

**In the Matter Of:**  
**RIAG AND RIDOH PROPOSED CENTURION FDN**

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**DANIEL ISON**

*May 13, 2024*

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*Confidential*



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STATE OF RHODE ISLAND

RE: Hospital Conversions Act Initial Application  
of The Centurion Foundation, Inc.,  
CharterCARE Health of Rhode Island, Inc.,  
CharterCARE Roger Williams Medical Center,  
Inc., CharterCARE Our Lady of  
Fatima Hospital, Inc., Chamber, Inc.,  
Ivy Holdings, Inc., Ivy Intermediate  
Holdings, Inc., Prospect Medical Holdings,  
Inc., Prospect East Holdings, Inc.,  
Prospect CharterCARE, LLC,  
Prospect CharterCARE SJHSRI, LLC, and  
Prospect CharterCARE RWMC, LLC  
(collectively, the "Transacting Parties")

VIDEOCONFERENCE INTERVIEW UNDER OATH OF  
DANIEL ISON  
CONFIDENTIAL

May 13, 2024

9:00 a.m. EST

Casey A. Bernacchio, CSR

APPEARANCES

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(Exhibits furnished with transcript.)

1 INTERVIEW OF DANIEL ISON

2 May 13, 2024

3

4 DANIEL ISON, having been first duly  
5 sworn, testified as follows:

6 MR. CAHILL: Good morning, Mr. Ison.

7 THE WITNESS: Good morning.

8 MR. CAHILL: My name is Chris Cahill.

9 I'm here on behalf of the Office of the  
10 Rhode Island Attorney General.

11 This statement is being conducted  
12 pursuant to the Hospital Conversion Act,  
13 Rhode Island General Law 23-17.14-14, and is  
14 being transcribed by a stenographer.

15 I will be taking the interview under  
16 oath on behalf of the Office of the Attorney  
17 General. Only agency counsel will be asking  
18 questions.

19 At this time, I would ask that everyone  
20 who's present today, either in person or virtual,  
21 to introduce themselves.

22 So I'll start on behalf of Shipman &  
23 Goodwin.

24 I'm here, Chris Cahill. I'm here with  
25 Drew Kadow, IT. And I believe joining us

1 remotely is Joan Feldman and Mark Lombardi.

2 And then maybe let's go to the  
3 Rhode Island Attorney General, then RIDOH, then  
4 the parties.

5 MS. HARVEY: Great. Thanks, Chris.

6 This is Julia Harvey joining remotely  
7 for the Rhode Island Office of the Attorney  
8 General.

9 MS. RIDER: Good morning. This is  
10 Jessica Rider, attorney representing the  
11 Rhode Island Department of Health in this matter.

12 And here with me are Michael Dexter,  
13 Alana Campbell, and Fernanda Lopes, all from the  
14 Rhode Island Department of Health.

15 It's possible that Julia Wyman, who is  
16 another attorney staffed at the Department of  
17 Health, will join as well.

18 And consultants for the Rhode Island  
19 Department of Health that are here are  
20 Michael Ramey and Whitney Rains.

21 MS. ROCHA: Good morning. Pat Rocha and  
22 Leslie Parker for the transacting parties and  
23 Mr. Ison.

24 MR. CAHILL: Thank you.

25 Then same as the prior statements under

1 oath, we'd like the agreement there will be no  
2 audio or video recording of this interview under  
3 oath by or on behalf of the transacting parties  
4 or the interviewee, and that if such unauthorized  
5 audio or video recording occurs, such  
6 unauthorized audio or video will not be used for  
7 any public purpose.

8 Is there any disagreement?

9 MS. ROCHA: No. That's fine. It's my  
10 understanding that applies to everyone on this  
11 call.

12 MR. CAHILL: Thank you. That's right.

13 EXAMINATION BY MR. CAHILL:

14 Q. Mr. Ison, have you ever been deposed  
15 before?

16 A. I have, yes.

17 Q. Okay. So you know generally how  
18 these -- these things work, then?

19 A. I do, yes.

20 Q. Okay. Well, it's still worthwhile to go  
21 quickly, I think, through some refreshers.  
22 So -- refresh on the basic ground rules.

23 So the basic ground rule is I'll ask  
24 questions. Please just listen carefully to the  
25 question and then do your best to answer. Okay?

1 A. Okay.

2 Q. There is a stenographer who's writing  
3 down everything that's being said, so let's try  
4 not to talk over each other.

5 Is that fair?

6 A. Okay.

7 Q. Okay. And if you don't understand a  
8 question, please just say so, and I'll try to  
9 rephrase. Okay?

10 A. Okay.

11 Q. And then, finally, if you need a break  
12 at any time, please just say so. Let us know.  
13 That's no problem at all.

14 The only thing with breaks is if there's  
15 a question pending, I would ask that we answer  
16 the question, and then we take the break.

17 Does that sound fair?

18 A. Yes.

19 Q. Okay. Now, you understand you're here  
20 today to give a statement under oath as part of  
21 the Rhode Island Attorney General and RIDOH's  
22 review of a hospital conversion application that  
23 was submitted by Centurion in connection with the  
24 proposed purchase of Roger Williams Medical  
25 Center and Our Lady of Fatima Hospital; is that

1 right?

2 A. That's correct.

3 Q. And is there any reason you can't  
4 proceed today?

5 A. Nope.

6 Q. Okay. So we'll begin, then.

7 Please state your name for the record.

8 A. Daniel Ison.

9 Q. What is your title?

10 A. Vice president of financial operations.

11 Q. How long have you served in that role?

12 A. Five years.

13 Q. And who do you report to? Who's your  
14 boss?

15 A. Jeff Liebman, CEO.

16 Q. And has that always been the case for  
17 those five years?

18 A. Yes, that's correct.

19 Q. Can you describe your duties and  
20 responsibilities as vice president of finance  
21 operations?

22 A. Oversee general accounting group,  
23 payables, payroll; oversee the financial  
24 reporting group, budgeting and forecasting; as  
25 well as overseeing revenue accounting.

1 Q. I understand CharterCARE has an interim  
2 CFO who started in June 2023; is that right?

3 A. Yes, that's correct.

4 Q. And that's Cecilia Arriera? Is that how  
5 you say her name?

6 A. Yes. Correct.

7 Q. And do you work with her, the interim  
8 CFO?

9 A. I do, yes.

10 Q. Does she report to you?

11 A. She does not report to me.

12 Q. Okay. I see.

13 But you do work with her -- just  
14 describe your interactions with her or  
15 your -- your working with her.

16 A. Yeah, we work together on a daily basis.  
17 As she's come on, she's overseen a lot of the  
18 day-to-day operations for, again, general  
19 accounting, financial reporting, has given me the  
20 opportunity to focus a little bit more of my time  
21 on -- on the application and the sale  
22 transaction.

23 Q. Okay. I also understand there's a new  
24 CFO coming on; is that right?

25 A. Yes. Correct. Dave Ragosta, who was

1 the prior CFO here.

2 Q. And when does he start, if you know?

3 A. Last week of May.

4 Q. Okay. So in, like, two weeks, then?

5 A. Yes. Correct.

6 Q. And when was the last time you spoke  
7 with the interim CFO, Ms. Arriera?

8 A. Last week.

9 Q. Okay. And the last time you spoke with  
10 the new CFO, Mr. Ragosta?

11 A. Today.

12 Q. And did you do anything to prepare for  
13 today's statement under oath?

14 A. Yes. Reviewed the most recent  
15 projection submitted and part of the  
16 addition -- or supplemental questions to the  
17 application.

18 MR. CAHILL: Okay. I'm going to mark  
19 Exhibit A.

20 I'm going to try to share it with you.  
21 We'll mark it Ison A or Ison Exhibit A. Let's  
22 see if this works.

23 Exhibit A, EBITDA Bridge,  
24 C-CNT-PMH-012885, was received in evidence for  
25 identification.

1 BY MR. CAHILL:

2 Q. Do you see a spreadsheet in front of  
3 you?

4 A. I do, yes.

5 Q. Okay. Is this the document that you  
6 reviewed to prepare for today?

7 A. Yes, it is.

8 Q. Okay. Now, you understand that  
9 Centurion's plan for this conversion is to  
10 receive tax-exempt status from the IRS and then  
11 obtain tax exempt and taxable bond financing from  
12 the public market. Is that your understanding?

13 A. Yes. Correct.

14 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22 Q. Now, this Exhibit A -- is it okay if I  
23 call it the EBITDA Bridge? Is that what you call  
24 it internally?

25 A. Yes, that's correct. The bridge is

1 fine.

2 Q. The bridge.

3 This bridge in Exhibit A is the most  
4 up-to-date version of the bridge; is that  
5 correct?

6 A. Correct.

7 [REDACTED]

19 Q. All right. So if we just look at  
20 Exhibit A, can you tell me about, you know, the  
21 genesis of this document, the process, how it was  
22 created, how it came into being?

23 A. I -- it came into being after some  
24 supplemental questions were -- were submitted  
25 related to the original projection submitted with

1 the application. The questions were such that,  
2 you know, they relate back to the original  
3 projection that, I guess, was a little bit dated.  
4 So I think we wanted to present a more fair and  
5 updated projection, [REDACTED]

[REDACTED]

[REDACTED]

8 Q. Did you create Exhibit A?

9 A. Yes, I did.

10 Q. And did you work with Steve Lovoy of  
11 Centurion when doing so?

12 A. Yes, I did.

13 Q. And I understand, is it that -- well,  
14 tell me if I'm wrong -- but is it that  
15 Mr. Liebman provided the information that then  
16 you and Mr. Lovoy worked on together to create  
17 Exhibit A? Or can you just speak more about the  
18 process as to how that went about?

19 A. Yeah.

20 So the original projection submitted  
21 with the application -- input for that particular  
22 projection was -- the source was QHR, which was a  
23 consulting firm that was working here at the  
24 time. Myself, I had some input into some of the  
25 initiatives included in that application, as well

1 as QHR.

2 So the development of that particular  
3 projection was more heavily weighted towards QHR  
4 and Steve Lovoy. So I was not -- I was not the  
5 creator of that particular projection, although  
6 it was shared with me prior to the submission  
7 and -- and I reviewed it.

8 Q. What about this -- so you're talking  
9 about an earlier projection?

10 A. Yes.

11 Q. But what about this one we see in  
12 Exhibit A?

13 A. Yes.

14 Q. How did this one come about?

15 A. Again, this one was kind of in response  
16 to supplemental questions. We wanted a more  
17 updated projection to share.

18 So, you know, it was based on a review  
19 of the original submitted projection, and taking  
20 a look at the components, you know, seeing where  
21 there were some initiatives that possibly needed  
22 to be updated, as well as -- Alvarez & Marsal,  
23 they're another consulting firm that has entered  
24 the picture after the original projection for the  
25 submission was prepared. You know, they've come

1 in here, done some work in terms of developing  
2 break-even plans and future -- future financial  
3 improvements for our local system.

4 So they shared some additional  
5 initiatives to be included in this particular  
6 projection, you know, and they are, you know,  
7 present in this -- in this file.

8 Q. So this Exhibit A has a mix -- if I  
9 understand what you're saying, it has a mix of  
10 QHR initiatives, Liebman initiatives, and A&M  
11 initiatives; is that right?

12 A. That's correct.

13 Q. All right. Well, let's take a look at  
14 it a little more closely.

15 So we'll start with this three-year  
16 projection tab.

17 Do you see?

18 A. Yes.

19 Q. Okay. And so the way it's created  
20 is -- now, you created this tab; right -- this  
21 three-year projection?

22 A. I did, yes.

23 Q. Okay.

24 A. Yeah. So I'll walk it through.

25 Q. Sure. Please.

1

[REDACTED]

1

[REDACTED]

1

[REDACTED]

17 A. Right. So you take --

18 Q. And that's --

19 A. Yep.

20 Q. Oh, go ahead.

21 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

1

[REDACTED]

23 A. Yes. Correct.

24

[REDACTED]

[REDACTED]

[REDACTED]

4 Q. And that -- you understand that's the  
5 thing that needs to turn around; right?

6 A. Yes.

7 Q. Okay. And if we just look at Year 1 pro  
8 forma, that's your expectation for fiscal year  
9 '25; is that right?

10 A. Correct.

[REDACTED]

18 Q. I'm sorry for jumping around.  
19 So -- and then pro forma Year 2,  
20 Column E, that would be October 1, 2025, to  
21 September 30, 2026; correct?

22 A. Correct.

23 Q. And then Year 3 pro forma, Column F,  
24 that would be October 1, 2026, to September 30,  
25 2027?

1           A.    '27, correct.

[REDACTED]

11           Q.    Now, you spoke earlier about a prior  
12 bridge, I guess, or a prior pro forma; is that  
13 right?

14           A.    That's correct.

15           Q.    And so what changes were made from the  
16 prior -- or to the one we see here, Exhibit A?  
17 Like, what changed?

18           A.    Mostly the initiatives that build up  
19 that number as -- I guess, as well as the  
20 baseline as well.  If -- you know, the analyzed  
21 '24 number, that was not the number that was  
22 utilized as the baseline for the original  
23 projection.  That, and the initiatives that build  
24 up the baseline to the projected amounts were  
25 also reviewed and changed.

1 Q. I see.

2 So if I -- it's the baseline in the  
3 initiatives is what I'm hearing, basically?

4 A. Yes. Correct.

[REDACTED]

[REDACTED]

15 Q. And is -- the idea is the initiatives  
16 is -- are the things that's going to result in  
17 these increases in revenue and decreases in  
18 expenses; right?

19 A. Right. Correct.

[REDACTED]

[REDACTED]

[REDACTED]

2 Q. Got it. Okay.

3 So let me ask you this. Whether you  
4 know or not, you just tell me.

5 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9 Q. Is it your understanding that if the  
10 bond financing goes through, there would be  
11 80 million or thereabouts put on the books of the  
12 hospital system, and that Mr. Lovoy is projecting  
13 or assuming that that money will be invested, and  
14 there'll be a return of 6 percent on that money?  
15 Is that the idea?

16 A. That's my understanding.

17 Q. Okay. And for that to be correct,  
18 right, then that -- that means that 80 million  
19 can't be touched; right? It can't be used to,  
20 like, say, fund the losses or anything; right?

21 A. Yes.

22 Q. Or fund capital expenditures or  
23 anything?

24 A. Correct.

25 Q. Okay. And are you familiar with the

1 debt-service coverage ratio analysis here that  
2 Mr. Lovoy did?

3 A. I -- it looks appropriate to me. I  
4 can't comment other than that.

5 Q. Fair enough.

6 Okay. So we're going to turn to the  
7 initiatives in just a moment.

8

[REDACTED]

13 A. Uh-huh.

14 Q. I should've warned you, we have to say  
15 verbally, so we can't do "uh-huhs" or nod our  
16 head or anything.

17 A. Yes. All right. I'm sorry. Yep.

18 Q. No, it's totally okay.

19 Okay. So the -- so my question here is  
20 on the baseline. The interim CFO, Ms. Arriera,  
21 she testified last week. And I just want to kind  
22 of put to you some of the things she said and get  
23 your reaction. Okay?

24 A. Okay.

25 Q. So she -- well, here, you know what, let

1 me share --

2 MR. CAHILL: I'm going to mark  
3 Exhibit B. Let's see if I can stop sharing. And  
4 can I start sharing Exhibit B.

5 Exhibit B, Cecilia Arriera Rough Draft  
6 Transcript, was received in evidence for  
7 identification.

8 BY MR. CAHILL:

9 Q. Okay. Do you see a PDF in front of you,  
10 by any chance?

11 A. Yes, I do.

12 Q. Okay. So this is a -- I'll just  
13 represent to you, Exhibit B, which I'm going to  
14 mark this as Exhibit B -- Exhibit B is a rough  
15 transcript of Ms. Arriera's testimony, but we're  
16 going to use it just so I can point to you what  
17 she was saying so I can ask you some questions  
18 about it. Okay?

19 A. Okay.

20

1                   And if you see here, she says, quote:

2                   [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

8                   Do you see that?

9                   A.     I do, yes.

10                  Q.     And then she talks again about it a  
11 little bit further down.

12                  [REDACTED]

1

[REDACTED]

[REDACTED]

[REDACTED]

4 Q. Okay. And there is seasonality to the  
5 hospital system's revenue; right?

6 A. Correct.

7 Q. And Ms. Arriera testified that the  
8 hospitals were entering into a slow season  
9 volume-wise; is that correct? Is that your  
10 understanding as well?

11 A. Yes, that's correct. That's our typical  
12 pattern.

13 Q. Okay. So, I mean, just to put it to  
14 you -- and let me share Exhibit A again.  
15 Hopefully it works.

16 Do you see Exhibit A in front of you?

17 A. Yes, I do.

18 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

1

[REDACTED]

[REDACTED]

[REDACTED]

4

Q. I understand.

5

[REDACTED]

19

Q. Now, we're going to go to the initiative

20

summary tab in just a moment. I promise. But

21

just a few more questions.

22

You testified earlier about QHR and A&M;

23

is that right?

24

A. That's correct.

25

Q. Now, let me ask you, QHR was originally

1 partnering with Centurion? Is that your  
2 understanding?

3 A. Correct. Yes.

4 Q. And then you -- do you know that -- or  
5 do you understand that QHR signed a contract with  
6 Prospect? I think it was around July of 2022.  
7 Is that your understanding as well?

8 A. Yes, that's correct.

9 Q. And what is your understanding as to  
10 QHR's, you know, role or what they were supposed  
11 to be doing under that contract with Prospect and  
12 that partnership -- well, let's start with the --  
13 let's start with the contract with Prospect.

14 What was your understanding as to the  
15 services that QHR was going to provide?

16 A. A -- more of a local-focused services  
17 for -- for financial improvement.

18 Q. So basically identifying and  
19 implementing initiatives to turn things around?

20 A. Yes. Correct.

21 Q. Okay. And you understand that they  
22 were -- in terms of their partnership with  
23 Centurion, they were sort of doing these similar  
24 activities, identifying, at least, initiatives to  
25 help turn around the hospital system?



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

5 Q. Okay. Now, you're aware Prospect has  
6 engaged A&M; right?

7 A. Yes, I am.

8 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

12 Q. They started working -- "they" being  
13 A&M -- in June of 2023; is that correct?

14 A. Yes. Correct.

15 Q. Do you know who is sort of in charge of  
16 that effort for A&M?

17 A. Yes. His name is Philip Criscione, I  
18 believe. His name is in one of the tabs on -- on  
19 this file.

20 Q. I'm going to try to spell it. Tell me  
21 if this sounds right.

22 C-r-i-s-c-i-o-n-e, Criscione.

23 Does that sound right?

24 A. That sounds familiar. I can't comment  
25 if it's necessarily correct. But yes.



[REDACTED]

11 Q. And has that information been  
12 incorporated into this Exhibit A that we're  
13 looking at?

14 A. It has not. There are -- there are  
15 initiatives consistent with, you know, that  
16 initiative tracking that are on this Exhibit A.  
17 So some of them are -- are reflected here.

18 Q. But the yield, the results, and the  
19 actual impact, that's what I was really asking.

20 A. Yeah.

21 Q. Is that reflected?

22 A. They're not, because this is a  
23 projection. This is prospective. So  
24 technically, anything that's on here has not  
25 yielded any positive financial impact yet.

[REDACTED]

1           A.    Let's see.  Can you scroll down a little  
2 bit --

3           Q.    Yes, sir.

4           A.    -- please?

5           Q.    I can scroll back up, too, if you'd  
6 like.

[REDACTED]

18          Q.    Okay.

[REDACTED]

[REDACTED]

21 Q. Okay. I'm going to -- we're going to --  
22 I'm going to show you Exhibit B again.  
23 A. Yep.  
24 Q. And I wanted to show you a few more  
25 statements from the interim CFO and get your

1 reaction.

2           So the interim CFO, Ms. Arriera, was  
3 shown the same bridge document that we see in  
4 Exhibit A.

5           A. Uh-huh.

[REDACTED]

[REDACTED]

[REDACTED]

9 A. I do, yes.

[REDACTED]

14 So you said you know Phil Criscione; is  
15 that right?

16 A. Yes, that's correct.

17 Q. Okay. Have you spoken to him about  
18 Exhibit A?

19 A. I have not.

20 Q. Okay. And do you have any reaction  
21 or -- you know, to this testimony here by the  
22 interim CFO?

23 A. I do.

24 Q. Please. Go ahead.

25 A. Can we just take his comments one at a

1 time?

2 Q. Sure. Please.

3

[REDACTED]

[REDACTED]

6 Q. Okay. We'll go one by one in just a  
7 moment. Let me show you one more statement --

8 A. Yep. Sure.

9 Q. -- and get your reaction to it.

10 [REDACTED]

16 Do you see that?

17 A. I do, yes.

18 [REDACTED]

[REDACTED]

10 Q. Okay. I'm going to show you Exhibit A  
11 again, and we're going to go -- the plan is to  
12 just go initiative by initiative to understand,  
13 you know, what they are and some of these other  
14 details.

15 MR. CAHILL: But we've been going for  
16 almost an hour, do you think now is a good time  
17 for a break, Mr. Ison?

18 THE WITNESS: Sure. That sounds good.

19 MR. CAHILL: Okay. Let's -- how about  
20 we get back together at -- let's take a 15-minute  
21 break -- 10:10.

22 THE WITNESS: Okay.

23 MR. CAHILL: Okay. Off the record.

24 (Recess called at 9:55 a.m. The  
25 proceeding reconvened at 10:11 a.m.)

1 BY MR. CAHILL:

2 Q. Mr. Ison, we're now on the initiative  
3 summary tab of Exhibit A. And I want to begin by  
4 asking some sort of -- some high-level questions  
5 about the process of identifying and quantifying  
6 these initiatives. Okay?

7 A. Okay.

8 Q. Okay. So you testified earlier that  
9 there were -- there were earlier versions of the  
10 bridge and that the things that changed were the  
11 baseline and then the initiatives.

12 A. Correct.

13 Q. And can you just speak more about which  
14 initiatives changed as you look at the list here  
15 on Exhibit A?

16 A. Is there an exhibit being shown? I  
17 can't see it.

18 Q. Let me try to share it. Let me try to  
19 fix that for you.

20 Do you see Exhibit A in front of you  
21 now?

22 A. I do.

23 Q. Okay. So the question is, as you look  
24 at the list here on Exhibit A, which initiatives,  
25 you know, changed from the earlier bridges?

1 Like, which were added or if things were removed  
2 or if things were changed.

3 A. Okay.

4 Q. Could you speak to that question?

5 A. Yeah. Just -- if you go up again.

6 Q. (Complies.)

7 [REDACTED]

[REDACTED]

[REDACTED]

10 Q. Okay.

11 [REDACTED].

12 Q. Got it. Thank you. Keep going.

13 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

17 [REDACTED]

18 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

24 [REDACTED]

[REDACTED]

[REDACTED]

19 Q. Okay.

[REDACTED]

23 Q. Okay. Do you think you got all of the  
24 ones that are -- that have changed either because  
25 they're new or something about them has changed?

1 A. Yeah. For the most part, yes.

2 Oh, go back up.

3 Q. Sure.

4 [REDACTED]

5 Q. All right. Same question. How about  
6 now? Do you think we got all of them that either  
7 changed --

8 A. Yeah, I believe so.

9 Q. -- or were new?

10 Okay. So then the next question was,  
11 then, why? Why did they change? Like, who --  
12 just talk to that global process. Like, who gave  
13 the inputs or the assessment or the analysis to  
14 drive these initiatives to be changed?

15 [REDACTED]

9                    But who's the individuals who are  
10 driving these changes to the initiatives? Who  
11 are the ones doing it, and what is their -- you  
12 know, what is their process for doing so? Can  
13 you just speak to that?

[REDACTED]

22                    [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22 Q. Okay. And these -- so it could be local  
23 management, Mr. Leiberman, driving the changes.  
24 It could be A&M driving the changes. And the  
25 changes sometimes could just be updates from

1 where you are now from where you were a year ago?

2 A. Yeah.

3 Q. Is that a fair summary?

4 A. That is accurate.

5 Q. Okay. And then for these numbers next  
6 to the initiatives, speak to that process. I  
7 want to understand, you know, how do these  
8 get -- how do these numbers get put on this page?  
9 And you can speak to it in a global kind of  
10 level, but if you need examples, please grab an  
11 example and explain it that way.

12 A. Yeah. So, you know, let's leave alone  
13 Year 1 through Year 3 projected for a moment.

14 If you go to maybe -- if you go to the  
15 fully achieved tab --

16 Q. Sure.

17 A. -- that might kind of make things easier  
18 to follow.

19 So, again, we're starting with our  
20 baseline 24. We've already discussed --  
21 annualized 24, Column E. And then, you know, we  
22 have individual initiatives presented by  
23 individual columns.

24 And, you know, in order to roll to our  
25 projection, assuming all of these initiatives are

1     executed, we identified what the impacts of each  
2     initiatives would be to the financials.

[REDACTED]

[REDACTED]

16 A. If you go down a little bit.

17 Q. (Complies.)

18 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted content]

1

A. Yes.

2

[REDACTED]

22

Well, let me ask you just one more thing

23

about fully -- this fully achieved tab and these

24

figures we see here.

25

I mean, how are these -- this



[REDACTED]

23 Q. Okay. So let's go -- let's go  
24 initiative by initiative quickly but thoroughly,  
25 if we can.

1                   So we'll start with the very first one,  
2 Centurion not-for-profit conversion-340B.

3                   Do you see that?

4           A.    Yes, I do.

5           Q.    Okay. And what is this initiative?

6           A.    So this initiative is a savings for  
7 pharmaceuticals. As we convert to nonprofit,  
8 we'll be able to take advantage of favorable drug  
9 pricing, you know, only eligible for nonprofit  
10 organizations. So --

11                   (Simultaneous speaking.)

12 BY MR. CAHILL:

13           Q.    I'm sorry. I didn't mean to interrupt  
14 you. You were still speaking.

15 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22                   Going nonprofit, based on the volume of  
23 services that we do related to higher costing  
24 drugs, you know, that'll enable us to achieve  
25 those savings with regard to pharmaceutical

1 spend.

2 Q. And is the NFP savings tab the  
3 corresponding tab for that initiative?

4 A. It is, yes.

5 Q. Can you just walk me through this tab,  
6 how it works?

[REDACTED]

19 Q. Now, there are costs associated with  
20 this initiative; is that true?

21 A. I -- nothing that really -- the biggest  
22 cost is going nonprofit.

23 Q. Are there any costs associated with, you  
24 know, 340B program -- a compliant 340B program or  
25 tracking pharmaceuticals or any kind of, you

1 know, applications or IT needs in that regard, or  
2 any other costs?

3 A. I'm not aware of any, so -- or anything  
4 incremental, so I -- I'm just not aware of that.

5 Q. Who performed the analysis that we're  
6 looking at on this NFP savings tab?

[REDACTED]

[REDACTED]

9 Q. And was anything done to sort of vet or  
10 test this analysis?

[REDACTED]

8 Q. And do you have an opinion as to how  
9 long, you know, the hospital system can survive  
10 without -- well, let me back up.

11 So the first three initiatives here,  
12 340B, property tax and sales tax, those all  
13 depend on tax-exempt status; right? That's a key  
14 assumption in all of them?

15 A. Yes, that's right.

16 Q. And do you have -- I mean, do you -- it  
17 sounds like you don't have an opinion as to when  
18 the IRS is going to decide the application, such  
19 that new hospitals will be tax exempt?

20 A. I don't have an opinion on that, no.

21 Q. Do you have an opinion as to how long  
22 the hospital systems can survive until, you know,  
23 these savings are put in place, like if they're  
24 delayed? Can the hospital system survive during  
25 that period of delay?

1           A.    I have not done that analysis.  I don't  
2    have an opinion on that.

[REDACTED]

9           Q.    Okay.  If we go to -- well, property  
10   tax, describe this initiative.

11          A.    Again, that's as a result of being  
12   not-for-profit.  Just no longer being a  
13   tax-paying entity, you know, charged with  
14   property tax.

15          Q.    So the core -- the core assumptions for  
16   this one are, again, when the IRS grants the  
17   application; right?

18          A.    Right.

19          Q.    And then there's a period of time when  
20   the tax-exempt entities then have to go  
21   municipality by municipality and negotiate -- or  
22   not negotiate, but look at the laws and see when  
23   the property tax exemption kicks in; is that  
24   right?

25          A.    That's correct.

[REDACTED]

16 Q. Okay. And then same questions for sales  
17 tax.

18 I mean, is it the same core assumptions?

19 A. Same core assumptions.

20 Q. And the same process that led to the  
21 numbers for the sales tax?

22 A. Correct.

23 [REDACTED]

[Redacted text block containing approximately 25 lines of blacked-out content]

1           But would you agree that the -- in terms  
2 of the time that they kick in, the savings start,  
3 they may be somewhat aggressive?

4           A.    I can't comment whether they're  
5 aggressive or -- or they're conservative,  
6 actually, because, again, you know, we didn't  
7 necessarily build in a -- kind of a hard  
8 assumption in terms of achievement, other than  
9 what we presented for percentage achieved per  
10 year.

11          Q.    Okay.  So let's move to the next one,  
12 GPO optimization.

13           You talked a little bit about this  
14 before.  But can you describe this initiative?

15          A.    Yeah.

[REDACTED]

[REDACTED]

22 Q. And, I mean, what analysis have they  
23 performed?

24 Well, let's go to the tab. Is this the  
25 correct tab, SC GPO savings?

1 A. Yes. Yeah.

2 Q. And just explain the numbers we see on  
3 this page and the analysis that was done.

[REDACTED]

[Redacted text block containing approximately 25 lines of blacked-out content]

[Redacted content]

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted content]

[REDACTED]

[REDACTED]

25 Q. And -- okay.

1                    Maybe if we just go to the tabs real  
2 quick, I'll just ask you to speak on each tab  
3 briefly but thoroughly. That's our goal.

4

[REDACTED]

17 Q. Is that --

18 (Simultaneous speaking.)

19 BY MR. CAHILL:

20 Q. Oh, go ahead. I'm sorry. I didn't --

21 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

1

[REDACTED]

[REDACTED]

3

MR. CAHILL: But we've been going for  
another hour.

5

Do you want to take a five-minute break?

6

THE WITNESS: Yeah, sure.

7

MR. CAHILL: Okay. Just a quick break.  
Maybe we'll just come back at, let's say, 11:17,  
and then just try to get to the end. And then  
we'll pass the questioning over to  
Attorney Rider.

10

11

12

THE WITNESS: Okay. Sounds good.  
Appreciate it. Thank you.

13

14

(Recess called at 11:12 a.m. The  
proceeding reconvened at 11:20 a.m.)

15

16

BY MR. CAHILL:

17

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



1

[REDACTED]

1

[REDACTED]

11 A. Yeah. Are you presenting, or do you  
12 want -- I can just talk to it.

13 Q. No. Here. I'm sorry. I meant to  
14 present. Let me show you.

15 Do you see it now?

16 A. I see a screen.

17 Q. Okay. Let me try again since I didn't  
18 do it correctly.

19 All right. Let's see. How about now?

20 A. Yes, I do.

21 Q. Excellent.

22 So we're moving on to reimbursement --

23 A. Yes.

24 Q. -- those initiatives. And the first one  
25 is enhanced DSH payments.

1                   So tell me -- tell me what this is.

2           A.    Yes.

3                   So, you know, this relates to our State  
4 reimbursement all in. So we receive  
5 reimbursement from the State through, you know,  
6 Medicaid charges, DSH payments, UPL, which is  
7 upper payment limit payments, again, associated  
8 with our status as a disproportionate share  
9 hospital. And then new this year was State  
10 reimbursement for State-directed payments. You  
11 know, these are -- these are budgeted dollars  
12 going down to the local Rhode Island hospitals  
13 that every Rhode Island hospital partakes in.

14           Q.    And the State fiscal year starts  
15 July 1st; correct?

16           A.    It does. It does. So July 1st through  
17 June 30th.

18                   So --

19

21           A.    Yeah. Let me go all the way through  
22 with my -- my comment on that.

23           Q.    Sure.

24

25

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6

Q. Uh-huh.

7

[REDACTED]

1

[Redacted text block containing approximately 25 lines of blacked-out content]

1

[Redacted text block containing approximately 25 lines of blacked-out content]

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9 Q. But there's no real way to know what --

10 A. Right. There's no real way to know up  
11 or down, so we just don't do it.

12 Q. Okay. If we go to Medicare rate  
13 increases inpatient, our understanding is that  
14 these increases have already come into effect for  
15 this year and, therefore, would be in the run  
16 rate, but...

17 A. They would be in the run rate, so this  
18 future projects a [REDACTED] rate increase just on  
19 Medicare inpatient.

20 Q. And your basis for that projection?

21 A. Historical experience. And the  
22 2 percent is actually conservative in terms of  
23 Medicare rate increases.

24

[REDACTED]

[REDACTED]

1

[REDACTED]

[REDACTED] But -- but I will say

17 that this projection doesn't include any  
18 additional reimbursement dollars in terms of rate  
19 increases for our commercial payers, you know,  
20 anything over and above this for Medicare and,  
21 again, zero for Medicaid.

22

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

1

[REDACTED]

15 (Simultaneous speaking.)

16 BY MR. CAHILL:

17 Q. Go ahead.

18 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

1

[REDACTED]

13 Q. You are --

14 A. So --

15 [REDACTED]

1

[REDACTED]

1

[REDACTED]

1

[REDACTED]

1

[Redacted text block containing approximately 25 lines of blacked-out content]

1

[REDACTED]

1

[REDACTED]

1

[REDACTED]

[REDACTED]

22

(Simultaneous speaking.)

23

BY MR. CAHILL:

24

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

1

[Redacted text block containing approximately 25 lines of blacked-out content]

1

[REDACTED]

[REDACTED]

14                   So --

15                   Q.    And for -- oh, I'm sorry.

16                   A.    Yep.  Nope.  Go ahead.

17                   [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[Redacted text block containing multiple lines of blacked-out content]

[REDACTED]

20 BY MR. CAHILL:

21 [REDACTED]

1

[REDACTED]

1

[REDACTED]

1

[REDACTED]

[REDACTED]

[Redacted text block containing multiple lines of blacked-out content]

[REDACTED]

[REDACTED]

[Redacted text block containing approximately 25 lines of blacked-out content]

[REDACTED]



[REDACTED]

[REDACTED]

[Redacted content]

[REDACTED]

11 Q. And then I just want to be clear -- I'm  
12 looking for the tab. I'm sorry.

13 There it is.

14 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

11 Q. Uh-huh.

12 [REDACTED]

[REDACTED]

[REDACTED]

3 (Simultaneous speaking.)

4 BY MR. CAHILL:

5 Q. Can you just point -- yeah, just point  
6 out to me where. I mean, is it --

[REDACTED]

22 Q. And I wanted to ask one final question  
23 on [REDACTED]

24 I think in the transition plan, which we  
25 haven't looked at together today, but there's a

1 narrative. And it says that if they were to shut  
2 it down -- or maybe it says they will. I'm not  
3 sure. But if they were to, I'll say, that the  
4 workforce would be reallocated. So in other  
5 words, they'll find a different role for those  
6 workers?

7 A. Yes. Yeah, that would be accurate.

8 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

16 Q. And that -- I'm guessing that assessment  
17 or that analysis is -- it's just theoretical at  
18 this point. It hasn't been done?

19 A. Yes. Correct. Correct.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22

[REDACTED]

Q. Okay.

MR. CAHILL: No further questions.

Thank you, Mr. Ison.

THE WITNESS: Okay. Thank you.

EXAMINATION BY MS. RIDER:

Q. Hi, Mr. Ison. If you don't remember me, my name's Jessica Rider. Last time around, I was on the attorney general side. This time, I am representing the Rhode Island Department of Health.

So I'm going to just continue the questioning actually right on the same document we were on, but if you'll just give me a second, I have to now share my screen.

A. Okay.

Q. Mr. Ison, can you see my screen?

A. Yes.

Q. Okay. Great.

And I want to go back to the comment on the Year 1 efficiencies, so I'm going to pull that tab up.

[REDACTED]

1

[REDACTED]

[REDACTED]

1

[REDACTED]

1

[Redacted text block containing approximately 25 lines of blacked-out content]

1

[Redacted text block containing approximately 25 lines of blacked-out content]

1

[REDACTED]

1

[REDACTED]

[REDACTED]

16 A. Yeah. So I think this is already --  
17 the -- can you scroll up a little bit?

18 Q. Sure. And just tell me when to stop.

19 A. Okay. I think you can stop. You can go  
20 back down.

21 Q. (Complies.)

22 [REDACTED]

[REDACTED]

17 Q. And -- oh, sorry. I don't mean to  
18 interrupt.

[REDACTED]

[REDACTED]

11 Q. All right. I think I missed a tab.  
12 Just give me a second.

13 [REDACTED]

[Redacted text block containing approximately 25 lines of blacked-out content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

21 I'm going to take this down for a  
22 moment.  
23 MS. RIDER: I have some -- I want to  
24 give you a chance -- I know I went directly into  
25 my questioning.

1 Are you -- do you need a break, or are  
2 you okay if I continue questioning?

3 THE WITNESS: Yeah, I need a break.

4 MS. RIDER: Okay. All right. Why don't  
5 we take 10, 15 minutes.

6 THE WITNESS: Okay.

7 MS. RIDER: Okay. So maybe we'll all  
8 meet up, then, at 1:30.

9 Does that work for everybody?

10 MR. CAHILL: Yeah.

11 MS. RIDER: Okay.

12 MS. ROCHA: Jessica, we have another  
13 statement scheduled at 2:00. Do you have any  
14 sense how long you're going to go?

15 MS. RIDER: It's probably going to be  
16 close to -- close to 2:00. I recognize that we  
17 have that at 2:00.

18 I don't know. Do you want to go off the  
19 record?

20 MS. ROCHA: Yes, yes.

21 MS. RIDER: Okay. Let's go off the  
22 record.

23 (Recess called at 1:16 p.m. The  
24 proceeding reconvened at 1:31 p.m.)

25 ///

1 BY MS. RIDER:

2 Q. Okay. Mr. Ison, I'm going to share my  
3 screen one more time. I know I promised you that  
4 we were done with the bridge, but just one more  
5 question on this.

6 Can you see my screen?

7 A. Yes.

8 Q. Okay. Great.

9 Now, I'm on the tab -- the 3-Year  
10 Projection tab, and on line 59, we talked earlier  
11 about, you know, this line being representative  
12 of the \$80 million that will be placed on the  
13 balance sheet of CharterCARE at closing; is that  
14 correct?

15 A. I believe it is. Anything row 56 and  
16 below is added by Steve Lovoy from Centurion.

17 Q. Well, let me ask it this way: Is it  
18 your understanding that \$80 million is planned to  
19 be used for working capital, operating losses,  
20 capital costs, that type of thing?

21 A. Yes, that's my understanding.

[REDACTED]

[REDACTED]

9 Q. As we sit here today, do you think that  
10 the revenue from current operations can support  
11 all of those items?

12 A. As we stand today, no. As we operate  
13 under the new company as a nonprofit, I think  
14 we're kind of presenting a path to get there.  
15 But, you know, there's a bit of work involved to  
16 do that, and, you know, we've projected out what  
17 we've -- what we think we can achieve, you know,  
18 in that new company environment.

19 Q. Do you have any opinion as to when  
20 Prospect CharterCARE is going to hit that  
21 break-even point?

22 A. So Prospect CharterCARE, the current  
23 organization, or...

24 Q. Well, when do you think the system --  
25 whether or not it's Prospect CharterCARE or the

1 new system, when do you -- when do you see us  
2 hitting the break-even point where you're  
3 actually -- you know, as it's been put in the  
4 application, there's going to be revenue, you  
5 know, in excess of expenses.

6 A. Continuing as Prospect CharterCARE, I  
7 don't think we get there. Continuing as new --  
8 the new CharterCARE company, you know, I --  
9 50 million Year 1. A net positive EBIT is a  
10 lofty goal. I think we could become positive  
11 EBIT in that first year. However, you know,  
12 enough to support the operations of the company,  
13 including capital spend, you know, I can't make  
14 that determination at this point.

15 Q. So is it fair to assume, then, that part  
16 of that \$80 million will have to fund some  
17 capital spend, at least initially?

18 A. At the onset, I think that's fair to  
19 say.

20 Q. But you don't really have a timetable or  
21 an estimate that you could give me as we sit here  
22 today?

23 A. I -- I don't.

24 Q. And I'm going to share my screen again.

25 Mr. Ison, can you see my screen?

1 A. Yes.

2 MS. RIDER: I'm going to mark this as  
3 Exhibit C.

4 Exhibit C, Transition Plan, March 14,  
5 2024, was received in evidence for identification.

6 BY MS. RIDER:

7 Q. And this is a 52-page document, so I'm  
8 not going to go through every page.

9 But just from the cover page here where  
10 it says, "CharterCARE health system transition  
11 plan updated March 14, 2024," is this a document  
12 that you recognize?

13 A. Yes, it is.

[REDACTED]

[REDACTED]

14 Q. Now, have you read the document or at  
15 least read those sections that you provided input  
16 for?

17 A. At least the sections. I skimmed over  
18 the rest of it.

19 Q. Now, globally, and without going into,  
20 you know, detailing each section, we've heard  
21 that the costs associated with this transition  
22 plan haven't completely been determined at this  
23 point.

24 Is that your understanding?

25 A. Yes. Correct.

1 Q. Are you working on those costs? Is that  
2 something you've been tasked to do?

3 A. Not at this moment.

4 Q. Has -- has anybody?

5 A. In terms of identifying individual -- or  
6 costs related to transition, I'm not aware of  
7 anyone that's -- that's done that at this point.

8 Q. So within this document, there's quite a  
9 few, you know, positions that have been  
10 identified as needing to be retained.

11 Is anybody planning for the cost of  
12 those hires at this point?

13 A. I'm sorry. Could you repeat that  
14 question?

15 Q. Sure.

16 Throughout the document, there's a  
17 number of, you know, positions that have been  
18 identified as needing to be hired, and some of  
19 them are executive level or senior management,  
20 higher-level positions.

21 A. Yep.

22 Q. Is there a plan for determining the cost  
23 associated with those hires?

24 A. Not to my knowledge.

25 Q. All right. And I jumped down to

1 page 16, which is information technology.

2 And this is a section that you worked  
3 on?

4 A. Components of it I definitely  
5 contributed some insight on. I didn't work on  
6 these particular overviews or any narratives, per  
7 se.

8 Q. So if I look at this Number 5, which is  
9 highlighted, "Establishing a multi-year hardware  
10 and software-replacement program, including the  
11 upgrade to the current Meditech system," that's  
12 not something that you worked on or have any  
13 costs associated with that?

14 A. Not any dollars. I mean, I've been in  
15 discussions where, you know, there are -- it's  
16 been discussed what we would do from our current  
17 system to upgrading Meditech, but there are -- in  
18 terms of identifying costs, no, I haven't been  
19 associated with that.

20 Q. And we've seen a document -- and I can  
21 pull it up, if necessary -- that was prepared by  
22 Amanda Cox related to the IT costs associated  
23 with the transition.

24 Have you seen that document?

25 A. Yes, I have.

1 Q. Did you participate in preparing that  
2 document?

3 A. I actually -- not in terms of preparing  
4 it. I did review it, though. So, yeah, I mean,  
5 I guess I may have misspoke. I have seen that  
6 particular document. I'm not knowledgeable in  
7 terms of the costs, but I have seen the costs and  
8 the accumulated cost.

9 Q. I'll just stop sharing this for a  
10 moment.

11 So relate -- that document, that IT cost  
12 document, if we were to go through that with a  
13 breakdown of the support and different questions  
14 on that, is that something you would know, or is  
15 that best for Amanda?

16 A. Probably best for Amanda for, yeah,  
17 detail on what the costs entail.

18 Q. Do you have any information for the  
19 detail on what the costs entail on that document?

20 A. As it relates to the build up of  
21 particular individual IT costs or...

22 Q. Well, let me just -- let me just share  
23 my screen so you can see it, and maybe that will  
24 refresh too.

25 A. Yeah.

1 Q. Can you see my screen?

2 A. Yes, I can.

3 Q. Okay.

4 MS. RIDER: I'm going to mark this as  
5 Exhibit D.

6 Exhibit D, IT Costs, C-CNT-PMH-013041,  
7 was received in evidence for identification.

8 BY MS. RIDER:

9 Q. And you recognize this as the ID  
10 document that we were just talking about or the  
11 IT cost document?

12 A. Right. Yes.

[REDACTED]

18 Q. Do you think that that's a reasonable  
19 number for what it would cost to transition all  
20 IT programs?

21 A. I mean, yeah, I'm relying on, you know,  
22 Amanda's diligence in identifying everything that  
23 we need to address, and, I mean, one-time  
24 transition cost.

25 I guess I'm not knowledgeable enough

1 about, you know, the details for each one of  
2 these and, you know, whether I can make an  
3 assessment as to whether it's reasonable or not.

4 Q. And I'm going to switch gears just a  
5 little bit, and hopefully not too much more,  
6 Mr. Ison. Thanks for hanging on here.

7 I just wanted to -- for the record,  
8 you're familiar with the hospital conversion's  
9 initial application that was filed with the Rhode  
10 Island Department of Health and the Rhode Island  
11 AG in November of 2023?

12 A. Yes.

13 Q. Did you assist in preparing that  
14 application in any way?

15 A. I assisted in providing information  
16 for -- for the Appendix A.

17 Q. Anything else other than the Appendix A  
18 that you recall?

19 A. Not that I can recall.

20 Q. And, just generally, when did you first  
21 become aware that -- of the Centurion/Prospect  
22 transaction, so the sale of Prospect CharterCARE  
23 to Centurion?

24 A. Back in January of '22, when they came  
25 to do a site visit.

1 Q. And was that your first time interacting  
2 with anyone from Centurion?

3 A. Yes.

4 Q. And who from Centurion did you meet?

5 A. Ben Mingle, Steve Lovoy, Greg -- Gregory  
6 Grove. So the three principals. There were some  
7 other folks, although I don't believe they're --  
8 they were actually with QHR. I met them all at  
9 the same time.

10 Q. And did you -- do you have any knowledge  
11 of the process that Prospect took to find a buyer  
12 or negotiating the APA, the asset purchase  
13 agreement?

14 A. No, I have no knowledge of that.

15 Q. So you weren't involved in any way?

16 A. I wasn't involved.

17 Q. And are you currently in any sort of  
18 regular communication with anybody from  
19 Centurion?

20 A. With Ben Mingle and Steve Lovoy.

21 Q. And how often are you talking with them?

22 A. Once a week.

23 Q. And what are you usually talking about?

24 A. Transition plans at a fairly high level  
25 at this point.

1 Q. Are you filling them in on anything  
2 related to the current financial status of  
3 Prospect CharterCARE?

4 A. Through -- conversationally. There's  
5 not a presentation being made or anything of that  
6 nature.

7 Q. And I want to talk a little bit about  
8 Prospect CharterCARE's -- their current financial  
9 status.

10 Can you talk me through the capital  
11 budget process for Prospect CharterCARE?

12 A. Sure.

13 So locally here -- you know, so we're  
14 required by the AG to provide a three-year  
15 capital plan in February. But with regard to our  
16 annual budgeting process, I mean, myself, some  
17 other folks in my department, we meet with all of  
18 the hospital departments and do a needs  
19 assessment, you know, going out, again, to at  
20 least three years for what capital requirements  
21 there are by department.

22 And then we do -- you know, we do an  
23 initial breakout by year of what our needs are  
24 for capital. And in -- you know, since the  
25 advent of the minimum capital requirements

1 related to the AG requirements from the change in  
2 effective control, you know, we have a guideline  
3 at least to be able to meet those minimum  
4 requirements on a per year basis.

5 So our submission to Prospect for  
6 approving of that capital budget initially, you  
7 know, is an amount that exceeds that minimum  
8 capital threshold.

9 And then, ultimately, you know, we work  
10 with Prospect to finalize a budgeted capital list  
11 per fiscal year, you know, that exceeds that  
12 minimum threshold, [REDACTED]

[REDACTED]

14 Q. And when you say it exceeds the minimum  
15 threshold, you're talking about the threshold for  
16 the AG's conditions of approval?

17 A. Yes. Correct.

18 Q. And is it typical that you will actually  
19 have capital spend that exceeds that requirement,  
20 or when you're working with Prospect, are you  
21 putting forth a capital budget that exceeds and  
22 then, in working with Prospect Medical, you get  
23 to a point where you're kind of right at that  
24 \$10 million?

25 A. Yeah. You know, the initial

1 submissions, you know, exceed that minimum  
2 capital threshold. You know, it gets down to  
3 something lower than the initial submission, but  
4 higher than the minimum threshold. And then, you  
5 know, we adjust our plan according to what we  
6 agree to in terms of finalization for that -- the  
7 upcoming budgeted year. And then we -- you know,  
8 if something gets pushed off, it gets pushed to  
9 the next year.

10 So we're constantly maintaining a list  
11 of capital needs. It's just the period of time  
12 that we're going to execute them, you know, just  
13 kind of gets spread within -- I think it's  
14 actually even more than a three-year. It's a  
15 four-year capital plan is what we come up with.  
16 But only up to three years is what we communicate  
17 with the AG annually.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22 Q. And I don't need you to go through every  
23 project.

24 What are the largest projects on that  
25 list for this year?

[REDACTED]

1

[REDACTED]

[REDACTED]

3

Q. I think it was actually from

4

Ms. Arriera, so the interim CFO that testified to

5

that last week.

6

A. That's correct.

7

[REDACTED]

[Redacted text block containing approximately 25 lines of blacked-out content]

[REDACTED]

13 Q. Now, we've heard also -- well, we've  
14 seen it in minutes and also heard testimony  
15 regarding an AP, accounts payable, task force.

16 Is that something you are involved in?

17 A. I am not on that task force, but they do  
18 have weekly meetings. I believe it's two or  
19 three times a day -- a week. And I do sit as  
20 Ceci Arriera's replacement on a time-to-time  
21 basis when she's not available.

22 Q. But you're not regularly attending those  
23 meetings and are not a member?

24 A. I'm not. Nope. I'm not part of that  
25 task force.

1 Q. And I want to ask you about another  
2 group.

3 We -- actually, I believe it was  
4 Ms. Arriera's testimony as well that there  
5 is -- I don't know if she called it a task force.  
6 But there is some sort of group that is now  
7 working together to track the vendor  
8 relationships. And what I mean by that is  
9 basically the vendors that are serving Prospect  
10 from Prospect corporate, as well as locally from  
11 Prospect CharterCARE, and -- does my description  
12 ring any bells to you? Is this something you're  
13 familiar with?

14 A. No. Did you say "trapped"?

15 Q. I'm sorry. "Tracked."

16 A. "Tracked."

[REDACTED]

[REDACTED]

21 MS. RIDER: I don't have any other  
22 questions.  
23 Attorney Cahill.  
24 MR. CAHILL: Just very briefly,  
25 Mr. Ison.

1 FURTHER EXAMINATION BY MR. CAHILL:

2 Q. I just want to clarify a couple things.  
3 Let me show you the EBITDA Bridge, Exhibit A,  
4 again.

5 So for the QHR and A&M initiatives on  
6 the EBITDA Bridge, my understanding from your  
7 testimony is you haven't vetted, and so we should  
8 ask them if we want any more detail other than  
9 what's presented in the tabs; right?

10 A. Correct.

[REDACTED]

[REDACTED]

2 Q. Okay. And then my other clarifying  
3 question is [REDACTED]

[REDACTED] in Exhibit A, I understood that's  
5 documented elsewhere; right? [REDACTED]

[REDACTED]

7 A. I'm sorry. Could you repeat that  
8 question again?

9 Q. Sure.

10 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

17 Q. Now, is that analysis -- that capital  
18 expense analysis, is that provided as part of the  
19 documents that is part of the application? If  
20 so, can you point us to it?

21 A. I don't believe it is. I think it  
22 might -- I don't know if the three-year capital  
23 plan is submitted with the application or not.  
24 But -- and I -- I don't know right now. I  
25 believe that's part of the three-year capital in

1 terms of being identified as a need. [REDACTED]

[REDACTED]

3 MR. CAHILL: Got it. Okay. Thank you  
4 very much, sir.

5 No further questions.

6 THE WITNESS: Thank you.

7 THE REPORTER: Before everybody jumps  
8 off, the same three electronic three-day expedite  
9 copies to Ms. Rider, Ms. Harvey, and Ms. Rocha?

10 MS. HARVEY: That would be great, Casey.  
11 Thanks so much.

12 MS. RIDER: Yes.

13 THE REPORTER: Does everybody need rough  
14 drafts of this one as well?

15 MS. HARVEY: Yes, please, Casey.

16 MS. ROCHA: Sure.

17 MS. RIDER: Yes.

18 (Time noted at 2:05 p.m.)

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C E R T I F I C A T E

I, CASEY A. BERNACCHIO, Shorthand Reporter and Commissioner, hereby certify that the foregoing is a true, accurate, and complete transcription of my stenographic notes taken at the time of the aforementioned interview.

This proceeding was done remotely via web conference and may result in some inaccuracies and/or dropped words created by audio conflicts that may arise during any web-based event.

IN WITNESS WHEREOF, I have hereunto set my hand this 16th day of May 2024.



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CASEY A. BERNACCHIO  
SHORTHAND REPORTER

MY COMMISSION EXPIRES:  
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