

BRIGHT HEALTHCARE PROVIDER ANNOUNCEMENT

FAQs

Bright Health Group is focusing its business on delivering value-driven healthcare to aging and underserved populations. This means that Bright HealthCare will no longer offer Individual and Family Plan products (except in Texas, for members who purchased plans off the Exchange) and will not offer Medicare Advantage products outside of California for 2023.

It is a priority for Bright HealthCare to continue to provide the best service and experience to the members, providers, brokers, and other partners in discontinued markets, and to ensure that all impacted members are able to move to new plans with no interruption in coverage.

Below are some important FAQs to assist members in making this transition for 2023.

1. When will the Medicare Advantage (MA) market exits be effective?

Bright HealthCare insurance coverage will end on December 31, 2022, for members enrolled in Bright HealthCare MA products in Arizona, Colorado, Florida, Illinois, and New York.

2. When will impacted Florida MA members be notified?

We are working closely with CMS on a plan to notify Florida members who will lose their coverage in 2023. We will share more information as that plan is finalized. Members enrolled in Bright HealthCare MA plans in Arizona, Colorado, Illinois, and New York have already been notified of these exits.

3. When will the IFP market exits be effective?

Coverage will end on December 31, 2022, for members enrolled in a Bright HealthCare Individual and Family Plan product in Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Nebraska, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas (for plans purchased on the Exchange), Utah, and Virginia.

4. When will impacted IFP members be notified?

Members enrolled in Bright HealthCare IFP plans in Illinois, New Mexico, Oklahoma, South Carolina, Utah and Virginia have already been notified of these exits. We are working with regulatory bodies in Alabama, Arizona, California, Colorado, Florida, Georgia, Nebraska, North Carolina, Texas, and Tennessee to ensure we notify members in a timely manner so they can research and select a new plan for 2023.

5. What will happen to my contract with Bright HealthCare?

Contracts will remain active unless terminated by either party, as per terms of the agreement.

6. How long can I submit claims for services rendered under the plan in 2022? Is there a deadline?

Bright HealthCare will continue to follow all state processing rules for claims during the rundown period.

7. What if I have an appeal or disputed claim?

Providers may submit a payment dispute within 180 days of the original explanation of payment unless your contract states differently. Any request submitted past the 180-day timely filing window will not be reviewed unless good cause for late filing exception is made by Bright HealthCare.

8. What should I tell my patients about finding a new carrier?

We recognize the important role that you play with these patients and know the kind of personalized care you've been giving them. It's likely they will ask you if you are covered under other plans, so it may be helpful to have that information available for them.

They should work directly with their broker or trusted adviser, who can help them find an alternate plan that best fits their needs. Medicare members can also call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit [Medicare.gov](https://www.Medicare.gov). In addition, there are many helpful tools and resources at [Healthcare.gov](https://www.Healthcare.gov) to assist IFP members in choosing a new plan.

IFP Member-Specific Questions:

9. Can they make an exception for me?

Unfortunately, no. This does not change the care our members are currently receiving during this plan year.

10. When will my coverage end?

Coverage will end on December 31, 2022, for members enrolled in a Bright HealthCare Individual and Family Plan product in Alabama, Arizona, California, Colorado, Florida, Georgia, Illinois, Nebraska, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas (for plans purchased on the Exchange), Utah, and Virginia.

11. When can I enroll in new Individual and Family coverage for 2023?

The Health Insurance Marketplace 2023 open enrollment period began on November 1 and runs through December 15, 2022, to ensure a January 1, 2023, effective date. During this period, you can compare plans and select your new plan for the coming year.

12. How do I go about finding a new Individual and Family plan?

There are tools and resources at [Healthcare.gov](https://www.Healthcare.gov) to assist you in choosing a new plan.

13. Is there a way for me to tell if my current providers are covered as I consider new plans?

The best way to determine this information is to ask your healthcare provider. If you prefer to research yourself, the tools on [Healthcare.gov](https://www.Healthcare.gov) can help you find an alternate plan or direct you to local resources to help with your search.

14. How can I ensure that all my information rolls over to the new plan?

Your new plan will help you transition your current care plans and prescriptions to your new benefit in 2023. You should call your new plan at the beginning of the year to make sure they have all of your relevant information.

15. Who can I call at Bright HealthCare for more information?

If you have questions or concerns and would like to contact Bright HealthCare directly, you can reach the member services team at the numbers below:

- Alabama, Arizona, Colorado, Florida, Illinois, Oklahoma, North Carolina, Nebraska, South Carolina, and Tennessee members should call 855-827-4448.
- California, Georgia, Texas, Virginia, and Utah members should call 844-926-4524.
- New Mexico members can call 844-508-4677

16. Will the Exchange be moving Bright HealthCare members into new plans for 2023?

The Exchange will be passively moving Bright HealthCare IFP members to new health plans for 2023. Some health insurance plans may begin reaching out to these members to welcome and educate them on their 2023 plan. Members can change their plan any time during the Open Enrollment Period, and they should contact their broker or visit [Healthcare.gov](https://www.healthcare.gov) to review their plan choices for 2023. Members who purchased plans off the Exchange will not be moved to new carriers automatically, and they must select a new plan in order to keep their healthcare coverage in 2023.

MA Member-Specific Questions:

1. Can they make an exception for me?

Unfortunately, no. This does not change the care our members are currently receiving during this plan year.

2. When will my coverage end?

Bright HealthCare insurance coverage will end on December 31, 2022, for members enrolled in Bright HealthCare MA products in Arizona, Colorado, Florida, Illinois, and New York.

3. When will impacted Florida MA members be notified?

We are working closely with CMS on a plan to notify Florida members who will lose their coverage in 2023. We will share more information as that plan is finalized. Members enrolled in Bright HealthCare MA plans in Arizona, Colorado, Illinois, and New York have already been notified of these exits.

4. When can I enroll in new MA coverage for 2023?

The Medicare annual enrollment period started on October 15 and runs to December 7, 2022, to ensure a January 1, 2023, effective date. During this period, members can compare their options and select a new plan for the coming year. There are tools and resources available at [Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (800-633-4227) 24

hours a day, 7 days a week. In addition, members can work with their broker or trusted adviser.

5. What should I do if I've already enrolled in a Bright HealthCare Medicare Advantage plan in 2023?

The MA Annual Enrollment Period ends on December 7, and you can change your plan selections now. You can work directly with your broker or call 1-800-MEDICARE (1-800-633-4227) to make changes. In addition, there are many helpful tools and resources at [Medicare.gov](https://www.Medicare.gov) to assist you in choosing a new plan.

6. What happens if I don't find new coverage by the deadline?

Bright HealthCare strongly encourages you to secure alternate coverage before December 31, 2022. If you don't take action before December 31, you will lose your prescription drug coverage and only be covered by Original Medicare starting January 1, 2023.

Even if Medicare places you in Original Medicare, you still have other opportunities to join a Medicare health or drug plan. Because your Bright HealthCare plan will no longer be available to you, and to provide you additional time to evaluate your options, you have a special opportunity to join a new plan any time until February 28, 2023. If you join a new Medicare Advantage plan AFTER December 31, 2022, your coverage in the new plan won't start until the month after you join.

7. What will happen to my prescription drug coverage?

If you don't join a plan with prescription drug coverage or a stand-alone Prescription Drug Plan with Original Medicare by February 28, 2023, you won't have prescription drug coverage in 2023 and you may have to pay a lifetime Part D late-enrollment penalty if you join a Medicare prescription drug plan later.

8. What if I have a procedure scheduled to begin this year with follow up that will continue into next year?

Be sure to select a new plan before the deadline to ensure continuity of coverage with your new plan on January 1. It is also recommended that you contact your new carrier and your doctor to ensure that any prior authorizations or referrals are done appropriately for procedures in January.

9. What happens if I'm hospitalized in the transition to my new plan (e.g. December into January)?

For most hospitals, Bright HealthCare will pay for the hospitalization in December, as your coverage doesn't end until December 31, 2022. If you remain hospitalized into the new year (including January 1, 2023 and after), your new carrier will be responsible for any costs.

10. How do I ensure my prescriptions are transferred to the new plan?

Please remember to update your pharmacy with your new insurance information as of January 1, 2023. It's also a good idea to refill or update prescriptions before December 31 to ensure you have enough supply as you transition plans.

11. How do I go about finding a new MA plan?

You can work directly with your broker or trusted adviser, who can provide a more personalized level of service. You can also call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. In addition, there are many helpful tools and resources at [Medicare.gov](https://www.Medicare.gov) to assist you in choosing a new plan.

12. Is there a way for me to tell if my current providers are covered on the new plan?

The tools on [Medicare.gov](https://www.Medicare.gov) also can help you find an alternate plan or direct you to local resources to help with your search.

13. How can I ensure that all of my information rolls over to the new plan?

Your new plan will help you transition your current care plans and prescriptions to your new benefit in 2023. You should call your new plan at the beginning of the year to make sure they have all your relevant information.

14. Who can I call at Bright HealthCare for more information?

Members can call Member Services at 844-926-4521 for more information. Spanish speaking members can call 844-926-4520.

IFP California-Specific Information

1. You qualify for a Special Enrollment Period.

Due to our withdrawal from the individual market, you qualify for a Special Enrollment Period which ends March 1, 2023, giving you even more time to make your choice. Through Covered California, you can get help paying for your health insurance through tax credits or lower out-of-pocket costs.

2. How can I enroll in a health plan in California?

You can buy health insurance through Covered California during Open Enrollment started on November 1, 2022 and runs through January 31, 2023. You can use Covered California if you do not have insurance through your employer or through Medicare. You can also apply for Medi-Cal through Covered California.

You must apply for Covered California during an open or special enrollment period. Medi-Cal applications can be made at any time. If you have a life change such as marriage, divorce, a new child, or loss of a job, you can apply at the time the life change occurs (special enrollment period).



Through Covered California, you may also get help paying for your health insurance:

- Receive tax credits: You can use your tax credit to help pay your monthly premium.
- Reduce your out-of-pocket costs: Out-of-Pocket costs are how much you pay for things like going to the doctor or hospital or getting prescription drugs.

To qualify for insurance payment assistance, you must:

- Meet certain household income limits; and
- Be a U.S. Citizen, U.S. national or be lawfully present in the U.S.
- In addition, other rules and requirements apply.

You can also buy coverage directly from health insurers, health plans, or insurance agents during Open Enrollment and Special Enrollment periods, but the financial help is available only if you select a Covered California product.

Note that if you believe your healthcare coverage has been, or will be, improperly cancelled, rescinded, or not renewed, you have the right to file a grievance with the plan and/or the Department of Managed Health Care.

You may submit a grievance to Bright HealthCare by calling **844-926-4524**, online at **BrightHealthcare.com**, or by mailing your written grievance to:

Bright HealthCare
Grievance and Appeals Unit P.O. Box 1519 Portland, ME 04104

You may want to submit your grievance to Bright HealthCare first if you believe your cancellation, rescission or nonrenewal is the result of a mistake. Grievances should be submitted as soon as possible.

Bright HealthCare will resolve your grievance or provide a pending status within three (3) calendar days. If you do not receive a response from the plan within three (3) calendar days, or if you are not satisfied in any way with the plan's response, you may submit a grievance to the Department of Managed Health Care at:

By mail:
Help Center
Department of Managed Health Care
980 Ninth Street, Suite 500
Sacramento, California 95814-2725

By phone:
(888) 466-2219
TDD: **(877) 688-9891**
FAX: **(916) 255-5241**

Or online:
HEALTHHELP.CA.GOV