

**IN THE UNITED STATES COURT OF FEDERAL CLAIMS**

COMMON GROUND HEALTHCARE  
COOPERATIVE,

Plaintiff,  
on behalf of itself and all  
others similarly situated,

vs.

THE UNITED STATES OF AMERICA,

Defendant.

No. 1:17-cv-00877-MMS  
(Judge Sweeney)

**PLAINTIFF COMMON GROUND HEALTHCARE COOPERATIVE’S UNOPPOSED  
MOTION TO INCLUDE ADDITIONAL CLASS MEMBERS IN CSR CLASS**

Pursuant to Rule 23(c) of this Court’s Rules (“RCFC”), Plaintiff Common Ground Healthcare Cooperative (“CGHC” or “Plaintiff”) respectfully requests that the Court grant this motion to include four additional QHP Issuers in the CSR Class. The list of additional class members is as follows:

1. CareSource West Virginia Co., HIOS ID 50328
2. SelectHealth, HIOS ID 26002
3. SelectHealth, HIOS ID 68781
4. California Physicians’ Service d/b/a Blue Shield of California (2018 claim only),  
HIOS ID 70285

Each of these class members was provided with the court-approved notice. The class members’ opt-in forms are attached as Exhibit A. Plaintiff conferred with counsel for the Government, who stated that the Government does not oppose this motion to include these additional QHP Issuers in the CSR Class.

Dated: March 21, 2019

Respectfully submitted,

QUINN EMANUEL URQUHART &  
SULLIVAN, LLP

/s/ Stephen Swedlow

Stephen Swedlow  
stephenswedlow@quinnemanuel.com  
191 North Wacker Drive  
Suite 2700  
Chicago, Illinois 60606  
Telephone: (312) 705-7400  
Facsimile: (312) 705-7401

J.D. Horton  
jdhorton@quinnemanuel.com  
Adam B. Wolfson  
adamwolfson@quinnemanuel.com  
865 S. Figueroa Street  
Los Angeles, California 90017  
Telephone: (213) 443-3000  
Facsimile: (213) 443-3100

*Attorneys for Plaintiff Common Ground  
Healthcare Cooperative and the Class*

**CERTIFICATE OF SERVICE**

I certify that on March 21, 2019, a copy of the foregoing Plaintiff's Unopposed Motion to Include Additional Class Members in CSR Class was served via the Court's CM/ECF system on Defendant's counsel.

/s/ Stephen Swedlow  
Stephen Swedlow

# Exhibit A

## **Class Action Opt-In Notice Form**

UNITED STATES COURT OF FEDERAL CLAIMS  
*Common Ground Healthcare Cooperative v. United States*  
Case No. 17-877 C

1. Fill out this form completely and legibly. **It must be submitted, postmarked, faxed or delivered to the Claims Administrator (who has been retained by Class Counsel for this case and whose address is at Paragraph 5 below) on or before Monday, August 13, 2018.**

PLEASE NOTE: A notice has been sent to your address based on information in the Government's records. It is your responsibility to ensure that the information you provide on this form is complete and accurate, and that you are entitled to a distribution of money arising out of the above lawsuit.

2. Please write the full name of the person or entity that offered a Qualified Health Plan(s) under the Patient Protection and Affordable Care Act in the 2017 or 2018 benefit year, and who made cost-sharing reductions for eligible insureds pursuant to Section 1402 of the Patient Protection and Affordable Care Act, but did not receive a "timely and periodic" payment from the Government of an amount "equal to the value of the reductions" provided to its insureds.

CareSource West Virginia Co., HIOS ID # WV 50328 - For Benefit Year 2017 and 2018

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3. Please fill in the following information for the QHP issuer named above.

Address: **230 North Main Street**

**Dayton, Ohio 45402**

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Telephone number: **(937) 487-4304**

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Name, telephone number, and email address for person at QHP issuer that will act as contact for information regarding the Class Action:

**Archana Rajendra, (937) 487-4304, email - Archana.Rajendra@caresource.com**

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4. By signing your name in the space below, you are declaring under penalty of perjury under the laws of the United States and applicable state laws:

(a) That the above-listed QHP issuer wishes to opt in to the Class Action lawsuit against the United States described in the accompanying Notice (*Common Ground Healthcare Cooperative v. United States*);

(b) That you are authorized by the above-listed QHP issuer to sign this document on behalf of the QHP issuer and thereby bind the above-listed QHP issuer;

(c) That the above-listed QHP issuer offered Qualified Health Plan(s) under the Patient Protection and Affordable Care Act in the 2017 or 2018 benefit year, and made cost-sharing reductions for eligible

insureds pursuant to Section 1402 of the Patient Protection and Affordable Care Act, but did not receive a “timely and periodic” payment from the Government of an amount “equal to the value of the reductions” provided to its insureds; and

(d) That to the best of your knowledge, the above-listed QHP issuer is entitled to a distribution out of this lawsuit according to the description of the United States’ alleged failure to make “timely and periodic” cost-sharing reduction reimbursements as printed in the accompanying Notice.

Sign Your Name: *MJ Miller* Date: 03/05/2019

Print Your Name: MJ Miller

Position at QHP issuer: Deputy General Counsel

Note: If you represent an entity making a claim, such as a corporation, partnership, or trust, please identify the name of that entity in response to Question 2, but sign in your own name as a representative of that entity.

5. Submit this completed form to:

**By Internet:**

<http://www.CSRClassAction.com/optin>

- A copy of the Class Action Opt-In Notice Form may also be downloaded at this URL.

**By Courier:**

CSR Class Action  
c/o JND Class Action Administration  
2727 Western Avenue, Suite 200  
Seattle, WA 98121

**By Mail:**

CSR Class Action  
c/o JND Class Action Administration  
PO Box 91349  
Seattle, WA 98111

**By Facsimile:**

1-833-894-4523p

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See Exhibit 1

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3. Please fill in the following information for the QHP issuer named above.

Address: 5381 Green Street

Murray, UT 84123

Telephone number: (801) 442-5000

Name, telephone number, and email address for person at QHP issuer that will act as contact for information regarding the Class Action:

Kristin McCullagh (801) 442-3436, kristin.mccullagh@selectthehealth.org

~~Douglas J. Hammer (801) 442-3584, douglas.hammer@imail.com~~

Brent V. Manning, Chad R. Derum (801) 363-5678, bmanning@mc2b.com; cderum@mc2b.com

4. By signing your name in the space below, you are declaring under penalty of perjury under the laws of the United States and applicable state laws:

(a) That the above-listed QHP issuer wishes to opt in to the Class Action lawsuit against the United States described in the accompanying Notice (*Common Ground Healthcare Cooperative v. United States*);

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insureds pursuant to Section 1402 of the Patient Protection and Affordable Care Act, but did not receive a “timely and periodic” payment from the Government of an amount “equal to the value of the reductions” provided to its insureds; and

(d) That to the best of your knowledge, the above-listed QHP issuer is entitled to a distribution out of this lawsuit according to the description of the United States’ alleged failure to make “timely and periodic” cost-sharing reduction reimbursements as printed in the accompanying Notice.

Sign Your Name:  Date: March 20, 2019

Print Your Name: Kristin McCullagh

Position at QHP issuer: Senior Counsel, SelectHealth

Note: If you represent an entity making a claim, such as a corporation, partnership, or trust, please identify the name of that entity in response to Question 2, but sign in your own name as a representative of that entity.

5. Submit this completed form to:

**By Internet:**

<http://www.CSRClassAction.com/optin>

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Seattle, WA 98121

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c/o JND Class Action Administration  
PO Box 91349  
Seattle, WA 98111

**By Facsimile:**

1-833-894-4523p



HIOS ID	Issuer Name	Issuer State	Address 1	City	State	Zip	Years in which QHP Issuer Offered Qualified Health Plans Eligible for CSR Reduction Payments
26002	SelectHealth	Idaho	5381 Green Street	Murray	UT	84123	2017, 2018
68781	SelectHealth	Utah	5381 Green Street	Murray	UT	84123	2017, 2018

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California Physicians' Service d/b/a Blue Shield of California

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3. Please fill in the following information for the QHP issuer named above.

Address: 50 Beale Street  
San Francisco, CA 94105-1808

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Telephone number: 415-229-5000

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Name, telephone number, and email address for person at QHP issuer that will act as contact for information regarding the Class Action:

Andy Chasin, 415-994-4187, Andy.Chasin@BlueShieldCA.com

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4. By signing your name in the space below, you are declaring under penalty of perjury under the laws of the United States and applicable state laws:

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(c) That the above-listed QHP issuer offered Qualified Health Plan(s) under the Patient Protection and Affordable Care Act in the 2017 or 2018 benefit year, and made cost-sharing reductions for eligible

insureds pursuant to Section 1402 of the Patient Protection and Affordable Care Act, but did not receive a “timely and periodic” payment from the Government of an amount “equal to the value of the reductions” provided to its insureds; and

(d) That to the best of your knowledge, the above-listed QHP issuer is entitled to a distribution out of this lawsuit according to the description of the United States’ alleged failure to make “timely and periodic” cost-sharing reduction reimbursements as printed in the accompanying Notice.

Sign Your Name: Andy Chasin Date: March 20, 2019

Print Your Name: Andy Chasin

Position at QHP issuer: Senior Director, Federal Policy and Advocacy

Note: If you represent an entity making a claim, such as a corporation, partnership, or trust, please identify the name of that entity in response to Question 2, but sign in your own name as a representative of that entity.

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