January 16, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Comments on Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program Proposed Rule (CMS–4182–P)

Dear Administrator Verma:

On behalf of the nationwide network of more than 5,000 community-based nutrition programs and the more than 2.4 million seniors they serve each year, Meals on Wheels America appreciates the opportunity to comment on the Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program Proposed Rule (CMS–4182–P).

With nearly five decades of experience in serving our nation's most vulnerable seniors and supporting their unique nutritional and social needs, Meals on Wheels programs in communities large and small, rural, suburban and urban, are well positioned and stand ready to work with the Centers for Medicare & Medicaid Services (CMS) to address key issues facing our aging population. Today, this locally-based model, augmented with the help of more than two million volunteers, is viewed as one of the most effective demonstrations of a successful public-private partnership. Beyond delivering vital nutrition to improve the health and well-being of seniors, Meals on Wheels also offers socialization to reduce isolation, safety checks to eliminate risks, care coordination and connections to other needed services (e.g., transportation, home repair). The impact of this model results in better health outcomes, improved quality of care and lower healthcare costs. Built by, and operating within one's own community, Meals on Wheels programs have the ability and trust to cross the threshold into the homes of homebound seniors and disabled individuals on a daily basis, enabling us to be the "eyes and ears" in the home, and providing the opportunity to assess and monitor changes in health and behavior that are critical to effective medical care. As a result of our extensive experience with and understanding of the unique needs of seniors, we offer recommendations on the following two components of the proposed rule:

PLAN FLEXIBILTY

FLEXIBILITY IN THE MEDICARE ADVANTAGE UNIFORMITY REQUIREMENTS (II.A.2.)

In furtherance of the goal of increased flexibility, efficiency and innovation for Medicare Advantage (MA) plans, we support CMS' proposal to enable MA organizations to offer specific tailored supplemental benefits for enrollees who meet defined medical criteria, provided that

similarly-situated enrollees (that is, all enrollees who meet the identified criteria) are treated the same. Ensuring that MA beneficiaries have access to benefits that are specific to their conditions, including their social determinants of health, will ultimately improve health outcomes and decrease overall Medicare costs. Further, we are supportive of CMS allowing more flexibility to permit benefits to vary across market segments.

We believe that health plans and providers – in addition to families and caregivers – need to be empowered to ensure that the broader range of services required to address the specific needs of beneficiaries – which often go beyond traditional healthcare services – are delivered effectively to individuals who need them. Many of these services can, and should, be provided by community-based programs because of their proven effectiveness in delivering impactful services and interventions and in making connections to other needed programs. As such, we believe CMS should develop ways by which health plans are encouraged to utilize community-based organizations to provide these tailored services. Meals on Wheels programs stand ready to assist healthcare plans in providing nutrition, care coordination and other services needed to address social determinants of health. We know the beneficial impact that these services will have on MA beneficiaries in terms of improving health outcomes and decreasing overall Medicare costs. We also urge CMS to release further guidance acknowledging the full scope of supplemental benefits that can be used to promote individuals' health and wellbeing, including meals, transportation services, care coordination and/or housing.

Typical Meals on Wheels recipients are prime examples of individuals who would benefit from tailored supplemental benefits, namely: women, age 75 and older, who live alone, have multiple chronic conditions, take six or more medications daily and/or are functionally impaired[1]. In fact, they mirror the profile of the top 25 percent of the sickest Medicare fee-for-service (FFS) beneficiaries who account for approximately 85 percent of total healthcare spending[2].

The senior population is expected to experience an overall increase in rates of disability and limitations on activities of daily living, leading to greater need and strain on long-term services and support (LTSS) systems. Sources indicate that over half of Americans turning 65 today will develop a disability serious enough to require LTSS[3]. And for those seniors struggling with hunger - nearly 10 million - this threat is increased significantly[4]. Research shows that hunger can exacerbate existing health conditions, accelerate physical impairment, and impede recovery from illness, injury, surgery and/or treatment, all of which, in turn, impacts one's ability to remain in their home and out of more costly healthcare settings[5]. Conversely, proper nutrition directly reduces overall healthcare spending, health system utilization and premature placement in long-term facilities.

Furthermore, according to the American Community Survey, nearly 16 million—or one in four people aged 65 and older—lived alone in 2015[1]. Living alone is a significant risk factor for social isolation and loneliness[6]. Loneliness is found to be closely related to dietary inadequacies[7]. Vulnerability to loneliness has been proven to be associated with poor mental health outcomes, and social isolation leads to higher rates of depression[8]. Seniors who experience hunger are three times more likely to suffer from depression which, in turn, reduces capacity to engage in activities of daily living[9].

Giving MA plans the flexibility to offer specifically-tailored supplemental benefits to address social determinants of health, such as nutrition and social isolation, and being encouraged to partner with community-based organizations are essential to creating an effective healthcare

delivery system that fulfills CMS' goal of enhanced, efficient and cost-effective care integration. Because we are in the home, each Meals on Wheels meal delivery offers critical access that can facilitate communication with medical providers as well as timely medical responses to emergencies and, as importantly, to changes in condition that might signal an impending acute event before the senior goes to the Emergency Department (ED) or is admitted to the hospital. Programs like Meals on Wheels allow for important savings in healthcare costs because unnecessary visits to the ED, hospital admissions and readmissions, and premature nursing home placement, are all reduced. In pilot studies in six states, 30-day readmission rates post-medical intervention ranged from 6-7% for Meals on Wheels recipients in comparison to national readmission rates of 15-33% over the same period[10]. In addition to being a preventative measure for hospital visits, admissions and readmissions, Meals on Wheels is also a proven way to reduce post-hospital discharge costs[11]. Further, every $25 per year per older adult spent on home-delivered meals results in a reduction of up to 1% of the low-care nursing home population, saving hundreds of millions of dollars in healthcare costs for individuals and taxpayers annually[12].

Recommendations: We urge CMS to issue guidance clarifying that MA plans may offer tailored supplemental benefits, including social support services for their most medically-vulnerable beneficiaries, without strict adherence to the uniformity-requirements imposed on MA plans. The uniformity requirements need to be waived to meet the specific needs of beneficiaries who may require either more, or different kinds of, services than what would otherwise be available under a strict interpretation of the uniformity requirements. The unintended consequences of uniformity requirements brings all services to a common standard that could be ineffectual for certain higher-risk beneficiaries.

We also suggest that CMS permit plans to include care coordination in condition-specific programs to ensure that beneficiaries receive and take full advantage of enhanced benefits available to them. To best meet the specific medical needs of MA members, CMS should find ways to encourage plans to partner with community-based organizations, like Meals on Wheels, to provide nutrition and other supplemental benefits to achieve the greatest health outcomes and savings.

Finally, in order to promote and improve health among older Americans and lower overall Medicare spending, existing guidance for MA plans should be expanded to permit greater access to home-delivered, nutritious meals to eligible seniors and make these services reimbursable through Medicare.

BENEFIT FLEXIBILITY

REVISIONS TO TIMING AND METHOD OF DISCLOSURE REQUIREMENTS (II.B.4)

Though we understand the driving principles of efficiency and cost-reduction in providing some beneficiary communications electronically, we encourage caution so as not to exclude critical segments of the diverse senior population who may have technology access and ability limitations.

While research indicates that more seniors are beginning to find comfort and preference in conducting business digitally, there continues to be specific and often vulnerable subgroups who

do not have equal computer and internet access. In the 2017 study from the Pew Research Center cited in the proposed rule, 67% of seniors use the internet and 51% have broadband capabilities at home. This still leaves roughly one-third of older adults who do not use the internet. According to this same research, seniors ages 65-69 are about twice as likely as those ages 80 and older to go on-line[13]. However, and of significant note, it is the cohort of individuals 85 and older that is the fastest growing subgroup within the senior population[14]. Many in this critical age group are aging without the on-line experience of younger cohorts and as a result, could be deprived of access to key information. As referenced above, the typical homebound Meals on Wheels recipient is aged 75 or older[1]. Differences in digital comfort and access based on financial status are evident as well, as 87% of seniors earning $75,000 or more report access to broadband at home while only 27% of seniors earning below $30,000 report the same. Furthermore, seniors living in rural areas are particularly vulnerable to limited broadband availability and consistency[15]. Overall, 34% of seniors have little to no confidence in completing on-line tasks[13].

Recommendation: Recognizing that seniors are a diverse group with changing demographics, we want those seniors who desire on-line communication and access to have those options available. However, because not all seniors have digital access, we encourage CMS to establish processes that guarantee equitable dissemination of materials.

In summary, we urge CMS to fully consider social determinants of health and the unique needs of the millions of homebound seniors and disabled Americans who struggle with hunger, isolation and poverty as changes to the scope and implementation of MA plans are undertaken. Providing more flexibility to tailor supplemental services to address specific health concerns of beneficiaries, promoting greater engagement of community-based programs like Meals on Wheels, and eventually permitting full reimbursements for critical services through Medicare, would collectively enable MA plans to make even greater impacts on improved health and reduced costs for our nation. Meals on Wheels is on the frontlines helping assure the health, safety and independence of seniors every day, and we urge CMS to more fully consider and facilitate the beneficial role that these locally-based programs can provide in addressing the goals of CMS and the broader health needs of the nation's highest risk populations.

Thank you for consideration of our comments. Please do not hesitate to reach out to me or my staff at 571-339-1604 for additional information or assistance. We look forward to working with you.

Most sincerely,

Ellie Hollander
President and CEO

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