

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF LOUISIANA**

**In Re: Oil Spill by the Oil Rig “Deepwater  
Horizon” in the Gulf of Mexico, on  
April 20, 2010**

\* MDL NO. 2179  
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\* SECTION: J  
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\* HONORABLE CARL J. BARBIER  
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\* MAGISTRATE JUDGE WILKINSON  
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**Plaisance, *et al.*, individually  
and on behalf of the Medical  
Benefits Settlement Class,**

**Plaintiffs,**

**v.**

**BP Exploration & Production Inc., *et al.*,**

**Defendants.**

\* NO. 12-CV-968  
\*  
\* SECTION: J  
\*  
\* HONORABLE CARL J. BARBIER  
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\* MAGISTRATE JUDGE WILKINSON  
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**STATUS REPORT FROM THE DEEPWATER HORIZON  
MEDICAL BENEFITS SETTLEMENT CLAIMS ADMINISTRATOR**

The Garretson Resolution Group, the Claims Administrator of the *Deepwater Horizon* Medical Benefits Class Action Settlement (the “Settlement”), submits the following quarterly report to apprise the Court of the status of its work in processing claims and implementing the terms of the Medical Settlement Agreement (the “MSA”) between January 1, 2018, and March 31, 2018, (the “Reporting Period”).<sup>1</sup> We have published 16 reports since Preliminary Approval

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<sup>1</sup> Capitalized terms not otherwise defined herein shall have the meanings ascribed to their fully capitalized renderings in the MSA.

in May 2012, and this marks the twelfth quarterly report filed since the claims filing deadline of February 12, 2015. This status report provides:

- an executive summary of claims processed during the Reporting Period;
- a summary of claims for Specified Physical Conditions (“SPC”) and significant developments concerning these claims;
- an update on the operations and activities of the Class Member Services Center;
- an account of participation in the Periodic Medical Consultation Program (“PMCP”);
- a summary of claims for Later-Manifested Physical Conditions (“LMPCs”); and
- a summary of the activities of the grantees of the Gulf Region Health Outreach Program (“GRHOP”) and the operations of the Gulf Region Health Outreach Program Library.

**I. EXECUTIVE SUMMARY**

The Claims Administrator has received 37,224 unique claims for compensation for an SPC and/or participation in the PMCP through the end of the Reporting Period. The Claims Administrator has received 3,347 Notices of Intent to Sue (“NOIS”) for claims for LMPCs. This status report will provide an overview of the claims processing forecast for all claims and Notices of Intent to Sue filed, the variables influencing the progression of those claims, and the outcome of claims as they progress through the stages of review.

Regarding the claims for compensation for an SPC and/or participation in the PMCP:

- the Claims Administrator has completed its review of 37,204 claims, or ninety-nine percent (99%) of all claims filed, to determine whether they qualify for compensation for an SPC and/or participation in the PMCP.
  - Of the 37,204 claims that the Claims Administrator has fully reviewed, 22,874, or sixty-one percent (61%), were approved for compensation for an SPC, and another 4,801, or thirteen percent (13%), were approved to participate in the PMCP. Furthermore, two (2) of the fifteen (15) claims currently going through the Notice of Defect process have received an “Approved with Defects” notice, meaning that the Medical Benefits Settlement Class Member (“Class Member”) has been approved for at least one compensable SPC.

- Overall, the claims filed in this settlement were impacted by high defect rates, with 28,868, or seventy-eight percent (78%), receiving either a Request for Additional Information (“RAI”) or Notice of Defect during the life of the claim. Additionally, 19,740, or fifty-three percent (53%), were impacted by changes or updates the claimants made to their Proof of Claim Forms or supporting documentation, which required the Claims Administrator to re-review the claims.
- The Claims Administrator is still reviewing 20, or less than one percent (1%), of the claims filed in this settlement to determine whether they qualify for SPC compensation or to participate in the PMCP.<sup>2</sup>
- The compensation allocated and paid to SPC-determined claims continues to increase.
  - During the Reporting Period, the Claims Administrator approved 141 Medical Benefits Settlement Class Members (“Class Members”) for nearly \$550,000 in SPC compensation. Since the inception of the Settlement, the Claims Administrator has approved 22,868 Class Members for \$67.2 million in SPC compensation.
  - Of the \$67.2 million awarded to the 22,868 Class Members with approved SPC claims, \$62.1 million has been paid to 21,862 Class Members. The remaining 1,006 Class Members had not been paid as of the end of the Reporting Period because they had payment complications that had not yet been resolved. Approximately twenty-two percent (22%) of those Class Members had healthcare liens that were still being resolved because their claims had just reached a final determination in the fourth quarter of 2017 or the first quarter of 2018. In addition, approximately thirty-four percent (34%) of the Class Members who had not received payment by the end of the Reporting Period were impacted by pending bankruptcy and/or probate complications. The remaining forty-four percent (44%) have other complications precluding payment, including child support obligations, liens asserted by settlement advance lenders or other persons or entities, general payment defects resulting from the Class Members’ failure to provide necessary information on their POCFs, selection for random audit, and pending Requests for Review.<sup>3</sup>
- Class Members continue to be approved for enrollment in the PMCP.

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<sup>2</sup> Approximately fifty percent (50%) of these pending cases are anticipated to queue for final determination by the end of the second quarter of 2018, while the remaining fifty percent (50%) are anticipated to queue for final determination by the end of the third quarter of 2018.

<sup>3</sup> On April 3, 2018, after the end of the Reporting Period, the Court entered an order approving the *Deepwater Horizon* Medical Benefits Settlement Amended Third-Party Lien Procedures (Rec. Doc. 24247). Those procedures establish a framework for resolving the claims asserted against Class Members’ compensation by entities other than governmental and private health plans and should allow the Claims Administrator to clear a number of these complications in 2018.

- During the Reporting Period, the Claims Administrator sent PMCP Notices of Determination to sixty-five (65) Class Members, for a total of 27,336 over the life of the Settlement.

Regarding the Notices of Intent to Sue for LMPCs:

- the Claims Administrator has completed its review of 3,226, or ninety-six percent (96%) of the NOISs received, to determine whether they are timely and complete for submission to BP for its mediation decision.
  - Of the 3,226 NOISs the Claims Administrator has reviewed, 871 were approved for submission to BP for a mediation decision, 241 were denied, and 2,114 were deficient.
  - Similar to the claims for compensation for an SPC, the Claims Administrator has observed a higher than anticipated defect rate for the NOIS forms it received.

This information is discussed in greater detail below.

## **II. DETAILED CLAIMS PROGRESSION**

### **A. Claims for Compensation for an SPC and/or Participation in the PMCP**

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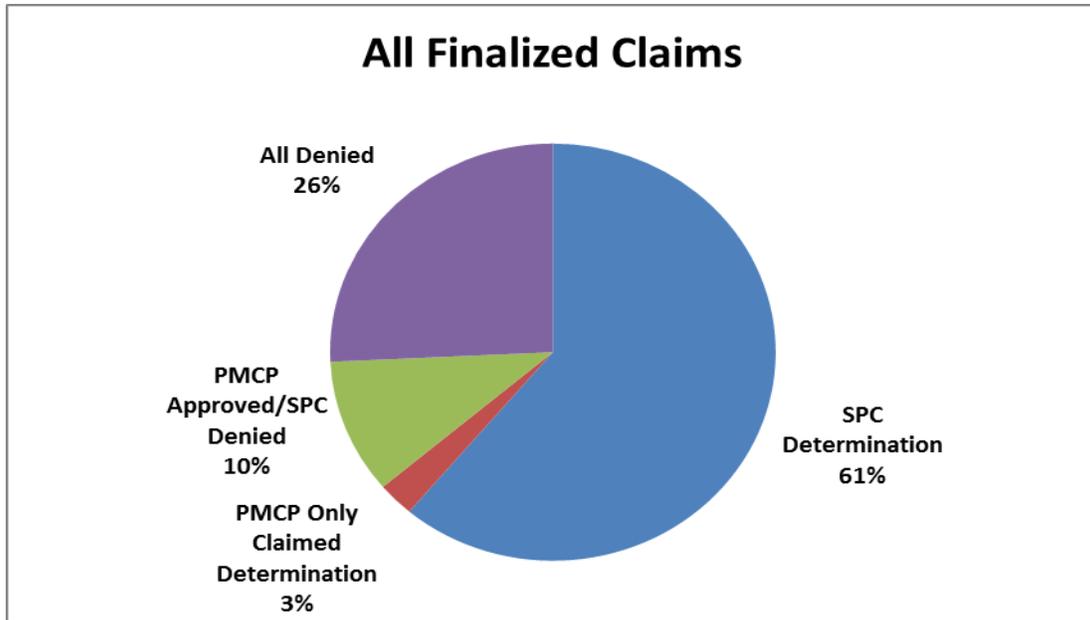
Through the end of the Reporting Period, the Claims Administrator has received 37,224 unique claims for compensation for an SPC and/or participation in the PMCP. The number of total claims receiving a final determination or clearing lien resolution continued to increase throughout the Reporting Period. Of the 37,224 total claims filed, 37,204, or ninety-nine percent (99%), have been processed to a final determination, and twenty (20), or less than one percent (1%), require additional processing.

Of the claims reaching a final determination,

- 22,874, or sixty-one percent (61%), were approved for compensation for an SPC, with 22,868, or ninety-nine percent (99%), of the 22,874 claims receiving a notice of final determination for compensation for an SPC and 21,862, or ninety-six percent (96%), of the 22,868 claims being paid;
- 982, or three percent (3%), did not seek the SPC compensation benefit and instead claimed and qualified for the PMCP benefit only;

- 3,819, or ten percent (10%), proved they were Class Members and qualified to receive the PMCP benefit but failed to prove they qualified for SPC compensation; and
- 9,529, or twenty-six (26%), were denied because they (a) did not prove they were Class Members, (b) filed a valid opt-out, or (c) did not claim or prove a compensable SPC.

**Figure 1: Composition of All Finalized Claims**



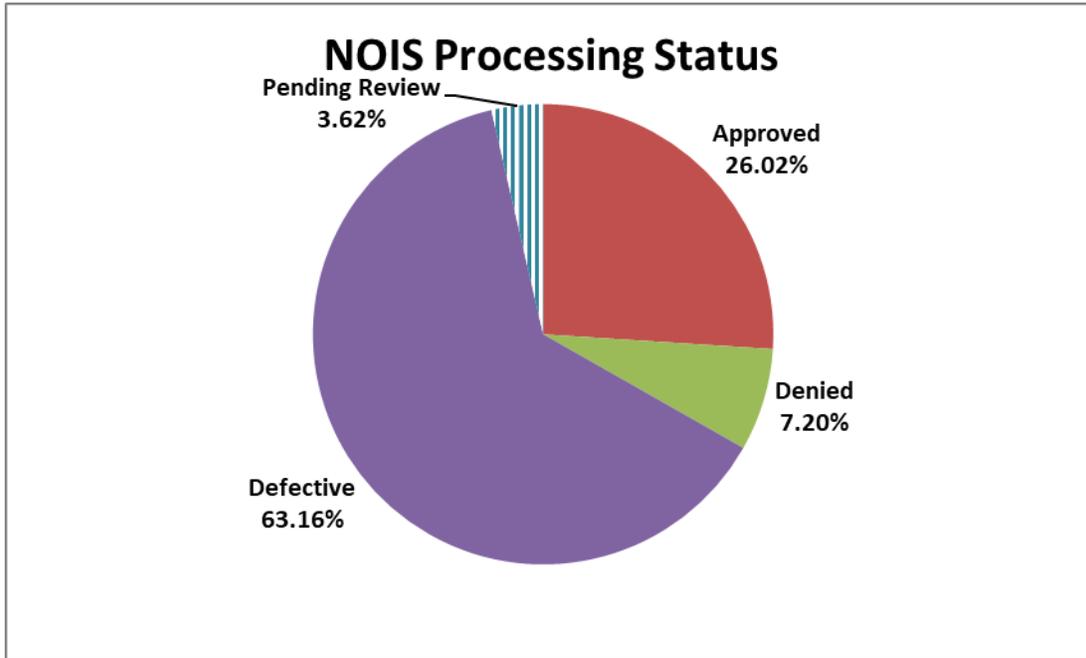
**B. Notices of Intent to Sue for LMPCs**

Through the end of the Reporting Period, the Claims Administrator has received 3,347 original NOISs. The majority of NOISs (or subsequent NOISs) received have been reviewed within sixty (60) days of receipt. The Claims Administrator projects that by the end of the second quarter of 2018, NOISs (or subsequent NOISs and/or responses to defect related to NOISs) will be reviewed within no more than thirty (30) days from receipt.

- Of the 3,347 original NOISs filed, 871, or twenty-six percent (26%), were found to be compliant and were submitted to BP for a mediation decision;
- 241, or seven percent (7%), were denied;

- 2,114, or sixty-three percent (63%), were found to be defective and were queued for Notice of Defect processing;
- 121, or four percent (4%), were pending review by the Claims Administrator.

**Figure 2: Notice of Intent to Sue Processing**



**III. CLAIMS FOR SPECIFIED PHYSICAL CONDITIONS**

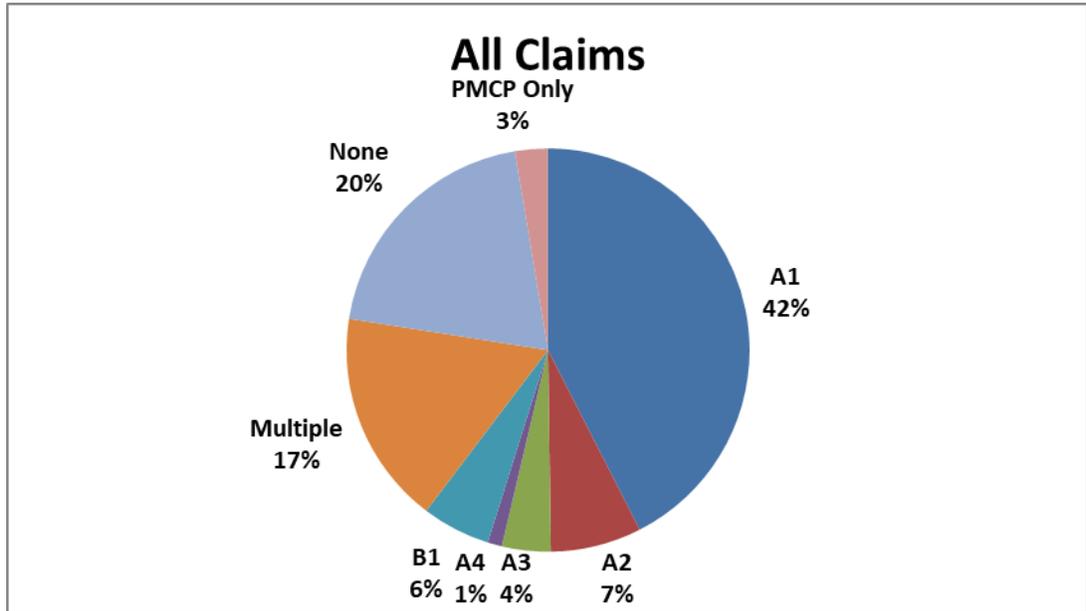
**A. Claimed Benefits and Compensation Level**

For the total 37,224 Proof of Claim Forms (“POCFs”) received, Table 1 provides a breakdown of those that sought compensation for an SPC and participation in the PMCP and those that sought only participation in the PMCP.

<b>TABLE 1: POCF FILINGS AVAILABLE FOR INITIAL CLAIMS REVIEW</b>	
	<b>Total</b>
<b>Total POCF Filings Available for Initial Claims Review</b>	<b>37,224</b>
Claims for Compensation for Both SPCs and Participation in the PMCP	36,242
Claims for PMCP Only	982

The graph below provides a breakdown of the compensation levels claimed for all claims filed:

**Figure 3: Compensation Level Composition of All Claims Filed**



In Table 2 below, we provide statistics of the claimed compensation level in Section VII of the POCF as compared to the awarded compensation level. In over eighty-one percent (81%) of claims where the Class Member has claimed a single compensation level, that same level of compensation has been awarded. For the nineteen percent (19%) not awarded the claimed compensation level, the Claims Administrator has awarded both higher and lower compensation levels based on review of the POCF and supporting documentation provided.

<b>Table 2: Determined Compensation Level</b>											
<b>Qualified Compensation Level</b>	<b>A1</b>		<b>A2</b>		<b>A3</b>		<b>A4</b>		<b>B1</b>		<b>Grand Total</b>
<b>Section VII of POCF Claimed Compensation Level</b>	<b>Count</b>	<b>%</b>	<b>Count</b>	<b>%</b>	<b>Count</b>	<b>%</b>	<b>Count</b>	<b>%</b>	<b>Count</b>	<b>%</b>	
A1	12,188	97.72%	151	1.21%	112	0.90%	21	0.17%	1	0.01%	12,473
A2	917	42.04%	1,174	53.83%	77	3.53%	10	0.46%	3	0.14%	2,181
A3	457	35.59%	100	7.79%	659	51.32%	67	5.22%	1	0.08%	1,284
A4	86	41.75%	15	7.28%	15	7.28%	90	43.69%		0.00%	206
B1	597	48.38%	505	40.92%	101	8.18%	9	0.73%	22	1.78%	1,234
Multiple	2,236	66.41%	811	24.09%	260	7.72%	48	1.43%	12	0.36%	3,367
None	1,711	80.37%	258	12.12%	126	5.92%	33	1.55%	1	0.05%	2,129
<b>Total</b>	<b>18,192</b>	<b>79.53%</b>	<b>3,014</b>	<b>13.18%</b>	<b>1,350</b>	<b>5.90%</b>	<b>278</b>	<b>1.22%</b>	<b>40</b>	<b>0.17%</b>	<b>22,874</b>

**B. Claims Sent Dispositive Correspondence for a Specified Physical Condition**

The overall percentage of all claims reaching final determination has increased over the Reporting Period to ninety-nine percent (99%). During the Reporting Period, we sent SPC Notices of Determination to 141 Class Members, approving them for \$543,550 in compensation. Since the inception of the Settlement, we sent SPC Notices of Determination to 22,868 Class Members, approving them for \$67,182,379 in compensation. Over this Reporting Period, the total percentage of finalized Claims moving to an approved determination remained at sixty-one percent (61%).

The Claims Administrator also sent one (1) “Approved with Defects” notice during the Reporting Period, bringing the total number of “Approved with Defects” notices sent since inception to 3,048. An “Approved with Defects” notice is sent to a Class Member who has at least one valid SPC but one or more other SPCs that contain a Defect and might result in an award of higher compensation. A Class Member receiving this notice can choose either to attempt to cure the Defects and thus possibly receive greater compensation or to waive that

opportunity and proceed to determination on his or her valid SPC(s). Three thousand forty-five (3,045) of the 3,048 Class Members who received an “Approved with Defects” notice subsequently received an SPC Notice of Determination. The total compensation for the remaining 3 Class Members who received an “Approved with Defects” notice but who have not yet received an SPC Notice of Determination is \$20,950. Therefore, the total amount allocated (by SPC Notices of Determination) and to be allocated (by “Approved with Defects” letters) is \$67,203,329.

The Claims Administrator sent sixteen (16) Notices of Denial during the Reporting Period, for a total of 13,339 Notices of Denial from the inception of the Settlement through the end of the Reporting Period. All of these claims have been denied because the claimant did not qualify as a Class Member, because the claimant opted out of the settlement, and/or because the claimant did not meet the criteria established by the MSA to receive compensation for an SPC.

A summary of the dispositive correspondence sent on claims for compensation for an SPC is set forth in Table 3, below.

<b>TABLE 3: CLAIMS DISPOSITION AND CORRESPONDENCE</b>		
<b>Notice Type</b>	<b>Reporting Period</b>	<b>Total</b>
SPC Notices of Determination Sent	141	22,868
Notices of Denial Sent	16	13,339

**C. Claims Approved for SPC Compensation**

During the Reporting Period, the amount of SPC compensation for which Class Members were approved increased, as reflected in Table 4, below.

<b>TABLE : APPROVED CLAIMS FOR SPCs<sup>4</sup></b>						
<b>SPC</b>	<b>Reporting Period Number Approved</b>	<b>Total Number Approved to Date</b>	<b>Reporting Period Amount Approved</b>	<b>Total Amount Approved to Date</b>	<b>Total “Approved with Defects” Amount Allocated to Date</b>	<b>Total Compensation Allocated to Date</b>
<b>A1</b>	83	18,191	\$102,700	\$23,059,100	0	\$23,059,100
<b>A2</b>	52	3,009	\$395,700	\$23,874,081	\$20,950	\$23,895,031
<b>A3</b>	3	1,350	\$37,050	\$17,076,732	\$0	\$17,076,732
<b>A4</b>	3	278	\$8,100	\$797,716	\$0	\$797,716
<b>B1</b>	0	40	\$0	\$2,374,750	\$0	\$2,374,750
<b>Total</b>	141	22,868	\$543,550	\$67,182,379	\$20,950	\$67,203,329

As set forth in the MSA, Class Members can only be paid once certain potential obligations to third parties are identified and resolved. The resolution of these obligations is dependent upon the responsiveness of both governmental agencies and private interests in replying to the Claims Administrator’s requests for information and resolution. The obligations fall into two general categories: healthcare-related obligations and other obligations.

The resolution of healthcare obligations involves confirming whether a Class Member received benefits from a governmental payor (such as Medicare, Medicaid, or the Veterans’ Administration) or a private healthcare plan for a compensable injury such that the Class Member must now reimburse those entities for the amounts they paid. The processing phases include (1) confirming entitlement with the government agency or private plan, (2) receiving claims from the agency or plan, (3) auditing those claims and disputing any that are unrelated to the Class Member’s compensable injury, and (4) final resolution. Pursuant to the terms of the

<sup>4</sup> Please note that the total volumes and total dollars approved are subject to change in each Reporting Period due to later received and processed Requests for Review.

MSA, the Claims Administrator obtained an agreement from CMS establishing capped repayment amounts per SPC for Class Members who are or were beneficiaries of Medicare. The Claims Administrator also negotiated with state Medicaid agencies to cap recovery for Medicaid-entitled Class Members. Most states agreed to waive recovery rights for Class Members receiving compensation for an A1 claim. Additionally, most state Medicaid agencies agreed to a twenty percent (20%) cap on and up to a thirty-five percent (35%) offset for fees and costs typically associated with their recovery, thereby allowing partial funding to the Class Member while full resolution is pending. Processing times for Medicaid-entitled Class Members eligible for payment will vary. Each state has its own processing standards for responding to entitlement requests, producing claims, and finalizing lien amounts.

The resolution of non-healthcare-related obligations involves identifying the various types of obligations and working with the claimant or the claimant's representative to resolve them. The processing phases include (1) identifying the obligation (through review of claim documents, PACER searches, and searches of the Louisiana Child Support Database), (2) sending correspondence seeking documentation that will resolve the complication, (3) reviewing the submitted documentation for sufficiency, and (4) final resolution. The Claims Administrator tracks responses to its correspondence and sends a follow-up letter to non-responsive parties after thirty (30) to sixty (60) days have passed (with the length of time depending on the complication). We will also send follow-up correspondence when the responses contain insufficient documentation. The resolution time for payment complications varies and remains heavily dependent upon the timeliness and sufficiency of the third parties' responses to our information requests. Through the end of the Reporting Period, the average age of claims awaiting payment from the date of final determination is approximately 158 days

depending on the complexity of the payment complications. Once the obligations affecting a given claim are resolved and any liens or reimbursement obligations are paid, the Claims Administrator is able to disburse the balance of the Class Member's compensation.

**IV. CLAIMS FOR LATER-MANIFESTED PHYSICAL CONDITIONS**

During the Reporting Period, Class Members submitted 2,752 Notices of Intent to Sue to pursue claims for LMPCs. Two thousand six hundred ninety-five (2,695) were original Notices of Intent to Sue, and fifty-seven (57) were supplements to Notices of Intent to Sue that had already been submitted. Of the 2,695, six hundred ninety-five (695) were compliant and were sent to BP for a mediation decision, one thousand eight hundred twenty-nine (1,829) contained curable Defects and were queued to receive a Notice of Defect, fifty-four (54) were denied, and one hundred seventeen (117) were pending review.

From the inception of the Settlement through the end of the Reporting Period, Class Members submitted 3,467 Notices of Intent to Sue for compensation for a Later-Manifested Physical Condition. Three thousand three hundred forty-seven (3,347) were original Notices of Intent to Sue, and one hundred twenty (120) were supplements to Notices of Intent to Sue that had already been submitted. Of the 3,347, 871 were compliant with the MSAs requirements and were sent to BP for a mediation decision, 2,114 contained Defects that could be corrected by the Class Member, 241 were denied, and one hundred twenty-one (121) were pending review.

<b>TABLE 5: NOTICES OF INTENT TO SUE</b>		
	<b>Reporting Period</b>	<b>Total</b>
Total Notices of Intent to Sue Filed	2,752	3,467
Original Notices of Intent to Sue Filed	2,695	3,347
Subsequent Notices of Intent to Sue Filed	57	120
Notices of Intent to Sue Approved	695	871
Notices of Intent to Sue Denied	54	241
Notices of Intent to Sue Deficient <sup>5</sup>	1,829	2,114
Notices of Intent to Sue Under Review	117	121

Of the 241 claims denied through the end of the Reporting Period, ninety-nine percent (99%) were denied because the conditions claimed were diagnosed on or before April 16, 2012 and therefore could not be claimed as Later-Manifested Physical Conditions. The other reasons for denial included, among other things, that the claim was precluded by a previously filed workers' compensation claim.

Of the 2,114 defective claims to date, the three (3) most common material Defects are as follows:

- “Identification of BP defendants in Section VII is missing”;
- “You must provide medical records indicating a date of diagnosis that is after April 16, 2012 or a completed Physician’s Certification Form”; and
- “The date on which the claimed Later-Manifested Physical Condition(s) were first diagnosed in Section VI.A.2 is missing.”

Of the 871 compliant Notices of Intent to Sue sent to BP for a mediation decision, BP elected to mediate none of the claims, declined to mediate two hundred ten (210) of the claims, and is still considering whether to elect mediation on six hundred sixty-one (661) of the claims. With respect to the two hundred ten (210) claims that BP declined to mediate, the Class Members holding those claims became eligible to file them as Back-End Litigation Option

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<sup>5</sup> Class Members who cure Defects within their original Notice of Intent to Sue will then be classified as “Approved” or “Denied” in future reporting, based on the responses received.

Lawsuits once BP declined mediation. As of the end of the Reporting Period, Class Members had filed Back-End Litigation Option Lawsuits on twenty (20) of those claims, were still within the time period for filing a Back-End Litigation Option Lawsuit for one hundred fifty-five (155) of those claims, and did not file a Back-End Litigation Option Lawsuit by the deadline for thirty-five (35) of those claims.

<b>TABLE 6: COMPLIANT NOTICES OF INTENT TO SUE</b>		
<b>Mediation Elections</b>	<b>Reporting Period</b>	<b>Total</b>
Later-Manifested Physical Condition Claims for Which at Least One BP Defendant Elected Mediation	0	0
Later-Manifested Physical Condition Claims Pending a Decision from One or More BP Defendants Regarding Mediation	660	661
Later-Manifested Physical Condition Claims for Which No BP Defendants Elected Mediation	142	210
<b>TOTAL:</b>	<b>802</b>	<b>871</b>
<b>Results of Mediation</b>	<b>Reporting Period</b>	<b>Total</b>
Later-Manifested Physical Condition Claims Settled by Mediation	0	0
Later-Manifested Physical Condition Claims Settled by Mediation as to One but Not All BP Defendants Listed in the Notice of Intent to Sue	0	0
Later-Manifested Physical Condition Claims Mediated but Not Settled	0	0
<b>TOTAL CLAIMS MEDIATED:</b>	<b>0</b>	<b>0</b>
<b>Back-End Litigation Option Lawsuit</b>	<b>Reporting Period</b>	<b>Total</b>
Total Claims That Have Been Eligible to Be Filed as Back-End Litigation Option Lawsuits <sup>6</sup>	N/A	210
Total Eligible Claims Filed as Back-End Litigation Option Lawsuits	N/A	20
Total Eligible Claims Still Within Time Period for Filing as	N/A	155

<sup>6</sup> This number is the sum of the “Later-Manifested Physical Condition Claims for Which No BP Defendant Elected Mediation” and the “Later-Manifested Physical Condition Claims Mediated but Not Settled.”

Back-End Litigation Option Lawsuits		
Total Eligible Claims Not Filed as Back-End Litigation Option Lawsuits by Deadline	N/A	35

**V. CLASS MEMBER SERVICES CENTER ACTIVITY**

The Claims Administrator operates a Class Member Services Center to communicate with Class Members and their attorneys and to assist them with filing their claims. During the Reporting Period, the Class Member Services Center received 2,587 telephone calls. Since opening, the Class Member Services Center has received a total of 215,084 telephone calls. The Class Member Services Center handled an average of forty (40) calls per day. The average length of each telephone call was seven minutes and forty-eight seconds, with an average wait time of two minutes and two seconds.

<b>TABLE 7: CLASS MEMBER SERVICES CENTER</b>		
	<b>Reporting Period</b>	<b>Total</b>
Calls Received	2,587	215,084
Average Length of Call (min:sec)	7:48	6:39
Average Wait Time (min:sec)	2:02	0:48
Emails Received	0	3,121
Walk-Ins	0	739

**VI. PERIODIC MEDICAL CONSULTATION PROGRAM**

**A. Class Members Eligibility for and Participation in the PMCP**

During the Reporting Period, the Claims Administrator approved 215 claims for participation in the PMCP and mailed sixty-five (65) PMCP Notices of Determination. Since the inception of the Settlement, the total number of Class Members receiving a PMCP Notice of Determination is 27,336. The Claims Administrator received requests for and scheduled 122 physician visits during the Reporting Period, and Class Members attended 94 appointments in the Reporting Period.

<b>TABLE 8: PERIODIC MEDICAL CONSULTATION PROGRAM</b>		
	<b>Reporting Period</b>	<b>Total</b>
Class Members Approved to Receive Physician Visits <sup>7</sup>	215	27,687
PMCP Notices of Determination Sent	65	27,336
Physician Visits Requested and Scheduled	122	3,473
Appointments Attended by Class Members	94	3,447
Annual Update Letters Sent to Class Members	4,407	43,087

### **B. Provider Network**

During the Reporting Period, the Claims Administrator did not add any medical provider organizations to its network of providers established to provide certain covered services to Class Members who participate in the PMCP; the total number of medical provider organizations remains at 205. These medical provider organizations represent 478 service delivery sites. Consistent with the most recent quarterly report, eighty-eight percent (88%) of eligible Class Members who have requested a PMCP evaluation resided within twenty-five (25) miles of a network provider at the conclusion of the Reporting Period. The Claims Administrator continues to expand the medical provider network in its efforts to ensure that no Class Member will have to wait more than thirty (30) days or travel more than twenty-five (25) miles for an appointment.

## **VII. GULF REGION HEALTH OUTREACH PROGRAM**

### **A. Funding and Coordinating Committee Activities**

In accordance with Section IX of the MSA, the Gulf Region Health Outreach Program (“GRHOP”) was established in May 2012 to expand capacity for and access to high quality, sustainable, community-based healthcare services, including primary care, behavioral and mental health care and environmental medicine, in the Gulf Coast communities in Louisiana, Mississippi, Alabama, and the Florida Panhandle. The program consists of five (5) integrated

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<sup>7</sup> The total physician visits will exceed the total number of Class Members qualified for the PMCP benefit, as Class Members may be referred to specialists and will eventually be eligible for subsequent primary visits.

projects: the Primary Care Capacity Project (“PCCP”), Community Involvement (“CI”), the Mental and Behavioral Health Capacity Project (“MBHCP”), the Environmental Health Capacity and Literacy Project (“EHCLP”), and the Community Health Workers Training Project (“CHWTP”). As of the end of the Reporting Period, the Claims Administrator disbursed \$104,713,294 to the projects, as detailed in the chart below.

<b>TABLE 9: GRHOP</b>	
<b>Project</b>	<b>Funding to Date</b>
Primary Care Capacity Project	\$46,655,925
Community Involvement	\$3,213,491
Mental and Behavioral Health Capacity Project ((Louisiana State University Health Sciences Center)	\$14,359,145
Mental and Behavioral Health Capacity Project (University of Southern Mississippi)	\$8,256,486
Mental and Behavioral Health Capacity Project (University of South Alabama)	\$8,256,489
Mental and Behavioral Health Capacity Project (University of West Florida)	\$5,025,696
Environmental Health Capacity and Literacy Project	\$14,957,416
Community Health Workers Training Project	\$3,988,646
<b>TOTAL:</b>	<b>\$104,713,294</b>

The final disbursement was made in May 2016, which accounted for an eighteen (18) month low-cost extension of the GRHOP, as agreed upon by the Parties and Coordinating Committee members. All projects, except for Community Involvement,<sup>8</sup> will participate in this extension period. Estimated administrative costs during the extension period, totaling \$286,706, were accounted for by the Claims Administrator, with all projects contributing to these costs. Therefore, the May 2016 disbursement brought the total funding to the GRHOP to \$104,713,294.

The GRHOP is governed by a Coordinating Committee that continues to function in a cooperative and integrated manner, with quarterly in-person meetings around the Gulf Coast, as

<sup>8</sup> Community Involvement chose not to participate in the eighteen (18) month low-cost extension.

well as monthly conference calls. These quarterly meetings offer the grantees the opportunity to share their progress, discuss challenges faced, and collaborate with their partners to work through issues that affect the GRHOP as a whole.

The Claims Administrator held a quarterly meeting on January 19, 2018, in New Orleans, Louisiana.<sup>9</sup> This meeting covered the activities of two (2) of the five (5) GRHOP subcommittees — the Publication and Evaluation Subcommittees.<sup>10</sup> Writing groups met to review manuscripts and to advance GRHOP’s focus this year on dissemination and publications.

In addition to administering the conferences and quarterly meetings for the GRHOP Coordinating Committee, the Claims Administrator continues to manage the GRHOP website. The website launched on July 3, 2014 and can be publicly accessed at [www.grhop.org](http://www.grhop.org). The website contains detailed descriptions and notable accomplishments of each project, as well as information regarding the GRHOP Coordinating Committee, news/events, and publications.

## **B. GRHOP Project Updates**

The GRHOP projects have made substantial progress in achieving the goals set forth in their Grant Proposals. Some notable accomplishments of the projects include:

- The **Primary Care Capacity Project**, led by the Louisiana Public Health Institute (“LPHI”), which has:
  - Through the Technical Assistance (“TA”) team, completed the engagement with Coastal Family Health Center in piloting the Medicare Chronic Care Management program. The team prepared and delivered a final report to the Coastal project team describing the activities and results of the pilot and provided recommendations for future improvement;
  - Engaged with three (3) community health centers in the New Orleans area to provide financial and/or technical support for implementation of the Azara analytics platform;

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<sup>9</sup> The Claims Administrator held its next quarterly meeting on April 20, 2018 in New Orleans, LA. The Claims Administrator will report on that meeting in its next status report. The remaining quarterly meetings for 2018 will be held on July 27<sup>th</sup> and October 19<sup>th</sup>.

<sup>10</sup> The five (5) GRHOP subcommittees include: the Data Sharing Subcommittee, Evaluation Subcommittee, Health Promotions Subcommittee, Newsletter Subcommittee, and Publication Subcommittee. These subcommittees were formed during the July 31, 2014 quarterly meeting.

- Completed evaluation of the Regional Care Collaborative (“RCC”) held on December 12-13, 2017. Participants consistently emphasized the value that the RCC offered in support of their work and strategic aims;
- Conducted a project closeout meeting with Emergency Management Initiative design and implementation partners;
- Extended an agreement with the Mississippi Public Health Institute through February 2018 to support the Mississippi Health Information Network in continuing the care coordination project; and
- Continued to confer with GRHOP partners, the PCCP funded state partners and local public health officials to coordinate local efforts and identify opportunities for leveraging among partners.
- **Alliance Institute’s** outreach on behalf of the GRHOP and its partners has reached over 1,500 individuals across Louisiana, Mississippi, Alabama, and Florida. Alliance Institute, the grantee responsible for Community Involvement, concluded its grant on April 30, 2017.
- The **Environmental Health Capacity and Literacy Project** (“EHCLP”), with its grantee being Tulane University, has achieved the following:
  - Occupational and Environmental Health Specialty Network:
    - Dr. Gary Loy, a clinician with the Association of Occupational and Environmental Clinics (“AOEC”), was the keynote speaker for PanCare of Florida’s annual staff training day. He spoke on *Reproductive Environmental Health Concerns in the Gulf Coast Region*, one of the case studies developed by EHCLP.
  - Training and Leadership Development:
    - Emerging Scholars Environmental Health Sciences Academy personnel presented a poster at the Gulf of Mexico Oil Spill and Ecosystem Science conference in New Orleans, Louisiana in early February, 2018.
  - Community Resilience and Family Wellness
    - Tulane Building Early Relationships Support and Services (“TBEARS”) served nineteen (19) families, with a total of twenty-three (23) home or clinic visits and eleven (11) phone and/or warmline sessions. In addition, the program served thirty (30) families through parent education support groups.
    - EHCLP started preliminary analysis of the final evaluations that were submitted by eight (8) sub-awardees of the Community Health Workers (“CHW”) Placement Program. The project finalized their manuscript on CHW core

competencies, and began development of a manuscript based on 2017 site visit data.

- EHCLP and a GRHOP CHW presented during a webinar hosted by the Partnerships for Environmental Public Health of the National Institute of Environmental Health Sciences on March 2, 2018.
- The **Community Health Workers Training Project**, directed by the University of South Alabama's Coastal Resource and Resiliency Center ("CRRC"), concluded its grant on December 31, 2017.
- The **Mental and Behavioral Health Capacity Project**, implemented by a coalition of four (4) academic institutions (Louisiana State University Health Sciences Center ("MBHCP-LA"), the University of Southern Mississippi ("MBHCP-MS"), the University of South Alabama ("MBHCP-AL"), and the University of West Florida ("MBHCP-FL")), has achieved the following:
  - MBHCP-LA has:
    - Made progress towards sustainable collaborative care in the Federally Qualified Health Centers ("FQHC") and Community Clinics by finalizing contracts that will allow for sustainability and enhancement of services through FQHCs in multiple Louisiana parishes;
    - Continued to grow the Perinatal Maternal and Infant Health program at the University Medical Center Maternal Fetal Medicine Clinic. Plans were developed for an in-home telepsychiatry program to provide increased continuity of care and support for the mothers and families; and
    - Continued to package and deliver an inter-professional, culturally tailored, stepped-care collaborative model of mental and behavioral health care. Services were provided to meet acute, ongoing, and emergency behavioral health needs at FQHCs and community clinics. They included psychiatric and psychological therapeutic services for adults and children, and were delivered onsite and via telepsychiatry with 24/7 availability of consultations to primary care clinicians.
  - MBHCP-MS has achieved the following:
    - The Mississippi Integrated Health and Disaster Program ("M-IHDP") Administration and a social worker team leader in Jackson County collaborated with the FQHC to establish workflow, referral, and documentation requirements to provide mental health services in the Moss Point school district.
    - Training for staff continued on topics related to integrated care. In March, staff participated in training focused on Hepatitis C and other infectious diseases.

- Social work team leaders began helping with the FQHC’s Patient Assistance Program (“PAP”). The PAP assists low-income, uninsured, and underinsured patients gain access to prescriptions at a reduced cost or no cost.
- The Clinical Director collaborated with the FQHC Clinical Quality Director to develop and implement a new template within the electronic record to improve workflow and documentation requirements for Chronic Care Management Medicare services.
- The M-IHDP social workers continued to collect data on specific interventions provided to patients within the FQHC. The collected data will be used to link interventions to improvements in health outcomes, as well as to guide training, improve the use of effective interventions, and to inform integrated care projects.
- MBHCP-AL has:
  - Completed over 3,500 individual patient encounters, and conducted over 200 chart reviews;
  - Conducted a workshop on Chronic Disease Management to twenty-two (22) participants from the Mobile County Health Department (“MCHD”) and the University of South Alabama (“USA”) Family Medicine Department;
  - Gave eight (8) talks and presented a poster at a national conference; published two (2) papers and a transcribed podcast; and
  - Restarted data collection for the research project evaluating the prevalence of intimate partner violence (“IPV”) at the Women’s Center of the MCHD. This project serves as a first step in the development of a protocol for regular IPV screening.
- MBHCP-FL concluded its grant on September 30, 2017.

C. **GULF REGION HEALTH OUTREACH PROGRAM LIBRARY**

In accordance with Section IX.H of the MSA, the Claims Administrator has established a publicly accessible online library, which exists as a repository of information regarding information related to the health effects of the *Deepwater Horizon* incident, including, but not limited to: (a) the composition, quantity, fate, and transport of oil, other hydrocarbons, and other substances released from the MC252 Well and the *Deepwater Horizon* and the dispersants and contaminants used in Response Activities; (b) health risks and health studies relating to exposure

to oil, other hydrocarbons, and other substances released from the MC252 Well and the *Deepwater Horizon* and the dispersants and decontaminants used in Response Activities; (c) the nature, content, and scope of *in situ* burning performed during the Response Activities; and (d) occupational safety, worker production, and preventative measures for Clean-up Workers.

The library houses over 197,000 relevant documents, each tagged with a specific search category based on the type of information identified within the MSA. The Claims Administrator will continue to add Library Materials in accordance with the MSA.

Respectfully submitted,

*DEEPWATER HORIZON* MEDICAL BENEFITS  
CLAIMS ADMINISTRATOR

By: /s/ Matthew L. Garretson  
Matthew L. Garretson

**CERTIFICATE OF SERVICE**

I hereby certify that the above and foregoing document has been served on All Counsel by electronically uploading the same to Lexis Nexis File & Serve in accordance with Pretrial Order No. 12, and that the foregoing was electronically filed with the Clerk of Court of the United States District Court for the Eastern District of Louisiana by using the CM/ECF System, which will send a notice of the electronic filing in accordance with the procedures established in MDL 2179, on this 15th day of June, 2018.

Respectfully submitted,

/s/ Matthew L. Garretson

Matthew L. Garretson