

IFP PROVIDER ANNOUNCEMENT

FAQs

Bright Health Group is further focusing its business on delivering affordable healthcare to aging and underserved populations through its Fully Aligned Care Model. Bright HealthCare will no longer offer Individual and Family Plans after plan year 2022 and will also no longer offer Medicare Advantage products outside of California and Florida.

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 you in making this transition for 2023.

1. When will the Individual and Family Plan (IFP) market exits be effective?

Bright HealthCare insurance coverage will end on December 31, 2022, for members enrolled in our IFP products.

2. When will impacted members be notified?

We are working with regulatory bodies in each of these markets to ensure we notify members in a timely manner so they can research and select a new plan during the 2023 open enrollment period.

3. In what markets will Bright Health continue to offer IFP options?

We will not offer IFP products in any markets after plan year 2022.

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

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

5. 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 wind-down period.

6. Will Bright HealthCare continue to receive claims in markets where coverage is ending?

Yes. Bright HealthCare will continue to follow all state processing rules for claims during the wind-down 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.

Providers in North Carolina and Arizona may submit a second level appeal on behalf of the member within 60 days after the date of the first level appeal decision.

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

We recognize the important role 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 can also visit [Healthcare.gov](https://www.healthcare.gov) for helpful information and resources.

9. Who can I speak with at Bright HealthCare if I have questions or need additional information?

You can contact the Bright HealthCare Provider Services team as follows:

- IFP providers in Alabama, Arizona, Colorado, Florida, Illinois, Nebraska, North Carolina, Oklahoma, South Carolina, and Tennessee should call 866-239-7191.
- IFP providers in California, Georgia, Texas, Utah, and Virginia should call 844-926-4525.

10. What should I do if I'm contacted by the media about this?

Forward all media or investor inquiries to media@brighthousegroup.com.

Member-Specific Questions:

4. Can they make an exception for me?

Unfortunately, not. This does not change the care our members are currently receiving during this plan year.

5. When will my coverage end?

Coverage will end on December 31, 2022 for members enrolled in a Bright HealthCare Individual and Family Plan.

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

The Health Insurance Marketplace 2023 open enrollment period runs from November 1 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.

7. 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.

8. 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.

9. 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 of your relevant information.

10. 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.