



**National Association of Nutrition and Aging Services Programs**

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March 4, 2015

Ms. Sylvia Mathews Burwell  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Burwell:

On behalf of the National Association of Nutrition and Aging Services Programs (NANASP), a national membership organization for persons working to advance senior health and well-being, we appreciate the opportunity to comment on the recently issued Advance Notice of Methodological Changes for Calendar Year 2016 for Medicare Advantage Capitation Rates, Part C and D Payment Policies and 2016 Call Letter.

We are concerned about the cuts that are included to the Medicare Advantage program because of their potential harmful impact to those seniors who currently receive community-based supplemental nutrition and wellness programs that are supported and provided through the Medicare Advantage program.

As you know, seniors' health is not solely a function of access to clinical or pharmaceutical benefits, but also heavily influenced by healthy aging programs and nutrition services that older adults receive from their local community service organizations. When rates are cut, a plan's ability to partner with those organizations is diminished, and in some cases eliminated outright, creating tremendous hardship for those seniors who rely on those services to safely age in their homes and communities.

This is the third year that CMS has implemented cuts to the Medicare Advantage program, which creates an unsustainable environment for the more than 16 million seniors, or one-third of Medicare beneficiaries, that have actively chosen to receive their health coverage through a Medicare Advantage plan. Seniors are currently dealing with the impact of cuts from previous years, in the forms of narrower provider networks, increased out-of-pocket costs, and reduced supplemental benefits for vision and dental services. Additional cuts would undermine the program's ability to continue providing the evidence-based wellness, prevention and care coordination programs that our nation's seniors are endorsing through their selection of these Medicare Advantage plans.

We respectfully request that as CMS works to finalize the Medicare Advantage rates for 2016, that it includes no further cuts to the program.



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Thank you for the opportunity to offer our comments on this important issue for our members and the seniors their programs serve.

Sincerely,

Ann Cooper  
President

Robert Blancato  
Executive Director