Summary of Changes - PY24 IFP and Small Group Oscar Health Provider Manual and Reimbursement Policies

Last updated on: 10/1/2024

Dear Provider,

Our PY24 Provider Manual is effective January 1, 2024 and applies to covered services you provide to our members or the members through our benefit plans insured by or receiving administrative services from us, unless otherwise noted. This Manual is subject to change; the content is updated periodically to better support our health care provider networks.

See below a summary of the changes by section to information found in the Provider Manual. State-specific changes are outlined in each specific State Supplement's Summary of Changes. Updates to the Reimbursement Policies are also noted below.

Questions? We're here to help. Give us a call at: (855) 672-2755. Visit hioscar.com/providers to claim your account if you haven't done so already. To opt out of our Provider Manual Update Notifications, please email provider.manual@hioscar.com with any provider NPI you wish to remove from our mailing list.

Thank you!

Section: Notification of Important Changes

- You are required to provide the Oscar team with an updated roster every 30 days. This is to help ensure any changes to your information (e.g., new providers in your group, name changes of providers, address changes, whether a provider is no longer accepting new patients, etc.) is continuously updated in our system and published in Oscar's online directory

Section: Information Subject to Accuracy Requirements

- You and the delegates are required to update all health care provider information components

Section: Invalid Information and/or Practice Inactivity

- Because we must ensure accurate provider directories, Oscar, in addition to those termination rights listed in the Provider Agreement, at its discretion, may administratively terminate.

Section: On Site Audits

- You must provide covered services according to the terms of your Participation Agreement, consistent with Oscar's policies and procedures as mentioned in the Participation Agreement and this Provider Manual

Section: Provision of Covered Services

- You must provide covered services according to the terms of your Participation Agreement, consistent with Oscar's policies and procedures

Section: Americans with Disabilities Act (ADA)

- Oscar employees, business partners and contracted providers must comply with ADA requirements

Section: Civil Rights Non-Discrimination

- You must not discriminate against any patient with regard to quality of service or accessibility of services because they are our member. You must not discriminate against any patient

Section: Retroactive Eligibility Changes

- A member's eligibility under an Oscar benefit plan may change retroactively

Section: Open and Special Enrollment Period

- Please reference this list of the most common Qualifying Life Events and further instructions on what documentation is required for the special enrollment period, and how to submit documentation found on: https://www.hioscar.com/faq/SEP-application-documentation-requirements.

Section: Newborn Eligibility

- Newborns are always covered for the first 48 hours (vaginal delivery) or 96 hours (cesarean delivery) for the birth itself on the mother's plan as part of the federal ACA requirement.

Section: Understanding Your Network Participation Status

- Unless you have designated otherwise in your Agreement, you are contracted to see all commercial, Exchange, and Medicare Advantage product members who are participating in an Oscar Health plan. Currently, Oscar Health plans are offered by Oscar’s insurance affiliates.

Section: Understanding Your Network Participation Status

- There may be an occasion due to medical circumstances that you render services to an individual enrolled with an Affiliate of Oscar listed above. Oscar is required by Law to compensate you for such services or services that Oscar has authorized.

Section: Benefit Plan Types

- PPO, EPO, POS and HMO gated and ungated benefit plans: Where applicable, PCPs may have to submit electronic referrals before a member sees another network physician
- Certain plans have defined tier health care providers. Check for tier participation status on Oscar’s provider portal when verifying members’ eligibility and benefits.

Section: Diabetes Care Plan

- Oscar offers a unique benefit plan - Silver Simple Diabetes (Diabetes Care Plan). This plan is available for individuals and families in 10 markets: GA, IA, IL, KS, MO, NC, NE, OH, OK, TN. Oscar members enrolled in this plan will have an ID Card unique to this product.

Section: Claim Corrections and Late Charges

- Providers who believe they have submitted an incorrect or incomplete claim may submit an updated claim, and the corresponding original reference code field must list the original payor claim ID, in addition to:
- Paper CMS 1500 corrected claim submissions must use Frequency Code 7 under Item 22 (Resubmission Code)
- Paper UB-04 corrected claims must be submitted with Claim Frequency Type 7 as the third digit under Type of Bill (Form Locator 04)
- Electronic corrected claims must be submitted with frequency code 7 in Element CLM05-3 (Claim Frequency Type Code)

Section: Balance Billing Reimbursement

- Except for cost share (copayments, coinsurance, deductibles), providers must not invoice or balance bill Oscar members for the difference between the provider’s billed charges and the reimbursement paid by Oscar for covered services under an Oscar Plan.

Section: Oscar Member medical records, and standards

- Documenting a point of care improves quality of care, reduces risk of medical errors, and provides better communication between providers, and supports better health outcomes.

Section: Credentialing Non-discrimination:

- Oscar's credentialing and recredentialing decisions are not based on a health care provider's or professional's: Race or ethnic/national identity, Gender, Age, Sexual orientation, Types of procedures they specialize in, Specialties that serve high-risk populations or conditions that require costly treatment.

Section: Access to Care Availability Standards

- Oscar expects to offer access to covered services by an in-network provider, mental health professional, and facilities in accordance with applicable state and federal law and NCQA guidelines.
- As a member Primary Care Physician "PCP" you must arrange for 24 hours a day, 7 days per week coverage of our members. If you are arranging a substitute health care provider, Oscar plans require the use of providers who are in-network with the member's benefit plan. In-network providers are listed in Oscar online directory.