November 19, 2018

DELIVERED ELECTRONICALLY AND BY FIRST CLASS MAIL

Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, Vermont 05620

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

Response to Request for Information 10/01/2018

Dear Donna:

ACTD, LLC (ACTD) is developing the multi-specialty ambulatory surgery center (ASC) to be known as the Green Mountain Surgery Center (the Center) in Colchester, Vermont in accordance with the Certificate of Need (CON) granted on July 10, 2017 and in compliance with the conditions incorporated therein. While certain specialties and estimated volumes were presented as part of the original application submitted on July 1, 2015, ACTD also represented in the application that it anticipated physicians in additional specialties would express interest in operating at the ASC after CON approval and that ACTD intended to offer those physicians the opportunity to do so.

The initial projections for this project were prepared nearly four years ago, at the end of 2014, before the CON application was submitted. Since that time we have experienced a loss of doctors from the area, changes in payment rules from Medicare and other insurance carriers regarding covered services, continued employment of formerly independent physicians, as well as new physicians moving to the area to join an established practice or open their own independent practices. Of the physicians who were included in our original projections, several have either retired, moved or changed their practices and so are not eligible to operate at the ASC any longer. Ten remaining physicians still plan to utilize the ASC as they did four years ago, plus there are an additional fourteen physicians from the local area who are now planning to use the center.

The absolute number of physicians and specialties to be hosted at the Green Mountain Surgery Center has increased, however our revised financials submitted as part of this response show decreases in the overall projected volumes, revenues, and expenses of the project due to the loss of several surgeons. While many

conditions were placed on our Certificate-of-Need with regard to transparency, patient protections, transfer protocols, financial reporting, accreditation requirements, collaborative care, billing practices, and charity care among other things, when considering the scope of the project that was approved, the Board did not place any conditions restricting the number of surgeons or the set of specialties to be offered at the ASC. In the dynamic local healthcare landscape, a small multi-specialty surgery center project, that takes several years to plan and build, needs to have the flexibility to absorb the loss of certain physicians or specialties over time and the ability to add on other physicians who believe the ASC would be a good fit for their patients. We have proceeded with development of the project with the understanding that there would be continual fluctuation in the exact group of surgeons who would plan to utilize the Center.

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.

GREEN MOUNTAIN SURGERY CENTER
PROJECTED CASES BY SPECIALTY

Specialty	Year 1			Year 2			Year 3			Year 4		
	ORIG	REV	% CHG	ORIG	REV	% CHG	ORIG	REV	% CHG	ORIG	REV	% CHG
GI	3,150	2,599	-17%	3,636	3,345	-8%	3,672	3,448	-6%	3,709	3,548	-4%
OB/GYN	579	307	-47%	668	395	-41%	675	406	-40%	681	420	-38%
Orthopedics	284	400	41%	327	515	57%	330	530	61%	334	546	63%
Pain Management	847	48	-94%	978	62	-94%	988	64	-94%	998	66	-93%
General Surgery	273	150	-45%	315	194	-38%	318	199	-37%	321	206	-36%
Plastic Surgery	0	240	-	0	309	-	0	319	-	0	328	-
Ophthalmology	0	364	-	0	469	-	0	482	-	0	497	-
TOTAL BY SPECIALTY	**5,132**	**4,108**	-20%	**5,924**	**5,289**	-11%	**5,983**	**5,448**	-9%	**6,043**	**5,611**	-7%

Discussion of Reasons for Change and Underlying Assumptions

Our number of cases for gastroenterology (GI) procedures has decreased slightly since our initial projections were submitted. More recent monthly case counts from the GI physicians are slightly below

the monthly estimates that were provided in the initial application. Our projected number of obstetrics/gynecology (OB/GYN) cases has also declined due to the retirement of some surgeons and revised estimates that we received from remaining surgeons regarding the percentage of their cases that they plan to perform at the ASC. Our scope of orthopedic services remains the same as initially reported. However, this specialty has become busier in the intervening years since the initial projections were prepared resulting in increased projections.

Our projected number of pain management cases has decreased significantly. Previously, we planned to provide interventional pain services at the ASC, with one physician planning to do 70 or more cases of this type per month, covering everything that would typically be done in an ASC-setting from epidural injections to spinal cord simulator trials. However, over the past few years due to changes in patient demand, reimbursement levels, and practice patterns the physician is no longer offering these kinds of services. Similarly, our number of general surgery cases that we plan to perform at the ASC has decreased significantly due to the loss of a busy independent general surgeon who closed his practice and moved out of state in 2016.

Plastic surgery has been added to the ASC's offerings because there are now two independent plastic surgeons in Chittenden County who plan to utilize the ASC. At the time of our application, there were no independent plastic surgeons practicing in Chittenden County.

Finally, our decision to add services in ophthalmology centers on the need to bring certain sub-specialty ophthalmology procedures, including pars plana vitrectomy retinal detachment repair procedures, tear duct repairs, procedures on the accessory sinuses, oculoplastic procedures, and other assorted eye procedures out of the hospital setting into the lower-cost, more efficient community setting. There are currently four independent ophthalmologists planning to offer procedures to patients at the Green Mountain Surgery Center when it opens. At the time of our initial application, ophthalmology services were not included in our projections because we did not have as many interested surgeons as we do now and we had not completed due diligence on the cost and efficiency of moving vitreoretinal cases in particular over to the ASC setting. Our default assumption was that we would not be able to afford to bring any of these cases to the ASC given the low number of interested surgeons and high cost of the equipment. However, in our further planning and development over the past 18 months, we have found that the price of the equipment has come down considerably from four years ago and that there are few additional independent ophthalmologists with a need to operate at the ASC who could share the equipment that we plan to install. (For a fuller discussion of the need to offer ophthalmology services at the Green Mountain Surgery Center, please see our response to Question 9).

The underlying case ramp-up and growth assumptions in our projections have been changed slightly since the original application was filed. Specifically, our original projections included a six-month ramp-up period in Year 1 before the Center achieved the fully stabilized projected volume (see Application, page 26 for discussion). Our updated projections have extended that ramp-up period over an even longer time period to allow for a slower transition of physicians scheduling cases at the ASC and to allow the ASC more time to operationally prepare to service the stabilized volume. For this reason, the increase in total volume from Year 1 to Year 2 is more pronounced in our revised projections. Given the demand that we have witnessed from new surgeons not included in our initial projections, and our assumption that this will continue in the ensuing four years after we open, we have also increased the annual case volume growth across all specialties to 3% per annum from the more conservative 1% per annum volume growth

assumption that was included in the original 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.

The initial Table and a revised Table are presented below. It is not practicable to provide percent increase/decrease information for each physician because the turnover among the group of physicians has been substantial over the past four years since the initial projections were compiled (see discussion in the introduction above). As discussed above in the answer to Question 1, several physicians have retired, moved, closed or changed their practice patterns over this extended time period. Other physicians who have newly joined independent practices, opened their own practices, or expressed an interest in operating at the Center for the first time, have also been included in our revised projections.

Original projections found on page 27 (Table 5) of the application

GREEN MOUNTAIN SURGERY CENTER
PROJECTED CASES BY PHYSICIAN

Physician	Specialty	Year 1	Year 2	Year 3	Year 4
Physician A	GI	1,050	1,212	1,224	1,236
Physician B	GI	1,050	1,212	1,224	1,236
Physician C	GI	1,050	1,212	1,224	1,236
Physician D	OB/GYN	85	98	99	100
Physician E	OB/GYN	58	67	68	68
Physician F	OB/GYN	95	110	111	112
Physician G	OB/GYN	105	121	122	123
Physician H	OB/GYN	105	121	122	123
Physician I	OB/GYN	42	48	48	49
Physician J	OB/GYN	42	48	48	49
Physician K	OB/GYN	47	55	56	56
Physician L	ORTHO	284	327	330	334
Physician M	PAIN MGT	91	105	106	107
Physician N	PAIN MGT	756	873	882	891
Physician O	GEN SURG	101	116	117	118
Physician P	GEN SURG	67	78	79	80
Other Physicians	GEN SURG	105	121	122	123
TOTAL BY PHYSICIAN		5,132	5,924	5,983	6,043

Revised projections

GREEN MOUNTAIN SURGERY CENTER
PROJECTED CASES BY PHYSICIAN

Physician	Specialty	Year 1	Year 2	Year 3	Year 4
Physician A	GI	884	1,138	1,172	1,207
Physician B	GI	871	1,120	1,156	1,189
Physician C	GI	844	1,087	1,120	1,152
Physician D	OB/GYN	32	41	42	44
Physician E	OB/GYN	46	59	60	62
Physician F	OB/GYN	26	33	34	35
Physician G	OB/GYN	24	31	32	33
Physician H	OB/GYN	18	24	24	25
Physician I	OB/GYN	16	21	21	22
Physician J	OB/GYN	23	30	31	32
Physician K	OB/GYN	12	15	16	16
Physician L	OB/GYN	40	52	53	55
Physician M	OB/GYN	38	48	51	52
Physician N	OB/GYN	32	41	42	44
Physician O	Orthopedics	400	515	530	546
Physician P	Pain Management	48	62	64	66
Physician Q	General Surgery	120	155	159	164
Physician R	General Surgery	30	39	40	42
Physician S	Plastic Surgery	128	165	170	175
Physician T	Plastic Surgery	112	144	149	153
Physician U	Opthamology	170	219	226	233
Physician V	Opthamology	96	124	127	131
Physician W	Opthamology	49	63	64	66
Physician X	Opthamology	49	63	65	67
TOTAL BY PHYSICIAN		4,108	5,289	5,448	5,611

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

Projected revenues by specialty were never developed, nor provided, in the original application. Per specialty costs and reimbursements vary so extensively based on geography, local market conditions, surgeon equipment and tools preferences, and patient populations that our advisors did not go into this level of detail in developing projections specifically for the Green Mountain Surgery Center when we compiled our initial application. At the time, Avanza Strategies, the consultants who developed the

feasibility study and financial projections for GMSC, advised that the time and effort required to project financials at the specialty level had not, in their experience, produced materially different results from aggregated estimates and that aggregated estimates have been found to be directionally correct and sound as a basis for making ASC planning and development decisions. However, a table showing projected revenues by specialty for our updated and revised case mix is below.

GREEN MOUNTAIN SURGERY CENTER
REVENUE (BEFORE DEDUCTIONS) BY SPECIALTY

	Year 1	Year 2	Year 3	Year 4
GI	$1,645,701	$2,139,449	$2,226,189	$2,316,386
OB/GYN	$823,478	$1,070,540	$1,113,942	$1,159,075
Orthopedics	$451,261	$586,649	$610,434	$635,166
Pain Management	$4,206	$5,468	$5,690	$5,921
General Surgery	$215,543	$280,211	$291,572	$303,385
Plastic Surgery	$375,781	$488,524	$508,330	$528,926
Ophthalmology	$517,715	$673,041	$700,328	$728,703
TOTA LBY SPECIALTY	$4,033,685	$5,243,882	$5,456,485	$5,677,561

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.

Original projections found on page 28 (Table 7) of the application

GREEN MOUNTAIN SURGERY CENTER
REVENUE (BEFORE DEDUCTIONS) BY PAYOR CATEGORY

	Year 1	Year 2	Year 3	Year 4
Medicare	$2,221,818	$2,604,440	$2,668,195	$2,736,866
Medicaid	$566,720	$664,074	$681,023	$697,878
Commercial	$2,435,229	$2,852,448	$2,925,109	$2,998,647
Self Pay	$624,939	$731,382	$750,354	$767,960
Total	$5,848,706	$6,852,344	$7,024,680	$7,201,351

Revised projections and percent increase/decrease from Original Projections

GREEN MOUNTAIN SURGERY CENTER
REVENUE (BEFORE DEDUCTIONS) BY PAYOR CATEGORY

	Year 1	+/-	Year 2	+/-	Year 3	+/-	Year 4	+/-
Medicare	$1,123,584	-49%	$1,461,627	-44%	$1,520,550	-43%	$1,581,276	-42%
Medicaid	$382,174	-33%	$497,205	-25%	$517,314	-24%	$538,526	-23%
Commercial	$2,107,860	-13%	$2,739,380	-4%	$2,850,513	-3%	$2,966,875	-1%
Self Pay	$420,067	-33%	$545,670	-25%	$568,108	-24%	$590,884	-23%
Total	$4,033,685	-31%	$5,243,882	-23%	$5,456,485	-22%	$5,677,561	-21%

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.

Original projections found on page 29 (Table 8) of the application

GREEN MOUNTAIN SURGERY CENTER
REVENUE PER CASE BY PAYOR CATEGORY

	Year 1	Year 2	Year 3	Year 4
Medicare	$1,082	$1,099	$1,115	$1,132
Medicaid	$920	$934	$949	$963
Commercial	$1,356	$1,376	$1,397	$1,418
Self Pay	$1,521	$1,543	$1,567	$1,590
Total	$1,140	$1,157	$1,174	$1,192

Revised projections and percent increase/decrease from Original Projections

GREEN MOUNTAIN SURGERY CENTER
REVENUE PER CASE BY PAYOR CATEGORY

	Year 1	+/-	Year 2	+/-	Year 3	+/-	Year 4	+/-
Medicare	$912	-16%	$921	-16%	$930	-17%	$939	-17%
Medicaid	$775	-16%	$783	-16%	$791	-17%	$799	-17%
Commercial	$1,140	-16%	$1,151	-16%	$1,163	-17%	$1,175	-17%
Self Pay	$1,277	-16%	$1,290	-16%	$1,303	-17%	$1,316	-17%
Total	$982	-14%	$992	-14%	$1,002	-15%	$1,012	-15%

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.

Original projections found on page 29 (Table 9) of the application

GREEN MOUNTAIN SURGERY CENTER
CASES BY PAYOR CATEGORY

	Year 1	Year 2	Year 3	Year 4
Medicare	2,053	2,370	2,393	2,417
Medicaid	616	711	718	725
Commercial	1,796	2,073	2,094	2,115
Self Pay	411	474	479	483
Charity Care	128	148	150	152
Bad Debt	128	148	149	151
Total	5,132	5,924	5,983	6,043

Revised projections and percent increase/decrease from original projections

	Year 1	+/-	Year 2	+/-	Year 3	+/-	Year 4	+/-
Medicare	**1,232**	**-40%**	**1,587**	**-33%**	**1,635**	**-32%**	**1,684**	**-30%**
Medicaid	**493**	**-20%**	**635**	**-11%**	**654**	**-9%**	**674**	**-7%**
Commercial	**1,849**	**3%**	**2,380**	**15%**	**2,451**	**17%**	**2,524**	**19%**
Self Pay	**329**	**-20%**	**423**	**-11%**	**436**	**-9%**	**449**	**-7%**
Charity Care	**103**	**-20%**	**132**	**-11%**	**136**	**-9%**	**140**	**-8%**
Bad Debt	**102**	**-20%**	**132**	**-11%**	**136**	**-9%**	**140**	**-7%**
Total	**4,108**	**-20%**	**5,289**	**-11%**	**5,448**	**-9%**	**5,611**	**-7%**

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.

Original projections found on page 31 (Table 10) of the application

GREEN MOUNTAIN SURGERY CENTER

INCOME STATEMENT

	Year 1	Year 2	Year 3	Year 4
Revenue				
Patient Revenues	$5,848,706	$6,852,344	$7,024,680	$7,201,351
Deductions from Revenue:				
Bad Debt	($94,693)	($137,047)	($140,494)	($144,027)
Charity Care	($94,693)	($137,047)	($140,494)	($144,027)
Total Deductions from Revenue	($189,387)	($274,094)	($280,987)	($288,054)
Net Patient Revenue	**$5,659,319**	**$6,578,250**	**$6,743,693**	**$6,913,297**
Expenses				
Clinical Personnel Costs	$1,991,808	$2,031,644	$2,072,277	$2,113,723
Clinical Expenses (Non Personnel)	$1,786,547	$2,124,135	$2,229,807	$2,340,749
Administrative Expenses	$803,847	$925,321	$955,715	$990,249
Lease Expense	$489,402	$504,084	$519,207	$534,783
Equipment Expense	$638,843	$638,843	$638,843	$579,559

Interest Expense	$47,088	$45,918	$44,664	$43,320
Depreciation Expense	$28,571	$28,571	$28,571	$28,571
Total Expenses	**$5,786,106**	**$6,298,517**	**$6,489,084**	**$6,630,954**
Income Before Taxes	**($126,787)**	**$279,733**	**$254,609**	**$282,343**

Revised projections and percent increase/decrease from original projections

GREEN MOUNTATIN SURGERY CENTER

INCOME STATEMENT

	Year 1	Year 2	Year 3	Year 4
Patient Revenues	$4,033,685	$5,243,882	$5,456,485	$5,677,561
% change	-31%	-23%	-22%	-21%
Deductions from Revenue				
Bad Debt	($80,674)	($104,878)	($109,130)	($113,551)
% change	-15%	-23%	-22%	-21%
Charity Care	($80,674)	($104,878)	($109,130)	($113,551)
% change	-15%	-23%	-22%	-21%
Total Deductions from Revenue	($161,347)	($209,755)	($218,259)	($227,102)
% change	-15%	-23%	-22%	-21%
Net Patient Revenue	**$3,872,337**	**$5,034,127**	**$5,238,226**	**$5,450,459**
% change	-32%	-23%	-22%	-21%
Expenses				
Clinical Personnel Costs	$1,313,951	$1,443,730	$1,474,105	$1,505,087
% change	-34%	-29%	-29%	-29%
Clinical Expenses (Non Personnel)	$1,055,101	$1,378,456	$1,424,980	$1,478,311
% change	-41%	-35%	-36%	-37%
Administrative Expenses	$526,151	$621,206	$648,067	$676,165
% change	-35%	-33%	-32%	-32%
Lease Expenses	$798,498	$810,475	$822,633	$834,972
% change	63%	61%	58%	56%
Equipment Expense	$538,416	$538,416	$538,416	$434,669
% change	-16%	-16%	-16%	-25%
Interest Expense	$0	$0	$0	$0
% change	-100%	-100%	-100%	-100%
Depreciation Expense	$22,787	$22,787	$22,787	$22,787
% change	-20%	-20%	-20%	-20%
Total Expenses	**$4,254,902**	**$4,815,069**	**$4,930,986**	**$4,951,990**
% change	-26%	-24%	-24%	-25%
Income Before Taxes	**($382,565)**	**$219,057**	**$307,240**	**$498,469**
% change	--	-22%	21%	77%

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.

Please see Exhibit #1 attached.

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.

We stated several times in our CON application that we anticipated in the future demand from other specialties not originally included in our initial projections or explicitly mentioned in our application. The application and CON Statement of Decision highlighted the fact that we intended to add new physicians in other specialties as the project progressed, not all of which we had insight into at the time of the application. (See GMCB Statement of Decision, FOF 20, "The applicant expects that once the ASC is fully operational, there will be a strong demand for other specialties..."). See also FOF 27, Resp. to Q006 (1/25/17) at 2, where we anticipated that "other doctors or providers ... who have not yet expressed interest in [the ASC] may do so."

Our application for a CON was not premised on the need for more capacity in each of the particular specialties and services that we planned to offer, but on a more general need for the type of affordable, high-quality alternative that a multi-specialty ASC would provide. The Board's order approving the CON (Statement of Decision at pp. 18-19) also takes this view and identifies a need and demand for more access to affordable healthcare services, regardless of the existing facilities' ability or capacity to offer similar services.

That said, across the nation, retinal detachment and repair and oculoplastics procedures are routinely offered to patients in the lower-cost more efficient ASC environment. However, in Vermont vitreoretinal procedures and those oculoplastics procedures requiring the use of general anesthesia are only offered in the hospital setting. While then rarities in ASC settings when Medicare initially approved these types of sub-specialty ophthalmology procedures for payment in the ASC ten years ago, these procedures are now routinely offered at ASCs across the country. A 2015 national survey showed that 50% of retina specialists, for example, perform most of their surgical procedures in ASCs.[1] Advances in technology and surgical techniques have enabled the widespread migration of these procedures into the ASC setting across the country. The one other ASC operating in Vermont that offers ophthalmology services does not provide

[1] Sciulli, Harrison, et al. *Retinal Surgery in Ambulatory Surgery Centers versus Hospital Outpatient Departments* Presented at: the 2016 Association for Research in Vision and Ophthalmology Meeting, May 4, 2016, Seattle, Washington. Link accessed as of October 29, 2018.
https://www.ophthalmologyretina.org/article/S2468-6530(17)30014-3/fulltext

vitreoretinal services nor general anesthesia services required for some vitreoretinal and some oculoplastics surgeries. The multi-specialty ASC environment, on the other hand, with our more robust anesthesia staffing and support, offers the perfect opportunity to address the unmet need for lower cost, greater efficiency, and enhanced patient experience in this area.

Historically, cataract surgery has been performed in both hospital and ASC settings in Vermont. However, even for cataract surgeries there are indications that the existing ASC and hospitals cannot meet the demand that exists with our aging population. The single surgeon planning to offer cataract surgeries at the Center, who did not express interest in the ASC during the course of our initial application, provided the following reasons why there is, currently, a need for cataract surgeries that can be met by the Green Mountain Surgery Center.

1. Currently not enough operating time available to suit patient needs at the local hospitals
-Since joining the staff at two local hospitals several years ago, this surgeon's block time has been cut by about 15% at each hospital. The time on the surgical waiting list has grown over this period from 2 months to a high of 6 months this summer. This is far too long, and the surgeon risks losing patients owing to this extreme access problem. Patients in other states in New England and across the country do not have to wait this long for eye surgery.
-Due to a full operating schedule, the surgeon has had trouble adding on more urgent cases (patients needing surgery in the days to weeks range), at either of the two local hospitals. This surgeon also has trouble scheduling eye procedures that are not cataract surgeries.
-The existing Eye Surgery Center by now has seven surgeons operating there presently with only two operating rooms. The surgeon is not confident that they would be able to find enough surgical time on days that are feasible for this surgeon's patients at this facility. The Green Mountain Surgery Center, on the other hand, will have fewer eye surgeons and, overall, more rooms; cases will be able to be scheduled in a much more timely manner that works far better for this surgeon's patients.

2. There is a need to combine cataract and vitreoretinal cases for patients in the ASC
- Patients benefit greatly from combined cataract and vitreoretinal surgery, when necessary. This surgeon has not been able to offer their patients this option because they there are no vitreoretinal surgeons operating at the hospitals in question. Combined surgery, with one trip to the operating room, rather than two sequential encounters – one for cataract surgery, another for 1-3 weeks later, for vitreoretinal surgery - saves a lot of money for both the patient and the healthcare system, and is vastly more convenient for the patient.

3. The opportunity to work more efficiently at the Center will improve access for patients
- Case-to-case 'turnover time' is significantly shorter in ASCs than hospitals. At GMSE, this will give the surgeon more time to see patients in the office and perform other clinical duties.

4. Lower cost for patients and the healthcare system

-Patients and families are struggling more and more to meet their high insurance deductibles and co-pays. ASC-based retinal surgery would be a major benefit to the area, as Vermont ranks last, nationally, in this area. The economics of retinal surgery in an ASC also work better if there is concurrent cataract surgery being performed there; cost savings come from shared equipment and staff. Not having at least one cataract surgeon at the Green Mountain Surgery Center may endanger the feasibility of offering vitreoretinal and/or other ophthalmic surgeries to the patients who need them.

Further documentation of the quality and outcomes of ophthalmology procedures in ASCs nationally is included in Exhibit #2.

10. Provide a description of all procedures/surgeries that would be performed and the CPT codes for plastic surgery.

Attached, as Exhibit #3, is a preliminary list of procedures to be performed in plastic surgery and an accompanying list of CPT Codes. The Medical Advisory Committee of the GMSC has not yet approved the credentials of all surgeons planning to operate at the ASC, nor have they reviewed in detail the list of procedures that each surgeon would like to offer, which is why these lists are still considered preliminary. All physicians will be credentialed, and procedure lists formally approved, by the Medical Advisory Committee before the Green Mountain Surgery Center undergoes its CMS certification.

11. In a table format, confirm the number and square footage of each of the operating and procedure rooms being constructed.

Please see the table in Exhibit #4 attached.