

defeat **malnutrition** today

March 1, 2019

Seema Verma
Administrator, Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services, P.O. Box 8010
Baltimore, MD 21244

Submitted electronically at Regulations.gov

RE: CMS-2018-0154: 2020 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part D Payment Policies and Draft Call Letter

Dear Administrator Verma:

The Defeat Malnutrition Today coalition welcomes the opportunity to comment on the 2020 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part D Payment Policies and Draft Call Letter.

Defeat Malnutrition Today (DMT) is a coalition with over 85 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, research, 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 and social care systems.

We are pleased to see that CMS intends to implement provisions of the Bipartisan Budget Act of 2018 in this year's call letter, particularly the "Special Supplemental Benefits for the Chronically Ill" section.

CMS has asked certain specific questions:

- Whether plans should have flexibility to determine what is a chronic condition that meets the statutory standard ("is life threatening or significantly limits the overall health or function of the enrollee") and if CMS should consider alternative approaches to determining what meets this criterion;
- What the limits are on these supplemental benefits discussed here;
- Whether we should permit consideration of other factors, like financial need, in determining permissible supplemental benefits for chronically ill enrollees.

Below, we offer our thoughts on these questions.

What Chronic Conditions Should Be Considered?

DMT supports the proposal to consider “any enrollee with a condition identified as a chronic condition in section 20.1.2 of Chapter 16b of the Medicare Managed Care Manual” as being eligible to meet criterion 1 of Section 1852(a)(3)(D)(ii) of the Bipartisan Budget Act of 2018. This list of chronic conditions is wide-ranging and should be mostly sufficient to cover beneficiaries in need.

However, there are several conditions that we think should be added to this list. One is chronic obstructive pulmonary disease (COPD), not otherwise specified. COPD can be caused by some of the chronic lung conditions on the current list, but is not limited to those conditions. As you know, COPD is a leading cause of morbidity and mortality, affecting 14.8 million adults in the US, and up to 45% of COPD patients have poor nutritional status, driving substantial increases in healthcare resource utilization and costs.¹ Improving nutritional status in elderly COPD patients has been shown to significantly reduce hospital length of stay, episode costs, and 30-day hospital readmission rates.²

Further, patients with malnutrition, sarcopenia, and/or frailty need to be considered under this proposal. Malnutrition in particular is a condition that is often underdiagnosed and untreated, especially with respect to our nation’s older adult patients, and importantly Medicare beneficiaries. Current estimates as identified in the literature place rates of malnutrition prevalence for older adults upon hospital admission around 39%.^{3,4}

In fact, in recent [comments](#) from U.S. Department of Health and Human Services (HHS) Secretary Alex Azar to the Hatch Foundation for Civility and Solutions on November 14, 2018, he stated:

Data from the Agency for Health Research and Quality at HHS found that Americans with malnutrition are twice as costly to treat at the hospital as those who come in well-nourished. In fact, malnutrition is involved in 12 percent of non-maternal, non-neonatal hospital stays—\$42 billion each year in healthcare spending.

Along these lines, more recent data have been published to bolster the importance of early identification of malnutrition and demonstrate that the problem, if left unaddressed, has

¹ Collins PF, et al. *Am J Clin Nutr.* 2012;95(6):1385-1395.

² Snider JT, et al. *Chest.* 2015;147(6):1477-1484.

³ Kaiser MJ, Bauer JM, R msch C, et al. Frequency of malnutrition in older adults: a multinational perspective using the mini nutritional assessment. *J Am Geriatr Soc.* 2010;58(9):1734-8.

⁴ Pereira GF, Bulik CM, Weaver MA, Holland WC, Platts-mills TF. Malnutrition among cognitively intact, noncritically ill older adults in the emergency department. *Ann Emerg Med.* 2015;65(1):85-91.

significant impacts on outcomes.^{5, 6} The latest research continues to demonstrate that malnourished patients are more likely to be frail, have poor appetite, experience depression, and reduced physical function, grip strength and quality of life.⁷ Allowing patients with malnutrition, sarcopenia, and/or frailty to access these supplemental benefits would make a real difference in their health and daily functioning, as well as save money for our healthcare system.

For criteria 2 and 3, we support allowing MA plans to have the flexibility to “develop and document mechanisms to identify chronically ill enrollees” who would benefit from the special supplemental services based on this proposal.

What Services Should Be Offered?

We support home-delivered meals, food, and produce as examples of supplemental benefits as described in this proposed call letter. We commend CMS for including these important benefits as examples.

We also support coverage for in-home nutrition counseling. With this benefit, chronically ill beneficiaries will have the knowledge to make better food choices for their conditions, promoting wellness. Further, we support including a validated malnutrition screening as a part of this counseling, given the prevalence of malnutrition in the older adult population.

As noted by other groups in our coalition such as the National Council on Aging and Meals on Wheels America, we also support future reimbursement for congregate meals providers. These programs offer nutrition, nutrition counseling and education, socialization, and often exercise activities.

What Should the Limits Be?

DMT supports no fewer than 30 days of home-delivered meals per plan year as an allowable benefit. This duration is what is used in the Coleman model for care transitions, which has been proven to make a difference for beneficiaries and help reduce hospital readmissions.

Should Other Factors Be Considered?

DMT strongly urges CMS to provide these benefits to all beneficiaries meeting the general supplemental services benefits criteria. This should be considered a benefit like all other plan services. Though we recognize that the issue of social determinants’ effect on general health is a more prominent one in lower-income populations, for example, providing supplemental benefits like home-delivered meals reduces general health care costs in all populations.

⁵ Dent E, Wright O, Hoogendijk EO, Hubbard RE. Nutritional screening and dietitian consultation rates in a geriatric evaluation and management unit. *Nutr Diet.* 2018;75(1):11-16.

⁶ Sharma Y, Miller M, Kaambwa B, et al. Malnutrition and its association with readmission and death within 7 days and 8-180 days postdischarge in older patients: a prospective observational study. *BMJ Open.* 2017;7(11):e018443.

⁷ Sharma Y, Thompson CH, Kaambwa B, Shahi R, Hakendorf P, Miller M. Investigation of the benefits of early malnutrition screening with telehealth follow up in elderly acute medical admissions. *QJM.* 2017;110(10):639-647.

We commend you for your important interpretation of the chronic care provisions in the Bipartisan Budget Act of 2018. We urge you to place greater emphasis in the future on the prevention of malnutrition in older adults, as home-delivered meals can be an important part of a nutrition care plan.

Thank you for considering our comments. If you have questions about our comments, you may reach our Policy Director Meredith Whitmire at mponder@matzblancato.com.

Sincerely,



Bob Blancato
National Coordinator
Defeat Malnutrition Today