

**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  
SEVENTH MOTION TO INCLUDE ADDITIONAL CLASS MEMBERS**

Pursuant to Rule 23(c) of this Court's Rules ("RCFC"), Plaintiff Common Ground Healthcare Cooperative ("Plaintiff") respectfully requests that the Court grant this motion to include additional QHP Issuers to the 2016 Risk Corridors Class. The additional class members are listed below:

1. Prominence HealthFirst of Texas, Inc. (HIOS ID 37392)
2. HealthSpan Inc. (HIOS ID 92036)
3. HealthSpan Integrated Care (HIOS ID 20126)
4. Presbyterian Insurance Company, Inc. (HIOS ID 52744)
5. Geisinger Quality Options, Inc. (HIOS ID 75729)
6. Geisinger Health Plan (HIOS ID 22444)

The class members were provided with the court-approved notice. The class members' opt-in forms are attached as Exhibit A.

Dated: May 12, 2020

Respectfully submitted,

QUINN EMANUEL URQUHART &  
SULLIVAN, LLP

/s/ Stephen Swedlow

Stephen Swedlow  
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191 North Wacker Drive  
Suite 2700  
Chicago, Illinois 60606  
Telephone: (312) 705-7400  
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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 May 12, 2020, a copy of the foregoing Plaintiff's Seventh Motion to Include Additional Class Members was served via the Court's CM/ECF system on Defendant's counsel of record.

/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, April 23, 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 2016 benefit year, and whose allowable costs in the 2016 benefit year, as calculated by the Centers for Medicare & Medicaid Services, were more than 103 percent of their target amounts (as those terms are defined in the Patient Protection and Affordable Care Act).

Prominence HealthFirst of Texas, Inc.

HIOS ID: 37392

3. Please fill in the following information.

Address: 1510 Meadow Wood Lane

Reno, NV 89502

Telephone number: (775) 770-9231

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

Rachel Martin

(775) 770-9231

Rachel.Martin@uhsinc.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 into 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 2016 benefit year, and its allowable costs in the 2016 benefit year, as calculated by the Centers for Medicare & Medicaid Services, were more than 103 percent of its target amounts (as those terms are defined in the Patient Protection and Affordable Care Act); 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 full risk corridors payments on an annual basis as printed in the accompanying Notice.

Sign Your Name:  Date: 4/27/2020

Print Your Name: Kanak Jemnoua

Position at QHP issuer: CEO

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.riskcorridorsclassaction2016.com/optin>

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

**By Courier:** Risk Corridors Class Action  
c/o JND Class Action Administration  
2727 Western Avenue, Suite 200  
Seattle, WA 98121

**By Mail:** Risk Corridors Class Action  
c/o JND Class Action Administration  
PO Box 91307  
Seattle, WA 98111

**By Facsimile:** 1-866-282-0407

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HealthSpan Inc. HIOS # 92036

3. Please fill in the following information.

Address: 1701 Mercy Health Place  
Cincinnati, OH 45237

Telephone number: 216 339-6328

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

Rebecca N. Holland  
216 339-6328  
rnholland@mercy.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:

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(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 full risk corridors payments on an annual basis as printed in the accompanying Notice.

Sign Your Name:  Date: 4/28/20

Print Your Name: Rebecca N. Holland

Position at QHP issuer: V.P. + 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.

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HealthSpan Integrated Care HIOS# 20126

3. Please fill in the following information.

Address: 1701 Mercy Health Plac  
Cincinnati, OH 45237

Telephone number: 216 339-6328

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

Rebecca N. Holland  
216 339-6328  
rn holland@mercy.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 into the Class Action lawsuit against the United States described in the accompanying Notice (*Common Ground Healthcare Cooperative v. United States*);

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Sign Your Name: Rubick N. Holland Date: 4/28/20

Print Your Name: Rubick N. Holland

Position at QHP issuer: V.P. + 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.

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Presbyterian Insurance Company, Inc.

Hios ID 52744

3. Please fill in the following information.

Address: 9521 San Mateo Blvd. NE

Albuquerque, NM 87113

Telephone number: 505-923-6107

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

Margaret McNett, VP? Associate General Counsel

505-923-6107

mmcnett@phs.org

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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Sign Your Name: Margaret McNett Date: 4/29/20

Print Your Name: Margaret McNett

Position at QHP issuer: Vice President & Associate 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.

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Geisinger Quality Options, Inc. HIOS ID#75729

3. Please fill in the following information.

Address: 100 N. Academy Avenue

Danville, PA 17822-3220

Telephone number: 570-271-6836

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

F. Kelly Davis

570-214-2696

fkdavis@thehealthplan.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:

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Sign Your Name:  Date: 04/30/2020

Print Your Name: F. Kelly Davis

Position at QHP issuer: AVP, Legal 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.

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Geisinger Health Plan HIOS ID#22444

3. Please fill in the following information.

Address: 100 N. Academy Avenue

Danville, PA 17822-3220

Telephone number: 570-271-6836

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

F. Kelly Davis, Esq.

570-214-2696

fkdavis@thehealthplan.com


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Sign Your Name:  Date: 04/30/2020

Print Your Name: F. Kelly Davis

Position at QHP issuer: AVP, Legal 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.

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