

**Green Mountain Care Board** 89 Main Street Montpelier, VT 05620 [phone] 802-828-2177 www.gmcboard.vermont.gov Alfred Gobeille, Chair Cornelius Hogan Jessica Holmes, PhD Robin Lunge, JD, MHCDS Betty Rambur, PhD, RN Susan Barrett, JD, Executive Director

## **DELIVERED ELECTRONICALLY**

December 22, 2016

Ms. Shireen Hart, Esq. Primmer, Piper, Eggleston & Cramer, PC 150 South Champlain St. PO Box 1489 Burlington, VT 05402

## **RE:** Docket No. GMCB-013-16con, Proposed Renovations to The Pines at Rutland Center for Nursing and Rehabilitation in Rutland. Project Cost: \$3,772,009.

Dear Shireen:

Thank you for the application for the above referenced project. The information requested below is needed to complete our review. Please respond to the following:

- 1. Identify the corresponding average case mix, average RUG category and average RUG score associated with the net Medicare revenue in the proforma for 2016, 2017, 2018 and 2019.
- 2. Attachment 9, Page 6, Note 4 of the Combined Financial Statements indicate an increase of 1,095 private pay days and 1,825 Medicare inpatient days over the three year proforma period 2017 through 2019. Explain the source of the increase in the payer mix for private pay and Medicare inpatient days.
- 3. Attachment 9, Page 2 of the Combined Financial Statements: Detail what is included by discipline and expense in the Other Services line item for each year 2015 through 2019.
- 4. Post-project net revenue (not including Bad Debt) is assumed to increase by over \$2,500,000 from 2015 to 2019. Explain the rationale for this assumption and identify the sources of revenue that account for the increases.
- 5. Attachment 1, Table 2, Line item 17, detail what is included in the line item titled "Other" for \$210,368.
- 6. The Medicare inpatient revenue per diem is assumed to be over \$600 per day in 2018 and 2019. Explain the rationale for this assumption and identify the type of resident need associated with the diems of over \$600.



7. Identify all project-related party transactions such as General Contractor, Contractor, Vendors, etc. If applicable, identify transaction, costs and charges for each.

In responding, restate the question in bold font and respond in unbolded font. Send the original and two hard copies (three-hole punch one hard copy) with a Verification Under Oath to my attention at the Green Mountain Care Board, 89 Main Street, Montpelier, Vermont 05620, and an electronic copy to me at <u>donna.jerry@vermont.gov</u>.

If you have any questions, please do not hesitate to contact me at 802-828-2918.

Sincerely,

<u>s/ Donna Jerry</u> Donna Jerry Senior Health Policy Analyst

cc. Vermont Long Term Care Ombudsman

