



CRS Benchmark Program

Another way to save money on health care costs

UMR now offers another solution to help our customers and plan members save money on health care costs, the CRS Benchmark Program. The benchmarking process, provided by the MultiPlan network, enables us to apply cost management strategies on out-of-network claims to limit balance billing of members. It also protects the plan from egregious provider billing.

How it works

- A percentage of Medicare is used to establish the benchmark value for the claim. The benchmark provides a fair level of reimbursement for providers.
- Claims meeting the benchmark are processed through the MultiPlan Complementary Network.
- If a claim is not eligible for the network discount, MultiPlan will negotiate with the provider to reach the benchmark value.
- If negotiation is unsuccessful, MultiPlan's Data iSight pricing methodology is applied.

Benefits of the CRS Benchmark Program

- Increases savings to the plan
- Member advocacy provides increased protection for members
- Encourages providers to contract at a fair level of reimbursement

Claim Benchmark - % of Medicare



Member protections
not guaranteed

Member protections
guaranteed

Balance Billing

Members are protected from balance billing when network or negotiated pricing is applied. The Data iSight methodology is highly defensible and providers accept the pricing over 90 percent of the time. MultiPlan also requests that the provider call them directly regarding any questions pertaining to the reimbursement.



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Please contact your
UMR representative for
more information.