

**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 EIGHTH 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. Allegian Insurance Company (HIOS ID 63509)
2. PHPS, Inc. (fka Phoenix Health Plans, Inc.) (HIOS ID 65441)

The class members were provided with the court-approved notice. The class members' opt-in forms are attached as Exhibit A. We have conferred with counsel for the government, who indicated that the government does not oppose this motion.

Dated: June 23, 2020

Respectfully submitted,

QUINN EMANUEL URQUHART &  
SULLIVAN, LLP

/s/ Stephen Wedlow

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

**CERTIFICATE OF SERVICE**

I certify that on June 23, 2020, a copy of the foregoing Plaintiff's Eighth 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).

PHPS, Inc. (fka Phoenix Health Plans, Inc.; NAIC #10160 )

3. Please fill in the following information.

Address: 7878 N. 16th St., Suite 130-20

Phoenix, AZ 85020

Telephone number: (602) 824-3734

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

Beverly J. Maison

(602) 824-3734

Beverly.Maison@tenethealth.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: Beverly J. Maison Date: 6/10/2020

Print Your Name: Beverly J. Maison

Position at QHP issuer: Chief Financial Officer, Secretary and Treasurer

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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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).

\_\_\_\_\_ Allegian Insurance Company (NAIC #12346) \_\_\_\_\_

3. Please fill in the following information.

Address: \_\_\_\_\_ 7878 N. 16th St., Suite 130-20 \_\_\_\_\_

\_\_\_\_\_ Phoenix, AZ 85020 \_\_\_\_\_

Telephone number: \_\_\_\_\_ (602) 824-3734 \_\_\_\_\_

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

\_\_\_\_\_ Beverly J. Maison \_\_\_\_\_

\_\_\_\_\_ (602) 824-3734 \_\_\_\_\_

\_\_\_\_\_ Beverly.Maison@tenethealth.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: Beverly J. Maison Date: 6/10/2020

Print Your Name: Beverly J. Maison

Position at QHP issuer: Chief Executive Officer and Chief Financial Officer

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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