



March 17, 2020

The Hon. John Barrasso
United States Senate
307 Dirksen Senate Office
Washington, DC 20515

The Hon. Debbie Stabenow
United States Senate
731 Hart Senate Office Building
Washington, DC 20515

RE: CY 2021 Reimbursement Cuts Resulting from Payment Policies under the CY 2020 Physician Fee Schedule and Other Changes to Part B Payment Policies Final Rule

Dear Senator Stabenow and Senator Barrasso:

We are reaching out to express our major concerns about the impact of proposed cuts in Medicare reimbursement to clinical social workers (LCSWs) and 36 other provider specialties by the Centers for Medicare and Medicaid Services (CMS) for CY 2021. As you may know, these reimbursement reductions were included in CMS' CY 2020 Physician Fee Schedule (PFS) Final Rule in order to offset implementation of higher relative value units (RVUs) for the office/outpatient evaluation and management (E/M) services and maintain budget neutrality of the CY 2021 PFS. As CMS enters the CY 2021 rulemaking cycle, we are urging the agency to consider other options to offset higher RVUs in order to maintain budget neutrality while avoiding devastating cuts to LCSWs and 36 other provider specialty reimbursement rates.

As you know, the National Association of Social Workers (NASW) represents the interests of over 700,000 professional social workers nationwide. Social workers are the nation's largest provider of mental, behavioral and substance abuse services. Many of us practice in healthcare settings and we are a major workforce serving older Americans and those with disabilities, including millions of Medicare beneficiaries. With our distinctive "person in the environment" framework, we are specialists in providing care that is grounded in addressing the social factors that are significant contributors to health outcomes.

A subset of our profession includes approximately 250,000 licensed clinical social workers (LCSWs); it is this group that is directly affected by the proposed cuts. NASW is joined here, in voicing our concerns, by the Clinical Social Work Association (CSWA), which represents the interests of these LCSWs who are specifically licensed to diagnose and treat mental health and substance abuse conditions. Both NASW and CSWA encourage our members to participate in Medicare: we estimate that approximately 1/5 of LCSWs are participating providers in Medicare, making us one of the largest mental health care provider groups in this federal program. The proposed cut would likely have a negative impact on the number of LCSWs choosing to become Medicare providers and thus cause less access to care.

If implemented, the regulations will result in especially steep cuts to reimbursement to LCSWs, who are already reimbursed at only 75% of the PFS, compared to 85% for many other non-physician providers and 100% for clinical psychologists (who provide psychotherapy services equivalent to those provided by LCSWs). LCSWs are reimbursed at lower rates than any other mental health provider in Medicare. As the Senate champions of the Improving Access to Mental Health Act (S. 782) and the effort to increase the LCSW reimbursement rate from 75% to 85% of the PFS and enlarge the number of LCSW services available to beneficiaries, we know you share our commitment to meeting the mental health needs of older Americans. As noted above, only 1/5 of LCSWs currently participate in the Medicare program. If the CY 2021 reimbursement cuts are implemented, attracting and retaining Medicare participating LCSWs will be further challenged, compromising the supports needed for beneficiaries, many of whom struggle with anxiety,

depression and substance use disorder. Reducing 37 different provider specialties' payment, including LCSWs — the majority of whom are not eligible to report E/M CPT codes to Medicare — will jeopardize the delivery of coordinated, efficient, and cost-effective care.

NASW joined with numerous other organizations in urging CMS to consider other options to address the projected reimbursement cuts to services furnished by our health care professionals in 2021. Attached is a copy of the February 5th joint letter to CMS, which was sent in follow up to our joint meeting with the agency on January 13th.

We, like the other impacted specialty groups, understand and support the policy goal of increasing payment for office/outpatient E/M codes for 2021. Our concern rests on the fact that, to account for these increases while maintaining budget neutrality, providers who are statutorily ineligible to report E/M services and/or who provide the majority or all of their services outside of the office/outpatient E/M code set are expected to incur significant, and what we consider to be unjustified, decreases in Medicare reimbursement in 2021. These cuts compound numerous existing reductions already experienced by these providers, including the 2% sequestration reductions implemented in 2013 and the multiple procedure payment reduction (MPPR) applied to several categories of services. In combination with existing reductions, these cuts may prove unsustainable, especially for many small and rural providers.

As outlined in detail in the joint letter to CMS, we recommend the following: 1) Review impact of budget neutrality and the conversion factor adjustment on specialty providers 2) Defer or cancel implementation of add-on code GPC1X until new policy authorized by Congress to cover new (currently unreimbursed) services under the Medicare program; 3) Phase-in payment decreases to minimize the immediate impact on affected providers.

We are eager to continue engaging in meaningful dialogue and working with other provider specialties and CMS in the coming months to address concerns about the CY 2021 PFS. We wonder if you could invite CMS leaders to brief the Senate Finance Committee about the proposed cuts and to identify other options to offset higher RVUs to avoid devastating cuts to LCSW and 36 other provider specialty reimbursement rates.

If you have any questions, or would like additional information, please let me know. I can be reached at NASWCEO@socialworkers.org or (202) 336-8200. You can also contact Anna Mangum, Deputy Director of Programs, at amangum.nasw@socialworkers.org or (202) 336-8210 or Laura Groshong, LICSW, CSWA Director of Policy and Practice at lwgroshong@clinicalsocialworkassociation.org or (206)-550-7550.

Sincerely,



Angelo McClain, PhD, LCSW
Chief Executive Officer
National Association of Social Workers

Britni Brown, LCSW (virtual signature)
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President
Clinical Social Work Association

CC: Alex Graf, Legislative Assistant, Sen. Stabenow
Lorenzo Rubalcava, Policy Adviser, Sen. Stabenow
Jay Eberle, Legislative Assistant, Sen. Barrasso