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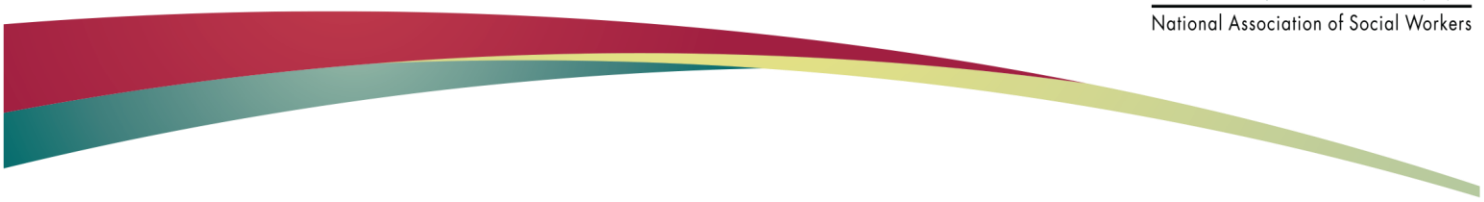
202.408.8600 » FAX 202.336.8331 » SocialWorkers.org



NASW
National Association of Social Workers

August 31, 2016

Andrew M. Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1654-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: File Code – CMS-1654-P: Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2017.

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-1654-P. We are interested in providing comments on Medicare Cost-Sharing, Telehealth Services, the Psychiatric Collaborative Care Model, 2017 Provider Payment Increase, and Skilled Nursing Facilities.

Prohibition on Billing Qualified Medicare Beneficiary Individuals for Medicare Cost-Sharing

NASW strongly supports CMS's proposed language regarding balance billing to beneficiaries enrolled in the Qualified Medicare Beneficiaries (QMB) program. The association concurs with CMS that ongoing education to and among providers is essential to protect beneficiaries from impermissible Medicare cost-sharing billing and related collection efforts.

Telehealth Services

NASW supports CMS's proposal to expand telehealth services and use of a new place of service code designed to report telehealth for limited services. Since telehealth services are increasingly being used by Medicare providers to provide quality services, NASW recommends expansion of a place of service code for identification of mental and behavioral health services provided by telehealth means.

Psychiatric Collaborative Care Model

NASW applauds CMS for its proposal to implement behavioral health care services into primary care settings beginning January 1, 2017. NASW supports the three temporary "G" codes that have been established to allow for implementation of these services in 2017.

NASW also supports the development of a new "G" code that describes care management for beneficiaries with diagnosed behavioral health conditions under a broader application of integration into primary care. Because circumstances for Medicare beneficiaries vary, we recommend a 15-minute add-on code that would allow for additional time. NASW also recommends that this new "G" code be available for use by mental health providers of diverse disciplines such a clinical social workers who may contract for services within the primary care setting.

The behavioral health care manager is described as "clinical staff with formal education or specialized training in behavioral health." We recommend that the behavioral health care manager be a qualified health care professional who has a formal education and is licensed such as a licensed social worker. Medicare beneficiaries deserve the best care by the most qualified provider in order to receive quality services and the services described in the proposed rule for the behavioral care manager are best provided by a licensed social worker. NASW recommends that CMS raise the bar for provider job qualifications for the behavioral care manager, just as it has done in hospitals, rehabilitation centers, and other settings, and not lower it by seeking a provider without a professional clinical education. With CMS's emphasis on quality care, Medicare beneficiaries deserve the best quality services from providers who have the expertise, training, education, certifications and/or license to provide behavioral health services.

In regards to the timing of the initial visit for the behavioral health integration services (BHI), NASW recommends consideration of the needs of the Medicare beneficiary. Should the beneficiary be in a crisis and require emergency assistance, the initial behavioral health visit should occur at the time of the primary care visit or within 24 hours. NASW recommends initial routine visits should occur within 72 hours to screen and assess for behavioral health concerns in a timely manner.

NASW supports the idea of a beneficiary consent in order for Medicare beneficiaries to receive BHI services and be made aware of beneficiary cost-sharing involved for in-person and non-face-to-face services. NASW has concerns regarding the cost of the BHI services within the primary care setting which may not be cost-effective for Medicare beneficiaries who are already on a limited budget. For example, the primary physician will charge for his/her services and a copayment is required, there will be a charge for psychotherapy services if the behavioral health care manager is not licensed to provide the services, resulting in another fee and co-payment, and the psychiatric consultant will also charge for their non-face-to-face services which comes with a third co-payment. Such costs would prevent a Medicare beneficiary from seeking BHI services within the primary care setting. NASW requests CMS to consider the costs involved to the Medicare beneficiary for the proposed BHI services. To help lower the costs and make the services affordable, the qualifications of the Behavioral Health Care Manager should be a licensed social worker who is also able to provide, and bill for, psychotherapy services.

2017 Payment Increase

NASW opposes CMS's plan to eliminate the physician payment increase which Congress approved for 2017 in the MACRA legislation. Medicare providers deserve a payment increase which will help to retain and recruit Medicare providers for our growing aging population. NASW recommends that CMS reconsiders this elimination.

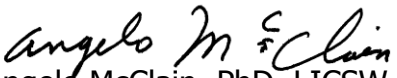
Skilled Nursing Facility

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 doing 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