

June 27, 2016

Andy Slavitt  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-5517-P  
Post Office Box 8013  
Baltimore, MD 21244-1850

Re: CMS-5517-P. Medicare Program: Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models: Proposed Rule

Dear Mr. Slavitt:

I am writing to you on behalf of 130,000 members of the National Association of Social Workers. We are the largest and oldest professional social work organization in the United States. NASW promotes, develops, and protects the practice of social work and professional social workers.

NASW appreciates the opportunity to submit comments on CMS-5517-P. We are supportive of an alternative payment model and a merit-based incentive payment system to replace the sustainable growth rate and have the following comments on the proposed rule:

**Merit-Based Incentive Payment System (MIPS)**

Clinical social workers are Medicare providers who diagnose and treat Medicare beneficiaries who have a mental illness. Most clinical social workers are independent providers who work in a small solo or group private practice and have not converted to an electronic health record (EHR) due to the expense of purchasing the technology. Since use of an EHR is one of the requirements for using MIPS, does this mean that all Medicare providers, regardless of the size of their practice, will be required to use an EHR?

## **Performance Feedback**

In the proposed rule, you state that you may consider providing performance feedback on a more frequent basis. NASW agrees with this proposal and recommends feedback monthly so that Medicare providers would have an opportunity to correct any MIPS reported procedure that would create a negative impact on quality payment. Monthly feedback would also help in improving the delivery of quality ongoing services. From a performance improvement perspective, it is helpful for a Medicare provider to be informed of errors they may perform early on in the provision of services to improve quality performance and services delivered.

## **Phase-In**

NASW agrees with the phase-in of clinical social workers and other non-physician Medicare providers into year three of MIPS and supports voluntary quality reporting of measures under MIPS for the initial two years. We support and encourage this proposal to allow eligible clinicians to gain the experience of reporting under MIPS without penalty.

## **TIN/NPI**

NASW agrees with the proposal to use the TIN/NPI numbers to assess performance of eligible individuals and groups. These numbers capture the necessary information needed and are not easily used to take advantage of the payment system.

## **Low-Volume Threshold**

NASW is accepting of the low-volume threshold especially since many clinical social workers would fall in this category due to their small solo or group practice. Having a low-volume threshold of 100 or fewer Medicare B beneficiaries is an appropriate threshold for volume, however, billing charges less than or equal to \$10,000 appears limiting and does not factor in diverse, complex problems of Medicare beneficiaries that would require additional quality intervention services to address and resolve complex medical and psychosocial problems. A billing charge of \$50,000 seems more appropriate.

## **Measures**

Clinical social workers commonly use claims to report the Physician Quality Reporting System (PQRS). Only two claims measures were listed on the proposed mental/behavioral measure list to report quality measures. This does not meet the six measure requirement under MIPS. We ask for additional measures in the area of mental/behavioral health to avoid a negative payment adjustment. It is important to avoid the problems encountered in PQRS where non-physician practitioners suffered a negative payment adjustment because they did not meet the minimum requirements for the number of measures reported due to lack of available measures to report. Registries and electronic record systems are expensive and most clinical social workers cannot afford them. NASW requests CMS to provide financial incentives to assist clinical social workers and other non-physician practitioners to purchase necessary technology required for an electronic health record and reporting of MIPS.

### **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 building, room, and bed. When this Medicare beneficiary is receiving mental health treatment from a clinical social worker, treatment must stop abruptly causing the Medicare beneficiary to suffer the loss of mental health services and their provider during a critical time when continuous mental health treatment is needed. Despite explanation, the Medicare beneficiary does not understand why the services were withdrawn and 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," (65 FR 62681) in the final physician rule dated December 31, 2002, of the Federal Register, Vol. 67, No. 251. However, CMS announced that it would not address this issue in the final rule, but in future rulemaking. NASW encourages CMS to address this issue so that Medicare beneficiaries can continue to get the mental health treatment they require when they transfer to a skilled bed. 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 psychotherapy exclusion list in addition to psychologists and physicians.

Thank you for considering NASW's comments. I look forward to other opportunities to make comments on regulations impacting social workers. If you have questions, please do not hesitate to contact me at 202-336-8200.

Sincerely,



Angelo McClain, PhD, LICSW  
Chief Executive Officer