



Advancing Transfusion and
Cellular Therapies Worldwide



June 17, 2019

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1718-P
P.O. Box 8016
Baltimore, MD 21244-1850

Re: Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2020 (CMS-1718-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 entitled, "Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2020" (Proposed Rule), which was published in the *Federal Register* on April 25, 2019. Collectively, our organizations represent the nation's blood collection establishments, transfusion services, and transfusion medicine professionals.

We applaud CMS for proposing to include a transfusion data element as part of the standardized patient assessment data elements (SPADE). We agree with CMS' acknowledgement in "Proposed Specifications for SNF QRP Quality Measures and SPADE" that:

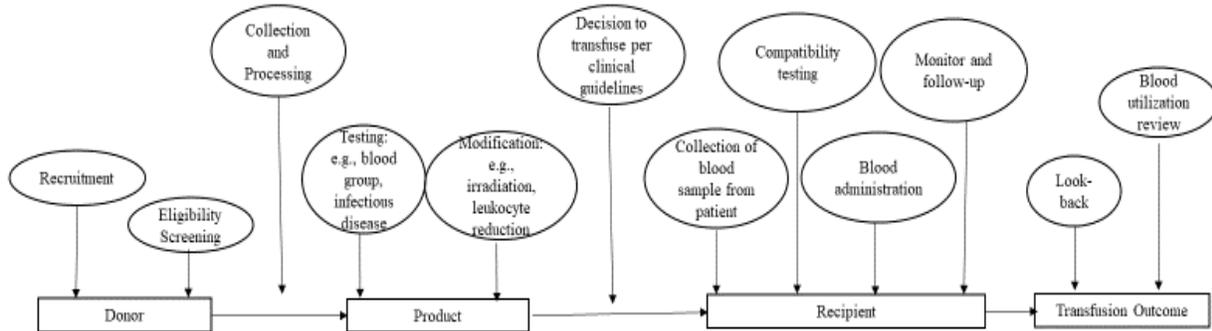
Blood transfusions are highly protocolized, with multiple safety checks and monitoring required during and after the infusion to avoid adverse events. Coordination with the facility's blood bank is necessary, as well as documentation by clinical staff to ensure compliance with regulatory requirements. 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 SNFs

One study found that 3.5 percent of residents had received a blood transfusion sometime during their stay at a SNF. Knowing about prior transfusions is important for management as well, as transfusions require close monitoring due to possibility of infection or complications. Transfusions are resource-intensive, requiring coordination among the blood bank and bedside care staff, and close monitoring is necessary to prevent adverse reactions, which may range from mild to severe. The standardized assessment of whether the resident requires Transfusions would provide important information for care planning, clinical decision making, patient safety, care transitions, and resource use in SNFs.

As acknowledged by CMS in the “Proposed Specifications for SNF 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 skilled nursing facilities 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 SNF 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 SNFs are adequate to cover the cost of this resource-intensive, specialized service. Absent sufficient reimbursement, we are concerned that skilled nursing facilities 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).

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