



## Provider Quick Reference Guide

### About Your Participation

Your participation with MultiPlan means that you agree to accept our contracted reimbursement rates for patients covered by our client’s health plans through any of the provider networks specified in your contract. Please see your provider agreement(s) and amendment(s) for specific network participation. (Note that you may participate with MultiPlan under multiple agreements.)

### Identifying Members

Members accessing providers through our networks may be furnished with ID cards or some other form of identification which indicates the MultiPlan client name and MultiPlan network name and/or logo. Logos for several of our provider networks are shown here. See our website ([www.multiplan.com](http://www.multiplan.com)) for additional logos and for more information about our networks.



### Maintaining Your Demographic Information

In accordance with our provider agreement and the Centers for Medicare and Medicaid (CMS) guidelines, we require providers participating with MultiPlan to maintain their demographic information noted below. Changes to any demographic information for providers contracted through a group must be submitted to MultiPlan on the group’s letterhead by the group administrator.

- Provider’s name and group affiliation(s)
- Service address(es)
- Telephone number(s)
- Website address
- Specialty(ies)
- Accepting new patients
- Office hours
- Languages spoken
- Cultural competency training completed
- ADA Accessibility

### For Commercial health plans:

Email [registrar@multiplan.com](mailto:registrar@multiplan.com)\*

Fax 781-487-8273

Mail MultiPlan, ATTN: Registrar,  
16 Crosby Drive,  
Bedford, MA 01730

### For Medicaid managed care, Medicare Advantage or Veterans’ health plans:

Email [govtcoordinator@multiplan.com](mailto:govtcoordinator@multiplan.com)\*

Fax 630-799-3587

Mail MultiPlan, ATTN: GBSC, 6116 Shallowford Road,  
Suite 109B, Chattanooga TN 37421

\*Note: This email address is for incoming messages only; inquiries will not receive a response.

### Contacting MultiPlan

Contact MultiPlan to obtain information on the following service topics:

- Participation status
- Credentialing status
- Provider Agreement
- Fee Schedules (Please reference the fee schedule noted in your provider agreement, and if appropriate, check the CMS website to review the fee schedule for Medicaid/Medicare Advantage health plans.)
- Billing issues (Please note that when the payer has already been contacted for billing issues, including incorrect application of contracted rates, you must provide MultiPlan with HCFA/CMS or UB and EOB documentation.)

### Phone

- Commercial health plans: 800-950-7040, M – F, 8:30 am – 6:00 pm ET
- Medicaid managed care/Medicare Advantage health plans: 866-971-7427, M – F, 9:00 am -5:30 pm ET
- Veterans’ health plans: 866-416-6493, M – F, 9:00 am - 7:00 pm ET

### Online Portal (Commercial health plans only)

Use our secure online provider portal to:

- Submit, track and manage customer service cases
- Access forms and other resources, including our client list
- Get instant access to claims information
- Manage your directory information
- Request to add providers to existing groups

To sign up, go to <http://provider.multiplan.com> and choose “Click here if you do not have an account” for self-registration options. You’ll need the following information to register: name, TIN, NPI, SSN and date of birth. Note that the portal contains information pertaining to your participation in our networks for commercial health plans only. It does not contain information related to our networks for Medicaid managed care, Medicare Advantage or Veterans’ health plans.

### Websites

Visit our websites for information and resources, including handbooks, provider education schedules, network descriptions, and more.

- Commercial health plans: [www.multiplan.com/providers](http://www.multiplan.com/providers)
- Medicaid managed care: [www.multiplan.com/medicaid/](http://www.multiplan.com/medicaid/)
- Medicare Advantage: [www.multiplan.com/medicare/](http://www.multiplan.com/medicare/)

### MultiPlan’s Provider Newsletter

Our provider newsletter, Partnership, is distributed quarterly via email. You may also subscribe through our website ([www.multiplan.com/providers](http://www.multiplan.com/providers)) under “Helpful Resources.”

## Contacting the MultiPlan Client

For these service topics, contact the MultiPlan client (the entity responsible to pay or arrange for payment of claims), as instructed on the patient's ID card or the EOB statement:

- Claims submission, status and payment inquiries
- Fee inquiries
- Provider referrals
- Member eligibility
- Medicaid managed care and Medicare Advantage plan effective dates

Notes: MultiPlan does not have access to payment records and does not make determinations with respect to benefits or eligibility. In addition, MultiPlan is not liable for the payment of services under plans. For Medicaid managed care and Medicare Advantage plans, your program effective date is separate from your MultiPlan contract effective date.

## Code of Conduct

MultiPlan's Code of Business Conduct and Ethics (our Code) contains the legal and ethical standards of conduct required of all parties with which MultiPlan contracts. We expect that all providers participating with MultiPlan to read our Code and to comply with our high ethical, moral and legal principles in every aspect of their business conduct. CMS requires that we notify providers of this code, which is available on our website ([www.multiplan.com](http://www.multiplan.com)).

## Medicare Advantage: General Compliance and Fraud, Waste and Abuse Training

CMS regulations 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.

As a provider participating in MultiPlan's Medicare Advantage Network, you, and your employees and subcontractors, are required to complete the CMS developed web-based compliance trainings available on the CMS Medicare Learning Network (MLN). Providers enrolled in the Medicare program are deemed to have met the CMS compliance training requirement for FWA. However, these providers are still required to complete the CMS standardized General Compliance training.

Medicare Advantage Network providers have the following three options to ensure they have satisfied the General Compliance and FWA training requirements:

1. Complete the General Compliance and/or FWA training modules in the Medicare Learning Network® (MLN) located on the CMS website. Once an individual completes each of the modules, the MLN system will generate a certificate of completion. The MLN certificates of completion will be accepted by MultiPlan as proof of satisfying the training requirement;
2. Download and incorporate the content of the CMS standardized training modules from the CMS website into their organization's existing compliance training materials/systems; or
3. Incorporate the content of the CMS training modules into written documents for providers (e.g. provider guides, participation manuals, business associate agreements, etc.).

Although the training content cannot be modified, CMS will allow modifications to the appearance of the content (i.e., font, color, background, format, etc.). Additionally, providers may enhance or wrap around the CMS training content by adding topics specific to their organization or an employee's job function. It is your responsibility to maintain evidence of completion of the General Compliance and FWA training, such as training materials, training logs and program materials, for 10 years and you must make this evidence available to MultiPlan upon request.



Use our online provider portal for anytime access to most administrative issues. Go to [provider.multiplan.com](http://provider.multiplan.com).