



## SECTION 02

# Member Eligibility and Benefits

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## Overview

Participating providers are responsible for verifying member eligibility, benefits, and applicable cost-sharing requirements before rendering non-emergent services. Eligibility verification helps ensure claims are submitted correctly, members receive services consistent with their plan benefits, and prior authorization requirements are identified before services are rendered.

This section provides information regarding member identification, eligibility verification, service areas, covered benefits, coordination of benefits, and subrogation requirements.

## Member Identification and Eligibility Verification

Providers should verify member eligibility and benefits through the eternalHealth Provider Portal prior to each date of service.

### Provider Portal:

[provider.eternalhealth.com](https://provider.eternalhealth.com)

### Verifying eligibility before services are rendered helps providers:

- Confirm active member enrollment.
- Verify benefit coverage.
- Identify applicable copayments or cost-sharing obligations.
- Determine whether prior authorization requirements apply.
- Reduce claim denials related to eligibility or coverage issues.
- Confirm the appropriate payer for covered services.

Eligibility and benefit verification does not guarantee payment. Payment remains subject to member eligibility on the date of service, benefit limitations, medical necessity requirements, prior authorization requirements, and all applicable claims processing policies.

## Member Identification Cards

All eternalHealth members receive a member identification card that contains information necessary to access healthcare services and verify eligibility. Members may also access a digital identification card through the member portal.

Providers should request and review the member identification card at each visit to confirm eligibility and ensure member information is current.

### The member identification card includes information such as:

- Member name
- Member identification number
- Plan information
- Effective dates, as applicable
- Important provider and member contact information

eternalHealth utilizes a unique member identifier and does not use Social Security Numbers as member identification numbers. Member IDs follow the format:

**EHXXXXXXXXXX**

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|  <p><b>H1280-001</b><br/> <b>Issuer ID:</b> 80840<br/> <b>Effective:</b> xx/xx/xxxx</p> <p><b>HMO</b></p> <p><b>Jane Doe</b><br/> <b>eternalHealth Forever (HMO)</b><br/> <b>Member ID:</b> EH-000000000</p> <p><b>Primary Care Provider:</b> Dr. John Smith</p> <p><b>Copay (In-Network)</b><br/> <b>PCP:</b> \$X<br/> <b>Specialist:</b> \$X<br/> <b>Emergency:</b> \$X<br/> <b>Urgent Care:</b> \$X<br/>         Medicare limiting charges apply.</p>  <p><b>RXBIN:</b> 610011<br/> <b>RxPCN:</b> CTRXMEDD<br/> <b>RxGrp:</b> ETHMEDD</p> | <p><b>Member Services:</b> 800-680-4568      <a href="http://www.eternalHealth.com">www.eternalHealth.com</a><br/> <b>Pharmacy Services:</b> 800-891-6989<br/> <b>Urgent 24-Hr Nurse/Behavioral Health Crisis:</b> 800-892-1361<br/> <b>Clinical/Behavioral Case Management:</b> 800-787-5076<br/> <b>Vision:</b> 866-944-0347<br/> <b>Hearing:</b> 866-559-0158<br/> <b>Transportation:</b> 888-617-0350</p> <p><b>For Providers</b><br/>         Provider Services &amp; Prior Authorizations: 800-680-9255</p> <table border="0"> <tr> <td> <b>Medical Claims</b><br/> <b>Payer ID:</b> RP037<br/>                 eternalHealth<br/>                 PO Box 1263<br/>                 Westborough, MA 01581             </td> <td> <b>Pharmacy Claims</b><br/>                 OptumRx<br/>                 3515 Harbor Blvd.<br/>                 Costa Mesa, CA 92626             </td> </tr> </table>  | <b>Medical Claims</b><br><b>Payer ID:</b> RP037<br>eternalHealth<br>PO Box 1263<br>Westborough, MA 01581 | <b>Pharmacy Claims</b><br>OptumRx<br>3515 Harbor Blvd.<br>Costa Mesa, CA 92626 |
| <b>Medical Claims</b><br><b>Payer ID:</b> RP037<br>eternalHealth<br>PO Box 1263<br>Westborough, MA 01581                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Pharmacy Claims</b><br>OptumRx<br>3515 Harbor Blvd.<br>Costa Mesa, CA 92626                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                                |

Sample eternalHealth member ID card

The member ID consists of an eleven-character alphanumeric identifier assigned exclusively to the member.

## Service Area

At the time of publication, eternalHealth serves Medicare Advantage members in designated counties within Massachusetts and Arizona.

### Massachusetts Service Area

- Suffolk County
- Worcester County
- Middlesex County
- Norfolk County
- Bristol County
- Plymouth County

### Arizona Service Area

- Maricopa County
- Pima County
- Pinal County
- Graham County

Providers should refer to current plan materials and annual plan updates for the most current service area information.

## Referrals and Use of Network Providers

eternalHealth encourages the use of participating providers and facilities to promote coordinated, high-quality, and cost-effective care while improving member access to covered services.

### HMO Plans

Members enrolled in an HMO product select a Primary Care Provider (PCP) from the eternalHealth network. While referrals are generally not required, primary care providers are encouraged to coordinate care and communicate with participating specialists and facilities whenever appropriate.

Providers should make reasonable efforts to direct members to participating providers whenever medically appropriate and available.

### PPO Plans

Members enrolled in a PPO product are not required to select a Primary Care Provider; however, eternalHealth strongly encourages members to establish care with a participating PCP to support care coordination and preventive health management.

Providers should encourage members to utilize participating providers whenever possible to reduce out-of-pocket expenses and support continuity of care.

## Services Not Requiring Prior Authorization

The following services generally do not require prior authorization when provided in accordance with plan benefits and applicable regulations:

- Routine preventive services.
- Breast examinations.
- Screening mammograms.
- Pap tests.
- Pelvic examinations.
- Influenza vaccinations.
- COVID-19 vaccinations.
- Hepatitis B vaccinations.
- Pneumonia vaccinations.

- Emergency services.
- Urgently needed services when network providers are unavailable or inaccessible.
- Medicare-covered dialysis services received while temporarily outside the service area.

Additional prior authorization requirements are addressed in Section 4: Utilization Management and Prior Authorization.

## Covered Benefits

eternalHealth provides comprehensive Medicare Advantage benefits that include preventive services, primary care, specialty care, and other medically necessary services covered under the applicable plan benefit package.

### Coverage is subject to:

- Member eligibility.
- Plan benefit provisions.
- Medical necessity requirements.
- CMS coverage guidelines.
- Applicable prior authorization requirements.

Providers should review plan-specific Evidence of Coverage (EOC) documents and benefit materials to verify covered services and member cost-sharing obligations.

Services excluded by Medicare or specifically excluded under a member's benefit plan are not eligible for reimbursement unless otherwise required by law or plan policy.

When a member elects to receive a non-covered service or a service determined not medically necessary, the provider should:

- Inform the member of financial responsibility prior to rendering the service.
- Obtain appropriate documentation acknowledging the member's responsibility.
- Maintain documentation in the medical record.
- Submit a request for an organizational determination when appropriate.

Applicable member cost-sharing may apply to covered services in accordance with the member's plan benefits.

## Coordination of Benefits (COB)

Coordination of Benefits (COB) is the process used when a member has healthcare coverage under more than one health plan or insurance arrangement. COB helps ensure proper payment of claims and prevents duplicate payment for services.

Participating providers must cooperate with COB activities and submit claims to the appropriate primary payer when applicable. Providers may be asked to supply additional information regarding other insurance coverage maintained by the member.

Members may not be billed for covered services except for applicable copayments, coinsurance, deductibles, or other member financial responsibilities established by the plan. Participating providers must accept eternalHealth payment and applicable member cost sharing as payment in full in accordance with the Provider Agreement.

## Medicare Advantage Members with Medicaid

For members who are eligible for both Medicare and Medicaid, providers should follow applicable federal and state coordination of benefits requirements.

Providers should not collect member cost-sharing amounts when prohibited by Medicaid program requirements.

## Subrogation

Subrogation is the process through which eternalHealth may recover healthcare expenses when another party is responsible for the member's illness, injury, or medical condition.

If a third party may be responsible for a member's medical expenses, providers should cooperate with requests for information related to the member's condition, treatment, or claims associated with the injury or illness.

To the extent permitted by law, eternalHealth or its designated recovery vendors may pursue recovery of amounts previously paid for healthcare services related to third-party liability claims.