

In the Matter Of:

IN RE: HOSPITAL CONVERSIONS ACT

2487658

ALFREDO SABILLO

May 09, 2024



ESQUIRE
DEPOSITION SOLUTIONS

800.211.DEPO (3376)
EsquireSolutions.com

IN 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 SWORN STATEMENT UNDER OATH OF:
ALFREDO SABILLO

May 9, 2024
8:12 a.m.

Remote Proceedings
Los Angeles, California

REBECCA ROBERTS
Notary Public
Commission No. 2487658

APPEARANCES OF COUNSEL

On behalf of the Office of Rhode Island Attorney
General:

MARK OSTROWSKI, ESQ.
JOAN FELDMAN, ESQ.
SHIPMAN & GOODWIN, LLP
One Construction Plaza
Hartford, Connecticut 06033
860-251-5634
mostrowski@goodwin.com
jfeldman@goodwin.com

JULIA HARVEY, ESQ
DOROTHEA LINDQUIST, ESQ.
JORDAN BROADBENT, ESQ.
RHODE ISLAND OFFICE OF THE ATTORNEY GENERAL
150 South Main Street
Providence, Rhode Island 02903
401-274-4400
jharvey@riag.ri.gov
dlindquist@riag.ri.gov
jbroadbent@riag.ri.gov

On behalf of Rhode Island Department of Health:

JESSICA D. RIDER, ESQ.
JESSICA RIDER LAW, LLC
P.O. Box 340
Barrington, Rhode Island 02806
401-575-0822
jessica@jessicariderlaw.com

JULIA WYMAN, ESQ.
RHODE ISLAND DEPARTMENT OF HEALTH
3 Capitol Hill
Suite 410
Providence, Rhode Island 02908
401-222-6548
julia.wyman@ohhs.ri.gov

APPEARANCES, CONTINUED

On behalf of Transacting Parties and the Witness:

PATRICIA ROCHA, ESQ.
RICHARD BERETTA, ESQ.
LESLIE PARKER, ESQ.
ADLER POLLOCK & SHEEHAN, P.C.
One Citizens Plaza
8th Floor
Providence, Rhode Island 02903
401-274-7200
procha@apslaw.com
rberetta@apslaw.com
lparker@apslaw.com

Also Present:

Austin King, Remote Tech with Esquire
Drew Kadow, IT with Shipman & Goodwin, LLP
Jessica Scouten, Consultant with RIDOH
Danielle Bangs, Consultant with Veralon
Michelle Smith, Consultant with Veralon
Scott Murphy, Consultant with Veralon
Fernanda Lopes, OOH employee
Michael Dexter, DOH employee
Alana Campbell, DOH employee

INDEX TO EXAMINATION

EXAMINATION	PAGE
Examination by Mr. Ostrowski	8
Examination by Ms. Rider	84

INDEX OF EXHIBITS

EXHIBIT	DESCRIPTION	PAGE
Exhibit A	Notice of Appearance	9
Exhibit B	Initiative Bridge Excel	66
Exhibit C	Excel Spreadsheet	80

(Exhibits A through C were attached to the
original transcript.)

1 THE RECORDER: Okay. And we are now on the
2 record at approximately 8:12 a.m., Pacific Time, to
3 take the sworn statement of Alfredo Sabillo in the
4 matter of RIAG and RIDOH proposed Centurion Foundation
5 CharterCARE Purchase. My name is Rebecca Roberts, a
6 notary public, Commission Number 2328249, in and for
7 the state of California. I will be capturing the
8 verbatim record of today's proceeding using electronic
9 audio equipment, a computer and specialized recording
10 software, which is not a form of stenography. Any
11 references to me going forward as a digital reporter, a
12 stenographer, court reporter, or a certified shorthand
13 reporter are incorrect. I am a digital recorder, and I
14 am not using stenographic means to capture the record.

15 The witness is located in Los Angeles,
16 California -- excuse me -- and has confirmed his
17 identity with a California driver's license.

18 Will all counsel in attendance please identify
19 yourselves for the record and state whom you represent,
20 starting with noticing counsel.

21 MR. OSTROWSKI: Good morning. Mark Ostrowski
22 from Shipman and Goodwin on behalf of the Office of the
23 Rhode Island Attorney General. With me virtually is
24 my partner, Joan Feldman. Also with me from time to
25 time in the room will be our IT support, Drew Kadow.

1 And virtually also joining is Danielle Bangs and Scott
2 Murphy, our consultants from Veralon.

3 MS. HARVEY: Good morning. My name is Julia
4 Harvey. I'm an attorney with the Rhode Island Office
5 of the Attorney General. With me virtually is my
6 colleague Dorothea Lindquist, also of the Rhode Island
7 Attorney General. And also with us in the room is
8 Attorney Jordan Broadbent of the Office of the Attorney
9 General.

10 MS. RIDER: Good morning. Jessica Rider on
11 behalf of the Rhode Island Department of Health. I am
12 attending virtually. And also attending virtually is
13 Julia Wyman, who is an attorney for the Rhode Island
14 Department of Health.

15 We also have three additional staff members:
16 Fernanda Lopes, chief of the Office Of Health Systems
17 Development; Michael Dexter, assistant director of
18 health; and Alana Campbell, chief program development
19 of the Office of Health Systems Development.

20 And on the call as well is Jessica Scouten and
21 Michelle Smith from PYA, consultants for the Department
22 of Health.

23 MS. ROCHA: Good morning. Pat Rocha with
24 Leslie Parker and Richard Beretta representing the
25 transacting parties and Mr. Sabillo.

1 THE RECORDER: Okay. I think that's
2 everybody. So then absent any objection at this -- oh,
3 I'm so sorry. Austin, if you can please state your
4 appearance for the record.

5 MR. KING: Austin King, technical support for
6 Esquire.

7 THE RECORDER: Thank you very much. And
8 absent any objection at this time, counsel and the
9 witness agree to my remote administration of the oath
10 to this witness and that the final transcript may be
11 used for all purposes allowed under all applicable
12 rules and laws.

13 Hearing no objection, this shall constitute
14 agreement and stipulation of such and I will now swear
15 in the witness.

16 If you can please raise your right hand.

17 ALFREDO SABILLO,
18 having been first duly sworn, testified as follows:

19 THE RECORDER: Sorry. You're going to speak
20 up just a little bit.

21 THE WITNESS: Yes.

22 THE RECORDER: Thank you very much. You can
23 put your hand down.

24 And Counsel, your witness.

25 MR. OSTROWSKI: Thank you very much.

EXAMINATION

BY MR. OSTROWSKI:

Q. Good morning, Mr. Sabillo. Am I pronouncing your name correctly?

A. Yes.

Q. My name's Mark Ostrowski. I practice law with the firm of Shipman and Goodwin. And here today I represent the Rhode Island Office of the Attorney General. You understand that today you're here to give a statement under oath as part of the Rhode Island Attorney General's and the Rhode Island Department of Health's review of a hospital conversion application submitted in connection with the proposed sale of Roger Williams Medical Center and Our Lady of Fatima Hospital; is that correct?

A. Yes.

Q. Okay. The statement is being conducted pursuant to The Hospital Conversions Act; Rhode Island General Law, Section 23-17.14-14. It is being digitally recorded.

I'll be taking the interview today on behalf of the Office of the Attorney General. Jessica Rider will be taking the lead on behalf of the Rhode Island Department of Health. Only agency counsel or agency representatives will be asking questions.

1 MR. OSTROWSKI: As part of the proceeding,
2 we'd like that all who are participating, the parties
3 and the other participants, to agree that there will be
4 no audio or video recording of this interview under
5 oath by or on behalf of any of the parties, the
6 interviewee, or any of the participants. And that if
7 such unauthorized audio or video recording occurs, such
8 authorized audio or video will not be used for any
9 public purpose.

10 Unless someone disagrees with that -- if you
11 disagree, please speak up. Otherwise, we'll move on.

12 (No response.)

13 BY MR. OSTROWSKI:

14 Q. All right. Now we can get started with the
15 with the questions, with the fun. And why don't we
16 just start real quickly, Mr. Sabillo, you're here
17 pursuant to a written notice that you received; is that
18 right?

19 A. Yes.

20 Q. All right. I'm going to just quickly share
21 with you my screen showing you what we have marked as
22 Exhibit A.

23 (Exhibit A was marked for identification.)

24 BY MR. OSTROWSKI.

25 Q. And I just want to confirm that this is

1 the notice that you received?

2 A. Yes.

3 Q. Now, there's a couple of ground rules that I
4 just want to go over for you that'll make it a little
5 easier for the two of us today. First of all, it's
6 going to be important that you keep your voice up, I
7 keep my voice up, and that we answer and interact
8 verbally rather than through nods or gestures. It's
9 only going to be natural from time to time for us to
10 use a nod or a gesture. The digital recorder won't be
11 able to catch that. So just try to remember to speak
12 verbally.

13 If you could let me finish my questions before
14 you start to answer your questions, that will be
15 helpful. That way we don't speak over each other.
16 Likewise, I will try and show you the same courtesy of
17 not launching into my next question before you start
18 to answer. If I do cut you off, stop me. It's not my
19 intention to do that. We want to have a clear and
20 complete record at the end of the day. So if -- if I
21 cut you off and you have more to say, just let me know;
22 is that fair?

23 A. Yes.

24 Q. Okay. See, there we go. This is not intended
25 to be a marathon. You heard the reporter, she'd like

1 us to break about every hour. So we'll probably break
2 at about 11 -- about 12:15, which would be the next
3 hour. But if you need a break at any other time, just
4 speak up and let me know. The only thing that I would
5 ask is that if a question is pending, that you answer
6 the pending question before we take a break. Does that
7 seem fair?

8 A. Understood.

9 Q. Okay. And finally, you're under oath as
10 though you're in the courtroom, which means you're
11 expected to tell the truth. What I want to tell you
12 is if there are things that you don't know, that
13 there's answers that you don't know what the -- the
14 information, just let me know. I don't want you to
15 guess. If you think there's a source of that
16 information that you can tell me, point me in the
17 direction, that's helpful, but you don't need to guess.
18 Just give us truthful answers today. Okay?

19 A. Okay.

20 Q. All right. Good. Why don't we get started
21 with a little bit about your background. And I
22 understand that you currently work for Prospect
23 Medical Holdings; is that right?

24 A. That's correct.

25 Q. And what's your title at -- and if I call

1 Prospect Medical Holdings, PMH, will you know what I'm
2 talking about?

3 A. Yes.

4 Q. Okay. What's your title at PMH?

5 A. Corporate CFO.

6 Q. And how long have you been the corporate CFO?

7 A. A little over two years.

8 Q. So sometime in 2022?

9 A. Yes.

10 Q. And what did you do before you were the
11 corporate CFO?

12 A. I was the VP of decision support.

13 Q. VP of physician support?

14 A. Correct.

15 THE RECORDER: I'm sorry. Was that physician
16 or decision?

17 THE WITNESS: Decision.

18 BY MR. OSTROWSKI:

19 Q. All right. Now -- decision with a D?

20 A. That's correct. Yes --

21 Q. Okay.

22 A. -- with a D.

23 Q. And what was your -- what were your duties and
24 responsibilities as vice president of decision support?

25 A. Analyze various service lines, different ad

1 hoc analysis. Just basically cost accounting and
2 helping out financial planning.

3 Q. Was there any -- I've never heard the title
4 "decision support." Can you give me a sense as to what
5 that -- the term "decision" refers to?

6 A. It's -- essentially in healthcare, that's kind
7 of like a financial analysis.

8 Q. Okay. And when you say -- you indicated one
9 of your duties in that role was analysis of
10 various service lines. Would that be different
11 service lines within a hospital system?

12 A. Yes. So my team will do the cost accounting
13 for each of the markets and provide contribution
14 margins.

15 Q. You say cost accounting for each of the
16 markets. What do you mean by that?

17 A. Each of our markets in Pennsylvania, Rhode
18 Island, California.

19 Q. Okay. And what is the cost accounting?
20 What's -- how do you -- how are you using that term?
21 What -- how do you define?

22 A. It's essentially allocating the cost of a
23 hospital to each of the services done by the hospital.

24 THE RECORDER: I'm sorry. Each of the
25 services?

1 THE WITNESS: Done by the hospital.

2 BY MR. OSTROWSKI:

3 Q. When you say allocating the cost of the
4 hospital by each of the services done by the hospital,
5 I'm not sure I understand that. Is it allocating the
6 cost of the services provided by PMH to each system?

7 A. No. Essentially, if you think about it, it
8 goes down to a level of detail where you take, for
9 example, the -- all the labor and cost in the emergency
10 department and allocating that to each of
11 the services done in the ED department. So every
12 triage, every, you know, test or service done in the ED
13 is allocated the cost based on the total cost of
14 the ED department. All the people working in the ED,
15 all the services and supplies in the ED gets something
16 allocated into each of that.

17 And then when you roll it up, that's how you
18 kind of look at it from cost accounting. So, you know,
19 it's -- it's cost accounting for healthcare,
20 essentially.

21 Q. Okay. All right. That makes sense to me now.
22 Thank you.

23 A. Yeah.

24 Q. And when did you become the vice president of
25 decision support?

1 A. When I first -- when it -- when I first joined
2 the -- Prospect.

3 Q. Okay. And when was that?

4 A. August -- some -- I think sometime in 2016,
5 but don't -- I'm not exactly sure. But about maybe
6 August 2016, August or September.

7 Q. All right. So you first joined sometime in
8 20 -- you first joined Prospect Medical Holdings in
9 August or September of 2016 as the vice president of
10 decision support; is that right?

11 A. Correct.

12 Q. And then sometime in 2022, you were promoted
13 to the position of CFO; is that right?

14 A. That's correct.

15 Q. Okay. What did you do right before you joined
16 Prospect Medical Holdings?

17 A. I worked as a -- I forgot my -- what the title
18 was. But I worked in the -- in kind of similar role in
19 another hospital.

20 Q. And what hospital was that?

21 A. Presbyterian Intercommunity Health.

22 THE RECORDER: I'm so sorry. Mr. Sabillo, if
23 you don't mind just raising your voice just a little
24 bit because Zoom is cutting off the end of your
25 answers.

1 THE WITNESS: It's Presbyterian Intercommunity
2 Health.

3 BY MR. OSTROWSKI:

4 Q. And can you tell me -- walk me through what
5 your -- what your duties and responsibilities are in
6 your current position as CFO?

7 A. Sure. So essentially, financial reporting for
8 internal and external use, reporting compliance,
9 working with the local teams and reporting compliance
10 with various agreements, and also the teams in charge
11 of analyzing the financial impacts of various
12 transactions.

13 Q. Any other broad -- broad duties or
14 responsibilities?

15 A. Is -- anything that comes kind of a financial
16 related to the company.

17 Q. How about cash management, do you do that? Or
18 is that someone else's responsibility?

19 A. Cash reporting. Not is -- like a cash
20 management. But liquid analysis, cash flow, forecast.

21 Q. Now, are you familiar with the -- the entity
22 Prospect CharterCARE?

23 A. Yes.

24 Q. And -- and tell me what you understand
25 Prospect CharterCARE to be.

1 A. It's our two hospitals in Rhode Island.

2 Q. In your role as CFO, have you played any role
3 in the operation or management of Prospect
4 CharterCARE?

5 A. No.

6 Q. Okay. How about in your previous role as
7 decision -- vice president of decision support?

8 A. No.

9 Q. I think you said one of your CFO
10 responsibilities was to work with local teams. Do you
11 work with any local teams at Prospect CharterCARE?

12 A. Yes. Local -- sorry. I didn't mean to cut
13 you off. Local finance teams, like the accounting
14 officer there, the CFO, and the controllers.

15 Q. And who is the current CFO at Prospect
16 CharterCARE, do you know?

17 A. Ceci. I can't remember her last name.
18 Ceci --

19 Q. Arierra?

20 A. Yes.

21 Q. Ceci Arierra?

22 THE RECORDER: I'm so sorry. What was -- what
23 was the last name?

24 MR. OSTROWSKI: Arierra, A-R-I-E-R-R-A.

25 BY MR. OSTROWSKI:

1 Q. And did you work with her predecessor?

2 A. I'm sorry. Say that again, Mark.

3 Q. Did you work with her predecessor, the person
4 who --

5 A. Dave Ragosta?

6 Q. Yes.

7 A. Yes.

8 Q. And -- and when did he leave, do you know?

9 A. I can't remember. Maybe at least over a year
10 ago.

11 [REDACTED]

12 [REDACTED]

[REDACTED]

14 Q. Okay. Now, when you're working with the local
15 teams and in -- and in particular the local Rhode
16 Island teams, what are some of the things that you're
17 doing with them?

18 A. Mostly working on financial reporting. And,
19 again, just with Rhode Island, specifically, compliance
20 with the role on the AG conditions.

21 Q. Okay. On that local level -- and let's limit
22 this to your -- to the time in which you were the --
23 the -- you're the CFO, the last two years. Other than
24 working with the local finance team on financial
25 reporting and compliance with the Rhode Island Attorney

1 General conditions, have you been involved
2 in doing anything else with Prospect CharterCARE?

3 A. No.

4 Q. Have you taken part in any independent
5 analysis of the financial viability of Prospect
6 CharterCARE?

7 A. No.

8 Q. Have you been involved at all in any
9 operational improvements -- improvement initiatives
10 at Prospect CharterCARE?

11 A. [REDACTED]

[REDACTED]

13 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

17 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

24 THE RECORDER: I'm sorry. [REDACTED]

[REDACTED]

1

THE WITNESS: [REDACTED]

3

BY MR. OSTROWSKI:

4

13

16

THE RECORDER: I'm sorry. [REDACTED]

18

BY MR. OSTROWSKI:

19

23

1

3

Q. Okay. And do you recall, as you sit here,
what the financial initiatives that were included in
that [REDACTED]?

6

A. Some of it.

7

Q. What -- what would the document --

8

THE RECORDER: I'm sorry. You're talking over
one another. Can you --

10

BY MR. OSTROWSKI:

11

Q. Let me -- let me withdraw the question and let
me ask it this way first: What would the document be
called?

14

A. Budgets, financial budgets.

15

Q. All right. So if we were to ask for financial
budgets for fiscal year 2022, 2023, 2024, those would
be available?

18

A. Yes.

19

Q. Okay. And they would include initiatives?

20

A. Yes.

21

Q. Okay. All right. Let's take the last
financial budget for the -- the one that you received
or was finalized in December 2023. [REDACTED]

25

A. [REDACTED]

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

10

[REDACTED]

[REDACTED]

[REDACTED]

13

Q. Okay. And so if we were to look at this

14

financial budget, we would -- would there be line items

15

and work papers for each of those initiatives?

16

A. Yeah. From -- again, from what -- what I --

17

what I gathered, it's a summary level, but the teams

18

can -- there should be a, like, work papers, as you

19

mentioned, for each of the initiatives.

20

Q. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

24

A. My teams would. My teams would work with

25

local team just making sure they understand it. And

1

Q. Have you been involved in the proposed transaction to sell Prospect CharterCARE to Centurion?

A. In what way? Sorry. I mean --

Q. Well, that -- that -- I'm asking really in a broad sense. Have you had any involvement in -- well, let's start with in the search for a potential purchaser for Prospect CharterCARE?

A. Not -- no. Not me.

Q. Okay. Have you been involved in any of the negotiations regarding the sale of -- directly involved, meaning negotiating with Centurion?

A. No.

Q. Have you been involved in providing any information to support that transaction?

A. [REDACTED]

23

1

5

A. (No verbal response.)

6

7

Q. So you have to answer yes -- you have to
actually --

8

A. Yes. I'm sorry. Yes.

9

15

16

Q. Okay. Anything else that you would have
provided them that you recall?

17

A. No. No.

18

19

20

Q. I want to ask you just a little bit about,
what have you -- what did you do to prepare for your
interview today?

21

A. Nothing specific, Mark.

22

23

Q. Did you review any documents or speak with
anyone?

24

A. No.

25

Q. Okay. Did you speak with George Pollari after

1 his interview yesterday?

2 A. Yes, but not exactly about the interview.

3 Q. Did you discuss with him at all the content of
4 the interview?

5 A. No.

6 Q. Did you discuss with him what you were
7 expecting from this interview or what you might say
8 during this interview?

9 A. No.

10 Q. Okay. How about Ceci Arierra, have you spoken
11 with her about her interview?

12 A. I have not spoken to Ceci.

13 Q. Okay. Now, from a high level, can you
14 describe for me what you -- how -- in your own words,
15 the current financial state of Prospect CharterCARE?

16 A. Prospect CharterCARE, similar to a lot of our
17 east coast markets, are experiencing a lot
18 of headwinds when it comes to labor and inflated
19 supplies or com -- costs. They're also struggling to
20 be able to see more patients in the hospital, expand
21 those service lines that -- that -- in order to get
22 more revenue in. So as far as overall financial
23 performance, I -- I believe CharterCARE's about
24 3 million of a loss each month, upgrading loss each
25 month, round about.

1 Q. Okay. I want to, if we can, spend a little
2 time on -- on that and try and break it down a little
3 bit. You described headwinds. And I -- is that a --
4 that's a shorthand way of saying problems or issues; is
5 that right?

6 A. Yes.

7 Q. Okay. And you -- the first headwind that you
8 mentioned was with labor. And can you elaborate on
9 that?

10 A. You know, with the COVID pandemic, our labor
11 has significantly increased more than what historically
12 we've seen. So we've also seen contracted labor gone
13 up due to the pandemic. So that's been a problem since
14 the pandemic. And we haven't really been able to get
15 back to pre-pandemic rates is -- is -- I guess, labor
16 rates. So that's the issue right now with our labor
17 cost across -- across our markets, actually, not just
18 at CharterCARE.

19 THE RECORDER: I'm sorry. Not just?

20 THE WITNESS: Not just at CharterCARE.

21 BY MR. OSTROWSKI:

22 Q. When you say -- so -- so the issues, the labor
23 issues that you've identified are not just headwinds
24 that Prospect CharterCARE is dealing with, they're
25 headwinds that the entire industry is dealing with?

1 A. Yes.

2 Q. Okay. And you say that COVID-19 labor
3 increased. Do you mean that the -- the number of
4 people you need to employ or the cost of each
5 individual FTE?

6 A. The cost. And in some points, the number of
7 people, because you've got to add additional security
8 or additional nurses on the floor during the pandemic.
9 And then after the pandemic, it's the cost of the
10 labor because you've got to keep the nurses. You've
11 got to -- we've give them additional incentives to
12 be -- to stay with CharterCARE.

13 [REDACTED]
[REDACTED]
[REDACTED]
16 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

20 Q. Are there any initiatives underway that you're
21 aware of to do that?

22 A. [REDACTED]
[REDACTED]

24 [REDACTED]
[REDACTED]

1 A. Not -- not any specific that I could mention.

2 Q. Okay. You talked about contracted labor rose
3 during the pandemic. Are you referring to travelers or
4 other types of --

5 A. Yeah, travelers. We -- sorry, Mark.
6 Travelers, which we -- in our financials, we classify
7 them as registry.

8 Q. Okay. Are you aware of any initiatives to
9 reduce the number of travelers or the registry at
10 Prospect CharterCARE?

11 A. [REDACTED]

12 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

18 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

2

5

Q. All right. You also said that the system was struggling to see more patients and expand service lines. Can you elaborate on -- on what you meant by that?

9

A. So during the pandemic, you know, the -- the volume that we saw at the hospitals have declined significantly, whether it's through people not -- afraid to go to the ED because of the pandemic or canceled surgeries during the pandemic state mandated kind of reasons. And we just haven't seen it kind of get back to the same levels that we've seen before.

16

Q. And do you have -- does Prospect Medical Holdings have any understanding as why the volume has not rebounded to the pre-pandemic level?

19

A. [REDACTED]

24

Q. Is it -- is it true or -- well, let me -- is it true that there are other hospital systems whose

1 volume has rebounded since the pandemic that you're
2 aware of?

3 A. Yes.

4 Q. Okay. And is it also true that there are
5 other hospital systems who have not rebounded to
6 their pre-pandemic levels?

7 A. Yes.

8 Q. And in -- with respect to Prospect
9 CharterCARE, has Prospect Medical Holdings or Prospect
10 CharterCARE done any survey or investigation to
11 understand why the -- the volumes have not returned?

12 A. I have not seen it, if there was one, maybe --
13 maybe the local team have done one, but I have not seen
14 it.

15 Q. Okay. Anecdotally, are there any, you know,
16 theories as that -- you've heard as to why the volume
17 hasn't rebounded?

18 A. Theories, yes. Whether it's, you know, people
19 are just more careful or those patients are now kind of
20 change behavior are now going to different hospitals.

21 Q. Anything else?

22 A. No.

23 Q. Now, do you believe that Prospect CharterCARE,
24 that the two hospitals are staffed sufficiently to
25 handle an increase of volume, or would they need to

1 invest in more nurses, more physicians to increase
2 that volume?

3 A. Well, Mark, you've got to think about it,
4 right? I mean, we don't want to -- in order to be
5 efficient, we've got to staff at the appropriate
6 levels. So there's only X amount of patients, then you
7 only have X amount of nurses.

8 As you continue to increase the volume, the
9 costs will go up, but not as the same ratio as the cost
10 it is now. Because, you know, every -- let's say in
11 med surge, you're going to have a four to --
12 four-to-one ratio. So every patient you get -- every
13 four patients you get, you need one nurse. So it's not
14 going to be the same level as you -- you -- you'll --
15 you'll, you know, it won't be the same percentage
16 you see as you see more volume.

17 So if we see ten more patients, which is
18 10 percent more, for example, you -- we're not going
19 to see costs going up 10 percent more, maybe, you know,
20 maybe 5 to 7, 6 percent more, but not exactly the same
21 ratio. But, yes, costs will go up because we've got
22 to -- we've got to staff -- as there's some influx of
23 patients coming in, you've got to -- we've got to staff
24 them. Otherwise, we don't want to be risking the
25 safety of the patients.

1 Q. Right. And I guess that's what I'm getting
2 at, is that -- and I understand that it might not be
3 a one-to-one ratio. But that in order to improve
4 volume, there is going to be operating expense increase
5 associated with that?

6 A. In some way, yes. But, again, not -- probably
7 not as much as you -- we've seen because you -- you
8 won't have the same increase in overhead as well,
9 right, overhead costs. You know, the finance team will
10 be the same. The medical records team will be the
11 same. It's -- it's really the nursing floors
12 we'll probably have to staff more. But you're talking
13 about, you know, a portion of the total salaries for
14 the -- for the hospital.

15 Q. Okay. So you might see an increase in nursing
16 staff costs, supply costs, but you shouldn't see an
17 increase -- physician costs, but not necessarily an
18 increase in overhead costs; is that right? Is that
19 what you're saying?

20 A. Yes. And maybe not even physician costs,
21 though, Mark, right? Because the physicians, if
22 they're employed, we're paying them a salary and, you
23 know, depends -- they can see one patient a day or ten
24 patients the next day, they'll get paid the same.

25 Q. Do you have a sense as to what the -- or can

1 you give me an estimate as to the amount of volume
2 reduction that Prospect CharterCARE has seen as a
3 result that -- that you attribute to the pandemic?

4 A. I -- I can't remember right now. It's --
5 it's -- so it's like -- COVID has been like forever
6 since, you know, a few years ago. So I can't tell
7 exactly what percentage they're down now.

8 Q. Okay. Can you -- do you have a sense as to
9 the average daily census of the two Rhode Island
10 hospitals in how that was impacted by the pandemic and
11 whether that has rebounded?

12 A. I think it's the same question that I -- as
13 far as the volume of the hospital. I can't tell for
14 sure right now. I have to take a look.

15 Q. You also indicated that another headwind that
16 they were suffering from is inflated supply costs; is
17 that right?

18 A. Yes.

19 Q. And what did you mean by that?

20 A. Well, what I'm seeing -- and not -- again,
21 not just specific to CharterCARE, but we see it in the
22 other markets as well. Think about our economy right
23 now. There's so much inflated -- everybody is
24 experiencing inflated labor. So my assumption is, I
25 mean, our vendors are experiencing the same thing.

1 They're seeing inflated labor on their end. They got
2 to cover their cost, so they're -- they're increasing
3 their prices to us by X amount. And, you know, it's --
4 it's a tough situation to be at. But I believe there's
5 always room to that -- that we can all work with our
6 vendors and make sure that, you know, we're -- we're
7 helping each other out.

8 Q. Well, that's what I want to ask you about. It
9 seems to me like when you talk about inflated supply
10 costs, that is also an issue that, while it's an issue
11 for Prospect CharterCARE, it's an issue across the
12 industry; is that right?

13 A. Yeah. Yeah.

14 Q. Okay. And with respect to Prospect
15 CharterCARE, from your perch, is there anything that
16 you can suggest or that you understand can be done to
17 address inflated supply costs to -- to deal with that
18 particular headwind?

19 A. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

1

3

THE RECORDER: I'm sorry. You can do?

4

THE WITNESS: With supply costs.

5

BY MR. OSTROWSKI:

6

Q. Are those things that Prospect CharterCARE could do on their own, or are they somewhat limited in what they can do because of their relationship with Prospect Medical Holdings?

10

A. No. Every -- every local teams, local markets normally have their vendors that they work with, so they're not hindered by working with corporate.

13

Q. Now, my understanding is they're --

14

THE RECORDER: I'm sorry. They're not hindered by?

16

THE WITNESS: By working with corporate.

17

BY MR. OSTROWSKI:

18

22

1

[REDACTED]

3

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

14 Q. Now, I'm --

15 A. -- (inaudible).

16 THE RECORDER: I'm sorry. What's the best for
17 CharterCARE?

18 THE WITNESS: Yeah. What's the best for
19 CharterCARE situation as far as on their costs.

20 BY MR. OSTROWSKI:

21 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

2

9

Q. And why is that?

10

A. Again, I'm not a supply expert, but, you know,

11

I think depends on the vendor they'll use and the

12

prices that that vendor will provide or will offer

13

them.

14

Q. You indicated that you thought that another

15

headwind for Prospect CharterCARE was its operating

16

losses on a month-to-month basis. Do you recall that?

17

A. Yes.

18

Q. And I think you said it's -- it's about

19

[REDACTED]; is that right?

20

A. That's correct.

21

Q. Or I'm sorry. [REDACTED]?

22

A. [REDACTED], yes.

23

Q. So if I -- if my math is right, that's about

24

[REDACTED]; is that correct?

25

A. About, yes.

1

5

Q. Okay. And --

6

A. (Inaudible).

7

8

9

Q. -- if I'm correct, was the net operating loss last year for -- last fiscal year for Prospect CharterCARE over \$50 million?

10

A. That's correct.

11

Q. Okay.

12

13

14

15

16

17

A. So if you recall, Mark, I mean, we had a cyber incident. And during cyber, we could not take our patients in. So, you know, we had to divert. And but, unfortunately, even though we had lower volume, we could not reduce our labor costs because a lot of things were manual.

18

19

20

21

So, you know, we had the same labor -- amount of labor, a lot of low revenue. That's why in fiscal '23, they were -- they were reporting higher than usual losses.

22

23

24

25

Q. Okay. If we were to adjust for that one time cyber attack, it would -- would their net operating loss be more in line with [REDACTED], or have you not done that analysis?

1

[REDACTED]

3

Q.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

11

But that's why it's very important for, you

12

know, CharterCARE to be able to do the operational

13

improvements that they have planned, get savings from

14

additional options like, you know, being able to get

15

rid of its property taxes, a lot of savings on the --

16

their cancer center 340B savings on that if they become

17

not profit. So it's a lot of other savings that we

18

could not act on right now because, you know, we're

19

limited.

20

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

4

Q. And if we looked at the income statement for CharterCARE each year, we would look at the operating loss or gain, and that would be the number?

7

A. Yeah, right about.

8

Q. Okay.

9

A. That would be a good estimate.

10

Q. All right. As you sit here today, can you tell us, since you've been the CFO, how much each year Prospect Medical Holdings has had to subsidize Prospect CharterCARE?

11

12

13

14

A. [REDACTED]

15

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

21

Q. And do you expect, at least right now, 2024 to be about the same?

22

23

[REDACTED]

[REDACTED]

[REDACTED]

1

2

3

4

5

6

[REDACTED]

Q. If Prospect Medical Holdings was to -- was unable to or unwilling to make that [REDACTED] or so a month supplement, how long could the local system continue to operate? Do you have an idea?

A. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

17

18

19

20

21

22

23

24

25

Q. Has -- has anybody done that analysis, gone through that exercise to see what it would take to make the local system profitable without the support of Prospect Medical Holdings?

A. Well, yeah. Like I said, I think, you know, on an annual budget, annual fiscal year budgets, we expect the local teams to always show the best that they can do to improve the facilities.

Q. Now, I just want to confirm some financial

1 metrics.

2 A. Sure.

3 Q. And -- and if you don't know, because I
4 understand you don't have everything sitting in front
5 of you, that's fine. [REDACTED]

8 A. I don't know for sure, but I would -- [REDACTED]

11 Q. Well, I'm talking -- so -- so patient revenue
12 was down because of the cyber incident?

13 A. Yes.

14 Q. Because you couldn't see patients?

15 A. That's correct.

16 Q. How about 2022, do you know?

17 A. [REDACTED]

22 Q. And -- and would you agree with me that even
23 2021 was down at least as it compared to pre-COVID
24 levels?

25 A. Yes. From a volume perspective, it would have

1 been down in 2021 because of the -- COVID.

2 Q. And -- and am I correct also in understanding
3 that year-to-year expenses since 2021 have continued to
4 rise?

5 A. Yes.

6 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

11 Q. Okay. And do you from time to time look at
12 EBITDA as a financial metrics with respect to
13 performance?

14 A. Yes. That's mainly what we look at, EBITDA.

15 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19 Q. Okay.

20 THE RECORDER: I'm sorry. That's what I would
21 assume it to be?

22 THE WITNESS: Yeah. Yes.

23 BY MR. OSTROWSKI:

24 [REDACTED]

[REDACTED]

1

3

Q. All right. In -- in any regard, can you pinpoint for us a time when you or Prospect Medical Holdings came to understand that Prospect CharterCARE was essentially in distress, financial distress?

7

Q. Say that -- the beginning part of it, what was --

9

Q. Yeah. Is there a -- is there a time in which Prospect Medical Holdings -- the light went off and said, Prospect CharterCARE is in financial distress, do you know when that was -- when that -- when that happened?

14

19

Q. I want to understand a little bit about the cyber attack and how it impacted Rhode Island versus how it impacted some of your other locations. For example, you have a system in Connecticut; is that right?

24

A. Correct.

25

Q. And hospital or hospitals in Pennsylvania; is

1 that right?

2 A. Yes.

3 Q. In California?

4 A. Yes.

5 Q. Anywhere else?

6 A. No. We used to have a hospital in New Jersey
7 and Texas, but those were divested.

8 Q. The -- was the operation in Rhode Island
9 impacted to the same degree as the operation in
10 Connecticut, for example?

11 A. I can't remember exactly which market was
12 experiencing worse impact on the cyber. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

16 Q. And if you can, tell me -- walk me through the
17 operational impact that the cyber attack had on the
18 Rhode Island hospitals.

19 A. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9

[REDACTED]

[REDACTED]

[REDACTED]

12

Q. -- by the cyber attack?

13

Was it also -- was it also driven --

14

THE RECORDER: I'm so sorry. That last --

15

that last question got completely cut off and I didn't

16

get the answer. Can you repeat that? [REDACTED]

18

MR. OSTROWSKI: [REDACTED]

19

THE RECORDER: And then the answer was yes?

20

THE WITNESS: Mark, sorry. I didn't -- I

21

didn't answer because I was letting you finish.

22

THE RECORDER: I'm so sorry.

23

BY MR. OSTROWSKI:

24

Q. So -- so you can answer now.

25

A. Yes. So I was going to explain, right?

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

12

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

16

Q. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

20

Q. All right. Can you quantify the decrease in

21 volume experienced in the Rhode Island systems related

22 to the cyber attack?

23

A. I don't know the number exactly in my head.

24

But, you know, we can look at the trends of how they

25

were seeing historically, their average monthly and

1 compare that to the -- what they saw in August, then
2 that's what I would say is the decrease related to the
3 cyber.

4

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

15

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

21

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

3

Q. Okay. So we had a --

4

THE RECORDER: I'm so sorry. Compared to what
5 we saw in August?

6

7

THE WITNESS: Right. So what we saw in
August. So I don't know, Mark, specifically for
8 CharterCARE, but,

10

BY MR. OSTROWSKI:

11

12

Q. Well, we know that EBITDA, in 2023, I believe,
was -- And I'm
13 looking at what I think was the budgeted EBITDA for
14 2023 of , but we know it was in excess of
15 .

17

A. Yeah. Part of that -- that higher loss is
18 because of cyber.

19

Q. And can you --

20

21

A. I'm not sure if it's all of it. But yes, it's
part of the reason for the higher loss.

22

1

[REDACTED]

7

Q. That's -- that's fair. I don't -- and I don't
8 want you to -- I don't want you to guess.

9

But you had cyber insurance; is that right?

10

A. That's correct.

11

Q. And has that claim been paid?

12

A. [REDACTED]

13

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

18

Q. And was any of that --

19

THE RECORDER: I'm sorry, Counsel. Can we go
20 off the record just real quick? I'm having technical
21 difficulties.

22

MR. OSTROWSKI: Certainly.

23

THE RECORDER: Okay. So we are off the record
24 at 9:15 a.m., Pacific Time.

25

(A recess was taken.)

1 THE RECORDER: And we are back on the record
2 at 9:15 a.m., Pacific Time.

3 BY MR. OSTROWSKI:

4 Q. Mr. Sabillo, we were talking about the
5 insurance claim relating to the cyber attack, and I
6 think you indicated that the claim was in or around
7 [REDACTED]; is that right?

8 A. The claim was [REDACTED].

9 Q. Okay.

10 [REDACTED]

[REDACTED]

[REDACTED]

13 Q. How much of that claim, if you know, the
14 [REDACTED], was attributed to the Rhode Island
15 system Prospect CharterCARE?

16 A. Yeah. Again, Mark, I don't -- I don't know
17 off the top of my head. I have to take a look at the
18 claim again.

19 Q. Okay. But is it broken out somewhere?

20 A. Yes. Yes.

21 Q. Okay. And -- and would it be fair to say that
22 it's a significant number?

23 A. Yes.

24 [REDACTED]

[REDACTED]

1

5

Q. Okay.

6

MR. OSTROWSKI: I had promised the reporter that we'd take a break every hour. We're at about that, I guess. It's 12:17 here on the east coast. Why don't we take a break until 12:30, which I think would be 9:30 your time. Does that work?

11

THE RECORDER: I believe so. That should be fine. And then do you want to go off record now?

13

MR. OSTROWSKI: Yes, please.

14

THE RECORDER: All right. We are off the record at 9:17 a.m., Pacific Time.

16

(A recess was taken.)

17

THE RECORDER: And we are back on the record at 9:36 a.m., Pacific Time.

19

And then just for the record, Counsel Totten with Adler Pollock and Sheehan joined the Zoom call earlier. And then I guess that's all we need. So, Counsel.

23

MR. OSTROWSKI: All right. Thank you very much.

24

25

BY MR. OSTROWSKI:

1 Q. Mr. Sabillo, we were talking about the cyber
2 attack and the insurance claim when we broke, and I
3 just have a few cleanup questions on that, and then
4 we'll move on to something else.

5 I think you indicated that the total claim
6 value was [REDACTED]; is that right?

7 [REDACTED]

[REDACTED]

[REDACTED]

10 Q. And so -- is it -- and so that's what I want
11 to understand, because I thought you had said [REDACTED] Is
12 the -- did the claim equal the total amount of the
13 cyber loss, or was there some policy limit that you
14 limited the -- the dollar value of the claim that
15 you made?

16 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22 Q. Okay. And to date, you've received payment on
23 [REDACTED] of the claim; is that right?

24 A. About [REDACTED], yes.

25 Q. And you expect another [REDACTED]; is that

1 right?

2 A. (No verbal response.)

3 Q. You have to say --

4 A. Yes.

5 Q. Okay.

6 A. Yes.

7 Q. Again, the policy limit was [REDACTED]

8 A. That's correct.

9 Q. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

13 A. No. So it's the first claim for the
14 (indiscernible) insurance, so you can a --

15 THE RECORDER: I'm sorry. The first claim
16 for?

17 THE WITNESS: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

23 BY MR. OSTROWSKI:

24 Q. Okay. Do you know if -- and you had talked
25 about an impact on patient volumes. Do you know if

1 all of Connecticut, Rhode Island, Pennsylvania, and
2 California, if their patient volumes were impacted by
3 the cyber attack?

4 A. Yes, they were all the impacted to vary --
5 varying degrees.

6 Q. And in terms of ranking, where did the Rhode
7 Island impact stand vis-à-vis the other systems, if you
8 know?

9 A. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

14 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

18 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

2

Has there ever been any discussion within

3

Prospect Medical Holdings, that you're aware of, of

4

putting Prospect CharterCARE into bankruptcy because of

5

that monthly loss?

6

A. [REDACTED]

7

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

12

Q. Okay. Would you expect to be --

13

THE RECORDER: I'm sorry. [REDACTED]

14

THE WITNESS: [REDACTED]

[REDACTED]

16

BY MR. OSTROWSKI:

17

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

23

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

7 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

12 [REDACTED]

[REDACTED]

14 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19 Q. Now, going back to the [REDACTED] loss
20 and that trend of financial decline, do you know if
21 Prospect Medical Holdings have taken any steps in --
22 and I mean specifically -- to reverse that trend with
23 respect to -- to Prospect CharterCARE?

24 A. Not us, Prospect Medical Holdings,
25 specifically. We rely on our local operators, you

1 know, CEO and CFO of the local teams in order to find
2 ways to make the financial performance better. They
3 know the market best in each of these places. They
4 know which physicians they need to work with. They
5 know how to get, you know, how to get the nurses in
6 compared to their other local competitors. So that's
7 a lot -- a lot of it is really local driven.

8 Q. Are -- do you have confidence that the local
9 teams are in position, have the bandwidth to resolve
10 the financial issues that are currently confronting --

11 A. Yes.

12 Q. -- (inaudible)?

13 A. I mean, yes. Otherwise we wouldn't be, you
14 know, working with them.

15 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

20 Q. Okay. Thank you. Now, Prospect CharterCARE
21 is part of this bigger system, Prospect Medical
22 Holdings. I'm presuming that there's good things and
23 bad things about being part of the bigger system. So
24 I'm going to ask you: In your own words as you sit
25 here, are there -- what are the benefits to Prospect

1 CharterCARE to being part of Prospect Medical Holdings?

2 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

17 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1 Q. And so other than revenue cycle, what else
2 could have been combined that wasn't combined?

3 A. You know, finance, accounting, AP, HR. Think
4 about a kind of a non -- what do you call that?
5 Patient-related kind of services.

6 Q. So is it your testimony that finance,
7 accounting, accounts payable, and human resources are
8 largely handled on a local level in Rhode Island?

9 A. Yes.

10 Q. And if Prospect Medical Holdings had
11 consolidated that nationally, that would have been a
12 benefit that --

13 A. Oh, yes.

14 Q. -- that was not achieved?

15 A. That was not achieved.

16 Q. Okay. So can you think of any benefits to
17 Prospect Medical -- Prospect CharterCARE
18 that -- that it did receive or does receive as being
19 part of Prospect Medical Holdings, other than the
20 [REDACTED]?

21 A. Yeah. Nothing specific, I'd say, from a --
22 kind of that perspective. I know from previous
23 conversations, you know, prior to Prospect, they
24 actually were able to realize a lot of the -- a lot of
25 savings from, you know, lower proper -- no property

1 taxes, a lot lower cost on their 340B on their cancer
2 drugs or the 340B kind of savings there. So I know
3 prior to us, they were able to get those savings.

4 Q. What are the -- are there any challenges
5 created for Prospect CharterCARE as a result of its
6 affiliation with Prospect Medical Holdings, other than
7 the not-for-profit items that you just talked about?

8 A. Not -- not -- nothing I can think of, Mark.

9 Q. Okay. There was a board meeting in November
10 of 2022 of the Prospect CharterCARE board. And the --
11 and there's an entry in the board minutes, I just want
12 to read to you and then ask you some questions about
13 it. I realize you weren't at the board meeting.

14 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

18 [REDACTED]

[REDACTED]

[REDACTED]

21 A. [REDACTED]

[REDACTED]

23 Q. And -- and why did Prospect make the decision
24 to divest the Rhode Island hospitals?

25 A. We think that from a -- from -- again, from a

1 kind of perspective of the local kind of financials,
2 they would -- they could realize other savings from
3 not -- from being a not -- a -- not being part of a
4 for-profit system. And, yeah, that that's maybe some
5 other -- some other buyer or some other kind of owner
6 can help in other ways that we cannot, whether it's,
7 you know, knowing that -- knowing the market better or
8 having ties with other systems better.

9

[REDACTED]

[REDACTED]

[REDACTED]

13 Q. So if I'm hearing you right, the thinking
14 was if -- by Prospect Medical Holdings, if we divest,
15 they will have the benefit of being a not-for-profit
16 system. That's one of them, right?

17 A. Yeah.

18 Q. And the other thing is maybe we can connect
19 them with another system that can help them in ways
20 that we can't or a system that knows the local market
21 better than we do?

22 A. I think -- again, Mark, those would have been
23 my assumptions on why they would invest something.
24 Those would be the reasons of why, you know, what --
25 how a local kind of facility like CharterCARE would

1 benefit from a divestiture.

2 Q. Okay. And I'm wondering were there
3 discussions about this where the reasons for the
4 divestiture were laid out?

5 A. Oh, no. Not -- sorry. Not that -- I was not
6 personally part of those discussions.

7 Q. Okay. So this is just -- you're -- you're
8 surmising?

9 A. Correct.

10 Q. Okay.

11 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

4

Q. All right. The -- the benefit -- the not-for-profit benefit that you talked about, other than saving on property tax and sales tax and being eligible for 340G benefits, is there anything else -- 340B benefits, is there anything else that comes to mind is a benefit as a result of the not-for-profit status?

10

11

A. Those are the biggest ones. I'm sure there's maybe a few other ones I haven't mentioned, but those would be the biggest benefits.

13

14

Q. Okay. I believe I asked you this earlier if you were involved in the process of identifying a buyer for Prospect CharterCARE, and I think you said no?

16

17

A. That's correct, I was not.

18

Q. Do you know who led that process?

19

A. I don't know specifically who led that process.

20

21

Q. Do you know --

22

A. It might be -- I mean, yeah. Maybe -- maybe George would know better who actually led it.

23

24

Q. Okay. Did --

25

A. George Pollari.

1 Q. George Pollari?

2 THE RECORDER: I'm sorry. The last part?

3 THE WITNESS: Maybe -- sorry. Maybe George
4 Pollari will know better on who actually lead that kind
5 of search.

6 BY MR. OSTROWSKI:

7 Q. Do you know what the universe of potential
8 buyers that were identified was?

9 A. No.

10 Q. Do you know how many buyers the investment
11 bank or Prospect Medical Holdings reached out to?

12 A. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

17 Q. Are you familiar with the Centurion
18 Foundation, the potential purchaser?

19 A. I mean, I've heard of it. Yeah, I've heard of
20 them, but not that familiar with them.

21 Q. Have you done anything to evaluate its ability
22 to close this transaction?

23 A. Me, not personally.

24 Q. Have you done to evaluate --

25 THE RECORDER: I'm sorry. Was that, Me, not

1 personally?

2 THE WITNESS: Yeah. Me, not personally.

3 BY MR. OSTROWSKI:

4

8 Q. Do you have --

9

13 Q. All right. I'm going to show you what we've
14 marked as Exhibit B.

15 (Exhibit B was marked for identification.)

16 THE WITNESS: All right.

17 BY MR. OSTROWSKI:

18 Q. It's -- it's an initiative summary and EBITDA
19 bridge.

20 A. Okay.

21 Q. That's labeled C-CNT-PMH-012885. Just hold on
22 one second. Let me get this opened.

23 A. Okay.

24 Q. Yeah. All right. Can you see this
25 color-coated Excel spreadsheet that I'm sharing?

1 A. Yes.

2 Q. Have you ever seen -- see if I can make it a
3 little bigger for you. Have you ever seen this
4 document before that you know?

5 A. It does not look familiar.

6 Q. It's a -- do -- so it's fair to say that you
7 don't recall playing any role in putting this together?

8 A. No.

9 Q. Okay. There's a series of management
10 initiatives along the left-hand side of the document.
11 Do you see those?

12 A. Yes.

13 Q. Okay. Did -- I have -- are you familiar with
14 any of these initiatives as being initiatives relating
15 to Prospect CharterCARE?

16 A. Give me a second. I'm looking at it.

17 Q. And let me know if you want me to scroll down.

18 A. I'm familiar with -- sorry. This is for --
19 this is -- I'm sorry, Mark. This is bridge for fiscal
20 '24 or what --

21 Q. This is --

22 A. -- what comp is this again?

23 Q. This is an EBITDA bridge for the transaction.

24 A. Okay. Okay.

25 Q. Or for the proposed transaction.

1 A. Okay. And then what's Year 1? Is Year 1
2 2024, or is there -- right. Can you give me context?

3 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

11 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

19 And then can you scroll down, let me see what
20 else is in there?

21 Q. I'll go down to --

22 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

11

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

16

And then I think that's as much as I can

17

remember for what -- what -- I'm kind of familiar with

18

the -- the items in this document, but I haven't seen

19

this document specifically.

20

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

25

[REDACTED]

1

[REDACTED]

[REDACTED]

[REDACTED]

4

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

18

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

22

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

2

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

16

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1 Q. There's a line item -- I guess it's line item
2 15. It's 14 or 15, [REDACTED]. Do you see
3 that?

4 A. Uh-huh.

5 Q. Do you know what that is a reference to?

6 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

16 Q. Do --

17 A. I don't know for sure. But that's the only
18 thing that comes to mind when I see [REDACTED]
[REDACTED]

20 Q. If we look at [REDACTED], do you see
21 that's? It's line 16?

22 A. Yes.

23 [REDACTED]
[REDACTED]
[REDACTED]

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

15

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

3

Q. And -- and so -- and I guess that really goes
to the heart of my question. If it -- as you explain
it, it seems awfully easy. Why hasn't it been done?

6

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

21

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

25

Q. If we go to the next area, [REDACTED]

1 [REDACTED]. Line 26 is [REDACTED]

3 [REDACTED]

5 [REDACTED]

10 [REDACTED]

20 [REDACTED]

24 Q. If we -- if we go down to [REDACTED]

[REDACTED], you'll see that their initiatives expect to

1 generate -- [REDACTED]

3 A. Yeah.

4 Q. Based on your understanding of the market, is
5 that a realistic goal?

6 [REDACTED]

13 [REDACTED]

18 [REDACTED]

22 [REDACTED]

24 A. Yeah.

25 [REDACTED]

1

[REDACTED]

3

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

10

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

14

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

20

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

24

[REDACTED]

[REDACTED]

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

15

Q. There's a bunch of [REDACTED]

[REDACTED] that are listed, lines 53 to line 66. Do
you see those?

18

A. Yes.

19

Q. Are those things that -- that you've been

20

asked to evaluate or weigh in on in any way?

21

A. No. Again, I think that's more of a local

22

team kind of exercise to make sure that they're

23

getting comfortable with the numbers representing here

24

and opportunities -- presented to us. Sorry. And

25

opportunities that they can get, you know, in order to

1 reduce expenses.

2 Q. If the --

3 A. But there -- yeah.

4 Q. Go ahead. Sorry.

5 A. They're -- again, they're normally
6 especially -- I think CharterCARE is one of the ones
7 that, I think, you know, would have a good backup or at
8 least discussions on -- on these items. But from a
9 corporate perspective, but just -- I just haven't gone
10 to that level of detail.

11 Q. If the proposed transaction with Centurion
12 doesn't take place, does Prospect Medical Holdings
13 have an alternative plan in place for Prospect
14 CharterCARE?

15 [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].

24 Q. I'm going to share with you what we've marked
25 as Exhibit C. It's an another Excel spreadsheet

1 labeled C-CNT-PMH-012884.

2 (Exhibit C was marked for identification.)

3 BY MR. OSTROWSKI:

4 Q. Just give me a second here to share it with
5 you. There we go. Do you see that? Is it big enough?

6 A. Yes.

7 Q. All right.

8 A. Yes.

9 Q. Have you ever seen this document before?

10 A. No. It looks like a P and L, but I have not
11 seen this exact document. It does not look familiar.

12 Q. Okay. I'm going to go down to the tab opening
13 balance sheet and open that up.

14 A. Okay.

15 Q. You see that?

16 A. Yes.

17 Q. And I think it's line 25, [REDACTED]

[REDACTED]. Do you
19 see that --

20 THE RECORDER: I'm sorry. [REDACTED]

[REDACTED] --

22 MR. OSTROWSKI: [REDACTED]

[REDACTED]
24 BY MR. OSTROWSKI:

25 Q. Do you see that?

1 A. Yes.

2 Q. Do you know what that refers to and how it was
3 calculated?

4 A. No.

5 Q. And I want to just ask you about days cash on
6 hand for Prospect Medical Holdings. Are you familiar
7 with that term "days cash on hand"?

8 A. Yes. Yes.

9 Q. And -- and is it -- is it an important
10 metrics -- metric for what you do?

11 A. Yeah. It's good to kind of understand that.

12 Q. And why is it good to understand days cash on
13 hand?

14 A. Knows so much day -- how many days you have
15 for how many -- you can support your expenses for the
16 cash you have.

17 Q. And as you sit in your chair today, can you --
18 do you know what the days cash on hand is currently for
19 Prospect Medical?

20 A. No, not specifically.

21 Q. Do you have a sense, general sense? Is it
22 less than ten days?

23 A. No. I'll have to take a look at that, Mark.

24 Q. Okay.

25 MR. OSTROWSKI: Well, why don't we take a

1 short break. It's 1:20 our time. Let's take a --
2 until 1:30, and we'll come back on. Does that work for
3 everyone?

4 THE RECORDER: Okay. So off record?

5 MR. OSTROWSKI: Off the record.

6 THE RECORDER: All right. We are off the
7 record at 10:20 a.m., Pacific Time.

8 (A recess was taken.)

9 THE RECORDER: And we are back on the record
10 at 10:35 a.m., Pacific Time.

11 MR. OSTROWSKI: Thank you.

12 MR. OSTROWSKI:

13 Q. Mr. Sabillo, I just have a few questions, and
14 then I will turn the questioning over to Attorney
15 Rider.

16 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

20 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED].

6

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

11 MR. OSTROWSKI:

12

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

18

[REDACTED]

[REDACTED]

20

[REDACTED]

[REDACTED]

[REDACTED]

23

[REDACTED]

[REDACTED]

25

[REDACTED]

1

4

Q. All right.

5

6

7

8

9

MS. RIDER: Thank you.

10

BY MS. RIDER:

11

12

13

14

15

Q. Hi, Mr. Sabillo, just to reintroduce myself,
my name is Jessica Rider. I'm an attorney representing
the Rhode Island Department of Health in this matter.

So I actually just want to follow up on what
you were just talking to Mr. Ostrowski about. [REDACTED]

19

23

24

25

Q. And I want to go back now to the beginning
where we first talked about your role as CFO, and you
described your role as being responsible for cash

1 reporting and not necessarily cash management. Can
2 you explain what you meant by that?

3 A. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

12 Q. And who does make that decision?

13 [REDACTED]

[REDACTED]

15 [REDACTED]

[REDACTED]

[REDACTED]

18 [REDACTED]

[REDACTED]

[REDACTED]

21 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

25 [REDACTED]

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

16

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

20

Q. Do you have any -- do you have any role or

21

input in deciding, you know, who's getting how much

22

money or how bills are going to get paid?

23

A. No.

24

[REDACTED]

[REDACTED]

1

2

A. In -- oh, sorry. CFO role at corporate?

3

Q. Excuse me. Corporate, yes.

4

A. In my role, meaning --

5

Q. Yes.

6

A. So when (inaudible) came in --

7

THE RECORDER: I'm sorry. So when?

8

[REDACTED]

15 But -- and then prior to him, we had Mary Beth
16 Phonboy (phonetic). Mary Beth left. I don't know the
17 exact reasons again for why she left. But yeah, those
18 were the ones I remember. And then, of course, before
19 Mary Beth, we had Steve.

20 But I've -- I've been with the company for
21 about eight years now. So, you know, and with the
22 divestitures happening, I think three C -- three or
23 four CFOs during that time, it's not something that I
24 would say a lot of turnover.

25 BY MS. RIDER:

1

6

12

(Audio interruption.)

13

THE RECORDER: I'm so sorry. I'm getting some
14 interference.

15

MS. RIDER: Do you want to go off the record
16 for a second because I think someone's not muted, and I
17 think that's the issue.

18

THE RECORDER: I think I just fixed it, so.

19

MS. RIDER: Okay.

20

THE RECORDER: Just for clarity of the record,
21 do you mind asking that previous question just so that
22 it's nice and clear, or I can replay the question if
23 need be. I just --

24

MS RIDER: If you can replay the question.

25

THE RECORDER: Yeah. Give me just one second.

1 Okay. Standby. So sorry. Just give me one second.
2 So sorry. Just give me one second. Okay. Let's try
3 that again. All right.

4 (The previous question was played back.)

5 BY MS. RIDER:

6 Q. Mr. Sabillo, do you mind responding to that
7 question one more time for me for the record?

8 [REDACTED]

[REDACTED]

10 Q. [REDACTED]

[REDACTED] And earlier you were talking about the
12 benefits to PCC being part of the -- the PMH system.
13 And one of the items that was discussed was that there
14 are some functions that are largely handled at the
15 local level. And I believe it was your testimony that
16 because of that, PCC wasn't able to realize the full
17 benefit of having all of these functions centralized.

18 [REDACTED]

[REDACTED]

[REDACTED]

21 A. Yeah. Yeah.

22 Q. Is there any other area that I missed?

23 A. I can't think of any big areas that, you know,
24 would be significant savings.

25 [REDACTED]

1

2

9

16 Q. Is that also the same for human resources, for
17 instance?

18 A. My understanding is yes, but probably can
19 double check with HR team on what exactly is shared
20 right now versus what's locally. But there is a local
21 HR team.

22

25

1

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

10 Q. And is it -- do you know anything about
11 Prospect CharterCARE's current efforts to try to
12 decouple themselves from Prospect Medical Holdings in
13 anticipation of the proposed transaction?

14 A. Not specifically. Not specifically. Maybe we
15 have discussions with some of those nationwide
16 contracts and see, you know, how do we how -- do we
17 create a separate agreement for the local team, to that
18 extent. I'm not -- I'm -- I don't know specifically if
19 any of the agreements have been carved out like that.
20 But definitely that's one of the things we should be
21 working on.

22 Q. But it sounds like --

23 A. Sorry to --

24 Q. It sounds like -- oh, sorry.

25 A. Go ahead.

1 Q. It sounds like that's not something you have a
2 direct -- a direct or substantial role in?

3 A. No.

4 Q. And who does, if you know?

5 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

12 Q. And are you familiar at all with the PACE
13 loans that the Rhode Island hospitals have?

14 A. Yes.

15 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1 A. To what extent? Sorry, Jessica. What -- what
2 about the accounts payable?

3 Q. Well, if I asked you what the current
4 outstanding accounts payable at Prospect CharterCARE,
5 is that something you would know?

6 A. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

19 Q. Are you involved in that decision making or
20 that process?

21 A. No.

22 [REDACTED]

[REDACTED]



2 Q. In the last 18 months, has Prospect Medical
3 Holdings missed any required fundings for
4 employee-related expenses like payroll retirement
5 contributions or pension funding?

6 A. [REDACTED]

8 Q. What --

9 A. -- to the extent.

10 THE RECORDER: I'm sorry. Was that "to an
11 extent" at the end?

12 [REDACTED]

17 BY MS. RIDER:

18 [REDACTED]

21 THE RECORDER: I'm sorry. Is that -- can you
22 repeat the answer one more time?

23 THE WITNESS: [REDACTED]

25 BY MS. RIDER:

1

Q. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

9

Q. Now, I want to ask you: As you sit here

10 today, the audited financials for Prospect Medical
11 Holdings for the last fiscal year, those are not
12 available?

13 A. Correct, that's not available.

14 Q. And where are the -- those at in the process?

15 A. It's still with our auditor, BDO. They're
16 still doing their process. They're working -- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

11 Q. And are you familiar at all with the
12 transition services agreement that will have to be
13 negotiated as a result of the proposed transaction?

14 A. The Centurion transactions?

15 Q. Yes.

16 THE RECORDER: I'm so sorry. Can you repeat
17 what you just said?

18 THE WITNESS: Yeah. Sorry. Me or Jessica?

19 THE RECORDER: Yeah. I didn't catch what you
20 said to counsel.

21 THE WITNESS: I was ask -- I was trying to
22 confirm if it was the -- if the Centurion transaction
23 you're talking about, and I believe the answer, Jessica
24 was, yes. All right.

25 So yeah. In every -- in most of the either

1 acquisitions or the investitures, there's always going
2 to be some sort of a TSA. It's really, you know,
3 transitioning the -- the services to the new owner or
4 the new -- from the seller to buyer, buyer to seller.
5 So there's always going to be some sort of that in
6 every transaction.

7 BY MS. RIDER:

8 Q. Are you familiar with the specific --
9 specifics of the transition services agreement related
10 to this transaction?

11 A. No. No. I believe somebody else was working
12 on that.

13 Q. Do you know who was working on that?

14 A. I'll have to check, but it might be some -- it
15 might be Kim Lumia (phonetic) from our team -- I mean,
16 from the, you know, Prospect side, but I -- I don't
17 know for sure. I can -- I can check.

18 Q. And what's her title?

19 A. I don't know. I'm sorry. She's VP of
20 something.

21 Q. Well, how about instead of her title, why
22 don't you tell me generally what her role is in the
23 company?

24 A. Yeah. Yeah. Sorry. [REDACTED]

[REDACTED]

[REDACTED]

9 Q. Thank you.

10 MS. RIDER: I think we can probably take maybe
11 a five-minute break, if that works for everybody.

12 THE RECORDER: Okay. So off record?

13 MS. RIDER: Yes. Thank you.

14 THE RECORDER: So we are off the record at
15 11 a.m., Pacific Time.

16 (A recess was taken.)

17 THE RECORDER: And we are back on the record
18 at 11:06 a.m., Pacific Time.

19 MS. RIDER: Mr. Sabillo, we have nothing
20 further. Thank you for your time. We'll suspend this
21 statement under oath on behalf of the Rhode Island
22 Department of Health at this time.

23 THE WITNESS: Thank you.

24 MR. OSTROWSKI: And same with the Office of
25 the Attorney General. Thank you for your time today.

1 THE WITNESS: You're welcome.

2 THE RECORDER: So then the only thing I need,
3 do you want me to go ahead and grab the transcript
4 order because that's the last thing I need?

5 MR. OSTROWSKI: Yes, please.

6 THE RECORDER: Okay. So let me go down my
7 list here. For -- let's see here, Shipman and Goodwin,
8 Counsel Ostrowski, I have you down for an electronic
9 copy; is that correct?

10 MR. OSTROWSKI: That's correct.

11 THE RECORDER: All right. And then Counsel
12 Lindquist or Counsel Harvey, I have you down for an
13 electronic copy for the Attorney General's Office ready
14 within three business days, which will be Tuesday, May
15 14; is that correct?

16 MS. HARVEY: That is correct. Could we also
17 get a rough draft?

18 THE RECORDER: Yes, you can. Let me make a
19 note of that.

20 MR. TOTTEN: Alfredo, you can go if you -- you
21 don't need to stay on. Thanks.

22 THE RECORDER: Just for the record, that was
23 Counsel Totten.

24 Let's see here. And then for Adler Pollock
25 and Sheehan, Counsel Rocha, I have you down for an

1 electronic copy, and we're sending the read and sign to
2 you; is that correct?

3 MR. TOTTEN: That's -- that's correct. I'm
4 here for Pat Roche.

5 THE RECORDER: Okay. That's also again,
6 Counsel Totten.

7 And then Counsel Rider, electronic copy; is
8 that correct?

9 MS. RIDER: Yes, that's correct. I will take
10 a rough as well, please.

11 THE RECORDER: Rough as well. Okay. Can do.
12 And then Counsel Wyman for the Department of Health, I
13 have you down for an electronic copy; is that correct?

14 MS. RIDER: She had to step out. So I will
15 let you know for her that, yes, that's correct.

16 THE RECORDER: Okay. Got her down for an
17 electronic copy. All right. I think that's
18 everybody.

19 So with that, we are now off the record at
20 11:07 a.m., Pacific Time.

21 (The proceedings ended at 11:07 a.m.)
22
23
24
25

CERTIFICATE

I, REBECCA ROBERTS, a Notary Public in and
for the State of California do hereby certify:

That the foregoing witness was duly sworn;
that the proceeding took place before me at the time
and place herein set forth; that the testimony and
proceedings were accurately captured by me with
annotations using electronic recording means not
related to stenography.

I further certify that I am not related to
any of the parties to this action by blood or marriage
and that I am not interested in the outcome of this
matter, financial or otherwise.

IN WITNESS THEREOF, I have hereunto set my
hand this 14th of May 2024.



REBECCA ROBERTS
Notary Commission CA No. 2487658
Commission Expires: May 15, 2028

CERTIFICATE OF TRANSCRIPTIONIST

I, Jennifer Madaris, Certified Shorthand Reporter, do hereby certify:

That the foregoing is a complete and true transcription of the original digital audio recording of the testimony and proceedings captured in the above-entitled matter. As the transcriptionist, I have reviewed and transcribed the entirety of the original digital audio recording of the proceeding to ensure a verbatim record to the best of my ability.

I further certify that I am neither attorney for nor a relative or employee of any of the parties to the action; further, that I am not a relative or employee of any attorney employed by the parties hereto, nor financially or otherwise interested in the outcome of this matter.

IN WITNESS THEREOF, I have hereunto set my hand this 14th day of May, 2024.

Jennifer Madaris

Jennifer Madaris, RPR

DEPOSITION ERRATA SHEET

Esquire Job No. J11183664

Case Caption: Hospital Conversions Act Initial
Application of the Centurion Foundation, Inc., et al.

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have
read the entire transcript of my deposition taken in
the above-captioned matter or the same has been read
to me, and the same is true and accurate, save and
except for changes and/or corrections, if any, as
indicated by me on the DEPOSITION ERRATA SHEET
hereof, with the understanding that I offer these
changes as if still under oath.

Signed on the _____ day of _____,
20____.

ALFREDO SABILLO

DEPOSITION ERRATA PAGE

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

SIGNATURE: _____ DATE: _____

ALFREDO SABILLO

DEPOSITION ERRATA PAGE

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

Page No. _____ Line No. _____ Change to: _____

Reason for change: _____

SIGNATURE: _____ DATE: _____

ALFREDO SABILLO

ALFREDO SABILLO
IN RE: HOSPITAL CONVERSIONS ACT

May 09, 2024
Index: \$10.5..4

	\$30	11:07	2020	25
Exhibits	51:7	103:20	40:19	80:17
	\$33	12	2021	26
11183664 Al	50:16	70:23	23:23	75:1
fredo.	51:11	12:15	40:17,19	
Sabillo.	\$36	11:2	42:7,23	
EXHIBITA	37:24	12:17	43:1,3	3
4:9 9:22,	39:3	52:8	2022	3
23	\$45	12:30	12:8	25:24
11183664 Al	49:9	52:9	15:12	40:14,24
fredo.	51:8,14	13	21:16	53:25
Sabillo.	53:6	71:2	23:24	73:24
EXHIBITB	\$50	14	40:17,18	76:16,18
4:10	38:9	72:2	42:16,17	30
66:14,15	43:16	102:15	43:24	50:17
70:20	\$6.2	15	49:12	51:12
11183664 Al	72:24	55:10	61:10	53:23,24
fredo.	\$6.3	72:2	2023	300
Sabillo.	73:4	16	20:17,19	73:25
EXHIBITC	\$92	72:21	21:5,16,	76:15
4:11	73:13	18	23 24:13	33
79:25		97:2	43:16	51:11
80:2		1:20	49:11,14	54:12
	1	82:1	95:24	
\$		1:30	2024	340B
\$10.5	1	82:2	21:16	39:16
76:1	68:1,3,5		40:21	61:1,2
\$100	10		68:2,5,13	64:8
73:10,13	31:18,19	2	70:12	340G
74:15	70:23		21	64:7
\$20	76:15	2	23:22	35
48:20	10:20	54:9,22	22	53:21
\$25	82:7	73:24	23:22	54:7
43:24	10:35	75:7,22	42:18,19	36
49:12	82:10	76:7,11	23	38:24
\$3	11	20	20:14	37
37:19,21	11:2	15:8	38:20	49:14
41:3	101:15	20:12	42:9	
55:23	11:06	2016	23-17.14-14	4
57:19	101:18	15:4,6,9	8:19	
60:20			24	4
			67:20	40:14,24
			68:7	

401 (k)		Absolutely	add	92:17
97:6,15	9	28:11	27:7	93:9,10
45		accepted	additional	95:24
53:7,8,	91	78:3	27:7,8,11	96:2,3
11,20	73:12	account	39:14	99:12
48	74:12	39:6,24	54:20,22	100:9
53:8	92	accounting	address	101:8
	73:12	13:1,12,	34:17	agreements
5	94	15,19	adjust	16:10
	73:23	14:18,19	38:22	36:9 64:1
	74:7	17:13	adjustments	83:2,3
5	95	60:3,7	99:4,7	91:22
31:20	73:24	89:19	Adler	92:19
55:13		90:3,4,6,	52:20	93:9
50	9:15	14 98:20,	102:24	ahead
49:15	50:24	22 99:10		79:4
53	51:2	accounts	advantageou	92:25
69:11	9:17	60:7	s	102:3
78:16	52:15	83:20	95:11	Alfredo
	9:30	89:19	affect	102:20
6	52:10	93:25	96:10,18	allocated
	9:36	94:2,4	affiliation	14:13,16
6	52:18	achieve	61:6	72:11
31:20		77:22	afloat	allocating
66	A	achieved	41:14	13:22
78:16		60:14,15	afraid	14:3,5,10
	A-R-I-E-R-	71:5	29:12	allocation
7	R-A	acquired	AG	72:2,19
	17:24	59:8	18:20	alternative
7	a.m.	acquisition	agency	79:13
31:20	50:24	s	8:24	amend
75	51:2	100:1	agree	36:8
83:5	52:15,18	act	9:3 42:22	amount
	82:7,10	8:18	91:5	31:6,7
8	101:15,18	39:18	agreed	33:1 34:3
	103:20	Actioned	54:11	38:18
88	ability	69:8	84:17	44:2
74:10	65:21	actual	agreement	51:25
	66:5	51:25	36:6,10	53:12
	ABL	ad	75:13	68:17
	84:16	12:25	84:21	75:19
	96:4			77:9

analysis	April	51:5 52:2	28:8 30:2	65:11
13:1,7,9	48:12,14	53:2	56:3,9	bankrupt
16:20	55:18,20	55:3,15	57:4	57:10
19:5	AR	57:3		bankruptcy
38:25	83:19	attainable	B	56:4,8,21
41:17		71:25		57:5,11,
71:17,19	area	74:1	back	12,14,17
Analyze	48:19,20	76:17	22:21	58:16,18
12:25	74:25	attorney	23:20,21	Bart
analyzing	89:22	8:8,11,22	26:15	83:9
16:11	94:15	18:25	29:15	base
Anecdotaly	areas	82:14	39:5	83:2
30:15	89:23	84:7,12	45:22,23	based
annual	97:19	101:25	48:10,14	14:13
19:21	argument	102:13	51:1	73:1 75:6
41:22	73:22	attributabl	52:17	76:4
annually	Arierra	e	55:19,20,	basically
24:12	17:19,21,	47:17	25 57:19	13:1 96:8
answers	24 25:10	attribute	58:15	basis
11:13,18	assets	33:3	59:3	19:21
15:25	83:18	49:15	63:12,20	37:16
anticipatio	87:13	attributed	65:12	BDO
n	assume	51:14	74:23	98:15,24
92:13	39:2	audio	82:2,9	beginning
AP	43:18,21	9:4,7,8	83:3	23:20
60:3	79:18	88:12	84:23	42:7 44:7
apologize	92:8	audited	89:4	84:23
48:16	assuming	98:10	91:11	behalf
application	28:21	auditor	101:17	8:21,23
8:12	68:15	98:15	background	9:5
appropriate	71:8	August	11:21	101:21
ly	assumption	15:4,6,9	95:17	behavior
74:18,20	33:24	48:1,8	backup	30:20
99:10	assumptions	49:2,5,7	78:9 79:7	45:23
approved	62:23	authorized	bad	77:13
50:16	attack	9:8	58:23	behavioral
51:10,12	38:23	average	balance	75:2,3,5,
93:17	44:20	33:9	38:1	9,15
approximate	45:17	47:25	80:13	believes
ly	46:12	aware	bandwidth	36:22
43:24	47:18,22	27:21,24	58:9	
	48:18		bank	
	49:16,23		38:3	

belongs	3,7,8,9	20:20	83:1	101:4
83:21	59:10	21:22	California	cases
benchmark	74:8,24	22:14	13:18	47:4
73:23	bills	41:22	45:3,14	cash
beneficial	86:22	66:10	55:2	16:17,19,
95:11,16	91:11	budgeted	63:13,14,	20 47:2
benefit	bit	49:13	21,23,25	81:5,7,
60:12	11:21	budgets	68:13	12,16,18
62:15	15:24	19:21	74:7	84:25
63:1	24:18	20:6	83:18,19	85:1,3,4,
64:4,5,9	26:3	21:14,16	96:22	5,6,7,8,
89:17	42:17	24:1,3,10	call	13,16
benefits	44:19	41:22	11:25	86:3,13
58:25	55:21	bunch	28:24	90:22,23,
59:2	56:1	78:15	52:20	25 91:5
60:16	86:11	business	60:4	catch
64:7,8,13	94:8	48:22	93:21	10:11
89:12	board	63:25	called	46:2
Beth	61:9,10,	102:14	21:13	99:19
87:15,16,	11,13,14	buy	calls	categorized
19	borrowing	62:10	82:25	88:8
BH	83:2	buyer	85:13	caused
75:1	bottom	23:25	canceled	46:10
big	39:22	24:2 62:5	29:13	CCM
80:5	break	64:15	cancer	69:25
89:23	11:1,3,6	100:4	39:16	CCMA
bigger	26:2	buyers	61:1	69:11,25
58:21,23	52:7,9	65:8,10	capital	Ceci
59:4,5,	82:1		77:21	17:17,18,
15,22	101:11		80:18,23	21 25:10,
67:3	bridge	C	93:16	12
76:14	66:19	C-CNT-PMH-	capitation	census
biggest	67:19,23	012884	63:24	33:9
59:23,24	broad	80:1	care	center
64:11,13	16:13	C-CNT-PMH-	64:1	8:14
68:14	23:10	012885	careful	39:16
bill	broke	66:21	30:19	centralize
73:10,14,	53:2	calculated	carved	59:7
17	broken	53:19	92:19	centralized
billing	51:19	81:3	case	59:14,18
46:3,10,	budget	calculating	77:4	89:17
18 47:1,	19:22			

90:12	charges	73:2,12	clear	100:23
91:15,17, 19	46:2	76:13,20	10:19	companywise
	Chartercare	79:6,14	88:22	63:18
centrally	16:22,25	83:22,24	close	compare
90:23	17:4,11,	85:23	48:11	48:1
Centurion	16 19:2,	90:10	65:22	75:13,15
23:7,16	6,10,15	91:10,25	68:4	compared
56:9,14	20:8,22	93:25	closes	42:23
65:17	23:6,12	94:4 95:2	66:5	45:14
66:7	24:1,4	96:10,14,	coast	49:1,4
79:11	25:15,16	16,17,19	25:17	58:6
99:14,22	26:18,20,	97:24	45:13,14	competitive
Centurion's	24 27:12,	98:1	47:5 52:8	36:22
66:4	14,25	Chartercare	55:10,11,	competitors
CEO	28:10,18	's	13 87:13	58:6
58:1	29:23	25:23	collect	complete
CFO	30:9,10,	66:11	73:11,13,	10:20
12:5,6,11	23 33:2,	92:11	18 74:7	completed
15:13	21 34:11,	check	collecting	56:10
16:6	15,20	90:19	59:10	59:11
17:2,9,	35:6,19	96:25	74:15	completely
14,15	36:4,13,	100:14,17	color-	46:15
18:23	17,19	circle	coated	compliance
40:11,16	37:3,4,15	58:15	66:25	16:8,9
58:1	38:9	claim	combine	18:19,25
84:24	39:8,12,	47:12	59:24	86:6
86:25	22 40:3,	48:22	combined	concerns
87:2,8	5,13 42:6	50:11,15	60:2 91:1	99:2
88:2,4	44:5,11	51:5,6,8,	comfortable	concurrent
CFOS	49:8	13,18	78:23	74:19
87:23	51:15	53:2,5,	comments	conditions
chair	52:3	12,14,18,	71:16	18:20
81:17	55:24	20,23	community	19:1
challenges	56:4,21	54:13,15	45:23	84:20
61:4	57:23	claims	comp	conducted
change	58:20	47:14	67:22	8:17
20:24	59:1	54:18	company	confidence
30:20	60:17	clarity	16:16	58:8
74:16,22	61:5,10	88:20	49:8	confirm
77:2,13	62:25	classify	53:18	9:25
charge	64:16	28:6	87:9,20	
16:10	66:6	cleanup		
	67:15	53:3		
	68:15			
	71:5			
	72:8,11			

41:25	31:8 39:9	8:18	102:9,10,	12
99:22	41:5	copy	15,16	couple
confronting	54:19	102:9,13	103:2,3,	10:3
58:10	continued	103:1,7,	8,9,13,15	courtesy
connect	43:3	13,17	correctly	10:16
62:18	contract	corporate	8:4 28:22	courtroom
Connecticut	91:21,23	12:5,6,11	98:23	11:10
44:22	contracted	35:12,16	cost	cover
45:10	22:7	36:1	13:1,12,	34:2
55:1	26:12	44:17	15,19,22	COVID
connection	28:2,14	71:23	14:3,6,9,	26:10
8:13	contracts	72:2,18	13,18,19	33:5
considerati	22:12	79:9	26:17	40:20
on	92:16	86:14	27:4,6,9	42:18,20
57:5,7	contributed	87:2,3	31:9 34:2	43:1 57:3
consolidate	39:21	91:1,12	35:2	COVID-19
27:17	contributio	101:6	36:12	27:2
59:9 90:5	n	corporate's	45:24	create
consolidate	13:13	correct	46:5,7	92:17
d	contributio	8:15	59:6 61:1	created
60:11	ns	11:24	71:14	61:5
consolidati	80:18,21	12:14,20	72:10,12	credit
ng	97:5	15:11,14	73:20	83:2,3
34:24	control	37:20,24	77:21	crisis
consultant	94:19	38:7,10	costs	57:1,6
57:11,12,	controlled	42:15	25:19	current
18 58:17	90:23	43:2,25	27:19	16:6
consultants	controllers	44:24	31:9,19,	17:15
58:18	17:14	47:19	21 32:9,	25:15
contemplate	controlling	50:10	16,17,18,	92:11
d	94:22	54:8	20 33:16	94:3 98:7
83:5	conversatio	57:16	34:10,17	cut
content	n	63:9	35:4	10:18,21
25:3	65:16	64:17	36:19	17:12
contested	conversatio	69:22	37:6	46:15
54:11	ns	70:17	38:16	cutting
context	60:23	84:3	72:9,13	15:24
68:2	conversion	85:25	counsel	cyber
94:22	8:12	86:14	8:24	38:12,13,
continue	Conversions	89:20	50:19	23 42:9,
		90:24	52:19,22	
		91:13	99:20	
		94:15	102:8,11,	
		98:3,13	12,23,25	
			103:6,7,	

12 44:20	days	declined	depending	discuss
45:12,14,	22:4	29:10	71:13	25:3,6
17,21	47:13	42:7		
46:12	81:5,7,	declining	depends	discussed
47:10,14,	12,14,18,	43:7	32:23	61:14
18,22	22 102:14		37:11	85:14
48:3,8,17		decouple	41:6 70:4	86:7
49:1,16,	deal	92:12	74:13	89:13
18,23	34:17		77:24	
50:9,13	57:6	decrease	93:8,10	discussion
51:5 52:1	59:19,20	45:25		36:25
53:1,13	62:10	47:17,20	describe	56:2,7
54:17,20		48:2	25:14	69:9
55:3,15,	dealing		detail	77:6,13
21 57:3	26:24,25	define	14:8	discussions
		13:21	79:10	56:19
cycle	December	44:14		63:3,6
22:2	20:12,16,		details	79:8
59:10	19 21:5,	degree	19:12	92:15
60:1	23 24:13	45:9	28:20	
72:20,24		degrees	determine	distress
73:3,7,8	decent	55:5	70:20	44:6,11,
74:2	90:1			15
	decentraliz	delay	difficultie	dive
	ed	47:7 98:2	s	74:21
	90:1 92:1	delayed	50:21	
D		47:3,8,9	dig	divert
	decided	97:6,15	86:10	38:14
daily	61:15			
33:9	deciding	delta	digital	divest
	86:12,21	54:10	10:10	61:22,24
data		denials	digitally	62:14
77:6	decision	73:16	8:20	divested
date	12:12,16,	denied	diligence	45:7
20:5	17,19,24	47:8,10,	71:22	divesting
53:22	13:4,5	14	direct	70:5
77:15	14:25		93:2	87:13
98:6	15:10	department		divestiture
Dave	17:7	8:11,24	direction	63:1,4
18:5	61:18,21,	14:10,11,	11:17	70:2
	23 85:9,	14 84:7,	directly	
day	12 86:17	13 93:7	23:15	divestiture
10:20	87:14	96:23		s
32:23,24	95:13,19	101:22	disagree	63:18
81:14	decisions	103:12	9:11	87:22
91:6	91:3 95:3		disagrees	doctors
day-to-day	decline	departments	9:10	94:13
34:21	57:20	59:25		
		93:5		

document	drugs	67:23	97:4 98:7	evaluate
21:5,7,12	61:2			65:21,24
24:10		economy	employees	66:4
67:4,10	DSH	33:22	27:15	70:19
69:18,19,	68:8,9			78:20
21 80:9,	69:23	ED	employer	
11	70:9,12	14:11,12,	97:16	exact
		14,15	end	20:5 53:8
documentati	due	29:12	10:20	80:11
on	26:13	effect	15:24	87:17
46:2 99:9	47:18	94:24	34:1	Excel
	57:2	efficiencie	74:16,23	66:25
documents	71:22	s	83:4	79:25
24:22		27:17	97:11	
84:1	duties		enhanced	excess
98:22	12:23	efficient	70:9 75:1	49:14
	13:9	31:5	enjoyed	exchanging
dollar	16:5,13	41:12	61:15	84:1
48:17		effort	enter	Excuse
49:23	E	91:1	35:23	87:3
51:24		efforts	entered	execute
53:14	earlier	63:12,20	96:1	41:1
dollars	46:7	92:11		exercise
51:14	48:25	elaborate	entire	41:18
70:15	52:21	26:8 29:7	26:25	78:22
75:8,18	55:22	electronic	entities	exhibit
door	64:14	102:8,13	62:12	9:22,23
68:24	69:8	103:1,7,	entity	66:14,15
double	89:11	13,17	16:21	70:20
90:19	94:9	eligible	entry	79:25
	easier	64:7	61:11	80:2
draft	10:5	else's	equal	94:10
83:2	east	16:18	53:12	expand
102:17	25:17	emergency	essentially	25:20
	45:13	14:9	13:6,22	29:6
drastic	47:5 52:8	employ	14:7,20	41:15
41:8	55:10,11	27:4	16:7	63:14
79:21	87:13	employed	39:7,21	expanding
drive	easy	28:15,25	44:6 46:8	63:15
75:7 77:2	74:5	29:3	estimate	expansions
78:8	EBITDA	32:22	33:1 40:9	22:3
driven	43:12,14,	employee-	48:19	expect
46:9,13,	15,25	related	49:22	37:3,5
17 58:7	49:11,13,			
driving	16,23			
76:2 78:1	66:18			

40:21	expiring	81:6	16:7,11,	83:24
41:23	96:5,6	93:12,24	15 18:18,	firing
53:25	explain	95:23	24 19:5,	95:4
56:12	46:25	99:11	23 20:1,	firm
71:9,21	53:16	100:8	2,7,21	8:7
73:3,17	74:4 85:2	Fatima	21:4,14,	fiscal
75:25	89:25	8:14	15,22	21:16
76:6,7	explained	fees	22:14	38:8,19
78:7	48:25	72:8	24:9	41:22
expected	extent	figure	25:15,22	42:7,9
11:11	66:10	101:7	40:2	67:19
54:10	92:18	figures	41:25	68:7
82:23	94:1	85:9	43:12	98:11
83:4	95:25	figuring	44:6,11,	five-minute
expecting	97:9,11,	65:13	14 45:19	101:11
25:7	12	file	52:2	fixed
40:24	external	47:12,13	53:17	88:18
expense	16:8	54:18	56:20	floor
32:4		57:10	57:6,20	27:8
78:15	F	filing	58:2,10	floors
expenses	facilities	47:11	61:17,19	32:11
43:3,7	41:24	57:5	62:11	flow
54:19	47:5	final	66:12	16:20
79:1	facility	20:20,25	financially	fluid
81:15	18:12	finalize	43:9	20:23,24
97:4 98:7	40:3	20:10	financials	folks
expensive	62:25	finalized	28:6 62:1	28:24
29:3	fair	20:11	96:12,14,	follow
experienced	10:22	21:23	15,17,18	82:16
47:21	11:7 42:5	finally	98:10	83:14
experiences	43:9 50:7	11:9	financing	84:14
29:21	51:21,25	finance	82:17,22	find
experiencin	67:6	17:13	find	27:16,17
g	90:22	18:24	44:18	48:18
25:17	familiar	19:19	58:1	follow-up
33:24,25	16:21	32:9	88:10	98:25
44:15	65:17,20	60:3,6	fine	for-profit
45:12,13	67:5,13,	90:2,4,6	42:5	62:4
55:10	18 68:23,	96:20	52:12	forecast
expert	25 69:4,	financial	69:13	16:20
36:24	6,17	13:2,7	finish	85:6
37:10	80:11		10:13	forever
			46:21	33:5

forgot	40:6	goal	25 27:14
15:17	gathered	76:5	H
formal	22:17	good	health
57:14	general	8:3 11:20	8:24
formally	8:9,19,22	40:9 43:8	15:21
57:17	19:1,17	48:13	16:2
Foundation	81:21	58:22	73:16
65:18	82:22	74:6 79:7	75:4,5,9,
	101:25	81:11,12	12,15
four-to-one	General's	Goodwin	84:8,13
31:12	8:11	8:7 102:7	87:10
front	102:13	GPO	101:22
42:4	generally	35:20,23	103:12
74:16	20:4	36:5,7,22	Health's
77:7	100:22	71:2,6	8:12
FTE	generate	grab	happen
27:5	73:4 76:1	102:3	47:6
full	geographic	grants	79:20
89:16	97:19	40:20	95:10
fun	George	great	happened
9:15	24:25	59:9	44:13
functions	64:23,25	ground	48:8
59:7	65:1,3	10:3	happening
89:14,17,	85:14,15	group	87:22
18 90:1,	86:16	78:8	88:9
11 91:14,	gesture	groups	hard
17	10:10	77:12	41:9,12
funding	gestures	94:18	Harvey
39:9 83:4	10:8	growth	102:12,16
97:5	give	22:2	head
fundings	8:9 11:18	76:8,11	47:23
97:3	13:4	77:22	50:2
funds	27:11	guess	51:17
85:10	33:1	11:15,17	68:18
future	50:1,16	26:15	72:6
66:11	67:16	32:1	headwind
85:6	68:2 80:4	50:5,8	26:7
	82:21	52:8,21	33:15
	88:25	56:23	34:18
G	89:1,2	72:1 74:3	37:15
	95:17	77:14	headwinds
gain		88:6	25:18
			26:3,23,
			13:2 34:7

69:14	12:1	44:25		10:6
101:5	15:8,16	45:6	I	39:11
hey	29:17	68:25		81:9
62:10	30:9	70:6,8	idea	impossible
75:17	35:9,19	77:9 78:5	41:5	74:9
78:4	36:22	85:23	identificat	improve
high	37:7	95:12,15,	ion	19:24
19:11,13	39:5,21	16	9:23	20:7,21
22:5 23:4	40:12	hospitals	66:15	32:3
25:13	41:2,20	17:1	80:2	41:24
76:21	44:5,10	29:10	identified	improvement
higher	56:3,20,	30:20,24	26:23	19:9,14
38:20	24 57:4,	33:10	65:8 71:4	94:15
45:13	15,21,24	34:20	identify	improvement
46:8	58:17,22	41:9,11	71:11	s
49:17,21	59:1	44:25	identifying	19:9,22
53:18	60:10,19	45:13,15,	64:15	22:1 35:1
55:12	61:6	18 48:18	impact	39:13
hindered	62:14	59:8	45:12,14,	40:25
35:12,15	65:11	61:16,19,	17 48:17	inaudible
hire	79:12	22,24	49:1,23	36:15
28:21	81:6	76:11,14,	50:4 52:2	38:6
hired	82:18	25 78:2	54:25	58:12
57:12,17	85:17,24	79:22	55:7	87:6
98:20	91:7	93:13	69:10	incentives
hiring	92:12	94:14	70:2,8	27:11
58:16	94:20	hour	96:12,20	incident
95:3,7	95:6	11:1,3	impacted	38:13
historical	96:15	52:7	33:10	42:10,12
49:1	97:3	house	44:20,21	47:10
historical	98:11	74:18	45:9	54:20
y	Holdings'	HR	55:2,4	include
26:11	52:1	60:3	impacts	19:23
47:25	honest	89:18	16:11	21:19
hoc	73:6	90:19,21	implant	included
13:1	hospital	93:7	34:23	20:6,20
hold	8:12,15,	human	implants	21:4,24
66:21	18 13:11,	60:7	34:23	89:18
93:16	23 14:1,4	90:16	implement	98:1
holdings	15:19,20	humming	63:17	including
11:23	25:20	74:2	important	91:10
	29:25	hurting		
	30:5	69:15		
	32:14			
	33:13			

income	85:18	instance	interviewee	61:22,24
40:2,4		90:17	9:6	64:3
	industry			76:20
increase	22:4	institution	invest	84:7,13
27:23	26:25	18:13	31:1	93:13
30:25	34:12	insurance	62:23	101:21
31:1,8		48:22	investigati	
32:4,8,	inflated	50:9,14	on	issue
15,17,18	25:18	51:5,10	30:10	26:16
49:15	33:16,23,	53:2,18		34:10,11
68:7,9,	24 34:1,	54:14,17	investiture	76:14
12,14,16,	9,17 37:5		s	83:14
17 70:12	influx	intended	100:1	88:17
72:25	31:22	10:24	investment	issues
76:22	information	68:4	65:10	26:4,22,
increased	11:14,16	intention	77:20,21	23 56:21
26:11	22:23	10:19	95:9	58:10
27:3	23:19	interact	invoices	item
increasing	98:23	10:7	54:20	71:13
22:6 34:2	informed	Intercommun	involved	72:1
incur	99:5	ity	19:1,8,12	items
44:18	initiative	15:21	23:5,14,	22:14
54:19	66:18	16:1	16,18	61:7
	69:4	intercompan	64:15	69:18
incurred	77:23	y	82:19	71:11,15,
45:20		39:24	95:8,19	21 79:8
72:9,10	initiatives	40:1	involvement	89:13
73:19	19:9,14,	interferenc	23:10	101:1
incurring	23 20:7,	e	93:23	
55:24	20,24	88:14	Island	J
independent	21:4,19,		8:8,10,	
19:4 37:6	24 22:2,	internal	11,18,23	January
	6,15,19	16:8	13:18	42:19
index	23:2,25	interruptio	17:1	
68:15	24:3,9	n	18:13,16,	Jersey
	27:20,22	88:12	19,25	45:6
indiscernib	28:8 41:1		33:9	Jessica
le	67:10,14	interview	44:20	8:22
54:14	70:19	8:21 9:4	45:8,18	84:12
63:24	73:3	24:20	47:21	85:25
68:8 73:2	75:25	25:1,2,4,	48:18,23,	88:4 94:1
77:5	78:16	7,8,11	24 51:14	99:18,23
individual	94:11	84:6	55:1,7,	
27:5 69:5	101:3,4	interviewed	12,17,18	Jessica's
individuall	input	58:17	60:8	97:14
y	86:21			

Johnson	85:18,19	laid	18:21	102:7
87:9	86:5,7	63:4	19:11,14	listed
joined	87:12	largely	22:17	78:16
15:1,7,8,	91:3 92:6	60:8	23:4	loan
15 52:20	93:19	89:14	25:13	84:1,16,
59:4	95:12,17	94:19	29:18	17 96:4
July	96:7	95:5	31:14	loans
20:9	98:24	launching	60:8	93:13
	101:1,5	10:17	79:10	local
<hr/>	knowing	law	89:15	16:9
K	57:10	8:6,19	99:5	17:10,11,
<hr/>	62:7 78:9	lead	levels	12,13
Kim	92:3	8:23 65:4	29:15	18:14,15,
100:15	95:10	leaders	30:6 31:6	21,24
kind	KPMG	100:25	42:24	19:19,22
13:6	98:20	learn	light	22:21,25
14:18	99:1	59:18	44:10	30:13
15:18	<hr/>	leave	Likewise	35:10,25
16:15	L	18:8	10:16	39:5
20:25	lab	leaving	limit	40:25
29:14,21	92:5	89:9	18:21	41:4,19,
30:19	labeled	led	53:13,21	23 44:17
34:20	66:21	64:18,19,	54:7,10	57:25
35:1	80:1	23	limited	58:1,6,7,
36:25	labor	left	35:7	8 59:12
45:22,23	14:9	18:11	39:19	60:8
46:3,6	22:5,7	54:22	53:14	62:1,20,
48:9,13	25:18	87:16,17	Lindquist	25 66:10
59:3,9,	26:8,10,	left-hand	102:12	71:21
13,21	12,15,16,	67:10	lines	76:7
60:4,5,22	22 27:2,	legal	12:25	77:4,11,
61:2	10 28:2,	97:1 99:1	13:10,11	14 78:21
62:1,5,25	14 33:24	lender	25:21	85:10,11,
63:13,16,	34:1	83:1,6,10	29:7	14,19,22
20,25	38:16,18,	93:17,21	41:10	86:1,10,
64:1,2	19 73:20	96:5,6,7	69:1	12,18
65:4,12,	Lady	letting	77:25	89:15
13 66:10,	8:14	46:21	78:16	90:3,14,
11 68:13	lag	level	95:11	20 91:2,
69:9,17	46:10,18	14:8	liquid	18,19
71:9,21	47:1	list	16:20	92:17
75:21			71:11	94:14,25
78:3,22				95:1,2,
79:18,21				12,17
81:11				101:6

locally	87:24	14:21	32:21	marking
90:11,20	low	85:9	38:12	84:1
92:9	38:19	making	40:19	Mary
locations	lower	22:25	41:6	87:15,16,
44:21	38:15	61:18,21	46:20	19
lock	45:20,24	86:17	49:7	match
20:25	46:7,9,16	91:3	51:16	97:15
long	47:2,15,	95:19	61:8	matching
12:6	17 55:12	98:22	62:22	97:16
41:4,13	60:25	99:9	67:19	materialize
longer	61:1	manage	73:18	70:24
57:2	lowest	63:16	81:23	
looked	75:16	managed	87:9	math
40:4 66:9	Lumia	63:23	9:21,23	37:23
loss	100:15	64:1	66:14,15	73:24
25:24	<hr/> M <hr/>	96:23	79:24	matter
38:2,7,24	made	management	80:2	84:13
39:3,6	39:4	16:17,20	market	meaning
40:6 46:8	53:15	17:3 67:9	45:11	23:16
49:17,21	98:4	72:8	58:3	78:3 87:4
53:13,17	major	85:1,7,8,	59:12	means
55:23,25	75:14	16 90:23,	62:7,20	11:10
56:5	majority	25 94:25	76:4	meant
57:19	73:18	95:1,2	101:5	29:7 75:5
losses	make	mandate	markets	85:2,7
37:16	10:4 23:3	36:3	13:13,16,	88:3
38:4,21	34:6	mandated	17 19:20	med
44:16,18	41:3,12,	29:13	22:1,8,9	31:11
49:8	18 58:2	manual	25:17	medical
55:11	61:23	38:17	26:17	8:14
69:12	62:11	46:1	29:20	11:23
70:1	67:2	marathon	33:22	12:1
79:23	71:22,25	10:25	35:10	15:8,16
lot	77:18	March	55:11	29:16
25:16,17	78:13,22	42:19	63:15	30:9
38:16,19	85:12	margins	68:13	32:10
39:15,17	86:11	13:14	73:9,11	35:9,19
46:1,4	95:3,8	Mark	74:10	36:21
58:7	102:18	8:6 18:2	76:7	37:6
60:24	makes	20:23	85:20	39:5,21
61:1		24:21	86:10	40:12
65:14,16		28:5 31:3	90:5,14	41:2,20
73:8,11			91:24	44:4,10
			101:1	

52:1	metric	missed	95:23	23 42:6
56:3,20,	81:10	89:22	96:4,22	80:18,22
24 57:4,	metrics	97:3	muted	nice
15,21,24	42:1	missing	88:16	88:22
58:17,21	43:6,12	97:13		nod
59:1	81:10	model	N	10:10
60:10,17,	middle	63:16		nods
19 61:6	83:1	64:2	name's	10:8
62:14	million	moment	8:6	not-for-
65:11	25:24	58:15	national	profit
79:12	37:19,21,	money	19:25	61:7
81:6,19	24 38:9,	39:5	nationally	62:15
82:18	24 39:3	85:20	60:11	64:5,9
85:17,24	40:14,24	86:22	nationwide	note
86:14	41:3	91:11	92:15	102:19
91:7	43:16,24	month	natural	notice
92:12	48:20	25:24,25	10:9	9:17 10:1
94:19	49:9,12,	37:21,22	nature	November
95:5	14,15	40:14	82:22	61:9
96:15	50:16,17	41:4	necessarily	number
97:2	51:7,8,	48:14	32:17	27:3,6
98:10	11,12,14	55:23,24	85:1	28:9,23
Medicare	53:6,8,	60:20	86:12	40:6
68:12,16	20,21,23,	83:5	88:7 89:8	47:13,23
meet	24,25	month-to-	95:3	51:22,25
99:6	54:7,9,	month	needed	53:8
meeting	12,22	37:16	29:1	55:25
61:9,13	55:23	monthly	101:8	70:16,17
86:1,2	57:19	47:25	negative	numbers
meetings	60:20	56:5	43:25	21:1 50:1
86:8	72:24	57:19	49:12,16	69:21
memos	73:4,25	months	negotiated	70:9,11,
98:23	75:7,22	45:20	99:13	13 71:22
mention	76:1,15	47:3 85:6	negotiating	77:2
28:1	83:5	97:2	23:16	78:23
mentioned	mind	morning	negotiation	numerous
22:19	15:23	8:3	s	34:23
26:8	64:9	move	23:15	82:25
64:12	72:18	9:11 53:4	net	nurse
69:25	88:21	89:10	38:2,3,7,	31:13
99:7	89:6	MPT		
met	minutes	84:16,20		
99:6	61:11			

nurses	80:13	63:23	52:6,13,	54:21
27:8,10		73:8	23,25	73:20
28:15,17,	opened	77:18	54:23	86:4,22
19,21,24,	66:22		56:16	
25 29:3	opening	Optimizatio	65:6	pandemic
31:1,7	80:12	n	66:3,17	26:10,13,
58:5	operate	71:2	80:3,22,	14 27:8,9
nursing	41:5 66:6	optimizing	24 81:25	28:3
32:11,15	77:10	71:6	82:5,11,	29:9,12,
		option	12 83:11	13,21
	operating	56:8	84:5,15	30:1
O	32:4	options	101:24	33:3,10
	37:15	39:14	102:5,8,	papers
	38:2,4,7,		10	22:15,18
oath	23 40:5	Oracle	outstanding	part
8:10 9:5	operation	91:20	93:25	8:10 9:1
11:9	17:3	order	94:4	19:4,21
94:18	45:8,9	25:21	overhead	35:18
101:21	73:2	27:18	22:10	39:25
obligation	operational	28:14,22	32:8,9,18	40:1 44:7
36:3	19:9,14	31:4 32:3	59:7,24	46:9,17
occurred	39:12	41:8,11,	overview	49:17,21
98:17	45:17	15 58:1	82:22	58:21,23
occurs	77:21	77:22	owner	59:1
9:7	operations	78:25	62:5	60:19
October	39:9	91:9	100:3	62:3
23:21	operator	102:4	ownership	63:6,19
48:10	86:1	organic	70:21	65:2,16
offer	operators	22:3 76:8		72:12
37:12	57:25	Ostrowski		87:14
office	77:11,15	8:6 9:1,	P	89:12
8:8,22	85:14,19,	13,24		100:24
36:2	22 86:12,	12:18	PACE	participant
101:24	18	14:2 16:3	93:12,20	s
102:13	opinion	17:24,25	Pacific	participati
officer	96:10	20:3,18	50:24	ng
17:14	opportuniti	21:10	51:2	9:2
officers	es	26:21	52:15,18	parties
57:9	37:1	35:5,17	82:7,10	9:2,5
one-to-one	72:13	43:23	101:15,18	54:11
32:3	78:24,25	46:18,23	103:20	partner
open	88:11	49:10	paid	99:6
41:9	opportunity	50:22	32:24	Pat
		51:3	50:11,12	

103:4	paying	33:7	physician	pluses
patient	32:22	percentage	12:13,15	59:16,21
31:12	75:18	ise	32:17,20	PMH
32:23	payment	50:5	70:2,6	12:1,4
42:6,11	50:14	perch	77:12	14:6
54:25	53:22	34:15	78:8	70:19
55:2 70:2	98:4	performance	94:18	89:12
86:5	payments	19:23,25	physicians	99:4
Patient-	68:8	20:1,7	31:1	point
related	70:9,12	25:23	32:21	11:16
60:5	payout	43:13	58:4	23:1
patients	54:10	52:3 58:2	69:14	27:15
25:20	payroll	62:11	76:8,19,	57:15
29:6	97:4	66:12	25 77:6	62:9
30:19	PCC	101:4	78:1,13	73:22
31:6,13,	89:12,16	person	94:23	96:23
17,23,25	pending	18:3	95:4,7,14	99:3
32:24	11:5,6	personally	picked	points
38:14	Pennsylvani	63:6	48:13	27:6
42:14	a	65:23	pinpoint	policy
46:3	13:17	66:1,2	29:23	53:13,21
68:24	44:25	perspective	44:4 88:7	54:7,10
70:6	55:1	34:22	place	Pollari
76:10	pension	42:25	68:4	24:25
77:9	97:5	44:17	79:12,13	57:1
78:5,6,8,	people	45:19	places	64:25
14	14:14	52:1	58:3	65:1,4
pay	27:4,7	53:17,19	plan	85:14,15
91:10	29:11	60:22	57:14	86:17
96:6	30:18	62:1	74:24	Pollock
payable	88:10	63:11,19	79:13,21	52:20
60:7	90:6	73:8 79:9	planned	102:24
89:19	percent	95:18	39:13	portion
94:2,4	31:18,19,	phase	planning	32:13
payables	20 55:10,	79:18	13:2	position
93:25	13 73:13,	Phonboy	plans	15:13
payer	24 74:8,	87:16	73:16	16:6 58:9
59:20	10,12	phone	75:12	possibly
74:19	76:8,11,	82:25	played	37:8 44:1
payers	16,18	phonetic	17:2 89:4	57:9
47:9	percentage	87:16	playing	potential
73:16	31:15	100:15	67:7	23:11,25
75:15,17				

24:2	17:6	processes	11:22	67:15
58:18	60:22	74:22	12:1	71:5 73:1
65:7,18	86:24	productivit	15:2,8,16	79:12,13
82:25	88:21	y	16:22,25	80:17,20
83:10	89:4	22:6	17:3,11,	81:6,19
practice	previously	27:23	15 19:2,	82:17
8:6	94:17	profit	5,10,15	83:21
69:12,25	price	39:17	20:8,21	84:21
70:2	34:22	70:25	23:6,12	85:16,22,
pre-covid	prices	profitable	24:3	24 86:14
42:23	22:11	41:16,19	25:15,16	90:10
pre-cyber	34:3,25	program	26:24	91:7,10,
48:11	36:8,11,	75:9	27:14,25	12,25
55:20	12 37:12	progressive	28:10,18	92:11,12
pre-	72:13	72:23	29:16	93:25
pandemic	pricing	projected	30:8,9,23	94:4,19
26:15	36:1	77:22	33:2	95:2,5
29:18	71:12	projects	34:11,14	96:1,10,
30:6	prior	93:16	35:6,9,	14,15,16,
predecessor	60:23	promised	18,19	17,18
18:1,3	61:3	52:6	36:4,21	97:2
prepare	87:15	promoted	37:3,4,6,	98:10
24:19	prioritize	15:12	15 38:8	100:16
Presbyteria	86:5	pronouncing	39:4,21,	provide
n	problem	8:3	22 40:12	13:13
15:21	26:13	proper	41:2,20	37:12
16:1	74:23	60:25	42:6	provided
presented	problems	property	44:4,5,	14:6
78:24	26:4	39:15	10,11	23:25
presenting	proceeding	60:25	51:15	24:2,16
71:23	9:1	64:6	52:1,3	98:24
president	process	83:21	55:23	providing
12:24	20:9	proposed	56:3,4,	23:18
14:24	64:15,18,	8:13 23:5	20,21,24	PSA
15:9 17:7	20 74:2,	67:25	57:4,15,	101:5
presuming	15,17	70:21	21,23,24	public
36:21	82:18	79:11	58:17,20,	9:9
58:22	83:25	92:13	21,25	purchase
71:16	87:13	99:13	59:1	36:4,7
72:25	95:20	Prospect	60:10,17,	purchaser
previous	98:14,16	65:11	19,23	23:12
		66:6	61:5,6,	65:18
			10,15,18,	purpose
			23 62:14	
			64:16	
			65:11	
			66:6	

9:9	quick	75:6 76:5	48:23	recorded
pursuant	50:20	realistical	67:7	8:20
8:18 9:17	quickly	ly	68:7,12	recorder
put	9:16,20	71:4	69:9,11	10:10
24:12	quo	realize	receivable	12:15
77:7	61:17,19	59:6,22	83:21	13:24
83:12		60:24	89:19	15:22
84:20	R	61:13	receivables	17:22
putting		62:2	83:19	19:24
39:5 56:4	Ragosta	89:16	receive	20:2,16
67:7	18:5	realized	22:20,23	21:8
		59:15	60:18	26:19
Q	raising	reason	received	35:3,14
	15:23	49:21	9:17 10:1	36:16
quantify	range	63:17	20:6,20	43:20
47:20	40:24	88:7 96:1	21:22	46:14,19,
48:17	ranking	reasonable	24:11,13	22 49:4
question	55:6	71:23,25	50:13,17	50:19,23
10:17	rate	78:3	51:12	51:1
11:5,6	68:12,17	reasonablen	53:22	52:11,14,
21:11	78:3	ess		17 54:15
29:19	rates	23:2	recent	56:13
33:12	26:15,16	reasons	48:12	65:2,25
37:2	75:1	29:14	recently	80:20
41:13	94:13	62:24	93:15	82:4,6,9
46:15	ratio	63:3	recess	87:7
74:4,6	31:9,12,	74:6,13,	50:25	88:13,18,
88:21,22,	21 32:3	14 87:17	52:16	20,25
24 89:4,7		89:9	82:8	97:10,21
97:14	reached	rebound	101:16	99:16,19
questioning	65:11	48:5	record	101:12,
82:14	read	rebounded	10:20	14,17
97:14	61:12	29:18	50:20,23	102:2,6,
questions	103:1	30:1,5,17	51:1	11,18,22
8:25 9:15	ready	33:11	52:12,15,	103:5,11,
10:13,14	102:13	recall	17,19	16
53:3	real	19:18	82:4,5,7,	recording
61:12	9:16	21:3,23,	9 88:15,	9:4,7
82:13	50:20	25 24:16	20 89:7	records
84:6	73:1	37:16	101:12,	32:10
98:25	realistic	38:12	14,17	recruit
99:1	37:4 73:2	40:19	102:22	28:19
			103:19	reduce
				27:18

28:9,14, 23 38:16 46:5 72:13 79:1,22	registering 74:17 registratio n 74:17 registries 22:7 registry 22:7 28:7,9,23 69:7 101:2,3 regulatory 86:6 reimburseme nt 74:25 75:8 reintroduce 84:11 related 16:16 47:21 48:2 54:19 72:9 84:21 93:7 100:9 relating 19:15 51:5 67:14 relationshi p 35:8,23, 24 77:11 relationshi ps 95:14 rely 57:25	77:3 95:17 remember 10:11 17:17 18:9 33:4 34:19 42:18 45:11 50:2 53:7 61:18,21 69:17 70:14 87:18 97:7 renegotiati ng 22:11 repeat 46:16 97:22 99:16 replace 28:24 96:7 replaced 87:9 replay 88:22,24 report 48:12 reporter 10:25 52:6 reporting 16:7,8,9, 19 18:18, 25 38:20 85:1,4 represent 8:8	representat ives 8:25 representin g 78:23 84:12 require 47:12 required 19:20 97:3 requirement 35:22 resolve 56:20 58:9 resort 47:2 resorts 47:2 resources 60:7 90:16 respect 30:8 34:14 37:5 43:12 56:24 57:23 responding 89:6 response 9:12 24:5 54:2 responsibil ities 12:24 16:5,14 17:10	65:15 responsibil ity 16:18 95:5 responsible 57:9 84:25 85:16 rest 68:11 restructuri ng 95:23 96:3,9 98:17 result 33:3 57:2 61:5 64:9 99:13 resulting 47:15 results 46:8 retirement 97:4 returned 30:11 rev 22:2 73:7,8 74:2 revenue 21:25 25:22 38:19 42:6,11 43:7 46:1,7,9, 16 47:2, 15,17 59:9 60:1
--	--	--	--	--

72:20,24,	82:15	room	64:6	23:6
25 73:3,	84:7,9,	34:5		61:16,19
5,25 75:8	10,12		sat	
76:1	87:25	rose	40:16	seller
	88:15,19,	28:2	save	100:4
revenues	24 89:5	rough	59:23	send
45:20,24	97:17,25	102:17	saving	73:10,17
73:25	100:7	103:10,11	64:6	sending
reverse	101:10,	roughly	savings	103:1
57:22	13,19	55:23	39:13,15,	sense
review	14	round	16,17	13:4
8:12		25:25	59:6,24	14:21
24:22	RIF		60:25	23:3,10
96:22,24	69:8	rows	61:2,3	32:25
		69:5	62:2	33:8 71:3
reviewing	rise	rules	71:1,3,	81:21
83:2 84:1	43:4	10:3	10,14	85:22
reviews	rising	runway	72:23,24	separate
74:19	43:7	41:15	89:24	36:9,11
Rhode	risk		science	92:17
8:8,10,	63:16,23		75:2	September
11,18,23		S		15:6,9
13:17	risking		screen	48:10
17:1	31:24		9:21	
18:13,15,	Rocha	Sabillo	scroll	series
19,25	102:25	8:3 9:16	67:17	67:9
33:9		15:22	68:19	service
44:20	Roche	51:4 53:1		12:25
45:8,18	103:4	56:25	search	13:10,11
47:21	Roger	82:13	23:11	14:12
48:18,23,	8:13	84:11	65:5	22:2,12
24 51:14	role	89:6	seat	25:21
55:1,6,	13:9	101:19	40:16	29:6
12,17,18	15:18	safety	Section	41:10
60:8	17:2,6	31:25	8:19	42:6 69:1
61:22,24	18:20	86:5	secured	77:25
64:3	65:13	salaries	83:17,18,	95:10
76:20	67:7	32:13	20	services
84:7,13	84:24,25	salary	securing	13:23,25
93:13	86:20,25	32:22	82:18	14:4,6,
101:21	87:2,4	sale	security	11,15
rid	88:2 93:2	8:13	27:7	60:5
39:15	100:22	23:15	sell	68:22
Rider	roll	sales		69:2
8:22	14:17			73:19,20,

21 99:12	52:2 68:9	speak	85:20	stated
100:3,9	89:24	9:11		94:9
101:8	98:19	10:11,15	spending	
share	significant	11:4	85:11	statement
9:20	ly	24:22,25	spent	8:10,17
79:24	26:11	28:20	85:10	40:2,4
80:4	29:11	speaking	spoken	101:21
shared	similar	20:5	25:10,12	statements
90:19	15:18	specific	spot	38:3
sharing	25:16	24:21	83:13	94:18
66:25	45:25	27:24	spreadsheet	status
she'd	46:6,7	28:1,20	66:25	61:17,19
10:25	sit	33:21	70:10	64:10
Sheehan	21:3	34:19	71:4	96:24
52:20	40:10	56:11,14	79:25	stay
102:25	56:17,18	60:21		27:12
sheet	58:24	66:7	staff	41:14
38:2	81:17	77:24	31:5,22,	102:21
80:13	98:6,9	83:19	23 32:12,	step
Shipman	sitting	89:9 92:8	16	103:14
8:7 102:7	42:4	97:19,24	staffed	steps
short	situation	100:8	30:24	57:21
82:1	34:4	specificall	staffing	Steve
shorthand	36:19	y	27:18	87:19
26:4	software	18:19	stand	stop
show	91:21	28:12	55:7	10:18
10:16	92:4,8	47:1	Standby	strategy
41:23	93:6	48:22	89:1	63:13
66:13	softwares	49:7 50:4	start	structure
showing	91:20	56:13	9:16	70:21
9:21	someone's	57:22,25	10:14,17	struggling
shows	88:16	64:19	20:9	25:19
72:23	sooner	69:19	23:11	29:6
side	79:19	81:20	77:25	submit
67:10	sort	91:25	78:7	19:21
100:16	100:2,5	92:7,14,	79:20	submitted
sign	sounds	18 93:22	started	8:13
103:1	92:22,24	specifics	9:14	subsidiarie
significant	93:1	100:9	11:20	s
51:22	source	speculating	79:16	91:6,10
	11:15	72:10	state	subsidize
		spend	25:15	
		26:1	29:13	
		78:12		

40:12	23:19	30:5	84:15	71:8, 21
substantial	36:2	45:21	89:11	77:4
93:2	41:19	47:21	93:11	90:15
suffering	81:15	55:7, 14,	94:12	91:2
33:16	91:18	16 62:8	95:1	95:17
	surge	85:24	99:23	technical
sufficientl	31:11	90:11	tax	50:20
y	surgeries	91:16	64:6	98:20
30:24	29:13	92:1, 4	taxes	ten
suggest	surmising	97:20, 23	39:15	31:17
34:16	63:8	systemwide	61:1	32:23
suggested	surprised	91:21, 22	team	81:22
47:17	68:16		13:12	term
summaries	survey	T	18:24	13:5, 20
19:11, 14	30:10	tab	22:25	81:7 96:4
summary	suspend	80:12	30:13	terms
22:17	101:20	takes	32:9, 10	19:17
66:18	sustainable	45:22	36:25	22:11
77:23	61:17, 20	taking	59:12, 13	55:6
summer	swept	8:21, 23	66:10	test
23:22, 23	91:6	talk	69:23	14:12
supplement	system	34:9 57:9	78:22	tested
41:4	13:11	86:2	85:3, 8,	71:24
supplies	14:6	93:22	10, 11	testimony
14:15	28:25	94:25	90:4, 7,	60:6
25:19	29:5 39:6	talked	19, 21	82:16
34:21	41:4, 19	24:11	92:17	86:24
supply	44:22	28:2	93:6, 8, 10	88:1
32:16	51:15	54:24	94:25	89:15
33:16	58:21, 23	57:8, 16	95:1, 2	
34:9, 17	59:5, 15,	61:7 64:5	97:1 99:1	Texas
35:1, 4	22 62:4,	69:8, 23	100:15	45:7
36:24, 25	16, 19, 20	79:15	101:6, 7	teams
37:6, 10	69:14, 15	84:24	16:9, 10	that'll
71:10	72:9, 11	talking	17:10, 11,	10:4
93:9, 10	75:7	12:2 21:8	13 18:15,	79:21
support	87:11	24:10	16 19:19,	95:12
12:12, 13,	89:12	27:13	20 22:17,	Theoretical
24 13:4	92:3, 5	32:12	22, 24	ly
14:25	97:18	42:11	35:10, 25	90:5
15:10	systems	51:4 53:1	40:25	theories
17:7	29:25	55:22	41:23	30:16, 18
			44:17	thick
			58:1, 9	

82:24	50:24	14:13	travelers	28:4
thing	51:2	32:13	28:3,5,6,	typical
11:4	52:10,15,	53:5,12	9,23 29:2	22:8 35:1
33:25	18 57:15	69:3	trend	
47:16	61:16	72:20	43:8	
62:18	82:1,7,10	75:1,25	48:10	U
72:18	87:12,23	Totten	57:20,22	
78:11	89:7	52:19	88:2,4	Uh-huh
91:4	97:22	102:20,23	trendline	72:4
102:2,4	101:15,	103:3,6	43:9	unable
things	18,20,22,	tough	trends	41:3
11:12	25 103:20	34:4	47:24	unauthorize
18:16	timely	transaction	triage	d
22:12	47:11	23:6,19	14:12	9:7
35:6	timing	56:8,9,	trickle	unaware
38:17	82:23	11,15	96:16	56:19
41:15	83:4	65:22	true	understand
57:1,3	title	66:5	29:24,25	8:9 11:22
58:22,23	11:25	67:23,25	30:4 47:5	14:5
59:19,21	12:4 13:3	68:4	80:18,22	16:24
65:13	15:17	79:11	truth	22:25
78:19	100:18,21	92:13	11:11	28:22
82:23	today	96:22	truthful	30:11
92:6,20	8:7,9,21	98:19	11:18	32:2
95:8	10:5	99:9,13,	TSA	34:16
thinking	11:18	22 100:6,	100:2	39:20
62:13	24:20	10	101:8	42:4
68:6	40:10	transaction	Tuesday	44:5,19
thought	56:17,19	s	102:14	49:24
37:14	81:17	16:12	tune	53:11
53:11	98:6,10	99:14	69:13	69:3
93:20	101:25	transcript	turn	70:22
tie	told	102:3	55:25	74:22
56:18	86:24	transition	82:14	81:11,12
ties	top	65:14	84:6	86:11
62:8	50:2	99:12	turnover	98:21
time	51:17	100:9	86:25	understanda
10:9 11:3	68:18	transitioni	87:24	bly
18:22	72:6	ng	88:2,5,8	87:11
20:4 26:2	86:13	100:3	types	understandi
38:22	topic	traveler		ng
43:11	89:11	28:16		29:17
44:4,9	total	69:7		35:13,18
47:13				43:2 73:1

76:4	74:11	38:15	weigh	24 35:12,
84:18	vendors	42:25	78:20	16 58:14
90:18	22:11	47:18,21	west	59:13
94:20	33:25	48:13	45:14	61:15
96:21	34:6,23	50:4	55:13	68:23
Understood	35:11	55:11,15,	Williams	69:2,4
11:8	54:21	19 68:22	8:14	78:7
underway	72:14	69:2 76:2	withdraw	79:20
27:20,25	86:4	77:22	21:11	80:18,22
	101:3	78:2	wondering	84:16
unique	venture	Volume/	63:2	85:19,21
90:10	49:22	services	words	92:21
universe	verbal	75:24	25:14	98:16,17
65:7	24:5 54:2	volumes	39:4	100:11,13
unwilling	verbally	30:11	58:24	101:2,3
41:3	10:8,12	48:9	work	works
upgrading	versus	54:25	11:22	35:19
25:24	44:20	55:2 70:3	17:10,11	93:8
usual	90:20	VP	18:1,3	101:11
38:20	viability	12:12,13	22:15,18,	worse
utilize	19:5	100:19	21,24	45:12
71:14	20:21		34:5	written
	vice	W	35:11	9:17
v	12:24	wage	52:10	Wyman
	14:24	68:14	58:4	103:12
valid	15:9 17:7	walk	70:20	Y
70:14	video	16:4	71:9 76:9	
validate	9:4,7,8	45:16	77:5	year
70:13	view	54:12	79:17	18:9
validated	23:1	wanted	82:2	20:10,11
69:20	vis-à-vis	39:20	85:19	21:2,16
validating	55:7	63:12	95:15	37:19,24
69:23	voice	wave	100:25	38:8
vary	10:6,7	42:18,20	101:6	39:3,22
55:4	15:23	ways	worked	40:5,11
varying	volume	58:2	15:17,18	41:22
55:5	29:10,17	62:6,19	69:24	42:7
vendor	30:1,16,	week	Workforce	44:16
34:22,24,	25 31:2,	86:3,7	69:6	57:2
25 36:10	8,16 32:4	99:7	working	68:1,3,5
37:11,12	33:1,13		14:14	74:12
			16:9	75:8
			18:14,18,	76:12

97:7

98:11, 18

year's

40:2

**year-to-
year**

43:3

years

12:7

18:23

33:6

40:16

55:25

73:4

87:21

yesterday

25:1

56:25

82:17

Z

Zoom

15:24

52:20