

MultiPlan Partnership
Keeping the MultiPlan Provider Community Informed



Helping Veterans Get the Healthcare They Deserve

With a continued goal to improve the healthcare services for Veterans, the Veterans Health Administration (VHA) has launched an initiative to re-design delivery of care in community settings, known as the Community Care Network (CCN). The CCN will connect Veterans who live too far from VHA facilities or cannot be scheduled for care in a timely fashion to local providers in their area.

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Vote for Your Favorite Holiday Cards!

Voting is now open for our annual Holiday Card Program! Vote for your favorite artwork through October 5, 2018. Cards are available for purchase online October 29 – November 16.

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MultiPlan, Other Industry Leaders Form Synaptic Health Alliance

MultiPlan is partnering with other healthcare industry leaders Humana, Optum, Quest Diagnostics and UnitedHealthcare, to tackle provider directory data quality by exploring use of blockchain technology.

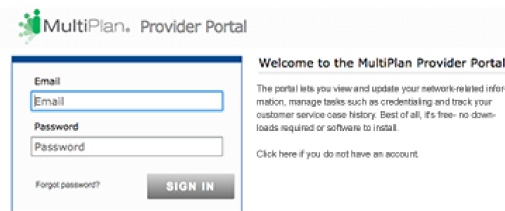
[Read More](#)



MultiPlan Grant Recipients Announced

We are pleased to announce the recipients of the MultiPlan Rural Health Outreach Grant for 2018. Since the program's inception in 1995, MultiPlan has awarded over half a million dollars to hospitals serving rural communities. Grant recipients use the funds to help introduce or expand services, education, screenings and other endeavors that support the healthcare needs of people in their communities.

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Roster Requests Made Easy

Save time by submitting your roster request through our Provider Portal or via fax instead of by phone; you'll get a quick response and eliminate the need for a follow up call.

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MultiPlan Gets Social

Do you know that MultiPlan is active on



social media? It's true. Follow us:

- [Facebook](#)
- [Twitter](#)
- [LinkedIn](#)

Kansas Medicaid Provider Enrollment Update

As of November 1, 2018, providers participating with a KanCare managed care organization are required to have a KMAP identification number.

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Maintaining Your Information for Medicare Advantage Programs

CMS requires our clients that are Medicare Advantage Sponsors to maintain information regarding network adequacy and availability. To support this requirement, MultiPlan asks all providers participating in our Medicare Advantage Network to inform us of any changes to your provider directory information (e.g., street address, phone number, office hours) and whether you are accepting new patients. Please promptly inform MultiPlan of any changes to this information. In cooperation with CMS requirements,

PAYER NEWS

We are sharing this news from select payers for your convenience.

Cigna's Online Tools Help Confirm Patient Benefit Coverage

You can now go online to quickly determine for a particular service the total number of allowed covered visits for that calendar year, the number already used, and how many are left for your patients with Cigna administered medical or behavioral plan coverage. Patients appreciate these efforts to help prevent unexpected charges and out-of-pocket costs.

Learn more in the July 2018 issue of Cigna's Network News available at: [Cigna.com > Health Care Providers > Provider Resources > Cigna Network News for Providers > Network News: July 2018.](#)

Aetna Provider Newsletters Available Electronically

we will reach out quarterly to MultiPlan providers participating in Medicare Advantage to review your information. Please be sure to respond to our outreach.

To learn register for Aetna newsletters and policy updates, [click here](#).

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.
- Expanded patient access - Some of the country's most recognized companies, including our client Optum HealthAllies, use ValuePoint.
- Administrative ease - Simply call the number on the ID card to obtain your MultiPlan fee schedule information and collect that amount from the patient.

Medicare Providers: Have You Completed the Annual CMS Fraud Waste and Abuse Training?

The Centers for Medicare & Medicaid Services (CMS) and MultiPlan network provider agreements mandate all those contracted to provide health care services to Medicare Advantage beneficiaries complete the requisite General Compliance and Fraud, Waste and Abuse (FWA) training within 90 days of contracting and annually thereafter.

[Read More](#)

Code of Conduct

MultiPlan's Code of Business Conduct and Ethics ("Code") contains the legal and ethical standards of conduct required of all parties with which MultiPlan contracts. We expect all providers participating with MultiPlan to comply with our Code's high ethical,

moral and legal principles in every aspect of their business conduct. The link to our Code is available on our [website](#) at the bottom of the page.

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