

March 6, 2018

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-8013
Seema.Verma@cms.hhs.gov

Dear Administrator Verma:

I am writing to you 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.

The National Association of Social Workers (NASW) is requesting a review of the 2018 Physician's Quality Reporting System (PQRS) negative payment penalties for the reporting year 2016 as was applied to clinical social workers by the Center for Medicare and Medicaid Services (CMS).

NASW members reported an increase in negative payment adjustments for the 2016 PQRS reporting period and subsequent penalties in 2018. Many were surprised they received negative payment adjustments in 2018 after successful reporting in previous years. According to our members who filed informal reviews for the 2018 negative payment penalty, they were penalized for the following:

- Sufficient measures were not reported. As you are aware, clinical social workers did not have nine measures to report. The final rule for the 2016 reporting period stated that those providers who had less than 9 measures, may report 1 to 8 measures covering 1 to 3 domains.
- Measure 317: Preventive Care and Screening: High Blood Pressure and Follow-up Plan was not reported. Clinical social workers did not utilize measure 317 because performing this task is outside their scope of practice and competence. The NASW *Code of Ethics* standard of competence states that "Social workers should provide services and represent themselves as

competent only within the boundaries of their education, training, license, or certification...”¹
Clinical social workers do not receive medical training to perform high blood screenings with competence and would be practicing outside their scope of expertise despite eligibility to utilize CPT codes identified in the denominator.

- Measure 128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan was not reported. The procedure of this measure is not commonly used by clinical social workers and is usually performed in situations where the clinical social worker may be working with a patient who has an eating disorder. Our members reported that they were inappropriately penalized for not using this measure. In this case, the penalty seemed inappropriate because it did not apply to the mental health services they provided to Medicare beneficiaries. Yet, the informal reviewers reported it was justified.

NASW requests CMS to review the 2018 negative payment penalties to clinical social workers to determine if

- the PQRS formula was applied correctly
- clinical social workers were penalized for not using the value-based modifier (clinical social workers were exempted.)
- clinical social workers were inappropriately penalized for using measures beyond their scope of practice.

NASW also requests the number of clinical social workers who did not successfully report 2016 PQRS compared to those who did successfully report. Since 2014, we have received complaints from members about unsuccessful reporting, yet it is difficult for us to assess how widespread the problem is. Having this information would be helpful in preparing our members for the implementation of MACRA in 2019.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact me at naswceo@socialworkers.org, Mirean Coleman at mcoleman.nasw@socialworkers.org, or Yael Silverman at ysilverman.nasw@socialworkers.org.

Sincerely,



Angelo McClain, PhD, LICSW
Chief Executive Officer

¹ National Association of Social Workers. (2017) *Code of ethics of the National Association of Social Workers*, Washington, DC: National Association of Social Workers. [quote appears on page 9]