

ANCO FAX News

Association of Northern California Oncologists
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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.

The *ANCO FAX News* is FAXed to Individual Member practices, and e-mailed to Group, Institutional, and Corporate (contacts) Members. The next *ANCO FAX News* will be published on July 18th. 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 Senate failed to pass HR6331, *The Medicare Improvements for Patients and Providers Act of 2008* (legislation that would have averted the 10.6% physician fee schedule rate reduction). Since *Congress* has adjourned for the July 4th recess, this means that the 10.6% cut to physician payments will go into effect on July

**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

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.

1st. In light of *Congress's* failure to pass legislation preventing the 10.6% Medicare payment cut, CMS is directing contractors not to process claims with dates of service from July 1st through July 15th. CMS is attempting to give *Congress* time to pass legislation when they return on July 7th that would avert the cut. Payments for dates of service of June 30th and earlier will be processed and paid as normal. After July 15th, contractors will begin releasing claims for payment under the current law with the 10.6% cut. If *Congress* does pass an SGR fix retroactive to July 1st, CMS will be prepared to automatically reprocess most of those claims that have already been processed. Under the Medicare statute, Medicare pays the lower of submitted charges or the Medicare fee schedule amount. Claims with dates of service of July 1st and later billed with a submitted charge at least at the level of the January 1st-June 30th fee schedule will be automatically reprocessed if *Congress* retroactively reinstates the update that was in effect for that time period. Any lesser amount will likely require providers to re-submit a revised claim. To the extent possible, providers may hold claims in-house until it becomes clearer as to whether new legislation will be enacted or until cash flow becomes problematic. This will reduce the need for providers to reconcile two payments (i.e., the initial claim and the reprocessed claim), and it will simplify provider billings of beneficiary coinsurance and payment calculations for payers which are secondary to Medicare.

CMS has announced that it will recognize the Elsevier Gold Standard's *Clinical Pharmacology* compendium as an additional source of information that the agency will use in determining which drugs may be covered under Medicare Part B when used to treat patients undergoing cancer treatment through chemotherapy. *The American Hospital Formulary Service Drug Information* (AHFS-DI) and the *Thomson Micromedex DrugDex* compendia are recognized for Medicare Part B, Medicare Part D, and Medicaid. Elsevier Gold Standard's *Clinical Pharmacology* and NCCN's *Drugs & Biologics Compendium* is currently recognized only for Medicare Part B. Visit www.cms.hhs.gov/CoverageGenInfo/02_compendia.asp for a list of accepted compendia.

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 may earn a lump sum bonus payment. CMS recently announced new reporting options and incentive payments for physicians participating in the PQRI. For complete information on PQRI, including teleconference materials, user guides, tool kits for successful reporting, beneficiary letters, fact sheets, and FAQs, visit www.cms.hhs.gov/pqri. The next national provider conference call will take place on July 9th. Register at www2.eventsvc.com/palmettogba/070908. The *American Medical Association* (AMA) has posted PQRI worksheets for the 2008 PQRI program at its website (www.ama-assn.org). In addition, **ASCO has updated its PQRI website (www.asco.org/pqri) to include relevant links and a table of oncology-related measures.**

CMS/Medicare recently announced new PQRI submission methodologies for July 1st to December 31st. Since none of these methodologies (claims groups or registries) particularly applies to oncology, it may not be possible for many of you to start reporting in July. You must use one of these new mechanisms to qualify for the new reporting period. Otherwise, unless you are using the new claims groups or a registry, the reporting period started January 1st. There are two new ways to report starting July 1st:

- Through a Medicare-certified registry (but registries will not be named until August 31st), or
- Through claims reporting groups (for diabetes, ESRD, CKD, or preventive care).

The only other way you can start reporting now is to choose measures that only require PQRI measures once per reporting period (i.e., 2008). Here are the once per year measures in hematology and oncology (with abbreviated descriptors):

- Measure #67 (MDS Baseline Cytogenetic Testing)

- Measure #68 (MDS Erythropoietin Documentation of Iron Stores)
- Measure #69 (Multiple Myeloma Biphosphonate Therapy)
- Measure #70 (CLL Baseline Flow Cytometry)
- Measure #71 (Breast Cancer Stages on Tamoxifen/AIs)
- Measure #72 (Colon Cancer Stage III Chemotherapy)
- Measure #73 (Chemotherapy Plan Documented Before Chemotherapy; limited by type of cancer)
- Measure #74 (Radiation Oncology in Breast-Conserving Surgery)
- Measure #101 (Prostate Cancer Evaluation)
- Measure #103 (Treatment Options for Localized Prostate Cancer)

Visit www.cms.hhs.gov/pqri for more information on the new reporting options.

CMS has announced that 2007 PQRI Final Feedback Reports will be made available in mid-July on a secure website. Reports will be available to each practice, identified by *Taxpayer Identification Number* (TIN), under which at least one eligible professional reported 2007 PQRI quality measures data. Reports available to the practice will include information on reporting rates, clinical performance, and incentives earned by individual professionals, with summary information on reporting success and incentives earned at the practice (TIN) level. Although the PQRI feedback Reports are not yet available on this website, CMS recommends that practices take the time now to set up their online account so they can access their report as soon as it is available. For more information about the Reports and how to register to receive them, visit www.cms.hhs.gov/MLNMattersArticles/downloads/SE0747.pdf and www.cms.hhs.gov/MLNMattersArticles/downloads/SE0753.pdf.

Electronic health records (EHR) are an important vehicle for advancing quality cancer care. To help oncology practices select, purchase, and implement an EHR, ASCO has developed a new handbook, *The Oncology Electronic Health Record Field Guide: Selecting*

and Implementing an EHR—the only oncology-specific consumer manual designed to guide oncology practices in selecting current and future oncology-specific EHRs for clinical practice management and quality-of-care measurement and improvement. The chapters in the *Field Guide* address the core functionalities desired in an oncology-specific EHR, including:

- Identifying an EHR project team
- Selecting an EHR
- Building a budget
- Using the EHR to support quality of care and patient safety
- Post-implementation management

The *Field Guide* is available in hard copy as well as PDF. Electronic users can print worksheets and forms as they go through the *Field Guide's* material. Both formats of the *Field Guide* can be purchased by e-mailing support@articleworks.com or calling (800) 804-1425. More information is available at www.asco.org/ehrfieldduide.

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.

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:

- ASCO's *Adapting to Changes in Medicare 2008 PowerPoint* presentation. (Also visit www.asco.org/janaudiocall for additional materials and a downloadable recording of the presentation.)
- The July 2008 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.]

***Noteware Government Relations* represents ANCO (and MOASC) in Sacramento.** They report:

- ANCO supports AB1155 (Huffman) that would allow the *Director of the Department of Managed Health Care* to require a health plan, which has underpaid a provider, to pay the provider the amount owed plus interest, as well as assess an administrative penalty to the plan. The collected penalties would be deposited into the state's *Managed Care Fund*. The bill has passed both *Houses* in the *Legislature* and will next be sent to the *Governor's* desk for a signature or veto.

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.

To help physicians negotiate and manage complex third-party payor agreements, CMA has published a contracting tool kit entitled *Taking Charge: Steps to Evaluating Relationships and Preparing for Negotiations—A Focus on Payor Contracting* that is available free to CMA members at the members-only website. Nonmembers can purchase the tool kit for \$100 in the CMA bookstore (call (800) 882-1262). This tool kit joins several other CMA tool kits (i.e., *Back to Basics: A Step-by-Step Guide to Maximizing Your Cash Flow*, *Getting Paid: Strategies to Maximize Reimbursement*) aimed at empowering physician practices vis-à-vis their relationships with private payors.

CMA's 2008 *California Physician's Legal*

***Handbook* (CPLH) is now available.** CPLH—an annual publication of CMA's *Center for Legal Affairs*—answers the legal questions most frequently asked by physicians. CPLH 2008 offers more than 4,500 pages of comprehensive legal information including current laws, regulations, and court decisions related to medical practice in California. The *Handbook* is available in a 7-volume print format and on CD-ROM. The CD-ROM offers all of the content of the print version, plus many enhancements including fully searchable content and hyperlinks that let you navigate within the CD-ROM and onto the web, as well as links to *Findlaw* for information on the cited court cases. The CD-ROM is priced at \$398 for members (\$480 for nonmembers), the print version costs \$798 (\$960 for nonmembers), and the CD-ROM/print combo combination costs \$898 (\$1,080 for nonmembers). To place an order, visit www.cmanet.org/bookstore or call (800) 882-1262. And, CMA members can access most of the CPLH content free via CMA On-Call, CMA's online library of medical-legal information at www.cmanet.org/member.

NHIC/Medicare, Palmetto/J1MAC, MediCal, & Private Payors

[*Editor's Note:* ANCO communicates regularly with *National Heritage Insurance Company* (NHIC) that administers Medicare in California, *Palmetto* that will administer the J1MAC in California, and the *Department of Health Care Services* (DHCS) that administers MediCal in California.]

Palmetto/J1MAC's list of *Local Coverage Determinations* (i.e., coverage policies) has been published and is available at www.palmettogba.com/palmetto/j1.nsf/DocsCat/Future%20Effective%20Date%20-%20Part%20B%20LCDs%20for%20Northern%20and%20Southern%20California?opendocument. These policies become effective on September 2nd.

Palmetto/J1MAC is conducting transition workshops throughout the region. These workshops will provide you an opportunity to hear directly from your *Medicare Administrative Contractor* (MAC) regarding such topics as transition dates, what is needed to continue to bill electronically, how the *Local Coverage*

Determination process will work, address any differences in claims processing guidelines, and much more. Visit www.palmettogba.com/palmetto/j1.nsf/DocsCat/Palmetto%20GBA%20Announces%20Transition%20Workshops!%20pendocument for more information about these workshops (i.e., San Francisco, July 9th; Fresno, July 16th).

Palmetto/J1MAC is also hosting a series of Medicare Part B transition teleconference calls for Part B providers in Hawaii, Nevada, California, Guam, American Samoa and the Northern Mariana Islands. These one-hour sessions provide you with the most recent transition information and will address the questions you have about the implementation and is your opportunity to speak with Palmetto/J1MAC to discuss the implementation topic of your choice. For more information, visit www.palmettogba.com/palmetto/j1.nsf/DocsCat/Home and review the *Events* section.

Palmetto/J1MAC will be conducting Web-based trainings to answer your questions concerning the transition. You will have an opportunity to hear directly from Palmetto/J1MAC regarding such topics as transition dates, what is needed to continue to bill electronically, how the *Local Coverage Determination* (LCD) process will work, the differences in claims processing guidelines and much more. Please register to attend one of the upcoming trainings at www.palmettogba.com/palmetto/j1.nsf/DocsCat/Part%20B%20Transition%20Web-based%20Trainings?pendocument.

Palmetto/J1MAC sent a letter to all California Medicare providers on April 1st requesting a new completed *Electronic Funds Transfer* (EFT) agreement (i.e., CMS-588). The contact telephone number listed in the original letter is incorrect and should be (866) 749-4301. The link to the CMS-588 form is www.cms.hhs.gov/cmsforms/downloads/CMS588.pdf. Complete the EFT agreement with your current banking information and forward along with a copy of a voided check to the following address:

Palmetto GBA Finance
J1 EFT

Post Office Box 100277
Columbia, SC 29202-3277

Due to the volume of EFTs being processed, submit your EFT agreement as soon as possible and no later than August 1st. Failure to submit the form by the deadline date will revert payment to hard copy checks beginning with the first cycle after conversion. Please contact Palmetto/J1MAC at EFT.Admin@PalmettoGBA.com or (866) 749-4301 should you have any questions or need assistance and identify yourself as a new J1 provider to expedite your call. Alternatively, visit www.palmettogba.com/palmetto/j1.nsf/DocsCat/Home and follow the EDI links. There you will find updated Application Forms, Frequently Asked Questions (and Answers), Hot Topics, and information about Support Center hours of operation.

Providers may now **take advantage of Palmetto/J1MAC's early boarding for EDI connectivity.** Transition now and ensure that you get prompt attention to support questions and ensure that there is no disruption of your claims processing. Visit www.palmettogba.com/palmetto/j1.nsf/DocsCat/Jurisdiction%20%20EDI%20Early%20Boarding%20Began%20May%201st!%20pendocument for more information.

California's next Medicare (J1MAC) carrier will be Palmetto GBA. They will assume operational responsibility for all Medicare claims (pending, in-process, and new) in California on September 2nd. For the latest information on the transition from NHIC/Medicare to Palmetto/J1MAC, visit the Palmetto/J1MAC website at www.palmettogba.com/J1 or subscribe to Palmetto's e-mail ListServ at www.palmettogba.com/palmetto/j1.nsf/DocsCat/Home and follow the *E-Mail Update* links. Also visit www.palmettogba.com/Palmetto/J1.nsf/docsCat/Welcome%20to%20Palmetto%20GBA?pendocument?open&cat= to view a Palmetto *PowerPoint* presentation that provides background information on Palmetto, introduces timelines and other important information regarding the J1MAC, and lays out some details regarding the transition period. A provider resource list is available at [www.palmettogba.com/Palmetto/J1.nsf/files/ProviderResourceChecklist.pdf/\\$File/](http://www.palmettogba.com/Palmetto/J1.nsf/files/ProviderResourceChecklist.pdf/$File/)

ProviderResourceChecklist.pdf; an implementation timeline is available at [www.palmettogba.com/Palmetto/J1.nsf/files/ImplementationTimeline.pdf/\\$File/ImplementationTimeline.pdf](http://www.palmettogba.com/Palmetto/J1.nsf/files/ImplementationTimeline.pdf/$File/ImplementationTimeline.pdf).

CMS has implemented the use of the revised *Advance Beneficiary Notice of Noncoverage* (ABN) and is allowing a six-month transition period from the date of implementation (March 1st) for use of the revised form and instructions. All providers and suppliers must begin using the new ABN no later than September 1st. The new form replaces both the CMS-R-131G and the CMS-R-131L. You can access the new form and instructions online at www.cms.hhs.gov/bni. **CMS also recently updated its “incident to” policy.** The updates are described at www.cms.hhs.gov/MLNMattersArticles/downloads/MM5288.pdf. Finally, **CCI quarterly updates** can be found at www.cms.hhs.gov/MLNMattersArticles/downloads/MM6045.pdf.

ANCO member practices (especially group practices) may have received or may receive claims denials with denial code B7 (provider ineligible) due to provider identification (PTAN) number deactivation by the carrier. The reason for these denials is that your physicians’ PTAN have been deactivated for non-use, OR are not attached to your group identification number, OR your group identification number is not linked to your physicians’ PTANs. To avoid and resolve these denials you will need to submit Forms 855R and 855I (if the physicians have not updated their Medicare enrollment since 2003). Submit these forms immediately! These forms are available as follows:

CMS 855R Application
www.cms.hhs.gov/cmsforms/downloads/cms855r.pdf

CMS 855I Application
www.cms.hhs.gov/cmsforms/downloads/cms855i.pdf

Please note that Form 855R does not have a place for reactivation. However, NHIC/Medicare advises providers to write “REACTIVATION” across the open space in section 1 on page 3 of the form. Submit these forms to the following address using the Option Code Project (in order

to expedite processing) cover sheet:

Northern California
Medicare Provider Certification
P.O. Box 2812
Chico, CA 95927-2812

The Option Code Project cover sheet should contain the following text:

Place this page at the beginning of provider application(s) to assist with expediting.

OPTION
Code
Project

Group ID Number:

For additional information, please contact NHIC/Medicare customer service at (877) 527-6613, option 3.

The *Medicare B Resource* (June 2008) is available online at www.medicarenhic.com/news/provider_news/mbr_jun08.pdf. Visit www.medicarenhic.com/cal_prov/updates.shtml to learn the latest information (updated weekly) from NHIC/Medicare or www.palmettogba.com/palmetto/j1.nsf/DocsCat/Home to learn the latest information from Palmetto/J1MAC. Updates are also posted on ANCO’s *Online Weblog* (via www.anco-online.org).

Since California failed to enact the FY2008-09 budget by June 30th, the *Department of Health Care Services* (DHCS) will direct the fiscal intermediary (EDS) to continue to pay to DHCS/MediCal practitioners per federal mandate. Through the new automated Value of Claim (VOC) process, all DHCS/MediCal providers whose held payments equal or exceed \$5,000 will be automatically sent a VOC letter on a weekly basis. This letter will be based on the amount approved for payment (often referred to as the “In Process” amount) each Monday and will be cumulative each week. This letter will be sent to the “Pay-To” address on file. Providers who have not updated their “Pay-To” address with Provider Enrollment Division (via a DHCS/MediCal Supplemental Changes DHCS

6209 form, revised 2/08), may not receive this letter. Providers who want this letter but have not received it and have a correct Pay-To address on the Provider Master File, can contact the Telephone Service Center (TSC) at (800) 541-5555 and choose option 15, and then option 13.

Effective for dates of service on or after August 1st, the Department of Health Care Services (DHCS) will discontinue the use of the current DHCS/MediCal interim codes for blood products and some services related to administering those products. These interim codes will be replaced by HCPCS Level II and CPT-4 codes so as to be in compliance with provisions of HIPAA. Complete details of the billing changes, including manual replacement pages (MRPs), can be found in the June release of the DHCS/MediCal *Updates Bulletin*, which can be accessed at files.medi-cal.ca.gov/pubsdoco/Bulletins_menu.asp.

EDUCATION

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

ANCO's ASCO/ONS Highlights 2008

ANCO's *ASCO/ONS Highlights 2008* will summarize the major research and treatment advancements presented at this year's *ONS Congress* and *ASCO Annual Meeting*. The program will focus on breast, gastrointestinal, genitourinary, gynecologic, and lung cancers as well as hematological malignancies. The faculty will place these developments in context as to their immediate clinical utility. A plenary talk on pharmacogenomics will also be presented. *ASCO/ONS Highlights 2008* will take place on Saturday morning, September 6th, at *The Claremont Resort* in Oakland. Meeting announcements were mailed this week and can be downloaded at www.anco-online.org/ascohl2008.html.

ACCC's 25th National Oncology Economics Conference

Mark your calendar for the *Association of Community Cancer Center's 25th National Oncology Economics Conference*, September 17-

20th, *Hyatt Regency*, San Francisco. Are you prepared to weather the storm? Increased competition, reduced reimbursement, and rising demand require a solid plan. Learn how to protect and strengthen your cancer program. Sessions will cover increasing your revenue stream, economics of clinical trials, and how to best use NPs and PAs. Visit www.accc-cancer.org/mainevent for more information and to register.

4th Annual Oncology Congress



The *4th Annual Oncology Congress* takes place September 25-28th at the *Hilton San Francisco*. All content is programmed by a multidisciplinary board of 20 advisors and speakers are the thought leaders in their fields. The *Oncology Congress* engages you in productive peer-to-peer discussions about cancer prevention, diagnosis, and treatment options, giving you the practical knowledge, tools, and insight needed to improve care and quality of life for your patients today. The first 50 ANCO members to register attend for free; all others pay a discounted rate of \$395 for physicians or \$195 for nurses and physician assistants. Register at www.oncologycongress.com/anco and use priority code ANCO. For assistance, contact Jeannie Cook at (203) 840-5562 and ask about special attendance rates for partners.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

July 18-20th

Advances in Long-Term Management of Adult Patients Undergoing Hematopoietic Stem Cell Transplantation

Fred Hutchinson Cancer Research Center
San Francisco

July 19th

5th Annual Oncology Update

Scripps Clinic
San Francisco

July 19th-23rd*7th International Conference on Head and Neck Cancer*American Head & Neck Society
San FranciscoJuly 20th-23rd*Cancer Clinical Trials and Personalized Medicine*American Association for Cancer Research
MontereyJuly 24th*Updates on Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)**CancerCare*

Telephone Education Workshop

July 31st*The Tasmanian Devil Facial Tumour Disease: A Contagious Malignancy*

Alta Bates Tumor Board

Alta Bates-Summit Medical Centers

(Ashby Campus)

Berkeley

September 26-28th*13th Annual North American Education Forum on Lymphoma for Lymphoma Patients, Survivors, and Loved Ones*

Lymphoma Research Foundation

San Francisco

September 29th-October 2nd*Oncology: Clinical Issues and Trends*

Contemporary Forums

Las Vegas

October 20th-21st*Cancer Center Business Summit: Community Oncology at the Crossroads—Building a Balanced Future*

Chicago

November 20th-21st*5th International Conference: Integration Across the Spectrum of Cancer Care*

Society for Integrative Oncology

Atlanta

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 Online

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, and Weblog.
- clinical trials information.
- links to affiliated organizations.
- updated physician, nurse, manager, and patient resources.

Benefits

As a follow-up to the recent professional education meetings entitled *Managing in Whitewater Times*, ANCO has negotiated an exclusive membership offer (including free practice assessment, aggressive discounts on pricing, and potential access to ANCO member-specific benchmarking data) for *RemitDATA's* powerful suite of web-based, plug-n-work productivity tools that help providers become more profitable. *Reimbursement Pro* helps managers and collectors better control their reimbursement process including the identification of payer problems, identification and appeals of denials, submission of secondary claims, and finding and copying paper EOBs and other common money pits. Contact Matthew Trogden at (972) 249-8661 or mtrogdon@remidata.com for more information.

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. The **next regularly scheduled ANCO Board of Directors teleconference** will take place on August 13th. Please call José Luis González, *ANCO Executive Director*, at (415) 472-3960 if you wish to participate in a future meeting.

Individual Member News

The ANCO Directory of Members 2008 will be mailed to ANCO physician members; nurse and office manager contacts; and, Corporate Member representatives in early July. 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.

Group Member News

ANCO has 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. A complete roster of TPMG physicians that are now ANCO members is available at www.anco-online.org/pubs.html (under *ANCO FAX News*, Vol. 7, No. 5).

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/cmecalendar.do
- www.ucdmc.ucdavis.edu/cme/conferences
- www.cme.ucsf.edu/cme

Stanford's **2nd Annual GI Cancers** takes place August 22nd-24th at the *Mauna Lani Bay Resort* in Hawaii. Visit www.stanfordhospital.com/PDF/cme/GICancers08CME_r8aFnl.pdf for more information and to register.

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/
Onyx Pharmaceuticals
biogenIDEC
Bristol-Myers Squibb Oncology
Celgene • *Cephalon Oncology* • *Eisai*
Enzon Pharmaceuticals
Genentech BioOncology
Genomic Health • *Genzyme Oncology*
GlaxoSmithKline Oncology • *Hospira*
ImClone Systems
Lash Group Healthcare Consultants
Lilly Oncology • *Millennium*
Novartis Oncology
Oncology Supply/ION • *Ortho Biotech*
OSI Pharmaceuticals
OTN/Onmark, McKesson Specialty
Companies
Pfizer Oncology • *Pharmion*
Roche Oncology • *Sanofi Aventis Oncology*
US Oncology Physician Services
Wyeth BioPharma • *Vidacare*

We especially wish to thank and welcome *ImClone Systems* and *Wyeth BioPharma* as new Corporate Members in 2008. *Clarient Diagnostics*, *Genitope Corporation*, and *Schering-*

Plough Oncology did not renew their Corporate Memberships for 2008.

Millennium informs ANCO that the *United States Food and Drug Administration* approved **Velcade** for the treatment of patients with previously untreated multiple myeloma.

Sanofi Aventis Oncology informs ANCO that the *United States Food and Drug Administration* has approved **Herceptin** for use in TCH, the first non-anthracycline containing regimen for the adjuvant treatment of node-positive and high-risk, node-negative HER2+ breast cancer.

Patient News

ASCO's *People Living With Cancer* (PLWC) is now **Cancer.Net**.

CaringBridge is a nonprofit organization providing the most widely used free online service connecting patients to friends and families during their challenging times. For additional information for you and your patients, visit www.caringbridge.com.

The *HealthWell Foundation*, a non-profit, charitable organization, provides financial assistance to eligible patients to cover certain out-of-pocket health care costs, including coinsurance, copayments, and deductibles; health insurance premiums; and, the Medicare "donut hole" coverage gap. The *HealthWell Foundation* offers assistance in several disease areas, including the following that may be of interest to hematology/oncology providers and case managers:

- Chemotherapy induced anemia
- Chemotherapy induced neutropenia
- Multiple myeloma
- Myelodysplastic syndromes

Applications are available online at www.healthwellfoundation.org or by calling (800) 675-8416.

The *Patient Access Network Foundation* (PANF) is a non-profit organization dedicated to improving access to needed health services for insured patients who cannot afford the out-of-pocket costs associated with their treatment. The PAF *Co-Pay Relief Program* (CPR) currently

provides financial assistance to eligible patients who are being treated for brain, breast, colon, kidney, lung, pancreatic, and/or prostate cancers, lymphoma, macular degeneration, sarcoma, autoimmune disorders, and secondary issues as a result of chemotherapy treatment. Patients must financially and medically qualify to access co-payment assistance. Patients and physicians can contact the PAF CPR at (866) 512-3861 to initiate a request for assistance or request additional information, or visit www.copays.org or www.patientadvocate.org.

The *Patient Advocate Foundation's* (PAF) **Colorectal CareLine** (CCL) is a national toll free telephone hotline designed to offer assistance to all colorectal cancer patients and healthcare providers seeking educational resources, direct assistance with access to care issues, and/or financial aid for select patient needs, including lodging, transportation, childcare and other expenses associated with out-of-town treatment. The hotline can be accessed at (866) 657-8634 or patients may visit www.colorectalcareline.org.

PhRMA has printed a directory of patient assistance programs offered by its member companies that provide free or reduced price medicine to people in need. Download this directory at www.asco.org/asco/downloads/PhRMA_Brochure.pdf.

Publications, Services, & Surveys

ANCO and *Sullivan/Luallin Healthcare Consulting* have cooperated on *Patient Satisfaction Surveys* for the past several years. Another *Patient Satisfaction Survey* will be offered in 2008. ANCO is using its negotiating leverage to offer you expert and reliable *Patient Satisfaction Surveys* at steep discounts. ANCO will fund the set-up fee so that members may participate at discounted per physician rates. An announcement of the *Patient Satisfaction Survey* was mailed and FAXed to all ANCO member practices earlier this week. For more information, visit www.anco-online.org/pxsrvy.html.