SECTION 11

Provider Termination and Continuity of Care

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Overview

eternalHealth is committed to maintaining a high-quality provider network that supports the healthcare needs of its Medicare Advantage members. While the goal is to maintain productive and collaborative provider relationships, circumstances may arise that require termination or nonrenewal of a provider's participation in the network.

This section outlines the circumstances under which participation may be terminated, available appeal rights, continuity of care requirements, and provider obligations during the transition process.

Termination of Participation

A provider's participation in the eternalHealth network may be terminated in accordance with the terms and conditions of the Provider Agreement, applicable state and federal laws, CMS requirements, and credentialing policies.

Termination may occur:

- For cause.
- Without cause.
- Due to nonrenewal of a Provider Agreement.
- Due to immediate termination events.
- As otherwise permitted under applicable law or contractual agreements.

Providers should refer to their Provider Agreement for specific contractual notice requirements and termination provisions.

Immediate Termination Events

eternalHealth reserves the right to immediately terminate a provider's participation when circumstances present a risk to members, the Medicare program, or the integrity of the provider network.

Immediate termination may occur for reasons including, but not limited to:

- Suspension, revocation, expiration, or restriction of a professional license.
- Suspension, exclusion, or debarment from participation in Medicare, Medicaid, or other federal healthcare programs.
- Fraud, abuse, or other unlawful conduct.
- Failure to maintain required professional liability insurance.
- Criminal indictment, conviction, or other serious legal actions affecting provider eligibility.
- State sanctions or disciplinary actions.
- Circumstances that, in the reasonable judgment of eternalHealth, pose a threat to member health, safety, or welfare.

Immediate termination may become effective upon notice as permitted by applicable law and contractual requirements.

Termination for Cause

Termination for cause may occur when a provider fails to comply with contractual, professional, operational, credentialing, quality, or regulatory requirements.

Examples may include:

- Repeated failure to comply with Provider Agreement requirements.
- Failure to maintain credentialing standards.
- Repeated quality of care concerns.
- Failure to comply with CMS requirements.
- Failure to cooperate with credentialing, compliance, quality, or audit activities.
- Material breach of contract terms.

When appropriate, eternalHealth may implement corrective action plans or remediation efforts prior to termination. However, corrective action is not required in all circumstances.

Termination Without Cause

Either the provider or eternalHealth may terminate participation without cause in accordance with the notice provisions outlined in the Provider Agreement.

Termination without cause typically requires advance written notice and allows time for member notification, continuity of care planning, and provider directory updates. Providers should review their Provider Agreement for specific notice requirements and effective dates.

Provider Appeal Hearing Process

Providers who receive notice of a termination action may have appeal rights depending on the circumstances of the termination and applicable regulatory requirements.

When an appeal is permitted, eternalHealth may convene a hearing panel or committee to review the termination decision.

Hearing Committee Requirements

The hearing committee:

- Will consist of at least three (3) members.
- May include peers or healthcare professionals with appropriate expertise.
- Will not include individuals who participated in the investigation that led to the termination recommendation.

Hearing Procedures

The hearing process may include:

- Presentation of information by eternalHealth.
- Presentation of information by the provider.
- Review of supporting documentation.
- Discussion by the hearing committee.
- Deliberation and voting by committee members.

A designated hearing officer may oversee the hearing process, maintain order, and ensure all parties have an opportunity to present information. The hearing officer may not participate in committee voting.

Final Determination

Following review, the committee may:

- Affirm the proposed action.
- Modify the proposed action.
- Reverse the proposed action.

Providers will receive written notification of the committee's final determination and the basis for the decision.

Nonrenewal of Provider Agreement

Unless otherwise specified in the Provider Agreement, provider participation agreements may renew automatically at the end of the contract period. A decision not to renew a Provider Agreement may result in termination of network participation upon expiration of the agreement.

Nonrenewal decisions will be managed in accordance with applicable contractual obligations, regulatory requirements, and provider notification requirements.

Continuity of Care Requirements

eternalHealth is committed to minimizing disruptions in care when provider participation changes occur. Both providers and eternalHealth share responsibility for ensuring members continue to receive medically necessary services during transition periods.

Providers may be required to continue furnishing covered services for a period of time following termination when necessary to support continuity of care for members receiving active treatment.

Continuity of care considerations may apply to members who are:

- Undergoing active treatment for serious medical conditions.
- Receiving inpatient care.
- Receiving post-acute care services.
- Pregnant and receiving ongoing prenatal care.
- Receiving ongoing specialty treatment.
- Transitioning between providers or healthcare settings.

Providers must cooperate with continuity of care activities, including communication with receiving providers and transfer of medical records when appropriate and permitted by law.

Provider Responsibilities Following Termination

Following notice of termination, providers are expected to:

- Continue providing services when required under continuity of care provisions.
- Cooperate with member transition activities.
- Transfer medical records in accordance with applicable laws and regulations.
- Continue to protect the confidentiality of member information.
- Submit claims for covered services in accordance with contractual requirements.
- Update practice materials to remove references to network participation after the effective termination date.
- Comply with all post-termination obligations identified in the Provider Agreement.

Failure to comply with post-termination obligations may result in additional contractual or legal remedies available to eternalHealth.

Conclusion

eternalHealth values its provider partnerships and recognizes the important role providers play in delivering high-quality healthcare to members. Through cooperation, professionalism, and

compliance with applicable requirements, providers help ensure members receive coordinated, accessible, and effective care throughout their healthcare journey.