

July 28, 2020

PROVIDER NOTICE - IMPLEMENTATION DELAY New Electronic Claims System: Paramount Advantage Medicaid

To our provider partners,

Our new electronic claims system was originally set to launch on August 1, 2020. However, we are delaying this launch until September 1, 2020. Paramount Advantage claims for dates of service on or after September 1, 2020 will be processed in the new system. This launch will affect our Advantage Medicaid product line, only. Our Elite Medicare and commercial product lines will be activated in the new system at a later date. The claims submission process remains the same for all three product lines.

Each Advantage member will be assigned a new 11-digit member identification number which will start with the number 1, i.e., 123456789-01. The new Advantage member identification numbers will be effective on September 1, 2020. Beginning August 25, 2020, members will be mailed new insurance cards with updated identification numbers. Please note that Medicare Elite and commercial members' identification numbers, which start with the letter P, will remain the same until they are transitioned to the new claims system.

IMPORTANT: Advantage Medicaid members' legacy identification numbers, which start with the letter A will remain active. In the event that you inadvertently bill for services with the member's old ID number, or bill for services rendered prior to September 1, 2020, we will still accept your submission. Explanations of Payment (EOPs) generated by the new system will use new member ID numbers.

Please do not turn Advantage members away or cancel services on or after September 1, 2020 if they do not have their new member ID cards. You can still see them and submit claims for payment with their old member ID number.

PARAMOUNT ADVANTAGE www.paramountadyantage.org	MEMBER ID 10000000-01 GROUP NUMBER ADV0010011 EFF. DATE 01/01/2018 MMIS NUMBER
ntage.org	ADV0010011 EFF. DATE 01/01/2018 MMIS NUMBEF 0000000000000
REPROVIDER	MMIS NUMBER 000000000000 MEMBER PORTA MyParamount.org
Smith, MD 555-1212	
PROVIDE OVIDER PORTAL: MyParamount.org	CVS/CAREMARK RXGROUP: RX6407
PROVIDER INQUIRY: 1-855-522-9076 PROVIDERS CALL FOR PRIOR AUTH:	RXBIN: 004336 • RXPCN: MCAIDOH PHARM. HELP DESK: 1-800-364-6331

The claims filing address, P.O. Box 497, Toledo, OH 43697-0497 remains the same and Paramount's clearinghouse Payer IDs also remain the same.

If you have questions about the launch of our new claims system, additional details and updates will be posted on Paramount's website: paramounthealthcare.com/providers. You can also contact Paramount's Provider Inquiry Department at 888-891-2564 or your Provider Relations representative.

Thank you,

David Bishop Manager, Provider Relations

If you have questions about this notice or other issues, please call your provider relations representative. Or, call Paramount provider relations at 800-891-2542.

