

**MEALS **

**AMERICA**

March 5, 2018

The Honorable Seema Verma Administrator

Centers for Medicare & Medicaid Services Department of Health and Human Services Attent ion: CMS-2017-0163

* 1. Box 8016

Balt imore , MD 21244-8013

Re: 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)

Dear Administrator Ver ma:

On behalf of the thousands of Meals on Wheels programs across the country that provide nutrition services to millions of seniors each year, Meals on Wheels America is pleased to be submitting these comments to you on the recently released 2019 Advance Notice and draft Call Letter .

We strongly support the Centers for Medicare & Medicaid Services' (CMS) efforts to strengthen and increase flexibility for Medicare Advantage programs to augment the valuable and coordinated care they offer for Medicare benefici aries . We appreciate and share in the goal to ensure and increase access to innovative and effective Medicare Advantage plans for seniors who can benefit from them. In part icular , we value the reforms and changes proposed by your Administration that relate to the expansion of Supplemental Benefits and greater flexibility in the Uniformity Re quirements. Both of these actions will help to strengthen Medicare Advantage by focusing on the essential needs of beneficiaries, thus permitting these individuals to be served much more effectively. We are also pleased with the focus that CMS has placed on special needs, chronically-ill, dual eligible, low income and disabled enrollees, populations for which Meals on Wheels provides services on a regular basis to reduce hunger, food insecurity and loneliness, promote health and well-being, and delay adverse health condit ions. As you know, these are high need/high risk populations that contribute significantly to healthcare costs, and Meals on Wheels is uniquely positioned to present a far more economical solution by keeping these individuals well-nourished , healthier and safer at home and out of much more expensive healthcare and/or nursing home sett ings.

Because of the trust that Meals on Wheels has among seniors in communities all across the country , we are invited to cross the threshold into the homes where the meals, friendly visits and safety checks enable seniors to live longer and more independent ly. The direct , frequent and ongoing in-person interactions, caring conversations and relationships fostered by Meals on Wheels volunteers and staff are difficult to replicate through other means, such as telephone calls or even visits by persons affiliated with insurance companies or hospitals . Through these daily connections, Meals on Wheels can provide critical feedback to hospitals, insurers,

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physicians and case workers . In addit ion, many Meals on Wheels programs also may provide a variety of beneficial in-home and supportive services, such as transportation, nutrition counseling and minor home repairs. Meals on Wheels providers are established, poised to help and should be an essential link in the healthcare continuum for those beneficiaries who can find value from the services they offer .

**EXPANDING HEALTH-RELATED SUPPLEMENTAL BENEFITS**

Meals on Wheels America strongly supports the reinterpretation and expansion of Supplemental Benefits, as outlined in Part **11** of the draft Call Letter. We believe that these changes - along with further expansion of Supplemental Benefits to meet the needs of chronically-ill and other vulnerable Medicare Advantage enrollees , as included in the recently-enacted Bipartisan Budget Act of 2018 - will go a long way in bringing to bear a broader range of critical services to those individuals who are at greatest risk and thus most likely to add higher costs to the healthcare system. We applaud CMS' recognition that social determinants of health contribute substantially to overall health costs, and that providing patients with benefits and services that improve their quality of life will in turn improve health outcomes and reduce costs.

**However, in the midst of this promising language, Meals on Wheels America believes there is a striking omission - "nutrition."** As is well known , proper nutrition is essential to health and wellness. With the proposed reinterpretation and expansion of the scope of the primarily health­ related standards for Supplemental Benefits as outlined in the draft Call Letter, CMS had a tremendous opportunity to expand, and more explicitly state , the circumstances by which a beneficiary is entitled to receive nutrition services to support her/his health beyond the allowances currently permitted for the provision of a 30-day supply of meals following discharge, and other more limited nutrition support for certain chronic health conditions. And yet, it

appears that nutrition is only mentioned once in both Parts I and **11** and only in the context of the use of the Supplemental Nutrition Assistance Program during disasters . Nutrition is paramount

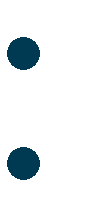
to so many aspects of health maintenance , from patient strength to pharmaceutical efficacy, and can have a dramatic impact on reducing hospital admissions and other healthcare costs.

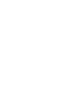
Nutrition certainly meets the newly-expanded standard espoused in the draft Call Letter for the allowance of supplemental benefits that " diagnose, prevent, or treat an illness or injury , compensate for physical impairments , act to ameliorate the functional/psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization." Meals on Wheels does all of this and more - it is the most cost-effective and trusted means by which healthy meals, social interaction and safety checks can be provided to aging seniors.

In Part **11** of the draft Call Letter, fall prevention devices are specifically mentioned as an effective means to assist enrollees at high risk of falls and protect against the likelihood of additional injury resulting from falls . Meals on Wheels contributes substantially to a reduction in the rate of falls and the fear of falling , according to a ground-breaking 2015 study entitled *More Than a Meal* conducted by Meals on Wheels America in conjunction with Brown University and AARP Foundation ( [www.mealsonwheelsamerica.org/t heissue/research/more-t han-a-meal/pilot­](http://www.mealsonwheelsamerica.org/theissue/research/more-than-a-meal/pilot-research-study) [research-study](http://www.mealsonwheelsamerica.org/theissue/research/more-than-a-meal/pilot-research-study)). This study showed that respondents receiving **daily-delivered meals,** compared to weekly-frozen meals or no meals at all, were more likely to exhibit :

* + - Improvement in mental health (i .e., anxiety)
    - Improvement in self-rated health and self-reported hospitalizations
    - Reductions in the rate of falls

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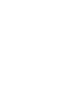
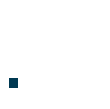
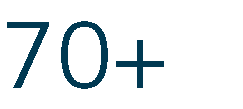
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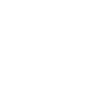
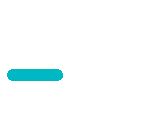
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iv Ziliak , Gundersen , & Haist. (200 9). *The Causes, Consequences , and Future of Senior Hunger in America.* Accessed at [http ://nfesh.org/wp-content /uploads/causes-consequences-sen ior-hunger-2008-f uII-report.pdf.](http://nfesh.org/wp-content/uploads/causes-consequences-senior-hunger-2008-full-report.pdf)

v Gundersen & Ziliak . (2017 *). The State of Senior Hunger in America in 2015 .* Accessed at

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