Administrator Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Room 445-G , Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

RE: Medicare and Medicaid Programs; CY 2025 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; Medicare Prescription Drug Inflation Rebate Program; and Medicare Overpayments; **File Code Number CMS–1807–P**

September 9, 2024

Dear Administrator Brooks-LaSure:

The Coalition for Social Work and Health (CSWH) welcomes the opportunity to provide comments on the Centers for Medicare & Medicaid Services (CMS) proposed rule for the Calendar Year 2025 Physician Fee Schedule.

Established in 2013, CSWH is a collective dedicated to amplifying social work's impact in improving health and healthcare. The organization engages in policy advocacy, research, and education through our membership of professional associations, practice leaders, and allies.

We are commenting on the following topics of the proposed rule:

- Request for Information on Services Addressing Health-Related Social Needs
- Safety Planning Interventions and Post-Discharge Telephonic Follow-up Contacts
- Interprofessional Consultation Billed by Practitioners Authorized by Statute to Treat Behavioral Health Conditions
- Caregiver Training via Telehealth
- Advanced Primary Care Management Services

- Comment Solicitation on Payment for Services Furnished in Additional Settings, including Freestanding SUD Treatment Facilities, Crisis Stabilization Units, Urgent Care Centers, and CCBHCs
- Request for Information on Advanced Primary Care Hybrid Payment
- Intensive Outpatient Program Services
- Conversion Factor

Request for Information on Services Addressing Health-Related Social Needs

Social Workers as Auxiliary Personnel

CSWH believes social workers of all types play an important part on interprofessional care teams implementing Community Health Integration (CHI), Principal Illness Navigation (PIN), Principal Illness Navigation - Peer Support (PIN-PS), and Social Determinants of Health Risk Assessment (SDOH RA).

While CMS previously clarified clinical social workers (CSWs) can serve as auxiliary personnel to bill CHI and PIN via a supervising practitioner, CMS has not clarified explicitly whether other social workers can also qualify as auxiliary personnel. Around the country, health systems employ bachelor's-prepared social workers (BSWs) and master's-prepared social workers (MSWs) in job titles such as case manager, care coordinator, care navigator, and health support specialist.

BSWs enter the workforce prepared for generalist practice positions, community and services engagement, needs assessment, and patient progress monitoring. MSWs are trained further to specialize in a chosen concentration and – at minimum – perform clinical assessments, manage large caseloads, take on supervisory and organizational leadership roles, engage in policy-level advocacy, and innovatively engage social services to meet the needs of clients and communities. These baseline disciplinary competencies in BSW and MSW programs overlap with the training requirements outlined for CHI and PIN auxiliary personnel.

Although not the only model currently in practice, the ambulatory integration of the medical and social (AIMS) model is a notable representation of other health social workers performing on interdisciplinary teams. AIMS enhances care by using a systematic, evidence-based four-step protocol delivered by MSWs to integrate medical and nonmedical needs of patients. Older adult patients who receive this care delivery have shown lower rates of depression, lower emergency department (ED) utilization, and lower hospital admissions and re-admissions.

Given the stringent training and proven ability for these social workers to improve care via delivering the services described under CHI and PIN services, we recommend they be considered eligible as auxiliary personnel in order to fulfill the health equity treatment goals addressed by these codes.

CSWs as Supervisors for Auxiliary Personnel

In the case of CHI and PIN services, CSWH requests that CMS clarify the role of CSWs as independent providers who can supervise and bill on behalf of auxiliary personnel. CSWs are broadly recognized as the premier specialists of social care and often operate as the core coordinators of community care teams in service provision. We specifically find that:

- CMS stated Health Behavior Assessment and Intervention (HBAI) services can serve as an initiating visit for PIN when the PIN is addressing the same condition as the HBAI.
- The CY2024 PFS authorized CSWs as independent providers of HBAI services.

These concurrent authorizations indicate CSWs should be eligible to provide PIN as independent providers and thereby also eligible to supervise the service delivery of auxiliary personnel. However, as previously noted, CSWs are currently defined as auxiliary personnel themselves and prevented from having other personnel work incident to CSWs' services on teams the CSW themselves is – operationally – supervising.

In the CY2024 PFS, CMS demonstrated the ability of the agency's regulatory jurisdiction to stipulate an additional service (in this case, HBAI) CSWs are eligible for beyond their Social Security Act definition as providers only of direct mental health care. CSWH encourages CMS to add PIN services via this same authority.

Safety Planning Interventions and Post-Discharge Telephonic Follow-up Contacts

CSWH supports CMS's incorporation of feedback on enhancing suicide prevention efforts, particularly by the agency's improving on Safety Planning Interventions (SPI) and Post-Discharge Telephonic Follow-Up Contacts (FCI) to 1) encapsulate SPI services when they are performed alongside an E/M or psychotherapy visit and 2) cover certain post-discharge follow-up calls from the Emergency Department for behavioral health crisis visits.

CSWs provide safety planning as part of regular care within their scope of practice, and CSWH is heartened that CMS is supporting the workforce providing these interventions. We support CMS enabling services when delivered by arrangements with peer support specialists and other auxiliary personnel working with oversight from an independent billing provider. We agree that a successful contact must be made to bill HCPCS code GFCI1 and recommend the code be billable for up to three months post-discharge.

Interprofessional Consultation Billed by Practitioners Authorized by Statute to Treat Behavioral Health Conditions

CSWH supports CMS's proposed decision to support better interprofessional consultation services with six new codes specifically for practitioners in behavioral health professions, such as psychologists, social workers, and mental health counselors.

CSWH sees this approach as an excellent step for improving integration of behavioral health care into primary care and other settings, and for allowing CSWs to capture the time they spend inviting clinical expertise from and sharing clinical expertise with interprofessional colleagues as

part of interprofessional consultation sessions. This aligns with the broader push from CMS to improve care coordination across providers for better patient outcomes and to recognize behavioral health care on equal footing as physical health care.

Caregiver Training via Telehealth

CSWH is appreciative of CMS's clarification that CSWs are eligible providers for the Caregiver Training Services (CTS) included in the 2024 PFS. We encourage CMS to further clarify 1) which CTS codes CSWs can independently bill for and 2) if there are any limitations on beneficiary qualifying conditions for which CSWs can provide CTS. More broadly, we recommend that CMS clarify providers may conduct a caregiver assessment and may offer subsequent CTS when reasonable and necessary regardless of the underlying diagnoses of the Medicare beneficiary who needs care.

CSWH does support the CTS codes becoming a provisional addition to the Medicare Telehealth List with future data consideration for a permanent status. We also support the new codes proposed to cover CTS for direct care services, and the proposal to recognize behavior management and modification training services provided to an individual in addition to the group services recognized in 2024.

Advanced Primary Care Management Services

We support CMS's ongoing commitment to strengthen delivery of effective primary care, especially in consideration of primary care's proven effects on increasing health equity. The proposed new codes under Advanced Primary Care Management (APCM) services are another step towards better encompassing the scope of resources and services necessary for the appropriate and robust care of patients, especially those with chronic conditions. CSWH supports their structure as proposed, noting that social workers with and without clinical licenses will collaborate as part of interprofessional teams implementing these services. CSWH also supports having CHI and PIN services remain separately billable, because when there are specific focused needs for CHI and PIN activities, it is important that clinics be able to allocate the time needed to address the need if it does merit 60 minutes per month or more to address.

CSWH notes, based on our practice experience, that there may also be confusion at the provider and billing level on how to identify someone with QMB coverage compared with another type of Medicaid coverage.

Comment Solicitation on Payment for Services Furnished in Additional Settings, including Freestanding SUD Treatment Facilities, Crisis Stabilization Units, Urgent Care Centers, and CCBHCs

CSWH believes that Medicare billing eligibility for freestanding substance use disorder (SUD) facilities, crisis stabilization units, and Certified Community Behavioral Health Clinics (CCBHCs) would further care delivery in underserved areas. We find that many of these sites are already able to bill Medicaid and the addition of Medicare would streamline care availability across different payers.

We also encourage CMS to continue exploring ways to reimburse for Medicare services within urgent care centers to expand access to care provided via integrated systems, and providing on-site behavioral health care and services to address health-related social needs.

Request for Information on Advanced Primary Care Hybrid Payment

CSWH supports CMS's interest in moving primary care to be a more value-based model of services. The comprehensive approaches of advanced primary care align with the "whole patient" treatment perspective social workers apply within our profession to great effect for patients. We believe and are trained in addressing all aspects of patient well-being to result in better health outcomes, and CSWH makes note that this framework of care is the core focus of the recent National Academies report on how to better implement high quality primary care in America.

Health models that prioritize consistent and quality care ensure patients have continuous access to improved services and treatments. In addressing social determinants of health, social workers are often working to correct issues – such as gaps in care or conflicting treatment regimens – that have arisen from fragmented care delivery. We fully support CMS's aim to incorporate broader service delivery into advanced primary care. We value CMS's attention to partnerships with community-based organizations and support the consideration of an add-on code for clinics who partner meaningfully with such organizations to provide care coordination and address health-related social needs.

Intensive Outpatient Program Services in FQHCs and RHCs

CSWH appreciates CMS updating Intensive Outpatient Program (IOP) services within Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs). The previous 2024 adjustment to payment amounts and the current proposal on payment rate methodology to better align IOP service payments of FQHCs and RHCs to that of hospital settings would improve access to needed behavioral health care for patients who live in underserved areas.

Further Comment on the Conversion Factor

The proposed PFS includes a rate reduction that will reduce average payment rates by 2.94% compared to 2024. CSWH recognizes that CMS must meet statutory requirements on budget neutrality, but strongly opposes the subsequent payment decreases for practitioners who opt in to the Medicare program. We urge CMS to consider all options available to prevent this occurrence and further suggest that Congress consider action on this matter.

Thank you for your attention to improving the health of Medicare beneficiaries with whole-person care. We welcome consultation and further discussion around any of these comments and opportunities.

Sincerely,

Robyn Golden, LCSW on behalf of the Coalition for Social Work and Health,
managed by the Center for Health and Social Care Integration at RUSH University Medical Center

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