March 5, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2017-0163
P.O. Box 8016
Baltimore, 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 Verma:

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 beneficiaries. 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 particular, we value the reforms and changes proposed by your Administration that relate to the expansion of Supplemental Benefits and greater flexibility in the Uniformity Requirements. 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 conditions. 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 settings.

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 independently. 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,

physicians and case workers. In addition, 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 II 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 II 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 II 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/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

- Improvement in feelings of isolation and loneliness
- Decreases in worry about being able to remain in home

It is because Meals on Wheels checks on and interacts with individuals regularly, that these results were able to occur. In many places, Meals on Wheels helps to facilitate home repairs, including ramps, railings, and grab bars, that also contribute to the reduction in safety hazards and falls. Further, Meals on Wheels, from its inception, has been observing and reporting on the health and conditions of the people it serves. Meals on Wheels drivers are trained to observe and report on a lack of response to their knock on the door, or other unusual conditions or circumstances facing their homebound clients. Meals on Wheels visits can help to monitor changes in condition that may warrant attention, resulting in early intervention, improved outcomes and reduced hospitalizations.

UNIFORMITY FLEXIBILITY

Meals on Wheels America commends CMS' restatement of the availability of flexibility in the Medicare Advantage uniformity standards. Being able to offer certain tailored supplemental benefits, and to target supplemental benefits to specific enrollee populations, will allow greater attention to the unique needs of vulnerable populations. We believe this will lead to more effective and efficient provision of healthcare services to those individuals who need them the most, provided that there is equal treatment of enrollees with the same clinical conditions, and ultimately, will result in a decrease in the costs of Medicare overall. Further, by focusing on individuals diagnosed with specific diseases, such as diabetes, chronic heart failure and COPD, CMS permits the utilization of a broader range of supplemental benefits to target those exact needs. Meals on Wheels programs across the country routinely and effectively provide services to individuals with specific diseases as part of their overall services and care coordination. In fact, we encourage CMS to incorporate greater flexibility in Medicare Advantage plans to enable increased care quality and beneficiary satisfaction. By providing more flexibility to enable MA plans to meet the needs of each unique member, including social determinants, the effectiveness of the healthcare delivery system will be enhanced.

PROPER NUTRITION IS ESSENTIAL FOR SENIORS

Malnutrition among seniors is already a significant national problem. It is estimated that 50% of the seniors who enter the hospital are already malnourished when they arrive.[i] It is also estimated that more than 85% of seniors have one or more chronic conditions that could be improved by nutrition.[ii] Poor nutrition among older adults has serious negative health consequences including slower healing rates, three times the risk for surgical infection, extended in-patient stays, increased readmissions and post-discharge costs, as well as increased mortality, among other consequences.[iii] In addition, a senior struggling with hunger has the same chance of an ADL limitation as someone 14 years older; leaving a large disparity between actual chronological and "physical" age. For example, a 67 year old lacking proper nutritional intake is likely to have the ADL limitations of an 81 year old.[iv]

The success of Meals on Wheels in helping to reduce readmissions and post-discharge costs is well-known and documented. Engagements undertaken by Meals on Wheels have shown that daily meal delivery over a 30 day to six month - or more period of time produces favorable health outcomes and longer term cost savings when compared to national average readmission rates ranging from 15% - 33%:

    - Community SeniorServ, CA:
        - Participants received meals within 72 hours of hospital discharge. Each was given one meal per day. Of 203 clients, only 6% had been readmitted within 30 days.
    - Senior Services, Inc., NC
        - Participants received 2-4 week daily delivery of meals (hot or frozen as assessed) beginning at discharge and a connection to other supportive community services. Of the 60 clients, only 6% had been readmitted within 30 days.
- Compared to national-90 day readmission rate of 34%:
    - Tarrant County Meals on Wheels, TX:
        - All participants received at least one hot meal within two weeks of hospital discharge. Of 86 clients, 24.4% had been readmitted within three months.

Meals on Wheels programs across the country have been serving meals, providing social interaction and companionship, and observing conditions in the homes of tens of millions of individuals for nearly fifty years under the Older Americans Act (OAA). This network, which includes both government-funded programs overseen by the Administration for Community Living/Administration on Aging, as well as private nonprofits that receive no federal funding, is comprised of thousands of providers and over two million volunteers and staff, who collectively and effectively reach seniors from coast-to-coast, in rural, urban and suburban communities, large and small. CMS should assign priority to leveraging this existing network as part of the healthcare continuum, particularly for that segment of the older population that is at nutritional risk and that does not have a support system to assist them - largely those age 70+ who account for 2/3 of total Medicare spending. In an era of limited resources, efforts to streamline and eliminate duplication should be strongly endorsed and incentivized. The OAA network is perfectly positioned to help CMS achieve its triple aim of goals of improving the experience and quality of care, improving the health of populations, and reducing the per capita costs of healthcare.

ENGAGING MEALS ON WHEELS IS ESSENTIAL

Meals on Wheels America is committed to helping reduce costs associated with unnecessary admissions, readmissions and other healthcare expenses. We offer a proven patient-centered program that is cost-effective and scalable, improves health, and saves money and lives. We very much want to be a part of the healthcare continuum and are working toward that goal to ensure that our programs are properly resourced to deliver on that promise.

Meals on Wheels is not an entitlement, and funding under the OAA is already inadequate in meeting the current needs of the burgeoning senior population in this country. With 10 million seniors struggling with hunger,[v] one in four Meals on Wheels programs report a waiting list for services, and with more than 12,000 Americans turning 60 every day, we must continue to invest further in these proven and cost-effective programs.

That's why Meals on Wheels firmly supports the ability of Medicare Advantage plans to offer meals to beneficiaries who are in need of a consistent, on-going source of healthy food and nutrition provided by senior nutrition programs and paid for as part of the plan, irrespective if it is part of a hospital discharge. Doing so will substantially reduce admissions and other

healthcare costs just as the current access to meals following discharge helps to substantially reduce readmission rates and post-discharge costs. Funding is critical to the successful utilization of the Meals on Wheels network but the return on investment is high. Meals on Wheels can provide essential nutrition, social interaction and safety checks to a person for an entire year for what the average cost is for just one day in the hospital or ten days in a nursing home.

CONCLUSION – MEALS ON WHEELS IS A SOLUTION AND ESSENTIAL HEALTHCARE PARTNER

There is much more we at Meals on Wheels want to, and can, do to support America's seniors. CMS is making substantial progress in addressing the overall needs of the highest risk populations through measures included in the 2019 Call Letter. Meals on Wheels stands ready to carry on discussions with CMS on how our network can be more fully integrated into the healthcare continuum. There needs to be a better understanding overall by those in the healthcare field of the services and benefits offered by our programs. Many older adults already rely on Meals on Wheels to maintain health and independence, but the roles we currently play under the OAA need to be expanded through Medicare Advantage, as well as through traditional Medicare, Medicaid and Veterans Affairs Benefits. Nutrition is central to disease management, and it is clear that instituting an effective nutrition program for Medicare Advantage beneficiaries will lead to better patient outcomes and far greater savings.

Thank you for your leadership and consideration of our comments. Please do not hesitate to reach out to me or my staff at erika@mealsonwheelsamerica.org or 571.339.1604, for additional information or assistance. We are eager to work with you.

Sincerely,

Ellie Hollander
President and CEO

ABOUT US

Meals on Wheels America is the oldest and largest national organization supporting the more than 5,000 community-based senior nutrition programs across the country that are dedicated to addressing senior hunger and isolation. This network exists in virtually every community in America and, along with more than two million volunteers, delivers the nutritious meals, friendly visits and safety checks that enable America's seniors to live nourished lives with independence and dignity. By providing funding, leadership, education and advocacy support, Meals on Wheels America empowers its local member programs to strengthen their communities, one senior at a time.

cc: Demetrios Kouzoukas, Principal Deputy Administrator and Director, Center for Medicare

[i] Melendez, Andie. *Role of Nutrition in Discharge: A Nursing Perspective.* Accessed at http://anhi.org/conference-summaries/integrated-role-of-nutrition-post-hospital-discharge-a-scientific-rountable-discussion/role-of-nutrition-in-discharge-a-nursing-perspective.

[ii] Baker & Wellman. (2005). *Nutrition concerns in discharge planning for older adults: A need for multidisciplinary collaboration.* Journal of the American Dietetic Association.

[iii] Melendez, Wellman, *op cit*.

[iv] Ziliak, Gundersen, & Haist. (2009). *The Causes, Consequences, and Future of Senior Hunger in America.* Accessed at 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 http://www.feedingamerica.org/research/senior-hunger-research/state-of-senior-hunger-2015.pdf.