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Delivered by Electronic and U.S. Mail

October 16, 2024

Donna Jerry, Senior Health Policy Analyst
Green Mountain Care Board
1 National Life-Davis 3
Montpelier, Vermont 05633
donna.jerry@vermont.gov

Re: Docket No. GMCB-018-24con, Replacement of Interventional Radiology Equipment
in Suite 24 and related Facility Upgrades, Q001

Dear Ms. Jerry:

Below please find the University of Vermont Medical Center's responses to the Green Mountain Care Board's (GMCB) questions Q001 dated August 5, 2024.

1. Complete and submit standard financial tables A, B, and C for Table 6, *Payer Revenue Report*, Table 7, *Utilization Projections*, and Table 8, *Staffing Report*.

As stated in the Application, the routine replacement of the interventional radiology (IR) equipment in IR Suite 24, which at 12 years old is at the end of its useful life, is not expected to be a driver of additional IR volumes. Application at 2, 13. Without incremental volume or a change in staffing as a result of the project, submission of the requested tables (Tables 6, 7, 8, 9) does not provide any additional information that is pertinent to this specific project (*i.e.*, the "B" portion of each table would show no changes due to the project).

2. Provide a copy of the full vendor quote(s) for all equipment, hardware, and software being purchased to make the new equipment fully operational.

The applicant requests that the GMCB accept the vendor quote under seal of confidentiality and treat the information it contains as a trade secret exempt from disclosure under the Vermont Public Records Act, 1 V.S.A. §§ 315-320. The vendor quote and memorandum requesting confidentiality are submitted as separate attachments to this document.

3. In a table format, provide the actual "specific" number and total of IR procedures performed in the in [sic] each of the five IR suites each year in 2017, 2018, 2019, 2020, 2021,

2022, 2023 and projected for 2024, 2025, 2026, 2027. Also, explain in more detail, the drop in volumes for the five IR suites from actuals of a little over 14,000 in FY17 to the 12,000 projected in FY26, even though you state that an aging population is fueling the growth in demand.

IR procedures broken down by IR suite and year: The trend depicted in the chart on page 4 of the CON Application represents individual procedure volumes as they are tracked internally by the Interventional Radiology (IR) Department. As such, the volumes in the Y-axis do not represent unique patient encounters, nor do they represent the number of IR imaging studies performed, each of which may generate multiple procedures (*i.e.*, one imaging study may include several different and distinct services). In addition, because the volumes are tracked in the aggregate at the department level instead of by individual suite, the volumes shown in the following table are our best estimates, generated by compiling available data that attributes imaging studies to individual suites (and specific years) and applying the resulting percentages to total volumes:

Table 1: IR Department Volume Estimate by Suite

Suite	FY17A	FY18A	FY19A	FY20A	FY21A	FY22A	FY23A	FY24P	FY25P	FY26P	FY27P
UVMC IR MCHV RM 22	4,044	3,844	3,133	2,183	1,976	2,032	1,999	1,940	1,970	2,000	2,031
UVMC IR MCHV RM 23	2,727	2,313	2,632	2,189	2,054	2,081	2,237	2,158	2,191	2,225	2,259
UVMC IR MCHV RM 24	2,672	2,215	2,632	2,191	2,050	2,175	2,124	2,098	2,131	2,163	2,197
UVMC IR MCHV RM 26	2,318	2,217	2,272	1,543	1,897	1,989	2,035	2,060	2,091	2,123	2,156
UVMC IR MCHV RM 27	0	0	0	128	58	118	1,072	1,530	1,553	1,577	1,601
IR CT Room 25	2,395	1,846	2,141	1,715	1,610	1,761	2,001	1,858	1,886	1,915	1,945
Total Volumes by Resource	14,156	12,436	12,810	9,949	9,645	10,155	11,469	11,644	11,822	12,004	12,189

Drop in volumes from FY17 to FY 26: The decline in volumes from a high of 14,156 in FY17 to 12,189 (projected) in FY27 is due to several factors. First, in FY17 the Anesthesia Department was understaffed and as a result, the IR Department temporarily assisted with providing pain injections, which were tracked as independent procedures included in the total IR volumes. As the Anesthesia Department achieved sufficient staffing levels in FY18, the IR Department no longer assisted with pain injections, and the procedures were therefore no longer included in IR volumes.

In addition, the conversion to the Epic EHR system in November 2019 changed how certain services, including sedation, were tracked when administered to patients as part of IR imaging services. Specifically, sedation was no longer tracked as a separate charge, and therefore was not included within IR volumes as a separate and distinct procedure. Working with Epic and our coding consulting firm, we were able to again separately track sedation beginning in 2022, but only in specific and limited circumstances compared to pre-Epic tracking.

The significant drop in volume in FY20 and FY21 corresponds to the onset of the Covid-19 pandemic.

4. In a table format, provide the 10 highest volume procedures and average charge for each using the existing single-plane Philips Allura FD20 platform each year 2019-2024 and for the proposed Philips Azurion 3.0 Neuro Biplane platform in proposed year 1 (2025), 2 (2026), and 3 (2027).

The information requested is provided as an attachment to this document. The applicant tracks the “highest volume procedures” by charge code, and has provided the ten procedures most often performed, and therefore charged, for each of the years 2019-2024. We have also provided the “average charge” for each as requested; however, the vast majority of patients do not pay the average or listed charge, as the costs of services are negotiated with commercial payers or, as in the case of Medicaid or Medicare, set independent of the average charge.

Because replacement of the IR equipment is not projected to drive additional costs for these procedures—changes in costs are expected to stem from factors external to the project—we have not provided estimated charges for 2025, 2026, or 2027. Estimating these charges would be speculative, and unrelated to the impact of the proposed project.

Please let us know if we can answer any further questions or if this application can be closed. Thank you for your consideration.

Sincerely

A handwritten signature in black ink, appearing to read 'Judith Henkin', with a long horizontal stroke extending to the right.

Judith Henkin, Esq.
On behalf of University of Vermont Medical Center, Inc.

Cc: Stephen Leffler, MD, President & Chief Operating Officer, UVM Medical Center
Eric Miller, General Counsel & Senior Vice President, UVM Health Network

Attachments

University of Vermont Medical Center

IR24 CON Application Q001 - Q4 Details

UVMHC Interventional Radiology - Highest volume charge codes excluding pharmaceutical, med/surg supplies, anesthesia charges.

FY2024 Top 10 Highest Volume Charge Codes

Charge Code	Avg. Charge
76937-HC - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	450.00
77001-HC - FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	976.86
36561-HC - INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	11,475.25
49083-HC - ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	2,151.74
76942-HC - US GUIDANCE NEEDLE PLACEMENT IMG S&I	1,352.94
49424-HC - CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	1,674.42
76080-HC - RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	1,317.83
32555-HC - THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	2,881.61
77012-HC - CT GUIDANCE NEEDLE PLACEMENT	3,285.94
75774-HC - ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	4,623.16

FY2023 Top 10 Highest Volume Charge Codes

Charge Code	Avg. Charge
76937-HC - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	449.44
77001-HC - FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	892.47
36561-HC - INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	9,654.60
76942-HC - US GUIDANCE NEEDLE PLACEMENT IMG S&I	1,350.38
49083-HC - ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	1,799.83
76080-HC - RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	1,110.89
49424-HC - CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	1,534.52
75774-HC - ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	4,172.12
36224-HC - SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	12,310.87
77012-HC - CT GUIDANCE NEEDLE PLACEMENT	3,182.10

FY2022 Top 10 Highest Volume Charge Codes

Charge Code	Avg. Charge
76937-HC - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	399.19
77001-HC - FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	793.76
36561-HC - INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	8,573.70
76942-HC - US GUIDANCE NEEDLE PLACEMENT IMG S&I	1,206.29
76080-HC - RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	986.18
49424-HC - CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	1,353.56
49083-HC - ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	1,599.25
32555-HC - THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	2,154.58
36224-HC - SLCTV CATH INTRNL CAROTID ART ANGIO INTRCRNL ART	10,991.97
77012-HC - CT GUIDANCE NEEDLE PLACEMENT	2,824.93

FY2021 Top 10 Highest Volume Charge Codes

Charge Code	Avg. Charge
76937-HC - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	377.64
77001-HC - FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	750.52
36561-HC - INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	7,729.99
49083-HC - ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	1,512.67
76942-HC - US GUIDANCE NEEDLE PLACEMENT IMG S&I	1,131.07
76080-HC - RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	938.42
49424-HC - CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	1,232.32
77012-HC - CT GUIDANCE NEEDLE PLACEMENT	2,679.32
32555-HC - THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	2,038.52
75774-HC - ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	3,497.05

FY2020 Top 10 Highest Volume Charge Codes

Charge Code	Avg. Charge
76937-HC - US VASC ACCESS SITS VSL PATENCY NDL ENTRY	357.29
77001-HC - FLUORO CENTRAL VENOUS ACCESS DEV PLACEMENT	710.47
36561-HC - INSJ TUNNELED CTR VAD W/SUBQ PORT AGE 5 YR/>	7,308.58
77012-HC - CT GUIDANCE NEEDLE PLACEMENT	2,527.36
49083-HC - ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE	1,430.19
76942-HC - US GUIDANCE NEEDLE PLACEMENT IMG S&I	1,077.28
32555-HC - THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING	1,927.83
75774-HC - ANGRPH SLCTV EA VSL STUDIED AFTER BASIC XM RS&I	3,314.34
49424-HC - CNTRST NJX ASSMT ABSC/CST VIA DRG CATH/TUBE SPX	1,164.62
76080-HC - RADEX ABSCESS/FISTULA/SINUS TRACT RS&I	886.88

*This represents a partial fiscal year - UVMHC converted to EPIC in November 2019