

**Green Mountain Care Board**  
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**DELIVERED ELECTRONICALLY**

August 28, 2015

Ms. Eileen Elliott  
 Dunkiel, Saunders, Elliott, Raubvogel, Hand  
 91 College St., PO Box 545  
 Burlington, VT 05402

**RE: Docket No. GMCB-010-15con, Proposed Ambulatory Surgical Center, Project Cost: \$7,423,283.**

Dear Eileen:

Thank you for the application for the above-referenced project. We are still in the process of reviewing the financial components and will send additional questions under separate cover. Please respond to the following:

1. Please complete the Capacity/Projected Volumes table below.

	Capacity and Projected Volumes Summary							
	Capacity				Projected Volumes			
	Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4
<b>Operating Room</b>								
OR 1								
OR 2								
<b>Total OR</b>								
<b>Procedure Room</b>								
PR 1								
PR 2								
PR 3								
PR 4								
<b>Total PR</b>								
<b>Grand Total OR+PR</b>								



<b>Capacity Calculation</b>		
	<b>OR</b>	<b>PR</b>
<b>Year 1</b>		
Days/Year		
Daily Hours		
Total Available Hours		
Average Length of Procedure		
Annual Utilization/Room		
Total Capacity		
% of Total Used		
<b>Year 2</b>		
Days/Year		
Daily Hours		
Total Available Hours		
Average Length of Procedure		
Annual Utilization/Room		
Total Capacity		
% of Total Used		
<b>Year 3</b>		
Days/Year		
Daily Hours		
Total Available Hours		
Average Length of Procedure		
Annual Utilization/Room		
Total Capacity		
% of Total Used		
<b>Year 4</b>		
Days/Year		
Daily Hours		
Total Available Hours		
Average Length of Procedure		
Annual Utilization/Room		
Total Capacity		
% of Total Used		



2. Please complete the Utilization table below.

<b>Operating Room Utilization</b>					
<b>Operating Room Utilization</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Average % Change</b>
<b>OR 1</b>					
<b>% Change from Previous Year</b>					
<b>OR 2</b>					
<b>% Change from Previous Year</b>					
<b>Total OR Utilization</b>					
<b>Total % Change</b>					

<b>Procedure Room Utilization</b>					
<b>Procedure Room Utilization</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Average % Change</b>
<b>PR 1</b>					
<b>% Change from Previous Year</b>					
<b>PR 2</b>					
<b>% Change from Previous Year</b>					
<b>PR 3</b>					
<b>% Change from Previous Year</b>					
<b>PR 4</b>					
<b>% Change from Previous Year</b>					
<b>Total PR Utilization</b>					
<b>Total % Change</b>					
<b>Total OR and PR Utilization</b>					
<b>Total Average % Change</b>					

3. Provide a detailed explanation and full set of assumptions supporting the need for two ORs, 4 procedure rooms and 14 pre- and post-op beds. Also provide the full set of utilization assumptions for each year 1-4.
4. The table on page 27 of the application shows the number of procedures that will be performed by Physician A-P by specialty in year 1-4 of operation. In a table format, for Physician A-P (include specialty), provide the most recent two years of data (noting the



year for each) showing the number of surgeries, procedures performed, and the location where they were performed.

5. Chittenden County is identified as the primary service area for this project. Identify the secondary service area(s).
6. Page 11 of the application states that there is “an identifiable need for expanded outpatient surgery capacity in Chittenden County.” Please provide: 1) a more detailed explanation of the unmet need for the surgeries and procedures that GMSC will offer; 2) specific data to support the need in the primary and secondary services areas; and 3) the need for additional operating and procedure rooms.
7. Page 12 states: “There is a particular need to add operating capacity for affordable GI procedures (e.g., diagnostic, preventive and screening colonoscopies...)”. Please provide the data to support this statement.
8. Provide a more detailed explanation of public transportation that will stop at 535 Hercules Drive in Colchester for residents of your primary and secondary services areas. (See page 73.)
9. The applicant states that 67% of interested physician cases will be performed at GMSC, leaving 33% to be performed by the same physicians in a hospital setting. (See page 26). For Physician A-P on page 27 of the application, please explain whether each physician continuously accepts new Medicaid patients, has a cap or quota on the number of Medicaid patients in his/her practice at a given time, or does not see any Medicaid patients.
10. According to the application, GMSC will provide “elective, non-emergent ambulatory surgeries and procedures.” Provide a detailed explanation of protocols that will be in place to ensure that over-utilization, unnecessary or inappropriate surgeries and procedures are not encouraged or performed.
11. Clarify whether the Applicants will pursue Joint Commission accreditation, accreditation from Accreditation Association for Ambulatory Health Care, or both. Explain fully.
12. The Application relies on a single peer-reviewed citation for information regarding cost, quality, and patient experience at ASCs. Provide additional peer-reviewed literature to support claims in these areas.



13. Explain all manners in which GMSC prices and policies will be made available to the public.
14. Explain whether GMSC patients will be able to apply for free or discounted care prior to treatment.
15. Identify the Electronic Health Record (HER) that GMSC will use and explain whether its cost is included in the total project cost. Also address its compatibility with and ability to communicate with EHR systems at the University of Vermont Medical Center, Northwestern Medical Center, and all other hospitals in GMSC's primary and secondary service areas.
16. Detail discussions you have had to date with specific area hospitals regarding transfer agreements.
17. Detail discussions you have had to date with ambulance services for transport of patients requiring emergency medical services.
18. Page 54 of the application indicates that GMSC is committed to providing free and discounted care to needy patients at a level on par with Vermont non-profit hospitals. The ACA and IRS and Treasury Department have relevant standards, regulations and guidelines for non-profit hospitals regarding financial assistance, billing, charges and collections. State whether GMSC intends to adhere to these standards. Explain fully the rationale for implementing or not implementing any of the standards or guidelines. *See, e.g., <https://federalregister.gov/a/2014-30525>*
19. Please revise Table 1 (Project Costs) and provide the detail for what is specifically included in each line item. Note that all costs to make the proposed project fully operational must be included in the total project cost; for example, \$1,609,875 should be reflected in the "Renovation" line item and fixed equipment should be reflected in the "Fixed Equipment" line item. In addition, all costs such as the EHR, major moveable equipment, architectural/engineering fees, and debt financing costs must be reflected in the table.
20. Explain whether GMSC will have mobile or fixed CT or MRI services.
21. Provide a narrative scope of work for the mechanical, electrical, plumbing and fire protection components included in the 12,879 square foot leased space.

In responding to these questions, please restate the question in bold font and respond in unbolded font, and send the original and two hard copies with a Verification Under Oath to me at the



Green Mountain Care Board, 89 Main Street, Montpelier, Vermont 05620. Please send the electronic copy to [donna.jerry@vermont.gov](mailto:donna.jerry@vermont.gov).

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

Sincerely,

s/ Donna Jerry

Donna Jerry

Senior Health Policy Analyst

cc: Judy Henkin, Health Policy Director

