



September 8, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1676-P
7500 Security Boulevard
Baltimore, MD 21244-8013
Re: CMS-1676-P: Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program

Dear Administrator Verma:

Thank you for the opportunity to submit comments on the Centers for Medicare and Medicaid Services Final Rule on the revisions to Medicare payment policies under the Physician Payment Schedule for the year 2018. The National Association of Social Workers (NASW), the largest professional organization of social workers in the United States, submits the following comments for your consideration:

Telehealth Services

NASW supports the addition of telehealth services using the following codes: 90785 (Interactive Complexity), 90839 (Psychotherapy for Crisis, first 60 minutes), 90840 (Psychotherapy for crisis, each additional crisis), 96160 (Administration of patient focused health risk assessment instrument) and 96161 (Administration of caregiver-focused health risk assessment instrument).

In regards to the description of services for 90839 and 90840 – mobilization of resources at the originating site – NASW agrees that the remote practitioner should be able to mobilize resources at the originating site to defuse the crisis and restore safety. In the event of an emergency, NASW's *Technology Standards in Social Work Practice* requires social workers who provide telehealth services to be familiar with the resources in the state in which the patient resides. Thus, CMS' requirements for mobilization of resources are very important and the remote provider should be aware of available services where the beneficiary is located in the event of a crisis.

In addition, NASW supports the elimination of the required "GT modifier" on professional claims, with the exception of institutional claims. Use of the place of service code for telehealth services is an appropriate identifier for telehealth services.

Psychiatric Collaborative Care Management Services (CoCM)

NASW supports the CoCM model. In regards to CMS requests for comments on other models, NASW recommends a common model used in many outpatient health care settings where the clinical social

worker not only provides the psychiatric care but assists with psychosocial aspects of medical care. Such a model is important because it helps to prevent and resolve psychosocial factors that impede health recovery while at the same time addressing mental health needs. The Institute of Medicine confirms this in a report released in July 2015 on the importance of *Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards*, <http://www.nationalacademies.org/hmd/Reports/2015/Psychosocial-Interventions-Mental-Substance-Abuse-Disorders.aspx>

NASW supports the extension of CoCM into the Rural Health Centers and the Federal Qualified Health Centers. This will help enhance access to mental health services for beneficiaries in rural communities.

Physician Quality Reporting System (PQRS)

NASW appreciates CMS' consideration to modify the reporting requirements for the reporting year 2016 by requiring six measures to report rather than nine measures. This will certainly help many physicians to avoid the negative payment adjustment in 2018. Since most non-physician practitioners have less than six measures to report, are there also options for this group to help relieve the burden of a negative payment adjustment in 2018? One suggestion is to lessen the reportable requirement from 50 percent of the total Medicare beneficiaries seen to 25 percent. This is an area that has caused much confusion and modifying the requirement would help lessen the burden of a negative payment adjustment in 2018. In addition, would you please provide clarity regarding who decides what measures are relevant to the eligible provider – CMS or the eligible provider?

Medicare Shared Savings Program

NASW supports CMS' proposal to reduce documentation submission requirements included in the application for use of the skilled nursing facility (SNF) three-day rule waiver. Many Medicare beneficiaries who need SNF services are unable to access them because of the three-day rule. Enhancing access to SNF services can improve both coordination and quality of care.

Affordable Care Organization (ACO)

NASW is pleased to observe that the proposed rule does not alter the right of a beneficiary who is assigned to an ACO to access Medicare providers outside the ACO. Choice of Medicare providers is essential to all Medicare beneficiaries, including those who participate in ACOs voluntarily or by assignment.

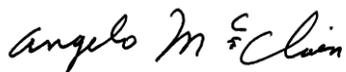
Skilled Nursing Facility

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-1676-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 202-336-8200 or naswceo@socialworkers.org

Sincerely,

Handwritten signature of Angelo McClain in cursive script.

Angelo McClain, PhD, LICSW
Chief Executive Officer