

defeat **malnutrition** today

August 31, 2022

Chiquita Brooks-LaSure, Administrator
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted electronically at Regulations.gov
RE: CMS-4203-NC, ways to strengthen Medicare Advantage

Dear Ms. Brooks-LaSure,

Defeat Malnutrition Today (DMT)* appreciates the opportunity to comment on **CMS-4203-NC**, which seeks feedback on ways to strengthen Medicare Advantage (MA) in ways that align with the Vision for Medicare and the CMS Strategic Pillars.

CMS defines health equity as “the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.”

Below are answers to a few of the questions in the request for information (RFI):

Section A – Advance Health Equity

3. What are effective approaches in MA for screening, documenting, and furnishing health care informed by social determinants of health (SDOH)?^[2] Where are there gaps in health outcomes, quality, or access to providers and health care services due partially or fully to SDOH, and how might they be addressed? How could CMS, within the scope of applicable law, drive innovation and accountability to enable health care that is informed by SDOH?

For older adults, social determinants of health such as nutrition play a critical role not only in better health outcomes, but also in improving overall well-being. Most older adults have more than one chronic condition, and older adults of color, including [American Indian](#) and [Black](#) populations, tend to have higher rates of specific nutrition-related chronic diseases such as diabetes and heart disease. Including nutrition evaluations and services as part of older adult healthcare is recommended to avoid and minimize the effects of nutrition-related disease.

A 2022 [GAO report](#) on “Malnutrition in Older Adults” states, “The federal government also has a role in ensuring quality care for Medicare and Medicaid participants, including through the consideration and

**Defeat Malnutrition Today is a coalition of over 100 members committed to defeating older adult malnutrition across the continuum of care. We are a diverse alliance of stakeholders and organizations 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.*

adoption of relevant quality measures in certain Medicare quality programs that address malnutrition“ and points to the role of Medicare programs to address SDOH by “preventing and treating malnutrition, including through nutrition screening and assessment, intervention, monitoring, and the overall care of older adults who are malnourished and those at risk.”

HHS refers to findings [that Black non-Hispanic households were over 2 times more likely to be food insecure than the national average](#) (21.7% versus 10.5%, respectively), and the prevalence of food insecurity among Hispanic households was 17.2% compared with the national average of 10.5%.

As our National Coordinator Bob Blancato wrote in a November 2021 [Health Affairs Forefront article](#), “Non-Hispanic Black patients were more likely to be at risk for malnutrition, have a diagnosis of malnutrition, and experience a higher 30-day readmission rate. These disparities among higher-risk groups could be addressed by tailored interventions.”

We recommend using the [Hunger Vital Sign](#) screening at all inpatient and outpatient medical encounters, including the Welcome to Medicare and Annual Medicare visits. Since food insecurity can lead to malnutrition, we also recommend all providers using the [Malnutrition Screening Tool \(MST\)](#).

Referrals of those identified by food insecurity, malnutrition, and other social determinants of health screenings can easily be referred in primary care to the appropriate professionals and community nutrition programs/services. This can improve older adults’ access to needed care and follow-up services in a timely and efficient manner and lead to better health outcomes.

7. What food- or nutrition-related supplemental benefits do MA plans provide today?...What food- or nutrition-related policy changes within the scope of applicable law could lead to improved health for MA enrollees?

Like traditional Medicare, MA plans cover medical nutrition therapy (MNT) provided by a Registered Dietitian Nutritionist (RDN) for diabetes and renal disease. However, MA plans can and should cover MNT for other nutrition- and diet-related conditions, especially for malnutrition.

Other supplemental nutrition benefits provided by MA plans include meals; an [analysis from the Better Medicare Alliance](#) found that 69% of 2022 MA plans offered a meal benefit to seniors. We think this should be expanded to all plans when clinically indicated.

Thank you for considering our comments. If you have any questions or need further information, please contact our Policy Director Meredith Whitmire at mponder@matzblancato.com.

Sincerely,

Bob Blancato
National Coordinator
Defeat Malnutrition Today