

March 5, 2018

Seema Verma

Administrator, Centers for Medicare and Medicaid Services (CMS)

Department of Health and Human Services, P.O. Box 8010

Baltimore, MD 21244

RE: CMS-2017-0163-0007: 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

Dear Administrator Verma,

Defeat Malnutrition Today appreciates the opportunity to comment on CMS-2017-0163-0007, the 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. **We comment specifically on the proposed revisions to the definition of “health related supplemental benefits.”**

Defeat Malnutrition Today is a coalition with over 70 members who are committed to defeating older adult malnutrition across the continuum of care. This is a diverse alliance of community, healthy aging, nutrition, advocacy, health care professional, faith-based, and private sector stakeholders and organizations who share the common goals of achieving the recognition of malnutrition as a key indicator and vital sign of health risk for older adults and working to achieve a greater focus on malnutrition screening, diagnosis, and intervention through regulatory and/or legislative change across the nation’s health care system.

We strongly support the new CMS interpretation of “health related supplemental benefits,” where the call letter states that “in order for a service or item to be ‘primarily health related,’ it must 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.” **We argue that providing access to proper nutrition care, including home-delivered meals and oral nutrition supplements, should be included in this new interpretation.**

Proper nutrition can be a protective factor against the effects of chronic disease, falls, isolation, and loneliness. Seniors who experience hunger are three times more likely to suffer from depression, 50% more likely to have diabetes, and 60% more likely to have congestive heart failure or a heart attack compared to their peers who do not experience hunger.<sup>1</sup> One study found that 45% of patients who fall in the hospital have malnutrition.<sup>2</sup> While this may not directly correlate to in-home falls, a randomized

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<sup>1</sup> National Commission on Hunger, “Freedom from Hunger: An Achievable Goal for the United States of America,” 2015. [Web.](#)

<sup>2</sup> Bauer JD, Isenring E, Torma J, Horsley P, Martineau J, “Nutritional status of patients who have fallen in an acute care setting,” *Journal of Human Nutrition and Dietetics*, October 19, 2007. [Web.](#)

study found that daily delivery of meals may reduce the risk of falls, which cost Medicare \$31 billion annually in health care expenses.<sup>3</sup>

In general, home-delivered meals “improve diet quality and increase nutrient intakes” while also helping to rebalance long-term care spending to include more home and community-based services.<sup>4</sup> In one community partnership, Meals on Wheels America provided a pack of 10 healthy frozen meals to Medicare Advantage enrollees following a hospitalization.<sup>5</sup> This access to healthy food delivery resulted in lower readmissions to hospital and health care cost savings. Another pilot study in six states found that 30-day readmission rates were 6-7% for Meals on Wheels recipients, compared to a national average of 15-33% over the same period.<sup>6</sup>

These savings also benefit the long-term solvency of Medicaid. One study estimates that a one percent increase in the number of older adults receiving home-delivered meals in 2009 could have yielded more than \$109 million in savings to state Medicaid programs.<sup>7</sup> In fact, every \$25 per year per older adult spent on home-delivered meals directly reduces the low-care nursing home population by 1%, yielding hundreds of millions of dollars in savings for individuals and taxpayers each year.<sup>8</sup>

In short, proper nutrition meets all the aims of the new definition. Further, Defeat Malnutrition Today supported inclusion of an expansion of supplemental benefits for chronically ill Medicare Advantage enrollees included in the recently passed Bipartisan Budget Act, and we look forward to working with CMS as it develops regulations and guidance to implement this additional flexibility.

Thank you for recognizing the value of nutrition services, and please let us know if we can provide you with any further information.

Sincerely,

Bob Blancato  
National Coordinator  
Defeat Malnutrition Today

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<sup>3</sup> Burns ER, Stevens JA, and Lee R, “The direct costs of fatal and non-fatal falls among older adults – United States,” *Journal of Safety Research*, September 2016. [Web](#).

<sup>4</sup> Huichen Zhu and Ruopeng An, “Impact of home-delivered meal programs on diet and nutrition among older adults: a review,” *Nutrition and Health*, June 10, 2014. [Web](#).

<sup>5</sup> Better Medicare Alliance, “The Value of Medicare Advantage: Pioneering Community Partnerships,” Fact Sheet, August, 2016. [Web](#).

<sup>6</sup> Meals on Wheels America Care Transition Report, 2013.

<sup>7</sup> Kali S. Thomas and Vincent Mor, “Providing More Home-Delivered Meals is One Way to Keep Older Adults with Low Care Needs Out of Nursing Homes,” *Health Affairs*, October 2013. [Web](#).

<sup>8</sup> Id. [Web](#).