



Addressing Food and Nutritional Insecurity

A Use Case in Leveraging the
Value-Based Insurance Design
(VBID) Model

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1 Definition and Context

Definition and Context for Food and Nutrition Insecurity Interventions

The U.S. Department of Agriculture (USDA) defines [food security](#) as, “access by all people at all times to enough food for an active, healthy life,” and defines [nutrition security](#) as, “consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.” [The Dietary Guidelines for Americans](#), created by the USDA and Department of Health and Human Services, recognizes the importance of considering culturally appropriate food, with [cultural food security](#) being important to consider. The Dietary Guidelines Framework can be [customized](#) to meet cultural needs.

According to the [Commonwealth Fund’s Review of Evidence for Health-Related Social Needs \(HRSN\) Intervention](#), “there is strong evidence that ensuring people have access to healthy food can significantly lower health care utilization and costs and result in a return-on-investment (ROI). Home-delivered, medically tailored meals for those with chronic conditions or nutritional risk have been found to significantly lower inpatient utilizations, 30-day readmissions, and overall medical costs.”

Medicare Advantage Organizations (MAOs) participating in the VBID Model have the potential to reduce the prevalence and severity of chronic health conditions by addressing food and nutritional insecurity as part of their MA plan offerings, such as in developing coordination of care with community and social services providers and through permissible supplemental benefits. The supplemental benefits discussed in this Use Case are based on the allowed targeting criteria under VBID and the waiver of the MA uniformity requirement. This does not constitute approval for benefits, or changes to the MA statute and regulations. Please see the [Calendar Year \(CY\) 2023 Request for Applications \(RFA\)](#) for the VBID Model for further information on Model waiver authority.

2 Investment Rationale

Chronic Health Conditions and Food and Nutritional Insecurity

- There is a link between food and nutritional insecurity and the development of, or advancement of, certain [chronic health conditions](#).
- According to the [Centers for Disease Control and Prevention](#) (CDC), poor nutrition is one of the four main risk factors for the development or advancement of chronic health conditions, including obesity, heart disease, stroke, type 2 diabetes, and some types of cancer.
- [Research](#) shows that poor diet is associated with increased all-cause mortality.
- [Resources](#) are available to consider how food can impact mortality, health care cost, and chronic illness.

Why Address Food and Nutritional Insecurity in Your Enrollee Population?

- Ability to lower medical spending and avoidable health care utilization, such as emergency department visits and 30-day readmissions
- Ability to improve quality outcomes by improving health through food and nutritional supplemental benefits, which has the potential to impact star ratings
- Ability to use savings estimates to adjust bid pricing and stay competitive

See section 6 for more!



Pro Tip: Because VBID allows MAOs to more specifically target enrollees, interventions can result in higher ROI.

3 Laying the Groundwork for a Successful Intervention

How can you be successful in launching successful interventions?

- ✓ Establish systematic identification of individual patient and population wide needs
- ✓ Consider both patient and population level language and cultural needs
- ✓ Conduct systematic reporting and document improvement in performance data stratified by social risk factors
- ✓ Incorporate considerations of equity into decision-making
- ✓ Evaluate potential challenges in the environment, including access to healthy foods and transportation
- ✓ Develop an understanding of patients' health behavior and health literacy
- ✓ Develop partnerships with community partners, such as community supported agriculture programs or meals on wheels, who have established relationships and understanding of community members' needs
- ✓ Develop a food and nutritional insecurity screening process using validated tools, such as part of a health risk

Additional Resources

National Quality Forum [report](#) on preconditions for equity measurement

4 Potential Target Populations

MAOs participating in VBID are uniquely able to target individuals most at risk for food and nutritional insecurity

- Under a combination of programmatic waivers available in the VBID Model and subject to CMS approval, MAOs can offer non-primarily health-related supplement benefits, such as healthy food cards, to members based on established the targeting criteria of [Low-Income Subsidy](#) (LIS) status, chronic health condition(s), or both.* Interventions must have a reasonable expectation of improving or maintaining the health or overall function of the targeted enrollee with regard to the chronic health condition or socioeconomic status of the targeted enrollee population.
- Many of the targeting mechanisms available under VBID (subject to CMS approval) are not available to MAOs under the Medicare Advantage program.



*Under the VBID Model, targeting by dual status is permitted in the territories as well.

What populations served by your MAO may be food or nutritionally insecure?

- [Medicare Advantage enrollees](#): 17.9% of individuals in Medicare Advantage experience food insecurity
- [Geographic differences](#): Food and nutritional insecurity is more common in large cities or rural areas and less common in suburban areas
- [Medicare enrollees experiencing depression](#): 55.3% of Medicare enrollees with mild to severe depression experience food insecurity

5 Relevant Model Interventions



VBID Flexibilities



Rewards and Incentives

Model Intervention*	Description	Examples of VBID Interventions that Address Food and Nutritional Insecurity
VBID Flexibility	<ul style="list-style-type: none"> Allows MAOs the ability to offer supplemental benefits or reductions in cost-sharing to enrollees based on one or more chronic health conditions and/or socioeconomic status (as defined by LIS or dual status) Allows MAOs to make provision of additional supplemental benefits (including reductions in cost sharing) for targeted enrollees conditional on: (i) the use of high-value providers and/or (ii) participation in a care management/disease state management program Grants waivers of the limits on coverage of only primarily health-related items and services to only chronically ill enrollees (who meet the statutory definition) 	<ul style="list-style-type: none"> Healthy food card for enrollees with LIS and pre-diabetes Healthy meal home delivery service for enrollees with LIS, who are more likely to face food or nutritional insecurity Transportation to grocery store for enrollees with frailty and mobility limitations, causing food or nutritional insecurity Meals targeted for enrollees with multiple chronic health conditions, to improve their nutritional status
Model Part C and Part D Rewards and Incentives (RI) Programs	<ul style="list-style-type: none"> Allows MAOs to offer approved RI only to targeted enrollees Allows MAOs to offer an RI up to \$600 annually per enrollee that is valued at the expected benefit of using a health-related service or activity Allows MAOs to use an RI Program for the Part D Benefit covered by a participating Medicare Advantage-Prescription Drug (MA-PD) plan 	<ul style="list-style-type: none"> RI in the form of a transportation gift card to incentivize utilization of certified nutrition specialists for enrollees with pre-diabetes RI in the form of a healthy food gift card for enrollees with diabetes after engaging with a diabetes management program that includes utilizing a nutritionist



Pro Tip: MAOs can use the relevant Model interventions to address food and nutritional insecurity to complement other VBID interventions like reduced cost-sharing for Clinical Nurse Specialist visits or reduced cost-sharing for Metformin to improve health outcomes for enrollees.

*Interventions must have a reasonable expectation of improving or maintaining the health or overall function of the targeted enrollee with regard to the chronic health condition or socioeconomic status of the targeted enrollee population.

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Financial Implications

Implication	Details
Cost Savings	<ul style="list-style-type: none"> • Ability to significantly lower health care utilization • Ability to significantly lower ED visits and readmissions • Ability to significantly lower medical spending • Ability to better manage disease as evidenced by reduced 30-day readmissions
Bid Adjustment	<ul style="list-style-type: none"> • Lower utilization and medical spending estimates can be used to: <ul style="list-style-type: none"> • Adjust bid pricing • Adjust estimated cost savings in the VBID Model for CMS • By lowering bid pricing, MAOs can extend to enrollees increased supplemental benefits; which, under the VBID Model and associated waivers may include primarily health-related or non-primarily health-related benefits
Beneficiary Impact	<ul style="list-style-type: none"> • MAOs that offer supplemental benefits to address food and nutritional insecurity have the potential to impact patient satisfaction measures, which could lead to higher enrollee retention • Meals or healthy food cards can serve as a source for consistent communication stream with enrollees
Increased Enrollment	<ul style="list-style-type: none"> • According to a 2020 McKinsey study, MAOs with an average customer experience measuring of 4 or more Stars added 2.1 times more net enrollees in 2019 than their less customer-friendly competitors. Since 2015, The highest shares of MA enrollees are in plans that have 4 or more stars.
Star Ratings	<ul style="list-style-type: none"> • The use of VBID interventions has the potential to affect Star ratings through increased enrollee satisfaction and improved quality • Utilizing VBID flexibilities to improve enrollee experience can have a meaningful effect on Star ratings, effecting benchmark rate and rebates. MA and Prescription Drug Plan (PDP) Consumer Assessment of Healthcare Providers and Systems (MA PDP CAHPS) customer experience questions potentially responsive to enhanced benefits under VBID include C22, C24, C25, and C26 • See increased enrollment details above for how Star ratings affect enrollment



Pro Tip: Start with a target population of enrollees with LIS and have a chronic health condition that is linked to above average utilization of care, high level of inpatient admits, or high frequency of emergency room visits. Utilize a food and nutritional security-related supplemental benefit to engage enrollees with the goal of improving health outcomes and reducing utilization of high cost care. These improvements can be tracked and savings to the MAO can be estimated.

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Measurement

Food and nutritional insecurity interventions are best paired with comprehensive screening for food and nutritional insecurity in an MAO's enrollee population. Screenings can be provided to all enrollees or limited to individuals who meet certain relevant criteria (e.g., enrollees with LIS, dual-eligible enrollees, enrollees with chronic health conditions, see high-value providers, or participate in care management programs). While the VBID Model does not require these screenings, they can help in identifying areas of need for enrollee populations, which MAOs can use in determining whether to use the VBID targeting criteria. The [Innovation Center Strategy Refresh](#) includes an objective to advance health equity, including addressing social determinants of health such as food supports. There are a number of established social needs screening tools that include food and nutritional insecurity. Such tools include:

Hunger Vital Sign

The [Hunger Vital Sign](#) two question food insecurity screening tool includes:

- Within the past 12 months we worried whether our food would run out before we got money to buy more. (Often true, sometimes true, or never true)
- Within the past 12 months the food we bought just didn't last and we didn't have money to get more. (Often true, sometimes true, or never true)

Accountable Health Care Communities

The [Accountable Health Communities \(AHC\) Health-Related Social Needs Screening Tool](#) incorporates the Hunger Vital Sign questions as part of screening for several health-related social needs.



North Carolina

The [North Carolina Standardized SDOH Screening Questions](#) on food insecurity include:

- Within the past 12 months, did you worry that your food would run out before you got money to buy more? (Yes/No)
- Within the past 12 months, did the food you bought just not last and you didn't have money to get more? (Yes/No)

PRAPARE

The [Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences \(PRAPARE\)](#) includes the following question on food insecurity:

- In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?
 - Food, Clothing, Utilities, Child care, Medicine or Any Health Care (Medical, Dental, Mental Health, Vision), Phone, Other (specify), I choose not to answer this question

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Use Case: End-to-End View of Improving Health and Health Equity for a Food Insecure Diabetes Population

The MAO decides to participate in the VBID Model to strengthen community partnerships, capitalize on business opportunities and advance health equity. In addition to its other strategic objectives, the MAO has made health equity a focus of its business strategy.

The MAO leverages a cross-functional team to analyze internal and external data.

Analyzes 1) CDC's Social Vulnerability Index (SVI) to identify vulnerable communities in its service areas / market, 2) Disparities Sensitive Measures in its claims data to identify major health disparities in its enrollee population, 3) CAHPS/HEDIS Stratified Reporting to determine the largest disparities by contract and extrapolate findings to VBID PBPs, 4) other data available to the MAO such as health risk assessments, and 5) enrollee engagement data.

The MAO notices in its claims data that there are significant disparities in Diabetes: Hemoglobin A1c Poor Control, with particularly poor numbers for their enrollees with LIS relative to those enrollees without LIS. The MAO also notices that their enrollees with LIS tend to make up a large share of the MAO's enrollees with limited English proficiency.

The MAO identifies enrollees with LIS and diabetes as a target population to help address health disparities in its enrollee population.

The MAO utilizes an HRSN framework and identifies financial strain and food and nutritional insecurity as a primary driver of the health disparities in their target population. This information is validated and supported by the MAO's medical team and community partners

The MAO uses VBID Flexibilities to reduce cost sharing for Metformin in the target population and to provide a healthy food card as a supplemental benefit.

The MAO uses the waiver of Uniformity and Provision of Supplemental Benefits that are Non-Primarily Health-Related to offer these supplemental benefits. In its VBID application, the MAO uses estimated medical savings from lower utilization and fewer ED visits to bid lower than the benchmark rate. The MAO uses this difference to pay for a healthy food card and reduction in Part D cost-sharing for Metformin, a medication to help control blood sugar for individuals with diabetes.

Intervention positively affects the MAO's bottom line.

The MAO develops an evaluation strategy to assess effect of these VBID Model supplemental benefits on quality, total cost of care, enrollee satisfaction and engagement. After one year, the MAO finds that it has increased enrollee retention in the target population, increased satisfaction scores, and observes initial indicators that health outcomes may be improving such as reduced disparities in poor control of hemoglobin A1c and medication adherence among enrollees with LIS. This has a positive effect on the MAO's Star Ratings and allows the MAO's benchmark rate and rebate amount to increase in future years. CMS also evaluates the use of supplemental benefits under the Model.

The MAO participating in the VBID Model decides to implement this benefit for enrollees in more VBID-participating plans, subject to CMS approval.

For more information on the VBID Model, please visit the VBID Model Webpage at <https://innovation.cms.gov/innovation-models/vbid>

For questions, comments, or feedback, please reach out to the VBID Model Team at VBID@cms.hhs.gov.