

August 22, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1768-P
P.O. Box 8010
Baltimore, MD 21244-8010

Electronic Submission: <https://www.regulations.gov/>

Re: CMS–1768–P; Medicare Program; End-Stage Renal Disease Prospective Payment System, Payment for Renal Dialysis Services Furnished to Individuals With Acute Kidney Injury, End-Stage Renal Disease Quality Incentive Program, and End-Stage Renal Disease Treatment Choices Model

Dear Administrator Brooks-LaSure:

I am writing to you on behalf of 110,000 members of the National Association of Social Workers (NASW). Founded in 1955, NASW is the largest membership organization of professional social workers in the United States. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies. Social workers are the largest provider of mental, behavioral, and social care services in the nation at 700,000+ and serve essential roles on interdisciplinary health care teams to support individuals with kidney disease.

NASW is responding to the information requested regarding:

- Requests for Information on Health Equity Issues Within End-Stage Renal Disease Prospective Payment System (ESRD PPS) With a Focus on the Pediatric Payment: No. 3. Request for Information on Advancing Health Equity Under the ESRD PPS
- Requests for Information (RFI) on Topics Relevant to ESRD QIP: No. 2 Screening for Social Drivers of Health Measure, No. 3 Screen Positive Rate for Social Drivers of Health Measure

- End-Stage Renal Disease Treatment Choices (ETC) Model: No. 2 Kidney Disease Patient Education Services

E. Requests for Information on Health Equity Issues Within End-Stage Renal Disease Prospective Payment System (ESRD PPS) With a Focus on the Pediatric Payment: No. 3. Request for Information on Advancing Health Equity Under the ESRD PPS

NASW supports the CMS Framework for Health Equity and commends CMS efforts to prioritize activities that promote health equity among the ESRD Medicare population. Social workers serve individuals with complex medical and social needs and witness the adverse consequences of health disparities in hospital and community settings. NASW supports a standardized approach to collection of health-related social needs (HRSN) and consideration of identified needs in the case-mix payment adjustment. NASW agrees with the recommendations of the Technical Expert Panel that important social determinants of health to document include housing instability/homelessness, transportation needs, low health literacy, limited English proficiency, and behavioral/mental health issues. To support patients with identified socioeconomic risk factors, ESRD facilities would benefit from funding to hire additional staff, including social workers, to provide comprehensive assessment of social needs and assist patients and families to overcome barriers to care.

G. Requests for Information (RFI) on Topics Relevant to End-Stage Renal Disease Quality Incentive Program (ESRD QIP): No. 2 Screening for Social Drivers of Health Measure, No. 3 Screen Positive Rate for Social Drivers of Health Measure

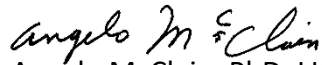
NASW strongly supports the collection and reporting of demographic and health-related social needs for patients enrolled in End-Stage Renal Disease Prospective Payment System (ESRD PPS). To complement social risk screening, NASW urges health systems to encourage consistent use of Z codes to document social needs. Existing data across departments can help inform person-centered care and facilitate linkages to local resources. However, health systems must thoughtfully consider implementation of social risk screening to avoid unintended negative consequences, and they have a responsibility to provide resources when HRSN are identified by patients and families. Patients should be offered a choice to opt-out of screening, and health systems must train staff and develop best practices for delivering social risk screening. ESRD PPS should increase staff, such as social workers, with expertise in addressing the social determinants of health and identifying resources to address unmet needs.

V. End-Stage Renal Disease Treatment Choices (ETC) Model: No. 2. Kidney Disease Patient Education Services

As key members of health care teams, social workers provide psychosocial support, clinical assessment, and education to support individuals living with ESRD and their families. NASW supports changes that allow kidney disease patient education to be provided by “qualified staff” including licensed social workers. NASW also supports reducing/waving the co-insurance requirement for kidney disease patient education increase access to this service. There are wide-ranging benefits to patients, providers, and health systems when barriers to comprehensive patient education are reduced.

Thank you for your consideration of NASW’s comments. If you have questions, please do not hesitate to contact me at naswceo@socialworkers.org.

Sincerely,



Angelo McClain, PhD, LICSW
NASW Chief Executive Officer