



Welcome to Bright Health

2020 Provider Guide for Anderson, Greenville, and Pickens Counties

For these plans:

Individual & Family:

GOLD

SILVER

SILVER DIRECT

BRONZE

BRONZE PREMIER

BRONZE HSA

CATASTROPHIC

Medicare Advantage:

BRIGHT ADVANTAGE (HMO)

BRIGHT ADVANTAGE ASSIST (HMO)

Welcome Aboard

Delivering Innovative Healthcare Solutions

Bright Health is putting the provider back at the center of patient care. Our nationally-accredited plans are built around comprehensive, clinically-integrated networks to ensure patients experience quality care offered by a group of connected, high-performing providers.

Working together to create a personal healthcare experience that is simpler and more affordable.

Bright Health's plans are built around core principles designed to enhance the patient's relationship and experience with their care provider. Our plans are designed to be:



AFFORDABLE: low member out-of-pocket responsibility, reducing barriers to obtaining care or collecting payment



SIMPLE: defined network of high-performing providers and hospitals help our members navigate to you



PERSONAL: pride in being available, thorough, and responsive to your needs and those of your patients

The Value of Our Partnership



A referral is **never** required to send a Bright Health member to an in-network specialist or facility, meaning lower administrative burden for providers and front office staff.



\$0 copays for routine preventive care visits help patients better manage and maintain their health while also accessing expanded care benefits through their Bright Health plan.



High in-network retention rates, which promote improved quality performance, enhance member affordability, and support an appropriate use of benefits.



Electronic claims and prior authorizations are strategically managed to reduce out-of-network utilization, improve care coordination, and retain patients.

Our Products

Individual & Family Plans

Gold

Silver

Silver Direct

Bronze

Bronze Premier

Bronze HSA

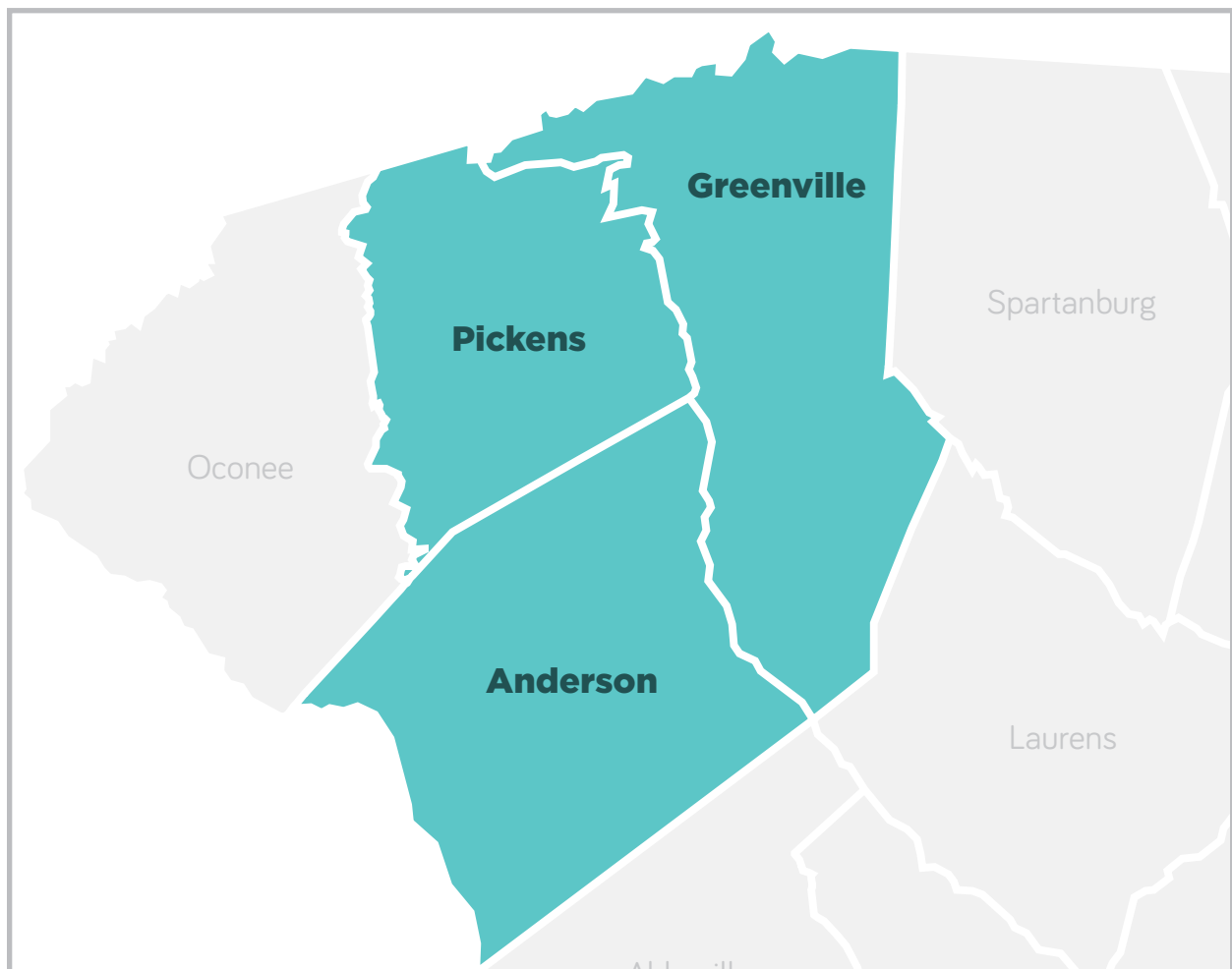
Catastrophic

Medicare Advantage Plans

Bright Advantage (HMO)

Bright Advantage Assist (HMO)

Local Service Area



Bright Health Service Area:

 Individual & Family Plans and Medicare Advantage Plans (IFP & MA)

Your Network

"We believe the foundation of good healthcare is a strong relationship between people and their doctors."

– Bob Sheehy, Bright Health Chairman & CEO

Our Partnership

We believe that healthcare should be easy to find and easy to use. That's why we've partnered with Southeastern Health Partners and select partner providers, giving members access to an extensive clinically integrated network in Anderson, Greenville, and Pickens Counties.

Keeping Care In-Network

Our partnership means members get great rates on almost every type of care, but they need to stay in-network to benefit. For most plans, Bright Health does not cover out-of-network services except in the case of an emergency.

Our partnership guides patients to in-network resources. To help make sure our members can navigate to you, Bright Health conducts:

- Initial preventative outreach targeting 100% of members to prevent out-of-network activity
- Prospective outreach to high-risk out-of-network members
- Reactive outreach to any member who goes out of network

Positive Impact for Members and Providers



Decreased financial obligation and risk for members



Improved utilization of provider resources



Improved coordination of care

In-Network Provider and Ancillary Facilities

Here's a breakdown of in-network services that all Bright Health members in your area have access to:



Pharmacy Benefits Manager: EnvisionRx



Labs: LabCorp and Quest Diagnostics



Durable Medical Equipment (DME): Aerocare, Apria, Hanger Clinic, and Homelink



Dialysis: DaVita Kidney Care and US Renal Care



Urgent Care: AFC Urgent Care and Bon Secours Express Care



Pediatric Care: AnMed Health Women's and Children's Hospital

Use the Bright Health Provider Finder Tool on BrightHealthPlan.com to download the Provider Directory or search for an in-network PCP, specialist, practice, or facility.

Working with Bright Health

We're excited to be partnering together to deliver a differentiated care experience for your patients. As you care for Bright Health members, here are a few reminders to help ensure a great experience for both your practice and your patients.

Log into Availity.com and select Bright Health under the Payor Spaces tab to view news, tools, and resources, including the Provider Manual and Quick Reference Guide.

Ensure care is delivered in-network for your Bright Health patients. Members get great rates on almost every type of care when they stay in-network. Access the Bright Health Provider Finder Tool on BrightHealthPlan.com to confirm in-network provider eligibility. Use this tool to find the right doctor, specialist, or facility for your patient.

No referrals necessary for Bright Health members. It's important that members establish healthy relationships with their primary care providers (PCPs). We encourage members to talk with their PCPs early and often. But if a member needs a specialist, they can see any doctor in our network without a referral.

Verify member eligibility and benefits information on Availity.com.

Submit prior authorization forms electronically via Availity.com. Prior Authorizations can also be submitted via phone or fax. Locate CPT lists and prior authorization forms at Availity.com. CPT lists should be reviewed based on plan type to determine Level I and/or a Level II Utilization Management review requirements.

File claims electronically through Availity.com. Claims may also be submitted via mail, but faxed claims are not accepted. Claims submission details can be found in the Bright Health Provider Manual or in the Provider Quick Reference Guide, which are both located at Availity.com.

Formulary and prescription benefits will be available online. For coverage, cost-sharing, and Utilization Management (UM) protocols, please view the formulary located on Availity.com starting January 1, 2020.

Administrative Ease and Support

- Dedicated local Provider Relations representative
- Care coordination support
- Access to robust provider portal tools and resources at Availity.com
- Easy access to local clinical support to streamline authorization processes
- Electronic payment vendors for tracking and quick receipt of claims payments
- Population health-focused strategy to deliver quality performance metrics
- Powerful marketing tools to help engage new patients

Featured Programs for Your Office Staff

In-market educational programs are available to your staff to help you get up and running quickly and provide ongoing support once you begin seeing Bright Health members.

Featured programs include:

- Onboarding 101: Products and Plans, Who Is Bright Health?
- Educating Patients about Bright Health
- Coding and Claims 101
- Clinical Operations Support and Resources



To schedule a session, reach out to your Provider Relations representative.

Wanda Newkirk
(864) 453-3005

FAQs About Bright Health, Plans, and Resources

Where can I view provider resources and announcements?

All provider resources are available for download on Availity.com and can be found on the Bright Health Provider website at BrightHealthPlan.com/Provider. Bright Health updates and announcements will also be posted on Availity.com.

When can we start seeing Bright Health members?

Providers can start seeing members once they receive confirmation that they have passed credentialing AND once the plan is live (January 1, 2020 for new markets). 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 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 your local Provider Relations representative.

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

If you are in a new Bright Health market for 2020, the Bright Health Provider Directory for your area will be available on October 1st, 2019. For providers in new Bright Health markets after October 1st and for all providers in existing markets, please confirm that your provider has passed credentialing through Bright Health. If they have, and are not appearing in the Directory, please contact your local Provider Relations representative.

How can I check member eligibility?

Member eligibility can be checked on Availity.com. The following information is required to check eligibility: requesting provider's NPI, member ID, member first and last name, and 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?

If you are contracted through a larger organization that handles provider data with Bright Health on your behalf, please notify them directly of any provider updates and they will notify us. If you are directly contracted with Bright Health please e-mail an updated roster in the Bright Health standard template to providerdata@BrightHealthPlan.com. The Bright Health standard template can be downloaded on Availity.com or requested by e-mailing providerdata@BrightHealthPlan.com.

What are Bright Health's referral requirements?

No referrals are required to send a Bright Health member to an in-network specialist or facility. Please refer to the Bright Health Provider Directory on BrightHealthPlan.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 that the prior authorization was submitted successfully and will be given a reference number to check the status of your request.

Prior authorizations can also be submitted via phone or via fax. Prior authorization forms, which include the numbers to submit via phone or fax, are located on Availity.com and on BrightHealthPlan.com/Provider.

Who do I contact if I have a question about a prior authorization?

For questions on submitting prior authorizations or information on previous prior authorizations, please contact Provider Services.

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 BrightHealthPlan.com/Provider or in the Provider Quick Reference Guide. Claims cannot be submitted via fax.

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 Health through a larger organization, please check with your contact there.

**Still
have
questions?**

Access the Provider Self-Service Portal

Visit Availity.com to log onto Bright Health's provider portal. Here, you can verify member eligibility and benefits, view formulary and prescription benefits, cost sharing, and utilization management (UM) protocols, submit prior authorizations electronically and track the status of your prior authorization request, download prior authorization forms to submit via phone or fax, file claims electronically for professionals and facilities, and check claims statuses.

Contact Provider Services

Review schedule of benefits, obtain general information and assistance, or, once you start seeing Bright Health members, inquire about eligibility and benefits, claims status, or prior authorizations.

INDIVIDUAL & FAMILY: (855) 521-9352

MEDICARE: (844) 245-2919

Contact Your Local Provider Relations Representative

For questions about contracts, credentialing, claims, or for help working with Bright Health at providerrelationsSC@BrightHealthPlan.com or (864) 453-3005.

Provider and Practice Onboarding Next Steps



List Bright Health on your practice's website under accepted plans.



Make sure all staff knows you are a participating provider with Bright Health so they are prepared to answer patient questions.



Bright Health's Provider Data Quality team may contact you to confirm your information on file is correct.

You Are In-Network



Local support is just a few clicks away

We can't wait to give you more information about the Bright Health network. Until then, we're here to answer your questions.

Your local dedicated Provider Relations representative is Wanda Newkirk.

You can reach her at providerrelationsSC@BrightHealthPlan.com or (864) 453-3005.

If you are interested in having Wanda visit your practice for an introductory meeting, please contact her.