



It's your story. We're listening.

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The Honorable Lisa Piercey, MD, MBA, FAAP
Commissioner
Tennessee Department of Health
710 James Robertson Parkway
Nashville, TN 37243

Re: Waiver Request for Actions Related to Ballad Health Cardiology Program

Dear Commissioner Piercey:

We are in receipt of your letter dated December 21, 2020, responding to our request for several waivers of Section 5.05(e) under the Terms of Certification (the "TOC"), each related to cardiology. Thank you for taking the time to consider our requests, provide clarity on the concerns you have with respect to two of the waivers, and for your thoughtful suggestions providing potential pathways to addressing our patients' needs. The purpose of this letter is to propose a cardiology plan for Johnson City Medical Center ("JCMC") which contemplates your observations and suggestions. We believe our proposal addresses the points you articulated in your December 21 letter.

Before we outline our plan, it might be helpful to review how the employment percentages were calculated for purposes of Section 5.05(e). When the TOC was presented by the State prior to the merger, medical staff privileges were never discussed in the context of Section 5.05(e). As evidence of this fact, there is no reference to medical staff privileges in the language of Section 5.05(e). Ballad's understanding was that Section 5.05(e) was intended to prevent Ballad from incrementally employing certain types of physicians in the non-rural communities such that it would "materially and adversely" diminish competition. We did not expect Section 5.05(e) to be applied in such a way as to create a permanent barrier between long-practicing physicians in the community and the patients with whom they already had an established physician-patient relationship – especially since the COPA requires Ballad to maintain open medical staffs at all of its hospitals and requires that Ballad not restrict the ability of physicians to see their patients. Ballad's compliance with these mandatory and clear provisions of the TOC is important, given the impact on the patients and access to their chosen physicians.

After the COPA was granted, a process was agreed upon between the State's consultants and Ballad for applying Section 5.05(e) of the TOC. To calculate the percentages of "employed" physicians, the State's consultants and Ballad counted the FTEs of employed physicians practicing in a particular specialty on the medical staff at each Non-Rural Hospital to establish the numerator and then counted the FTEs of all physicians practicing in that particular specialty on the medical staff at that hospital to establish the denominator. This methodology resulted in the following percentages for cardiology on January 31, 2018:

Table 1. Employed Cardiologists as of January 31, 2018 as Calculated by the State’s Consultants and Ballad

	Number of Employed Cardiologists (FTEs) at the Time of the Merger	Total Number of Cardiologists (FTEs) at the Time of the Merger	Percent of Cardiologists Employed at the Time of the Merger
Holston Valley Medical Center (“HVMC”)	21.00	21.00	100.00%
Bristol Regional Medical Center (“BRMC”)	9.50	9.50	100.00%
Johnson City Medical Center (“JCMC”)	6.35	13.45	47.20%
Indian Path Medical Center (“IPMC”)	1.95	1.97	99.00%
Total	38.80	45.92	84.49%

However, this methodology failed to account for an important nuance in the cardiology market. Prior to the merger that created Ballad, Wellmont Health System (“Wellmont”) and Mountain States Health Alliance (“Mountain States”) each had their own cardiology programs. Wellmont’s cardiology program, Wellmont CVA Heart Institute (“CVA”), had offices throughout the Tri-Cities including offices in Johnson City where Mountain States’ flagship hospital was located. Similarly, Mountain States’ cardiology program, Mountain States Medical Group, had offices throughout the Tri-Cities including offices in Kingsport, where one of Wellmont’s flagship hospitals was located. Due to a complex history between the two health systems and the cardiology groups, Wellmont and Mountain States had closed their medical staffs for only one non-hospital-based specialty – cardiology. This situation led to the TOC requirement that Ballad maintain open medical staffs at all of its facilities because it was widely believed that closed medical staffs at Wellmont and Mountain States impeded patient access.

The closed medical staffs led cardiologists to refer patients in a manner that was inconsistent with continuity of care principles. Cardiologists employed by Mountain States, including those who practiced in Kingsport, referred their patients to JCMC in Johnson City for inpatient and other specialized procedures since they did not hold privileges at the local Wellmont hospital. Cardiologists employed by Wellmont, including those who practiced in Johnson City and Abingdon, referred their patients to HVMC in Kingsport since they did not hold privileges at the local Mountain States hospitals. Not only did these referral practices impede patient access to their preferred hometown hospitals and physician specialists, they also denied admitting physicians the ability to consult cardiologists with whom the patients had established clinical relationships. Based on the employed percentages the State’s consultants and Ballad calculated, the Department granted an Employed Physician Waiver on January 31, 2018 for all of the specialties where Ballad employed more than 35% of the physicians in a particular specialty, including cardiology, at the four Non-Rural Hospitals. The Employed Physician Waiver set the percentage of employed cardiologists at JCMC at 47.20%, meaning that if Ballad sought to employ additional cardiologists at JCMC above 47.20%, it must first apply to the Department for a waiver under Section 5.05(e).

However, it's important to note that, in calculating the January 31, 2018 employed percentages, the methodology the State's consultants and Ballard used did not account for the fact that Wellmont and Mountain States had closed their medical staffs for cardiology. Unlike physicians practicing in other specialties, cardiologists employed by Wellmont were not permitted to hold medical staff privileges at JCMC or IPMC. Similarly, cardiologists employed by Mountain States were not permitted to hold medical staff privileges at HVMC or BRMC. For this reason, it is (and has been) our position that the JCMC percentage of employed cardiologists on January 31, 2018 should have included the CVA cardiologists who were practicing in the Johnson City market at the time of the merger and the HVMC percentage of employed cardiologists should have included the Mountain States cardiologists who were practicing in the Kingsport market at the time of the merger but who could not hold privileges because of the closed medical staff policies. Since Ballard employs 100% of the cardiologists at HVMC, there was no problem in allowing the Mountain States cardiologists who were practicing in the Kingsport market to see their patients at this facility. However, because Ballard did not (and does not) employ all of the cardiologists at JCMC, Ballard is not permitted to allow the CVA cardiologists to see their own patients at JCMC without a waiver from the State.

The methodology has had the unintended effect of preventing JCMC patients (and only JCMC patients) from seeing their cardiologist if that cardiologist happened to be employed by CVA. If their cardiologist was employed by legacy Mountain States or any independent group, the patient would have access to that physician. If that patient was at any other Ballard hospital, the patient would have access to that physician. The methodology used to enforce Section 5.05(e) has created an arbitrary prohibition on JCMC patients being able to see to their own cardiologists.

If the methodology had accounted for the closed medical staffs, the CVA physicians would already be permitted to see patients at JCMC and Ballard would not be requesting a waiver today. To be fair, given the complexity of this issue and the multitude of other issues facing the State's consultants and Ballard leading up to the merger, it is understandable that this oversight occurred. However, had the closed medical staffs been considered at the time in the context of the TOC requirements that Ballard maintain open medical staffs and not restrict the ability of physicians to see their own patients as stipulated in Sections 5.05(d), 5.05(f) and 5.02(i), we believe the CVA doctors would have been counted in the employed percentages just as the Mountain States cardiologists were counted in the other markets.

It would seem arbitrary that only in one market – Johnson City – would the State establish a policy that patients must permanently forego access to their existing cardiologist. However, this is the result if the existing CVA cardiologists are not permitted to care for their established patients at JCMC. Importantly, other than allowing these employed physicians to see patients at JCMC, there have been no other changes to the *employed* cardiology physician market in Johnson City. ***The only significant change in the cardiology physician market in Johnson City has been the growth of the independent cardiology practices. As described in more detail below, the only "new" cardiologists in Johnson City are cardiologists affiliated with independent practices whom Ballard helped recruit to the market.***

After carefully considering the suggestions made in your December 21 letter, we are submitting two new cardiology requests with additional information and commitments to address the concerns and objectives you articulated. Specifically, Ballard is requesting the Department take the following actions:

1. Grant a waiver of Section 5.05(e) of the TOC to allow certain cardiologists affiliated with CVA to see patients at Johnson City Medical Center; and
2. Grant a waiver of Section 5.05(e) of the TOC to allow Ballard to hire one (1) electrophysiologist ("EP") in Johnson City.

Your letter indicated your interest in the aggregate regional impact of these decisions with respect to cardiology, which we welcome and applaud. We believe Section 5.05(e) should be applied in this manner consistently and would be fully supportive if the State applied Section 5.05(e) to the combined area of Sullivan and Washington counties. In the context of this viewpoint, we want to provide you with visibility on the aggregate impact, and, consistent with steps you articulated you'd like to see Ballard take, the changes which have occurred in the market which demonstrate that Ballard has *decreased* both the number of employed cardiologists practicing in this area since the merger closed and the overall percentage of employed cardiologists in the region since the merger closed.

Request #1. Grant a waiver of Section 5.05(e) of the TOC to allow certain cardiologists affiliated with CVA to see their own patients at Johnson City Medical Center.

Ballad's first request is that the CVA cardiologists who are practicing in Johnson City be permitted to see their own patients at JCMC. In considering this request, it is important to note the distinction between the granting of privileges and the "practicing" of medicine in a hospital. Section 5.05(e) states: "No more than thirty-five percent (35%) of the physicians practicing in any specialty at any COPA hospital that is not a Rural Hospital at any time may be Employed Physicians." As we have stated, Section 5.05(e) makes no mention of the granting of medical staff privileges or credentialing. Ballard could, theoretically, permit all of the CVA doctors to be privileged at JCMC without running afoul of Section 5.05(e) if those doctors were not actively "practicing" in that hospital. So, the issue really isn't granting medical staff privileges, but rather how much of the employed physician's time may be allocated to the hospital without Ballard violating Section 5.05(e). Ballard is therefore requesting that a waiver be granted under Section 5.05(e) of the TOC to allow the following CVA cardiologists to see their own patients at JCMC:

Table 2. CVA Cardiologists Requesting Approval to See Patients at JCMC

<u>CVA Cardiologists</u>	<u>FTE</u>
Mark Chang, MD	0.50
Marc Counts, MD	1.00
Daniel O'Roark, MD	0.10
<u>Michael Ponder, MD</u>	<u>0.20</u>
Total	1.80

There are several things to note with respect to these physicians. First, these FTEs were calculated using the same methodology that was used by the State's consultants and Ballard in January of 2018. Second, all of these cardiologists are currently employed by Ballard. They are not new hires in the Johnson City market. Third, this is half the number of cardiologists Ballard previously asked the Department to approve in the cardiology request dated October 13, 2020.

In considering this new request, we ask that the Department consider that, not only has Ballard reduced the number of cardiologists for which it is requesting approval by 50%, but Ballard has taken the steps recommended in your December 21 letter as well. These steps, together with other changes which have occurred at HVMC, BRMC, JCMC and IPCH, demonstrate that Ballard has been proactive in responding to your suggestions and has taken certain steps which have had the result of increasing competition in cardiology in the region. Specifically, since January 31, 2018, when the merger closed:

- Ballard has reduced the number of employed cardiologists practicing at HVMC by 7.40 FTEs;
- Ballard has reduced the number of employed cardiologists practicing at BRMC by 0.65 FTEs;

- Ballard has reduced the number of employed cardiologists practicing at IPMC by 1.95 FTEs with the closure of that facility's cardiology program; and
- 2.50 independent cardiology FTEs have left JCMC, including 2.00 FTEs from Karing Hearts Cardiology.

On February 17, 2020, right before the pandemic began, Ballard submitted a waiver request regarding consolidation of the Cath Lab at Greeneville Community Hospital due to the low volume of procedures being performed at that location. This letter included a request to allow Dr. Jack Whitaker to perform diagnostic and interventional procedures at JCMC and HVMC since the Cath Lab in Greeneville would no longer be an option for patients. Since submitting this request, we have taken a closer look at Dr. Whitaker's practice patterns. Using the January 2018 methodology to calculate employed physician FTEs, Dr. Whitaker would be assigned a 0.00 FTE at JCMC. As a result, Ballard has determined there is no need to seek a waiver for this particular physician and is withdrawing the portion of the February 17, 2020 request to move Dr. Whitaker's practice from Greeneville Community Hospital to JCMC and now only seeks approval to consolidate the Cath Lab at Greeneville Community Hospital.

Your December 21 letter recommended that Ballard work with independent practices to increase the number of independent cardiologists practicing in the region, which would have the effect of moderating the percentage of cardiologists who are employed. Ballard has actually done this. After the number of independent cardiologists in the Johnson City market dropped by 2.50 FTEs, Ballard worked with East Tennessee State University ("ETSU") to support the recruitment of two new independent cardiologists into the market. The first new independent cardiologist, a 1.00 FTE, started with Medical Education Assistance Corporation ("MEAC"), ETSU's faculty practice plan, in August, 2020. The second new independent cardiologist, also a 1.00 FTE, started with MEAC in September of 2020. Additionally, Ballard agreed to provide financial support to its competitor, Karing Hearts Cardiology, to recruit another independent cardiologist into the Johnson City market. With Ballard's financial support, Karing Hearts made an offer of employment to Dr. Nicoloz Koshkelashvili. Dr. Koshkelashvili has accepted the offer of employment with Karing Hearts Cardiology and is scheduled to start with the independent practice in September of 2021. Separately, Karing Hearts Cardiology has added 0.90 independent cardiology FTEs at JCMC by moving the practice of one of its cardiologists from a rural market to Johnson City. With the addition of these 3.90 independent FTEs in recent months, the number of independents practicing in the Johnson City market has actually *increased* and Ballard can accurately report that *the percentage of employed cardiologists in the Johnson City market is at its lowest rate since before the merger occurred.*

Taking into account the reductions, departures, moves, recruitments, and accepted offers of employment that have occurred since the employed percentages were set on January 31, 2018, the current numbers and percentages of cardiologists as of December 31, 2020 would be as follows:

Table 3. Employed Cardiologists as of January 31, 2018 Adjusted for Changes that Occurred between January 31, 2018 and December 31, 2020¹

	Approved Number of Employed Cardiologists (FTEs) as of 1/31/18 (Percent Employed)	Number of Employed Cardiologists (FTEs) as of 12/31/20	Total Number of Cardiologists (FTEs) as of 12/31/20	Percent of Cardiologists Employed as of 12/31/20	Percentage Change from 1/31/18 to 12/31/20	Change in Number of Cardiologists Employed by Ballad from 1/31/18 to 12/31/20
HVMC	21.00 (100.00%)	13.60	13.60	100.00%	None	Decrease of 7.40 FTEs
BRMC	9.50 (100.00%)	9.25	9.25	100.00%	None	Decrease of 0.25 FTEs
JCMC	6.35 (47.20%)	6.35	14.85	42.76%	Decrease of 4.44% (47.20% to 42.76%)	No Change
IPMC	1.95 (99.00%)	0.00	0.00	0.00%	Decrease of 99.00% (99.00% to 0.00%)	Decrease of 1.95 FTEs due to Closure of IPMC Cardiology Program
Total	38.80 (84.49%)	29.20	37.70	77.45%	Decrease of 7.04% (84.49% to 77.45%)	Decrease of 9.60 FTEs (38.80 to 29.20)

As you will note, Ballad has not increased the number of employed cardiologists at *any* of the Non-Rural Hospitals since the merger. In fact, the percentage of Ballad-employed cardiologists at the Non-Rural Hospitals has actually decreased by 7% over this time period.

In evaluating Ballad’s request that the 1.80 CVA FTEs be allowed to see their patients at JCMC, we believe it is imperative that the State consider the actions that Ballad has taken which have resulted in increased competition in the cardiology market and which have reduced the number of employed cardiologists across Sullivan and Washington counties since the merger. In addition to reducing the number of employed cardiologists by 9.60 full-time equivalents, Ballad has opened the medical staffs at all of its hospitals to permit physicians the opportunity to practice at the facilities of their choosing. Any time any independent cardiology group wishes to access privileges and practice at any hospital in Johnson City, Kingsport, Bristol or anywhere else, they are free to do so. This was a clear benefit of the COPA, since

¹ These numbers include all of the changes described in the preceding paragraphs, including the addition of a 1.00 FTE at Karing Hearts to reflect the offer of employment that has been accepted by Dr. Nicoloz Koshkelashvili who is scheduled to start in September of 2021.

Mountain States and Wellmont previously blocked such access. These actions increase the opportunities available for independent cardiologists to serve patients in the Geographic Service Area.

It remains Ballad’s position that these FTEs should have been included in the original JCMC employment calculations in January 2018 but were overlooked by the State’s consultants and Ballad at the time the original baselines were established. To rectify this situation, Ballad is requesting that the State grant a waiver of Section 5.05(e) to allow the CVA cardiologists practicing in Johnson City to see their patients at JCMC. We have limited this request to only four CVA physicians. If the Department approves Ballad’s request to allow the 1.80 FTE CVA cardiologists to see patients at JCMC, Ballad’s percentage of employed cardiologists at JCMC will only increase by 1.75% from January of 2018 – an increase which is offset by Ballad’s efforts to reduce the number of employed cardiologists and increase the opportunities for independent cardiologists across the region. This would bring the total percentage of employed cardiologists at the Non-Rural Hospitals down to 79.76% - nearly 5% less than the 84.49% that existed on January 31, 2018.

Table 4. Using the Numbers Set forth in Table 3 and adjusting for Approval of Request #1 (+1.80 FTEs at JCMC) and Ballad taking the Actions at HVMC and BRMC Approved by the Department on 12/21/20 (+2.00 FTE at HVMC and +1.00 at BRMC)

	Number of Employed Cardiologists (FTEs) as of 12/31/20	Number of Employed Cardiologists (FTEs) if Request #1 is Approved	Total Number of Cardiologists (FTEs) if Request #1 is Approved	Percent of Cardiologists Employed if Request #1 is Approved	Percentage Change from 1/31/18 if Request #1 is Approved
HVMC	13.60	15.50 ²	15.50	100.00%	No Change
BRMC	9.25	9.85 ³	9.85	100.00%	No Change
JCMC	6.35	8.15	16.65	48.95%	Increase of 1.75% (47.20% to 48.95%)
IPMC	0.00	0.00	0.00	0.00%	Decrease of 99.00% (99.00% to 0.00%)
Total	29.20	33.50	42.00	79.76%	Decrease of 4.73% (84.49% to 79.76%)

Section 5.05(e) of the TOC is temporarily suspended due to the pandemic, so we understand from your office that Ballad is not in violation of the TOC by allowing the CVA cardiologists to see patients at

² Reflects addition of 2.00 employed FTEs per approval granted on 12/21/20 reduced by 0.10 FTE to reflect a slight shift in the amount of time that Dr. Chang will now spend in Johnson City.

³ Reflects addition of 1.00 employed FTE per approval granted on 12/21/20 reduced by 0.40 FTE to reflect a slight shift in the amount of time that Dr. Counts will now spend in Johnson City.

JCMC during the public emergency. However, after the public emergency ends, and a reasonable period of recovery has passed, we understand the Department’s position with respect to the continued practice of cardiology by the CVA physicians at JCMC. Thus, we are requesting a waiver of Section 5.05(e) now to permit the 1.80 FTE CVA cardiologists to see their patients at JCMC following the end of the public emergency.

2. Grant a waiver of Section 5.05(e) of the TOC to allow Ballad to hire one (1) electrophysiologist (“EP”) in Johnson City.

As noted in our October 13 letter, the demand for EP providers in Johnson City today exceeds the supply of EP physicians. Currently, there are only two (2) EP providers practicing in Johnson City:

- Dr. Vijay Ramu, an EP at MEAC who practices at only 0.60 clinical FTEs due to his academic responsibilities at ETSU; and
- Dr. Vipul Brahmbhatt, an employed EP (1.00 FTE) who has practiced in Johnson City since before the merger.

The State’s consultants did not treat EP as a separate specialty when they performed the initial employed physician calculations, so both of these physicians were included in the January 31, 2018 cardiology numbers and percentages that were approved by the State.

Demand for EP services in our region has increased significantly in recent years. Patients, including new patients, established patients, and patients requiring atrial fibrillation procedures, are currently waiting approximately three (3) months for an appointment with Dr. Brahmbhatt, who is highly regarded and sought after due to his skill. Dr. Brahmbhatt is in need of assistance in his office to address patient demand and ensure continuity of care for the practice. The addition of an EP provider in this practice would reduce patient wait times and permit ongoing collaboration in both the outpatient and inpatient setting. It is typical for a specialist to bring another physician into the practice when he or she reaches capacity to ensure patient continuity of care. If we are not responsive to Dr. Brahmbhatt’s request for additional support in his practice, there is a very real possibility of physician burnout. The community cannot afford to lose a physician with Dr. Brahmbhatt’s skill, and we believe it is critical to provide him with the support he needs to meet the patient demand for his services.

For the reasons set forth above, Ballad requests a waiver for the hiring of an additional EP provider in Johnson City. The addition of a single EP provider at JCMC, in addition to allowing the CVA cardiologists to see patients at JCMC as described in Request #1, would increase the percentage of employed cardiologists in the Johnson City market slightly, but the percentage of employed cardiologists across all the Non-Rural Hospitals would still be well below the 84.49% employment rate that existed on January 31, 2018.

Table 5. Using the Numbers Set forth in Table 4 adjusting for Ballad hiring an additional EP provider in Johnson City (+1.00 FTE at JCMC)

	Number of Employed Cardiologists (FTEs) if Request #1 and Request #2 are Approved	Total Number of Cardiologists (FTEs) if Request #1 and Request #2 are Approved	Percent of Cardiologists Employed if Request #1 and Request #2 are Approved	Percentage Change from 1/31/18 if Request #1 and Request #2 are Approved
HVMC	15.50	15.50	100.00%	No Change

	Number of Employed Cardiologists (FTEs) if Request #1 and Request #2 are Approved	Total Number of Cardiologists (FTEs) if Request #1 and Request #2 are Approved	Percent of Cardiologists Employed if Request #1 and Request #2 are Approved	Percentage Change from 1/31/18 if Request #1 and Request #2 are Approved
BRMC	9.85	9.85	100.00%	No Change
JCMC	9.15	17.65	51.84%	Increase of 4.64% (47.20% to 51.84%)
IPMC	0.00	0.00	0.00%	Decrease of 99.00% (99.00% to 0.00%)
Total	34.50	43.00	80.23%	Decrease of 4.26% (84.49% to 80.23%)

Additional Commitments

We are not aware of any evidence that would suggest the granting of these two waiver requests would adversely or materially affect existing competition in any way. However, we acknowledge the Department’s concerns about protecting competition as set forth in your December 21 letter and want to make sure you are aware of the steps Ballad has taken which have resulted in continued competition in the cardiology market. Specifically, Ballad has reduced the overall number of employed cardiologists in the region by 9.6 FTEs since the merger was approved. This creates greater opportunities for independent cardiology groups to serve patients. Ballad has opened its medical staffs to all physicians. This provides independent cardiologists the ability to serve patients at any hospital in Ballad’s service area. Ballad has supported the recruitment of three new independent cardiologists at MEAC and Karing Hearts. This is consistent with your recommendation that Ballad work with independent groups to recruit additional independent cardiologists to the area. And, to further ensure that granting these two waiver requests does not adversely or materially impact existing competition, Ballad is willing to commit not to take any action to block independent cardiologists from taking ER call at JCMC if these two waiver requests are approved.

As you know, Ballad is not required to provide recruitment support to independent practices, but we have undertaken these significant financial commitments in order to be good partners to the independent groups in Johnson City. We value our relationships with these groups and we have consistently supported their independent practices – even in cases when it created a financial disadvantage to Ballad.

Separately, we understand that some independent groups rely upon ER patients to help them grow their practices when there is not an established physician-patient relationship. As a result, an independent cardiology group might worry that employed cardiologists could “box” them out from the ER call schedule. The ER call schedule is managed by the medical staff. Currently, independent physicians comprise the overwhelming majority of the elected medical staff leadership at JCMC. It is unlikely that the employed cardiologists would ever attempt to block independent cardiologists from their share of ER call. However, to ensure this does not occur, Ballad will commit not to make any change to the JCMC ER call schedule that would harm the independent cardiologists’ ability to participate in their share of call.

We hope you will find that this revised proposal balances the importance of the physician-patient relationship with the State's desire to protect competition in the cardiology market. We are grateful for the attention you have given this important issue, particularly given the multitude of demands you currently face. While this has nothing to do with our waiver request, I do want to share with you our most sincere appreciation for the extraordinary efforts you and your team have given during this particularly difficult time for the people we are all entrusted to serve. Most sincerely, thank you.

Cordially,



Alan Levine
Chairman and Chief Executive Officer

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