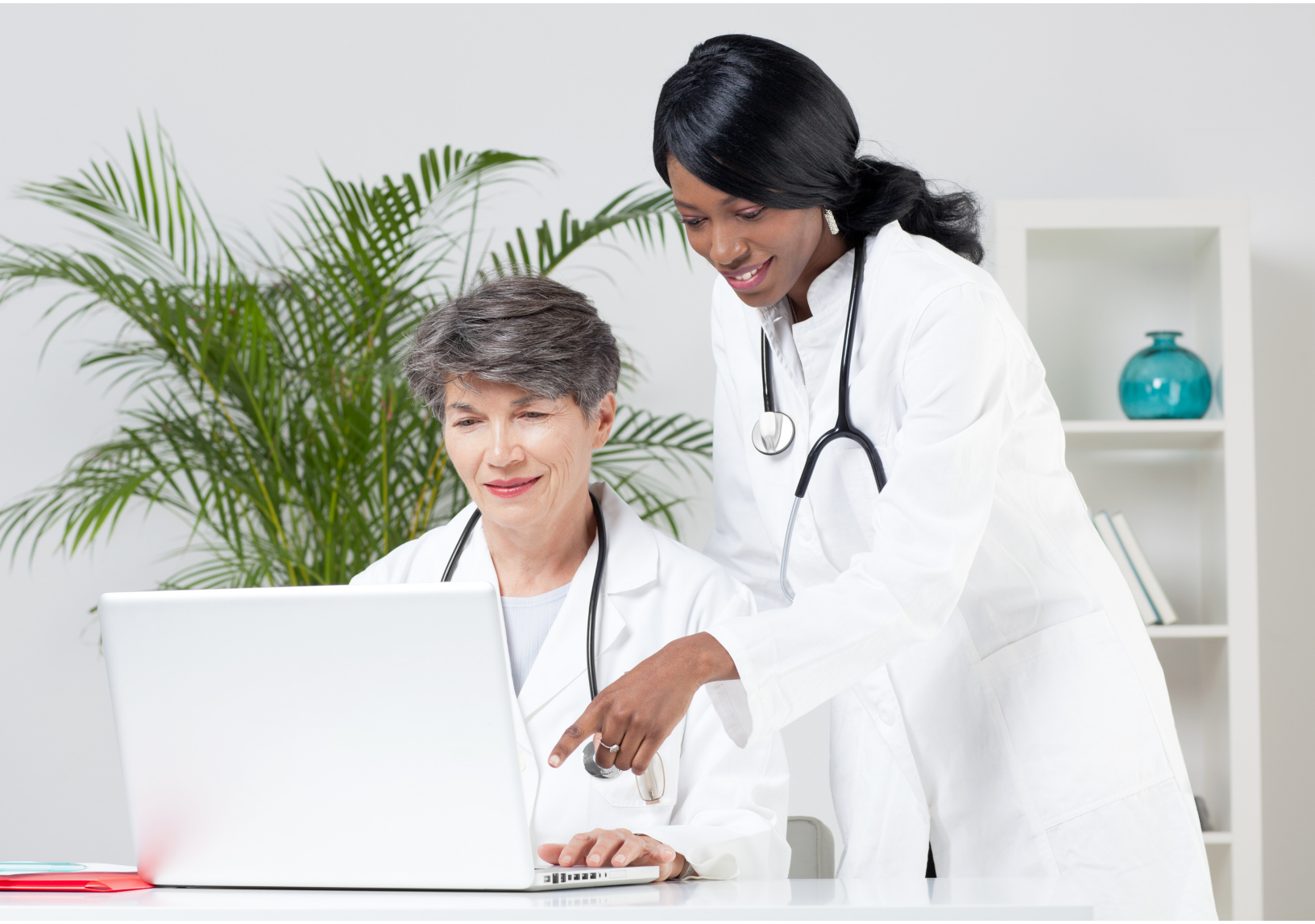

SECTION 3

PROVIDER RESPONSIBILITIES

STANDARDS OF PARTICIPATION

It is important to keep your provider data up to date to ensure accurate claims payment and proper representation in our provider directories. Please let us know if any of the following information about your practice changes:

- Office or billing address information, including telephone number
- Billing information, including National Provider Identifier(s) and Taxpayer Identification Number
- Group affiliation
- eternalHealth participation status
- Medicare participation status
- Sanction information

Acceptance of New Patients

If you decide not to accept additional eternalHealth members, please give us a 60 days notice.

Hospital Privileges

You can submit updates via the provider portal at: provider.eternalhealth.com.

eternalHealth reserves the right to require admission privileges with its network providers. If you or any of your group practice providers lose privileges at any hospital, please notify us no later than 10 business days following the date of the termination.

APPOINTMENTS AND ACCESS STANDARDS

We are dedicated to facilitating quality access to care for our members. To help with this process, we ask that you and your office staff adhere to the following recommendations:

- Provider offices must schedule appointments in a timely and efficient manner. Providers are expected to follow industry, CMS, relevant state, and NCQA health accreditation access standards.

- All network practitioners must be available, either directly or through coverage arrangements, 24 hours a day, 7 days a week, 365 days a year. Availability must be in the form of live voice direct to the Provider or a covering practitioner, or via an answering service that can reach the Provider or covering practitioner. If an answering machine is used, it must provide an option for the Member to directly contact the practitioner or covering practitioner in the case of emergencies. An answering machine cannot refer the member to an emergency room unless it is a life-threatening issue.

- Appointments: You must make every effort to see a member within the following time frames:
  - Emergent: Immediately; member should be directed to call 911 in the event of an emergency or go to the emergency room for treatment
  - Urgent: Within 24 hours
  - Routine/Symptomatic: Within 7 days
  - Wellness/Non-symptomatic: Within 30 days

- Office waiting time: Should not exceed 30 minutes from the time of the scheduled appointment.

- Minimum office hours: You must practice for a minimum of 16 hours a week and must promptly notify eternalHealth of changes in your office hours and locations as soon as this information becomes available, but no later than 3 business days after the change takes effect. The minimum office hour requirement can be reduced under certain circumstances for good cause, with eternalHealth's prior written approval.

- Accessibility: You are expected to meet the federal and state accessibility standards and those defined in the Americans with Disabilities Act of 1990. Healthcare services provided through eternalHealth must be accessible to all members.

eternalHealth tracks and evaluates issues relating to waiting times for appointments, appropriateness of referrals, and other indications of capacity. Providers who fail one or more components of the survey are notified and subject to potential action.

MEMBER REFERRALS

If you are responsible for providing or arranging for a covered service, you agree to direct the member to an appropriate participating provider in eternalHealth's network. You may direct a member to a non-participating provider only when:

- No participating provider is reasonably available to perform the necessary services;
- When member requires emergency services and directing such member to a non-participating provider would expedite diagnosis or treatment;
- eternalHealth and provider mutually agree that the member may be referred to a non-participating provider; or
- A referral to a non-participating provider is reasonably determined by provider to be in the best interest of the member.

Refer to your specific Provider Agreement for additional details.

ACCESS TO MEDICAL RECORDS

eternalHealth may request medical records for audits, quality assurance purposes, as well as to ensure proper billing and claims payment practices. Unless otherwise specified in your Provider Agreement, medical records shall be provided at no cost.

MEDICAL RECORDS STANDARDS

We believe that updated, complete documentation is an essential component to the delivery of quality medical care and collaboration. We reserve the following rights to ensure our member profiles are comprehensive.

Access and Confidentiality

We reserve the right to inspect (at reasonable times) any and all records, specifically any medical records you maintain pertaining to members. This includes, but is not limited to, assessing quality of care, collecting data for Healthcare Effectiveness Data and Information Set (HEDIS®) reporting, collecting data for risk adjustment reporting, coordinating medical care evaluations and audits, determining on a concurrent basis the medical necessity and appropriateness of any care being provided, and ensuring proper billing and claims payment.

Federal and state regulatory bodies can determine other purposes for having access to members' medical records.

For information on member rights as they relate to the above, refer to the Members' Privacy Rights section of this Provider Manual.

Medical Record Documentation

- **Medical information must be legible and follow a logical and consistent format, with page numbers indicated (e.g., "Page 1 of 2") if an encounter spans multiple pages.**

- **The record must contain complete encounter information for each encounter in the chart. This includes:**

    - Member's full name and date of birth
    - Provider's full name and title
    - Facility name
    - Date(s) of service
    - Documentation of all services provided by the physician as well as other nonphysician services (e.g., physical therapy, diagnostic or laboratory services, home healthcare)

- **The record must indicate:**
    - All illnesses and medical conditions
    - Medications list
    - Consultations/referrals
    - Present issue
    - Treatment plan
    - Follow-up plan
    - Preventive screenings and health education offered
    - Documentation on advance directives

- Information should be stored within a secure folder in a safe place.
- No record should be altered, falsified, or destroyed. If a correction is introduced, the individual correcting the record should draw a single line through the item to be corrected, and date and initial the correction.
- All telephone messages and consult discussions must be clearly identified and recorded.
- The medical record system should provide a mechanism to ensure member confidentiality.

Electronic Medical Record (EMR) Integrations

eternalHealth partners directly with EMR and integration vendors to automate the transmission of member charts via a secure and HIPAA-compliant connection.

Integrations automate the transmission of member charts to eternalHealth without any additional effort or disruption to your practice. Under no circumstances does eternalHealth have access to patient data for non-eternalHealth members as a result of this integration. Benefits of participating in an eternalHealth EMR integration include:

- Enhanced care coordination with eternalHealth through incorporation of EMR data into eternalHealth's advanced analytics platform
- Giving time back to your office staff that would have otherwise been spent responding to traditional medical record requests
- Reduced waste and environmental impact of printing charts, made possible through a paperless medical record retrieval
- Automated identification and transmission of member charts to eternalHealth

Although we encourage participating providers to use EMR to help streamline your administrative processes, help protect your patients' information, and result in faster processing, eternalHealth will also accept paper chart submissions and can occasionally request a paper chart to verify the accuracy of EMR data.

NON-ADHERENT MEMBERS

At eternalHealth, we are here to support you. Please contact Provider Services if you have an issue regarding a member's behavior or treatment cooperation and/or completion, or if you have a member who cancels or does not appear for necessary appointments and fails to reschedule.

PROVIDER COLLECTION DATA

Initial Roster and Facility Data Collection

eternalHealth requires a fully complete, accurate, and up-to-date practitioner or facility roster in order to load practitioners, groups, and facilities into our internal systems and provider directory. Inaccurate provider data may result in incorrect claims payment and/or incorrect representation in our provider directories.

Directory Validation

eternalHealth may conduct outreach to every provider in our provider directory to validate demographic and contact information. Outreach is performed on a regular basis by email or phone.

For health systems and large groups, the organization is responsible for the accuracy of the information being sent to eternalHealth and any inaccurate data discovered by eternalHealth will be quickly communicated back to the provider for verification.

Any refusal to share updated provider data with eternalHealth can result in the withholding of payment to the provider for services provided to eternalHealth members.

Updating provider information

Submit updates to eternalHealth by going to the provider portal: provider.eternalhealth.com

CAQH Profile

To help ensure accurate provider directory information, it is important to keep your CAQH profile up to date. While you are required to re-attest every 120 days, it is a good idea to review and attest your data on a monthly basis.

Follow these steps to update and re-attest to your information:

- Log in to CAQH ProView.
- Correct any outdated information, and complete other incomplete questions applicable to your provider type.
- Confirm there are no errors on your profile and attest to its accuracy.

If you have questions, please review the materials provided on the CAQH ProView for Providers and Practice Managers page at caqh.org/solutions/caqh-proview-providers-and-practice-managers.

Additionally, you may contact the CAQH ProView Help Desk for assistance:

- Log in to CAQH ProView and click the Chat icon at the top of the page or call 1-888-599-1771.
- Please have your CAQH ProView Provider ID readily available.

COMPLIANCE WITH FEDERAL LAWS AND DONDISCRIMINATION

The Code of Federal Regulations (42 CFR 422.504) requires that Medicare Advantage Organizations have oversight for contractors, subcontractors, and other entities. The intent of these regulations is to ensure services provided by these parties meet contractual obligations, laws, regulations, and CMS instructions. eternalHealth is held responsible for the compliance of its providers and subcontractors with all contractual, legal, regulatory, and operational obligations.

The contracted provider represents and warrants to eternalHealth that they will not discriminate based on race, ethnicity, national origin, color, religion, sex, gender, age, mental or physical disability, health status, claims experience, medical history, genetic information, evidence of insurability, HIV status, source of payment, veteran status, plan membership, or geographic location. Payments received by contracted providers from Medicare Advantage plans for services rendered to plan members include federal funds; therefore you, as a contracted provider, are subject to all laws applicable to recipients of federal funds, including but not limited to: Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, Section 1557 of the Affordable Care Act, and all other laws that apply to organizations that receive federal funding. In addition, as a contracted provider, you must not discriminate against our members based on their payment status, specifically if they receive assistance from a state Medicaid program.

Treatment of Immediate Relatives or Members of the Household
eternalHealth follows the exclusion of payment guidance for charges imposed by immediate relatives of the patient or members of the patient's household as outlined within Section 130 of the Medicare Benefit Policy Manual. Per this section, providers will not be reimbursed for services provided to those who are immediate relatives or those who share the same household.

Immediate relatives:
- Spouse
- Biological or adoptive parent or child
- Sibling
- Stepparent, stepchild, stepbrother, or stepsister
- In-law
- Grandparent or grandchild
- Spouse of grandparent or grandchild

Members of household:
- Persons sharing a common home with the patient as part of a single-family unit.
- The intent of this exclusion is to bar Medicare Advantage payment for items and services that would ordinarily be furnished free of charge.