



NEWS RELEASE

Merging Artificial and Human Intelligence to Pursue Payment Integrity—MultiPlan’s Ben Perryman and Evan Pollack to speak at the NHCAA Annual Training Conference

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NEW YORK--(BUSINESS WIRE)-- MultiPlan Corporation (NYSE:MPLN) ("MultiPlan" or the "Company"), a leading value-added provider of data analytics and technology-enabled end-to-end cost management, payment and revenue integrity solutions to the U.S. healthcare industry, announces Ben Perryman, Chief Data Scientist, Vice President of Data Services and Evan Pollack, Chief Medical Officer, Medical Audit and Review Solutions to discuss the combined approach to using both artificial and human intelligence in payment integrity efforts at the NHCAA Institute for Health Care Fraud Prevention's Annual Training Conference in Orlando, FL on November 17.

Perryman will present "The Marriage of AI and HI in Pursuing Payment Integrity," and will be joined by Pollack to discuss how to avoid common pitfalls that arise when implementing artificial intelligence and machine learning payment integrity efforts and identify best practices for the integration of machine learning and AI techniques with human intelligence. The session will also include examples of how the use of both human and artificial intelligence helped recover costs and a specific case study where HI and AI drove successful payment integrity outcomes.

"Finding new and creative ways to combine a variety of machine learning techniques with the most valuable asset at any healthcare payor—its people—is the best way to maximize payment integrity results," stated Perryman. "We will dive into proven and new and emerging ways to bring a healthcare payor's human intelligence and artificial intelligence together to drive key insights and better decision-making, all in an effort to drive down costs and improve the U.S. healthcare system."

MultiPlan is a Platinum Sponsor of this event, which brings together industry leaders fighting to detect, investigate, and prevent healthcare fraud, waste, and abuse.

Perryman prioritizes and operationalizes MultiPlan's data services across cost-management, payment, and revenue integrity solutions. With 15+ years of experience in data science and operations research experience, as well as a PhD in Operations Research from North Carolina State University, Perryman blends his strategic leadership experience with his mathematics and operations research background to develop deep, data-driven insights about end-user motivations in the healthcare ecosystem. Pollack oversees the physician division of MultiPlan's payment integrity department and also provides clinical insight to other departments. He is a member of the Editorial Advisory Board for ICD-10 and serves on the Contractors Advisory Committee for one of the Medicare Administrative Contractors and is a former delegate to the American Medical Association (AMA) and former chair of the Health and Public Policy Committee for the Pennsylvania American College of Physicians (ACP). He received his MD from the University of Cincinnati and did his residency at LAC/USC Hospital.

In addition, MultiPlan will be at booth 401 to discuss this and other payment integrity solutions that are addressing the most pressing challenges facing healthcare payors. For additional information about MultiPlan's Payment and Revenue Integrity solutions, you can also visit MultiPlan's Knowledge Hub

<https://www.multiplan.us/category/solutions/payment-and-revenue-integrity-services/>.

About MultiPlan

MultiPlan is committed to helping healthcare payors manage the cost of care, improve their competitiveness and inspire positive change. Leveraging sophisticated technology, data analytics and a team rich with industry experience, MultiPlan interprets clients' needs and customizes innovative solutions that combine its payment and revenue integrity, network-based and analytics-based services. MultiPlan is a trusted partner to over 700 healthcare payors in the commercial health, government, and property and casualty markets. For more information, visit www.multiplan.com.

About the NHCAA Institute for Health Care Fraud Prevention's Annual Training Conference

NHCAA is the industry's leader in fighting health care fraud and the Annual Training Conference is recognized as the single-most important health care anti-fraud event, spotlighting trends and emerging schemes. Designed for all levels of experience and most roles within the health care fraud fighting community, content is designed for law enforcement, investigators, analysts, managers, and leaders within the industry. NHCAA is working to create a safe and engaging environment for attendees and speakers to share information on best practices to detect, investigate, prosecute, and prevent fraud, waste and abuse.

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