

BRIGHT HEALTHCARE PROVIDER ANNOUNCEMENT

FAQs

After plan year 2022, Bright HealthCare will no longer offer Individual and Family Plans (“IFP”) and will also no longer offer Medicare Advantage (“MA”) products outside of California.

Written notifications were sent to most impacted IFP members in 2022 so they could select a new plan during the open enrollment period (OEP) that ran from November 1 to December 15, 2022. We have also notified Texas members who purchased plans off the federal Health Insurance Marketplace (the “Exchange”) that their coverage will end on July 31, 2023.

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

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

1. When will the MA market exits be effective?

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

2. What happens if MA patients don't find new coverage by the deadline?

If patients did not take action during AEP, they will lose their prescription drug coverage and will 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 MA plan AFTER December 31, 2022, their coverage in the new plan won't start until the month after they join.

3. 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.

4. When will the IFP market exits be effective?

Coverage ended on December 31, 2022 for members enrolled in a Bright HealthCare IFP 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. For Texas members who purchased plans off Exchange, coverage will end on July 31, 2023.

5. When will impacted IFP members be notified?

Members enrolled in most Bright HealthCare IFP plans received notification in 2022. We have also notified Texas members who purchased plans off Exchange that their coverage will end on July 31, 2023.

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

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

7. 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.

8. 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.

California Members: Bright will continue to accept and process provider claims in accordance with Rule 1300.71(b) and will accept and process provider disputes submitted by impacted providers after the effective date of the discontinuation of the commercial product line in accordance with Rule 1300.71.38(d).