

May 6, 2016

VIA ELECTRONIC AND FIRST CLASS MAIL

Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
89 Main Street, Third Floor, City Center
Montpelier, VT 05620

RE: Green Mountain Surgery Center
Docket No. GMCB-010-15con

Dear Donna:

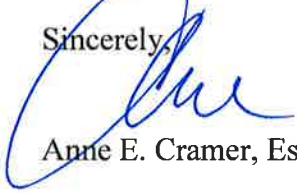
Enclosed please find responses to the Green Mountain Care Board's (the "Board") Request for Data from Vermont Member Hospitals (April 5, 2016) from the University of Vermont Medical Center ("UVMC"), Central Vermont Medical Center ("CVMC"), Northwestern Medical Center ("NMC"), Porter Medical Center ("Porter"), and Copley Hospital ("Copley"). Also included is the Verification Under Oath from each of the responding hospital's Chief Executive Officer. Per our phone discussion on April 6, 2016, the Vermont Association of Hospitals and Health Systems ("VAHHS") gathered responses to the Board's questions and capacity and volume data from the five member hospitals that will be most significantly impacted by the establishment of the proposed ambulatory surgery center.

As we discussed during the April 6th call, the relevant member hospitals do not collect "wait time" data, nor do they retain a wait list for use of the operating rooms or procedure rooms. Per your guidance, the five hospitals stated as much in their responses to the Board and have, where available, provided reasons for wait times experienced by patients or surgeons that are entirely unrelated to a lack of capacity.

Finally, the Capacity and Volume data provided are based on overall utilization of the operating and procedure rooms, not on the specific procedures the Green Mountain Surgery Center proposes to offer. Because the applicant did not associate Current Procedural Terminology ("CPT") codes with the list of proposed procedures, VAHHS members are unable to provide data or make any comparisons regarding their data with the procedures that the applicant plans to offer. The data provided is based on the overall utilization of the member OR and procedure rooms.

If you have any questions about the responses or the data, please do not hesitate to contact us.

Sincerely,



Anne E. Cramer, Esq.

Encl.

Responses to Request for Data from Vermont Member Hospitals

Cc: Judy Henkin, Esq., Green Mountain Care Board, General Counsel
Eileen Elliot, Esq., Green Mountain Surgery Center
Drew Kervick, Esq., Green Mountain Surgery Center
Kaili Kuiper, Esq., Office of the Healthcare Advocate
Lila Richardson, Esq., Office of the Healthcare Advocate
Julia Shaw, Office of the Healthcare Advocate
Jill Berry Bowen, Northwestern Medical Center
Jonathan Billings, Northwestern Medical Center

MEMBER RESPONSES

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Green Mountain Surgery Center

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GMCB-010-15con

**RESPONSE OF THE UNIVERSITY OF VERMONT MEDICAL CENTER
TO REQUEST FOR INFORMATION**

The University of Vermont Medical Center Inc. (“UVM Medical Center”) hereby responds to the Request for Information, dated April 5, 2016, submitted by the Green Mountain Care Board (“GMCB”) to the Vermont Association of Hospitals and Health Systems (“VAHHS”), a party to this proceeding. The information requested by the GMCB is as follows:

For the surgeries and procedures GMSC plans to perform, provide:

- 1) The ten surgeries and/or procedures with the longest wait time, as compared to a uniform industry standard (the standard should be identified, and the same standard used across all member hospitals);
- 2) The median wait time for each surgery or procedure for 2013, 2014, and 2015;
- 3) The factors that have the greatest impact on these wait times for each surgery or procedure (*e.g.*, specialist shortage, low physician priority in block scheduling, elective nature of surgery or procedure); and
- 4) Steps (if any) the facility has taken or plans to take to reduce wait times.

In addition, we ask that you complete the attached “Capacity and Volume Summary” and “Capacity Calculation” data tables for each hospital, with Fanny Allen reported separately.

RESPONSE:

UVM Medical Center does not collect or maintain data on “wait times” or “wait lists” for any surgical procedures, including the procedures identified by ACTD, LLC in its CON application. We are unaware of any uniform industry standard regarding wait times for surgery or for specific procedures. In addition, the timing of surgical procedures is a function of numerous factors apart from the availability of operating room facilities, including patient availability and preferences, the urgent, emergent or elective nature of the procedure, the need for preoperative testing,

requirements for insurance approvals, and the work schedule and availability of the surgeon. Many of these factors are highly variable, difficult to measure, and beyond the control of UVM Medical Center.

However, UVM Medical Center does maintain data on the capacity and availability of its operating rooms. This data shows additional, available capacity to accommodate the types of ambulatory procedures identified by ACTD, LLC in its application, as explained below.

UVM Medical Center has a total of 22 operating rooms: 17 general surgery ORs located at the Main Campus in Burlington and 5 ambulatory ORs located at the Fanny Allen Campus in Colchester. UVM Medical Center also has 7 procedure rooms: 5 at the Main Campus and 2 at the Fanny Allen Campus. Finally, UVM Medical Center has 8 procedure rooms at the Main Campus dedicated to endoscopy procedures. The operating rooms and procedure rooms are used to conduct the same ambulatory procedures identified in the ACTD, LLC CON application, in addition to more complex tertiary-level procedures.

Information concerning the capacities of the ORs and procedure rooms on the Main Campus appears in Attachment 1, and shows that over the past three fiscal years, the Main Campus ORs operated at 74-75% of capacity with volumes declining by 1% from 12,162 procedures in FY 2013 to 11,983 procedures in FY 2015. The procedure rooms have operated at 41-44% of capacity with volumes declining by 3% from 3,302 procedures to 3,046 during the same period. Finally, the 8 endoscopy rooms are operating at 67-71% of capacity, with a private gastroenterology group using the rooms for approximately 3,000 of the 13,000 cases performed annually. Information concerning capacity of the endoscopy rooms appears in Attachment 2.

Information concerning the capacity of the ambulatory ORs on the Fanny Allen Campus appears in Attachment 3 and shows that these ORs have operated at 63-68% capacity with volumes declining by 5% from 4,809 to 4,481 procedures during the last three years. The two Fanny Allen procedure rooms have minimal volume and operate at 3-6% of capacity.

UVM Medical Center's "capacity" is based upon the current operating hours of its ORs and procedure rooms, divided by the average time per case. The average time per case includes the time associated with OR turnover (i.e., the time needed to sterilize and prepare the OR in between surgical cases). The current operating hours of UVM Medical Center's Operating Rooms are as follows:

Main Campus Operating Room Hours:

Monday - Friday:

12 rooms:	7:00AM- 5:30 PM
2 rooms:	7:00AM- 7:30 PM
2 rooms:	7:00AM- 11:30 PM
1 room:	24 hours

Saturday/Sunday/Holidays:

1 Rm: 7:00 AM – 7:00 PM

Call Team Coverage:

Monday – Friday 5:00 PM-7:00 AM

Weekends and holidays: 24 hour call beginning at 7:00 AM

Fanny Allen Campus Operating Room Hours:

Monday - Friday:

3 operating rooms: 7:00 AM - 5:30 PM

2 operating rooms: 7:00 AM – 3:30 PM

Call coverage:

Monday -Friday starting at 5:30 pm.

At current surgical volumes with current operating hours, UVM Medical Center can immediately accommodate all requests for ORs to conduct urgent and emergent surgical procedures and can readily accommodate all requests by surgeons with operating room privileges for OR time to conduct elective procedures. If surgical volume or demand increases, UVM Medical Center can easily increase its capacity by expanding OR operating hours and staffing times.

Any surgeon with Medical Staff privileges may request reserved time (called “block time”) in UVM Medical Center’s ORs by completing the request form attached as Attachment 4. Surgeons with block time may schedule patients within their blocked time at their convenience. UVM Medical Center has current capacity to accommodate requests by new surgeons for block time and for surgeons with existing block time to request additional time.

Requests for block time are administered by the Operating Room Operations Committee (the “OROC”), a multi-disciplinary team that allocates time under written policies that are uniformly and equitably applied to all surgeons (both employed and independent surgeons). One of the independent surgeons on the OROC (as well as its steering committee) is elected by the other independent surgeons who have privileges at UVM Medical Center to serve as their liaison for any concerns or complaints they may have regarding block time or operations in the OR generally. Over the past three fiscal years, no complaints have been received from independent surgeons regarding block time or access to the OR or the procedure rooms. Surgeons with existing block time may request additional time if they have greater than 80% utilization over the past 6 months. Block time may be lost if a surgeon has less than 65% utilization over two consecutive quarters.

Presently, 154 surgeons have block time at UVM Medical Center, including 115 surgeons employed by UVM Medical Center and 39 independent surgeons in private practice. Utilization of block time averages 72% and ranges from 25% to 90%.

In its CON application, ACTD, LLC made several representations regarding surgical capacity at UVM Medical Center that appear to be inaccurate. UVM Medical Center would like to take this opportunity to respond to those representations.

ACTD, LLC's CON application quotes from UVM Medical Center's CON application to acquire real estate in South Burlington as providing support for ACTD, LLC's conclusion that additional outpatient surgery capacity in Chittenden County is needed. Specifically, ACTD, LLC states as follows:

The Medical Center recently acknowledged an existing strain on its outpatient surgical program, stating that "Clinical capacity in the Ambulatory Care Center has been reached (and in many areas exceeded)."¹

ACTD, LLC is mistaken. UVM Medical Center did not acknowledge or even mention "an existing strain on its outpatient surgical program." Instead, in the South Burlington CON application, UVM Medical Center explained that several outpatient *clinics* in the Ambulatory Care Center (i.e., doctors' offices) had space constraints. The application further described UVM Medical Center's long-term plan to build additional outpatient *clinic* capacity in South Burlington to meet this need. UVM Medical Center has ample outpatient surgical capacity available now. Further, if additional outpatient surgical capacity is needed in the future, UVM Medical Center could easily expand Operating Room hours of operation to accommodate the increased need.

ACTD, LLC's CON application also references "anecdotal evidence" it has collected indicating that private gastroenterologists are having to wait 2.5 to 3.5 months to schedule colonoscopies for their patients. ACTD, LLC states further that an independent practice "would like to add another gastroenterologist to reduce wait times and better meet the needs of its patients, however the hospital has indicated that the time allocated to the practice to perform procedures at UVM Medical Center has been maxed out."²

UVM Medical Center is not aware of any problems private gastroenterologists are having scheduling time in the procedure rooms to perform colonoscopy procedures. Nor has UVM Medical Center received any complaints from private gastroenterologists regarding their allocated block time. Colonoscopies are performed in the 8 endoscopy rooms located on UVM Medical Center's Main Campus. The endoscopy rooms have available capacity now. The endoscopy rooms are scheduled in 4.5-hour blocks of time and are open 11.5 hours per day. Currently, there is room availability for colonoscopy procedures on Thursdays; 3 out of 4

¹ *The Green Mountain Surgery Center, ACTD LLC, Certificate of Need Application*, Docket No. GMCB-010-15con, dated July 2, 2015, pg. 11.

² *Id.*, pg. 66.

Fridays per month; the 3rd Monday morning of each month; the 2nd and 4th Tuesday mornings of each month; and the 1st Wednesday morning of each month.

UVM Medical Center would be pleased to provide any additional information the Green Mountain Care Board requires regarding its OR operations and existing outpatient surgical capacity.

CAPACITY AND VOLUME DATA

Capacity and Volume Summary

Facility Name: Main Campus

	Actual Capacity and Volume			Projected Capacity and Volume			
Operating Rooms	FY 2013	FY 2014	FY 2015	YTD Annualized Jan FY 2016	Budget FY 2017	FY 2018	FY 2019
Number	17	17	17	17	17	17	17
Capacity	16,221	16,221	16,221	16,221	16,221	16,221	16,221
Volume	12,162	12,042	11,983	12,267	12,360	12,360	12,360
% Capacity	75%	74%	74%	76%	76%	76%	76%
% Change		-1%	0%	2%	1%	0%	0%
Procedure Rooms	FY 2013	FY 2014	FY 2015	YTD Annualized Jan FY 2016	Budget FY 2017	FY 2018	FY 2019
Number	5	5	5	5	5	5	5
Capacity	7,421	7,421	7,421	7,421	7,421	7,421	7,421
Volume	3,302	3,053	3,046	2,994	2,855	2,856	2,857
% Capacity	44%	41%	41%	40%	38%	38%	38%
% Change		-3%	0%	-1%	-2%	0%	0%

Notes:

Actual Capacity and Volume - Actual numbers are provided for Fiscal Years 2013-2015 (Oct 1-Sept 30)

Projected Capacity and Volume - Projected numbers are provided for Fiscal Years 2016-2019 (Oct 1-Sept 30)

Number = Total number of rooms

Capacity Main Campus = 3.18 hours/case including turnover time Possible number of cases annually based on staffed hours

Capacity Main Procedure Rooms = 1.72 hours/case including turnover time Possible number of cases annually based on staffed hours

Volume = Actual number of cases annually

% Capacity = % of capacity used

% Change = % change from one year to the next

Capacity and Volume Summary

Facility Name: Endoscopy

	Actual Capacity and Volume			Projected Capacity and Volume			
Operating Rooms	FY 2013	FY 2014	FY 2015	YTD Annualized Jan FY 2016	Budget FY 2017	FY 2018	FY 2019
Number	8	8	8	8	8	8	8
Capacity	18,252	18,252	18,252	18,252	18,252	18,252	18,252
Volume	12,168	12,538	13,016	12,792	13,113	13,113	13,113
% Capacity	67%	69%	71%	70%	72%	72%	72%
% Change		2%	3%	-1%	2%	0%	0%

Notes:

Actual Capacity and Volume - Actual numbers are provided for Fiscal Years 2013-2015 (Oct 1-Sept 30)

Projected Capacity and Volume - Projected numbers are provided for Fiscal Years 2016-2019 (Oct 1-Sept 30)

Number = Total number of rooms

Capacity Endoscopy = 1.0 hours/case including turnover time Possible number of cases annually based on staff hours

Volume = Actual number of cases annually

% Capacity = % of capacity used

% Change = % change from one year to the next

Capacity and Volume Summary

Facility Name: Fanny Allen Campus

	Actual Capacity and Volume			Projected Capacity and Volume			
Operating Rooms	FY 2013	FY 2014	FY 2015	YTD Annualized Jan FY 2016 *	Budget FY 2017	FY 2018	FY 2019
Number	5	5	5	5	5	5	5
Capacity	7,078	7,078	7,078	7,078	7,078	7,078	7,078
Volume	4,809	4,541	4,481	4,947	4,650	4,650	4,650
% Capacity	68%	64%	63%	70%	66%	66%	66%
% Change		-4%	-1%	7%	-4%	0%	0%
Procedure Rooms	FY 2013	FY 2014	FY 2015	YTD Annualized Jan FY 2016	Budget FY 2017	FY 2018	FY 2019
Number	2	2	2	2	2	2	2
Capacity	5,364	5,364	5,364	5,364	5,364	5,364	5,364
Volume	298	277	169	201	209	209	209
% Capacity	6%	5%	3%	4%	4%	4%	4%
% Change		0%	-2%	1%	0%	0%	0%

Notes:

Actual Capacity and Volume - Actual numbers are provided for Fiscal Years 2013-2015 (Oct 1-Sept 30)

Projected Capacity and Volume - Projected numbers are provided for Fiscal Years 2016-2019 (Oct 1-Sept 30)

Number = Total number of rooms

Capacity Fanny Allen Campus = 1.8 hours/case including turnover time Possible number of cases annually based on staff hours

Capacity Fanny Allen Procedure Rooms = 0.95 hours/case including turnover time Possible number of cases annually based on staff hours

Volume = Actual number of cases annually

% Capacity = % of capacity used

% Change = % change from one year to the next

* The increase in utilization is due to a combination of efforts from the OR Operations Committee to increase utilization and efficiency of the OR rooms with better use of allocated block time and a new surgeon coming on board.

Block Time - Change or Add Request Form

Block Holder:

Service Chair Approval:

Date

Dear Members of the OR Operations Committee,

I am requesting additional/change of block time at the Fanny Allen/Medical Center/MPU Campus.

CURRENT BLOCK: (please indicate area (Main, FAH, MPU) in appropriate boxes):

	1 ST	2 ND	3 RD	4 TH	5 TH
Monday - AM					
Monday - PM					
Tuesday - AM					
Tuesday - PM					
Wednesday - AM					
Wednesday - PM					
Thursday - AM					
Thursday - PM					
Friday - AM					
Friday - PM					

REASON FOR REQUEST: (for additional time request, "WiseOR" utilization exceeds 80% for past 6 months)

AMOUNT OF REQUEST FOR NEW BLOCK TIME: (please provide preferred days and times)

Sincerely,

Updated 4/13/16

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Green Mountain Surgery Center

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GMCB-010-15con

**RESPONSE OF CENTRAL VERMONT MEDICAL CENTER
TO REQUEST FOR INFORMATION**

Central Vermont Medical Center Inc. (“CVMC”) hereby responds to the Request for Information, dated April 5, 2016, submitted by the Green Mountain Care Board (“GMCB”) to the Vermont Association of Hospitals and Health Systems (“VAHHS”), a party to this proceeding. The information requested by the GMCB is as follows:

For the surgeries and procedures GMSC plans to perform, provide:

- 1) The ten surgeries and/or procedures with the longest wait time, as compared to a uniform industry standard (the standard should be identified, and the same standard used across all member hospitals);
- 2) The median wait time for each surgery or procedure for 2013, 2014, and 2015;
- 3) The factors that have the greatest impact on these wait times for each surgery or procedure (*e.g.*, specialist shortage, low physician priority in block scheduling, elective nature of surgery or procedure); and
- 4) Steps (if any) the facility has taken or plans to take to reduce wait times.

In addition, we ask that you complete the attached “Capacity and Volume Summary” and “Capacity Calculation” data tables for each hospital, with Fanny Allen reported separately.

RESPONSE:

CVMC does not collect or maintain data on “wait times” or “wait lists” for any surgical procedures, including the procedures identified by ACTD, LLC in its CON application. Elective surgeries can typically be scheduled within the same week that a request is made, and emergent cases can be scheduled immediately. Scheduling of surgical procedures may be impacted by several factors apart from the availability of operating room facilities, including patient availability and preferences, the urgent, emergent or elective nature of the procedure, the need

for preoperative testing, requirements for insurance approvals, and the work schedule and availability of the surgeon. Many of these factors are highly variable, difficult to measure, and beyond the control of CVMC.

CVMC does maintain data on the capacity and availability of its operating rooms. This data shows additional, available capacity to accommodate the types of ambulatory procedures identified by ACTD, LLC in its application, as explained below.

CVMC has a total of 5 general surgery operating rooms and 2 procedure rooms. The operating rooms and procedure rooms are used to conduct many of the same ambulatory procedures identified in the ACTD, LLC CON application.

Information concerning the capacities of the ORs and procedure rooms appears in Attachment 1, and shows that over the past three fiscal years, the ORs operated at 56 - 61% of capacity with volumes declining by 5% from 3,594 procedures in FY 2013 to 3,305 procedures in FY 2015. Annualized volumes for the ORs for FY 2016 are projected to increase by 9%, which is primarily due to CVMC hiring a new general surgeon, a new orthopedic surgeon, and two new urologists. The procedure rooms have operated at 50-67% of capacity during the last three fiscal years, with volumes increasing by 17% from 2,188 procedures in FY 2013 to 2,923 procedures in FY 2015. This increase in procedure room volume can be attributed to the addition of three surgeons and Pain Clinic services at CVMC. The Pain Clinic reserves two days per week of block time in the procedure rooms.

CVMC's "capacity" is based upon the current operating hours of its ORs and procedure rooms, divided by the average time per case. The average time per case includes the time associated with OR turnover (i.e., the time needed to sterilize and prepare the OR in between surgical cases). The current operating hours of CVMC's Operating Rooms are as follows:

CVMC Operating Room Hours:

Monday - Friday:

4 rooms: 7:30 AM – 3:30 PM

1 room: 7:30 AM – 5:30 PM

Call Team Coverage:

Monday – Friday 3:30 PM-7:30 AM

Weekends and holidays: 24 hour call beginning at 7:30 AM

CVMC Procedure Room Hours:

Monday - Friday:

2 rooms: 7:30 AM - 3:30 PM

If surgical volume or demand increases, CVMC can easily increase its capacity by expanding OR operating hours and staffing times. At current surgical volumes with current operating hours, CVMC can immediately accommodate all requests for ORs to conduct urgent and emergent surgical procedures and can readily accommodate all requests by surgeons with operating room privileges for OR time to conduct elective procedures.

Any surgeon with Medical Staff privileges may request reserved time (called “block time”) in CVMC’s ORs through the Department of Surgery. Surgeons with block time may schedule patients within their blocked time at their convenience. CVMC has current capacity to accommodate requests by new surgeons for block time and for surgeons with existing block time to request additional time.

Requests for block time are administered by the Department of Surgery. Leadership in the Department of Surgery holds monthly meetings, open to both employed and independent surgeons, to allocate and review surgical block time. Over the past few fiscal years, CVMC has received only one complaint regarding block time. The complaint, which was received from an employed surgeon, was related to the surgeon’s desire to move his block time to a different time slot and CVMC was able to resolve the complaint.

Presently, 23 surgeons have block time at CVMC, including 20 surgeons employed by CVMC or The University of Vermont Medical Center, and 3 independent surgeons in private practice.

CVMC does not presently track block time utilization rates by surgeons, and instead handles the process informally. To schedule procedures at CVMC, surgeons with block time submit surgical scheduling forms to CVMC’s Director of Surgical Services. The surgeon’s scheduling form will indicate the type of procedure, expected duration, and the date the procedure will occur within the surgeon’s block time. The Director of Surgical Services will then make sure the appropriate OR staff and anesthesiologist are scheduled for the procedure. If a surgeon does not have any cases scheduled at least one week in advance of the date of his or her allocated block time, the Director of Surgical Services will “release” the block time for use by other surgeons who would like to schedule procedures. Surgeons also inform the Director of Surgical Services of any upcoming vacations so that their block time can be released for use by other surgeons. In this way, CVMC is able to easily accommodate all requests for elective and emergent surgeries, and it can typically schedule elective cases within a week after the initial request is made. If surgical volumes were to expand in the future, CVMC could also expand OR hours of operation to accommodate any increased need for surgical services in CVMC’s community.

CVMC would be pleased to provide any additional information the Green Mountain Care Board requires regarding its OR operations and existing outpatient surgical capacity.

CAPACITY AND VOLUME DATA

Facility Name: CVMC

	Actual Capacity and Volume			Projected Capacity and Volume			
Operating Rooms	FY 2013	FY 2014	FY 2015	YTD Annualized Jan FY 2016	Budget FY 2017	FY 2018	FY 2019
Number	5	5	5	5	5	5	5
Capacity	5,871	5,871	5,871	5,871	5,871	5,871	5,871
Volume	3,594	3,446	3,305	3,843	3,407	3,407	3,407
% Capacity	61%	59%	56%	65%	58%	58%	58%
% Change		-3%	-2%	9%	-7%	0%	0%
Procedure Rooms	FY 2013	FY 2014	FY 2015	YTD Annualized Jan FY 2016	Budget FY 2017	FY 2018	FY 2019
Number	2	2	2	2	2	2	2
Capacity	4,379	4,379	4,379	4,379	4,379	4,379	4,379
Volume	2,188	2,373	2,923	3,219	2,988	2,988	2,988
% Capacity	50%	54%	67%	74%	68%	68%	68%
% Change		4%	13%	7%	-5%	0%	0%

Notes:

Actual Capacity and Volume - Actual numbers are provided for Fiscal Years 2013-2015 (Oct 1-Sept 30)

Projected Capacity and Volume - Projected numbers are provided for Fiscal Years 2016-2019 (Oct 1-Sept 30)

Number = Total number of rooms

Capacity CVMC OR = 1.86 hours/case Possible number of cases annually based on actual hours per case

Capacity CVMC Procedure Rooms = 0.95 hours/case Possible number of cases annually based on actual hours per case

Volume = Actual number of cases annually

% Capacity = % of capacity used

% Change = % change from one year to the next

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Green Mountain Surgery Center

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GMCB-010-15con

**RESPONSE OF NORTHWESTERN MEDICAL CENTER
TO REQUEST FOR INFORMATION**

Northwestern Medical Center (“NMC”) hereby responds to the Request for Information, dated April 5, 2016, submitted by the Green Mountain Care Board (“GMCB”) to the Vermont Association of Hospitals and Health Systems (“VAHHS”), a party to this proceeding. The information requested by the GMCB is as follows:

For the surgeries and procedures GMSC plans to perform, provide:

- 1) The ten surgeries and/or procedures with the longest wait time, as compared to a uniform industry standard (the standard should be identified, and the same standard used across all member hospitals);
- 2) The median wait time for each surgery or procedure for 2013, 2014, and 2015;
- 3) The factors that have the greatest impact on these wait times for each surgery or procedure (*e.g.*, specialist shortage, low physician priority in block scheduling, elective nature of surgery or procedure); and
- 4) Steps (if any) the facility has taken or plans to take to reduce wait times.

In addition, we ask that you complete the attached “Capacity and Volume Summary” and “Capacity Calculation” data tables for each hospital, with Fanny Allen reported separately.

RESPONSE:

Northwestern Medical Center (“NMC”) does not formally collect data on wait times. However, given the excess operating room (“OR”) and procedure room capacity available (see submitted data), if there are wait times they are likely due to the following factors that are not associated with the physical capacity of NMC Surgical Services:

- Delays in getting into the surgeon’s office;
- Surgeon vacation days;
- Timing of medically necessary surgical prep steps the patient must take;

- Surgeon not being available, or not preferring to use, the open times in the NMC surgical schedule where add-on cases could easily be accommodated;
- The lack of a surgeon of a particular specialty in our community – for example, we are currently without a ENT who does surgery at NMC and some patients may choose to wait for recruitment rather than travel;
- Patient having a medical complication or not completing their prep.

Even though we have not experienced “waiting times” for surgeries or procedures which are associated with the physical capacity of NMC Surgical Services, our focus is still on creating greater efficiencies. Our efforts include:

- Relocation of appropriate procedures from our operating rooms to our procedure rooms to balance open capacity;
- Evaluating current staffing workflows to improve throughput and efficiency;
- Offering surgeons open time outside of their individual normal reserved block time for scheduling of additional cases;
- Exploration of planned updates to clinical protocols for conscious sedation to improve throughput;
- Pursuing rebuilds within the Meditech EHR to for differentiated workflows to streamline documentation; and
- Exploring potential site visits to best-practice settings to observe workflows.

Information concerning the capacities of the ORs and procedure rooms at NMC appears in the Attachments to this response. While NMC’s available capacity numbers are already very strong, if community need required it, NMC could significantly increase the amount of capacity available by expanding our hours of operation. For example, moving to 12-hour days on Monday through Friday and adding 8-hour shifts on Saturday and Sunday would provide significantly more capacity than already exists. We have not taken those steps yet as the community does not currently need it, but it is a possibility in the future should community need require it.

NMC SCHEDULE AND DATA ASSUMPTIONS:

NMC’s capacity data is based upon the current operating hours of its ORs and procedure rooms, divided by the average time per case. The average time per case includes the time associated with OR turnover (i.e., the time needed to sterilize and prepare the OR in between surgical cases). Also, we have been intentionally conservative in calculating capacity in that we have based our capacity data on an entirely short day schedule though, in practice, we have added two longer days to our OR and procedure room schedules for patient and surgeon convenience.

The current operating hours of NMC’s ORs and procedure rooms are as follows:

Operating Room Hours:

Monday - Friday:

5 operating rooms: 7:30AM – 3:00 PM.

NMC currently staffs 4 of the 5 rooms based on community need;

NMC currently runs one room until 5pm five days per week.

Saturday/Sunday/Holidays Coverage:

Same as coverage schedule

Call Team Coverage:

Monday – Friday 3PM-7AM

Weekends and holidays: 24 hour call beginning at 7AM

Procedure Room Hours:

Monday - Friday:

4 procedure rooms: 8:00AM – 4:00 PM

2 endoscopy rooms: 8:00AM – 4:00 PM

NMC currently does not schedule cases during a 1 hour lunch period for the surgeons, but we have the physical capacity to do so should the surgeon request such a time or if there is community need.

Saturday/Sunday/Holidays Coverage:

Same as Call Team coverage schedule

Call Team Coverage:

Monday – Friday 3PM-7AM

Weekends and holidays: 24 hour call beginning at 7AM

At current surgical volumes with current operating hours, NMC can readily accommodate all requests by surgeons with operating room privileges for OR time. Any surgeon with Medical Staff privileges may reserve “block” time in NMC’s ORs. Surgeons may also request “add on” time if needed. Block time reservations are allocated by the NMC Surgical Council which is composed of both employed and independent providers. The Council makes reservations based on the surgeon’s request. The utilization of the block time is evaluated on an ongoing basis and the block time is adjusted to fit the utilization (e.g., if a surgeon is regularly using 25% of his/her block time, the reserved time will be reduced). This process is supervised by the Surgical Services Director, the Medical Director of Anesthesia, the OR Charge Nurse and the Ambulatory Charge Nurse. Complaints can be filed with the Surgical Services Director though few if any complaints have been received.

CAPACITY AND VOLUME DATA

Current	Actual Capacity and Volume			Projected Capacity and Volume			
Operating Rooms	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Number	5	5	5	5	5	5	5
Capacity	5,918	5,957	6,222	4,734	5,318	5,318	5,318
Volume*	2,629	2,426	2,664	2,716	2,743	2,743	2,743
% Capacity	44.4%	40.7%	42.8%	57.4%	51.6%	51.6%	51.6%
% Change		-3.7%	2.1%	14.6%	-5.8%	0.0%	0.0%
Total Volume**	3,086	2,902	2,955	2,927	2,927	2,927	2,927
Procedure Rooms	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Number	4	4	4	4	4	4	4
Capacity	23,494	25,506	26,529	27,500	27,500	27,500	27,500
Volume*	3,860	3,609	3,726	3,642	3,642	3,642	3,642
% Capacity	16.4%	14.1%	14.0%	13.2%	13.2%	13.2%	13.2%
% Change		-2.3%	-0.1%	-0.8%	0.0%	0.0%	0.0%

*Volume During Normal Hours of Operation

** Total Cases performed (Includes Emergency Off-Hours Cases)

Extended Weekday Hours	Actual Capacity and Volume			Projected Capacity and Volume			
Operating Rooms	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Number	5	5	5	5	5	5	5
Capacity	9,109	9,185	9,520	7,243	8,509	8,509	8,542
Volume*	2,788	2,589	2,809	2,882	2,911	2,911	2,911
% Capacity	30.6%	28.2%	29.5%	39.8%	34.2%	34.2%	34.1%
% Change		-2.4%	1.3%	10.3%	-5.6%	0.0%	-0.1%
Total Volume**	3,086	2,902	2,955	2,927	2,927	2,927	2,927
Procedure Rooms	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Number	4	4	4	4	4	4	4
Capacity	34,397	37,686	39,348	41,010	41,010	41,010	41,010
Volume*	3,903	3,632	3,752	3,680	3,680	3,680	3,680
% Capacity	11.3%	9.6%	9.5%	9.0%	9.0%	9.0%	9.0%
% Change		-1.7%	-0.1%	-0.5%	0.0%	0.0%	0.0%

*Volume During Normal Hours of Operation

** Total Cases performed (Includes Emergency Off-Hours Cases)

Extended Weekday Hours and Weekend Hours	Actual Capacity and Volume			Projected Capacity and Volume			
Operating Rooms	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Number	5	5	5	5	5	5	5
Capacity	11,516	11,614	12,046	9,140	10,800	10,800	10,811
Volume*	2,825	2,640	2,844	2,950	2,980	2,980	2,980
% Capacity	24.5%	22.7%	23.6%	32.3%	27.6%	27.6%	27.6%
% Change		-1.8%	0.9%	8.7%	-4.7%	0.0%	0.0%
Total Volume**	3,086	2,902	2,955	2,927	2,927	2,927	2,927
Procedure Rooms	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Number	4	4	4	4	4	4	4
Capacity	43,500	47,696	49,776	51,468	51,468	51,468	51,468
Volume*	3,911	3,634	3,758	3,692	3,692	3,692	3,692
% Capacity	9.0%	7.6%	7.5%	7.2%	7.2%	7.2%	7.2%
% Change		-1.4%	-0.1%	-0.3%	0.0%	0.0%	0.0%

*Volume During Normal Hours of Operation

** Total Cases performed (Includes Emergency Off-Hours Cases)

Current	Capacity Calculation													
	OR							PR						
Fiscal Year	2013	2014	2015	2016	2017	2018	2019	2013	2014	2015	2016	2017	2018	2019
Days/Year	261	261	261	262	260	260	261	261	261	261	262	260	260	261
Daily Hours	7.5	7.5	7.5	7.5	7.5	7.5	7.5	8.0	8.0	8.0	8.0	8.0	8.0	8.0
Total Available Hours (All Rooms)	37.5	37.5	37.5	37.5	37.5	37.5	37.5	48.0	48.0	48.0	48.0	48.0	48.0	48.0
Average Length of Procedure (Minutes)	99	99	94	125	110	110	110	32	29	28	27	27	27	27
Annual Utilization	2,629	2,426	2,664	2,716	2,743	2,743	2,743	3,860	3,609	3,726	3,642	3,642	3,642	3,642
Total Capacity (Cases)	5,918	5,957	6,222	4,734	5,318	5,318	5,318	23,494	25,506	26,529	27,500	27,500	27,500	27,500
% of Total Used	44.4%	40.7%	42.8%	57.4%	51.6%	51.6%	51.6%	16.4%	14.1%	14.0%	13.2%	13.2%	13.2%	13.2%

Extended Weekday Hours	Capacity Calculation													
	OR							PR						
Fiscal Year	2013	2014	2015	2016	2017	2018	2019	2013	2014	2015	2016	2017	2018	2019
Days/Year	261	261	261	262	260	260	261	261	261	261	262	260	260	261
Daily Hours	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0
Total Available Hours (All Rooms)	60.0	60.0	60.0	60.0	60.0	60.0	60.0	72.0	72.0	72.0	72.0	72.0	72.0	72.0
Average Length of Procedure (Minutes)	103	102	99	130	110	110	110	33	30	29	28	28	28	28
Annual Utilization	2,788	2,589	2,809	2,882	2,911	2,911	2,911	3,903	3,632	3,752	3,680	3,680	3,680	3,680
Total Capacity (Cases)	9,109	9,185	9,520	7,243	8,509	8,509	8,542	34,397	37,686	39,348	41,010	41,010	41,010	41,010
% of Total Used	30.6%	28.2%	29.5%	39.8%	34.2%	34.2%	34.1%	11.3%	9.6%	9.5%	9.0%	9.0%	9.0%	9.0%

Extended Weekday Hours and Weekend Hours	Capacity Calculation													
	OR							PR						
Fiscal Year	2013	2014	2015	2016	2017	2018	2019	2013	2014	2015	2016	2017	2018	2019
Days/Year	365	365	365	366	365	365	365	365	365	365	366	365	365	365
Daily Hours	10.9	10.9	10.9	10.9	10.8	10.8	10.9	10.9	10.9	10.9	10.9	10.8	10.8	10.9
Total Available Hours (All Rooms)	54.3	54.3	54.3	54.3	54.2	54.2	54.3	65.2	65.2	65.2	65.2	65.1	65.1	65.2
Average Length of Procedure (Minutes)	103	102	99	130	110	110	110	33	30	29	28	28	28	28
Annual Utilization	2,825	2,640	2,844	2,950	2,980	2,980	2,980	3,911	3,634	3,758	3,692	3,692	3,692	3,692
Total Capacity (Cases)	11,516	11,614	12,046	9,140	10,800	10,800	10,811	43,500	47,696	49,776	51,468	51,468	51,468	51,468
% of Total Used	24.5%	22.7%	23.6%	32.3%	27.6%	27.6%	27.6%	9.0%	7.6%	7.5%	7.2%	7.2%	7.2%	7.2%

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Green Mountain Surgery Center

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GMCB-010-15con

**RESPONSE OF COPLEY HOSPITAL
TO REQUEST FOR INFORMATION**

Copley Hospital (“Copley”) hereby responds to the Request for Information, dated April 5, 2016, submitted by the Green Mountain Care Board (“GMCB”) to the Vermont Association of Hospitals and Health Systems (“VAHHS”), a party to this proceeding. The information requested by the GMCB is as follows:

For the surgeries and procedures GMSC plans to perform, provide:

- 1) The ten surgeries and/or procedures with the longest wait time, as compared to a uniform industry standard (the standard should be identified, and the same standard used across all member hospitals);
- 2) The median wait time for each surgery or procedure for 2013, 2014, and 2015;
- 3) The factors that have the greatest impact on these wait times for each surgery or procedure (*e.g.*, specialist shortage, low physician priority in block scheduling, elective nature of surgery or procedure); and
- 4) Steps (if any) the facility has taken or plans to take to reduce wait times.

In addition, we ask that you complete the attached “Capacity and Volume Summary” and “Capacity Calculation” data tables for each hospital, with Fanny Allen reported separately.

Response:

Copley does not collect “wait times” data for scheduling ORs and procedure rooms, nor does Copley maintain waitlists for OR or procedure room use. A procedure may be delayed if a surgeon is unavailable due to the surgeon’s own scheduling choices (*e.g.*, vacation time).

Copley’s capacity data is based on the current schedule of its OR and Procedure Rooms which are as follows:

Operating Room Hours:

Monday - Friday:

2 OR rooms: 7:00AM-3:30PM

1 OR room: 7:00AM-6:30PM
2 Procedure rooms: 8:00AM-4:00PM

Saturday/Sunday/Holidays:

ORs: Closed Urgent and Emergent only
Procedures: Closed

Call Team Coverage: ORs

Monday – Friday 6:30PM-7:00AM
Weekends and holidays: 24 hour call beginning at 7:00AM

Call Team Coverage: Procedures

Monday – Friday No coverage 4:00PM-8:00AM
Weekends and holidays: No Coverage

Copley provides Emergent and Urgent Surgeries in the operating rooms 24 hours a day on an as needed basis. All surgeons credentialed at Copley can request to reserve block times in the OR and procedure rooms. The Operating Room Steering Committee has oversight for assigning block time and credentialing for new procedures. Surgeons can file complaints about block time assignments and access by appealing to the OR manager, the Perioperative Services Director, and finally to the Chair of the Department of Surgery. To date, no complaints have been filed.

With negotiations with our Nurses Union and other additional staffing, we would be able to increase the hours of operation and, thus, our capacity if there was need. As you will see in the attached Capacity and Volume summary, the projected volume for the ORs in FY 2017 increases by 23% and the volume in the procedure room decreases by 27%. This is due the transition into our new surgical center and decreasing to one procedure room. In FY 2018 and 2019, Copley will have only one procedure room.

Also, the average time per case used in the attached Capacity and Volume summary does not include the time associated with OR turnover (i.e., the time needed to sterilize and prepare the OR in between surgical cases), as Copley does not have consistent data on this.

CAPACITY AND VOLUME DATA

Capacity and Volume Summary

Facility Name: Copley Hospital

	Actual Capacity & Volume			Projected Capacity and Volume			
Operating Rooms	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Number	3	3	3	3	3	3	3
Capacity	3,703	3,703	3,703	3,703	3,703	4,043	4,043
Volume	1,856	1,982	1,940	2,086	2,562	2,598	2,598
% Capacity	50%	54%	52%	56%	69%	64%	64%
% Change in Volume		7%	-2%	8%	23%	1%	0%
Procedure Rooms	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Number	2	2	2	2	2	1	1
Capacity	4,877	4,877	4,877	4,877	4,877	2,438	2,438
Volume	1,655	1,538	1,542	1,612	1,178	1,183	1,183
% Capacity	34%	32%	32%	33%	24%	49%	49%
% Change in Volume		-7%	0%	5%	-27%	0%	0%

Notes:

Actual Capacity and Volume - Please provide actual numbers for Fiscal Years 2013-2015 (Oct 1-Sept 30)

Projected Capacity and Volume - Please provide projected numbers for Fiscal Years 2016-2019 (Oct 1-Sept30)

Number = Total number of rooms

Capacity = Possible number of cases annually

% Capacity = % of capacity used

% Change = % change in Volume from one year to the next

	Capacity Calculation			
	OR		PR	
Fiscal Year	Current	FY18+	Current	FY18+
Days/Year	254	254	254	254
Daily Hours	8 / 8 / 10	8 / 8 / 10	8	8
Number of Rooms	3	3	2	1
Total Available Hours (All Rooms)	6,604	6,604	4,064	2,032
Average Length of Procedure (Minutes)	107	98	50	50
Annual Utilization/Room	1,234	1,348	2,438	2,438
Total Capacity (Cases)	3,703	4,043	4,877	2,438

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Green Mountain Surgery Center

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GMCB-010-15con

RESPONSE OF PORTER MEDICAL CENTER TO REQUEST FOR INFORMATION

Porter Medical Center (“Porter”) hereby responds to the Request for Information, dated April 5, 2016, submitted by the Green Mountain Care Board (“GMCB”) to the Vermont Association of Hospitals and Health Systems (“VAHHS”), a party to this proceeding. The information requested by the GMCB is as follows:

For the surgeries and procedures GMSC plans to perform, provide:

- 1) The ten surgeries and/or procedures with the longest wait time, as compared to a uniform industry standard (the standard should be identified, and the same standard used across all member hospitals);
- 2) The median wait time for each surgery or procedure for 2013, 2014, and 2015;
- 3) The factors that have the greatest impact on these wait times for each surgery or procedure (*e.g.*, specialist shortage, low physician priority in block scheduling, elective nature of surgery or procedure); and
- 4) Steps (if any) the facility has taken or plans to take to reduce wait times.

In addition, we ask that you complete the attached “Capacity and Volume Summary” and “Capacity Calculation” data tables for each hospital, with Fanny Allen reported separately.

Response:

Porter does not collect or maintain data regarding wait times for scheduling procedures in its operating rooms (“OR”) or procedure room, nor does the hospital maintain a waitlist for using these rooms. If patient volume requires, Porter has the ability to immediately expand capacity and number of surgical cases by expanding hours of operation. Given this available capacity, it is unlikely that any wait times that patients observe or experience are due to the unavailability of Porter facilities.

When we are not open, we have a call team available for any emergent/urgent procedures 24/7. If an emergency case arises during regular operating hours, it will take priority and previously scheduled procedures and surgeries will be rescheduled for later the same day.

Porter's capacity data is based on the current schedule of its OR and Procedure Rooms which are as follows:

Operating Room Hours:

Monday - Friday:

2 rooms: 7:30AM-5:00PM

1 room: 7:30AM-3:00PM

Saturday/Sunday/Holidays:

Emergent call cases only

Call Team Coverage:

Monday – Friday 5:00 PM-7:00 AM

Weekends and holidays: 24 hour call beginning at 7:00 AM

Procedure Room Hours:

1 room: Monday-Friday, 7:30AM-3:00PM

In the attached Capacity and Volume data tables, the average time per case includes the time associated with OR turnover (i.e., the time needed to sterilize and prepare the OR in between surgical cases).

Porter surgical services manager maintains and monitors a surgical schedule and arranges block time reservations for employee and non-employee surgeons. There is an abundance of available time on the current block schedule and there is ample time to accommodate employee and non-employee provider needs. Surgeons may raise any scheduling concerns with the surgical services manager and, if necessary, the Porter Chief Medical Officer. No complaints of this nature have been filed in recent memory.

CAPACITY AND VOLUME DATA

	Actual Capacity & Volume			Projected Capacity & Volume			
Operating Rooms	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>FY 2019</u>
Number	3	3	3	3	3	3	3
Capacity	4,565	4,263	4,184	4,345	4,345	4,345	4,345
Volume	2,759	2,788	2,796	2,862	2,825	2,867	2,881
% Capacity	60%	65%	67%	66%	65%	66%	66%
% Change		1.1%	0.3%	2.4%	-1.3%	1.5%	0.5%
Procedure Rooms	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>FY 2018</u>	<u>FY 2019</u>
Number	1	1	1	1	1	1	1
Capacity	2,088	2,088	2,088	1,958	2,054	2,054	2,054
Volume	938	886	866	928	916	930	934
% Capacity	45%	42%	41%	47%	45%	45%	45%
% Change		-5.5%	-2.3%	7.2%	-1.3%	1.5%	0.4%

	Capacity Calculation	
	OR	PR
Fiscal Year	2013	2013
Days/Year	269	261
Daily Hours	28	8
Total Available Hours (All Rooms)	451,920	125,280
Average Length of Procedure (Minutes)	99	60
Annual Utilization/Room	2,759	938
Total Capacity (Cases)	4,565	2,088
% of Total Used	60%	45%

	Capacity Calculation	
	OR	PR
Fiscal Year	2014	2014
Days/Year	269	261
Daily Hours	28	8
Total Available Hours (All Rooms)	451,920	125,280
Average Length of Procedure (Minutes)	106	60
Annual Utilization/Room	2,788	886
Total Capacity (Cases)	4,263	2,088
% of Total Used	65%	42%

	Capacity Calculation	
	OR	PR
Fiscal Year	2015	2015
Days/Year	269	261
Daily Hours	28	8
Total Available Hours (All Rooms)	451,920	125,280
Average Length of Procedure (Minutes)	108	60
Annual Utilization/Room	2,796	866
Total Capacity (Cases)	4,184	2,088
% of Total Used	67%	41%

	Capacity Calculation	
	OR	PR
Fiscal Year	2016	2016
Days/Year	269	261
Daily Hours	28	8
Total Available Hours (All Rooms)	451,920	125,280
Average Length of Procedure (Minutes)	104	64
Annual Utilization/Room	2,862	928
Total Capacity (Cases)	4,345	1,958
% of Total Used	66%	47%

	Capacity Calculation	
	OR	PR
Fiscal Year	2017	2017
Days/Year	269	261
Daily Hours	28	8
Total Available Hours (All Rooms)	451,920	125,280
Average Length of Procedure (Minutes)	104	61
Annual Utilization/Room	2,825	916
Total Capacity (Cases)	4,345	2,054
% of Total Used	65%	45%

	Capacity Calculation	
	OR	PR
Fiscal Year	2018	2018
Days/Year	269	261
Daily Hours	28	8
Total Available Hours (All Rooms)	451,920	125,280
Average Length of Procedure (Minutes)	104	61
Annual Utilization/Room	2,867	930
Total Capacity (Cases)	4,345	2,054
% of Total Used	66%	45%

	Capacity Calculation	
	OR	PR
Fiscal Year	2019	2019
Days/Year	269	261
Daily Hours	28	8
Total Available Hours (All Rooms)	451,920	125,280
Average Length of Procedure (Minutes)	104	61
Annual Utilization/Room	2,881	934
Total Capacity (Cases)	4,345	2,054
% of Total Used	66%	45%

VERIFICATION UNDER OATH

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

IN RE:)	
)	
PROPOSED AMBULATORY SURGERY CENTER)	
RESPONSE TO REQUEST FOR DATA)	GMCB-010-15CON
FROM VERMONT MEMBER HOSPITALS)	
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VERIFICATION UNDER OATH

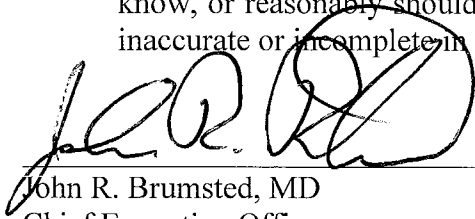
John Brumsted, being duly sworn, states on oath as follows:

1. My name is John R. Brumsted, MD. I am the CEO of the University of Vermont Medical Center ("UVMMC"). I have reviewed UVMMC's response to the Green Mountain Care Board's Request for Data from Vermont Member Hospitals, which is comprised of the response narrative and tables showing UVMMC's operating and procedure room capacity and volume data (the "UVMMC Response").
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the UVMMC Response is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the UVMMC Response is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also 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.
4. The following individuals have provided information or documents to me in connection with the UVMMC Response and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents 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:

Brooke Stahle, Director of Perio-Operative Services
Gene Cloutier, Business Manager Peri-Operative Services
Mary Brennan, Nurse Manager, Endoscopy Services

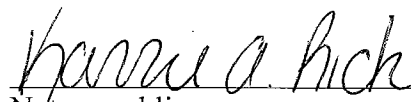
5. In the event that the information contained in the UVMMC Response becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify

the Green Mountain Care Board and to supplement the UVMMC Response as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



John R. Brumsted, MD
Chief Executive Officer

On May 4, 2016, John R. Brumsted, MD appeared before me and swore to the truth, accuracy and completeness of the foregoing.



Notary public
My commission expires 2-10-2019



**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

IN RE:

**PROPOSED AMBULATORY SURGERY CENTER
RESPONSE TO REQUEST FOR DATA
FROM VERMONT MEMBER HOSPITALS**

GMCB-010-15CON

VERIFICATION UNDER OATH

Judy Tartaglia, being duly sworn, states on oath as follows:

1. My name is Judy Tartaglia. I am the President and CEO of the Central Vermont Medical Center ("CVMC"). I have reviewed CVMC's response to the Green Mountain Care Board's Request for Data from Vermont Member Hospitals, which is comprised of the response narrative and tables showing CVMC's operating and procedure room capacity and volume data (the "CVMC Response").
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the CVMC Response is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the CVMC Response is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also 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.
4. The following individuals have provided information or documents to me in connection with the CVMC Response and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents 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:

Amy Gibbs, Director of Finance
Kathleen Lombard, Director of Surgical Services

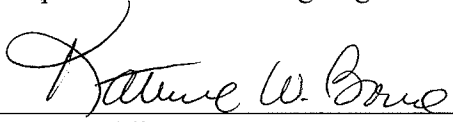
5. In the event that the information contained in the CVMC Response becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the CVMC Response as soon as I

know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



Judy Tartaglia
President and Chief Executive Officer

On May 4th, 2016, Judy Tartaglia appeared before me and swore to the truth, accuracy and completeness of the foregoing.



Notary public
My commission expires 2-10-19



**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

IN RE:

**PROPOSED AMBULATORY SURGERY CENTER
RESPONSE TO REQUEST FOR DATA
FROM VERMONT MEMBER HOSPITALS**

GMCB-010-15CON

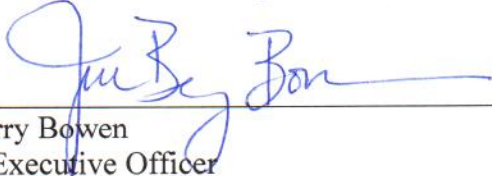
VERIFICATION UNDER OATH

Jill Berry Bowen, being duly sworn, states on oath as follows:

1. My name is Jill Berry Bowen. I am the CEO of Northwestern Medical Center ("NMC"). I have reviewed NMC's response to the Green Mountain Care Board's Request for Data from Vermont Member Hospitals, which is comprised of the response narrative and tables showing NMC's operating and procedure room capacity and volume data (the "NMC Response").
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the NMC Response is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the NMC Response is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also 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.
4. The following individuals have provided information or documents to me in connection with the NMC Response and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents 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:


Jonathan Billings, NMC's Vice President, Planning and Community Relations
Jane Catton, NMC's Senior Vice President and Chief Nursing Officer
Scot Bork, NMC's Interim Director of Surgical Services
Deirdre Young, NMC's new Director of Surgical Services
Devin Batchelder, NMC's Decision Support and Budget Manager

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



Jill Berry Bowen
Chief Executive Officer

On May 5, 2016, Jill Berry Bowen appeared before me and swore to the truth, accuracy and completeness of the foregoing.


Notary public
My commission expires 2/10/2019



**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

IN RE:

**PROPOSED AMBULATORY SURGERY CENTER
RESPONSE TO REQUEST FOR DATA
FROM VERMONT MEMBER HOSPITALS**

GMCB-010-15CON

VERIFICATION UNDER OATH

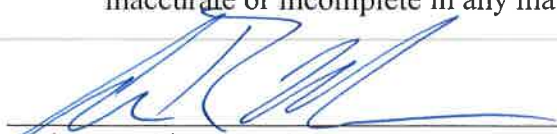
Arthur Mathisen, being duly sworn, states on oath as follows:

1. My name is Arthur Mathisen. I am the President and CEO of Copley Hospital ("Copley"). I have reviewed Copley's response to the Green Mountain Care Board's Request for Data from Vermont Member Hospitals, which is comprised of the response narrative and tables showing Copley's operating and procedure room capacity and volume data (the "Copley Response").
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the Copley Response is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Copley Response is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also 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.
4. The following individuals have provided information or documents to me in connection with the Copley Response and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents 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:

Greg Ward - VP of Support and Ancillary Services
Debbie Dorain - Director, Revenue Cycle & Financial Analysis
Michael Babcock – Director, Perioperative Services


5. In the event that the information contained in the Copley Response becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify

the Green Mountain Care Board and to supplement the Copley Response as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



Arthur Mathisen, FACHE
President and Chief Executive Officer

On May 4, 2016, Arthur Mathisen appeared before me and swore to the truth, accuracy and completeness of the foregoing.



Notary public

My commission expires

2/10/19

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

IN RE:

**PROPOSED AMBULATORY SURGERY CENTER
RESPONSE TO REQUEST FOR DATA
FROM VERMONT MEMBER HOSPITALS**

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GMCB-010-15CON

VERIFICATION UNDER OATH

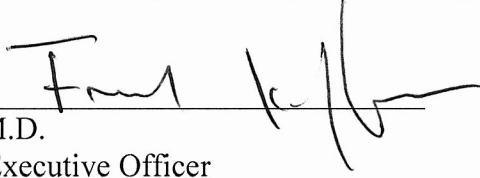
Fred Kniffin, being duly sworn, states on oath as follows:

1. My name is Fred Kniffin. I am the Interim CEO of Porter Medical Center ("Porter"). I have reviewed Porter's response to the Green Mountain Care Board's Request for Data from Vermont Member Hospitals, which is comprised of the response narrative and tables showing Porter's operating and procedure room capacity and volume data (the "Porter Response").
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the Porter Response is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Porter Response is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also 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.
4. The following individuals have provided information or documents to me in connection with the Porter Response and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents 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:

Ron Hallman, Vice President, Development and Public Relations
Jennifer Bertrand, Controller
Molly Richie, Surgical Services Nurse Manager

5. In the event that the information contained in the Porter Response becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify

the Green Mountain Care Board and to supplement the Porter Response as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



Fred Kniffin, M.D.
Interim Chief Executive Officer

On 5/4, 2016, Fred Kniffin appeared before me and swore to the truth, accuracy and completeness of the foregoing.



Notary public

My commission expires 2/10/19

