

DEFINITIONS AND INSTRUCTIONS FOR FILING A PROOF OF CLAIM

DEFINITIONS

Riverstone/NexGen Multiple Employer Welfare Arrangement Health Plan.....	The Multiple Employer Welfare Arrangement operated by Riverstone Capital, LLC, NexGen Insurance Services Incorporated and/or NGI Brokerage Services, Inc., and all related participating health care benefit plans as set forth in the federal lawsuit <i>Scalia (formerly Pizzella/formerly Acosta) v. Riverstone Capital, LLC et al.</i> (#19-cv-778 MWF (C.D. Cal.) (“ <i>Scalia</i> action”). “Riverstone MEWA Health Plan” as used herein means the Riverstone/NexGen Multiple Employer Welfare Arrangement Health Plan and all related participating health care benefit plans.
Riverstone/NexGen Multiple Employer Welfare Arrangement Health Care Liquidation Estate.....	The assets possessed and controlled by the Independent Fiduciary pursuant to the Redacted Consent Judgment entered by the Court in the <i>Scalia</i> action (D.E. #41).
Claimant Name.....	Person(s) or entity making claim against the plan; if a Member Claim, this includes covered spouses/dependents
Broker/Agent.....	In relation to an Employer POC Claim, “Broker/Agent” means the individual or entity that was the broker of record regarding the enrollment and/or renewal of the Employer into the Riverstone MEWA Health Plan. In relation to a Member POC, “Broker/Agent” means the individual or entity which the Member knows enrolled/renewal him/her into the Riverstone MEWA Health Plan.
Claim Type.....	SEE BELOW
Member.....	Name of individual who is the primary person covered under the Riverstone MEWA Health Plan.
Employer/Employer Group.....	Name of Member’s employer who sponsored the Riverstone MEWA Health Plan as identified in the Employer’s Plan Document. Reference to “Sponsoring Employer” as used herein means the same.
Provider.....	A health care service provider who/which has provided covered services or equipment to a Member (and/or spouse/dependent).
Date of Loss.....	<u>As to a specific provider medical invoice</u> (whether paid by a Member seeking reimbursement or paid by an Employer and listed on the Employer’s June 14, 2019 and/ or June 28, 2019 unpaid medical claims runs, or claimed by a Provider as unpaid), this is the date of service. <u>As to a group of provider medical invoices</u> , this is the time period for which medical charges are unpaid, based on the dates incurred (i.e., dates of service). <u>As to a claim classified as “Other”</u> this is the timeframe over which the unpaid amounts claimed accrued as against/became owing from the Riverstone MEWA Health Plan.
Amount Claimed.....	This is the amount you are claiming against the Riverstone MEWA Health Plan Liquidation Estate

Claim Types:

Member Claim..... A Member Claim is one that seeks reimbursement of payments made by him/her (spouse or dependent) of Employer responsibility amounts owed under the applicable Plan Document which has not been reimbursed to the Member by the Sponsoring Employer. Amounts which are, under the applicable Plan Document, employee responsibility (e.g. co-pays, deductibles, coinsurance, balance billing (if allowed), etc.) are not to be part of a Member Claim and are not otherwise reimbursed in the POC process.

Court orders entered by the United States District Court in the *Scalia* action provide protection to Members from having Providers pursue them for payment of unpaid medical claims. See e.g. *Scalia* action D.E. #41 at p. 9:6-22. **To the extent, however, that a Member has paid Employer responsibility amounts and/or to the extent that a Member chooses to pay Employer responsibility amounts prior to the January 31, 2020 POC deadline,** for such reasons as Provider pressure or financial inability or unwillingness of the Employer to pay the Employer responsibility portion, and if the Member has not been/is not reimbursed by his/her Employer, any such payment(s) by a Member would give rise to a Member Claim if such payment(s) by the Member is/are included in a timely-submitted Member POC.

Employer Claim..... An Employer Claim is a claim by a Sponsoring Employer of the Riverstone MEWA Health Plan for reimbursement of payments made of unpaid medical claims as presented in the June 14, 2019 and/or June 28, 2019 unpaid medical claims runs previously provided to the Sponsoring Employer.

Provider Claim..... A Provider Claim is a claim that seeks payment of Employer responsibility amounts not paid by the Employer, net of any amount received from the Member if the Member has paid Employer responsibility amounts.

Other Claim..... A claim in the “Other” classification is a claim not otherwise falling into any of the above-noted Claim Types which would include, without limitation, claims arising from providing non-medical services, claims for unearned premium and/or premium equivalents, claims for return of premium and/or premium equivalents, vendor claims and/or general creditors claim. Amounts owed or allegedly owed by Riverstone Capital, LLC for general corporate obligations, expenses or overhead are not allowable.

Nature of Claim: **Liquidated** means that the POC Claimant is submitting a full and final amount in a sum certain (i.e. a specific dollar amount) of his/her/its POC Claim.

Contingent means that the POC Claimant is aware that he/she/it has a claim to present but is not, at the time of submission of the POC, certain as to the full and final liquidated amount of that claim. In presenting a “contingent claim,” the POC Claimant is to present what supporting information he/she/it has as to any claim amount of which he/she/it is aware and to explain why the full and final amount is not, at that time, ascertainable. In presenting a “contingent claim,” the POC Claimant is to further explain (1) what matters must occur in order for his/her/its claim to become liquidated to an amount certain; (2) the timeframe in which the POC Claimant expects those matters to be completed; and (3) that he/she/it will file supplements (with supporting information) to the “contingent” POC upon the request of the Independent Fiduciary and/or as ordered by the Court in the *Scalia* action and/or when the POC Claim amount is liquidated to a sum certain.

Asserted Class of Claim: The Independent Fiduciary, for the purpose of prioritization of POCs submitted, establishes the following Classes of Claims:

Class 1 Claim: Costs and expenses of the Independent Fiduciary deemed reasonable through the process set forth in the Redacted Consent Judgment entered by the Court in the *Scalia* action (D.E. #41 at pp. 6:21-7:8).

Class 2 Claim: Timely-submitted Member POC Claims for reimbursement of payments he/she made of Sponsoring Employer responsibility amounts owed under the applicable Plan Document which have not been reimbursed to the Member by the Sponsoring Employer. Amounts claimed by a Member which are, under the applicable Plan Document, Member/Employee responsibility (e.g. co-pay, deductible, coinsurance and balance billing allowed under the applicable Plan Document, etc.) will not be considered in the POC process and will be rejected.

Class 3 Claim: Timely-submitted Sponsoring Employer POC Claims seeking reimbursement of amounts paid by the Sponsoring Employers to Providers due from a Sponsoring Employer under the applicable Plan Documents which address all of the Employer responsibility portions of the 1) unpaid medical claims set forth in the June 14, 2019 unpaid medical claims run (net of any stop loss payment received) and 2) the unpaid medical claims set forth in the June 28, 2019 unpaid medical claims run previously provided to the Sponsoring Employers.

Class 4 Claim: Timely-submitted Sponsoring Employer POC Claims seeking reimbursement of amounts paid by the Sponsoring Employer to Providers due from a Sponsoring Employer under the applicable Plan Documents which address part, but not all, of the Employer responsibility portions of 1) the unpaid medical claims set forth in the June 14, 2019 unpaid medical claims run (net of any stop loss payment received) and 2) the unpaid medical claims run set forth in the June 28, 2019 unpaid medical run previously provided to the Sponsoring Employer.

Class 5 Claim: Timely-submitted Provider POC Claims seeking payment of Sponsoring Employer responsibility amounts due from a Sponsoring Employer under the applicable Plan Documents as to unpaid medical claims submitted on or prior to May 28, 2019 which have not been paid by the Sponsoring Employer.

Class 6 Claim: All other timely-submitted POC claims which do not fall into the above-referenced classes, including, but not limited to claims for non-medical services, claims for unearned premium and/or premium equivalents, claims for return of premium and/or premium equivalents, vendor claims and general creditor claims.

Class 7 Claim: Untimely/late-submitted POC Claims.

FORM INSTRUCTIONS

Information Required To Be Included In Your POC Submission

*****All Claimants are required to submit a signed IRS Form W-9,*****

The Form is available at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

To assist the Independent Fiduciary in reviewing, adjudicating and determining your POC submission and to assist the Independent Fiduciary in formulating a Proposed Plan of Distribution to be filed later in the *Scalia* action, **you are to submit the following information.**

As to Member Claims (Class 2), submit with the executed POC Form a list identifying the medical providers you have paid with all dates of service, billings received and documentation of payment.(e.g. cancelled checks, provider invoices notated as paid, credit card receipts or statements, bank statements).

As to Employer Claims (Class 3 and 4), submit with the executed POC Form 1) a listing of the total monthly invoiced amounts paid by you to Riverstone Capital, LLC (and/or NexGen Insurance Services, if applicable) and/or the Independent Fiduciary (if applicable), 2) a listing of all medical claims, including pharmaceutical claims, paid by the Riverstone MEWA Health Plan both prior to February 7, 2019 and after (if applicable), 3) the total amount you paid (and documentation of such payments) towards the amounts set forth in your June 14 and June 28, 2019 unpaid medical claims run (including the identification of the unpaid claims listed that were paid and the releases obtained from the Providers if payment was a result of an agreed negotiation/re-pricing). Also, if applicable, list the amount(s) claimed for stop loss insurance reimbursement arising from the June 14, 2019 unpaid claims run and attach supporting documentation with respect to that claim/those claims made upon the stop loss carrier, the adjudication of the stop loss claim(s) and payment, denial or disposition of the stop loss claim(s).

As to Provider Claims (Class 5), submit with the executed POC Form a listing of the total amount of unpaid medical claims and attach supporting documentation regarding each unpaid medical claim and evidence that these unpaid medical claims were submitted to the third party administrator (HMA or S & S) on or before May 28, 2019.

As to Other Claims (Class 6), submit with the executed POC Form all documentation that supports the amount that is claimed as being owed by Riverstone MEWA Health Plan and all documentation that supports that such claimed amount is owed.

The Independent Fiduciary reserves the ability to request further information as needed. See Revised Orderly Plan of Liquidation entered in the *Scalia* action (D.E. #98-1 at p. 11:15-18).

If, upon detailed review of these Definitions and Instructions, you have questions concerning the POC process, please contact the Independent Fiduciary by calling (615) 370-0051 or by e-mailing Robert E. Moore, Jr. at rmoore@receivermgmt.com with the heading of the e-mail referencing "Riverstone POC Question."

NOTICE:

Submission of POC Claim No Assurance of Payment of Claimed Amount Pro Rata or Otherwise

Once submitted to the Independent Fiduciary, a POC and all supporting information will be reviewed, adjudicated and determined. That process is set forth in the Revised Orderly Plan of Liquidation. *Scalia* action, D.E. #98-1 at p. 11:18-25. Whether any approved and finalized POC claim amount is paid, in full, pro rata or not at all, will depend upon 1) the assets available to the Independent Fiduciary for distribution at the time that the Independent Fiduciary files a (Proposed) Plan of Distribution for the court in the *Scalia* action to review and approve and 2) the determined priority (e.g. class classification) of your claim.

If you believe you are owed money from the Riverstone MEWA Health Plan, YOU ARE REQUIRED TO SUBMIT A PROOF OF CLAIM WITH THIS OFFICE by January 31, 2020 (the claim submission deadline) for your claim to be accepted for review, consideration and determination by the Independent Fiduciary. Submission of your Proof of Claim and attached material is to be via 1st Class Mail sent, so that the Proof of Claim is received on or before January 31, 2020 at 4:30 p.m., CST, to the following address: Riverstone MEWA Health Plan c/o RMI, Independent Fiduciary, 510 Hospital Drive, Suite 490, Madison, TN 37115. SHOULD YOU WANT PROOF OF RECEIPT, PLEASE SEND YOUR MATERIAL CERTIFIED MAIL, RETURN RECEIPT REQUESTED.