



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – September 6, 2007

CLINICAL PRACTICE COMMITTEE UPDATES: Thomas Gaddis, MD, Chairman

ESAs – FLASCO ACTION

This week FLASCO sent letters to medical directors at Aetna, United Healthcare, Blue Cross Blue Shield, Cigna and Humana, outlining ASCO's and FLASCO's concerns with Medicare's NCD. We have urged the health plans to consult with FLASCO if they are considering any changes in Florida to their own coverage policies for ESAs in light of the Medicare NCD.

Telephone Conference call with CMS/FCSO/FLASCO/OMF -CMS Demonstration Project: Targeting Fraud, Infusions and DME

Many of you may have read newspaper articles describing scams perpetuated in several states namely, California, Texas and South Florida, with the intent of bilking the Medicare system of millions of dollars. In order to effectively deal with this issue, CMS has instituted a Demonstration Project targeting "High Risk Providers". Oncology specifically has not been targeted, however, a great deal of what we do involves DME and infusion centers. These are the areas that are included in the demonstration project for Florida.

With that being said, CMS does not anticipate an impact to claims or the processing of paper work to the Oncology community. In our discussions, it was noted **the importance of your prompt responses** (usually within 30 days) to enrollment forms inquiries as well as documentation requests in order for claims to be processed. Failure to do so could result in denials of claims or rescinding your participation status in the Medicare program. Additional information requests are part of your carrier's ongoing procedures, so requests come from many areas: SGS (formerly known as EDS), RAC auditors, etc.

Recent articles from both FCSO and CMS have noted there have been some problems getting information requested from providers. **Please respond as quickly as possible to information requests** from your provider and their contracted entities. This will allow accurate and timely processing of your claims as well as your provider enrollment information.

Within the next several weeks both FCSO and CMS will be posting information concerning this project on their websites.

LEGISLATIVE UPDATE: Lowell Hart, MD, Chm.

Senate Passes Resolution on ESA NCD

On September 4th, the United States Senate passed a resolution relating to the changes mandated by the Centers for Medicare & Medicaid Services (CMS) on the restricted use of Erythropoiesis Stimulating Agents (ESAs) in the treatment of cancer patients. The unified passage of this Resolution by the Senate now places an official burden upon CMS to correct some of the inappropriately restrictive provisions of the ESAs NCD handed down July 30, 2007. This "Sense of the Senate" resolution requests the following:

(1) the Centers for Medicare & Medicaid Services should begin an immediate reconsideration of the final National Coverage Determination on the Use of Erythropoiesis Stimulating Agents in Cancer and Related Neoplastic Conditions (CAG-000383N);

(2) the Centers for Medicare & Medicaid Services should consult with members of the clinical oncology community to determine appropriate revisions to such final National Coverage Determination; and

(3) the Centers for Medicare & Medicaid Services should implement appropriate revisions to such final National Coverage Determination as soon as feasible and provide a briefing to Congress in advance of announcing such changes.

DRUG UPDATES:

TREANDA® (bendamustine HCl)

Cephalon, Inc., has announced that the U.S. Food and Drug Administration Office of Orphan Products Development granted orphan drug designation for the company's investigational therapy, TREANDA® (bendamustine HCl), for the treatment of chronic lymphocytic leukemia (CLL).

Eloxatin® (oxaliplatin injection)

Sanofi-aventis U.S. has launched a new 200 mg single-use vial of its chemotherapy treatment Eloxatin® (oxaliplatin injection) for patients who have adjuvant stage III colon cancer and advanced colorectal cancer. The new vial is expected to offer more convenience, efficiency, and safety in the preparation of the injectable cancer drug. Previously, Eloxatin® had been available in 50 mg and 100 mg single-use vials. The 200 mg vial was expected to be available for order by cancer treatment clinics and hospitals nationwide starting the last week of August 2007 (NDC number: NDC 0024-0592-40).

FCSO UPDATES:

October Update to the 2007 Medicare Physician Fee Schedule Database

Last Modified: 8/31/2007 - These changes are effective October 1, 2007. [CR 5714]

http://www.floridamedicare.com/Part_B/Articles/111963.pdf

Organ Transplant Application Update

Last Modified: 6/20/2007 - All hospital transplant programs, approved for Medicare participation as of 6/28/07, must submit a request for new approval by 12/26/07 [PERL 200706-21]

http://www.floridamedicare.com/Part_B/Articles/105075.asp

Lifting the National Provider Identifier Crosswalk Bypass Logic

Urgent Medicare NPI Alert for Providers Submitting NPI & Legacy Number Combinations - Is your office ready?

http://www.floridamedicare.com/Part_B/Articles/111000.asp

CMS:

NPI - Providers may see increase in claims rejections beginning next week

The Centers for Medicare & Medicaid Services (CMS) recently announced that beginning Sept. 3, carriers will no longer correct billing or pay-to-provider information submitted on Medicare claims submitted by group practices. This may lead to an increase in claims rejections when not using the correct National Provider Identifier (NPI) or NPI and legacy number combination. Group practices should be reporting the group NPI or group legacy number in combination with the group NPI in the billing or pay-to-provider identifier filed.

CMS advises medical practices that experience an increase in claims rejections to first verify that the correct NPI or NPI-PIN combination was submitted. If the information on file with NPPES is correct and you continue to experience difficulty with claims submissions, CMS suggests that you contact your Medicare carrier. The problem may be related to your Medicare provider enrollment application (CMS-855). Medicare carriers will turn off this edit on a rolling basis. You should receive notification from your carrier prior to the implementation of this policy.

Providers who also act as durable medical equipment suppliers must be consistent in their enumeration. If the provider enumerates as an individual with the National Supplier Clearinghouse (NSC), he/she must enumerate as an individual with NPPES. If the provider enumerates as an organization with NSC, the same must be done with NPPES.

To verify your information, visit the [National Plan and Provider Enumeration System](#) (NPES) or contact (800) 465.3203. For more information on common billing errors connected with the NPI, read MLN Matters article [SE0725](#).

POA Indicator:

Effective October 1, 2007, Medicare will begin to accept a Present On Admission (POA) Indicator for every diagnosis on inpatient acute care hospital claims; however, providers must submit the POA on hospital claims beginning with discharges on or after January 1, 2008. Critical access hospitals, Maryland waiver hospitals, long term care hospitals, cancer hospitals, psychiatric hospitals, inpatient rehabilitation facilities, and children's inpatient facilities are exempt from this requirement. For more information on this POA requirement, please see MLN Matters Article #MM5499 which can be downloaded from the following link: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5499.pdf>

ASCO UPDATES:

ESAs & 2008 Physician Fee Schedule

This is to provide you with important updates on ASCO's recent activities regarding ESAs and the physician fee schedule.

1) Formal Reconsideration Request on Medicare ESA National Coverage Decision

Last week ASCO filed a formal request with the Centers for Medicare & Medicaid Services (CMS) for reconsideration of the July 30, 2007 Medicare ESA National Coverage Decision (NCD). This request included a letter reiterating ASCO's concerns with the NCD as well as specific recommendations for revising the language of the current NCD.

2) Outreach to Private Insurers on Medicare ESA National Coverage Decision

Last week ASCO sent letters to medical directors at Aetna, United Healthcare, and the Blue Cross Blue Shield Association outlining their concerns with Medicare's NCD. They urged the health plans to consult with state society leadership if they are considering any changes to their own coverage policies for ESAs, in light of the Medicare NCD. ASCO sent a list of state society presidents and contact information along with this correspondence.

3) 2008 Medicare Physician Fee Schedule Comments

ASCO has also filed comments with CMS on the proposed Medicare physician fee schedule regulation. ASCO's comments focus on a) the need to avert a 9.9% cut in physician payments due to the flawed SGR methodology, b) making PQRI more user-friendly for oncology and including the statutorily required anemia quality indicator reporting as a PQRI measure, and c) recommending a process for CMS to review drug compendia that list off-label uses of cancer drugs.

ASH UPDATES:

Ash Membership:

ASH would like to remind all FLASCO members who are members of ASH to please look for the written ballots that are in the mail and to please vote? ASH is especially interested in general turnout and opinion.

ESA Update: ASH Requests Reopening of National Coverage Decision

ASH has [requested](#) that CMS reopen its recent National Coverage Decision (NCD) concerning erythropoietin stimulating agents (ESAs) due to the limitations on patients undergoing ESA therapy for non-renal uses. Specifically, ASH has urged CMS to allow coverage for the continued use of ESA therapy where the patient is brought to a hemoglobin level between 10 and 12g/dL in order to appropriately manage care. Currently, the NCD stops coverage once the hemoglobin has reached 10 g/dL. Based on recent conversations, CMS appears to be willing to reconsider its [National Coverage Decision](#) (NCD) on ESAs once it receives additional information from the Society. Additional information is available on the [ASH Web site](#).

ASH-ASCO Update on EPO Guideline – Available Soon

A joint ASH-ASCO expert panel has updated the [current guidelines](#) on use of EPO based on review of the most current literature. New topics include thromboembolic risk and use of Darbepoetin. The guideline update is undergoing joint submission processes for Blood and for the Journal of Clinical Oncology and is anticipated to be available online in late September.

ASH Comments on CMS Proposed Physician Fee Schedule

ASH's [comment letter](#) to CMS concerning the proposed Physician Fee Schedule reflects the membership's concerns about adequate physician reimbursement. ASH's comments include several recommendations regarding physician payment, IVIG, new requirements concerning anemia quality indicator reporting, and off-label drug use.

Children's Health Bill Has Potential Impact on Physician Payments and on PQRI

Passing legislation that would reauthorize and expand the State Children's Health Insurance Program (SCHIP) is a high priority for the House and Senate in September, but its fate is uncertain. House and Senate bills are significantly different in terms of cost, funding, and expansion to Medicare issues. The House version is more expensive, replaces scheduled Medicare physician payment cuts of 15 percent over the next two years with two years of positive updates of 0.5%, and repeals the Physician Quality Reporting Initiative (PQRI) bonus program. To pay for increased spending, the House bill increases federal taxes on tobacco and eliminates overpayments to Medicare Advantage plans. The Senate version is more modest in cost and focuses strictly on reauthorization of SCHIP. The program is set to expire on September 30th and President Bush has promised to veto a broad expansion of the program.

Because preventing the scheduled cuts to physician payments must be addressed in legislation, ASH and other medical societies support the inclusion of the physician payment provision in the SCHIP reauthorization. If this provision is stripped out of a conference bill, ASH will continue to fight for separate legislation. All physicians are urged to contact Congress to support a physician payment fix.

CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2007)

FLASCO Members extends a big thanks to all of our 2007 Corporate Members/Sponsors

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FLASCO EVENTS:

Sept. 13-16, 2007 – Joint Cancer Conference – The Breakers, Palm Beach
November 9-10, 2007 – FLASCO Fall Meeting – Rosen Shingle Creek – Orlando
March 7-8, 2008 – FLASCO Spring Meeting – Tampa Airport Marriott Hotel
November 7-8, 2008 – FLASCO Fall Meeting – Location TBD

OTHER EVENTS:

Third Annual Oncology Congress – September 6-9, 2007, Hilton, San Francisco
ACCC's 24th National Oncology Economics Conference – October 3-6, 2007 – Hyatt Regency, Dallas, TX
The Florida Association of Pediatric Tumor Programs will hold its 30th Anniversary Annual Seminar at the Hyatt Regency Grand Cypress in Orlando from November 15-17, 2007. To register please visit the following Web Site: www.faptp.org

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