AMERICAN SOCIETY OF HEMATOLOGY
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June 13, 2019

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

RE: Medicare Program; FY 2020 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements

Dear Administrator Verma:

The American Society of Hematology (ASH) is pleased to offer comments on the FY 2020 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements. Specifically, ASH would like to thank the Centers for Medicare and Medicaid Services (CMS) for clarifying in the proposed rule that the Medicare hospice benefit does cover services for pain and symptom management, including palliative chemotherapy, radiation, and blood transfusions. The Society would also like to provide comments on the proposals related to the election statement content modifications and the proposed addendum.

ASH represents over 17,000 clinicians and scientists worldwide, who are committed to the study and treatment of blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as non-malignant conditions such as sickle cell anemia, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the field of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy. ASH membership is comprised of basic, translational, and clinical scientists, as well as physicians providing care to patients in diverse settings including teaching and community hospitals, as well as private practice.

Coverage of Blood Transfusions Under the Medicare Hospice Benefit

The frequent refusal of hospice agencies to provide palliative blood transfusions is of great concern to ASH members and is an issue that the Society has been actively working to address. In a survey of ASH members, four in five practicing hematologists/hematopathologists agree with the use of blood transfusions in hospice care for patients with hematologic diseases. Transfusions can address palliative needs related to breathlessness, bleeding, and profound fatigue. Additionally, two in three survey respondents found that the lack of availability for blood transfusions in many hospices is a barrier for patients with hematologic diseases accessing the Medicare hospice benefit. Studies show that in the last 30 days of life, patients with hematologic malignancies, when compared to patients with solid tumors, have a greater number of emergency room (ER) visits, hospital admissions,

intensive care unit (ICU) admissions, hospital deaths, and deaths in the ICU. These adverse events at the end-of-life are linked to lack of hospice care.[1] Evidence also suggests that when leukemia patients elect hospice care at the end of life, there is significant improvement in end-of-life quality measures, and also marked cost savings (approximately $10,000-15,000 per beneficiary).[2]

ASH is in the process of finalizing a policy statement in support of blood transfusions for patients with hematologic malignancies in hospice care. The Society will share the policy statement with CMS as soon as it is finalized. Again, ASH thanks CMS for clarifying in the proposed rule that the Medicare hospice benefit does cover services for pain and symptom management, including blood transfusions, and hopes that this leads to increased use of hospice services and improved quality of life for patients with hematologic malignancies.

Proposed Modifications to Hospice Election Statement and Proposal to Create Election Statement Addendum

ASH appreciates the intentions of these proposed modifications, to increase coverage transparency for patients under a hospice election; however, the Society is concerned that these changes will not have the intended effect of ensuring that hospice patients receive the needed services for pain and symptom management, including blood transfusions. ASH recommends the following adjustments in order to strengthen the proposed changes:

- Require that CMS audits of hospice providers specifically address the rate at which hospices provide blood transfusions to beneficiaries, when indicated. Additionally, audits should capture the number of complaints related to blood transfusions not being provided, when needed, reported through the Beneficiary and Family-Centered Care-Quality Improvement Organization (BFCC-QIO) process. The Society believes that this information will help identify whether or not the proposed modifications, if finalized, have helped to address the lack of availability of blood transfusions for patients electing the Medicare hospice benefit.

- Require the hospice election statement to include a list of the specific services, including blood transfusions, a patient is eligible to receive under the Medicare hospice benefit, noting that services are dependent on each individual case. Building on CMS' efforts to increase coverage transparency, it seems appropriate that a beneficiary know what he/she is entitled to receive under the Medicare hospice benefit. ASH does recognize, however, that blood transfusions may not be appropriate for every hospice beneficiary and should be provided on a case-by-case basis, with input from the treating hematologist.

- Require hospices to provide the election statement addendum to **all** beneficiaries within 48 hours of the hospice election date, rather than only to those who request the addendum, and that providing the election statement addendum to the beneficiary be a condition of payment, regardless of an official request from the beneficiary. Preparing to accept the Medicare hospice benefit is likely an emotional and stressful time for the beneficiary and the family, and the burden to provide the election statement addendum should be on the hospice provider rather than on the beneficiary or the representative to make the request.

Lastly, ASH would like to clarify what a patient is to do if they receive an election statement addendum, identifying, for example, that blood transfusions, in his/her specific case will not be covered. From our understanding of the proposed rule, the beneficiary would still need to appeal through the BFCC-QIO process. While ASH understands that the new requirements, if finalized, may make it more likely that a hospice will provide blood transfusions, when necessary, the Society remains concerned that hospices will continue to deny blood transfusions to patients with hematologic malignancies and that patients will be left with little choice other than to file an appeal. ASH asks that CMS please clarify if there are other options for a beneficiary and his/her family in this situation.

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[1] Odejide, Oreofe O. "A Policy Prescription for Hospice Care." *Journal of the American Medical Association*, vol 315, No. 3 (2016).
[2] LeBlanc, Thomas W., Pamela C. Egan, and Adam J. Olszewski. Transfusion dependence, use of hospice services, and quality end-of-life care in leukemia, *Blood*. 2018; 132(7):717-726.

Thank you for the opportunity to provide comments on the on the FY 2020 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements. We welcome the opportunity to discuss these comments with you and your team. If you have any questions or require further clarification, please contact Leslie Brady, ASH Policy and Practice Manager at lbrady@hematology.org or 202-292-0264.

Sincerely,

Roy L. Silverstein, MD
President