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Sent on: Monday, December 4, 2023 5:29:53 PM

To: GMCB - ACO<GMCB.ACO@vermont.gov>; GMCB - Board Members<GMCB.BoardMembers@vermont.gov>; Bredice, Tara<Tara.Bredice@vermont.gov>

Subject: Public Comment: Accountable Care Organization (ACO) 2023-12-04T17:29:51Z

A new GMCB Public Comment has been received.

Submit Time: 12/4/2023 5:29:51 PM

Name: Ruth wplk

Affiliation:

Town/City: Putney

Topic: Accountable Care Organization

Comment: Please REJECT the Budget that New York-based private-equity-financed firm, "Vytalize Health," submitted to the Green Mountain Care Board (GMCB) to manage the health care of Medicare beneficiaries at two federally-qualified health centers in Orange County. 1. TIME: Please give MORE TIME for public research, comment, and legislative input in this issue, any approval opens a Pandora's box of open-doors for out-of-state and for-profit schemes to enter Vermont. A. There is not enough time for the public/State to review vast implications of adding Private Equity For-Profit firms into traditional Medicare in the State - repercussions for people, practitioners, clinics, State, etc. B. There is not enough time to review implications of allowing NYC city-based firms into the business and healthcare of rural Vermonters in-state: financially, culturally, ethically. C. There is not enough time to review actual studies/reports of Medicare Advantage vs. Traditional Medicare and impact of each on real-world actual HEALTH and HEALING numbers (healing vs. simple data on how many blood-pressures/glucose sticks were taken "on schedule" as "preventative care") D. There is not enough time to review evidence of financial impact on practitioners and profit margins for the budget itself. E. There is not enough time to look at specifics of this company's ethics in finance records. How do they utilize AI- and auto-denial's, or contextual denial policies; what is their history of operating in other clinics/health centers? Look at their policy/protocols of padded coding and billing for diagnosis and icd-10 codes being "fudged" in order to get more per person from Medicare system. 2. NO PRIVATE INTERMEDIARIES: A. Vermont does not need intermediaries taking Vermont healthcare money out of state to fill the coffers of wall street investors. Vermont needs a closed loop where healthcare dollars beget more healthcare dollars, where incentives include health and healing -> equaling more healthy creative work and labor and living from Vermonters, who then need less in-depth healthcare -- rather than cycles of denial of care, denial of testing, missed diagnoses', and overuse of cheaper antibiotics, steroids, etc, which is where this would all lead. B. Intermediaries make money on being middlemen, they do nothing other than impose rules and limitations on the process of care, without knowing any clients, while taking money from the Medicare system; and then deny care to people and send little money to the actual healthcare centers. If they do not spend their time denying care it is because they have already overinflated their coding practices to get the most per patient out of the Medicare system, and then pay some but not all out to health centers. C. If the middleman's profit is \$1 million dollars, the Health Center gets \$300,000. Why? If the healthcare center makes that same \$1 million from Medicare, then they can spend that on better services, diagnostics, endowments for community needs, Vermont initiatives for care and better supports in place for health - in order to lower needs that lead to chronic conditions like: experiencing houselessness, create social services for mental health, PTSD, case managers for complex needs, care related to body sovereignty, creating more jobs, working with disabled people so all people with chronic healthcare needs have efficient, affirming, helpful care that is as healing as possible; which lowers risks of co-morbidities. 3. TRANSPARENCY + PUBLIC GOOD: Let the Public see the background, budget, financials, plans, past, projections of this company, to see if it is clear, good, helpful, positive, or if it is just a targeted money grab from seniors and disabled people. A. ALL people should KNOW who they are paying and how spent, DOCTORS

should dictate the care of clients, NOT MONEY/Profits. People will be signed up without consent, without knowing why they may be suddenly denied care.

Post Comment: Yes