

Green Mountain Care Board 144 State Street Montpelier, VT 05602 802-828-2177 www.gmcboard.vermont.gov Kevin Mullin, Chair Jessica Holmes, PhD Robin Lunge, JD, MHCDS Maureen Usifer Tom Pelham Susan Barrett, JD, Executive Director

SENT ELECTRONICALLY

October 24, 2018

Mr. Scott Whittemore Springfield Medical Care Systems, Inc. 25 Ridgewood Road Springfield, VT 05156

RE: Docket No. GMCB-028-18con, Replacement of EMR Systems Project Cost: \$3,971,733

Dear Mr. Whittemore:

Thank you for your letter regarding the above referenced project. The project as described is subject to Certificate of Need (CON) review.

The application must meet the statutory criteria in 18 V.S.A. § 9437(1)-(5), (7-8). Please insure that the submitted application includes a detailed description of, and the need for, the proposed project by component, cost of individual components and total project cost. Describe in detail the existing and new or expanded EMR system components, any purchase or lease arrangements that will be entered into, and any renovation/construction work that may be required. In addition, provide in-force, detailed vendor quotes that include all components being purchased from each vendor. Sufficient financial information is also required as part of the application; please contact Lori Perry at <u>lori.perry@vermont.gov</u> to secure an electronic copy of the required financial tables to submit through Adaptive Insights.

As you may be aware, the Vermont legislature in Act 167 (2018) made several changes to the State's CON law, which you should review as you prepare the application. *See* <u>https://legislature.vermont.gov/assets/Documents/2018/Docs/ACTS/ACT167/ACT167%20As%20Enacted.pdf.</u> Note that as amended by Act 167, 18 V.S.A. § 9437(1)(C) continues to reference the Health Resource Allocation Plan (HRAP), which is in the process of being updated. Because the updated HRAP will not be completed for some time, the application should address current HRAP standards 1.9, 1.10, 1.12 (if the project includes any construction/renovation), and 3.4. The application should also explain the impact of the project on rates and net patent revenue. *See* GMCB Rule 4.000 (Certificate of Need) § 4.202.

Please send your application to me electronically at <u>donna.jerry@vermont.gov</u>, and provide a three-hole punched hard copy with a Verification Under Oath to the Green Mountain Care Board, 144 State Street, Montpelier, Vermont 05602, Attention: Donna Jerry.



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

Sincerely,

<u>s/ Donna Jerry</u> Donna Jerry, Senior Health Policy Analyst Green Mountain Care Board

cc: Judy Henkin, GMCB General Counsel

