

Partnership Profile

How Your CBO Can Leverage its Home-Delivered Meals Program to Work with Medicare Advantage Plans

For older adults who desire to age in their homes and communities, accessible nutrition is one of the most fundamental needs. Proper nutrition is a core tenet of one's health and well-being—especially as we age. Studies have shown that home-delivered meals improve health outcomes and are associated with reduced nursing home usage among older adults.^{1,2}

Area Agencies on Aging (AAAs) and other aging and disability community-based organizations (CBOs) have opportunities to support these needs through partnerships with health care entities. [Changes to Medicare Advantage](#)³ (MA) allow plans to provide a set of supplemental benefits that address individual needs that may not be primarily health related but may have a significant impact on health and health care utilization. Among these benefits are home-delivered meals. In this Partnership Profile, learn about how Meals on Wheels of Albuquerque leveraged a relationship with a MA plan to address the nutrition needs of older adults in their community.

Meals on Wheels of Albuquerque

Founded in 1972 by a group of women from Presbyterian churches in the area, Meals on Wheels of Albuquerque (MOWABQ), a private 501(c)(3) nonprofit, began with 20 clients and 40 volunteers in 1972. The nonprofit now provides nutritious meals and crucial social contact each day to approximately 1,500 clients with the help of more than 550 volunteers and delivers more than 141,000 meals each year. MOWABQ is the only home-delivered meals program in the Albuquerque area that caters to people of any age, including older adults in need of nutrition services and others on special diets due to chronic conditions.

Presbyterian Healthcare Services

Presbyterian Healthcare Services (PHS) is a locally owned, nonprofit health system consisting of eight hospitals, a medical group and a health plan that has served New Mexicans for more than 100 years. PHS believes that everyone should have the opportunity to be healthy and live in thriving communities.⁴ Because PHS believes that food is a key component of a healthy life and an important economic driver to support a healthy community, it has identified healthy eating as one of its community health priorities and has signed the Healthy Food in Health Care pledge to show its commitment to this important social determinant of health.⁵ PHS also commits significant time and resources to services that meet otherwise unfilled community needs. Such endeavors include temporary donations of office space and telephone systems for nonprofit health care organizations, including MOWABQ.

PHS offers the Presbyterian Health Plan which serves more than 580,000 members across New Mexico and offers Medicare Advantage, Medicaid (Centennial Care) and commercial health plans.

Program History

Since 2014, MOWABQ has worked with various health care entities to (1) ensure older adults receive medically tailored meals upon hospital discharge and (2) to support the health care needs of medically vulnerable older adults in its community. One such partnership is with PHS. In this partnership, MOWABQ serves as the primary meal services provider for the PHS Medicare Advantage readmission prevention program, which provides individuals who are dually eligible for Medicare and Medicaid with 20 meals following a hospital discharge at the recommendation of a physician.

MOWABQ is the only program in Albuquerque to serve eight different types of medically tailored diets, aligning well with PHS's focus on combining nutrition and health.

Meal Benefit Description: Presbyterian Dual Plus

The Presbyterian Dual Plus (HMO D-SNP) is a 2020 Medicare Advantage Special Needs Plan for individuals enrolled in both Medicare and Medicaid. Beneficiaries can receive up to 30 meals delivered to their homes for up to four weeks following a hospital stay. Additionally, members receive a 10 percent discount off the normal price per meal should they choose to continue receiving meal services. The program is uniquely designed to help clients stay healthy and strong while they are recovering from inpatient hospital stays.

Getting Started

Since 2008, MOWABQ's administrative and kitchen facilities have been located in PHS office space. This proximity makes MOWABQ well-positioned to support the nutrition needs of the PHS patient population. This arrangement has led to a partnership between MOWABQ and PHS that has provided 13,888 meals to 53 clients who would have otherwise gone unserved and has resulted in cost savings for MOWABQ. In 2014, PHS had identified the opportunity to offer Special Needs Plans with a meal benefit and reached out to staff at MOWABQ to support the execution of this vision.⁶ This partnership's success has spurred a new collaboration—a COVID-19 response program that provides PHS patients recently diagnosed with COVID-19 and their caregivers with home-delivered lunch and dinner for two weeks—allowing them to safely isolate in their homes.

“The work that has been done and the successes we’ve experienced with one another, including our patients, exemplify the true power of relationships.”

—Valerie Quintana
Director, Community and Clinical Linkages
Presbyterian Healthcare Services

Overcoming Challenges

As with all partnerships, MOWABQ and PHS had to overcome several challenges in their journey to a successful collaboration.

MOWABQ and PHS found it important that stakeholders from each organization—MOWABQ staff at all levels and the PHS clinical care, care management and discharge planning staff—understood the scope of the partnership. This meant ensuring that they knew the basics of the program—the meals benefit, who is eligible and participation requirements. This awareness is critical to ensuring that referrals are made properly, and that clients get the meals they need. Their combined focus on educating staff led to an increase in requests for meals once MOWABQ staff and PHS case workers provided clients with key information about MOWABQ's services.

Speaking of referrals—under the Medicare readmission prevention program, clients can only receive meals based on the recommendation of a PHS physician and, as a result, doctors and case workers play a key role in the program's success. They must be aware of the benefit, help raise awareness among potential beneficiaries and actively support enrollment in the program. PHS and MOWABQ work to ensure all staff are educated about the meal benefit, but they could use additional resources to help boost awareness, support referrals and maintain engagement of eligible clients.

Without intimate knowledge of the inner workings of a health plan, it can be difficult to determine who needs to be engaged in your CBO's partnership efforts. It took time and energy for MOWABQ to identify the correct health plan personnel and build relationships with those new partners. The Aging and Disability Business Institute's [Health Care Outreach Toolkit](#) offers valuable information about the right people to connect with in health plans at other health care entities, and the kinds of messages that will resonate with them.

Opportunities

Even with the success PHS and MOWABQ have experienced, the two entities have identified opportunities for future growth and improvement.

MOWABQ is exploring the possibility of hiring a health liaison with a background in health care and aging services, business development and sales to help them sustain higher-capacity health care partnerships. The team hopes that a health care liaison could advocate for the meal program to potential eligible clients and help ensure that home-delivered meals are considered at the point of discharge.

MOWABQ also recognizes that there are opportunities to share data that could benefit both partner organizations. For MOWABQ, having access to key data points such as hospital readmissions would allow the team to fully evaluate the effectiveness of the collaboration and present data-driven evidence to future potential partners. Nutrition programs can track key changes in client health (e.g., number of falls, instances of depression, etc.) and health care utilization (e.g., doctor visits, trips to the hospital) and having access to comparable utilization data from a health care partner would strengthen MOWABQ's ability to calculate return on investment.

Ensuring that staff know how they can support partnership goals is important to the collaboration. MOWABQ has identified opportunities for staff to receive training on medical billing and coding—two processes it noted require advanced and specific knowledge. Ensuring staff know the ins and outs of the program and have received the proper training prior to contract execution helps ensure a successful partnership.

Lessons Learned

Working through challenges with their health care partner and facing new opportunities in the future, MOWABQ's experience with PHS has highlighted several lessons. CBOs must lead financially sustainable partnerships through a negotiated balance of health plan pricing priorities and CBO service costs. CBOs must understand their costs to ensure they are sufficiently reimbursed for the complete expense associated with staff time, meal production, meal delivery and marketing. Initially, CBOs may operate health care partnerships at a loss, subsidizing the cost differentials

from other funding streams, in an effort to build their presence as a business partner. This approach is viable in the short run but threatens the long-term viability of such partnerships in the face of rising administrative, food and transportation costs.

MOWABQ notes that flexibility in service delivery is key not only to the success of the partnership but also the satisfaction of the clients being served. Taking a person-centered approach to nutrition, MOWABQ offers eight medically tailored meals that can be further tailored to meet client food preferences and frequency needs. This flexibility can help increase client satisfaction and lay the groundwork for positive health outcomes. This kind of flexibility also enhances the appeal of partnership to a potential health care partner.

“Meals on Wheels of Albuquerque has a long tradition of providing client-centered, inventive and flexible nutrition services to older adults in our community. Our partnership with Presbyterian Healthcare Services is yet another opportunity for us to expand our service base to meet the needs of medically and nutritionally vulnerable older adults. This partnership not only provides an additional avenue towards funding stability but has also allowed us to take steps toward expanding our services across the state of New Mexico.”

– Shauna Frost, Executive Director
Meals of Wheels of Albuquerque

Advice for CBOs Seeking Partnerships

Looking back at this collaboration, MOWABQ has a few pieces of advice for CBOs seeking to engage in partnerships with health care payers and providers:

- 1. Make it easy for your health care partner** to engage with your services by limiting barriers to access. MOWABQ sought to increase access to its meal benefit by making the referral and qualification processes as easy and as “low friction” as possible.
- 2. Understand medical billing processes** as best as you can. Investing time and effort at the beginning of the partnership to ensure all appropriate staff have the sufficient skills and knowledge will make all the difference when managing the financial aspects of your partnership. If feasible, your CBO could hire a part-time billing coordinator to support its accounting team.
- 3. Be flexible and patient-centered** with your approach to service delivery. Consider ways your CBO can adjust services to better align with client needs and preferences. High levels of client satisfaction will lay the groundwork for positive health outcomes, continued support to sustain your partnership, opportunities for your CBO to advocate for price increases and a chance to leverage partnership success to secure additional funding.

Conclusion

In the [2020 Request for Information Survey](#), administered by the Aging and Disability Business Institute in partnership with the Scripps Gerontology Center at Miami University, more than 30 percent of

responding CBOs with health care contracts indicated that they were providing nutrition programming under contract with a health care entity.⁷ In the 2021 plan year, 387 Medicare Advantage plans offered meals to their members as a supplemental benefit—presenting a tremendous opportunity for CBOs to develop relationships with health care entities to provide nutrition services to members.⁸ AAAs and other CBOs offering home-delivered meals programs can provide high-quality and cost-effective nutrition services to serve the needs of their community.

Endnotes

- 1 Thomas, K.S., & Dosa, D. (2015). Results from a pilot randomized control trial of home-delivered meal programs. prepared for Meals on Wheels America. <https://www.mealsonwheelsamerica.org/theissue/research/more-than-a-meal/pilot-research-study>.
- 2 Thomas K.S., & Mor, V. (2013). Providing more home-delivered meals is one way to keep older adults with low care needs out of nursing homes. *Health Affairs*, 32(10), 796-802.
- 3 National Association of Area Agencies on Aging, Aging and Disability Business Institute, 2020 Final Call Letter Offers Guidance and Structure for Medicare Advantage Supplemental Benefits, <https://www.aginganddisabilitybusinessinstitute.org/2020-final-call-letter-offers-guidance-and-structure-for-medicare-advantage-supplemental-benefits>.
- 4 Presbyterian Health care Systems, *Healthy Food in Health Care Pledge Annual Report*. http://docs.phs.org/idc/groups/public/documents/phscontent/pe_00228079.pdf.
- 5 Health Care Without Harm, *Healthy Food in Health Care*. <https://noharm-uscanada.org/issues/us-canada/healthy-food-health-care>.
- 6 Presbyterian Health care Systems, *Dual Plus Dual Eligible Special Needs Plans*. <https://www.phs.org/medicare/en/Pages/dual-plus-dsnp.aspx#form>.
- 7 Scripps Gerontology Center, *Strengthening Ties: Contracting Between Community-Based Organizations and Health Care Entities*. <https://sc.lib.miamioh.edu/bitstream/handle/2374.MIA/6675/strengthening-ties-contracting-between-CBOs-health-care-entities.pdf?sequence=4&isAllowed=y>.
- 8 ATI Advisory, *New, Non-Medical Supplemental Benefits in Medicare Advantage in 2021*. <https://atiadvisory.com/advancing-non-medical-supplemental-benefits-in-medicare-advantage/>.

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