



Via Electronic Mail and U.S. Mail

December 2, 2021

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

Re: Docket No. GMCB-008-21CON, The Collaborative Surgery Center – Development of an Outpatient Surgery Center in Colchester, Vermont

Dear Ms. Jerry,

Enclosed are the Collaborative Surgery Centers' responses to this Board's Third and Fourth Set of Requests for Information. As requested, a three-hole punched copy will also be mailed to you directly.

Should the Board have any questions, please do not hesitate to contact me.

Sincerely,


A.J. LaRosa, Esq.
ajlarosa@mskvt.com

Cc: Susan Ridzon
Elizabeth Hunt

{00421812.1}

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re. The Collaborative Surgery Center)
Application for Certificate of Need)
For Ambulatory Surgery Center)

Docket No. GMCB-008-21CON

**APPLICANT’S RESPONSES TO GREEN MOUNTAIN CARE BOARD’S THIRD AND
FOURTH SET OF REQUESTS FOR INFORMATION**

NOW COMES Applicant the Collaborative Surgery Center (“CSC”) and hereby responds to this Board’s Third Set of Requests for Information and Fourth Set of Requests for Information as follows. The CSC’s responses are based information known to it or upon such information and belief as is reasonable given the information known to it or made available to it. To the extent the CSC learns that any information or data upon which these responses are based is inaccurate, incomplete, or outdated, of the CSC learns of additional data responsive or related to any response herein, the CSC reserves the right to amend, supplement or otherwise alter the following responses.

THIRD SET OF REQUESTS

1. On Table 1, the total costs under “Construction Costs” should be zero because the total lease amounts are not part of the project costs but are operating expenses and are recorded on the Income Statement. Revise and resubmit Table 1 so it ties to Table 2 in total or if needed, revise and resubmit both Table 1 and Table 2 so they tie out. However, in addition, the Letter of Intent to Lease states under the heading Tenant Fit-Up that, “Additional work will be considered Tenant Fit-Up and as such the Tenant will be responsible for the cost.” A projected dollar amount for Tenant Fit-up must also be included in Tables 1 and 2 and reflected in all other affected financial tables. If not reflected, then all affected financial tables must be revised and resubmitted.

Attached is a revised Table 1 reflecting total project cost of \$5,293,344.60. The Lease and Construction costs are seen solely on the Income Statement as “Lease Expense” under Expenses which we agree is the proper place this for expense to be accounted for (this is the original Income Statement submitted with the application, nothing has been revised to reflect this). Table 1 lists an “Other” category which is a catch all for additional moneys needed should there be additional resources needed to complete fit up though we do not foresee anything additional needed. Per our agreement with our potential landlord, all known fit-up expenses of the physical building will be completed by the landlord as needed for the space.

2. Explain and confirm whether the true total Project Cost is \$11,908,278 or \$5,293,344 plus any fit-up costs for which the tenant will be responsible.

\$5,293,344 is the true total Project Cost. We included the lease and construction costs in Table 1 originally solely because past regulators on past surgery center projects requested this lease line item be placed in this table. We agree that this is an Operational Expense and should

only be accounted for on the Income Statement as such. As explained in question 1, the Income Statement has not changed from the original application.

3. Please submit a document supporting the total lease arrangement, renovation costs, the time period of the lease, total estimated amount of the lease for the time period, and the parties to the lease because it was not clear in the original application and subsequent responses.

Please see the Letter of Intent entitled, *signed LOI to lease copy*, between Collaborative Surgery Center and Colchester Real Estate Company that was submitted on September 21, 2021, as part of the answers to Q0002, which contains all this information.

4. Please revise and resubmit Table 6 so that it shows the contractual allowances as deductions from revenues, and so that the table reports Gross Outpatient Revenues Less Deductions from Revenue to equal Net Patient Revenue by Payer. The aggregate totals for gross patient revenue, contractual allowances, bad debt, free care, and net patient revenue for the proposed years 1-4 should tie to the Income Statement Table 3. If not, revise and resubmit Table 3; as well, Table 3 and Table 6 must tie out.

Please find Table 6 Revised attached with the Deductions table calculated. All totals are unchanged and equal gross patient revenue, contractual allowances, bad debt, free care, and net patient revenue for the proposed years 1-4 in Table 3 and tie to the Income Statement.

5. Specify the type of shares and what the terms for compensation will be for the founding members and eventually the additional physician owners. At what year of operation will the founding members and/or additional physician owners receive dividends or other forms of compensation, if applicable? If dividends are to be paid within the first four years of operations, revise and resubmit the Balance Sheet reporting those distributions.

The specific terms of equity investments and when dividends will be paid are not currently known. The decision to pay dividends or not involves careful consideration by the management team and the Board of Managers of current debt levels, future capital expenditure requirements, current interest rates, and cash balances, among other things. The Board of Managers will make these decisions after a CON is awarded and the company is operational. Our financial tables are conservative and do not make assumptions as to what the Board of Managers might decide in the future.

6. In a table format, please provide the projected 25 highest volume surgeries at CSC and the Medicare reimbursement associated with each for an ASC and an HOPD. The table must also include the CPT code and the CPT short description for each surgery.

Please see included table, *Top 25 CPT Code Fees ASC vs HOPD*. This table lists pure assumptions of our top 25 most performed surgeries at CSC and their respective Medicare

reimbursement. It is important to note that an outpatient surgery in an ASC setting can only be billed as a facility fee and for some commercial payers, for the implant, if used. When an outpatient surgery is performed in an HOPD setting, both Medicare and commercial payers can be billed for time used in pre-op, OR time and PACU time. HOPD settings can also bill for medications and supplies used. The facility fees listed show an average of 51% savings when performed at an ASC, but it should be noted that the savings are even higher since, as explained, HOPDs will have additional charges for medications, supplies and time that will not be charged by the ASC.

7. In order to demonstrate the impact on volume and capacity for 3 operating rooms and 4 operating rooms, respectively, please provide the following information. Complete the attached excel tables for low, medium, high projections of operating room volumes and percent increase for each for the first four years. In a narrative response to this question, identify the geographic sources and breakdown of the expected growth (e.g. Chittenden County, Franklin County or other areas including areas outside Vermont) for each of the four years.

Please see the attached excel tables. As demonstrated in the completed tables, a smaller facility consisting of three operating rooms cannot accommodate the projected demand. Four operating rooms are required to meet demand and justify project costs. In reviewing this information be advised that the landlord has clearly stated that it will not embark upon the capital expenditures to fit-up the building if only three operating rooms are authorized with this CON. The landlord has only agreed to fit-up the building for a four operating room facility.

We expect that patients will come primarily from Chittenden County. Many patients in Chittenden County currently travel out of the county or out of the state to receive outpatient surgical procedures in a timely manner. In the future, we expect that many of these patients will prefer to stay close to home to access services at CSC. We also expect to draw patients from the Franklin County area and the six counties of northeastern New York state that border Vermont. Furthermore, we expect that patients from Canada will access services at CSC as we have already seen this occurring at the Green Mountain Surgery Center.

8. Explain whether and to what extent CSC will assist patients in accessing CCTA special transport.

The Collaborative Surgery Center will be easily accessible with a nearby bus stop and a park and ride, each less than a mile away. If needed, CSC staff will assist patients on a case-by-case basis to ensure access.

9. Revised architectural drawings submitted with the response to the first set of questions show that although most doorways have been widened to accommodate persons of size, the main patient entry doors to the vestibule and the surgery center remain the size as originally planned at three-feet wide. Explain why the width of these doors remain unchanged.

Please see attached revised drawings that reflect the wider widths.

10. Provide the document you will post on your website that makes it clear to the patient that the CSC charge is only for the facility fee and that in addition patients will also be billed separately for the physician and anesthesiologist. Also provide a sample document that CSC will provide to patients prior to a surgery that reflects an estimate of the full cost of the surgery including the facility fee, all physician(s) fees and all other fees.

We intend to be fully transparent with CSC's fees. A section of our website will be dedicated to pricing information and will include the following language, perhaps in a FAQ format, indicating that the CSC bill is only for the facility fee. For example, FAQs may include:

Will my doctor's fee be included in the surgery center bill? No, the surgery center bill is only the facility fee. You will be billed separately by your doctor and anesthesiologist and for any laboratory fees.

In addition, see included sample estimate (Q003_Sample Estimate Example) that we will provide to patients prior to surgery. It clearly indicates that that estimate includes only CSC facility fees and notes that fees for physician services, anesthesiology, or pathology, are billed separately. However, the CSC does not employ physicians, so we are not privy to, nor control the fees or the transparency of fees charged by physicians. It would be up to those professionals to provide their own estimates to patients.

FOURTH SET OF REQUESTS

1. Your response to question 2 in the second set of questions, did not address interoperability (connecting the data from CSC's systems to the state's health data repository to support care coordination) using the Vermont Health Information Exchange (HIE). Describe in detail if and how CSC plans to electronically exchange health records with other providers outside of your facility and how you will access the health records of their patients to support care delivery at CSC. Confirm that all costs to implement interoperability are included in all financial tables you have submitted.

It will be a priority of CSC to integrate our EMR System with VITL and the state's health information exchange (HIE). CSC intends to use the same EMR System from Surgical Information Systems (formerly Amkai) that is in use currently at GMSC. Information about the interfaces available in the SIS/Amkai EMR solution was forwarded to members of the leadership team at VITL previously, who reviewed them and gave their opinion that the EMR solution would be able to meet VITL's standards for interoperability.

CSC does not employ physicians and therefore we do not hold patient's health records from other facilities on file, this is the responsibility of the performing providers office. At the

In re. Collaborative Surgery Center
Docket No. GMCB-008-21CON
Applicant's Response to Third and Fourth Set of Requests for Information

time of scheduling, the physicians' offices will submit necessary documentation to CSC for nursing staff and/or anesthesia to review the case for patient safety concerns and risks that may be relevant to the patient undergoing an outpatient procedure at CSC. The performing provider is responsible for acquiring all necessary medical history of the patient prior to scheduling to ensure they have a comprehensive understanding of the patient prior to scheduling. CSC will ensure that a primary care physician or other referring provider is listed for each patient and medical documents related to the procedure will be shared with the respective referring providers office via fax or other electronic methods.

The cost of EMR interoperability with the HIE is built into the original budget. Currently, GMSC is reporting data to VAAHS/DVHA quarterly through an electronic exchange without any added cost to the EMR subscription. The SIS/Amkai EMR solution has proven interoperability with state contractors and systems.

PATIENT ESTIMATE

Patient: _____ **Insurance:** _____ **Estimate Date:** _____
MRN: _____ **DOS:** _____ **Surgeon:** _____

Co-Pay:	Co-Insurance (5%):	Deductible Not Met:	OOP Not Met:	Total Expected Patient Responsibility:
\$0.00	\$145.00	\$0.00	\$1,246.42	\$145.00

Item/Description	Estimated Charges	Adjustments	Allowed Amount
58558; Dilation and Curettage hysteroscopy, polypectomy	\$3,625.00	\$725.00	\$2,900.00
Totals	\$3,625.00	\$725.00	\$2,900.00

Cost estimates include surgery center facility charges only. Surgeon, Anesthesiologist, and/or Pathologist and reference lab fees are billed separately. Actual charges may vary based on unknown circumstances or complications encountered during the procedure. This estimate is based on insurance coverage information provided to us by your insurance company at the time of the estimate.

THIS IS NOT A BILL

Assumptions for 4 Operating Rooms

	Year 1	Year 2	Year 3	Year 4	
Low Assumptions					
Days/Year		250	250	250	250
Daily Hours		7	7	7	7
Total Available Hours (All Rooms)		7000	7000	7000	7000
Avg Length of Procedure (Minutes)		105	105	105	105
Annual Utilization		1840	1943	2103	2269
Annual Utilization/Room		460	485.75	525.75	567.25
Total Capacity (Cases)		4000	4000	4000	4000
% of Total Used		46.0%	48.6%	52.6%	56.7%
Percent increase			2.6%	4.0%	4.2%
Medium Assumptions					
Days/Year		250	250	250	250
Daily Hours		7	7	7	7
Total Available Hours (All Rooms)		7000	7000	7000	7000
Avg Length of Procedure (Minutes)		120	120	120	120
Annual Utilization		1840	1943	2103	2269
Annual Utilization/Room		460	485.75	525.75	567.25
Total Capacity (Cases)		3500	3500	3500	3500
% of Total Used		52.6%	55.5%	60.1%	64.8%
Percent increase			2.9%	4.6%	4.7%
High Assumptions					
Days/Year		250	250	250	250
Daily Hours		7	7	7	7
Total Available Hours (All Rooms)		7000	7000	7000	7000
Avg Length of Procedure (Minutes)		150	150	150	150
Annual Utilization		1840	1943	2103	2269
Annual Utilization/Room		460	485.75	525.75	567.25
Total Capacity (Cases)		2800	2800	2800	2800
% of Total Used		65.7%	69.4%	75.1%	81.0%
Percent increase			3.7%	5.7%	5.9%

Assumptions for 3 Operating Rooms

	Year 1	Year 2	Year 3	Year 4	
Low Assumptions					
Days/Year		250	250	250	250
Daily Hours		7	7	7	7
Total Available Hours (All Rooms)		5250	5250	5250	5250
Avg Length of Procedure (Minutes)		105	105	105	105
Annual Utilization		1840	1943	2103	2269
Annual Utilization/Room		460	485.75	525.75	567.25
Total Capacity (Cases)		3000	3000	3000	3000
% of Total Used		61.3%	64.8%	70.1%	75.6%
Percent increase			3.4%	5.3%	5.5%
Medium Assumptions					
Days/Year		250	250	250	250
Daily Hours		7	7	7	7
Total Available Hours (All Rooms)		5250	5250	5250	5250
Avg Length of Procedure (Minutes)		120	120	120	120
Annual Utilization		1840	1943	2103	2269
Annual Utilization/Room		460	485.75	525.75	567.25
Total Capacity (Cases)		2625	2625	2625	2625
% of Total Used		70.1%	74.0%	80.1%	86.4%
Percent increase			3.9%	6.1%	6.3%
High Assumptions					
Days/Year		250	250	250	250
Daily Hours		7	7	7	7
Total Available Hours (All Rooms)		5250	5250	5250	5250
Avg Length of Procedure (Minutes)		150	150	150	150
Annual Utilization		1840	1943	2103	2269
Annual Utilization/Room		460	485.75	525.75	567.25
Total Capacity (Cases)		2100	2100	2100	2100
% of Total Used		87.6%	92.5%	100.1%	108.0%
Percent increase			4.9%	7.6%	7.9%

COLLABORATIVE SURGERY CENTER, LLC
COLLABORATIVE SURGERY CENTER
 TABLE 1 - REVISED
 PROJECT COSTS

Construction Costs		Comments
1 New Construction	\$ -	
2 Renovation	\$ -	
3 Site Work	\$ -	
4 Fixed Equipment	\$ -	
5 Design/Bidding Contingency	\$ -	
6 Construction Contingency	\$ -	
7 Construction Manager Fee	\$ -	
8 Other (please specify):	\$ -	
Subtotal	\$ -	
Related Project Costs		
1 Major Moveable Equipment	\$ 4,100,651.57	See budget included with this application
2 Furnishings, Fixtures & Other Equip.	\$ 330,000.00	Includes Initial Furniture/Fixtures and Initial Inventory
3 Architectural/Engineering Fees	\$ -	
4 Land Acquisition	\$ -	
5 Purchase of Buildings	\$ -	
6 Administrative Expenses & Permits	\$ -	
7 <i>Total Debt Financing Expenses (see below)</i>	\$ -	
8 Debt Service Reserve Fund	\$ -	\$300K of Working Capital figure is cash on BS in Start-Up Yr to fund AR plus inventory build, net of AP in Yr 1
9 Working Capital	\$ 612,693.03	
10 Other (please specify)	\$ 250,000.00	Other Start-Up Costs include cost of the obtaining CON, cost of Medicare and private accreditation, cost of consultants for operations/legal, cost of hiring staff,
Subtotal	\$ 5,293,344.60	
Total Project Costs	\$ 5,293,344.60	
Debt Financing Expenses		
1 Capital Interest	\$ -	
2 Bond Discount or Placement Fee	\$ -	
3 Misc. Financing Fees & Exp. (issuance costs)	\$ -	
4 Other (specify):	\$ -	
Subtotal	\$ -	
Less Interest Earnings on Funds		
Debt Service Reserve Funds	\$ -	
Capitalized Interest Account	\$ -	
Construction Fund	\$ -	
Other (specify):	\$ -	
Subtotal	\$ -	
Total Debt Financing Expenses	\$ -	
<i>feeds to Debt Financing Expenses above</i>		

COLLABORATIVE SURGERY CENTER, LLC

COLLABORATIVE SURGERY CENTER

TABLE 6* - REVISED

REVENUE SOURCE PROJECTIONS

**Because CSC was formed exclusively for the development and operation of the proposed ASC, it has no other existing or proposed lines of business. Accordingly, we are not submitting separate subtables A-C*

	Latest Actual	Budget	Proposed Year 1	Proposed Year 2	Proposed Year 3	Proposed Year 4
Gross Inpatient Revenue						
Medicare	N/A	N/A	N/A	N/A	N/A	N/A
Medicaid	N/A	N/A	N/A	N/A	N/A	N/A
Commercial	N/A	N/A	N/A	N/A	N/A	N/A
Self Pay	N/A	N/A	N/A	N/A	N/A	N/A
Free Care/Bad Debt	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A
Gross Outpatient Revenue						
Medicare	N/A	N/A	\$2,507,350	\$2,701,124	\$2,981,985	\$3,282,641
Medicaid	N/A	N/A	\$1,003,848	\$1,079,523	\$1,190,904	\$1,311,128
Commercial	N/A	N/A	\$4,745,081	\$5,113,008	\$5,645,654	\$6,213,055
Self Pay	N/A	N/A	\$417,892	\$449,415	\$496,210	\$544,697
Free Care/Bad Debt	N/A	N/A	(\$134,079)	(\$144,442)	(\$159,473)	(\$175,504)
Other	N/A	N/A	\$0	\$0	\$0	\$0
TOTAL			\$8,540,091	\$9,198,628	\$10,155,280	\$11,176,017
Gross Other Revenue						
Medicare	N/A	N/A	N/A	N/A	N/A	N/A
Medicaid	N/A	N/A	N/A	N/A	N/A	N/A
Commercial	N/A	N/A	N/A	N/A	N/A	N/A
Self Pay	N/A	N/A	N/A	N/A	N/A	N/A
Free Care/Bad Debt	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A
Gross Patient Revenue						
Medicare	N/A	N/A	N/A	N/A	N/A	N/A
Medicaid	N/A	N/A	N/A	N/A	N/A	N/A
Commercial	N/A	N/A	N/A	N/A	N/A	N/A
Self Pay	N/A	N/A	N/A	N/A	N/A	N/A
Free Care/Bad Debt	N/A	N/A	N/A	N/A	N/A	N/A
Other	N/A	N/A	N/A	N/A	N/A	N/A
Deductions from Revenue						
Medicare	N/A	N/A	\$1,671,566	\$1,800,749	\$1,987,990	\$2,188,428
Medicaid	N/A	N/A	\$669,232	\$719,682	\$793,936	\$874,086
Commercial	N/A	N/A	\$1,423,524	\$1,533,902	\$1,693,696	\$1,863,916
Self Pay	N/A	N/A	\$306,454	\$329,571	\$363,887	\$399,444
Free Care/Bad Debt	N/A	N/A	(\$134,079)	(\$144,442)	(\$159,473)	(\$175,504)
Other	N/A	N/A	\$0	\$0	\$0	\$0
Net Patient Revenue						
Medicare	N/A	N/A	\$835,783	\$900,375	\$993,995	\$1,094,214
Medicaid	N/A	N/A	\$334,616	\$359,841	\$396,968	\$437,043
Commercial	N/A	N/A	\$3,321,557	\$3,579,105	\$3,951,958	\$4,349,138
Self Pay	N/A	N/A	\$111,438	\$119,844	\$132,323	\$145,252
Free Care/Bad Debt	N/A	N/A	(\$134,079)	(\$144,442)	(\$159,473)	(\$175,504)
Other	N/A	N/A	\$0	\$0	\$0	\$0
Disproportionate Share Adjustment	N/A	N/A	\$0	\$0	\$0	\$0
TOTAL			\$4,469,315	\$4,814,723	\$5,315,770	\$5,850,143

CPT Code	Description	ASC CMS	HOPD CMS	Savings	Savings %
42826	Tonsillectomy and Adnoidectomy (tonsils)	\$ 1,082.00	\$ 2,736.00	\$ 1,654.00	60%
69421	Myringotomy with Tube Insertion (ear tubes)	\$ 1,082.00	\$ 2,736.00	\$ 1,654.00	60%
69706	Nasopharyngoscopy, surgical, with dilation of eustation tube (ie, balloon dilation); bilateral	\$ 3,568.00	\$ 5,086.00	\$ 1,518.00	30%
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	\$ 1,990.00	\$ 5,822.00	\$ 3,832.00	66%
31259	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from sphenoid sinus	\$ 1,990.00	\$ 5,822.00	\$ 3,832.00	66%
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction (ACL Repair)	\$ 4,035.00	\$ 6,264.00	\$ 2,229.00	36%
29881	Knee Arthroscopy/Meniscectomy	\$ 1,328.00	\$ 2,830.00	\$ 1,502.00	53%
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	\$ 2,929.00	\$ 6,264.00	\$ 3,335.00	53%
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structure	\$ 1,328.00	\$ 2,830.00	\$ 1,502.00	53%
27447	Total Knee Replacement	\$ 8,759.00	\$ 12,314.00	\$ 3,555.00	29%
27443	Partial Knee Replacement	\$ 8,214.00	\$ 12,314.00	\$ 4,100.00	33%
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	\$ 2,929.00	\$ 6,264.00	\$ 3,335.00	53%
23000	Removal of subdeltoid calcareous deposits, open	\$ 995.00	\$ 2,370.00	\$ 1,375.00	58%
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	\$ 2,063.00	\$ 4,413.00	\$ 2,350.00	53%
52310	Cystourethroscopy, with removal of foreign body, calculus or ureteral stent from urethra or bladder; simple	\$ 796.00	\$ 1,792.00	\$ 996.00	56%
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	\$ 2,527.00	\$ 4,409.00	\$ 1,882.00	43%
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	\$ 796.00	\$ 1,792.00	\$ 996.00	56%
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	\$ 796.00	\$ 1,792.00	\$ 996.00	56%
49650	Laparoscopy, surgical; repair initial inguinal hernia	\$ 2,305.00	\$ 5,060.00	\$ 2,755.00	54%
55250	Vasectomy	\$ 796.00	\$ 1,792.00	\$ 996.00	56%
D2392	resin-based composite - two surfaces, posterior	N/A	N/A	* Please note dental codes are not on the CMS fee schedule	
D2393	resin-based composite - three surfaces, posterior	N/A	N/A		
D2331	resin-based composite - two surfaces, anterior	N/A	N/A		
D2332	resin-based composite - three surfaces, anterior	N/A	N/A		
D1740	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	N/A	N/A		

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re. The Collaborative Surgery Center) Docket No. GMCB-008-21CON
Application for Certificate of Need)
For Ambulatory Surgery Center)

VERIFICATION UNDER OATH

NOW COMES Elizabeth Hunt and having been duly sworn states as follows:

1. My name is Elizabeth Hunt. I am a founding member and manager of The Collaborative Surgery Center (the "CSC").
2. I have reviewed the CSC's responses to the Green Mountain Care Board's Third Set of Requests for Information and Fourth Set of Requests for Information.
3. Based on my personal knowledge and belief, and along with a reasonable and diligent inquiry I attest that the information contained in the CSC's responses to be true and accurate to the best of my knowledge and information.


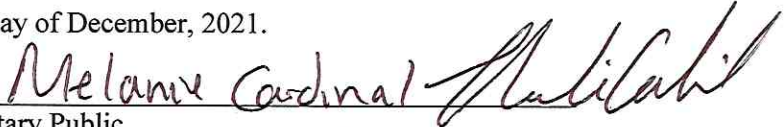
Furthermore Elizabeth Hunt sayeth nothing.

Dated December 2, 2021 at Colchester, Vermont


Elizabeth Hunt

Member, The Collaborative Surgery Center

Subscribed and sworn to before me this the 2nd day of December, 2021.



Notary Public
My Commission Expires: 1/31/2025