

August 30, 2022

Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4203-NC  
P.O. Box 8013  
Baltimore, MD 21244-8013

Dear Administrator Brooks-LaSure:

On behalf of Tivity Health, I am pleased to provide you with comments to your Request for Information (RFI) on how the Centers for Medicare & Medicaid Services (CMS) can ensure that beneficiaries enrolled in the Medicare Advantage (MA) program receive equitable, high quality, and whole-person care that is affordable and sustainable.<sup>1</sup>

Tivity Health is a leading health improvement and wellness company that partners with consumers, fitness and community centers, health care practitioners, as well as many of the nation's largest payers and employers to provide services that go beyond direct clinical care to address social determinants of health impacting an individual's health status and well-being. Our flagship program, SilverSneakers®, is one of the nation's leading community fitness and social connectivity programs for older Americans and is offered as a Medicare Advantage supplemental benefit. Millions of SilverSneakers members across the country have access to our network of over 23,000 fitness locations, virtual solutions including live and on-demand fitness classes and educational workshops, and social experiences that promote connection and vitality. Also, Tivity Health's subsidiary, WholeHealth Living, has 30 years of clinical and operational expertise in managing specialty health benefits and networks for MA plans, including integrative health solutions such as chiropractic services, acupuncture and therapeutic massage.

Our comments below address a number of your questions on advancing health equity and expanding access through coverage and care.

### **Advance Health Equity**

- 6. For MA plans and providers that partner with local community-based organizations (for example, food banks, housing agencies, community action agencies, Area Agencies on Aging, Centers for Independent Living, other social service organizations) and/or support services workers (for example, community health workers or certified peer recovery specialists) to meet SDOH of their enrollees and/or patients, how have the compensation arrangements been structured? In the case of community-based organizations, do MA plans and providers tend to contract with individual organizations or networks of multiple organizations? Please provide**

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<sup>1</sup> <https://www.govinfo.gov/content/pkg/FR-2022-08-01/pdf/2022-16463.pdf>.

**examples of how MA plans and providers have leveraged particular MA supplemental benefits for or within such arrangements as well as any outcomes from these partnerships.**

While MA plans partner with local community-based organizations to provide services and supports that address SDOH, CMS should also recognize that MA plans frequently partner with national organizations like Tivity Health, which provides access to physical activity programs and social connections to millions of MA enrollees across the country through SilverSneakers. Tivity Health also manages specialty health benefits and networks of providers for integrative health services, which are offered as MA supplemental benefits. We therefore urge the agency to ensure that both community-based and national organizations alike are considered when making policy changes governing how MA plans partner with third parties to address SDOH.

Tivity Health contracts with 80 Medicare Advantage plans to offer SilverSneakers. Tivity's network contracts can be with participating locations that are gyms, senior centers or YMCAs. Generally, reimbursement is based on participation. SilverSneakers classes and digital classes are led by qualified and certified instructors, and over the years, the program has also added bi-lingual offerings and classes.

SilverSneakers classes are offered in a wide variety of locations outside of traditional fitness locations, including senior centers and assisted living facilities. The flexibility of the fitness benefit and partnership with health plans nationwide provides an opportunity to create sites in rural communities. In addition, digital classes that grew during the COVID-19 pandemic have proven to be a popular option for members who may experience a lack of transportation, unsafe weather conditions, and other barriers to access.

Tivity Health has partnered with USAging, local Area Agencies on Aging and senior centers through a strong relationship with the National Association of Nutrition and Aging Services Programs for a variety of pilots and projects. We have discovered that the coordination and contracting between a health plan providing supplemental benefits and local community-based organizations using Title III Older Americans Act funds can be enhanced with improved contracting collaboration and education. It is also challenging for national groups and statewide organizations to contract with multiple community-based organizations. Thus, working through a national organization, like Meals on Wheels or USAging, often has benefits. We encourage CMS to continue to work with the Administration for Community Living to assure maximum coordination of benefits and to avoid overlap or duplication of services and care.

Tivity Health has maintained longstanding partnerships with MA plans in providing access to physical fitness supplemental benefits. A recent independent, scientific study conducted by Avalere Health (an Inovalon Company), showed that members enrolled in SilverSneakers cost 16 percent less than those not enrolled in the program. Those savings continued and even increased as members aged and managed increasing numbers of chronic conditions.<sup>2</sup> In this study, researchers compared the healthcare utilization/costs and quality outcomes of SilverSneakers members six months after joining the program with the same metrics six months before joining the

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<sup>2</sup> [http://www.tivityhealth.com/wp-content/uploads/2021/04/Avalere-SilverSneakers-Cost-Study-Full-Deck\\_Avalere-Updated-4-26-21.pdf](http://www.tivityhealth.com/wp-content/uploads/2021/04/Avalere-SilverSneakers-Cost-Study-Full-Deck_Avalere-Updated-4-26-21.pdf).

program. These beneficiaries experienced improvements in health outcomes including reductions in hospitalizations and improved medication adherence.<sup>3</sup> Similar improvements of quality outcomes and reductions of healthcare utilization/costs were found when the experience of SilverSneakers members was compared to a control group of MA beneficiaries that were not enrolled in SilverSneakers.<sup>4</sup>

Through a consultative approach, WholeHealth Living partners with health plans to develop a specialty benefit and pain management strategy that includes benefit design, medical policy alignment, and competitive, market-specific fee schedules. For 30 years, our multi-disciplinary clinical team has partnered with regional and national health plans, managing benefits for Medicare, Medicaid and commercial members and guided the development of physical medicine and integrative health solutions spanning a variety of specialties that include chiropractic, acupuncture and therapeutic massage. These partnerships have delivered high-quality, medically necessary care that result in reduced costs.

At WholeHealth Living, we also promote nonpharmacologic options earlier in the care continuum because they are less invasive and can be less expensive. Also, they typically pose a lower risk than drugs or surgery and can help reduce opioid use. We recognize that musculoskeletal conditions are a major contributor to medical costs, and we are committed to bridging the gap between members, practitioners, health plans, and the broader medical community to increase the understanding and acceptance of physical medicine and integrative health solutions.

**8. What physical activity-related supplemental benefits do MA plans provide today? At what rate do enrollees use these benefits? How do these benefits improve enrollees' health? What physical activity-related policy changes within the scope of applicable law could lead to improved health for MA enrollees?**

Tivity Health provides SilverSneakers, which is one of the nation's most recognized and respected physical activity programs for older adults, delivering solutions that attract and engage millions nationwide, as an MA supplemental benefit. Eligible members receive a basic fitness membership at thousands of locations nationwide with access to amenities and fitness classes including SilverSneakers classes designed to improve muscular strength, endurance, mobility, range of motion, balance, and coordination, as well as opportunities for social connection to support beneficiaries in improving and maintaining health. SilverSneakers offers members in participating health plans access to virtual engagement solutions including physical activity, mental enrichment, and wellness focused classes and workshops that can be accessed online or via the SilverSneakers mobile app.

Generally, around 97 percent of MA plans offer a fitness benefit.<sup>5</sup> According to a Morning Consult survey of Medicare Advantage members, among features/benefits of participating in a Medicare Advantage plan, 29 percent of respondents cite fitness as important and over 26 percent report having exercised in the last three months.

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<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> Freed M, Damico A, Neuman T, [Medicare Advantage 2022 Spotlight: First Look](#) (November 2, 2021).

Supplemental benefits, especially fitness benefits, play an important role in improving the health of MA enrollees. The prevalence of chronic illness in our country is well documented with six out of 10 adults having a chronic illness and four out of 10 adults having two or more chronic illnesses.<sup>6</sup> In the Medicare program, beneficiaries with two or more chronic illnesses account for over 65 percent of the total Medicare population.<sup>7</sup> In addition, the adverse impact on beneficiary health outcomes and spending in the Medicare program has become even more severe as a result of the COVID-19 pandemic, which has disproportionately impacted the chronically ill.<sup>8</sup>

Physical inactivity and sedentary behavior are significant contributors to chronic illness and the resulting healthcare costs are staggering. Over 11 percent of U.S. healthcare expenditures are related to physical inactivity, or approximately \$418 billion per year.<sup>9</sup> In addition, excess weight and a sedentary lifestyle are risk factors for one-quarter to one-third of all common cancers in the United States.<sup>10</sup>

Federal agencies, such as the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), have recognized that physical activity plays an important role in addressing chronic illness.<sup>11</sup> Physical activity is a key component to improving and maintaining an individual's overall well-being. When a person increases physical activity from zero to one time per week to more than three times per week, his or her medical costs can decrease by \$2,202 per year.<sup>12</sup>

The importance of physical activity and social connection to the health of older Americans also is demonstrated by a study conducted by Avalere Health (an Inovalon Company), which showed that members enrolled in SilverSneakers cost 16 percent less than those not enrolled in the program.<sup>13</sup> Those savings continued and even increased as members aged and managed increasing numbers of chronic conditions.<sup>14</sup> In this study, researchers compared the healthcare utilization/costs and quality outcomes of SilverSneakers members six months after joining the program with the same metrics six months before joining the program. These beneficiaries experienced improvements in health outcomes including reductions in hospitalizations and improved medication adherence and a 16 percent decrease in health care expenditures.<sup>15</sup> Similar improvements of quality outcomes and reductions of healthcare utilization/costs were found when the experience of SilverSneakers

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<sup>6</sup> <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>.

<sup>7</sup> Centers for Medicare and Medicaid Services, *Prevalence State/County Level: All Beneficiaries by Age, 2007–2018* (CMS, 2018).

<sup>8</sup> Centers for Medicare and Medicaid Services, *Preliminary Medicare COVID-19 Data Snapshot: Medicare Claims and Encounter Data: Services January 1 to September 12, 2020, Received by October 9, 2020* (CMS, Oct. 9, 2020).

<sup>9</sup> Carlson SA, Fulton JE, Pratt M, Yang Z, Adams EK. Inadequate Physical Activity and Health Care Expenditures in the United States. *Progress in cardiovascular diseases*. 2015;57(4):315-323. 2014.08.002. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4604440/>.

<sup>10</sup> American Cancer Society. *Cancer Facts & Figures 2012*. Atlanta: American Cancer Society, 2012.

<sup>11</sup> <https://www.nia.nih.gov/health/promoting-wellness-older-patients>;  
[https://www.cdc.gov/physicalactivity/basics/older\\_adults/index.htm](https://www.cdc.gov/physicalactivity/basics/older_adults/index.htm).

<sup>12</sup> Cross, M. "Spend Money on Healthy People." *Managed Care*, August 2004.

<sup>13</sup> [http://www.tivityhealth.com/wp-content/uploads/2021/04/Avalere-SilverSneakers-Cost-Study-Full-Deck\\_Avalere-Updated-4-26-21.pdf](http://www.tivityhealth.com/wp-content/uploads/2021/04/Avalere-SilverSneakers-Cost-Study-Full-Deck_Avalere-Updated-4-26-21.pdf).

<sup>14</sup> [http://www.tivityhealth.com/wp-content/uploads/2021/04/Avalere-SilverSneakers-Cost-Study-Full-Deck\\_Avalere-Updated-4-26-21.pdf](http://www.tivityhealth.com/wp-content/uploads/2021/04/Avalere-SilverSneakers-Cost-Study-Full-Deck_Avalere-Updated-4-26-21.pdf).

<sup>15</sup> *Id.*

members was compared to a control group of MA beneficiaries that were not enrolled in SilverSneakers.<sup>16</sup>

Also, a study conducted by Washington, DC Veterans Affairs Medical Center clinicians documented the link between physical fitness and reduced risk of developing Alzheimer's disease.<sup>17</sup> The nine-year study followed 649,605 Veterans who were an average age of 61 years, showed no signs of Alzheimer's disease at the start of the study, and were divided into five groups based on their fitness level (most fit, second most fit, middle, second least fit, and least fit). Overall, the study found that any level of fitness was correlated with a decreased risk of developing Alzheimer's disease; additionally, the disease case rate decreased as the level of fitness increased. The least fit group developed Alzheimer's at a rate of 9.5 cases per 1,000 person-years, and the most fit group developed Alzheimer's at a rate of 6.5 cases per 1,000 person-years. Adjusted data showed that the most fit group was 33 percent less likely to develop Alzheimer's disease than those in the least fit group; the second most fit group was 26 percent less likely, the middle group was 20 percent less likely, and the second least fit group was 13 percent less likely to develop the disease than those in the least fit group.<sup>18</sup> This study adds to the growing evidence base that physical activity can improve health, lessen the effect of other Alzheimer's disease risk factors such as coronary heart disease and hypertension, and improve cognition by enhancing blood, neural connectivity, and volume in the brain.<sup>19 20 21</sup>

CMS should provide more incentives for plans to encourage enrollee use of physical fitness supplemental benefits as well as promote physical activity in general. For example, the agency can recognize the importance of physical fitness and the significant impact it has on physical well-being and healthcare cost savings by aligning MA Star Ratings with this policy priority. Providing transparency around how an MA plan is promoting physical activity, as well as accountability about the plan's performance on this metric would serve as an incentive for MA plans to place more of a priority on this goal, directly impacting the health of their members.

CMS also should update next year's Medicare & You handbook to place more emphasis on physical activity. For example, in page 5 of Medicare & You 2022, the agency states, "Plans may offer some extra benefits that Original Medicare doesn't cover—like vision, hearing, and dental services."<sup>22</sup> "Physical fitness" should be added to this list of examples.

Also, in page 62, the agency states, "Most Medicare Advantage Plans offer coverage for things Original Medicare doesn't cover, like fitness programs (**like gym memberships or discounts**) and some vision, hearing, and dental services. Plans can also choose to cover even more benefits."<sup>23</sup>

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<sup>16</sup> *Id.*

<sup>17</sup> <https://www.va.gov/washington-dc-health-care/stories/physical-fitness-linked-to-lower-risk-of-alzheimers-disease/#:~:text=A%20breakthrough%20study%20led%20by.memory%2C%20thinking%20and%20reasoning%20s kills.>

<sup>18</sup> <https://www.sciencedaily.com/releases/2022/02/220228125736.htm>.

<sup>19</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6130261/>.

<sup>20</sup> [https://journals.lww.com/acsm-msse/Fulltext/2019/06000/Physical\\_Activity,\\_Cognition,\\_and\\_Brain\\_Outcomes\\_.19.aspx](https://journals.lww.com/acsm-msse/Fulltext/2019/06000/Physical_Activity,_Cognition,_and_Brain_Outcomes_.19.aspx).

<sup>21</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5934999/>.

<sup>22</sup> <https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>.

<sup>23</sup> *Id.* (emphasis added).

Physical activity programs offered as supplemental benefits such as SilverSneakers are much more than a “gym membership” and are in fact considered one of the eight essential life factors for avoiding and managing heart disease and strokes.<sup>24</sup> We therefore recommend replacing “(like gym memberships or discounts)” with “(like physical activity programs)”.

We also urge the agency to provide flexibility for MA plans and their partners to provide incentives, such as loyalty programs or awards to encourage enrollees to their next healthy action, which provides an incentive to enrollees to take advantage of their supplemental benefits for physical fitness.

Moreover, expanding access to physical fitness programs in rural and underserved areas is essential to improve health outcomes for individuals in those areas and achieve the agency’s goal of ensuring health equity in the MA program. Access to physical activity can come in the form of digital applications to ensure transportation is not a barrier to engagement. At Tivity Health, we see the value of digital interventions for physical activity in rural and underserved communities. We saw an increase in the use of technology and digital classes during the COVID-19 pandemic, and this interest has remained. Seniors in these communities usually have less access to community resources, and this results in lower rates of physical activity and disproportionately higher rates of chronic illnesses. In addition, broadband access is important to ensure accessibility of these services so that continued support from the Administration to expand broadband access is critical to ensuring that rural and underserved areas have access to MA supplemental benefits that will help improve health outcomes. Furthermore, financial resources and support specifically designated towards establishing networks of in-person locations and classes in rural and underserved areas is critical for MA plans and providers of supplemental benefits as well as financial resources and support to ensure their continued availability. Based on Tivity Health’s experience, ensuring access to SilverSneakers in rural and underserved areas require significantly more resources than in urban or suburban communities.

### **Expand Access: Coverage and Care**

- 6. What factors do MA plans consider when determining whether to make changes to their networks? How could current network adequacy requirements be updated to further support enrollee access to primary care, behavioral health services, and a wide range of specialty services? Are there access requirements from other federal health insurance options, such as Medicaid or the Affordable Care Act Marketplaces, with which MA could better align?**

CMS should take steps to ensure that MA beneficiaries have access to a broad range of treatments, including integrative health services such as acupuncture, chiropractic care, and therapeutic massage. These types of treatments as well as physical therapy and exercise therapy can provide critical non-pharmacological alternatives to opioids or high-risk medical procedures including surgeries. CDC, NIH, the Joint Commission, and American College of Physicians all support primary conservative care incorporating exercise and movement, chiropractic, physical therapy, massage therapy, and acupuncture. These therapies have been established to lessen pain and address musculoskeletal conditions.

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<sup>24</sup> <https://www.heart.org/en/healthy-living/healthy-lifestyle/lifes-essential>.



MA plans have long partnered with Tivity Health in the provision of these types of therapies as supplemental benefits. Tivity Health, through its subsidiary, WholeHealth Living, has 30 years of clinical and operational expertise in managing integrative health benefits and networks, including integrative health services such as chiropractic services, acupuncture and therapeutic massage. In light of the importance of providing patients with broad access to non-pharmacological alternatives to pain management treatments, we therefore urge CMS to continue encouraging MA plans to provide broad access to these treatments.

**8. How are enrollees made aware of supplemental benefits for which they qualify? How do enrollees access supplemental benefits, what barriers may exist for full use of those benefits, and how could access be improved?**

Tivity Health believes that the marketing efforts of MA plans and their partners should not only inform beneficiaries about the details of a given plan, but also encourage enrollees to use available benefits that promote overall wellbeing and a healthy lifestyle. For example, the positive impact of the physical fitness supplemental benefit on Medicare beneficiary health status and health care costs has been discussed above. We urge the agency to provide flexibility for MA plans and their partners to provide incentives, such as loyalty programs or awards to encourage enrollees to their next healthy action, which provides an incentive to enrollees to take advantage of their supplemental benefits for physical fitness.

Thank you for the opportunity to provide feedback on strengthening the MA program. If you have any questions or need more information, please contact Vicki Shepard, Tivity Health's Vice President for Government and External Relations, at [vicki.shepard@tivityhealth.com](mailto:vicki.shepard@tivityhealth.com).

Sincerely,

Richard Ashworth  
President and CEO