



ADMINISTRATIVE SERVICES ONLY (ASO)

ADMINISTRATIVE SERVICES ONLY (ASO) OVERVIEW

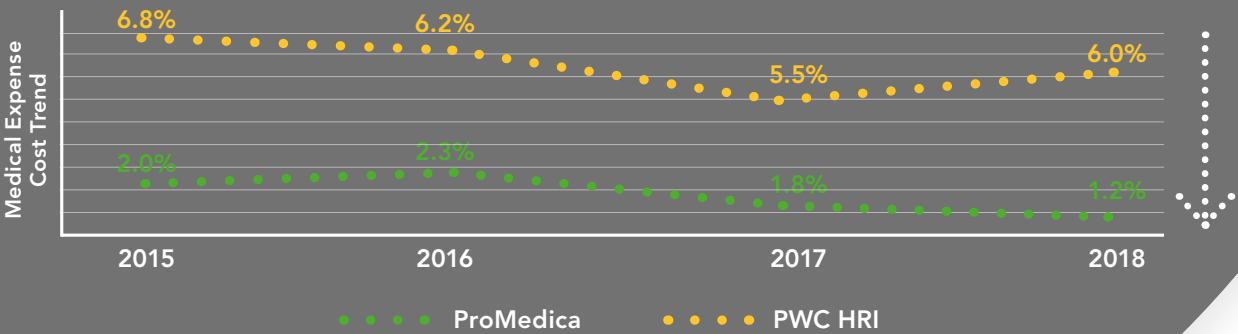
No. 1 largest
provider-owned
health plan in Ohio

1 | WHY PARAMOUNT ASO

- More than 30 years of third-party administrator and network management experience
- High-performance provider networks to maximize cost effectiveness and quality of care
- Services customized for your exact business needs including pharmacy benefit management, dental insurance and reinsurance
- Broad range of experience and expertise to ensure efficient and accurate claims processing
- Member-focused support and engagement to promote high levels of satisfaction

We broke our own cost curve!

We broke our own cost curve! Paramount is the TPA for our parent company ProMedica’s employee health plan. Our collaborative efforts have resulted in lowering our medical costs over the past two years. In addition, our medical costs are much lower than national medical trends projected by PwC’s Health Research Institute (PwC HRI).



2 | ACCOUNT MANAGEMENT

- Dedicated account executive and support team
- Single point of contact for client needs including day-to-day operations, data analytics and project development and problem solving
- Benefit design expertise that is data-driven and consultative with benefit plan modeling to bend your cost curve
- Secure 24/7 access to Planwatch, a web-based claims analytics and cost-of-use reporting tool

605,000 members
— whom we are
proud to provide
quality health care
to every day

For more information
about Paramount’s
ASO services, call your
Paramount account
executive or broker to
learn more.

3 | QUALITY PROVIDER NETWORK

- High quality health system and providers in northwest Ohio and southeast Michigan
- Broad access to national network providers
- Access to proprietary network discounts
- Negotiated discounts with Centers of Excellence and specialized care network delivering significant savings, better outcomes and lower overall cost of care

50,000

direct contracted providers in
Paramount's network — plus access
to a **national network**



4 | CLAIMS ADMINISTRATION

- Constant investment in IT systems infrastructure to ensure accurate and timely processing, performance and protection
- Dedicated resources and technology to detect and prevent fraud, waste and abuse (FWA)
- Aggressive cost savings through subrogation, coordination of benefits and recovery services

91% retention
rate for commercial
members

5 | MEMBER ENGAGEMENT AND EXPERIENCE

- Comprehensive care management program and population health strategy
- Local call center including live chat and 24/7 nurse line
- Local access to dedicated member services and utilization management support experts
- NCQA accredited and compliant with HEDIS regulations
- Wellness programs and educational tools to promote a healthy lifestyle

WHY PARAMOUNT ASO

Paramount maintains the staff and resources it requires to understand and navigate the complexities of healthcare administration. Our Administrative Services Only (ASO) product offers a wide range of solutions for controlling costs, managing risks, and strategically responding to ever-changing healthcare rules and regulations.

SCOPE, FLEXIBILITY AND AGILITY

Paramount provides the latest tools to help manage risk and benefits easily and effectively. Your employees will have access to quality, metrics-based health care. You'll know your day-to-day operations are covered, thanks to our financial, claims administration and enrollment services. And, together, we'll lower your overall healthcare costs.



ACCOUNT MANAGEMENT

ENROLLMENT SERVICES

We offer enrollment services to assist with the implementation process. From creating and distributing member enrollment materials to training and benefit education, we are there for you from start to finish. Membership enrollment services include:

Membership enrollment types include:

- Train-the-trainer services for your human resources team
- Onsite enrollment and benefit education meetings
- Spousal and dependent validation
- Management of all electronic enrollment interfaces to support clients' web-enabled enrollment needs

COST-AND-USE TOOL

We offer our clients 24/7 access to PlanWatch, a web-based claims analytics and cost-and-use reporting tool. This tool allows brokers and employers to identify and track claims costs with the most up-to-date data available. We conduct training sessions for users and local application support services.

ONGOING ACCOUNT ADMINISTRATION

As your business partner, we understand ongoing account administration is a critical aspect of the partnership. We'll take care of all the day-to-day account administration. Our local presence and agility allows for a personal relationship that will ensure all of your needs are met quickly and effectively.

QUALITY PROVIDER NETWORK

As part of ProMedica, Paramount enjoys the deepest network discounts in northwest Ohio and southeast Michigan. We work to continuously update and refine our provider network to ensure that our clients are effectively managing their employee benefit costs. Paramount also works with First Health and Cofinity to ensure that your out-of-area employees and travel needs are met.



CLAIMS ADMINISTRATION

MEMBER ENROLLMENT

Our claims administration system is capable of receiving membership data in a secure environment weekly, bi-weekly, or monthly dependent upon your specific needs. We accept a wide range of membership enrollment types. Talk with your Paramount client representative for additional details.

ELECTRONIC DATA INTERFACES (EDI)

Secure electronic data submission is crucial for your business. Paramount receives and transmits HIPAA-secure data both to and from outside vendors. Common data exchange partners such as:

- Pharmacy benefit managers (PBMs)
- Data warehouse
- Reinsurance institutions and intermediaries
- Wellness
- Financial institutions
- Federal and state regulators

We strive to meet all of our client's needs and have experience working with many industry vendors. Contact your client representative for specific vendor questions.

FINANCIAL ADMINISTRATION SERVICES AND CLAIMS ADMINISTRATION

As a full-service TPA, we offer peace of mind in knowing that all facets of financial and claims administration are covered components in our ASO. These components meet all bank and HIPAA transaction requirements.

Financial administration services include:

- Weekly single-source claims billing and administration
- Monthly administrative services billing
- Monthly reinsurance reporting at 50% of specific deductible
- Monthly reinsurance premium billing and remittance
- ACH wire transfers
- Subrogation; COB recoveries, and fraud, waste and abuse (FWA) services
- Claims run-out estimation and payment

Claims administration services include:

- Timely and accurate claims processing and payment
- Creation and distribution of Explanation of Benefits (EOBs) to members
- Creation and distribution of Explanation of Payments (EOPs) to providers
- Claims run-out estimation and payment



MEMBER ENGAGEMENT AND EXPERIENCE

CARE MANAGEMENT PROGRAM

Case management improves care transitions for members moving across healthcare settings and support long-term self-management for our highest risk members. The population is stratified to identify members at the highest risk for proactive outreach and engagement in the case management program.

Disease and condition management focuses on members with specific health conditions. We identify and reach out to them to provide education to limit their disease progression and promote their self-management and wellness.

Program highlights include:

- Dedicated and experienced case manager: **We provide members with a single point of contact for all case management needs.** Our team of nurses and social workers are experts in resources and benefits available.
- Self-management support for high-risk members to maintain quality of life
- Communication and integration across the member’s journey
- Relationship-centered approach
- Inter-professional partnerships
- Connected to technology and dedicated resources to mitigate risk

VALUE-ADDED SERVICES

WAGE WORKS

Turn-key solutions with best-in-class partners who have expertise for the following:

- Cobra administration
- Health Savings Account (HSA)
- Health Reimbursement Account (HRA)
- Flexible Spending Account (FSA)

PARAMOUNT DENTAL

Backed by Health Resources, Inc., Paramount Dental has provided dental services to employer groups for over 32 years. With over 95% customer retention, our plans focus on member experience.

- Flexible plan designs
- Single source TPA
- Network options

PROMEDICA ONDEMAND

Using their mobile device or computer, our members have access to live video visits with board-certified providers to discuss common illnesses. The service is available 24/7/365. OnDemand helps our members seek the most appropriate care — avoiding unnecessary visits to urgent care and emergency rooms.

MEMBER SERVICES

Our member services department ensures that our clients receive exceptional customer service every time they reach out to our team. **Additional features of our member services include:**

- 24/7 member call center
- 24/7 nurse line
- 24/7 online member direct portal called MyParamount, with access to EOBs, benefit counter accruals, benefit summary data, provider directory, ID cards and much more





PARAMOUNT

Affiliate of ProMedica

1901 Indian Wood Circle
Maumee, Ohio 43537

800-462-3589

paramounthealthcare.com