

A new GMCB Public Comment has been received.

Submit Time: 12/3/2023

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Town/City: New Haven, VT

Topic: ACO and Vytalize and MCH

Comment: We at Mountain Community Health (MCH) have been hearing a great deal about “major changes” that are thought to be coming to our health center. No one has talked with us about whether there will in fact be changes, or if there were, what those changes might be. Let’s look at what MCH is actually doing and planning. About MCH and ACO’s: As a healthcare provider we must deal with what exists in the current environment. Accountable Care Organizations (ACOs) represent a means to attain improved quality of services and better outcomes along with financial rewards from U.S. Centers for Medicare and Medicaid Services (CMS) for doing so. Rather than integrate the goals dubbed “REACH” (an acronym for “Realizing Equity, Access and Community Health”) into CMS processes, CMS decided to essentially farm these functions out to ACOs as operational and fiscal intermediaries. This is a reality. Vytalize is an ACO approved by the federal government, CMS/Medicare, to provide ACO REACH Medicare administration and support. CMS has stated that they will stringently review all aspects of ACO ownership, leadership and governing boards as part of the application process and then provide ongoing monitoring of partners such as Vytalize. While we can debate the efficacy of ACOs like OneCare, we see our arrangement with any ACO as one of collaboration. It is in Vytalize’s best interest that we attain the set ACO REACH goal. If properly managed, it will be good for our patients’ care and outcomes. Here are answers to some of the issues that have been raised. Up-coding: Based on the method by which this ACO functions and the nature of MCH’s single billed code/payment as a Federally Qualified Health Center or FQHC, there is no opportunity for “up-coding” to take place. Opting out: The idea that patients might be able to opt in or out of ACO “care” is improbable. A sizeable portion of care MCH provides passes through OneCare. How opting out could work, and what difference it could make to patients if they did opt out is unclear. How could such a process even be implemented? Financial risk: Much like OneCare, the contracted arrangement with Vytalize as it relates to Primary Care Practices is upside only; there is no downside risk for MCH. There is no financial risk to MCH, its patients or Clinicians. Staff involvement: MCH’s staff is hardly unaware of Vytalize and ACO REACH. The Clinical Support team have been working on the implementation of the ACO since August of this year. There are a number of steps that must be met prior to the go-live date and the staff has been working diligently in that regard. Outcomes: Vytalize will provide MCH with reporting regarding our performance relative to the ACO REACH goals, with particular focus on quality and outcomes. Their staff can work with ours to improve care and outcomes through best practices. Clinicians are completely free, as they have always been, to manage patient care that represent their commitment to sustainable practice. In the end it is important to note that we have yet to go live with Vytalize, which will occur on January 1, 2024. The “proof will be in the pudding” going forward. Our Clinical Team will provide feedback as to the balance of the efforts relating to compliance versus the benefits to patients. This will ultimately determine our path forward in this partnership.

Post Comment: Yes