

# BRIGHT HEALTHCARE PROVIDER ANNOUNCEMENT

## FAQs

After plan year 2022, Bright HealthCare will no longer offer Individual and Family Plans\* and will also no longer offer Medicare Advantage products outside of California.

Written notifications have been or will be sent to all impacted Individual and Family Plan members in the near future so they can select a new plan during the open enrollment period (OEP) that runs from November 1 to December 15, 2022 to ensure a January 1, 2023 effective date.

Written notifications dated October 2, 2022 were sent to impacted Medicare Advantage members so they can select a new plan during the annual enrollment period (AEP) that runs from October 15 to December 7, 2022.

*\*Except in Texas, for members who purchased plans off the Exchange*

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

**4. What will happen to their MA prescription drug coverage?**

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

**5. 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.

**6. 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.

**7. Will the Exchange be moving Bright HealthCare IFP 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.

**8. What will happen to my contract with Bright HealthCare?**

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

**9. 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.

**10. 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.

**11. 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.