



eternalHealth Broker Support FAQs

Table of Contents

Broker Support

Broker Portal

Contracting

Commissions

Compliance

Education

Enrolling Beneficiaries/Prospects

Marketing Resources

Members

Providers

Technical Issues

Broker Support:

When do I contact Broker Support? If you are unable to find the answers you need using the Broker Portal and [Broker Resources – eternalHealth](#) page, Broker Support is available to you via email or phone, depending on your needs at the time.

Brokersupport@eternalhealth.com is the Broker Support email address, expect an initial response within one business day.

Broker Support can be reached by phone Monday – Friday 8 AM to 5 PM EST on 1 (800)-727-6194. Please note if no one can take your call, it will go to Voicemail. Please leave a detailed message and a team member will response as soon as possible during operational hours.

How do I escalate an issue beyond Broker Support? Should you encounter an issue where you feel Broker Support was unable to assist you, you may reach out to your local sales team to share feedback and to address your concerns.

Arizona:

Nicole Brown, Director of Sales – nicole.brown@eternalhealth.com

Ashley Norton, Broker Account Manager – ashley.norton@eternalhealth.com

Massachusetts:

Marty Henshaw, Director of Sales – marty.henshaw@eternalhealth.com

Broker Portal:

How do I gain access to the Broker Portal? When you first contract within Miramar and become Ready to Sell (RTS) you will receive an email from NirvanaHCA within three business days to the email on file in Miramar under your agent profile. This is the notification of your access being granted.

You may [Follow these instructions](#) to gain access once you receive the invite email from NirvanaHCA.

If you don't receive an email, please contact Broker Support.

Note: You will not need to add any codes or accounts to your Microsoft Authenticator app, this is a stand-alone system that connects to either your existing Microsoft account or is accessed via a one-time passcode.

Note: If you change your email in Miramar, be on the lookout for another new invite from NirvanaHCA as you will have to SSO using your new email.

Why does the Broker Portal re-direct me to my Microsoft Login?

eternalHealth uses Azure to provide a single-sign-on (SSO) experience within the Broker Portal to any external site where a sign on is required (such as the Marketing Portal). This step adds both security and simplicity of use. Once you click on the "Broker Login" button, you are redirected to your Microsoft Login, use your Microsoft Credentials, follow the prompts and you will have access to the Broker Portal. Should you encounter any issues [Click Here](#) for a step-by-step guide to using Azure SSO.

What can I do in the Broker Portal? The Broker Portal is your one stop tool for all your broker needs. The Broker Portal has tabs across the top to provide seamless navigation:

Enrollment Submission: Here you can view your enrollments submitted and revisit any saved enrollment forms.

Enrollment Status: This would be your Book of Business (BoB) tab, here you can view all current and former clients associated with eternalHealth. You can filter 'Status' to isolate your current BoB by selecting 'Enrolled', 'Roll-Over' and 'Elected' to see your Active BoB. You can also export the report using the 'Export' button and download your clients ID Card using the 'AttachmentLink' column. When searching please be sure to pay attention to any filters you may have as some filters may prevent BoB views.

Note: The eternalHealth enrollment team relies on CMS feeds when processing enrollment applications, at times there are delays in 'Status' movements. Please know if there is action needed to verify information to move an enrollment application along, you will receive notification from Broker Support or your local Sales Leadership Team.

SOA: As an agent eternalHealth provides the opportunity for you to search Scope of Appointments (SOAs) submitted via the Broker Portal using the SOA tab.

New Enrollment (Plan Year): Depending on the time of year, you may view two New Enrollment (Plan Year) tabs, use the one that corresponds to the enrollment application you are submitting. The eternalHealth New Enrollment (Plan Year) tab allows you to submit a SOA if needed and complete the electronic enrollment application. You can also save the progress of an enrollment should you get interrupted during submission and revisit it using the Enrollment Submission tab.

Plan Information: This tab allows you to compare all eternalHealth plans side by side, you can also access this tool publicly via the [eternalHealth Shop & Compare Tool](#). When using this tab, be sure to navigate back to the New Enrollment (Plan Year) tab to complete the enrollment application.

Tools: You can access many useful links in the Tools tab of the Broker Portal, including Formulary Links, the [Provider Directory](#) the [eternalHealth Marketing Portal](#), the [eternalHealth Post-Enrollment Form](#), Supplemental Benefit Vendors

and more. It is suggested all agents take a moment to review this tab as it will help answer many specific questions you or your client may have.

Commissions: You can view all your paid commissions and export using the 'Export' button at the top.

Note: The 'Payment Date' column shows the date the payment was calculated, not paid for some months, this is a known issue and we are working to resolve. [Please review the commission payment details in this FAQ for more information around payment timing.](#)

The screenshot shows the EternalHealth Broker Portal interface. The top navigation bar is dark blue with white text for various tabs: Enrollment Submissions, Enrollment Status (highlighted with a red box), SOA, New Enrollment 2025, New Enrollment 2026, Plan Information, Tools, and Commissions. Below this, the 'Enrollments Status' section is visible. It features a search area with four input fields: Medicare Number, Last Name, Date of Birth (with a date picker icon), and Confirmation Number. To the right of these fields are three buttons: 'Clear', 'Search' (in blue), and 'Export' (in grey). Below the search area is a table with a blue header row containing the following columns: Member Name, Medicare Number, Member ID, Date of Birth, Confirmation No, Plan Id, Plan Name, Effective Date, Status, and Home Phone. The table body is empty, and a message 'No records available.' is displayed at the bottom right of the table area. At the very bottom of the page, there is a pagination bar showing '0 - 0 of 0 items'.

We are looking to continually improve the Broker Portal, please send any suggestions to Broker Support via email.

Contracting:

Where do I go to contract with eternalHealth? eternalHealth uses Miramar for all contracting and contracting documentation needs. Navigate to <https://miramar-agent.com/> and create an account or login. Once logged in you will need a program registration code that your FMO/Agency can provide you. If you are an independent agent, email Broker Support for the most current registration code.

Note: The Miramar Platform is used by many carriers, your login to the Miramar system is the same for all carriers, the program registration codes are what connects you with multiple carriers.

Can I contract Directly (as an Independent Agent)? As a 1099 agent you may contract directly, however if you are part of an FMO/Agency you will need to follow the method of contracting they have initiated with eternalHealth.

How do I update my contact information in the contracting system? All agent contact information is managed within the [Miramar:Agent](#) system. eternalHealth Broker Support is unable to update agent name, phone, email, NPN or other contact information, as [Miramar:Agent](#) is used for multiple carriers. To update any contact information, you must log into [Miramar:Agent](#), navigate to your name in the upper right corner of the screen, select 'Profile' and you will be able to update your contact information.

How do I update my Errors and Omissions (E&O) documentation? After your initial contracting, should you need to update your E&O information, you can do so within Miramar using the Registration Code **3539eh27EO**, you may upload new versions of your E&O using a specific code for eternalHealth.

Why will Miramar not accept my AHIP? The contracting process with [Miramar:Agent](#) has an automated process where the uploaded AHIP certificate verifies the name in your [Miramar:Agent](#) profile. If the name on your

AHIP certificate does not match your profile name, you can change your name in your [Miramar:Agent](#) profile to match your AHIP and it should upload without issue. If you do run into any issues, please contact [Miramar:Agent](#) support at 855-828-8530 as eternalHealth Broker Support cannot update names or other profile information in Miramar.

How do I update my Assignment of Commissions (AOC)? After your initial contracting, should you need to update your payment method, you can do so within Miramar using the Registration Code **3538eH27AOC**. You will be asked to select your payment distribution (Direct to you, Direct to your Business or to your FMO) then depending on your selection you may need to update a new Voided Check and W9.

Note: If you are contracted as an LOA agent, you will be unable to change your AOC as all commissions and incentives for AOC agents are paid directly to the FMO.

Will I ever need to send contracting documents to Broker Support? Ideally no, all documents should be submitted via Miramar and can be accessed in the Documents section of Miramar. You may always reach out to Broker Support for guidance or use the Help section within Miramar.

When will I receive notification of annual contracting? Annual contracting is an exciting time and as a partner we will notify you and your FMO/Agency prior to next year's contracting launch. Typically, annual contracting kicks off the first half of July. You will receive notification when contracting is live and if you are a current RTS agent, you will be auto enrolled into the program for the next selling year when it goes live. You can then log into Miramar and start the program.

When will I know if my license is expiring?

License expiration notifications are sent directly from Miramar's "magnetnoreply" email address. When an agent's license is within 30 days of expiration, an automated alert is sent to the email address on file in your profile. This is important to keep track of as non-RTS agents will not receive commission payments.

**Please note, if you have opted out of email communications, these notifications will be unable to be delivered.*

How do I change my FMO/Agency? If you are seeking to change your upline, you first must engage your upline to ask for their release. If the FMO/Agency says yes, forward their response to Broker Support via email for documentation purposes and the change will take effect the 1st of the following month. If the FMO/Agency says no, forward their response to Broker Support via email for documentation purposes and the change will take effect the 1st of the month following 60 days from the email received date via Broker Support.

Does eternalHealth have an FMO/Agency Change blackout Period? Yes, October 1st through December 31st annually, during this time no FMO/Agency changes will be processed, any submitted will follow the typical FMO/Agency change timeline and process. For example, if you ask for an FMO/Agency change during the blackout period, it will not be approved until January 1st, reflecting in February commissions for enrollments submitted on or after January 1.

Does eternalHealth have a Contracting Blackout Date? No, eternalHealth does not have Contracting Blackout Dates; agents can contract year-round. However, once the new year Contracting program is live, typically in July, the prior year Contracting program is turned off. New agents who contract for the new year become RTS for both the current and new year at that time.

Commissions:

How do I get paid? The answer to this question depends on your upline and how you contracted. When contracting for the first time with eternalHealth you have three options; Pay Me Directly, Pay My Business, Pay My FMO/Agency. Whichever you selected will be the method that you receive commission payments provided it aligns with how your upline FMO has contracted with eternalHealth.

How do I change my banking information? If you are contracted under an FMO/Agency and paid by the FMO/Agency, you will need to contact your FMO/Agency representative to determine how to change your banking information. If you are contracted with eternalHealth and paid Directly, you will need to log into Miramar and make the changes to your profile. If you need to upload a new voided check and W2, In Miramar use registration Code **3538eH27AOC** to start the process in your Dashboard, follow the instructions and your information will be updated. Please do not send these documents directly to Broker Support as you must upload them directly into Miramar.

When do I get paid for my Commissions? eternalHealth has a strong focus on timely and accurate commission payments. If you are paid directly from eternalHealth, you can expect payment to be completed within 45 days of the effective date of your member(s). For example, a 5/1 effective date will be paid no later than 6/15. With that in mind, eternalHealth (as do other carriers) rely upon CMS approval and files to execute operations, any delays in CMS delivery of files will be communicated and may result in commission delays. If you are contracted by an FMO/Agency and paid by the FMO/Agency, you will need to contact your FMO/Agency representative to determine when you are paid. eternalHealth pays commissions monthly.

Note: eternalHealth releases payments within 45 days of the effective date for your member, however processing time for Electronic Fund Transfer (EFT) may vary by accepting institution.

Are Incentive payments included within Commission Payments? No, eternalHealth does not combine the two payment methods. If you have earned any Incentives (for example Needs Assessment Completions), expect payment within 60 days of the month of completion. For example, a completed Needs Assessment in May would be paid out no later than the end of July. If you are contracted under an FMO/Agency and paid by the FMO/Agency, you will need to contact your FMO/Agency representative to determine when incentives are paid. eternalHealth pays incentives monthly.

Some applicable incentive payments may be paid one month in the rear. For example effectuated members where the agent submitted the [eternalHealth Post-Enrollment Form](#) and are eligible for the incentive are paid the month following the effectuated date.

What should I do if there is a commission error? If you are contracted under an FMO/Agency and paid by the FMO/Agency, you will need to contact your FMO/Agency representative first to determine if the error was within the FMO/Agency. If you are paid directly by eternalHealth or have determined there is no error from an FMO/Agency payment, please send your commissions discrepancies with the needed detail to research via email to Broker Support. Commission discrepancies are investigated on a one-to-one basis and may take time to conclude. When a conclusion is determined, if the discrepancy is valid and commission is owed, you can expect it to be on the next available monthly commission payment.

How do I access my Commission Statements? Commission Statements are available in the Broker Portal via the Payments Tab. You can download it to csv. via the Broker Portal. If you encounter any issues, please reach out to Broker Support.

Note: If you are paid commission by your FMO, you will not see individual commission payments in your Broker Portal, rather you will only see your book of business. You will need to contact your FMO to obtain your commission statement(s).

Do I have to be contracted to receive Commission? Yes, you must be contracted, active and in good standing to receive commission payments. In good standing means having an active state licensure, lapses will result in forfeiture of commission payments and no retro payments for the time of the lapse. Lapses greater than 90 days will result in the forfeit of ownership and the member will return to the carrier.

What happens if I am not Ready To Sell (RTS) and my member renews? If you are not ready to sell at the beginning of a renewal year, you will not receive renewal commission until the month following 30 days of your RTS date. For example, if you become RTS on 3/15/2025, you would start to receive per month renewal commissions until the May 2025 commission run and only receive May forward for 2025.

How do I access my Book of Business (BoB)? Your Book of Business (BoB) is available in the Broker Portal under the Enrollment Status Tab. You can download it to csv. via the Broker Portal.

How do I obtain my 1099s? eternalHealth will deliver your 1099 earnings statement via mail, with a sent date no later than 1/31 annually to the address on file within [Miramar:Agent](#). It is the agent's responsibility to ensure accurate mailing and contact information within [Miramar:Agent](#). If you are contracted under an FMO/Agency and paid by the FMO/Agency, you will need to contact your FMO/Agency representative to determine when and how your 1099s are delivered.

Note: eternalHealth does not send 1099s for any earned income less than \$600 for the prior year.

Note: If you are paid through your business as an C Corp or S Corp, you will not receive a 1099 because corporations already have their own tax reporting obligations (Form 1120 for C Corps and Form 1120S for S Corps). eternalHealth does not provide financial or tax advice, please seek a financial or tax professional for advice.

What are the eternalHealth guidelines around chargebacks and rapid disenrollments? eternalHealth follows [CMS Rules and Guidance](#) regarding chargebacks and rapid disenrollments. Rapid disenrollments applies when an enrollee makes any plan changes (regardless of Parent Organization) within the first three (3) months of enrollment.

If I am a new Broker of Record for a member, when will my commission payments begin?

Provided you are approved as a new Broker of Record for an existing member with no break in coverage, commission will be paid for the first month of assignment the PMPM based on the members enrollment.

Compliance:

What are the requirements for Scope of Appointments (SOA)? It is your responsibility as an agent to maintain a record of your SOAs per CMS Regulations and provide upon request, however at eternalHealth we do not require you to submit an SOA with the enrollment application. Within the Broker Portal there is an SOA form for you to fill out should you not have a SOA form. eternalHealth also accepts generic SOAs.

What do brokers need to know about the 2027 Scope of Appointment (SOA) rules? For marketing starting October 1, 2026, CMS eliminated the 48-hour waiting period, allowing appointments to occur immediately after obtaining an SOA. For in-person meetings, the SOA must be “in writing,” but electronic signatures are acceptable. For phone or virtual appointments, SOAs may be documented via audio, video, or electronic records. SOAs are valid for 12 months and can be reused across multiple appointments—including switching between virtual and in-person—as long as brokers stay within the original product scope. A new SOA is required if discussing products outside that scope. For plan years, a new SOA is only needed if the original SOA specified a plan year; otherwise, different plan years within the same product line can be discussed during the 12-month period. Brokers may collect SOAs in advance, but cannot discuss new plan year details until October 1. Collecting an SOA alone is not considered marketing. For more information, please visit [Marketing Models, Standard Documents, and Educational Material | CMS](#)

What does eternalHealth consider a Break in Coverage? When an enrollment has a one month or greater gap in enrollment, that is considered a break in coverage.

What are the requirements for enrollments conducted via telephone? All telephonic enrollments must be recorded, and it is your responsibility as an agent to provide all recordings related to the beneficiary’s enrollment per

CMS Regulation upon request. When completing the enrollment form on the broker portal there is an option to toggle “Enrollee consent received for telephonic enrollment” to identify those enrollments you have submitted which were conducted via telephone.

What is my role as an agent in Grievances, Compliant Tracking Modules (CTMs) and Investigations?

– If a member or CMS Grievance, CTM or Investigation is underway, it is your responsibility as the Agent of Record to provide all requested information to the best of your ability in a timely manner in accordance with [CMS Guidelines](#). The timeliness of the response will be determined by CMS based on the level of the Grievance, CTM or investigation. The requested information may include, but is not limited to call recordings, documents such as Scope of Appointment (SOA) or completed enrollment forms, written statements and receipts.

Where do I access eternalHealth’s compliance guidelines?

– This [eternalHealth Delegated Management Manual](#) is distributed to delegated entities at the time of contracting and annually thereafter. Along with these guidelines, eternalHealth also follows all current [Medicare Marketing Guidelines set forth by CMS](#).

Education:

Does eternalHealth offer any education for their products? Yes, training is available in the annual Contracting process and virtual and in person broker educational events occur throughout the year, you can register via the [Broker Events Page](#) on the Broker section of our website. As we near the Annual Enrollment Period, your local Sales Leadership Team will schedule First Looks and Roll Outs, as well as take part in FMO/Agency specific First Looks and Roll Outs.

How do I request education on eternalHealth products and services? Should you like additional education and/or support, please reach out to your local Sales Leaders or Broker Support. You can also check the [Broker Events Page](#) for already scheduled educational sessions.

Enrolling Beneficiaries/Prospects:

How do I submit an enrollment? Currently, eternalHealth uses both the Connecture and Ascend platforms along with our proprietary enrollment form located in the [Broker Portal](#). eternalHealth also accepts paper applications, which are included in the enrollment kits along with the instructions for submission via fax to 1-866-347-8130.

Note: Faxed enrollments must have a signature before the effective date

Why do I not see an 'AEP' option when submitting an enrollment via the Broker Portal? When submitting an enrollment during AEP, you will not see an option to select 'AEP' as the enrollment reason, this is due to all enrollments submitted during AEP for a 1/1 effective date default to an AEP enrollment. You do not need to take action during AEP for a 1/1 effective date in the Broker Portal on this section of the enrollment application.

Why is the enrollment application on the broker portal not finding my client's address? eternalHealth uses Google maps/addresses to autofill addresses within the zip code entered at the top of the enrollment application. At times, Google may have an incorrect address or is missing an address for that zip code. If this is the case, simply continue to type out the address provided by the client to continue the application, do not select any of the pre-populated addresses.

Note: The address will require the same zip code as entered in the top of the application and all enrollments are approved through CMS who verifies address within service area.

How do I check beneficiary eligibility or Member Beneficiary Identification (MBI)? If you do not have access to check a Member Beneficiary Identification (MBI) number or status via MaRX, you may contact Broker Support via phone or secure email, and they will be able to check for you.

Note: you must have the accurate information required to complete the check ready, information is character sensitive including:

For MBI Checks:

- *First Name*
- *Last Name*
- *Date of Birth (DOB)*
- *Social Security Number*

For Eligibility and Status Checks:

- *MBI (for status checks)*

How do I check the status of my enrollment? After you have submitted an enrollment, once the enrollment process has begun, you can view the process of the application status in your Broker Portal on the home page. Here are the statuses:

- **Canceled** – Enrollment was canceled prior to completion by beneficiary or broker.
- **Enrolled** – Members is currently enrolled and in good standing.
- **In Exception** – While reviewing the enrollment submission, clarification is needed on one or more aspects of the enrollment. The enrollment processing team will work to resolve if capable, if not your local sales leadership team will reach out asking for additional information.
- **Processed** – Enrollment was complete and accepted.
- **Rejected** – Enrollment was not complete and was not able to be processed.
- **Rollover** – Member who was enrolled the prior year and rolled over into the new year, no new enrollment was received.
- **Termed** – Member who was enrolled and is no longer enrolled with eternalHealth.

- **Void** – Enrollment may have been submitted as a duplicate or eternalHealth was notified to Void the enrollment from the beneficiary.
- **Waiting for CMS** – Enrollment has been sent to CMS and eternalHealth is awaiting their response regarding approval/denial of enrollment.

Note: All enrollments are submitted to CMS for review and approval. If an enrollment is submitted towards the end of the month for an effective date the first of the following month, there is a potential delay in approval and processing.

What is a PCP ID and why is it required for HMO Plan Enrollment?

eternalHealth uses a unique PCP ID that can be found in our [Provider Search Tool](#) to identify your client's PCP by Location for assignment to your clients in HMO plans. The PCP ID is an alpha-numeric unique identifier that looks like this: P0000000-000000. When using an electronic enrollment form, you will be limited in your search results to only INN PCPs as provided to us by our Provider Partners through their roster. If you are searching for a specific PCP and do not find them, you can email brokersupport@eternalhealth.com or your local sales leader to request they become part of the eternalHealth network.

What do I do if a member would like me to become their Broker of Record?

eternalHealth reviews Broker of Record changes on a case-by-case basis. If a member is seeking a Broker of Record change, the member must submit in writing the request, stating they would like the broker to become their Broker of Record, with the following information:

- First Name
- Last Name
- Member ID
- Reason for seeking Broker of Record change.

Once this request is received, the broker will forward the email to Broker Support at brokersupport@eternalhealth.com. Once Broker Support has been

received, the request will be reviewed a decision will be made. Once the decision is made, the broker will be notified. If approved, the Broker of Record change will be initiated and effective by the first of the month following 30 days from approval.

How do I release my Book of Business to another agent? Within your Broker Portal under the Tools tab under documents there is an eternalHealth Agent Business Release Form that provides all the details you need to complete the release of all or part of your book of business. If you are releasing only part of your book of business, please be sure to include your AOR Business Release Member Template filled out when submitting the form. Submit the completed form to eternalHealth Broker Support via email to brokersupport@eternalHealth.com

Note: You may only release your Book of Business to another agent that is actively Ready to Sell and in good standing with eternalHealth.

Marketing Resources:

How do I obtain Marketing Materials? eternalHealth has a robust Marketing Portal where you can access different customizable and static marketing materials and swag, free of charge, to use at tables and events. [Click Here](#) to access a step-by-step guide to navigate the Marketing Portal.

The Marketing Portal is accessible via the Broker Portal under the Tools tab or directly via [eternalHealth Marketing Portal](#).

Note: If you use the direct link, you will need to use your Marketing Portal specific sign on, if accessing via the Broker Portal. Your Single Sign On (SSO) should allow direct access to the Marketing Portal.

How do I order enrollment kits and other materials? You can order enrollment kits and other sales materials via the Marketing Portal. Log in via Single Sign On (SSO) from the Broker Portal or directly from the website, add to your cart and checkout. Please allow 48 hours to process your order then 7 to 14 business days for delivery, depending on item customization. Be sure to plan according to your scheduled events and material needs.

How can I track my orders within the Marketing Portal? Once you have submitted an order in the [eternalHealth Marketing Portal](#) your order will receive a status. These statuses tell you where your order is in the life cycle of the delivery process. These statuses are:

Fast Pick Pack Not Printed – Paperwork to pick the order has not been printed.

Fast Pick Pack – Ready to be packed and shipped.

Released – Released to print.

Closed- Shipped, once in this status you should see shipping information in your order.

Approval Pending- Needs eternalHealth approval.

Denied – Approval Denied

Why do I see prices on the Marketing Portal? To ensure during Medicare 101 and Sales events, brokers are aware of the per/unit cost of items, you will see prices for various items in the Marketing Portal. At the checkout you will not be charged, however the cost is displayed to ensure you are following CMS guidelines for your event type.

How do I submit an idea for a co-op or events? eternalHealth's sales team is always seeking opportunities to co-op with our broker community. If you have an idea for a co-op or event you would like to partner with, please reach out to your local Sales Team. If you are unsure of who your local Sales Team members are, email Broker Support with your idea, and they will forward it to your local Sales Team who will contact you.

Members:

If my member is having issues with any benefits, what should I do? If a member has any questions, concerns, or issues, please ask your member to contact Member Services on 1-800-680-4568. This should be the first step for your members as the eternalHealth Member Services team is specifically trained to assist. If you would prefer you can also be on the call with your member, please have the member on the call. Member services cannot service member issues with a broker or other third party without documented consent.

How do I obtain my client's Members ID number? After you submit the enrollment application for the beneficiary, eternalHealth will process and seek CMS approval. Once CMS has approved the enrollment, you will see the Member ID number within your Book of Business in the Broker Portal.

When will my clients receive their initial Member ID Cards? Upon CMS approval, the process to trigger an ID card to be mailed to the new member has begun. Expect delivery within 10 days from the CMS approval date for your member to receive their ID card. Should they need an ID card sooner, please have the member contact Member Services at 1-800-680-4568. If the member's ID card has been created and mailed, the Member Services representative should be able to securely direct them to access via their Member Portal.

Can I download my member's ID Card? Yes! Within the Enrollment Status (Book of Business) tab in the Broker Portal, there is a column titled "ID Card", when the member has been mailed their ID Card, you will have the ability to download using the download icon and provide to your member.

How do I order ID card(s) for my members? Should your client need a new or replacement ID card, please direct them to contact Member Services at 1-800-680-4568 to speak with a Member Service agent who can assist them in ordering a new or replacement ID Card.

Does eternalHealth have an App for members? Yes, members can access the same tools and resources as their [Member Portal](#) within the **eH Empower** App found on that Apple App Store or Google Play.

Does Nations Benefits have an App for members? Yes, members can access the same information found on the [Nations Benefits Website](#) via the Nations Benefits App called **Benefits Pro**, which is found on that Apple App Store or Google Play.

How can I determine the Primary Care Provider (PCP) assigned to my member? You can determine the PCP assigned to your members who are on HMO plans by [accessing their ID Card via the Broker Portal](#). eternalHealth does not assign PCPs for non-HMO plans.

How do my members change their assigned Primary Care Provider (PCP)? If a member would like to change their assigned Primary Care Provider (PCP), they can do so by contacting Member Services at 1-800-680-4568. This is the recommended way to ensure the PCP is changed swiftly and accurately.

Note: PCP changes do not become effective until the first of the following month after the request is made.

How do my members complete their Health Risk Assessment (HRA)? eternalHealth does not offer the opportunity for agents to complete an HRA for their clients. Members will receive detailed instructions on how to complete their HRA in their Welcome Kits and can access and complete their HRA through their [Member Portal](#). Members will also receive reminders from the eternalHealth Care Management team throughout the year to complete.

Once completed, members will receive a \$15 Member Rewards credit to be used via their eternalHealth Plus Benefits Card.

eternalHealth offers agents the opportunity to conduct the [eternalHealth Post-Enrollment Form](#) within 72 hours of the submission of an enrollment form. The [eternalHealth Post-Enrollment Form](#) provides key insight into your clients current health situation, triggers SSBCI related benefits with Nations if applicable to their plan selection and sets proper expectations to what your client can expect regarding obtaining ID Cards, onboarding and more. If applicable, agents may earn incentives from completion of the form for effectuated members.

If my member needs to submit a Direct Member Reimbursement, how do they submit? Most all member related forms along with the instructions on how to submit can be found in the [Forms and Documents](#) of the eternalHealth website, once they have selected their state and selected the [Claim Reimbursement Form](#) they will follow the instructions for filling out, providing documentation and submission.

If my member believes they received a Late Enrollment Penalty (LEP) in error, what should they do?

If a member believes their Late Enrollment Penalty is incorrect, they should submit a Part D LEP Reconsideration Request. The member should complete the [LEP-Reconsideration-Request-Form.pdf](#) which can be found in the [Forms and Documents](#) section of the eternalHealth website.

They should complete and sign, then mail it to the address at the end of the form, or fax it to the number provided. The request must be submitted within 60 days from the date of the letter stating they are required to pay a late enrollment penalty.

How can my client save money by using preferred diabetic supplies?

Your clients have an opportunity to save some money at the pharmacy by switching to eternalHealth preferred diabetic supplies, [AccuChek and Contour](#). When your client switches, they can receive a new meter and test strips at zero dollars all year long. They will need a new prescriptions and they can be filled for 100 day supplies at any of the [contracted pharmacies](#) in our national network.

How do I provide feedback for calls with Member Services? If you are interested in providing feedback on the member services call you conducted with your client, please use this form: [Broker/Member Services Experience Form](#)

Providers:

How do I look up providers? There are a few ways to find a provider, you can navigate to [Find a Provider or Pharmacy – eternalHealth](#), select the state and use the filters to narrow down your search. You can also access the Find My Provider tool via Broker Portal.

My client sees an OON PCP/Specialist, how do I know they will accept eternalHealth's PPO offerings? eternalHealth maintains a positive relationship with all providers, ensuring timely claims approvals and payments. It is always the determination of the provider as to if they will accept insurance carriers, however eternalHealth works to resolve any gaps quickly once notified by connecting with the provider office to remove barriers to care. To be proactive, you can ask the provider office if they take eternalHealth, and if they say they do not, email the situation with detail to brokersupport@eternalhealth.com so the Broker Support team can get the situation over to the Network team to reach out to providers office to educate on OON billing to see if we can resolve the issue.

How do I submit doctors/providers to the Network team to get contracted with eternalHealth? eternalHealth is always looking to expand our Network of providers, if you would like our Networking team to connect with a doctor/provider you work with, there are two paths to follow:

If the doctor/provider is in the know and has actively stated they would like to contract with eternalHealth, please have them navigate to [For Providers – Join the eternalHealth Network – eternalHealth](#) and complete this form. This form goes directly to the Network team, and someone will reach out to have a discussion.

If the doctor/provider is not aware, you can send an email to Broker Support with the practice's contact information including main contact,

phone, email, and address with a brief description of why you feel they would be a fit within eternalHealth's Network. Broker Support will forward along to the Network team for outreach.

How does the AZPC Network work within and outside the AZPC Network?

Members who are in our Arizona Market and attributed to AZPC (Arizona Priority Care) are expected to receive care within the AZPC network whenever possible. AZPC is paid on a capitated basis, which means AZPC is financially responsible for managing and paying for members 'covered care.

If an AZPC-attributed member chooses to see a non-AZPC (direct network) provider, AZPC will request the name of the provider the member plans to see. This request is informational only and functions as a notification rather than a prior authorization. It does not limit access, delay care, or create denials. The purpose of the request is to help AZPC track where care is being delivered and manage the total cost of care.

When an AZPC in-network provider refers a member to an out-of-network provider, AZPC remains financially responsible for the claim. In these situations, AZPC's documentation request supports accurate claims processing, utilization tracking, care coordination, and accountability for capitation dollars.

From a broker perspective, AZPC's request for provider information is expected, non-punitive, and not restrictive, and it should not result in claim denials. Any denials tied solely to "not notifying AZPC" are not aligned with the intent of the process and should be escalated.

Can Non-AZPC Members see AZPC Providers?

AZPC providers are not required to see non-AZPC members, even if the provider otherwise participates in the broader network.

This means a provider may appear “in network,” but if the member is not attributed to AZPC, the provider may decline to see the member or may require confirmation before scheduling an appointment.

Brokers can support members by encouraging them to contact the provider before scheduling and confirm that the provider is willing to see non-AZPC patients. Setting these expectations upfront helps facilitate a seamless experience and avoids disruptions in care.

Technical Issues:

What can I do to self-troubleshoot common technical issues? At times, our computers get bogged down and may require maintenance to perform optimally. Sometimes these steps can help resolve technical issues you may encounter:

Clear Cache and Cookies: Doing this will remove potential redirects and erroneous page loads. The instructions to clear cache and cookies vary by browser, you can Google how to clear history for your browser and make it part of your weekly technology health routine.

Restart your machine: If you keep your computer constantly on, sometimes updates that have not been installed or cycled impact the performance of the machine. A true restart of your machine may do the trick, allow updates to finalize and restore proper functionality. This is done on Windows operating system by navigating to the bottom left of your screen to the Windows icon, navigating to the Power icon and selecting Restart. Note, this is different than shutting down or closing your laptop lid.

Check for Updates: Sometimes updates get stuck and cause background issues, to check for updates navigate to the search bar in your tray on a Windows operating system, type in “check for updates” and click on the Check for Updates result, there you will see a button to either Install All (you have updates that need to be installed) or Check Now to do a manual check. Once complete follow any instructions and potentially do a restart.

Notice: eternalHealth reserves the right to review, adjust and amend all FAQs and the processes and procedures outlined within.