



ADDRESSING HEALTH EQUITY THROUGH CROSS-SECTOR COLLABORATION

---

1120 G Street NW, Suite 1000  
Washington, DC 20005  
202-266-2635

March 5, 2018

The Honorable Seema Verma  
Administrator, Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
Attn: CMS-2017-0163  
Hubert H. Humphrey Building  
200 Independence Ave SW  
Washington, DC 20201

Administrator Verma,

On behalf of the Root Cause Coalition, I would like to thank you for the opportunity to comment on the Center for Medicare and Medicaid's recent Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 draft Call Letter (CMS-2017-0163). Specifically, we are pleased to see increased flexibility for insurers to provide Health Related Supplemental Benefits to the MA patient population. These benefits will allow insurers the opportunity to address the unmet needs of their Medicare Advantage population, improving individual health and well-being while lowering overall healthcare costs.

Comprised of more than 45 of our nation's leading health systems, foundations, community non-profits, businesses, and health insurers, the Root Cause Coalition is a non-profit, member-driven organization established to reverse and end the systemic root causes of health inequities for individuals and communities through the implementation of cross-sector partnerships. Our partners are committed to achieving health equity through advocacy, education, research and the advancement of our core values: focusing on community change, advancing effective collaboration, scaling innovative solutions, and engaging and learning from communities.

Sadly, our zip code currently determines more about our lifelong health than our genetic code. Where we work, live, learn, and grow, otherwise known as the social determinants of health, and our health behaviors account for 70 percent of our overall health according to the Bipartisan Policy Center. As we move towards a system of value over volume, we must take into consideration the factors beyond medical care that are driving up healthcare costs. To truly achieve better health and well-being of our nation, we must look beyond the surface and address the root causes of chronic illnesses.

By providing added flexibility, in addition to community health workers to assist patients in accessing available services, we can better address the root causes of poor health. Though

certainly not exhaustive, the following list captures some of the ways in which services that address the social determinants of health provide immense opportunities to improve the health and well-being of individuals while also reducing the costs to the healthcare system. Many of these innovative approaches are already showing results for the Medicaid program and could be scaled to address the challenges faced by MA beneficiaries as well.

#### Addressing nutritional needs:

The cost of food insecurity– the lack of access to reliable, affordable and nutritious food– to the health care industry alone is [\\$160 billion annually](#). The ill-effects of food insecurity are particularly pronounced among the elderly. Seniors who are food-insecure are 50% more likely to be diabetic, 14% more likely to have high blood pressure, nearly 60% more likely to have congestive heart failure or experience a heart attack, and twice as likely to have asthma. Food-insecure seniors are also twice as likely to report fair or poor general health, three times as likely to suffer from depression, and 30% more likely to report at least one limitation on activities of daily living.

This should come as no surprise, given what we know about the impact of existing programs that seek to combat food insecurity. A new study published in JAMA Internal Medicine found that people enrolled in the Supplemental Nutrition Assistance Program (SNAP) have healthcare expenditures that are, on average, \$1,400 less per year compared with similar people who are not enrolled in SNAP. Other examples of successful efforts to address nutrition as a key social determinant include:

- The use of medically tailored meals (MTM) as a low-cost, high-impact intervention capable of meeting the nutritional needs of individuals living with serious health conditions. An individual can be fed a medically tailored diet for six months for the same cost as just one night's stay in the hospital. Organizations like MANNA, an MTM provider serving the Philadelphia region, partner with local Medicaid managed care organizations to provide reimbursable services to members at acute nutritional risk due to serious illnesses. In a retrospective claims analysis, researchers determined that meal participants' rate of hospitalization was 50% lower and average monthly healthcare costs were \$13,000 less than similar individuals not receiving nutrition services. When hospitalized, meal recipients were 23% more likely to be released from the hospital to their homes, rather than a sub-acute care facility. MTM have also been shown to increase adherence to antiretroviral therapy (from 47-70% adherence), reduce hospital stays (63%), and reduce ER visits (36%) for people living with HIV.
- Grocery and produce programs are a low-cost, household level intervention used to address the nutritional needs of food insecure individuals and families at risk of chronic disease. Numerous pilot projects with outpatient clinics, hospitals, and community-based partners such as food banks and food pantries have demonstrated improvements in food security status and health outcomes as a result of improved access to healthy food. In a prospective study, individuals with diabetes reported improved food security, improved fruit and vegetable intake and reduced diabetes distress from a diabetes-appropriate food box program.

#### Addressing employment and skills development:

Employment and self-sufficiency motivate people to stay healthy so they can work and advance their careers. Research shows that workforce development encourages those in addiction treatment to stay clean, reduces recidivism for those with criminal backgrounds, and moves entire generations out of poverty. Additionally, the ability to provide for oneself and one's family

confers significant mental health benefits. Employment is a gateway to stable housing, food access, and civic engagement – factors that improve the health of entire communities.

- CareSource, a Medicaid Managed Care plan operating in five states, developed the JobConnect program to provide risk assessment, case management, and coaching assistance to Medicaid beneficiaries facing health and social obstacles before attaining and retaining long-term employment and self-sufficiency. By developing long-term partnerships with employers, the JobConnect program provides a pipeline of work-ready candidates while supporting employee advancement for 24 months post-hire. Members participating in the program saw Emergency Department visits decrease significantly, from an average of 1.29 visits during the six months before opting-in to 1.09 visits during the subsequent six-month period. Participation in the program results in increased economic stability, lower healthcare spending, and lower social service spending.

#### Addressing housing insecurity:

Permanent, supportive housing makes important contributions to long-term health outcomes – reducing emergency room visits by 56%, increasing the daily intake of healthy food by 8%, improving daily physical activity by 9%, and reducing overall health care spending.

- The Housing First model is a highly effective approach to ending chronic homelessness that emphasizes providing people experiencing homelessness with permanent housing right away and then offering other services as needed. This approach has been implemented in communities across the country and has delivered better individual health outcomes and lower costs. A study conducted in Seattle and Boston for homeless adults with behavioral health conditions saw a net medical savings of between \$9,000 and \$30,000 per person, per year.
- A partnership between Dignity Health and Mercy Housing in San Francisco is reinventing affordable housing and fostering healthy communities where everyone has a chance to flourish. The partnership helps provide affordable, transitional, and supportive housing to more than 110,000 families, seniors, and people with special needs by offering wraparound health care services, wellness programs, connections to health insurance, and services to equip individuals with the necessary skills for independence. As a result, participants experience better health outcomes at a lower cost.
- Ensuring the safety of housing is another opportunity to improve the health of individuals, families, and whole communities. University Hospitals in Cleveland, OH has partnered to address dangerously elevated blood lead levels by community engagement and direct lead paint remediation in the most at-risk neighborhoods. Calculations show that every dollar spent on remediation of lead paint hazards generates up to \$221 in benefits – in increased productivity, greater tax receipts and lower healthcare and education costs.

We are supportive of the changes in the notices that would enable insurers to use Medicare dollars for Health-Related Supplemental Benefits in MA plans. However, we encourage you to establish a more comprehensive and defined framework for these benefits. We strongly urge you to provide flexibility for MA plans to include programs and initiatives like those listed above that address the underlying causes of poor health outcomes. Assistance in obtaining proper nutrition, safe housing, and necessary transportation – among other programming – can help improve individual wellbeing, prevent unnecessary healthcare costs, and lower the cost burden on taxpayers.

The Root Cause Coalition has seen the power of cross-sector collaboration to improve the

health and well-being of our communities today and in the future. There are efforts currently underway in our communities that have demonstrated results for the Medicaid program and private payers. Leveraging these successes and providing added flexibility to MA plans to innovate – while maintaining program safeguards for patient care – will enable even more individuals to benefit from better health and well-being. The increased flexibility for MA insurers to address the underlying causes of poor health outcomes will ensure beneficiaries have access to care that addresses their short-term, acute health needs, and makes significant progress in the prevention of long-term chronic conditions.

Similarly, we urge you to extend this flexibility to other program populations. We believe that these types of supplemental benefit innovations, coupled with strong private sector and community engagement, can play a critical role in addressing the unmet health needs of all our communities, not just those enrolled in Medicare Advantage Plans. As such, we strongly urge CMS to incorporate flexibility to address social determinants of health for all federal insurance programs.

We would like to thank you once again for the opportunity to submit comment on the Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 draft Call Letter. As you continue your discussion around changes to Medicare Advantage Plans, please feel free to use The Root Cause Coalition as a resource. As our population ages into the Medicare program at an accelerated rate, it is more important than ever that we work together to address the root causes that are affecting the health and well-being of our most vulnerable communities.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Barbara J. Petee', with a stylized, cursive script.

Barbara J. Petee  
Executive Director  
The Root Cause Coalition