



Welcome to Bright HealthCare™

2022 Provider Guide

¿Prefiere leer esta guía en español?

Visite [Availity.com](https://www.availity.com), a partir de otoño.

A new approach to health insurance

Let's make healthcare better, together.

Bright HealthCare is putting the focus in healthcare back where it belongs—on the patient and their provider. Our exclusive network brings our members coordinated care from quality providers like you. Together, we work hand-in-hand to bring our members the best possible care at the best possible price.

Simple, personal, affordable

We respect the close relationship between a provider and their patients. To support that connection, we built our plans around three core principles:

Simple: We created a closed network of high-performing providers and hospitals to give our members access to superior care. And we help our providers create the best care experience by offering streamlined online access to the information and services you need.

Personal: We take pride in being there for you and your patients, where and when you need us. Live support is available through our Member and Provider Services hotlines, and we have dedicated local Provider Relations Representatives and clinical team members who understand your community and needs.

Affordable: Our carefully selected networks help improve health outcomes and promote efficient use of resources. We pass these savings along to our members, which lowers their out-of-pocket costs and reduces barriers to care. We also focus on copays instead of coinsurance, so you can collect payment at the point of care.

Smart solutions designed with our provider partners in mind

We redirect members to in-network specialists to make it easier for providers to manage their care. This helps reduce your administrative burden and your patients' wait time to get the care they need.

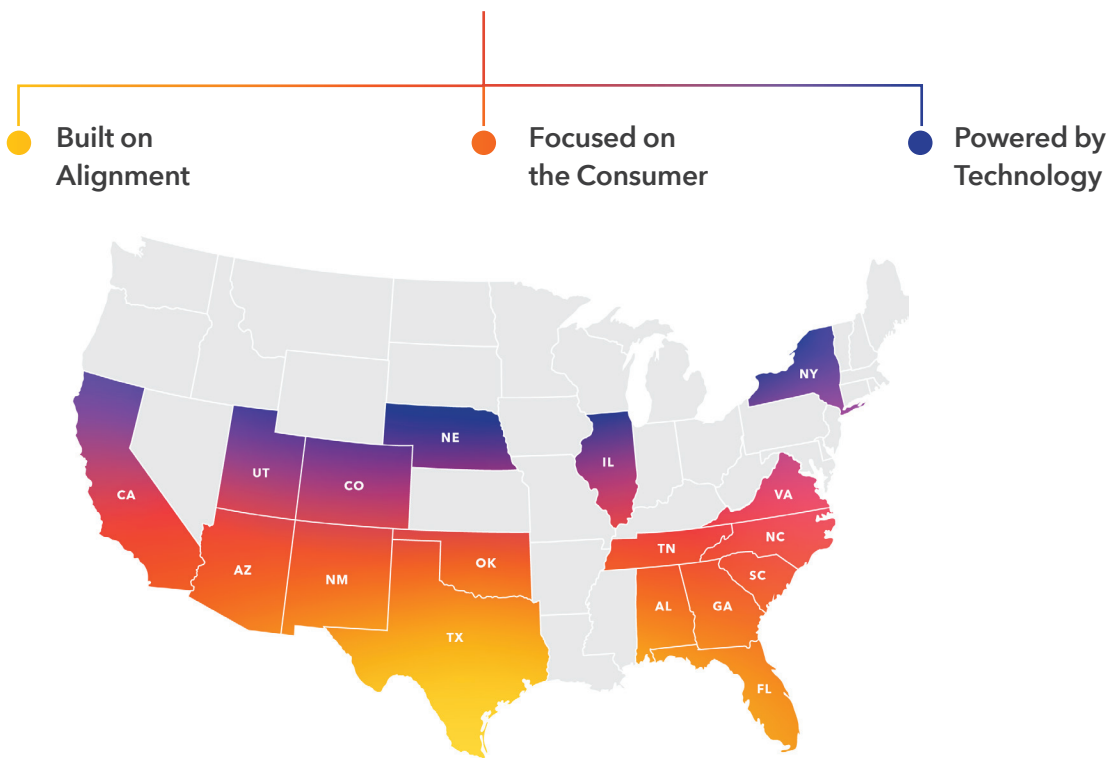
\$0 copays for routine preventive care visits let patients visit their provider regularly to maintain their health.

Our high network retention rates improve quality, make care more affordable, and support appropriate benefit use. Bright HealthCare quickly becomes a trusted partner for our providers!

We offer electronic claims management, a streamlined prior authorization process, and easy eligibility and benefit checks so your staff can spend less time on paperwork and more time with patients.

Through powerful relationships with **Care Partners**, we help all people live healthy and **brighter lives**.

Future of Integrated Healthcare



Let's grow together

Bright HealthCare knows that it's more important than ever to make quality care affordable and accessible. We're excited to partner and grow with your practice. Here are some of the ways we work hard to grow our membership and bring you new patients:

- We developed an innovative creative marketing strategy that gets results
- We proactively guide our members to in-network health systems and providers in each community

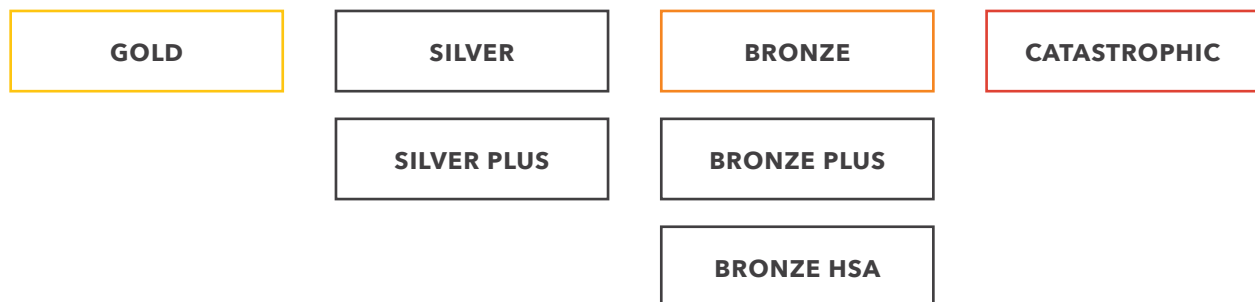
Our Products

Here at Bright HealthCare, we offer a variety of health insurance plans designed to be simple, personal, and affordable. Specific plans vary by market because we customize them to meet the needs of each community we serve.

Individual & Family Plans

Bright HealthCare offers multiple qualified Individual and Family Plans (IFP) to consumers across the United States. We partner with health systems to deliver a high-quality experience that makes health insurance simpler and more affordable for our members.

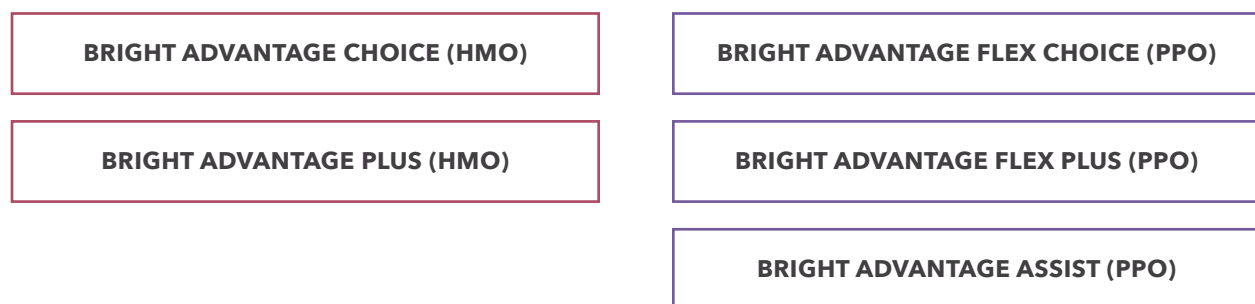
Sample IFP Plans



Medicare Advantage Plans

Bright HealthCare offers Medicare Advantage plans to Medicare-eligible consumers in certain markets. We design plans to meet the needs of Medicare patients and help them get great access to care that fits their budgets.

Sample Medicare Advantage Plans



Small Business Solutions

Bright HealthCare offers multiple solutions to employers looking for ACA Small Group Compliant or Level Funded plans. Our offerings combine easy-to-understand benefits, personalized services, and access to our high-performance network.

Learn more about the plans Bright HealthCare is offering in your community at BrightHealthCare.com. 2022 plan information will be available October 2021!

The Bright HealthCare Network

We've designed our network to offer the best possible care at the best possible price. We collaborate closely with select provider partners in each community and guide our members to seek care exclusively with them. For most plans, Bright HealthCare does not cover out-of-network services, except for emergency care.

Better health outcomes through coordinated care

Bright HealthCare's personalized Care Partner networks let us work closely with members to help them find the right care, which improves health outcomes. Care is better coordinated, leading to fewer readmissions, emergency room visits, and duplicate tests, and a more seamless care experience.

We help guide members to in-network care

Bright HealthCare members get great rates on nearly every kind of care when they stay in-network. To help our members seek care with our Care Partners, we:

- ✓ Offer live support to help our members find in-network providers
- ✓ Proactively reach out to members who may need additional support finding in-network care
- ✓ Redirect out-of-network requests to in-network providers
- ✓ Reach out to members with a high risk of going out-of-network
- ✓ Educate members who go out-of-network and help transition them back to in-network care
- ✓ Collaborate with providers to better understand their capabilities

How you can help

Bright HealthCare is a narrow network plan. You can help your patients save money by directing them to the right care, at the right time, in the right place. Use our online Provider Finder tool at BrightHealthCare.com to:

- Confirm if a provider or facility is in-network
- Find the right in-network doctor, specialist*, or facility based on patient preferences

*We always encourage members to connect with a Primary Care Provider (PCP) early and to talk to them regularly. But if a member needs a specialist, we help direct members to stay in-network.



Let's get started

We're excited to partner with you to deliver a unique care experience for your patients. We've developed extensive resources and tools to ease administrative burden and support seamless, quality care. Here are some things you can do to get your practice up and running.

Prepare for your 2022 in-network participation

Here are three easy steps to ensure our partnership gets off to a healthy start.

1

SPREAD THE NEWS TO YOUR STAFF

Make sure your whole team knows you are now a participating provider with Bright HealthCare so they are prepared to answer patient questions.

2

KEEP YOUR PRACTICE DATA UP TO DATE

As of this year, you can confirm the accuracy of your information for all your payors through your NPPES profile. Simply log in at NPPES.CMS.hhs.gov and make sure all the information in your profile is up to date. Keeping your profile current can help prevent delays in claim payments and prior authorizations. You can also send your updated roster directly to us. Instructions are available at Availity.com or at BrightHealthCare.com/provider/resources.

3

SHARE WITH YOUR PATIENTS

We're new in town, so patients may not know about Bright HealthCare or that you're a participating provider. List Bright HealthCare on your practice website as an accepted plan for 2022 and prepare to tell patients, "Yes, we do accept Bright HealthCare plans!"

Your key tools

Availity.com

Availity is a multi-payer platform that allows Bright HealthCare to integrate with your practice in a secure, streamlined way. It offers a wide range of tools and resources to make your life easier. Simply log in at Availity.com and select Bright HealthCare from the Payer Spaces tab. You can:

- View news, tools, and resources such as the Provider Manual and Quick Reference Guide
- Verify member eligibility and view benefit details
- Submit electronic prior authorization requests
- Obtain prior authorization forms
- File electronic claims, check claim status, and view remittance information

BrightHealthCare.com

The Bright HealthCare website is your best resource to:

- Learn more about Bright HealthCare's insurance plans
- Search for in-network providers or facilities using our Provider Finder Tool
- View formularies and identify low-cost medication with our Drug Finder tool

We're here for you

BrightHealthCare.com/provider/resources

Visit our Provider Resources page to find the information and resources you need to get ready for Bright HealthCare members. You can:

- Download our Quick Reference Guide
- Look up Member IDs
- Share or update your provider data
- Get prior authorization and claims forms
- View sample ID cards for your area

...And so much more!

Support that extends outside the clinic

Bright HealthCare integrates closely with our provider partners to offer seamless, coordinated care management, including extra support for those who need it most.

Provider Services

Our Provider Relations Specialists offer additional resources including training, onboarding, and personalized support. Call Provider Services (find the number at the back of this guide) to talk to a local Provider Relations Specialist about scheduling a webinar and to learn more about how to work with Bright HealthCare!

Bright HealthCare webinars

Our Webinars include information on:

- The Bright HealthCare story and mission
- Plan overviews and local partnership portal navigation
- Eligibility and benefits
- Utilization management program
- Prior authorization process
- Navigating the Bright HealthCare website
- Submitting claims and checking status
- Sample ID cards
- How to get paid

FAQ About Bright HealthCare, Plans, and Resources

When can I start seeing Bright HealthCare patients?

You can start seeing members once you receive confirmation that you have passed credentialing and the plan is live. Plan effective date and other contract terms can be found in your completed Network Participation Agreement. Please contact your Provider Relations Representative with any questions.

How can I find out if my providers have been credentialed?

Once a credentialing decision has been made, we will send you a letter within 10 days notifying you of the decision. If it has been more than 90 days since your practice or organization was submitted for credentialing and you have not received a letter, please contact the Bright HealthCare Credentialing team at credentialing@BrightHealthGroup.com.

Where can I find a copy of the Bright HealthCare Provider Manual?

Starting in October, you can find the 2022 Provider Manual on [Availity.com](https://www.availity.com) under the Bright HealthCare Payer Spaces tab.

Why can't I see my practice in the online Bright HealthCare Provider Directory?

If you are in a new Bright HealthCare market for 2022, the Bright HealthCare Provider Directory for your area will be available in October 2021 at BrightHealthCare.com/search. If you are a provider in an existing market (or it's after October 2021), please confirm that your provider has passed credentialing through Bright HealthCare. If they have and are not appearing in the Directory, please contact Provider Services or your local Provider Relations Representative.

How can I check member eligibility?

You can check member eligibility on [Availity.com](https://www.availity.com). The following information is required to check eligibility:

- Requesting provider's NPI
- Member ID (use the member lookup tool at BrightHealthCare.com/provider)
- Member first and last name
- Member date of birth

If you have additional questions about member eligibility, please contact Provider Services.

How do we update our provider or practice information?

We're glad you asked! We're always working to improve our provider data using sources like NPPES. Visit NPPES.CMS.hhs.gov to update your NPPES profile. Your NPPES profile collects all your information in one place and makes it available to all your payors, saving you time and energy. Visit Availity.com or BrightHealthCare.com/provider/resources to learn more about how to update your NPPES profile or how to send a roster directly to us.

What are Bright HealthCare's referral requirements?

Please see the Bright HealthCare Provider Directory on BrightHealthCare.com for a full list of in-network providers.

How do I submit prior authorizations?

Prior authorizations can be submitted electronically through Availity.com. You will receive immediate confirmation and have easy access to tracking. As a backup option, you can also submit via fax.

Prior authorization forms, which include the number for faxing, are located on Availity.com and BrightHealthCare.com/provider/utilization-management

Where do I submit claims?

Professional and facility claims can be submitted online through Availity.com or through any other electronic data interface (EDI) clearinghouse. Information on filing claims via mail can be found on BrightHealthCare.com/provider or in the Provider Quick Reference Guide. Claims cannot be submitted via fax.

How can I check the status of a claim?

Check claim status at Availity.com. For additional support, please contact Provider Services.

Where can I get help regarding our rates?

Please refer to your completed Network Participation Agreement. If you have questions about your fees, please contact your local Provider Relations Representative. If you are contracted with Bright HealthCare through a larger organization, please check with your contact at that organization.

What kinds of health insurance plans are you offering in my area?

Starting in October, you can find full product details by service area at BrightHealthCare.com.

Where can I view provider resources and announcements?

Visit BrightHealthCare.com/provider for access to resources, announcements, and updates. Log in to your Provider Portal at Availity.com to quickly and safely check patient benefits, submit a claim, manage prior authorizations, and more.

Let's create a better patient experience - together

Together, we can help Bright HealthCare members increase their access to care, improve their overall experience, and better manage their health.

Our key goals are your key goals:

- **Better access to and timeliness of care**
- **Clearer focus on preventive medicine and regular screenings**
- **Better management of chronic conditions with superior outcomes**
- **More effective communication between you, the patient, and Bright HealthCare**
- **Stronger relationships and partnership with you, the plan member, and Bright HealthCare**

To support these goals, Bright HealthCare has several programs for quality improvement, disease-burden documentation, and care management. You may qualify for additional revenue through some of these programs.

The common elements of these support programs and revenue opportunities are:

1. Complete and accurate claims, and
2. Documentation in the medical records that supports the diagnoses and services. Your complete documentation and code capture allow you and us to determine the disease burden among your patients, and to identify those who qualify for these programs and to tailor interventions for them. They also allow us to (re)design, expand and/or add benefits for our members.

Our programs include but are not limited to:

- **Disease burden (risk adjustment; clinical condition) capture by you and us. We partner with you through education, data, and member-facing outreach to promote engagement and care**
- **Measurement of member experience and quality of care using national quality metrics. A state may require specific activities and contracting terms between plans and providers**
- **Quality improvement and/or care management projects that are guided by data and/or regulatory or accreditation requirements. Examples include opioid use, transition of care, diabetes, and others**
- **Joint Model of Care including identification and cohort stratification**
- **Value-based contracting including incentives and shared savings when eligibility and targets are met**
- **Quality of care concerns from members, providers, or Bright HealthCare staff**
- **Data sharing with you which may include alerts, activity forms, patient lists, and/or claims data from us or our delegated vendors. We or our delegates may request medical records from you. Your prompt response will support the above goals and revenues.**

The Centers for Medicare and Medicaid Services (CMS) designed Quality Rating Systems for Part C and Part D Medicare Advantage (MA) plans and Qualified Health Plans (QHP) offered through the ACA Exchanges to provide consumers with comparisons about the quality of healthcare services and enrollee experience across these plans. This information is displayed using a five-star rating system that encompasses several categories including clinical quality (HEDIS), process experience (not satisfaction), and other metrics. Each metric is weighted differently with higher weights for consumer experience and outcome measures than for process experience. The major difference in HEDIS measures for ACA versus MA plans is the inclusion of pediatric and perinatal measures in ACA. The STARS scoring methodology is different for these two insurance segments.

CMS developed the QHP Enrollee Survey based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys and principles, which are the national standard for assessing patient and consumer experience. The QHP survey is used for commercial ACA plan members and CAHPS for MA members. A significant portion of these surveys is about interactions with providers and their practices, including ease and quick access to appointments and care coordination by the providers. MA plan members also receive an additional Health Outcomes Survey (HOS) that focuses on maintenance or improvement of the enrollee's physical and mental health, fall prevention, and incontinence control.

As a provider, you are crucial to our members' health and outcomes plus their experience with the health system. Your and your staff's interactions with our members represent most of their care experience. Your engagement with patients through annual wellness visits (MA) and annual preventive-care visits (ACA) early in the year are crucial to their health and well-being. That engagement is beneficial to both you and your patient.

Bright HealthCare has several programs to help our members and providers toward better outcomes, experiences, and data capture. Some of these programs are managed by Bright HealthCare and others are delegated to vendors. We or our vendors may send you alerts about care opportunities (gaps) that may entail scheduling the patient for an in-person or virtual visit, specialist referral or care coordination, lab tests, re-prescribing medications, etc. Some of these opportunities may require copies of medical records from your office to meet national and/or state measurement requirements. More frequent use of CPT-2 codes will help minimize requests for medical records. We request medical records per regulatory and/or accreditation requirements and audits as necessary.



Patient experience best practices

Follow these best practices to create and promote quality patient-provider relationships.

- Provide easy, early access to appointments via phone and online. Test your own systems
- Add or shift appointment times outside traditional work hours and/or allow time slots for walk-in patients
- Have recommendations ready for in-network alternative care locations such as urgent care when patients need to see a provider right away*
- Use pre-visit planning to make the most of the visit for you and for your patient
- Advise your patients about what you'll discuss and what to bring to in-person and virtual visits
- Make sure patients don't wait more than 15 minutes to see their provider
- Alert your patients by phone, text, or email when they may experience a delay**
- Use telehealth for post-discharge and other follow-ups, prescription refills, and activities that do not need in-person visits
- Inform your patients how you coordinate with specialists
- Tell us about patients with complex or special needs through claim codes and referrals. We may be able to help them and you with benefits or programs
- Take advantage of the appointment availability timetable below. It includes service timeframes and goals to help improve the patient experience.

| Service Type | Time Frame | Time Frame Goal |
|--|---|-----------------------|
| Emergency care - medical, behavioral, substance abuse | 24 hours a day, 7 days a week | Met 100% of the time |
| Urgent care - medical, behavioral, and substance abuse | Within 24 hours | Met 100% of the time |
| Primary care - routine non-urgent symptoms, routine behavioral health care | Within 7 calendar days | Met ≥ 90% of the time |
| Primary care - access to afterhours care | Office number answered 24 hours a day, 7 days a week by answering service or outgoing message with instructions on how to reach a physician | Met ≥ 90% of the time |
| Preventive visit/well visits | Within 30 calendar days | Met ≥ 90% of the time |
| Specialty care - non urgent | Within 60 calendar days | Met ≥ 90% of the time |
| Primary care - routine 3rd next available appointment | Within 21 days | Met ≥ 90% of the time |

*You can use our Provider Finder tool at [BrightHealthCare.com](https://www.brighthealthcare.com) to find in-network providers.

**Help Bright HealthCare members understand their care experience for better HOS outcomes. Patients are more satisfied with their care when their provider explains why they may experience visit wait times or appointment wait lists.

Questions about CAHPS and HOS? Visit [CMS.gov](https://www.cms.gov).

Still have questions?

Easy, fast, and personal support for all your needs

Visit BrightHealthCare.com/provider

Check out our website for general information, such as:

- A Quick Reference Guide
- Policies and procedures
- Prior authorization forms
- Claims and payment forms
- Provider Finder and Prescription Drug finder tools
- Sample ID cards

Availity.com

As a Bright HealthCare provider, you're probably familiar with Availity.com and use it regularly. As a reminder, you can use Availity to check Member eligibility and benefits, submit prior authorizations, and easily check the status of a claim.

Don't forget that you can find important announcements and helpful resources by clicking on the Payer Spaces tab and then selecting Bright HealthCare. You will find things like:

- Billing and coding updates
- Welcome Guide
- Quick Reference Guide

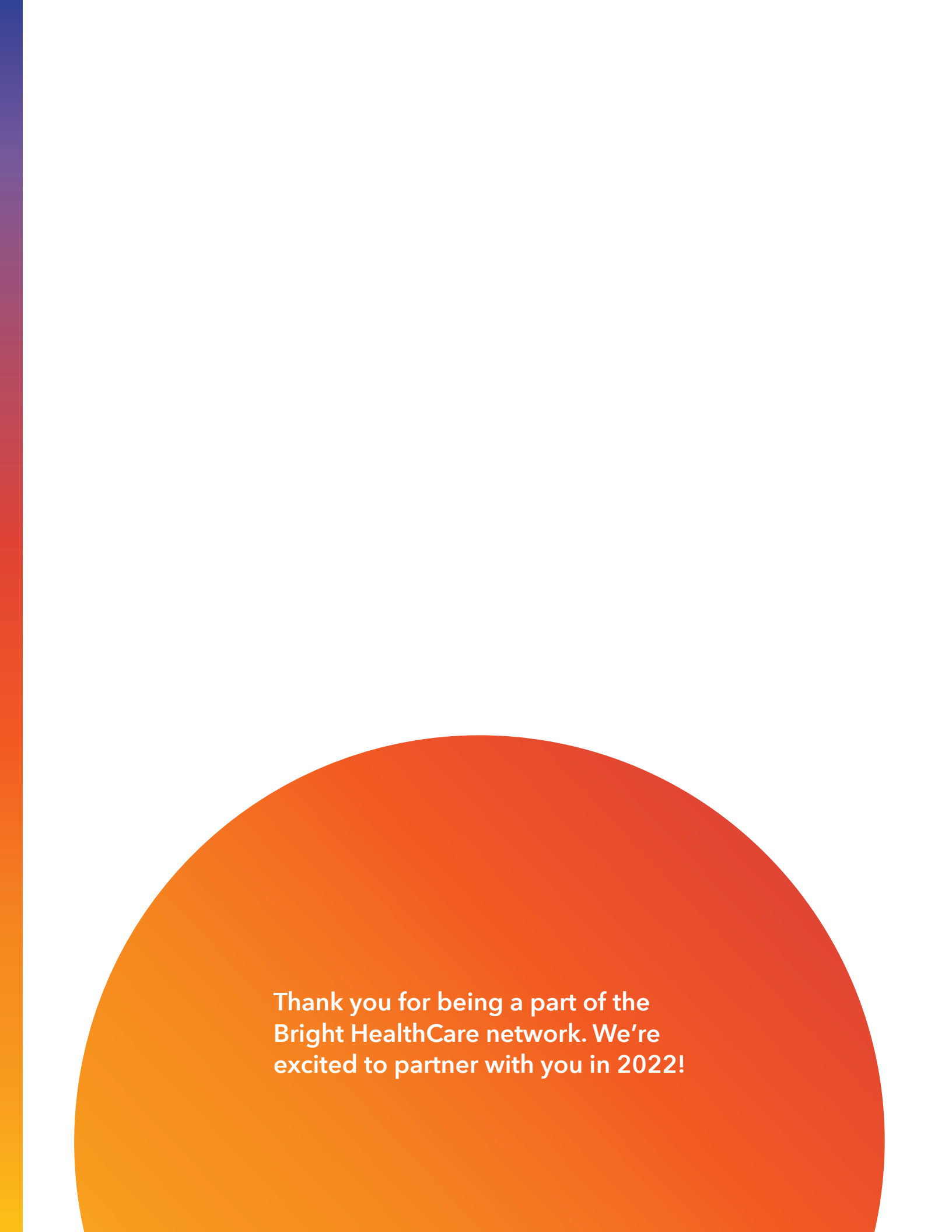
2022 Provider Services

Starting on November 1, 2021, get fast, live support through Provider Services for 2022 plans. Once you start seeing Bright HealthCare members, you can also inquire about eligibility and benefits, claim status, or prior authorization.

| | |
|--------------------------------------|---|
| Individual & Family Plans | 866-239-7191 (AL, AZ, CO, FL, IL, OK, NC, NE, SC, TN) 844-926-4525 (CA, GA, TX, UT, VA) Hours: 8 am – 8 pm local time, Monday through Friday (closed on holidays) Provider portal: www.availity.com (select Bright HealthCare from Payer Spaces tab) |
| Medicare Advantage* | 844-926-4522 Hours: 8 am – 8 pm local time, Monday through Friday Holidays: Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Christmas Day Provider portal: www.availity.com (select Bright HealthCare from Payer Spaces tab) |
| Small Group | 855-521-9364 (AZ, CO, NC, NE, TN) Hours: 8 am – 8 pm local time, Monday through Friday Provider portal: www.availity.com (select Bright HealthCare from Payer Spaces tab) |
| Fully Insured Plans | 855-453-0434 |
| Self-Funded Plans: | 877-236-0844 Provider portal: https://lucenthealth.com/cypress |

* For all Medicare Advantage inquiries related to 2021 plans, please contact: 866-255-4795 for Brand New Day (CA) 626-388-2390 ext. 2284 for Central Health Plan (CA) 844-926-4522 for all other MA plans



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Thank you for being a part of the
Bright HealthCare network. We're
excited to partner with you in 2022!

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