

June 27, 2021

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Ave, SW  
Washington, DC 20201

**RE: Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2022 Rates Proposed Rule [CMS-1752-P]**

Dear Ms. Brooks-LaSure:

Thank you for the opportunity to submit comments regarding the above rule. The United Network for Organ Sharing (UNOS) is the private, non-profit membership organization that serves as the nation's organ transplant system, the Organ Procurement and Transplantation Network (OPTN), under contract with the Health Resources & Services Administration (HRSA) of the U.S. Department of Health & Human Services.

First and foremost, while we understand and appreciate CMS is working to ensure Medicare funds are applied for the benefit of patients nationwide, we are concerned this proposed rule has the potential to limit the annual growth in deceased donor transplants that the system has experienced for the past decade. To avoid any unintended consequences, it is critical that there is a thorough analysis of the proposed rule's potential impact on access to solid organ transplantation.

Further, CMS's proposed regulation would disallow transplant hospital reimbursement for critical data and performance improvement services because they are paid for at the time of registering a candidate on the transplant waiting list. The proposal incorrectly labels these UNOS services as "unnecessary and duplicative," even though they are not included in the OPTN registration fee. It is the knowledge gained by this data in an ongoing fashion that enables transplant centers to optimize and improve their care for patients suffering from organ failure.

As the proposal acknowledges, there are two separate and distinct fees charged to transplant hospitals at the time a patient is listed on the transplant waiting list: an OPTN fee and a UNOS fee. The fee that transplant centers pay to UNOS is not a requirement for listing, and no transplant candidate has ever been denied listing or transplant due to a hospital's inability to pay this fee. Medicare and private payors alike reimburse for this fee.

Centers that pay the UNOS fee receive data services that help them improve their performance and better understand their own practices. For example, benchmark reports help compare transplant rates and acceptance rates to other transplant programs. Dashboards help centers monitor critical internal metrics. A staffing survey helps centers and payors understand typical staffing rates and organizational

profiles for programs across the country. These data services not only save lives but reduce costs by improving efficiencies and workflows.

The fee also provides centers with access to communications, including critical information sharing both nationally and internationally. This information sharing was critically important during the COVID-19 pandemic last year and this year. Other communications include patient education through the UNOS Transplant Living website. Patients can access information about the transplant process, finding a transplant center, and taking care of their transplant after surgery. Many transplant programs refer their patients to [transplantliving.org](http://transplantliving.org) as a critical piece of their patient education, and centers themselves receive access to webinars and non-policy related education through the UNOS fee.

The UNOS fee is also used to develop system innovations to improve outcomes and the number of organs offered and accepted for transplant that also benefits Medicare patients. This research and development work is not covered by the OPTN fee but is important in the work needed to continually improve the system.

These tools are valued by transplant hospitals and are used to improve their performance and benefit patients, including Medicare patients. While the OPTN also provides some of the same types of services, all of these specific services are additional to the OPTN services. UNOS cannot, and does not, ever collect two different fees for the same service. We would welcome the opportunity to brief CMS on the fee structure in advance of any further rulemaking

As access to deceased donor solid organ transplants continues its decade-long increase, we urge CMS to collaborate with UNOS and other stakeholders in the donation and transplant community to ensure this access is not unintentionally reduced. We appreciate the opportunity to comment, and please do not hesitate to contact me if we can be of further assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "David C. Mulligan". The signature is fluid and cursive, with a long horizontal stroke at the end.

David C. Mulligan, MD, FACS, FAASLD, FAST  
President, UNOS Board of Directors