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Verity Health System of California, Inc. ("VHS") and the affiliated debtors, the debtors and debtors in possession (collectively, the "Debtors") in the above-captioned chapter 11 bankruptcy cases (the "Cases"), hereby file this supplement (the "Supplement") to the Memorandum of Law in Support of Confirmation of Second Amended Joint Chapter 11 Plan (Dated July 2, 2020) of the Debtors, the Committee, and the Prepetition Secured Creditors [Docket No. 5385] (the "Confirmation Brief") and in response to the confirmation objections filed by UnitedHealthcare Insurance Company (collectively, with its affiliates, subsidiaries and parents, "United") [Docket No. 5326] (the "United Objection"), SCAN Health Plan ("SCAN") [Docket No. 5337] (the "SCAN Objection"), and California Physicians' Service dba Blue Shield of California, and Blue Shield of California Promise Health Plan f/k/a Care 1st Health Plan (collectively, "Blue Shield") [Docket No. 5417] (the "Blue Shield Objection"), and the informal objection (the "Humana Objection," and, together with the United Objection, the SCAN Objection and the Blue Shield, the "Payor Objections") asserted by Humana Health Plan, Inc. ("Humana", and together with United, SCAN and Blue Shield, the "Payors"). In support of the Supplement, the Debtors respectfully state as follows:

I.

## **SUPPLEMENT IN RESPONSE TO OBJECTION**

As set forth in the Debtors' omnibus reply [Docket No. 5425], the Payors have filed, or informally asserted, limited objections to the *Joint Chapter 11 Plan of Liquidation (Date July 2, 2020) of the Debtors, the Prepetition Secured Creditors, and the Committee* [Docket No. 4993] (the "Plan"). The Payors and certain of the Debtors are parties to various fee-for-service, capitation or other facility participation agreements under which the Debtors are compensated for covered medical services provided to patients enrolled under the health benefit plans offered or administered by each Payor under the applicable agreement (collectively, the "Payor Agreements").

In order to resolve the Payor Objections, the Debtors propose the following resolution to be incorporated in the Confirmation Order:

<sup>&</sup>lt;sup>1</sup> Unless otherwise defined herein, all capitalized terms have the definitions set forth in the Confirmation Brief.

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1. Preservation of Defenses. Notwithstanding anything to the contrary in the Plan or this Order, each Payor's defenses (including any asserted rights of setoff or recoupment) under, and subject to the provisions of, each applicable Payor Agreement shall not be impaired and nothing in the Plan or this Order shall prevent such Payor from asserting any defense, counterclaim, recoupment or offset against any claims asserted by a Debtor under an applicable Payor Agreement to the extent that such defense, counterclaim, recoupment or offset would otherwise be available to such Payor under the Bankruptcy Code or applicable law, provided that, the substantive consolidation of the Estates pursuant to Section 7.2 of the Plan shall not be construed to permit any Payor to exercise any defenses of setoff or recoupment under an applicable Payor Agreement as if the Debtors were a unitary entity.

## 2. Acceleration of Overpayment Reconciliation.

- a. <u>United</u>. The Debtors have agreed to submit claims for reimbursement under the applicable Payor Agreement between United and SFMC and between United and Seton within 60 days following the closing date of the sales of such hospitals. United has agreed to identify and finally liquidate any overpayments made on account of all covered medical services provided by such hospitals under such agreements prior to such closing dates within 120 days following such closing dates. The foregoing timetable for reconciliation of overpayments under the applicable Payor Agreement between United and Seton shall be deemed to supersede the corresponding deadlines set forth in the *Stipulation Between Seton Medical Center and UnitedHealthcare Insurance Company Regarding Cure Objection* [Docket No. 5352], filed on August 4, 2020, approved by order [Docket No. 5357] of the Court, entered on August 5, 2020.
- b. <u>SCAN</u>. The Debtors have agreed to submit claims for reimbursement under the applicable Payor Agreement between SCAN and SFMC and between SCAN and Seton within 60 days following the closing date of the sales of such hospitals. SCAN has agreed to identify and finally liquidate any overpayments made on account of all covered medical services provided by such hospitals under such agreements prior to such closing dates within 120 days following such closing dates.
- c. <u>Blue Shield</u>. The Debtors have agreed to submit claims for reimbursement under the applicable Payor Agreement between Blue Shield and SFMC and between Blue Shield and