

The POHMS newsletter



Issue 99 APRIL '22

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

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SAVE THE DATE!

**Annual
Fall Conference**

LIVE IN-PERSON PROGRAM

**November 3-4, 2022
at The Hershey Lodge**

***Please watch for
further details***

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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POHMS Annual Spring Conference

April 21-22, 2022
The Hershey Lodge

Hershey Lodge
325 University Drive
Hershey, PA 17033
717-533-3311
www.HersheyLodge.com



FOR FULL DETAILS: [CLICK HERE](#)

*We are looking forward to seeing everyone in person.
There is NO CHARGE for POHMS members to attend this conference.*

Thursday, April 21, 2022

We have a great line-up of speakers covering:

- Legislative Update
- No Surprise Billing Act
- Patient Financial Counseling
- Compliance

Friday, April 22, 2022

Speaker Michael Cohen will present on:

- Harassment Prevention 2022 and Beyond
- A Workplace Built for 2022 and Beyond

Examining Diversity, Equity, Inclusion and
Belonging and Barriers to Implicit Bias.

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.

POHMS MEMBER REMINDERS

Legal Health Information Exchange Library

All paid POHMS practices need to create your practice account for HIPAA documents and updates on the *Legal Health Information Exchanged Library*. Use this link when creating your account: [CLICK HERE](#)

*This is a benefit that POHMS is providing to all it's members.
There is No Charge for this important service and is valid through the end of 2021.*

If you have any questions or problems with this process, or have questions please contact Fran Spine. Fran@pohms.com

Educational Grant Requests

Please sign into the:
Members Only-Member News for Educational
Grant Policy 2022 and Grant Reimbursement
towards PPP ERC HHS offering

Membership Renewals

Please remember to update your
membership profile and dues renewal!
This needs to be completed by March 31,
2022

PBM Reform, 340B and Fixing Utilization Management: COA's Policy Priorities for 2022



Nick Ferreyros, Managing Director of Policy, Advocacy, and Communications at Community Oncology Alliance, discusses the challenge of improving health equity in cancer care; COA's policy priorities for 2022, including PBM reform and fixing utilization management issues; and why tackling policy change at the state level is the way to get results. [READ MORE](#)

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Sequestration Cuts Phase Back in on April 1



ASCO in Action - March 31, 2022

On December 10, 2021, President Biden signed the "Protecting Medicare and American Farmers from Sequester Cuts Act," which phased in the Medicare sequester cuts that had been paused during the COVID-19 Public Health Emergency (PHE), starting April 1, 2022. From April 1, through June 30, 2022, the cut will be 1%. The cut will return to 2% on July 1, 2022. [READ MORE](#)

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Congress Extends Telehealth Coverage for 151 Days After PHE; Patients May Be at Home

Congress has given telehealth services a new lease on life, at least for five months beyond the end of the COVID-19 public health emergency (PHE), in the \$1.5 trillion bill that funds the federal government through September and sends emergency aid to Ukraine. ^[1] The bill extends Medicare coverage for telehealth services delivered in patients' homes, audio-only telehealth services, and other flexibilities that are products of the PHE and its waivers. It was passed by the House on March 9 and the Senate on March 10 and is expected to be signed quickly by President Joe Biden. [READ MORE](#)

Roster billing for Part B Providers

It is acceptable to submit up to 10 pages per claim form. Effective on and after May 13, if more than 10 pages are submitted, the claims will be returned as unprocessable. [READ MORE](#)

Medical Policy

The following billing and coding articles have been revised:

- [Billing and Coding: Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents \(A53049\)](#)
- [Billing and Coding: Luteinizing Hormone-Releasing Hormone \(LHRH\) Analogs \(A56776\)](#)
- [Billing and Coding: NCD Coding Article for Positron Emission Tomography \(PET\) Scans Used for Non-Oncologic Conditions \(A53134\)](#)

The following billing and coding article has been retired:

- [Billing and Coding: NCD Coding Article for Positron Emission Tomography \(PET\) Scans Used for Oncologic Conditions \(A53132\)](#)



February 2022 top inquiries FAQs

The February 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. [READ MORE](#)

Accelerated and Advance Payment (AAP) Repayment Reminder

In October 2020, CMS announced amended terms for payments issued under the AAP program to extend repayment to start one year after the loan payment. As many of the initial loans started in April 2020, the first 11 months of repayment ended February 2022.

There is an increase from 25% to 50% starting March 2022 for providers with an outstanding loan balance.

[Novitasphere](#) users can get real time balance and other information about your accounts receivable by using the new AR transactions detail option.

Watch our [video](#) to learn how to use this feature.

Not a Novitasphere user yet, register by visiting our [Novitasphere enrollment](#) page.

For additional details on the repayment terms, please refer to [Learn about CMS' amended repayment process for accelerated and advance repayments](#).

Interactive Voice Response Tips and Tools

Did you know the interactive voice response (IVR) unit can be used by either speaking your data or using your telephone keypad? We created two self-service tools that convert your telephone keypad information into the correct format while using the IVR.

- [Name to Number Conversion Tool](#) assists those that key the beneficiary's name rather than speak it.
 - Key the first six letters of the last name plus first initial when entering the beneficiary's name.
- [Alphanumeric Conversion Tool](#) converts your patient's Medicare Beneficiary ID number (MBI), PTAN, or document control number (DCN).

For additional navigation tips, please review our [Quick tips](#) article.



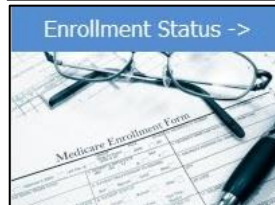


Listed are Novitas training events
an oncology practice should consider!

WEBINAR



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



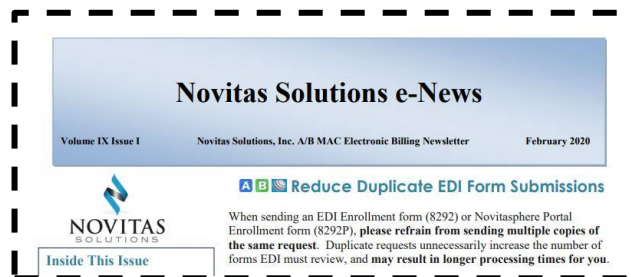
Date	Starts	Ends	Event details	CEUs	Media type
Tuesday, April 12, 2022	2:00 p.m.	3:30 p.m.	<p><i>Local Coverage Determination (LCD) Additions and Revisions</i></p> <p>This course will review new Local Coverage Determinations (LCDs) and updates to existing LCDs. This course also includes a review of new Local Coverage Articles, revisions, draft LCDs posted for comments, and retired LCDs. Topics that will be reviewed: botulinum toxins, coding for positron emission tomography used for oncologic conditions, platelet rich plasma, allergy testing, cardiology non-emergent outpatient stress testing, diagnostic abdominal aortography and renal angiography, hydration therapy and more.</p>	1.5	Webinar
Wednesday, April 13, 2022	11:00 a.m.	12:30 p.m.	<p><i>Medicare Part B Updates - April 2022</i></p> <p>The Medicare Part B updates webinar is a review of the most up-to-date changes. This includes annual, quarterly, and general updates. Our discussion will include Novitas initiatives, current 2022 CMS initiatives, and LCD/NCD changes.</p>	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](#)

COVTIVITI welcomes you to RAC-Info!
To visit the website [CLICK HERE](#)



NEW - Cotiviti RAC 4 Provider Portal User Guide for Providers [CLICK HERE](#)

Today, 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](#)



No Surprise. It's Not Surprising

Sticker shock no more. Today I will be giving you my point of view on the No Surprises Act – a topic of great interest in healthcare circles. It was clear that the Centers for Medicare & Medicaid Services (CMS) heard the grievances regarding the skyrocketing costs of healthcare and bills from providers that do not make sense (not to mention being exorbitant), because now, as consumers, you have every right to not be surprised anymore. [READ MORE](#)

Prepayment Review Appeals and their Ramifications

Prepayment review is exactly as it sounds. Before you receive payment – for services rendered – an auditor reviews your claims to determine whether you should be reimbursed. Prepayment review is the epitome of “You’re guilty until proven innocent.” It flies in the face of American due process. However, no one has legally fought its constitutionality. Yet many providers/companies have been put out of business by it. [READ MORE](#)

This fact sheet discusses the provisions of the Rate Announcement, which can be viewed by going to: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html> and selecting “2023 Announcement.”

The Future of Medicare... Medicare Managed Care

Clinical pathway developers need to be aware of a growing dominant user of resources—Medicare managed care. In the next year, it is highly likely that Medicare managed care will represent over half of the Medicare market and, as such, become a leader not only for Medicare care but also a guide for the Medicaid and commercial markets. Due to this situation, it is important to have an appreciation of where Medicare managed care is going. [READ MORE](#)

Physicians, Teaching Hospitals, Physician Assistants, & Advanced Practice Nurses: Register in the Open Payments System

Register in the [Open Payments system](#), so you can participate in upcoming program activities, like the review and dispute of program year 2021 data beginning in April.

If you previously registered, you don't need to register again. If it's been more than 180 days since you accessed your account, call the Open Payments help desk to reactivate it.

More Information:

- [Visit the Resources for Covered Recipients webpage](#)
- Send questions to the help desk at openpayments@cms.hhs.gov or 855-326-8366 (TTY: 844-649-2766)

ICD-10 Diagnosis Codes: Comment by May 9

May 9 is the deadline for comments on proposed ICD-10 diagnosis codes and revisions for the October 1, 2022, implementation date. Send your comments to nchsicd10cm@cdc.gov.

[Review information from the March ICD-10 Coordination and Maintenance Committee Meeting](#), including recording, agenda, materials, and presentations.



Complying with Medicare Signature Requirements — Revised

[Learn about signing documents electronically when you provide or certify services \(PDF\).](#)

April 2022 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files



[Learn about quarterly updates to the following pricing files](#), effective for the dates of service listed below:

- April 1–June 30, 2022: April 2022 ASP and ASP Not Otherwise Classified (NOC)
- January 1–March 31, 2022: January 2022 ASP and ASP NOC
- October 1–December 31, 2021: October 2021 ASP and ASP NOC
- July 1–September 30, 2021: July 2021 ASP and ASP NOC
- April 1–June 30, 2021: April 2021 ASP and ASP NOC

[See the instruction to your Medicare Administrative Contractor \(PDF\).](#)

Medicare: Information on Geographic Adjustments to Physician Payments for Physicians' Time, Skills, and Effort

Medicare adjusts the amount it pays for physician services based on the geographic area where a physician works. Specifically, Medicare will pay more for a physician's service in an area where approximate costs for a physician's time, skills, and effort are higher than the national average and less in an area where costs are lower. [READ MORE](#)

HCPCS Application Summaries & Coding Decisions: Drugs and Biologicals

CMS published the fourth quarter [2021 HCPCS Level II Application Summary and Coding Decisions for Drugs and Biologicals \(PDF\)](#). Visit the [HCPCS Level II Coding Decisions](#) webpage for more information.



Quality Payment Program: 2020 Performance Information on Care Compare

CMS added new Quality Payment Program performance information to the Doctors & Clinicians section of the [Care Compare](#) webpage and in the [Provider Data Catalog](#).

[Visit the Care Compare: Doctors and Clinicians Initiative webpage to learn more.](#)

Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 28.1, Effective April 1, 2022

[Find replacement files for NCCI practitioner PTP edits and the instruction to your Medicare Administrative Contractor \(PDF\).](#)



Recent LearnResource & MedLearn Matters Articles

- [MM12676 - Remittance Advice Remark Code \(RARC\), Claims Adjustment Reason Code \(CARC\), Medicare Remit Easy Print \(MREP\) and PC Print Update](#)
- [MM12439 - Claims Processing Instructions for the New Pneumococcal 15-valent Conjugate Vaccine Code 90671 and Pneumococcal 20- valent Conjugate Vaccine Code 90677-Revised](#)
- [MM12550 - Internet-Only Manual Updates for Critical Care Evaluation and Management Services-Revised](#)

NOW IN EFFECT:

Updated Preferred Products for Select Oncology and Oncology Adjunct Therapies

As of April 1, 2022, Independence added new preferred products for pegfilgrastim and rituximab.

[READ MORE](#)

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](#)

Enhanced Claim Editor Program: Drug Administration Codes

Chemotherapy administration codes should be reported for highly complex drugs or biologic agents that require advanced practice training; special considerations for preparation, dosage, or disposal; and frequent patient monitoring or infusion rate changes.

Effective April 26, 2022, the following drugs should not be reported with administration codes 96401 – 96459.

This list includes denosumab, interferon beta, leuprolide acetate, and many more. [CLICK HERE](#) to review the entire list!

Telemedicine Reimbursement Rate Update

Effective June 1, 2022, Independence will update its reimbursement rate for Telemedicine Services.

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

The reimbursement change does not apply to telemedicine for Medicare Advantage members or behavioral health services.

We view telemedicine as a complement to, not a replacement for, in-office services. It is not designed for all care. We hope that you will continue to work with your patients on treatment plans, using telemedicine when it is appropriate. We strive to develop policies that get patients the right care at the right time and place.

To learn more about the policy, including the eligible services, communication modes, capitation, and billing codes, please read [Medical Policy #00.10.41j: Telemedicine Services](#). If you have questions about this change, please email telemedicine@ibx.com.



Attention: Medicare Advantage Providers Only Issue Identified: Provider Appeal Timelines For Medical Review Determinations

After submitting a medical review, a determination letter will be sent to the member stating that the member has 60 days to appeal the determination. **You have 180 days to appeal medical review determinations regardless of the timeline stated in the member's letter.**

Due to the Centers for Medicare and Medicaid Services' (CMS) guidelines, you **will not** receive your own determination letter, but you can view the member's letter in NaviNet®. If you view the determination letter in NaviNet, please ignore the 60-day member appeal timeline.

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](#)



View the Webinar: Telemedicine during Covid-19

[CLICK HERE TO VIEW](#)



PROVIDER NEWS

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



HIGHMARK MEDICAL POLICY UPDATE

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

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

- Includes policies established for many drugs
- Chemotherapy services
- Intraperitoneal Chemotherapy
- Genetic testing
- AND SO MUCH 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 alpelisib for PIK3CA-related overgrowth spectrum](#) - April 6, 2022
- [FDA approves axicabtagene ciloleucel for second-line treatment of large B-cell lymphoma](#) - April 1, 2022

Why White Bagging Is a Symptom of High Drug Costs, and What States Are Doing

(AJMC) Apr 3, 2022 - Many oncologists oppose white bagging because they prefer to be able to adjust doses during a visit based on lab reports taken that day.

The rise of white bagging is wreaking havoc for patients and has spurred legislation in several states, according to 2 experts who said their oncology practices refuse to take part in the practice. With white bagging, pharmacy benefit managers (PBMs) require certain high-cost drugs to be shipped from their own specialty pharmacies to practices, where clinicians then administer the drugs to patients—assuming the drugs arrive safely and no dose changes are needed. [READ MORE](#)

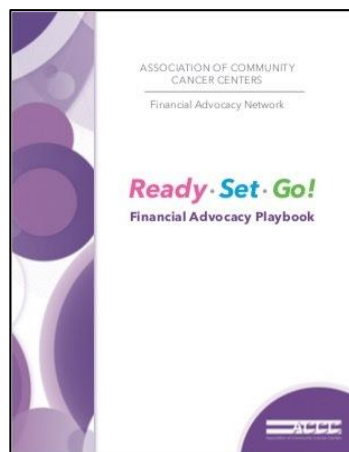
Electronic Prior Authorization Will Help Streamline Process, but Volume of Requirements Must Decrease

ASCO in Action - March 29, 2022 - On March 25, 2022, the Association for Clinical Oncology (ASCO) submitted comments to the Office of the National Coordinator for Health Information Technology (ONC) in response to the agency's Request for Information (RFI) on electronic prior authorization (ePA). [READ MORE](#)

Do You Have A Copy of ACCC's Financial Advocacy Playbook?

The ACCC Financial Advocacy Network brought together experts in financial advocacy to create this Playbook—a comprehensive tool to support onboarding and continuous learning for staff who deliver financial advocacy services. Read more and order your free copy today!

[CLICK HERE](#)



PAN Foundation - New Provider Billing Guide



PAN Foundation - We know your patients need treatments that can't wait. That's why we strive to make our claims process as seamless as possible.

The provider billing guide is a comprehensive resource with information to support you with PAN billing. We recently updated the billing guide with more tips on how to follow up on denied claims and grant disenrollments.

The updated guide includes expanded guidance on:

- Appeals
- Disenrollment reversals
- Grants at risk of cancellation
- Processed and denied claims
- Returned claims
- Submitting claims after disenrollment

[REVIEW THE BILLING GUIDE](#)

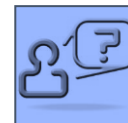
Questions? Still have questions about the claims process? Review and bookmark these resources:

- [PAN webinar library](#)
- [Portal guides](#)
- [Provider FAQs](#)

If you can't find your answers online, give us a call at 1-866-316-7263 from Monday through Friday, 9 a.m. to 7 p.m. ET.



Reimbursement Questions & Answers



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

Question: Does a physician or NPP need to document time for a telehealth visit? What about audio only telehealth calls?

Answer: Yes, but let's breakdown some important items to include in the documentation.

- You should indicate whether the visit is with video or audio only
- If you are billing with the office visit codes, you can select the visit based on time OR medical decision making. Obviously if billing on time, then time spent by the provider on that day performing the various items with the AMA CPT guidelines should be noted
- For audio only - Medicare requires providers to use the telephone E/M codes (99441 - 99443). Since these are time based codes, you will need to document time. Be sure to follow the AMA CPT guidelines for utilization of these codes as well. For example, you cannot bill for a phone call if it is within 7 days before or after an E/M visit unless it is unrelated to that visit.

Question: If the public health emergency ends in April, rumor has it we can still bill Medicare for telehealth visits. Is this true?

Answer: Yes, within [The Consolidated Appropriations Act](#) which passed in March, there was an extension of certain telehealth flexibilities for Medicare patients for 151 days after the official end of the public health emergency. This means that providers will be able to continue to bill Medicare for telehealth services provided at their home. Additionally, payment for audio only telehealth will also continue. This extension also allows for high deductible insurance plans to cover telehealth visits without being required to pay the deductible first, an allowance that had expired on December 31, 2022.

Continued on next page...

Question: I have another split/shared visit question. In 2023 split/shared visits will be based on whoever spent the most time with the patient, period. We don't think that is fair! The physician is responsible for the patient and ultimately, he/she makes the final decision and THAT is why the shared visit should be reimbursed at 100%. Even now, when both visit the patient in the hospital, the NP/PA may spend more time, but the physician makes the final medical decision and ultimately chooses the course of treatment. We want to voice our complaints on this new rule. Where should we go?

Answer: Certainly I would recommend that your NPPs reach out to their state and national societies. ASCO would also be a great resource to address this. Ultimately, the contact within the Final Rule is listed as Sarah Leipnik, 410-786-3933 and the CMS Contact email is divisionofpractitionerservices@cms.hhs.gov

Question: Is the Medicare sequestration beginning on April 1st? Is it at the -2%, even on drugs? What about that -4% on Paygo, does that start now too? Does it affect our drug reimbursement?

Answer: The Medicare sequestration is being phased back in on April 1st at -1%. Then, beginning on July 1, 2022, it will be set at -2% and continue through 2022 and beyond unless Congress steps in. The sequestration affects any payments from Medicare - so, yes, that does include drug payments, just like it had been in the past. The PAYGO that was set to begin this year at an additional -4%, was delayed until January 1, 2023.



DIAMOND LEVEL



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AmerisourceBergen

Oncology Supply

**EMD
SERONO**

sanofi



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/Treasurer

Cheryl Downs
Secretary

Board of Directors

AJ Cordero
Cancer Care Associates of York

Clark Betyne
Roswell Park Cancer Center

Janice Leon
Paoli Hematology Oncology
Associates, Pc