



The POHMS newsletter



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

TABLE OF CONTENTS

POHMS News [PAGE 3](#)
National News [PAGE 7](#)
Novitas Solutions, Inc. [PAGE 10](#)
CMS Medicare [PAGE 13](#)
Other Payer Updates [PAGE 18](#)
Other News [PAGE 22](#)
FAQs [PAGE 23](#)
Corporate Allies [PAGE 25](#)
POHMS Pages [PAGE 26](#)

REMINDER...

**REVIEW THE
MEMBER SECTION OF
THE POHMS WEBSITE
FREQUENTLY!**

This is updated
on a regular basis!
WWW.POHMS.COM

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

This newsletter is intended for informational purposes only. Information is provided for reference only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently and should be verified by the user. Please consult your legal counsel or reimbursement specialist for any reimbursement or billing questions.

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♠♦ Here's the Deal ♣♥

Join us for this year's Annual Fall Conference at [The Hotel Hershey](#)

We are looking forward to seeing everyone again at this year's fall conference. This year's agenda is filled with topics that are relevant to your daily practice management. We will have a legislative update, billing and coding update, Novitas, financial counseling, and a session on how to keep your employees engaged.

On Thursday, November 3, our dinner event will be a Casino Night. Be sure to join in the fun and have a chance to win lots of prizes! Space is limited, registration will open as we get closer to the date.

Registration FOR POHMS Practice members ONLY

[Registration for Active and Associate Members](#)

POHMS Annual Fall Conference November 3-4, 2022

Registration Fee: \$150 Active and Associate Members

Please contact me, Fran Spine at 908-442-7156 with any questions.





The Annual Spring Conference
was a huge success!

For those who attended all
presentation hand-outs are
available on the [POHMS website](#).

EDUCATIONAL GRANT REQUEST POLICY

Requirements for Educational Grant Request:

- Letter of Request
 - Download and submit completed form: [Educational Grant Request Letter 2022](#)
 - Must indicate use and have practice physician signature
 - Due to limited funds, 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 \$1000 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.
 - Download [Educational Grant Expense Report 2022](#) to submit expenses with receipts for reimbursement



If you have any questions and/or to send letters of request, reach out to Fran Spine at: fran@pohms.com or call 908-442-7156.

Of Note: The \$250 reimbursement for each practice attending the Fall Conference is still valid and does not take away from this educational grant policy.

PLEASE

We are in need of Board Members to keep the POHMS organization viable!

OPEN POSITIONS FOR THE POHMS BOARD OF DIRECTORS

Two-year term Jan, 2022 - Dec, 2023

Become part of a great team that makes a difference for cancer patients! Sign up for a Board position! Fill out the POHMS Board of Directors Member Profile and submit to Fran Spine TODAY@ fran@pohms.com

The form can be found on the Members Only Section of the website. [CLICK HERE](#)

There are many benefits to being a Board Member. Take a moment and review the next page...



COMPOSITION OF POHMS BOARD



POHMS Board consists of up to 13 members

- Time involved:
 - Four board meetings per year
 - Wednesday prior to POHMS Spring and Fall Conference
 - January after Strategic Planning
 - Others as needed
 - One strategic planning meeting per year = 2 days/year (includes a Saturday)
 - Teleconference Calls
 - Committee involvement = at least one committee, most work is done by conference calls
 - Total amount of days per year, approximately 5 days
- Benefits:
 - Networking
 - Professional and personal
 - Key people from other organizations, Allied members, insurance carrier on a local level
 - Travel reimbursed
 - Mileage and tolls to attend meetings
 - Hotel
 - Meals
 - Education
 - Reimbursement
 - Human Resources
 - Practice Management
 - Best Practices
 - Learn about other practices
 - Personal and professional growth
 - Receive information on groundbreaking level
- What happens at a typical POHMS Board Meeting?
 - The POHMS Board ensures the organization stays viable;
 - Decisions made
 - Bring new issues and how to educate members
 - Organize POHMS meetings: structure, speakers, content
 - Networking: hot issues, educating staff, work with committees
 - Committee reports

The value and benefit of being a Board Member outweighs the time and commitment involved, not only for your practice but also your personal professional growth.

Federal District Court Vacates Copay Accumulator Adjustment Rule: Programs Remain the Same for Now

On May 17, the U.S. District Court for the District of Columbia issued a [decision](#) vacating the Accumulator Adjustment Rule, regulations issued by the Centers for Medicare and Medicaid Services (CMS) in December 2020 as part of a [Final Rule](#) that addressed drug copay accumulator adjustment programs (the Rule). The Rule would have required drug manufacturers to implement mechanisms by January 1, 2023, to ensure financial assistance for drug copays is passed on directly to patients. [READ MORE](#)



Pharmacy Benefit Manager Transparency Act of 2022 Introduced

On May 24, 2022, a bipartisan duo of Senators introduced legislation to crack down on certain pharmacy benefit manager (PBM) practices, including spread pricing. [The Pharmacy Benefit Manager Transparency Act of 2022](#) is sponsored by Senator Chuck Grassley and Senator Maria Cantwell and would empower the Federal Trade Commission (FTC) to increase drug pricing transparency and hold PBMs accountable for “unfair and deceptive practices” that increase consumer costs of prescription drugs. [READ MORE](#)

The Future of Community Oncology Practice

Although community oncology practice may have been changing before the COVID-19 pandemic, it amplified industry trends. At the 2022 Community Oncology Alliance's Community Oncology Conference, a panel of experts discussed issues related to the future of community cancer care, including reimbursement structures, home infusion therapy, telemedicine, and the oncology drug market. [READ MORE](#)

Grant Funding for Health Equity Research Available Through CMS; Deadline to Apply July 28



The Centers for Medicare & Medicaid Services Office of Minority Health's Minority Research Grant Program recently released a notice of funding opportunity for three grants totaling up to \$1 million for researchers at minority-serving institutions. Eligible institutions include Historically Black Colleges and Universities, Hispanic-Serving Institutions, Asian American and Native American Pacific Islander-Serving Institutions, and Tribal colleges and Universities. [READ MORE](#)



Payer-Imposed Quantity Limits for Antiemetics: Everybody Hurts

JCO - Oncology Practice - An American Society of Clinical Oncology Journal

Antiemetics represent one of the greatest advances in modern oncology; perhaps no other intervention has improved the quality of life of people receiving anticancer therapy more than antiemetics.¹ Nausea and vomiting are also dose-limiting toxicities that can prevent the intended therapy administration. Unfortunately, payer-imposed quantity limits serve as a barrier to patient access to essential medications such as antiemetics.² In this Editorial, we describe quantity limits of antiemetics, discuss the incentives that drive them, explore potential harms they cause, and provide recommendations for improving access. [READ MORE](#)

Prior Authorization Causes Significant Care Delays in Medicare Advantage, Federal Agency Report Says

A new [report](#) found that 13% of prior authorization denials in the Medicare Advantage (MA) program were for service requests that met Medicare fee-for-service coverage rules, likely delaying or preventing patient care. The report, conducted by the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG), on the impact of prior authorization within MA found that imaging services, stays in post-acute facilities, and injections were three prominent service types among the denials that met Medicare coverage rules.

[READ MORE](#)

PBMs Under Fire at Senate Hearing

Expert witnesses call for strong consumer protection, federal regulation

The role of pharmacy benefit managers (PBMs) in the drug supply chain and whether "anti-competitive" practices are driving up healthcare costs was scrutinized by the Senate on Thursday.

PBMs are just one player in a "broken supply chain" explained Richard Blumenthal (D-Conn.), during a Thursday [hearing](#) of the Senate Subcommittee for the Committee on Commerce, Science, and Transportation.

[READ MORE](#)

New MAC Chat sessions are now available – ask us questions!

You may now sign up for one-on-one question and answer sessions with a subject matter expert to obtain assistance with Medicare-related questions.

MAC chats will be held in 15-minute sessions on the following dates:

- [Part B provider enrollment](#): June 21, 1–3:30 p.m. ET

Registration is now open.

Medical Policy

The following articles have been revised and will become effective June 6:

- [Billing and Coding: Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents \(A53049\)](#)
- [Billing and Coding: Complex Drug Administration Coding \(A59073\)](#)
- [Self-Administered Drug Exclusion List \(A53127\)](#)
- [Billing and Coding: Luteinizing Hormone-Releasing Hormone \(LHRH\) Analogs \(A56776\)](#)
- [Billing and Coding: Molecular Pathology and Genetic Testing \(A58917\)](#)

April 2022 top inquiries FAQs

The April 2022 Part B top inquiries FAQs, received by our Provider Contact Center, have been reviewed. Please take time to review these FAQs for answers to your questions. [CLICK HERE](#)



Evaluation and management FAQs

We have added critical care to our evaluation and management FAQs. [CLICK HERE](#)



Novitas
Self-Service Tools:
[View all Self-Service Tools](#)



Listed are Novitas training events
 an oncology practice should consider!



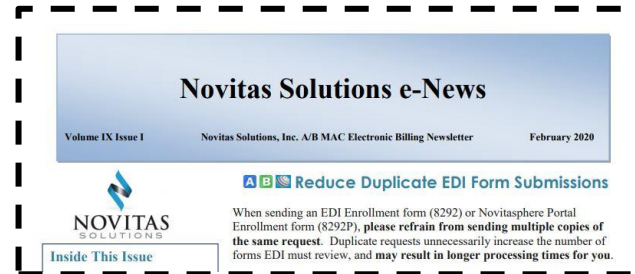
Date	Starts	Ends	Event details	CEUs	Media type
Wednesday, June 15, 2022	2:00 p.m.	3:30 p.m.	<i>Office and Outpatient Evaluation and Management Services</i> This course will review the most current guidelines for office and outpatient E/M visits by exploring the fundamental guidelines of evaluation and management services and how to utilize those guidelines in properly scoring and subsequently billing these services. We will identify a variety of useful resources, self-service tools, common documentation errors and frequently asked questions.	1.5	Webinar
Thursday, June 16, 2022	1:00 p.m.	2:30 p.m.	<i>Telehealth Where We Are Now</i> Do you perform telehealth services and plan to bill Medicare during the public health emergency? This webinar will provide answers to common questions about the expanded Medicare telehealth services benefit specifically related to the COVID-19 pandemic and review waivers to telehealth requirements issued under the Public Health Emergency declaration. We will explore how to enroll in Medicare and review the telemedicine services which include telehealth, virtual check-in, E-Visits, and telephone services. Lastly, we will provide an overview of remote patient monitoring and related services.	1.5	Webinar

To sign up and register for these newly posted opportunities and to view more... [CLICK HERE](#)



Novitas Solutions e-News Electronic Billing Qtly Newsletter

Current Qtly Issue Available...[CLICK HERE](#)



2022 Final Rules

[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

- [Acronyms & Abbreviations](#)
- [Frequently Asked Questions](#)
- [Evaluation & Management \(E/M\) Center](#)
- [Comprehensive Error Rate Testing \(CERT\) Center](#)

Medicare Part B

HOT LINKS!

- [Medicare JL Part B Fee Schedule](#)
- [Current Active Part B LCD Policies](#)
- [Current Average Sales Price \(ASP\) Files](#)
- [Quarterly Update to CCI Edits](#)

To visit the Region 4 RAC website, [CLICK HERE](#)

No new RAC issues approved since 2021



On their website you can:

- [View Cotiviti RAC 4's Approved New Issues in a new window](#)
- [Get answers to your questions on the RAC Program in a new window](#)
- [View Part A - Discussion FAX Form in a new window](#)
- [View Part B - Discussion FAX Form](#)



More Audits and More Problems

More audits are coming, how do we stay compliant? We have been saying it but now it is happening. More audits are coming your way. One of the two CMS Recovery Audit Contractors seems to have taken on a business expansion plan. It appears they are contacting payers of all types and sizes and trying to sign them up for their services. What do they do? [READ MORE](#)



A Telehealth Checkup

Checking in on telehealth who is here to stay. Let's do a check-up on telehealth.

The prognosis: based on recent data, the use of telehealth as a healthcare delivery system appears to be here to stay. Research also shows that Americans are continuing to avoid hospitals, and this tendency to stay away from brick-and-mortar healthcare is being reinforced by state-level legislation.

Data demonstrates that the volume of virtual care visits has remained consistently above pre-pandemic levels, even as people return to in-person office visits. The most recent data has telehealth making up about 5 percent of all medical claims. As well, outpatient care more generally also remains more common than pre-pandemic levels. As an example, there were 20 percent more outpatient visits in March of this year, compared to March of 2019. [READ MORE](#)

Medicare Shared Savings Program: Application Deadlines for January 1 Start Date

Accountable Care Organizations: [Visit the Application Types & Timeline webpage](#) to learn about participating in the [Medicare Shared Savings Program](#) that starts January 1, 2023.

Key dates:

- June 1–7: [Submit Notice of Intent to Apply \(NOIA\) \(PDF\)](#) — You must submit a NOIA if you plan to apply, but it doesn't commit your organization to apply
- June 8–29: [Submit application](#)

Send questions to SharedSavingsProgram@cms.hhs.gov.

Biosimilars: Interchangeable Products May Increase Patient Access

Depending on state pharmacy laws, you may substitute an interchangeable biosimilar product at the pharmacy, much like substituting a generic for a brand-name drug. This helps increase patient access to biologics and may reduce patient costs. Learn more about [Interchangeable Biological Products](#) from the FDA. Bookmark FDA's [Biosimilars](#) webpage and materials for [health care providers](#) and [patients](#).

Additional FDA resources you may find helpful:

- [Overview of Biosimilar Products](#)
- [Biosimilar Regulatory Review and Approval \(PDF\)](#)

Comprehensive Error Rate Testing Documentation Center Moved on April 13

Mail medical records for the Comprehensive Error Rate Testing (CERT) Documentation Center to:

CERT Documentation Center
8701 Park Central Drive, Suite 400-A
Richmond, VA 23227

After May 31, the Center will return mail received at the former address.

Chronic Care Management Services — Revised

[Learn about billing and coding changes \(PDF\):](#)

- In 2021, CMS added 5 codes to report principal care management services provided by staff under physician supervision
- Starting in 2022, Rural Health Clinics and Federally Qualified Health Centers can bill chronic care management and transitional care management services for the same patient during the same time
- Starting in 2022, 99439 replaced G2058

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB)

[See attachment I of the instruction to your Medicare Administrative Contractor](#) to learn about changes to the MPFSDB:

- New HCPCS and CPT codes
- New G codes for the 180-day monitoring period for continuous glucose monitoring
- Codes that are no longer valid

These changes are effective for dates of service on and after January 1, 2022.

Medicare Cards Without Full Names

Due to a character limit, some Medicare cards don't display patients' full names. According to section 10.2 of the [Medicare Claims Processing Manual, Chapter 26 \(PDF\)](#), you should, "Enter the patient's last name, first name, and middle initial, if any, as shown on the patient's Medicare card."

Your claims will still process using the name displayed on the patient's Medicare card, even if it isn't their full name.

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Medical Record Maintenance & Access Requirements — Revised

[Learn about required information in the medical record \(PDF\)](#) to justify referral for Medicare home health services.

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Recent LearnResource & MedLearn Matters Articles

- [July 2022 Integrated Outpatient Code Editor \(I/OCE\) Specifications Version 23.2](#)
- [International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–October 2022 Update](#)
- [Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations for the Medicare Benefit Policy Manual Chapter 15, Section 50.4.4.2](#)
- [Update to 'J' Drug Code List for Billing Home Infusion Therapy \(HIT\) Services](#)
- [New/Modifications to the Place of Service \(POS\) Codes for Telehealth](#)
- [National Coverage Determination \(NCD\) 210.14 Reconsideration – Screening for Lung Cancer with Low Dose Computed Tomography \(LDCT\)](#)
- [Quarterly Update for Clinical Laboratory Fee Schedule \(CLFS\) and Laboratory Services Subject to Reasonable Charge Payment](#)
- [New Waived Tests](#)

Claim Investigation and Corrected Claim Submission Procedures

To help expedite claim review requests submitted through PEAR Practice Management (PM) on the PEAR portal, please remember that claim edits and claim corrections should *not* be submitted as claim investigations through the Claim Search transaction. [READ MORE](#)

May Policy Updates

June 1, 2022 - In May, Independence updated several policies. Recently published updates include:

- 08.00.21: Givosiran (Givlaari®). Effective date, 5/2/2022.

To learn more about Independence's Medical and Claim Payment Policy Portal, visit the resource [page](#).

Policies and Guidelines

Are you looking for information on Medical Policy, Clinical Practice Guidelines, Precertification and cost-share requirements, Dosage and Frequency Program, Most Cost-effective Setting Program, Drug Formulary, Prior Authorization, Specialty medical Drugs, Direct Ship Program and more, [CLICK HERE](#)

New telemedicine reimbursement rate effective June 1, 2022

Independence has updated its reimbursement rate for Telemedicine Services, effective June 1, 2022.

When the physical health services listed in [Claim Payment Policy #00.10.41j: Telemedicine Services](#) are performed through telemedicine by an Independence participating professional provider, reimbursement for the physical health service will be at 85 percent of the provider allowance, subject to the specific terms and conditions of the participation agreement.

Updates to the List of Specialty Drugs that will Require Precertification

Effective **July 1, 2022**, the list of specialty drugs that are eligible for coverage under the medical benefit for Independence Administrators members and Independence Blue Cross commercial and Medicare Advantage HMO and PPO members will change.

[READ LIST](#)

Updates to the Medical Benefit Specialty Drug Cost-Share List Effective July 1, 2022

Effective **July 1, 2022**, Independence will update its list of specialty drugs that require member cost-sharing (i.e., 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.

[READ THE LIST OF 213 DRUGS](#)



Copay Armor Drug List Expansion

Effective **July 1, 2022**, the Copay Armor product will be expanded to include a list of oral oncology medications. These medications are only available for eligible self-funded (administrative services only) plans and can be found on the Copay Armor Drug List with Oncology. This product takes high-cost medications (mostly specialty) and leverages manufacturer coupon dollars to lower the price for members in these plans. [READ MORE](#)

Highmark Commercial Standard Professional Fee Schedule & Pricing Methodology Update

Effective **July 1, 2022**, Highmark will be making an annual update to our standard professional fee schedule and pricing methodology¹ in our service areas in Pennsylvania, Delaware, and West Virginia for the commercial lines of business. [READ MORE](#)

Authorizations will soon be Required for Out- Of- area and Out-of-network Musculoskeletal, Genetic Testing, and Radiation Oncology Services

Effective **August 1, 2022**, Highmark is expanding its prior authorization requirements for Musculoskeletal, Genetic Testing, and Radiation Oncology services managed by eviCore to now include out-of-area (OOA)¹ and out-of-network (OON)² providers serving Highmark members enrolled in its fully insured Commercial, Medicare Advantage, Affordable Care Act (ACA) plans, and members of select self-insured (Administrative Services Only) groups. [READ MORE](#)



Highmark Seeking Members for the Medical Review Committee 2023-2024 Term

Highmark is seeking members to serve on its Medical Review Committee for the **2023-2024 two-year term**. The Medical Review Committee generally meets four times a year via a Zoom video conference call. Members are expected to attend all meetings and be prepared to participate in each case discussion. If you are selected for the committee, you will receive an honorarium from Highmark for meeting participation.

Applications to become a committee member are due by **August 1, 2022**. Directions on how to apply are below. [READ MORE](#)



PROVIDER NEWS

Most Recent Issue ... [CLICK HERE](#)



HIGHMARK MEDICAL POLICY UPDATE

Published Monthly ... [CLICK HERE](#)

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

- Many 30 day notifications of policies that will affect oncology which are being updated with new codes, NCCN language added, and other policy changes that will be published on July 4, 2022
- Coverage Guidelines Established for Bevacizumab-maly (Alymsys)
- Policy Established for Nivolumab and Relatlimab-rmbw (Opdualag)
- Policy Established for Asparaginase Erwinia Chrysanthemi (Rylaze)
- And more....



Network News

- Policy and Protocol
- Reimbursement policy
- Medical policy
- Prior authorization

**And Much More...Latest
Updates Available... [CLICK HERE](#)**



OfficeLink Updates™

Find updates on important changes to plans and procedures, drug lists, Medicare and state-specific information.

Current Issue Available... [CLICK HERE](#)

RECENT FDA ONCOLOGY RELATED APPROVALS/CHANGES

- [FDA approves tisagenlecleucel for relapsed or refractory follicular lymphoma](#) - 5/27/22
- [FDA approves Opdivo in combination with chemotherapy and Opdivo in combination with Yervoy for first-line esophageal squamous cell carcinoma indications](#) - 5/27/22
- [FDA approves ivosidenib in combination with azacitidine for newly diagnosed acute myeloid leukemia](#) - 5/25/22
- [FDA approves azacitidine for newly diagnosed juvenile myelomonocytic leukemia](#) - 5/20/22
- [FDA grants regular approval to fam-trastuzumab deruxtecan-nxki for breast cancer](#) - 5/4/22

Copay Assistance Programs, and Their Trackers, Stay in the Spotlight

Doctor groups say "accumulator" and "maximizer" programs are harming patients

The use of tracking systems -- such as copay accumulators and copay maximizers -- to scrutinize patients' use of drug manufacturer copay assistance programs is causing controversy inside and outside of the federal government, as well as concerns among physicians and patients. [READ MORE](#)

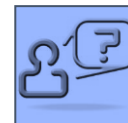
Community Oncology Alliance Launches Oncology Fellows Task Force

Oncology Fellows Task Force Will Guide COA's Efforts to Educate Future Workforce on Practicing in the Community Setting.

The Community Oncology Alliance (COA) announced today the creation of an Oncology Fellows Task Force to help guide the organization's efforts to engage oncology and hematology fellows, update them on policy issues that impact cancer care. [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: I know that the Public Health Emergency (PHE) was extended again, but we are confused whether it was extended 90 days or was it for the rest of 2022?

Answer: The latest renewal took effect on April 16, 2022 and is effective for 90 days, until July 15, 2022. Legally, Secretary Becerra can only extend for 90 days at a time. The Secretary indicated that HHS will provide states with 60 days notice prior to the termination of the PHE, so some assume it will continue until the end of 2022. In reality, it can be extended or renewed. The full announcement of the extension can be reviewed [here](#).

Question: I know when we bill Medicare for a drug and there is waste, we have to put the waste on a second line with the JW modifier. What about when the drug is new and has a "not otherwise classified" code like J9999. Do we put the J9999 on the claim twice, once with the amount the patient received and once with the waste and the JW modifier?

Answer: No, because it is a "NOC" code, like J9999, J3490, and J3590, you will include the waste in the amount the patient received which you enter in "Box 19" (or the electronic equivalent) along with the description of the drug, NDC number, and route of administration.

Continued on next page...

Question: Some vials have overfill and our pharmacist will sometimes utilize that to obtain the appropriate dose for our patient and avoid opening a new vial and having to waste a large portion. Can we bill for the overfill?

Answer: No, within the Medicare Physician Fee Schedule Final Rule of 2011, CMS clarified that "overfill," including overfill pooled from more than one container, should not be billed to Medicare: *"Payment for amounts of free product, or product in excess of the amount reflected on the FDA approved label, will not be made under Medicare."*

IMPORTANT NOTE - the coverage policy does not prohibit the use of the overfill. Therefore, in the situation you described, you may be administering more to your patient BUT you can only bill for the amount of the single-dose vial.

Question: How can I find out if a drug has "pass-through" status?

Answer: You will need to go to the CMS site and download the most recent [Addendum B](#) file. Find your HCPCS code on the list and look at the next column to find the Status Indicator (SI). The SI (Status Indicator) of "G" means that it has pass-through status. Additionally, on the spreadsheet it has a column that says, "Drug Pass-Through Expiration during Calendar Year" If there is no indication in that cell - the pass-through should remain throughout that year.



DIAMOND LEVEL



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GOLD LEVEL



GILEAD
Creating Possible



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OF Johnson & Johnson



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astellas
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pohms
PREMIER ONCOLOGY HEMATOLOGY
MANAGEMENT SOCIETY

POHMS Committees

By-Laws

CHAIR: TBD

Finance Committee

CHAIR: Lisa Smith

Marketing/Membership Development

CHAIR: TBD

Programs Committee

CHAIR: Fran Spine

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

Lisa Smith
President

Cheryl Downs
Secretary/

Board of Directors

AJ Cordero
Cancer Care Associates of York

Azlynn Swartz
Penn State Health Medical Group,
Community Practice Division

Clark Betyne
Roswell Park Cancer Center

Janice Leon
Paoli Hematology Oncology
Associates, PC