

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 sent to member practices (via FAX) and Corporate Member contacts (via e-mail). The next regular *ANCO FAX News* will be published on February 15th. Comments on and contributions to the *ANCO FAX News* are always welcome and encouraged at 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.]

ANCO representatives (Richard A. Bohannon, M.D., *President*; Peter Paul Yu, M.D.; and José Luis González, *Executive Director*) attended the *ASCO Clinical Practice Committee* and *ACCC Presidents Retreat in Washington, D.C.*, in mid-January. Amongst the issues discussed were

**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.

- *Congress* will likely adjourn before September 30th for the elections. If it intends to address the **Medicare Physician Fee Schedule**, it needs to pass Medicare legislation before July 1st. It is likely that any such legislation will propose an 18-month temporary solution rather than a reform of the *Sustainable Growth Rate* formula. The legislation may also include cancer-specific provisions (e.g., cancer research, removal of prompt pay discounts from ASP, and/or reimbursement for chemotherapy treatment plans).

- The AHFS **compendia** is being revitalized (partially due to ACCC/ASCO's efforts). The *USP-DI* is now defunct and has been succeeded by *DrugPoints*, which may or may not be recognized by CMS as a successor publication. CMS will start to consider new compendia soon and ASCO will petition CMS to recognize *DrugPoints* and the NCCN compendium as authoritative. This process will mirror CMS's NCD process. For more information, visit www.cms.hhs.gov/CoverageGenInfo/02_compendia.asp#TopOfPage. In the meantime, previously recognized compendia indications in the *USP-DI* should continue to be recognized.

- ASCO asked physicians to report all "adverse effects" of the CMS ESA NCD to the ASCO office and local *Congressional* representatives.

- The educational talks from ASCO's 2007 *EHR Symposium* are now available virtually at www.asco.org/ehrsymposium. ASCO will publish a *Field Guide to Selecting/Implementing an EHR* in April.

Congress and the President acted in December 2007 to avert the scheduled 10.1% cut to the Medicare Physician Fee Schedule by replacing it with a 0.5% increase in Medicare payments for the first six months of 2008. Unless *Congress* acts before July, the 10.1% cut will go into effect at that time. In summary, S2499:

- Replaced the scheduled 10.1% cut with a 0.5% increase to Medicare payments for physician services through June 30th.
- Implemented recommendations from a report released by the *Department of Health and Human Services' Office of the Inspector General* in 2006 to require CMS to adjust its ASP calculation to use volume-weighted ASPs, based on actual sales volume. The impact of this provision is difficult to determine but it may result in decreases in payments for some Part B drugs.
- Extended the physician quality reporting system.

Since there was a change to the 2008 Medicare Physician Fee Schedule, CMS is extending the participation decision period an additional 45 days through February 15th. All participating status changes will be effective retroactive to January 1st. To become a participating physician, complete Form CMS-460 by February 15th. If you are changing your participation status to non-participating, please send your request in a letter to your local contractor, post-marked by February 15th.

CMS recently posted three important transmittals regarding coverage and payment for ESAs. In summary:

1. Transmittal 1412 (Reporting of Hematocrit or Hemoglobin Levels on All Claims for the Administration of ESAs, Implementation of New Modifiers for Non-ESRD Indications, and Reporting of Hematocrit/Hemoglobin Levels on all Non-ESRD, Non-ESA Claims Requesting Payment for Anti-Anemia Drugs; www.cms.hhs.gov/transmittals/downloads/R1412CP.pdf) makes effective a statutory requirement that all claims submitted for ESAs include reporting of hematocrit/hemoglobin. While Medicare contractors have until April 7th to prepare their systems, physicians MUST report on hematocrit/hemoglobin effective January 1st. ASCO will seek clarification from CMS on whether claims that have already been submitted since January 1st must be

resubmitted with this information. This transmittal also requires reporting of one of the following three new HCPCS modifiers on claims for ESAs:

- EA—ESA administered to treat anemia due to anti-cancer chemotherapy.
- EB—ESA administered to treat anemia due to anti-cancer radiotherapy.
- EC—ESA administered to treat anemia not due to anti-cancer radiotherapy or anti-cancer chemotherapy.

The transmittal implements a CMS requirement that hematocrit/hemoglobin be reported in conjunction with claims for all anti-anemia drugs, not just ESAs.

2. Transmittal 1413 (**Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions**; www.cms.hhs.gov/transmittals/downloads/R1413CP.pdf) provides instructions to carriers on the implementation of the July 30th ESA NCD. Carriers have until April 7th to implement the instructions. The effective date for the NCD policy continues to be July 30th, 2007, however.

3. Transmittal 80 (**Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions**; www.cms.hhs.gov/transmittals/downloads/R80NCD.pdf) updates the Medicare *National Coverage Determinations Manual* to reflect provisions of the July 30th, 2007 ESA NCD.

A CMS/Medicare article on ESA claims submission requirements is now available at www.cms.hhs.gov/MLNMArticles/downloads/MM5699.pdf; in addition, NHIC/Medicare has prepared an article on the local implementation of these CMS transmittals. **ASCO seeks member feedback on CMS's ESA NCD and its implementation.** 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'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. 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 a newly reorganized (to facilitate access and navigation) www.cms.hhs.gov/PQRI. For specific information on the 2008 PQRI, visit www.cms.hhs.gov/PQRI/downloads/2008PQRIMPFSsummary.pdf. 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 web site (www.asco.org/pqri) to include relevant links and a table of oncology-related measures.** The table includes links to AMA-developed worksheets and may be especially helpful in guiding practices' decision making regarding participation and measure reporting. As the 2008 PQRI program launched January 1st, practices choosing to participate must select measures and initiate claims-based reporting as soon as possible. Oncologists should note that the codes and specifications for 2008 PQRI measures 71 (Hormonal therapy for stage IC-III, ER/PR positive breast cancer), 72 (Chemotherapy for stage III colon cancer), and 73 (Plan for chemotherapy documented before administration) have changed and the 2007 codes

for those measures can no longer be reported.

The additional election period for the 2008 Medicare Part B Drug *Competitive Acquisition Program* (CAP) will conclude on February 15th.

The CAP is a voluntary program that offers physicians the option to acquire many injectable and infused drugs they use in their practice from an approved CAP vendor, thus reducing the time they spend buying and billing for drugs. This additional election period is for physicians who have not already elected to participate in the CAP for 2008. Effective dates of participation for physicians who elect to join the CAP during this additional election period will be April 1st to December 31st. Once a physician has elected to participate in CAP, they must obtain all drugs on the CAP drug list from the CAP drug vendor. Physicians can still continue to purchase and bill Medicare under the *Average Sale Price* (ASP) system for those drugs that are not provided by the physician's CAP vendor. Additional information about the CAP is available at www.cms.hhs.gov/CompetitiveAcquisforBios/01_overview.asp. The designated CAP carrier (*Noridian Administrative Services*, NAS) offers interactive, online workshops about the CAP. Interested parties may view additional information about and register for these workshops at www.noridianmedicare.com/cap_drug/train/workshops/index.html. Upcoming workshops will be held on February 5th & 21st, March 12th, April 22nd, and May 28th. In addition, NAS will hold one more 2008 additional election period "Ask the Contractor" teleconference on February 13th where new CAP Physicians can learn more about aspects of the program such as the CAP billing modifiers and billing for CAP claims. Prospective CAP physicians will have an additional opportunity to learn more about the CAP and how to elect to participate during the additional election period. The call-in number is (800) 700-8174. A *PowerPoint* slide presentation to accompany the teleconference will be posted at www.noridianmedicare.com/cap_drug/train/act.html at least one day prior to the teleconference. Physicians can also contact the NAS CAP *Vendor Contact Center* at (888) 671-0536 with questions on the CAP election process or with general program inquiries.

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 January 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:

- The *Governor's* health care reform bill died this week in the *Senate Health Committee* for lack of support based on budgetary, legal, funding concerns, and due to a rival bill (single payer plan) supported by the *Chair of Senate Health Committee*.

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 updated Medicare *Physician Fee Schedules* for January through June on its website. The updated fee schedules include the .5% increase to the *Physician Fee Schedule* conversion factor. Since there is a change in the fee schedule, CMS is

extending the participation enrollment period for an additional 45 days to February 15th.

Effective January 1st, there are new claims submission requirements for the administration of physician administered anti-anemia drugs or ESAs (J0881, J0882, J0885, J0886 or Q4081) used in the treatment of cancer. The hematocrit or hemoglobin level should be reported in item 19 of the Form CMS-1500. For electronic claims (837P), providers should report the hemoglobin or hematocrit readings in Loop 2400 MEA segment (i.e., MEA01=TR (for test results; MEA02=R1 (for hemoglobin), or R2 (for hematocrit); and, MEA03=the test results). The test results shall be entered as follows: TR= test results (slash), R1=hemoglobin, or R2=hematocrit (slash), and the most current numeric test result figure up to 3 numerics and a decimal point[xx.x]). For example, for hemoglobin tests, TR/R1/9.0; for hematocrit tests, TR/R2/27.0. Effective January 1st, all non-ESRD claims billing HCPCS J0881 and J0885 must also begin reporting one of the following modifiers:

- Modifier EA—ESA, anemia, chemo-induced
- Modifier EB—ESA, anemia, radio-induced
- Modifier EC—ESA, anemia, non-chemo/radio

ESAs administered for more than one of the indicated therapies are to be billed as separate line items. Only one of the three ESA modifiers may be reported at the line item level. Providers should continue to utilize modifier EJ to report subsequent administrations of ESAs.

As of March 1st, 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. For complete NPI information, visit www.cms.hhs.gov/NationalProvIdentStand. To apply for an NPI online, visit nppes.cms.hhs.gov or call the NPI enumerator to request a paper application at (800) 465-3203.

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

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

DHS/MediCal has published various bulletin articles regarding the new billing requirements prohibiting use of Social Security Numbers (SSN). Effective for dates of service on or after February 1st most providers may no longer bill DHS/MediCal or the *Child Health and Disability Prevention* (CHDP) program using a recipient's SSN. Claims submitted with a recipient's SSN for a date of service on or after February 1st will be denied using RAD code 0046: *Social Security Number (SSN) not permitted for billing MediCal*. All providers are expected to use the 14-character DHS/MediCal identification number from the recipient's Benefits Identification Card (BIC) or paper ID card when submitting claims. The ID number is located on the front of the card and consists of a 9-digit Client Index Number, a Check Digit and a 4-digit issue date. The issue date is used to deactivate cards that have been reported as lost or stolen. Should any questions arise regarding this matter, please contact the DHS/MediCal Telephone Service Center (TSC) at (800) 541-5555.

DHS/MediCal records indicate that almost 50% of providers have not registered their NPIs. As a result, electronic claims submitted through Computer Media Claims (CMC) cannot be accepted for processing. **To ensure uninterrupted claim payments, all providers must register their NPI with DHS/MediCal as soon as possible.** Notifications are being made to the submitters, billers, and/or clearinghouses; however, it is the

provider's responsibility to ensure their NPI is registered with DHS/MediCal. Once NPI registration is completed, claims previously submitted without NPIs must be submitted again. Providers can register their NPI with DHS/MediCal using the National Provider Identifier Collection (NPIC) tool on the DHS/MediCal website or through hardcopy or bulk registration. Providers who obtained subpart NPIs from NPPES must register each NPI with the appropriate DHS/MediCal provider number at a one-to-one ratio. Failure to use the corresponding NPI registered for a DHS/MediCal provider number may result in denial of claims. For more information or assistance please contact the NPI Helpdesk at (800) 541-5555 (option 16 and then option 18 for NPI registration).

UnitedHealthcare has announced that, effective March 15th, it will base its benefit coverage for chemotherapy drugs used in outpatient settings on the *National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium*. Previously, *UnitedHealthcare* based its chemotherapy-drug policies on a range of medical literature resources. *UnitedHealthcare* will update its chemotherapy-drug policies in conjunction with monthly updates made by the NCCN to its compendium. *UnitedHealthcare* is currently communicating this change in drug policy regarding use of the compendium to its network of physicians. Complete information is available on the company's physician portal at www.unitedhealthcareonline.com.

EDUCATION

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

ASH Highlights 2007

ANCO's *ASH Highlights 2007* will take place on Wednesday evening, February 6th 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 is available at www.anco-online.org/ash.html.

ASCO's 2008 Genitourinary Cancers Symposium

ASCO's 2008 Genitourinary Cancers Symposium: A Multidisciplinary Approach will take place at the *San Francisco Marriott* on February 14-16th. 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.

Breast Cancer: Finding Answers to your Questions

ANCO is a collaborating partner in the 7th *Annual Allison Taylor Holbrooks/Barbara Jo Johnson Breast Cancer Conference for Survivors, Family, Friends, and Medical Professionals* entitled *Breast Cancer: Finding Answers to your Questions*. This meeting will take place on Saturday, March 1st, at the *Golden Gate Club* (The Presidio) San Francisco. New and practical information about living with a diagnosis of breast cancer will be presented. For more information and to register, visit www.nccc.org.

ACCC's 34th Annual National Meeting: Quality Cancer Care—Strategies and Solutions

The *Association of Community Cancer Centers* (ACCC's) 34 *Annual National Meeting* will take place April 2nd-5th at the *Baltimore Marriott Waterfront Hotel*. Are you contemplating your next move to enhance quality cancer care, improve quality reporting, and bolster efficiencies? Are you looking for innovative strategies to better serve your patients, your staff, and your community? Then attending ACCC's 34th *Annual National Meeting: Quality Cancer Care—Strategies and Solutions* is the only game in town. Register today at www.accc-cancer.org/meetings/meetings_annual08.asp

ASCO Annual Meeting

ASCO members can now register for the 2008 *Annual Meeting*. Exclusive access to housing reservations is now available to ASCO members. 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. Visit www.asco.org/annualmeeting for more information and to register.

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

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

February 15th
Caring for Your Bones When You Have Lung Cancer
 CancerCare
 Telephone Education Workshop

February 16-19th
28th Annual Conference: Clinical Hematology and Oncology 2008
 Scripps Cancer Center
 San Diego

February 19th
I Have Had Many Treatments for Metastatic Breast Cancer: What's New For Me?
 CancerCare
 Telephone Education Workshop

February 20th
Medical Update on Bladder Cancer
 CancerCare
 Telephone Education Workshop

March 5th
Living with Metastatic Colorectal Cancer: Update from the 2008 American Society of Clinical Oncology (ASCO) Gastrointestinal Cancers

Symposium
 CancerCare
 Telephone Education Workshop
 March 7th
Advances in the Treatment of Dry Mouth (Xerostomia)
 CancerCare
 Telephone Education Workshop

March 11th
Caring for Your Bones When You Have Prostate Cancer
 CancerCare
 Telephone Education Workshop

March 13th
Treatment Update on Glioblastoma
 CancerCare
 Telephone Education Workshop

March 19th
Questions and Answers About Managing Chemotherapy-Related Anemia
 CancerCare
 Telephone Education Workshop

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.

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:

- *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)
- *Oncology Pharmaceutical Services* (OPS), a division of *US Oncology*; contact Sean Taylor at (415) 235-4673 or sean.taylor@usoncology.com
- *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
- *Onmark/OTN*; contact Jennifer Semanik at (415) 497-2750 or Tony Policani at (509) 995-0280 or anthony.policani@otnnet.com; or Monique Weston at (650) 871-2108 or monique.weston@onmarkservices.com

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 February 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

ANCO member Barbara McAneny, M.D., has been nominated for *ASCO President-Elect*. In addition, ANCO member Branimir (Brandy) Sikic, M.D., has been nominated for an open position (undesignated specialty) on the *ASCO Board of Directors*. ANCO urges all members to vote in the *ASCO Annual Election* prior to February 15th.

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.

The following **update(s) to the *Directory*** should be inserted in the appropriate location(s):

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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

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. 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 contact Jennifer Schafer at (650) 724-2288 or schafer@stanford.edu.

Stanford's *Breast Cancer Grand Rounds: Managing Fertility Issues in Women Newly Diagnosed with Breast Cancer* will be presented by the *Stanford University School of Medicine* on March 21st. Visit med.stanford.edu/seminars/eventDetails.do?semid=12431 for more information.

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
Clariant Diagnostics • Eisai
Enzon Pharmaceuticals
Genentech BioOncology
Genitope Corporation • Genomic Health
Genzyme Oncology • Hospira
ImClone Systems
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*

We especially wish to thank and welcome *ImClone Systems* as a new Corporate Member in 2008.

***Bayer Healthcare Pharmaceuticals* informs**

ANCO that, in consultation with the *United States Food and Drug Administration*, it has decided to withdraw the current liquid formulation of Leukine from the supply system. This decision was made in light of an upward trend in spontaneous reports of adverse reactions, including syncope (fainting), which are temporally correlated with a change in the formulation of liquid Leukine to include EDTA (edetate disodium). *Bayer* requests that physicians immediately stop using liquid Leukine and return any unused vials. If physicians have questions regarding the return process, they may call *Bayer Healthcare Pharmaceuticals* at (888) 842-2937. A special access program for patients needing Leukine following induction chemotherapy in AML and patients with bone marrow transplantation engraftment failure or delay has been established. For additional information, visit www.leukine.com.

Publications, Services, & Surveys

The January 2008 issue of *Oncology Business Review* features articles entitled *Compendia: The Bridge Between FDA Approved Indications and Off-label Drug Usage* and *How Does Drug Pricing Drive Therapeutic Choice?* Visit www.oncbiz.com to view these articles.

ANCO surveyed its membership (via FAX and e-mail) regarding **Private Payor Claims Processing** during 4Q07. Here is a summary of the survey responses:

- Approximately 25% of ANCO member practices responded to the survey.
- *Blue Cross, Blue Shield, United Healthcare/Pacificare, and HealthNet* presented surveyed practices with the most frequent and/or difficult claims processing and/or reimbursement problems.
- The most frequent/routine claims processing and/or reimbursement problems were authorized services suspended for medical review, delayed payments, requests (sometimes duplicate) for medical records (and their “non receipt”), and services not needing authorization suspended for medical review.

- 14 respondents routinely attempt to pre-authorize all treatments; 9 respondents routinely attempt to pre-authorize some treatments. Authorizations take too long.
- 15 respondents have pursued denied claims through the private payor’s appeals process to independent medical review with the *Department of Managed Health Care*; 7 have not. Independent medical review takes too long and must be patient initiated.
- 13 respondents pursue penalties/interest on claims paid in an untimely fashion; 11 do not.
- 13 respondents have never reported objectionable private payor practices to the *Department of Managed Health Care* and/or *Department of Insurance*; 9 have (7 successfully, 2 unsuccessfully).
- *Aetna, Cigna, HealthNet* were reported to be private payors with whom respondents do not have routine claims processing and/or reimbursement problems.

ANCO intends to use the findings of the survey in developing more effective advocacy positions and strategies, educational programs, and membership services.

Membership Dues for 2008

Membership renewal notices for 2008 were mailed to all members in early December 2007. 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 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!