Bright HealthCare™

2022 Provider Resource Guide

What's inside?

New for 2022, just one Payer ID for all claims: BRGHT

The provider roadmap

This guide is designed to help you easily navigate the process of partnering with Bright HealthCare™.

✓ Make sure your data and roster are up to date

✓ Prepare to see Bright HealthCare members

✓ Learn about member eligibility

✓ Ensure in-network care

✓ Request prior authorizations, if needed

✓ See Bright HealthCare members

✓ Follow up with in-network care or a network navigator

✓ Submit and track your claim

✓ Get paid

We're glad you're here

At Bright HealthCare, we believe healthcare should be simple, personal, and more affordable. Our health plans are built around comprehensive, clinically integrated networks to ensure our members get quality care from a connected group of high-performing providers.

We know the relationship between a patient and their provider is at the heart of quality healthcare. That's why we focus on offering unparalleled support to our provider networks—so you can spend less time on health insurance and more time with your patients.

Simple, personal, affordable

To support the provider-patient connection, we built our plans around three core principles:

Simple: We created a close network of providers and hospitals to give our members access to superior, quality care. For our providers, our streamlined online access to the information and services you need helps you create the best care experience for your patients.

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

Affordable: Our carefully selected networks promote coordinated care and efficient use of resources. We pass these savings along to our members, which lowers their out-of-pocket costs and reduces barriers to care.

A better experience for you and your patients

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

Wherever possible, our plans feature copays over coinsurance, so you can collect payment at the point of care.

Our high network retention rates improve our network quality, enhance care affordability, 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.

Keeping your information up to date

To ensure providers are accurately listed in our Provider Directory, your office must report provider adds, terms, and changes 30 days prior to change effective date. The Bright HealthCare template can be found on **Availity.com** under the 2022 Resources Category within the Payer Spaces tab (Roster Updates).

> ! If you are contracted with Bright HealthCare through a larger organization, please notify them directly of any changes to your provider data roster and they will notify Bright HealthCare on your behalf. You do not need to complete the process outlined below.

Add: A provider is added to a roster

Term: A provider is removed from a roster

Change: An existing provider has a change in any of their demographics/credentials.

To ensure timely updates to the Bright HealthCare Provider Directory, please make sure to follow these Roster and email guidelines:

- ✅ You used the Bright HealthCare Roster Upload (available on **Availity.com**).
- ✅ Your updated roster is a complete, active view of all the providers that are a part of your contract with Bright HealthCare. Our database system will analyze the full active roster for adds, changes, and terms. If you are unsure which roster Bright HealthCare has on file for you, please email your appropriate state contact (listed below).
- ✅ You used the email template below.

Email template

Subject line: Roster Update: [Company Name as it appears on your Bright HealthCare contract]

Send to: [The appropriate state email address as listed below]

Email: Roster updates attached for [Company Name as it appears on your Bright HealthCare contract].

Tax ID: [Number] (Note: We use the tax ID to ensure we are updating the correct contracted entity. If you have multiple IDs, please only provide the ID you sent to us previously.)

State-specific email addresses

Alabama: providerdataAL@brighthealthplan.com
Arizona: providerdataAZ@brighthealthplan.com
California: providerdataCA@brighthealthplan.com
Colorado: providerdataCO@brighthealthplan.com
Florida: providerdataFL@brighthealthplan.com
Georgia: providerdataGA@brighthealthplan.com
Illinois: providerdataIL@brighthealthplan.com
Nebraska: providerdataNE@brighthealthplan.com
New York: providerdataNY@brighthealthplan.com

North Carolina: providerdataNC@brighthealthplan.com
Ohio: providerdataOH@brighthealthplan.com
Oklahoma: providerdataOK@brighthealthplan.com
South Carolina: providerdataSC@brighthealthplan.com
Tennessee: providerdataTN@brighthealthplan.com
Texas: providerdataTX@brighthealthplan.com
Utah: providerdataUT@brighthealthplan.com
Virginia: providerdataVA@brighthealthplan.com
National: providerdatanational@brighthealthplan.com

Make the most of Availity

As a Bright HealthCare provider, you're probably familiar with **Availity.com** and use it regularly. We want you to have the best Availity experience, cut down on your admin work, and prevent potential issues.

Member eligibility checks

Members receive ID cards upon enrollment. Before providing service, you must verify active coverage by checking member eligibility and benefits through Availity. If you're unable to access Availity, you may contact Provider Services:

	Up to 12/31/21	Effective 1/1/22
IFP for CA, GA, TX, UT, VA	844-926-4524	844-926-4525
IFP for AL, AZ, CO, FL, IL, NC, NE, OK, SC, TN	866-239-7191	
MA (all states except CA)	844-926-4521	844-926-4522
Small Group	855-521-9364	

Here are more tips for successful eligibility checks:

- Enter information in the Availity webform exactly as it appears on the member ID card. Be especially careful the member's name is entered correctly, as the lookup tool will not account for missing hyphens, shortened names, etc.

    > **!** Don't have the right member ID? Go to **BrightHealthCare.com/provider/resources** to find it. Also, you may contact Provider Services for assistance with member ID issues. Please refer to the appropriate Provider Services line in your state within this document.

- Payer Option: Starting 1/1/2022, just select "Bright Health Plan" from the Payer drop-down menu.

- To view an IFP member's primary care provider (PCP) benefits, look up service type 98 – **professional (physician) visit – office**.

- To view an IFP member's specialty benefits, look up service type 96 – **professional (physician) visit – specialty**.

Prior authorizations

The option to submit prior authorizations electronically through Availity varies by state. For specific prior authorization resources, go to **BrightHealthCare.com/provider/utilization-management**.

If you are unable to connect to submit an authorization, you may not be registered with Bright HealthCare. Please contact your Provider Services Representative.

Payer Spaces tab

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
- Provider Manual

Claim status

Availity allows you to easily check the status of a claim. Always enter the NPI from the service provider field exactly as it was submitted on the claim (rendering provider), not the billing provider

> **!** Don't know the rendering provider's NPI? Contact your organization's IT or support team.

Common issues

You can't register for Availity
Contact the person who manages your provider roster and ask them to update registered NPIs. They can contact Availity customer service if they have problems uploading a roster.

You're having technical issues with the website
Click on **Help & Training** tab > **Availity support**.

You receive an error when you look up claims
Confirm you're using the correct member ID and NPI. If you are using a third-party software or EDI clearinghouse, contact your IT group to confirm that requests are submitted to Payer ID: BRGHT.

> **2022 Payer ID:**
> Starting 1/1/2022, all claims (excluding California Medicare Advantage) must be submitted to payer ID: BRGHT.

! Still having issues? Please submit your questions in Availity. For help with this, contact your Provider Relations Representative.

Visit Availity.com to:

✓ Verify member eligibility and benefits

✓ File claims electronically

✓ Find claim submission details in the Provider Manual or the Quick Reference Guide, both of which are on **Availity.com** under the Payer Spaces tab-search for 2022 Resources. You can also submit claims via mail (see addresses under Submitting Claims on page 7). We do not accept faxed claims.

✓ Check claims status and view remittance information

✓ Submit and track prior authorizations in a fast and efficient manner. View the Utilization Management & Prior Authorization page in this Resource Guide to learn more.

✓ View news, tools, and resources

✓ Access the Provider Manual, Quick Reference Guide, formulary, prior authorization lists, Utilization Management protocols, and Certificates of Coverage (COCs).

Interested in learning more about what Availity can do? Check out the Help and Training tab on Availity.com > Help & Training > Payer Help for tutorials and guides.

New to Availity? Register online.

1. Visit Availity.com

2. Click the Register button in the top right

3. Select your organization type

4. Enter your information

If your practice already has an account, your practice's administrator will need to add new users. If you do not know who that is, please contact Availity Client Services at 800-282-4548 Monday-Friday, 8 AM–8 PM Eastern.

NOTE: The application process happens in real time. Once the application is approved, you will be able to see Bright HealthCare on the Availity home page.

Making care simple, personal, and affordable

Bright HealthCare's Utilization Management program

Our Utilization Management (UM) program exists to promote care that is evidence-based, affordable for your patients, and a cost-effective use of healthcare resources.

What does prior authorization mean at Bright HealthCare?

At Bright HealthCare, prior authorization determines coverage on certain services and products by confirming in-network status of the provider or facility and/or medical necessity based on a clinical review. Not all prior authorizations require a medical necessity review.

What do I need to know about the Bright HealthCare UM program?

Take a moment to familiarize yourself with the requirements for services commonly performed by your practice by visiting our website at **BrightHealthCare.com/provider/utilization-management**. You will find UM resources including detailed lists of procedure codes that require prior authorization, a link to our Authorization Navigator, online authorization portal information, fax forms, and other resources. This information can also be found on Availity > Payer Spaces.

1. Log on to **Availity.com**.
2. Select your state in the drop-down menu.
3. Select Bright HealthCare under Payer Spaces.
4. Find Prior Authorization Service Code list for designated line of business (IFP/SG, MA).

This can also be found on the Bright HealthCare website at **BrightHealthCare.com/provider/utilization-management**

How do I submit prior authorizations?

The process for submitting prior authorizations varies by state. For state-specific prior authorization resources, go to **BrightHealthCare.com /provider/utilization-management**.

NOTE: Providers and facilities who are not in-network with Bright HealthCare need to submit authorization for all services and procedures.

! A comprehensive list of services requiring a prior authorization can be found by visiting **Availity.com** > Click on your state > Go to **Payer Spaces** > Search for Code List documents.

What are the turnaround times for prior authorization decisions?

Individual & Family and Small Group Plans — Utilization Review Timelines			
Standard Prospective	**Urgent Prospective**	**Concurrent**	**Retrospective**
15 calendar days	72 hours	24 hours	30 calendar days
States following the timelines above: Alabama, Arizona, Florida, Georgia, Nebraska, Oklahoma, Utah			

Unique State Requirements				
State	**Standard Prospective**	**Urgent Prospective**	**Concurrent**	**Retrospective**
California	5 business days	72 hours	24 hours	30 calendar days
Colorado	5 business days	Lesser of 2 business days or 72 hours	24 hours	30 calendar days
Illinois	5 calendar days	48 hours	24 hours	30 calendar days
North Carolina	3 business days	72 hours	24 hours	30 calendar days
South Carolina	2 business days	Lesser of 2 business days or 72 hours	24 hours	2 business days
Tennessee	2 business days	Lesser of 2 business days or 72 hours	24 hours	30 calendar days
Virginia	2 business days	Lesser of 2 business days or 72 hours	24 hours	2 business days

Texas — Utilization Review Timelines			
Urgent Prospective	**Standard Prospective**	**Urgent Concurrent**	**Retrospective**
72 hours	3 calendar days	24 hours for hospitalized patients; 3 calendar days for non-hospitalized patients	30 calendar days

Medicare Advantage — Utilization Review Timelines (Calendar Days)		
Type	**Processing Timeline**	**With Extension**
Pre-Service Standard	14 days	28 days
Pre-Service Expedited/Urgent	72 hours	17 days
Post-Service	30 days	N/A
Part B Drug	72 hours	N/A
Part B Drug – Expedited	24 hours	N/A

Submitting claims

Bright HealthCare makes it easy to submit claims.

Availity.com

Log in to your Availity account to submit electronic claims. You can find submission details in your Provider Manual and the Provider Quick Reference Guide, which are both located on Availity.

Via EDI connection

! Effective 1/1/2022, the new Payer ID for all Bright HealthCare plans (excluding California Medicare Advantage) is BRGHT.

Alternate method

While Bright HealthCare encourages providers to submit claims electronically, you can also submit claims by mail:

Medicare Advantage for the states of AZ, CO, FL, IL, and NY: (services up to 12/31/2021)
Bright HealthCare MA—Claims
P.O. Box 853960
Richardson, TX 75085-3960

Commercial IFP & Small Group for the states of AL, AZ, CO, FL, IL, NC, NE, OK, SC and TN:
Bright HealthCare Claims
P.O. Box 16275
Reading, PA 19612-6275

Medicare Advantage for the states of AZ, CO, FL, IL, and NY: (2022 services effective 1/1)

AND

Commercial IFP for the states of CA, GA, TX, UT, and VA: (2022 services effective 1/1)
Bright HealthCare Claims
P.O. Box 211502
Eagan, MN 55121

Bright HealthCare does not accept faxed claims.

Receiving payments

Effective 1/1/2022, Bright HealthCare uses **InstaMed** to process claim payments for Medicare Advantage in AZ, CO, FL, IL, and NY; and Commercial IFP in CA, GA, TX, UT, and VA. If you have previously enrolled with InstaMed, Bright HealthCare will send you Electronic Funds Transfers by default.

V-Pay is used for commercial claim payments for the states of AL, AZ, CO, FL, IL, OK, NC, NE, SC, and TN.

All vendors meet state and federal requirements for electronic payments and are HIPAA compliant. Follow the steps below to get set up.

Using InstaMed

- Register at **www.instamed.com/eraeft**.
- Once registered you are eligible to receive electronic claims payment.
- For assistance on Electronic Funds Transfers, please call 866-945-7990 to reach a live representative, or email InstaMed at **connect@instamed.com**.

Using V-Pay

Once your first claim is processed, you will receive a notification asking how you wish to receive payment (Electronic Funds Transfers, Paper Check, V-Card) and remittance notifications (835, EOP, etc.).

Explanations of Provider Payment (EOP)

InstaMed

- Log into Availity to review your EOP. Or register with InstaMed to receive access to InstaMed Online, a free, secure provider portal where you can access payment details 24/7 and view and print remittances.
- You also have the option to have EOPs routed to your existing clearinghouse.
- Also, you may choose to have an SFTP folder set up. Please contact InstaMed at **connect@instamed.com** for help or with any questions on EOP delivery.

V-Pay

- You can choose how you'd like to receive your EOP. V-Pay can send them via fax, mail, or as 835 remittance advice.

FAQ about Bright HealthCare, plans, and resources

When can I start seeing Bright HealthCare patients?

You can start seeing active members once you receive confirmation that you have passed credentialing AND once the plan is live (1/1/22 for CA, GA, TX, UT, and VA). Plan effective date and other contract terms can be found in your practice or organization's 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 Direct Credentialing (vs. Delegation Credentialing) decision has been made, you will receive a letter notifying you of that decision within 10 days. If it has been more than 90 days since your provider has been submitted for credentialing and you have not received a letter, please contact the Bright HealthCare Credentialing team at **credentialing@ brighthealthplan.com**

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

Starting 1/1/2022, you can find the 2022 Provider Manual on **Availity.com** under the Bright HealthCare Payer Spaces tab.

Why can I not see my provider in the online Bright HealthCare Provider Directory?

Please confirm that your provider has passed credentialing through Bright HealthCare. If they have and are not appearing in the Directory, please contact your local Provider Relations Representative.

How can I check member eligibility and benefits?

You can check member eligibility and benefits on Availity.com. The following information is required:

- Requesting provider's NPI

- Member ID

- 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?

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 BrightHealthCare.com/provider to learn more about how to update your NPPES profile or how to send a roster directly to us.

The information we currently have on file comes from the roster you provided when we contracted with your practice, but we're always working to improve our provider data using sources like NPPES.

See **Keeping your information up to date** on page 2. Since we may augment our records with NPPES data in order to expedite approvals and claim processing and payments, please be sure to keep your NPPES data up to date. For roster updates instructions, see: **https://cdn1. brighthealthplan.com/provider-resources/ BrightHealthCare_Rosters_2022.pdf**.

How do I submit prior authorizations?

For prior authorization resources, visit BrightHealthCare.com/provider/utilization-management or Availity.com.

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 under **Submitting Claims** on page 7. Claims cannot be submitted via fax.

How do I reduce requests for Medical Records?

Let us do the work! You can give Bright HealthCare access to your electronic medical record (EMR) system so we can directly obtain the data we need and prevent the need for chart requests later in the year. Our goal is to reduce your administrative burden, and by providing us this access we can support you. If you are interested, please email us at **medicalrecords@brighthealthcare.com**.

How can I check the status of a claim?

Claims status can be checked on **Availity.com**. For additional support, please contact Provider Services.

Where can I find our fee schedule?

Please refer to your completed Network Participation Agreement for a full fee schedule. If you have questions about your fee schedule, 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 now, you can find full product details by service area on **BrightHealthCare.com**.

Where can I view provider resources and announcements?

Visit BrightHealthCare.com/provider for access to resources, announcements, and updates.

Visit **Availity.com** > **Payer Spaces** > **Bright HealthCare** > **News and Announcements**

Quick Reference Guide

Availity.com

Manage claim submission, prior authorizations, and access resources.

Provider Services

	Up to 12/31/2021	Effective 1/1/2022
IFP for CA, GA, TX, UT, VA	844-926-4524	844-926-4525
IFP for AL, AZ, CO, FL, IL, NC, NE, OK, SC, TN	866-239-7191	
MA (all states except CA)	844-926-4521	844-926-4522
Small Group	855-521-9364	

Claims

Bright HealthCare™ does not accept faxed claims.

Providers can submit a paper claim or electronically, through Availity or EDI Clearinghouses (Edmeon, Gateway, Relay Health, and other EDI Clearinghouses).

Medicare Advantage for AZ, CO, IL, NY: (services up to 12/31/2021)
Bright HealthCare MA Claims
P.O. Box 853960
Richardson, TX 75085-3960

Commercial IFP & Small Group for AL, AZ, CO, FL, IL, NC, NE, OK, SC, TN:
Bright HealthCare Claims
P.O. Box 16275
Reading, PA 19612-6275

Medicare Advantage for AZ, CO, FL, IL, NY: (2022 services effective 1/1) AND

Commercial IFP for CA, GA, TX, UT, VA: (2022 services effective 1/1)
EDI Payer ID: BRGHT
Mail to:
Bright HealthCare Claims
PO Box 211502
Eagan, MN 55121

Check claim status: Visit **Availity.com** or call Provider Services. (Availity also allows you to view remittance notices on electronically paid claims, and you can register to receive these notices electronically.)

Provider dispute resolution: For issues that do not involve routine inquiries resolved in a timely fashion through informal processes, we offer a provider dispute process for administrative, payment, or other disputes that you may have. Dispute categories include:

• Payment disputes
• Contractual denials
• Allowable rate disputes
• Medical necessity denials
• Missing prior authorization

By using our provider disputes form, you avoid delays and receive an acknowledgement with a case number. You may access the disputes form on our Provider Resource page: **https://providerinquiries.brighthealthcare.com**.

Please refer to your provider manual or contact Provider Services with any questions.

Discuss claim payment options:

• **IFP in AL, AZ, CO, FL, IL, OK, NC, NE, SC, TN:** 877-714-3222 or email **support@payusa.com**
• **Medicare Advantage (all states except California) and Commercial IFP in CA, GA, TX, UT, VA, effective 1/1/2022:** 866-945-7990 or email **connect@instamed.com**

Eligibility & benefits

Verify member eligibility and benefits: **Availity.com** or Provider Services Required information

- Requesting provider's NPI
- Member ID
- Member first and last name
- Member date of birth

Download Certificate of Coverage and Schedule of Benefits: **Availity.com**

Contracting, credentialing, & roster questions

Obtain a fee schedule or inquire about contract effective date:

- If you're directly contracted with us: Contact your Provider Relations Representative (PRR)

- If you're contracted through a larger organization: Contact organization directly

Update provider roster:

- If you're directly contracted with us: refer to BrightHealthPlan.com/provider/ get-started to access your specific market email address.

- If you're contracted through a larger organization: Notify organization directly

Questions about credentialing:

Email the Bright HealthCare Credentialing team at **credentialing@brighthealthplan.com**.

Prior authorizations

To see the list of services requiring an authorization, download forms, check request status, or submit an electronic prior authorization*, visit **Availity.com**.

*Note: The option to submit prior authorizations electronically through Availity varies by state. For specific prior authorization resources, go to **BrightHealthCare.com/provider/utilization-management**.

Questions?

Call your state's Provider Services number and select "Utilization Management."

Individual & Family Plans for AL, AZ, CO, FL, IL, NC, NE, OK, SC, TN: 866-239-7191

Individual & Family Plans for CA, GA, TX, UT, VA: 844-926-4525

Small Group plans for AZ, CO, NC, NE, TN: 855-521-9364

Medicare Advantage plans for AZ, CO, FL, IL, NY: 844 926 4522

Pharmacy questions

Obtain a formulary: Availity.com

Prescriber services:

Medicare: 833-726-0667
Individual & Family: 833-726-0670
Small Group: 833-726-0670

2022 IFP Formularies:

BrightHealthCare.com/individual-and-family/drug-search

2022 MA Formularies:

BrightHealthCare.com/medicare-advantage/drug-search

Provider Directory

Locate in-network providers/facilities:
Use our Provider Finder tool

Medicare: BrightHealthCare.com/search
Commercial: BrightHealthCare.com/search

Obtain the Provider Manual

Availity.com: Bright HealthCare Payer Spaces tab

Sample ID cards

Effective 1/1/2022, visit **BrightHealthCare.com/ provider/resources** to view sample ID cards.

Member Services

Bright HealthCare is here for your patients. Refer your patients to the contacts below if they have any questions.

Medicare: 844-926-4521
Oct 1–March 31, 8 AM–8 PM local time, Mon–Sun (excluding federal holidays)
Apr 1–Sept 30, 8 AM–8 PM local time, Mon–Fri (excluding federal holidays)

IFP for AL, AZ, CO, FL, IL, NC, NE, OK, SC, TN: 855-827-4448
Mon–Fri, 8 AM–8 PM local time

IFP for CA, GA, TX, UT, VA: 844-926-4524
Mon–Fri, 8 AM–8 PM local time

Case Management

To refer a patient to a case manager:

Medicare: 888-668-0804
Mon–Fri 8 AM–5 PM Central time

IFP for AL, AZ, CO, FL, IL, NC, NE, OK, SC, TN: 888-658-6818
Mon–Fri, 8 AM–5 PM Central time

IFP for CA, GA, TX, UT, VA: 844-926-4525
Mon–Fri, 8 AM–5 PM Central time

Small Group: 855-521-9365
Mon–Fri 8 AM–8 PM local time

Complaints & grievances

Medicare for all states except CA:
Bright HealthCare
Appeals and Grievances
P.O. Box 1868
Portland, ME 04104

IFP for in CA, GA, TX, UT, VA:
Bright HealthCare
Appeals and Grievances
P.O. Box 1519
Portland, ME 04104

IFP for AL, AZ, CO, FL, IL, NC, NE, OK, SC, TN:
Bright HealthCare
Appeals and Grievances
P.O. Box 16275
Reading, PA 19612

Provider disputes

Use our online provider disputes form to avoid delays and to receive an acknowledgement with a case number: **https://providerinquiries. brighthealthcare.com**.

For regular mail:

Medicare for all states except CA:
Bright HealthCare
Provider Disputes
P.O. Box 1359
Portland, ME

IFP for AL, AZ, CO, FL, IL, OK, NC, NE, SC, TN:
Bright HealthCare
Provider Disputes
P.O. Box 16275
Reading, PA 19612-6275

IFP for CA, GA, TX, VA, UT:
Bright HealthCare
Provider Disputes
P.O. Box 836
Portland, ME 04104

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