March 1, 2019

Mr. Demetrios Kouzoukas
Principal Deputy Administrator and Director
Centers for Medicare & Medicaid Services
7500 Social Security Boulevard
Baltimore, MD 21244

Re: Comments on the Advance Notice of Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Call Letter – Docket Number CMS-2018-0154

Dear Principal Deputy Administrator Kouzoukas:

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 appreciates the opportunity to submit these comments to the Centers for Medicare & Medicaid Services (CMS) on the recently released 2020 Medicare Advantage and Part D Advance Notice Part II and Draft Call Letter.

The individuals who request and/or are served by Meals on Wheels represent a high-need, high-risk and high-cost population, and are far more vulnerable than the average American senior. For example, 71% of seniors needing Meals on Wheels self-report fair or poor health compared to 26% of average seniors, and nearly twice as many seniors on Meals on Wheels waiting lists report depression and anxiety compared to average seniors.[1] Addressing the pervasive and growing issues of hunger and malnutrition among older Americans will result in significant benefits to our Medicare system – and Meals on Wheels programs are ready and willing to help address the healthcare needs of seniors while also meeting the goals of the federal government and health plans of reducing healthcare costs. Now is the time to leverage Medicare Advantage (MA) plans as a channel to serve more seniors in need – to help us ensure that more seniors who can benefit from Meals on Wheels can actually receive these services.

Nearly nine million seniors nationwide struggle with hunger, and one in four live alone at risk of social isolation.[2] Due to insufficient funding, there are thousands of seniors currently on waiting lists for nutrition services. In fact, 83% of food insecure seniors and 83% of physically-impaired seniors likely need – but are not receiving – home-delivered meal services.[3] Poor nutrition among older adults often results in frailty, negatively impacts functional mobility, compounds existing health challenges, and increases likelihood of experiencing certain chronic health conditions.[4, 5] Further, it is estimated that more than 85% of seniors have one or more chronic condition that could be improved by nutrition.[6]

With the health and well-being of our nation's seniors in mind, we proffer the following recommendations to increase access to quality care, improve the health of high-risk populations, and reduce the per capita costs of healthcare:

SPECIAL SUPPLEMENTAL BENEFITS FOR THE CHRONICALLY ILL

We strongly endorse CMS' guidance on the new category of supplemental benefits, Special Supplemental Benefits for the Chronically Ill (SSBCI), allowing MA plans to offer chronically ill enrollees certain non-primarily health-related supplemental benefits, such as home-delivered meals, beyond what is currently permitted. We support these expanded supplemental benefits that give MA plans more flexibility to tailor their offerings to the individuals they serve.

In the final 2020 Rate Announcement and Call Letter, we urge CMS to maintain the flexibility provided to MA plans without prescriptive deadlines and limitations in order to fully meet the individual needs of enrollees and maximize the provided benefits.

UNIFORMITY FLEXIBILITY

Meals on Wheels America supports CMS' efforts to expand flexibility in the MA 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 individuals. 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. Ultimately, this will result in decreased costs to Medicare overall. 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. By providing more flexibility for MA plans to meet the needs of each unique member through supplemental benefits, CMS will enable MA plans to provide access to high quality services while also increasing beneficiary satisfaction, and ultimately enhancing the effectiveness of the healthcare delivery system.

ELIGIBILITY

While we support an expanded list of chronic conditions that meet the definition of eligibility for SSBCI, we encourage CMS to allow MA plans greater discretion in interpreting the definition of a chronic condition that meets the statutory standard for SSBCI as long as it does not exclude seniors who would otherwise be eligible for services. MA plans, in partnership with community-based organizations such as Meals on Wheels, are in the best position to make the determination whether individuals meet the statutory requirements. Furthermore, we believe the current eligibility criteria is too limiting in the clinical description of chronic conditions as "life threatening or significantly limits the overall health or function of the enrollee." As a result, many beneficiaries who would receive a clinical benefit from the receipt of SSBCI, would be prevented from receiving these essential services. We encourage CMS to broaden the definition to follow the current CMS eligibility requirement for Medicare Chronic Care Management services (CPT 99484, & 99489).

The Medicare Chronic Care Management eligibility criteria includes the following clinical definition: "Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline." This definition provides a clinical eligibility criterion that provides limits on the eligible population but is broad enough to include the full range of potential MA plan beneficiaries that would benefit from SSBCI and have chronic conditions that meet the statutory eligibility standard for SSBCI. In addition, the Medicare Chronic Care Management eligibility criteria is specifically established to determine Medicare fee-for-service beneficiaries that would benefit from enhanced care coordination to address

medical, psychosocial, and behavioral health needs, similar to the objective of SSBCI. As a result, CMS should adopt the same clinical eligibility criteria for SSBCI that is currently adopted for Medicare chronic care management services.

Further, in the final 2020 Rate Announcement and Call Letter, we urge CMS to consider expanding the guidance on SSBCI eligible items and services that MA plans can provide beyond "reasonable expectation of improving or maintaining the health or overall function" of the enrollee. The population served by Meals on Wheels is particularly frail and vulnerable, facing long-term medical and physical conditions restricting mobility and/or other functional impairments. It is imperative to also consider the role that supplemental services such as home-delivered meals can play as a preventative measure in slowing the progression of diseases, thus allowing individuals to remain independent in their homes for longer, reducing unnecessary hospital admissions, readmissions and institutionalization.

DURATION

We support CMS in not imposing durations on SSBCI services. Due to the complex nature of care, and evidence that services like Meals on Wheels reduces costly medical expenses, we agree that MA plans be allowed the flexibility to determine the duration needed for SSBCI benefits, as they, in partnership with community-based organizations, are in the best position to make judgments about how to most effectively address the needs of their enrollees. Moreover, we applaud CMS' recognition that meals provide critical benefits and that if provided when most needed by each specific enrollee, could prevent hospitalizations and other costly expenses in the first place.

COMMUNITY-BASED ORGANIZATIONS

We commend CMS for specifically requiring MA plans to "coordinate MA benefits with community and social services generally available in the area served by the MA plan (§422.112(b)(3))." However, healthcare plans have long referred beneficiaries directly to local community-based organizations that deliver essential services rather than providing them as a benefit and covering the cost of that service, even when there are directly-related healthcare savings as a result. For example, the Older Americans Act (OAA) has for over 50 years provided a range of home and community-based services, such as home-delivered meals, to address the needs of older adults in community settings.[7] These OAA services are often being leveraged to support healthcare plans' chronically-ill beneficiaries. The OAA, however, is already substantially underfunded and unable to meet the needs of the burgeoning senior population in this country, leading to reduced services and mounting waiting lists.[3, 8] Therefore, we support CMS including an explicit statement in the proposed rule, that MA coordinated care plans "should contract with community-based organizations" to ensure the ongoing provision of these new supplemental benefits.

Additionally, we support CMS' proposal to allow community-based organizations to have the ability to determine whether an individual meets the eligibility requirements for SSBCI. Community-based organizations, and their network of stakeholders, are in a key position to learn and understand the specific needs of the individuals that they serve every day. Ensuring community-based organizations' involvement in eligibility determination effectively supports seniors in receiving the supplemental benefits they need to promote and deliver positive health outcomes.

SOCIAL DETERMINANTS OF HEALTH

While it provides several examples of benefits (e.g., transportation, home-delivered meals beyond what is currently allowed, food and produce), the 2020 Draft Call Letter fails to explicitly outline that SSBCI services may be used to address social determinants of health. As such, we urge CMS to clarify that MA plans do have discretion to provide supplemental benefit services that will address social determinants of health *when there is a likelihood that failure to address the social determinants of health will lead to further deterioration of or decline in health status.*

For example, the presence of an identified barrier to proper nutrition as a result of social circumstances could exacerbate an individual's clinical or functional condition, and thus should be taken into consideration when determining eligibility, duration, and renewal of the benefit. A chronically-ill beneficiary who has a history of malnutrition and food insecurity may only experience clinical improvement if the underlying issue of food insecurity is addressed by a benefit such as home-delivered meals.

Furthermore, while we recognize CMS' decision not to permit the use of supplemental benefits for home modifications that increase the value of the home, minor modifications such as grab bars, temporary ramps, and working smoke and/or carbon monoxide detectors can have a significant impact on reducing injury in the home - and thus avoidable healthcare costs - without a notable increase in property value. For example, proper lighting in the home decreases the risk of falls in older adults and can be easily rectified with minimal financial investment.[9]

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. 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 our nutritious 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 staff and volunteers cannot be replicated by drop-shipped meals and telephone calls from distant call centers 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.

Meals on Wheels firmly supports the ability of MA 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, and not tied to a hospital discharge. Doing so will substantially improve health and reduce admissions and other healthcare costs just as the current access to meals following discharge does. 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.[10]

Thank you for your leadership and consideration of our comments. Please do not hesitate to reach out to me or my staff at lucy@mealsonwheelsamerica.org or 571.339.1601, for additional information or assistance. We are eager to work with you.

Sincerely,

Ellie Hollander
President and CEO

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1 Thomas & Dosa, *More than a Meal Pilot Research Study: Results from a Pilot Randomized Control Trial of Home-delivered meal programs,* a report prepared by Meals on Wheels America and Brown University (Arlington, VA: Meals on Wheels America, May 2015), available at https://www.mealsonwheelsamerica.org/docs/default-source/News-Assets/mtam-full-report---march-2-2015.pdf?sfvrsn=6

2 Ziliak & Gundersen, *The State of Senior Hunger 2016*, a report prepared for Feeding America and National Foundation to End Senior Hunger (Chicago, IL: Feeding America, May 2018), available at https://www.feedingamerica.org/sites/default/files/research/senior-hunger-research/state-of-senior-hunger-2016.pdf

3 U.S. Government Accountability Office (GAO), *Older Americans Act: Updated Information on Unmet Need for Services* (Washington, DC: GAO, June 2015), available at https://www.gao.gov/products/GAO-15-601R

4 National Academies of Sciences, Engineering, and Medicine (NASEM), *Meeting the dietary needs of older adults: exploring the impact of the physical, social, and cultural environment: workshop summary* (Washington, DC: National Academies Press, 2016), available at https://www.ncbi.nlm.nih.gov/pubmed/27512746

5 Ziliak & Gundersen, *The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2014 NHANES*, a report prepared for Feeding America and the National Foundation to End Senior Hunger (Chicago, IL: Feeding America, August 2017), available at https://www.feedingamerica.org/sites/default/files/ research/senior-hunger-research/senior-health-consequences-2014.pdf

6 Baker & Wellman, *Nutrition concerns in discharge planning for older adults: A need for multidisciplinary collaboration.* Journal of the American Dietetic Association (Vol. 105(4):603-7; April 2005), abstract available at https://www.ncbi.nlm.nih.gov/pubmed/15800564

7 The Older Americans Act of 1965 as amended by P.L. 114-144, 42 U.S.C. §§3001-3058ff

8 AARP Public Policy Institute, *Spotlight 34: Older Americans Act* (Washington, DC: AARP Public Policy Institute, February 2019), https://www.aarp.org/content/dam/aarp/ppi/2019/02/older-americans-act.pdf

9 National Institute on Aging, *Fall proofing your home* (webpage updated May 2017), available at https://www.nia.nih.gov/health/fall-proofing-your-home

10 Meals on Wheels America, *2018 United States Fact Sheet: Delivering So Much More than Just a Meal*, available with sources and methods at https://www.mealsonwheelsamerica.org/learn-more/facts-resources