

Name

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Town/City

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Topic

Accountable Care Organization

Comment

My comment is regarding the Clover Health Partners FY '22 Budget:

As you probably know, the CMS is concerned about Wall Street companies such as Clover Health Partners making profits on handling Medicare Health Insurance claims as risk takers. So they are changing the name from DCE's to REACH-ACO which also includes organizations like OneCareVT, an ACO. I believe I speak for many elder healthcare consumers when I say that we do not want to allow Wall Street firms to be running our health care system in Vermont, or anywhere. This is currently being discussed in Wash., D.C. as well. Please vote "NO" on giving any money to Clover Health Partners in FY '22.

Although I am speaking for myself alone, I am keeping up as best I can with what "consumers" are able to find out about health care financing in Vermont. I have spoken before about why I think OneCareVT should be discarded because of its huge administrative costs and up-coding of diagnoses so as to make money for their administrators, providers and even hospitals, as they keep prices up for Public Medicare co-insurance policies for individuals, small businesses and independent proprietors as opposed to large corporations and those with union negotiators. This is something I think Governor Scott would be interested in knowing about!

Grave mistakes were made by President Obama when he passed a very compromised Affordable Care Act that now allows private insurers, and in this case, Wall Street stock companies to become a part of eating up our dwindling health care trust fund. CMS is already stating that they think the fund will be empty in the 2030's at the current rate of health care spending particularly by ACO's and DCE's (soon to be called REACH-ACO's) That, to me, means no more public funding for Medicare except through private insurance!

Just look at the administrative costs added on to healthcare spending by OneCareVT and Medicare Advantage plans; even the ones that are controlled by local hospitals and insurers! What do they pay their CEO's and upper crust policy makers? And now we have no separation between those who designed this crazy system and those who are earning huge salaries administering it. Is that the Vermont way?

I must admit that as a Vermont healthcare consumer, I know some of the shortfalls of the current systems and who is making money by not using up their designed estimate of what their uploaded diagnoses suggested they might spend and what the ACO's submit to CMMI, part of CMS as part of what is called an "innovation" that will not only save dollars but will provide better care for all members. As an 85 year old traditional Medicare recipient, who now has about 19 diagnoses on MY Chart and now has my dx. of osteoarthritis upgraded to severe arthritis, I received a check for \$10.00 last year from CMS for not

having spent as much money as had been estimated! If I received a \$10 kickback, I wonder how much of a kickback the providers, hospitals, administrators and intermediaries received?.

And why do you think that primary care doctors and nurses are leaving Vermont for "greener pastures"? Let's get back to supporting true healthcare reform by providing Universal healthcare for all Americans and certainly, for all Vermonters.

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Yes