POLSINELLI PC HONORABLE WHITMAN L. HOLT 1 Jane Pearson, WSBA #12785 1000 Second Avenue, Suite 3500 2 Seattle, WA 98104 Telephone: (206) 393-5415 3 Email: jane.pearson@polsinelli.com Co-Counsel for the Official 4 Committee of Unsecured Creditors 5 6 UNITED STATES BANKRUPTCY COURT 7 EASTERN DISTRICT OF WASHINGTON 8 Chapter 11 9 IN RE: Lead Case No. 19-01189-11 Jointly Administered 10 ASTRIA HEALTH, et al. MONTHLY FEE APPLICATION OF POLSINELLI PC FOR ALLOWANCE Debtors.<sup>1</sup> 11 AND PAYMENT OF INTERIM 12 REIMBURSEMENT OF EXPENSES FOR THE PERIOD NOVEMBER 1 – **NOVEMBER 30, 2020** 13 [No Hearing Required Pursuant to L.B.R. 2002-1(c)(1)] 14 Polsinelli PC (the "Firm") submits its Monthly Fee Application (the 1. 15 <sup>1</sup> The Debtors, along with their case numbers, are: Astria Health (19-01189-11), 16 Glacier Canyon, LLC (19-01193-11), Kitchen and Bath Furnishings, LLC (19-01194-11), Oxbow Summit, LLC (19-01195-11), SHS Holdco, LLC (19-01196-17 11), SHC Medical Center - Toppenish (19-01190-11), SHC Medical Center -Yakima (19-01192-11), Sunnyside Community Hospital Association (19-01191-18 11), Sunnyside Community Hospital Home Medical Supply, LLC (19-01197-11), Sunnyside Home Health (19-01198-11), Sunnyside Professional Services, LLC (19-19 01199-11), Yakima Home Care Holdings, LLC (19-01201-11), and Yakima HMA Home Health, LLC (19-01200-11). 20 POLSINELLI MONTHLY FEE 21 APPLICATION - 1 75824097.1 19011892101110000000000001

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"Application") for Allowance and Payment of Interim Compensation and Reimbursement of Expenses for the Period 11/1/2020-11/30/2020 (the "Application Period") for work performed for the Official Committee of Unsecured Creditors (the "Committee"). In support of the Application, the Firm respectfully represents as follows:

2. The Firm is local counsel to the Committee. The Firm hereby applies to the Court for allowance and payment of interim compensation for services rendered and reimbursement of expenses incurred during the Application Period.

3. The Firm billed a total of \$11,492.80 in fees and expenses during the Application Period. The total fees represent 19.80 hours expended during the period covered by this Application. These fees and expenses break down as follows:

Period	Fees	Expenses	Total
11/1/2020-	\$11,430.00	\$62.80	\$11,492.80
11/30/2020			

- 4. Accordingly, the Firm seeks allowance of interim compensation in the amount of \$9,206.80 at this time. This total is comprised as \$9,144.00 (80% of the fees for services rendered) plus \$62.80 (100% of the expenses incurred).
  - 5. For the postpetition period, the Firm has been paid to date as follows:

POLSINELLI MONTHLY FEE APPLICATION - 2



Ш			
	Application Period	Amount	Description
	Monthly Fee Application,	\$50,349.46	100% of fees and expenses
	June 2019		
	Monthly Fee Application,	\$15,860.50	100% of fees and expenses
	July 2019		
	Monthly Fee Application,	\$21,775.46	100% of fees and expenses
	August 2019		
	Monthly Fee Application,	\$14,276.45	100% of fees and expenses
	September 2019		
	Monthly Fee Application,	\$14,478.72	100% of fees and expenses
	October 2019		
	Monthly Fee Application,	\$10,030.59	100% of fees and expenses
	November 2019		
	Monthly Fee Application,	\$8,972.30	100% of fees and expenses
	December 2019		
	Monthly Fee Application,	\$37,081.06	100% of fees and expenses
	January 2020		
	Monthly Fee Application,	\$8,318.62	100% of fees and expenses
	February 2020		
	Monthly Fee Application, March	\$9,120.00	100% of fees and expenses
	2020		
	Monthly Fee Application, April	\$4,446.64	100% of fees and expenses
	2020		
	Monthly Fee Application, May	\$11,303.28	100% of fees and expenses
	2020		
	Monthly Fee Application, June	\$12,471.20	100% of fees and expenses
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21 POLSINELLI MONTHLY FEE APPLICATION - 3



1	2020		
2	Monthly Fee Application, July	\$31,637.10	100% of fees and expenses
_	2020		
3	Monthly Fee Application, August	\$7,112.90	80% of fees and 100% of
4	2020		expenses
5	Total Paid to the Firm to Date	\$262,562.28	

6. To date, the Firm is owed as follows (excluding amounts owed pursuant to this Application):

Application Period	Amount	Description
Monthly Fee Application, August	\$1,577.20	20% of fees
2020		
Monthly Fee Application,	\$11,748.60	100% of fees and expenses
September 2020		
Monthly Fee Application, October	\$13,684.50	100% of fees and expenses
2020		
Total Owed to the Firm to Date	\$27,010.30	

Attached as Exhibit A hereto is the name of each professional who 7. performed services in connection with this Chapter 11 Case during the period covered by this Application and the hourly rate for each such professional. Attached hereto as Exhibit B are the detailed time and expense statements for the Application Period.

POLSINELLI MONTHLY FEE APPLICATION - 4



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9. Pursuant to this Court's Order On Debtor's Motion Establishing
Procedures For Monthly And Interim Payment Of Fees And Expense
Reimbursement, entered on August 6, 2019 [Dkt #453], the Debtors are authorized to make the payment requested herein without a further hearing or order of this
Court unless an objection to this Application is filed with the Court and served upon the counsel to the Committee, counsel to the secured creditors, and the U.S.
Trustee within fourteen (14) calendar days after the date of mailing of the Notice of this Application. If such an objection is filed, the Debtors are authorized to pay
80% of the uncontested fees and 100% of the uncontested expenses without further



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<sup>&</sup>lt;sup>2</sup> The Office of the United States Trustee has waived service other than by ECF.

POLSINELLI MONTHLY FEE APPLICATION - 5

order of the Court. If no objection is filed, the Debtors are authorized to pay 80% of all fees requested in the Application and 100% of the uncontested expenses without further order of the Court.

The interim compensation and reimbursement of expenses sought in 10. this Application is not final. Upon the conclusion of this Chapter 11 Case, the Firm will seek fees and reimbursement of the expenses incurred for the totality of the services rendered in this Case. Any interim fees or reimbursement of expenses approved by this Court and received by the Firm (along with any retainer) will be credited against such final fees and expenses as may be allowed by this Court.

WHEREFORE, the Firm respectfully requests that the Debtors pay compensation to the Firm as requested herein pursuant to and in accordance with the terms of the Order On Debtors' Motion Establishing Procedures For Monthly And *Interim Payment Of Fees And Expense Reimbursement.* 

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POLSINELLI MONTHLY FEE **APPLICATION - 6** 



1	Dated: January 11, 2021	POLSINELLI PC
2		By /s/ Jane Pearson
3		Jane Pearson, WSBA #12785 1000 Second Avenue, Suite 3500
4		Seattle, WA 98104 Telephone: (206) 393-5415
5		Email: jane.pearson@polsinelli.com  Co-Counsel for the Official Committee
6		of Unsecured Creditors
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21	POLSINELLI MONTHLY FEE APPLICATION - 7	POLSINELLI 1000 SECOND AVENUE, SUITE 3500 SEATTLE, WA 98104 • (206) 393-5400

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# EXHIBIT A TO MONTHLY FEE APPLICATION OF POLSINELLI PC PROFESSIONALS PROVIDING SERVICES FOR THE APPLICATION PERIOD

Shareholder

Shareholder

Hourly Rate

\$590

\$590

\$380

Title

Associate

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Name of Professional

Jane Pearson

Randye B. Soref

Tanya Behnam

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EXHIBIT B TO MONTHLY FEE APPLICATION OF POLSINELLI PC DETAILED TIME AND EXPENSE STATEMENTS FOR THE APPLICATION PERIOD [See Attached] 75824097.1

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2049 Century Park East, Suite 2900, Los Angeles, CA 90067 | Phone: (310) 556-1801 www.polsinelli.com

Official Committee of Unsecured Creditors for Astria Health Justin D. Pitt, Chair c/o Community Health Systems, Inc. 4000 Meridian Blvd. Franklin, TN 37067 Justin\_Pitt@chs.net

Invoice Date: December 4, 2020 Invoice No: 1873513 Matter No: 103824-628101

### For Professional Services Through November 30, 2020

Official Committee of Unsecured Creditors for Astria Health Client:

Matter: Astria Health - Committee Representation

Due Upon Receipt	\$ 49,481.00
Previous Balance Due	\$ 37,988.20
Total Current Invoice	\$ 11,492.80
Total Costs	\$ 62.80
Total Current Fees	\$ 11,430.00

As of the above date, we are showing the above balances are open and unpaid. This may not reflect other matters with alternative billing arrangements and does not reflect any unbilled fees and expenses.

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Electronic remittance detail can be sent to accountingreceivables@polsinelli.com

Please make checks payable to

Polsinelli LLP P.O. Box 878681

Kansas City, MO 64187-8681

Wire Instructions:

US Bank

Acct: Polsinelli LLP Acct #: 145592400157 ABA #: 101000187

SWIFT Code - USBKUS44IMT



Official Committee of Unsecured Creditors for Astria Health

**Astria Health - Committee Representation** 

Invoice Date: Invoice No.: Matter No.: December 4, 2020 1873513 103824-628101

## **Time Detail**

<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>	<u>Task</u>
11/04/20	Pearson, Jane	Initial review of Amended Chapter 11 Plan and Disclosure Statement (2.3); review Debtors' Reply regarding Disclosure Statement Objections and Notice of Filing Redline of Plan and Disclosure Statement (1.0).	3.30	\$1,947.00	B320
11/05/20	Pearson, Jane	Review Debtors' Objection to Cerner's Motion for Allowance of Administrative Expenses (.4); review Gallagher Declaration in Support of Debtors' Objection to Cerner Corporation's Motion for Administrative Claim (.2); review Stipulation Extending Authorization to Use Cash Collateral (.1).	0.70	413.00	B110
11/05/20	Pearson, Jane	Further review of Debtors' amended disclosure statement and plan.	1.70	1,003.00	B320
11/05/20	Pearson, Jane	Email from Andrew Sherman regarding plan update.	0.20	118.00	B150
11/06/20	Pearson, Jane	Email from Andrew Sherman with draft letter to be included in plan solicitation materials.	0.20	118.00	B150
11/06/20	Pearson, Jane	Email from Andrew Sherman to Debtors with letter to include in plan package (.1); email from Sam Maizel regarding same (.1); email from Andrew Sherman regarding additional term in order approving disclosure statement (.1); attend telephonic hearing on approval of Amended Disclosure Statement (.8).	1.10	649.00	B320
11/09/20	Pearson, Jane	Review Order Appointing Settlement Judge (for AHM's Motion for Allowance of Administrative Expenses).	0.10	59.00	B110
11/10/20	Pearson, Jane	Review Order re Settlement Conference Between Debtor and AHM, Inc. on Motion for Allowance of Postpetition Administrative Claim.	0.10	59.00	B110
11/10/20	Behnam, Tanya	Correspondence re October Monthly Fee Application.	0.20	76.00	B160
11/10/20	Pearson, Jane	Emails with BRG and supervise filing of Declaration of No Objection and proposed order in connection with BRG's fourth interim fee application (.4); email to BRG with signed order (.1).	0.50	295.00	B160



Official Committee of Unsecured Creditors for Astria Health

**Astria Health - Committee Representation** 

Invoice Date: December 4, 2020 Invoice No.: 1873513 Matter No.: 103824-628101

Date	Timekeeper	Description	<u>Hours</u>	Amount	Task
11/11/20	Pearson, Jane	Review Stipulation Continuing Reply Deadline Related to Motion of SEIU Healthcare for Allowance and Payment of Administrative Expense Claims.	0.10	59.00	B110
11/11/20	Pearson, Jane	Further review of Amended Chapter 11 Plan and Disclosure Statement (.5); review Notice of Filing Written Disclosure Statement and Proposed Plan (.2).	0.70	413.00	B320
11/12/20	Pearson, Jane	Review Order Granting Joint Motion for Order Approving Disclosure Statement, etc.	0.40	236.00	B320
11/13/20	Pearson, Jane	Review Cerner's Motion for Relief from Stay to Allow Arbitration.	0.40	236.00	B110
11/13/20	Pearson, Jane	Email from Andrew Sherman regarding settlement with SEIU.	1.00	590.00	B150
11/16/20	Pearson, Jane	Email from Andrew Sherman regarding plan update.	0.30	177.00	B150
11/17/20	Soref, Randye B.	Follow up re interim fee statement.	0.10	59.00	B160
11/18/20	Pearson, Jane	Attend telephonic status conference.	0.70	413.00	B320
11/18/20	Behnam, Tanya	Draft Monthly Fee Application and Notice re same for October 2020.	1.00	380.00	B160
11/18/20	Pearson, Jane	Review Notice of Filing Written Disclosure Statement and Proposed Plan (.1); review Notice of Errata to Second Amended Plan, Ballots and Confirmation Hearing Notices (.3); review PCO's Eighth Interim Report (.3).	0.70	413.00	B110
11/18/20	Soref, Randye B.	Review/revise interim monthly fee application; notice and draft memo.	0.30	177.00	B160
11/20/20	Pearson, Jane	Email from Andrew Sherman regarding D&O Cause of Action agreement and GUC Distribution Trust Agreement.	1.00	590.00	B150
11/23/20	Pearson, Jane	Review docket entries regarding TIAA motion for payment of administrative expense originally scheduled for hearing today.	0.30	177.00	B110
11/24/20	Pearson, Jane	Review Order Granting Motion to Seal Settlement Agreement With SEIU (.1); review Joint Motion of Debtors and SEIU to Approve Settlement, and supporting declaration (.3).	0.40	236.00	B110
11/24/20	Pearson, Jane	Review email regarding Steve Sass (.2); participate in telephonic Committee meeting regarding plan issues (.5).	0.70	413.00	B150



Official Committee of Unsecured Creditors for Astria Invoice Date: December 4, 2020 Invoice No.: 1873513
Astria Health - Committee Representation Matter No.: 103824-628101

<u>Date</u>	<u>Timekeeper</u>	<u>Description</u>	<u>Hours</u>	<u>Amount</u>	<u>Task</u>
11/25/20	Pearson, Jane	Review Polsinelli monthly fee application (Oct.) and notice of application, and supervise filing and service of same.	1.00	590.00	B160
11/27/20	Pearson, Jane	Review Ex Parte Motion for Entry of Order Sealing Plan Settlement Term Sheet; Declaration of Michael Lane in Support Thereof (.2); review Fourth Renewed Motion for Entry of Order Enlarging Time Within Which Debtors May Remove Actions (.2).	0.40	236.00	B110
11/27/20	Pearson, Jane	Review Plan Supplements to the Second Amended Joint Chapter 11 Plan.	1.50	885.00	B320
11/30/20	Pearson, Jane	Email from Debtors' counsel with draft motion to assume and reject contracts with Cerner (.3); emails regarding same (.3); review Order Granting Motion to Seal Plan Settlement Term Sheet (.1).	0.70	413.00	B110

# **Timekeeper Summary**

<u>Timekeeper</u>	<u>Title</u>		<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Pearson, Jane	Shareholder		18.20	\$590.00	\$10,738.00
Soref, Randye B.	Shareholder		0.40	590.00	236.00
Behnam, Tanya	Associate		1.20	380.00	456.00
		Total	19.80		\$11,430.00

### **Cost Detail**

<u>Date</u>	<u>Description</u>	<u>Quantity</u>	<u>Amount</u>
	On-Line Searches	1.00	62.80
	Total Disbursements:		\$62.80

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Official Committee of Unsecured Creditors for Astria

Health

**Astria Health - Committee Representation** 

Invoice Date: Invoice No.: December 4, 2020 1873513

Matter No.: 18/3513 103824-628101

# **Outstanding Invoices**

<b>Invoice Date</b>	Invoice No.	<u>Fees</u>	<u>Costs</u>	<b>Payments</b>	<b>Total Balance</b>
06/04/20	1800749	11,120.00	183.28	9,079.28	2,224.00
07/09/20	1812825	12,380.00	91.20	9,995.20	2,476.00
08/14/20	1829112	30,704.00	933.10	25,496.30	6,140.80
09/03/20	1836599	8,571.50	118.60	6,975.80	1,714.30
10/07/20	1851532	11,661.00	87.60	0.00	11,748.60
11/10/20	1863734	13,533.00	151.50	0.00	13,684.50

Total Previous Balance \$37,988.20



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c/o Community Health Systems, Inc.
4000 Meridian Blvd.
Franklin, TN 37067
Justin\_Pitt@chs.net

Invoice Date: December 4, 2020 Invoice No: 1873513 Matter No: 103824-628101

### For Professional Services Through November 30, 2020

Client: Official Committee of Unsecured Creditors for Astria Health

**Matter:** Astria Health - Committee Representation

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Electronic remittance detail can be sent to accounting receivables @ polsinelli.com

Please make checks payable to Polsinelli LLP P.O. Box 878681 Kansas City, MO 64187-8681 Wire Instructions: US Bank

Acct: **Polsinelli LLP** Acct #: 145592400157 ABA #: 101000187

SWIFT Code – USBKUS44IMT Please reference Invoice No. 1873513



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