



ARCHES CLAIMS: PAYMENT UPDATE

To our Providers,

3/22/2016

As we work with Providers in our network, we have discovered common questions and misconceptions about claims payment. The purpose of this letter is to address those questions and clear up any of those issues.

1. Arches in liquidation (Arches) will not be able to fund claims for the foreseeable future

- Arches is under the control of a court appointed Liquidator.
- Arches was found insolvent as declared in Judge Royal Hansen's Liquidation Order dated 1/13/2016 and must wait until it collects sufficient assets to fund claims pursuant to section 31A-27a-703 of Utah Code.
- Arches anticipates collecting receivables from the federal government throughout coming years.
- Arches does not anticipate being able to fund claims in 2016 nor can it be certain about 2017.
- Neither Arches nor its members will pay any interest accrued on the claims that have not been funded.

2. EOBs/RAs will not be sent until claims are funded

- Neither Providers nor members will receive an Explanation of Benefits (EOB) or a Remittance Advice (RA) for any Arches member claim until those claims are funded.
- EOBs or RAs cannot be generated until funds are received for the respective claims.

3. DirectProvider.com (Provider portal) must be used to determine the member responsibility for claims

- For directprovider.com registration support please call **801-933-3865** from 8am - 5pm MT.
- For directprovider.com technical support please call **866-629-3975** from 6am - 4pm MT.
- You may also call **801-933-3865** to determine the member responsibility for a claim.
- When a member indicates that a claim has been reprocessed, the portal must be used for the updated member responsibility and not the EOB that was originally sent.

4. Providers can only bill members for co-insurance, co-payments and deductibles

- It is against the law to bill an Arches member for anything other than co-insurance, co-payment and deductible pursuant to section 31A-27a-403(2)(c) of the Utah Code.
- Providers must remove Arches members from the process that ages accounts towards collections after they've paid their responsibility. Providers must have third party billing/collection vendors do the same.
- Providers may not submit negative reports to credit bureaus for members who have paid their responsibility and are responsible to fix any negative reports that have already been submitted in error.
- Providers may not send statements to Arches members to reflect any unpaid balance that is the responsibility of Arches nor encourage members to call Arches about that balance.

5. Refunds must be provided to members promptly and cannot be held until payment is received from Arches

- Providers must promptly refund any amount collected in excess of the member responsibility.
- Refund amounts must be based on the member responsibility as outlined in the Provider portal.
- Refusal to refund a member promptly or waiting to receive payment from Arches will be considered billing the member for more than their responsibility and a violation of the law.

Please continue to periodically check ArchesHealth.org and UTInsReceivers.org for any updates. Please direct any questions to 801-933-3141. Thank you and we appreciate your patience.

Sincerely,

Special Deputy Liquidator
Len Stillman