



SECTION 01

Provider Administrative Information

IN THIS SECTION

- › Overview
- › Provider Participation Standards
- › Provider Responsibilities
- › Provider Information Requirements
- › Provider Cooperation
- › Network Participation
- › Compliance with Participation Standards
- › Acceptance of New Patients
- › Hospital Privileges
- › Provider Data Maintenance
- › Provider Roster Submission
- › Provider Directory Requirements
- › CAQH Profile Requirements

Overview

This section outlines the administrative requirements for participation in the eternalHealth provider network. Participating providers are responsible for maintaining accurate provider information, complying with network participation requirements, supporting provider directory accuracy, and meeting credentialing and regulatory obligations.

The information contained in this section is intended to help providers understand the operational responsibilities associated with network participation and maintain compliance with applicable contractual, regulatory, and Medicare Advantage program requirements.

Topics addressed in this section include:

- Provider participation standards
- Hospital privileges
- Provider directory requirements
- Provider responsibilities
- Provider data maintenance
- CAQH profile requirements
- Acceptance of new patients
- Provider roster submissions

Providers are expected to notify eternalHealth of changes affecting their practice, professional status, or provider directory information to ensure accurate member access, timely claims processing, and compliance with Centers for Medicare & Medicaid Services (CMS) requirements.

Provider Participation Standards

Participating providers play a critical role in ensuring eternalHealth members receive high-quality, accessible, and coordinated healthcare services. Providers are expected to comply with the terms of their Provider Agreement, applicable federal and state laws, Centers for Medicare & Medicaid Services (CMS) requirements, and the policies and procedures outlined in this Provider Manual.

Providers are expected to maintain the professional, administrative, and operational standards necessary to support quality care delivery and an effective provider network.

Provider Responsibilities

Participating providers must:

- Maintain all applicable professional licenses, certifications, registrations, accreditations, and credentials required to practice within their scope of service.
- Comply with all Medicare Advantage program requirements and applicable regulatory standards.
- Provide medically necessary services in accordance with accepted standards of medical practice.
- Cooperate with quality improvement, utilization management, credentialing, compliance, and audit activities conducted by eternalHealth.
- Maintain complete and accurate medical records in accordance with applicable state and federal requirements.
- Protect the confidentiality of member health information and comply with HIPAA privacy and security requirements.

- Facilitate continuity and coordination of care for members.
- Comply with appointment access and availability standards established by eternalHealth and applicable regulatory agencies.
- Participate in provider education, quality improvement, and population health initiatives when requested by eternalHealth.

Provider Information Requirements

Providers are responsible for ensuring that all information maintained by eternalHealth is accurate and current. Timely notification of changes helps ensure accurate provider directory information, proper claims adjudication, regulatory compliance, and member access to care.

Providers must promptly notify eternalHealth of changes including, but not limited to:

- Practice or billing address
- Telephone or fax number
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Group affiliation
- Practice ownership
- Office hours
- Medicare participation status
- Licensure status
- Hospital privileges
- Sanction, suspension, exclusion, or disciplinary actions
- Practice closures or relocation
- Provider additions or terminations within a participating group

Failure to maintain accurate provider information may result in inaccurate provider directory listings, claims processing delays, payment issues, or regulatory noncompliance.

Provider Cooperation

Participating providers are expected to cooperate with requests from eternalHealth related to:

- Credentialing and recredentialing activities
- Quality improvement initiatives
- Risk adjustment and medical record reviews
- HEDIS® and other quality reporting activities
- Claims investigations and payment integrity reviews
- Compliance monitoring activities
- Regulatory audits and oversight activities

Providers must furnish requested documentation within the required timeframes and respond promptly to communications from eternalHealth regarding operational or member care matters.

Network Participation

As a participating provider, you agree to support the goals of coordinated, member-centered care and to collaborate with eternalHealth and other network providers to improve quality, safety, and health outcomes for members. Providers should make reasonable efforts to refer members to participating providers and facilities whenever clinically appropriate and consistent with member benefit requirements.

Compliance with Participation Standards

eternalHealth reserves the right to monitor compliance with provider participation standards and may take corrective action when a provider fails to meet contractual, operational, quality, or regulatory requirements. Corrective actions may include education, corrective action plans, focused monitoring, credentialing review, or other actions permitted under the Provider Agreement and applicable law.

Acceptance of New Patients

Participating providers are expected to maintain reasonable access to care for eternalHealth members. Providers who are accepting new patients should make appointments available in accordance with the access standards outlined in this manual and applicable regulatory requirements.

Providers who decide to close their practice to new eternalHealth members must provide written notice to eternalHealth at least sixty (60) days prior to the effective date of the closure. This advance

notice allows eternalHealth to maintain accurate provider directory information and ensure members have appropriate access to participating providers.

Providers must continue to treat existing members in accordance with the terms of their Provider Agreement and applicable continuity of care requirements. Temporary restrictions on new patient acceptance must also be reported to eternalHealth.

Hospital Privileges

Participating providers are responsible for maintaining hospital privileges appropriate to their specialty when required by applicable laws, accreditation standards, credentialing requirements, or the terms of the Provider Agreement.

eternalHealth reserves the right to require hospital admitting privileges or alternative arrangements that ensure continuity and coordination of care for members. Providers who lose, voluntarily surrender, have restricted, or otherwise experience changes to hospital privileges must notify eternalHealth within ten (10) business days of the effective date of the change.

Failure to maintain required hospital privileges or timely report changes may result in credentialing review or other actions consistent with the Provider Agreement and applicable regulatory requirements.

Provider Data Maintenance

Accurate provider information is essential to claims processing, member access to care, provider directory accuracy, regulatory compliance, and network operations. Providers must promptly notify eternalHealth whenever changes occur to practice or provider information.

Providers must report updates including, but not limited to:

- Practice location addresses
- Billing addresses
- Telephone and fax numbers
- Office hours
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Group affiliations
- Medicare participation status

- Licensure status
- Hospital privileges
- Practice ownership changes
- Provider additions and terminations
- Sanctions, exclusions, disciplinary actions, or investigations that could affect participation status

Timely updates help ensure accurate claims payment and provider directory information and support compliance with CMS provider directory requirements.

Provider Roster Submission

Provider roster submissions are used to maintain accurate network records and provider directory information. Physician groups, health systems, facilities, and other contracted entities are responsible for notifying eternalHealth of provider additions, terminations, demographic changes, and practice updates.

Large provider groups should submit roster updates on a monthly basis. Smaller provider organizations may submit updates as needed; however, all contracted groups must provide a complete roster at least quarterly. More frequent submissions are encouraged to ensure information remains current.

Provider roster submissions should include:

- New provider additions
- Specialty updates
- Changes in provider participation status
- Provider terminations
- Contact information changes
- Practice location changes
- New service locations

Providers must maintain an active CAQH profile and submit all required documentation before new providers can be added to the network. An updated W-9 is required when adding a new service location.

Submit all roster updates to:

Provider Relations

providerrelations@eternalhealth.com

Provider Directory Requirements

eternalHealth maintains provider directory information to support member access to care and comply with CMS and state regulatory requirements. Participating providers are responsible for ensuring all provider directory information remains complete, accurate, and current.

Provider directory information includes:

- Provider name
- Specialty
- Practice location
- Telephone number
- Telehealth Options
- Acceptance of new patients
- Hospital affiliations
- Languages spoken
- Accessibility accommodations, where applicable

Providers may be contacted periodically by eternalHealth to validate directory information. Providers are expected to respond promptly to validation requests to assist with regulatory compliance and directory accuracy.

Failure to provide timely updates may result in inaccurate provider listings, member access issues, claims processing delays, and potential regulatory findings.

CAQH Profile Requirements

Providers are responsible for maintaining a complete, current, and accurate CAQH ProView profile. An active CAQH profile supports credentialing, recredentialing, provider directory accuracy, and network management activities.

Providers should review and update their CAQH profile regularly and must complete CAQH attestation requirements in accordance with CAQH standards. eternalHealth recommends reviewing and reattesting profile information whenever updates occur and no less frequently than required by CAQH.

To maintain an accurate CAQH profile:

- Log in to CAQH ProView.
- Review all demographic and practice information.
- Update any outdated or incomplete information.
- Complete all required attestations.
- Resolve any profile errors or deficiencies.
- Submit profile updates as necessary.

Questions regarding the CAQH Provider Data Portal may be directed to DataSpring, powered by CAQH, through the support and clinician resources available at DataSpring.com.