

SUPERIOR COURT FOR THE DISTRICT OF COLUMBIA
Civil Division

DISTRICT OF COLUMBIA,
Department of Insurance, Securities
and Banking,

Petitioner,

v.

D.C. CHARTERED HEALTH PLAN, INC.,

Respondent.

Civil Action No. 2012 CA 008227 2
Judge Melvin R. Wright
Calendar 15
Next Event: Status Hearing
January 28, 2014 at 9:30 a.m.

PETITION FOR APPROVAL OF PAYMENT FOR
PROVIDER CLAIMS AND CLAIM APPEALS

D.C. Chartered Health Plan, Inc., acting through its Rehabilitator, Special Deputy to the Rehabilitator and their attorneys (“Chartered”), respectfully petitions this Court to enter the requested Order approving payment of \$800,284.09, to ensure equitable treatment of all provider claims, as described further below.

By order dated August 22, 2013, the Court approved the Settlement Agreement Between Chartered and the District of Columbia (the “Settlement”). In accord with that agreement, the Special Deputy calculated that each provider should be paid 83.87% of its total claim, which percentage reflects each provider’s *pro rata* share of the \$48 million settlement based on the \$57.22 million in total claims owed as of September 9, 2013 (the “*Pro Rata* Calculation Date”). See Special Deputy to the Rehabilitator’s Seventh Status Report, at 5 (Sept. 23, 2013).

The Special Deputy subsequently processed and approved \$954,195.89 in claims and claim appeals from providers. See Special Deputy to the Rehabilitator’s Ninth Status Report, at 7 (Nov. 14, 2013) (reporting what was then a somewhat lower amount). Approximately \$908,195 of the current total represents claims that were (i) submitted prior to the August 31, 2013 claim bar date, (ii) denied by the Rehabilitator, (iii) appealed by the provider and

(iv) approved by the Rehabilitator after the *Pro Rata* Calculation Date. The remaining amount, which is approximately \$46,000, represents claims that were (i) submitted prior to the claim bar date and (ii) processed and approved after the *Pro Rata* Calculation Date. All of these claims and claim appeals would have been included in the DHCf settlement distribution but for the time it took to review and process them. To ensure that all Priority Class 3 claimants are treated equally, the Special Deputy seeks the Court's approval to pay provider claims and claim appeals approved after the *Pro Rata* Calculation Date a *pro rata* share identical to the *pro rata* share paid for other provider claims as part of the Settlement, namely \$800,284.09 (i.e., 83.87% of \$954,195.89).

WHEREFORE, Chartered petitions this Court to enter the requested Order approving the payment of \$800,284.09 for the 83.87% *pro rata* share of provider claims and claim appeals approved after the *Pro Rata* Calculation Date.

Date: December __, 2013

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CERTIFICATE OF SERVICE

I hereby certify that on this ____ day of December, 2013, a copy of the foregoing *Petition for Approval of Payment for Provider Claims and Claim Appeals*, and proposed order, was filed and served by email upon:

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[PROPOSED] ORDER APPROVING PAYMENT FOR PROVIDER APPEALS

On December __, 2013, D.C. Chartered Health Plan, Inc., acting through its Rehabilitator, Special Deputy to the Rehabilitator and their attorneys (“Chartered”), filed a *Petition for Approval of Payment for Provider Claims and Claim Appeals*. The Petition asked the Court to enter an order approving the payment of undisputed provider claim appeals in the same 83.87% *pro rata* ratio as for all other provider claims.

Upon consideration of the Petition and the entire record herein, it is this ___ day of December, 2013,

1. ORDERED: That the payment of \$800,284.09 for the 83.87% *pro rata* share of provider claim appeals is approved; and
2. This is entered as a final Order.

Melvin R. Wright
Judge, D.C. Superior Court

Copies to:

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