



June 24, 2019

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1716-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2020 Rates; Proposed Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Proposed Requirements for Eligible Hospitals and Critical Access Hospitals (CMS-1716-P)

Dear Administrator Verma:

AABB (formerly known as the American Association of Blood Banks), America's Blood Centers and the American Red Cross appreciate the opportunity to submit comments in response to the proposed rule updating the hospital inpatient payment system and the long-term care hospital (LTCH) payment system for 2020 (Proposed Rule). Collectively, our organizations represent the nation's blood collection establishments, transfusion services, and transfusion medicine professionals. Our comments focus on CMS' proposal to include a transfusion data element as part of the standardized patient assessment data elements (SPADE) for LTCHs.

We agree with CMS' acknowledgement in "Proposed Specifications for LTCH QRP Quality Measures and SPADE" that:

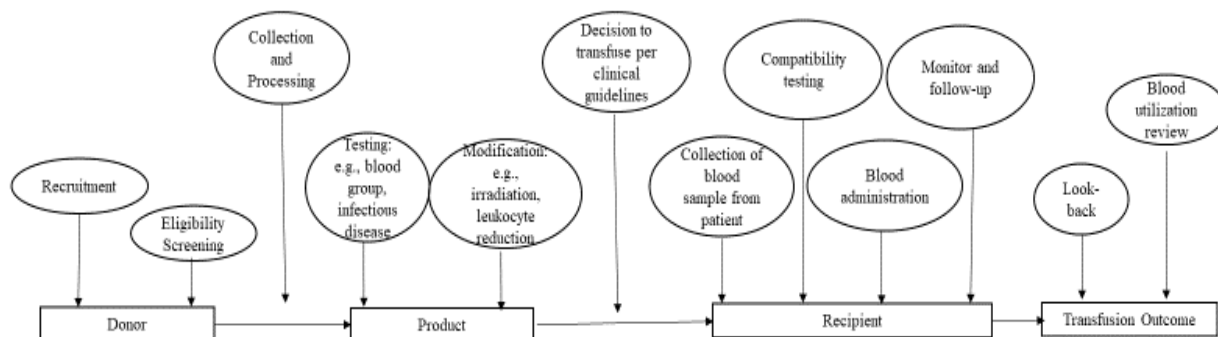
Blood transfusions are highly protocolized, with multiple safety checks and monitoring required during and after the infusion to avoid adverse events. Coordination with the facility's blood bank is necessary, as well as documentation by clinical staff to ensure compliance with regulatory requirements. In addition, the need for transfusions signifies underlying patient complexity that is likely to require additional nursing staff and care coordination, and impacts planning for transitions of care, as transfusions are not performed in all PAC settings. Receipt of transfusions is also important to assess for case mix adjustment due to the need for added resources and to the extent that receipt of transfusions indicates a more medically complex patient.

Relevance to LTCHs

In the clinically-complex LTCH population, there may be many underlying reasons that a patient requires a transfusion of blood or blood products. In fact, unpublished data show that transfusions are the second most-common LTCH procedure, occurring in 18.4 percent of LTCH admissions from 2007 to 2012. Transfusions are resource-intensive, requiring coordination among the blood bank and bedside care staff, and close monitoring is necessary given the incidence of adverse reactions, which may range from mild to severe. Assessing whether the patient requires transfusions would provide important information for care planning, clinical decision making, patient safety, care transitions, and resource use in LTCHs.

As acknowledged by CMS in the “Proposed Specifications for LTCH QRP Quality Measures and SPADE” and illustrated in Figure 1, blood transfusion is a complex, resource-intensive therapy. Specialized physicians, medical technologists, nurses, and other support staff provide essential expertise throughout the transfusion process. The collection, processing, testing, storage, distribution and administration of blood components involves critical medical equipment and supplies. In addition, the transfusion process includes multiple safety measures and monitoring to avoid adverse events. AABB accredits blood collection establishments, transfusion services and out-of-hospital transfusion administration services to promote patient safety and quality, and to ensure compliance with AABB’s standards as well as federal regulations and guidances.

Figure 1: Transfusion Process



Our organizations applaud CMS for recognizing that blood transfusions should be available to patients in the most appropriate setting of care, including in long-term care hospitals



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and other post-acute care settings. We support CMS' proposal to adopt the transfusions data element as standardized patient assessment data for use in the LTCH QRP. We believe that a standardized patient assessment data element will contribute to higher quality, coordinated care for patients who rely on these life-saving treatments.

AABB, America's Blood Centers and the American Red Cross respectfully request that CMS consider whether payments to LTCHs are adequate to cover the cost of this resource-intensive, specialized service. Absent sufficient reimbursement, we are concerned that long-term care hospitals will not have the resources needed to provide patients with access to blood transfusions in that setting of care.

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If you have any questions or need additional information, please contact Leah Stone (301-215-6554 or lmstone@aabb.org), Kate Fry (202-654-2911, kfry@americasblood.org) or Liz Marcus (202-303-7980, liz.marcus@redcross.org).