

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 THIRD
UNOPPOSED MOTION TO INCLUDE ADDITIONAL CLASS MEMBER**

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 one additional QHP Issuer in the CSR Class. The additional class member is Blue Cross and Blue Shield of Kansas (HIOS ID 18558).

Blue Cross and Blue Shield of Kansas was provided with the court-approved notice. The class member’s opt-in form for the CSR Class is attached as Exhibit A. Plaintiff conferred with counsel for the Government, who stated that the Government does not oppose this motion to include this additional QHP Issuer in the CSR Class.

Dated: May 1, 2019

Respectfully submitted,

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/s/ Stephen Swedlow

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

CERTIFICATE OF SERVICE

I certify that on May 1, 2019, a copy of the foregoing Plaintiff's Unopposed Third Motion to Include Additional Class Member 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.

Blue Cross & Blue Shield of Kansas

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

Address: 1133 SW Topoka Blvd

Topoka KS, 66629

Telephone number: 785-291-7600

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

Andrew Dufour 785-291-7600 andrew.dufour@bcbsks.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*);

(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:  Date: 4/30/2019

Print Your Name: Andrew Dufour

Position at QHP issuer: Attorney

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