



PRIMMER PIPER
EGGLESTON &
CRAMER PC

SHIREEN T. HART
ADMITTED IN VT AND NH
harts@primmer.com
TEL: 802-864-0880
FAX: 802-864-0328

30 Main Street, Suite 500 | P.O. Box 1489 | Burlington, VT 05402-1489

January 5, 2022

ELECTRONIC DELIVERY

Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, VT 05602
donna.jerry@vermont.gov

**RE: Docket No. GMCB-019-21con, Garnet Clinical Services, LLC
Establishment of Mobile Preventive and Urgent Care Units in Chittenden County**

Dear Ms. Jerry:

Please see the attached spreadsheets from Garnet Clinical Services, LLC ("Garnet") in response to the Green Mountain Care Board's (the "Board") letter dated November 5, 2021. The data in the spreadsheets addresses the Board's requests for projected annual capital costs of operation and the projected annual operating expenses. Garnet included all known and anticipated costs required to make the project fully operational in each of the included years, including start-up costs.

You will note the absence of capital costs because Garnet is leveraging its existing clinical infrastructure to make the project operational. In addition, there are no construction expenses because Garnet will be delivering care in mobile units and not in a brick-and-mortar office.

Thank you for your assistance with this to date.

Sincerely,

/s/ Shireen T. Hart

Shireen T. Hart

Green Mountain Care Board

Instructions for completing the cost worksheets:

Please use the worksheet that applies to your project.

Please enter data and information ONLY in the green highlighted cells in the Project & Operating Costs and Equipment Costs

If you need to include more line items, please list additional items under "Other (specify)" and include dollar amounts.

If you have any questions, please contact Donna Jerry at 802-828-2918 or e-mail donna.jerry@vermont.gov.

Project & Operating Costs	
Name of Project:	Mobile Urgent Care
Name of Organization	Garnet Clinical Services LLC

Project Costs:	Latest Actuals (12 mos)	Year one of Proj (12 mos)	Year 2 (12 mos)	Year 3 (12 mos)
Construction Costs				
New Construction	\$0	\$0	\$0	\$0
Renovation	\$0	\$0	\$0	\$0
Site Work	\$0	\$0	\$0	\$0
Fixed Equipment	\$0	\$0	\$0	\$0
Design/Bidding Contingency	\$0	\$0	\$0	\$0
Construction Contingency	\$0	\$0	\$0	\$0
Construction Manager Fee	\$0	\$0	\$0	\$0
Other (please specify):	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
Subtotal	\$ -	\$ -	\$ -	\$ -

Related Project Costs				
Major Moveable Equipment	\$0	\$10,000	\$10,000	\$5,000
Furnishings, Fixtures & Other Equip.	\$0	\$10,000	\$35,000	\$10,000
Architectural/Engineering Fees	\$0	\$0	\$0	\$0
Land Acquisition	\$0	\$0	\$0	\$0
Purchase of Buildings	\$0	\$0	\$0	\$0
Administrative Expenses & Permits	\$0	\$0	\$0	\$0
Total Debt Financing Expenses (see below)	\$0	\$0	\$0	\$0
Debt Service Reserve Fund	\$0	\$0	\$0	\$0
Working Capital	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
	\$0	\$20,000	\$45,000	\$15,000
Subtotal	\$0	\$40,000	\$90,000	\$30,000

Total Project Costs	\$ -	\$ 40,000.00	\$ 90,000.00	\$ 30,000.00
---------------------	------	--------------	--------------	--------------

Debt Financing Expenses				
Capital Interest	\$0	\$0	\$0	\$0
Bond Discount or Placement Fee	\$0	\$0	\$0	\$0
Misc. Financing Fees & Exp. (issuance costs)	\$0	\$0	\$0	\$0
Other (specify):	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0	\$0
Less Interest Earnings on Funds				
Debt Service Reserve Funds	\$0	\$0	\$0	\$0
Capitalized Interest Account	\$0	\$0	\$0	\$0
Construction Fund	\$0	\$0	\$0	\$0
Other (specify):	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0	\$0
Total Debt Financing Expenses	\$0	\$0	\$0	\$0
feeds to Debt Financing Expenses above				

Project & Operating Costs	
Name of Project:	Mobile Urgent Care
Name of Organization	Garnet Clinical Services LLC

Operating Costs (expenses):		Latest Actuals (12 mos)	Year one of Proj (12 mos)	Year 2 (12 mos)	Year 3 (12 mos)
Staffing Expenses					
	Salaries per FTE	\$0	\$680,000	\$825,084	\$1,308,060
	Fringe Benefits/Health Insurance	\$0	\$136,000	\$165,017	\$261,612
	Professional Insurance	\$0	\$15,000	\$18,000	\$21,600
	Staff Travel	\$0	\$0	\$0	\$0
	Consultant costs & travel	\$0	\$100,000	\$50,000	\$0
	Subscriptions/Dues	\$0	\$2,000	\$2,000	\$4,000
	Other (specify):	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
Operation Expenses					
	Supplies/printing	\$0	\$45,000	\$55,000	\$65,000
	Depreciation	\$0	\$0	\$0	\$0
	Interest	\$0	\$0	\$0	\$0
	Advertising/Marketing/Printing	\$0	\$10,000	\$25,000	\$50,000
	Vehicle Expense/Auto Insurance	\$0	\$86,400	\$93,050	\$101,200
	Rent/Lease Expense	\$0	\$0	\$0	\$0
	Utilities/Telephone Expenses	\$0	\$2,200	\$3,400	\$3,400
	Computer/hardware/Software	\$0	\$11,900	\$14,050	\$22,000
	Building Maintenance and repair	\$0	\$0	\$0	\$0
	Property Taxes	\$0	\$0	\$0	\$0
	Legal Services	\$0	\$5,000	\$2,500	\$2,500
	Billing Services	\$0	\$10,500	\$45,600	\$70,080
	Security Services	\$0	\$0	\$0	\$0
	Other (specify):	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$0
Total Operating Costs:		\$ -	\$ 1,104,000.00	\$ 1,298,700.80	\$ 1,909,452.00

Equipment Costs			
Name of Project:			
Name of Organization:			

	Latest Actuals	Year 1	Year 2
Equipment costs	\$0	\$0	\$0
Studies/Surveys Expense	\$0	\$0	\$0
Designs/Plans/Working Drawings	\$0	\$0	\$0
Installation Costs	\$0	\$0	\$0
Renovation/construction costs	\$0	\$0	\$0
Financing costs	\$0	\$0	\$0
Maintenance/service contracts	\$0	\$0	\$0
Other component costs	\$0	\$0	\$0
Lease costs	\$0	\$0	\$0
Equipment operating costs	\$0	\$0	\$0
Other (specify):	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0
Less fair market trade-in value of equipment	\$0	\$0	\$0

Total equipment Costs	\$ -	\$ -	\$ -
------------------------------	------	------	------

CON Jurisdiction Standard Project Budget Spreadsheet Form

Note: Definitions of specific terms indicated by an *, are listed at the bottom of the page.

Please reference second tab for an example of a completed project spreadsheet.

Instructions: Complete each section. If a number can not be provided insert "n/a". If the vendor contract is less than 5 years, insert "0" into the 5th year columns.

Software Product	# of licenses	Purchase cost	Installation or Set up Cost *	Configuration Cost*	Customization Cost*	Interface Cost*	Enhancement Cost*
AthenaHealth	3	600/month					
EHR Product 2							
EHR Product 3							
Sub Totals		\$0	\$0	\$0	\$0	\$0	\$0

Data Migration	Data Mapping Cost*	Data Conversion Cost*
Existing Hospital System 1 (insert name)		
Existing Hospital System 2		
Existing Hospital System 3		
Paper files		
Sub Totals	\$0	\$0

Hardware	Quantity	Cost
Laptops	3	\$1,500
Printers		
Barcode Scanners		
Medication Carts		
Mobile Devices	3	\$500
Routers		
Wiring		
Servers (insert rows below for additional equipment)		
Sub Totals	6	\$2,000

Personnel	Number	Hours	Hrly Rate	Cost
Project Manager				
End User Tester				
(insert more if additional personnel are being procured)				
Total	0	0		\$0.00

Training	Training-Yr 1 (includes initial training)	Training-Yr 2	Training-Yr 3	Training-Yr 4	Training-Yr 5
AthenaHealth	\$3,000				
EHR Product 2					
EHR Product 3					

Sub Total	\$3,000	\$0	\$0	\$0	\$0
-----------	---------	-----	-----	-----	-----

Travel	Year 1	Year 2	Year 3	Year 4	Year 5
Vendor Travel Cost					
Hospital Travel Costs					
Sub Totals	\$0	\$0	\$0	\$0	\$0

Vendor Operating Costs-EHR Product 1	EHR Product 1 -Y1	EHR Product 1 -Y2	EHR Product 1 -Y3	EHR Product 1 -Y4	EHR Product 1 -Y5 (if vendor doesn't provide support for certain years, insert "n/a")
Help Desk Support *					
General Maintenance*					
Enhancement Support *					
Back up Support*					
Sub Totals	\$0	\$0	\$0	\$0	\$0
Vendor Operating Costs-EHR Product 2	EHR Product 2 -Y1	EHR Product 2-Y2	EHR Product 2 -Y3	EHR Product 2 -Y4	EHR Product 2 -Y5
Help Desk Support					
General Maintenance					
Enhancement Support					
Back up Support					
Sub Totals	\$0	\$0	\$0	\$0	\$0
Vendor Operating Costs-EHR Product 3	EHR Product 3 -Y1	EHR Product 3 -Y2	EHR Product 3 -Y3	EHR Product 3 -Y4	EHR Product 3 -Y5
Help Desk Support					
General Maintenance					
Enhancement Support					
Back up Support					
Sub Totals	\$0	\$0	\$0	\$0	\$0
Total Vendor Operating Costs	\$0	\$0	\$0	\$0	\$0

Hospital Operating Costs-EHR Product 1	EHR Product 1 -Y1	EHR Product 1 -Y2	EHR Product 1 -Y3	EHR Product 1 -Y4	EHR Product 1 -Y5
Help Desk Support*					
General Maintenance*					
Enhancement Support *					
Back up/Disaster Support*					
Sub Totals	\$0	\$0	\$0	\$0	\$0
Hospital Operating Costs-EHR Product 2	EHR Product 2 -Y1	EHR Product 2-Y2	EHR Product 2 -Y3	EHR Product 2 -Y4	EHR Product 2 -Y5
Help Desk Support					
General Maintenance					
Enhancement Support					
Back up/Disaster Support					
Sub Totals	\$0	\$0	\$0	\$0	\$0

Hospital Operating Costs-EHR Product 3	EHR Product 3 -Y1	EHR Product 3 -Y2	EHR Product 3 -Y3	EHR Product 3 -Y4	EHR Product 3 -Y5
Help Desk Support					
General Maintenance					
Enhancement Support					
Back up/Disaster Support					
Sub Totals	\$0	\$0	\$0	\$0	\$0
Total Hospital Operating Costs	\$0	\$0	\$0	\$0	\$0

Meaningful Use Incentive Payments	Payment amount
Qualifying Year 2011	
Qualifying Year 2012	
Qualifying Year 2013	
Qualifying Year 2014	
Sub Total	\$0

Contingency Reserve	Amount
For unforeseen risks or unknown costs	

Totals	
Total Project Capital Costs	\$5,000
Total Project Operating Costs	\$0
Total Project Credits	\$0
Grand Total	\$5,000

Definitions

Installation: Services to install software and complete system testing. Doesn't include end user testing that needs to be completed by hospital staff.
Configuration: Services to modify existing data elements to handle hospital data (i.e. system captures DOB but hospital wants a different format).
Customization: Services to add new data elements into system (i.e. system doesn't currently capture SSN, a new field has to be created)
Interface: Services to link two systems together so data can be transferred on a regular basis without human input.
Enhancements: Additional functionality that needs to be created to make the system work more effectively after all requirements have been completed.
Data Mapping: the process of mapping existing data elements to the new system to identify where each piece of data will be migrated.
Data Conversion: the process of actually moving the data into the new system. This can be done automatically or through manual data entry.
Vendor Help Desk Support: Cost is for services that include answering help desk calls (various levels), and resolving user issues.
Vendor General Maintenance: Cost is for services that include general fixes, upgrades and data resolutions.
Vendor Enhancement Support: services include hourly charge to complete enhancements, including system testing and implementation.
Vendor Back up Support: services include backup of system configurations and restoration if system encounters error. Generally does not include backup of patient data.

Hospital Help Desk Support: Help desk support provided by hospital IT staff. Include costs if additional staff will need to be hired.
Hospital General Maintenance: General maintenance on additional servers, network and systems fixes. Include costs if additional staff will need to be hired.
Hospital Enhancement Support: Include costs if enhancements will be completed by hospital developers.
Hospital Backup/Disaster Support: Include costs for backup equipment, staff time and off-site location costs. If these process already exist and no additional staff or equipment will be purchase, no need to include costs.