March 6, 2023

Centers for Medicare & Medicaid Services, Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

RE: CMS-2023-0010 – Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

On behalf of Meals on Wheels America and the programs and individuals we represent, we thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to submit public comments regarding the Advance Notice of Methodological Changes for Calendar Year (CY) 2024.

Meals on Wheels America is the largest and oldest national organization supporting community-based senior nutrition programs across the country that are dedicated to addressing hunger and isolation among older adults. This network serves communities throughout the United States, and, along with millions of staff and volunteers, delivers the nutritious meals, social connection and safety checks that enable older adults and individuals with disabilities to live nourished lives with independence and dignity in the comfort of their homes.

Meals on Wheels America has been a longtime CMS stakeholder and partner focused on the community-dwelling older adult population and has worked with Medicare Advantage (MA) plans for two decades, including throughout the development of supplemental benefits. Our advocacy as a national organization aims to protect and grow programs and services, such as those administered under CMS, that help older adults to age successfully in settings of their own choosing. We work closely with the Administration for Community Living (ACL) as the lead agency carrying out the Older Americans Act (OAA), including the Title III-C Nutrition Program (i.e., Meals on Wheels), which provides congregate and home-delivered nutrition services primarily to older adults age 60+ and individuals with disabilities.

CMS' proposed rule reflects the Administration's focus on health equity, specifically through its proposal to link plans' performance on health equity to their Star Ratings. In addition, several proposed changes related to prior authorization, risk adjustment, marketing practices and additional flexibility for health plans to lower the list prices of certain drugs, among others, could go a long way in advancing the Administration's goal to expand access to health services. CMS also introduced a "Universal Foundation" to establish a core set of quality measures that would apply to CMS quality-rating and value-based care programs.

Our comments reflect the experiences of the network of community-based senior nutrition providers – their challenges and success – in supporting older individuals at risk for negative health outcomes. With a mission of empowering local community programs to improve the health and quality of life of the individuals they serve so that no one is left hungry or isolated, we know that a strong Medicare program that addresses the evolving and complex health needs of the growing older adult population is essential. Enhancing the administration and delivery of

healthcare services for older adults that more equitably and effectively address their social determinants of health are critical to strengthening Medicare.

Given that the services that Meals on Wheels programs deliver allow older adults to remain healthier at home, avoiding more costly care settings, it is no surprise that local programs have also contracted with hospitals, insurers and other entities to reduce healthcare costs, enhance quality of care and improve healthcare outcomes. In the past few years, an increasing number of MA plans have conducted outreach to Meals on Wheels America and the community-based senior nutrition providers in our network as they look to provide a meal-related benefit to their MA plan members. Most often, the offering is structured as a post-hospital discharge benefit that specifies a set number of meals that are provided to an older adult at home. Meals on Wheels America has also partnered with MA plans to provide more comprehensive services to their members who are having difficulty managing multiple chronic conditions. Such services include a nutritious meal, friendly visit and safety and wellness check-in – offerings that are more aligned to what Meals on Wheels programs provide as part of their standard service model.

Maintaining and increasing nutrition benefits through MA, and comprehensively expanding these services throughout all Medicare programs, are necessary to equitably reach unserved and underserved populations, achieve far greater impacts on health outcomes and reduce healthcare spending for beneficiaries nationwide. We are pleased that food- and nutrition-related benefits are among the top supplemental benefits selected by MA plans to offer their members. In fact, the percentage of MA plan beneficiaries with meal benefit coverage grew 50% between 2018 to 2022, from approximately 20% to 71%.[1]

As current research and literature makes clear, nutrition is a cornerstone to overall health and uniquely impacts older adults, including those with multiple chronic conditions and complex care needs. A rigorously designed study from 2015 found that seniors receiving home-delivered meals experienced greater improvements in health than their counterparts who did not receive services. Between baseline and follow up, the group of older adults who received home-delivered meals and safety checks were more likely to have improved physical and mental health, including reduced feelings of anxiety and loneliness, and fewer hospital admissions and falls – a major contributor to preventable hospitalizations and healthcare spending among older adults.[2] Further, the majority of seniors receiving home-delivered nutrition services consistently reported that participating in the program helped them to feel more secure, eat healthier foods and allow them to stay in their own home.[3]

We believe the expansion of new ways for MA plans to offer their members services that address social determinants of health through the creation of the Special Supplemental Benefits for the Chronically Ill (SSBCI) was a step in the right direction. MA plans are allowed to provide more robust food- and nutrition-related benefits to their members, as well as more comprehensive service offerings to address their holistic needs, enabling them to continue to live independently in their homes. In 2020, when MA plans were initially able to offer non-primarily health-related

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[1] Milliman, 2022, *Prevalence of supplemental benefits in the general enrollment Medicare Advantage marketplace: 2018 to 2022*, available at https://us.milliman.com/en/insight/prevalence-of-supplemental-benefits-in-the-general-enrollment-medicare-advantage

[2] Meals on Wheels America, 2015, *More Than a Meal Pilot Research Study*, report prepared by Thomas & Dosa, available at https://www.mealsonwheelsamerica.org/learn-more/research/more-than-a-meal/pilot-research-study

[3] Administration for Community Living (ACL), 2019, *National Survey of OAA Participants*, available on ACL's AGing, Independence, and Disability (AGID) Program Data Portal at https://agid.acl.gov/

benefits through SSBCI, only 2% of total MA plans offered such benefits. In 2022, the number of MA plans offering SSBCI benefits increased to 14%.[4] The share of MA enrollees who have access to SSBCI benefits is highest for food and produce (9.6% for individual plans and 35.1% for Special Needs Plans) and meals beyond a limited basis (7.8% for individual plans and 17.3% for Special Needs Plans), with non-medical transportation and pest control following.[5] This translates to nearly 4.5 million MA plan beneficiaries who have access to SSBCI benefits through their MA plan in 2022, compared to 1.2 million in 2020.[6] While we are encouraged by the growth in MA plan adoption of SSBCI benefits, *there are still too many MA plans that do not yet offer these benefits, and the benefits that are offered are often too limited and potentially underutilized*, contributing to greater health disparities within either the Medicare or MA eligible populations, representing 58.6 and 28.4 million seniors, respectively.[7]

Accordingly, we urge CMS to take the following into consideration regarding the proposed changes in the Advance Notice as they relate to or have the ability to impact current MA plan supplemental benefits, specifically food- and nutrition-related offerings for MA enrollees:

- Establish a clearer definition of success for MA plans that provide non-medical, supplemental benefits to address the social determinants of health that impact their members' ability to successfully manage health conditions. More clarity is needed to determine if the annual benefits that are selected for plan members are based on the actual unmet needs of the members or are the result of a competitive market analysis. Current supplemental benefits, such as those food and nutrition-related services provided after a hospital or inpatient facility discharge are often too limited to impact or improve an individual's health status. Post-discharge meals undoubtedly make recovery easier, but they do not address food insecurity, which is both episodic and chronic. Older adults who are food insecure need reliable and consistent ways to address their food and nutrition-related needs over time. Providing a meal-benefit, friendly visit and transportation assistance, among others, without a definition of success will result in an unfortunate missed opportunity for plans to make key and meaningful strides towards improving the health of their members who are struggling to manage chronic diseases and health challenges that could be addressed by a thoughtful supplemental benefit design.

- Allow social determinants of health benefits to be offered in a time frame that cultivates collaboration and coordination between plans and MA stakeholders. The annual review process, condensed time period and numerous steps between the initial release of the MA draft rate notice to the approved MA plan product go-live period leaves little time to develop meaningful benefit designs, partnerships and subsequent contracts with provider organizations. MA plan referral managers and care coordinators and hospital and skilled

[4] ATI Advisory, 2022, *Growth in New, Non-Medical Benefits Since Implementation of the Creating High Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act*, report available at https://atiadvisory.com/wp-content/uploads/2022/04/Data-Insight-Growth-in-New-Non-Medical-Benefits-Since-Implementation-of-the-CHRONIC-Care-Act.pdf
[5] Kaiser Family Foundation, 2022, *Medicare Advantage in 2022: Premiums, Out-of-Pocket Limits, Cost Sharing, Supplemental Benefits, Prior Authorization, and Star Ratings*, available at https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-premiums-out-of-pocket-limits-cost-sharing-supplemental-benefits-prior-authorization-and-star-ratings/
[6] Avalere, 2022, *Enrollment in MA Plans with SSBCI Nearly Quadrupled Since 2020*, available at https://avalere.com/insights/enrollment-in-ma-plans-with-ssbci-nearly-quadrupled-since-2020
[7] Kaiser Family Foundation, 2022, *Medicare Advantage in 2022: Enrollment Update and Key Trends*, available at https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-enrollment-update-and-key-trends/

nursing facility discharge planners are key players in the successful implementation of supplemental benefit offerings; they also need appropriate time and support to learn about, and ultimately work to coordinate, the various social determinants of health benefit offerings that are available for the seniors in their care. Once the benefits are designed and marketed to members, MA plans begin preparing for the following year with less than six months of data to assess utilization, much less impact, and this cycle continues year after year. Social determinant of health-related benefit offerings should be allowed to continue for multiple years so MA plans and their partner organizations can track and measure the impact of the additional service offerings to ensure than the benefits being designed and implemented are meaningful to beneficiaries.

- Incentivize the utilization of community-based organizations to carry out the delivery of supplemental services to help MA plans and CMS reach their goals of greater health equity. Health plans and systems are not agile as it relates to their ability to reach their members. Incentivizing contracts between MA plans and community-based organizations for the delivery of supplemental benefits allows plans to extend their reach, meet their members where they are and provide more impactful engagement with their health team. Community-based organizations are best suited to address the needs of the MA beneficiaries in their communities and understand the unique ways that food insecurity and malnutrition show up in and impact their community members. They are additionally most trusted to address the social determinants of health of older adults in particular – especially those who are already homebound and/or living in rural areas –and have unique challenges maintaining community connections or receiving adequate healthcare. Community-based organizations, like senior nutrition providers, have decades of experience and success in promoting and targeting nutrition services to seniors in the greatest social and economic need – including those who are low-income; are a racial or ethnic minority; live in a rural community; have limited English proficiency; and/or are at risk of institutionalization.

We value this opportunity to provide insight and expertise on ways that CMS can continue to support and promote community-based organizations offering robust supplemental benefits, including nutrition support, social isolation and safety and wellness checks for beneficiaries enrolled in MA plans. We look forward to continuing to work together toward that end. Please do not hesitate to reach out with questions; we are happy to serve as an ongoing resource.

Sincerely,

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