- ❒ **Colleagues & Representatives**

This is the final *ANCO FAX News* for 2007.

HAPPY HOLIDAYS & NEW YEAR TO ALL!

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.]

***Members* of *Congress* continue to weigh in with CMS on coverage of ESAs.** *Representatives* Anna Eshoo and Mike Rogers have introduced HJRes54 disapproving CMS's ESA NCD. *Senate Finance Committee Chair* Max Baucus has introduced a companion bill in the *Senate*. If passed by both the *House* and *Senate* and signed

The *Association of Northern California Oncologists* (ANCO) is an association of hematologists/oncologists dedicated to promoting high professional standards of cancer care by providing a forum for the exchange of ideas, data, and knowledge. The material contained in the *ANCO FAX News* is intended as general information for ANCO members. Because diagnostic, treatment, contracting, coding, and billing decisions should be made on a case-by-case basis, any such information contained in the *ANCO FAX News* may not apply in any given situation. Members are encouraged to contact their own consultants or advisors to obtain specific advice on matters relating to contracting, coding, and billing. The information contained in the *ANCO FAX News* should not be used as a substitute for such advice.

by the *President*, this legislation would have the force of law and would prohibit CMS from implementing the coverage change. In addition, *Representative* Stephen Cohen has introduced HRes681 urging CMS to reconsider its coverage decision on ESAs and consult with members of the oncology community to make appropriate revisions to its policy. This resolution is a companion bill to the *Senate* resolution passed September 4th. ANCO and ASCO applaud *Representatives* Cohen, Eshoo, Rogers, and *Senator* Baucus for their action and their continued commitment to cancer care. Please contact your *Representatives* and *Senators* to discuss the effect this policy change is having on your practice and your patients, and urge them to co-sponsor these important pieces of legislation.

A recording of **ASCO's national audioconference and the presentation materials** are available at www.asco.org/ESAAudiocall or via www.anco-online.org. **CMS's ESA NCD and FAQs are also available at www.anco-online.org.**

ASCO seeks member feedback on CMS's ESA NCD. Please provide your input on the following questions:

- How has CMS's ESA NCD affected your practice?
- How is your practice planning to implement the new policy in terms of tracking and documentation?
- What concerns do you have about implementing the new policy?
- What additional clarification on the policy is needed?

Please email your responses to practice@asco.org. For more information, please contact ASCO's *Cancer Policy & Clinical Affairs Department* at (704) 299-1050 or publicpolicy@asco.org.

CMS released the 2008 *Physician Fee Schedule* (PFS) on November 1st. Key highlights include:

Physician Payments. The conversion factor will be set at $34.0682, a 10.1% reduction from the 2007 level of $37.8975. *Congress* could reverse this reimbursement cut through legislation, as it has done in the past. CMS continues to phase-in the new methodology for practice expense RVUs, which causes the practice expense RVUs for many services to change in 2008.

Off-label Drug Use. CMS does not revise the list of compendia used to determine covered off-label uses of drugs used in anticancer chemotherapeutic regimens. The final rule does, however, create a new process for considering requests for changes to the list. *DrugPoints* was not specifically named a successor publication to *USP-DI*. This does not mean it will not be a successor publication, but the issue was not discussed in the final rule.

IVIG Payment. CMS will continue to pay for preadministration services for IVIG furnished in physicians' offices in 2008 at rates based on the practice expense RVUs established in 2007.

ESAs. CMS will provide implementing instructions for the new requirement to report hemoglobin or hematocrit levels for cancer patients receiving anti-anemia drugs.

Quality Reporting. The 2007 *Physician Quality Reporting Initiative* (PQRI) is extended for all of 2008. In addition, the rule designates the fund that will pay for the bonus payment.

Visit www.anco-online.org/ASCO2008PFS.pdf for ASCO's complete analysis of the 2008 *Physician Fee Schedule* or www.accc-cancer.org/PUBPOL/pdf/pubpol_PFSrule2008.pdf for ACCC's analysis. You may download NHIC/Medicare's 2008 *Physician Fee Schedules* at www.medicarenhic.com/cal_prov/fee_sched.shtml.

CMS's *Physician Quality Reporting Initiative* (PQRI) establishes a financial incentive for eligible professionals to participate in a voluntary quality-reporting program. Eligible professionals who successfully report a designated set of quality measures on claims for dates of service from July 1st to December 31st may earn a lump sum bonus payment in early 2008, subject to a cap, of 1.5% of total allowed charges for covered Medicare physician fee schedule services. You do not need to enroll to participate in the program. You must

report the appropriate quality measure data on claims using G-codes and/or CPT codes. For complete information on PQRI, including a User Guide, Tool Kit for successful reporting, beneficiary letters, FAQs, and presentation materials from recent national provider calls, visit www.cms.hhs.gov/PQRI.

CMS will host a teleconference on the 2008 PQRI on Wednesday, December 19th at 12PM. The call will cover the 119 PQRI measures available for reporting by eligible professionals in 2008. In addition to a formal presentation, this toll-free question and answer teleconference will provide eligible professionals the opportunity to ask questions of CMS subject matter experts. Materials for the call will be posted at least one day prior to the teleconference on the PQRI webpage at www.cms.hhs.gov/PQRI (under Educational Resources). In order to receive the call-in information, you must register for the call. Registration will close at 12:00PM on December 18th. To register for the call participants need to go to www2.eventsvc.com/palmettogba/121907. For anyone unable to attend, a replay option will be available from 5:30PM on December 19th until 9:00PM on December 26th. Call (800) 642-1687 (passcode 24219737) to listen to the replay. For information on the 2008 PQRI, visit www.cms.hhs.gov/PQRI/downloads/2008PQRIMPFSSummary.pdf.

CMS's *Doctor's Office Quality Information Technology University* (DOQ-IT U) supports health information technology (HIT) in physicians' offices. DOQ-IT U is an interactive, Web-based tool designed to provide solo and small-to-medium sized physician practices with the education for successful HIT adoption. For more information, visit the DOQ-IT U website at elearning.qualitynet.org. Also visit www.asco.org (Practice Resources > Electronic Health Records) for important information about electronic health records (EHRs) and oncology.

ASCO will host a national teleconference on *Adapting to Changes in Medicare for 2008* at 2PM on Wednesday, January 9th, 2008. The call will include overviews of the Medicare physician fee schedule, Medicare hospital outpatient prospective payment system, 2008 PQRI, and an oncology coding update. Visit ww4.premconf.com/webrsvp/register?conf_id=7022904 before January 8th, 2008 to register. Call (800) 289-0579 (confirmation code 7022904) to access the teleconference.

ANCO and ASCO continue to work towards ensuring that people with cancer have access to quality cancer care in the community. Practice resources are available at www.anco-online.org and www.asco.org/mma, including:

- The October 2007 quarterly update for the *Average Sales Price* (ASP) Medicare Part B drugs pricing file.

Members may also call/e-mail ASCO's billing and coding hotline at (703) 299-1054/practice@asco.org for up-to-date information on changes in coding for drug administration services, as well as billing and payments for drugs.

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) *House of Delegates* and *Council on Legislation*. ANCO and MOASC coordinate advocacy activities in California.]

The ***California Oncology Political Action Committee*** (or CalCancerPAC), formed by ANCO and MOASC, supports candidates sensitive to the needs of hematologists/oncologists and people living with cancer in California. ANCO membership dues include a contribution to CalCancerPAC.

The January 1st, 2008 deadline is looming and the United States *Senate* has yet to act on the Medicare physician payment issues. It is extremely urgent that physicians contact California *Senators* Barbara Boxer and Dianne Feinstein and tell them how these cuts will impact their ability to care for senior patients. If *Congress* does not stop the cuts, Medicare physician reimbursement in California could drop significantly next year, a combined result of the 10% sustainable growth rate (SGR) cut and the geographic payment updates recently announced by CMS. The *House of Representatives* passed a bill in July that would stop the 10% SGR cut in 2008 and the 5% cut in 2009,

replacing them instead with .5% increase in each of those years. That legislation would also update California's geographic payment localities in 2008 and prevent any geographic payment reductions for three years. The *Senate* is expected to tackle the Medicare issues before the end of the year. Both California *Senators* Barbara Boxer and Dianne Feinstein have been extremely supportive of physicians on this issue. The California *Senators* need to hear from physicians now to help reinforce their efforts with the *Senate* leadership. Call AMA's grassroots hotline at (800) 833-6354, enter your zip code, and you will be automatically connected with your member of *Congress*. Please also thank *Senators* Feinstein and Boxer for their continued support of physicians.

NHIC/Medicare, DHS/MediCal, & Private Payors

[Editor's Note: ANCO communicates regularly with *National Heritage Insurance Company* (NHIC) that administers Medicare in California and the *Department of Health Services* (DHS) that administers MediCal in California.]

NHIC/Medicare has published lists of 2008 added and deleted HCPCS codes. Visit www.medicarenhic.com/providers/fees/addcodes_2008.pdf for the list of added codes; visit www.medicarenhic.com/providers/fees/deletecodes_2008.pdf for the list of deleted codes.

NHIC/Medicare has filed a formal protest over CMS's recent decision to name South Carolina-based Palmetto GBA as California's new MAC. The protest was filed with the federal *Government Accountability Office*, which has 100 days to respond. CMA is supporting NHIC/Medicare's protest because NHIC/Medicare consistently pays claims on time and with fewer payment hassles than other payors, and has always been extremely helpful and responsive in resolving physician payment problems. CMS has asked Palmetto to cease any transition activities pending the resolution of NHIC/Medicare's protest.

As of March 1st, 2008, all providers must include an NPI on their claims or the claims will reject. If providers have not yet applied for an NPI, they need to do this soon. Those who must complete a provider enrollment 855 form to have their legacy numbers properly cross-walk to their NPI should do so immediately. According to CMS, your Medicare fee-for-service claims must include an NPI in the primary fields on the claim (i.e., the billing, pay-to, and rendering fields). You may continue to submit NPI/legacy pairs in these fields or submit only your NPI on the claim. You may not submit claims containing only a legacy identifier in the primary fields. Failure to submit an NPI in the primary fields will result in your claim being rejected or returned as unprocessable. Until further notice, you may continue to include legacy identifiers only for the secondary fields.

The ***Medicare B Resource*** (**December 2007**) is available online at www.medicarenhic.com/news/provider_news/mbr_dec07.pdf.

The most recent ***NHIC/Medicare Provider Outreach, Education, and Advisory Group*** (POEAG) meeting/teleconference took place on December 12th. Those items discussed most relevant to hematology/oncology were:

- Upcoming ACTs/Webinars on Provider Enrollment (January 23rd, 2008), Medicare Updates 2008 (February 2008), and Consolidated Billing/Care Plan Oversight (March 2008).

The next *NHIC/Medicare* POEAG meeting/teleconference takes place on March 19th, 2008.

Visit www.medicarenhic.com/cal_prov/updates.shtml to learn **the latest information** (updated weekly) **from NHIC/Medicare**.

Effective December 17th, DHS/MediCal providers will no longer need to use both sets of identifiers on claims, as DHCS will be able to accept either an NPI only, or a DHS/MediCal provider number only. Providers who are not ready to transition to using the NPI may continue to submit their DHS/MediCal provider number until instructed otherwise. **Effective December 17th, claims submitted using both identifiers will be processed based solely on the NPI**. For more information, visit files.medi-cal.ca.gov/pubsdoco/npi/articles/npi_8951.asp. When a claim is submitted with an NPI (including dual-use claims) the associated DHS/MediCal provider number(s) will be end-dated effective for dates of service beyond the date of NPI claim submission. Use of an

associated DHS/MediCal provider number(s) following an NPI claim submission will result in claim denials for subsequent dates of service. Separate instructions have been published for *Claims Inquiry Form* (CIF, 60-1) and *Appeal Form* (90-1) completion, as the provider number used may be dependent on the claim form the original service was billed on. Providers should refer to the September 2007 *MediCal Update* (Part 1). *Treatment Authorization Request* (TAR) form submission on or after December 17th must be completed using the provider's NPI, or will be subject to return. In addition, the NPI becomes the provider's "key" for accessing DHS/MediCal applications, including Transactions Services on the DHS/MediCal web site and the Provider Telecommunications Network (PTN). Using the NPI for these systems will enable providers to retrieve all claim data (as determined by provider NPI registration), versus the multiple inquiry method using unique DHS/MediCal provider numbers. All covered health care providers must obtain an NPI, as well as register or share their NPIs with payers and providers alike. Providers who plan to retire before the May 23rd, 2008 compliance date, but have claims that will not be submitted until after the compliance date, still need an NPI. Only providers defined by the HIPAA final rule and DHS/MediCal policy as "atypical" will continue to use their DHS/MediCal provider numbers. To the extent an NPI is used to bill on a claim to Medicare, and the claim crosses over electronically with an NPI to DHS/MediCal after December 12th, DHS/MediCal will use that NPI to process the crossover claim. Additionally, RADs, ASC X12N 835 Health Care Claim Advice/Payments and/or SCPIs will be consolidated under one NPI record. For questions regarding NPI registration or updating registered NPI information, providers may contact the DHS/MediCal Telephone Service Center (TSC) by calling (800) 541-5555. An email address has been set up to capture questions and comments related to the NPI implementation. To submit a comment, simply send an email to NPI-issues@services.medi-cal.ca.gov. All items submitted will receive a response and any issues noted will be published in FAQs or additional billing tips documents located on the DHS/MediCal web site.

EDUCATION

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

Medicare Reimbursement for Oncology

ANCO's annual *Medicare Reimbursement for Oncology* meetings will take place on January 2nd and 3rd, 2008 in Sacramento and San José, respectively, and on January 8th, 2008 in Fresno. Bobbi Buell, M.B.A., will present the latest information impacting Medicare's reimbursement for oncology in 2008. Gordon Hedrick, M.H.S.A., will discuss CMS's transition from Part B to MAC carriers. The speakers will describe these changes as well as provide information on how to analyze their impact on your oncology practice and how your practice should respond to these changes. Download the meeting announcement/registration form at www.anco-online.org/medicareupdate2008.html.

San Antonio Breast Cancer Symposium Highlights 2007

ANCO's *San Antonio Breast Cancer Symposium Highlights 2007* will take place on Wednesday evening, January 9th, 2008 at the *Hotel Nikko* in San Francisco. Faculty from *Stanford* (Kathleen Horst, M.D., Ph.D.), *UC Davis* (Richard J. Bold, M.D.), and *UC San Francisco* (Michelle Melisko, M.D., and Hope S. Rugo, M.D.) will review the clinically most important research results presented at December's *Symposium*. This meeting will be moderated by Hope S. Rugo, M.D., *UC San Francisco*, and accredited by *Indiana University*. A meeting announcement/registration form was mailed the week of December 10th and may be downloaded at www.anco-online.org/sabcs.html.

ASH Highlights 2007

ANCO's *ASH Highlights 2007* will take place on Wednesday evening, February 6th, 2008 at the *Hotel Nikko* in San Francisco. Faculty from *UC Davis* (Joseph M. Tuscano, M.D.) and *UC San Francisco* (Lloyd E. Damon, M.D., Lawrence D. Kaplan, M.D., and Charles A. Linker, M.D.) will review the clinically most important research

results presented at December's *ASH Annual Meeting*. This meeting will be moderated by Jeffrey L. Wolf, M.D., *UC San Francisco*, and accredited by *Indiana University*. A meeting announcement will be mailed to all members in late December.

ASCO's 2008 Genitourinary Cancers Symposium

ASCO's *2008 Genitourinary Cancers Symposium: A Multidisciplinary Approach* will take place at the *San Francisco Marriott*, February 14-16th, 2008. The meeting is being hosted by ASCO in collaboration with the *American Society for Therapeutic Radiology and Oncology* and the *Society of Urologic Oncology*. Visit www.asco.org/meetings for more information.

ASCO Annual Meeting

ASCO members can now register for the 2008 *Annual Meeting*. Exclusive access to housing reservations has been available to ASCO members since September. The quickest and most convenient way to take advantage of this exclusive member benefit is to register online. Members can also complete and mail or FAX the form available in the 2008 *Registration Announcement*, which was mailed in early December. There is a $10 non-refundable processing fee for all registrations received by FAX or mail. The deadline for early registration is April 25th, 2008. Visit www.asco.org/annualmeeting for more information and to register.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

December 18th
Update on Lymphoma Treatment from the 2007 American Society of Hematology (ASH) Annual Meeting
Cancer*Care*
Telephone Education Workshop

December 19th
The Latest Developments Reported at the 30th Annual San Antonio Breast Cancer Symposium
Cancer*Care*
Telephone Education Workshop

January 16th, 2008
Marrow or Cord Blood Transplant as a Treatment Option
Cancer*Care*
Telephone Education Workshop

January 23rd, 2008
Treatment Update on Sarcoma
Cancer*Care*
Telephone Education Workshop

February 4-6th, 2008
CHF Regulatory Boot Camp
California Hospice Foundation
San Diego

February 8-9th, 2008
Colorectal Cancer: New Frontiers in Surveillance, Diagnosis, and Treatment
John Muir Cancer Institute
Walnut Creek

March 1st, 2008
8th Annual Allison Taylor Brooks/Barbara Jo Johnson Breast Cancer Conference
Northern California Cancer Center
San Francisco

March 13th, 2008
Treatment Update on Glioblastoma
Cancer*Care*
Telephone Education Workshop

April 2nd-5th, 2008
34th Annual National Meeting
Quality Cancer Care: Strategies and Solutions
Association of Community Cancer Centers
Baltimore

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

MEMBERSHIP RESOURCES & BENEFITS

[Editor's Note: All ANCO members are also eligible for several tangible benefits.]

ANCO On-Line

ANCO's website, **www.anco-online.org**, features:

- a general description and introduction to the *Association*, its activities, leadership, and membership benefits.

- advocacy information (including ANCO and ASCO Medicare resources).
- clinical and professional education meeting announcements and distributed materials.
- survey reports, publications, and ListServ.
- clinical trials information.
- links to affiliated organizations.
- updated physician, nurse, manager, and patient resources.

ANCO On-Line ListServ

The ANCO *Online ListServ* is available to all ANCO physician members, nurses, practice managers, and Corporate Member representatives. It is a source for the latest ANCO news and other information impacting hematology/oncology practices. It is also a way for ANCO members to communicate amongst themselves. To post an item to the ANCO *Online ListServ*, send e-mail to anco@anco-online.org. (*Please note:* Only subscribers to the ANCO *Online ListServ* may post items and the ANCO *Executive Director* will review all postings for appropriate content. In addition, to communicate directly and privately with the ANCO *Executive Director*, send e-mail to execdir@anco-online.org.) All ANCO physician members and their staffs are encouraged to subscribe, participate, and use the ANCO *Online ListServ* to receive ANCO information electronically and to communicate with colleagues about issues of importance to hematology/oncology practice. To subscribe, send your e-mail address to the ANCO office at execdir@anco-online.org.

Benefits

ANCO continues to seek ways to make membership more beneficial. The *Board* identifies, reviews, and approves of additional membership benefits. In addition to the benefits derived from its advocacy, educational, and information dissemination activities, ANCO members may also benefit from several tangible benefits from a number of vendors, including:

- ***Oncology Supply* (OS)/*International Oncology Network* (ION)**; contact Doug Storer at (650) 219-9282 or douglas.storer@iononline.com; or Paul Sullivan at (602) 391-9166 or paul.sullivan@iononline.com
- ***McKesson Specialty Oncology Services*** (formerly *National Oncology Alliance* or NOA); contact Scot Wagner at (866) 466-2462 or swagner@noainc.com; or Patrick Walsh at (415) 793-8736 or patrick.walsh@mckesson.com)
- ***Onmark/OTN;*** contact Jennifer Semanik at (415) 497-2750 or Tony Policani at (509) 995-0280 or anthony.policoni@otnnet.com; or Monique Weston at (650) 871-2108 or monique.weston@onmarkservices.com
- ***Oncology Pharmaceutical Services*** (**OPS**), a division of *US Oncology*; contact Sean Taylor at (415) 235-4673 or sean.taylor@usoncology.com

ANCO and *McKesson Specialty Oncology Services* have agreed to make OncoEMR, an oncology-specific Web-based electronic medical record, available to ANCO members at a significant discount. For more information about OncoEMR, please contact your McKesson/NOA representative.

OTN has entered into an exclusive agreement with *Altos Solutions* that adds electronic medical record (EMR) functionality to OTN's current integrated Lynx technology platform. Lynx EMR provides broad oncology-specific electronic medical record capabilities and integrates directly with Lynx' existing automated charge capture, inventory management, and practice management tools.

ASSOCIATION NEWS

Board of Directors

The ANCO *Board of Directors* meets regularly 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. Please call José

Luis González, *ANCO Executive Director*, at (415) 472-3960 if you wish to participate in a future meeting.

Individual Member News

ANCO member Barbara McAneny, M.D., has been nominated for ASCO *President-Elect*. The ASCO *Annual Election* opens on January 2nd, 2008 and ANCO urges all members to vote prior to the close of the election on February 15th, 2008.

The ANCO Directory of Members 2007 was published and mailed to ANCO physician members; nurse and office manager contacts; and, Corporate Member representatives at the end of June 2007. Additional copies are available from the ANCO office upon request. Please verify your *Directory* entry and contact the ANCO office with any corrections, additions, and/or deletions. The next *Directory* will be published in June 2008.

Institutional Member News

ANCO thanks the following **Institutional Members** for their support:

- *Stanford University Medical Oncology*
- *University of California, Davis, Cancer Center*
- *University of California, San Francisco*

For information on **continuing medical education meetings organized by our Institutional Members**, please visit:

- med.stanford.edu/seminars/cme-all.jsp?qcme=on
- www.ucdmc.ucdavis.edu/cme/conferences
- www.cme.ucsf.edu/cme/index.aspx?Display=Date

UCSF's ***7th Annual UCSF Clinical Cancer Update*** takes place at Lake Tahoe on January 25-27th, 2008. Visit www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MSU08006 for more information.

Stanford's ***10th Annual Multidisciplinary Management of Cancers: A Case-based Approach*** **(formerly the *Northern California Tumor Board at Silverado)*** will be presented by the *Stanford University School of Medicine* on March 14-16th, 2008. Tumor boards and panels on breast, gastrointestinal, genitourinary, gynecological, and thoracic cancers; hematological malignancies and lymphoma; and, dilemmas in patient management, ethics, and supportive and palliative care will be presented by faculty from *Stanford University, UC Davis*, *UC San Francisco*, and the community. For more information, to register, or to submit a case study, visit cancer.stanford.edu/calendar/events/2008/ammc.html or contactJennifer Schafer at (650) 724-2288 or schafer@stanford.edu.

Stanford's **Branimir (Brandy) Sikic, M.D., has been nominated for an open position (undesignated specialty) on the ASCO *Board of Directors*.** The ASCO *Annual Election* opens on January 2nd, 2008 and ANCO urges all members to vote prior to the close of the election on February 15th, 2008.

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:

Abraxis Oncology • Alexion Pharmaceutical
AMGEN • AstraZeneca
Bayer Healthcare Pharmaceuticals
biogenIDEC
Bristol-Myers Squibb Oncology
Celgene • Cephalon Oncology
Clarient Diagnostics • Eisai
Enzon Pharmaceuticals
Genentech BioOncology
Genitope Corporation • Genomic Health
Genzyme Oncology • Hospira
Lash Group Healthcare Consultants
Lilly Oncology
McKesson Specialty Oncology Services
MGI Pharma • Millennium
Novartis Oncology
Oncology Pharmaceutical Services
Oncology Supply/ION • Onmark

Ortho Biotech • OSI Pharmaceuticals • OTN
Pfizer Oncology • Pharmion
Roche Oncology • Sanofi Aventis Oncology
Schering-Plough Oncology • Vidacare

Renewal packages for ANCO 2008 Corporate Memberships were mailed to Corporate Member contacts in early October.

We especially wish to thank and welcome *Alexion Pharmaceuticals, Celgene, Eisai, Genzyme Oncology, Hospira,* and *Vidacare* as new Corporate Members in 2007 and 2008. We regret to announce that *GlaxoSmithKline* and *Matrix Oncology* are no longer Corporate Members of ANCO.

***Genomic Health* informs ANCO that DHS/MediCal now covers Oncotype DX** (dating back to June 2007) per the DHS/MediCal Update (Medical Services, Bulletin 401, December 2007, page 4). The DHS/MediCal HCPCS Level II laboratory code is S3854 must be billed with one of the following ICD-9-CM diagnosis code 174.0-6, 9. Reimbursement also requires providers to document on the claim form or on an attachment that all six of the following criteria of early stage breast cancer have been met:

- The recipient is estrogen receptor (ER) positive.
- The recipient is lymph node negative.
- The recipient has Stage I or II breast cancer.
- The recipient is a candidate for chemotherapy.
- The assay is used within six months of diagnosis.
- The intention to treat or not to treat with adjuvant chemotherapy will be contingent, at least in part, on the test results.

Providers who previously billed HCPCS code S3854 for dates of service on or after June 1st may have had their claims denied because the procedure was not yet a DHS/MediCal benefit. To be reimbursed, providers may re-submit the denied claims with the correct diagnosis code(s) and required documentation beginning December 17th through March 28th, 2008.

Publications, Services, & Surveys

You may already be familiar with **ASCO's *Clinical Practice Guidelines***, but did you know they are accompanied by easy-to-use clinical tools? These tools include slide sets, and summaries of the guidelines, and may also include patient chart tools, such as flow sheets. In the midst of a busy practice, these tools enable oncologists to use the latest guidelines on emerging issues in clinical oncology. All of these tools are free of charge and available online through www.asco.org/guidelines.

The November/December (Vol. 22, No. 6) issue of ACCC's ***Oncology Issues*** features articles on integrative medicine and non-physician practitioners. Visit www.accc-cancer.org/ONIS/onis_archives.asp to view these articles.

The November (Vol. 3, Issue 6) issue of ASCO's ***Journal of Oncology Practice*** features articles on Medicare's coverage with evidence development, MACs, physician-level oncology measures, selecting an EHR, and clinical practice guidelines. Visit www.jopasco.org to view these articles.

ANCO conducted its sixth **staff salary survey** in 2007. The purpose of this year's staff salary survey was to update data relevant to practice expenses in the Northern California region and to follow-up ANCO's previous staff salary surveys.

Twenty-three (23) ANCO member practices responded to the survey (i.e., a 23% response rate in 2007; approximately the same as the 25% and 26% response rates in 2005 and 2003, respectively, and higher than the 13-15% response rates in 1995-2001). Ten (10) responding practices were from metropolitan/urban/suburban regions; four (4) from suburban regions; and, three (3) from rural regions. There are an average of 3.78 and a median of 3.00 physicians per practice in the reported data with a minimum of 1 physician and a maximum of 16 physicians. There are an average of 24.41 and a median of 15.00 non-physician employees per practice with a minimum of 2 and a maximum of 220.

Nineteen (19) respondents review employee salaries on an annual basis with the review date evenly distributed between budget years (7),

employee anniversaries (10), and other (7) dates. Six (6) respondents review salaries on some other schedule. Eighteen (18) respondents conduct formal evaluation sessions with their employees; five (5) do not. The range of salary increases anticipated this year was 0% to 15% with a median increase of 3-5%. Most salary adjustments are based on both merit and cost of living (7) with the next largest number based solely on merit (7).

Among responding practices, medical assistants, billing staff, receptionists, and nurses are the positions with the most turnover during the past year. Responding practices added nurses, physician extenders, billers, and office staff during the past year. Newly created positions at responding practices include physician extenders, authorization clerks, and technologists.

The 2007 salary data presented below are not stratified by employee tenure or location—each of which may have an impact on employee wages. However, the minimum, maximum, average, and median wages for specific job definitions are reported.

Job Category	Min	Max	Ave	Med
Administrator/ Executive Director	$21.25	$68.75	$44.90	$45.00
Biller	$12.00	$26.50	$18.33	$18.75
Billing Coordinator/Manager	$14.80	$37.00	$25.22	$25.00
Bookkeeper	$16.00	$25.00	$20.33	$20.17
File Clerk	$8.00	$18.50	$11.91	$11.00
Lab Assistant	$11.95	$19.50	$16.25	$17.10
Lab Manager	$19.68	$41.50	$33.98	$37.37
Medical Assistant	$9.00	$30.00	$16.39	$16.13
Medical Technologist	$25.88	$36.00	$31.32	$33.00
Multi-Purpose Worker	$12.24	$24.32	$17.13	$16.00
Nurse Manager	$36.72	$60.00	$50.53	$52.50
Office Assistant/Clerk	$8.00	$22.00	$15.21	$15.91
Oncology Nurse	$29.00	$51.00	$38.08	$38.00
Other Nursing	$15.12	$60.00	$40.56	$45.00
Pharmacy Technician	$16.10	$57.69	$25.67	$21.73
Physician Extender	$39.04	$67.50	$50.53	$48.00
Radiation Technologist	$35.00	$35.00	$35.00	$35.00
Receptionist	$10.15	$22.00	$14.91	$15.13
Research Assistant (RN)	$42.50	$42.50	$42.50	$42.50
Research Assistant (non-RN)	$17.10	$17.50	$17.30	$17.30
Small Office Manager	$15.52	$38.00	$23.11	$21.68
Transcriptionist	$8.00	$24.51	$18.07	$18.39
X-Ray Technician	$26.29	$26.29	$26.29	$26.29

Job definitions, complete survey results and data sets, and historical data are available at www.anco-online.org/salsrvy.html.

ANCO recently distributed (via FAX and e-mail) a brief **ANCO Member Survey on Private Payor Claims Processing**. If you did not receive the survey, then please download one from www.anco-online.org. The ANCO *Board of Directors* wishes to pursue details of ANCO member experience with regard to routine claims processing hassles encountered with private carriers. They will use the findings of the survey in developing more effective advocacy positions and strategies.

Membership Dues for 2008

Membership renewal notices for 2008, an annual election ballot, and 2007 *Annual Report* were mailed to all members during the week of December 3rd. Return your 2008 membership dues to ANCO to ensure your inclusion in *The ANCO Directory of Members 2008*. Be sure to provide ANCO with the name(s) of office and/or nurse manager contact(s). Those not renewing their membership by June 1st, 2008 will be deleted from the *Directory of Members,* and will no longer be eligible for any ANCO benefits. Contact the ANCO office if you did not receive or misplaced your membership dues renewal notice.

ANCO seeks new members. **All members of a practice should join ANCO**. Provide the ANCO office with the names and addresses of colleagues you would like invited to join ANCO.

A larger ANCO is a stronger ANCO!