

For Immediate Release

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October 18, 2017 -- MONTPELIER, VT – On October 18, 2017, the Board of Community Health Accountable Care, LLC (CHAC) decided to terminate its Medicare Accountable Care Organization Shared Savings Program agreement with the Centers for Medicare and Medicaid Services, effective 1/1/2018 and to conclude ACO operations.

Vermont’s health centers will continue to work together with the state and their community partners to improve the health of the patients that they serve. This will include continued focus on the clinical goals of Vermont’s All-Payer Model.

“CHAC has always believed that a strong primary care system working with other community organizations is the cornerstone to a healthier Vermont and more effective health care system. CHAC is proud of our record, particularly on behalf of the Medicaid patients we served,” notes Dan Bennett, CEO of Gifford Health Care and Chair of the CHAC Board. In August, the Green Mountain Care Board announced that for the third year in a row, CHAC reduced the total cost of care associated with its Medicaid patients, achieving savings for Vermont’s Medicaid Program. Between 2014 and 2016, CHAC’s average total cost of care (expressed as a “per member per month” average) declined by approximately 5%, from \$189.83 PMPM (2014) to \$180.53 PMPM (2016). At the same time that CHAC reduced the Medicaid dollars spent on care, CHAC implemented clinical quality improvement guidelines in the areas of Congestive Heart Failure, Diabetes, Chronic Obstructive Pulmonary Disease, Depression Screening and Treatment, Falls Risk Assessment, and Colorectal Cancer Screening, and CHAC demonstrated significant quality improvement on quality of care measures.

CHAC’s Board determined that they would make a greater impact for their patients and in support of Vermont’s All-Payer Model by focusing on local collaborations and continuing their joint work on quality improvement and health reform readiness. Vermont’s health centers and their community partners will continue to meet regularly to develop and implement evidence-based clinical recommendations, analyze data for purposes of health improvement and cost management, and learn from each other’s innovative work. “We have numerous opportunities every day to do good work on behalf of our patients in our respective communities and as a statewide network of health centers and primary care providers,” notes Pam Parsons, CEO of the Northern Tier Center for Health and Vice Chair of the CHAC Board.

CHAC will be winding down its ACO contracts in the coming months and will ensure an orderly close-out for all 2017 ACO programs, including the Medicare Shared Savings Program.

About CHAC:

Founded by Vermont’s health centers, CHAC is a primary care-centric accountable care organization that has been operating since 2014. CHAC’s governing board includes ten Federally Qualified Health Centers, home health, community mental health, community hospitals, the primary care association, and three consumer representatives. CHAC is owned in equal shares by eight Federally Qualified Health Centers and Bi-State Primary Care Association. www.communityhealthaccountablecare.com