



GEORGE JEPSEN
ATTORNEY GENERAL

STATE OF CONNECTICUT
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF PUBLIC HEALTH



DR. JEWEL MULLEN
COMMISSIONER

November 17, 2015

VIA U.S. and ELECTRONIC MAIL

Darlene Stromstad, FACHE
President/CEO
Greater Waterbury Health Network, Inc.
64 Robbins Street
Waterbury, CT 06708

Jonathan Spees
Senior VP, Mergers and Acquisitions
Prospect Medical Holdings, Inc.
10780 Santa Monica Blvd., Suite 400
Los Angeles, CA 90025

Re: Greater Waterbury Health Network, Inc. Proposed Asset Purchase by Prospect Medical Holdings, Inc.; OHCA Docket Number: 15-32017-486 and Attorney General Docket Number: 15-486-02

Dear Ms. Stromstad and Mr. Spees:

On October 28, 2015, the Application of Greater Waterbury Health Network, Inc. ("GWHN") and Prospect Medical Holdings, Inc. ("PMH") was filed with the Office of Health Care Access, Department of Public Health ("OHCA/DPH") and Office of the Attorney General ("OAG") for the transfer of substantially all of the assets of GWHN and its related affiliates to PMH or one or more of its affiliates.

The OAG and OHCA/DPH have determined that there are deficiencies in the Application that require clarification and/or additional production. Conn. Gen. Stat. § 19a-486a(d). Accordingly, please respond to the following questions and/or submit the following materials to the OAG and OHCA by January 18, 2016.

OHCA Questions

1. Please comment on the November 5, 2015 report by Dow Jones & Company that Leonard Green & Partners plans to sell PMH and in your answer provide the following:

- a) a description of Leonard Green & Partners and its present ownership stake and control of PMH; and
- b) the timing of any proposed sale of PMH and its impact on the proposed Transaction.

2. At page 21 of the Application, the Applicants state that PMH will spend or commit to spend the Capital Amount (defined in the Asset Purchase Agreement (“APA”) as \$51.5 million) on capital projects in the seven years following the Closing Date (the “Capital Commitment”). According to the Application at page 27, in October 2012, PMH was prepared to spend at least \$70 million over a five-year period as part of its proposed asset purchase of GWHN. With respect to this aspect of the Transaction, please describe the factors that led PMH to make a smaller capital commitment over a longer period of time in 2015 and for GWHN to accept these terms.

3. In Section 6.10 of the APA (page 189 of the Application), the parties agree that PMH will be relieved of its Capital Commitment if, among other things, a Legal Requirement (as defined in the APA) is enacted or imposed that “adversely or disproportionately affects” for-profit hospitals. In the Application at page 21, the parties state that PMH will be relieved of the Capital Commitment if any Legal Requirement would “adversely affect a disproportionate number” of for-profit hospitals. With regard to this provision of the APA, please respond to the following questions:

- a) Please explain why the Capital Commitment made in this Transaction could be potentially eliminated in the event of the enactment or imposition of certain Legal Requirements, rather than deferred, as in PMH’s conversion application to purchase the assets of Eastern Connecticut Health Network (the “ECHN Transaction”).
- b) Explain the intended meaning of “adversely affects” and provide examples of circumstances that this term might describe. Also, please comment on whether it is the parties’ intent that PMH be relieved of its Capital Commitment if a disproportionate number of for-profit hospitals are affected by a Legal Requirement that is not imposed by the State of Connecticut or an agency thereof.

4. Page 21 of the Application provides that the Capital Commitment may be spent on “the acquisition, development and improvement of hospital, ambulatory or other health care services in the greater Waterbury, Connecticut community.” In connection with this statement, please respond to the following questions:

- a) Do the parties intend that PMH may spend all or part of the Capital Commitment to acquire other Waterbury-area healthcare businesses rather than on the capital needs of the Hospital Businesses or for Physician Recruitment Expenditures (as both terms are defined in the APA)?
- b) Please describe which types of healthcare businesses other than the Hospital Businesses that would be subject to acquisition.

5. In reference to the priority capital projects identified by Applicants on page 72 of the Application, address the following:

- a) Provide the years beyond useful life for the facilities and equipment listed, as applicable;
- b) Elaborate on the main campus upgrades involving the ED/development of urgent care, OB\Women's health and outpatient surgery; and
- c) Elaborate on the scale and services associated with the multi-use Outpatient Centers contemplated for Southbury, Naugatuck and Waterbury.
- d) Please elaborate on how the Bipartisan Budget Act of 2015 and its restrictions on off-campus hospital departments billing under Medicare's hospital outpatient prospective payment system ("OPPS") might affect the development of the multi-use Outpatient Centers.

6. On page 980 of the Application, Applicants identified certain capital improvements made recently, including investments in an XI robot and replacing a CT scanner as well as a C-Arm. Please provide a list of all capital projects (excluding routine maintenance of physical plant and equipment) undertaken by GWHN since January 2013, including, but not limited to the projects referenced, and please identify the associated costs of each capital project.

7. As of the date of Applicant's response to this Completeness Letter, please update the following:

- a) the current Net Working Capital (as defined in the APA) of GWHN calculated in accordance with the methodology agreed by the parties on Annex A of the APA;
- b) a description of the methodology to be used in Annex A;
- c) the current amount of capital lease obligations of GWHN;
- d) the current Asbestos Abatement Liability (as defined in the APA) of GWHN;
- e) the current amount of Unfunded Pension Liabilities (as defined in the APA) of GWHN;

- f) the current amount due for GWHN to satisfy the bond obligations as required by Section 5.15 of the APA (page 182 of the Application); and
- g) based on the responses to the subsections (a) through (f) above, please provide an updated estimated purchase price for GWHN's assets after adding Net Working Capital and subtracting the capital lease obligations, Unfunded Pension Liabilities, Asbestos Abatement Liability, and the amount due for GWHN to satisfy its bond obligations.

8. In response to Question 32 of the Application, at page 71, the parties state that if any of GWHN's joint venture interests cannot be transferred at Closing, the purchase price will be reduced to reflect the value allocable to the joint venture interest not transferred. With respect to this statement, please provide the following:

- a) What is the current status of the efforts to have PMH acquire GWHN's ownership in the two joint ventures with St. Mary's Hospital, the Harold Leever Regional Cancer Center, Inc. and the Heart Center of Greater Waterbury, Inc.?
- b) What valuation methodology would be used to determine the value of GWHN's joint venture interests if these interests are not transferred and a reduction in the purchase price needs to be taken.
- c) What is the estimated value of these GWHN joint venture interests when applying the valuation methodology described in subsection (b) above.

9. During the 2012 request for proposals ("RFP") process, Tenet/Vanguard and PMH both submitted proposals to purchase GWHN. Tenet proposed a joint venture, whereas PMH proposed an asset purchase. Reference is made to page 26 of the Application where Applicants state that the GWHN Board of Directors, based on the Task Force's recommendation, preferred the Tenet/Vanguard proposal over PMH's as "the joint venture model will better ensure continuing community engagement with the Hospital." With respect to this statement, please elaborate what specific concerns the Board and Task Force had for an asset purchase versus a joint venture, and how those concerns have been allayed by PMH and the proposed governance structure for the post-closing hospital in this transaction.

10. On page 20 of the Application, Applicants state that the "post-closing hospital will be governed by a board of directors controlled by PMH (the "Hospital Board"). Please identify the likely composition the Hospital Board, how membership will be determined, the number of proposed directors, whether any current GWHN Board members are expected to serve on the Hospital Board and provide any proposed or actual Bylaws for the Hospital Board.

11. On page 91 of the Application and pending further discussions with current GWHN Board, PMH states that it would prefer that at least some of the members of the current GWHN Board agree to serve on the community advisory board ("Local Board") and that a member of the Hospital Board also serve on the Local Board. With respect to this statement, please identify those members of the GWHN Board of Directors who will continue to serve on the Local Board,

the member of the Hospital Board who will serve on the Local Board and provide any proposed or actual Bylaws for the Local Board.

12. To the extent available, please provide the name and business address for each individual currently serving as a member of the governing body for each entity identified in the Organizational Chart set forth at page 68 of the Application, including, without limitation, PMH, Prospect Provider Groups, Inc. (“PPG”) and PHP Holdings, Inc.

13. In table format, provide historical volumes (three full fiscal years (“FY”) and the current year-to-date) for the number of discharges and patient days, by service for Waterbury Hospital.

TABLE A
 HISTORICAL AND CURRENT DISCHARGES

Service*	Actual Volume (Last 3 Completed FYs)			
	FY**	FY**	FY**	CFY***
Medical/Surgical Maternity Psychiatric Pediatric Rehabilitation				
Total				

* Provide the number of discharges for each service listed (Medical/Surgical, Maternity, Psychiatric, Pediatric and Rehabilitation).

** Fill in years. In a footnote, identify the period covered by the Applicant’s FY (e.g., July 1-June 30, calendar year, etc.).

*** For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

**TABLE B
 HISTORICAL AND CURRENT PATIENT DAYS**

Service*	Actual Volume (Last 3 Completed FYs)			
	FY**	FY**	FY**	CFY***
Medical/Surgical Maternity Psychiatric Pediatric Rehabilitation				
Total				

* Provide the number of patient days for each service listed (Medical/Surgical, Maternity, Psychiatric, Pediatric and Rehabilitation).

** Fill in years. In a footnote, identify the period covered by the Applicant's FY (e.g., July 1-June 30, calendar year, etc.).

*** For periods greater than 6 months, report annualized volume, identifying the number of actual months covered and the method of annualizing. For periods less than six months, report actual volume and identify the period covered.

14. Complete the following tables for Waterbury Hospital for the first three (full) fiscal years following the proposed asset purchase, if the first year is a partial year, include that as well.

**TABLE C
 PROJECTED DISCHARGES BY SERVICE**

Service*	Projected Volume			
	FY**	FY**	FY**	FY**

Medical/Surgical Maternity Psychiatric Pediatric Rehabilitation				
Total				

- * Provide the number of discharges for each service listed (Medical/Surgical, Maternity, Psychiatric, Pediatric and Rehabilitation).
- ** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary. In a footnote, identify the period covered by the Applicant's fiscal year FY (e.g., July 1- June 30, calendar year, etc.).

**TABLE D
PROJECTED PATIENT DAYS BY SERVICE**

Service*	Projected Volume			
	FY**	FY**	FY**	FY**
Medical/Surgical Maternity Psychiatric Pediatric Rehabilitation				
Total				

- * Provide the number of patient days for each service listed (Medical/Surgical, Maternity, Psychiatric, Pediatric and Rehabilitation).
- ** If the first year of the proposal is only a partial year, provide the first partial year and then the first three full FYs. Add columns as necessary. In a footnote, identify the period covered by the Applicant's fiscal year FY (e.g., July 1- June 30, calendar year, etc.).

- a) Explain any increases and/or decreases in historical volumes reported in the tables above.
- b) Provide a detailed explanation of all assumptions used in the derivation/calculation of the projected volume.

15. At page 13 of the Application, Applicants describe the Hospital as a “safety net” hospital that treats “a large number of Medicare, Medicaid and uninsured patients.” Additionally,

Applicants state on page 54, that Waterbury struggles with high unemployment and high poverty. Applicants state that the Asset Purchase will provide access to capital that will allow the Hospital to recruit additional physician and midlevel providers. With respect to these statements, address the following:

- a. Describe PMH’s experience with the development of its CRC models of care in urban, underserved areas that would demonstrate PMH’s ability to effectively grow GWHN’s physician network in the Waterbury community.
- b. Please elaborate on the extent to which GWHN has had difficulty recruiting and/or maintaining medical staff in recent years.
- c. Please complete the following table setting forth the number of physicians comprising Active and total members of the medical staff (Active plus all other staff categories) for Waterbury Hospital for the years listed below:

TABLE E

	2013	2014	2015
Active Staff			
Total Staff			

- d. With respect to Waterbury Hospital’s medical foundation, Alliance Medical Group, Inc., please provide the number of physicians and other allied health professional participants for each year since the inception of the foundation to the current year to date.

16. With respect to Exhibits Q42-2 and Q44-1, Applicants project no change in Nurse Staff to Patient Ratios or, in general, the Average Weekly Hours for Ancillary Caregivers for three years following approval of the asset purchase. Reconcile how the asset purchase will achieve efficiencies and improve quality of care without corresponding adjustments to nurse to patient ratios and the hours of ancillary caregivers.

17. On page 55 of the Application, Applicants reference utilization of Independent Practice Associations (“IPAs”) as part of PMH’s overall strategy to improve quality, patient satisfaction and improved patient outcomes. On page 56 of the Application, Applicants state that PMH “has already begun implementation efforts with respect to its CRC model, including formation of an IPA and Board with local representatives, review of regulatory requirements, discussions with payers and evaluation of the care delivery network.” With respect to these statements, please address the following:

- a) The status on the formation of the IPA and the Board;
- b) The opportunities and impediments for utilizing the CRC model in Connecticut based on regulatory requirements;

- c) The substance and status of discussions with payers; and
- d) Any reports on PMH's evaluation of the care delivery network.

18. On page 65 of the Application, Applicants disclose that "PMH and GWHN representatives have already met with leadership for Connecticut's Medicaid Program and expressed their desire to work under a risk-based arrangement to provide care to Medicaid recipients." Please provide an update on the status of these discussions. What impact, if any, would there be on the proposed asset purchase if Connecticut's Department of Social Services were to decide not to enter into risk-based arrangements with PMH?

19. Applicants assert on page 46 of the Application, "where Prospect has acquired hospitals [in California, Rhode Island, and Texas], the access and quality of care improved, significant capital investments were and are continuing to be made, and job growth has occurred." At page 64 of the Application, Applicants state that "[i]t is anticipated, over time, that Prospect will achieve improvements in access and the quality of services available" to Medicaid recipients and the indigent. Please cite to specific examples at other PMH acquired hospitals to address the following:

- a) How access and quality of care has improved for patients in general and Medicaid and indigent patients in particular (identify the standards or benchmarks demonstrating these improvements); and
- b) Provide details regarding significant capital investments initiated by PMH at the hospitals it has acquired within 5 years post-closing.

20. On pages 57 and 59 of the Application, PMH references the development and implementation of specific programs executed through its CRC model designed to address patients with significant co-morbidities. Please describe these programs in detail and explain how they will be implemented within the Greater Waterbury community. Provide detail on how quality of care and cost effectiveness of care has been improved as a result of these programs.

21. On page 62 of the Application, Applicants state that through the CRC model, "PMH has demonstrated improved clinical outcomes, higher quality scores, higher patient satisfaction, lower re-admission rates, lower average lengths of stay, and lower medical-cost ratios." Provide specific examples in addition to those cited on pages 65-66 and include all assessments, reports, analysis or any other documentation supporting these claims.

22. In connection with Section 6.09 of the APA, at page 189 of the Application, please respond to the following questions:

- a) Section 6.09 provides that PMH will "ensure that the Hospital maintains and adheres to Seller's current policies on charity care...for at least five (5) years from Closing." In the ECHN Transaction, PMH did not qualify its commitment to

continue ECHN’s charity policies. Please explain the parties’ decision to agree to this qualification.

- b) Section 6.09 of the APA, at page 189 of the Application, also provides that PMH will participate in Medicare and Medicaid, accept all emergency patients without regard to ability to pay, provide public health programs and promote public health for at least five years after Closing. Particularly in view of Waterbury Hospital’s current status as a “safety net” hospital, please discuss how access to care in the community will be affected if PMH ceases GWHN’s participation in Medicare and Medicaid no longer accepts all emergency patients without regard to ability to pay or no longer continues to operate under the Hospital’s charity care policies.

23. Reference is made to Table F concerning the amount of uncompensated care provided by Waterbury Hospital from FY 2012 to FY 2014:

TABLE F

	FY 2012	FY 2013	FY 2014
Charity Care	\$1,389,352	\$1,472,594	\$5,644,280
Bad Debts	\$10,435,502	\$10,783,760	\$3,692,986

* Source: OHCA Annual Report on the Financial Status of Connecticut’s Short Term Acute Care Hospitals (Sept. 2015)

- a) Please explain the reasons for the large increase in charity care provided by the Hospital in FY 2014.
- b) Please explain the reasons for the large decrease in bad debt recognized by the Hospital in FY 2014.
- c) Provide the amounts of charity care provided by Waterbury Hospital and the amount of bad debt recognized for FY 2015.
- d) Please describe how the proposed asset purchase with PMH can result in an increase in charity care provided by Waterbury Hospital and cite to any examples from PMH’s prior non-profit acute care hospital acquisitions where the amount of charity care (not total uncompensated care inclusive of bad debt) has increased from year to year post acquisition.

24. Subsequent to acquisition of both hospitals, describe PMH’s experience in implementing the Community Health Needs Assessment (“CHNA”) implementation strategies for both Roger

Williams Medical Center and Our Lady of Fatima Hospital. Please describe the priority needs identified in each CHNA and how each hospital is presently addressing those needs.

25. On page 62 of the Application, PMH commits to “support the priority needs identified by the CHNA” developed by Waterbury Hospital in collaboration with the Greater Waterbury Health Improvement Partnership (“GWHIP”). With respect to this statement, please respond to the following:

- a) On page 924 of the Application, the Certificate of Incorporation for the Independent Foundation states that as part of its purpose, the Foundation will conduct or support CHNAs. Please compare and contrast the Foundation’s role in conducting and supporting CHNAs with those of Waterbury Hospital if it becomes a for-profit hospital.
- b) Please address the extent to which Waterbury Hospital will continue to participate in the GWHIP after the closing and whether it intends to adopt implementation strategies to address health needs identified in CHNAs for the Waterbury area that would be conducted post-closing.
- c) On page 1119 of the Application, the CHNA findings of GWHIP identified additional key community health issues, including addressing Diabetes, Heart Disease, Respiratory Disease, Infant Mortality/Low Birth Rate and Cancer. Please elaborate on how PMH plans to address these additional areas of need in the Greater Waterbury area.

26. Reference is made to Exhibit Q51-1, the Hospital’s IRS Form 990 Report for the 2014 Tax Year. Please detail all charitable donations and other monetary and non-monetary support provided by Waterbury Hospital to the following programs and/or services and comment on the extent to which they will be continued by the post-closing hospital:

- a) Waterbury Hospital Infectious Disease Clinic
- b) Waterbury Health Access Program
- c) Waterbury Hospital Center for Behavioral Health
- d) Be Well Bus
- e) Heart Center of Greater Waterbury
- f) Family Birthing Center
- g) Thank God I’m Female
- h) Evergreen 50 Club

27. The Application at page 84 states that PMH will be seeking property and sales tax abatements post-closing for a transition period and that “such abatement is deemed critical to the overall success of the proposed transaction.” In connection with these statements:

- a) Please describe the length of the proposed transition period and the particulars of the abatement that will be sought.
- b) Explain why the abatement is deemed critical to the overall success of the proposed transaction.
- c) If PMH is unsuccessful in its negotiations for such an abatement, will there be any changes to the Capital Commitment or PMH’s commitment as noted on page 84 to adhere to GWHN’s current policies regarding charity care, indigent care, community volunteer services and community benefits?

28. Reference is made to Table 1 on page 74 of the Application. Please explain the assumptions behind the projected reduction in the number of self-pay discharges for FYs 2016-2018.

29. Please elaborate on the expected revenue growth for Waterbury Hospital associated with the use of the CRC model of care and provide specific examples from hospitals currently owned by PMH of actual savings realized post-acquisition in the various operating expense categories set forth in Financial Worksheet (C).

30. On page 69 of the Application, the Applicants indicate that “PMH has access to an existing corporate level credit facility in addition to its cash on hand.” Name the credit facility, provide PMH’s current credit rating and elaborate on the process associated with borrowing funds from this credit facility to fund any portion of the \$51.5 million Capital Commitment in lieu of cash from GWHN operations.

31. Elaborate on the financial feasibility to fund the \$53 million purchase price given PMH’s declines in cash and cash equivalents, operating income, net income, and realized deficits in Stockholder’s equity from FY 2012 to 2014 reported in its FY 2014 audited financial statements as set forth at Exhibit Q8-1.

32. Provide an updated Pro Forma Balance Sheet for the proposed Transaction, Exhibit Q3-3 at page 221, as of September 30, 2015.

33. In reference to Financial Worksheet (C), Exhibit Q37-1, and the related Assumptions, at Exhibit Q38-1, for GWHN and Waterbury Hospital address the following:

- a) For GWHN, provide a revised Financial Worksheet (C) that will include Actual results for FY 2014. Note that the results reported must agree with the GWHN audited financial statements filed at OHCA. Provide the missing assumptions utilized in developing the projections and explain any projected losses from operations;

- b) For Waterbury Hospital, provide a revised Financial Worksheet (C) that will include FY 2014 Actual results in agreement with the audited financial statements filed at OHCA. Explain the zero amounts reported under the uninsured, self-pay and workers compensation line items.
- c) Explain the zero incremental amounts associated with this proposal for Waterbury Hospital when the assumptions submitted indicate increases in revenue, volume, and expenses for FY 2016.
- d) For GWHN and Waterbury Hospital, explain why the applicants assumed increases in expenses, for FY 2016-FY 2018, when in response to questions 26 and 53, the Applicants indicate that they expect a lower cost structure and improved efficiencies that will generate cost savings and that, as stated in Exhibit Q38-1, *“the hospital engaged the Camden Group to look at opportunities to remove expenses from the organization and we have begun or about to begin implementing many of these based on the data analyzed. Our goal moving forward and starting in FY 2016 is to increase our revenue capability but also make significant changes that will allow us to decrease our expenses where appropriate.”*
- e) Explain the Applicants submission of Alliance Medical Group’s assumptions as a separate entity and their relationship with the Financial Worksheets(C).

34. Please provide updated Financial Measurements/Indicators, Exhibit Q50-1, for the months of July, August and September 2015 and comparable months from the previous fiscal year for GWHN, Waterbury Hospital and PMH. Provide the methodology utilized to calculate the financial ratios on Sections A through C and an explanation for any decreases or increases that apply to any of the items listed on Section D between YTD FYs 2014 and 2015.

35. On page 878 of the Application, PMH’s FY 2014 audited financial statements indicate that *“Patients without insurance are offered assistance in applying for Medicaid and other programs they may be eligible for, such as state disability. Patient advocates from the Company’s Medical Eligibility Program (“MEP”) screen patients in the Hospital and determine potential linkage to financial assistance programs. They also expedite the process of applying for these government programs.”* Elaborate on the MEP process and success record. Indicate whether this program will be available at Waterbury Hospital if the asset purchase is approved and consummated.

OAG Questions

36. Your response to Question 10 in the Application states that the Independent Foundation will *“seek qualification as a 501(c)(3) charitable organization.”* Please indicate how the Independent Foundation intends to qualify for such a designation.

37. Exhibit Q10-2 is the Draft Bylaws of the Independent Foundation. In Section 4.1, it states: "At least a majority of the Trustees shall live or work in the Communities." Please explain why the bylaws do not require that all of the Trustees of the Independent Foundation either live or work in the communities served by GWHN.

38. Your response to Question 11 in the Application states that the Hospital intends to continue to receive the income from several different types of charitable funds, including excess income from certain bed funds, until its liabilities are paid off. How does GWHN intend to apply the charitable income from these bed funds to provide free care for individuals while remaining in possession of the funds after the transaction closes? Also, please explain how GWHN will determine what is the *excess* income from such bed funds.

39. Please identify from which of the bed funds in Schedule D of Exhibit Q11-1 GWHN expects to continue to receive excess income.

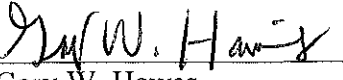
Please mail one (1) complete hard copy and one (1) complete electronic copy of the requested materials for approval to each of the following addresses:

Office of the Attorney General
55 Elm Street, P.O. Box 120
Hartford, Connecticut 06141-0120
Attn: Gary W. Hawes, AAG

Office of Health Care Access, Dept. of Public Health
410 Capitol Avenue
Hartford, Connecticut 06134
Attn: Steven W. Lazarus

After receipt of these requested materials, the OAG and OHCA shall review the submission to determine whether the application for approval is complete. If not, they shall provide written notice of any deficiencies within twenty (20) days of receipt of the information requested. Should you have any questions regarding these requests or any other issues relating to the Commissioner's and Attorney General's review, please do not hesitate to contact either Steven W. Lazarus at the Department of Public Health (860-418-7012; Steven.Lazarus@ct.gov) or Assistant Attorney General Gary W. Hawes at the Office of the Attorney General (860-808-5020; gary.hawes@ct.gov).


Very truly yours,



Gary W. Hawes
Assistant Attorney General
Office of the Attorney General

cc: Steven Lazarus (via electronic mail)
Counsel of Record

Very truly yours,



Kimberly Martone
Director of Operations
Office of Health Care Access

