

From: GMCB.Board@vermont.gov on behalf of [Green Mountain Care Board](#)
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Submitted by: Anonymous

Submitted values are:

Name

Ethan Parke

Town/City

Montpelier

Email Address

ethanparke@yahoo.com

Topic

Accountable Care Organization

Comment

The elimination of fee-for-service is the stated underlying aim of the ACO, the All Payer Model, and "value-based care," and yet, despite Hamilton Davis's protestation, this aim is totally misplaced. Consider that two thirds of the 38 OECD member countries use fee-for-service as their predominant payment method. These countries control costs better than we do and have good quality measures. How do they do it? By adopting a uniform, annually negotiated fee schedule applicable to all payers. In the US there is no such regulation outside of Medicare and Medicaid. Instead private insurers are left to negotiate fees with hospitals. Those fees reflect our true cost drivers: enormous administrative waste, exorbitantly expensive prescription drugs, profiteering and yes, in some cases, downright fraud. As an example, contrast traditional fee-for-service Medicare with its capitated counterpart, Medicare Advantage. Traditional Medicare has very low administrative expense and provides good quality care at a reasonable cost to society. Medicare Advantage has very high administrative expense and provides questionable quality at a high cost to society. We must stop thinking that payment method is the key to health care reform. Fee-for-service, capitation, and salary are all acceptable, but only if a government entity has the authority to make those payments. Tinkering with payment methods in the absence of that basic reform is bound to fail, as we have seen with OneCare.

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Yes