

CASE NO. 85525; *Combined with* CASE NO. 85656

IN THE SUPREME COURT OF NEVADA

UNITED HEALTHCARE INSURANCE COMPANY; UNITED HEALTHCARE
SERVICES, INC. D/B/A UNITEDHEALTHCARE; UMR, INC. D/B/A UNITED
MEDICAL RESOURCES; SIERRA HEALTH AND LIFE INSURANCE
COMPANY, INC.; AND HEALTH PLAN OF NEVADA, INC.,

Appellants/Petitioners,

vs.

FREMONT EMERGENCY SERVICES (MANDAVIA), LTD.; TEAM
PHYSICIANS OF NEVADA-MANDAVIA, P.C.; AND CRUM STEFANKO
AND JONES, LTD., D/B/A RUBY CREST EMERGENCY MEDICINE.

Respondents/Real Parties in Interest.

Appeal from the Eighth Judicial District Court, Clark County
District Court Case No. A-19-792978
Hon. Nancy L. Allf, District Judge

APPENDIX OF EXHIBITS TO RESPONDENTS' ANSWERING BRIEF

VOLUME 13 OF 13

Electronically Filed
Aug 28 2023 01:47 PM
Elizabeth A. Brown
Clerk of Supreme Court

BAILEY❖KENNEDY

DENNIS L. KENNEDY
Nevada Bar No. 1462
Tayler D. Bingham
Nevada Bar No. 15870
8984 Spanish Ridge Avenue
Las Vegas, Nevada 89148-1302
Telephone: (702) 562-8820
Facsimile: (702) 562-8821
dkennedy@baileykennedy.com
tbingham@baileykennedy.com

LASH GOLDBERG LLP

JUSTIN C. FINEBERG
(Admitted *pro hac vice*)
JONATHAN E. SIEGELAUB
(Admitted *pro hac vice*)
Weston Corporate Centre I
2500 Weston Road, Suite 220
Fort Lauderdale, Florida 33331
Telephone: (954) 384-2500
jfineberg@lashgoldberg.com
jsiegelaub@lashgoldberg.com

AHMAD, ZAVITSANOS & MENSING, PLLC

JANE L. ROBINSON
(Admitted *pro hac vice*)
JOSEPH Y. AHMAD
(Admitted *pro hac vice*)
JOHN ZAVITSANOS
(Admitted *pro hac vice*)
1221 McKinney Street, Suite 2500
Houston, Texas 77010
Telephone: (713) 600-4901
jrobinson@azalaw.com;
joeahmad@azalaw.com
jzavitsanos@azalaw.com

Attorneys for Respondents/Real Parties in Interest

APPENDIX OF EXHIBITS TO RESPONDENTS' ANSWERING BRIEF

VOLUME 13 OF 13

TABLE OF CONTENTS

Ex. No.	Date	Document Description	Vol.	Page No(s).:
56		Trial Exhibit PX462 - FILED UNDER SEAL	13	RA002217- RA002250
57		Trial Exhibit PX472 - FILED UNDER SEAL	13	RA002251
58		Trial Exhibit PX473 - FILED UNDER SEAL	13	RA002252- RA002365
59		Trial Exhibit PX473B	13	RA002366
60		Trial Exhibit PX473G	13	RA002367
61		Trial Exhibit PX477 - FILED UNDER SEAL	13	RA002368- RA002372
62		Trial Exhibit PX478	13	RA002373- RA002388
63		Trial Exhibit PX506	13	RA002389- RA002392
64		Trial Exhibit PX512 - FILED UNDER SEAL	13	RA002397

INDEX

Ex. No.	Date	Document Description	Vol.	Page No(s).:
8	12/10/2020	Defendants' Motion to Clarify the Court's October 27, 2020 Order on Order Shortening Time	1	RA000165
14	2/7/2022	Defendants' Status Report and Summary of Revised Redactions to Trial Exhibits	2	RA000302- RA000344
2	12/9/2019	Fremont Emergency Services (Mandavia), Ltd.'s First Set of Interrogatories to Defendants	1	RA000018- RA000031
1	12/9/2019	Fremont Emergency Services (Mandavia), Ltd.'s First Set of Requests for Production to Defendants	1	RA000001- RA000017
13	11/24/2021	Joint Submission of Deposition Clips for Trial Record as Played on November 12, 2021	2	RA000280- RA000301
4	9/28/2020	Notice of Entry of Order Denying Defendants' Motion for Protective Order Regarding Electronic Discovery and to Compel the Entry of a Protocol for Retrieval and Production of Electronic Mail	1	RA000107- RA000118
9	1/21/2021	Notice of Entry of Order Granting in Part and Denying in Part Defendants' Motion to Clarify the Court's October 27, 2020 Order Shortening Time and Order Denying Countermotion for Order to Show Cause Why Defendants Should Not Be Held in Contempt for Sanctions Without Prejudice	1	RA000231- RA000238
12	11/12/2021	Notice of Entry of Order Granting in Part and Denying in Part Plaintiffs' Motion in Limine to Exclude Evidence Subject to the Court's Discovery Orders	2	RA000268- RA000279
5	10/27/2020	Notice of Entry of Order Granting Plaintiffs' Motion to Compel Defendants' List of Witnesses,	1	RA000119- RA000130

		Production of Documents and Answers to Interrogatories on Order Shortening Time		
6	11/9/2020	Notice of Entry of Order Setting Defendants' Production & Response Schedule Re: Order Granting Plaintiffs' Motion to Compel Defendants' List of Witnesses, Production of Documents and Answers to Interrogatories on Order Shortening Time	1	RA000131- RA000141
10	7/1/2021	Order Denying Petition	1	RA000239- RA000243
3	8/25/2020	Petition for Writ of Prohibition, Or, Alternatively, Mandamus	1	RA000032- RA000106
11	9/30/2021	Plaintiffs' Motion for Further Sanctions Against Defendants for Failure to Produce Documents in Accord with August 3, 2021 Order on Order Shortening Time - FILED UNDER SEAL	2	RA000244- RA000267
15	2/9/2022	Plaintiffs' Status Report and Response to United's and Multiplan's Submissions for February 10, 2022 Hearing	2	RA000345- RA000357
16		Trial Exhibit DX5177	2	RA000358- RA000373
17		Trial Exhibit PX010 - FILED UNDER SEAL	3	RA000374- RA000496
18		Trial Exhibit PX012	4	RA000497- RA000502
19		Trial Exhibit PX014	4	RA000503- RA000515
20		Trial Exhibit PX025 - FILED UNDER SEAL	4	RA000516- RA000518
21		Trial Exhibit PX031	4	RA000519
22		Trial Exhibit PX032	4	RA000520- RA000522
23		Trial Exhibit PX033	4	RA000523- RA000525
24		Trial Exhibit PX034 - FILED UNDER	4	RA000526-

		SEAL		RA000535
25		Trial Exhibit PX035	4	RA000536- RA000537
26		Trial Exhibit PX037	4	RA000538- RA000539
27		Trial Exhibit PX043	4	RA000540- RA000541
28		Trial Exhibit PX053 - FILED UNDER SEAL	4	RA000542- RA000553
29		Trial Exhibit PX055	4	RA000554- RA000555
30		Trial Exhibit PX061	5	RA000556- RA000722
31		Trial Exhibit PX066 - FILED UNDER SEAL	5	RA000723- RA000754
32		Trial Exhibit PX079	5	RA000755- RA000760
33		Trial Exhibit PX085	5	RA000761- RA000769
34		Trial Exhibit PX092 - FILED UNDER SEAL	5	RA000770- RA000795
35		Trial Exhibit PX100	5	RA000796- RA000798
36		Trial Exhibit PX120	6	RA000799- RA001036
37		Trial Exhibit PX163	7	RA001037- RA001204
38		Trial Exhibit PX165 – Part 1 of 2	8	RA001205- RA001455
38		Trial Exhibit PX165 – Part 2 of 2	9	RA001456- RA001492
39		Trial Exhibit PX168 – Part 1 of 2	9	RA001493- RA001700
39		Trial Exhibit PX168 – Part 1 of 2	10	RA001701- RA001763
40		Trial Exhibit PX243 - FILED UNDER SEAL	10	RA001764
41		Trial Exhibit PX246 - FILED UNDER SEAL	10	RA001765- RA001775

42		Trial Exhibit PX256 - FILED UNDER SEAL	10	RA001776- RA001777
43		Trial Exhibit PX288 - FILED UNDER SEAL	11	RA001778- RA001984
44		Trial Exhibit PX293	11	RA001985- RA001987
45		Trial Exhibit PX297A - FILED UNDER SEAL	11	RA001988
46		Trial Exhibit PX314 - FILED UNDER SEAL	11	RA001989- RA001992
47		Trial Exhibit PX342 - FILED UNDER SEAL	12	RA001993- RA002035
48		Trial Exhibit PX363	12	RA002036- RA002042
49		Trial Exhibit PX368 - FILED UNDER SEAL	12	RA002043- RA002054
50		Trial Exhibit PX370 - FILED UNDER SEAL	12	RA002055- RA002058
51		Trial Exhibit PX375 - FILED UNDER SEAL	12	RA002059- RA002062
52		Trial Exhibit PX424	12	RA002063- RA002065
53		Trial Exhibit PX426 - FILED UNDER SEAL	12	RA002066- RA002184
54		Trial Exhibit PX444 - FILED UNDER SEAL	12	RA002185- RA002189
55		Trial Exhibit PX447 - FILED UNDER SEAL	12	RA002190- RA002216
56		Trial Exhibit PX462 - FILED UNDER SEAL	13	RA002217- RA002250
57		Trial Exhibit PX472 - FILED UNDER SEAL	13	RA002251
58		Trial Exhibit PX473 - FILED UNDER SEAL	13	RA002252- RA002365
59		Trial Exhibit PX473B	13	RA002366
60		Trial Exhibit PX473G	13	RA002367
61		Trial Exhibit PX477 - FILED UNDER SEAL	13	RA002368- RA002372
62		Trial Exhibit PX478	13	RA002373-

				RA002388
63		Trial Exhibit PX506	13	RA002389- RA002392
64		Trial Exhibit PX512 - FILED UNDER SEAL	13	RA002397
7	12/7/2020	UnitedHealth Group, Inc.'s Responses to Plaintiffs' First Set of Requests for Production of Documents	1	RA000142- RA000164

CERTIFICATE OF SERVICE

I certify that I am an employee of BAILEY ❖ KENNEDY and that on the 28th day of August, 2023, service of the foregoing **Appendix of Exhibits to Respondents' Answering Brief – Volume 13 of 13** was made by electronic service through Nevada Supreme Court's electronic filing system and/or by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at their last known address:

D. LEE ROBERTS, JR.
COLBY L. BALKENBUSH
BRITTANY M. LLEWELLYN
PHILLIP N. SMITH, JR.
MARJAN HAJIMIRZAEI

**WEINBERG, WHEELER,
HUDGINS, GUNN & DIAL,
LLC**

6385 S. Rainbow Boulevard
Suite 400
Las Vegas, Nevada 89118

Email: lroberts@wwhgd.com
cbalkenbush@wwhgd.com
bllewellyn@wwhgd.com
psmithjr@wwhgd.com
mhajimirzaee@wwhgd.com

Attorneys for Appellants/Petitioners

PAT LUNDVALL
KRISTEN T. GALLAGHER
AMANDA M. PERACH
McDONALD CARANO LLP
2300 W. Sahara Ave. Suite 1200
Las Vegas, Nevada 89102

Email: plundvall@mcdonaldcarano.com
kgallagher@mcdonaldcarano.com
aperach@mcdonaldcarano.com

*Attorneys for Respondents (Case No.
85525/Real Parties in Interest (Case No.
85656)*

DANIEL F. POLSENBERG
JOEL D. HENRIOD
ABRAHAM G. SMITH
**LEWIS ROCA
ROTHGERBER CHRISTIE
LLP**
3993 Howard Hughes Pkwy.
Suite 600
Las Vegas, Nevada 89169

Email: dpolsenberg@lewisroca.com
jhenriod@lewisroca.com
asmith@lewisroca.com

Attorneys for Appellants/Petitioners

IN ASSOCIATION WITH:

JONATHAN HACKER
K. LEE BLALACK, II
JEFFREY E. GORDON
KEVIN D. FEDER
JASON YAN
O'MELVENY & MYERS LLP
1625 Eye Street NW
Washington, DC 20006

Email: jhacker@omm.com
lblalack@omm.com
jgordon@omm.com
kfeder@omm.com
jyan@omm.com

Attorneys for Appellants/Petitioners

DIMITRI D. PORTNOI
JASON A. ORR
ADAM G. LEVINE
HANNAH DUNHAM
NADIA L. FARJOOD
O'MELVENY & MYERS LLP
400 South Hope Street, 18th Floor
Los Angeles, California 90071

Email: dportnoi@omm.com
jorr@omm.com
alevine@omm.com
hdunham@omm.com
nfarjood@omm.com

Attorneys for Appellants/Petitioners

PAUL J. WOOTEN
PHILIP E. LEGENDY
O'MELVENY & MYERS LLP
Times Square Tower
Seven Times Square
New York, New York 10036

Email: pwooten@omm.com
plegendy@omm.com

Attorneys for Appellants/Petitioners

CONSTANCE L. AKRIDGE
SYDNEY R. GAMBEE
HOLLAND & HART LLP
9555 Hillwood Drive
Second Floor
Las Vegas, Nevada 89134

Email: clakridge@hollandhart.com

Attorneys for Amicus Curiae (Case No. 85656)

RICHARD I. DREITZER
FENNEMORE CRAIG, PC
9275 W. Russell Road
Suite 240
Las Vegas, Nevada 89148

Email: rdreitzer@fennemorelaw.com

*Attorneys for Real Parties in Interest
(Case No. 85656)*

THE HONORABLE NANCY L. ALLF
District Court Judge-Dept. 27
200 Lewis Avenue
Las Vegas, Nevada 89155

Respondent (Case No. 85656)

/s/ Karen Rodman

Employee of BAILEY ❖ KENNEDY

EXHIBIT 56

EXHIBIT 56

**FILED UNDER
SEAL PURSUANT
TO PENDING
MOTION TO SEAL
FILED
CONCURRENTLY
HEREWITH**

EXHIBIT 57

EXHIBIT 57

**FILED UNDER
SEAL PURSUANT
TO PENDING
MOTION TO SEAL
FILED
CONCURRENTLY
HEREWITH**

EXHIBIT 58

EXHIBIT 58

**FILED UNDER
SEAL PURSUANT
TO PENDING
MOTION TO SEAL
FILED
CONCURRENTLY
HEREWITH**

EXHIBIT 59

EXHIBIT 59

Summary: PX473

Billed CPT: 99285

Employer: Medical Transportation Management Inc.

Patient Name

	A	C	E	F	I	L	M	N	W	X
1	ENTITY	FACILITY	FAC COUNTY	PATIENT NAME	DOS	BILLED CPT	Charges	ALLOW	EMPLOYER	GROUP #
6897	FREMONT	SUNRISE HOSPI	CLARK		8/14/19	99285	\$1,428	315.25	Medical Transp	76411009
9712	FREMONT	SUNRISE HOSPI	CLARK		11/27/19	99285	\$1,428	409.82	Medical Transp	76411009

EXHIBIT 60

EXHIBIT 60

P473 G (Summary of Billed Charges and Allowed Amounts)

Row Labels	Sum of Charges	Sum of ALLOW
FREMONT EMERGENCY SERVICES MANDAVIA, LTD	\$ 12,240,896.00	\$ 2,460,197.77
Health Plan of Nevada Inc.	\$ 122,493.00	\$ 20,101.07
Sierra Health and Life Insurance Company Inc.	\$ 5,214,714.00	\$ 829,532.96
UMR Inc.	\$ 824,859.00	\$ 188,838.06
United Health Care Services Inc.	\$ 3,749,907.00	\$ 878,531.12
United Healthcare Insurance Company	\$ 2,328,923.00	\$ 543,194.56
RUBY CREST EMERGENCY MEDICINE	\$ 580,698.00	\$ 236,090.47
Health Plan of Nevada Inc.	\$ 2,808.00	\$ 1,963.54
Sierra Health and Life Insurance Company Inc.	\$ 16,332.00	\$ 4,299.79
UMR Inc.	\$ 35,971.00	\$ 11,498.42
United Health Care Services Inc.	\$ 373,705.00	\$ 165,362.82
United Healthcare Insurance Company	\$ 151,882.00	\$ 52,965.90
TEAM PHYSICIANS OF NEVADA MANDAVIA, PC	\$ 421,195.00	\$ 147,159.54
Health Plan of Nevada Inc.	\$ 2,940.00	\$ 653.00
Sierra Health and Life Insurance Company Inc.	\$ 8,647.00	\$ 2,056.09
UMR Inc.	\$ 5,049.00	\$ 3,592.89
United Health Care Services Inc.	\$ 205,209.00	\$ 83,387.43
United Healthcare Insurance Company	\$ 199,350.00	\$ 57,470.13
Grand Total	\$ 13,242,789.00	\$ 2,843,447.78

EXHIBIT 61

EXHIBIT 61

**FILED UNDER
SEAL PURSUANT
TO PENDING
MOTION TO SEAL
FILED
CONCURRENTLY
HEREWITH**

EXHIBIT 62

EXHIBIT 62

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

The latest updates are highlighted in yellow as of 01/04/2021

What is Naviguard?

- Next evolution out- of-network (OON) program that can improve upon current programs and provide a competitive revenue generating differentiator for UnitedHealthcare.
- A reference-based pricing reimbursement program with comprehensive member advocacy and balance billing support.
- The Key Account and National Account sales strategy for Naviguard is to rollout and support E&I sales strategies by providing a better option for clients who have remained on reasonable and customary. NA is also positioning Naviguard as the go out bid for any new clients being developed for 1/1/21. Eventually, Naviguard will be the choice OON program for clients who migrated to OCM in 2020.

Why are we developing Naviguard?

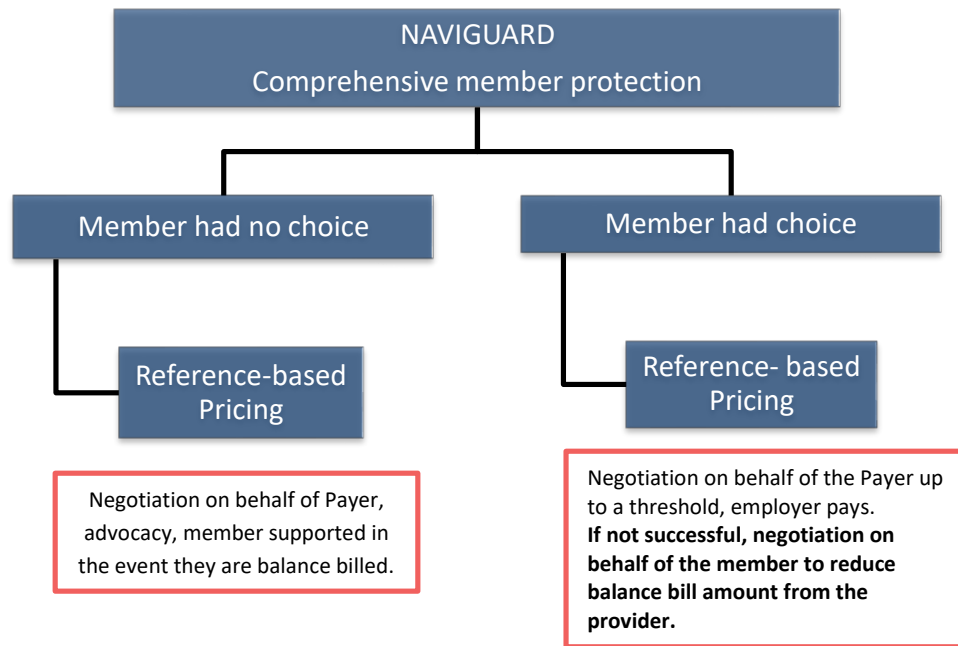
- Out of network costs and member exposure to balance billing have become a significant concern for employers, consumers, and government.
- Reimbursement rates used by ASO clients are higher than they need to be.
- Members need more education and support surrounding OON exposure and claims.

How Naviguard Works:

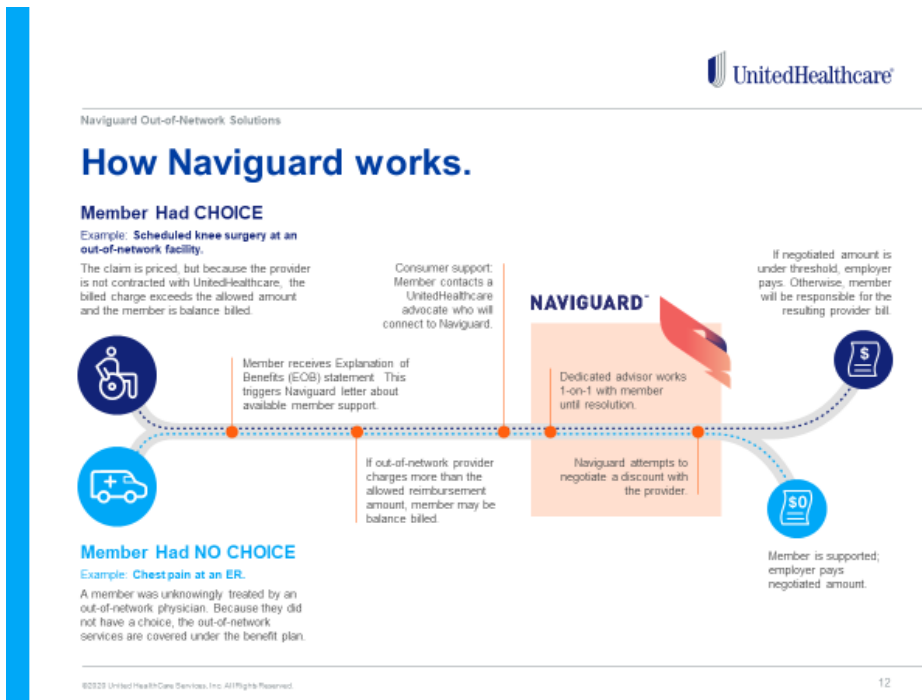
Package Naviguard – ENHANCED member support

- **Member does not have a choice:**
 - Claims pay using reference-based pricing methodology. “Balance bill advocacy for the member applies and the member is supported in the event they are balance billed.
- **Member has a choice:**
 - Claims pay using reference-based pricing methodology. Balance billing advocacy applies for the member with guidelines on negotiation thresholds. If negotiation is successful, the provider agrees to no longer balance bill the member. If negotiation is unsuccessful, the member may be responsible for the difference between the billed amount and the allowed amount, otherwise known as balance billing.

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only



Member Experience:



The Naviguard Advisor Value Proposition:

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

Our Advisors provide a new level of dedicated member support. Real people engaging directly with the member, throughout their Naviguard experience.

- **Dedicated Advisors:** The advisors are proactively member focused. Members work with a dedicated advisor throughout their entire Naviguard engagement, receiving support and coaching as we work to develop a plan to best address their balance bill situation.
- **Trained Advisors:** Advisors are trained on motivational interviewing strategies which include reflective listening, feedback techniques and open-ended questioning, all designed to draw out necessary, relevant information in a supportive and trusting manner.
- **Member follow-through:** Advisors will keep the members updated on the status of Naviguard negotiation and will stay with the member until resolution is obtained.
- **Member had No Choice:** reduce balance bill amounts and support the member, if balance billing occurs.
- **Member Had Choice:** reduce balance bill amounts and, if the negotiation is not successful, assist the member in negotiating an achievable payment solution with the provider.

SME's and Contacts:

For program-related questions, direct your inquiries to:

- **Mignon Hammond**, Client Relationship Manager (763-361-9273)
- **Lisa LaMaster**, Naviguard client relationship director (612-632-6945)
- **Ernie Bourassa**, VP Naviguard Employer Solutions (908-884-8893)
- **Naviguard client team inquiry SharePoint:** <https://orx-01.optum.com/teams/C3/300/338/Lists/NaviguardSalesIntake/AllItems.aspx>

For sales strategy questions not addressed by sales leadership, direct your inquiries to:

- **Lisa McDonnell**, NA Senior Vice President Client Network Solutions (952-979-6663)
- **Steve Beecy**, KA Senior Vice President Northeast region (704-442-4128)

For underwriting/pricing questions not addressed by your case underwriter, direct your inquiries to:

- **Brian Henderson**, NA Director Underwriting (860-702-9046)
- **Christine Cannon**, NA Associate Director Underwriting (860-702-7664)
- **George Marques**, KA Underwriting out-of-network SME (860-702-5074)

For other non-Naviguard OON questions, please use the [ASO Intake Request \(AIR\) site](#) (most responses occur within a few hours but please allow up to two business days given shifts in volume.)

Resources

[Naviguard.com](#)

[Client Presentation](#) – external

[Sales Script](#) –internal

[Member Flier](#) – external

[Client one-pager](#) – external

[Naviguard Member Wallet Card](#) – external

[Naviguard Member Journey](#) – external

[Naviguard 1-page Overview \(member\)](#) - external

[Naviguard Internal Training Update](#) - internal

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

[Naviguard Training Presentation](#)
[Naviguard training recording](#)
[At-a-Glance job aide](#)

Frequently Asked Questions

Naviguard

1. Who is Naviguard?

Naviguard is a UHG company designed to bring value to our clients with aggressive OON reimbursement strategies. We provide consumer support and negotiations with providers to reduce the bill.

2. What is the relationship between payer/employer/Naviguard?

Your employer has chosen Naviguard advocacy to assist when you are faced with a balance bill by an out of network provider. UHC is the plan administrator and Naviguard is the affiliated out of network advocacy service provider for you.

3. What is the benefit of applying Naviguard in situations where the member did not choose to use OON providers?

Claims will pay using reference-based pricing to get the deepest discount and maximize cost savings for ASO customers. Consumer advocacy will apply in these situations providing the member with a dedicated Advisor to assist them through the negotiation process, the member is supported

4. What is the benefit of applying Naviguard in situations where a member has a choice and elects to use a provider outside of UHC's network?

Claims will pay using reference-based pricing to get the deepest discount and maximize cost savings for ASO customers. Consumer advocacy will apply in these situations and will provide the member with a dedicated Advisor to assist them through the negotiation process. Our negotiation process has guidelines on negotiation thresholds and benchmarks. If negotiation is successful, the balance bill amount will be reduced or eliminated. Unsuccessful negotiations may leave the member responsible for the difference between the original billed amount and allowed amount, otherwise known as balance billing. If this is the case, Naviguard will negotiate on behalf of the member for a reduced amount owed or for a reasonable payment plan.

5. Why choose Naviguard?

Naviguard will provide an additional element of consumer advocacy for both members who choose to seek care with a provider outside of UHC's network, or those with no choice. This service provides a one-on-one relationship with the member as we work through our negotiation process. Naviguard has also demonstrated increased claims savings for clients and members, which will help drive improved costs.

6. Does Naviguard have a website?

Yes, members can access the Naviguard website at ***Naviguard.com***

7. What does the Naviguard website include?

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

It includes actionable and comprehensive content to empower employees to avoid and mitigate balance bills, downloadable action plans, tips, and scripts that drive effective negotiations.

8. How does Naviguard compare to other OON programs?

Savings results shown may vary based on customer plan and geographic distribution and are not a guarantee of future results.



Naviguard Out-of-Network Solutions

Delivering coverage and support for members and employers.

Out-of-network programs comparison:

Features	Reasonable and Customary	Outlier Cost Management (OCM)	
Savings	55%	60%	70%
Vendor pricing	✓	✓	
Proprietary reference-based pricing		✓	✓
Member had choice, support to a threshold. If not successful, negotiation on behalf of member to reduce the bill from the provider.	✓ Facility only	✓	✓
Member had no choice, provider negotiation, member support	N/A	✓	✓
Member end-to-end support			✓
Member online tools to avoid out-of-network and prepare if balance billed			✓

Savings results shown may vary based on customer plan and geographic distribution and are not a guarantee of future results.

©2020 United HealthCare Services, Inc. All Rights Reserved.

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

9. Do we have any competitive information? Are other payers using programs similar to Naviguard?

		Naviguard	Aetna	Cigna	Anthem - BCBS	Humana
OON Reimbursement	WRAP	X	✓ (\$)	✓	✓	✓
	Benchmark -Proprietary -CMS	✓	✓	✓	✓	?
OON Advocacy	Coaching	✓	Accolade	X	X	Accolade
	Choice Negotiation	✓	✓	Health Advocate	X	?
	No Choice Negotiation	✓	✓	Health Advocate	?	?
	Tools to stay INN	✓	✓	✓	<u>Castlight</u>	✓

Key: ✓ = in use; X = do not have

10. Can Naviguard's methodology be challenged by an out-of-network provider?

As with any out-of-network pricing methodology, a provider can choose to appeal.

11. How can I receive status on my Appeal?

If you or the provider have chosen to go through the appeal process, you should contact member services to obtain a status of the appeal.

12. Do we anticipate federal surprise billing legislation to impact these out-of-network program options?

When a member has a choice and chooses an out-of-network provider and they are balance-billed, this is not really surprise billing. These program options are addressing "member choice" so we don't expect legislation to impact this part of the program.

Should federal legislation for no-choice situations be passed, enforcement and support will still be needed and Naviguard will fill that role, as needed. UHG and UnitedHealth Networks (UHN) are watching the federal legislative efforts closely.

13. What is Naviguard doing about egregious providers that we know will insist on being paid full-billed amounts?

Naviguard has a focused team working in collaboration with both UHN and Payment Integrity on providers of interest (POI). The teams will be looking for situations and trends that indicate our current network providers are utilizing or referring members to out-of-network providers, as well as egregious billing situations. The teams will be

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

mining the data for trend triggers and pulling in the necessary parties to impact provider behavior as appropriate.

14. What leverage do we have to negotiate out-of-network balance billing?

All Naviguard negotiations will start with provider education on why the reference-based pricing is a reasonable amount typically accepted for the same or similar service.

Naviguard will demonstrate to the provider that its charge is not in line with market-based factors. As part of the 1-member support, Naviguard is also able to educate and empower the member so they are informed about the amount they are being billed as being out of line with industry standards.

15. Will Naviguard remain proprietary for UHC or will it be sold as a product to other payers?

At launch, Naviguard is only available to UHC clients. The Naviguard team may eventually sell this solution to other payers, but nothing is currently planned.

16. Are the Naviguard Advocates UnitedHealth Group employees?

They are Naviguard employees. Today, Naviguard is owned by UnitedHealth Group Ventures. Naviguard and UHC are fully integrated working in collaboration on this OON offering.

17. Is the Naviguard 70% savings member or UHC savings?

The plan sponsor and member share in the savings based on the plan design cost share applied to the discounted charges. Savings are applied off of billed charges prior to application of the benefit. Savings results shown may vary based on customer plan and geographic distribution and are not a guarantee of future results.

Member

1. What are impacts to members?

- Member advocacy both when member doesn't have a choice and when they chose to use an OON provider
- Provides members with resources to take an active role in their health care and understand expenses that come with using non-network providers.
- Balance billing risks when member chooses to see an OON provider
- Lower co-insurance and deductible exposure

2. How will a member be referred to Naviguard?

Member's primary referral source will be through UnitedHealthcare's Member experience team. Members who call in to UHC with questions related to their OON bill will be referred to Naviguard for assistance once it is determined that claim has processed correctly. Naviguard also supplies a brochure for the employer Human Resources department to distribute should a member contact them with a balance bill issue. This brochure will guide them to start with UHC Member Services to follow our established process. Naviguard is fully integrated with the UHC advocates.

3. How will members get in touch with Naviguard?

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

Members will have direct contact with a dedicated advisor throughout their entire Naviguard engagement. Initial contact with Naviguard can be made by calling the number on their medical ID card, or the number on the member letter or EOB.

4. How often does Naviguard call the provider?

Naviguard will attempt 3 phone calls over a two-week period, more often, if necessary, to engage with the provider and begin negotiations. Naviguard is experiencing some COVID related delays due to business offices having limited hours of operations. If we are not able to connect by phone, we will send a letter to encourage them to get back to us.

5. How often will a Naviguard Advisor contact a member once they have engaged with them?

The advisors will contact a member once every two weeks at a minimum and more often if the situation dictates as they work to resolution.

6. How much does it cost the member to get advocacy services from Naviguard?

Naviguard is part of the client's out of network solution. Member advocacy is a key component of the process at no additional cost to the member.

7. When is Naviguard available to talk to members/providers?

Naviguard is available from 8 am to 5 pm Monday - Friday. If the member has been engaged with an advisor, the member will have the advisor direct phone number and can leave a voice mail if outside of the operating hours.

8. What should members do if they suspect they are being balance billed?

When a member believes they are being balance billed they should call the phone number on the back of their ID card or noted on the EOB. The member experience team will review the claim and escalate the issue to Naviguard, if appropriate. Naviguard will review the issue and engage with the member to discuss the next course of action.

9. Will provider hold the invoice/claim billing while in negotiation?

We do not have control over whether or not a provider will bill or send claim to collections during the negotiation process. We can request that the provider put a hold on the claim until our negotiations are complete; however, it would be at the provider's discretion to comply.

10. Will there be member communication on Naviguard?

A member flier is available on CTM. It will be up to the client to determine whether they choose to communicate this program to their population. No broad member communications are planned.

11. Will Naviguard savings and member support apply to mental health claims?

Yes, mental health claims are included in Naviguard support.

12. Does this process work behind the scenes to help with a member's balance billing if the member never calls in?

Naviguard, like our other programs, relies on the member contacting us in balance bill situations. If the member is not balance billed or does not call-in, we would not know to intervene. The member has tools available to use on naviguard.com and myuhc.com. Advisors will not be proactively looking at claims if the member does not contact us.

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

13. When the member reaches a UHC Advocate how are they transferred to a Naviguard Advisor?

The UHC advocate will review claim information to ensure the claim was paid correctly and verify balance billing. The member's information will be sent via the ORS process to a Naviguard advisor who will call the member and begin the resolution process. The member will work with same Naviguard advisor until resolution.

14. Does a member have to do a HIPAA release when they work with Naviguard?

Yes, Naviguard does require that the member sign a HIPAA release to allow the negotiators to call the providers on the member's behalf. Naviguard has found that all out-of-network providers are insisting Naviguard provide a HIPAA release before they will engage in negotiations.

15. How long does this process take?

We anticipate our standard turnaround time (TAT) and Service Level Agreements experienced today for OCM and all OON programs will apply, balance billing resolution within 25 business days. During this entire process the advisors will be communicating with the member keeping them up to date on progress. The member also will have the advisor name and number to call directly with questions.

16. Will the Naviguard Advisors discuss the advantages of members choosing network providers?

Yes, the advantages of choosing network providers will always be emphasized with members.

17. Does this work for all my claims, my other family members claim (OON vs INN, Choice vs No Choice)?

Naviguard is available to assist with all out of network claims incurred by any family member covered under your medical plan.

18. Does myuhc.com provide the actual out-of-network rates?

No, we have no way to predict what an OON provider will charge, and reimbursement will be adjusted by specialty type, geography, etc. The myuhc.com website does have a link to Fairhealth.org so that a member can look at what an OON provider may charge. Please note as stated on the website that these figures are not a guarantee of benefits and the tool does not display exact charges.

19. Why didn't my OON benefits apply?

Your OON benefits have been applied to this claim. When those benefits are applied, co-insurance, copay, or deductible may be included, which is your responsibility based on the covered amount.

20. UHC took care of this last time, they should just take care again. Why didn't they?

Benefit programs change from year to year and out of network situations differ. Regardless, Naviguard is here to support you through the entire process and will work on your behalf to resolve the balance billing.

21. Will the EOB include specific language directing members to call the number on their ID card if they are balance billed?

The EOB will include direction to call the number on the medical ID card if the member is balance billed. Sample EOB and specific language to follow.

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

22. Will the members get a letter from Naviguard similar to OCM?

Yes, a member letter is being sent if the balance bill liability is over \$500. The letter will direct the member to call the number on the back of the card.



<MemberFirstName> <MemberLastName>
<Address_Line_1>
<Address_Line_2>
<City>, <State> <Zip_Code_5> <Zip_Code_4>

Important Information about what you may owe

Member Name: <MemberName>
Member ID: <MemberID>
Provider Name: <ProviderName>
Date of Service: <DateofService>
xx/xx/xxxx

Dear <MemberName>,

Our records show that on <DateofService> you received medical services from <ProviderName>, a provider who is out of network for your health plan. As billing moves forward, we'd like you to know that UnitedHealthcare is working on your behalf—we've teamed up with Naviguard to review out-of-network claims and determine a payment amount based on industry standards.

Here are the details.

The out-of-network provider is seeking a total of <\$BilledAmount> for the services performed. Based on industry standards for similar services, we have determined that <ProviderName> should be paid <\$StdAmount>. With that amount as our starting point, UnitedHealthcare will apply any coinsurance, copay and deductible to that amount based on your health plan and will send you an Explanation of Benefits (EOB) showing how the claim was processed and the amount you are responsible for paying to <ProviderName>.

How to avoid being overbilled.

If <Provider Name> bills you for more than that amount, contact Naviguard Consumer Protection at <1-800-000-0000> (Monday–Friday, 8 a.m. – 5 p.m. CT) and they will work with the provider on your behalf on the amount you were overbilled. When you call, you'll be asked to provide your member ID, which we have included at the top of this letter.

If you have other questions about your plan or need more information, please call the number on your health plan ID card.

Sincerely,
UnitedHealthcare



Naviguard_Choice_L
etter_hr_20-130879-

23. If Naviguard is negotiating on the member's behalf, under what circumstances does the member need information on how to negotiate their bill?

A member could use the website information before they are billed, and then feel like they are prepared enough to handle things on their own. They may also try negotiation on their own if they are left with a balance bill after Naviguard's negotiation in member choice situations.

24. If you are negotiating for the member, why does payment come from UHC?

Naviguard is negotiating the claim allowed amount to remove members from balance billing. In some situations, the negotiation will not successfully remove the balance billing, such as member choice situations, and the member will be responsible for the balance billed amount. In those situations, Naviguard will assist the member in working out a payment plan or option with the provider to resolve the balance due.

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

Operations

1. What is the Naviguard implementation process?

Naviguard will be implemented in the same process as other OON programs. Naviguard is package “N”. BTB is being updated to include Naviguard package, as well as, the necessary drop downs to accommodate variable price fee structure. Currently BTB has a Naviguard Package P, this package is not built yet and should not be chosen, the BTB job aide calls this out specifically.

2. Will we communicate these Naviguard changes to out-of-network providers?

No, we do not communicate program changes with out-of-network providers. The OON provider has access to call-in to the provider line to dispute payment or appeal as they do today.

3. Can these programs apply to out-of-area plans?

If a member has an out of area plan and they are in the United States choosing to use an out-of-network provider than yes, Member Choice Reference-Based Pricing would apply. This only applies in the United States. For non-choice situations Naviguard will apply and negotiate on the member’s behalf, supporting the member if that is what the client has in their benefit document.

4. Who is in scope for Naviguard?

For initial phase, National Accounts ASO clients on UNET who have remained on R&C and new business clients are in scope, both a broad network offering, and network only plans. PP1, MIN and IND plans, are also in scope for Naviguard. The initial focus of Naviguard is to move clients off R&C. However, any ASO UNET client can adopt Naviguard if they desire increased savings and increased member advocacy.

5. Who is out of scope for Naviguard?

At launch, UMR and any non-UNET clients are out of scope.

6. When will Naviguard be available for my client?

The Naviguard package is in development and will be available for client adoption on October 1, 2020.

7. Will a member receive a check if the client is in the Pay the Enrollee (PTE) program?

As part of the standard set-up for Naviguard, PTE will **not** be turned on. It has been determined, when allowing PTE with the member having the claim dollars weakens any attempt at negotiation. The BTB job aides have been updated to reflect this change. Clients cannot have Naviguard and choose to non-standardly opt-in to PTE, the system capability does not exist to support the functionality.

8. Will SPD language change be required?

SPD language changes are required for Naviguard adoption and will be sent out to the clients through the usual SPD process utilizing the SMM/MMU letters.

Current SPD language for both INN and OON plan options, please work with your contract team member if you have client specific SPD questions.

- Allowed Amounts:

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

- Allowed Amounts are the amount the Claims Administrator determines that the Plan will pay for Benefits. For Designated Network Benefits and Network Benefits for Covered Health Care Services provided by a Network provider, you are not responsible for anything but your cost sharing obligations. For Benefits for Covered Health Care Services provided by an out-of-Network provider (other than Emergency Health Care Services or services otherwise arranged by the Claims Administrator), you are responsible to work with the out-of-network physician or provider to resolve any amount billed to you that is greater than the amount the Claims Administrator determines to be an Allowed Amount as described below. Allowed Amounts are determined solely in accordance with the Claims Administrator's reimbursement policy guidelines, as described in the SPD.
- Allowed Amounts are based on the following (this would be for both emergent/non-emergent). When Covered Health Care Services are received from an out-of-Network provider, Allowed Amounts are an amount negotiated by UnitedHealthcare, a specific amount required by law (when required by law), or an amount we have determined is typically accepted by a healthcare provider for the same or similar service. Please contact the Claims Administrator if you are billed for amounts in excess of your applicable Coinsurance, Copayment or any deductible. The Plan will not pay excessive charges or amounts you are not legally obligated to pay.
- Description of how we will advocate for you:
 - The Plan has contracted with the Claims Administrator to provide advocacy services on your behalf with respect to out-of-network providers that have questions about the Allowed Amounts and how we determined those amounts. Please call us at the number [on the back of your ID card/on your Explanation of Benefits] to access these advocacy services, or if you are billed for amounts in excess of your applicable co-insurance or co-payment. In addition, if the Claims Administrator, or its designee, reasonably concludes that the particular facts and circumstances related to a claim provide justification for reimbursement greater than that which would result from the application of the Allowed Amount, and the Claims Administrator, or its designee, determines that it would serve the best interests of the Plan and its Participants (including interests in avoiding costs and expenses of disputes over payment of claims), the Claims Administrator, or its designee, may use its sole discretion to increase the Allowed Amount for that particular claim.

9. What if my customer doesn't want to opt-in to Naviguard and chooses to keep R&C?

Work with your sales leader and underwriter to determine best option for your client.

10. Are new ID cards needed for Naviguard?

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

If your client is currently on Package D or Package L, a new ID card will not be required. If your client is on any other OON package they will require a new full population of ID cards. The new ID cards are needed to remove the Multiplan logo. The Naviguard logo will not be included on any ID cards.

11. If a client chooses Naviguard and new ID cards are required, will the client be charged?

No, there will be no charge to generate these ID cards.

12. What is the expected turnaround time (TAT) for member negotiation?

We anticipate our standard turnaround time (TAT) and Service Level Agreements experienced today for OCM and all OON programs will apply, balance billing resolution within 25 business days. During this entire process the advisors will be communicating with the member keeping them up to date on progress. The member also will have the advisor name and number to call directly with questions.

13. Will Naviguard be available to clients that currently have MNRP, similar to Package "D"?

Yes, think of it as a replacement for Package "D". Naviguard would be a great fit for a client on package "D" who would like deeper reductions but would prefer to support their membership more than the current MNRP option of package "D". Clients on one of the "new" (C,L,D) packages could adopt Naviguard, as it is not only for the clients who are on R&C today. Work closely with your underwriter on the value of moving from one OON package to another, as well as discussing pricing options.

14. Is there coordination between UHC Advocates and the Naviguard advisors?

Yes, there will be coordination between the two groups. We know this is a key connection point for Naviguard to be successful. Naviguard is fully integrated with UHC Operations.

15. Will there be coordination with Optum Health Care Advisors and Naviguard advisors?

Yes, Naviguard is fully integrated with the Optum Advisors.

16. What is the expected success rate of negotiations?

We are using the success rate of OCM advocacy as our baseline and our Naviguard expectation. 95% of all OCM claims achieve a reduction off billed charges. Currently, 20% of all OCM claims are disputed by the member or provider. As more Naviguard actuals are available, data will be updated.

17. Will client reporting be available? Do we have an example?

Yes, client reporting will be available. The standard OON detail reports on eCR are available for Naviguard similar to what is currently available from the SSP program. The Naviguard team is developing a more robust client level dashboard with targeted availability of Q2 2021.

18. Will the UHC Advocacy team receive this training or only the Naviguard Advisors?

As part of the package launch with benefit operations, UHC advocates will get information on Naviguard so that this process remains seamless to our membership.

19. Will Naviguard assist with all my insurance questions (for example, where do I stand on my deductibles, why was service not covered)?

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

There will be some things Naviguard will not address such as what portion of a member's deductible has been satisfied for the year. Naviguard will direct the member to call the member services number on their medical ID card.

20. Will Naviguard be operationally ready for 1/1/21 client adoption?

Naviguard operations will be ready with advisors and negotiators to manage the clients coming on 1/1/21.

21. Where will the advisors and negotiators be located?

Initial Advisor staff will be hired within our MN office – up to 15 Advisors. We are still working through plans for possible other locations.

22. How many advisors and negotiators will we have?

Roughly 50 advisors and 40 negotiators per 1M members, we may adjust based on our experience between now and October.

Pricing

1. How much will Naviguard save?

On average we expect Naviguard to save 70% off billed charges. Savings results shown may vary based on customer plan and geographic distribution and are not a guarantee of future results. On average we expect clients that have SSP Enhanced with R&C to save approximately 16% on gross claims; however individual client results will vary. Your underwriter can provide client specific savings where needed.

2. My client wants additional information on Naviguard pricing methodology.

Naviguard pricing has been developed to price the OON provider fairly and to attempt to align more closely with our par provider reimbursement. The current R&C methodology reimburses OON providers by incenting them to remain outside of the UHC network and unnecessarily burdening our members with balance billing risk. Naviguard pricing is based on several things: proprietary reimbursement logic, situation factors (ex. site of service, level of care), industry benchmarks (ex. par median rates), and it is geographically adjusted.

3. Will customers be charged a fee for Naviguard?

Yes, there is a fee that clients will be charged to administer this program. Individual client pricing will vary based on expected utilization and other factors. Please work with your underwriter to establish the appropriate pricing based on your client's specific situation.

4. Will we get credit from the consultants for the savings Naviguard is producing with the Uniform Data Submission (UDS) or the net effective score?

Naviguard and the UHC actuarial team have worked closely to validate that the current pricing strategy and member support offered with Naviguard will be allowed to be submitted and reflected, which should increase UnitedHealthcare's overall net effective score. A key component of Naviguard that allows for that increased number is the member support that is applied in member had choice situations. Today, MNRP does not provide advocacy and as a result is not reflected in our net effective discount, putting us at a disadvantage to many competitors.

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

5. Will PMPM savings be available by market for BIC analysis to support consultant discussions?

Yes, the UHC actuarial team is developing this information, which will be available at the client level. The team is targeting information availability for mid-May.

6. Will Naviguard replace MNRP?

Naviguard uses reference-based pricing along with robust member advocacy.

Naviguard can be a very viable option for a client on MNRP that would like to offer more comprehensive member support, where today, MNRP has none.

7. What are the Naviguard remark codes?

Remark Code	Remark Text
UC	An out-of-network provider or facility provided these services. Member: It was paid according to your plan benefits. If the provider bills you for more than your coinsurance, copay, or deductible, please call the number on your Health Plan ID card. Provider: Please do not bill the patient more than the amount of the deductible, copay, or coinsurance applied to this service. If you have questions about the reimbursement, contact Provider Services at the number on the top of this statement.
P8	This facility, physician, or health care provider is out-of-network. We received more information and reprocessed this claim. You are only responsible for your coinsurance, copay, or deductible. The provider may not bill you for more than that amount. If you paid the physician or health care provider more than the amount you owe, please call them for a refund.
VI (alpha)	This facility, physician, or health care provider is out-of-network. The claim has been adjusted based on an agreement with Naviguard. You are only responsible for your coinsurance, copay, or deductible. The provider may not bill you for more than that amount. If you paid the physician or health care provider more than the amount you owe, please call them for a refund.
V6	An out-of-network provider or facility provided these services. Member: It was paid according to your plan benefits. If the provider bills you for more than your coinsurance, copay, or deductible, please call the number on your Health Plan ID card. Provider: Please do not bill the patient more than the amount of the deductible, copay, or coinsurance applied to this service. If you have questions about the reimbursement, contact Provider Services at the number on the top of this statement.

Naviguard ASO / Self-Funded Internal Talking Points and Frequently Asked Questions (FAQ) Internal Use Only

1L (numeric/ alpha)	An out-of-network provider or facility provided these services. Member: It was paid according to your plan benefits. If the provider bills you for more than your coinsurance, copay, or deductible, please call the number on your Health Plan ID card. Provider: Please do not bill the patient more than the amount of the deductible, copay, or coinsurance applied to this service. If you have questions about the reimbursement, contact Provider Services at the number on the top of this statement.
QJ	An out-of-network provider or facility provided these services. Member: It was paid according to your plan benefits. If the provider bills you for more than your coinsurance, copay, or deductible, please call the number on your Health Plan ID card. Provider: Please do not bill the patient more than the amount of the deductible, copay, or coinsurance applied to this service. If you have questions about the reimbursement, contact Provider Services at the number on the top of this statement.
BY	An out-of-network provider or facility provided these services. Member: It was paid according to your plan benefits. If the provider bills you for more than your coinsurance, copay, or deductible, please call the number on your Health Plan ID card. Provider: Please do not bill the patient more than the amount of the deductible, copay, or coinsurance applied to this service. If you have questions about the reimbursement, contact Provider Services at the number on the top of this statement.
JE	This facility, physician, or health care provider is out-of-network. The claim has been adjusted based on an agreement with Naviguard. You are only responsible for your coinsurance, copay, or deductible. The provider may not bill you for more than that amount. If you paid the physician or health care provider more than the amount you owe, please call them for a refund.

EXHIBIT 63

EXHIBIT 63



Learn more
(<https://www.multiplan.us/memb>)
(<https://www.multiplan.us/memb>)

Find a Provi
(<https://www.multiplan.com/webce>)

Data iSight Methodology

The most defensible, transparent way to value non-contracted medical claims



Home (<https://www.multiplan.us/>) > Services (<https://www.multiplan.us/services/>) > Analytics-based Services
(<https://www.multiplan.us/services/analytics-based/>) > Data iSight

Our website uses cookies. By continuing to browse, you are agreeing to our use of cookies.

I Understand

Privacy policy (<https://www.multiplan.us/privacy-policy/>)

Did you receive an inquiry about buying MultiPlan insu



Learn more

<https://www.multiplan.us/memb>
[https://www.m](https://www.multiplan.us/memb)

Find a Provi

<https://www.multiplan.com/webce>


Why Data iSight is the right choice for healthcare payors

Our website uses cookies. By continuing to browse, you are agreeing to our use of cookies.

☒ I Understand

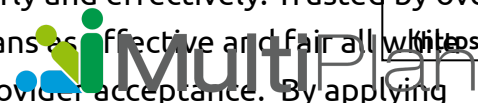
[Privacy policy \(https://www.multiplan.us/privacy-policy/\)](https://www.multiplan.us/privacy-policy/)

Launched in 2007, the Data iSight methodology was developed out of a need for healthcare

<https://www.multiplan.us/services/analytics-based/data-isight/>

506-002
RA002390

Launched in 2007, the Data iSight methodology was developed out of a need for healthcare payors to have a means to reprice non-contracted charges – fairly and effectively. Trusted by over 100 payors*, Data iSight is patented and validated by statisticians as effective and fair all while delivering deep savings on non-contracted claims with wide provider acceptance. By applying national benchmarking, regional wage indexing and geographic adjustment among other methods, it allows for the optimal reimbursement compared to Usual and Customary and Medicare-Based pricing.



Did you receive an inquiry about buying MultiPlan insu

Learn more

<https://www.multipan.us/memb>

Find a Provi

<https://www.multipan.com/webce>

The right choice for healthcare payors

Learn from our experts about how the Data iSight methodology helps payors save on claims where a contract is not available. Watch to learn more.

Our website uses cookies. By continuing to browse, you are agreeing to our use of cookies.

I Understand

Privacy policy (<https://www.multipan.us/privacy-policy/>)

Did you receive an inquiry about buying MultiPlan insu



Learn more

<https://www.multiplan.us/learn><https://www.multiplan.us/learn>

Find a Provi

<https://www.multiplan.com/webce>

Accepted

Data iSight is accepted by providers 94% of the time and 97% of the time by facilities, making it a defensible methodology for payors. The results are repeatable and consistent, and they also address common provider objections to Medicare or charge-based methods.



Flexible

Data iSight may be used by self-insured and insured plans and may be configured to apply only to specific claim types, with or without negotiation on appeal, and with or without patient advocacy. It may be supported in plan documents as a benefit limit, or used as a cost management strategy.

Derek Reis
Senior VP Analytics



Our website uses cookies. By continuing to browse, you are agreeing to our use of cookies.

☒ I Understand☐ Privacy policy (<https://www.multiplan.us/privacy-policy/>)

Transparent



Data iSight's high acceptance rate is aided by online transparency for all audiences: payors, providers and plan members. Each may log into our online portal and uniformly review how reductions were calculated, thereby lessening appeals.

A better reference for pricing

There is a growing trend among healthcare payors to base reimbursement for non-contracted claims on Medicare reimbursement rates, under the name of Reference-Based Pricing. The problem is, Medicare is not only a flawed valuation for many healthcare services, but it also can deliver unintended consequences. The better measure is one that more directly ties to a provider's own costs.

A better reference for reference-based pricing >
(<https://www.multipan.us/a-better-reference-for-pricing-whitepaper/>)

Our website uses cookies. By continuing to browse, you are agreeing to our use of cookies.

I Understand

Privacy policy (<https://www.multipan.us/privacy-policy/>)

Did you receive an inquiry about buying MultiPlan insu



MultiPlan®

Learn more
(<https://www.multiplan.us/memb>)

Find a Provi
(<https://www.multiplan.com/webce>)


Strike a balance



Our web site u e cookie By continuing to brow e, you are agreeing to our u e of cookie

Is your pricing str I Understand Privacy policy (<https://www.multiplan.us/privacy-policy/>) tive? Maximize savings and minimize balance-billing with fair reimbursement.

Did you receive an inquiry about buying MultiPlan insu

To learn more, **visit our contact us page** (<https://www.multiplan.com/contact-us>) and let us know you'd like to learn about our Analytics-based services.  [Learn more](https://www.multiplan.us/memb) (<https://www.multiplan.us/memb>)

**Per Q1 2019 reported internal data.*

Find a Provi
(<https://www.multiplan.com/webce>)

About Us

Company(<https://www.multiplan.us/company/>)
Careers(<https://www.multiplan.us/careers/>)
Investors(<https://investors.multiplan.us/>)
Leadership(<https://www.multiplan.us/company/leadership-team/>)
News(<https://www.multiplan.us/company/in-the-news/>)

Services

Payment and (<https://www.multiplan.us/services/medical-Revenue-Integrity-payment-integrity/>)
Network- (<https://www.multiplan.us/services/network-Based-based/>)
Analytics- (<https://www.multiplan.us/services/analytics-Based-based/>)
Services in Action(<https://www.multiplan.us/knowledgehub/>)

Markets

Commercial(<https://www.multiplan.us/markets/commercial/>)
Property & (<https://www.multiplan.us/markets/property-Casualty-and-casualty/>)
Government(<https://www.multiplan.us/markets/government/>)

Connect With Us

Facebook(<https://www.facebook.com/MultiPlanInc/>)
LinkedIn(<https://www.linkedin.com/company/multiplan>)
Twitter(https://twitter.com/MultiPlan_Inc)
Contact Us(<https://www.multiplan.us/contact-us/>)

For Healthcare Providers

Provider(<http://provider.multiplan.com/webcenter/portal/providerportal>)
Portal
Log In
☐ I Understand Privacy policy (<https://www.multiplan.us/privacy-policy/>)

For Payors

Join our (<https://www.multiplan.com/nominate/nominate.cfm>) Self-Service Tools(<https://www.multiplan.us/davers/>)

Networktype=join)

Philanthropic Programs (https://www.multiplan.us/philanthropic-programs/)


Provider Handbooks(https://www.multiplan.us/providers/)

Healthcare Provider FAQs(https://www.multiplan.us/providers/healthcare-provider-faqs/)

Did you receive an inquiry about buying MultiPlan insurance?

Learn more (https://www.multiplan.us/membership/)

Find a Provider (https://www.multiplan.com/webcenter/portal/ProviderSearch)



For Health Plan Members
(https://www.multiplan.us/members/)

Find a Provider (https://www.multiplan.com/webcenter/portal/ProviderSearch)

Nominate a Provider (https://www.multiplan.com/nominate/nominate.cfm?type=patient)

Health Plan Member FAQs (https://www.multiplan.us/members/)

© 2021 MultiPlan Corporation. All rights reserved.

Code of Conduct (https://4fgtm541ovdd2mf0o2645cwx-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/MultiPlan-Code_of_Conduct_10-14-2020.pdf)

Privacy Policy(https://www.multiplan.us/privacy-policy/)

Terms of Use(https://www.multiplan.us/terms-of-use/)

Site Map(https://www.multiplan.us/site-map/)

Our website uses cookies. By continuing to browse, you are agreeing to our use of cookies.

☐ I Understand Privacy policy (https://www.multiplan.us/privacy-policy/)

EXHIBIT 64

EXHIBIT 64

**FILED UNDER
SEAL PURSUANT
TO PENDING
MOTION TO SEAL
FILED
CONCURRENTLY
HEREWITH**