



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – March 8, 2007

MEMBERSHIP UPDATE: Chris Garrett, MD

This is to remind everyone that your Membership Dues were due and payable on **January 1, 2007**. The FLASCO office sent out final notices this week. Please check and if your dues have not been paid please pay immediately.

One of the goals of the Membership Committee this year is to double the FLASCO Membership. Please ask others in your practice to become FLASCO Members and reach out to others in your community who are not currently FLASCO Members. FLASCO has Regular Members, Affiliate Members and Associate Members – copies of all of these types of Application Forms are available on the FLASCO website at www.flasco.org or you can contact the FLASCO Executive Director and she will provide you with the appropriate application form.

SPOT LIGHT ON FASCO MEMBER VIKAS MAHOTRA, MD

FLASCO Treasurer, Vikas Malhotra, MD, participated in a program with Public Radio Station WUSF in Tampa called “This I Believe.” This is a part of a nationwide series on National Public Radio. We believe that his comments will be of interest to our members, as well as to patients and the general public. Please place the following in your internet browser to hear this great talk: http://www.publicbroadcasting.net/wusf/news.newsmain?action=article&ARTICLE_ID=827335

LEGISLATIVE UPDATES: Lowell Hart, MD, Chairman

Access to Medicare Imaging Act of 2007 Introduced

Representatives Carolyn McCarthy (D-NY), Joe Pitts (R-PA) and Gene Green (D-TX), have filed **H.R. 1293**, the Access to Medicare Imaging Act of 2007. Introduced as bipartisan legislation, it seeks a two-year moratorium on the substantial Medicare reductions to in-office imaging included in the Deficit Reduction Omnibus Reconciliation Act of 2005 (DRA). H.R. 1293 would delay the DRA imaging cuts for two years while the Government Accountability Office (GAO) conducts a study on the effects of the cuts on Medicare beneficiaries. **Please contact your Representatives to ask for their support** of the Access to Medicare Imaging Act of 2007. For your Representative’s contact information, visit ASCO’s Grassroots Action Center.

Reps. Capps and Davis Introduce Cancer Care Legislation to Reform Medicare System

On February 15, Reps. Lois Capps (D-CA) and Tom Davis (R-VA) reintroduced the Comprehensive Cancer Care Improvement Act of 2007. H.R. 1078 aims to provide physicians with the resources needed to provide patients with quality cancer care.

The bill, supported by the National Coalition for Cancer Survivorship (NCCS) and members of the patient advocacy community, along with ASCO, would establish a new Medicare service for comprehensive cancer planning throughout the continuum of care – from diagnosis to treatment to survivorship. H.R. 1078 also includes provisions for the improvement of symptom management and palliative care.

A core component of the bill is the use of cancer treatment plans and summaries. ASCO is leading the development of treatment plan and summary templates; to access more information, visit ASCO.org.

Please contact your Representative and ask them to co-sponsor H.R. 1078. information, visit Please contact ASCO’s Cancer Policy & Clinical Affairs Department with any questions at 703-299-1050 or publicpolicy@asco.org

FCSO UPDATES:

April Update to the 2007 Medicare Physician Fee Schedule Database

Change request (CR) 5528 amends payment files issued to Medicare carriers and intermediaries based upon the April 2007 update to the Medicare physician fee schedule database. These changes are effective April 2, 2007, retroactive to services rendered on January 1, 2007. Please note that First Coast Service Options, Inc. will adjust claims brought to our attention. The complete details of these changes are described in CR 5528. This CR may be viewed by going to the CMS website at <http://www.cms.hhs.gov/transmittals/downloads/R1188CP.pdf>.

CMS UPDATES:

2007 Physician Quality Reporting Initiative (PQRI)

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that a PowerPoint Presentation on the 2007 Physician Quality Reporting Initiative (PQRI) is now available. To access the PowerPoint Presentation, visit <http://www.cms.hhs.gov/PQRI> on the CMS website and click on the Educational Resources tab.

Single Source Drugs:

After carefully examining Section 1847A of the Social Security Act, as established in the MMA, the Centers for Medicare and Medicaid Services (CMS) is conducting a review to ensure that separate payment is made for single source drugs and biologics as required by this section of the Act.

In order to facilitate separate payment, it may be necessary to create unique HCPCS level II codes for certain products. As part of this effort, CMS will also review how they have operationalized the terms 'single source drug,' 'multiple source drug,' and 'biological product' in the context of payment under section 1847A to identify the potential need to make any changes to the assignment of National Drug Codes to billing codes for payment purposes. In the coming months, CMS will post additional information along with a preliminary list of drugs and biologics potentially affected.

So that they can implement any necessary changes during 2007, CMS will Use its internal process for modifying the code set. While internally generated code requests are not part of the HCPCS public meeting process, CMS will consider any comments on potentially affected drugs and biologics and input to conventions for code descriptors and units of measure.

Comments can be sent to HCPCS@cms.hhs.gov.

MedCAC nomination deadline approaching

MedCAC solicitation for new members deadline March 12, 2007

-- Details on panel charter, membership and nomination process can be found at

http://www.cms.hhs.gov/FACA/02_MedCAC.asp#TopOfPage

-- Nominations can be sent by mail or email to

michelle.atkinson@cms.hhs.gov

Michelle Atkinson

Centers for Medicare & Medicaid Services

Coverage and Analysis Group C1-09-26

7500 Security Blvd

Baltimore, MD 21244

MLN Matters:

Revised:

MM5391 - Revisions to Incomplete or Invalid Claims Instructions Necessary to Implement the Revised Health Insurance Claim Form CMS-1500 (Version 8/05)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5391.pdf>

MM5472 - Differentiating Mass Adjustments from Other Types of Adjustments and Claims for Crossover Purposes and Revising the Detailed Error Report Special Provider Notification Letters

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5472.pdf>

NEW:

SE0709 - Reminder – Medicare Provides Coverage of Prostate Cancer Screening for Eligible Medicare Beneficiaries

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0709.pdf>

MM5528 - April Update to the 2007 Medicare Physician Fee Schedule Database (MPFSDB)

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5528.pdf>

MEDICAID UPDATES:

2007 Medicaid Fee Schedules Are Now Online

The 2007 Medicaid fee schedules are now online. Please go to <http://floridamedicaid.acs-inc.com>. Click on "Provider Support," and then click on "Fees" to obtain your downloadable copy of all fee schedules that pertain to your practice(s). All fees represented on these schedules are effective January 1, 2007.

PHARMA UPDATES:

Avastin Patient Assistance Program

Genentech, Inc. has established the Avastin Patient Assistance Program, which is designed to limit the overall annual cost of Avastin for eligible patients receiving treatment for FDA approved indications. Participation in the program provides a voluntary opportunity for physicians and eligible patients who reach an annual charge of 10,000 mg to receive free Avastin from Genentech for the remainder of the 12-month period. The program is open to all patients receiving Avastin (regardless of insurance coverage) with a household income of up to \$100,000. Patients must be receiving Avastin for an FDA approved indication. The Program is effective February 20, 2007. Patients and physicians interested in the program need to complete a program application. Application and additional operational details can be obtained from the following website: www.SPOCOnline.com or via toll-free hotline at 888.249.4918.

BENCHMARKING FACT OF THE WEEK:

The Medical Group Management Association (MGMA), has studied oncology practices and provides benchmarking information to assist physicians in practice. A total of 178 Onmark member practices consisting of single-site and multi-site community-based oncology practices throughout the United States were surveyed. The data is for calendar year 2005. Results are as follows:

The survey found that the average number of FTE nurses administering chemotherapy per FTE hematology/oncology physician was 1.7. The range was one FTE nurse at the 25th percentile, 1.5 FTE chemotherapy nurse at the 50th percentile, and 2.0 at the 75th percentile.

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

FLASCO Members extend a big thanks to the following companies who are 2007 Corporate Members/Sponsors:

PLATINUM

Astra Zeneca
Genentech
Oncology Supply/ION
Sanofi-Aventis
Bristol-Myers Squibb
Eli Lilly
Bayer/Onyx

GOLD

Cephalon Oncology
Pharmion Corporation
OSI Pharmaceuticals
GlaxoSmithKline
Roche

SILVER

Genomic Health, Inc.
Talecris Biotherapeutics
Millennium

BRONZE

Abraxis Oncology
Oncology Pharmaceutical Services

EVENTS:

March 16-18, 2007 – Fourth Annual Winter Lung Cancer Conference – The Eden Roc Renaissance Resort & Spa, Miami Beach, FL

Sept. 13-16, 2007 – Joint Cancer Conference – The Breakers, Palm Beach

November 9-10, 2007 – FLASCO Fall Meeting – Rosen Shingle Creek – Orlando

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