

THE  
University of Vermont  
MEDICAL CENTER

*Office of the General Counsel*  
[Amanda.Angell@UVMHealth.org](mailto:Amanda.Angell@UVMHealth.org)  
802-847-2529 (Phone)

Via Email & U.S. Mail

April 1, 2022

Ms. Donna Jerry  
Senior Health Policy Analyst  
Green Mountain Care Board  
144 State Street  
Montpelier, VT 05602  
[Donna.Jerry@vermont.gov](mailto:Donna.Jerry@vermont.gov)

**RE: Docket No. GMCB-001-17con, Expansion of Epic to The University of Vermont Health Network—Home Health and Hospice, Inc., Project Cost: \$7.2 Million Capital Expenses and \$5.9 Million in Net Annual Operating Expenses.**

Dear Donna:

This correspondence responds to your March 17, 2022 set of questions regarding the implementation of Epic at Home Health and Hospice. Each request is **bolded** below and followed by our response.

- 1. In a table format, by facility (UVMHC, CVMC, PMC, CVPH, AHMC and EHC and the proposed Home Health and Hospice (HH & H)) provide UVMHN's Epic system by year from original implementation through 2027, showing the projected, actual and variance expressed as a dollar amount and a percent, plus /minus (a) Staffing Offsets and (b) Legacy Offsets.**

These tables are set out in Exhibit A and will also be provided as a separate pdf for ease of viewing.

- 2. Given that half of HH &H staff, approximately 250 users, will not have used mobile laptop devices in the field, please explain your contingency plan if projected staffing offsets are not attained due to longer training period and temporary staff and/or overtime pay must be continued for a longer period of time to replace permanent staff while in training.**

The business planning for the proposed project anticipates a 1.0 FTE offset in FY24, which is after the project is complete, and results from no longer needing to support the legacy systems.

Because of that planning, and in recognition of the build and support needed during and after go-live with the addition of 5.5 FTEs total (4 analysts, 1 trainer, 2 report writers, and help desk), we believe the 1.0 FTE offset in FY24 can be achieved. The staffing/system offset targets are expenses that HH & H is incurring presently (by way of wages, benefits, and software subscriptions), so these costs would continue to be budgeted/expensed within HH & H's normal operating budget, outside the CON, if these targets are missed.

Additional overtime and staff backfill expenses necessary to train all users has also been included in the total cost of ownership ("TCO") and financial pro forma. If we need additional staffing or incur overtime for end-user training beyond what is identified in the budget, we will manage those expenses the same way we do with any other unforeseen expenses: through contingency. If we exceed the budgeted contingency, any additional expense will be allocated using the Epic Subscription Fee methodology.

- 3. Explain your plan for additional overtime and hiring temporary staff to back-fill, especially PCAs and LNAs, while permanent PCAs and LNAs and other staff are being trained for the use of devices in the field and synchronizing to the IT network once internet connection is reestablished.**

HH & H will utilize travelers and overtime for employees as necessary to support training of employed PCA and LNA staff. These costs have been anticipated and built into the TCO submitted for the proposed project.

- 4. Explain in detail the current annual operating cost associated with HH & H's Netsmart as compared to the cost of migrating to Epic, including an explanation of any savings and efficiencies projected in years 1-4.**

Simply put, Epic is a far more robust and functional product than Netsmart, which costs approximately \$225,000-\$240,000 per year. As set out in our application, the purpose of the implementation of Epic at HH & H is not to save on operational costs; rather, the purpose of the implementation is to (i) replace Netsmart, which is deficient and will no longer be enhanced by the vendor; (ii) improve patient and provider communication (e.g., MyChart and secure provider chat); (iii) standardize referrals and patient record access by both Network and non-Network providers; and (iv) to allow HH & H to fully participate as a site in the Network's continuum of care and the Network's transition to value-based care delivery (through the use of the same electronic health record). These operational efficiencies have not been calculated as they cannot be identified in a precise way. The legacy system offsets, however, are set forth in the TCO.

- 5. Provide a detailed explanation of EpicCare Link, functionality, and access to patient medical records for non-network entities including: a) any cost associated with its use for non-network entities; and b) availability of any training and the cost associated with the training, if required for access and use of EpicCare Link by non-network users.**

EpicCare Link is Epic's web-based application for connecting our organizations to community practitioners. Through EpicCare Link, the Network can provide community users secure access to select patient information in our Epic data repository and improve the continuity of care in our community. This continuity provides many benefits for patients and our community.

EpicCare link:

- Provides a more transparent flow of information between providers;
- Makes it easier for external physicians to place referrals and orders within the Network; and
- Connects clinicians with specialists within the Network.

EpicCare Link is not an EHR solution; it is generally a read-only application with certain service-oriented features, such as order entry and appointment scheduling. The application is designed to be both secure and easy to roll out to large populations of end-users who would benefit from electronic access to patient data within the Network.

The Network does not charge for EpicCare Link access, even though there are costs associated to provide and maintain. Online training is required for users, but this training is offered at no cost to promote utilization and access. This EpicCare Link is accessible from the Network's website: [EpicCare Link | The University of Vermont Health Network \(uvmhealth.org\)](http://EpicCare Link | The University of Vermont Health Network (uvmhealth.org))

Please do not hesitate to contact me, if you have any questions about the information in this report.

Very truly yours,



Amanda S. Angell, Esq.  
Assistant General Counsel

Enclosure

cc: Office of Health Care Advocate (via email)

**EXHIBIT A**

A: Total Project Summary of Epic Costs & Funds Flow (Original CON 01/05/2018 + Amended CON 04/30/2020 + Non-Material Change 03/01/2021) + HHH											
Amended CON											
Approved Budget	FY18 Budget	FY19 Budget	FY20 Budget	FY21 Budget	FY22 Budget	FY23 Budget	FY24 Budget	FY25 Budget	FY26 Budget	FY27 Budget	Total Budgeted Cost
UVMHN Staffing Offsets	\$ (876,530)	\$ (1,981,291)	\$ (4,524,612)	\$ (6,442,233)	\$ (7,939,706)	\$ (8,568,211)	\$ (8,636,277)	\$ (8,638,587)	\$ (8,640,942)	\$ (8,643,345)	\$ (64,891,733)
UVMHC	\$ (485,488)	\$ (1,000,523)	\$ (2,539,276)	\$ (3,649,310)	\$ (3,961,548)	\$ (4,020,809)	\$ (4,020,809)	\$ (4,020,809)	\$ (4,020,809)	\$ (4,020,809)	\$ (31,740,189)
CVMC	\$ (178,466)	\$ (593,047)	\$ (1,092,314)	\$ (1,704,626)	\$ (2,094,391)	\$ (2,221,188)	\$ (2,160,000)	\$ (2,160,000)	\$ (2,160,000)	\$ (2,160,000)	\$ (16,524,032)
PMC	\$ (992)	\$ (5,409)	\$ 9,223	\$ (9,633)	\$ (379,175)	\$ (479,577)	\$ (480,000)	\$ (480,000)	\$ (480,000)	\$ (480,000)	\$ (2,785,562)
CVPH	\$ (211,584)	\$ (376,111)	\$ (824,317)	\$ (973,769)	\$ (1,079,369)	\$ (1,124,352)	\$ (1,140,000)	\$ (1,140,000)	\$ (1,140,000)	\$ (1,140,000)	\$ (9,149,503)
AHMC	\$ -	\$ -	\$ -	\$ (24,849)	\$ (261,210)	\$ (476,387)	\$ (480,000)	\$ (480,000)	\$ (480,000)	\$ (480,000)	\$ (2,682,446)
ECH	\$ -	\$ (6,201)	\$ (77,927)	\$ (80,046)	\$ (164,013)	\$ (245,898)	\$ (240,000)	\$ (240,000)	\$ (240,000)	\$ (240,000)	\$ (1,534,085)
HHH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (115,468)	\$ (117,778)	\$ (120,133)	\$ (122,536)	\$ (475,915)
UVMHN Legacy System Offsets	\$ (13,500)	\$ (19,621)	\$ (1,698,731)	\$ (4,720,199)	\$ (6,884,440)	\$ (9,714,775)	\$ (9,783,814)	\$ (10,027,881)	\$ (10,036,617)	\$ (10,045,614)	\$ (62,945,191)
UVMHC	\$ (13,500)	\$ (19,621)	\$ (1,558,798)	\$ (4,164,690)	\$ (4,714,842)	\$ (4,864,697)	\$ (4,864,697)	\$ (4,864,697)	\$ (4,864,697)	\$ (4,864,697)	\$ (34,794,936)
CVMC	\$ -	\$ -	\$ (24,608)	\$ (203,696)	\$ (846,345)	\$ (1,084,674)	\$ (1,080,000)	\$ (1,080,000)	\$ (1,080,000)	\$ (1,080,000)	\$ (6,479,323)
PMC	\$ -	\$ -	\$ (4,106)	\$ (24,860)	\$ (385,718)	\$ (724,856)	\$ (720,000)	\$ (720,000)	\$ (720,000)	\$ (720,000)	\$ (4,019,540)
CVPH	\$ -	\$ -	\$ (111,219)	\$ (326,953)	\$ (642,657)	\$ (2,084,179)	\$ (2,100,000)	\$ (2,100,000)	\$ (2,100,000)	\$ (2,100,000)	\$ (11,565,008)
AHMC	\$ -	\$ -	\$ -	\$ -	\$ (202,395)	\$ (575,372)	\$ (576,000)	\$ (576,000)	\$ (576,000)	\$ (576,000)	\$ (3,081,767)
ECH	\$ -	\$ -	\$ -	\$ -	\$ (92,483)	\$ (380,996)	\$ (396,000)	\$ (396,000)	\$ (396,000)	\$ (396,000)	\$ (2,057,480)
HHH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (47,117)	\$ (291,184)	\$ (299,920)	\$ (308,917)	\$ (947,138)
<b>Total Actual Offsets</b>	<b>\$ (890,030)</b>	<b>\$ (2,000,912)</b>	<b>\$ (6,223,342)</b>	<b>\$ (11,162,431)</b>	<b>\$ (14,824,147)</b>	<b>\$ (18,282,986)</b>	<b>\$ (18,420,091)</b>	<b>\$ (18,666,468)</b>	<b>\$ (18,677,559)</b>	<b>\$ (18,688,959)</b>	<b>\$ (127,836,924)</b>
UVMHC	\$ (498,988)	\$ (1,020,144)	\$ (4,098,074)	\$ (7,814,000)	\$ (8,676,390)	\$ (8,885,506)	\$ (8,885,506)	\$ (8,885,506)	\$ (8,885,506)	\$ (8,885,506)	\$ (66,535,125)
CVMC	\$ (178,466)	\$ (593,047)	\$ (1,116,922)	\$ (1,908,322)	\$ (2,940,735)	\$ (3,305,862)	\$ (3,240,000)	\$ (3,240,000)	\$ (3,240,000)	\$ (3,240,000)	\$ (23,003,354)
PMC	\$ (992)	\$ (5,409)	\$ 5,117	\$ (34,493)	\$ (764,893)	\$ (1,204,433)	\$ (1,200,000)	\$ (1,200,000)	\$ (1,200,000)	\$ (1,200,000)	\$ (6,805,103)
CVPH	\$ (211,584)	\$ (376,111)	\$ (935,536)	\$ (1,300,722)	\$ (1,722,027)	\$ (3,208,531)	\$ (3,240,000)	\$ (3,240,000)	\$ (3,240,000)	\$ (3,240,000)	\$ (20,714,511)
AHMC	\$ -	\$ -	\$ -	\$ (24,849)	\$ (463,605)	\$ (1,051,759)	\$ (1,056,000)	\$ (1,056,000)	\$ (1,056,000)	\$ (1,056,000)	\$ (5,764,213)
ECH	\$ -	\$ (6,201)	\$ (77,927)	\$ (80,046)	\$ (256,496)	\$ (626,894)	\$ (636,000)	\$ (636,000)	\$ (636,000)	\$ (636,000)	\$ (3,591,565)
HHH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (162,586)	\$ (408,962)	\$ (420,053)	\$ (431,453)	\$ (1,423,054)

B: Total Project Offsets (Approved Original + Amended CON + Non-Material Change + HHH Amended CON) Actual / Projected as of 12/31/2021											
Actual / Projected	FY18 Actual	FY19 Actual	FY20 Actual	FY21 Actual	FY22 Projected	FY23 Projected	FY24 Projected	FY25 Projected	FY26 Projected	FY27 Projected	Total Actual / Projected Cost
UVMHN Staffing Offsets	\$ (876,530)	\$ (1,981,291)	\$ (4,524,612)	\$ (6,442,233)	\$ (7,893,068)	\$ (8,801,287)	\$ (8,916,756)	\$ (8,919,065)	\$ (8,921,421)	\$ (8,923,823)	\$ (66,200,086)
UVMHC	\$ (485,488)	\$ (1,000,523)	\$ (2,539,276)	\$ (3,649,310)	\$ (4,003,056)	\$ (4,111,851)	\$ (4,111,851)	\$ (4,111,851)	\$ (4,111,851)	\$ (4,111,851)	\$ (32,236,908)
CVMC	\$ (178,466)	\$ (593,047)	\$ (1,092,314)	\$ (1,704,626)	\$ (2,014,984)	\$ (2,270,947)	\$ (2,270,947)	\$ (2,270,947)	\$ (2,270,947)	\$ (2,270,947)	\$ (16,938,173)
PMC	\$ (992)	\$ (5,409)	\$ 9,223	\$ (9,633)	\$ (382,373)	\$ (603,359)	\$ (603,359)	\$ (603,359)	\$ (603,359)	\$ (603,359)	\$ (3,405,979)
CVPH	\$ (211,584)	\$ (376,111)	\$ (824,317)	\$ (973,769)	\$ (1,074,661)	\$ (1,103,868)	\$ (1,103,868)	\$ (1,103,868)	\$ (1,103,868)	\$ (1,103,868)	\$ (8,979,784)
AHMC	\$ -	\$ -	\$ -	\$ (24,849)	\$ (253,956)	\$ (459,428)	\$ (459,428)	\$ (459,428)	\$ (459,428)	\$ (459,428)	\$ (2,575,944)
ECH	\$ -	\$ (6,201)	\$ (77,927)	\$ (80,046)	\$ (164,038)	\$ (251,834)	\$ (251,834)	\$ (251,834)	\$ (251,834)	\$ (251,834)	\$ (1,587,383)
HHH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (115,468)	\$ (117,778)	\$ (120,133)	\$ (122,536)	\$ (475,915)
UVMHN Legacy System Offsets	\$ (13,500)	\$ (19,621)	\$ (1,698,731)	\$ (4,720,199)	\$ (6,844,407)	\$ (9,997,212)	\$ (10,044,329)	\$ (10,288,396)	\$ (10,297,131)	\$ (10,306,129)	\$ (64,229,654)
UVMHC	\$ (13,500)	\$ (19,621)	\$ (1,558,798)	\$ (4,164,690)	\$ (4,721,163)	\$ (5,104,715)	\$ (5,104,715)	\$ (5,104,715)	\$ (5,104,715)	\$ (5,104,715)	\$ (36,001,346)
CVMC	\$ -	\$ -	\$ (24,608)	\$ (203,696)	\$ (819,303)	\$ (1,066,896)	\$ (1,066,896)	\$ (1,066,896)	\$ (1,066,896)	\$ (1,066,896)	\$ (6,382,085)
PMC	\$ -	\$ -	\$ (4,106)	\$ (24,860)	\$ (382,006)	\$ (729,713)	\$ (729,713)	\$ (729,713)	\$ (729,713)	\$ (729,713)	\$ (4,059,534)
CVPH	\$ -	\$ -	\$ (111,219)	\$ (326,953)	\$ (646,151)	\$ (2,118,137)	\$ (2,118,137)	\$ (2,118,137)	\$ (2,118,137)	\$ (2,118,137)	\$ (11,675,010)
AHMC	\$ -	\$ -	\$ -	\$ -	\$ (216,884)	\$ (605,892)	\$ (605,892)	\$ (605,892)	\$ (605,892)	\$ (605,892)	\$ (3,246,346)
ECH	\$ -	\$ -	\$ -	\$ -	\$ (58,901)	\$ (371,859)	\$ (371,859)	\$ (371,859)	\$ (371,859)	\$ (371,859)	\$ (1,918,195)
HHH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (47,117)	\$ (291,184)	\$ (299,920)	\$ (308,917)	\$ (947,138)
<b>Total Actual Offsets</b>	<b>\$ (890,030)</b>	<b>\$ (2,000,912)</b>	<b>\$ (6,223,342)</b>	<b>\$ (11,162,431)</b>	<b>\$ (14,737,475)</b>	<b>\$ (18,798,499)</b>	<b>\$ (18,961,085)</b>	<b>\$ (19,207,461)</b>	<b>\$ (19,218,552)</b>	<b>\$ (19,229,952)</b>	<b>\$ (130,429,740)</b>
UVMHC	\$ (498,988)	\$ (1,020,144)	\$ (4,098,074)	\$ (7,814,000)	\$ (8,724,219)	\$ (9,216,566)	\$ (9,216,566)	\$ (9,216,566)	\$ (9,216,566)	\$ (9,216,566)	\$ (68,238,254)
CVMC	\$ (178,466)	\$ (593,047)	\$ (1,116,922)	\$ (1,908,322)	\$ (2,834,287)	\$ (3,337,843)	\$ (3,337,843)	\$ (3,337,843)	\$ (3,337,843)	\$ (3,337,843)	\$ (23,320,258)
PMC	\$ (992)	\$ (5,409)	\$ 5,117	\$ (34,493)	\$ (764,378)	\$ (1,333,072)	\$ (1,333,072)	\$ (1,333,072)	\$ (1,333,072)	\$ (1,333,072)	\$ (7,465,513)
CVPH	\$ (211,584)	\$ (376,111)	\$ (935,536)	\$ (1,300,722)	\$ (1,720,812)	\$ (3,222,006)	\$ (3,222,006)	\$ (3,222,006)	\$ (3,222,006)	\$ (3,222,006)	\$ (20,654,793)
AHMC	\$ -	\$ -	\$ -	\$ (24,849)	\$ (470,841)	\$ (1,065,320)	\$ (1,065,320)	\$ (1,065,320)	\$ (1,065,320)	\$ (1,065,320)	\$ (5,822,290)
ECH	\$ -	\$ (6,201)	\$ (77,927)	\$ (80,046)	\$ (222,940)	\$ (623,693)	\$ (623,693)	\$ (623,693)	\$ (623,693)	\$ (623,693)	\$ (3,505,578)
HHH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (162,586)	\$ (408,962)	\$ (420,053)	\$ (431,453)	\$ (1,423,054)

C: Total Project Offsets												
Projected Variance	FY18 Variance	FY19 Variance	FY20 Variance	FY21 Variance	FY22 Variance	FY23 Variance	FY24 Variance	FY25 Variance	FY26 Variance	FY27 Variance	Total Projected Variance	Total Projected Variance %
UVMHN Staffing Offsets	\$ -	\$ -	\$ -	\$ -	\$ (46,638)	\$ 233,077	\$ 280,479	\$ 280,479	\$ 280,479	\$ 280,479	\$ 1,308,353	2.0%
UVMHC	\$ -	\$ -	\$ -	\$ -	\$ 41,507	\$ 91,042	\$ 91,042	\$ 91,042	\$ 91,042	\$ 91,042	\$ 496,719	1.6%
CVMC	\$ -	\$ -	\$ -	\$ -	\$ (79,407)	\$ 49,759	\$ 110,947	\$ 110,947	\$ 110,947	\$ 110,947	\$ 414,142	2.5%
PMC	\$ -	\$ -	\$ -	\$ -	\$ 3,197	\$ 123,782	\$ 123,359	\$ 123,359	\$ 123,359	\$ 123,359	\$ 620,416	22.3%
CVPH	\$ -	\$ -	\$ -	\$ -	\$ (4,708)	\$ (20,484)	\$ (36,132)	\$ (36,132)	\$ (36,132)	\$ (36,132)	\$ (169,719)	-1.9%
AHMC	\$ -	\$ -	\$ -	\$ -	\$ (7,253)	\$ (16,960)	\$ (20,572)	\$ (20,572)	\$ (20,572)	\$ (20,572)	\$ (106,503)	-4.0%
ECH	\$ -	\$ -	\$ -	\$ -	\$ 25	\$ 5,936	\$ 11,834	\$ 11,834	\$ 11,834	\$ 11,834	\$ 53,297	3.5%
HHH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
UVMHN Legacy System Offsets	\$ -	\$ -	\$ -	\$ -	\$ (40,033)	\$ 282,437	\$ 260,515	\$ 260,515	\$ 260,515	\$ 260,515	\$ 1,284,462	2.0%
UVMHC	\$ -	\$ -	\$ -	\$ -	\$ 6,321	\$ 240,018	\$ 240,018	\$ 240,018	\$ 240,018	\$ 240,018	\$ 1,206,410	3.5%
CVMC	\$ -	\$ -	\$ -	\$ -	\$ (27,042)	\$ (17,778)	\$ (13,104)	\$ (13,104)	\$ (13,104)	\$ (13,104)	\$ (97,238)	-1.5%
PMC	\$ -	\$ -	\$ -	\$ -	\$ (3,712)	\$ 4,856	\$ 9,713	\$ 9,713	\$ 9,713	\$ 9,713	\$ 39,994	1.0%
CVPH	\$ -	\$ -	\$ -	\$ -	\$ 3,493	\$ 33,958	\$ 18,137	\$ 18,137	\$ 18,137	\$ 18,137	\$ 110,001	1.0%
AHMC	\$ -	\$ -	\$ -	\$ -	\$ 14,489	\$ 30,521	\$ 29,892	\$ 29,892	\$ 29,892	\$ 29,892	\$ 164,580	5.3%
ECH	\$ -	\$ -	\$ -	\$ -	\$ (33,582)	\$ (9,138)	\$ (24,141)	\$ (24,141)	\$ (24,141)	\$ (24,141)	\$ (139,285)	-6.8%
HHH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
Total Actual Offsets	\$ -	\$ -	\$ -	\$ -	\$ (86,671)	\$ 515,514	\$ 540,993	\$ 540,993	\$ 540,993	\$ 540,993	\$ 2,592,816	2.0%
UVMHC	\$ -	\$ -	\$ -	\$ -	\$ 47,829	\$ 331,060	\$ 331,060	\$ 331,060	\$ 331,060	\$ 331,060	\$ 1,703,129	2.6%
CVMC	\$ -	\$ -	\$ -	\$ -	\$ (106,449)	\$ 31,981	\$ 97,843	\$ 97,843	\$ 97,843	\$ 97,843	\$ 316,904	1.4%
PMC	\$ -	\$ -	\$ -	\$ -	\$ (515)	\$ 128,639	\$ 133,072	\$ 133,072	\$ 133,072	\$ 133,072	\$ 660,410	9.7%
CVPH	\$ -	\$ -	\$ -	\$ -	\$ (1,215)	\$ 13,474	\$ (17,994)	\$ (17,994)	\$ (17,994)	\$ (17,994)	\$ (59,717)	-0.3%
AHMC	\$ -	\$ -	\$ -	\$ -	\$ 7,236	\$ 13,561	\$ 9,320	\$ 9,320	\$ 9,320	\$ 9,320	\$ 58,077	1.0%
ECH	\$ -	\$ -	\$ -	\$ -	\$ (33,557)	\$ (3,201)	\$ (12,307)	\$ (12,307)	\$ (12,307)	\$ (12,307)	\$ (85,987)	-2.4%
HHH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%

STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

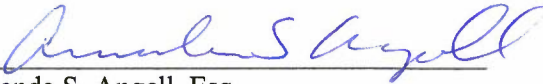
In re: **Docket No. GMCB-001-17con, Expansion of Epic to The University of Vermont Health Network—Home Health and Hospice, Inc., Project Cost: \$7.2 Million Capital Expenses and \$5.9 Million in Net Annual Operating Expenses.**

Verification

Amanda S. Angell, Esq., being duly sworn, states on oath as follows:

- (1) My name is Amanda S. Angell, Esq. I am the Assistant General Counsel of The University of Vermont Health Network Inc. In that capacity I have reviewed the foregoing responses dated April 1, 2022.
- (2) Based on my personal knowledge, after diligent inquiry, the information contained in the report is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact necessary to make the statement made therein not misleading, except as specifically noted herein.
- (3) My personal knowledge of the truth, accuracy and completeness of the information contained in the report is based upon information reasonably believed by me to be reliable and provided to me by the individuals identified below who have certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact necessary to make the statement made therein not misleading.
- (4) I have evaluated, within the twelve months preceding the date of this affidavit, the policies and procedures by which information has been provided by the certifying individuals identified below, and I have determined that such policies and procedures are effective in ensuring that all information submitted or used by UVM Medical Center in connection with the Certificate of Need program is true, accurate, and complete. I have disclosed to the Board of Trustees all significant deficiencies of which I have personal knowledge after diligent inquiry in such policies and procedures, and I have disclosed to the Board of Trustees any misrepresentation of facts, whether or not material, that involves management or any other employee participating in providing information submitted or used by UVM Medical Center in connection with the Certificate of Need program.
- (5) The following certifying individuals have provided information or documents to me in connection with the report, and each such individual has certified, based on his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the certifying individual to be reliable, that the information and documents that have been provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact necessary to make the statement made therein not misleading:
  - (a) Adrienne Johnson Ross, President & COO, UVM Health Network—Home Health and Hospice, Inc.
  - (b) Lori Boisjoli, Vice President, Application Portfolio, UVM Health Network
  - (c) Jonathan Grange, Lead Financial Specialist, UVM Medical Center

(6) In the event that the information contained in the report becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to promptly notify the Green Mountain Care Board, and to supplement the report as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.

  
Amanda S. Angell, Esq.

On April 1, 2022, Amanda S. Angell, Esq., appeared before me and swore to the truth, accuracy and completeness of the foregoing.

  
Notary Public

My commission expires 1-31-2023