pohms

PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

The POHMS newsletter

We hope you enjoy this new version of the POHMS Newsletter

Issue 51 APRIL `18

ACTIVE LEADERSHIP AND UNITY FOR ALL MEMBERS TO THRIVE IN THE EVOLVING HEMATOLOGY ONCOLOGY COMMUNITY

TABLE OF CONTENTS

POHMS Annual Spring Conference is scheduled for…

Thursday, May 17, 2018

FOR DETAILS AND REGISTRATION…

CLICK HERE

Editor: Michelle Weiss, Weiss Oncology Consulting - Michelle@WeissConsulting.org

pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

The Omnibus Spending Bill: Winners & Losers

(ACCCBuzz Blog) Mar 27, 2018 - Healthcare stays in flux as Congress passed an omnibus spending bill this past Friday, March 23, funding the federal government through September 2018. READ ARTICLE

ASCO Commends Congress for Passing Largest NIH Funding Increase in 15 Years

(ASCO in Action) Mar 23, 2018 - "The American Society of Clinical Oncology (ASCO) applauds Congress for its bipartisan support of the omnibus spending bill that significantly boosts our nation's investment in biomedical research. READ ARTICLE

U.S. to cover advanced genomic testing for Medicare cancer patients

(Reuters) - The U.S. government said on Friday, March 16th, it will pay for certain genetic tests for Medicare-eligible patients with advanced cancer, in a bid to help match patients with the drugs most likely to provide benefit. The Centers for Medicare & Medicaid Services (CMS) said that diagnostic laboratory tests using Next Generation Sequencing (NGS) would be covered by the government healthcare program. The National Coverage Determination (NCD) is an important step in the advance of so-called personalized medicine and follows U.S. Food and Drug Administration approvals of the tests. READ MORE

Evaluating Clinical Pathway Programs for Your Practice? New ASCO Checklist Can Help

March 6, 2018 - Oncology clinical pathway programs are evidence-based treatment protocols that outline optimal treatment options for patients with cancer. When properly designed and implemented, pathways can improve care quality and reduce costs. READ MORE

Part B Claims Issues

An update has been made to the Part B open claims issues regarding HCPCs code J7345 (Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg). Please review the Part B open claims issues for details.

Part B Open Issues Log Update-QMB Information

For claims processed on or after July 2, 2018, CMS will reintroduce QMB information on the Medicare remittance with revised coding implemented with CR9911. Refer to MM10433 for more information.

Claims processed with the QMB information prior to December 8, 2017, will be identified and automatically reprocessed. No provider action necessary. Refer to MM10494 for additional details. READ MORE

Revision of Paperwork (PWK) Fax/Mail Cover Sheet

The PWK Fax / Mail cover sheet is being revised to remove the health insurance claim number (HICN) and replace it with "Medicare ID" as part of the Medicare Access and CHIP Re-authorization Act of 2015, requiring removal of the Social Security number-based HICN from Medicare cards. As a result of this change, Medicare contractors will accept only the new PWK Fax / Mail cover sheets that contain "Medicare ID" beginning April 2, 2018. READ MORE

Part B Top Inquiries / Frequently Asked Questions (FAQs) for DE, DC, MD, NJ, & PA

The Part B Top Inquiries / FAQs, received by our Customer Contact Center, have been reviewed for February 2018. Please take time to review these FAQs for answers to your questions. READ MORE

Part B Top Claim Submission / Reason Code Errors The Top Claim

Submission / Reason Code Errors and resolutions for February 2018 for Delaware, Washington D.C., Maryland, New Jersey, and Pennsylvania are now available. Please take time to review these errors and avoid them on future claims. READ MORE

Revised 2018 MPFS Files

On February 9, 2018, Congress passed the Bipartisan Budget Act of 2018. As a result of this ACT, the 2018 MPFS files have been updated and are now available on the Fee schedule page of our website.
READ MORE

What's New with Novitasphere

We receive a lot of helpful feedback regarding Novitasphere Portal and what would make our Portal even better for our customers. We are excited to announce that Novitasphere has implemented new and updated features as of April 2, 2018!

New
- Immediate Recoupment Requests
- Appeals Requests for Redeterminations
- General Inquiry Requests

Updates
- Part B Claims Status and Claim Correction required search criteria changes. To allow for easier searches, the Patient Medicare Number, First Name Initial, and Last Name fields are no longer required to search for claims. You may choose to narrow your search by using these fields, but they are no longer required.
- Features that request the Patient's Medicare # will now allow the new Medicare Beneficiary Identifier (MBI) to be entered. Remember, MBI mailing begins this month! Additionally, the new MBI Lookup tool will be available in Novitasphere in June.

Not enrolled for Novitasphere yet? Visit our Novitasphere Center for enrollment information and forms today!

Appealing New Patient Denials

Appeal requests submitted for Evaluation and Management (E/M) services denials, because the new patient qualifications were not met, need to include specific information. Documentation for the specialty and sub-specialty of both the provider in question and any non-physician practitioner (NPP) seen by the same patient within the group practice is needed to consider a favorable determination.
READ MORE

Oncology Related Medical Policy

The following JL Local Coverage Determinations (LCDs) have been revised:
- Biomarkers for Oncology (L35396)
- Intravenous Immune Globulin (IVIG) (L35093)

The following JL Local Coverage Articles have been revised:
- Biomarkers for Oncology (A52986)

NOVITAS SOLUTIONS

WEBINAR

Listed are Novitas training events an oncology practice should consider!

HOME

Novitas Self-Service Tools:

View all Self-Service Tools

Date	Starts	Ends	Event Details	CEUs	Media Type
Friday, April 6, 2018	11:00 AM	12:00 PM	***Novitasphere Provider Portal Enrollment Overview*** This course we will discuss the steps to enroll in Novitasphere, including the Enterprise Identity Management (EIDM) registration process.	1.0	Webinar
Friday, April 6, 2018	2:00 PM	3:00 PM	***Are You Ready for the New Medicare Card?*** This course introduces the new Medicare card. We will discuss how to prepare for this new change, assist you in locating valuable resources, and review the timelines for submitting claims using the new Medicare Beneficiary Identifier.	1.0	Webinar
Monday, April 23, 2018	10:00 AM	11:00 AM	***ABILITY/PC-ACE*** This course will review the ABILITY | PC-ACE program. Join us for a demonstration on how to submit your claim file via Secure File Transfer Protocol (SFTP) or through the Novitasphere Portal. Attendees will learn how to configure the software, claim entry, file preparation, view acknowledgement reports and 835 ERA files.	1.0	Webinar
Tuesday, April 24, 2018	10:00AM	11:00AM	***Part B Novitasphere Claim Submission Overview*** This course will focus on how to submit claims through the Novitasphere portal. We will show you how to submit an 837 ANSI batch claim file, how to enter single claims into the Direct Data Entry feature, and how to download your electronic claim reports.		Webinar
Wednesday, April 25, 2018	10:00 AM	11:00 AM	***Are You Ready for the New Medicare Card?*** This course introduces the new Medicare card. We will discuss how to prepare for this new change, assist you in locating valuable resources, and review the timelines for submitting claims using the new Medicare Beneficiary Identifier.	1.0	Webinar

For many more opportunities and to register...

CLICK HERE

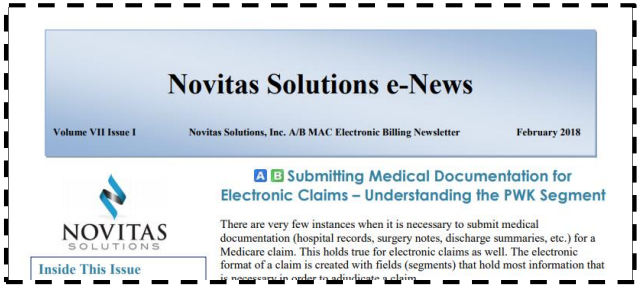
pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

Part B Quarterly Newsletter

*Current Edition Available...*CLICK HERE

Novitas Solutions e-News
Electronic Billing
Qtly Newsletter

*Current Qtly Issue Available...*CLICK HERE



Medicare Part B – H O T L I N K S !

Medicare JL Part B Fee Schedule

Current Active Part B LCD Policies

Current Average Sales Price (ASP) Files

Quarterly Update to CCI Edits

2018 Final Rule

Physician Fee Schedule

Physician Fee Schedule Fact Sheet

HOPPS

HOPPS Fact Sheet

QPP

QPP Fact Sheet

On-Demand *Education*

- Weekly Audio Podcasts
- Training Modules
- Medicare Reference Manual
- Specialty Guides
- Acronyms & Abbreviations
- Frequently Asked Questions
- Evaluation & Management (E/M) Center
- Comprehensive Error Rate Testing (CERT) Center

CMS *Education*

- Open Payments (Physician Payments Sunshine Act) *
- Medicare Learning Network *
- National Provider Training Program *
- Internet-Only Manual *
- Provider Specialty Links
- Safeguarding Your Medical Identity *

pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

HMS welcomes you to RAC-Info!
To visit the website CLICK HERE

MOST RECENT RAC ISSUE BEING INVESTIGATED THAT MAY BE IMPORTANT TO AN ONCOLOGY PRACTICE:

Observation Evaluation & Management (E&M) codes billed same day as Inpatient Admission
Medicare payment for the initial hospital visit includes all services provided to the patient on the date of admission by that physician, regardless of the site of service. The physician may not bill observation care codes (initial, subsequent and/or discharge management) for services on the date that he or she admits the patient to inpatient status.

PROVIDER UPDATE – Provider Education

RAC Region 4 Recovery Audit Process

"New" HMS Provider Portal User Guide – Part B Providers

New Medicare Cards: Challenges and Opportunities

By Duane Abbey, PhD, CFP
The main burden for this change is on healthcare providers such as physicians, clinics, hospitals. The Centers for Medicare & Medicaid Services (CMS) will start issuing the new Medicare cards with the MBI (Medicare Beneficiary Identifier) number beginning April 1. The Social Security Number (SSN) based HICN (Health Insurance Claim... READ MORE

RAC Monitor continued on next page...

340B Drug Update: Good News for Some in the Program

By Timothy Powell, CPA CHCP

For one health system, staying the 340B drug program makes financial sense. Working at a large teaching hospital in Pennsylvania recently, I was able to ask the system CFO if he was thinking of giving up on the 340B program in light of the cuts. I was surprised by his... READ MORE

Medicare and Medicaid RAC Audits: How Auditors Get It Wrong

All audits are questionable, contends the author, so appeal all audit results.

By Knicole C. Emanuel Esq.

Providers ask me all the time – how will you legally prove that an alleged overpayment is erroneous? When I explain some examples of mistakes that Recovery Audit Contractors (RACs) and other health care auditors make, they ask, how do these auditors get it so wrong? READ MORE

HIMSS18 Presentations

CMS recently participated in the 2018 Healthcare Information and Management Systems Society (HIMSS18) Annual Conference & Exhibition. Presentations:

- Meaningful Measures Initiative
- Quality Payment Program Year 2
- Quality Payment Program: Advancing Care Information
- Advanced Alternative Payment Models
- Developer Tools Town Hall

E/M Services Listening Session: Audio Recording and Transcript — New

An audio recording and transcript are available for the March 21 listening session on Evaluation and Management (E/M) services. CMS seeks comments from stakeholders on potential updates to the guidelines to reduce burden and better align coding and documentation with the current practice of medicine.

Billing for Stem Cell Transplants — Reminder

In a February 2016 report, the Office of the Inspector General (OIG) determined that Medicare paid for many stem cell transplants incorrectly. The main finding was that providers billed these procedures as inpatient when they should have been submitted as outpatient services.

Use the following resources to bill correctly and avoid overpayment recoveries:

- Medicare Did Not Pay Selected Inpatient Claims for Bone Marrow and Stem Cell Transplant Procedures in Accordance with Medicare Requirements OIG Report
- OIG Report: Stem Cell Transplantation MLN Matters® Article
- CMS Transmittal 1805

Medicare Parts A and B Appeals Process Booklet — Reminder

A revised Medicare Parts A and B Appeals Process Booklet is available. Learn about:

- Five levels of claim appeals
- New option for a level three on-the-record review
- Available forms and helpful tips for filing an appeal

READ MORE

Early Data Show Positive Trend in Oncology Care ModelCost Savings

In the first presentation of the National Comprehensive Cancer Network (NCCN) Annual Conference (March 21-23, 2018; Orlando, FL) Keynote session, Ron Kline, MD, FAAP, clinical lead on the Oncology Care Model (OCM) and Medicare Care Choices Model at the Center for Medicare & Medicaid Innovation (CMMI), gave an overview of the OCM and an unofficial preview of the preliminary data CMMI has accrued from OCM practices within the first 6 months of implementation.

READ MORE

Provider Compliance Tips for Laboratory Tests: Other Fact Sheet – Revised

A revised Provider Compliance Tips for Laboratory Tests – Other (Non-Medicare Fee Schedule) Fact Sheet is available. Learn about:

~~Reasons for denial ~~How to prevent claim denials ~~Acceptable forms for submitting orders

Medicare Pharmaceutical and Technology Ombudsman

James Bailey is serving as the Medicare Pharmaceutical and Technology Ombudsman. He will receive and review questions and concerns from pharmaceutical, biotechnology, medical device, diagnostic product manufacturers, and other stakeholders regarding Medicare coverage, coding, and payment. Visit the Medicare Pharmaceutical and Technology Ombudsman webpage for more information.

Quarterly HCPCS Drug/Biological Code Changes MLN Matters Article — Revised

A revised MLN Matters Article on Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - April 2018 Update is available. Learn about updates of biosimilar biological product HCPCS codes, modifiers, and autologous cellular immunotherapy treatment.

Recent LearnResource & MedLearn Matters Articles

- Claims Processing Actions to Implement Certain Provisions of the Bipartisan Budget Act of 2018 (MM 10531)
- Institutional Billing for No Cost Items (MM 10521)
- Adjustments to Qualified Medicare Beneficiary (QMB) Claims Processed Under CR 9911 (MM 10494)
- Prohibition Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program (Revised SE 1128)
- April 2018 Integrated Outpatient Code Editor (I/OCE) Specifications Version 19.1 (Revised MM 10514)
- April 2018 Update of the Hospital Outpatient Prospective Payment System (OPPS) (Revised MM 10515)

Independence | PROVIDER News Center

Referral procedures for hospital admissions

Posted March 28, 2018 – As outlined in the *Hospital Manual for Participating Hospitals, Ancillary Facilities, and Ancillary Providers* and the *Provider Manual for Participating Professional Providers*, when referring an Independence member for a surgical procedure or hospital admission, the primary care physician needs to issue only **one** referral* to the specialist or attending/admitting physician. READ MORE

Claim edit enhancements: Frequently asked questions

The following frequently asked questions (FAQ) were developed to provide more detailed information about the implementation of a claim editing process that will increase compliance with current industry standards and support the automated application of correct coding principles. By applying these principles, Independence Blue Cross (Independence) will be consistent with other payers in the region, follow principles that are national in scope, that are simple to understand, and comply with industry standard sources. READ MORE

Updated code-to-code list now available

Posted April 2, 2018 – When claims submitted on the CMS-1500 claim form or through the 837P transaction are processed by Independence, various edits are used to appropriately adjudicate claims. One such edit is procedure code combinations. Based on code terminology and/or guidelines from the applicable governing entity*, some codes represent a combination of two or more 'components.' These components may also be represented by individual codes. If component codes are reported separately, they may be combined into the combination or "total" procedure code.

The list of the procedure codes with applicable component codes has been updated and can be downloaded from the Clinical Relationship Logic (Code-to-Code Edits) page in the Claims and Billing section of our website.

pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

Independence | PROVIDER News Center

Medical codes for services that require precertification

A list of services that require preapproval/precertification from Independence prior to being performed for our members is available for providers on our Medical Policy Portal. This list, *Services that require precertification*, includes the CPT® and HCPCS codes, where applicable, that correlate with the services and injectable drugs that are included on our Preapproval/Precertification List.

To access *Services that require precertification*, visit our Medical Policy Portal and select *Accept and Go to Medical Policy Online*. Choose the *Commercial* or *Medicare Advantage* tab from the top of the page, then select *Services Requiring Precertification* from the left-hand menu.

Links to *Services that require precertification* have also been added to the Quick Links section on the right-hand side of this page.

Enhanced claim edits to support correct coding principles to begin in June 2018

Posted March 9, 2018 – **Starting June 10, 2018,** Independence will implement a claim editing process during prepayment review to increase compliance with current industry standards and support the automated application of correct national coding principles. By applying these principles, we will be consistent with other payers in the region and will apply claim payment principles that are national in scope, simple to understand, and continue to comply with industry standard sources, including:

- Centers for Medicare & Medicaid Services (CMS) standards such as the National Correct Coding Initiative (NCCI), modifier usage, and global surgery guidelines
- American Medical Association (AMA) Current Procedural Terminology (CPT®) coding guidelines
- CMS HCPCS LEVEL II Manual coding guidelines
- ICD-10 Instruction Manual coding guidelines

READ MORE (Includes Add-on Codes!)

pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

HIGHMARK BLUE SHIELD

MEDICAL POLICY UPDATE
FOR PROFESSIONAL AND FACILITY PROVIDERS
HIGHMARK

HOME

Peer-to-Peer Conversations: Availability of Physicians, Behavioral Health Practitioners, and Pharmacist Reviewers*

Highmark provides you with an opportunity to discuss Utilization Management (UM) denial decisions with a clinical peer reviewer following notification of a denial determination. Clinical peer reviewers are licensed and board-certified physicians, licensed behavioral health care practitioners, and licensed pharmacists, and they are available to discuss review determinations during normal business hours.

Your call will be connected directly to the peer reviewer involved in the initial review determination, if he or she is available. If the original peer reviewer isn't available when you call, another clinical peer will be made available to discuss the denial determination within one business day of your request. To request a peer-to-peer conversation, use the telephone number listed on determination letter.

**IMPORTANT NOTE: The peer-to-peer review process is no longer available for Medicare Advantage members. See Chapter 3, Unit 6, of the Highmark Blue Shield Office Manual and Chapter 6, Unit 1, of the Highmark Facility Manual for details.*

Be sure not to miss the
HIGHMARK MEDICAL POLICY UPDATE
Published Monthly

CLICK HERE

FOUR HCPCS CODES TO REQUIRE PRIOR AUTHORIZATION, EFFECTIVE MAY 1, 2018

Effective with dates of service of May 1, 2018, and beyond, the four HCPCS Level II procedure codes below will require prior authorization before providing the services to Highmark members:

Procedure Code	Description
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)
J0565	Injection, bezlotoxumab, 10 mg (Zinplava)
J9032	Injection, belinostat, 10 mg (Beleodaq)
J9039	Injection, blinatumomab, 1 microgram (Blincyto)

PROVIDER NEWS
Most Recent Issue …
CLICK HERE

pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

OTHER PAYER UPDATES

NEW!

NEW!

HOME

Oncology Related Articles You Won't Want to Miss:

<u>Medical Policy Updates</u>

Updated:

- Proton Beam Radiation Therapy - Effective Mar. 1, 2018

Revised:

- Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors - Effective Apr. 1, 2018
- Molecular Oncology Testing for Cancer Diagnosis, Prognosis, and Treatment Decisions - Effective Apr. 1, 2018

<u>Medical Benefit Drug Policy Updates</u>

New:

- Denosumab (Prolia® & Xgeva®) - Effective Mar. 1, 2018

Updated:

- Actemra® (Tocilizumab) Injection for Intravenous Infusion - Effective Mar. 1, 2018
- Orencia® (Abatacept) Injection for Intravenous Infusion - Effective Mar. 1, 2018

<u>Utilization Review Guideline (URG) Updates</u>

Updated:

- Immune Globulin Site of Care Review Guidelines for Medical Necessity of Hospital Outpatient Facility Infusion - Effective Apr. 1, 2018

Revised:

- Chemotherapy Observation or Inpatient Hospitalization - Effective Apr. 1, 2018
- Office Based Program - Effective Apr. 1, 2018
- Specialty Medication Administration – Site of Care Review Guidelines - Effective Apr. 1, 2018
- Hospital Readmissions - Effective Apr. 1, 2018

APRIL Monthly Issue Available HERE

A Few Articles You Won't Want to Miss:

Front & Center

- Link Self-Service Updates and Enhancements
- Updates to Notification/Prior Authorization Requirements for Specialty Medications for UnitedHealthcare Commercial and Community Plan Members

UnitedHealthcare Commercial

- UnitedHealthcare Genetic and Molecular Testing Prior Authorization/Notification Updates

And Much More...
APRIL Monthly Issue Available HERE

aetna

A Few Articles You Won't Want to Miss:

- Changes to our National Precertification List (NPL)
- Request precerts electronically — it's fast, secure and simple
- Ordering genetic tests in the correct sequence will result in fewer denials
- Changes to commercial drug lists begin on July 1, 2018

And Much More....

MARCH
Northeast Region
Qtly Issue Available HERE

pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

DRUG SHORTAGES –

If you are looking for a complete list of Drug Shortages from the FDA CLICK HERE.

RECENT FDA ONCOLOGY RELATED APPROVALS/CHANGES

- FDA granted accelerated approval to blinatumomab (Blincyto, Amgen Inc.) for the treatment of adult and pediatric patients with B-cell precursor acute lymphoblastic leukemia (ALL) in first or second complete remission with minimal residual disease (MRD) greater than or equal to 0.1%. More Information. March 29, 2018 (1)
- FDA approved nilotinib (TASIGNA, Novartis Pharmaceuticals Corporation) for pediatric patients 1 year of age or older with newly diagnosed Philadelphia chromosome positive chronic myeloid leukemia in chronic phase (Ph+ CML-CP) or Ph+ CML-CP resistant or intolerant to prior tyrosine-kinase inhibitor (TKI) therapy. More Information. March 22, 2018 (1)
- FDA approved brentuximab vedotin (Adcetris, Seattle Genetics, Inc.) to treat adult patients with previously untreated stage III or IV classical Hodgkin lymphoma (cHL) in combination with chemotherapy. More Information. March 20, 2018 (2)
- FDA approved abemaciclib (VERZENIO, Eli Lilly and Company) in combination with an aromatase inhibitor as initial endocrine-based therapy for postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer. More Information. February 26, 2018 (2)

NCCN Guide for Immunotherapy Adverse Events

(Medscape Medical News) Mar 29, 2018 - Some of the side effects of immunotherapies for cancer become very serious, very fast. The National Comprehensive Cancer Network (NCCN) now has an easy-to-use guideline for that. READ ARTICLE (free registration required)

Proposed Reforms To The 340B Drug Discount Program

The 340B program allows qualified medical providers to purchase outpatient drugs at deep discounts. The program also promotes the financial stability of participating providers by supplying them with a source of revenue generation off the sale of these drugs, since program rules do not require the discounts to be passed on to patients nor payers. READ MORE

ASCO in Action
News, Advocacy, and Analysis on Cancer Policy

House Subcommittee Urged to Consider Solution to Step Therapy

March 19, 2018 – In a letter to the Committee on Education and the Workforce Subcommittee on Health, Employment, Labor and Pensions leadership, ASCO and 25 other healthcare groups asked the House Subcommittee to consider the Restoring the Patients Voice Act of 2017 (H.R. 2077). This legislation, which has bipartisan support from 28 lawmakers, provides patient protections against step therapy protocols imposed by private sector health plans. READ MORE

The Uncertain State of the 340B Program: Where Are We Now?

In January 2018, in the wake of the publication of the House Energy and Commerce Committee's Review of the 340B Drug Discount Program, I wrote that it was too soon to know whether 2018 will be a game-changing year for the 340B Program. In sum, there were just too many moving parts to discern whether there was a path forward for legislative change. READ MORE

Reimbursement Questions & Answers

If you have reimbursement questions you need answers to, please submit them to the Editor at Michelle@WeissConsulting.org



Question: Are modifiers still required for the Biosimilar products?

Answer: Beginning on April 1, 2018, modifiers that describe the manufacturer of a biosimilar product (for example, ZA, ZB and ZC) will no longer be required on Medicare claims for HCPCS codes for biosimilars. However, HCPCS code Q5102 and the requirement to use biosimilar modifiers remain in effect for dates of service prior to April 1, 2018. Q5102 will be discontinued on April 1 and replaced with the following:

Q5103 -Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Q5014 - Injection, infliximab-abda, biosimilar, (renflexis), 10 mg

****

Question: Will the new Medicare cards be released by region all at once?

Answer: The replacement cards for Medicare patients will not come out all at once. Patients will receive their new "Medicare Benefit Identifier" (MBI) (which replaced the healthcare identification number- HICN) throughout 2018. CMS has posted a "Mailing Strategy" which I have provided a link; CLICK HERE

Continued on next page...

Question: How long will Medicare give us to make the changes in our system, I'm worried about a TON of rejections!

Answer: According to the Medicare website, they will have a "transition period" from April 1, 2018 through December 31, 2019 and during this transition will allow either the HICN or the BMI number. Here is a link to the Medicare Provider Page for more information: CLICK HERE

****

Question: I am starting to hear more about a CMS program called TPE. What does this stand for, and what is its purpose?

Answer: The Centers for Medicare & Medicaid Services (CMS) designed the Targeted Probe and Educate (TPE) program to help providers and suppliers reduce claim denials and appeals through one-on-one help. The program goal: to help you quickly improve. Medicare Administrative Contractors (MACs) work with you, in person, to identify errors and help you correct them. Many common errors are simple—such as a missing physician's signature—and are easily corrected.

****

Question: Does Medicare pay for an office visit so that the patient could receive an injection?

Answer: Here's what the Centers for Medicare & Medicaid Services included in the Medicare Claims Processing Manual, Chapter 17, Section 20.5.7:

Where the sole purpose of an office visit was for the patient to receive an injection, payment may be made only for the injection service (if it is covered). Conversely, injection services (codes 90782, 90783, 90784, 90788, and 90799) included in the Medicare Physician Fee Schedule (MPFS) are not paid for separately, if the physician is paid for any other physician fee schedule service furnished at the same time. Pay separately for those injection services only if no other physician fee schedule service is being paid.

pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

CORPORATE ALLIES

DIAMOND LEVEL

AMGEN

Bristol-Myers Squibb

Celgene

CHOC Community Hematology Oncology Consortium

Genentech
A Member of the Roche Group

Lilly

McKESSON
Empowering Healthcare

Oncology Supply
AmerisourceBergen Specialty Group

Takeda
ONCOLOGY

GOLD LEVEL

astellas

Bayer HealthCare
Pharmaceuticals

Incyte

janssen
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

MERCK

NOVARTIS

pharmacyclics

SANDOZ
a Novartis company

SILVER LEVEL

Eisai

SANOFI

TAIHO ONCOLOGY
Making the human connection

pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

POHMS Committees

By-Laws
CHAIR: Maryann Wingate

Finance Committee
CHAIR: Diane Carter

Marketing/Membership Development
CHAIR: Ellen Bauer

Programs Committee
CHAIR: Azlynn Swartz

Our Mission

POHMS provides education and operational best practices to Hematology Oncology members through professional development and networking. The organization empowers members by creating an environment of support, collaboration and continuous learning.

Vision Statement

Active leadership and unity for all POHMS members to thrive in the evolving Hematology Oncology community.

Values Statement

At POHMS, we are committed to the highest standards of ethics and integrity and strongly believe that we are responsible to our members, stakeholders, and to the communities we serve. As a part of our responsibility, we strive to create an environment of continuous learning and improvement in the oncology hematology industry.

We are passionate about the success of our members. Our driving innovation and commitment to personal and professional development makes an invaluable resource. Educational programs and professional meetings help foster a network of growth, support, and collaboration. The sharing of ideas and trends enable POHMS to continue to build upon our tradition of innovation.

POHMS Board of Directors

Executive Committee
Maryann Wingate
President

Kim DiStasio
Vice President

Diane Carter, MSN, RN
Treasurer

Ellen Bauer, BSN, RN
Secretary

Board Members
Roxanne Alessandroni
Jaclyn Callahan
Stacy Goetz
Rick Habacivch
Azlynn Swartz, MHA, BSN, RN, OCN
Pete Tate

pohms
PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY