Non-Contracted Medicare Provider Appeal Instructions
Attn: Provider Inquiry
Phone Number: 888-891-2564
Email: Paramount.ProviderInquiry@promedica.org

PARAMOUNT
ADVANTAGE | ELITE | COMMERCIAL/HMO
PROMEDICA MEDICARE PLAN

Contracted providers are subject to Appeal Timely Filing contract language. Non-Contracted Providers are subject to the UCM Default of (60) calendar days for Appeal Timely Filing in accordance OAC 5160-26.08.4(D)(1) and CMS Chapter 13 Section 50.1

Non-Contracted Medicare Provider Claim Payment Disputes and Payment Appeals (Reconsiderations) for Part C Medical Benefit (non-Part D)

You have the right to request reconsideration of Paramount's denial of payment by initiating the Medicare Managed Care Beneficiary Appeals Process. This process is applicable to Medicare Advantage Plans if:

You do not have a contract with Paramount to participate in our Medicare Advantage (MA) Plans ("non-contracting provider") AND

You received zero payment for services you provided to a Paramount member enrolled in a Paramount MA Plan.

The Centers for Medicare and Medicaid Services ("CMS") describes the Medicare Appeal Process available to non-contracting providers ("provider-as-party") in section 60.1.1 of Chapter 13 of the *Medicare Managed Care Manual*, which is titled "Non-Contracting Provider Appeals".

Section 60.1.1 of Chapter 13 of the *Medicare Managed Care* Manual states:

> A non-contract provider, on his or her own behalf, is permitted to file a standard appeal for a denied claim only if the non-contract provider completes a waiver of liability statement, which provides that the non-contract provider will not bill the enrollee regardless of the outcome of the appeal.

Click here to obtain a copy of the Provider Waiver of Liability (Appendix 7) form. Please note the Waiver of Liability Statement must be completed in its entirety. The Medicare Health Insurance Claim Number (HICN) must be included on the Provider Waiver of Liability form. Please do not use any other identification or ID number in this field of the form, if you do the form will be invalid, and, per Medicare rules, your request for an appeal will be denied.

Affiliate of ProMedica

If your request for an appeal does not include a Provider Waiver of Liability form, Paramount will notify you of this missing information. You must provide Paramount with a completed and signed Provider Waiver of Liability form before Paramount can proceed with reviewing your request for an appeal. If the Provider Waiver of Liability form is not received with the appeal request, you have up to 60 calendar days from the Paramount denial to submit the form to Paramount or per *Medicare Managed Care Manual*, Chapter 13, Section 60.1.1, your request for an appeal will be sent to MAXIMUS Federal Services, Inc. for dismissal. You will receive written notification of the dismissal directly from MAXIMUS Federal Service, Inc.

Your request for a Non-Contracted Provider Appeal must be submitted in writing and be signed by the requestor to:

Paramount Care, Inc.
Non-Contracted Provider Appeals
P.O. Box 928
Toledo, Ohio 43537-0928

Please provide the appropriate documentation per Section 40.2.3 to support your payment appeal (copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supporting your argument for reimbursement). Payment appeals must be received no later than 60 calendar days from the date of the Paramount denial notice. Paramount will review your appeal and respond to you within 60 calendar days from the time your request for an appeal and the signed Waiver of Liability form is received by Paramount.

If decision is in your favor, payment will be made at the applicable Medicare rate directly to you.
If Paramount does not find in your favor, per Medicare Appeal Process (42 CFR 422.600), your case file will be forwarded to MAXIMUS Federal Services, Inc. You will receive written notification from MAXIMUS Federal Services, Inc., when review is completed. If the decision is not in your favor, you will be advised regarding your further appeal rights.

If you have further questions regarding the non-contracting provider appeal process, please contact our Provider Inquiry Department at 1-888-891-2564 or Paramount.ProviderInquiry@promedica.org.