

Dear MOASC Members,

I would like to report to you MOASC's meeting with Blue Cross of California. On Tuesday, July 31, 2007, MOASC Chairman of the Board, Cary A. Presant, M.D., MOASC Director of Reimbursement, Pat Tyler and I met with representatives of Blue Cross of California, Jeff Kamil, M.D., Vice President, Chief Medical Officer; Zeinab Dabbah, M.D., Managing Medical Director, and Nidhi Jagani, Regional Vice President, Network Management.

We believe it was a good "first" foray into working collegially with Blue Cross. They are VERY MUCH aware of their negative image with the medical, media and public communities. They indicated they really want to change it.

I. The following 14 points are the complaints and concerns MOASC brought to Blue Cross.

1. The new fee schedule reflects 20% reduction in reimbursement.
2. Request for records for services that had prior authorization.
3. Request for records when records were sent at time of billing.
4. Request for records, on all services rendered, be it drugs, administration of chemotherapy, evaluation & management. Records are sent 2, 3 or more times and records are still requested.
5. Blue Cross asking for copies of patient's hospital medical records, when inpatient charges are submitted.
6. The web site does not accurately reflect the coverage criteria being utilized. An example of this is that the Avastin criterion was not updated on the website until many months after the criteria changes were implemented by Blue Cross.
7. What are Blue Cross reimbursement rates for non-participating providers? Calls were made to customer service, and they do not know themselves, or where to get the information.
8. Pending Neulasta claims for records, per the EOB. Yet, no records request is received, even after numerous calls are made to Blue Cross, the request for records does not come.
9. Labeled administration of Neulasta is every two weeks. Blue Cross guidelines indicate every 3 weeks.
10. Blue Cross is delaying payments for point-of-service contract patients. It is our understanding that Blue Cross forwards the claims to an IPA, when the physician is a PPO provider only. Why the delay or claims shuffling?
11. Blue Cross requests for authorizations when authorization number is on claim. Physician is told by Blue Cross that they only need the authorization number on the claim.
12. Blue Cross request for Medicare EOMBs when claim has been crossed over by Medicare. Physician has checked with their IT department and they show that Medicare EOMB and the records were crossed over.
13. Having difficulty with calls placed by member offices to Blue Cross (foreign customer service reps, unable to help or understand).

14. Blue Cross has paid on past dates for chemotherapy. Now Blue Cross is requesting records going back to April 2007, stating Blue Cross is looking in to pre-existing conditions. All the dates they are requesting have been paid. This seems to start when the patient has hit their maximum out of pocket and Blue Cross is now responsible for all charges.

Besides requesting explanations and corrections of these issues MOASC asked the following of Blue Cross:

- 1) Establish quarterly meetings between Blue Cross and MOASC.
- 2) Annual review, between Blue Cross and MOASC, of all Blue Cross payment policies affecting the delivery of quality cancer care.
- 3) Define responsible coverage criteria for drugs and have MOASC review and comment.
- 4) Payment for Quality Cancer Care Services:
  - I. All provisions which change drug payments should be implemented simultaneously with payments for drug administration, and payment for cognitive services.
  - II. Payments for Medical Services of Cancer Therapy Infusion Codes
    - A. Parenteral (IV, IM, Subcutaneous) Cancer Therapy fees should also be paid a professional component. This will pay physicians for the supervision of cancer therapy performed consequentially to physician orders. (Includes: training nurses, supervising nurses, being present in center while therapy is being given, answering questions and evaluating reactions.) Blue Cross shall determine that the payment is consistent with the professional component of other cancer therapy fees.
    - B. For documented multiple drug IV injections, treatments, multiple fees will be paid.
    - C. Blue Cross will recognize and correct the practice expense component of the above codes consistent with reliable data, as articulated by ASCO.
  - III. Payments for Cancer Therapy Cognitive Services:

Blue Cross shall pay physicians for cancer cognitive therapy services (oral, Parenteral, IV, IM, subcutaneous therapies, using the following codes and RVU):

    - A. Treatment Planning with report: Blue Cross will pay physicians for completing a written treatment plan including, drugs, schedules, duration, other supportive treatments, and other non-pharmacologic treatments, (e.g., surgery, catheter, pumps, radiation therapy). Payments will be consistent with treatment planning for radiation therapy.
    - B. Dosimetry with report: Blue Cross will pay physicians for completing written dosimetry for drug therapies based on organ function tests, prior therapy, toxicity from prior therapy, and performance status.
    - C. Weekly Management fee parenteral or oral cancer therapy with report: Blue Cross will pay physicians for supervision of cancer therapy services by physicians or by

nurses (employed by the physician, hospital or institution) for any week during which cancer therapy is administered to or taken by the patient provided the patient is seen by the physician and/or nurse. Payment will be consistent with weekly management for radiation services. This will pay for education of patient and family about the therapy, documentation of therapy, maintaining flow sheets, answering questions during and after treatment, patient examination and evaluating reactions post therapy. No E&M service may simultaneously be billed unless there is a new or non-cancer related diagnosis.

D. Counseling and risk reduction intervention for cancer and/or cancer therapy by physician or by nurse with physician supervision with report. Blue Cross will pay physicians for counseling by trained nurses and healthcare personnel, including training of staff.

E. Pharmaceutical Services and Professional Supervision: Blue Cross will pay physicians a professional component of cancer therapy drug payments in addition to the drug payment itself, if the physician's office reconstitutes and/or dispenses any individual drug. This will pay for supervision of ordering, stocking, reconstituting, and safely disposing of excess during therapies, as well as space, bad debt, capital and compliance with governmental regulations.

F. Blue Cross will work with oncology specialty societies to identify existing codes for billing the above listed services, provided, that such codes and/or payments do not reduce services available to Blue Cross beneficiaries.

5) If there is a treatment plan and compliance report supplied to Blue Cross with the claim, the claim should be paid promptly without further delay with request for records or other stall tactics.

Blue Cross will take our recommendations to WellPoint for consideration and respond to MOASC.

Blue Cross explained that, much like Medicare, they have one "bucket of money." So as physicians continue to admit Blue Cross beneficiaries to the hospital, due to reduced reimbursement, the funds get shifted from the physicians to the hospitals. Blue Cross contracts based upon utilization, and they trend these activities and see increases in hospital admissions and services, therefore robbing Peter Physician to pay Paul Hospital .

In conclusion, MOASC expects to work with Blue Cross more frequently to ensure cognitive services are reimbursed by Blue Cross with as little hassle as possible. There are action items to be followed up on, and positive expectation to work with Blue Cross to make things right for oncology in California .

Sincerely,  
Mariana

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