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5 *Attorneys for Receiver*

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8 SUPERIOR COURT OF ARIZONA

9 COUNTY OF MARICOPA

10 STATE OF ARIZONA, *ex rel.*
11 LESLIE R. HESS, Interim Director
of Insurance,

12 Plaintiff,

13 vs.

14 COMPASS COOPERATIVE MUTUAL
HEALTH NETWORK, INC., dba
15 MERITUS MUTUAL HEALTH
PARTNERS, an Arizona corporation; and
16 COMPASS COOPERATIVE HEALTH
PLAN, INC., dba MERITUS HEALTH
17 PARTNERS, an Arizona corporation,

18 Defendants.

No. CV2016-011872

PETITION NO. 14

**STATUS REPORT ON CLAIMS
ADJUDICATION AND REQUEST
FOR ORDER REGARDING
FUTURE CLAIMS REPORTS**

(Assigned to The Honorable
Daniel Martin)

19
20 Leslie R. Hess, Interim Director of Insurance, as Receiver (hereinafter “Receiver”)
21 of Compass Cooperative Mutual Health Network, Inc. doing business as Meritus Mutual
22 Health Partners (“Meritus Mutual”) and Compass Cooperative Health Plan, Inc. dba
23 Meritus Health Partners (“MHP”), appointed pursuant to A.R.S. § 20-611, *et seq.*, hereby
24 submits this Status Report on Claims Adjudication and Request for Order Regarding
25 Future Claims Reports for the reasons set forth herein.

26 . . .

1 1. On March 8, 2017, this Court entered the Order Approving Liquidation
2 Plan which, among other things, (i) established May 15, 2017 as the deadline for proofs
3 of claims and (ii) established a procedure for adjudication of provider claims.

4 2. Pursuant to that Order, the Receiver caused notice of the claims filing
5 deadline of May 15, 2017 and the Proof of Claim Form to be provided in the manner
6 described below:

7 a. posted a copy of the Notice of Receivership and Claim Filing
8 Deadline – May 15, 2017 (attached as **Exhibit A**) along with a copy of the Proof of
9 Claim Form (attached as **Exhibit B**) on the website maintained for Meritus Mutual and
10 MHP;

11 b. mailed (via regular mail) a copy of the Notice of Receivership and
12 Claim Filing Deadline – May 15, 2017 along with a copy of the Proof of Claim Form to
13 all persons (other than providers) that appeared to have claims, using the books and
14 records of Meritus Mutual and/or MHP for the most recent and complete mailing
15 addresses; and

16 c. sent to certain specified representatives of the United States a copy
17 of the Notice of Claims Bar Deadline – May 15, 2017 (attached as **Exhibit C**) via hand
18 delivery, overnight delivery and email as indicated in Exhibit C.

19 3. This Status Report on Claims and Request for Report Schedule (i) reports
20 on the status of the provider claim adjudication process, (ii) reports on the status of other
21 claims (non-providers) that have been submitted to the Receiver, and (iii) requests a court
22 order approving the schedule for the next status report on claims.

23 4. Report on Provider Claims Adjudication Process.

24 a. **Provider Claims.** Pursuant to the procedure established for
25 provider claims under the Liquidation Plan:

26 . . .

1 i. **Restraining Order.** This Court entered a temporary
2 restraining order prohibiting collections from enrollees and insureds unless and until an
3 Explanation of Benefits (“EOB”) notice (or similar documentation) is issued by the
4 Receiver. The temporary restraining order remains in force until the claim adjudication
5 process has been completed in accordance with the Liquidation Plan.

6 ii. **Meritus Mutual – Arizona Fund Coverage.** The Receiver
7 has commenced coordination of coverage from the Arizona Life and Disability Insurance
8 Guaranty Fund (“Arizona Fund”) for payment of the Preferred Provider Organization
9 (“PPO”) claims of Meritus Mutual in accordance with the Service Agreement. The
10 process includes communicating claim amounts based on the Meritus Mutual records,
11 confirming valid claim amounts along with insured copays and deductibles, and resolving
12 disputes, if any. At the conclusion of this process, the Receiver anticipates that the
13 Arizona Fund will confirm the amount of its claims related to benefit payments required
14 for Meritus Mutual coverage. Based on the available records, it is anticipated that the
15 amount of benefits to be paid by the Arizona Fund and, in turn the claim of the Arizona
16 Fund, will exceed three million dollars (\$3,000,000.00), though the process is still
17 underway and the amount could change.¹

18 iii. **MHP – Provider Claim Amounts.** The Receiver has
19 commenced the process to determine claim amounts and priority levels of the Health
20 Care Service Organization (“HCSO”) claims attributable to MHP providers (which are
21 not covered by the Arizona Fund). The process includes communicating claim amounts
22 based on the MHP records, confirming valid claim amounts along with insured copays
23 and deductibles, and resolving disputes, if any. At the conclusion of this process, the
24 Receiver anticipates reporting to the Court regarding the claim amount and/or priority
25 level of claims against MHP for providers, insureds and enrollees. Based on the available
26

¹ The Arizona Fund is expressly identified as a creditor of insolvent insurers by statute and provided statutory subrogation and assignment rights. *See, e.g.*, A.R.S. §§ 20-629(A)(2), -685(F).

1 records, it is anticipated that the amount of MHP provider claims will exceed nine million
2 dollars (\$9,000,000.00), though the process is still underway and the amount could
3 change.

4 b. **Receiver’s Report and Recommendation on Claims.** Upon the
5 conclusion of the procedure provided for under the Liquidation Plan, the Receiver will
6 submit a report and recommendation to the Court regarding Meritus Mutual and MHP
7 claims and priority levels for the Arizona Fund, providers, insureds and enrollees as
8 determined under the Liquidation Act.

9 5. **Other Claims against MHP and Meritus Mutual.**

10 a. **Other Claims.** Claims have been submitted against MHP and
11 Meritus Mutual by creditors that are not providers, including but not limited to claims
12 asserted by or on behalf of the United States Government. Those claims and priority
13 levels are still under review. However, the total amount of other claims asserted against
14 Meritus and MHP far exceeds one hundred million dollars (\$100,000,000.00).²
15 Additionally, these claims may be subject to offsets, depending on the circumstances.
16 *See* A.R.S. § 20-638.

17 b. **Reporting on Claims and Priority Levels.** Upon the conclusion of
18 its evaluation and, depending on the circumstances, the Receiver anticipates submitting a
19 report and recommendation to the Court regarding the non-provider claims on a case-by-
20 case basis. In some cases a report and recommendation may be submitted for individual
21 claims and in other cases, the report and recommendation may be for groups of claims, in
22 the Receivers’ discretion under the circumstances. Additionally, the Report may identify
23 the claim priority level at the outset and defer final determination of claim amounts

24 _____
25 ² The ultimate priority level and claim amount remain yet to be determined pursuant to A.R.S. § 20-629. Efforts to
26 liquidate assets are still ongoing, including participation in a class action pending in the United States Claims Court.
However, it appears that there would be a significant shortfall in assets when compared to claims. The primary liquid
assets are comprised of deposits which combined totaled approximately \$4.5 million. *See Order Re Petition No. 3 for
Release of Deposits* dated 10/20/2016 and *Order Re Petition No. 6 for Release of Special Deposits Held by Compass
Cooperative Health Plan, Inc., DBA Meritus Mutual Health Partners* dated 1/11/2017.

1 unless and until it appears likely that there may be a distribution at the appropriate
2 priority level. *See* A.R.S. § 20-629. Among other things, in exercising this discretion,
3 the Receiver’s goals would include avoiding the costs and expenses associated with
4 litigating unnecessary disputes and otherwise preserving assets of the estates.

5 6. **Potential Disputes – Receivership Court.** To the extent that there are
6 disputes regarding the claims process, including but not limited to determination of claim
7 amounts and priority levels, any such disputes would be resolved solely and exclusively
8 in this Court after notice and a hearing. *See* A.R.S. § 20-612.

9 7. **Reporting Schedule.**

10 a. As part of the overall claims process and procedure, the Liquidation
11 Plan requires the Receiver to communicate with MHP and Meritus Mutual providers,
12 enrollees and insureds, along with the Arizona Fund in order to determine potential claim
13 amounts and priority levels. *See* Order Re: Petition No. 7, Order Approving Liquidation
14 Plan ¶¶ 3-5. Additionally, the Liquidation Plan authorizes the Receiver to communicate
15 with creditors regarding their claims. *See Id.* ¶ 5.

16 b. It is contemplated that claims be reported to the Court within ninety
17 days after the claims bar date or such further period as the court may, for good cause
18 shown, establish. *See* A.R.S. § 20-628. As detailed in the Liquidation Plan, the MHP
19 and Meritus Mutual provider claims (along with claims of enrollees, insureds and the
20 Arizona Fund) are still being processed and adjudicated. *See* Petition for Order
21 Approving Liquidation Plan ¶¶ 10, 11. That process will continue and is subject to
22 responses from providers and, in some cases, enrollees and insureds. With respect to
23 non-provider claims, complexities and challenges associated with claims made by or on
24 behalf of the United States have been previously identified and may require additional
25 time to adjudicate and to report on this matter. *See Id.* ¶ 7. The procedures for handling
26 . . .

1 provider claims and the complexities associated with claims of the United States constitute
2 good cause to extend the reporting period.

3 c. **Proposed Reporting Schedule.** Accordingly, the Receiver
4 proposes that it next report on claims on the following schedule:

5 i. **Meritus and MHP Claims – Providers, Enrollees,**
6 **Insureds and Arizona Fund.** The Receiver proposes that it provide the Court with a
7 status update on or before March 31, 2018 regarding the claims of providers, enrollees,
8 insureds and the Arizona Fund that is based on the processes and procedures being
9 implemented under the Liquidation Plan.

10 ii. **Other Creditors.** For other creditors (non-providers),
11 including but not limited to claims made by or on behalf of the United States, the
12 Receiver proposes that it provide a status update on or before June 30, 2018.

13 iii. **Interim Reports and Relief.** Additionally, the Receiver
14 proposes that, in the Receiver’s discretion, the Receiver may report on such claims prior
15 to those deadlines and may seek other relief from the Court associated with the claims,
16 priority levels, and procedures associated with the claims. Likewise, any creditor of the
17 estate, after having reasonably conferred with the Receiver, may seek relief exclusively
18 from this Court by requesting a report and/or determination regarding its claims prior to
19 such deadlines.

20 WHEREFORE, the Receiver requests that the Court enter an Order Accepting
21 Status Report on Claims Adjudication and Granting Order Regarding Future Claims
22 Reports, as follows:

- 23 1) Accepting the Receiver’s report on claims as set forth herein;
24 2) Granting the Receiver’s proposal and establishing the following schedule
25 for additional reports on claims:

26 . . .

1 a) March 31, 2018 – status update from the Receiver regarding the
2 claims of providers, enrollees, insureds and the Arizona Fund based on the processes and
3 procedures being implemented under the Liquidation Plan;

4 b) June 30, 2018 – status update from the Receiver regarding claims of
5 other creditors, including but not limited to claims made by or on behalf of the United
6 States;

7 3) Granting the Receiver’s requests:

8 a) that the Receiver may make interim reports and otherwise seek relief
9 associated with the claims, priority levels and related procedures prior to such deadlines;

10 b) that, in the Receiver’s discretion, such reports may be limited to
11 priority levels to the extent that it does not appear reasonably likely that there would be a
12 distribution of assets at that priority; and

13 c) that any other creditor of the estate, after having reasonably
14 conferred with the Receiver, may seek relief exclusively from this Court by requesting a
15 report and/or determination from the Receiver regarding its claims prior to such schedule.

16 Dated this 20th day of September, 2017.

17 LEWIS ROCA ROTHGERBER CHRISTIE LLP

18 By: /s/ Justin J. Henderson (#026930)
19 Joel A. Glover
20 Justin J. Henderson
Attorneys for Receiver

21 COPY of the foregoing mailed this
22 20th day of September, 2017 to the
23 attached Master Service List

24 /s/ C.J. Scruggs
25 C.J. Scruggs
26

1 SUPERIOR COURT OF ARIZONA

2 COUNTY OF MARICOPA

3 No. CV2016-011872 (Assigned to The Honorable Daniel Martin)

4
5 **MASTER SERVICE LIST**

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Exhibit A

**COMPASS COOPERATIVE MUTUAL HEALTH NETWORK, INC.
dba MERITUS MUTUAL HEALTH PARTNERS, IN LIQUIDATION
COMPASS COOPERATIVE HEALTH PLAN, INC. dba MERITUS HEALTH PARTNERS, IN LIQUIDATION**

NOTICE OF RECEIVERSHIP AND CLAIMS FILING DEADLINE – May 15, 2017

State of Arizona, ex rel. Leslie R. Hess, Interim Director of Insurance vs. Compass Cooperative Mutual Health Network, Inc., dba Meritus Mutual Health Partners and Compass Cooperative Health Plan, Inc. dba Meritus Health Partners No. CV 2016-011872 in the Superior Court of Arizona, Maricopa County

The State of Arizona has placed the above Companies (“Meritus Mutual” and “Meritus Health Partners”) into receivership and ordered their liquidation. Leslie R. Hess, Interim Director of the Arizona Department of Insurance, has been appointed as the Receiver for the Companies.

THE COURT HAS SET A CLAIMS FILING DEADLINE OF MAY 15, 2017.

All claims must be filed using the approved Proof of Claim Form and must be postmarked or presented on or before 11:59 p.m. on May 15, 2017 to the Receiver at the following address:

Meritus, In Receivership
Attention: Proof of Claims
Raintree Corporate Center I
15333 North Pima Road, Suite 305
Scottsdale, AZ 85260

ANYONE (EXCEPT PROVIDERS) MUST USE THE PROOF OF CLAIM FORM TO SUBMIT A CLAIM.

Anyone that believes he or she has a claim against Meritus Mutual or Meritus Health Partners **MUST** file a Proof of Claim on the approved form in order to receive the Receiver’s consideration for payment of the claim. This includes vendors, policyholders, members and insureds. You must file a Proof of Claim even if the amount of your claim is unknown.

PROVIDERS ARE NOT REQUIRED TO USE THE PROOF OF CLAIM FORM TO SUBMIT A CLAIM.

Instead, Providers with claims for health care services provided **MUST** submit the claim(s) to Meritus Mutual and/or MHP in the usual manner used in the normal course of business for processing and adjudicating claims. In addition: (1) the Receiver will communicate to each Provider a Notice of Claim Amount determined in accordance with the Arizona Insurer Receivership Act; (2) if a Provider objects to the claim amount in the Notice, that Provider must file a written notice of objection with the Receiver within thirty (30) days after the date of the Notice; (3) the Receiver will file with the Court notice of the Provider’s objection to the claim amount, along with the Receiver’s recommendation; and (4) any such disputed claim will be resolved by the Receivership Court, subject to and in accordance with the Arizona Insurer Receivership Act. Providers whose claims have already been submitted to Meritus Mutual and/or MHP do not need to submit a duplicate claim and should not do so.

Non-Providers: please follow these instructions in completing the attached Proof of Claim Form.

1. Complete all information on the Proof of Claim form. You may attach documentation or additional pages.
2. Indicate the type of claim by checking the appropriate category. Fill in the dollar amount of your claim where indicated. If the amount of your claim is unknown, state "unknown" on the form.
3. Vendors and agents for unpaid goods, services or commissions must include a copy of the original contract (or a detailed description of the agreement) as well as detailed invoices or reports documenting the basis for and amount of the claim.
4. Use additional sheets as needed in order to describe your claim. Explain all calculations and include all documentation that support your claim. If your claim is inadequately described or documented, the Receiver or this Court may disallow it.
5. Notify the Receiver of any change in your address or contact information that occurs after filing of your Proof of Claim.
6. Consult the Companies' website for information regarding the Receivership, available at: <http://meritusaz.com/receivership-and-court-filings/>. This web page includes information about filing a claim and about the receivership generally.
7. Claims received after May 15, 2017 will be untimely and ineligible for payment, unless the claimant can show good cause for not filing the claim or the Receiver finds it eligible within her discretion.
8. You must specify whether your claim is against Meritus Mutual or Meritus Health Partners as required on the Proof of Claim Form. Each Company has different assets, and under Arizona law, each company is subject to different systems for payment and for establishing the priority of claims.
9. Claims submitted via email or fax will not be accepted.

Exhibit B

PROOF OF CLAIM FORM
MERITUS MUTUAL – MERITUS HEALTH PARTNERS

Read the enclosed instruction sheet carefully before completing this form. Complete each section of the form and attach documentation. **All Proof of Claim Forms must be presented or postmarked to the Receiver at the specified address by the Claims Filing Deadline of 11:59 p.m. on May 15, 2017.**

Address for Submitting Claims: Meritus, In Receivership
Attention: Proof of Claims
Raintree Corporate Center I
15333 North Pima Road, Suite 305
Scottsdale, AZ 85260

PLEASE PRINT – ATTACH SUPPORTING INFORMATION AS NECESSARY

Section One – Claimant Contact Information

Claimant's Full Legal Name: _____

Social Security or EIN Number: _____

Date of Birth: _____

Claimant's Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Attorney Representation:

If Claimant is represented by an attorney, please complete the following:

Claimant is represented by an attorney. Please direct all communication regarding this Proof Claim to Claimant's attorney using the following contact information:

Attorney's Name: _____

Attorney's Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Section Two – Information Regarding Claim

- 1. Company. This claim is filed against: [check appropriate box(es) below]
 Compass Cooperative Mutual Health Network, Inc., dba Meritus Mutual Health Partners
 Compass Cooperative Health Plan, Inc. dba Meritus Health Partners

- 2. Claim Type and Amount. [check appropriate box(es) below and indicate amount]
Type:
 - a. Policyholder, Insured or Member.
 - b. Agent, Vendor or other Creditor for goods or services provided.
 - c. Shareholders and/or Owners.
 - d. All other claims.

Amount: _____

Explanation of the Nature of the Claim:

[Attach additional sheets for explanation as necessary.]

Identify Attached Documentation, if any:

- 3. Security. If you are asserting a secured claim or otherwise asserting rights to any security, you must complete this section:
 Yes. I am asserting a secured claim.
If so and you hold or exercise any control over the cash, securities, trust funds, letters of credit or other assets of Meritus Mutual or Meritus Health Partners, you must explain the nature of your control and provide supporting documentation.

Section Three – Affirmation of Claimant

I affirm: (i) that I have read the foregoing Proof of Claim and understand the contents thereof; (ii) that this claim is justly due and owing; (iii) that I am entitled to file this claim; (iv) that the matters set forth above and in any accompanying statements and documents are true and correct to my own knowledge; and (v) that no payment of or on account of the aforesaid claim has been made, except as otherwise state in my claim.

Signature of person (or authorized agent) making claims: _____

Printed Name: _____

Title: (if applicable): _____

Date Signed: _____

Exhibit C

NOTICE OF CLAIMS BAR DEADLINE – MAY 15, 2017
MERITUS MUTUAL AND MERITUS HEALTH PARTNERS
INSURANCE LIQUIDATIONS IN ARIZONA
(SENT VIA EMAIL AND OVERNIGHT DELIVERY AS INDICATED ON THE SERVICE)

To: United States Department of Justice (“DOJ”)
United States Center for Medicare and Medicaid Services (“CMS”)

From: Joel Glover, Esq., Lewis Roca Rothgerber Christie LLP
Counsel to the Receiver of Compass Cooperative Mutual Health Network, Inc. doing
business as Meritus Mutual Health Partners, in liquidation (“Meritus Mutual”) and
Compass Cooperative Health Plan, Inc. dba Meritus Health Partners, in liquidation
 (“MHP”).

Date: March 17, 2017

Re: **Meritus Mutual and MHP Claims Bar Deadline – May 15, 2017**

This provides notice of a claims bar deadline recently established with respect to two insolvent insurers domiciled in Arizona, including Compass Cooperative Mutual Health Network, Inc. doing business as Meritus Mutual Health Partners, in liquidation (“Meritus Mutual”) and Compass Cooperative Health Plan, Inc. dba Meritus Health Partners, in liquidation (“MHP”).

On August 10, 2016, the Superior Court of Arizona, County of Maricopa, Civil Action No. CV2016-011872 (the “Court”) placed Meritus Mutual and MHP into receivership, declaring each to be insolvent and under an order of liquidation. Leslie R. Hess, Interim Director of the Arizona Department of Insurance was appointed as Receiver. This firm has been retained as legal counsel to the Receiver.

On March 8, 2017, the Court entered the attached Order re: Petition No. 7, Order Approving Liquidation Plan. In paragraph 5 of the Order, the Court established May 15, 2017 as the proof of claims bar deadline in accordance with A.R.S. §§ 20-640 and 20-628. The Court specifically approved the attached Notice of Receivership and Claims Filing Deadline and the Proof of Claims Form and specifically ordered as follows:

Any and all persons (other than Providers as specified below) with claims against Meritus Mutual and/or MHP shall file the Proof of Claim form of Exhibit A to the Petition on or before May 15, 2017 or such claims shall be forever barred to the extent each does not otherwise qualify as a late-filed claim under the Arizona Insurer Receivership Act.

If you have any questions, please feel free to contact me.

Attachments – Meritus Liquidations:

Order Approving Liquidation Plan and Establishing Claims Bar Deadline
Notice of Receivership and Claims Filing Deadline
Proof of Claim Form

Service

This Memorandum, including Attachments, has been sent via email, hand delivery and/or overnight delivery as indicated below. We are serving this in order to provide the proper notice, taking into account F.R.C.P. Rule 4 and directed to individuals previously identified as contacts. However, for future communications, please identify the preferred contact(s).

(Via Hand Delivery)

Elizabeth A. Strange, Acting United States Attorney
District of Arizona
Two Renaissance Square
40 N. Central Avenue, Suite 1200
Phoenix, AZ 85004-4408

(Via Overnight Delivery)

U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001

(Via Overnight Delivery and Email [Sharon.Williams@usdoj.gov])

Sharon C. Williams, Esq.
U.S. Department of Justice
1100 L St., N.W., Room 10016
Washington, DC 20005

(Via Overnight Delivery and Email [Jeffrey.Davis@hhs.gov])

Acting General Counsel, Jeffrey S. Davis
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Washington, DC 20201

(Sent Via Email)

Tom Donohue (Thomas.Donohue@cms.hhs.gov)

CMS/CCIIO, State Marketplace/Insurance Programs Group, Health Insurance Specialist

Matthew K. Lynch (Mathew.Lynch@cms.hhs.gov)

Director of Insurance Programs Group, Center for Consumer Information and
Insurance Oversight (CCIIO)

Terrance A. Mebane (Terrance.A.Mebane@usdoj.gov)

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Charles Canter (Charles.Canter@usdoj.gov)

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5 *Attorneys for Receiver*

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7 SUPERIOR COURT OF ARIZONA

8 COUNTY OF MARICOPA

9 STATE OF ARIZONA, *ex rel.*
10 LESLIE R. HESS, Interim Director
of Insurance,

11 Plaintiff,

12 vs.

13 COMPASS COOPERATIVE MUTUAL
HEALTH NETWORK, INC., dba
14 MERITUS MUTUAL HEALTH
PARTNERS, an Arizona corporation; and
15 COMPASS COOPERATIVE HEALTH
PLAN, INC., dba MERITUS HEALTH
PARTNERS, an Arizona corporation,

16 Defendants.
17

No. CV2016-011872

ORDER RE PETITION NO. 14

**ACCEPTING STATUS REPORT
ON CLAIMS ADJUDICATION
AND GRANTING ORDER
REGARDING FUTURE CLAIMS
REPORTS**

(Assigned to The Honorable
Daniel Martin)

18 Leslie R. Hess, Interim Director of the Arizona Department of Insurance, as
19 Receiver of Compass Cooperative Mutual Health Network, Inc. doing business as
20 Meritus Mutual Health Partners (“Meritus Mutual”) and Compass Cooperative Health
21 Plan, Inc., dba Meritus Health Partners (“MHP”), having filed Petition No. 14, the Status
22 Report on Claims Adjudication and Granting Order Regarding Future Claims Reports,
23 and good cause appearing therefor,

24 **IT IS ORDERED:**

25 (1) The Status Report on Claims Adjudication and Granting Order Regarding
26 Future Claims Reports is hereby granted.

1 (2) The Status Report on Claims Adjudication and Granting Order Regarding
2 Future Claims Reports, as filed by the Receiver of Meritus Mutual and MHP, having
3 been reviewed and considered by the Court, is hereby accepted.

4 (3) The Receiver shall make subsequent reports to the Court on claims in
5 accordance with the following schedule:

6 a) March 31, 2018 – status update from the Receiver regarding the
7 claims of providers, enrollees, insureds and the Arizona Fund based on the processes and
8 procedures being implemented under the Liquidation Plan; and

9 b) June 30, 2018 – status update from the Receiver regarding claims of
10 other creditors, including but not limited to claims made by or on behalf of the United
11 States.

12 (4) The Receiver’s requests regarding reporting are hereby granted, as follows:

13 a) the Receiver may make interim reports and otherwise seek relief
14 associated with the claims, priority levels and related procedures prior to such deadlines;

15 b) in the Receiver’s discretion, such reports may be limited to priority
16 levels to the extent that it does not appear reasonably likely that there would be a
17 distribution of assets at that priority; and

18 c) any other creditor of the estate, after having reasonably conferred
19 with the Receiver, may seek relief exclusively from this Court by requesting a report
20 and/or determination from the Receiver regarding its claims prior to such schedule.

21 ENTERED this ____ day of _____, 2017.

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The Honorable Daniel Martin
Maricopa County Superior Court Judge

Scruggs, Colleen

From: TurboCourt Customer Service <CustomerService@TurboCourt.com>
Sent: Wednesday, September 20, 2017 1:16 PM
To: Scruggs, Colleen; azturbocourt@lrrc.com
Subject: AZTurboCourt E-Filing Courtesy Notification

PLEASE DO NOT REPLY TO THIS EMAIL.

A party in this case requested that you receive an AZTurboCourt Courtesy Notification.

AZTurboCourt Form Set #2346395 has been DELIVERED to Maricopa County.

You will be notified when these documents have been processed by the court.

Here are the filing details:

Case Number: CV2016-011872 (Note: If this filing is for case initiation, you will receive a separate notification when the case # is assigned.)

Case Title: State Of Arizona, Et.Al. Vs. Compass Cooperative M

Filed By: Justin J Henderson

AZTurboCourt Form Set: #2346395

Keyword/Matter #: 302377-00001

Delivery Date and Time: Sep 20, 2017 1:15 PM MST

Forms:

Summary Sheet (This summary sheet will not be filed with the court. This sheet is for your personal records only.)

Attached Documents:

Petition: Petition No. 14 - Status Report on Claims Adjudication and Request for Order Regarding Future Claims Reports

Exhibit/Attachment (Supporting): Exhibit A

Exhibit/Attachment (Supporting): Exhibit B

Exhibit/Attachment (Supporting): Exhibit C

Proposed Order/Judgment (Supporting): Order re Petition No. 14 - Accepting Status Report on Claims Adjudication and Granting Order Regarding Future Claims Reports