



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST –March 5, 2009

FLASCO WEBSITE: www.flasco.org

FLASCO CLINICAL TRIALS NETWORK WEBSITE: www.fctn.org

MESSAGE FROM THE FLASCO PRESIDENT: Gerald Robbins, MD

I would like to take this opportunity to extend to all of you my thanks for your confidence and pledges of support as I begin my tenure as President of FLASCO. I am looking forward to working with all of you as we work even harder to make FLASCO the “Voice of Oncology in Florida.” Next week a special edition fax blast will be sent out providing a summary of our meetings this past weekend and a list of the new Officers, Committee Chairmen and Board Members.

PROGRAM COMMITTEE: Jose Lutzky, MD, Chairman

On behalf of the entire FLASCO membership I want to extend a huge thanks to **Rogério Lilenbaum, MD**, immediate past chairman of the FLASCO Program Committee, for his outstanding contributions during his tenure as Chairman. The meeting which he and his committee put together this past weekend was outstanding. Congratulations and thanks for a job well done.

PA/NP Conference:

The first Annual PA/NP Conference, which is being co-sponsored by FLASCO and The Moffitt Cancer Center is being held at Moffitt on March 20, 2009. For additional information please visit our website at: www.flasco.org The meeting announcement and registration form are available on the website.

CLINICAL PRACTICE COMMITTEE UPDATE: Thomas Gaddis, MD, Chairman

This has been an extremely busy week for our Clinical Practice Committee – we are attempting to address four new major issues - when these are resolved, a summary will be contained in the fax blast. If you practice has any issues, please send them to the FLASCO Office.

96372 UPDATE:

FCSO has been in the process of re-educating its staff on the processing of claims where 96372 is listed on two separate lines when two drugs are being administered.

We have been informed that for all previously denied claims FCSO will be performing adjustments for those claims denied with dates of service through March 3. They are currently working to pull the data to capture all claims that were denied incorrectly and will then made an adjustment. THANKS FCSO!

MEDICAID UPDATES:

2009 Health Care Procedure Codes (HCPCS) and Fees

Medicaid implementation of the 2009 Health Care Procedure Codes (HCPCS) and fees has been delayed until approximately the end of March 2009. Until the codes are finally implemented, codes deleted by the Centers for Medicare and Medicaid Services (CMS) on January 1, 2009, will remain deleted and can no longer be used for billing. Deleted codes that have been given replacement codes by CMS will have a January 1, 2009, effective date. New 2009 codes designated for Medicaid coverage will also have a January 1, 2009, effective date.

Medicaid will not reprocess any claims due to delayed implementation of HCPCs. Providers may resubmit any claim that may have been denied between January 1 and March 31, 2009, if the denial is due to the delayed

implementation of code and fee changes. The same applies to affected Medicare crossover claims. We will notify you when they are activated.

NEW PA PROGRAM IN THE TAMPA AREA

A new PA program is starting in Tampa. They are part of South University out of Savannah, but the Tampa branch will be completely based here. Future PA clinical rotations for heme/onc, med/onc, gyn/onc, gen onc surgery, ortho/onc, and pain/palliative care at Moffitt. They are **looking for individual community docs** as well. They won't need rotation sites until 2010, however, it takes times for the paperwork.

If your practice in the Tampa area would be interested in participating in this program please let the FLASCO Executive Director know by March 15, 2009.

CMS MLNMATTERS:

New:

MM6371 – Claims Processing Instructions for Diagnostic Tests Subject to the Anti-Markup Pricing Limitation
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6371.pdf>

MM6362 – Reporting the National Provider Identifier (NPI) on Claims for Reference Laboratory and Purchased Diagnostic Services Performed Outside the Billing Jurisdiction
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6362.pdf>

MM6370 – New Waived Tests
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6370.pdf>

MM6321 – Outpatient Therapy Caps with Exceptions in Calendar Year (CY) 2009
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6321.pdf>

Revised:

MM6139 – Implementation of New Provider Authentication Requirements for Medicare Contractor Provider Telephone and Written Inquiries
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6139.pdf>

SE0902 – Important Information for Providers Serving Medicare Beneficiaries Enrolled in Private Fee-for-Service Plans
<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0902.pdf>

ASH INVITATION:

ASH and CMS are hosting a webinar on the 2009 Physician Quality Reporting Initiative (PQRI) and the E-Prescribing programs. For beginners, this webinar will cover the basics of how to report the 2009 PQRI quality measures through claims-based reporting and to complete the E-Prescribing measure. For those who are current participants, this is an opportunity to get answers to questions about these programs.

The webinar will take place on **March 6, 2009, from 12:00 noon to 1:15 p.m., EST**. Please contact Matt Eckel at grassroots@hematology.org to sign up for this webinar and to obtain answers to any further questions you may have.

Sylvia Publ, CMS Senior Quality Advisor, will discuss the basics of how to satisfactorily report the 2009 PQRI quality measures and to participate in the E-Prescribing program. Afterwards, there will be an opportunity to ask questions. The webinar focuses on assisting **hematologists as well as their office staff** who may benefit from a greater understanding of the PQRI and E-Prescribing process.

ASCO UPDATE:

New Discussion Guide on Chemoprevention for Prostate Cancer Using Finasteride

The Discussion Guide graphically demonstrates the benefits and risks in terms of prostate cancer incidence, shows the likelihood of other risks and benefits, and includes ways for men to think over this topic. This is based on a newly published joint guideline with the American Urological Association.

This new resource is free and available online at www.asco.org/guidelines/5ari. Should you have any questions, please contact Sarah Temin in ASCO's Cancer Policy & Clinical Affairs Department at 571-483-1670

House Leaders Introducing Bill to Remove Prompt-Pay Discounts

House leaders will introduce legislation in the House of Representatives to remove prompt-pay discounts extended to drug wholesalers from the calculation of the Average Sales Price (ASP) of Medicare Part B drugs.

ASCO, along with members of the cancer community, supports this legislation. ASCO has long been working on Capitol Hill to make members of Congress aware that including prompt pay discounts in the ASP calculation threatens community oncology practices by artificially lowering the reimbursement rate for chemotherapy treatments, resulting in some cases to reduced patient access to treatment. In the 110th Congress, ASCO worked with members of Congress to introduce similar legislation.

Significant support of this legislation will be critical to its passage. We will provide you with more information soon, including a bill number and specific action items that you can take to support this legislation.

For more information, contact ASCO's Cancer Policy & Clinical Affairs Department at 571-483-1670 or publicpolicy@asco.org.

COBRA

IRS Releases Information to Help Employers Claim COBRA Medical Coverage Credit on Payroll Tax Form

The Internal Revenue Service has released new detailed information that will help employers claim credit for the COBRA medical premiums they pay for their former employees.

The IRS unveiled [new information](#) on this Web site, IRS.gov, that includes an extensive set of [questions and answers](#) for employers. In addition, the Web site contains a revised version of the quarterly payroll tax return that employers will use to claim credit for the COBRA medical premiums they pay for their former employees.

[Form 941](#), Employer's Quarterly Federal Tax Return, will also be sent to about 2 million employers in mid-March. The form is used to claim the new COBRA premium assistance payments credit, beginning with the first quarter of 2009.

The American Recovery and Reinvestment Act of 2009, which became law last week, includes changes to the health benefit provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985, commonly referred to as COBRA. The new law will affect former employees and their families, employers and others involved in providing COBRA coverage. Under the new law, eligible former employees, enrolled in their employer's health plan at the time they lost their jobs, are required to pay only 35 percent of the cost of COBRA coverage. Employers must treat the 35 percent payment by eligible former employees as full payment, but the employers are entitled to a credit for the other 65 percent of the COBRA cost on their payroll tax return.

Employers must maintain supporting documentation for the credit claimed. This includes:

- Documentation of receipt of the employee's 35 percent share of the premium.
- In the case of insured plans: A copy of invoice or other supporting statement from the insurance carrier and proof of timely payment of the full premium to the insurance carrier.
- Declaration of the former employee's involuntary termination.

COBRA provides certain former employees, retirees, spouses, former spouses and dependent children the right to temporary continuation of health coverage at group rates. COBRA generally covers health plans maintained by private-sector employers with 20 or more full and part-time employees. It also covers employee organizations or federal, state or

local governments. It does not apply to churches and certain religious organizations. The new COBRA subsidy provisions also apply to insurers required to offer continuation coverage under state law similar to the federal COBRA.

More information about COBRA payments and the new law is available on www.dol.gov.

NOTE: Please see additional information contained with this fax blast.

EDUCATIONAL OPPORTUNITIES:

The CBCE, along with conference chairmen Dr. Rogerio Lilenbaum and Dr. Mark Socinski, would like to invite all FLASCO members to the upcoming Winter Lung Cancer Conference, **March 6-8th in Sunny Isles Beach, FL**. They are pleased to extend to FLASCO members a discounted conference registration rate of **\$75.00**.

This activity is intended for medical, surgical, and radiation oncologists; thoracic surgeons; pulmonologists; nurses; pharmacists; advanced practitioners; physician assistants; and other healthcare professionals interested in the treatment of patients with lung cancer. The program is accredited for physicians, nurses, pharmacists, and physician assistants.

Registration Link: www.thebce.com/wlcc

CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2009)

FLASCO Members extend a big thanks to all of our 2009 Corporate Members/Sponsors (Companies listed below have either paid 2009 dues or have submitted letters of intent)

PLATINUM

AMGEN
Bayer/Onyx
Cephalon Oncology
Eli Lilly
Oncology Supply/ION
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Celgene
Eisai, Inc.
Ortho Biotech
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The Phipps Wealth
Management Group
Novartis
Astra Zeneca
Pfizer

GOLD

Abraxis Oncology
Bristol Myers Squibb
Genomic Health
Wyeth
Roche
Millennium

SILVER

OSI Pharmaceuticals
US Oncology

BRONZE

Genzyme

FLASCO 2009 MEETINGS:

November 6-7, 2009 – FLASCO Fall Meeting – Tampa Airport Marriott Hotel

March 6-7, 2010 – Location TBD

FLASCO EVENTS:

FLASCO is co-sponsoring the following Event:

(1) **March 20, 2009** – Statewide PA & NP Conference, Moffitt Cancer Center – Tampa

OTHER EVENTS:

March 6 – 8, 2009 – Sixth Annual Winter Lung Cancer Conference – Sunny Isles Beach, FL - <http://www.thebce.com/>

April 3 – 4, 2009 – OMF 2009 Spring Conference – Renaissance Orlando at Sea World – registration form is available at:

<http://www.oncologymanagersofflorida.com/>

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Email: Dorothy.Green@cancer.org

New Cobra Administration Guideline Alert

On February 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009 (ARRA), ushering in changes to COBRA administration and transportation plan limits, among other things. The law, in its final form, exceeds 1,000 pages in length. The COBRA changes take effect on the first coverage month following the date ARRA was enacted (i.e., March 1, 2009, for most plans). The Department of Labor (DOL) has 30 days in which to issue model notices. The Treasury Department is responsible for issuing other guidance and regulations.

There are seven major areas of ARRA that relate to COBRA and other benefits:

- COBRA Subsidy
- Second COBRA Election Period
- COBRA Plan Enrollment Option
- Employment Tax Offset for COBRA Subsidy
- Health Coverage Tax Credit (HCTC) and Other Features
- Increase in Transit Pass Limit for Transportation Plans
- Health Information Technology and HIPAA Privacy and Security COBRA Subsidy

The major change is a 65 percent COBRA subsidy for up to nine months for "assistance eligible individuals" who had an initial qualifying event on or after September 1, 2008, and on or before December 31, 2009.

An assistance eligible individual must meet the following qualifications:

1. The initial qualifying event must be for involuntary employment termination for reasons other than gross misconduct.
2. The subsidy is available to all coverage connected with that qualifying event, except Health FSAs, which are specifically excluded.
3. The qualified beneficiary must elect COBRA or applicable state continuation coverage (both small employer and post-COBRA coverage).
4. The qualified beneficiary must have had a modified adjusted gross income (Modified AGI) of less than \$125,000, if single, or \$250,000, if married filing jointly, for each tax year in which the subsidy is received.

The method for the fourth eligibility criterion is complicated. The Qualified Beneficiary may take the subsidy but if his Modified AGI exceeds the threshold amounts, the credit will be recaptured on the tax return. For those with a Modified AGI between \$125,000 and \$145,000 (or between \$250,000 and \$290,000, if married filing jointly), the amount of credit that is recaptured on the tax return is according to a sliding scale. For example, a Qualified Beneficiary with \$140,000 of AGI would have 75 percent of the subsidy ($[(140,000 - 125,000)/20,000]$) recaptured on the tax return for that tax year. For multiple tax years, some may have a recaptured subsidy in one year but not another year.

Some assistance eligible individuals may pay the full COBRA premium as employers gear up to implement these changes. For March and April of 2009, an employer has the option of either reimbursing the amount of the subsidy or applying the premiums as a credit toward later months.

The subsidy does not extend the normal maximum coverage period of 18 months for employment termination. If an assistance eligible individual becomes eligible (not enrolled) for other group medical coverage, the subsidy ends. Qualified Beneficiaries have an incentive to notify employers when this happens. They are subject to a penalty equal to 110 percent of any subsidy that was provided when they were not eligible. Such group medical coverage excludes coverage for dental, vision, EAP, on-site clinic services, Health FSAs and most Health Reimbursement Arrangements (HRAs).

Second COBRA Election Period

Those who would otherwise qualify for the COBRA subsidy but did not elect COBRA when first offered have a second election period of 60 days. This election period starts when a new election notice is sent. If these individuals elect COBRA, they become assistance eligible individuals and coverage dates back to February 17, not their original loss of coverage date.

The period of time between the qualifying event date and February 17 does not count toward the HIPAA 63-day gap in coverage rules for determining creditable coverage.

COBRA Plan Enrollment Option

Employers may, but are not required to, offer all assistance eligible individuals a new “Plan Enrollment Option.” This provision allows assistance eligible individuals to change to another health plan offered by the employer to active employees (if any) as long as the premium is less than their current COBRA coverage. This other plan option excludes the following:

- Dental plans
- Vision plans
- Counseling or referral services (EAP)
- Health FSAs and most HRAs
- On-site medical clinics

The Plan Enrollment Option period is 90 days and starts when a notice describing the option is sent. This Option must be offered to all assistance eligible individuals, including those with second election rights and those with qualifying events that occur later in 2009.

Because of the complexity of this provision, it is not expected that many, if any, employers will offer this option.

Employment Tax Offset for COBRA Subsidy

The way the subsidy works is that eligible Qualified Beneficiaries pay the reduced COBRA premium each month. The employer is required to make up the balance by reducing its employment tax deposits (i.e., for federal income taxes, Social Security and Medicare) and reporting these offsets on a revised Form 941, which the IRS is currently finalizing. Two new lines (12a and 12b) have been added to Form 941 for reporting the amount of COBRA premium assistance payments and the number of subsidy recipients.

The IRS will need to revise several other forms, including:

- Form 943 (Employer’s Annual Federal Tax Return for Agricultural Employees)
- Form 944 (Employer’s Annual Federal Tax Return)
- Corresponding amended form (941-X, 943-X and 944-X)

At this time, the IRS does not expect any changes to Forms W-2 or W-3.

HCTC and Other Features

The HCTC is a 65 percent tax credit for health coverage that is available to three groups of people:

1. Those receiving trade adjustment assistance (TAA) because they lost their job due to foreign competition
2. Those receiving alternative TAA under a demonstration program for older workers
3. Those whose nonforfeitable pensions are paid or partially paid by the Pension Benefit Guaranty Corporation (PBGC)

Effective May 1, 2009, through the end of 2010, all HCTC recipients will see their HCTC subsidy increase to 80 percent. Other provisions are in place to extend HCTC availability in cases of Medicare entitlement, death and divorce.

The COBRA maximum coverage period is affected in two instances. First, those receiving HCTC because of PBGC payments have their coverage continued until the earliest of the following events:

- The date of death of the covered employee (for covered employees)

- The date of death of the covered employee plus 24 months (for spouse and dependents of the covered employee)
- December 31, 2010

Second, those receiving HCTC because of TAA eligibility have their coverage continued until the earliest of the following events:

- Their TAA eligibility terminates
- December 31, 2010

All told, employers are required to send the following COBRA-related notices:

1. A revised election notice with specified verbiage for those with a second election right
2. A new notice with specified verbiage for those who have already elected COBRA
3. A Plan Enrollment Option notice (if applicable)
4. A revised election notice for new qualifying events through the end of 2009

A House provision would have extended the maximum coverage period for covered employees and their qualified beneficiaries if the employees were either age 55 or older or had 10 or more years of service with the employer on the qualifying event date. ARRA does not contain this provision.

The DOL has an expedited time frame of 15 business days for reviewing any subsidy-related complaints made by Qualified Beneficiaries. Treasury has been tasked with monitoring compliance and reporting on the program's effectiveness. Bottom line: compliance with this law will be closely scrutinized.

The total cost of the COBRA provisions in ARRA is estimated at about \$24 billion.

Increase in Transit Pass Limit for Transportation Plans

ARRA also changed the monthly reimbursement limits for transit passes under §132(f) of the Tax Code. Before ARRA, the monthly limits were \$120 for transit passes and vanpooling combined, \$230 for parking and \$20 for bicycles. Starting in March 2009 and continuing through December 2010, the limit for transit passes will equal the parking limit (\$230).

Health Information Technology and HIPAA Privacy and Security

ARRA allotted about \$17 billion to invest in health information technology, providing incentives to hospitals and other providers to begin using electronic health records. Significantly, the law expands the reach of HIPAA to certain entities that would normally not qualify as business associates, namely those that maintain or access personal health records or are classified as health information exchange organizations. The Department of Health and Human Services is required to issue regulations within 180 days of February 17.