Solutions
& Services

*Bending the Healthcare
Cost Curve for All*

The U.S. healthcare system is too complicated and opaque. Costs continue to escalate, providers struggle to meet patient demand as patient care needs become more complex, and patients often can't afford the care they need. Surprise billing and exorbitant out-of-network claims impact too many at-risk patients. Despite new regulations requiring certain providers to share costs of services, there are still significant inequities in healthcare pricing and a lack of transparency for healthcare consumers. The U.S. healthcare system has never been more in need of an entity that can effectively bend the healthcare cost curve for consumers, employers, payors and providers.

About
MultiPlan

MultiPlan's purpose is simple: we make healthcare more transparent, fair and affordable for all. We focus on identifying medical savings, helping to lower out-of-pocket costs, and reducing or eliminating balance billing for healthcare consumers. Through this we help make healthcare more accessible for everyone, keeping patients more engaged in their care journey.

Since 1980, MultiPlan has leveraged sophisticated technology, data analytics, and a team with unmatched industry experience and expertise to interpret customer needs and develop innovative solutions. These solutions include payment and revenue integrity, network-based, data and decision science, and analytics-based, all of which are a powerful combination of cost-containment tools purpose-built for today's challenges.

MultiPlan makes healthcare more efficient by helping payors and providers establish fair payment for healthcare services, which reduces friction between payors and providers, and our data-driven services minimize or eliminate balance bills for patients.

As we continue to expand and enhance our solutions, we have never been better positioned to deliver value to more than 700 customers, more than 100,000 employers, 60 million consumers and 1.4 million contracted providers.

Our Portfolio
of Solutions

Analytics-Based Services

MultiPlan offers a powerful set of data-driven, customized healthcare cost management solutions that maximize savings while satisfying health plan members. We use our analytics-based services to anticipate and price surprise bills. We also leverage reimbursement data from millions of repriced claims that have been accepted by providers to assist in negotiations and calculate offers for arbitration as needed.

Negotiation Services

Our comprehensive negotiated agreements, facilitated by our 450 negotiators and support staff, help to eliminate the burden of balance billing for out-of-network services. We offer an end-to-end Surprise Billing service where we administer compliance with the entire No Surprises Act (NSA) on your behalf. This includes identifying surprise bills, calculating the Qualifying Payment Amount, pricing the claim, negotiating a settlement and owning the Independent Dispute Resolution (IDR) process from start to finish - helping to achieve compliance quickly.

Reference-Based Pricing Services

Our Reference-Based Pricing services offer defensible and transparent cost- and reimbursement-based pricing, including inpatient and outpatient pricing using geographically-adjusted, publicly-available data, and Medicare-based pricing.

Optimized Pricing Services

We also offer optimized pricing services that leverage 40+ years of data and experience to remove the guesswork from out-of-network cost management programs. Our Pro Pricer™ service is easy to implement and flexible to pivot as market conditions change.

Network-Based Services

For more than 40 years, our clients have used MultiPlan's networks to provide their members a variety of commercial, property and casualty and government-sponsored health care programs. These include private and employer-sponsored health plans, Medicaid, Medicare Advantage, Workers' Compensation, and Auto Medical.

National Primary PPO Network

We offer nationwide and regional networks for primary PPO access, or to extend or complement a network, whether that network is MultiPlan's or not. PHCS Network, our nationwide primary PPO, has been NCQA-accredited for credentialing since 2001, and our other networks use nationally-recognized credentialing standards to ensure quality. Our networks can be customized by provider type, service(s), specialty(ies), and geography(ies), or we can custom-build networks to your specifications. Network subsets can also be used for unique plan designs.

Network Contracting Strategies

Our network contracting strategies are guided by data analytics, and pre-payment integrity services are embedded in our networks to correct improper billing. We have more than 100 network development professionals nationwide, and 98% of participating providers are contracted directly.

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Payment and Revenue Integrity Services

As many as one-third of healthcare claims are paid incorrectly each year, leading to more than $1 trillion in annual waste. MultiPlan's Payment and Revenue Integrity Services are designed to help our clients identify errors on claims, improve payment accuracy, and prevent overpayments.

MultiPlan's team has individuals with payor backgrounds, ensuring our industry expertise is spot on, as well as clinicians and medical coders that are directly involved in reviewing claims and determining payment accuracy.

Pre-Payment Integrity: Identifying potential errors early

Advanced Code Editing: Combining automated technology with reviews by clinicians and medical coders, this service identifies improper coding and other errors on network and out-of-network claims.

Clinical Negotiation: Using an innovative blend of technology, human processes and clinical expertise, this service identifies and resolves clinical waste and abuse before medical bills are paid. Providers sign off on reductions to prevent balance billing.

Itemized Bill Review: Our service reviews claims against both payor and industry guidelines to identify potential billing errors on facility claims before they're paid, helping you avoid pay-and-chase scenarios.

Post-Payment Integrity: Maximizing recoveries from other responsible parties.

Coordination of Benefits: Identifies instances of other health insurance coverage to maximize recoveries and avoid future costs.

Subrogation: Using machine learning and a data-driven approach, this service helps payors recover payments on claims that are the result of accidents or injuries for which another party is responsible for paying.

Data Mining: Digs deeply into claims data to address root-cause issues in incorrectly paid claims and prevent future errors.

Revenue Integrity: Ensuring you receive accurate premium payments for Medicare Advantage members.

Medicare Secondary Payer Validation: Ensures Medicare Advantage plans receive the entire premiums they're owed from Medicare by quickly and accurately confirming MSP records, correcting inaccuracies and restoring millions in underpaid premium dollars.

End Stage Renal Disease Validation: Ensures Medicare Advantage plans are receiving full payments for members with ESRD from the Centers for Medicare and Medicaid Services.

Data and Decision Science Solutions

Harnessing cutting-edge data science and deep industry expertise, our comprehensive suite of solutions empowers healthcare leaders with advanced analytics to optimize health plans, enhance health outcomes, and control costs.

PlanOptix™

Transforms publicly available MRF data into a strategic asset by delivering actionable insights.

BenInsights™

Our powerful platform transforms complex healthcare data into clear, strategic intelligence, unifying clinical and financial insights through intuitive dashboards and AI-powered analytics. These predictive and prescriptive analytics enable informed decision-making and proactive optimization of health outcomes and costs.

Risk Analytics and Insights Services

Our risk analytics use claims data to recommend actions to take for the greatest impact for specific use cases, and are designed to complement your actuarial scoring programs.

Supplemental Carriers Services

The Ceres™ platform combines powerful AI and ML technology with medical claims data to provide advanced predictive modeling. By simulating potential medical claims based on census data and plan parameters, Ceres enables precise plan tailoring with informed predictions.

MultiPlan Payments

Our payments service simplifies the process of paying providers, mitigating challenges around paying a large number of providers in different locations with different payment preferences.

Provider payments

We manage the payment process from start to finish, including 1099 processing and reporting requirements.

Explanation of Benefits (EOBs)

MultiPlan can create EOBs on behalf of clients and deliver electronically to members.

Member ID cards

MultiPlan can oversee creation and distribution of ID cards.

Why
MultiPlan?

We are incredibly proud of the critical role we play in the U.S. healthcare system. During 2023, we identified $22.9 billion of potential medical savings, and helped lower out-of-pocket costs and reduce or eliminate balance billing for millions of healthcare consumers. With the ongoing expansion and enhancement of our solutions, we have never been better positioned to increase the value we deliver to more than 700 customers, over 100,000 employers, 60 million consumers, and 1.4 million contracted providers.

Connect with us at www.multiplan.us or email us directly at connect@multiplan.com today!