eternalHealth Provider Manual Fact Sheet

This document is intended to be a high-level summary of the eternalHealth Provider Manual, covering topics including general information, verification of benefits, billing, and referrals. For the full version, please visit www.eternalHealth.com.

General Information

Provider Relations (General Inquiries): (617) 546-5733
Provider Services (Billing, Claims, Payments): (800) 680-9255
Email: providerrelations@eternalhealth.com
Website: www.eternalhealth.com
Change Healthcare Payer ID: RP037

Verification of Benefits

To verify the eligibility of any Member who arrives at a Provider office, the administrative staff is recommended to follow these two steps, in addition to always asking for the Member's ID card as having a card itself does not guarantee eligibility or payment:

1. Go to the eternalHealth Provider portal at *portal.provider.eternalhealth.com*.
    a. The portal will have eligibility information, any open prior authorizations, and claims history for the Member in question.
2. If the Member's eligibility is unable to be verified online, the next step would be to give eternalHealth's Provider Services team a call at (800) 680-9255, where any disputes over eligibility can be quickly confirmed.

Billing

Participating providers must accept payment from eternalHealth for covered services provided to eternalHealth Members in accordance with the reimbursement terms outlined in the executed contract with eternalHealth. Providers cannot balance-bill any amount in excess of the Member's applicable deductible, copay or co-insurance, as per the terms of the agreement. Claims may be subject to benefit denial. If a Provider collects Member co-insurance determined by eternalHealth to exceed the correct amount of Member co-insurance, the Provider must promptly reimburse the Member the excess amount. For fax correspondence regarding billing, please use this fax number: (866) 347-8130.

Referrals

PCPs may refer Members to any specialists or ancillary Providers within the eternalHealth network. For Members in eternalHealth's HMO plans, referral forms will be required when a PCP requests that a Member be treated by a specialist or ancillary Provider. The PCP is expected to issue a referral prior to the Member's visit with the specialist. Please note that referrals are not transitory between specialists, do not guarantee payment, and should not be retroactive. Referrals should be kept in-network; if there is a need to refer to a specialist outside of the network, a prior authorization must be submitted and reviewed by eternalHealth on a case-by-case basis.

We look forward to doing business with you and are excited to begin this journey of caring for our Members' health together!

Provider Referral Form: https://eternalhealth.com/wp-content/uploads/2021/10/Referral-Request-Form.pdf

Provider Network Search Tool:
https://nhconnect.eternalhealth.com/Provider/PublicPcpSearch?

Claims Payment

Unless otherwise stated in the Agreement, Providers must submit Clean Claims (initial, corrected and voided) to eternalHealth within 90 calendar days from the date of discharge (for inpatient services) or the date of service (for all other services). Providers using electronic submission shall submit Clean Claims to eternalHealth or its designee, as applicable, using the HIPAA-compliant 837 electronic format or a CMS 1500/UB-04 (or their successors), as applicable. Claims shall include the Provider's NPI, Tax ID and the valid taxonomy code that most accurately describes the services reported on the claim. All the relevant elements of CMS Form 1500 or UB04 Claims Forms should be submitted, including but not limited to Member identification numbers, NPIs, dates of service, and an accurate and full description of the medical services provided. Additionally, there should be no error in coding in the claim for the services provided.

Where do I submit paper claims?

eternalHealth Billing Department

PO Box: 651

Southborough, MA 01772

Attn: eternalHealth Medicare