

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

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<b>QCC INSURANCE COMPANY, KEYSTONE</b>	)		
<b>HEALTH PLAN EAST, INC.,</b>	)		
<b>AMERIHEALTH INSURANCE COMPANY</b>	)	<b>No. 17-1312C</b>	
<b>OF NEW JERSEY, AND AMERIHEALTH</b>	)		
<b>HMO, INC.,</b>	)	<b>Judge Mary Ellen Coster</b>	
	)	<b>Williams</b>	
	)		
<b>Plaintiffs,</b>	)		
	)		
<b>v.</b>	)		
	)		
<b>THE UNITED STATES OF AMERICA,</b>	)		
	)		
<b>Defendant.</b>	)		
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**STIPULATION FOR ENTRY OF JUDGMENT**

To resolve the risk corridors claims of Plaintiffs QCC Insurance Company (“QCC”), Keystone Health Plan East, Inc. (“Keystone”), AmeriHealth Insurance Company of New Jersey (“AmeriHealth NJ”), and AmeriHealth HMO, Inc. (“AmeriHealth HMO”) (collectively, “Plaintiffs”) against the United States, and to permit the entry of final judgment on those claims, it is stipulated between the Parties:

1. Section 1342 (42 U.S.C. § 18062) of the Patient Protection and Affordable Care Act, Pub. L. No. 111-148 (2010), 124 Stat. 119 *et seq.* (the “ACA”), created the risk corridors program.
2. On September 22, 2017, Plaintiffs filed the Complaint in this Court pursuant to the Tucker Act, 28 U.S.C. § 1491, seeking damages for failure to make payments required under section 1342 of the ACA.
3. On April 24, 2018, the Court entered an order that stayed this case. ECF No. 12.

4. On April 27, 2020, the Supreme Court held that section 1342 “created an obligation neither contingent on nor limited by the availability of appropriations or other funds,” that the obligation was not affected by subsequently-enacted legislation, and that the “petitioners may seek to collect payment through a damages action in the Court of Federal Claims.” *Maine Community Health Options v. United States*, 140 S. Ct. 1308, 1323, 1331 (2020).

5. On May 21, 2020, Plaintiffs filed the First Amended Complaint. The First Amended Complaint asserts three counts, each raising a separate theory for damages arising under section 1342 of the ACA.

6. The Parties agree that *Maine Community Health Options* entitles Plaintiffs to damages for non-payment under section 1342 for benefit years 2014, 2015, and 2016 in the amount of \$214,851,413.81 (the “Stipulated Amount”) and that payment in that amount resolves entirely the Amended Complaint for all counts seeking damages arising under section 1342 of the ACA.

7. Accordingly, the Parties jointly request that the Court enter judgment for QCC in the amount of \$37,730,637.21, for Keystone in the amount of \$73,930,236.57, for AmeriHealth HMO in the amount of \$13,814,473.24, and for AmeriHealth NJ in the amount of \$89,376,066.79 on Count I of the First Amended Complaint (risk corridors benefit years 2014, 2015, and 2016).

8. The Parties further request that the Court dismiss Count II and Count III of the First Amended Complaint with prejudice.

9. Upon payment of judgment in the Stipulated Amount, Plaintiffs QCC (HIOS No. 31609), Keystone (HIOS No. 33871), AmeriHealth HMO (HIOS No. 91762), and AmeriHealth NJ (HIOS No. 77606), and any and all of Plaintiffs’ affiliated entities, release the United States, its agencies, instrumentalities, officers, agents, employees, and servants, from all claims (including attorney fees, costs, and expenses of every kind and however denominated) that Plaintiffs and any

and all of Plaintiffs' affiliated entities, has asserted, could have asserted, or may assert in the future against the United States, its agencies, instrumentalities, officers, agents, employees, and servants, arising under or related to Section 1342 of the ACA.

Dated: June 26, 2020

Respectfully Submitted:

/s/ Robert K. Huffman

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