



Oregon Society of Medical Oncology

Fall 2007

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Medicare Updates

OSMO Members

110TH Congress
1ST Session H. J.
RES. 54

110TH Congress
1ST Session
S. J. RES. 22

Upcoming Events

OSMO Spring Membership Meeting

April 4 & 5, 2008

More details on page 2 of this newsletter.

Stay Informed

www.aroncology.org

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President's Message

As many of you know, the Oregon Society of Medical Oncology (OSMO) was one of the first state oncology societies. At the time of its inception, OSMO was formed as a patient advocacy group and was active in working with Medicare and private payer medical directors. Over time the society became inactive.

Due to a renewed interest among Oregon's oncologists in revitalizing OSMO we have reorganized the society, established the Board of Directors and held our first educational membership meeting on Saturday July 28, 2007 at Salishan Spa and Golf Resort.

The OSMO Summer Membership meeting was sponsored by an ASCO State Affiliate Grant and the support of our new Corporate Members. The summer meeting focused on the reorganization of the society, legislative issues, Medicare reimbursement and current clinical issues. The meeting was very well received and we look forward to many more successful meetings!

Please plan to attend the OSMO Spring Membership Meeting in Portland April 4-5, 2008. Watch your mailbox for more information on this valuable educational meeting and monitor the OSMO Web site at www.aroncology.org for updated OSMO information.

OSMO also participated in the MAC (Medicare Administrative Contractor) Jurisdiction 2 Regional Meeting sponsored by the Washington State Medical Oncology Society (WSMOS) on Friday July 27, 2007 at Salishan.

Under Section 911 of the Medicare Modernization Act of 2003 CMS is mandated to replace the current Medicare Part A and Part B contractors with new contract entities called Medicare Administrative Contractors (MACs). There will be 15 A/B MACs and they will be responsible for processing claims for both Part A and Part B.

Under the new MAC system Oregon falls in MAC Jurisdiction 2 along with Alaska, Idaho and Washington. This MAC meeting was the first J2 Regional Meeting of the four J2 State Medical Oncology Societies. Attendees included members of the four state societies as well as CMS staff and Dick Whitten, Noridian, Carrier Medical Director for AK, WA and HI.

The change from the current Part A and Part B contractors to the new MACs will bring many challenges. Dr. Whitten told the MAC meeting attendees that the issues would be best addressed through the unified efforts of the AK, OR, ID and WA state societies. The announcement of our new MAC is expected any day, we will keep you posted.

To date four of the 15 MAC contracts have been awarded:

- J4 was awarded to Trailblazer Health Enterprises (Trailblazer)
- J5 was awarded to Wisconsin Physicians Services Health Insurance Corporation (WPS)
- J12 was awarded to Highmark Medicare Services, Inc. (HMS)
- J1 was awarded to Palmetto GBA (Palmetto)



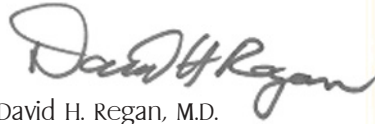
David Regan, M.D.

OSMO has been working on the current ESA issue. We will continue to work on this issue on both the national and local level.

It is very important that our Congressional members in the Senate and House sign on to the two current ESA Bills HJR- 54 (Eshoo-Rogers) and SJR-22 (Baucus-Crapo) (a text copy of both bills are included in this newsletter). Please contact your representatives and ask them to sign on to the bill and stop the negative impact that the current Medicare ESA NCD is having on patient care.

Finally, I want to invite and encourage you to become involved in OSMO, your state society. The purpose of OSMO is to promote the highest professional standards of Oncology in the state of Oregon and to study, research and exchange information, experiences and ideas leading to improvement in Oncology.

There is considerable value to belonging to a strong organization that can speak on your behalf before policy makers and insurers. We are working hard to ensure quality oncology care, preserve research, and maintain fiscally responsible reimbursement.



David H. Regan, M.D.
OSMO President

Save the Date

THE OREGON SOCIETY OF MEDICAL ONCOLOGY SPRING MEMBERSHIP MEETING 2008



OSMO cordially invites you to attend an evening reception on Friday, April 4, 2008 and the Spring Membership Meeting, Saturday, April 5, 2008, at the Marriott Portland Downtown Waterfront located at 1401 Southwest Naito Parkway Portland, OR 97201

Please watch your emails and the OSMO Web site www.oroncology.org for meeting details as they are finalized.

If you have any suggestions for topics or speakers that you would like to hear please contact Liz Cleland, Executive Vice President by phone: 503.841.6775 or email lizzywa@comcast.net

07-08 OSMO Board of Directors

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Portland

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Medicare Updates

Claims Rejections

On October 31, 2007 Noridian announced that a large number of Medicare Part B claims in the states of Colorado, Alaska, Oregon and Washington with processing dates 10/29/07-10/30/07 rejected on the Batch Detail Control Listing (BDCL) due to an issue with the Medicare NPI crosswalk at the Enterprise Data Center (EDC). Noridian is requesting that you not resubmit the claims at this time. [Read the complete update](#)

Important NPI Alert

Since October 2006, CMS has been urging providers to report their NPI on claims. Noridian has observed many errors on claims. However, due to the application of bypass edits, these claims have been processed with only the delivery of informational messages. For electronic submitters these messages have appeared on the "Batch Detail Control Listing" (BDCL) report warning of mismatched NPI/PIN combinations.

CMS has directed Medicare contractors to stop using the edits to bypass the errors. Claims are now rejecting where previously they were paid. Noridian is now verifying valid matches between the NPI and the Medicare legacy PIN. Where there is no match, claims are being **REJECTED!**

If your claims are rejecting, do not resubmit them without making the necessary changes. For complete information and resources read the entire article on the Noridian Web site at:

www.noridianmedicare.com/p-medb/enroll/npi/crosswalk_bypass_edits_lifted.html

Erythropoietin Stimulating Agents (ESA)

Noridian Draft LCD

Noridian's new ESA Local Coverage Determination (DL23723) is open for public comment until 12/03/2007. You can view the Draft LCD [Medical Policies](#) page on the Noridian Web site by scrolling down to [Erythropoiesis Stimulating Agents](#) and clicking on the link.

The Draft LCD will open on the CMS Web site. The Draft LCD also contains [Draft Coding Guidelines](#) providing detailed instructions for coding ESAs including HCPCs, ICD-9 codes and the hematocrit (HCT) and test date information required in item 19 of the CMS 1500 form or the electronic equivalent. The Coding Guidelines are attached at the bottom of the Draft LCD.

ESA Update

In a letter to the Food and Drug Administration (FDA) dated October 2, 2007 Representative Pete Stark (D-CA) Chairman of the Ways and Means Health Subcommittee, and Representative Henry Waxman (D-CA), Chairman of the Committee on Oversight and Government Reform asked the FDA Commissioner to review CMS' new National Coverage Determination (NCD) on the use of ESAs in cancer therapies. Representatives Stark and Waxman also requested a response to the following questions:

1. What are the health risks associated with use of ESAs for cancer patients?
2. What is FDA's assessment of the risks and benefits of ESA use for cancer patients? Are there benefits in terms of quality of life or better tumor outcomes associated with higher hemoglobin levels?
3. Can you explain the FDA label's recommendation for ESA use for cancer patients?
4. Does the CMS NCD conflict with the FDA label for dosing of ESAs in treating cancer patients? Is the NCD consistent with the scientific literature on this issue?

In a letter dated October 12, 2007 the FDA responded specifically to the above questions and stated their belief that the FDA approved labeling and the CMS ESA NCD are “generally consistent in their recommendations regarding the use of ESAs in patients with cancer undergoing chemotherapy.” Read the letters in their entirety at the links below:

Representatives Stark & Waxman Letter to the FDA on ESA NCD

www.house.gov/stark/news/110th/letters/20071002-waxman.pdf

FDA Response Letter on ESA NCD

www.house.gov/stark/news/110th/letters/20071012-esa.pdf

ASH-ASCO ESA Practice Guidelines Released

The American Society of Hematology (ASH) announced that they have pre-published the “[ASH-ASCO 2007 Clinical Practice Guideline Update on the Use of Epoetin and Darbepoetin](#)” online in their scientific journal, *Blood*. ASH states they will share the updated guidelines with CMS in the hope that CMS will reopen its coverage policy.

The American Society of Clinical Oncology (ASCO) says the updated ASH/ASCO ESA guideline specifically:

- Declares epoetin and darbepoetin equally safe and effective.
- Recommends the use of ESAs as a treatment option for cancer patients who become anemic as a result of chemotherapy when their hemoglobin approaches or falls below 10g/dL, as well as for patients with low-risk myelodysplasia.
- Suggests that when using ESAs, hemoglobin can be raised to (or near) a concentration of 12 g/dL, at which point the dosage should be titrated to maintain that level.
- Recommends discontinuing use of ESAs beyond six to eight weeks if a patient has not responded to the drug.
- Recommends monitoring the iron levels of patients being treated with ESAs and providing supplements accordingly.
- Cautions against using ESAs for cancer patients not receiving chemotherapy since recent trials have shown increased thromboembolic risks and decreased survival under these circumstances.
- ASCO has also asked CMS to reconsider its decision citing findings from the current guideline in their communications with CMS.

Blood Online

<http://bloodjournal.hematologylibrary.org/>

ASH

www.hematology.org

ASH-ASCO Press Release

www.hematology.org/media/10222007.cfm

ASCO

www.asco.org

ASCO Letter to HHS

ASCO Formal Reconsideration Request to CMS

CMS Response to ASCO

Representatives Introduce Legislation on ESA Coverage

On September 27, Congress representatives Anna Eshoo (D-CA) and Mike Rogers (R-MI) introduced [H.J.RES.54](#), a Joint Resolution disapproving CMS’s [National Coverage Decision \(NCD\)](#) on the use of ESAs in cancer and related neoplastic conditions.

HJR 54 calls for Congressional disapproval of the ESA National Coverage Determination (NCD) (CAG-000383N) based on CMS' failure to take any action in response to the significant concerns with the proposed NCD voiced by 52 Senators, and 235 Members of the House of Representatives; the leading national medical organization representing physicians who treat patients with cancer; the leading national medical organization representing physicians who treat patients with disorders affecting the blood and bone marrow; the Nation's leading health care services network dedicated exclusively to cancer treatment; and other national nonprofit organizations dedicated to improving patient access to care.

HJR 54 has been referred to the House Committee on Energy and Commerce and the Committee on Ways and Means. You can track this bill on the Library of Congress Thomas <http://thomas.loc.gov/> Web site by entering the bill number HJR 54.

This measure must pass both houses of Congress and the White House. Therefore, **it is vitally important that everyone write and call their Congressional members and ask them to co-sponsor House Joint Resolution 54.**

Medicare Drug Pricing Revisions

CMS has made retroactive adjustments to the first three quarterly 2007 Average Sales Price (ASP) Drug Pricing Files. The revised January 2007 (Q1), April 2007 (Q2), and July 2007 (Q3) ASP pricing files are now available on the CMS Web site along with the October 2007 (Q4) ASP file.

Q1 revised payment allowance limits apply to dates of service:
January 1, 2007-March 31, 2007

Q2 revised payment allowance limits apply to dates of service:
April 1, 2007 – June 30, 2007

Q3 revised payment allowance limits apply to dates of service:
July 1, 2007 – September 30, 2007

The revised payment files will be applied to claims processed *or reprocessed* on or after October 1, 2007. However, in Change Request 5710: **October 2007 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files** CMS instructs Medicare contractors not to automatically adjust previously processed claims stating, "Contractors shall not search and adjust claims that have already been processed unless brought to their attention."

Because of this instruction by CMS you must request that your claims be reprocessed in order to receive the increased drug payments. This also means that your Medicare contractor will not be recouping payments for the drugs where the payment limit decreased (unless you call these to their attention).

Resources

ASP Medicare Part B Drug Pricing Files

www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/01a_2007aspfiles.asp

CMS Change Request 5710

<http://www.cms.hhs.gov/transmittals/downloads/R1334CP.pdf>

MLN Matters Number 5710

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5710.pdf>

OSMO contacted Dr. George Waldmann, Medical Director Noridian Part B, with this question:

Q. OSMO has received a number of inquiries from practices asking how best to file for the additional reimbursement on drugs whose ASP drug pricing file was revised retroactively on October 1, 2007. In particular the practices are interested in filing for the additional reimbursement on Aranesp J0881. Can they do this by telephone? If they provide a list of all claims data can this be done in one phone call?

Dr. Waldmann's response:

A. Identify **all** of the claims on an xls sheet with the following info:

1. Name
2. HIC #
3. DOS
4. ICN
5. Procedure Code

The sheets may then be faxed to the following:
Attention: Lynda at fax number 701-433-3473

OSMO Membership

Gerald Ahmann, M.D., PhD	Hematology Oncology Associates
Jay Andersen, M.D.	NW Cancer Specialists
Kevin G. Billingsley, M.D.	Oregon Health and Sci Univ
Bret A Cook, M.D.	North Bend Medical Center
Todd S. Crocenzi, M.D.	The Oregon Clinic
Brendan Curti, M.D.	The Oregon Clinic
Bruce Dana, MD	Northwest Cancer Spclsts
Samir Desai, M.D.	Pacific Oncology
Charles Dibb, M.D.	Hem Onc Assoc PC
Frederick Ey, M.D.	Pacific Oncology
Gerald Gibbs, M.D.	Hillsboro Hematology & Oncology
Keith S. Hansen, M.D.	NW Cancer Specialists
Paul D Hansen, M.D.	Portland Providence Hospital
Alice Hwang, M.D.	Northwest Cancer Specialists
Kasra Karamlou, M.D.	Pacific Oncology
Misagh Karimi, M.D.	Pacific Oncology
Peter A Kovach, M.D.	Overlake Cancer Ctr
Anupama Kurup, M.D.	Pacific Oncology
Keith Lanier, M.D.	Pacific Oncology
Gary Lee, M.D.	Willamette Valley Cancer Center
Dawn Lemanne, M.D.	Oncology of Southern Oregon
Stacy Lewis, M.D.	Pacific Oncology
William Mooney, M.D.	Pacific Oncology
Edward A. Neuwelt, M.D.	Oregon Health and Sci Univ
Craig R Nichols, M.D.	Providence Cancer Center
Rebecca Orwoll, M.D.	NW Cancer Specialists
Edward Ottenheimer, M.D.	Umpqua Medel OC
Tina Passalaris, M.D.	Oncology of Southern Oregon
Brett Poisson, M.D.	Hematology Oncology Associates
David Regan, M.D.	NW Cancer Specialists
Christopher Reynolds, M.D.	Pacific Oncology
Mujahid Rizvi, M.D., MPH	Hematology Oncology Associates
Janet Ruzich, M.D.	Pacific Oncology
Alison Savage, M.D.	Oncology of Southern Oregon
Mark Seligman, M.D.	Pacific Oncology
Aleksandra Simic, M.D.	Pacific Oncology
Mark Stone, M.D.	Hillsboro Hematology & Oncology
John Strother, M.D.	Pacific Oncology
Gary Takahashi, M.D.	Pacific Oncology
Kevin W.H. Yee, M.D.	Pacific Oncology

110TH CONGRESS 1ST SESSION H. J. RES. 54

Providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Centers for Medicare & Medicaid Services within the Department of Health and Human Services relating to Medicare coverage for the use of erythropoiesis stimulating agents in cancer and related neoplastic conditions.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 27, 2007

Ms. ESHOO (for herself and Mr. ROGERS of Michigan) introduced the following joint resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

JOINT RESOLUTION

Providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Centers for Medicare & Medicaid Services within the Department of Health and Human Services relating to Medicare coverage for the use of erythropoiesis stimulating agents in cancer and related neoplastic conditions. Whereas the Centers for Medicare & Medicaid Services issued a final Medicare national coverage determination on the use of erythropoiesis stimulating agents in cancer and related neoplastic conditions (CAG-000383N) on July 30, 2007;

Whereas the Centers for Medicare & Medicaid Services submitted to the Congress a copy of the national coverage determination rule, a detailed description of the rule, and the proposed effective date of the rule;

Whereas 52 Senators and 235 Members of the House of Representatives, representing bipartisan majorities in both chambers, have written to the Centers for Medicare & Medicaid Services expressing significant concerns with the proposed national coverage determination on the use of erythropoiesis stimulating agents in cancer and related neoplastic conditions, issued on May 14, 2007, regarding the use of erythropoiesis stimulating agent therapy for Medicare cancer patients;

Whereas the leading national medical organization representing physicians who treat patients with cancer, has noted that the national coverage determination's hemoglobin level restriction is inconsistent with both the FDA approved labeling and national guidelines and that its dosing and titration regimen restrictions ignore established studies, the FDA label, and clinical guidelines and, therefore, has formally requested that the Centers for Medicare & Medicaid Services reconsider these restrictions;

Whereas the leading national medical organization representing physicians who treat patients with disorders affecting the blood and bone marrow, the Nation's leading health care services network dedicated exclusively to cancer treatment and research, and other national, nonprofit organizations dedicated to improving patient access to care have expressed similar concerns over the national coverage determination and have called for its reconsideration; and

Whereas despite the strong concerns of the oncology and hematology community, the Centers for Medicare & Medicaid Services has failed to take any action: Now, therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That Congress disapproves the rule (CAG-000383N) submitted by the Centers for Medicare & Medicaid Services within the Department of Health and Human Services relating to Medicare coverage for the use of erythropoiesis stimulating agents in cancer and related neoplastic conditions, and such rule shall have no force or effect.

110TH CONGRESS 1ST SESSION S. J. RES. 22

Providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Centers for Medicare & Medicaid Services within the Department of Health and Human Services relating to Medicare coverage for the use of erythropoiesis stimulating agents in cancer and related neoplastic conditions.

IN THE SENATE OF THE UNITED STATES

OCTOBER 22, 2007

Mr. BAUCUS (for himself, Mr. CRAPO, Mr. WYDEN, Mr. SALAZAR, Ms. CANTWELL, Mr. INHOFE, Mrs. DOLE, Mr. BURR, Mr. COBURN, and Mrs. HUTCHISON) introduced the following joint resolution; which was read twice and referred to the Committee on Finance

JOINT RESOLUTION

Providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Centers for Medicare & Medicaid Services within the Department of Health and Human Services relating to Medicare coverage for the use of erythropoiesis stimulating agents in cancer and related neoplastic conditions. Whereas the Centers for Medicare & Medicaid Services issued a final Medicare national coverage determination on the use of erythropoiesis stimulating agents in cancer and related neoplastic conditions (CAG-000383N) on July 30, 2007;

Whereas the Centers for Medicare & Medicaid Services submitted to the Congress a copy of the national coverage determination rule, a detailed description of the rule, and the proposed effective date of the rule;

Whereas 52 Senators and 235 Members of the House of Representatives, representing bipartisan majorities in both chambers, have written to the Centers for Medicare & Medicaid Services expressing significant concerns with the proposed national coverage determination on the use of erythropoiesis stimulating agents in cancer and related neoplastic conditions, issued on May 14, 2007;

Whereas the leading national medical organization representing physicians who treat patients with cancer has noted that the national coverage determination's hemoglobin level restriction is inconsistent with both the FDA approved labeling and national guidelines and that its dosing and titration regimen restrictions are inconsistent with established studies, the FDA label, and clinical guidelines and, therefore, has formally requested that the Centers for Medicare & Medicaid Services reconsider these restrictions;

Whereas the leading national medical organization representing physicians who treat patients with disorders affecting the blood and bone marrow, the Nation's leading health care services network dedicated exclusively to cancer treatment and research, and other national, nonprofit organizations dedicated to improving patient access to care have expressed similar concerns regarding the national coverage determination and have called for its reconsideration; and

Whereas despite the strong concerns of the oncology and hematology community, the Centers for Medicare & Medicaid Services has failed to take any action: Now, therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That Congress disapproves the rule (CAG-000383N) submitted by the Centers for Medicare & Medicaid Services within the Department of Health and Human Services relating to Medicare coverage for the use of erythropoiesis stimulating agents in cancer and related neoplastic conditions, and such rule shall have no force or effect.

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? _____

Annual Membership Dues (April 1, 2007 – March 31, 2008) of \$200.00 Must Accompany Application

Please make check payable to:

Oregon Society of Medical Oncology

Mail check & application to:

Oregon Society of Medical Oncology

Attn: Liz Cleland

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