

BRIGHT HEALTHCARE PROVIDER ANNOUNCEMENT

FAQs – Detailed provider information regarding claims payment after December 31, 2022

Thank you for your patience and support during this time of transition. Bright Health will continue to process claims and disputes per state timely filing guidelines, and all claims submissions will be worked to their proper completion. To keep you apprised of our operational improvements, we are currently processing 95 percent of new claims in a timely manner.

Below are some responses to common questions regarding Bright Health activity after December 2, 2022 to help you know what to expect.

1. Will there be someone to work with after 12/31 to assist with: claims related to 2022 services; status of any open items; or general provider questions?

Yes, Our Provider Services Call Center is the entry point for all provider inquiries. Effective December 2, 2022, providers can call Provider Services as follows:

IFP California, Georgia, Texas, Utah and Virginia: 844-926-4525

IFP Alabama, Arizona, Colorado, Florida, Illinois, Nebraska, North Carolina, Oklahoma, South Carolina and Tennessee : 866-239-7191

MA (Non-California): 844-926-2522

Small Group: 855-521-9364

2. What do I do if I need to dispute a payment or denial?

Providers can enter a dispute online by visiting: [Provider Inquiries](#)

After you submit the claim online, you will receive an electronic confirmation that your inquiry has been received and will be addressed as appropriate for the inquiry.

3. What is Bright Health doing to ensure my issues are resolved by year-end?

Bright Health is committed to completing all open case work and claims in a timely manner and as expeditiously as possible. For responses that do not meet regulatory requirements, interest will be paid as required. We thank you for your patience as we process the work.

4. What is the plan or related process for addressing outstanding and new issues?

Bright Health is committed to completing all open case work and claims in a timely manner and as expeditiously as possible. Beginning December 2, 2022, we ask that you please call the Provider Services numbers listed above for status on open items or submit your claim online for a more accurate result.

5. **How will Bright Health be handling situations when a member is inpatient in 2022, and the inpatient stay carries over into January 2023? Will Bright Health cover and pay that entire stay, even though it carries over into January 2023? How will we know who to work with as far as coordination of care come January 2023?**

Coverage for patients who are hospitalized in 2022 and the acute inpatient facility stay carries over into 2023 will be covered according to succeeding carrier rules and per the member's certificate of coverage from their 2022 Bright Health certificate of coverage and the person's certificate of coverage from their new insurance carrier.

Regarding members with ongoing healthcare needs, Bright Health is contacting members who have care planned in 2023, or who are in complex case management to inform them that their coverage is ending and they need to pick a new plan. In addition, we are linking individuals on high-cost medications with funding programs that may subsidize/pay for medications when the individual doesn't have coverage or can't afford their cost share.

Should the member's new plan request information about prior coverage, Bright Healthcare will provide it.

6. **How can I be sure that I am going to get paid for the services that I provide to Bright Health members in 2022?**

Bright Health remains committed to properly resolving all valid issues and completing all open case work and claims as expeditiously as possible. For responses that do not meet regulatory requirements, interest will be paid as required. We thank you for your patience as we process the work. For the most efficient service, please call Provider Services at the following numbers.

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