

Vytalize Health 9 ACO, LLC - FY24 Budget Order Condition 5 Questions

October 1, 2024

1. Summarize how Vytalize’s first year operating in Vermont is transpiring. Describe what aspects of implementation, operation, patient engagement, quality and financial outcomes (if known) are going as planned, as well as any aspects that are not.

Vytalize has been able to support the facilitation of improved and accountable patient care in Vermont successfully. By engaging with practices, supporting efficient workflows, and making recommendations where appropriate, we have empowered Vermont providers from multiple angles to help them better achieve their standards of patient care. For example, we have been able to provide practices with data in a meaningful way, including to support closing gaps in care, identify patients who are due for an Annual Wellness Visit, highlight high-risk patients, and real-time practice notifications when patients are discharged from the hospital or emergency department.

While we have encountered some challenges, we are working with practices to create processes that work for them and have seen examples of successful implementation. Notably, we have seen a high degree of engagement with scheduling and completing Annual Wellness Visits.

2. Provide a report of all complaints/grievances filed by any Medicare beneficiaries regarding Vytalize 9 ACO from 2023 to the present. This report should denote any complaints from Vermont beneficiaries.

There has been one complaint, from a Medicare beneficiary in Vytalize 9 ACO, related to the Medicare Beneficiary Notification letter, which Vytalize 9 ACO is required to send as part of its ACO REACH requirements. Specifically, the complaint was that the letter did not list the Primary Care Provider's name. This beneficiary does not live in Vermont.

3. Since testimony given during Vytalize’s FY24 Budget Hearing, has the ACO had to “claw back” any advances in shared savings from their network providers?

Vytalize has not had to claw back any advances against shared savings, however, we do generally reserve the right to make administrative adjustments for incorrect payments.

4. Vytalize’s Health Equity Plan was implemented in an area in Mississippi in 2024. Has the ACO determined whether to expand these efforts into other states? If yes, what is the timeline for implementation and in what geographic areas? If not, why not and what are the next steps?

Vytalize is working to address the needs of our beneficiaries. Our Health Equity Plan was approved by CMS at the end of 2023. Since that time, Vytalize has interviewed the pilot practice for Health Equity Plan readiness. We have also completed the building of new screening tools in digital platforms, and development of internal workflow processes for use of these tools. This allows for beneficiaries to be screened upon referral to clinical services.

As part of participation in ACO REACH, we are screening beneficiaries for Social Determinants of Health such as housing, food, and transportation. If a need is identified, our clinical services team is available to contact the patient and identify the next best step to address the need, which could include referral to a community-based organization, for example. Patients in different regions nationally, including in Vermont, are being reached out to. Through this effort, we have identified areas for process improvements in our Health Equity Plan. We are in the process of submitting a request to CMS for an update to our formal Health Equity Plan, and therefore will not be expanding the program at this time.