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Topic

Accountable Care Organization

Comment

One question is: Does OneCare's \$15.3 million operations budget buy anything of value for Vermonters? And can we quantify the additional administrative expense incurred by payers and providers as a result of interacting with OneCare? The ACO's total cost of care (projected revenue from health care payers) is \$1.33 billion. The total spend on actual care (projected payments to providers) is \$1.32 billion. So \$10 million of our health care dollars are skimmed off by OneCare. This is augmented by other revenue, including \$18.7 million from hospitals (up \$3.6 million from last year), creating a total administrative budget of \$44.1 million. Some of this is used for care coordination, SASH, and other community health initiatives. All well and good. But do these investments need to pass through a third party? No. And could the \$18.7 million from hospitals be used to retain health services in rural areas rather than to create jobs for OneCare data pushers? Yes. My conclusion is that the health care dollars that we all put into the system through taxes, premiums, and out-of-pockets, would be better spent in direct provision of care, cutting out as many middlemen as possible, be they insurance companies or ACOs. Please look at phasing out OneCare and phasing in a more rational, simpler model.