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PREMIER ONCOLOGY HEMATOLOGY MANAGEMENT SOCIETY

The POHMS newsletter

Issue 72 JANUARY '20

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

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Save The Dates!!

POHMS Annual Spring Conference
Sheraton Valley Forge
King of Prussia, PA
Thursday, April 2, 2020

POHMS Annual Fall Conference
The Hotel Hershey
Hershey, PA
November 5-6, 2020

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

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POHMS Board of Directors Vacancy

Anyone interested in being a part of the POHMS Board of Directors please contact Fran at 908-442-7156 or fran@pohms.com

REMINDER:
POHMS Member Educational Reimbursement Policy

Requirements:

- Letter of Request, must indicate use and have practice physician signature
- Due to limited funds, the Letter of Request must be submitted a minimum of 30 days prior to the event
- POHMS Executive Committee will review your request within one week upon receipt to POHMS
- Practice will then be notified of approval or denial via email
- POHMS will reimburse up to $500 per practice/ per year of acceptable expenses.
  (Acceptable expenses include: registration fees, hotel and travel costs, and meals)
- Proof of attendance and original receipts must be submitted for reimbursement along with a completed expense report.

This program is available ONLY to paid POHMS Members.

CMS Announces Important Updates for MIPS Participants

(ASCO in Action) Jan 7, 2020 - The Centers for Medicare & Medicaid Services (CMS) announced important updates for 2019 and 2020 Merit-based Incentive Payment System (MIPS) participants, including the 2019 data submission period for MIPS eligible clinicians and how participants can check their 2020 MIPS eligibility. READ MORE

Five Things Doctors Need to Know about 2020 Medicare Fee Schedule

(AMA) The 2020 Medicare physician payment schedule contains news about coding revisions for outpatient evaluation and management (E/M) services that promise to greatly reduce administrative burdens for physicians in 2021. But the 2,475-page document also contains information on a multitude of tweaks to the Medicare Quality Payment Program (QPP) and a plethora of other details affecting how physicians will be paid by Medicare starting Jan. 1. READ MORE

Hope and Some Skepticism Whether Oncology Payment Models Will Work

December 17, 2019 - Just over a week before CMS revealed some of its thinking on the future of oncology value-based care,1 oncologists and others who crowded into a Nashville, Tennessee, ballroom at the end of October shared their thoughts, successes, and frustrations regarding the current Oncology Care Model (OCM). READ MORE

Redesigning Oncology Care: A Look at CMS' Proposed Oncology First Model

A cancer diagnosis and the journey that follows can be a scary, confusing and overwhelming time for patients and their families. There is tremendous opportunity, however, to unite families and care teams around a patient during this time to make sure they receive high-quality, coordinated care that leads to the best outcomes. READ MORE

Provider Perspective: Kashyap Patel, MD, Sees Collaboration Going Into Oncology Care First

Participants in the Oncology Care Model (OCM) have speculated greatly about what will come after the 5-year pilot program ends on June 30, 2021.1 The suspense ended November 1, 2019, when the Center for Medicare & Medicaid Innovation (CMMI) unveiled a request for information (RFI) regarding Oncology Care First (OCF), a proposed successor model that would build on the lessons learned from OCM. READ MORE

Part B Top Inquiries / Frequently Asked Questions (FAQs)

The Part B Top Inquiries / FAQs, received by our Customer Contact Center, have been reviewed for November 2019. Please take time to review these FAQs for answers to your questions. CLICK HERE

Reopening Gateway - Coming in Early 2020!

Novitas Solutions is dedicated to the development of self-service tools to reduce customer burden and to improve the overall customer experience. The Reopening Gateway is a free, web-based application that allows for automated submission of claim corrections with no enrollment process. Logging into the Reopening Gateway is a quick and easy way to update claim data through the internet. CLICK HERE

Nurse Practitioner Supporting Documentation

When initially enrolling a Nurse Practitioner, there are two supporting documents required to process the application listed below:

- Copy of the Nurse Practitioner's certification
- Master's degree

These documents must be included so that we can verify the requirements to enroll the practitioner in Medicare. If the practitioner does not have a copy of his/her Master's degree, a copy of the Master's degree transcript is acceptable. Please review our article for more information.

Part B Top Claim Submission / Reason Code Errors

The Top Claim Submission / Reason Code Errors and resolutions for November 2019 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. CLICK HERE

New Look to Local Coverage Determinations (LCDs) and Billing and Coding Articles

Consistent with the instruction in Change Request (CR) 10901, the Medical Policy Team has been working to relocate all coding information from our Local Coverage Determinations (LCDs) into related Billing and Coding Articles. This project was completed on November 21, 2019. Therefore, you will now find all coding information in Billing and Coding Articles. In order to better assist you in finding the related Billing and Coding Article, a link has been placed at the bottom of the LCDs.

Oncology Related Medical Policy Updates

The comment period is now closed for the following Proposed Local Coverage Determinations (LCDs). Comments received will be reviewed by our Contractor Medical Directors. The Response to Comment Articles and finalized Billing and Coding Articles will be related to the final LCDs when they are posted for notice.

- Biomarkers for Oncology (DL35396)
- Thrombolytic Agents (DL35428)

Online Registration Available for January 16, 2020, Open Meeting and Proposed LCDs

Online registration for the January 16, 2020, Open Meeting is now available and will close at 3:00 PM Eastern Time (ET) on Monday, January 13, 2020, or before January 13th if room capacity is filled. The Novitas Solutions Proposed Local Coverage Determinations (LCDs) are now posted.

Important: The Open Meeting will be held at Novitas Solutions, 2020 Technology Parkway, Mechanicsburg, PA 17050 at 10:00 AM ET. Due to limited room capacity, registered presenters will be given priority for seating and registered observers will be accepted until remaining seats are filled.

Open Meetings are to allow interested parties the opportunity to make presentations of information and offer comments related to new Proposed LCDs and/or the revised portion of a Proposed LCD that are in the 45-day open comment period. Interested parties may also request to attend as an observer. If you are interested in attending as a presenter or observer, please view our Proposed Local Coverage Determination Open Meetings page for specific guidelines and other helpful information.

WEBINAR

Novitas Self-Service Tools:

View all Self-Service Tools

Listed are Novitas training events an oncology practice should consider!

Date	Starts	Ends	Event Details	CEUs	Media Type
Tuesday, January 14, 2020	10:00 a.m.	11:00 a.m.	***Novitasphere Claim Correction*** This course will examine how to determine when a claim correction can be performed in Novitasphere and how to complete a clerical reopening. We will also provide examples of claims that can and cannot be updated through the Novitasphere Claim Correction feature.	1.0	Webinar
Friday, January 17, 2020	11:00 a.m.	12:00 p.m.	***Part B Medicare Updates - January 2020*** This course will review the latest Medicare Part B updates. Our discussion will include current CMS initiatives, program changes, Novitas initiatives and topics of interest.	1.0	Webinar
Thursday January 30, 2020	10:00 a.m.	11:30 a.m.	***Local Coverage Determination (LCD) Additions and Revisions*** The class will discuss new Local Coverage Determinations (LCDs) and updates to existing LCDs. We will review new Local Coverage Articles and revisions. We will explore draft LCDs posted for comments and retired LCDs.	1.5	Webinar

To watch for newly posted opportunities and to register…CLICK HERE

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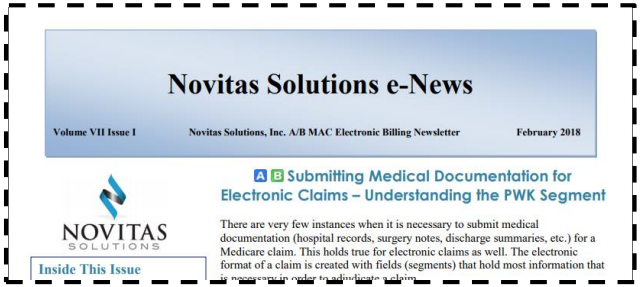
Part B Newsletter

*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

2020 Proposed Rules

Physician Fee Schedule & QPP
Physician Fee Schedule Fact Sheet
HOPPS
HOPPS Fact Sheet
QPP Fact Sheet
E/M Estimated Level Impact Chart

2020 Final Rules

Physician Fee Schedule Press Release
Physician Fee Schedule and QPP Final Rule
Physician Fee Schedule Fact Sheet
Quality Payment Program Fact Sheet
HOPPS Final Rule
HOPPS Fact Sheet

On-Demand *Education*

- Weekly Audio Podcasts
- Training Modules
- 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 *

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:

Name	Description	Number	Provider Type	Review Type	Date Approved	Posted On	Region 4 States	Region 4 MACS	Dates of Service
Erythropoiesis Stimulating Agents for Cancer Patients: Medical Necessity and Documentation Requirements	NEW! Erythropoiesis stimulating agents (ESAs) stimulate the bone marrow to make more red blood cells and are United States Food and Drug Administration (FDA) approved for use in reducing the need for blood transfusion in patients with specific clinical indications. Medical records will be reviewed to determine if the use of ESA in cancer and related neoplastic conditions meets Medicare coverage criteria.	0171	Outpatient Hospital	Complex	12/12/2019	12/16/2019	All Region 4 States	AB MACs	"Claim paid date" which is less than 3 years prior to the Demand Letter date

RACmonitor.com

Special Bulletin: OIG Looks at Medicare Advantage Risk Score Audits

MAOs use chart reviews to increase risk-adjusted payments is seen as inappropriate by the OIG. The U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) released a study that should cause a chill to run down the spines of hospital and Medicare Advantage plan leaders alike. READ MORE

Adding Patient-Reported Outcomes to Medicare's Oncology Value-Based Payment Model

On November 1, 2019, the Centers for Medicare & Medicaid Services (CMS) Innovation Center released details of a proposed alternative payment model for medical oncology care, called Oncology Care First (OCF), for public comment. READ MORE

2020 Eligible Clinician Electronic Clinical Quality Measure Flows

CMS published the 2020 performance period electronic Clinical Quality Measure (eCQM) flows for eligible clinicians and eligible professionals, which provide:

- Additional resource to help you interpret the logic and calculation methodology for performance rates when implementing eCQMs
- Overview of each population criteria components and associated data elements that lead to inclusion or exclusion into the eCQM's quality action (numerator)

eCQM flows supplement eCQM specifications for the following programs; do not use them in place of the eCQM specification or for reporting purposes:

- Quality Payment Program: The Merit-based Incentive Payment System and Advanced Alternative Payment Models (Advanced APMs)
- Advanced APM: Comprehensive Primary Care Plus
- Medicaid Promoting Interoperability Program for Eligible Professionals

For More Information:

- eCQI Resource Center website
- Direct questions to the eCQM Issue Tracker

Provider Minute Video: The Importance of Proper Documentation

Why is proper documentation important to you and your patients? Find out how it affects items/services, claim payment, and medical review in the Provider Minute: The Importance of Proper Documentation video.

Learn about:

- Top five documentation errors
- How to submit documentation for a Comprehensive Error Rate Testing review
- How your Medicare Administrative Contractor can help

Quality Payment Program: New 2019 Resources

CMS posted new resources to the Quality Payment Program (QPP) Resource Library webpage:

- 2018 Targeted Review User Guide: How to ask CMS to review your 2020 Merit-based Incentive Payment System (MIPS) payment adjustment
- MIPS Data Validation and Audit Overview: Overview of the process that will be conducted in 2019 for the 2017 and 2018 performance years
- MIPS Data Validation File Upload Instructions Video: Walks through the process to securely upload and submit a MIPS Data Validation File to CMS
- Complex Patient Bonus Fact Sheet: Overview, eligibility requirements, and how the bonus is determined and calculated
- 2019 QPP Clinician Role Demo Video: Demonstrates the steps to add the QPP clinician role, which allows you to view your MIPS eligibility details, performance feedback, and payment adjustment

For More Information:

- 2018 Targeted Review FAQs
- 2017 MIPS Data Validation Criteria and 2018 MIPS Data Validation Criteria: Criteria used to audit and validate data submitted in each performance category
- QPP Access User Guide: Add the QPP clinician role or access the QPP portal
- QPP Resource Library webpage
- QPP website
- For questions, contact your local technical assistance organization, QPP@cms.hhs.gov or 866-288-8292 (TTY: 877-715-6222)

Medicare Promoting Interoperability Program 2020 Webinar — January 16

Thursday, January 16
from 1 to 2 pm ET

Register for this webinar.

During this webinar, CMS reviews major changes to the Medicare Promoting Interoperability Program for 2020, including:

- 2020 electronic health record reporting period
- 2015 edition CEHRT requirements
- Objective/measure changes
- Scoring

Attendees will also have the opportunity to ask questions during a Q&A session following the presentation.

Recent LearnResource & MedLearn Matters Articles

- Calendar Year (CY) 2020 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment
- Changes to the Laboratory National Coverage Determination (NCD) Edit Software for April 2020
- Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS — Revised
- Medicare Part B Home Infusion Therapy Services with the Use of Durable Medical Equipment —Revised

Independence | PROVIDER News Center

Enhanced claim edits to support correct coding principles and important information about professional reporting of observation care

January 8, 2020 - As a reminder, claims received by Independence **on or after June 10, 2018,** are subject to a claim editing process during prepayment review to ensure compliance with current industry standards READ MORE

Updated list of specialty drugs that require precertification now in effect

January 2, 2020 - As a reminder, the following specialty drugs, which are eligible for coverage under the medical benefit for Independence commercial and Medicare Advantage HMO and PPO members, require precertification **as of January 1, 2020:** CLICK HERE TO READ LIST

Seven drugs to be added to the Most Cost-Effective Setting Program

December 30, 2019 - Independence seeks to ensure that our members receive injectable/infusion therapy drugs in a setting that is both safe and cost-effective. CLICK HERE to review list which includes a few biosimilars!

Significant change to CMS time frames for Medicare Part B drug requests

December 30, 2019 - **Effective January 1, 2020,** the Centers for Medicare & Medicaid Services (CMS) are initiating a change to the precertification timeline for infusion drugs for Medicare Advantage members. This change will significantly shorten the amount of time Medicare Advantage organizations (MAO), such as Independence, are given to make a determination on precertification. MAOs will now only be given hours, rather than days, to notify providers of their determinations. CLICK HERE to review the new time frames!

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Independence | PROVIDER News Center

Upcoming changes to our value-based incentive programs

Independence is working on a two-year plan to improve our existing value-based programs READ ARTICLE

Standards for medical record documentation: Medical record review

December 13, 2019 - Medical records facilitate the delivery of quality health care through the documentation of past and current health status, diagnoses, and treatment plans. Independence has established standards... READ MORE

Proper processing of claims regarding CAR T-cell therapy for Medicare Advantage members

The Centers for Medicare & Medicaid Services (CMS) have finalized a national coverage policy for chimeric antigen receptor (CAR) T-cell therapies Kymriah™ and Yescarta™. **As of January 1, 2019,** coverage and reimbursement for CAR T-cell therapy for Independence Medicare Advantage members is processed through the local Medicare Administrative Contractor (MAC) for calendar years 2019 and 2020. READ MORE

Updates to the medical benefit specialty drug cost-sharing list for 2020

Effective January 1, 2020, Independence will update its list of specialty drugs that require member cost-sharing (e.g., copayment, deductible, and coinsurance). Cost-sharing applies to select medical benefit specialty drugs for members who are enrolled in Commercial FLEX products and other select plans. The member's cost-sharing amount is based on the terms of the member's benefit contract. In accordance with your Provider Agreement, it is the provider's responsibility to verify a member's individual benefits and cost-share requirements.

The cost-share list will be expanded to include 186 drugs, including the following additions: READ MORE

JANUARY/FEBRUARY 2020 UPDATE – CHANGES TO THE HIGHMARK DRUG FORMULARIES

As of January 2020, the formularies and pharmaceutical management procedures will be updated on a bimonthly basis, rather than quarterly, and the following changes reflect the decisions made in November 2019 by our Pharmacy and Therapeutics Committee. CLICK HERE to review!

2020 MEDICAL POLICY UPDATE AND PROVIDER NEWS PUBLICATION DATES

• Jan. 27 • Feb. 24* • March 30 • April 27* • May 22• June 29* • July 27 • Aug. 31* • Sept. 28 • Oct. 26* • Nov. 30 • Dec. 28*

* *Provider News* will be published on these dates.

IN CASE YOU MISSED IT…A RECAP OF IMPORTANT NEWS FOR PROVIDERS

(Posted on 12/31/2019) – READ MORE

HIGHMARK'S POLICIES CORRECT CODING GUIDELINES BEING ENFORCED THROUGH PENDING CLAIMS AND MEDICAL RECORDS REVIEW EFFECTIVE JANUARY 15, 2020

We implemented a more thorough medical review process for claims that are not coded correctly. Currently, claims are being flagged based on analytics that will enforce existing Highmark Reimbursement and Medical policies that are aligned to the Center of Medicare and Medicaid Services (CMS) coding policies and nationally medically accepted standards. READ MORE

OTHER PAYER UPDATES

PROVIDER NEWS

Most Recent Issue …

CLICK HERE

MEDICAL POLICY UPDATE
FOR PROFESSIONAL AND FACILITY PROVIDERS
HIGHMARK.

HIGHMARK MEDICAL POLICY UPDATE

Published Monthly … CLICK HERE

Be sure to review the recently released December edition that includes information on:

- Coverage Guidelines Revised for infliximab (Remicade®), inflixmab- dyyb (Inflectra®) and infliximab-abda (Renflexis®)
- Coverage Guidelines Revised for abatacept (Orencia®)
- Coverage Guidelines Revised for eculizumab (Soliris®) and ravulizumab-cwvz (UltomirisTM)
- Coverage Guidelines Revised for pralatrexate (FolotynTM)
- Coverage Guidelines Revised for infliximab and infliximab biosimilars, abatacept (Orencia), vedolizumab (Entyvio), Eculizumab (Soliris®) and ravulizumab-cwvz (UltomirisTM) for Highmark's Medicare Advantage products
- And more non-Hematology/Oncology related updates…

OTHER PAYER UPDATES

aetna℠

Current Issue Available… CLICK HERE

NEW!

A Few Articles You Won't Want to Miss:

Front & Center
- UnitedHealthcare Care Provider Administrative Guide for Commercial and Medicare Advantage Plans
- Prepare Today for Patients with Bind On-Demand Health Insurance
- Changes to Advance Notification and Prior Authorization Requirements
- Updates to Requirements for Specialty Medical Injectable Drugs for UnitedHealthcare
- Commercial, UnitedHealthcare Community Plan and UnitedHealthcare Medicare Advantage Members

UnitedHealthcare Commercial
- Oncology Peer Comparison Reports Mailed in December
- Expansion of the Requirement to Use a Participating Specialty Pharmacy Provider for Certain Medications — UnitedHealthcare Commercial Plan Members, Effective April 1, 2020

UnitedHealthcare Affiliates
- UnitedHealthcare Oxford Genetic and Molecular Lab Testing Notification/Prior Authorization Requirement

And Much More…
JANUARY Monthly Issue
Available HERE

NEW!

Oncology Related Articles You Won't Want to Miss:

Medical Policy Updates
Revised:
- Intensity-Modulated Radiation Therapy

Medical Benefit Drug Policy Updates
New:
- Reblozyl® (Luspatercept-Aamt)

Revised:
- Complement Inhibitors (Soliris® & Ultomiris™)
- Immune Globulin (IVIG and SCIG)
- Rituximab (Rituxan®, Ruxience™, & Truxima®)

JANUARY Monthly Issue
Available HERE

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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 approved olaparib (LYNPARZA®, AstraZeneca Pharmaceuticals LP) for the maintenance treatment of adult patients with deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) metastatic pancreatic adenocarcinoma, as detected by an FDA-approved test, whose disease has not progressed on at least 16 weeks of a first-line platinum-based chemotherapy regimen. More Information. December 27, 2019

- FDA granted accelerated approval to fam-trastuzumab deruxtecan-nxki (ENHERTU®, Daiichi Sankyo) for patients with unresectable or metastatic HER2-positive breast cancer who have received two or more prior anti-HER2-based regimens in the metastatic setting. More Information. December 20, 2019

- FDA granted accelerated approval to enfortumab vedotin-ejfv (PADCEV, Astellas Pharma US, Inc.) for adult patients with locally advanced or metastatic urothelial cancer who have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor, and a platinum-containing chemotherapy in the neoadjuvant/adjuvant, locally advanced or metastatic setting. More Information. December 18, 2019

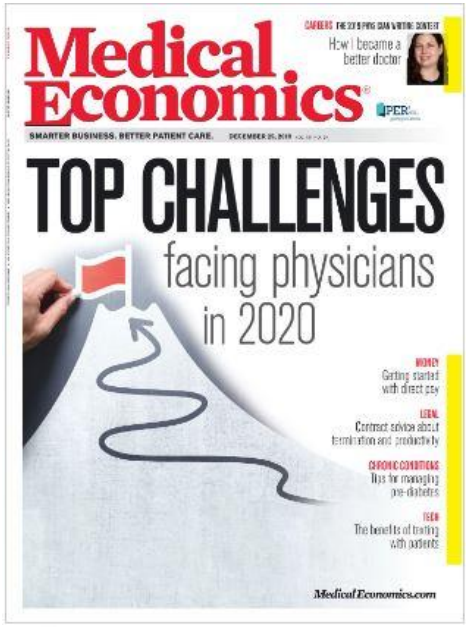
- FDA approved enzalutamide (XTANDI, Astellas Pharma Inc.) for patients with metastatic castration-sensitive prostate cancer (mCSPC). More Information. December 16, 2019

Trump Administration Unveils Plan To Allow States To Buy Cheaper Drugs From Canada

(Washington Post) Dec 18, 2019 - The Trump administration laid out a plan Wednesday to fulfill President Trump's long-standing vow to lower prescription drug prices by allowing states, drug wholesalers and pharmacies to import some cheaper drugs from Canada. Read article (free registration required)

Financial Impact of Patient Assistance Programs, Safety Net Options for Cancer Care

In a recent pilot study published in the Journal of Managed Care & Specialty Pharmacy (January 2020;26[1]:76-80), patient assistance programs for hematology or oncology specialty medications were associated with Medicare savings that may not be recognized due to a lack of claim payments. READ MORE



CHECK OUT OUR LATEST ISSUE....
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Reimbursement Questions & Answers

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

Question: I hear a new code for Chronic Care Management services begins in 2020 that allows for managing one condition. Is this something oncology can utilize? Can you tell me more about the code?

Answer: Yes, you will report code G2064 for 30 minutes of work by a doctor or other qualified health care professional:

"Comprehensive care management services for a single high-risk disease, e.g., principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements:

- One complex chronic condition lasting at least three months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities."
    - When clinical staff performs the work, you will report G2065.

You should also be aware of and review CPT codes G2065 - for at least 30 minutes per month for services performed by clinical staff under the direction of a physician or other qualified health care professional, and also the additional time code G2058.

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Continued on next page...

Question: I hear Medicare has relaxed the supervision requirements for the hospital outpatient and no longer require the physician to be on the campus. Do you know if there are any changes to the requirements for the private practice community?

Answer: No. To bill Medicare for services provided in the private practice setting, you must still follow the "Incident To" guidelines which require, among other things, direct supervision, the physician must be present in the office suite the entire time the service is being provided. For more on "Incident To" regulations, CLICK HERE to review the CMS Fact Sheet.

****

Question: Our drug codes, J-codes, used to come out only once a year but now, I see the biosimilar codes have been coming out quarterly. Do you know how often we should check for these updates and when the payers have to get these new codes in their systems?

Answer: HCPCS codes (which include the J-codes and C-codes) are maintained by CMS have historically been updated annually. All payers have had a timeframe of 45 days to enter the new codes into their systems for processing. However, according to an announcement by Seema Verma, CMS Administrator, Medicare has changed to quarterly releases as part of CMS' broader, comprehensive initiative to foster innovation and expedite adoption of and patient assess to new medical technologies. Therefore, CMS has announced "shorter and more frequent HCPCS codes application opportunities", which is now quarterly for drugs and biological products. For Medicare, unless otherwise announced, the loading of the codes time frame remains the same, however, CMS has published that "each payer effectuates the changes to the codes sets on it own timeframes" so this is something everyone will have to watch closely, payer by payer.

CORPORATE ALLIES

DIAMOND LEVEL

AMGEN
AstraZeneca
Bristol-Myers Squibb
Celgene
CHOC Community Hematology Oncology Consortium
Daiichi-Sankyo
Genentech A Member of the Roche Group
McKESSON Empowering Healthcare
Takeda ONCOLOGY

GOLD LEVEL

abbvie
ARRAY BIOPHARMA
astellas
Incyte
Lilly
MERCK
NOVARTIS
pharmacyclics

SILVER LEVEL

ALEXION
janssen PHARMACEUTICAL COMPANIES OF Johnson & Johnson
Oncology Supply AmerisourceBergen Specialty Group
SANDOZ Biopharmaceuticals
SANOFI
TAIHO ONCOLOGY Making the human connection

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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 Committees

By-Laws
CHAIR: Diane Carter

Finance Committee
CHAIR: Roxanne Alessandroni

Marketing/Membership Development
CHAIR: Ellen Bauer

Programs Committee
CHAIR: TBD

POHMS Board of Directors

Executive Committee
Diane Carter, MSN, RN
President

Roxanne Alessandroni
Treasurer

Ellen Bauer, BSN, RN
Secretary

Board of Directors
Alice Hopkins
Lisa Smith

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