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September 10, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-8013
http://www.regulations.gov

Re: CMS-1693-P: Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019: Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promotion Interoperability Program

Dear Administrator Verma:

Thank you for the opportunity to provide comments on CMS-1693-P. On behalf of members of the National Association of Social Workers (NASW), the largest and oldest professional social work organization in the United States with a membership of 120,000, I am submitting comments on the Physician Fee Schedule Proposed Rule for 2019, CMS-1693-P.

Telehealth

NASW is supportive of a communication technology code and requests that such a code be made available to non-physician practitioners such as CSWs who provide psychotherapy services. An audio-telephone interaction would work best for Medicare beneficiaries who may not have access to video communication.

E/M Coding

NASW appreciates CMS's intent to reduce documentation burden for physicians and other practitioners who use evaluation and management (E/M) codes. At the same time, we believe that the Medicare payment restructure CMS has proposed for outpatient office visits would, if finalized, have significant unintended consequences for Medicare beneficiaries and for the health care workforce.
Many Medicare beneficiaries live with multiple chronic conditions. Thorough assessment and individualized care of such conditions is essential to not only to the health and independence of beneficiaries, but also to ensure efficient service utilization throughout the health care continuum. NASW is concerned that CMS's proposal to use a single-rate payment amount for almost all physician office visits—regardless of each beneficiary's unique needs or of the visit length or complexity—would result in practitioners shortening office visits and increasing visit frequency. This approach would decrease practitioners' ability to provide person-centered care and to engage in shared decision making with beneficiaries. It would also increase cost sharing and inconvenience for beneficiaries, many of whom already struggle to keep health care appointments and to meet their health care expenses. The proposed change would have a particularly negative effect on beneficiaries who require time-intensive services. Ultimately, the proposed payment restructure could discourage practitioners from entering specialties that involve work with older adults and other populations requiring

complex care, thereby decreasing health care access for Medicare beneficiaries. For these reasons, NASW urges CMS to consider other payment alternatives for E/M coding in 2019.

Quality Payment Program

NASW appreciates that clinical social workers (CSWs are only being required to participate in two of the four categories under MIPS. CSWs who are Medicare Part B providers often operate in small solo or group practices and do not have the technology infrastructure in place to effectively meet expectations in the Promoting Interoperability category. In addition, CSWs in private practice have limited ability to influence the overall care of patients limiting their ability to manage the overall cost of the beneficiary.

NASW is concerned about CSWs ability to meet performance expectations in the Quality Performance category. While there are more than six measures available in the mental/behavioral health measure set there are only four claims measures appropriate for use by CSWs as determined by eligible CPT codes and scope of practice. Most NASW members utilize claims-based reporting. NASW is concerned that CSWs will not have six quality measures available and are asking CMS to consider excluding their inclusion in MIPS for the 2019 Performance Year just as it has been proposed for several other non-physician practitioners who also have less than six measures to report.

In addition, the following concerns may limit CSWs from reporting quality measures via claims or MIPS CQM methods

- Some of the available MIPS CQM measures are limited by patient diagnosis, such as dementia, which may further limit a CSWs ability to effectively report on six quality measures.
- There are only two outcome measures in the mental/behavioral health measure set for CSWs and they require the utilization of the PHQ-9 measure which is only reportable via EHR. When CSWs do not utilize EHR technology there may be further limitations to reporting adequate measures.
- If a CSW is unable to adequately report quality measures a negative payment adjustment may be more likely given the extra weight this category will carry since CSWs are not participating in Promoting Interoperability or Cost categories.

Not only is NASW concerned that lack of appropriate quality measures will result in negative payment adjustment but given the lack of participation in Performance Year 1 and 2, CSWs are not required to meet a much higher threshold to avoid negative payment adjustment in their first year of participation. The negative payment adjustment is also significant at minus seven percent. CSWs expressed substantial financial hardship to NASW when negative two percent payment adjustments were applied under PQRS. Negative seven percent adjustment appears punitive to CSWs who do not have enough measures to meet the measure reporting guidelines.

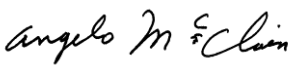
Skilled Nursing Facility

NASW reminds CMS of an outstanding issue to address a Medicare beneficiary inability to continue mental health treatment with a clinical social worker when they are transferred to a skilled nursing facility from a nursing home. As you are aware, a Medicare beneficiary in a nursing home bed can be transferred unexpectedly to a skilled nursing bed within the same day, building, room, and bed. When this Medicare beneficiary is receiving mental health treatment from a clinical social worker, services must stop abruptly causing the Medicare beneficiary to suffer the loss of mental health services and their provider when continuous mental health treatment is needed. As a result, the Medicare beneficiary feels abandoned during a critical time of their recovery.

In June 28, 2002, proposed rule (67 FR 43845), CMS indicated it would address comments received on the October 29, 2000 proposed rule entitled, "Clinical Social Worker Services." In the final rule dated December 31, 2002(65 FR 62681) of the Federal Register, Vol. 67, No. 251, CMS announced that it would not address this issue in the final rule, but in future rulemaking. The future rulemaking has not taken place and NASW encourages CMS to address this issue in the final 2018 physician fee schedule. Medicare beneficiaries are requesting continuous mental health treatment by their clinical social work provider when they are transferred to a skilled bed within a nursing facility. Continuity of mental health services is very important in the recovery of a Medicare beneficiary. NASW requests reimbursement to clinical social workers who provide mental health services to Medicare beneficiaries in a skilled nursing facility by adding them to the mental health consolidated exclusion list where psychologists and psychiatrists are excluded. The continuity of care by a clinical social worker from a nursing home bed to a skilled nursing facility would be at no additional cost to CMS. Instead, it would save CMS 25 per cent per patient since clinical social workers are paid 75 per cent of the physician fee schedule as compared to 100 per cent of the physician fee schedule for psychologists and psychiatrists. NASW would appreciate CMS's prompt attention to this outstanding matter.

Thank you for the opportunity to provide comments to CMS-1693-P. We appreciate your careful consideration of NASW's comments, especially regarding the outstanding matter on the skilled nursing facility and clinical social workers. If you have any questions, please do not hesitate to contact me at naswceo@socialworkers.org or Mirean Coleman, Clinical Manager, at mcoleman.nasw@socialworkers

Sincerely,



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