GEORGE C. JEPSEN
ATTORNEY GENERAL

55 Elm Street
P.O. Box 120
Hartford, CT 06141-0120

Office of The Attorney General
State of Connecticut

May 23, 2013

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

Rob Jay
Vice President-Development
Vanguard Health Systems, Inc.
20 Buron Hills Boulevard
Suite 100
Nashville, TN 37215

Re: In re Greater Waterbury Health System, Inc. and Vanguard Health Systems, Inc.

Dear Ms. Stromstad and Mr. Jay:

Thank you for your May 3, 2013, submission of the Application for Joint Venture (the "Application") by the Greater Waterbury Health System, Inc. ("Waterbury"), including The Waterbury Hospital (the "Hospital"), and Vanguard Health Systems, Inc. (together with its affiliates and subsidiaries, "Vanguard").

The Office of the Attorney General does not require any further information prior to a determination that the Application is complete. Please note that the Attorney General is authorized after a completeness determination to seek additional information as necessary to review the Application.

The Commissioner of Public Health (the "Commissioner") has 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 Commissioner and the Attorney General within 20 days from the date of this letter.

1. With respect to Vanguard Health System, Inc.'s experiences with new models of payment related to health care reform as mentioned on page 12 of the Application, please provide information on the specific payment adjustments that were made to Vanguard-owned hospitals under the Medicare Value-Based Purchasing Program ("VBP") for federal fiscal year ("FY") 2013. As part of this response, please identify those Vanguard hospitals that are receiving an upward payment adjustment as a result of the VBP program and those receiving a downward adjustment. Please also identify the percentage payment adjustment for each hospital under the VBP program and comment generally on the performance scoring of Vanguard hospitals under the VBP program in each of the states

where they operate.

2. Please clarify whether the $10.1 million in savings in surgical implants, $1.2 million in gain share payments to participating physicians and $3.9 million in savings to Medicare relate to savings achieved by Baptist Health System as a result of its participation in the CMS ACE Demonstration Project. To the extent these are not the savings achieved from by Baptist, please quantify the savings it has achieved in each of the categories listed from the onset of the project. Also, please discuss any specific strategies from this Demonstration Project that Vanguard will incorporate at the Hospital.

3. Please provide a more extensive discussion of the specific achievements of Vanguard hospitals in improving the quality, accessibility and the cost-effectiveness of health care in connection with the following initiatives described at page 858 of the Application and of Vanguard's future plans to implement the initiatives at the Hospital:

   a. CMS Pioneer ACO in Detroit and the 2 CMS Shared Savings ACOs in Chicago and San Antonio;
   b. CMS Community Based Care Transition Program in Massachusetts;
   c. CMS Innovation grant in Chicago;
   d. Dual-Eligible risk in other markets.

4. Pursuant to Section 8.14 of the Contribution Agreement, it is a condition precedent to Vanguard's obligation to perform that the Connecticut corporate practice of medicine statute be amended to allow stock corporations and other for-profit entities to own medical foundations that employ physicians. Please explain why the proposal is dependent on this particular legislation? Furthermore, will the condition affect access to services for the uninsured or underinsured population?

5. Please clarify how the parties arrived at the 80% / 20% ownership split. If the decision was influenced in part by Vanguard's desire to have the financial results of the Company consolidated with the results of other Vanguard-owned entities, please clarify whether an 80% ownership interest is the minimum ownership percentage that will allow for consolidation.

6. Please discuss the purpose and intent of having a separate JV Board of Directors and Board of Trustees, and clarify the respective authority of both boards as it pertains to Waterbury Hospital ("Hospital") operations, with specific focus on clinical, quality assurance and patient care matters. Please provide any draft bylaws or policies and procedures that would further delineate the powers and functions of both boards.

7. Were other management structures considered? If so, please summarize the reasons for choosing the bifurcated Board structure and its perceived benefits for the Hospital.

8. Please clarify the purpose and intent behind the two-for-one voting provision in favor of the Class A Member (i.e., Vanguard) provided in Section 5.1(g) of the Amended and Restated Operating Agreement with respect to approval of the Company's annual operating or capital budget.

9. Please elaborate on the dispute resolution process provided in Section 5.4 of the Amended and Restated Operating Agreement, and explain why the call right extends only to the Class A Member (i.e., Vanguard).

10. Please explain why the Right of First Refusal set forth in Section 6.1 of the Amended and Restated Operating Agreement is not reciprocal. In other words, why is WMC the only party permitted to entertain third-party offers to purchase its Membership Interest?

11. Section 6.1 of the Management Services Agreement has been redacted to remove the amount of the Management Services Fee and this information is also redacted at page 14 of the Application. It is noted, however, that paragraph 10 of the October 29, 2012 letter of intent provides for a management fee equal to two percent (2%) of the Company's consolidated net revenues. Please confirm the methodology for calculating and/or the amount of the Management Services Fee and, if it varies significantly from the Management Services Fee set forth in the letter of intent, explain why the change in the Management Services Fee was made.

12. Please also confirm that the Management Services Fee is within a range consistent with: (a) industry standards; and (b) management fees charged by Vanguard to other hospitals to which it provides similar management services. Please provide specific industry practices, examples or benchmarks to support your response and the finding in the Fairness Opinion at p. 745 of the Application that the proposed Management Services Fee represents a commercially fair rate.

13. Please confirm that the reimbursement provided to the Manager with respect to employee salaries, wages and benefit expenses pursuant to Section 6.2 of the Management Services Agreement is consistent with industry practice and provide examples or other support for your answer. Please also explain the functions that employees of the Manager would serve and how they would differ from functions provided by employees of the Hospital.

14. In the introduction and elsewhere in the Application and the proposed Amended and Restated Operating Agreement, reference is made to "the commitment of the JV to expend no less than $55 million on capital items and the development and improvement of ambulatory services in the greater Waterbury community." (see e.g., Application pps. 5, 15; Section 2.7 of the Operating Agreement). However, the Applicants state on page

20 of the Application under the heading of "Capital Commitment" that "Vanguard is committed to contributing $55 Million over 7 years towards capital improvements for maintaining the Hospital campus and enhancing ambulatory services in the Greater Waterbury community." Contrast this with Section 3.8 of the proposed Amended and Restated Operating Agreement, which provides that Vanguard will extend to the Company a $55 million Line of Credit.

In light of the foregoing, please clarify the following:

a. What financial projections have the Applicant's produced that that would support the ability of the JV's operations to fund the $55 million amount and what assumptions support these projections.
b. Does Vanguard intend to contribute $55 million to the JV, or is Vanguard merely acting as a source of financing for the JV's working capital needs?
c. Assuming the latter, how do the terms of the contemplated promissory note, including, without limitation the rate of interest charged by Vanguard (Vanguard's weighted average cost of indebtedness for borrowed money adjusted quarterly) compare to other available sources of financing?

15. Section 3.2 of the Amended and Restated Operating Agreement allows the Manager to make additional capital calls of the Members in the event that additional borrowing by the Company would cause its Consolidated Leverage Ratio to exceed 4.00:1.00 (which would prohibit the Company from accessing the Line of Credit). Based on anticipated capital needs and the projected financial performance of the JV, what is the likelihood that the limit on the Consolidated Leverage Ratio will be implicated?

16. The Purchase Price for the GWHN Assets, as provided in Section 1.2(b) of the Contribution Agreement, is $45 Million +/- the amount by which the net book value of the GWHN Net Working Capital varies from $6.8 million, minus the agreed upon value of certain liabilities assumed by the Company (i.e., asbestos abatement, pension liability, capital lease obligations, among others). These liabilities, as shown on the Pro Forma provided on page 17 of the Application, total $12.946 million. Pursuant to Section 12.8 of the Contribution Agreement, GWHN is required to maintain an indemnity reserve of at least $7.5 million for three years following the Closing and $5.0 million for two additional years thereafter. Taking into consideration these factors, the cash consideration received by and/or available to GWHN will be significantly less than $45 Million. In addition, GWHN will retain liabilities of approximately $45.777 million and will also have limitations on the use of its non-current assets following the transaction, according to the Pro Forma. Seen in this light, please reconcile the foregoing with Applicants' statement on page 18 of the Application that "[a]s a result of becoming a member of the JV, GWHN will be financially sound with reduced expenses, retired debt and the necessary resources to fund its pension obligations."

17. Please clarify what pension obligations are being retained by GWHN and how they differ from those being assumed by the JV post-Closing. Please also clarify the amount of the pension obligation being retained by GWHN and the anticipated annual expenditure necessary to fund such obligation.

18. Please provide information on the asbestos abatement liability being assumed by the JV, including the extent of asbestos abatement necessary at the Hospital, the status of remediation efforts and estimated completion dates for the remediation work to be completed if the CON is granted and if the CON is not granted.

19. Applicants state on page 18 of the Application that "[a]s a Vanguard hospital, the Hospital will enjoy economies of scale." In addition, on page 15 of the application, Applicants state that "Vanguard's purchasing power allows Vanguard to keep supply costs low." Please reconcile these statements with Financial Attachment 1(C), which shows substantial projected increases in the "Supplies and Drugs" line item in each of the FYs 2014 – 2016 if the CON is granted as compared to the same costs projected if the CON is not granted.

20. At page 20 of the Application, Applicants state that "[f]ollowing the JV closing, the JV Board, Hospital leadership and community physicians will engage in an assessment and planning process for the prioritization of capital investments that best secure the Hospital's future and meets the changing needs of the Waterbury community." Reference is also made to page 312 of the Application which identifies a preliminary 5-year capital plan that was in the process of being prepared in November 2010 with approximately $88.6 of capital needs identified. Please provide a copy of this capital plan and a listing of the $50 million in near-term capital improvements identified by Kaufman Hall referenced at page 21 of the Application, and identify in order of priority and by estimated dollar amount the capital projects on which Applicants believe the proposed $55 million capital commitment should be spent. If the Applicants have not reached agreement on these matters, please identify in order of priority and by estimated dollar amount the capital projects on which GWHN's present management team believes the proposed $55 million capital commitment should be spent.

21. The proposed $55 million capital contribution over 7 years is also to be spent in a manner to enhance ambulatory services in the Greater Waterbury community. Please elaborate on the ambulatory service strategy for GWHN discussed at page 846 of the Application and identify in order of priority the specific ambulatory services in Waterbury on which Applicants believe the proposed $55 million capital commitment should be spent. If the Applicants have not reached agreement on these matters, please identify in order of priority the specific ambulatory services in Waterbury on which GWHN's present management team believe the proposed $55 million capital commitment should be spent.

22. Please provide copies and or drafts of the community health needs assessment that GWHN began preparing in FY 2012 with St. Mary's Hospital that is referenced at page 892 of the Application and provide an estimate of how many months after closing it will take to prepare the community needs study referenced at page 61 of the Application. Please provide any other community health needs assessments or studies of the Greater Waterbury area that Vanguard or GWHN have produced and/or participated in since 2010.

23. Reference is made on page 26 of the Application to an increase in the cash purchase price and a reduction in the capital commitment pledge in response to certain changes in the business condition of GWHN (not mentioned on page 26, but worth noting is that Net Working Capital target was also substantially reduced from $14.5 Million to $6.8 Million). Please elaborate further as to how and to what extent the business terms of the transaction have changed since the October 29, 2012 letter of intent was executed by the parties and include specific information that addresses the following:.

    a. Has the financial condition of GWHN stabilized, or do Applicants anticipate that further adjustment to the business terms may be necessary?
    b. Why was the Net Working Capital target reduced?
    c. With reference to page 26 of the Application, how is the payment reduction of $11 million over the next 3 years calculated? Please provide supporting data for this calculation.
    d. What changes have been made to the business terms of the proposed JV and the post-closing plans for the Hospital to account for the changes in hospital funding contained in the state biennial budget for 2014 and 2015?

24. Section 17(c) of the October 29, 2012 letter of intent between the parties has been redacted. Please provide a summary of the redacted text so it can be determined whether a unredacted copy of the letter of intent will need to be submitted.

25. With respect to the list of GWHN's due diligence items referenced at page 26 of the Application and listed as Exhibit 8, please provide the information supplied by Vanguard and GWHN's findings with respect to the following (note: to the extent the information is deemed confidential and/or privileged, please supply summaries so that it can be determined whether copies of the actual documents will need to be submitted):

    a. the organizational matters described in due diligence requests 1.5 and 1.6;
    b. the tax matters described in due diligence request 2.1;
    c. the projected financial statements and description of previously unanticipated future factors/events described in due diligence requests 3.6 and 3.7;
    d. the licensure and accreditation matters described in due diligence requests 4.1 and 4.2:
    e. the corporate compliance matters described in due diligence requests 5.2-5.2.4;

f. the litigation matters described in due diligence requests 6.1-6.4;
g. the information system matters described in due diligence request 7.2
h. the quality matters described in due diligence requests 9.1 and 9.2;
i. the mission and cultural compatibility matters described in due diligence requests 10.1-10.5;
j. the recent transactions matters described in due diligence requests 11.1-11.3;
k. the ability to fulfill JV objectives matters described in dud diligence requests 12.1 and 12.2.

26. With respect to the GWHN Task Force Meeting Minutes attached at Exhibit 15 to the Application, please provide information on the following:

    a. Vanguard's overall strategy in Connecticut, including its analysis of challenges specific to the Connecticut market and its anticipated methods of addressing those challenges as referenced at p. 818 (include information regarding developing regional tertiary care relationships as referenced at p. 846 of the Application);
    b. A summary of the presentation made by Cain Brothers to GWHN Task Force on the major issues regarding the proposed JV focusing on the Net Working Capital number, certain assumed liabilities, off balance sheet items and the CHCA pension plan as referenced at p. 821 and the resolution of those issues; and
    c. The significant A/R write-off referenced at p. 823.

27. Please identify the core services that Vanguard believes are essential to the operation of an effective hospital as is referenced at page 46 of the Application and provide a more extensive discussion on the following:

    a. Vanguard's understanding of what constitutes the Hospital's core services as referenced at page 46 of the Application;
    b. Vanguard's commitment to maintaining core, existing service lines of the Hospital for a period of 10 years as referenced at p. 853 of the Application;
    c. How long the JV will continue to provide the services currently offered by the Hospital, including its clinics, psychiatric programs and emergency department as represented at page 48 of the Application;
    d. The impact that the JV's for-profit status will have on the current ownership structure, tax-exempt status and services offered by the Harold Leever Regional Cancer Center, Inc. and the Heart Center of Greater Waterbury, Inc. joint ventures with St. Mary's Hospital; and
    e. Clinical services that Vanguard has eliminated at its other hospitals.

28. Reference is made to page 853 of the Application which contains statements by Vanguard that "at Vanguard hospitals, uninsured patients with incomes below 200% of the Federal Poverty Level are classified as financially indigent and receive free care. Those patients with income between 200% and 500% of the Federal Poverty Level or balances due in excess of 50% of their annual income are classified as "Medically Indigent" and receive 40% to 80% discounts (on a sliding scale basis) on amounts they owe. When comparing the GWHN and Vanguard charity care policies, there are certain components of the GWHN policy which are more favorable to patients than the Vanguard policy and in other cases the Vanguard policy is more favorable to patients than the GWHN policy." Please answer the following with respect to these statements:

    a. Will the same Vanguard charity and indigent care policies as referenced above be instituted at the Hospital and, if not, why not?
    b. What measure is used to determine the referenced discounts of between 40% and 80% (e.g., is this a discount off hospital charges or some other measure?)
    c. What are Vanguard's plans with respect to raising the Hospital's charges post-closing?
    d. Do the Vanguard charity and indigent care policies referenced above only apply to the uninsured?
    e. What types of financial assistance plans have Vanguard hospitals offered to uninsured patients over 500% of the Federal Poverty Level and/or insured patients who suffer from a financial hardship?
    f. Will the JV offer financial assistance to uninsured patients over 500% of the Federal Poverty Level and/or insured patients who suffer from a financial hardship?
    g. What components of GWHN's charity care policy are more favorable than Vanguard's?
    h. What components of Vanguard's charity care policy are more favorable than GWHN's?

29. With respect to the statement at page 48 of the Application that "[t]he JV will retain and continue to follow charity care and uncompensated care policies at least as favorable to patients as those maintained by GWHN" and the copies of the relevant policies appended to the Application at Exhibit 17, please answer the following questions:

    a. Will the JV comply with the requirements of IRS Code Section 501(r) as set forth at pages 874 and 875 of the Application with respect to its financial assistance policy, limitation on charges and billing and collections activities?
    b. If the answer to the above questions is no, please explain any differences with respect to the policies the JV will follow in each of these areas.
    c. How will the JV's activities in these areas differ from the approach taken by GWHN with respect to the bullet points items set forth at pages 874 and 875?
    d. The transition plan does not mention the development of charity care, financial assistance and uncompensated care policies and procedures, when does the JV

anticipate that these would be finalized?

30. Reference is made to the statement on page 53 of the Application that one initiative crucial to the long-term success of GWHN is to "[e]nhance the Hospital's medical staff by attracting and retaining physicians through access to available capital" and it is also noted at page 309 of the Application that one of the reasons for the decline in admissions for the Hospital in FY 2010 was loss of business from physicians who aligned with other hospitals and organizations. Please provide specific examples of how Vanguard has been successful in attracting and retaining new physicians at its other hospitals within the first three years of acquiring ownership (note: the discussion at pages 847-848 of the Application is insufficient).

31. Reference is made to the statement on page 53 of the Application that another initiative crucial to the long-term success of GWHN is to "maintain high satisfaction scores by patients, physicians, employees and volunteers." Please provide specific examples of how Vanguard has achieved high satisfaction scores in these areas at its other hospitals within the first three years of acquiring ownership (note: the discussion on page 848 of the Application is insufficient). Additionally, please explain how Vanguard expects to replicate these successes in this proposal.

32. With respect to the Applicants' answer to Question 20 of the Application at pages 56-57, please provide specific examples from other hospitals owned by Vanguard where it has achieved significant savings in the expense categories set forth in Question 20 within the first three years of acquiring ownership and discuss how the strategies followed at those hospitals could lead to cost savings in these same categories at the Hospital.

33. Reference is made to the IRS Form 990 Report submitted as Exhibit 18 to the CON Application and specifically the Schedule beginning on page 896. Please respond to the following questions with respect to the Hospital continuing to provide services to the uninsured and underinsured:

    a. In FY 2011, the Hospital reported a total community health improvement services and community operations benefit cost of $12,823,398 for the programs and services described in the Schedule that were provided to 30,230 persons. Please discuss whether the proposed JV would anticipate incurring an equivalent annual expense (e.g., accounting for inflation, etc.) in support of these same programs and services in each of its first three years of operation of the Hospital. Include in the answer whether the JV would also anticipate serving an equivalent number of persons.
    b. In FY 2011, the Hospital reported a cost of $936,076 in free care. Would the JV anticipate incurring an equivalent annual free care expense in each of its first three years of operation of the Hospital? Please provide an explanation for your answer.
    c. Please provide data on the expenses the Hospital incurred in FYs 2011 and 2012 in supporting the following departments, programs and/or services and discuss whether

the JV anticipates making similar annual financial commitments in each of its first three years of operation of the Hospital:

i. Waterbury Health Access Program;
ii. Waterbury Hospital Center for Behavioral Health;
iii. Heart Center of Greater Waterbury;
iv. Greater Waterbury Area Family Birthing Center;
v. Evergreen 50 Club; and
vi. Waterbury Hospital ID Clinic.

34. Please identify the GWHN leaders that are referred to at page 852 of the Application as occupying interim positions and advise on whether the Applicants are planning for these leaders to assume permanent positions with the JV post-closing.

35. Please explain the bases and underlying assumptions connected with projected changes from FY 2012 to FY 2014 in the Hospital's inpatient and outpatient population mix for Medicare, Medicaid, Champus, Commercial, Uninsured and Workers Compensation patients as depicted at pages 67 and 68 of the Application.

36. On pages 69 and 70 of the application, provide the sources upon which the underlying revenue and expense assumptions are based for the projected amounts from FY 2014 to FY 2016 in the Financial Attachments 1A through 1C?

37. Regarding Other Operating Revenue on page 958 of the application, please respond to the following from Financial Attachment 1A:

    a. Explain why amounts decrease by approximately $5.0 M beginning in FY 2013.
    b. Explain why the hospital apparently reported part of the audited financial statement other operating revenue amount in the non-operating revenue input section of Financial Attachment IA thus lowering the gain from operations amount.

38. Please answer the following regarding Financial Attachment 1B on page 959 of the application:

    a. Why the change of ownership process with CMS will cause the Applicants to experience a decrease in revenue in the first year of the project?
    b. Is the negative $4.8 million indicated for non-operating income a loss or just amounts the Hospital will not be receiving in the future?
    c. Why does depreciation decrease to $5.4 million for FY 2014 in Financial Attachment 1 B as compared to $9.2 million in depreciation expense for FY 2014 on Financial Attachment 1A?
    d. Why does other operating revenue increase almost 50% beginning in FY 2014 from the FY 2013 amounts on Financial Attachment 1A?
    e. Why does lease expense increase over 60% beginning in FY 2014 from the FY 2013

amounts on Financial Attachment 1A?

f. Why do professional contracted services decrease from $47 million on Financial Attachment 1A to $36 million beginning in FY 2014 on Financial Attachment 1B?
g. Why do salaries and fringe benefits increase from almost $160 million on Financial Attachment 1A to $166 million in FY 2014 and over $172 million in FY 2016 as indicated on Financial Attachment 1B?

39. Throughout the CON application, and within the Financial Attachment 1B assumptions, the Applicants state that "[o]verall benefit and insurance expenses are reduced as a result of saving associated with moving to Vanguard plans." Please file the following tables demonstrating projected cost savings (reductions in expenses) for the Hospital for FY 2014 - FY 2016 if the CON is approved. These categories are consistent with the current OHCA HRS Report 175.

Table1: Waterbury Hospital Cost Savings

Cost Savings	FY 2014	FY 2015	FY2016
Salaries & Wages			
Fringe Benefits			
Contractual Labor Fees			
Medical Supplies & Pharmaceutical			
Depreciation & Amortization			
Bad Debts			
Interest Expense			
Malpractice Expense			
Utilities			
Business Expenses & Other Operating Expenses			
TOTAL			

40. For Financial Attachments 1(A) through 1(C) on pages 958 to 960 provide all missing profit margins and debt principal payments or explain why they cannot be provided.

41. Please provide the following:

a) A revised Financial Attachment 1C that will include a summary of revenue, expense, and volume statistics, without the CON project, incremental to the CON project, and with the CON project* for the Hospital only that does not include consolidated numbers for both the Hospital and its affiliates.
b) The assumptions utilized in developing the Financial Attachment.
c) The sources upon which the revenues and volume projection assumptions are based.
d) Related profit margins and debt principal payments.

*Note that the actual results for the fiscal year reported in the first column must agree with the Hospital's consolidating audited financial statements. The projections must include the first three full fiscal years of the project, FTE projections and utilization statistics by service.

42. The Joint Venture Organizational Chart post-closing on page 943 did not include the affiliates: Greater Waterbury Health Services, Inc., VNA Health at Home, Inc., Alliance Medical Group, Inc., Heart Center of Greater Waterbury, Inc., Waterbury Gastroenterology Co-Management, LLC, and Cardiology Associates of Greater Waterbury, LLC. Re-submit a Joint Venture Organizational Chart post-closing that will include the missing affiliates.

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

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

Please mail seven (7) complete copies of the requested materials to the following address:

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 Commissioner and the Attorney General shall review the submission to determine whether the application for approval is complete. If not, the Commissioner and the Attorney General shall provide written notice of any deficiencies within twenty (20) days of receipt of the application for approval.

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

Very truly yours,

Steven Lazarus
Associate Healthcare Analyst
Office of Health Care Access

cc: Kimberly Martone, Director of Operations, OHCA
Perry Zinn Rowthorn, Associate Attorney General, OAG