Case 2:13-cv-00568-GEB-KJN Cournent 1-1 Filed 03/22/13 Page 1 of 1

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS Consolidated Tribal Health Project, Inc.				DEFENDANTS U.S. Dep't of Health and Human Services, Kathleen Sebelius, Secretary; U.S. Indian Health Service, Yvette Roubideaux, Director; United States of America					
(b) County of Residence of First Listed Plaintiff Mendocino				County of Residence of First Listed Defendant					
(EXCEPT IN U.S. PLAINTIFF CASES)				(IN U.S. PLAINTIFF CASES ONLY)					
(c) Attorneys (Firm Name, Address, and Telephone Number)				NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.  Attorneys (If Known)					
								Adam P. Bailey; Hobbs, \$ 1903 21st St., 3rd Floor;	
Phone: (916) 442-9444 E									
II. BASIS OF JURISDI	CTION (Place an "X" in O	ne Box Only)		TIZENSHIP OF P	RINCIPA	L PARTIES	Place an "X" in ( and One Box fo.		
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				en or Subject of a  reign Country	3 🗖 3	Foreign Nation		<b>1</b> 6	□ 6
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☐ 240 Torts to Land					26 USC 7609		State Sta	atutes	
☐ 245 Tort Product Liability ☐ 290 All Other Real Property	Accommodations  445 Amer. w/Disabilities -	☐ 530 General ☐ 535 Death Penalty		IMMIGRATION					
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VII. REQUESTED IN		N I	DEMAND \$	CHECK YES only if demanded in complaint:			nt:		
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14	UNITED STATES DISTRICT COURT							
15	EASTERN DISTRICT OF CALIFORNIA							
16								
17	CONSOLIDATED TRIBAL HEALTH Case No.							
18	PROJECT, INC.							
19	Plaintiff	COMPLAINT						
20	v.							
21	UNITED STATES OF AMERICA,							
22	KATHLEEN SEBELIUS, in her official							
23	capacity as Secretary, U.S. Department of Health & Human Services							
24	YVETTE ROUBIDEAUX, in her official							
25	capacity as Director, Indian Health Service							
26	Defendants.							
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28								
		COMPLAINT						

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## **COMPLAINT**

The Plaintiff, for its cause of action against the Defendants named above, alleges as follows:

# INTRODUCTION AND SUMMARY

- 1. This is a suit against the United States for breach of contract and statute by the Indian Health Service ("IHS"), an agency in the Department of Health and Human Services ("HHS"). Plaintiff, the Consolidated Tribal Health Project, Inc. ("CTHP"), seeks money damages under the Contract Disputes Act, 41 U.S.C. § 7101 et seq. ("CDA"), based on the Secretary's repeated violations of CTHP's contractual and statutory right to the payment of full funding of contract support costs ("CSC") for contracts entered under the Indian Self-Determination and Education Assistance Act ("ISDEAA"), Pub. L. No. 93-638, as amended, 25 U.S.C. § 450 et seq.
- 2. Defendants breached CTHP's contract by failing to pay the full CSC owed to CTHP under the ISDEAA and CTHP's contract and annual funding agreements ("AFAs") for fiscal year 2005 and calendar years 2006-2008.<sup>1</sup>
- 3. Defendants paid only a portion of the CSC owed under CTHP's contracts, due to Defendants' misapplication of federal contracting and appropriations law. In the appropriations acts each year, Congress imposed "caps" on aggregate CSC spending, which Defendants believed allowed them to underfund CTHP's contracts. This resulted in CSC "shortfalls," which IHS calculated for each of the years from 2005 to 2008 and reported to Congress.
- 4. The Supreme Court found Defendants' practice unlawful, holding that IHS is responsible for fully funding ISDEAA contracts—including all of the required CSC—without regard to congressionally instituted caps on CSC funding as a whole. *Salazar v. Ramah Navajo Chapter*, 567 U.S. \_\_\_\_, 132 S. Ct. 2181 (2012). As long as there are sufficient appropriations to cover an individual contract's costs—even if there is not enough to fully fund all contracts—the Government's obligation to fully pay each individual contract remains. In the Court's words, "The

1	CTHP changed	its accounting p	eriod from a	a fiscal year o	of October 1	l – September	30 to a ca	alendar
	ne end of 2005.			_		-		

agency's allocation choices do not affect the Government's liability in the event of an underpayment." *Ramah*, 132 S. Ct. at 2192, citing *Cherokee Nation of Okla. v. Leavitt*, 543 U.S. 631, 641 (2005).

5. CTHP's claims are indistinguishable from those in *Ramah*. The IHS received sufficient funds in each year at issue to fully pay CTHP's CSC, although Congress limited the aggregate amount of funding for all CSC at the agency. The shortfall in CSC owed to CTHP is a result of the agency's allocation choices, but the Government remains liable for payment of the full amount.

### **JURISDICTION AND VENUE**

- 6. This controversy arises under agreements between the United States and CTHP for operation of Indian health programs carried out pursuant to ISDEAA contracts and funding agreements. This Court has subject matter jurisdiction under the Tucker Act, 28 U.S.C. § 1491(a), and the Indian Tucker Act, 28 U.S.C. § 1505, as well the ISDEAA and the CDA. See 25 U.S.C. § 450m-1(a) (providing original jurisdiction to United States district courts, concurrent with the Court of Federal Claims, over civil actions for money damages arising under ISDEAA contracts).
- 7. On September 29, 2011, CTHP requested an IHS contracting officer's decision on claims for underpaid CSC for fiscal year 2005 and calendar years 2006, 2007, and 2008. A contracting officer denied the claim for 2005 in a letter dated March 27, 2012, and the claims for 2006, 2007, and 2008 in letters dated March 30, 2012. Thus, CTHP has exhausted its administrative remedies for its claims from 2005-2008, and filed this action within twelve months of receiving the decisions, as required by the CDA. 41 U.S.C. § 7104(b).
- 8. This court has jurisdiction to review IHS's decisions denying CTHP's claims for 2005-2008 under the CDA and Section 110 of the ISDEAA. 41 U.S.C. § 7104(b); 25 U.S.C. § 450m-1(a).
- 9. Venue is proper because the IHS California Area Office, which serves CTHP and other tribes in California, is located in Sacramento, California, and IHS CSC policy, as applied to CTHP, was carried out by the IHS California Area Office.

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### **PARTIES**

- 10. Plaintiff CTHP is a consortium of nine Indian tribes organized to provide health services to tribal members and other beneficiaries in Mendocino County, California. CTHP operates an ambulatory care clinic in Redwood Valley, California that provide medical, dental, and behavioral health services pursuant to its agreements with IHS under the ISDEAA.
- 11. Defendant United States is a party to every ISDEAA agreement entered into by CTHP. See 25 U.S.C. § 450l(c) (Model Agreement § 1(a)(1)).
- 12. Defendant Kathleen Sebelius is the Secretary of Health and Human Services, and is charged by law with the responsibility for implementing the ISDEAA, and other health laws benefiting Indians, on behalf of the United States. 25 U.S.C. § 450f(a)(1); *id.* § 450b(i); 42 U.S.C. § 2001. Defendant Sebelius is sued in her official capacity.
- 13. Defendant Yvette Roubideaux is the Director of IHS, the primary agency that carries out HHS's responsibility for implementing the ISDEAA, and other health laws benefiting Indians, on behalf of the United States. *See* 25 U.S.C. § 1661. Defendant Roubideaux is sued in her official capacity

# STATEMENT OF FACTS

# The ISDEAA

14. During fiscal year 2005, CTHP provided health services to eligible Indians and other eligible beneficiaries pursuant to agreements entered into with the Secretary of the HHS and IHS under Title I of the ISDEAA, 25 U.S.C. § 450 et seq. In calendar years 2006, 2007, and 2008, CTHP provided health care services pursuant to a Self-Governance Compact and Funding Agreements authorized by Title V of the ISDEAA. *See* 25 U.S.C. § 458aaa *et seq*. For the purposes of this action, there is no relevant difference between Title I and Title V agreements. *See* 25 U.S.C. § 450j-1(a) (Title I provision governing funding, including for CSC); *id.* § 458aaa-15(a) (Title V provision stating that "[a]ll provisions of sections . . . 450j-1(a) through (k) . . . of this title . . . shall apply to compacts and funding agreements authorized by this part").

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25 U.S.C. § 450j-1(a)(2).

15. The ISDEAA authorizes CTHP and other tribal organizations to assume responsibility to provide programs, functions, services and activities ("PFSAs") that the Secretary would otherwise be obligated to provide. In return, the Secretary must provide CTHP two types of funding under Section 106(a) of the ISDEAA: (1) "program" funds, the amount the Secretary would have provided for the PFSAs had IHS retained responsibility for them, see 25 U.S.C. § 450j-1(a)(1), sometimes called the "Secretarial amount" or the "106(a)(1) amount"; and (2) "contract support costs," the reasonable administrative and overhead costs associated with carrying out the PFSAs, see id. § 450j-1(a)(2) and (3). See also id. § 450l(c), Model Agreement § 1(b)(4) (funding amount "shall not be less than the applicable amount determined pursuant to section 106(a) of the [ISDEAA]").

16. There are three types of CSC: (1) start-up costs, which are one-time costs to plan, prepare for and assume operation of a new or expanded PFSA, see 25 U.S.C. § 450j-1(a)(5) & (6); (2) indirect costs, costs incurred for a common or joint purpose benefiting more than one PFSA, such as administrative and overhead costs, see id. § 450j-1(a)(2); and (3) direct CSC ("DCSC"), expenses directly attributable to a certain PFSA but not captured in either the indirect cost pool or the 106(a)(1) amount, such as workers compensation insurance or other expenses the Secretary would not have incurred because, for example, the Government is self-insured, see id. § 450j-1(a)(3)(A).

<sup>2</sup> Section 106(a)(2) of the ISDEAA mandates as follows:

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There shall be added [to the 106(a)(1) amount] contract support costs which shall consist of an amount for the reasonable costs for activities which must be carried on by a tribal organization as a contractor to ensure compliance with the terms of the contract and prudent management, but which-

<sup>(</sup>A) normally are not carried on by the respective Secretary in his direct operation of the program; or

<sup>(</sup>B) are provided by the Secretary in support of the contracted program from resources other than those under contract.

- 17. The ISDEAA requires that, upon approval of the contract, "the Secretary shall add the full amount of funds to which the contractor is entitled [under section 106(a) of the ISDEAA]," including CSC. 25 U.S.C. § 450j-1(g) (emphasis added); see also Cherokee Nation, 543 U.S. at 634 ("The [ISDEAA] specifies that the Government must pay a tribe's costs, including administrative expenses."). As noted above, one component of the required CSC under section 106(a) is indirect cost funding, which covers administrative and overhead costs, allowing all program funds to be used to provide health care PFSAs for tribal members and other beneficiaries.
- 18. For CTHP, the "full amount" of indirect costs was (and is) determined by multiplying a negotiated indirect cost rate by the amount of the direct cost base. CTHP's indirect cost rate, direct cost base, resulting indirect cost requirement, and any shortfall in funding was memorialized in the CSC "shortfall reports" IHS prepared for Congress each year in accordance with the ISDEAA, as discussed further below. *See* 25 U.S.C. § 450j-1(c).

# The CSC Shortfalls and the Ramah Case

- 19. Despite the ISDEAA's requirements that the Secretary shall pay the full amount of CSC, IHS has not done so. Since at least fiscal year 1993, IHS has underpaid the vast majority of ISDEAA contractors, as documented in the agency's annual CSC "shortfall reports" to Congress. IHS prepares the shortfall reports in compliance with ISDEAA section 106(c), which requires that the agency submit to Congress an annual report on the implementation of the ISDEAA, including:
  - (1) an accounting of the total amounts of funds provided for each program and the budget activity for direct program costs and contract support costs of tribal organizations under self-determination;
  - (2) an accounting of any deficiency in funds needed to provide required contract support costs to all contractors for the fiscal year for which the report is being submitted . . . .
- 25 U.S.C. § 450j-1(c). Each IHS Area Office, including the California Area, prepares a shortfall report that shows how much each tribe and tribal organization in the Area was paid in CSC for the fiscal year, how much IHS would have paid had Congress appropriated sufficient CSC funding to pay every ISDEAA contractor in full, and the resulting shortfall, if any. The reports reflect the data in the contracts, funding agreements, and indirect cost

rate agreements of tribal contractors.

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20. Though the form of the shortfall reports has varied somewhat over the years, the essential information in the reports used to calculate the shortfalls has remained the same: the total CSC requirement minus the actual CSC paid by IHS equals the CSC shortfall, which is reported to

- 21. Prior to fiscal year 1998, Congress imposed no statutory restriction on availability of CSC, but IHS limited its payment to the amounts recommended in congressional committee reports. In 2005, the U.S. Supreme Court held this practice unlawful, ruling that the appropriations available to pay tribes the full CSC due under section 106(a) and their contracts included IHS's entire unrestricted lump-sum appropriation. Cherokee Nation, 543 U.S. at 642-43 (2005). The Court held that IHS should have reprogrammed funds to pay the Cherokee the full CSC due under its contracts.
- 22. Despite the *Cherokee* ruling, Defendants continued their practice of paying less than full CSC to ISDEAA contractors. Defendants justified the systematic underpayment of CSC by pointing to the CSC spending "caps" Congress has placed in the appropriations acts each year beginning in fiscal year 1998. See, e.g., Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999, Pub. L. No. 105-277, 112 Stat. 2681, 2681–279 (1998) ("not to exceed \$203,781,000 shall be for payments to tribes and tribal organizations for contract or grant support costs associated with [ISDEAA] contracts").
- 23. In 2012, the U.S. Supreme Court considered the Government's responsibility to fully fund CSC after Congress placed a cap on the amount of funding available for CSC. Echoing its reasoning in *Cherokee*, the Court held that—even if Congress appropriates insufficient funds to cover the aggregate amount due to every contractor, but enough to pay any individual contractor's CSC—the government is obligated to pay each contractor's CSC in full. Ramah, 132 S. Ct. at  $2186.^{3}$

<sup>&</sup>lt;sup>3</sup> "Once Congress has appropriated sufficient legally unrestricted funds to pay the contracts at issue, the Government normally cannot back out of a promise to pay on grounds of 'insufficient appropriations,' even if the contract uses language such as 'subject to the availability of appropriations,' and even if an

24. The Court explicitly rejected arguments that the Government is not liable for full CSC because Congress did not appropriate sufficient funding for all CSC, and that the ISDEAA states that the Secretary "is not required to reduce funding for programs, projects, or activities serving a tribe to make funds available to another tribe." *Ramah*, 132 S. Ct. at 2192, quoting 25 U.S.C. § 450j-1(b). The Court found this idea was "inconsistent with ordinary principles of Government contracting law," and that the "agency's allocation choices do not affect the Government's liability in the event of an underpayment." *Id.*<sup>4</sup>

25. CTHP was one of the tribal contractors underpaid in 2005-2008 as a result of IHS's allocation choices. According to the agency's own CSC shortfall reports, CTHP suffered significant CSC underpayments in 2005, 2006, 2007, 2008. The shortfalls documented in the reports for those years are summarized in the following table:

**Table 1: Shortfall Summary** 

Year	Total Requirement (\$)	Total Paid (\$)	Shortfall (\$)
2005	1,308,448	834,903	473,545
2006	1,406,527	908,060	498,467
2007	1,505,595	1,022,328	483,267
2008	1,587,260	1,013,155	574,105
TOTAL			2,029,384

26. CTHP presented claims based on the breaches of contract described above in letters to IHS dated September 29, 2011. The IHS denied the claims for 2005 in a letter dated March 27, 2012 and the claims for 2006-2008 in letters dated March 30, 2012.

agency's total lump-sum appropriations is insufficient to pay *all* the contracts the agency has made." *Ramah*, 132 S. Ct. at 2190 (internal quotations omitted) (emphasis in the original).

<sup>&</sup>lt;sup>4</sup> The *Ramah* decision concerned CSC from the Bureau of Indian Affairs ("BIA"), but after that decision, the Court vacated a Federal Circuit case involving IHS that had reached a contrary conclusion. On remand, the Federal Circuit followed *Ramah*, noting the IHS appropriations were limited by identical language as the BIA appropriations in *Ramah*, and held the Secretary was obligated to pay all of the tribal contractor's CSC. *Arctic Slope Native Ass'n, Ltd. v. Sebelius*, 2012 WL 3599217, No. 2010-1013 (Fed. Cir. Aug 22, 2012) on remand from Arctic Slope Native Ass'n, Ltd. v. Sebelius, 133 S. Ct. 22 (2012), vacating 629 F.3d 1296 (Fed. Cir. 2010).

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# Indirect Costs on Unpaid Direct CSC

- 27. The IHS CSC shortfall reports discussed above break out the shortfalls into underpayments of direct CSC and, in a separate column, indirect CSC. As discussed above, direct CSC comprises expenses directly attributable to a certain program or activity but not captured in either the indirect cost pool or the program amount due under section 106(a)(1). Direct CSC is part of the direct cost base, and thus generates indirect cost funding through application of the "rate-times-base" method described in paragraph 18 above. See IHS, INDIAN HEALTH MANUAL § 6-3.4.E (2007) ("The DCSC, along with other Section 106(a)(1) funds, will be considered part of the recurring base of the award.").
- 28. Underpayments of direct CSC, therefore, lower CTHP's indirect cost funding as well. The IHS shortfall reports, however, do not capture this additional indirect cost shortfall, because the agency added to the direct cost base column only the amount of direct CSC paid, not the amount from the "DCSC Negotiated" column.
- 29. The unpaid indirect costs on unpaid direct CSC must also be considered as damages. This amount can be determined each year by multiplying the negotiated indirect cost rate by the direct CSC shortfall memorialized in that year's CSC shortfall report.

# Expectancy Damages: Lost Third-Party Revenues

- 30. These described breaches of contract also damaged CTHP through the loss of thirdparty revenues. CTHP generates significant revenue from billing Medicaid, Medicare, and private insurance for health care services provided with IHS funding under CTHP's ISDEAA agreements.
- 31. As a result of IHS's underfunding of CSC in each year, CTHP was forced to divert program funds to cover fixed administrative and overhead expenses, reducing the amounts available to provide health care services, some of which could have been billed to third parties.
- 32. CTHP's third-party collection rate for each year can be determined by dividing the amounts collected—which can be determined from the annual audit—by the total IHS program

<sup>&</sup>lt;sup>5</sup> See 25 U.S.C. § 450j-1(a)(3)(A).

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funding for that year. For example, in CY 2006, for every dollar of IHS funding spent, CTHP recovered 47 cents in third-party billings—revenue used to provide further health care services to members of CTHP's constituent tribes and other eligible beneficiaries. The amount of lost third-party revenues for each year can be estimated by multiplying that year's collection rate by the CSC shortfall.

33. Diversion of program money, and the resulting loss of third-party revenue, was a foreseeable consequence of the CSC underpayments. IHS has long known that CSC shortfalls force tribes to divert program funds.<sup>6</sup>

## **CAUSE OF ACTION – Breach of Contract**

- 34. All prior allegations are adopted by reference.
- 35. CTHP's contracts incorporate the statutory duty to fully fund CSC. 25 U.S.C. § 450j-1(a) & (g). This duty was affirmed by the Supreme Court in *Ramah*, which other courts have followed. Despite this statutory and contractual duty, during the years in question, IHS failed to provide the full funding due under the Contract.
- 36. Instead, IHS paid significantly less than its full CSC requirement in fiscal year 2005 and calendar years 2006-2008, as acknowledged in IHS's own shortfall reports. In doing so, IHS violated the ISDEAA's requirement of full payment from available appropriations without regard to total appropriations or any congressionally imposed aggregate caps, as affirmed by the Supreme Court in *Ramah*, and breached its agreements with CTHP, which incorporate the full-funding requirement of section 106(a).

# Claim 1: 2005

37. As indicated in IHS's own shortfall report, CTHP's indirect CSC requirement for 2005 was \$1,308,448, yet IHS paid only \$834,903. Therefore, CTHP asserts a claim under the ISDEAA and the Contract in the amount of \$473,545, plus indirect costs on unpaid direct CSC, plus expectancy and other damages in an amount to be established by the evidence.

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COMPLAINT

<sup>&</sup>lt;sup>6</sup> See, e.g., U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-99-150, INDIAN SELF-DETERMINATION ACT: SHORTFALLS IN INDIAN CONTRACT SUPPORT COSTS NEED TO BE ADDRESSED 40-41 (1999) (describing use of medical program resources to cover CSC shortfalls).

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Claim	2:	20	106

38. As indicated in IHS's own shortfall report, CTHP's indirect CSC requirement for 2006 was \$1,406,527, yet IHS paid only \$908,060. Therefore, CTHP asserts a claim under the ISDEAA and the Contract in the amount of \$498,467, plus indirect costs on unpaid direct CSC, plus expectancy and other damages in an amount to be established by the evidence.

# Claim 3: 2007

39. As indicated in IHS's own shortfall report, CTHP's CSC requirement for 2007 was \$1,505,595, yet IHS paid only \$1,022,328. Therefore, CTHP asserts a claim under the ISDEAA and the Contract in the amount of \$483,267, plus indirect costs on unpaid direct CSC, plus expectancy and other damages in an amount to be established by the evidence.

# Claim 4: 2008

40. As indicated in IHS's own shortfall report, CTHP's CSC requirement for 2008 was \$1,587,260, yet IHS paid only \$1,013,155. Therefore, CTHP asserts a claim under the ISDEAA and the Contract in the amount of \$574,105, plus indirect costs on unpaid direct CSC, plus expectancy and other damages in an amount to be established by the evidence.

### PRAYER FOR RELIEF

- 41. The Plaintiff therefore requests that this Court:
  - A. Award CTHP **\$2,029,384** in damages for unpaid CSC, as detailed in the IHS CSC shortfall reports, Table 1, and paragraphs 37-40 above;
  - B. Award damages for indirect costs on unpaid direct CSC in each year in an amount to be determined by the proof;
  - C. Award expectancy damages for lost third-party revenues resulting from the CSC underpayments, in an amount to be determined by the proof;
  - D. Award such other damages as may be proven in this action;

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# Case 2:13-cv-00568-GEB-KJN Document 1 Filed 03/22/13 Page 12 of 12 E. Order the payment of interest on these claims pursuant to the CDA, 41 1 2 U.S.C. § 7109, and the Prompt Payment Act, Chapter 39 of Title 31, United 3 States Code; 4 F. Award CTHP its attorney fees and expenses pursuant to the Equal Access to 5 Justice Act, 28 U.S.C. § 2412 and 25 U.S.C. § 450m-1(c) and other 6 applicable law; and 7 G. Grant CTHP such other and further relief as the Court deems appropriate. 8 9 Respectfully Submitted, 10 Dated: March 22, 2013 11 HOBBS, STRAUS, DEAN & WALKER LLP 12 $\mathbf{B}\mathbf{y}$ 13 ADAM P. BAILEY GEOFFREY D. STROMMER 14 STEPHEN D. OSBØRNE 15 Attorneys For Plaintiff 16 CONSOLIDATED TRIBAL HEALTH PROJECT, INC. 17 18 19 20 21 22 23 24 25 26 27 28 -12-