

1 RON BENDER (SBN 143364); rb@lnbyb.com
2 MONICA Y. KIM (SBN 180139); myk@lnbyb.com
3 LEVENE, NEALE, BENDER, YOO & BRILL L.L.P.
4 10250 Constellation Blvd., Suite 1700
5 Los Angeles, CA 90067
6 Tel: (310) 229-1234; Fax: (310) 229-1244
7 www.lnbyb.com

8 Attorneys for Jacob Nathan Rubin, MD, FACC, Patient Care Ombudsman

9 **UNITED STATES BANKRUPTCY COURT**
10 **CENTRAL DISTRICT OF CALIFORNIA**
11 **LOS ANGELES DIVISION**

12 In re:) Lead Case No.: 2:18-bk-20151-ER

13)
14) Jointly Administered With:
15 **VERITY HEALTH SYSTEM OF**) Case No.: 2:18-bk-20162-ER;
16 **CALIFORNIA, INC. et al.,**) Case No.: 2:18-bk-20163-ER;
17) Case No.: 2:18-bk-20164-ER;
18) Case No.: 2:18-bk-20165-ER;
19) Case No.: 2:18-bk-20167-ER;
20) Case No.: 2:18-bk-20168-ER;
21) Case No.: 2:18-bk-20169-ER;
22) Case No.: 2:18-bk-20171-ER;
23) Case No.: 2:18-bk-20172-ER;
24) Case No.: 2:18-bk-20173-ER;
25) Case No.: 2:18-bk-20175-ER;
26) Case No.: 2:18-bk-20176-ER;
27) Case No.: 2:18-bk-20178-ER;
28) Case No.: 2:18-bk-20179-ER;
29) Case No.: 2:18-bk-20180-ER;
30) Case No.: 2:18-bk-20181-ER

Debtor(s).

- 31 Affects All Debtors)
- 32 Affects Verity Health System of)
- 33 California, Inc.)
- 34 Affects O'Connor Hospital)
- 35 Affects Saint Louise Regional Hospital)
- 36 Affects St. Francis Medical Center)
- 37 Affects St. Vincent Medical Center)
- 38 Affects Seton Medical Center)
- 39 Affects O'Connor Hospital Foundation)
- 40 Affects Saint Louise Regional Hospital)
- 41 Foundation)
- 42 Affects St. Francis Medical Center of)
- 43 Lynwood Foundation)
- 44 Affects St. Vincent Foundation)
- 45 Affects St. Vincent Dialysis Center, Inc.)
- 46 Affects Seton Medical Center)
- 47 Foundation)
- 48 Affects Verity Business Services)
- 49 Affects Verity Medical Foundation)
- 50 Affects Verity Holdings, LLC)
- 51 Affects De Paul Ventures, LLC)
- 52 Affects De Paul Ventures – San Jose)
- 53 Dialysis, LLC)

Chapter 11 Cases

**SUBMISSION OF EIGHTH REPORT BY
PATIENT CARE OMBUDSMAN, JACOB
NATHAN RUBIN, MD, FACC,
PURSUANT TO 11 U.S.C. § 333(b)(2)**

[NO HEARING REQUIRED]

Debtors and Debtors In Possession



1 Jacob Nathan Rubin, MD, FAAC, the Patient Care Ombudsman (“PCO”) appointed under
2 11 U.S.C. § 333 in the above-referenced chapter 11 bankruptcy cases of the affected debtors and
3 debtors in possession (collectively, “Debtors”), hereby submits his eighth report (“Report”) to the
4 Court pursuant to 11 U.S.C. § 333(b) regarding the quality of patient care provided to patients of
5 the affected Debtors. The Report is hereby attached as Exhibit A.

6 Submitted by:

7 LEVENE, NEALE, BENDER, YOO & BRILL L.L.P.

8
9 By: /s/ Ron Bender

10 RON BENDER

11 MONICA Y. KIM

12 Attorneys for Patient Care Ombudsman
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EXHIBIT A

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**IN RE VERITY HEALTH SYSTEMS, INC.
EIGHTH REPORT OF PATIENT CARE OMBUDSMAN**

PURSUANT TO 11 U.S.C. § 333

I. PCO's APPOINTMENT AND SCOPE OF REVIEW

The Debtors are health care businesses as defined under § 101(27)(A). The Court ordered the appointment of a PCO pursuant to 11 U.S.C. § 333 (a)(1) to monitor, and report to the Court, the quality of patient care provided by the Debtors. The PCO, whose appointment by the U.S. Trustee was approved by the Court, performed the duties described in 11 U.S.C. §333(b) and (c). The PCO performed these duties with the assistance of a Court approved, qualified employed expert, Dr. Timothy Stacy. Additionally, the Court approved counsel, Levene, Neale, Bender, Yoo & Brill, L.L.P. to provide legal guidance to the PCO regarding the performance of his duties under the Bankruptcy Code.

Subsequent to the PCO's initial evaluation as identified in his initial Report, the PCO continued to perform contemporaneous monitoring of any issues identified pertaining to a specific Debtor entity and the global issues identified requiring Debtors' immediate attention, and as required by 11 U.S.C. § 333(b) and (c).

The observation period for this eighth report was from December 3rd, 2019 through February 3rd, 2020. During this period, the PCO reviewed all new E-data room entries such as Joint Commission Reports, Survey Verification and California Department of Public Health (CDPH) filings. In close collaboration with SVMC administration and Dr. Del Junco, the PCO has extensively monitored the transfer disposition of SVMC's Liver Transplant and Kidney/Pancreas Transplant Programs. With the emergency closure of St. Vincent's Medical Center, the PCO concentrated on SVMC's Kidney/Pancreas and Liver Transplant Programs, the Hemodialysis Center (HD) and the Professional Office Building (POB). The PCO is in communication with the Chief Medical Officer, Dr. Del Junco, to keep abreast of issues that impact the organization. During

1 this period, the PCO met with hospital administrative teams via video conferencing and did site
2 visits to review progress, new reporting data and the status of patient care.

3 **II. VERITY SITES REVIEWED BY THE PCO**

4 As a matter of reference, the Debtors have transferred operations of O'Connor and St.
5 Louise Medical Centers to Santa Clara County. In addition, the Medical Clinics and Urgent Care
6 Centers have closed or transferred operations to other entities. Most recently, SVMC was
7 emergently closed. The medical records of all the patients have gone to the separate entities or with
8 the individual physicians except for Sport Orthopedic and Rehabilitation (SOAR).
9

10 In the case of SOAR, the Debtors are the custodian of medical records. As indicated to the
11 PCO, the Debtors will remain as custodian of the medical records until the patients' physicians take
12 control of the medical records.

13 SVMC was closed on an emergency basis at the beginning of January and cleared all
14 patients from their census within 10 days of closure notice.
15

16 Debtors continue to operate three acute care hospital centers. Debtors' maintain facilities in
17 Northern and Southern California. These include the following:

18 **A. HOSPITALS (3)**

19 St. Vincent Medical Center (Closed)

20 St. Francis Medical Center

21 Seton Coastside

22 Seton Medical Center

23 **B. DIALYSIS CENTER**

24 St. Vincent's Dialysis Center (Closed)

25 **III. METHODOLOGY AND MEDICAL STANDARD APPLIED BY THE PCO**

26

27

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1 The PCO continues to monitor patient care provided by the Debtors by applying the
2 principles and structure of evidence-based review outlined in the PCO's first Report.

3 **A. Eighth Report Review Strategy**

4 The PCO continued to address and review previous ongoing items of concern and
5 maintained appropriate follow-up. Since the last PCO report, St. Vincent Medical Center and the
6 HD Center were closed on an emergency basis by the Debtors.

7
8 The closure of SVMC and HD center raised patient care issues. The PCO worked diligently
9 with the Debtors to ensure the safe transfer of patients from SVMC Liver Transplant Program,
10 Kidney/Pancreas Transplant Program and the Hemodialysis Center.

11
12 The concentration of this report will specifically address St. Vincent's Medical Center Liver
13 Transplant Service, Kidney and Pancreas Transplant Program, SVMC Hemodialysis Center and the
14 Professional Office Building (POB) after the emergent closure of SVMC.

15 The PCO has spent several months investigating the suspension and ultimate closure of
16 SVMC's Liver Transplant Service and the potential patient harm inherent in the closure. This
17 included attending the SVMC Attorney General hearing, multiple discussions with administration,
18 communication with the Debtors' attorneys and with Assistant Attorney General's Office.

19
20 In the time since the seventh report, SVMC was closed. While the patients were safely
21 discharged or transferred, the patients of the Kidney/Pancreas Transplant Program, the
22 Hemodialysis Center and the patients of the doctors of the POB (scheduled for closure April 30th,
23 2020), require ongoing care and a safe transition.

24
25 The PCO continues to frequently communicate, either telephonically or on-site visits, with
26 Dr. Del Junco, CMO, and Margaret Pfeiffer, CEO of SVMC.

27
28

1 Through dialogue with the Debtors' management leaders, the PCO was well-informed on
2 the status of all events (positive or negative), corrective action plan progress, results of CDPH
3 investigations, State Board of Pharmacy and Joint Commission surveys.

4 The diligence of the Debtors to manage the E-Data room punctually assisted the PCO in
5 performing his duties. In addition, professional relationships with administrative and medical staff
6 have developed with the PCO that encourage contemporaneous exchange of information allowing
7 the PCO to address problems and collaboratively develop solutions with the Debtors' management
8 leaders in real time.
9

10 **B. Documents Reviewed in Data Room (One Drive) and at Debtors' Locations.**

11 The data room documents were requested from Debtors and could only be reviewed in read
12 only format. The following items will continue to be included in our evaluation process:

13 CALL PANEL

14 CDPH-California Department of Public Health reports

15 CMS-deemed status report

16 JOINT COMMISSION SURVEY

17 MEDICAL EXECUTIVE COMMITTEE (MEC)

18 PHARMACY SHORTAGE

19 PROFESSIONAL LIABILITY (settled and pending)

20 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT COMMITTEE

21 MINUTES

22 RISK MANAGEMENT DATA

23 VENDORS

24 LEAPFROG DATA

25 CALIFORNIA STATE BOARD OF PHARMACY SURVEY
26
27
28

1 **IV. REVIEW OF DEBTORS BY INDIVIDUAL LOCATION**

2 **1. HOSPITALS**

3 **1. St. Vincent's Medical Center (SVMC)**

4 **A. SVMC Closure**

5 SVMC was closed on an emergency basis by the Debtors. A rapid closure of the Emergency
6 Department occurred with collaboration and approval from Los Angeles Emergency Medical
7 Services.

8
9 The hospital transferred or discharged the last patient from the facility to complete the
10 hospital side of the closure within 10 days of the Emergency Department closure.

11 The community Emergency Services impact is minimal as there are several emergency
12 departments in the catchment area to meet the needs of the community. These other facilities were
13 notified of SVMC closure to permit for staffing and facility accommodations prior to the closure of
14 the Emergency Department.

15
16 Medical Waste and Materials Safety Data Sheet Material are scheduled for safe disposal and
17 transfer according to regulations.

18
19 Medical Records and protected patient information are in the process of moving to St.
20 Francis Medical Center in a manner compliant with the federal Health Insurance Portability and
21 Accountability Act.

22
23 The closure of SVMC places significant risk to the current transplant services, and to
24 patients seen in the POB. SVMC administration has worked diligently to transfer the care of the
25 Liver transplant and Kidney/Pancreas transplant patients to other participating facilities and
26 programs.

26 **B. Liver Transplant Unit**

27 **Background**

28

1 Reportedly, all the Liver Transplant Program patients have been transferred to other
2 programs, opted to stay with Dr. Anamalai, opted out of the transplant program, or sadly expired
3 while waiting for a Liver Transplant.

4 **C. Kidney and Pancreas Transplant Program**

5 The emergent closure of SVMC affected the patients in SVMC Kidney and Pancreas
6 Transplant Program patients. Administration sent the appropriate procedural paperwork to UNOS
7 to close the program and initiate transfer of the program's patients.
8

9 There are three categories of patients of the Kidney/Pancreas Transplant Program.

10 **1. Post-Transplanted Patients.**

11 SVMC's Kidney and Pancreas Transplant program's surgeon has assumed care of the all the
12 transplanted patients. They will be followed at an established Good Samaritan Hospital Clinic.

13 **2. Patients on the waitlist.**

14 The waitlisted patients were approved by UNOS to be transferred to St. Joseph Hospital of
15 Orange. Kidney/Pancreas Transplant patients are unique in that they require only minimal post-
16 operative care at the transplanting facility once the transplant has been performed. The patients will
17 follow-up locally with their Surgeon and Nephrologist post-transplant. The impact of inconvenient
18 travel to Orange is minimal and not recognized as a barrier to success in these patients.
19

20 **3. Patients awaiting evaluation for transplant.**

21 The transplant surgeon has verified that all the 300 (100%) patients waiting for transplant
22 evaluation will be followed at the Good Samaritan Hospital Clinic.
23

24 The PCO is satisfied that all the program's patients have been successfully transferred to
25 appropriate centers for further care.

26 The following section outlines the transfer requirements by OPTN and UNOS. The PCO
27 followed these guidelines to assure save transfer of SVMC transplant programs patients.
28

1
2 **D. OPTN/UNOS Regulations for Terminated Transplant Programs**

3 The PCO verified that SVMC submitted the appropriate documents to terminate the SVMC Liver
4 Transplant program and Kidney and Pancreas Transplant Program in accordance with
5 OPTN/UNOS regulations. SVMC Transplant Programs and clinics suspended accepting and
6 evaluating any further patients. The same is true for the Kidney/Pancreas Transplant Program.

7
8 OPTN bylaws require institutions to follow detailed steps when terminating transplant
9 programs to ensure a safe transition of their patients that safeguards a smooth disposition of
10 patients.

11 In order to avoid reader confusion, defining the authority and jurisdictions of Organ
12 Procurement and Transplantation Network (OPTN) and United Network for Organ Sharing
13 (UNOS) will lead to a better understanding of the two entities as they are frequently referenced in
14 this section of the PCO report.

15
16 OPTN is a public-private network that provides a link between all professionals involved in
17 the United States donation and transplantation system.

18 UNOS is a private, non-for-profit organization under contract with the Health Resources
19 and Services Administration (HRSA) of the U.S. Department of Health and Human Services
20 (DHHS) and serves as the OPTN.

21 St. Vincent's Medical Center transplant services provide services for a vulnerable population
22 of patients that have difficulties in access to care. The population of patients that reside in the
23 catchment area of St. Vincent's Medical Center are of lower socioeconomic status, predominantly
24 utilize Medicaid services for their health care, and are often immigrants with limited access to care.

25
26 The specific section in the OPTN bylaws referencing patient disposition regulations are
27 defined in Appendix K of the OPTN bylaws outlined below (Organ Procurement and
28

1 Transplantation Network. OPTN bylaws appendix K. May 14, 2019. Available at:
2 https://optn.transplant.hrsa.gov/media/1201/optn_bylaws.pdf, Accessed on October 3, 2019.)

3 ***OPTN Appendix K: Transplant Program Inactivity, Withdrawal, and Termination***

4 Appendix K OPTN bylaws, defines and outlines the operational obligations that transplant
5 programs are required to follow to remain in compliance with OPTN and UNOS during inactivity,
6 withdrawal or termination.

7 When accepting membership to OPTN, the member will comply with all of the OPTN
8 obligations that include:
9

10 1. Applicable provisions of the:

- 11 a. National Organ Transplant Act, as amended, 42 U.S.C. 273 *et seq.*
12 b. OPTN Final Rule, 42 CFR Part 121
13 c. OPTN Bylaws
14 d. OPTN Policies

15 2. Acting to avoid risks to patient health or public safety
16

17 3. Fulfilling all requests for information
18

19 **K.1 Transplant Program Inactivity**

20 Upon knowledge that a program is unable to provide services, the members are required to
21 provide official notice to OPTN/UNOS defining the temporal nature of the inactivity, withdrawal or
22 termination.
23

24 A member can inactivate a program for several reasons including program termination
25 associated with the inability to financially sustain the service line.

26 Programs are required to notify all patients enrolled in the transplant program, including:

- 27 • Potential candidates, including those currently in the referral for evaluation process.
28

- 1 • All candidates registered on the waiting list.
- 2 • Potential living donors, including those currently in the referral process, and the
- 3 evaluation process, or awaiting donation.
- 4

5 **K.2 and K.3 Short-term Inactive Transplant Program Status and Long-term Inactive**
6 **Transplant Program Status**

7 This section addresses programs that choose to place their program on short-term or long-
8 term inactive status and therefore immaterial to this case.

9
10 **K.4 Withdrawal or Termination of Designated Transplant Program Status**

11 This section of the appendix is designated for those programs that *withdrawal or terminate*
12 transplant designation status.

13 SVMC provided written notice to OPTN regarding their voluntary termination of the
14 transplant program which was then registered with the Secretary of Health and Human Services.

15 The written notice should be performed within 30 days of the intent to withdrawal
16 designated transplant program status. SVMC was compliant with the written notice to UNOS.

17 Following the voluntary withdrawal as a designated transplant program, the member must
18 assist candidates in transferring to another transplant program. The transplant hospital must
19 provide written notice to potential candidates, recipients, and living donors currently receiving care.

20 Specific notification delivery guidelines include commercial overnight delivery service,
21 secure electronic communications, and registered or certified mail, with return receipt requested.

22 The written notice must be provided no later than seven days following withdrawal or
23 termination and include the following content:

- 24 1. The reasons for loss of designated transplant program status.
- 25
- 26
- 27
- 28

- 1 2. Explanation that although the patient is still on the waiting list, the candidate
2 cannot receive an organ offer through this program.
- 3 3. Options for potential candidates, recipients, and living donors to transfer to
4 another transplant program.
- 5 4. Prior to being registered as an active candidate at another transplant program,
6 the accepting transplant program will complete an evaluation to determine
7 suitability for registration.
- 8 5. The phone number of the programs administrative office that can help with
9 transferring the candidate or potential candidate to another program.
- 10 6. The transplant program must provide to UNOS a sample of each type of
11 patient notice it sends to potential candidates, recipients and living donors
12 along with a list of patients who receive the notice.
13

14 During the site visit on October 23rd, 2019, and during multiple follow-up conversations, the
15 PCO was verbally informed and guaranteed, by Margaret Pfeiffer, CEO and Dr. Del Junco, CMO,
16 that the Liver Transplant Program, and subsequent Kidney/Pancreas Transplant Program at SVMC
17 associated with the emergency closure, have complied and remain in compliance with the directives
18 set forth in K.4 (Directives for official notification of potential candidates, recipients, and living
19 donors).

20
21 As per regulations, UNOS requires updates on the progress of patient transition to certified
22 transplant programs. With each update, the PCO telephonically or personally meets with
23 administration to discuss the progress of the transfer plans.
24

25 **K.5 Transition Plan during Long-term Inactivity, Termination, or Withdrawal**

26 *“When a member transplant hospital experiences long-term inactivity,*
27 *withdraws its designated transplant program status, or its designated*
28 *transplant program status is terminated, it must:*

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1. *Immediately suspend organ transplantation for the transplant program.*
2. *Assist potential candidates and candidates in transferring to other designated transplant programs.*
3. *Provide a list to the OPTN Contractor of all of the transplant program's candidates on the waiting list at the time of long-term inactivity, withdrawal, or termination and update it throughout this process. The program should indicate on the list of each candidate if:*
 - *A candidate or potential candidate chooses not to transfer to an alternative transplant program, provide the reason and indicate whether the candidate has been completely informed of the implications of this decision before they are removed from the waiting list.*
 - *A candidate or potential candidate chooses to transfer, indicate the transplant program to which the candidate is transferring. Periodic status updates will be required that documents each candidate's transfer progress until the candidate is evaluated and accepted on the waiting list by another transplant program or removed from the waiting list.*
 - a. *Expedite removal of all candidates from the transplant program's waiting list, or, if the patient requests, transfer the candidate to another OPTN member transplant hospital.*
 - b. *Initiate transfer of all active candidates hospitalized at the transplant program to an accepting transplant hospital within 7 days of long-term inactivity, withdrawal, or termination. The transplant program must complete the transfer process within 14 days unless transfer would be unsafe or discharge is anticipated within that time, or circumstances outside of the program's control exist that prevent transfer within 14 days. The program must document and submit to the OPTN contractor all efforts to transfer its hospitalized candidates, if it is unable to meet these time periods.*
 - c. *Provide a priority list of the most urgent candidates listed at the transplant program with an individualized plan of transfer, potential alternative transplant programs, and a timeline for transferring these candidates according to the following priorities:*

For liver candidates, all Status 1A and 1B candidates must be transferred within 7 days of long-term inactivity, withdrawal, or termination, followed by all active candidates in descending MELD/PELD score order, with all candidates whose MELD/PELD score exceeds 25 to be transferred within 30 days, followed by all inactive candidates.

All active candidates should be transferred within 60 days of long-term inactivity, withdrawal, or termination without considering these guidelines.

- *The program must document and submit to the OPTN Contractor all efforts made for transfer of its candidates if it is unable to meet these deadlines.*
- *Document all efforts to transfer candidates to an alternative designated transplant program including all contacts made to facilitate the transfer of candidates.*

- *Remove every transplant candidate from the transplant program's waiting list within 12 months of the program's long-term inactivity, withdrawal, or termination date.*

A member that experiences long-term inactivity, withdrawal, or termination of a designated transplant program can temporarily provide care to transplant candidates and provide follow-up care as necessary to transplant recipients and living donors. Should the transplant program continue to provide follow-up care to transplant recipients and living donors, the program must continue to submit OPTN follow up forms through UNetSM. Alternatively, transplant recipients may transfer care to another hospital."

K.6 Transferred Candidates Waiting Time

Candidates that are eligible and accepted by UNOS qualified transplant centers will retain existing waiting times and continue to accrue waiting time according to their status on the waiting list at the time of the program's termination as a designated transplant program.

The candidate's credit will be listed and forwarded to the new transplant program in order to maintain continuity of care.

This section is particularly of interest to the PCO and has been discussed at length with SVMC administration and Dr. Del Junco. The Kidney/Pancreas transplant surgeon has assured the PCO that all Kidney/Pancreas Transplanted patients, waitlisted patients, and patients awaiting transplant evaluation, have been transferred according to UNOS bylaws.

The PCO regards this section requirements as a concrete mechanism that provides terminal disposition documentation finalizing the safe transfer of patients two and accepting transplant center.

SVMC must complete all the following requirements before the collective transfer of care is complete: (The following excerpt is copied from the OPTN bylaws for the purpose of avoiding inaccurate information by paraphrasing)

- 1 1. *“All required patient notifications according to Section K.3: Long-term Inactive*
2 *Transplant Program Status or Section K.4: Withdrawal or Termination of*
3 *Designated Transplant Program Status.*
- 4 2. *A written agreement with each accepting transplant program that includes all of the*
5 *following:*
 - 6 a. *Request for collective transfer of candidates’ waiting times*
 - 7 b. *List of patient names and identifiers to be transferred*
 - 8 c. *Mutually agreed upon transfer date*
 - 9 d. *Assurance of notification and patient consent to transfer according to Section*
10 *K.5: Transition Plan during Long-term Inactivity, Termination, or*
11 *Withdrawal*
 - 12 e. *List of active candidates that the transferring program agrees to change to*
13 *inactive status if requested by the accepting transplant program*
 - 14 f. *Acknowledgement that all patient information and records available to the*
15 *OPTN Contractor will be transferred without modification*
 - 16 g. *Acknowledgement that the transplant program accepting the patients accepts*
17 *responsibility for patient notification and management according to all*
18 *applicable OPTN Policies and Bylaws*

19 *Each accepting transplant program must develop and implement a plan that*
20 *includes all the following:*

- 21 1. *Procedure and timeline for reviewing the status on each collectively transferred*
22 *candidate and amending this status as appropriate until an evaluation is completed*
23 *in accordance with the accepting program’s selection and listing protocol.*
- 24 2. *If the transferred candidate’s status is changed from active to inactive as part of the*
25 *collective transfer agreement or part of implementing the accepting transplant*
26 *program’s plan, then the accepting transplant hospital must notify the candidate*
27 *about the status change. The notification must include what the candidate must do to*
28 *be considered for an active status at the accepting transplant program. The*
notification must be completed within 14 days after the collective transfer date or
after the status change date if it occurs post-collective transfer as part of this plan.
3. *Expected timeline for completing evaluations and subsequent waiting list status*
adjustments on collective transfer candidates according to the accepting program’s
selection and listing protocol.

Upon receipt of the written agreement and plan, the OPTN Contractor will
review the information and provide an expected collective transfer completion date
to all the transplant programs involved. After the collective transfer process has
been completed, the OPTN Contractor will provide written notification to the
transplant programs.

The accepting hospital must submit a progress report to the OPTN
Contractor that contains an update on the evaluation status of each collective
transfer candidate at day 90 following the collective transfer. The accepting hospital
must submit this report within 14 days after day 90 following the collective transfer.
Additional updates may be requested from the OPTN Contractor to monitor
progress until all collective transfer candidates are evaluated and accepted on the
waiting list by a transplant program or removed from the waiting list.

1 *If the transferring transplant program no longer qualifies as a designated*
2 *transplant program and does not complete the requirements according to Appendix*
3 *K, the OPTN Contractor may approve and complete a collective transfer of*
4 *candidates' registrations and waiting times if the accepting transplant program*
5 *requests in writing to complete the transfer."*

6 **K.7 Laboratory Tests**

7 The transplant program is required to continue treating and evaluating candidates during the
8 collective transfer to appropriate transplant centers. During the transition, laboratory tests i.e.
9 immunosuppressant drug levels, and other evaluation schedules should be maintained.

10 The Liver Transplant clinic was closed, and the clinic employees laid off in October 2019. SVMC
11 administration explained to the PCO that Dr. Annamalai started an offsite clinic that performs
12 continuity of care on a select number of patients.

13 The PCO has personally observed the diligence and commitment to comply with the
14 collective transfer guidelines. The PCO has not observed any indication that the fall outs to the
15 collective transfer guidelines are related to the finances of the Debtors influenced by the bankruptcy
16 proceedings.

17 On the contrary, the PCO was informed that the organization has utilized authorized funds
18 and increased workforce hours to comply with the UNOS collective transfer. This has been
19 successful.
20

21 **E. Professional Office Building (POB)**

22 The Court ordered that the POB be vacated by April 30th, 2020. Attached as an appendix to
23 this report is a list of physicians affected by the closure of the POB on the SVMC campus.
24

25 The PCO has contacted some of the physicians on the POB vacancy list (see Appendix), and
26 Dr. Girsky, Former Chief of Staff of SVMC. Some of the doctors believe that vacating the POB
27 this quickly will be difficult, if not impossible. Moreover, these doctors care for thousands of
28

1 patients who are of low socio-economic status and will likely be unable to find another physician in
2 the area quickly enough to assure safe transfer of care. Many of the patients are not able to go
3 without close follow-up and care. If these offices close before the doctors find new offices, a lack of
4 continuity of care will harm these patients.

5 Move in conditioned spaces are not readily available for lease in the community. New
6 medical offices require negotiated leases, plans, and a build out. The time needed to perform these
7 acts will most certainly take longer than the 120 days.

8 In addition, there will be a considerable number of doctors hitting the leasing market at the
9 same time because of the closure of the POB, which will certainly raise leasing rates in the area.
10 The economic burden to these physicians could be such that they are economically prohibited from
11 moving their practice locally, thus, they may be unable to see their established patients. Again,
12 most of the POB patients are of low-socioeconomic status and unable to arrange transportation to
13 new offices miles away.
14

15 It is noteworthy to mention that most of the doctors in the POB care for Medi-Cal patients
16 that do not provide much of an income for the practice. These practices may shut down or leave the
17 area. More time may be needed before the POB can be vacated.
18

19 This situation is not dissimilar to Dr. Kealy in Seton. That clinic stayed open longer than
20 planned under the Debtors, which allowed thousands of patients to have continuity of care.

21 The PCO is confident that if the physicians are forced to leave without a soft exit, thousands
22 of patients will be placed in jeopardy because they are either unable to see their physicians or
23 arrange for timely follow-up. The alternative for these patients are to utilize the same local
24 Emergency Departments now absorbing the excess patients from closed SVMC Emergency
25 Department. This will overburden the local Emergency Departments and healthcare delivery
26 system.
27
28

1 **2. St. Francis Medical Center (SFMC)**

2 SFMC administration and the PCO discussed the current operational status and CDPH
3 events, administration verified that the current finances are not impacting patient care.

4 **a. California Department of Public Health**

5 The PCO identified three new CDPH self-reported items that were discussed with
6 administration. The action plans and corrective actions are in place and sent to CDPH for review.
7

8 The PCO determined that the incidents were unrelated to staffing deficiencies or finances of
9 the Debtors.

10 **b. Trauma Certification**

11 SFMC is an integral part of the Los Angeles Trauma System that is monitored and certified
12 by Los Angeles Emergency Services and the American College of Surgeons (ACS).
13

14 During the last reporting cycle, the PCO reported that ACS did not recertify SFMC as an
15 ACS accredited Trauma Center.

16 ACS made several policy recommendations that SFMC implemented.

17 On November 7th, 2019, ACS performed a recertification and validation survey. According
18 to administration, the survey was successful and SFMC expects to obtain a successful
19 recertification and accreditation from ACS. The ACS report and accreditation certificate are
20 expected in three weeks.
21

22 SFMC continues to provide trauma services and is certified by Los Angeles City Emergency
23 Medical Services and serves as a designated trauma center.

24 **c. Leapfrog Data and Ratings**

25 SFMC Compass Data has not been updated during this PCO reporting cycle. However, as
26 indicated in the PCO's sixth report, SFMC Leapfrog status increased from an F grade to a C grade.
27
28

1 SFMC will continue to put forth initiatives that are expected to further improve the institutions
2 Leapfrog grade.

3 Unfortunately, considerable amount of capital is needed to obtain high Leapfrog grades and
4 to maintain the grades over time. For example, Computerized Physician Order Entry (CPOE), Bar
5 Code medication administration, Surgical Volume, and ICU Physician staffing require financial
6 support to increase the Leapfrog scores.

7 SFMC administration believes that after the institution of an electronic medical records
8 system, Leapfrog statistics will continue to rise. The PCO concurs.

10 **3. Seton Medical Center and Seton Coastside**

11 **a. Administration Discussions**

12 The PCO discussed and was updated on several ongoing items by with James Jackson,
13 interim CEO, via phone conference.

14 The PCO and administration discussed several the CDPH reports, an update on the skilled
15 nursing facility standard survey and any staffing related issues. The CDPH has received action
16 plans that are acceptable.

17 The new CT scanner installation and construction plans remain with CAL-OSHA. CAL-
18 OSHA has yet to approve the construction plans despite the potential impact to patient care and
19 expense to the hospital system.

20 The mobile trailer CT scanner housed outside the emergency department and the CT
21 scanner scheduled for replacement, remain operational and provide adequate care to the patients.

22 SMC continue to perform well on several quality metric indicators including computerized
23 order entry and geometric length of stay.

24 The Hospitalist contracts were terminated on September 30st, 2019. According to
25 administration, the Hospital Medicine service did not encounter any interruptions in patient care.

28

1 Most of the Hospitalist continue to provide services and remain on the medical staff. No other
2 physician staffing changes were noted during this reporting cycle.

3 **b. CDPH**

4 The PCO reviewed all CDPH reports along with plan of correction details. It does not
5 appear that the incidents were related to the finances associated with the bankruptcy.

6 **c. Lawsuits**

7 The PCO did not find any new lawsuits or professional liability reports filed.

8 **d. CMS Findings**

9 Reflected in the last PCO report, CMS has cleared the “*Immediate Jeopardy*” and is no
10 longer under heightened CMS surveillance.

11 **e. Leapfrog Data**

12 SMC leapfrog grade increased to a B rating. Contributing to the increase in the Leapfrog
13 grade is the close relationship with the Hospitalist team and their willingness to adhere to the CMO
14 demands for CPOE compliance, among other factors.

15 SMC has the highest leapfrog rating in the healthcare system. Administration continues to
16 accent and reinforce positive performance that led to the B rating.

17 **g. Board of Pharmacy Survey**

18 The Board of Pharmacy performed a survey on October 15, 2019. The survey found
19 numerous deficiencies in the area of sterile medication compounding.

20 The plan of correction submitted to the Board of Pharmacy by the pharmacy director
21 outlined an extensive and robust educational plan that outlines frequent and extensive pharmacist
22 training in the area of sterile compounding which was accepted by the State.

1 **3. St. Vincent's Dialysis Center**

2 The unit was incorporated in St. Vincent's Hospital and was part of SVMC closure.

3 Administration has arranged for all the hemodialysis patients to get chair times at nearby
4 facilities. One hundred percent of the patients have been transitioned safely.

5
6 **V. CONCLUSIONS**

7
8 At the beginning of January 2020, SVMC was closed on an emergency basis and all patients
9 transferred to other facilities within 10 days of closure. The Emergency Department was closed
10 first on approval of Los Angeles Emergency Medical Center Department. The patients that would
11 normally go to SVMC ED are now absorbed at local Emergency Departments.

12 Once the PCO was notified of the closure, the PCO began working with administration on
13 the safe transfer of the Kidney/Pancreas Transplant Program and completion of the Liver
14 Transplant patient's transfer, according to OPTN and UNOS regulations.

15
16 As of this report, administration has confirmed that all Kidney/Pancreas and Liver
17 Transplant patients have been assigned or transferred to other UNOS approved facilities and clinics.
18 The Transplant surgeon of SVMC's Kidney/Pancreas transplant service has assumed care of all the
19 transplanted patients. St. Joseph Hospital of Orange has accepted the waitlisted patients. The
20 transplant surgeon now has staff privileges at St. Joseph of Orange. Additionally, the transplant
21 surgeon will follow all of the 300 patients waiting for transplant evaluation at his Good Samaritan
22 Hospital office. He confirmed to the PCO that all Kidney/Pancreas Transplant patients have been
23 assigned and are being cared for.

24
25 The POB was ordered vacated by April 30th, 2020. The PCO is concerned about patient
26 continuity of care and ability of the doctors to follow up with their patients without offices in the
27 geographic area.

28

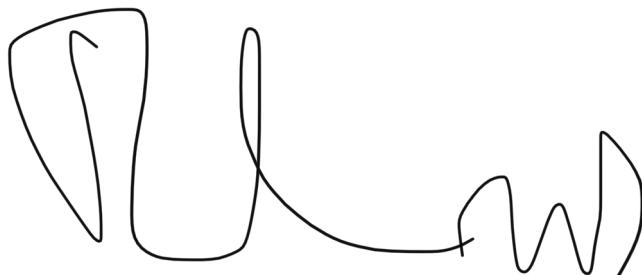
1 The doctors will have to sign leases in the local area, design their offices, obtain permits and
2 build the offices in order to start seeing patients. The process will likely take longer than 120 days
3 to complete. Most of the doctors are attempting to comply.

4 The doctors of the POB serve a population of low socio-economic status, mostly Medi-Cal
5 patients, many of whom do not have the means to arrange transportation to follow their doctors if
6 more than a few miles away.

7 Moreover, many of the patients need close follow-up and attention to maintain their health.
8 If the patients are not able to follow their doctors, the only access to care they have are via the local
9 Emergency Departments which have already absorbed SVMC emergencies from the local
10 catchment area.
11

12 The PCO will stay in contact with the doctors of the POB and advise the court if any issues
13 arise.
14

15
16
17
18 Dated this 3rd day of February 2020



19 _____
20 Jacob Nathan Rubin, MD, FACC, Patient Care
21 Ombudsman
22
23
24
25
26
27
28

POB (201 S. Alvarado Street) Tenant List	Suite
Los Angeles Hematology Oncology Medical Group, a California general partnership	110
Victor De Los Santos	402
Michael Roberts, MD	406
Order of Malta Free Clinic	410
Rolando Mercader, MD	600
Barry Morguelan, MD	602
Wolfgang Scheele, MD	609
Louis Wong and Mary Jo Wong	611
Greater Los Angeles Cardiology (Jeffrey L. Hendel, MD)	612/620
Michael J. Wong, MD	618
Samuel Lee, MD	622
Mordo Suchov, MD	711
Randal Arase, MD	716
Roberts, Ngan & Sugerman, MD	717
Alvarado Eye Surgery Center, LLC	718/722
Narinder Batra, MD	720
Ariel Malamud, MD	803
Elena Spektor, MD	808
House Ear Institute, a California nonprofit public benefit corporation	809
Santos Uy Jr., MD	811
Kang, Deno, MD	815
Felix Sigal, DPM	819
So. CA Infectious Disease Med Grp	820
Amritlal Ranavat, MD	824
Richard L. Hoffman, MD	828

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:

10250 Constellation Blvd., Suite 1700, Los Angeles, CA 90067

A true and correct copy of the foregoing document entitled (*specify*): **SUBMISSION OF EIGHTH REPORT BY PATIENT CARE OMBUDSMAN, JACOB NATHAN RUBIN, MD, FACC, PURSUANT TO 11 U.S.C. § 333(b)(2)** will be served or was served (**a**) on the judge in chambers in the form and manner required by LBR 5005-2(d); and (**b**) in the manner stated below:

1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF): Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) February 3, 2020, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

Service information continued on attached page

2. SERVED BY UNITED STATES MAIL:

On February 3, 2020, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

Service information continued on attached page

3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL

(*state method for each person or entity served*): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on February 3, 2020, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

Via Attorney Service
The Honorable Ernest M. Robles
United States Bankruptcy Court, #1560
255 E. Temple Street
Los Angeles, CA 90012

Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

February 3, 2020
Date

Jason Klassi
Printed Name

/s/ Jason Klassi
Signature

2:18-bk-20151-ER Notice will be electronically mailed to:

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Alexandra Achamallah on behalf of Creditor Committee Official Committee of Unsecured Creditors of Verity Health System of California, Inc., et al.
aachamallah@milbank.com, rliubicic@milbank.com

Alexandra Achamallah on behalf of Plaintiff Official Committee of Unsecured Creditors of Verity Health System of California, Inc., et al.
aachamallah@milbank.com, rliubicic@milbank.com

Melinda Alonzo on behalf of Creditor AT&T
ml7829@att.com

Robert N Amkraut on behalf of Creditor Swinerton Builders
ramkraut@foxrothschild.com

Kyra E Andrassy on behalf of Creditor MGH Painting, Inc.
kandrassy@swelawfirm.com, lgarrett@swelawfirm.com;gcruz@swelawfirm.com;jchung@swelawfirm.com

Kyra E Andrassy on behalf of Creditor Transplant Connect, Inc.
kandrassy@swelawfirm.com, lgarrett@swelawfirm.com;gcruz@swelawfirm.com;jchung@swelawfirm.com

Kyra E Andrassy on behalf of Interested Party Courtesy NEF
kandrassy@swelawfirm.com, lgarrett@swelawfirm.com;gcruz@swelawfirm.com;jchung@swelawfirm.com

Simon Aron on behalf of Interested Party RCB Equities #1, LLC
saron@wrslawyers.com

Lauren T Attard on behalf of Creditor SpecialtyCare Cardiovascular Resources, LLC
lattard@bakerlaw.com, agrosso@bakerlaw.com

Allison R Axenrod on behalf of Creditor CRG Financial LLC
allison@claimsrecoveryllc.com

Keith Patrick Banner on behalf of Creditor Abbott Laboratories Inc.
kbanner@greenbergglusker.com, sharper@greenbergglusker.com;calendar@greenbergglusker.com

Keith Patrick Banner on behalf of Interested Party CO Architects
kbanner@greenbergglusker.com, sharper@greenbergglusker.com;calendar@greenbergglusker.com

Cristina E Bautista on behalf of Creditor Health Net of California, Inc.
cristina.bautista@kattenlaw.com, ecf.lax.docket@kattenlaw.com

James Cornell Behrens on behalf of Attorney Milbank, Tweed, Hadley & McCloy
jbehrens@milbank.com,
gbray@milbank.com;mshinderman@milbank.com;dodonnell@milbank.com;jbrewster@milbank.com;JWeber@milbank.com

James Cornell Behrens on behalf of Creditor Committee Official Committee of Unsecured Creditors of Verity Health System of California, Inc., et al.
jbehrens@milbank.com,
gbray@milbank.com;mshinderman@milbank.com;dodonnell@milbank.com;jbrewster@milbank.com;JWeber@milbank.com

James Cornell Behrens on behalf of Financial Advisor FTI Consulting, Inc.
jbehrens@milbank.com,
gbray@milbank.com;mshinderman@milbank.com;dodonnell@milbank.com;jbrewster@milbank.com;JWeber@milbank.com

- 1 James Cornell Behrens on behalf of Plaintiff Official Committee of Unsecured Creditors of Verity Health
System of California, Inc., et al.
2 jbehrens@milbank.com,
gbray@milbank.com;mshinderman@milbank.com;dodonnell@milbank.com;jbrewster@milbank.com;JWeber
3 @milbank.com
- 4 Ron Bender on behalf of Health Care Ombudsman J. Nathan Ruben
rb@lnbyb.com
- 5 Ron Bender on behalf of Health Care Ombudsman Jacob Nathan Rubin
6 rb@lnbyb.com
- 7 Bruce Bennett on behalf of Creditor NantHealth, Inc.
bbennett@jonesday.com
- 8 Bruce Bennett on behalf of Creditor Nantworks, LLC
9 bbennett@jonesday.com
- 10 Bruce Bennett on behalf of Creditor Verity MOB Financing II LLC
bbennett@jonesday.com
- 11 Bruce Bennett on behalf of Creditor Verity MOB Financing LLC
bbennett@jonesday.com
12
- 13 Peter J Benvenuti on behalf of Creditor County of San Mateo
pbenvenuti@kellerbenvenuti.com, pjbenven74@yahoo.com
- 14 Leslie A Berkoff on behalf of Creditor Centinel Spine LLC
lberkoff@moritthock.com, hmay@moritthock.com
- 15 Steven M Berman on behalf of Creditor KForce, Inc.
16 sberman@slk-law.com
- 17 Stephen F Biegenzahn on behalf of Creditor Josefina Robles
efile@sfblaw.com
- 18 Stephen F Biegenzahn on behalf of Interested Party Courtesy NEF
19 efile@sfblaw.com
- 20 Karl E Block on behalf of Creditor SCAN Health Plan
kblock@loeb.com, jvazquez@loeb.com;ladoCKET@loeb.com;kblock@ecf.courtdrive.com
- 21 Karl E Block on behalf of Interested Party Courtesy NEF
22 kblock@loeb.com, jvazquez@loeb.com;ladoCKET@loeb.com;kblock@ecf.courtdrive.com
- 23 Dustin P Branch on behalf of Interested Party Wells Fargo Bank, National Association, as indenture trustee
branchd@ballardspahr.com, carolod@ballardspahr.com;hubenb@ballardspahr.com
- 24 Michael D Breslauer on behalf of Creditor Hunt Spine Institute, Inc.
mbreslauer@swsslaw.com,
25 wyones@swsslaw.com;mbreslauer@ecf.courtdrive.com;wyones@ecf.courtdrive.com
- 26 Chane Buck on behalf of Interested Party Courtesy NEF
cbuck@jonesday.com
- 27 Lori A Butler on behalf of Creditor Pension Benefit Guaranty Corporation
28 butler.lori@pbgc.gov, efile@pbgc.gov

- 1 Howard Camhi on behalf of Creditor The Huntington National Bank
hcamhi@ecjlaw.com, tcastelli@ecjlaw.com;amatsuoka@ecjlaw.com
- 2
- 3 Barry A Chatz on behalf of Creditor Alcon Vision, LLC
barry.chatz@saul.com, jurate.medziak@saul.com
- 4 Shirley Cho on behalf of Attorney Pachulski Stang Ziehl & Jones LLP
scho@pszjlaw.com
- 5 Shirley Cho on behalf of Debtor Verity Health System of California, Inc.
scho@pszjlaw.com
- 6
- 7 Shawn M Christianson on behalf of Creditor Oracle America, Inc.
cmcintire@buchalter.com, schristianson@buchalter.com
- 8 Shawn M Christianson on behalf of Interested Party Courtesy NEF
cmcintire@buchalter.com, schristianson@buchalter.com
- 9
- 10 Louis J. Cisz, III on behalf of Creditor El Camino Hospital
lcisz@nixonpeabody.com, jzic@nixonpeabody.com
- 11 Louis J. Cisz, III on behalf of Creditor El Camino Medical Associates, P.C.
lcisz@nixonpeabody.com, jzic@nixonpeabody.com
- 12
- 13 Leslie A Cohen on behalf of Defendant HERITAGE PROVIDER NETWORK, INC., a California corporation
leslie@lesliecohenlaw.com, jaime@lesliecohenlaw.com;olivia@lesliecohenlaw.com
- 14 Marcus Colabianchi on behalf of Creditor Chubb Companies
mcolabianchi@duanemorris.com
- 15
- 16 Kevin Collins on behalf of Creditor Roche Diagnostics Corporation
kevin.collins@btlaw.com, Kathleen.lytle@btlaw.com
- 17 Joseph Corrigan on behalf of Creditor Iron Mountain Information Management, LLC
Bankruptcy2@ironmountain.com
- 18
- 19 David N Crapo on behalf of Creditor Sharp Electronics Corporation
dcrapo@gibbonslaw.com, elrosen@gibbonslaw.com
- 20 Mariam Danielyan on behalf of Creditor Aida Iniguez
md@danielyanlawoffice.com, danielyan.mar@gmail.com
- 21 Mariam Danielyan on behalf of Creditor Francisco Iniguez
md@danielyanlawoffice.com, danielyan.mar@gmail.com
- 22
- 23 Brian L Davidoff on behalf of Creditor Abbott Laboratories Inc.
bdavidoff@greenbergglusker.com, calendar@greenbergglusker.com;jking@greenbergglusker.com
- 24 Brian L Davidoff on behalf of Interested Party Alere Informaties, Inc.
bdavidoff@greenbergglusker.com, calendar@greenbergglusker.com;jking@greenbergglusker.com
- 25
- 26 Brian L Davidoff on behalf of Interested Party CO Architects
bdavidoff@greenbergglusker.com, calendar@greenbergglusker.com;jking@greenbergglusker.com
- 27 Aaron Davis on behalf of Creditor US Foods, Inc.
aaron.davis@bryancave.com, kat.flaherty@bryancave.com
- 28

- 1 Lauren A Deeb on behalf of Creditor McKesson Corporation
lauren.deeb@nelsonmullins.com, maria.domingo@nelsonmullins.com
- 2 Lauren A Deeb on behalf of Creditor McKesson Technologies, Inc. n/k/a Change Health Care Technologies,
LLC
3 lauren.deeb@nelsonmullins.com, maria.domingo@nelsonmullins.com
- 4 Daniel Denny on behalf of Creditor Committee Official Committee of Unsecured Creditors of Verity Health
System of California, Inc., et al.
5 ddenny@milbank.com
- 6 Anthony Dutra on behalf of Creditor Local Initiative Health Authority for Los Angeles County, operating and
doing business as L.A. Care Health Plan
7 adutra@hansonbridgett.com
- 8 Anthony Dutra on behalf of Defendant LOCAL INITIATIVE HEALTH AUTHORITY FOR LOS ANGELES
COUNTY DBA L.A. CARE HEALTH PLAN, an independent local public agency
9 adutra@hansonbridgett.com
- 10 Kevin M Eckhardt on behalf of Creditor C. R. Bard, Inc.
kevin.eckhardt@gmail.com, keckhardt@hunton.com
- 11 Kevin M Eckhardt on behalf of Creditor Eurofins VRL, Inc.
kevin.eckhardt@gmail.com, keckhardt@hunton.com
12
- 13 Kevin M Eckhardt on behalf of Creditor Smith & Nephew, Inc.
kevin.eckhardt@gmail.com, keckhardt@hunton.com
- 14 Lei Lei Wang Ekvall on behalf of Creditor Cardinal Health
lekvall@swelawfirm.com, lgarrett@swelawfirm.com;gcruz@swelawfirm.com;jchung@swelawfirm.com
15
- 16 David K Eldan on behalf of Interested Party Attorney General For The State Of Ca
david.eldan@doj.ca.gov, teresa.depaz@doj.ca.gov
- 17 David K Eldan on behalf of Interested Party Xavier Becerra, Attorney General of California
david.eldan@doj.ca.gov, teresa.depaz@doj.ca.gov
- 18 Andy J Epstein on behalf of Creditor Ivonne Engelman
19 taxcpaesq@gmail.com
- 20 Andy J Epstein on behalf of Creditor Rosa Carcamo
taxcpaesq@gmail.com
- 21 Andy J Epstein on behalf of Interested Party Courtesy NEF
22 taxcpaesq@gmail.com
- 23 Richard W Esterkin on behalf of Creditor Zimmer US, Inc.
richard.esterkin@morganlewis.com
- 24 Christine R Etheridge on behalf of Creditor Fka GE Capital Wells Fargo Vendor Financial Services, LLC
christine.etheridge@ikonfin.com
25
- 26 M Douglas Flahaut on behalf of Creditor Medline Industries, Inc.
flahaut.douglas@arentfox.com
- 27 Michael G Fletcher on behalf of Interested Party Courtesy NEF
mfletcher@frandzel.com, sking@frandzel.com
28

1 Joseph D Frank on behalf of Creditor Experian Health fka Passport Health Communications Inc
jfrank@fgllp.com, mmatlock@fgllp.com;csmith@fgllp.com;jkleinman@fgllp.com;csucic@fgllp.com

2 Joseph D Frank on behalf of Creditor Experian Health, Inc
jfrank@fgllp.com, mmatlock@fgllp.com;csmith@fgllp.com;jkleinman@fgllp.com;csucic@fgllp.com

3 William B Freeman on behalf of Creditor Health Net of California, Inc.
4 bill.freeman@kattenlaw.com, nicole.jones@kattenlaw.com,ecf.lax.docket@kattenlaw.com

5 Eric J Fromme on behalf of Creditor CHHP Holdings II, LLC
efromme@tocounsel.com, lchapman@tocounsel.com;sschuster@tocounsel.com

6 Eric J Fromme on behalf of Creditor CPH Hospital Management, LLC
7 efromme@tocounsel.com, lchapman@tocounsel.com;sschuster@tocounsel.com

8 Eric J Fromme on behalf of Creditor Eladh, L.P.
efromme@tocounsel.com, lchapman@tocounsel.com;sschuster@tocounsel.com

9 Eric J Fromme on behalf of Creditor Gardena Hospital L.P.
10 efromme@tocounsel.com, lchapman@tocounsel.com;sschuster@tocounsel.com

11 Amir Gamliel on behalf of Creditor Parallon Revenue Cycle Services, Inc. f/k/a The Outsource Group, Inc.
amir-gamliel-9554@ecf.pacerpro.com, cmallahi@perkinscoie.com;DocketLA@perkinscoie.com

12 Amir Gamliel on behalf of Creditor Quadramed Affinity Corporation and Picis Clinical Solutions Inc.
13 amir-gamliel-9554@ecf.pacerpro.com, cmallahi@perkinscoie.com;DocketLA@perkinscoie.com

14 Jeffrey K Garfinkle on behalf of Creditor McKesson Corporation
jgarfinkle@buchalter.com, docket@buchalter.com;dcyrankowski@buchalter.com

15 Jeffrey K Garfinkle on behalf of Interested Party Courtesy NEF
jgarfinkle@buchalter.com, docket@buchalter.com;dcyrankowski@buchalter.com

16 Thomas M Geher on behalf of Special Counsel Jeffer Mangles Butler & Mitchell LLP
17 tmg@jmbm.com, bt@jmbm.com;fc3@jmbm.com;tmg@ecf.inforuptcy.com

18 Lawrence B Gill on behalf of Interested Party Courtesy NEF
lgill@nelsonhardiman.com, rrange@nelsonhardiman.com;mmarkwell@nelsonhardiman.com

19 Paul R. Glassman on behalf of Creditor Long Beach Memorial Medical Center
20 pglassman@sycr.com

21 Matthew A Gold on behalf of Creditor Argo Partners
courts@argopartners.net

22 Eric D Goldberg on behalf of Creditor Otsuka Pharmaceutical Development & Commercialization, Inc.
23 eric.goldberg@dlapiper.com, eric-goldberg-1103@ecf.pacerpro.com

24 Marshall F Goldberg on behalf of Attorney c/o Glass & Goldberg PHILLIPS MEDICAL CAPITAL
mgoldberg@glassgoldberg.com, jbailey@glassgoldberg.com

25 Richard H Golubow on behalf of Creditor Anil Jain
rgolubow@wcghlaw.com, pj@wcghlaw.com;jmartinez@wcghlaw.com;Meir@virtualparalegalservices.com

26 Richard H Golubow on behalf of Creditor Catherine Wolferd
27 rgolubow@wcghlaw.com, pj@wcghlaw.com;jmartinez@wcghlaw.com;Meir@virtualparalegalservices.com

28 Richard H Golubow on behalf of Creditor Roseann Gonzalez

- 1 rgolubow@wcghlaw.com, pj@wcghlaw.com;jmartinez@wcghlaw.com;Meir@virtualparalegalservices.com
- 2 David M. Guess on behalf of Creditor Medtronic USA, Inc.
guessd@gtlaw.com
- 3 David M. Guess on behalf of Creditor NTT DATA Services Holding Corporation
guessd@gtlaw.com
- 4 Anna Gumpert on behalf of Interested Party Medical Office Buildings of California, LLC
5 agumpert@sidley.com
- 6 Melissa T Harris on behalf of Creditor Pension Benefit Guaranty Corporation
harris.melissa@pbgc.gov, efile@pbgc.gov
- 7 James A Hayes, Jr on behalf of Creditor Royal West Development, Inc.
8 jhayes@zinserhayes.com, jhayes@jamesahayesapl.com
- 9 Michael S Held on behalf of Creditor Medecision, Inc.
mheld@jw.com
- 10 Lawrence J Hilton on behalf of Creditor Cerner Corporation
lhilton@onellp.com,
11 lthomas@onellp.com,info@onellp.com,rgolder@onellp.com,lhyska@onellp.com,nlichtenberger@onellp.com
- 12 Robert M Hirsh on behalf of Creditor Medline Industries, Inc.
Robert.Hirsh@arentfox.com
- 13 Robert M Hirsh on behalf of Creditor Committee Official Committee of Unsecured Creditors of Verity Health
14 System of California, Inc., et al.
Robert.Hirsh@arentfox.com
- 15 Florice Hoffman on behalf of Creditor National Union of Healthcare Workers
16 fhoffman@socal.rr.com, floricehoffman@gmail.com
- 17 Lee F Hoffman on behalf of Creditor Anthony Barajas
leehoffmanjd@gmail.com, lee@fademlaw.com
- 18 Lee F Hoffman on behalf of Creditor Sydney Thomson
19 leehoffmanjd@gmail.com, lee@fademlaw.com
- 20 Michael Hogue on behalf of Creditor Medical Anesthesia Consultants Medical Group, Inc.
hoguem@gtlaw.com, SFOLitDock@gtlaw.com;navarrom@gtlaw.com
- 21 Michael Hogue on behalf of Creditor Workday, Inc.
22 hoguem@gtlaw.com, SFOLitDock@gtlaw.com;navarrom@gtlaw.com
- 23 Matthew B Holbrook on behalf of Interested Party Courtesy NEF
mholbrook@sheppardmullin.com, mmanns@sheppardmullin.com
- 24 David I Horowitz on behalf of Creditor Conifer Health Solutions, LLC
david.horowitz@kirkland.com,
25 keith.catuara@kirkland.com;terry.ellis@kirkland.com;elsa.banuelos@kirkland.com;ivon.granados@kirkland.com
- 26 Brian D Huben on behalf of Creditor Southeast Medical Center, LLC and Slauson Associates of Huntington
27 Park, LLC
hubenb@ballardspahr.com, carolod@ballardspahr.com
- 28

- 1 Joan Huh on behalf of Creditor California Dept. of Tax and Fee Administration
joan.huh@cdtfa.ca.gov
- 2 Benjamin Ikuta on behalf of Creditor Bill Ma
bikuta@hml.law
- 3 Lawrence A Jacobson on behalf of Creditor Michael Pacelli
4 laj@cohenandjacobson.com
- 5 John Mark Jennings on behalf of Creditor GE HFS, LLC
johnmark.jennings@kutakrock.com, mary.clark@kutakrock.com
- 6 Monique D Jewett-Brewster on behalf of Creditor Paragon Mechanical, Inc.
7 mjb@hopkinscarley.com, eamaro@hopkinscarley.com
- 8 Crystal Johnson on behalf of Debtor Verity Medical Foundation
M46380@ATT.COM
- 9 Gregory R Jones on behalf of Interested Party County of Santa Clara
10 gjones@mwe.com, rnhunter@mwe.com
- 11 Jeff D Kahane on behalf of Creditor The Chubb Companies
jkahane@duanemorris.com, dmartinez@duanemorris.com
- 12 Jeff D Kahane on behalf of Interested Party The Chubb Companies
13 jkahane@duanemorris.com, dmartinez@duanemorris.com
- 14 Steven J Kahn on behalf of Debtor Verity Health System of California, Inc.
skahn@pszyjw.com
- 15 Steven J Kahn on behalf of Plaintiff ST. FRANCIS MEDICAL CENTER, a California nonprofit public benefit
16 corporation
skahn@pszyjw.com
- 17 Steven J Kahn on behalf of Plaintiff ST. VINCENT MEDICAL CENTER, a California nonprofit public benefit
18 corporation
skahn@pszyjw.com
- 19 Steven J Kahn on behalf of Plaintiff VERITY HEALTH SYSTEM OF CALIFORNIA, INC., a California
20 nonprofit public benefit corporation
skahn@pszyjw.com
- 21 Cameo M Kaisler on behalf of Creditor Pension Benefit Guaranty Corporation
salembier.cameo@pbgc.gov, efile@pbgc.gov
- 22 Ivan L Kallick on behalf of Interested Party Ivan Kallick
23 ikallick@manatt.com, ihernandez@manatt.com
- 24 Ori Katz on behalf of Creditor Sunquest Information Systems, Inc.
okatz@sheppardmullin.com,
25 cshulman@sheppardmullin.com;ezisholtz@sheppardmullin.com;lsegura@sheppardmullin.com
- 26 Payam Khodadadi on behalf of Creditor Aetna Life Insurance Company
pkhodadadi@meguirewoods.com, dkiker@meguirewoods.com
- 27 Christian T Kim on behalf of Creditor Irene Rodriguez
ckim@dumas-law.com, ckim@ecf.inforuptcy.com
- 28

- 1 Jane Kim on behalf of Creditor County of San Mateo
jkim@kellerbenvenuti.com
- 2 Monica Y Kim on behalf of Health Care Ombudsman Jacob Nathan Rubin
myk@lnrb.com, myk@ecf.inforuptcy.com
- 3 Gary E Klausner on behalf of Interested Party Courtesy NEF
- 4 gek@lnbyb.com
- 5 Gary E Klausner on behalf of Interested Party Strategic Global Management, Inc.
gek@lnbyb.com
- 6 David A Klein on behalf of Creditor Conifer Health Solutions, LLC
david.klein@kirkland.com
- 7 Nicholas A Koffroth on behalf of Debtor Verity Health System of California, Inc.
nick.koffroth@dentons.com, chris.omeara@dentons.com
- 8 Nicholas A Koffroth on behalf of Debtor In Possession VERITY HEALTH SYSTEM OF CALIFORNIA, INC., a
California nonprofit public benefit corporation
- 9 nick.koffroth@dentons.com, chris.omeara@dentons.com
- 10 Nicholas A Koffroth on behalf of Debtor In Possession Verity Health System of California, Inc.
nick.koffroth@dentons.com, chris.omeara@dentons.com
- 11 Joseph A Kohanski on behalf of Creditor California Nurses Association
- 12 jkohanski@bushgottlieb.com, kprestegard@bushgottlieb.com
- 13 Joseph A Kohanski on behalf of Creditor United Nurses Associations of CA/Union of Health Care
Professionals
- 14 jkohanski@bushgottlieb.com, kprestegard@bushgottlieb.com
- 15 Darryl S Laddin on behalf of Creditor c/o Darryl S. Laddin Sysco Los Angeles, Inc.
bkrfilings@agg.com
- 16 Robert S Lampl on behalf of Creditor Surgical Information Systems, LLC
advocate45@aol.com, rlisarobinsonr@aol.com
- 17 Robert S Lampl on behalf of Creditor c/o Darryl S. Laddin Sysco Los Angeles, Inc.
advocate45@aol.com, rlisarobinsonr@aol.com
- 18 Richard A Lapping on behalf of Creditor Retirement Plan for Hospital Employees
richard@lappinglegal.com
- 19 Paul J Laurin on behalf of Creditor 3M Corporation
plaurin@btlaw.com, slmoore@btlaw.com;jboustani@btlaw.com
- 20 Paul J Laurin on behalf of Creditor Roche Diagnostics Corporation
plaurin@btlaw.com, slmoore@btlaw.com;jboustani@btlaw.com
- 21 Nathaniel M Leeds on behalf of Creditor Christopher Steele
nathaniel@mitchelllawsf.com, sam@mitchelllawsf.com
- 22 David E Lemke on behalf of Creditor ALLY BANK
david.lemke@wallerlaw.com,
23 chris.cronk@wallerlaw.com;Melissa.jones@wallerlaw.com;cathy.thomas@wallerlaw.com
- 24 Lisa Lenherr on behalf of Creditor Varian Medical Systems, Inc.
- 25
- 26
- 27
- 28

- 1 llenherr@wendel.com, bankruptcy@wendel.com
- 2 Elan S Levey on behalf of Creditor Centers for Medicare and Medicaid Services
elan.levey@usdoj.gov, louisa.lin@usdoj.gov
- 3 Elan S Levey on behalf of Creditor Federal Communications Commission
elan.levey@usdoj.gov, louisa.lin@usdoj.gov
- 4 Elan S Levey on behalf of Creditor Pension Benefit Guaranty Corporation
5 elan.levey@usdoj.gov, louisa.lin@usdoj.gov
- 6 Elan S Levey on behalf of Creditor United States Department of Health and Human Services
elan.levey@usdoj.gov, louisa.lin@usdoj.gov
- 7 Elan S Levey on behalf of Creditor United States Of America
8 elan.levey@usdoj.gov, louisa.lin@usdoj.gov
- 9 Elan S Levey on behalf of Creditor United States of America, on behalf of the Federal Communications
Commission
10 elan.levey@usdoj.gov, louisa.lin@usdoj.gov
- 11 Tracy L Mainguy on behalf of Creditor Stationary Engineers Local 39
bankruptcycourtnotices@unioncounsel.net, tmainguy@unioncounsel.net
- 12 Tracy L Mainguy on behalf of Creditor Stationary Engineers Local 39 Health and Welfare Trust Fund
13 bankruptcycourtnotices@unioncounsel.net, tmainguy@unioncounsel.net
- 14 Tracy L Mainguy on behalf of Creditor Stationary Engineers Local 39 Pension Trust Fund
bankruptcycourtnotices@unioncounsel.net, tmainguy@unioncounsel.net
- 15 Samuel R Maizel on behalf of Debtor De Paul Ventures - San Jose Dialysis, LLC
samuel.maizel@dentons.com,
16 alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 17 Samuel R Maizel on behalf of Debtor De Paul Ventures, LLC
18 samuel.maizel@dentons.com,
alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
19 ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 20 Samuel R Maizel on behalf of Debtor O'Connor Hospital Foundation
samuel.maizel@dentons.com,
21 alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 22 Samuel R Maizel on behalf of Debtor St. Francis Medical Center of Lynwood Foundation
23 samuel.maizel@dentons.com,
alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 24 Samuel R Maizel on behalf of Debtor St. Vincent Foundation
25 samuel.maizel@dentons.com,
alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
26 ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 27 Samuel R Maizel on behalf of Debtor Verity Business Services
samuel.maizel@dentons.com,
28 alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how

- 1 ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 2 Samuel R Maizel on behalf of Debtor Verity Health System of California, Inc.
3 samuel.maizel@dentons.com,
4 alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
5 ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 6 Samuel R Maizel on behalf of Debtor Verity Holdings, LLC
7 samuel.maizel@dentons.com,
8 alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
9 ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 10 Samuel R Maizel on behalf of Debtor Verity Medical Foundation
11 samuel.maizel@dentons.com,
12 alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
13 ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 14 Samuel R Maizel on behalf of Debtor In Possession VERITY HEALTH SYSTEM OF CALIFORNIA, INC., a
15 California nonprofit public benefit corporation
16 samuel.maizel@dentons.com,
17 alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
18 ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 19 Samuel R Maizel on behalf of Debtor In Possession Verity Health System of California, Inc.
20 samuel.maizel@dentons.com,
21 alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
22 ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 23 Samuel R Maizel on behalf of Financial Advisor Berkeley Research Group LLC
24 samuel.maizel@dentons.com,
25 alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
26 ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- 27 Samuel R Maizel on behalf of Plaintiff Verity Health System of California, Inc.
28 samuel.maizel@dentons.com,
alicia.aguilar@dentons.com;docket.general.lit.LOS@dentons.com;tania.moyron@dentons.com;kathryn.how
ard@dentons.com;joan.mack@dentons.com;derry.kalve@dentons.com
- Alvin Mar on behalf of U.S. Trustee United States Trustee (LA)
alvin.mar@usdoj.gov, dare.law@usdoj.gov
- Craig G Margulies on behalf of Creditor Hooper Healthcare Consulting LLC
Craig@MarguliesFaithlaw.com,
Victoria@MarguliesFaithlaw.com;Helen@MarguliesFaithlaw.com;Dana@marguliesfaithlaw.com
- Craig G Margulies on behalf of Interested Party Courtesy NEF
Craig@MarguliesFaithlaw.com,
Victoria@MarguliesFaithlaw.com;Helen@MarguliesFaithlaw.com;Dana@marguliesfaithlaw.com
- Hutchison B Meltzer on behalf of Interested Party Attorney General For The State Of Ca
hutchison.meltzer@doj.ca.gov, Alicia.Berry@doj.ca.gov
- Christopher Minier on behalf of Creditor Belfor USA Group, Inc.
becky@ringstadlaw.com, arlene@ringstadlaw.com
- John A Moe, II on behalf of Attorney Dentons US LLP
john.moe@dentons.com, derry.kalve@dentons.com

- 1 John A Moe, II on behalf of Debtor O'Connor Hospital
john.moe@dentons.com, derry.kalve@dentons.com
- 2 John A Moe, II on behalf of Debtor O'Connor Hospital Foundation
john.moe@dentons.com, derry.kalve@dentons.com
- 3
- 4 John A Moe, II on behalf of Debtor Seton Medical Center
john.moe@dentons.com, derry.kalve@dentons.com
- 5 John A Moe, II on behalf of Debtor St. Francis Medical Center
john.moe@dentons.com, derry.kalve@dentons.com
- 6
- 7 John A Moe, II on behalf of Debtor St. Francis Medical Center of Lynwood Foundation
john.moe@dentons.com, derry.kalve@dentons.com
- 8
- 9 John A Moe, II on behalf of Debtor St. Louise Regional Hospital
john.moe@dentons.com, derry.kalve@dentons.com
- 10
- 11 John A Moe, II on behalf of Debtor St. Vincent Dialysis Center, Inc.
john.moe@dentons.com, derry.kalve@dentons.com
- 12
- 13 John A Moe, II on behalf of Debtor St. Vincent Foundation
john.moe@dentons.com, derry.kalve@dentons.com
- 14
- 15 John A Moe, II on behalf of Debtor Verity Health System of California, Inc.
john.moe@dentons.com, derry.kalve@dentons.com
- 16
- 17 John A Moe, II on behalf of Debtor Verity Medical Foundation
john.moe@dentons.com, derry.kalve@dentons.com
- 18
- 19 John A Moe, II on behalf of Defendant St. Francis Medical Center
john.moe@dentons.com, derry.kalve@dentons.com
- 20
- 21 John A Moe, II on behalf of Defendant Verity Health System of California Inc
john.moe@dentons.com, derry.kalve@dentons.com
- 22
- 23 Susan I Montgomery on behalf of Creditor AppleCare Medical Group
susan@simontgomerylaw.com,
assistant@simontgomerylaw.com;simontgomerylawecf.com@gmail.com;montgomerysr71631@notify.bestc
ase.com
- 24
- 25 Susan I Montgomery on behalf of Creditor AppleCare Medical Group St. Francis, Inc.
susan@simontgomerylaw.com,
assistant@simontgomerylaw.com;simontgomerylawecf.com@gmail.com;montgomerysr71631@notify.bestc
ase.com
- 26
- 27 Susan I Montgomery on behalf of Creditor AppleCare Medical Group, Inc.
susan@simontgomerylaw.com,
assistant@simontgomerylaw.com;simontgomerylawecf.com@gmail.com;montgomerysr71631@notify.bestc
ase.com
- 28
- 29 Susan I Montgomery on behalf of Interested Party All Care Medical Group, Inc.
susan@simontgomerylaw.com,

1 assistant@simontgomerylaw.com;simontgomerylawecf.com@gmail.com;montgomerysr71631@notify.bestc
ase.com

2 Monserrat Morales on behalf of Interested Party Courtesy NEF
Monsi@MarguliesFaithLaw.com,
3 Victoria@MarguliesFaithLaw.com;Helen@marguliesfaithlaw.com;Dana@marguliesfaithlaw.com

4 Kevin H Morse on behalf of Creditor Alcon Vision, LLC
kmorse@clarkhill.com, blambert@clarkhill.com

5 Kevin H Morse on behalf of Creditor Shared Imaging, LLC
6 kmorse@clarkhill.com, blambert@clarkhill.com

7 Kevin H Morse on behalf of Interested Party Courtesy NEF
kmorse@clarkhill.com, blambert@clarkhill.com

8 Marianne S Mortimer on behalf of Creditor Premier, Inc.
9 mmartin@jmbm.com

10 Tania M Moyron on behalf of Debtor De Paul Ventures - San Jose Dialysis, LLC
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

11 Tania M Moyron on behalf of Debtor De Paul Ventures, LLC
12 tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

13 Tania M Moyron on behalf of Debtor O'Connor Hospital
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

14 Tania M Moyron on behalf of Debtor O'Connor Hospital Foundation
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

15 Tania M Moyron on behalf of Debtor Saint Louise Regional Hospital Foundation
16 tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

17 Tania M Moyron on behalf of Debtor Seton Medical Center
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

18 Tania M Moyron on behalf of Debtor Seton Medical Center Foundation
19 tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

20 Tania M Moyron on behalf of Debtor St. Francis Medical Center
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

21 Tania M Moyron on behalf of Debtor St. Francis Medical Center of Lynwood Foundation
22 tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

23 Tania M Moyron on behalf of Debtor St. Louise Regional Hospital
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

24 Tania M Moyron on behalf of Debtor St. Vincent Dialysis Center, Inc.
25 tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

26 Tania M Moyron on behalf of Debtor St. Vincent Foundation
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

27 Tania M Moyron on behalf of Debtor St. Vincent Medical Center
28 tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

1 Tania M Moyron on behalf of Debtor Verity Business Services
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

2 Tania M Moyron on behalf of Debtor Verity Health System of California, Inc.
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

3 Tania M Moyron on behalf of Debtor Verity Holdings, LLC
4 tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

5 Tania M Moyron on behalf of Debtor Verity Medical Foundation
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

6 Tania M Moyron on behalf of Debtor In Possession VERITY HEALTH SYSTEM OF CALIFORNIA, INC., a
7 California nonprofit public benefit corporation
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

8 Tania M Moyron on behalf of Debtor In Possession Verity Health System of California, Inc.
9 tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

10 Tania M Moyron on behalf of Defendant St. Francis Medical Center
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

11 Tania M Moyron on behalf of Defendant Verity Health System of California Inc
tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

12 Tania M Moyron on behalf of Plaintiff Verity Health System of California, Inc.
13 tania.moyron@dentons.com, chris.omeara@dentons.com;nick.koffroth@dentons.com

14 Alan I Nahmias on behalf of Creditor Experian Health fka Passport Health Communications Inc
anahmias@mbnlawyers.com, jdale@mbnlawyers.com

15 Alan I Nahmias on behalf of Creditor Experian Health, Inc
16 anahmias@mbnlawyers.com, jdale@mbnlawyers.com

17 Alan I Nahmias on behalf of Interested Party Courtesy NEF
anahmias@mbnlawyers.com, jdale@mbnlawyers.com

18 Alan I Nahmias on behalf of Interested Party Alan I Nahmias
19 anahmias@mbnlawyers.com, jdale@mbnlawyers.com

20 Akop J Nalbandyan on behalf of Creditor Jason Michael Shank
jnalbandyan@LNtriallawyers.com, cbautista@LNtriallawyers.com

21 Jennifer L Nassiri on behalf of Creditor Old Republic Insurance Company, et al
22 jennifernassiri@quinnemanuel.com

23 Charles E Nelson on behalf of Interested Party Wells Fargo Bank, National Association, as indenture trustee
nelsonc@ballardspahr.com, wassweilerw@ballardspahr.com

24 Sheila Gropper Nelson on behalf of Creditor Golden GatePerfusion Inc
shedoesbklaw@aol.com

25 Mark A Neubauer on behalf of Creditor Angeles IPA A Medical Corporation
26 mneubauer@carltonfields.com,
mlrodriguez@carltonfields.com;smcloughlin@carltonfields.com;schau@carltonfields.com;NDunn@carltonfiel
27 ds.com;ecfla@carltonfields.com

28 Mark A Neubauer on behalf of Creditor St. Vincent IPA Medical Corporation

1 mneubauer@carltonfields.com,
mlrodriguez@carltonfields.com;smcloughlin@carltonfields.com;schau@carltonfields.com;NDunn@carltonfields.com;ecfla@carltonfields.com

2
3 Mark A Neubauer on behalf of Interested Party Courtesy NEF
mneubauer@carltonfields.com,
mlrodriguez@carltonfields.com;smcloughlin@carltonfields.com;schau@carltonfields.com;NDunn@carltonfields.com;ecfla@carltonfields.com

4
5 Fred Neufeld on behalf of Creditor Premier, Inc.
fneufeld@sycr.com, tingman@sycr.com

6
7 Nancy Newman on behalf of Creditor SmithGroup, Inc.
nnewman@hansonbridgett.com, ajackson@hansonbridgett.com;calendarclerk@hansonbridgett.com

8
9 Bryan L Ngo on behalf of Interested Party All Care Medical Group, Inc
bngo@fortislaw.com,
BNgo@bluecapitallaw.com;SPicariello@fortislaw.com;JNguyen@fortislaw.com;JNguyen@bluecapitallaw.com

10
11 Bryan L Ngo on behalf of Interested Party All Care Medical Group, Inc.
bngo@fortislaw.com,
BNgo@bluecapitallaw.com;SPicariello@fortislaw.com;JNguyen@fortislaw.com;JNguyen@bluecapitallaw.com

12
13 Abigail V O'Brient on behalf of Creditor UMB Bank, N.A., as master indenture trustee and Wells Fargo Bank,
National Association, as indenture trustee
avobrient@mintz.com,
docketing@mintz.com;DEHashimoto@mintz.com;nleali@mintz.com;ABLevin@mintz.com;GJLeon@mintz.com

14
15 Abigail V O'Brient on behalf of Defendant UMB Bank, National Association
avobrient@mintz.com,
docketing@mintz.com;DEHashimoto@mintz.com;nleali@mintz.com;ABLevin@mintz.com;GJLeon@mintz.com

16
17 Abigail V O'Brient on behalf of Interested Party Courtesy NEF
avobrient@mintz.com,
docketing@mintz.com;DEHashimoto@mintz.com;nleali@mintz.com;ABLevin@mintz.com;GJLeon@mintz.com

18
19 John R OKeefe, Jr on behalf of Creditor The Huntington National Bank
jokeefe@metzlewis.com, slohr@metzlewis.com

20
21 Scott H Olson on behalf of Creditor NFS Leasing Inc
solson@vedderprice.com, jcano@vedderprice.com,jparker@vedderprice.com;scott-olson-2161@ecf.pacerpro.com,ecfsfdocket@vedderprice.com

22
23 Giovanni Orantes on behalf of Creditor Seoul Medical Group Inc
go@gobklaw.com, gorantes@orantes-law.com,cmh@gobklaw.com,gobklaw@gmail.com,go@ecf.inforuptcy.com;orantesgr89122@notify.bestcase.com

24
25 Giovanni Orantes on behalf of Other Professional Orantes Law Firm, P.C.
go@gobklaw.com, gorantes@orantes-law.com,cmh@gobklaw.com,gobklaw@gmail.com,go@ecf.inforuptcy.com;orantesgr89122@notify.bestcase.com

- 1 Keith C Owens on behalf of Creditor Messiahic Inc., a California corporation d/b/a PayJunction
kowens@venable.com, khoang@venable.com
- 2 R Gibson Pagter, Jr. on behalf of Creditor Princess & Kehau Naope
gibson@ppilawyers.com, ecf@ppilawyers.com;pagterr51779@notify.bestcase.com
- 3
4 Paul J Pascuzzi on behalf of Creditor Toyon Associates, Inc.
ppascuzzi@ffwplaw.com
- 5 Lisa M Peters on behalf of Creditor GE HFS, LLC
lisa.peters@kutakrock.com, marybeth.brukner@kutakrock.com
- 6 Christopher J Petersen on behalf of Creditor Infor (US), Inc.
7 cjpetersen@blankrome.com, gsolis@blankrome.com
- 8 Mark D Plevin on behalf of Creditor Medimpact Healthcare Systems
mplevin@crowell.com, cromo@crowell.com
- 9 Mark D Plevin on behalf of Interested Party Courtesy NEF
10 mplevin@crowell.com, cromo@crowell.com
- 11 Steven G. Polard on behalf of Creditor Schwalb Consulting, Inc.
spolard@ch-law.com, calendar-lao@rmkb.com;melissa.tamura@rmkb.com;anthony.arriola@rmkb.com
- 12 David M Powlen on behalf of Creditor Roche Diagnostics Corporation
13 david.powlen@btlaw.com, pgroff@btlaw.com
- 14 Christopher E Prince on behalf of Creditor Kaiser Foundation Hospitals
cprince@lesnickprince.com, jmack@lesnickprince.com;cprince@ecf.courtdrive.com
- 15 Lori L Purkey on behalf of Creditor Stryker Corporation
bareham@purkeyandassociates.com
- 16 William M Rathbone on behalf of Interested Party Cigna Healthcare of California, Inc., and Llife Insurance
17 Company of North America
wrathbone@grsm.com, jmydlandevans@grsm.com;sdurazo@grsm.com
- 18 Jason M Reed on behalf of Defendant U.S. Bank National Association
19 Jason.Reed@Maslon.com
- 20 Jason M Reed on behalf of Interested Party Courtesy NEF
Jason.Reed@Maslon.com
- 21 Michael B Reynolds on behalf of Creditor Blue Shield of California Promise Health Plan fka Care1st Health
22 Plan
mreynolds@swlaw.com, kcollins@swlaw.com
- 23 Michael B Reynolds on behalf of Creditor California Physicians' Service dba Blue Shield of California
24 mreynolds@swlaw.com, kcollins@swlaw.com
- 25 Michael B Reynolds on behalf of Creditor Care 1st Health Plan
mreynolds@swlaw.com, kcollins@swlaw.com
- 26 Michael B Reynolds on behalf of Interested Party Courtesy NEF
27 mreynolds@swlaw.com, kcollins@swlaw.com
- 28 J. Alexandra Rhim on behalf of Creditor University of Southern California
arhim@hrhlaw.com

- 1 Emily P Rich on behalf of Creditor LYNN C. MORRIS, HILDA L. DAILY AND NOE GUZMAN
erich@unioncounsel.net, bankruptcycourtnotices@unioncounsel.net
- 2
3 Emily P Rich on behalf of Creditor SEIU United Healthcare Workers - West
erich@unioncounsel.net, bankruptcycourtnotices@unioncounsel.net
- 4 Emily P Rich on behalf of Creditor Stationary Engineers Local 39
erich@unioncounsel.net, bankruptcycourtnotices@unioncounsel.net
- 5
6 Emily P Rich on behalf of Creditor Stationary Engineers Local 39 Health and Welfare Trust Fund
erich@unioncounsel.net, bankruptcycourtnotices@unioncounsel.net
- 7 Emily P Rich on behalf of Creditor Stationary Engineers Local 39 Pension Trust Fund
erich@unioncounsel.net, bankruptcycourtnotices@unioncounsel.net
- 8
9 Robert A Rich on behalf of Creditor C. R. Bard, Inc.
, candonian@huntonak.com
- 10 Robert A Rich on behalf of Creditor Eurofins VRL, Inc.
, candonian@huntonak.com
- 11 Robert A Rich on behalf of Creditor Smith & Nephew, Inc.
, candonian@huntonak.com
- 12
13 Robert A Rich on behalf of Creditor VRL, Inc as successor to and assignee of Viracor-IBT Laboratories, Inc
and Eurofins VRL Los Angeles, Inc.
, candonian@huntonak.com
- 14
15 Lesley A Riis on behalf of Creditor Lesley c/o Riis
Iriis@dpmclaw.com
- 16 Debra Riley on behalf of Creditor California Statewide Communities Development Authority
driley@allenmatkins.com
- 17
18 Jason E Rios on behalf of Creditor Toyon Associates, Inc.
jrios@ffwplaw.com, scisneros@ffwplaw.com
- 19 Julie H Rome-Banks on behalf of Creditor Bay Area Surgical Management, LLC
julie@binderhalter.com
- 20
21 Mary H Rose on behalf of Interested Party Courtesy NEF
mrose@buchalter.com
- 22 Megan A Rowe on behalf of Interested Party Courtesy NEF
mrowe@dsrhealthlaw.com, lwestoby@dsrhealthlaw.com
- 23
24 Nathan A Schultz on behalf of Creditor Swinerton Builders
nschultz@goodwinlaw.com
- 25
26 Nathan A Schultz on behalf of Interested Party Microsoft Corporation
nschultz@goodwinlaw.com
- 27
28 Mark A Serlin on behalf of Creditor RightSourcing, Inc.
ms@swllplaw.com, mor@swllplaw.com
- Seth B Shapiro on behalf of Creditor United States Department of Health and Human Services
seth.shapiro@usdoj.gov

- 1 David B Shemano on behalf of Creditor Bayer Healthcare LLC
dshemano@shemanolaw.com
- 2
- 3 David B Shemano on behalf of Creditor Ernesto Madrigal
dshemano@shemanolaw.com
- 4
- 5 David B Shemano on behalf of Creditor Iris Lara
dshemano@shemanolaw.com
- 6
- 7 David B Shemano on behalf of Creditor Jarmaine Johns
dshemano@shemanolaw.com
- 8
- 9 David B Shemano on behalf of Creditor Waheed Wahidi
dshemano@shemanolaw.com
- 10 Joseph Shickich on behalf of Interested Party Microsoft Corporation
jshickich@riddellwilliams.com
- 11 Mark Shinderman on behalf of Defendant U.S. Bank National Association
mshinderman@milbank.com, dmuhrez@milbank.com;dlbatie@milbank.com
- 12
- 13 Mark Shinderman on behalf of Plaintiff Official Committee of Unsecured Creditors of Verity Health System of
California, Inc., et al.
mshinderman@milbank.com, dmuhrez@milbank.com;dlbatie@milbank.com
- 14
- 15 Rosa A Shirley on behalf of Debtor Verity Health System of California, Inc.
rshirley@nelsonhardiman.com,
ksherry@nelsonhardiman.com;lgill@nelsonhardiman.com;rrange@nelsonhardiman.com
- 16
- 17 Rosa A Shirley on behalf of Interested Party Courtesy NEF
rshirley@nelsonhardiman.com,
ksherry@nelsonhardiman.com;lgill@nelsonhardiman.com;rrange@nelsonhardiman.com
- 18
- 19 Rosa A Shirley on behalf of Special Counsel Nelson Hardiman LLP
rshirley@nelsonhardiman.com,
ksherry@nelsonhardiman.com;lgill@nelsonhardiman.com;rrange@nelsonhardiman.com
- 20
- 21 Kyrsten Skogstad on behalf of Creditor California Nurses Association
kskogstad@calnurses.org, rcraven@calnurses.org
- 22
- 23 Michael St James on behalf of Interested Party Medical Staff of Seton Medical Center
ecf@stjames-law.com
- 24
- 25 Andrew Still on behalf of Creditor California Physicians' Service dba Blue Shield of California
astill@swlaw.com, kcollins@swlaw.com
- 26
- 27 Andrew Still on behalf of Creditor Care 1st Health Plan
astill@swlaw.com, kcollins@swlaw.com
- 28
- 29 Andrew Still on behalf of Interested Party Courtesy NEF
astill@swlaw.com, kcollins@swlaw.com
- 30
- 31 Jason D Strabo on behalf of Creditor U.S. Bank National Association, not individually, but as Indenture
Trustee

- 1 jstrabo@mwe.com, cfuraha@mwe.com
- 2 Jason D Strabo on behalf of Defendant U.S. Bank National Association
jstrabo@mwe.com, cfuraha@mwe.com
- 3 Sabrina L Streusand on behalf of Creditor NTT DATA Services Holding Corporation
Streusand@slolp.com
- 4 Ralph J Swanson on behalf of Creditor O'Connor Building LLC
5 ralph.swanson@berliner.com, sabina.hall@berliner.com
- 6 Michael A Sweet on behalf of Creditor Swinerton Builders
msweet@foxrothschild.com, swillis@foxrothschild.com;pbasa@foxrothschild.com
- 7 Michael A Sweet on behalf of Interested Party Microsoft Corporation
8 msweet@foxrothschild.com, swillis@foxrothschild.com;pbasa@foxrothschild.com
- 9 James Toma on behalf of Interested Party Xavier Becerra, Attorney General of California
james.toma@doj.ca.gov, teresa.depaz@doj.ca.gov
- 10 Gary F Torrell on behalf of Interested Party Courtesy NEF
11 gtorrell@health-law.com
- 12 United States Trustee (LA)
ustpregion16.la.ecf@usdoj.gov
- 13 Cecelia Valentine on behalf of Creditor National Labor Relations Board
14 cecelia.valentine@nrlb.gov
- 15 Jason Wallach on behalf of Interested Party Courtesy NEF
jwallach@ghplaw.com, g33404@notify.cincompass.com
- 16 Kenneth K Wang on behalf of Creditor California Department of Health Care Services
kenneth.wang@doj.ca.gov, Jennifer.Kim@doj.ca.gov;Stacy.McKellar@doj.ca.gov;yesenia.caro@doj.ca.gov
- 17 Phillip K Wang on behalf of Creditor Delta Dental of California
18 phillip.wang@rimonlaw.com, david.kline@rimonlaw.com
- 19 Sharon Z. Weiss on behalf of Creditor US Foods, Inc.
sharon.weiss@bclplaw.com, raul.morales@bclplaw.com
- 20 Adam G Wentland on behalf of Creditor CHHP Holdings II, LLC
21 awentland@tocounsel.com, lkwon@tocounsel.com
- 22 Adam G Wentland on behalf of Creditor CPH Hospital Management, LLC
awentland@tocounsel.com, lkwon@tocounsel.com
- 23 Adam G Wentland on behalf of Creditor Eladh, L.P.
24 awentland@tocounsel.com, lkwon@tocounsel.com
- 25 Adam G Wentland on behalf of Creditor Gardena Hospital L.P.
awentland@tocounsel.com, lkwon@tocounsel.com
- 26 Latonia Williams on behalf of Creditor AppleCare Medical Group
lwilliams@goodwin.com, bankruptcy@goodwin.com
- 27 Latonia Williams on behalf of Creditor AppleCare Medical Group, Inc.
28 lwilliams@goodwin.com, bankruptcy@goodwin.com

- 1 Latonia Williams on behalf of Creditor AppleCare Medical Management, LLC
lwilliams@goodwin.com, bankruptcy@goodwin.com
- 2
3 Latonia Williams on behalf of Creditor St. Francis Inc.
lwilliams@goodwin.com, bankruptcy@goodwin.com
- 4 Michael S Winsten on behalf of Creditor DaVita Inc.
mike@winsten.com
- 5 Michael S Winsten on behalf of Interested Party Courtesy NEF
6 mike@winsten.com
- 7 Jeffrey C Wisler on behalf of Interested Party Cigna Healthcare of California, Inc., and Llife Insurance
Company of North America
8 jwisler@connollygallagher.com, dperkins@connollygallagher.com
- 9 Neal L Wolf on behalf of Creditor San Jose Medical Group, Inc.
nwolf@hansonbridgett.com, calendarclerk@hansonbridgett.com,lchappell@hansonbridgett.com
- 10 Neal L Wolf on behalf of Creditor Sports, Orthopedic and Rehabilitation Associates
nwolf@hansonbridgett.com, calendarclerk@hansonbridgett.com,lchappell@hansonbridgett.com
- 11 Neal L Wolf on behalf of Defendant LOCAL INITIATIVE HEALTH AUTHORITY FOR LOS ANGELES
12 COUNTY DBA L.A. CARE HEALTH PLAN, an independent local public agency
nwolf@hansonbridgett.com, calendarclerk@hansonbridgett.com,lchappell@hansonbridgett.com
- 13
14 Hatty K Yip on behalf of U.S. Trustee United States Trustee (LA)
hatty.yip@usdoj.gov
- 15 Andrew J Ziaja on behalf of Interested Party Engineers and Scientists of California Local 20, IFPTE
aziaja@leonardcarder.com,
16 sgroff@leonardcarder.com;msimons@leonardcarder.com;lbadar@leonardcarder.com
- 17 Rose Zimmerman on behalf of Interested Party City of Daly City
rzimmerman@dalycity.org

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19
20
21
22
23
24
25
26
27
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