



November 29, 2018

Dear Community Oncology Supporter,

We are about to enter a critical period for community oncology. Far-reaching Medicare policies are under consideration in Washington that have the potential to completely transform your practice and, quite possibly, ability to survive. The Community Oncology Alliance (COA) is on the frontlines, advocating for your patients and practice, but we cannot do it alone.

COA needs your support for what is shaping up to be one of the most challenging periods in more than a decade. Please donate today to help fund our work on your behalf!

What's at stake?

The current administration is pushing forward an ambitious agenda, filled with a number of significant proposals that will disrupt our entire cancer care delivery system. Not since the Medicare Modernization Act (MMA) of 2003 have such dramatic changes and challenges to community oncology been in play.

From the way you and your practice are reimbursed; to how you acquire and deliver complex cancer drugs; to your ability to compete with local hospitals; to the pharmacy benefit manager (PBM) middlemen that have slowly stifled physician autonomy and decision making; policymakers are examining every facet of cancer care. Nothing is sacred.

Most disconcerting is the sweeping proposal to overhaul Medicare Part B that the administration recently unveiled as part of efforts to address the high and unsustainable prices of prescription drugs in the U.S. Like déjà vu from 2016, it includes another mandatory Medicare experiment on cancer care that would be forced on half of the country. Perhaps scariest of all is the introduction of PBM-style middlemen to Part B, dramatically reshaping the reliable and time-tested system that exists today, forcing your patients and practice to face likely nightmares of care delay and disruption experienced already with PBMs. Make no mistake about it – this is a serious, mandatory proposal that will reshape how you deliver care!

COA has become the leading voice dedicated solely to independent, community oncology practices. We successfully stopped the mandatory Medicare Part B model two years ago, and we will stop this new, farther-reaching one. ***But we can't do it alone. We need your financial support!*** If community oncology is not a part of the deliberations and decision-making then we are passive bystanders, waiting to be hit.

As always, COA's work on your behalf this year has shown the power that the community oncology voice can have in Washington, D.C. For example, during the debate over the 2019 Medicare Physician Fee Schedule (MPFS), CMS' proposal to collapse and cut Evaluation & Management (E&M) codes for the first time in 20 years, as well as drastically cut payments for chemotherapy administration, would have resulted in practices realizing losses of as much as 15 percent. Following COA's counsel and pushback – including numerous meetings directly with HHS and CMS leadership – CMS halted implementing the proposed changes and made modifications that could actually benefit practices. *That is COA advocacy in action, on your behalf!*

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The same can be seen in our work to stop the administration's bounty hunt on veteran's cancer care. Earlier this year, we learned of takeback audits affecting practices that treated veterans unable to receive timely cancer care within the U.S. Department of Veterans Affairs (VA) health care system. The audits saw demands for millions of dollars be returned to the VA, spelling a financial catastrophe for most affected practices. As a result of COA's dogged advocacy on this issue, the VA recently announced that it was ceasing the audit and would work with community providers on long-term solutions for veteran's cancer care.

While these issues have made headlines, COA is also working to advance numerous other initiatives on your behalf, including actively working with the Medicare Innovation Center (CMMI) to make the Oncology Care Model (OCM) a success; helping practices communicate and share best practices in the OCM; and advancing other oncology payment reform projects that work for practices and patients. Additionally, COA is in the middle of a lawsuit to stop CMS from wrongfully applying the sequester cut to Medicare drug reimbursement. And last, but definitely not least, are our numerous, ongoing fights against PBMs over DIR fees and their negative impact on patient care. We are active both legally and legislatively to stop PBM abuses once and for all!

COA is YOUR voice and YOUR representative. We need YOUR help to continue this important work. We provide community oncology with a dedicated, unwavering voice on the frontlines in DC and beyond, advocating for you, your practice, and, most importantly, the patients you serve. But we cannot do this alone, and we need your support to fulfill this mission.

COA has grown to be a formidable and powerful voice for community oncology, but we need your support to take on the increasingly large challenges we face going into 2019. ***Please, contribute today to support community oncology and the important work that COA does on your behalf!***

Enclosed is the "official" request form for financial support to COA for 2019. You can make a lump payment now or spread payments over 2019 on a quarterly or monthly basis. Payment is accepted by check or credit card. Simply see the enclosure for details.

Please let us know if you have any questions. Thank you in advance for your support!



Jeff Vacirca, MD, FACP
President



Ted Okon
Executive Director

PS: Don't forget about COA's 2019 Community Oncology Conference which is returning to Orlando, Florida on April 4-5, 2019. We have a fantastic four track agenda planned, with community oncology-specific content covering clinical, business, pharmacy, and advocacy topics. COA members get a special discounted rate, so be sure to register starting tomorrow at www.COAConference.org.



MEMBERSHIP INVOICE

November 29, 2018

Description	Amount
<p>Suggested 2019 Practice Annual COA Membership Contribution</p> <p><i>Membership contributions can be paid in one lump sum, or split up into quarterly or monthly installments.</i></p>	<p>\$2,000 per oncologist in the practice.</p>
<p>To contribute by credit card: Please contact Johanna Hopkins at (757) 822-6139 or jhopkins@coacancer.org.</p> <p>To contribute by check: Please make all checks payable to:</p> <p>Community Oncology Alliance c/o Ricky Newton, Treasurer 760 Lynnhaven Parkway Suite 150 Virginia Beach, VA 23452</p> <p><i>If paying in quarterly or monthly installments, please note that on check, i.e., 1st of 4 quarterly contributions, or 1st of 12 monthly installments.</i></p>	

Thank you for supporting the important work COA does!

The Community Oncology Alliance (COA) is a non-profit, 501c(6) organization. Our Federal tax ID number is 22-3887397.

Donations to COA are tax-deductible as a business expense, except for the lobbying activities. A receipt for tax purposes that breaks down these percentages between what is tax deductible and what is not will be provided before the end of the year for your records.

Questions? If you have any questions about COA membership status, contributions, billing, or other issues, please contact Johanna Hopkins at (757) 822-6139 or jhopkins@coacancer.org.