Welcome to Claim Watcher

Claim Watcher Customer Service

844-307-6755

United HealthPlus

CLAIM WATCHER
A HOMESTEAD COMPANY

Employees Receive:

Freedom from Network Restrictions

You will no longer be restricted to a network and pay high out-of-network penalties. With Homestead Smart Health Plans you can receive care at the doctor and facility of your choice.

Open Access Plan

NO NETWORK RESTRICTIONS!

Better Benefits, Lower Costs

Our Open Access plans offer you better benefits at a lower price as benefits are paid as In-Network.

Protection From Balance Bills

If you ever receive a balance bill, contact us immediately. Claim Watcher protects members from balance bills, a service not offered by traditional insurance companies.

Referenced Based Pricing

Our universal access arrangement separates claims & providers into two categories:

1. Professional Claims
2. Facility Claims

1. Professional Claims

MultiPlan® Private Health Care Systems (PHCS) Network will be the Preferred Provider Organization (PPO) for all "professional claims." It is a Physician Only Network and it was specifically identified to minimize plan member interruption. To look up participating providers in the MultiPlan® PHCS network, visit www.multiplan.com or call the Benefit Customer Service number located on your Medical ID Card. If you encounter issues when scheduling appointments with MultiPlan® PHCS Network providers, call us at 866-930-7427.

Some examples of Physician/Professional Providers are:

- Primary Care Doctor
- Specialist
- Chiropractor
- OBGYN

PHCS
Practitioner Only

We can help you find the MultiPlan® PHCS provider of your choice. Simply call 866-930-7427, Monday through Friday from 8 a.m. to 8 p.m. (Eastern Standard Time) and identify yourself as a health plan participant accessing the MultiPlan® PHCS Network for practitioners only.

You may also search online at www.multiplan.com

- Click on the “For Health Plan Members” button.
- Select “Find a Provider”
- Indicate that you have the PHCS Practitioner
- Follow the prompts to enter your search criteria.

2. Facility Claims

All “facility” claims will be processed through **Claim Watcher**, the Reference Based Reimbursement (RBR) program. This arrangement eliminates the network restrictions and allows all facility claims to be processed as in-network. Please see the FAQs below for additional information.

Some examples of Facility Providers are:

- Hospitals/Inpatient and Outpatient Services
- Urgent Care Facilities
- Surgery Centers
- Emergency Room

Reference Based Reimbursement (RBR) for Employees and Dependents

United Health Administrators is pleased to introduce the Reference Based Reimbursement (RBR) program, a new type of network arrangement that allows you the greatest savings and flexibility in choosing your Facilities. To answer any questions, you may have and to provide you with direction on how to respond to questions your facility may ask, we have compiled this brief summary of "Frequently Asked Questions.”

Frequently Asked Questions

What is RBR?

RBR is a medical claim pricing program designed to eliminate the need for a Preferred Provider Organization, or PPO. Traditional PPOs restrict their members to specific clinics and hospitals or face financial penalties which include higher deductibles, copayments and overall charges for services. RBR does not have restrictions on the Facilities you choose to use. However, if a preferred provider list is provided to you, it is always best to use Facilities that appear on the list.

What does that mean to me?

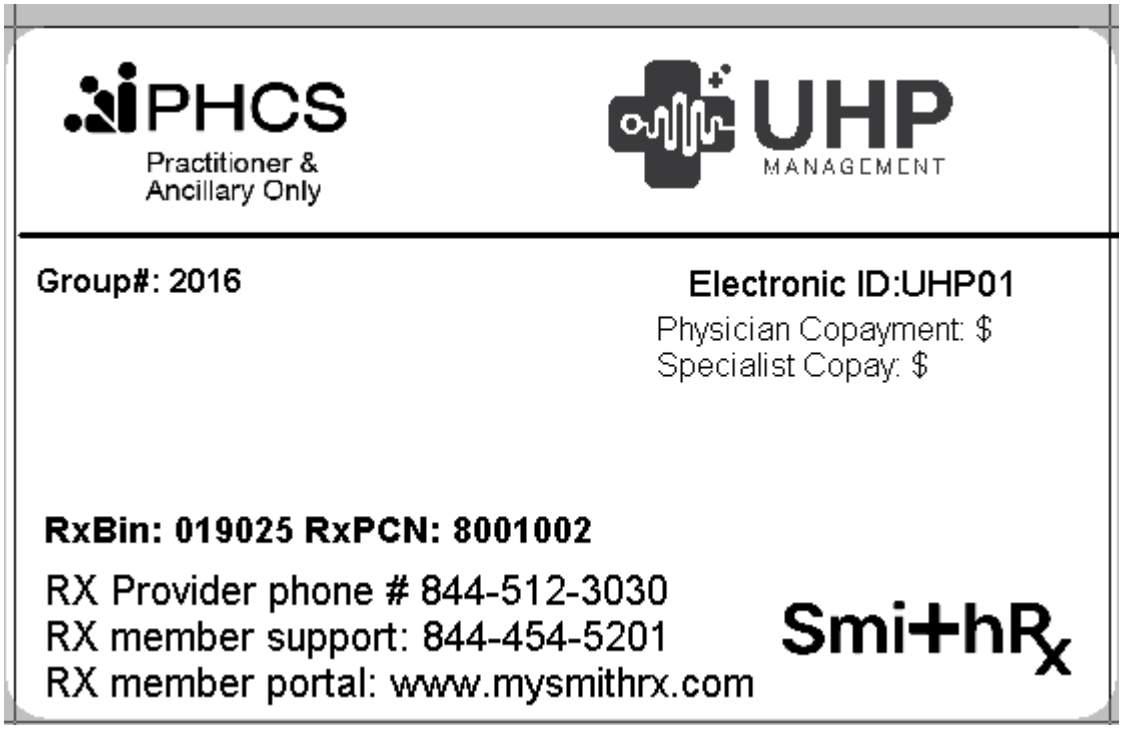
Simply put, you now have the freedom to choose the facility you want and where you have medical procedures done, at the most favorable cost.

How does it work?

When you visit a medical facility, **always present** your Medical ID card. It provides the claims submission address and important phone numbers that may be needed to coordinate care with your plan. The facility should make a copy of your ID card for their records.

What if they do not accept my Benefit ID Card?

If the facility is questioning your plan, ask them to call the Benefit Customer Service phone number on your Medical ID card. The people there are well prepared to discuss any questions the facility may have.


PHCS
Practitioner &
Ancillary Only
UHP
MANAGEMENT
Group#: 2016
Electronic ID:UHP01
Physician Copayment: $
Specialist Copay: $
RxBin: 019025 RxPCN: 8001002
RX Provider phone # 844-512-3030
RX member support: 844-454-5201
RX member portal: www.mysmithrx.com
SmithRx


The following procedures require pre-cert: in/outpatient hospitalization, mri, pet/cat scans, diagnostic testing, maternity care, surgical services, home health care, therapy services. 50% reduction for non-compliance.
Eligibility: 888-596-4325
Precertification: 800-582-1535
Provider Locations: 800-546-3887
PHCS
Rx Member/Pharmacy Service: 800-424-0472
Please send claims to:
UHP MANAGEMENT
P.O. BOX 190394
BROOKLYN, NY 11219
POSSESSION OF THIS CARD DOES NOT CERTIFY COVERAGE

What will this cost me?

You are still responsible for co-payments, co-insurance and deductibles just as in your old plan. The amount you are responsible for will be clearly shown on the Explanation of Benefits (EOB) for a claim and marked as “Patient Responsibility.” You must either pay the full amount or enter into a payment plan for this amount within 30 days of the date of the provider’s bill.

UNITED HEALTH PLUS ADMIN

P.O. BOX 190394
BROOKLYN, NY 11219
(888) 900-7475

E X P L A N A T I O N O F B E N E F I T S

Group Name		Cert Number	Claim Number
Employee		Prepared By	Group # / Date: 08/20/18
Patient			

TREATMENT DATES	CPT CODE	CHARGE AMOUNT	NOT COVERED	REASON CODE	PPO DISCOUNT	COVERED AMOUNT	DEDUCTIBLE AMOUNT	CO-PAY AMOUNT	PCT	PAYMENT AMOUNT
A) 07/06-07/06/18	76770	112.00	.00	01	67.70	44.30	.00	.00	100	44.30
		112.00	.00		67.70	44.30	.00	.00		44.30

Department: MEADOW
$ .00 OF YOUR $ 750.00 INDIVIDUAL DEDUCTIBLE HAS BEEN MET
$ .00 OF YOUR $1500.00 FAMILY DEDUCTIBLE HAS BEEN MET

OTHER INSURANCE CREDITS OR ADJUSTMENTS	.00
TOTAL PAYMENT AMOUNT	44.30

PATIENT'S RESPONSIBILITY

Amount Not Covered:	$0.00
Co Pay Amount:	$0.00
Deductible:	$0.00
Co-Insurance:	$0.00
Patient's Total Responsibility:	$0.00
(Other Insurance Payment	$0.00)

PAYMENT INFORMATION

Plan Payments sent to:	Date	Check No	Amount
A)	08/20/18		$44.30
EMP)	08/20/18		$.00

R E A S O N C O D E

01 MAGNACARE DISCOUNT

M E S S A G E S

PATIENT ACCT: C63835586

STATEMENT

Date: 8/25/2015
Statement # [100]

Dr. Sample MD
123 Town St.
Anytown, USA 12345
444-566-5656
Fax 444-566-5666
drsample@doctor.com

Bill To:

John Common
1234 Main St.
Apt #10
Anytown, USA 12345
544-551-1212
Customer ID 123456789

Date	Description	Payment/ Adjustment	Amount Due
7/20/2015	99214		$249.85
7/20/2015	J1885		$24.00
7/20/2015	96372		$55.05
		Total Bill Amount:	**$328.90**
8/17/15	**INS. PMT Adjustment** – Check #30069	-$104.40	
			$224.50
8/21/15	**Patient Responsibility/Co-Pay**	-$26.10	
			$198.40

Current	1-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	Over 90 Days Past Due	Amount Due
					$198.40

Remittance

Statement #	100
Date	9/1/2015
Amount Due	$198.40
Amount Enclosed	

YOUR LOGO HERE

[Your company slogan]

Make all checks payable to [Your Company Name]

Thank you for your business!

What happens if I am refused treatment?

If a facility refuses to see you, call Claim Watcher at 844-307-6755 immediately for assistance.

What if I receive bills or collection notices for unpaid charges?

Be sure to open your mail! In the unlikely event this occurs, contact Claim Watcher at 844-307-6755 immediately, so they can help you with a balance bill or collection notice. Balance bills and collection notices are time sensitive, so it is imperative that you contact Claim Watcher immediately.

RBR Balance Bill Process

When a member receives a Balance Bill in the mail from a Facility they should:

- Call Claim Watcher Customer Service at 1 (844) 307-6755 and press #1.

- Claim Watcher Customer Service will verify that the bill you received was in fact a balance bill or that it was for unpaid patient responsibility. If it is determined that the bill was an actual Balance Bill, then Claim Watcher will email or fax an Attorney-Client Representation Agreement (ACRA) and Notification of Attorney (NOA) form to Member for signature.

- Member signs the Attorney-Client Retainer Agreement (ACRA) and HIPAA Revocation Form and returns the signed documents to Claim Watcher Customer Service via:
    - Fax to Claim Watcher Balance Bills at (267) 514-2242,
    - Email to Claim Watcher at balancebills@claimwatcher.com, or
    - Mail to Claim Watcher, LLC at 50 S 16th Street, Suite 2710, Philadelphia, PA 19102

- Attorney who is assigned to defend the Member, at no cost to the Member, will then dispute the debt in writing and inform the facility they are no longer to communicate with the Member and should direct all future communications to the Attorney. You may be asked to provide financial information to assist in this process.

  - This notification should stop the billing and collection process in accordance with Federal and State Debt Collection and Consumer Protection laws and regulations.

  - Member must open mail in the future and promptly communicate with Claim Watcher Customer Service in the event of any further contact by the facility, either by phone or mail.

  - If a facility continues to send follow-up Balance Bills, or possibly, on a rare occasion, send a claim to collections, the member is protected by the attorney using available state and federal laws and regulations.

  - There is case law that supports the Claim Watcher process, and no member has ever had to pay a balance bill.

  - IT IS EXTREMELY IMPORTANT THAT ANY COMMUNICATIONS FROM A PROVIDER FOR BALANCE BILLS OR COLLECTIONS BE PROMPTLY PROVIDED TO CLAIM WATCHER, AS THE LAW REQUIRES CERTAIN LEGAL STEPS TO BE FOLLOWED IN WRITING IN ORDER TO DISPUTE THE DEBTS. DISPUTES MUST BE FILED WITHIN 30 DAYS OF RECEIPT. OTHERWISE, THE RIGHT TO DISPUTE THE DEBT MAY BE WAIVED.

    Claim Watcher will not be responsible for providing legal defense against provider efforts to collect unpaid patient responsibility, or in cases where the 30-day deadline to dispute a debt is waived due to the Member's failure to provide prompt notification of continued attempts, by a provider to collect a debt, after receipt of the dispute notification letter.

Health Plan

IMPORTANT INFORMATION FOR YOUR NEW HEALTHCARE PROGRAM

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(888) 596-4325
Call for benefit questions, eligibility, or to request ID cards and verify claim payments.

(877) 952-7427
Call to find out if a doctor is in the network or go to www.multiplan.com/phcspracanc - click on the PHCS Practitioner Only logo and follow prompts to find a doctor.

(844) 307-6755
Fax (267) 514-2242

Call Claim Watcher if you are refused treatment.

REMEMBER

NO REFERRALS REQUIRED	GO TO ANY HOSPITAL OR FACILITY	USE A PHCS PHYSICIAN ONLY DOCTOR TO ALLEVIATE BILLING ISSUES	IF YOU RECEIVE A BALANCE BILL IN THE MAIL SEND IT TO CLAIM WATCHER

If you get a balance bill, a bill after you've paid your responsibility, you need to email or mail it to Claim Watcher right away.
Email:balancebills@claimwatcher.com
Mailing address:
Claim Watcher, LLC
50 S. 16th Street Suite 2710
Philadelphia, PA 19102