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Sent on: Friday, December 1, 2023 2:40:23 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) 2023-12-01T14:40:20Z

A new GMCB Public Comment has been received.

Submit Time: 12/1/2023 2:40:20 PM

Name: Andy Barter

Affiliation: Little Rivers Health Care

Town/City: Newbury

Topic: Accountable Care Organization

Comment: Little Rivers Health Care conducted a discovery process regarding 2024 ACO opportunities. We have an interest in transforming to health care that is designed to focus on quality of care, provider performance and the patient experience (value-based care), and we have not encountered practical means to do so since the dissolution of CHAC (Community Health Accountable Care, LLC). Our initiative included reaching out to Aledade, Inc., Lore Health ACO, LLC, Vytalize Health ACO, and OneCare Vermont. LRHC encountered Vytalize at Bi-State Primary Care Association's Primary Care Conference. LRHC proactively reached out to Aledade, Lore Health, and OneCare Vermont. LRHC leadership staff, including our CMO and CNO, met with representatives of Aledade, Lore, and Vytalize. We found three different approaches. Aledade presented an opportunity with the CMS Medicare Shared Savings Program (MSSP) with an ACO duty to make savings payments to our practice upon the ACO's prior receipt of payment from the MSSP. Lore presented an MSSP program primarily based upon creating an anonymous community of patients to manage and change lifestyles. Lore's program involved patient rewards and per member per month (PMPM) savings to LRHC. Vytalize presented an opportunity to participate in the CMS ACO Realizing Equity, Access, and Community Health (ACO REACH) Model. LRHC had multiple engagements with Aledade, Lore, and Vytalize. We connected with one reference for Aledade (Ammonoosuc Community Health), and with four references for Vytalize (Cottage Hospital, Lamprey Health-NH FQHC, Mid-State Health Center-NH FQHC, and HealthFirst-NH FQHC). All references were positive. All three ACO models were fundamentally different, and we found a diverse range of technical assistance and potential savings. The Vytalize ACO provided the most expansive programming for provider and administrative education, for hierarchical condition category (HCC) coding optimization, and for potential savings. The Vytalize ACO was distinguished as the most responsive with timely and meaningful engagements and detailed information, was distinguished with savings payments throughout the performance year (as compared to the following year), was distinguished with no downside risk, and was distinguished with substantially more savings potential. I reached out to OneCare Vermont through their website for information. My inquiry was responded to with a thank you email, an approval letter, a request for a provider file with three worksheets, and a request for payer letters. The response did not include any general organizational information, ACO information, or an offer for an introductory and informational meeting, and the two requested items were due within ten calendar days. I received a follow up email requesting the files or to respond to confirm no interest in 2024. Development work with OneCare Vermont will continue, but an engagement was not practical for 2024. LRHC was a member of CHAC, a previous primary care-based network of providers whose philosophy for caring for patients was built upon the Federally Qualified Health Center commitment to provide access to care to all who seek it. Upon the implementation of ACO regulation in Vermont, CHAC dissolved, and LRHC has not since participated with an ACO. Our experience is that the Vermont health service area architecture is problematic for LRHC's participation with OneCare Vermont. The opportunities presented to us from Aledade, Lore, and Vytalize are not influenced by the Vermont health service area structure. We began working with Vytalize in July for education and preparatory work towards

2024 participation in the ACO REACH model. We are thankful for all engagements with the GMCB, Vytalize, OneCare Vermont, and Bi-State Primary Care Association. I am available to discuss our process and determination to participate in the Vytalize ACO REACH program in 2024, and this opportunity is critical for our health center.

Post Comment: Yes