

In The Matter Of:

Interview

Mark Johnson
CONFIDENTIAL

March 1, 2021



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

IN RE:

ZOOM CONFERENCE -
INTERVIEW UNDER OATH OF MARK JOHNSON

CONFIDENTIAL

March 1, 2021
11:00 A.M.

APPEARANCES:

FOR THE STATE OF RI - OFFICE OF ATTORNEY GENERAL:
BY: JESSICA RIDER, ESQ., HEALTH CARE ADVOCATE
SPECIAL ASSISTANT AG

RI DEPARTMENT OF HEALTH
BY: JACQUELINE KELLEY, ESQ.

FOR TRANSACTING PARTIES & INTERVIEWEE:

ADLER POLLOCK & SHEEHAN, PC
BY: PATRICIA ROCHA, ESQ.
LESLIE PARKER, ESQ.
RICHARD BERETTA, JR., ESQ.

1 ALSO PRESENT:

2 OFFICE OF ATTORNEY GENERAL:

3 BY: MARIA LENZ, ESQ. - ASSISTANT AG

4 JENNIFER GALLOP, ESQ. - KROKIDAS & BLUESTEIN, LLP

5 JAMES CARRIS, CPA

6 RHODE ISLAND DEPT. OF HEALTH:

7 BRUCE TODESCO, ESQ. - SR. LEGAL COUNSEL
8 STATE OR RI

9 FERNANDA LOPES, MPH, CHIEF - OFFICE OF
10 HEALTH SYSTEMS DEVELOPMENT

11 MICHAEL DEXTER, CHIEF - CENTER FOR HEALTH
12 SYSTEMS POLICY AND REGULATIONS

13 MATT STUART, PYA, P.C.
14 MICHAEL RAMEY, PYA, P.C.

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REPORTER'S NOTE: Exhibit D retained by the parties.

1 (COMMENCED AT 11:03 A.M.)

2 THE REPORTER: Stipulation: It is
3 hereby stipulated and agreed by all counsel
4 present under the Rhode Island Executive Order
5 2020-09, Article 11 (COVID-19), that this
6 web-based remote proceeding is being conducted by
7 parties in separate locations.

8 The oath will be administered to the witness
9 after providing a valid form of identification.

10 This proceeding will not be recorded by video
11 or audio means without prior consent of all the
12 parties.

13 Exhibits may be presented and marked by
14 counsel and provided to all parties, prior to or
15 at the time of questioning.

16 All parties shall bear their own costs for
17 the transcript. My notary number is 7337.

18 Can I have a stipulation that I'm a Rhode
19 Island notary and witness is located in another
20 state?

21 MS. ROCHA: That's stipulated.

22 MS. RIDER: Yes.

23 MARK JOHNSON

24 (SWORN)

25 MS. RIDER: Good morning,

1 Mr. Johnson, my name is Jessica Rider, I am an
2 attorney with the Rhode Island Office of Attorney
3 General, and this interview under oath is being
4 transcribed by the stenographer. It's being
5 conducted pursuant to the Hospital Conversion Act,
6 and, Pat, could we stipulate that Exhibit A could
7 be the notice to attend?

8 MS. ROCHA: Yes, that's fine.

9 (EXHIBIT A MARKED FOR IDENTIFICATION)

10 MS. RIDER: So I'll go through, in a
11 second and introduce all participants on behalf of
12 the Attorney General's office and the Department
13 of Health, and then Pat can take it over for your
14 side.

15 So I am Jessica Rider. We also have Maria
16 Lenz here who is Assistant Attorney General at the
17 Attorney General's office, Jonathan Whitney,
18 Special Assistant Attorney General at the Attorney
19 General's office. We have Jennifer Gallop and
20 James Carris, who are both consultants with the
21 Attorney General's office.

22 On behalf of the Department of Health we have
23 Fernanda Lopes, who is chief of the Office of
24 Health Systems Development, Michael Dexter, chief
25 for the Center for Systems Policy and Regulation.

1 Jacqui Kelley and Bruce Todesco, legal counsel for
2 the Department of Health, Matt Stuart, Michael
3 Ramey and Ken McCosh, all consultants for the
4 Department of Health.

5 MS. ROCHA: Pat Rocha with Leslie
6 Parker and Richard Beretta representing the
7 transacting parties, and Mr. Johnson.

8 MS. RIDER: Attorney Rocha, as part
9 of this proceeding, would you agree that there
10 will be no audio or video recording of this
11 interview under oath by the transacting parties?
12 You represent the interviewee, and that if such
13 unauthorized audio or video occurs, it will not be
14 used for any public purpose?

15 MS. ROCHA: Yes, and it's my
16 understanding that applies to all parties to this
17 interview.

18 MS. RIDER: Yes, that's correct. I
19 realize now we're going to talk about the breakout
20 rooms, and I don't think we set those up, so
21 should we take a pause.

22 (OFF THE RECORD)

23 (BREAKOUT ROOMS SET UP)

24 MS. RIDER: So, as we know, we have
25 the opportunity to use breakout rooms at certain

1 points throughout this interview under oath. If
2 there is a technical glitch where one side or
3 person ends up in a breakout room where the other
4 side is sharing privileged attorney/client
5 information or work product, I ask we immediately
6 notify the stenographer and unjoin the breakout
7 room until technology is all worked out. We all
8 agree with that?

9 MS. ROCHA: Yes.

10 EXAMINATION BY MS. RIDER

11 Q. Mr. Johnson, the focus of your statement under
12 oath is on your role with and knowledge of the
13 financial position of Prospect Medical Holdings,
14 Prospect CharterCARE, Fatima and Roger Williams
15 Medical Center, your relationship with Sam Lee,
16 David Topper and Leonard Green, and the Chamber
17 and Ivy proposed transaction. I'm going to go
18 over a few ground rules with you. Please remember
19 you are answering questions under oath, which
20 means they're being answered truthfully,
21 accurately and honestly; do you understand that?

22 A. I do.

23 Q. If you do not understand a question, ask me or
24 whoever is asking the question to rephrase. If
25 you don't make that request, I'm going to assume

1 you've understood the question. Make sure to
2 verbally respond, nods or shakes of the head don't
3 come across on a transcript; okay?

4 A. Okay.

5 Q. If you do not remember the answer, or don't know,
6 say so, and if you don't know the answer to a
7 question, but you believe there is another
8 individual within the Prospect system that would
9 have the answer, please let us know who that
10 person is; okay?

11 A. Okay.

12 Q. If your attorney makes an objection, you must
13 answer the question anyways; okay?

14 A. Okay.

15 Q. And we will plan to take periodic periods
16 throughout the statement under oath, but if you
17 need a break before we take one, just ask. I just
18 request that we don't leave a question pending, so
19 you've answered the question fully before we go on
20 and take that break; okay?

21 A. Okay.

22 Q. And in the past 24 hours have you drank any
23 alcohol?

24 A. I have not.

25 Q. Have you taken any prescription medication?

5 Q. Have you taken any other drugs?

6 A. No.

7 Q. Anything else that would affect your ability to
8 provide honest answers under oath today?

9 A. No.

10 Q. Have you ever been deposed or given a statement
11 under oath?

12 A. I have not.

13 MS. RIDER: Well, welcome.

14 THE WITNESS: Thank you.

15 Q. Have you ever been a plaintiff or defendant in a
16 lawsuit?

17 A. I have not.

18 Q. Have you been promised anything for giving your
19 testimony today?

20 A. I have not.

21 Q. In preparing for this interview did you review any
22 material?

23 A. I did, financial statements, the deposition
24 of Dave Ragosta.

25 Q. And any other materials that you can recall?

1 A. Just information that was provided, like,
2 last evening that would be reviewed today, audited
3 financial statements, and that information.

4 Q. And other than with your attorneys, did you
5 discuss this interview with anybody else before
6 coming here today?

7 A. Just my attorneys and two individuals at
8 Prospect.

9 Q. With what individuals at Prospect did you discuss?

10 A. Lalit Katz and Von Crockett.

11 Q. What were the -- was the summary of your
12 conversation with them about the interview?

13 A. They just participated in the interviews with
14 the attorneys.

15 Q. Are you familiar with the Chamber/Ivy change in
16 effective control and Hospital Conversion Act
17 applications that have been filed with the
18 Attorney General and Department of Health?

19 A. So, I am aware of them, yes.

20 Q. Did you assist in preparing those applications in
21 any way?

22 A. I did not.

23 Q. Are you familiar with the 2014 Prospect
24 CharterCARE joint venture?

25 A. I am familiar with it.

1 Q. Have you ever -- did you help in preparing the
2 applications or any materials for that
3 transaction?

4 A. I did not. I was not even employed by
5 Prospect at the time of that transaction.

6 Q. And, Mr. Johnson, can you tell me about your
7 educational background?

8 A. Sure. So I have an undergraduate degree in
9 public -- or accountancy from Mississippi State
10 University. I have my graduate degree in
11 accountancy with emphasis in taxation from the
12 University of Mississippi, and I am a licensed CPA
13 in the State of Tennessee.

14 Q. What years did you get your undergrad and graduate
15 degree?

16 A. My undergraduate was August of 1990, and my
17 graduate degree was August of 1991.

18 Q. You said you're a licensed CPA in Tennessee?

19 A. I am.

20 Q. That's an active license?

21 A. It is active, yes.

22 Q. How long have you held that license?

23 A. Since 1996.

24 Q. Is that a requirement for your job at Prospect, or
25 something you had already?

1 A. It was not. It is not a requirement.

2 Q. Do you have any executive type training?

3 THE WITNESS: Could you define what
4 you mean by that question?

5 Q. Any type of professional training, or anything of
6 the sort that's -- that you have a manager
7 essentially?

8 A. Yeah. So, I'm actually a Six Sigma Green
9 belt, and a certified change agent as well.

10 Q. Can you explain what those certifications mean?

11 A. A Six Sigma is really kind of a
12 process-oriented process where you are actually
13 able to look at certain things that happen and
14 really drill down to root causes and be able to
15 improve processes based on data and information.

16 And then the change agent is one that, you
17 know, a lot of times, you know, people are very
18 used to doing things they've always done, or this
19 is the way we've always done it, to really be able
20 to help people see other ways to do this.

21 Q. When did you get those certifications?

22 A. 2005.

23 Q. And do you have to do anything to renew them?

24 A. I do not.

25 Q. Does Prospect require any additional training?

1 A. They do not.

2 Q. And have you had any particular training or
3 experience in financial projections other than the
4 positions you've already told us about?

5 A. Just the positions that I've held.

6 Q. And tell me about your employment with Prospect,
7 how long have you been with the company?

8 A. So I joined the company in April of 2015 as a
9 regional vice president of financial operations.
10 Since then I've actually held a couple of
11 positions. I moved into a corporate vice
12 president of financial operations and operational
13 improvement in May of 2018. Then in December of
14 2019 I moved into the interim role of vice
15 president of revenue operations, officially took
16 that role in March of 2020, and then at the end of
17 July 2020 I was promoted to the corporate chief
18 financial officer role.

19 Q. Okay. So, starting with your first job at
20 Prospect in April of 2015, can you explain to me
21 what your duties and responsibilities were in that
22 role?

23 A. Sure. So, it was -- the job was, of course,
24 regional vice president of financial operations;
25 very much like a CFO-type position. The

1 responsibility was to really look at the
2 facilities from an operational standpoint, you
3 know, were there areas of opportunity where we
4 could improve, you know, operations, improve
5 revenue streams, you know, and just continue to
6 improve the financial position of the
7 organization.

8 Q. And you said you were regional VP, what region
9 were you a VP?

10 A. It was the East region. It started with the
11 Rhode Island facilities when I started in April,
12 and then that summer it expanded to be able to be
13 part of the team that reviewed the acquisitions
14 that we were going to be dealing with Prospect,
15 which included New Jersey and Philadelphia, and
16 the Connecticut hospitals.

17 Q. So, that job when you were brought on in April
18 2015, you were really looking at solely Rhode
19 Island?

20 A. Yes.

21 Q. And then tell me about your next role that you
22 said you took over in May of 2018, I didn't catch
23 the title of it.

24 A. So it was the corporate vice president,
25 financial operations/operational improvement.

1 Actually, just an expansion of the role that I had
2 had because at that point I had moved just from
3 Rhode Island to be the regional, over the East
4 region which included Connecticut, Pennsylvania,
5 New Jersey and Rhode Island. In May of 2018 I
6 actually moved into the role that included the
7 California region as well.

8 Q. So you were now responsible for all of Prospect's
9 hospitals?

10 A. And the financial operation -- financial
11 operations role, yes.

12 Q. And talk to me about the role you took in December
13 of 2019?

14 A. So, that would be the vice president over
15 revenue operations. So I moved out of the
16 financial ops role and took over all of the
17 revenue cycle operations for Prospect, which
18 included everything from admitting, through
19 billing, to collections.

20 Q. Would that have been considered a promotion?

21 A. It was -- at that point it would have been a
22 lateral-type move, but then in March when I moved
23 out of the interim into the official role, that
24 was actually a senior vice president role, and
25 that would have been a promotion.

1 Q. And then talk to me a little bit more about your
2 position as CFO. Can you explain the process for
3 your appointment as CFO of Prospect?

4 A. So, you know, again, having, you know,
5 training as an accountant and as a CPA, you know,
6 I've actually been a CFO at other companies.
7 There was a need in the company for a CFO, I was
8 approached to be able to take this role as the
9 company's CFO.

10 Q. Who were you approached by?

11 A. I was approached by Sam Lee.

12 Q. Did you have to submit a formal application, or do
13 you know if there were other people that were
14 being considered for the position?

15 A. I do not know if there were other people
16 considered.

17 Q. Did you have to submit a formal application?

18 A. I did not.

19 Q. Did you present to the board, or have any formal
20 interviewing process?

21 A. I did not.

22 Q. And was there any onboarding or training that you
23 received when becoming CFO; how did you know what
24 to do when you took over that role?

25 A. You know, there was not necessarily any

1 official onboarding, but I do have many years of
2 experience as a hospital level CFO. So kind of,
3 you know, having already been responsible for
4 revenue cycle that is usually a big portion of
5 that job. So, having that, as it was a matter of
6 just trying to familiarize myself with the
7 organization at that point in areas that I had not
8 had any exposure to at that point.

9 Q. Was there anybody within the organization that you
10 could lean on for questions, or anything like that
11 when you first took the role?

12 A. So, yes, I mean, there's people that have
13 been with the company, you know, for some time,
14 now, you know, definitely leaned on my accounting
15 department as well.

16 Q. You mentioned you've been CFO at other companies.
17 Let's go through your prior job history before
18 coming to Prospect. What was the job you held
19 just immediately prior to coming to Prospect?

20 A. So I was the chief financial officer and
21 chief operating officer for Norwood Hospital, that
22 is owned by Steward Health Care.

23 Q. And how long did you hold that role for?

24 A. I was there for three years, from 2012 until
25 I started with Prospect in 2015.

1 Q. And prior to that where were you working?

2 A. Prior to that I was at Poplar Bluff Regional
3 Medical Center in Poplar Bluff, Missouri. That
4 hospital was owned by Health Management
5 Associates, and I was there from 2009 to 2012. I
6 held the role of CFO there as well.

7 Q. And prior to that role where were you employed?

8 A. I was with Renown Health in Reno, Nevada. I
9 was CFO of their main hospital there from 2008 to
10 2009.

11 Q. And prior to that?

12 A. So prior to that I was with Tucson Medical
13 Center as the VP of support services. I was in
14 Tucson, Arizona. That job was from 2004 to 2008.

15 Q. I'm going to make you go back a little bit
16 further. What was your role prior to that?

17 A. Prior to that I worked for Asis, A-s-i-s,
18 Health Care. They are now owned by Steward Health
19 Care, actually, and I was their chief financial
20 officer in San Antonio, Texas, 2003 to 2004, at
21 Southwest General Hospital in San Antonio, Texas.

22 Q. Take me back one more for the full 20-year
23 breakdown. Where were you employed before that?

24 A. Prior to that I was with Triad Health Care
25 from 2002 until 2003. That hospital was actually

1 one that was acquired by Tucson Medical Center. I
2 actually worked at that hospital twice, just two
3 separate times.

4 Q. So the short break in San Antonio from 2003 to
5 2004, after that you were back with essentially
6 the same company that you had been working for
7 previously?

8 A. Yes. Just different owners, same hospital,
9 different owners.

10 Q. Do you have any other professional memberships
11 that you haven't told us about yet. Do you sit on
12 any boards or anything like that?

13 A. Yes. So I am the past president of the Rhode
14 Island Chapter of American College of Health Care
15 Executives. I was the president. I ended my two
16 years with them in January of this year. And I do
17 sit on that board as part of that -- as being the
18 past president.

19 Q. Any others?

20 A. That is it.

21 Q. Tell me about your role, what was your role as
22 president of that organization?

23 A. So it was, you know, membership growth,
24 ensuring we provide education to our members. The
25 membership is really people that are in the health

1 care arena, be it hospitals, be it insurance
2 plans, you know, anybody that is related to health
3 care can be a member of ACHE.

4 So, part of the responsibility is to ensure
5 that we grow membership, again, provide education
6 and opportunities for people in network to learn.
7 And last year it was really more along the lines
8 about how do we keep connected in the COVID world.
9 So we pivoted to a lot of Zoom education sessions
10 last year.

11 Q. Prior to becoming the president were you involved
12 with the organization?

13 A. I was. I was the president-elect for two
14 years. So, it's a six-year commitment; two years
15 as president-elect, and two as past president.

16 Q. Did you become involved with that organization
17 after you started working at Prospect, or before?

18 A. So I've been involved with the American
19 College of Health Care Executives since probably
20 2000. But I had never been like an elected
21 official until the Rhode Island Chapter.

22 Q. And did you choose the Rhode Island chapter
23 because you were working in that region at the
24 time?

25 A. So, your membership is based on where your

1 employment is, and since I was based in Rhode
2 Island, that is the chapter that I was assigned
3 to. You can be members of other chapters, but
4 your main chapter is the one where you actually
5 work.

6 Q. Tell me, why did you elect to come to Prospect
7 Medical Holdings.

8 A. You know, when I looked at the opportunity, I
9 really wasn't looking at the time. It was an
10 opportunity that came across my desk from a
11 recruiter, and I really got interested in Prospect
12 Medical. They were a company that was looking to
13 grow, especially with the acquisitions that they
14 were looking at. You know, it just was an
15 opportunity for me to expand my career just from
16 being more at a local facility to be able to have
17 responsibility over, you know, or be involved with
18 multiple facilities instead of just one. And it
19 was just really kind of exciting from the
20 standpoint of coming to work for a company that
21 was looking to grow.

22 Q. Prior to your first position at Prospect, had you
23 ever been responsible for more than one facility
24 in your previous roles?

25 A. So, in Reno, that hospital, I was the CFO

1 over the main campus, but there was a smaller
2 hospital there that the CFO actually reported up
3 to me.

4 Q. And have you ever worked -- were any of those
5 systems you worked for nonprofit, or were they all
6 for profit?

7 A. Tucson Medical Center was not for profit,
8 Renown Health was not for profit.

9 Q. Any major differences between -- you noticed
10 between a nonprofit and for profit center?

11 A. There are really not. Everybody has the
12 same, basically the same operating model.

13 Q. And before coming to Prospect, did you know Sam
14 Lee?

15 A. I did not.

16 Q. What about David Topper, did you know him before
17 coming to Prospect?

18 A. I did not.

19 Q. Did you know John Baumer before coming to
20 Prospect?

21 A. I did not.

22 Q. Did you know any of the other Leonard Green
23 representatives, Michael Solomon or Alice Wagner?

24 A. I did not.

25 Q. Can you describe your current job responsibilities

1 to me as CFO?

2 A. So probably the best way to describe that is,
3 you know, to basically ensure that we've got good
4 solid financial statements. You know, that we are
5 continuing to improve, you know, our operations
6 and ensure that, you know, again, since I have
7 revenue cycle responsibility, ensuring that we
8 are, you know, bringing in revenue and that -- you
9 know, appropriately. That we need to ensure, you
10 know, the viability of the organization.

11 Q. When you say improve operations, do you mean from
12 a financial standpoint or quality standpoint or
13 both?

14 A. Both. I mean, my responsibilities is
15 definitely financial, but I've got to have
16 quality, I've got to have good quality to have
17 good financials.

18 Q. And if you had to break down a percentage of how
19 much time you spend on each of these main job
20 duties, what's the breakdown?

■ ■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6 Q. Is there anything unique or unexpected about your
7 duties as CFO for Prospect Medical Holdings
8 compared to prior or similar roles?

9 A. There is not.

10 Q. Have you ever worked for a health care system with
11 a private equity investor?

12 A. I have.

13 Q. What system was that?

14 A. That was Steward Health Care.

15 Q. And how would your experiences compare working for
16 Prospect Medical Holdings with Leonard Green as a
17 private equity investor versus Steward?

18 A. I would say no difference in that, of course,
19 you know, at Steward Health Care I was just at the
20 local level. So, I didn't have a lot of
21 interaction with the private equity owners at that
22 point.

[REDACTED]

[REDACTED]

[REDACTED]

Category	Value (approximate percentage)
1	85%
2	100%
3	100%
4	90%
5	95%
6	95%
7	85%
8	95%
9	100%
10	90%
11	40%
12	90%
13	100%
14	95%
15	95%

17 Q. Mr. Johnson, can you tell me what your current
18 salary is?

[illegible]

[illegible]

[illegible]

(401)946-5500

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

11 Q. Are you related to anybody who works for Prospect?

12 A. I am not.

13 MS. RIDER: I'm going to turn it over
14 now to Michael Ramey to ask some questions.

15 MR. RAMEY: Thank you, Jessica.

16 EXAMINATION BY MR. RAMEY

17 Q. Good morning, Mr. Johnson.

18 A. Good morning.

19 Q. Before we get started, I'll just note my firm is
20 performing in a role as an objective third-party
21 financial consultant who has been engaged by the
22 Rhode Island Department of Health as Rhode Island
23 Department of Health evaluates the application
24 under the Hospital Conversion Act. I'll be asking
25 a list of questions as directed by the Rhode

1 Island Department of Health in advance of this
2 statement under oath and on their behalf. Ms.
3 Kelley, with us who is legal counsel for the Rhode
4 Island Department of Health, will also be
5 providing direction during the course of these
6 questions, to the extent that there are reference
7 documents that need to be appropriately entered
8 into the record.

9 A. Okay.

10 Q. So to start out, let's talk a little bit about the
11 interaction with you and the board. Do you
12 participate in any portions of the board meetings
13 of Prospect Medical Holdings?

14 A. So I have not participated in board meetings
15 of yet. But, you know, I would be providing
16 financial information at board meetings on a
17 go-forward basis.

18 Q. What type of financial information up to this
19 point in time are you aware has been provided as a
20 part of those board meetings?

21 A. I am not aware of what has been provided at
22 this point.

23 Q. Okay. You mentioned that you anticipate
24 participating in those going forward. What type
25 of financial information would you anticipate

1 providing to that board?

2 A. It would be your standard financial package,
3 you know, income statement, balance sheet, you
4 know, cash flows. So your typical financial
5 statements.

6 Q. Do you have any awareness as to if any financial
7 information of subsidiaries, including the Rhode
8 Island hospitals are provided to the board?

9 A. I would not have knowledge of that at this
10 point.

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ [REDACTED]

■ ■ [REDACTED]

■ ■ [REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

12 Q. All right. Switching gears a little bit here:
13 You may have answered this, but I want to confirm.
14 Are you familiar with the 2014 transaction whereby
15 Prospect Medical Lease Holdings acquired the
16 interest in CharterCARE I'm just aware of it but,
17 again, I was not even employed with the company at
18 that point in time when that happened, so I am not
19 aware of the details that are included in that

20 Q. But you did have responsibility for the Rhode
21 Island hospitals post that transaction?

22 A. So, not direct responsibility. So, again the
23 role I had when I started with, you know, Prospect
24 Medical was in financial operations. So, it
25 didn't have direct oversight, if you will, of that

1 particular facility.

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12	0	30
13	0	100
14	5	85
15	0	100
16	0	100
17	0	40
18	5	95
19	0	100
20	0	35
21	0	100
22	0	20
23	5	90
24	0	70
25	5	65
26	0	100

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1 care provided by the Rhode Island facilities?

2 THE WITNESS: Are you requesting a
3 specific dollar amount, or are you discussing
4 policy?

5 MR. RAMEY: Either.

6 A. As far as charity care goes, we follow the
7 Federal poverty guidelines for charity care to
8 allow those patients that cannot afford health
9 care to be able to get that. So it is part of our
10 core mission, that we do provide charity care in
11 all of our facilities.

12 Q. Are those policies consistent across all Prospect
13 Medical Holdings facilities?

14 A. It is when it relates to the Federal poverty
15 guidelines. A lot of the states have individual
16 policies related to charity care.

17 Q. Do you know how the Rhode Island facilities
18 compare to other Prospect Medical Holdings
19 facilities?

20 A. Not side-by-side comparison, but the intent
21 of that is the same across all of Prospect.

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23 MS. RAMEY: List that as a follow-up.

24 Q. Mr. Johnson, would you say Prospect CharterCARE is
25 able to fund future capital investments necessary

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22 Q. Have you ever visited the Rhode Island hospitals?

23	A. Yes.
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24 Q. What were was the purpose of your visit?

25 A. I was officed there when I first started this

1 job.

2 Q. So would you visit the hospitals regularly?

3 A. I was at the hospital every day for a period
4 of time, yes.

5 Q. Was that where your office was physically located,
6 or were you just in the hospital every day?

7 A. No. I was located in the building right
8 behind Fatima or St. Joe's -- I guess Our Lady of
9 Fatima.

10 Q. When did you move from that office, when did you
11 stop being located there?

12 A. When I became the regional and we did the
13 acquisitions for the other facilities, the East
14 region. Since I was, you know, kind of a little
15 bit more remote and traveling, I gave up the
16 office there.

17 Q. And did you have another office at that point on
18 the east?

19 A. No. No. I'm home-based.

20 Q. Are you still home based?

21 A. I am.

■ ■ [REDACTED]

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9 is most comparable to the CharterCARE system?

10 A. You know, I don't know that there's one
11 that's exactly comparable. I mean, they're all in
12 such different markets and house such different
13 dynamics, different demographics, potentially
14 different payers. Probably, the Connecticut
15 market would probably be the closest to it, but I
16 wouldn't say it's a real apples-to-apples
17 comparison.

18 Q. Is CharterCARE treated differently than any other
19 hospitals in the system?

20 A. No, they're not.

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11 MS. RIDER: That was my last
12 question. I don't have any further questions.

13 MS. PARKER: We don't have any
14 questions for the witness.

15 MS. KELLEY: Are you suspending it?

16 MS. RIDER: Yes.

17 MS. PARKER: I'm here with Pat, but
18 as she usually says, we would just appreciate any
19 supplemental questions be done in writing, if
20 possible, so that, you know, Mr. Johnson doesn't
21 have to come back to answer any further questions.

22 MS. KELLEY: We understand. As far
23 as transcripts, Linda?

24 THE REPORTER: Same order?

25 MS. RIDER: Yes.

1 THE REPORTER: Same order.

2 MS. KELLEY: Yes.

3 MS. RIDER: Yes.

4 (DEPOSITION ADJOURNED AT 5:38 P.M.)

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CERTIFICATE

I, LINDA L. GUGLIELMO, do hereby certify that the above is a true, accurate and complete transcript of my notes taken at the time of the above entitled interview.

All of the parties to the proceeding appeared via web conference and may result in some inaccuracies and/or dropped words created by audio conflicts that may arise during any web based event.

IN WITNESS WHEREOF, I have hereunto set my hand this 4th day of March 2021.



LINDA L. GUGLIELMO, NOTARY PUBLIC/RPR-RMR
(MY COMMISSION EXPIRES AUGUST 13, 2021)
RMR NO. 27532.

IN RE: INTERVIEW UNDER OATH OF MARK JOHNSON
DATE: MARCH 1, 2021