

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 regular *ANCO FAX News* will be published on August 6th. 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.

**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

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.]

ASCO has published a summary of the proposed Medicare Physician Fee Schedule (MPFS) for 2011 and is conducting additional review of the data and statements presented by CMS in order to prepare detailed comments for submission prior to the deadline in late August. In summary, medical oncology will experience a payment cut

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.

in 2011; diagnostic imaging will experience a larger payment cut than expected in 2011; and, therapeutic radiation will experience a payment increase in 2011. Among ASCO's highlighted concerns are:

- Changes in practice expense relative values based on the AMA's *Physician Practice Information Survey* (PPIS) that decrease overall Medicare reimbursement for medical oncology practices by approximately 2%.
- Rebasement and revising the *Medicare Economic Index* (MEI) that increases overall Medicare reimbursement for medical oncology practices by approximately 1%.
- The absence of *Congressional* action to address the sustainable growth rate that will cut reimbursement by approximately 28%.
- A proposal to begin using *Average Manufacturers Price* (AMP) as a means to limit drug payment levels in the physician office setting under certain circumstances.

For details, please view ASCO's initial summary at www.anco-online.org/ASCOAnalysis2011.pdf; and, ASH's analysis at www.anco-online.org/ASHAnalysis2011.pdf

Effective July 30th when billing Medicare for all drugs (except those provided under the *Competitive Acquisition Program* for Part B drugs and biologicals), CMS has instructed providers via *MedLearn Matters* MM6711 (www.cms.gov/MLN MattersArticles/downloads/MM6711.pdf) to **use the JW modifier to identify unused drugs or biologicals from single-use vials or single-use packages that are appropriately discarded**. This modifier, billed on a separate line, will provide payment for the discarded drug or biological.

CMS's *Physician Quality Reporting Initiative* (PQRI) provides 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 has posted updated 2010 PQRI educational products to the PQRI webpage at www.cms.hhs.gov/PQRI. In addition, an

updated list of registries that have become "qualified" to submit quality data to CMS on behalf of their eligible professionals for 2010 PQRI and eRx reporting and an updated list of EHR vendors and their programs that have been "qualified" to submit quality data to CMS by eligible professionals for 2010 PQRI reporting are now available on the *Alternative Reporting Mechanisms* page of the PQRI website. **The American Medical Association (AMA) has posted PQRI participation tools** at www.ama-assn.org/ama/pub/physician-resources/clinical-practice-improvement/clinical-quality/participation-tools-individual-2010.shtml. In addition, ASCO's PQRI website (www.asco.org/ASCOv2/Public+Policy/Policy+Issues/Medicare+%26+Quality+Care/Regulations+%26+Resources/Information/Physician+Quality+Reporting+Initiative+%28PQRI%29+General+Information?cpsextcurrchannel=1) includes relevant links and oncology-specific information.

CMS has posted updated 2010 *Electronic Prescribing Incentive* (eRx) *Program* educational products to the eRx webpage at www.cms.hhs.gov/ERxIncentive. For additional oncology-specific information, visit ASCO's e-prescribing website at www.asco.org/eprescribing.

The United States Department of Health and Human Services has announced final rules to support the meaningful use of electronic health records (EHRs; see *The New England Journal of Medicine* article at www.anco-online.org/NEJM_MeaningfulUse.pdf) governing how eligible health care professionals can qualify for Medicare and Medicaid incentive payments (available to physicians only) when they adopt certified EHR technology and use it to achieve specified objectives. One regulation, issued by the CMS, defines the minimum requirements (the "meaningful use") that providers must meet through their use of certified EHR technology in order to qualify for the bonus payments. The other rule, issued by the *Office of the National Coordinator for Health Information Technology* (ONC), identifies the standards and certification criteria for the certification of EHR technology, so eligible professionals may be assured that the systems they adopt are capable of performing the

required functions. With “meaningful use” definitions in place, EHR system vendors can ensure that their systems deliver the required capabilities and providers can be assured that the system they acquire will support achievement of “meaningful use” objectives. ASCO’s highlights of the CMS rule can be found at www.anco-online.org/ASCOonMeaningfulUse.pdf. In summary, the core criteria for the meaningful use of an EHR in an ambulatory setting are:

1. Record patient demographics (including gender, race and ethnicity, date of birth, preferred language) at least 50% of the time.
2. Record vital signs (height, weight, blood pressure, body mass index, and growth charts for children) at least 50% of the time.
3. Maintain up-to-date problem lists at least 80% of the time.
4. Maintain active medication lists at least 80% of the time.
5. Maintain active medication allergy lists at least 80% of the time.
6. Record smoking status for patients >13 years of age at least 50% of the time.
7. Provide patients with a clinical summary for each office visit within 3 business days at least 50% of the time.
8. On request, provide patients with an electronic copy of their health information (including test results, problem lists, meds lists, allergies) within 3 business days at least 50% of the time.
9. Generate electronic prescriptions at least 40% of the time.
10. Use computerized physician order entry (CPOE) for medication orders at least 30% of the time.
11. Implement drug-drug and drug-allergy interaction checks at least 40% of the time.
12. Be able to exchange key clinical information among providers by performing at least one test of the EHR’s ability to do this.

13. Implement one “clinical decision support rule”, and ability to track compliance with the rule.
14. Implement systems that protect privacy and security of patient data in the EHR by conducting or reviewing a security risk analysis and taking corrective steps if needed.
15. Report clinical quality measures to CMS.

In addition to the 15 required core elements listed above, a physician must also demonstrate that their EHR has at least 5 of the following 10 capabilities:

1. Implement drug-formulary checking.
2. Incorporate lab test data into the EHR as structured data.
3. Generate lists of patients by specific conditions (to use for quality improvement, reduce disparities, research, or outreach).
4. Use EHR technology to identify patient-specific education resources and provide those to the patient as appropriate at least 10% of the time.
5. Provide medication reconciliation between care settings at least 50% of the time.
6. Provide summary of care record for patients transferred to another provider or setting at least 50% of the time.
7. Submit electronic immunization data to local registries (performing at least one test of data submission where registries can accept them).
8. Submit electronic syndromic surveillance to public health agencies (performing at least one test where local agencies can accept them).
9. Send reminders to patients (per patient preference of format) for preventive and follow-up care at least 20% of the time.
10. Provide patients with timely electronic access to their health information at least 10% of the time.

Physicians can only meet these criteria if their EHR vendor has the capabilities built into their

EHR systems. Check with them to see what their certification plan is and if they have to add functionality to meet the criteria. **CMA has scheduled a webinar to provide physicians and their office staff with an overview of the new meaningful use criteria** on Tuesday, July 27th at 12:15PM. Registration is free for CMA members; nonmembers can register for \$99. Visit www2.gotomeeting.com/register/626516747 to register. CalHIPSO has scheduled a webinar on meaningful use for September 29th at 12PM; visit www.calhipso.org/index.php?option=com_content&view=article&id=30&Itemid=38 for more information.

ASCO has identified the EHR as an important vehicle for advancing the quality of cancer care. The *Oncology Electronic Health Record Field Guide: Selecting and Implementing an EHR* serves as the only comprehensive, oncology-specific handbook on the market. The *EHR Field Guide* has been developed to equip practitioners with the information and resources needed to select and implement current and future EHRs for clinical practice and management as well as quality-of-care measurement and improvement. An essential resource for evaluating and selecting EHRs, the *EHR Field Guide* includes:

- Core functions of an oncology EHR
- EHR selection and making the right choice
- EHR implementation and customization
- Ongoing EHR management and best practices

To purchase your copy of the *EHR Field Guide*, visit www.asco.org/ehrfieldguide. **ASCO has developed an EHR social networking site (ehr.ascoexchange.org) to help oncologists and their practice staff connect and collaborate with other users of EHRs**, as well as find information on EHRs and other health information technology tools. **The California Medical Association (CMA) has established a Health Information Technology (HIT) Resource Center** on its website designed to educate physicians about the HIT subsidies for physicians in the *Federal stimulus package*. Visit www.cmanet.org/hit for the latest information focusing on materials to help physicians assess their HIT needs and begin

the process of choosing an EHR system that works best for their practices and qualifies them to receive the *Federal* funds. The **California Health Information Partnership & Services Organization** (CalHIPSO; www.calhipso.org) is a joint venture between the *California Primary Care Association*, the *California Medical Association*, and the *California Association of Public Hospitals and Health Systems* that has been allocated a total of \$17.3M by the *United States Department of Health and Human Services* for helping primary care doctors and other health providers purchase and use technology for electronic health records. CalHIPSO plans to begin enrolling doctors for services to help them buy and install EHR systems and will also begin offering EHR technology packages to doctors at a discount in the next couple of months. The *California Medical Association* plans to offer several EHR systems at a cost savings as well that meet CMS standards.

CMA, MOASC, and State Legislative & Regulatory Issues

[Editor's Note: ANCO and the Medical Oncology Association of Southern California (MOASC) are members of the California Medical Association's (CMA) Council on Legislation, House of Delegates, and specialty delegation. ANCO and MOASC coordinate advocacy activities in California.]

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

- *Governor Schwarzenegger* recently signed SB227 and AB1887 that create the *Federal Temporary High Risk Pool Program* in California, a new program using *Federal* health care reform funds to help individuals with pre-existing conditions purchase insurance. The new, temporary high-risk pool will be administered by the *State's Managed Risk Medical Insurance Board (MRMIB)* to provide an avenue to coverage for those with complex medical conditions between now and when the ban on pre-existing conditions exclusions takes effect for everyone in 2014.

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.

Sacramento can be a dangerous place for doctors. Many bills impacting medicine wind their way through the *Capitol* on their journey to the *Governor's* desk. And, many of these bills threaten the medical profession with the backing of powerful lobbyists and PACs. It's critical that **physicians have an advocate at work for them every day and who knows how to speak on their behalf. That advocate is the *California Medical Association* (CMA).** While physicians keep a close eye on their patients, CMA is keeping a close eye on those bills...and more. **Got payment delays? Feeling victimized by payors and overwhelmed by the process? Don't let the health plans mistreat you.** The CMA's *Center for Economic Services* has a team of reimbursement specialists available to assist ANCO's CMA members experiencing payment problems with third-party payors. For membership, contact Ron Lopp at (916) 551-2042 or rlopp@cmanet.org; for reimbursement assistance, call CMA's *Reimbursement Helpline* at (888) 401-5911.

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

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.

The 2010 *California Physician's Legal Handbook* (CPLH) is now available. CPLH—an annual publication of CMA's *Center for Legal Affairs*—answers medical-legal questions most frequently asked by physicians. CPLH 2010 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 seven-volume print format and on CD-ROM. The CD-ROM offers all 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 version costs \$898 (\$1,080 for nonmembers). To place an order, visit www.cmanet.org/bookstore/product.cfm?catid=10&productid=163 or call (800) 882-1262. CMA members can access most of the CPLH content free via CMA On-Call, CMA's online library of medical-legal information, at the members-only website.

Palmetto/J1MAC, DHCS/MediCal, & Private Payors

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

The *Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010* was signed into law on June 25th establishing a 2.2% update to the Medicare *Physician Fee Schedule* (MPFS) payment rates retroactive from June 1st through November 30th. On June 23rd and 24th, Palmetto/J1MAC released some payments that were based on the reduced fee schedule. They will automatically process adjustments to these claims, including claims containing June dates of service that were submitted with charges greater than or equal to the new 2.2% update rates. If your submitted claims containing June dates of service included charges less than the 2.2%

update amount, you must submit a *Redetermination/Reopening Form* (from [www.palmettogba.com/Palmetto/Providers.nsf/files/Redetermination-Reopening_Request_Form_\(J1_MAC\).pdf/\\$File/Redetermination-Reopening_Request_Form_\(J1_MAC\).pdf](http://www.palmettogba.com/Palmetto/Providers.nsf/files/Redetermination-Reopening_Request_Form_(J1_MAC).pdf/$File/Redetermination-Reopening_Request_Form_(J1_MAC).pdf)). Do not resubmit these claims, as they will likely be denied as duplicate claims.

CMS recently extended the PECOS (*Provider Enrollment, Chain and Ownership System*) enrollment deadline to September 1st to ensure contractors have adequate time to complete enrollment applications before the January 3rd, 2011, enforcement deadline. Between now and January 3rd, if claims are submitted with ordering or referring physicians who are not in the system, the billing provider will receive an informational message explaining that the claim failed the “ordering/referring provider edits.” Affected claims will, however, continue to be processed and paid. Claims received on or after January 3rd will not be paid if the ordering or referring provider is not enrolled in PECOS.

Palmetto/J1MAC recently identified California physicians who do not have a record in PECOS. Over the next several weeks, these physicians will receive letters from Palmetto/J1MAC notifying them of the need to enroll. Don't know if you are in PECOS? CMA has developed a step-by-step guide to walk you through the process, from determining if you are already in PECOS to accessing the Internet-based PECOS enrollment system. This guide is available to members only at the members-only website.

Palmetto/J1MAC has updated its *Local Coverage Determination (LCD)* for Intensity Modulated Radiation Therapy (IMRT; L28272). Visit www.cms.gov/mcd/viewlcd.asp?lcd_id=28272&lcd_version=20&basket=lcd%3A28272%3A20%3AIntensity+Modulated+Radiation+Therapy+%28IMRT%29%3AMAC+%2D+Part+B%3APalmetto+GBA+%2801102%29%3A.

Palmetto/J1MAC informs ANCO that CMS identified a Medicare claims processing issue where adjustments submitted against original bills containing mammography services were incorrectly receiving Reason Code 36440 preventing the claims from finalizing. Claim adjustments receiving Reason Code 36440 were

being held until the correction of this issue. This issue has been corrected and the held claims will now be released for processing.

Palmetto/J1MAC has announced that the annual ICD-9-CM update will be effective for dates of service on and after October 1st. See the new, revised, and discontinued ICD-9-CM diagnosis codes on the CMS web site or at the *National Center for Health Statistics* (NCHS) web site. Providers are encouraged to review the information and to share with their staff. For more information, visit www.palmettogba.com/palmetto/providers.nsf/vMasterDID/7N2SRQ1615?opendocument.

The Medicare Modernization Act of 2003 established the Medicare Recovery Audit Contractor (RAC) program to identify fraud and waste in the Medicare system. Audit contractors are expected to focus on companies and individuals whose billings for specific Medicare services are higher than the majority of providers in their communities. Auditors cannot request more than 10 patient records from a practice in any 45-day period. The *California Medical Association* (CMA) has developed a tool kit to help physicians understand the program and, if necessary, navigate the audit process. The tool kit is available free to CMA members. Palmetto/J1MAC has published an article entitled *Recovery Audit Contractor (RAC) Program* and added a new RAC category under *Articles* on the Palmetto/J1MAC website. Visit www.palmettogba.com/palmetto/providers.nsf/vMasterDID/7T6K7W3608?opendocument or www.anco-online.org/MedicareRACs.pdf for more information on the RAC program. **HealthDataInsights (HDI), the Medicare RAC for Region D (that includes California), has posted the CMS-approved audit issues for RAC review at racinfo.healthdatainsights.com.**

Palmetto/J1MAC's July Medicare Advisory is available at [www.palmettogba.com/Palmetto/Providers.nsf/files/j1_medicare_advisory_July2010.pdf/\\$File/j1_medicare_advisory_July2010.pdf](http://www.palmettogba.com/Palmetto/Providers.nsf/files/j1_medicare_advisory_July2010.pdf/$File/j1_medicare_advisory_July2010.pdf).

Did you know that the California has a quick, easy, and free way for physicians to get help with claims payment problems? The *Department of Managed Health Care's (DMHC) Provider*

Complaint Unit (PCU) has recovered more than \$16M in additional payments owed by health plans to physicians since it was created in 2005. The DMHC PCU was created as an alternative way for physicians to resolve claims payment issues without having to go to court. An online *Provider Complaint System* evaluates claim reimbursement disputes such as timely submission and payment of claims, failure to pay according to contracts, coding disputes, and enforcement of the provider bill of rights. The PCU investigates and addresses individual claims problems and also systemic unfair payment or billing patterns among health plans. The DMHC is the *State* agency that regulates all California HMOs, and *Anthem Blue Cross* and *Blue Shield* PPOs. If you are a physician and would like to report a problem regarding claims payment, please contact DMHC at (877) 525-1295 or visit www.healthhelp.ca.gov. DMHC is especially interested in current preauthorization/certification, claims processing, and payment problems facing the hematology/oncology community. Visit www.anco-online.org/Resources.pdf for specific instructions on how to report your issues to DMHC. The independent dispute resolution process is described at dmhc.ca.gov/providers/clm/clm_idrp.aspx. Practices can review past DMHC enforcement actions at www.hmohelp.ca.gov/healthplans/enf/enf_default.aspx; or past independent medical review findings at www.hmohelp.ca.gov/dmhc_consumer/pc/pc_imrdec.aspx.

EDUCATION

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

Washington Update: Legislative/Regulatory Impact on Oncology Practice

ANCO presented *Washington Update: Legislative/Regulatory Impact on Oncology Practice* with Joseph S. Bailes, M.D., *ASCO Senior Advisor for Government Relations*, on July 15th at *The Palace Hotel* in San Francisco. A copy of the presentation is available at www.anco.org/washington2010.pdf.

MOASC's ONS Chemotherapy Certification Course

MOASC invites registered nurses at ANCO member practices to attend its *ONS Chemotherapy Certification Course* on October 1st-2nd at the *Courtyard Marriot* in Pasadena. Nurses that successfully complete the course and pass the test earn 13.5 CEUs. Visit moasc.org/moasc-calendar.html to download and complete the registration form; return the form via FAX to (909) 985-8581. This meeting is supported in part by *Abraxis BioScience*, *Celgene*, and *Meda Pharmaceuticals*.

6th Annual Oncology Congress



The *6th Annual Oncology Congress* will take place October 15-17th at *The Palace Hotel* in *San Francisco*. This event is an interactive CME conference providing practicing oncologists with the latest clinical data, best practices, and new technologies that are directly applicable to the practice of oncology today. Discounted ANCO physician member and nurse registration is available by using priority code ANCO at oncologycongress.com/en/San-Francisco-CA. Early registration pricing expires Friday, July 23rd.

LLS Complimentary Continuing Education

The *Leukemia & Lymphoma Society* (LLS) offers complimentary online, self-study, continuing education (CE) activities for healthcare professionals. Current LLS activities are available for physicians, nurse practitioners, and registered nurses, including:

- Emerging Therapies for Blood Cancers: Case Studies—Adherence, Ethics and Other Nursing Management Challenges (www.LLS.org/EmergingTherapies)
- The Pediatric Treatment Approach to Adult Acute Lymphocytic Leukemia: Perspectives for Oncology Nurses (www.LLS.org/AdultALL)

- Young Adults With Blood Cancers: Managing Treatment and Beyond (www.LLS.org/YAONS09)

Additional Education Meetings

Other meetings of possible interest to ANCO member practices are:

July 27-29th

National Latino Cancer Summit/Cumbre Nacional de Latinos y el Cáncer

Cancer Prevention Institute of California
San Francisco

August 11th

Advances in the Treatment of Multiple Myeloma
CancerCare

Telephone Education Workshop

August 11-12th

Cancer Pain Forum: Complete Cancer Pain Management—Integrating Interventional Pain and Supportive Care

Napa Pain Institute and Health Roots
Foundation

Napa

(www.napapainconference.com/cancer-college.html)

September 11th

Caregiving, Caregivers, & Cancer Conference

Cancer Prevention Institute of California
Stanford

(www.cpic.org > outreach > Education Programs)

September 21st

Treatment Update on Soft Tissue Sarcoma
CancerCare

Telephone Education Workshop

September 23rd-25th

Oncology Nursing Care: Meeting Today's Challenges

Reed Medical Education

Las Vegas

September 24th

The Important Role of Clinical Trials
CancerCare

Telephone Education Workshop

September 24-26th

15th Annual North American Educational Forum on Lymphoma

Lymphoma Research Foundation

San Francisco

September 29th

Medical Update on T-Cell Lymphomas: Part I—Update on Peripheral T-Cell Lymphoma
CancerCare

Telephone Education Workshop

September 29th-October 2nd

27th National Oncology Economics Conference

Association of Community Cancer Centers
St. Louis

(www.accc-cancer.org/meetings/meetings-noec2010.asp)

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

MEMBERSHIP RESOURCES

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, ListServ, and Weblog.
- clinical trials information.
- links to affiliated organizations.
- updated physician, nurse, manager, and patient resources.
- updated Corporate Member drug reimbursement and patient assistance program information.

ANCO Online 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. To subscribe to the ANCO *Online ListServ*, send an e-mail to

ListServ@anco-online.org.

The ANCO *Online Weblog* posts and archives important news sent on the *ListServ* for hematology/oncology practices on a regular basis. Among the additional news topics covered at anco-online.blogspot.com are:

- ACCC Connect
- ASH Practice Updates
- CMA Alerts
- CMS/Medicare Website Updates
- DHCS/MediCal Updates
- Palmetto/J1MAC Website Updates

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 19th. 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 2010 is now available online at www.anco-online.org/pubs.html as a .pdf document. In the interest of saving resources and bring “green,” this year’s *Directory* will not be printed and mailed. We urge all ANCO members to download and print their own edition of *The ANCO Directory of Members 2010*. The online edition will be regularly updated. Therefore, please verify your *Directory* entry and contact the ANCO office with any corrections, additions, and/or deletions.

Group Member News

ANCO initiated a **Group Membership** in 2008 based on a mutual set of perceived values and benefits and a mutual set of interests. The

ANCO *Board* believes that the *Association* and *The Permanente Medical Group* (TPMG) will each receive value from Group Membership. ANCO thanks *The Permanente Medical Group* for joining ANCO.

Institutional Member News

ANCO initiated an **Institutional Membership** in 2002. *Department(s) of Hematology and/or Oncology* of accredited, degree-granting teaching universities or research institutions are eligible for institutional membership. ANCO thanks the following Institutional Members for their support:

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

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

For information on **Institutional Member clinical trials** (also see below), please visit:

- cancertrials.stanford.edu/
- ccresources.ucdmc.ucdavis.edu/csr/content/ctsuactiveprotocollisting.csr
- clinical-trials.ucsf.edu:8000/trials/index.php

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 BioScience • Agendia
Alexion Pharmaceuticals • Allos Therapeutics
AMGEN • AstraZeneca
Bayer Healthcare/Onyx Pharmaceuticals
biogenIDEC • bioTheranostics

Bristol-Myers Squibb Oncology
 Celgene • Centocor Ortho Biotech
 Cephalon Oncology • Eisai
 Genentech BioOncology
 Genomic Health • Genzyme Oncology
 Lash Group Healthcare Consultants
 Lilly Oncology • Merck • Millennium
 Novartis Oncology
 Oncology Supply/ION • OSI Pharmaceuticals
 Onmark,
 a McKesson Specialty Care Solutions Company
 Pathwork Diagnostics • Pfizer Oncology
 Response Genetics • Sanofi Aventis Oncology
 Spectrum Pharmaceuticals
 US Oncology Physician Services • Vidacare

We especially wish to thank and welcome *bioTheranostics* as a new Corporate Member in 2010. *Alaven* and *Enzon Pharmaceuticals* did not renew their Corporate Memberships for 2010.

Please visit www.anco-online.org/assistance.html for updated Corporate Member drug reimbursement and patient assistance program information.

Allos Therapeutics informs ANCO that DHCS/MediCal will cover Folutyn effective August 1st. According to July's *MediCal Provider Bulletin* (General Medicine, #433, item #7), Folutyn (1mg, C9259) is reimbursable for the treatment of patients with relapsed or refractory T-cell lymphoma (ICD-9-CM codes 202.70-78).

Publications, Resources, Services, & Surveys

The *American Society of Clinical Oncology* (ASCO) prides itself on producing a quality line of training resources for all practice managers and their staff. To ensure that ASCO is achieving this goal, please take a few minutes to answer a brief, 15-question survey about how ASCO can better serve oncology practice management training needs at www.surveymonkey.com/s/P3CZX9M.

ASCO's *Oncology Practice Insider* is an interactive biweekly communication specifically devoted to oncology practice management issues and for practice managers. Subscribe to the *Oncology Practice Insider* via e-mail to practice@asco.org. The current issue features:

- ASCO wants to hear your stories about how CMS cuts impact the way you treat patients and run practices.
- ASCO submits comments on new NIH genetic testing registry.
- ASCO issues guideline on adjuvant endocrine therapy for women hormone receptor-positive breast cancer.
- *Journal of Oncology Practice* podcasts now available.

The July (Vol. 6, Issue 4) issue of ASCO's *Journal of Oncology Practice* features articles entitled *Practice and Productivity of Physician Assistants and Nurse Practitioners in Outpatient Oncology Clinics of NCCN Institutions*; *Understanding Patient Perspectives on Communication About the Cost of Cancer Care: A Review of the Literature*; *Coping With The Oncology Workforce Shortage: Transitioning Oncology Follow-Up Care to Primary Care Providers*; *Appropriate Billing for Infusion Pumps Used in Prolonged Chemotherapy Provided in the Office Setting*; and, *How to Negotiate with Health Care Plans*. Visit www.jopasco.org for more information.

The July/August (Vol. 25, No. 4) issue of ACCC's *Oncology Issues* features articles on *Professional Services Agreements*, *Managing Your Practice's Transition from Paper to EHR*, and *Quirks in the Reimbursement System*. Visit www.accc-cancer.org/oncology_issues/oi-currentissue.asp.

NCCN has updated their *Clinical Practice Guidelines in Oncology* and/or *Drugs & Biologics Compendium* for testicular cancer.