



March 5, 2018

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

Dear Administrator Verma,

On behalf of the Food is Medicine Coalition, I would like to thank you for allowing us 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).

The Food is Medicine Coalition is an association of nonprofit, medically tailored food and nutrition services providers from across the country convened to advance public policy that supports access to food and nutrition services for people with severe and/or chronic illnesses, to promote research on the efficacy of food and nutrition services on health outcomes and cost of care, and to share best practices in the provision of medically tailored meals and of nutrition education and counseling.

Medically tailored meals (MTM) are meals approved by a Registered Dietitian Nutritionist (RDN) that reflect appropriate dietary therapy based on evidence-based nutrition practice guidelines to address a medical diagnosis, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related health outcomes. MTM are often paired with medical nutrition therapy (MNT): nutrition diagnostic/therapy for disease management, which is furnished by a RDN or nutrition professional.

Our Coalition supports the proposed changes that would enable insurers to use Medicare dollars for Health-Related Supplemental Benefits in Medicare Advantage (MA) plans. However, we hope for two further clarifications: 1.) We urge CMS to consider implementing this type of flexibility of benefits for its other Medicaid populations, beyond Part C; 2.) We ask that CMS

establish a more comprehensive framework for these benefits ensuring health equity. Of interest to our Coalition, and the clients we serve, is the expansion of the current meal benefit existing under Medicare Advantage Part C.

A. Chronic Illness and Older Adults

Chronic illness is on the rise for older adults: approximately 92% of older adults have at least one chronic disease, and 77% have at least two.ⁱ Individuals with chronic health conditions count for approximately 86% of all health care spending.ⁱⁱ Combined with the fact that 75% of seniors were unable to shop for food on their own and 58% were unable to prepare their own food, means risk factors align for malnutrition.ⁱⁱⁱ

Inability to shop or cook because of illness and ADL limitations is an everyday reality for the clients of agencies in the Food Is Medicine Coalition, an association of nonprofit, medically tailored food and nutrition services (FNS) providers from across the country who provide medical nutrition therapy and millions of medically tailored, home-delivered meals to people living with severe and or chronic illnesses. Clients who come to FIMC agencies for help are physically unable to access meals from food pantries or congregate meal sites, and traditional home-delivered meals programs cannot address their complex nutritional needs.

Medically tailored meals are a low-cost, high-impact intervention capable of meeting the nutritional needs of individuals living with these conditions. An individual can receive a medically tailored diet for six months for the same cost as just one night's stay in a hospital. As a result, research shows that the return on investment for medically tailored meals is clear and almost immediate – with results available in as little as 30 days. A recent pilot study showed a 28% drop (from \$38,937 to \$28,183) in average monthly health care costs for patients battling life-threatening illness who received medically tailored meals and medical nutrition therapy (MNT).^{iv} When compared to similar patients who did not receive these services, study participants also experienced 50% fewer hospital admissions and were 23% more likely to be discharged to their homes rather than another 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.^v

Taken together, this growing body of research indicates that providing access to medically tailored meals is an effective strategy for meeting the health care goals of improving health outcomes, lowering costs, and improving patient satisfaction, especially for our country's sickest individuals. Expanding coverage of MTM in public health insurance systems would improve that access, thereby strengthening our ability to address the burden of chronic and acute illness in the United States.

B. Meal Benefit under Part C

Medicare does not cover medically-tailored meals under Parts A and B, which means that most Medicare beneficiaries—approximately 37 million people—are not eligible for this cost-

effective benefit. Furthermore, in Medicare Part C (Advantage), MTM are an optional benefit provided only for a short duration either immediately following surgery or inpatient hospital stay or for a short time to facilitate lifestyle modifications for individuals coping with chronic illness. However, research shows that nutrition-specific Diagnosis Related Groups (DRGs) are among the top 10 reasons that Medicare beneficiaries are readmitted to the hospital. This argues for maximum incorporation of MTM in Medicare.

We urge CMS to use its administrative authority to extend coverage for MTM to all Medicare Advantage beneficiaries who live at home with severe or chronic illness and cannot shop or cook for themselves.

C. Conclusion

The Food is Medicine Coalition is in full support of the proposed changes to the Supplemental Benefits in Medicare Advantage (MA) plans. We hope that the type of flexibility included in this proposed change will be the start of a trend towards increased flexibility among other Medicare populations.

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 always, the Food is Medicine Coalition is happy to serve as an expert on medically tailored meals and willing to be a resource in further discussions of the Medicare Advantage Part C meal benefit.

Sincerely,



Karen Pearl, Co-Convener, Food is Medicine Coalition

President & CEO, God's Love We Deliver

ⁱ According to the National Council on Aging. Available at <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/>. Accessed July 24, 2017).

ⁱⁱ According to 2010 data. *Chronic Disease Overview*, CTRS. FOR DISEASE CONTROL & PREVENTION. Available at <https://www.cdc.gov/chronicdisease/overview/>. Accessed Mar. 28, 2017.

ⁱⁱⁱ Ibid. Phipps et al.

^{iv} Jill Gurvey et al., Examining Healthcare Costs Among MANNA Clients And A Comparison Group, 4 J. OF PRIMARY CARE & COMMUNITY HEALTH, 311-312 (2013).

^v Palar, K., Napoles, T., Hufstедler, L.L. et al. J Urban Health (2017) 94: 87. doi:10.1007/s11524-016-0129-7.