



March 25, 2024

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

**RE: Docket No. GMCB-006-24CON
MT. ASCUTNEY HOSPITAL AND HEALTH CENTER
ELECTRONIC HEALTH RECORD REPLACEMENT
PROJECT COST: \$9,100,524
REQUEST FOR EXPEDITED REVIEW**

Dear Ms. Jerry,

On behalf of Mt. Ascutney Hospital and Health Center (MAHHC) and in accord with the Certificate of Need (CON) Rule 4.304, we respectfully submit our formal request for an expedited review of the above referenced project.

We believe that this project will not be contested by any healthcare entity or provider of care, in or out of our region of service. While this project will positively impact the quality, access, and timeliness of the care that MAHHC and the Dartmouth Health (DH) system deliver, it will not change the need for services in our region, it will not result in MAHHC providing services that it does not currently offer, nor will it cause any service offering to be eliminated. Accordingly, there will be no impact to the pathways of care nor referral patterns in the region and it will not impact the need or delivery of healthcare services rendered at other facilities. The application for this project is strictly for the planning, purchase and implementation of the information technology needed to replace our aging clinical and business systems.

As noted annually and periodically by the Green Mountain Care Board (GMCB), MAHHC is financially stable and not in or on our way towards bankruptcy. MAHHC has consistently performed well clinically and financially for many years.

Based on our internal review of the scope of this project, we have not identified any concerns related to health policy and statutes in Vermont. As mentioned above, there will be no changes with regard to our service offerings or the allocation of healthcare services within the region, as a result of this project. As described in the CON application materials, there will be a slight increase in our gross price increase request for one year due to funding the project ongoing. This

increase, added to our average rate request, will still be at or below the average for the state over recent years. MAHHC will receive the benefit of our Critical Access Hospital cost reimbursement relative to the capital and operational costs of this project. Approximately 38% of these costs will be recognized in our cost reporting and will mitigate the need for MAHHC to materially increase our rate request. DH will be funding approximately 75% of the capital expenditures and MAHHC has already put aside the 25% that we will be required to contribute for this project for the capital investment.

The scope of this project is limited to replacing our existing information technology systems for our clinical and business functions. We have been on the same systems for more nearly twelve (12) years and our ability to interact with our DH system affiliates has been hindered for our patients and providers. The replacement of these aged and disparate clinical and business applications, along with upgrades of our technology infrastructure and user devices needed to facilitate this replacement, encompasses the entire project. Greater details about this project, the rationale for the project, and timing of this project are outlined in the CON application. We believe that the narrative provided for this project qualifies MAHHC for an expedited review process and that there will be no other parties who will contest an approval for expedited review.

We thank you in advance for your consideration and effort. Please contact us with any questions or concerns.

Sincerely,

A handwritten signature in blue ink, appearing to read 'W. Brown', followed by a long horizontal flourish.

Winfield Brown, Interim Chief Executive Officer

cc: DH Information Technology
CON Files