



Welcome to our Oklahoma 2023 Network.

We're excited to have you in our Oklahoma network for 2023.

For more information on working with Oscar please go to or call us at 855-672-2755 with any questions.

We look forward to working with you again.

From,
The Oscar Provider Team

oscar



2023 Provider Fine Print

Our plan

We are a PPO (Preferred Provider Organization) Plan which means:

- Broad access to care, typically covering care from both in-network and out of network doctors and facilities
- No referrals required

Members have 30 days from their effective date to select a PCP. If they do not select a PCP within 30 days, one will be automatically assigned to them. For plan year 2023, members will be able to reference their web account to view their latest assigned PCP. Providers must accept members even if they are not listed as the assigned PCP.

We offer the following products in your market:

- Individual and Family Plans (purchased on or off the Marketplace exchange)

Our network

Our network is available to all Oscar plans in the following counties:

Oklahoma City

- Canadian
- Logan
- Oklahoma | Cleveland

We have introduced a new plan, designed to increase accessibility and affordability for individuals with diabetes.

The following services are covered with a \$0 cost share: Primary Care office visits, diabetic retinal eye exams, diabetic foot exams, and labs to manage diabetes (HbA1c, micro-albumin/UA, metabolic panel, lipid panel). This plan also caps out of pocket costs for formulary insulin at \$100/month.

These members will have access to a diabetes management program with our partner, Livongo. Plus, members are eligible for Wellness Programs with rewards for seeing their primary care doctor, engaging with Livongo, and getting recommended care.

Search for in-network providers, labs, pharmacies, and hospitals* on [**hioscar.com/search**](https://hioscar.com/search).

*See Hospital and large physician group lists at the end of this packet for more details



Connect with us by phone

Call 855-672-2755, Mon-Fri: 8am-6pm EST.

Our phone system is currently allowing providers the opportunity to get quick and efficient answers for eligibility checks and claims status questions without needing to wait to speak to an Oscar representative. To access, you will need to authenticate yourself with a TIN and NPI. You will also need to provide 3 out of 4 of the following for a member: Oscar ID, Date of Birth, Last 4 digits of SSN, and/or phone number. This service is available 24 hours a day, 7 days a week.

Connect with us electronically

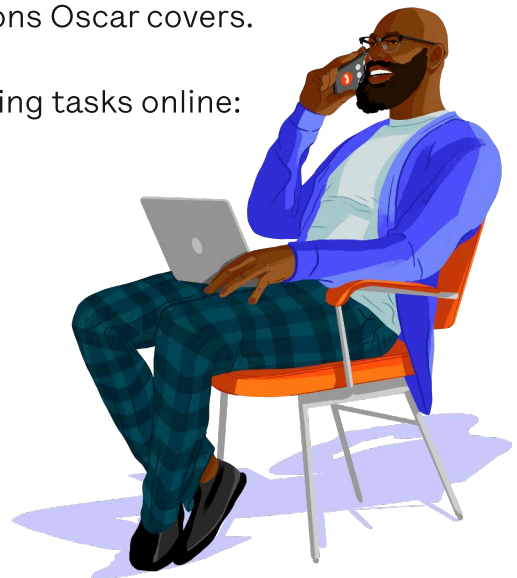
You can use Oscar's Provider Resources site and Provider Portal to find everything you need to work with Oscar. We built these sites to simplify your team's workflows so that you can focus on delivering great care to members.

Go to hioscar.com/providers to:

- Request to join the network.
- Review the provider manual for reimbursement policies, member rights and responsibilities, and more.
- Browse resources such as:
 - Provider Manuals for all markets.
 - Policies (Clinical Guidelines, Reimbursement Policies, etc.) and forms.
 - Tutorials and How-To-Guides on using the provider portal.
- Search our provider directory for in-network specialists, lab facilities and more.
- Search our drug formulary to find out what medications Oscar covers.

Create a Provider Portal account to complete the following tasks online:

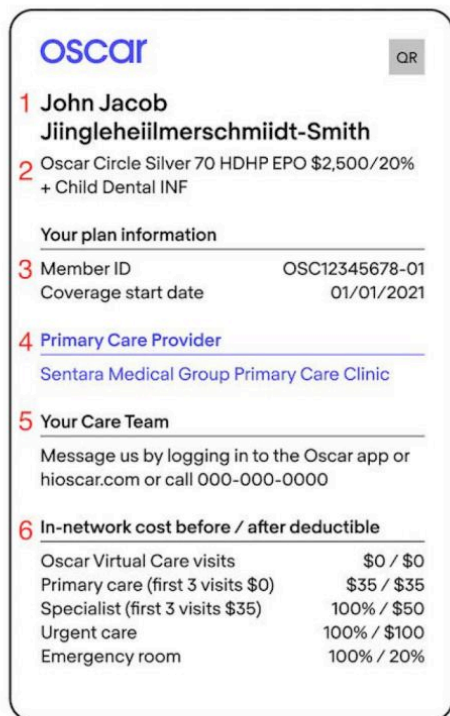
- Check member eligibility.
- Check status of claims.
- Submit prior authorizations electronically.
- Sign up for electronic payments.
- Review members' clinical information.
- Connect your staff to your organization (practice) account and grant permission to complete tasks in the Portal.



Note: If your office is unable to access the online resources and you would like a printed copy of any of the materials (provider manual, etc) faxed to you, please contact the Oscar Provider Team: 855-672-2755.

Navigate our Members' ID Cards

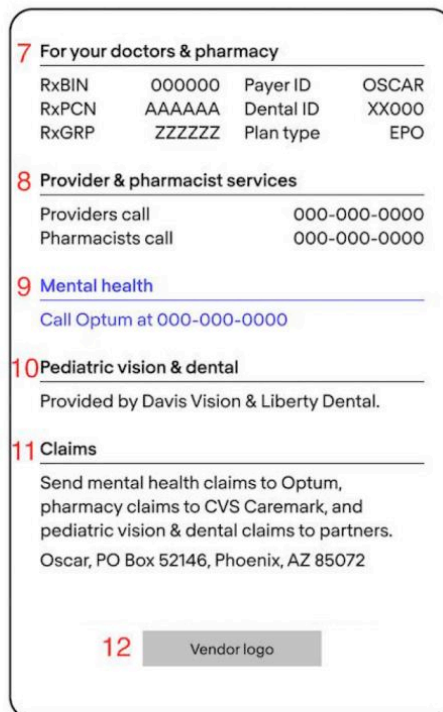
Here's a sample of our 2023 member ID cards:



The front of the Oscar Member ID Card features the Oscar logo at the top left and a QR code at the top right. The card is divided into numbered sections: 1. Member name (John Jacob Jiingleheilmerschmidt-Smith), 2. Plan name (Oscar Circle Silver 70 HDHP EPO \$2,500/20% + Child Dental INF), 3. Plan information (Member ID: OSC12345678-01, Coverage start date: 01/01/2021), 4. Primary Care Provider (Sentara Medical Group Primary Care Clinic), 5. Your Care Team (Message us by logging in to the Oscar app or hioscar.com or call 000-000-0000), and 6. In-network cost before / after deductible (Oscar Virtual Care visits: \$0 / \$0, Primary care (first 3 visits \$0): \$35 / \$35, Specialist (first 3 visits \$35): 100% / \$50, Urgent care: 100% / \$100, Emergency room: 100% / 20%).

6 In-network cost before / after deductible	
Oscar Virtual Care visits	\$0 / \$0
Primary care (first 3 visits \$0)	\$35 / \$35
Specialist (first 3 visits \$35)	100% / \$50
Urgent care	100% / \$100
Emergency room	100% / 20%

Oscar Member ID Card - Front



The back of the Oscar Member ID Card features numbered sections: 7. For your doctors & pharmacy (RxBIN: 000000, Payer ID: OSCAR, RxPCN: AAAAAA, Dental ID: XX000, RxGRP: ZZZZZZ, Plan type: EPO), 8. Provider & pharmacist services (Providers call: 000-000-0000, Pharmacists call: 000-000-0000), 9. Mental health (Call Optum at 000-000-0000), 10. Pediatric vision & dental (Provided by Davis Vision & Liberty Dental), 11. Claims (Send mental health claims to Optum, pharmacy claims to CVS Caremark, and pediatric vision & dental claims to partners. Oscar, PO Box 52146, Phoenix, AZ 85072), and 12. Vendor logo.

7 For your doctors & pharmacy			
RxBIN	000000	Payer ID	OSCAR
RxPCN	AAAAAA	Dental ID	XX000
RxGRP	ZZZZZZ	Plan type	EPO

8 Provider & pharmacist services	
Providers call	000-000-0000
Pharmacists call	000-000-0000

9 Mental health
Call Optum at 000-000-0000

10 Pediatric vision & dental
Provided by Davis Vision & Liberty Dental.

11 Claims
Send mental health claims to Optum, pharmacy claims to CVS Caremark, and pediatric vision & dental claims to partners. Oscar, PO Box 52146, Phoenix, AZ 85072

12 Vendor logo

Oscar Member ID Card - Back

1. Member first and last name
2. Name of the member's plan
3. Member ID #
4. Member's primary care provider (where applicable)
5. Contact information for Member Services
6. Cost to the member, before and after, deductibles
7. Member Rx Information
8. Provider and pharmacist services contact information
9. Mental health contact information
10. Pediatric vision and dental providers
11. Claims Information (where to send claims based on services provided)
12. Space reserved for vendor and partner logos

Our Partners

Our network of medical providers is available through our hospital system and provider group partnerships. Our vendors for Behavioral Health and Substance Abuse, Pediatric Vision, Pharmacy and Laboratory services are listed below.

Providers must be in-network with these vendors for Oscar to cover these services.

Service	Vendor	Phone
Behavioral Health	Optum	877-614-0484
Dental	LIBERTY Dental	888-703-6999
Vision	Davis Vision	800-773-2847

Oscar has created a list of \$3 preferred drugs to help our members access affordable care. You can find this list at hioscar.com/3-dollar-prescriptions. \$3 Prescriptions include up to a 30-day supply of medication and are not available in NY, NJ, CA, or for Catastrophic plans, small group plans, or Medicare plans.

In 2023, Oscar's primary retail pharmacy locations will be CVS, Target, and Walmart. For a complete list of in-network retail pharmacies, please visit hioscar.com/search.

Oscar has partnered with Capsule, a digital pharmacy that offers free, same-day prescription delivery for our members. If you're interested in partnering with Capsule for all your pharmacy needs, visit www.capsulecare.com/doctors. To find out if Capsule services your area visit www.capsule.com/locations.

If capsule is not available in your area, your members can get prescriptions delivered using CVS Caremark's Mail Order service. Save time and money by getting 90 day refills of most prescriptions sent right to your mailbox. Visit www.caremark.com/manage-prescriptions/rx-delivery-by-mail.html to sign up.

Claims Submission

We exclusively use Change Healthcare as our clearing house. Please note, the claims processing deadline for your state is 30 calendar days. If you have questions about the status of your claim, login to the Provider Portal at provider.hioscar.com.

Service	Network Partner	Electronic Payer ID	Address
Medical Services	Oscar	OSCAR	P.O. Box 52146 Phoenix, AZ 85072-2146
Behavioral Health and Substance Abuse Services	Optum	87726	Optum P.O. Box 30757 Salt Lake City, UT 84130-0757
Pharmacy	CVS/ Caremark	Please reference the Member ID card for pharmacy claim information	CVS/Caremark P.O. Box 52136 Phoenix, Arizona 85072-2136
Transplant Related Claims	Cigna/ LifeSOURCE		PO Box 3539 Scranton, PA 18505
	OptumHealth Care Solutions	41194	OptumHealth Care Solutions PO Box 30758 Salt Lake City, UT84130
Pediatric Vision Services	Davis Vision	4000000027	Vision Care Processing P.O. Box 1525 Latham, NY 12110
Note: Oscar does not offer routine dental coverage for adults			

Case Management

For comprehensive case management, including complex case management, refer patients to call 855-672-2788. Oscar's case managers provide dedicated support to our members who request or need extra assistance. This includes assistance with discharge planning, DME, medication adherence, disease specific education, and any other case management concerns your patient has. For Behavioral Health Case Management, refer patients to Optum.

Prior authorization at a glance

Certain services at Oscar require prior authorization. The list of services subject to pre-authorization can be accessed online at hioscar.com/prior-authorization. It is important to submit any elective or pre-service requests in advance to ensure everything is in place for your patients to get the right care. To confirm requirements for a specific code or service, authorization, or check the status of an existing authorization, reference the Authorization Procedure Lookup tool within Oscar's Provider Portal. To access or sign up for the provider portal, visit or call 855-672-2755. Authorization requests may also be submitted by faxing the authorization request form located at hioscar.com/forms. Please note that authorization requirements may be updated throughout the year. To access Oscar's Provider Manual for your state please visit hioscar.com/providers.

Some drugs may require Prior Authorization before being covered by Oscar. Drug Prior Authorizations may be submitted to Oscar electronically through the EMR/ePrescribing system; online, through ; via fax, 844-814-2259 (Specialty drugs) or 844-814-2258 (Non-Specialty drugs); or by calling 855-672-2755.

Prior Authorization review for certain services is delegated eviCore healthcare. Specifically eviCore will process prior authorizations for:

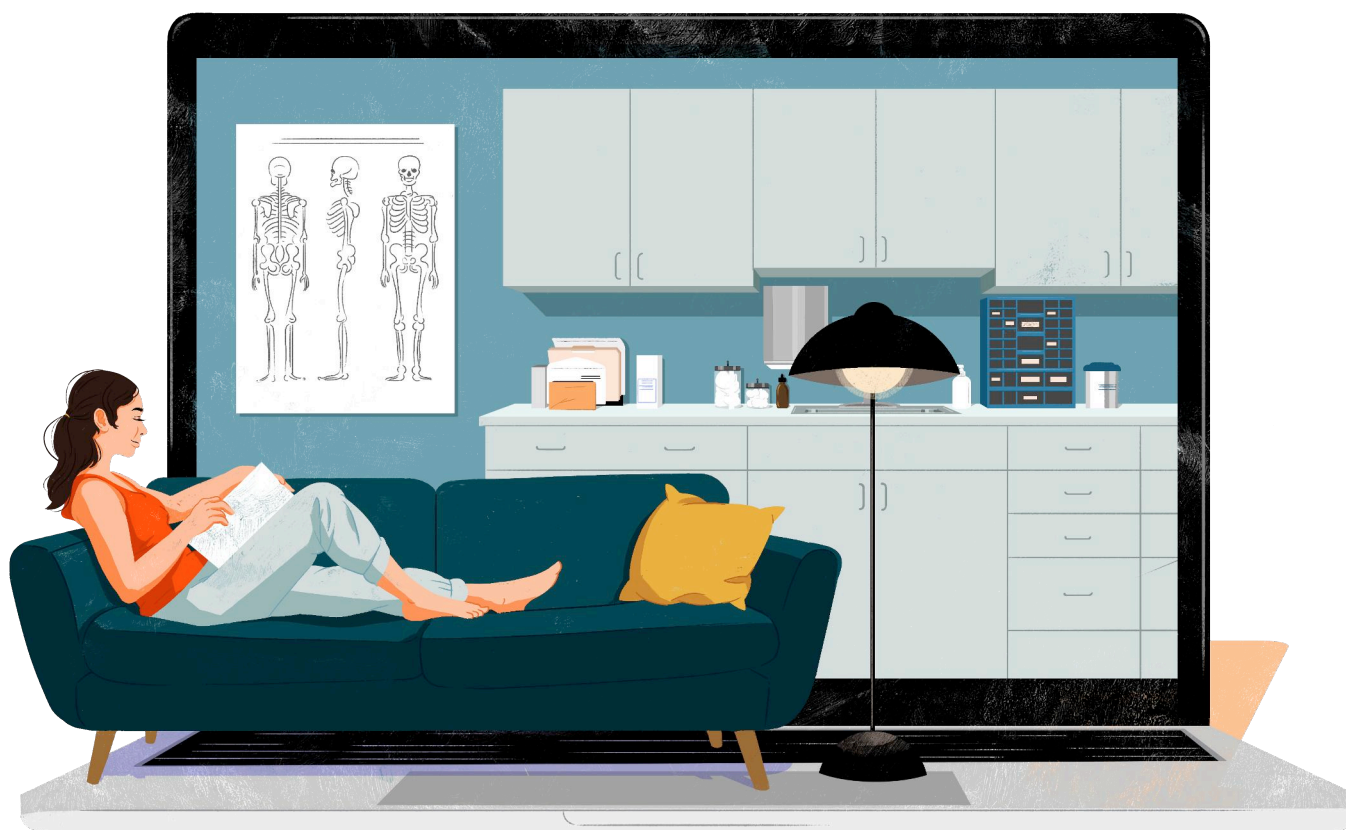
- Radiation Therapy
- Medical Oncology
- Cardiology
- Musculoskeletal Services/Interventional Pain Management/Chiropractic Care
- Lab Management (Genetic Testing)
- Cardiac/Radiology/Diagnostic imaging
- Sleep therapy, diagnostics equipment

To access eviCore's clinical criteria and authorization request forms, please visit [evicore.com/resources/healthplan/oscar](https://www.evicore.com/resources/healthplan/oscar). For any other services not indicated in these resources, you can call 855-672-2755.

To obtain a prior authorization for PT/OT services after 5 visits, requests should be submitted to ASH. ASH is available at the following phone and fax numbers:
P: 800-972-4226, 877-248-2746.

Inclusion of a service in the Oscar Prior Authorization List is not a guarantee of benefit coverage. Coverage of these benefits may vary by plan, and the Prior Authorization list is subject to change. To verify coverage or prior authorization requirements, please call 855-672-2755.

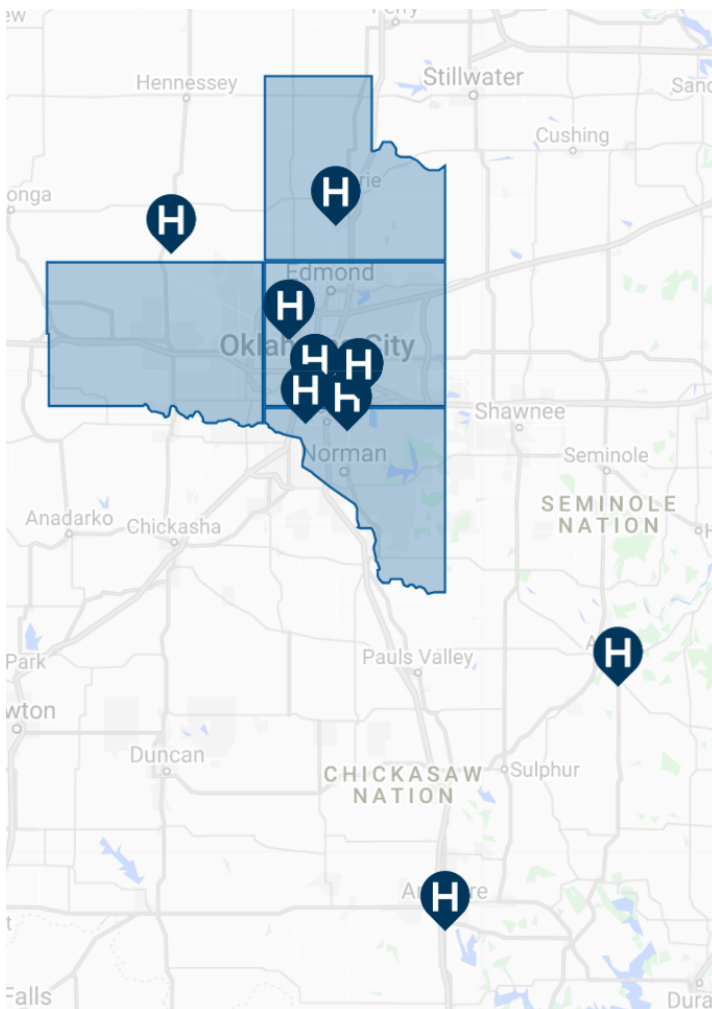
If prior authorization is not obtained for a service that requires it, the service is subject to post-service (retrospective) review. Some services that may be part of an ongoing course of treatment may also be subject to concurrent review. Prior authorization requirements (including concurrent and/or retrospective review) for Behavioral Health and Substance Abuse are subject to the policies and procedures of Optum. Please reference the provider manual for Prior Authorization requirements for our vendors.



Getting care in Oklahoma City made easy.

We provide high-quality care in Oklahoma City with partners like SSM Health.

Oscar's Oklahoma City service area includes Canadian, Logan, Oklahoma and Cleveland counties.



Our 2023 Participating Hospital List

Oklahoma

- Oklahoma Heart Hospital
- Health Bone & Joint Hospital at St. Anthony
- St. Anthony Hospital - Midwest
- St. Anthony Hospital - Oklahoma City

St. Anthony South