

**Green Mountain Care Board**  
144 State Street  
Montpelier, VT 05602

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**DELIVERED ELECTRONICALLY**

October 1, 2018

Ms. Amy Cooper  
Green Mountain Surgery Center  
40 Main St.  
Suite 540  
Burlington, VT 05401

**RE: Docket No. GMCB-010-15con, Green Mountain Surgery Center**

Dear Ms. Cooper:

Given that the information you provided shows significant changes in the projected number and allocation by specialty of cases at Green Mountain Surgery Center (GMSC), we request the following information to determine whether the changes are material to the scope or costs of the project, and may require further review by the Board.

1. Provide a table, using the format of the September 24, 2018 *Projected Cases by Specialty*, broken down by specialty and for each of Years 1, 2, 3, and 4, that includes: (a) the number of cases as projected in the CON application; (b) the number of cases as revised based on the new allocation of ownership; and (c) the corresponding percent of the increase or decrease. In addition to the table, for each specialty provide the reason(s) for the change, and the assumption(s) that underlie the revised projections.
2. Provide an updated *Projected Cases by Physician/Specialty* table in the same format as on page 27 (Table 5) of the application providing both the original and revised information and percent increase/decrease for each.
3. In a table format, provide by specialty the original and revised projected revenues, and percent increase/decrease for Years 1, 2, 3 and 4.
4. Provide an updated *Revenue (Before Deductions) By Payor Category* table in the same format as on page 28 (Table 7) of the application providing both the original and revised numbers and percent increase/decrease for Years 1, 2, 3 and 4.



5. Provide an updated *Revenue Per Case by Payor Category* in the same format as on page 29 (Table 8) of the original application providing both the original and revised numbers and percent increase/decrease for Years 1, 2, 3 and 4.
6. Provide an updated *Cases by Payor Category* in the same format as on page 29 (Table 9) of the application providing both the original and revised numbers and percent increase/decrease for Years 1, 2, 3 and 4.
7. Provide an updated *Income Statement* in the same format as on page 31 (Table 10) of the application providing both the original and revised dollars in all line items and percent increase/decrease for Years 1, 2, 3, and 4.
8. Provide an updated Expense sheet using the format as Exhibit 1 of the February 14, 2017 submission providing both the information reflected on this sheet, revised information and percent increase/decrease for Years 1, 2, 3 and 4.
9. The Green Mountain Surgery Center application did not identify ophthalmology as a specialty that would be added at a later date. Provide documentation of the need for ophthalmology surgeries that is not being met by the existing hospitals or other facilities.
10. Provide a description of all procedures/surgeries that would be performed and the CPT codes for plastic surgery.
11. In a table format, confirm the number and square footage of each of the operating and procedure rooms being constructed.

In responding, restate the question in bold font and respond in unbolded font. Send an electronic copy to me at [donna.jerry@vermont.gov](mailto:donna.jerry@vermont.gov) and one hard copy (three-hole punched) with a Verification Under Oath to my attention at the Green Mountain Care Board, 144 State Street, Montpelier, Vermont 05602.

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, General Counsel

