oscar

At Oscar, we want members to receive the right care, at the right time, in the right setting. If you have a concern about your coverage or care, we want to be your first stop to resolution.

As an Oscar member, you have the right to:

- **Ask for coverage of a medical service or prescription drug.** In some cases, we may allow exceptions for a service or drug that is normally not covered.
- **File an appeal if your request is denied.** An appeal is a formal way of asking us to review and change a coverage decision we made.
- **File a grievance about the quality of care or other services you receive from us or from a Medicare provider.** A grievance is a formal complaint and request for investigation.
- **Make requests to be reimbursed for out-of-pocket expenses.**

To obtain an aggregate number of grievances, appeals, and exceptions filed with Oscar or to inquire about the process and/or status of your requests, contact us at 855-672-2720 (TTY: 711).

Coverage Decisions and Appeals

Requests for medical coverage decisions (organization determinations), drug coverage decisions (coverage determinations), and appeals of decisions made can be submitted by phone or in writing using forms found at www.hioscar.com/medicare/forms. Appeals of your medical coverage decisions or drug coverage decisions must be submitted within 60 days of being notified of our initial decision.

Where to submit

	Medical Coverage Decisions	Medical Appeals	Drug Coverage Decisions / Appeals
Call	1-855-672-2720 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week from October 1st through March 31st and weekdays (M-F) from April 1st through September 30th		
Mail	Oscar Easy Care P.O. Box 62108 Phoenix, Arizona 85082	MA Grievances and Appeals Communication P.O. Box 62378 Phoenix, Arizona 85082	CVS Caremark P.O. Box 52000 MC 109 Phoenix, Arizona 85072-2000
Fax	833-554-9046	833-554-9047	855-633-7673

Notification

We will make and notify you of decisions within the timeframes listed below.

Priority	Coverage Decisions		Appeals	
	Medical	Drug	Medical	Drug
Standard requests	14 calendar days	72 hours	30 calendar days	7 calendar days
Expedited requests *Expedited requests can be made if your life, health, or ability to regain maximum function may be seriously jeopardized by waiting for a standard review.*	72 hours	24 hours	72 hours	72 hours

Requests for Reimbursement

Requests to be reimbursed for out-of-pocket expenses can be made in writing using forms found at www.hioscar.com/medicare/forms.

Where to submit

Medical Expenses	Drug Expenses
Mail: Oscar Easy Care P.O. Box 62045 Phoenix, Arizona 85082 Fax: 833-582-2838	Mail: CVS Caremark P.O. Box 52000 MC 109 Phoenix, Arizona 85072-2000 Fax: 1-855-633-7673

Notification

We will make and notify you of decisions within the timeframes listed below.

Medical Expenses	Drug Expenses
60 calendar days	14 calendar days

Grievances

Grievances, or formal complaints, can be filed by phone or in writing within 60 days of the incident that caused the grievance.

Where to submit

Grievances	
Call	1-855-672-2720 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week from October 1st through March 31st and weekdays (M-F) from April 1st through September 30th
Mail	MA Grievances and Appeals Communication P.O. Box 62378 Phoenix, Arizona 85082
Fax	833-554-9047

Notification

We will make and notify you of decisions within the timeframes listed below.

Priority	Grievances
Standard	30 calendar days
Expedited	24 hours

You also have the right to file complaints directly with Medicare by filling out the Medicare Complaint Form at www.medicare.gov/MedicareComplaintForm.