



MultiPlan Partnership

Keeping the MultiPlan Provider Community Informed

In this issue:

[Additions to MultiPlan's Leadership Team](#)

[MultiPlan Continues Expansion in Texas Medicaid Markets](#)

[Provider Service Portal](#)

[MultiPlan Supports Hospitals, Lifts Spirits with Holiday Card Program](#)

[Practical Matters: Notes from Dr. Anthony Sposato, MultiPlan Corporate Medical Director](#)

[ValuePoint by MultiPlan®](#)

[Rural Grant Presentations](#)

[MultiPlan Code of Business Conduct and Ethics](#)

[Payer News](#)

Additions to MultiPlan's Leadership Team

MultiPlan continues to strengthen our organizational team with talented, experienced individuals.

Jeff Doctoroff, Senior Vice President and General Counsel - Mr. Doctoroff has an undergraduate degree from Harvard College and a J.D. from the University of Virginia Law School. He has extensive experience in healthcare and regulatory matters, having worked nine years at Ropes and Gray LLP before spending eight years, the last five as General Counsel, at Health Dialog, a leading care management company recently purchased by Rite Aid.

Barry Roelofs, Chief Technology Officer - Mr. Roelofs provides leadership for our IT infrastructure, service management, information security and enterprise architecture functions. He has extensive global leadership experience in IT working in companies such as UPS, Kellogg's, US Freightways, Pfizer, Whirlpool and most recently Reyes Holdings. Mr. Roelofs has held both global IT operations roles and business IT leadership roles. He holds a BBA Degree in Business Administration from Western Michigan University and is ITIL Certified.

Brad Knieriem, Assistant Vice President of Provider Data Management (PDM) - Mr. Knieriem brings more than 12 years' experience running operations with a focus on quality and provider data for a number of healthcare organizations. As Director of Strategic Alliances at LexisNexis, he was responsible for managing the development, execution and cross-functional coordination of strategic alliances for the State Government Healthcare group. As Director of Program Integrity Implementations and Operations at HMS, he held responsibility for governmental, commercial, MCO, and clinical program units. He is a graduate of the University of Tennessee, Chattanooga.

[Back to top.](#)

MultiPlan Continues Expansion in Texas Medicaid Markets

As of September 1, 2014, the Texas STAR+PLUS program, which serves people in Texas who are elderly or have disabilities, expanded into the rural areas of the state, making the program available statewide.

Three MultiPlan clients, Amerigroup, Cigna HealthSpring, and United Healthcare have state contracts to provide managed care plans for the Texas STAR+PLUS program. These clients access MultiPlan's Texas True Choice network, our network for Medicaid programs in Texas.

[Back to top.](#)

Provider Service Portal

On August 24th, we enhanced the portal's security to help you protect patients' privacy and secure your proprietary information. Your staff members who are designated as portal administrators for your account can now limit portal access for other staff members based on their specific job functions. For example, a member of your billing staff can be assigned the ability to search claims but not download rosters or make demographic changes.

To get started, administrators can click Profile in the upper right of the portal, and then choose Manage User Roles. From here, they can adjust each user's roles by checking or unchecking boxes for Search Claims, View Demographics and its subcategory Submit Demographic Changes. These roles are defined differently for group

MultiPlan Provider Portal

Friday September 05, 2014 11:39 AM ET

Hello, Test Provider | Profile | Preferences | Log Out

Home Customer Service - Claims Help & Resources View Pending Requests

Manage Access for John Doe, MD

NPI: 111111111

[About User Types and Roles](#)

User	User Type	Roles	
Provider, Test	Practitioner User	<input checked="" type="checkbox"/> Search Claims	UPDATE
		<input checked="" type="checkbox"/> View Demographics	Remove Access
		<input checked="" type="checkbox"/> Submit Demographic Changes	
		<input checked="" type="checkbox"/> Administer Users	

users, practitioner users and contract participation users. To help ensure roles are assigned correctly based on user type, administrators can refer to a helpful document called About User Types and Roles.pdf, which is available on the portal's Manage Access page.

For more information on assigning roles, refer to the User Guide on the Help & Resources tab. See the section titled Profile Page.

[Back to top.](#)

MultiPlan Supports Hospitals, Lifts Spirits with Holiday Card Program

The top five entries in MultiPlan's Holiday Card Program will be announced the week of October 6.

Through this annual program, now in its 19th year, MultiPlan invites pediatric patients at hospitals participating in MultiPlan's and affiliated PPO networks to send in their drawings. We then post them on our website where the public can vote for their favorites. (Participating networks include: PHCS, MultiPlan, Beech Street, HealthEOS, Texas True Choice, Arizona Medical Network (AMN), Rural Arizona Network (RAN), Health Management Network (HMN) and Integrated Health Plan (IHP).) The five entries that receive the most votes are made into holiday greeting cards, courtesy of MultiPlan. The hospitals that submit drawings receive boxed sets of the cards for use in fundraising and to sell in their gift shops. MultiPlan also provides the top five artists with posters of their artwork and their own holiday greeting cards.

"We look forward to this program every year. It's fun to see the drawings from these young artists, who represent children from all over the U.S.," says Dr. Anthony Sposato, Chief Medical Officer for MultiPlan. "Moreover, this program gives pediatric patients a creative diversion during their hospital stay and helps support the pediatric programs of our participating hospitals."

In addition to the Holiday Card Program, MultiPlan provides participating hospitals with Jeep PowerWheels toy cars through our Toy Car Program, and awards annual grants to qualifying hospitals through our Rural Health Outreach Grant Program.

[Back to top.](#)

Practical Matters: Notes from Dr. Anthony Sposato, MultiPlan Corporate Medical Director

As medical professionals, we understand the importance of thorough and complete documentation in the course of providing care. It's equally important in the credentialing application, and especially in its Professional Questions section. The Professional Questions section of the application poses a series of questions related to licensing and hospital privileges, as well as legal, insurance and personal questions. The questions require responses based on events that may have occurred during the entire course of the physician's career.

During credentialing we all too often encounter incomplete or inaccurate responses to the Professional Questions. In the least, this causes unnecessary delays and use of resources to research and correct the issue. In the worst case scenario, this results in issues with licensing boards, hospitals and other credentialing organizations.

To avoid unnecessary credentialing delays and potential problems, I recommend that you periodically review your CAQH information or the state mandated credentialing service vendors to ensure that they correctly reflect your professional information and contain thorough documentation for your Professional Questions.

As always, if you have any questions or comments related to your participation with MultiPlan, please feel free to contact me via Partnership@MultiPlan.com.

[Back to top.](#)

ValuePoint by MultiPlan®

ValuePoint by MultiPlan is our access card program that lets you serve the growing patient population who are responsible for more of their healthcare costs while preserving the key benefits you expect from participation in a PPO network —

Low collection risk - Patients pay your MultiPlan contracted rate in full at the time of service.

Patient steerage - With members from some of the country's most recognized companies, including our client HealthAllies.

Administrative ease - Simply call the number on the ID card to obtain your MultiPlan fee schedule information and collect that amount from the patient.

Want to learn more about ValuePoint? [Read on](#) for answers to some frequently asked questions.

[Back to top.](#)

Rural Grant Presentations

MultiPlan recently awarded our 2014 Rural Health Outreach Grants. Photographers were on site to capture two of the presentations.

Herington Municipal Hospital in Herington, Kansas



L to R: Mary Schroeder, Radiology Supervisor; Norma Mosier, President HMH Foundation; Francisco Lopez, Regional Manager, Network Development, MultiPlan; Marcie Eckhart-Charay, Network Development Specialist, Network Development, MultiPlan; Michael Ryan, CEO Herington Municipal Hospital; Beverly Bayes, Vice President HMH Foundation. Photo courtesy of the Herington Times.

Memorial Hospital of Union County in Allenby, Ohio



L to R: Jenn Segner-Maxwell, Rehabilitation Services Clinical Coordinator; Deb Stubbs, Health Center Director; Alan Kletchka, Sr. Regional Director, Network Development, MultiPlan; Dee Junkans, Asst. Health Center Director; Randy Moore, Rehabilitation Services Director

[Click here](#) to read about our 2014 grant recipients.

[Back to top.](#)

MultiPlan Code of Business Conduct and Ethics

The MultiPlan Code of Business Conduct and Ethics (our "Code") contains the legal and ethical standards of conduct required of all parties with which MultiPlan contracts for federal government programs. We require those contracted providers comply with the applicable laws, rules and regulations including Federal health care program laws, set forth in our Code. The Code is available on the [MultiPlan website](#) in the lower left corner below the copyright.

[Back to top.](#)

Payer News

We are sharing this news from our client payers for your convenience.

Aetna: Attestation Required for CMS-Required Compliance Program

The Centers for Medicare & Medicaid Services (CMS) requires any Aetna First Tier, Downstream or Related Entity (FDR), such as a provider organization, to complete certain Compliance Program requirements for Aetna. MultiPlan has recently contacted affected providers about these requirements and requested completion of an Attestation to confirm compliance. If you have responded to our request, you have fulfilled your requirement. [Click here](#) to read the bulletin.

Aetna Provider Newsletters Available Electronically

To learn more and register for Aetna newsletters and policy updates, click [here](#) or paste this address into your web browser: http://www.aetna.com/healthcare-professionals/news/regional_hcp_newsletters.html.

Cigna's Pharmacy and Infusion Services (R14) Reimbursement Policy Update

Beginning November 17, 2014, we will update the Pharmacy and Infusion Services reimbursement policy (R14) to no longer reimburse for supplies and durable medical equipment (DME) when billed separately and in addition to the infusion services.

For infusion and injection services, we include supplies and DME in a single reimbursement to the health care professional. However, health care professionals often bill DME and supplies in addition to the primary infusion and injection code. We then reimburse each service separately, which has resulted in duplicate reimbursement.

The updated policy is posted to the secure Cigna for Health Care Professionals website (Cignaforhcp.com > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies > R14 – Pharmacy and Infusion Services).

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ValuePoint by MultiPlan Frequently Asked Questions.

Q: How does participation in the ValuePoint by MultiPlan program benefit me?

A: By extending access to your MultiPlan contracted rates to consumers paying for their own healthcare, you gain access to a new and growing patient population. You benefit from patient steerage, administrative ease, and low collection risk.

Q: How does ValuePoint by MultiPlan benefit my patients?

A: As more and more consumers face high insurance deductibles, reduced or even discontinued group insurance benefits, they will be forced to shop for cost-effective healthcare services. ValuePoint by MultiPlan gives consumers access to medical providers that offer discounts to reduce the balance they owe the provider directly.

Q: How are ValuePoint by MultiPlan members directed to me?

A: As a MultiPlan contracted provider, you are listed on our website's Provider Search. Our clients may also host their own website searches and/or call centers that members can contact to find a provider.

Q: How do ValuePoint by MultiPlan members make an appointment with my practice?

A: The member visits a website or calls a toll-free service to identify participating providers based on location and desired healthcare services. Once you are selected, the member is instructed to call you directly to make an appointment. Our client may call you within 24 hours of the selection to alert you to the member's interest, confirm the member's eligibility, and answer any questions you may have about the program. Otherwise you will be able to confirm the member's eligibility when he/she arrives at the appointment and presents an ID card displaying a toll free number for eligibility inquiries or a confirmation letter generated by our client.

Q: How do ValuePoint by MultiPlan members make arrangements for admission to my facility?

A: For non-emergent services, the member and/or his physician selects your facility from the website or telephone service, and then is instructed to call your admissions office directly to make an appointment. Our client may call you within 24 hours of the selection to alert you to the member's interest, confirm the member's eligibility, and answer any questions you may have about the program. Otherwise you will be able to confirm the member's eligibility when he/she arrives at your facility and presents an ID card displaying a toll free number for eligibility inquiries or a confirmation letter generated by our client. For emergency care when there is not time to search for a participating hospital, the member presents his/her ValuePoint ID card when contacted by the billing office.

Q: How do ValuePoint by MultiPlan members know what their payment obligation is?

A: Our clients make it very clear to members during promotion and enrollment, on the member ID card, and during the provider selection process that the program is not an insurance plan. Members are clearly informed that the discounts are offered only in exchange for payment in full at the time of service (or according to a payment timeframe you may elect to establish). Members searching for facilities are also informed that admission to a facility may require proof of their ability to pay.

Q: How do I recognize a ValuePoint by MultiPlan member?

A: Members will have an ID card featuring the ValuePoint by MultiPlan logo along with our client's logo, typically on the front of the card. The ValuePoint by MultiPlan logo is different than MultiPlan's standard ID card logo, so you can clearly distinguish an access card member from a member with a traditional group benefit plan that uses MultiPlan as its network. The member may also have a confirmation letter from our client to present to you at the time of service. If a member can't demonstrate that they are in a program that uses the ValuePoint by MultiPlan network, you are not expected to make your

MultiPlan contracted rates available to that individual.

Q: Am I required to provide service to the ValuePoint by MultiPlan member? What if he/she can't pay me?

A: As long as the member meets your tests for proof of an ability to pay and pays for services according to the arrangements you establish, presentation of a ValuePoint by MultiPlan ID card obligates you to accept your MultiPlan rates as reimbursement in full for the services provided. You maintain full control over the financial arrangements you establish with the member, and it is solely your option if you want to bill the member in lieu of immediate payment. If you are a hospital, you also maintain your right to refuse elective admissions, and if members do not comply with agreed upon arrangements, you may revert to your normal charges. Members are clearly informed of these requirements prior to their contacting your facility.

Q: What are the fees I am agreeing to accept from the ValuePoint by MultiPlan member?

A: Your MultiPlan contracted rates apply to the ValuePoint by MultiPlan program, so you don't need to administer a different set of rates. You can obtain a copy of your contracted rates from MultiPlan if you don't already have them, or simply call the toll-free number on the ID card to request the rates as needed. This will be either MultiPlan's dedicated call center or our clients' call centers which will answer most calls within 30 seconds.

Q: How do I collect payment from the ValuePoint by MultiPlan member?

A: The member is told that you will expect payment in full at the time of service for services not covered by an insurance plan. If the member is accessing ValuePoint as a complement to an insurance program, and the services are covered by the plan, he/she may assign benefits to you and you will submit the claim for reimbursement for the covered portion from the insurer. You can collect any point of service ValuePoint-related payment in the same manner you accept any other payments: cash, check, credit card. At your option, you may bill the patient or set up another payment arrangement.

[Back to top.](#)