

Fall 2011

Inside This Issue

Fall
Meeting Agenda
Medicare Updates
Meeting
Registration Form
Membership
Application Form

Upcoming Events

OSMO Fall
Membership Meeting
October 15 and
Cocktail Networking
Reception October
14 at the [NINES](#),
Portland, OR

Stay Informed

www.osmo.org

OSMO
Liz Cleland
Executive VP

113 West 7th St
Suite 205
Vancouver, WA
98660

P) 360.258.0443
F) 360.326.1733

clelandlca@gmail.com

President's Message

2011 has been a challenging year for medical practices and the United States economy as a whole. With the near paralysis of the federal government due to wrangling over the debt ceiling, there has been no correction made to physician reimbursement schedules or the sustainable growth rate. Drug shortages and higher numbers of uninsured patients have taken tolls on oncology practices at both the local and national level.

ASCO and OSMO are working with US legislature to address these pressing issues. Continued advocacy efforts are critical so patients battling cancer will have access to treatments for their illnesses.

It is with these and other continued challenges in mind that we have developed the agenda for your OSMO Fall Membership Meeting. I would like to take this opportunity to extend to you a personal invitation to join your colleagues and me at this meeting. Meeting details are included in this newsletter and available on our website at www.osmo.org.

Sincerely,
Kevin W.H. Yee, MD
OSMO President



Kevin Yee, M.D.

OSMO Fall Membership Meeting

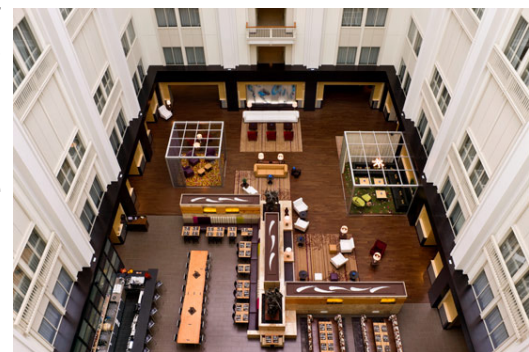
OSMO's Fall Membership Meeting will be held at the **NINES** in downtown Portland on **Saturday, October 15** and will once again be preceded by the ever-popular cocktail networking reception **Friday, October 14** from 6:30pm-7:30pm.

The Friday evening reception is always very well attended and provides attendees with the opportunity to unwind after a hectic week, mingle with meeting speakers and attendees, and catch up with colleagues.

On Saturday, we have a line-up of outstanding national experts who will guide you through the ongoing legislative issues that will affect cancer care delivery in both the private practice and hospital outpatient settings and the healthcare reform initiatives and how they may transform both the practice of oncology and the access of cancer care to our patients:

- Dr. Brian Bullard, Assistant Director of Government Relations for ASCO will provide an ASCO legislative update;
- Matt Farber, ACCC's Director of Provider Economics and Public Policy will discuss Healthcare Reform and Medicare Update;
- Dr. Peter Bach will present an innovative proposal for episode-based payment approach to cancer care that seeks to improve patient outcomes and reduce cost;
- Ted Okon, Executive Director, Community Oncology Alliance (COA) will present an update on legislative initiatives; and
- Tammy Ewers, Noridian will answer all your Medicare questions.

OSMO Fall Membership Meeting Agenda
next page.



OSMO Fall Membership Meeting Saturday October 15, 2011-Agenda

Agenda

Friday October 14

Room

6:30p.m.-7:30p.m.

Evening Cocktail Networking Reception

Atrium

7:30p.m.-8:30p.m.

Celgene ABRAXANE® for Injectable Suspension
in Metastatic Breast Cancer

Presented by Stephen Chui, MD, Oregon Health &
Science University. To register for this program,
please contact the Celgene representative, Camille Loftin,
at (503)888-7945 or cloftin@celgene.com.

Saturday October 15

8:00 a.m.-8:45 a.m.

Breakfast with Exhibitors

Design/Fashion

8:45 a.m.-9:00 a.m.

Welcome & Introductions
Kevin Yee, MD OSMO President

Culture

9:00 a.m.-10:00 a.m.

Episode-Based Payment For Cancer Care:
A Proposed Pilot For Medicare
Peter B. Bach, MD
Center for Health Policy and Outcomes
at Memorial Sloan-Kettering Cancer Center

Culture

10:00 a.m.-11:00 a.m.

Healthcare Reform & Medicare Update
Matt Farber, MA ACCC's Director
Provider Economics and Public Policy

Culture

11:00 a.m.-11:30a.m.

Break with Exhibitors

Design/Fashion

11:30 a.m.-12:30p.m.

ASCO Legislative Update
Brian Bullard, Assistant Director of Government Relations

Culture

12:30 p.m.-1:30p.m.

Lunch with Exhibitors

Design/Fashion

1:30 p.m.-2:30p.m.

Update on Legislative Initiatives
Ted Okon, MBA
Executive Director, Community Oncology Alliance

Culture

2:30p.m.-3:30p.m.

An Open MIC with Noridian
Tammy Ewers, CPC Provider Education and Outreach
Noridian Administrative Services, LLC
Dick Whitten, MD Noridian-not yet confirmed

Culture

3:30p.m.-4:00 p.m.

Q & A/ Meeting Adjournment

Culture

4:15p.m.-6:00p.m.

OSMO Board Meeting/Diamond Member Meetings

Boardroom

2011-13

President

Kevin W.H. Yee, M.D.
OHSU
Portland, OR

President Elect

Sean T. Hehn, M.D.
Hem/Onc Associates,
PC
Medford, OR

Immediate Past

President

Anupama Kurup, M.D.
Providence Cancer
Center
Portland, OR

Board of Directors

Gerald Ahmann, M.D., Ph.D.
Hem/Onc Associates,
PC
Medford, OR

Benjamin Cho, M.D.
WVCI
Eugene, OR

James Gajewski, M.D.
OHSU
Portland, OR

Lucy Langer, M.D.
Northwest Cancer
Specialists
Portland, OR

David H. Regan, M.D.
Northwest Cancer
Specialists
Portland, OR

Mark Seligman, M.D.
OHSU
Portland, OR

Executive Vice

President

Liz Cleland
113 W 7th St. Suite 205
Vancouver, WA 98660
P) 360.258.0443
F) 360.326.1733
www.OSMO.org

Oregon Society of Medical Oncology (OSMO)

MEETING REGISTRATION FORM

Saturday October 15, 2011

The NINES hotel

525 SW Morrison St.

Portland, Oregon 97204

*We Hope You
Can Join Us!*

Be sure to include all outlined information. **PRINT CLEARLY**
NO REGISTRATION FEE for Physicians or Staff.

Register Online at www.OSMO.org

***Please join us at the same location Friday evening October 14, 2011
for the OSMO Networking Cocktails Reception from 6:30 p.m. to 8:00 p.m.!***

Yes, I will attend the evening reception

Institution: _____

Name: _____ Title: _____

Ph: _____ Fax: _____

Email: _____

OSMO Member? Yes No

For membership information visit WWW.ORNOCLOGY.ORG

PLEASE FAX REGISTRATION TO LIZ AT: 360.326.1733
FOR MORE INFORMATION CONTACT LIZ @ 360.258.0443 OR clelandlca@gmail.com

OSMO Updates

Liz Cleland – Executive Vice President, OSMO

OSMO Website Updates

Don't miss important OSMO news! Subscribe to our news feed at www.osmo.org/news. Simply enter your email in the box on the left-hand side of the screen, enter the verification code displayed and an email verifying your subscription request will be sent to your mailbox. Click on the link contained in the email and your email subscription to the OSMO newsfeed will be confirmed.

Incorrect Denial of Chemotherapy Administration Claims

On September 13, OSMO reported that we were working with Noridian to resolve a recent issue where chemotherapy administration codes were denying in error due to a claims audit change implemented by Noridian on September 2, 2011.

Subsequently, Noridian informed OSMO that they have identified and corrected the cause of the incorrect denials and that they will reprocess the claims through a mass adjustment. On September 16, 2011, Noridian announced that the incorrectly denied chemotherapy claims were being reprocessed.

New Edit for 96416

Noridian has established a new edit that results in a denial for CPT 96416 *chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump*, when billed with any other "initial" infusion code.

Currently, Noridian states that when appropriate the modifier -59 will have to be appended to 96365, 96372, and 96374 when billed with CPT 96416. Documentation should show that the infusion/injection services were separate from the chemotherapy administered via the pump (96416).

The payment for CPT 96416 is independent from the payment for any other initial infusion code and we are currently working with Noridian to clarify this issue.

New Drug Approvals

- On August 17, 2011, the FDA approved vemurafenib tablets (ZELBORAF™, Hoffmann-La Roche Inc.) for the treatment of patients with unresectable or metastatic melanoma with the BRAFV600E mutation as detected by an FDA-approved test. For more information, please visit the [FDA's website](#).
- On August 18, 2011, the FDA granted accelerated approval to Brentuximab vedotin (Adcetris™ for Injection, Seattle Genetics, Inc.) for two indications: the treatment of patients with Hodgkin's lymphoma after failure of autologous stem cell transplant (ASCT) or after failure of at least two prior multi-agent chemotherapy regimens in patients who are not ASCT candidates and the treatment of patients with systemic anaplastic large cell lymphoma (ALCL) after failure of at least one prior multi-agent chemotherapy regimen. For more information, please visit the [FDA's website](#).
- On August 26, 2011, the FDA granted accelerated approval to crizotinib (XALKORI® Capsules, Pfizer Inc.) for the treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test. For more information, please visit the [FDA's website](#).
- On September 16, 2011, the Food & Drug Administration (FDA) granted approval for denosumab (Prolia, Amgen Inc.) as a treatment to increase bone mass in patients at high risk for fracture receiving androgen deprivation therapy (ADT) for nonmetastatic prostate cancer or adjuvant aromatase inhibitor (AI) therapy for breast cancer. In men with nonmetastatic prostate cancer, denosumab also reduced the incidence of vertebral fracture. For more information, please visit the [FDA's website](#).

MEDICARE UPDATES

Risë Marie Cleland, Oplinc

CMS Finalizes eRx Program Changes

On August 31, CMS published the *Medicare Program; Changes to the Electronic Prescribing (eRx) Incentive Program Final Rule*. In the final rule, CMS finalizes their proposals to modify the eRx quality measure used for certain reporting periods in CY 2011, adopt additional hardship exemption categories for the 2012 eRx payment adjustment, and provide an extension to the deadline for submitting requests for exemptions from the 2012 eRx payment adjustment.

Summary of the significant changes in the final rule:

1. Revises the description of the 2011 eRx measure to indicate that the measure documents whether an eligible professional or group practice has adopted a "qualified" electronic prescribing system, that performs the four functionalities previously discussed, or Certified EHR Technology as defined at 42 CFR 495.4 and 45 CFR 170.102, regardless of whether the Certified EHR Technology has all four of the functionalities previously discussed.
2. Adds four new significant hardship exemption categories for the 2012 e Rx payment adjustment, bringing the total to 6 significant hardship exemptions:
 - The eligible professional or group practice practices in a rural area with limited high speed internet access;
 - The eligible professional or group practice practices in an area with limited available pharmacies for electronic prescribing;
 - Eligible professionals who register to participate in the Medicare or Medicaid EHR Incentive Program and adopt Certified EHR Technology; **New**
 - The inability to electronically prescribe due to local, State, or Federal law; **New**
 - Limited prescribing activity; **New**
 - Insufficient opportunities to report the eRx measure due to limitations of the measure's denominator. **New**
3. Provides an extension of the deadline for submitting requests for exemptions from the 2012 eRx payment adjustment under the additional significant hardship exemption categories, as well as the two significant hardship codes established in the CY 2011 PFS final rule with comment period. **The new deadline for submitting a hardship exemption request is November 1, 2011.**
4. CMS also finalized the process to request a significant hardship exemption from the 2012 eRx payment adjustment. Individual eligible providers will be required to submit significant hardship exemption requests using a Web-based tool only. CMS states that information on how to access the Web-based tool and detailed instructions for applying for a hardship exemption is available on the eRx Incentive Program website at: https://www.cms.gov/ERxIncentive/20_Payment_Adjustment_Information.asp
5. The direct link to enter the request for a significant hardship exemption and supporting rationale is available at: www.qualitynet.org/portal/server.pt/community/communications_support_system/234
6. A Quick Reference Guide at https://www.cms.gov/ERxIncentive/Downloads/2011eRxRule-QRG_08-31-2011F.pdf is available to help you understand the changes that the eRx Final Rule made to the 2011 Medicare eRx Incentive Program.

Noridian reminds providers, to be considered for an exemption under the significant hardship exemption category "Eligible professionals who register to participate in the Medicare or Medicaid Electronic Health Record (EHR) Incentive Programs and adopt Certified EHR Technology," an eligible professional must:

1. Have registered for either the Medicare or Medicaid EHR Incentive Program AND
2. Provide identifying information as to the Certified EHR Technology that has been adopted for use no later than October 1, 2011.

CMS Awards the First Consolidated A/B MAC to Noridian

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA), required CMS to award Medicare claims processing contracts through a competitive bidding process, replacing the Medicare claims payment contractors, fiscal intermediaries (FIs) and carriers, with new administrative entities called MACs. CMS initially awarded fifteen MAC contracts through three procurement cycles. CMS subsequently announced they would further consolidate some of the smaller A/B MAC jurisdictions to form larger A/B MAC jurisdictions, reducing the total number of A/B MAC contracts to ten. The consolidation process will be achieved over the next several years as the A/B MAC contracts come up for re-bid.

On Monday, August 22, CMS announced that Noridian was awarded the consolidated A/B MAC Jurisdiction F comprised of Alaska, Washington, Oregon, Idaho, North Dakota, South Dakota, Montana, Wyoming, Utah, and Arizona.

During the re-bidding process, CMS will create the following consolidated A/B MAC jurisdictions:

- A/B MAC Jurisdiction F: Comprised of former A/B MAC Jurisdictions 2 and 3 (Alaska, Washington, Oregon, Idaho, North Dakota, South Dakota, Montana, Wyoming, Utah, and Arizona)
- A/B MAC Jurisdiction G: Comprised of former A/B MAC Jurisdictions 5 and 6 (Minnesota, Wisconsin, Illinois, Kansas, Nebraska, Iowa, and Missouri)
- A/B MAC Jurisdiction H: Comprised of former A/B MAC Jurisdictions 4 and 7 (Louisiana, Arkansas, Mississippi, Texas, Oklahoma, Colorado, and New Mexico)
- A/B MAC Jurisdiction I: Comprised of former A/B MAC Jurisdictions 8 and 15 (Kentucky, Ohio, Michigan, and Indiana)
- A/B MAC Jurisdiction K: Comprised of former A/B MAC Jurisdictions 13 and 14 (New York, Connecticut, Massachusetts, Rhode Island, Vermont, Maine, and New Hampshire)
- The remaining five A/B MAC Jurisdictions 1, 9, 10, 11 and 12 will not be further consolidated but will be renamed Jurisdictions E, N, J, M and L respectively.

Drug Shortage Email Alerts

The FDA maintains a Web page that includes current drug shortages, the reason for the shortage, and other related information. This page also includes links to FAQs on drug shortages, resolved drug shortages and drugs that are to be discontinued. The FDA also provides a link to [Sign up for an E-mail notification](#) to receive updates of drug products added to the Current Drug Shortages, and Resolved Drug Shortages lists.

CMS Resources on ICD-10

Effective October 1, 2013, medical coding will change from ICD-9-CM to ICD-10. This change will affect everyone who is covered by the Health Insurance Portability and Accountability Act (HIPAA).

CMS has recently created podcasts from four of their National Provider Calls on ICD-10. The podcasts and the links to access them are listed below:

[CMS ICD-10 Conversion Activities](#)

[Preparing for ICD-10 Implementation in 2011](#)

[Basic Introduction to ICD-10-CM](#)

[ICD-10-CM/PCS Implementation and General Equivalence Mappings \(Crosswalks\)](#)

Dangers of Buying From Secondary Drug Market

Oncology practices are under increasing financial pressure as the cost of doing business increases and reimbursement decreases. The ongoing drug shortages and rising costs of drugs are adding to that pressure, but it is important to keep your practice and patients safe and to avoid purchasing drugs from sources other

than legitimate distributors who purchase directly from manufacturers ensuring the safety and integrity of the drugs.

There are two major areas of concern in drug purchasing:

1. Drugs purchased on the "gray market"
2. Drugs that are imported and not approved for sale in this country

"Gray market" vendors are secondary pharmaceutical suppliers that often impersonate legitimate, licensed distributors. They often advertise drugs through fax and e-mail announcements. In the past, these gray market vendors advertised drugs at prices significantly less than our known legitimate distributors. However, they are also currently advertising drugs that are in short supply at grossly marked up prices.

The inflated prices charged for these drugs is not the main concern with the gray market, rather the integrity of the products sold that is of most concern. Drugs sold on the gray market may be mishandled, diluted, mislabeled or counterfeit and thus pose a danger to both the practice and the patient.

Illegally imported drugs are another danger area for physicians and patients. The marketing ploy for vendors selling illegally imported drugs is similar to that of the gray market vendors, and in addition to the direct fax and e-mail announcements, they often maintain a Website through which the illegally imported drugs can be ordered. The prices quoted for these drugs are often much lower than the price the practice would pay through their legitimate drug distributor. The FDA cites the gray market and online pharmacies as a major source of counterfeit drugs, reporting that more than half the drugs they purchase online are counterfeit.

In addition, physicians purchasing drugs from the gray market or online pharmacies will likely conflict with the law. According to the FDA, "it is illegal to import an unapproved drug in to the U.S." and "it is illegal for anyone, including a foreign pharmacy, to ship prescription drugs that are not approved by the FDA in to the U.S., even though the drug may be legal to sell in that pharmacy's country." The definition of "unapproved" includes "foreign-made versions of U.S. approved drugs that have not received FDA approval to demonstrate they meet the federal requirements for safety and effectiveness. It is the importer's obligation to demonstrate to the FDA that any drugs offered for importation have been approved by FDA."

Physicians are urged to order drugs exclusively through accredited wholesale distributors. Look for the National Association of Boards of Pharmacy (NABP) Verified-Accredited Wholesale Distributors (VAWD) symbol on the distributor's website. VAWD identifies legitimate and legally operating wholesale distributors and verifies compliance with state and federal laws for wholesale distribution to help protect the public from the threat of counterfeit drugs.

We hope to see you at the OSMO Fall Membership Meeting

OSMO's Fall Membership Meeting will be held at the NINES in downtown Portland on Saturday, October 15 and will once again be preceded by the ever-popular cocktail networking reception Friday, October 14 from 6:30pm-7:30pm.

Register at www.OSMO.org on the events page.

THE FALL MEMBERSHIP MEETING 2011



is bringing you back to the swanky NINES in Portland, OR!

What: OSMO Fall Membership 2011 Meeting

When: Saturday October 15, 2011

Where: The NINES - Portland
525 SW Morrison
Portland, OR 97204

There is no cost to attend the meeting for oncologists and their staff.

For more information contact Liz at:
360.258.0443 or clelandlca@gmail.com

New OSMO Physician Members

Welcome!

Paul D. Hansen MD, FACS
Tanya Pejovic, MD

Bret Cook, MD
James Gajewski, MD

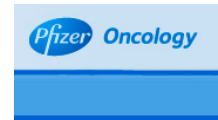
Edward Neuwelt, MD

Not a Member Yet? Join now at www.OSMO.org

Corporate Members

Special Thanks to our Corporate Members!

Diamond



Gold

Bristol Myers Squibb
Genomic Health
Oncology Supply/ION
Seattle Genetics

Centocor Ortho Biotech, Inc.
McKesson
Prometheus Therapeutics

Eisai, Inc.
Merck
Sanofi-Aventis

Silver

Allos Therapeutic

Astra Zeneca

Oregon Society of Medical Oncology
An Affiliate of the American Society of Clinical Oncology



APPLICATION FOR MEMBERSHIP

First Name: _____ *Middle Initial:* _____ *Last Name:* _____

Suffix: _____ *Degree:* _____ *Title:* _____

Institution: _____ *Department:* _____

Address: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Telephone (with area code): _____ *Fax (with area code):* _____

E-mail: _____ *Specialty:* _____

Practice Administrator: _____

Practice Administrator's E-mail: _____

Academic, Hospital or Office Based? _____

Please make check payable to:

Oregon Society of Medical Oncology

Mail check & application to:

Oregon Society of Medical Oncology

Attn: Liz Cleland

113 W 7th Street Suite 205

Vancouver, WA 98660

Phone: 360.258.0443

Fax: 360.326.1733