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) 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*
Fax 781-487-8273
Mail MultiPlan, ATTN: Registrar
16 Crosby Drive
Bedford, MA 01730

For Medicaid Managed Care or Medicare Advantage:
Email 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 and 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 and CMS or UB and EOB documentation.)

Phone
- Commercial health plans: 800-950-7040
- Medicaid managed care and Medicare Advantage health plans: 866-971-7427
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 or Medicare Advantage.

Websites
Visit our websites for information and resources, including handbooks, provider education schedules, network descriptions, and more.
• Commercial health plans: www.multiplan.com/provider
• Medicaid managed care: www.multiplan.com/medicaid
• Medicare Advantage: www.multiplan.com/medicare

MultiPlan’s Provider Newsletter
Our provider newsletter, Partnership, is distributed quarterly via email to participating providers for whom we have an email address.

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

Note: 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 business partners, including participating providers, to read and comply with our Code, which is available on our website (www.multiplan.com).

Medicare Advantage: General Compliance and Fraud, Waste and Abuse Training
The Centers for Medicare & Medicaid Services (CMS) and your MultiPlan network provider agreement mandates all those contracted to provide health care services to Medicare Advantage beneficiaries must complete the applicable Medicare Advantage program compliance trainings. You, including your employees and subcontractors, are required to complete the requisite training within 90 days of hire or contracting, and annually thereafter.

Note: Entities or individuals enrolled in the Medicare program are deemed to have met the CMS compliance training requirement for Fraud, Waste and Abuse (FWA) training. However, these entities or individuals are still required to complete the general compliance training requirements.

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.