July 10, 2020

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1735-P
P.O. Box 8013
Baltimore, MD 21244-1850

Reference: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals (CMS-1735-P)

Dear Clearance Officer:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit these comments to the Centers for Medicare and Medicaid Services (CMS’s) May 29, 2020 proposed rule: “Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals.” Representing more than 107,000 registered dietitian nutritionists (RDNs),1 nutrition and dietetics technicians, registered, and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the world and is committed to a vision of the world where all people thrive through the transformative power of food and nutrition. Many of members every day provide medical nutrition therapy for a wide variety of inpatient populations in CMS-regulated hospitals and other clinical facilities.

The Academy supports CMS’s proposed rule, subject to the inclusion of the Global Malnutrition Composite Score Measure in the 2020/2021 Measures Under Consideration List.

Addressing malnutrition especially aligns with and supports desired outcomes of the proposed changes related to the reduction of hospital payments for excess readmissions, the Hospital Value-Based Purchasing (VBP) Program and the Hospital Inpatient Quality Reporting (IQR) Program.

Malnutrition is a leading cause of morbidity and mortality, especially among older hospitalized adults. Hospitalized patients who have malnutrition have a greater risk of complications, falls, pressure ulcers, infections, and readmissions, as well as experience extended lengths of stay lasting four to six days,2 which has been shown to result in up to five times higher mortality, higher readmission rates and higher costs.3 Malnutrition is most simply defined as any nutrition imbalance that affects both

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1 The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.
overweight and underweight patients alike and is generally described as either “undernutrition” or “overnutrition.”4,5 Addressing malnutrition can have substantial financial benefits in addition to improved patient outcomes. A recent study found that optimizing nutrition care with implementation of a nutrition-focused quality improvement program resulted in approximately $3,800 cost savings per patient treated for malnutrition.6

The Academy is the measure steward of the Global Composite Score Measure (eCQM) which was recently submitted for consideration to the 2020/2021 Measures Under Consideration cycle in response to the call from CMS. The composite measure focuses on adults 65 years and older admitted to inpatient service who receive care appropriate to their level of malnutrition risk/and or malnutrition diagnosis (with proper identification and assessment). The Global Composite Score Measure will provide an opportunity to reduce cost by providing a nutrition-focused quality improvement program standardizing malnutrition care.

The Academy of Nutrition and Dietetics urges inclusion of the Global Malnutrition Composite Score Measure in the 2020/2021 Measures Under Consideration List due to its ability to support the desired outcomes of the proposed changes.

The Academy appreciates your consideration of our comment on the proposed rule “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2021 Rates;Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals.” Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Sharon McCauley at 312-899-4823 or by email at smccauley@eatright.org with any questions or requests for additional information.

Sincerely,

Jeanne Blankenship, MS, RDN
Vice President
Policy Initiatives and Advocacy
Academy of Nutrition and Dietetics

Sharon M. McCauley, MS, MBA, RDN, LDN, FADA, FAND
Senior Director, Strategic and Quality Management
Malnutrition Quality Improvement Initiative
Academy of Nutrition and Dietetics


