



HEALTHCARE NUTRITION COUNCIL

Improving outcomes through awareness and action

Submitted via Regulations.gov

March 4, 2022

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2022-0021
Baltimore, MD 21244-8016

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2023 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

Dear Administrator Brooks-LaSure:

The Healthcare Nutrition Council (HNC) is providing comments on the Advance Notice of Methodological Changes for Calendar Year (CY) 2023 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies. HNC is an association representing manufacturers¹ of enteral nutrition (EN) formulas and oral nutrition supplements (ONS), including those categorized as medical foods, and parenteral nutrition (PN). Our mission is to improve patient outcomes by advancing nutrition policies and actions that raise awareness and optimize access of essential nutrition support therapies across the continuum of care.

HNC is pleased to provide comments on CMS' proposed change to the MA and Part D Star Ratings that would take into account how well each plan advances health equity, as well as the inclusion of a quality measure that would specifically assess how often plans are screening for common health-related social needs. As detailed further below, HNC:

- **Strongly supports the development of a new measure that assesses screening for unmet food, housing, and transportation needs, and urges CMS to also include a measure on malnutrition.**
- **Strongly recommends that CMS include nutritional status in its Health Equity Index.**

Summary of the importance of addressing malnutrition:

It is widely recognized that nutritional status plays a significant role in health outcomes and healthcare costs. Addressing malnutrition is essential to improving overall healthcare and may ultimately reduce the economic burden incurred when caring for the oldest and sickest Americans.^{1,2} Disease-related malnutrition can manifest in patients across all spectrums of body mass index, ranging from under to overweight individuals, including those presenting with obesity. Malnutrition often is associated with acute and chronic diseases and injury, such as cancer, stroke, infection, trauma, and surgical procedures. Large-scale studies have shown

¹ HNC members are Abbott Nutrition, Nestle Healthcare Nutrition, and Nutricia North America.

that as many as half of hospitalized patients and 35% to 85% of older long-term care residents are undernourished.^{3,4,5,6}

If unaddressed, malnutrition increases the cost of care and likelihood of poor health outcomes, including increased complications, longer hospitalizations, and more readmissions. For example, malnourished patients are more likely to experience complications, such as pneumonia,⁷ pressure ulcers,⁸ nosocomial infections,⁹ and death.¹⁰ In addition, malnutrition is a risk factor for other severe clinical events, such as falls¹¹ and worse outcomes after surgery or trauma.¹² Falls are especially a concern among individuals considered frail. Malnutrition also has negative impacts on patients with specific chronic diseases and conditions, such as stroke,¹³ heart failure,¹⁴ cancer,¹⁵ and COPD.¹⁶ Malnourished patients, as well as patients at risk for malnutrition, have significantly longer hospitalizations than well-nourished patients and patients not at risk for malnutrition.¹⁷

I. HNC strongly supports the development of a new measure that assesses screening for unmet food, housing, and transportation needs, and urges CMS to also include a measure on malnutrition.

The National Committee for Quality Assurance (NCQA) is working to develop a new measure for measurement year 2023 that assesses screening for unmet food, housing and transportation needs, and referral to intervention for those who screen positive. CMS notes that this measure would highlight potential issues related to unmet food, housing, and transportation needs, and is seeking input on this potential measure and possible future use as a display or Star Ratings measure.

HNC strongly supports the development of this new measure. Additionally, HNC urges CMS to also include a measure on malnutrition, to ensure appropriate identification and nutritional management of malnourished patients, make reporting of health disparities based on social risk factors and race and ethnicity more comprehensive, and to address gaps in health equity.

II. HNC strongly recommends that CMS include nutritional status in its Health Equity Index.

HNC strongly supports the development of a Health Equity Index as an enhancement to the Part C and D Star Ratings program to summarize measure-level performance by social risk factors into a single score used in developing the overall or summary Star Rating for a contract.

CMS is seeking input on available data and other social risk factors that might be appropriate to include in the Health Equity Index. HNC strongly recommends that CMS include nutritional status in its Health Equity Index.

Nutritional status, and by consequence malnutrition, is often influenced by a variety of social determinants of health (SDoH). According to the World Health Organization (WHO), SDoH are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”¹⁸ In many cases SDoH will have a drastic impact on the availability and quality of



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foods, how those foods can be prepared and consumed, and what foods will be commonly consumed as staple parts of the diet. As a result, SDoH shape a population's nutritional status and may result in certain populations, such as the elderly, disabled, and the poorest segments of society, becoming malnourished.

For these reasons, HNC urges CMS to include nutritional status in its Health Equity Index.

Malnutrition continues to be a crucial component in reducing hospital-acquired conditions, lowering healthcare costs and improving the health and well-being of vulnerable Medicare beneficiaries. **HNC urges CMS to prioritize policies and initiatives that identify and treat malnutrition, encourage proper nutrition and the development of cost-effective nutrition therapy products, and that ensures access through adequate coverage and payment policies for nutrition therapy products.** HNC stands ready to work with CMS and all stakeholders to develop these policies as one means to improve the public health system. If you have any questions or would like additional information, please contact Justine Coffey, Healthcare Nutrition Council, at jcoffey@healthcarenutrition.org or 202-207-1109.

Sincerely,

A handwritten signature in black ink that reads "Robert Rankin". The signature is written in a cursive, flowing style.

Robert Rankin
Executive Director

¹ Tyler R, Barrocas A, Guenter P, Araujo Torres K, Bechtold ML, Chan LN, Collier B, Collins NA, Evans DC, Godamunne K, Hamilton C, Hernandez BJD, Mirtallo JM, Nadeau WJ, Partridge J, Perugini M, Valladares A; ASPEN Value Project Scientific Advisory Council. Value of Nutrition Support Therapy: Impact on Clinical and Economic Outcomes in the United States. *JPEN J Parenter Enteral Nutr.* 2020 Mar;44(3):395-406. doi: 10.1002/jpen.1768. Epub 2020 Jan 29. PMID: 31994761.

² Mullin GE, Fan L, Sulo S, Partridge J. The Association between Oral Nutritional Supplements and 30-Day Hospital Readmissions of Malnourished Patients at a US Academic Medical Center. *J Acad Nutr Diet.* 2019 Jul;119(7):1168-1175. doi: 10.1016/j.jand.2019.01.014. Epub 2019 Apr 4. PMID: 30954446.

³ Robinson MK, Trujillo EB, Mogensen KM, et al: Improving nutritional screening of hospitalized patients: The role of prealbumin. *JPEN J Parenter Enteral Nutr.* 2003 27:389-395.

⁴ Chima CS, Barco K, Dewitt MLA, et al: Relationship of nutritional status to length of stay, hospital costs, discharge status of patients hospitalized in the medicine service. *J Am Diet Assoc* 1997 97:975-978.

⁵ Braunschweig C, Gomez S, Sheean PM: Impact of declines in nutritional status on outcomes in adult patients hospitalized for more than 7 days. *J Am Diet Assoc* 2000 100:1316-1322.

⁶ Crogan NL, Pasvogel A: The influence of protein-calorie malnutrition on quality of life in nursing homes. *J Gerontol A Biol Sci Med Sci* 2003 58A(2):159-164.

⁷ Callahan CM, Wolinsky FD. Hospitalization for pneumonia among older adults. *J Gerontol.* 1996; 51A:M276-M282.

⁸ Mechanick JI. Practical aspects of nutritional support for wound-healing patients. *Am J Surg.* 2004;188:52S-56S.

⁹ Schneider SM, Veyres P, Pivot X, et al. Malnutrition is an independent factor associated with nosocomial infections. *Br J Nutr.* 2004; 92:105-111.

¹⁰ Correia MI, Waitzberg DL. The impact of malnutrition on morbidity, mortality, length of hospital stay and costs evaluated through a multivariate model analysis. *Clin Nutr.* 2003;22:235-239.

¹¹ Meijers JMM, Halfens RJG, Neyens JCL, et al. Predicting falls in elderly receiving home care: the role of malnutrition and impaired mobility. *J Nutr Health Aging;* 2012; 16: 654-658.

¹² Marik PE and Flemmer M. Immunonutrition in the surgical patient. *Minerva Anestesiologica.* 2012; 78: 336-342.

¹³ Davalos A, Ricart W, Gonzalez-Huix F, et al. Effect of malnutrition after acute stroke on clinical outcome. *Stroke.* 1996;27:1028-1032.



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¹⁴ Zapatero A, Barba R, Gonzalez N, et al. Influence of obesity and malnutrition on acute heart failure. *Rev Esp Cardiol.* 2012; 65(5): 421-426.

¹⁵ Lis CG, Gupta D, Lammersfeld CA, et al. Role of nutritional status in predicting quality of life outcomes in cancer – a systematic review of the epidemiological literature. *Nutr J.* 2012; 11:27: 2-18.

¹⁶ A.S.P.E.N. Board of Directors and the Clinical Guidelines Task Force. Guidelines for the use of parenteral and enteral nutrition in adult and pediatric patients. *JPEN J Parenter Enteral Nutr.* 2002;26(1suppl):1SA-138SA.

¹⁷ Chima CS, Barco K, Dewitt ML, et al. Relationship of nutritional status to length of stay, hospital costs, and discharge status of patients hospitalized in the medicine service. *J Am Diet Assoc.* 1997; 97: 975-978.

¹⁸World Health Organization. Social Determinants of Health.2019. Retrieved from http://www.who.int/social_determinants/en/