

oscar

Welcome to our Nebraska 2025 Network

We're excited to partner with you.



Our plan

As an EPO (Exclusive Provider Organization) plan, we do not require referrals.

Members must select a Primary Care Physician (PCP) within a specific timeframe from their effective date. The timeframe varies by state, please refer to your state's provider manual. If they don't select a PCP within the timeframe, one will be automatically assigned to them. For plan year 2025, members can 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 all counties statewide.

Oscar's 2025 portfolio includes plan options designed to increase accessibility and affordability for individuals with diabetes.

These plans cover the following services for our members with a \$0 cost share:

- Primary Care office visits
- Diabetic retinal eye exams
- Diabetic foot exams
- Lab tests to manage diabetes (HbA1c, urinalysis, metabolic panel, lipid panel)
- Capped out of pocket costs for formulary insulin at \$100/month

Search for in-network providers, labs, pharmacies, and hospitals* on hioscar.com/search.

Connect with us by phone

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

Our phone system, available 24/7 and allows you to directly obtain information on eligibility checks and claim status inquiries.

For non-member specific inquiries, you'll need to authenticate yourself with your TIN and NPI.

For member-specific inquiries, you'll need the following to get started:

- Oscar ID
- Date of birth
- Last four digits of the member's social security number or phone number

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

Connect with us electronically

Oscar's Provider Portal and the Resources site are designed to support efficiency, allowing you to get back to what matter most - delivering exceptional care.

Visit hioscar.com/providers/resources to:

Access Nebraska's provider manual, as well as others from our market

Policies (clinical guidelines, reimbursement policies, etc.) and forms

Video tutorials & how-to guides on using the Oscar Provider Portal

Provider Directory for in-network specialists, lab facilities, and much more

Search our drug formulary to find out what medications Oscar covers

Join Oscar's Provider Portal at hioscar.com/provider to begin completing everyday tasks online such as:

- 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, allowing them to access information and complete tasks in the Oscar Provider 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.

A closer look at our members' ID cards

When Oscar members come into your practice their ID cards will look like this:

The diagram shows two sides of an Oscar member ID card. The left side contains member and plan information, while the right side contains care team and pharmacy information. Callouts on the left identify sections like 'Member's name', 'Name of plan', 'Member's primary care provider', 'Member ID #', and 'Deductibles and cost shares'. Callouts on the right identify sections like 'Oscar Member Services', 'Mental health contact information', 'Member Rx information', and 'Claim submission guidelines'.

Section	Details
Member's name	John Doe
Name of plan	Bronze Classic 4700
Member's primary care provider	PCP: Dr. Robert Smith
Member ID #	Member ID: [Redacted]
Deductibles and cost shares	In-network individual / family spending
	Deductible: \$4700 / \$9400 Out-of-pocket max: \$9100 / \$18200
Deductibles and cost shares	In-network cost before / after deductible
	Oscar Care virtual visits: \$0
	Primary care: \$70 / \$70
	Specialist: \$125 / \$125
	Urgent care: \$80 / \$80
	Emergency room: 100% / 50%
	AZDOI
Oscar Member Services	Your Care Team Log in at hioscar.com/member , or on the Oscar mobile app, or call 855-672-2755
Mental health contact information	Mental health Call Optum at 855-409-7211
Member Rx information	For your doctors & pharmacy
	RxBIN: 004336 Payer ID: OSCAR RxPCN: ADV Plan type: HMO RxGRP: RX2358
	Providers call: 855-672-2755 Pharmacists call: 800-364-6331
Claim submission guidelines	Where to send claims
	Mental health: Optum Pharmacy: CVS Caremark Pediatric vision: Davis Vision Medical: Oscar Oscar, PO Box 52146, Phoenix, AZ 85072

Our partners

Our network of medical providers, accessible through our hospital system and provider group partnerships, includes vendors for Behavioral Health and Substance Abuse, Pediatric Vision, Pharmacy, and Laboratory services. To ensure Oscar coverage, providers must be in-network with these specified vendors.

Service	Vendor	Phone
Behavioral Health/ Substance Abuse	Optum	(877) 620-6194
NICU Admissions	Progeny	(610) 832-2001
Pediatric Dental	Liberty Dental	(888) 902-0403
Pediatric Vision	Davis Vision	(800) 773-2847

Pharmacy

We've compiled a list of \$3 preferred drugs to ensure affordability for our members. View the complete list at hioscar.com/3-dollar-prescriptions. \$3 preferred drugs can also be identified by referencing the 6T (non-standard plan) formulary documents and looking for drugs assigned to tier 1a.

The \$3 prescription program covers up to a 30-day medication supply. This program is not applicable in NY, NJ, or for Catastrophic or Standard plans (4T formularies).

Oscar's 2025 primary retail pharmacy locations:

- CVS
- Target
- Walmart

Access the complete list of in-network retail pharmacies at hioscar.com/search

Oscar x Capsule

Oscar has partnered with Capsule, a digital pharmacy that offers free, same-day prescription delivery for Oscar members. Visit capsule.com/doctors to partner with Capsule for your pharmacy needs. To find out if Capsule services a member's area, visit capsule.com/locations.

If Capsule is not available in your area, members can use CVS Caremark's Mail Order service for convenient 90 day refills of most prescriptions delivered to their mailbox. Members can visit caremark.com/manage-prescriptions/rx-delivery-by-mail to sign up.



Claims submission

We exclusively use Availity as our clearinghouse. We highly recommend submitting claims electronically via Availity using our payor ID: OSCAR. If you're having any issues setting up the ability to submit claims electronically, please contact your billing vendor to ensure they have Oscar's payor ID in their system.

Claim Filing Deadline

Please note, the timely filing deadline for claims in your state is 180 calendar days, unless otherwise specified by your contract. Claims not filed within this timeframe are subject to non-payment.

Claim Status

Looking for the status of your claim? Login to the Oscar Provider Portal at provider.hioscar.com.

Service	Network Partner	Electronic Payer ID	Address
Medical Services	Oscar	OSCAR	P.O. Box 52146 Phoenix, AZ 85072
Behavioral Health/ Substance Abuse Services	Optum	87726	Optum P.O. Box 30757 Salt Lake City, UT 84130
Pharmacy	CVS/ Caremark	Refer to the Member ID card for pharmacy claim details	CVS/Caremark P.O. Box 52136 Phoenix, AZ 85072
Transplant Related Claims	Cigna LifeSOURCE		Cigna LifeSOURCE NAC PO Box 6471 Indianapolis, IN 46206
	OptumHealth Care Solutions	41194	OptumHealth Care Solutions PO Box 30758 Salt Lake City, UT 84130
Pediatric Vision Services	Davis Vision	4000000027	Vision Care Processing P.O. Box 1525 Latham, NY 12110

Case management

For comprehensive case management, including complex case management, refer patients to call (855) 918-6036. Oscar's case managers provide dedicated support to our members who request or need extra assistance. This includes assistance with:

- Transitions of care
- Post-hospital recovery
- DME
- Medication adherence
- Disease specific education
- Care coordination or navigation
- Any other case management concerns patients may have

For Behavioral Health/Substance Abuse case management, refer patients to Optum.

Prior authorization at a glance

To support our members in receiving the care they need, Oscar requires prior authorization for certain medical services. Access the list of services subject to prior authorization at hioscar.com/prior-authorization.

Oscar Prior
Authorization

Phone: (855) 672-2755

Fax: (844) 965-9053

When does a prior authorization need to be submitted?

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.

Can I check the status of a prior authorization?

To confirm requirements for a specific code or service, request authorization, or check the status of an existing authorization, reference the Authorization Procedure Lookup tool within Oscar's Provider Portal at provider.hioscar.com.

Authorization requests may also be submitted by faxing the Authorization Request Form located at hioscar.com/forms. Authorization requirements may be updated throughout the year. To access Oscar's Provider Manual for your state, visit hioscar.com/providers.

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 Oscar Prior Authorization List is subject to change. To verify coverage or prior authorization requirements, call us at the number above.

Pharmacy

Oscar requires prior authorization for select medications covered by our plans. Drug prior authorizations may be submitted to Oscar by fax or phone:

Oscar	Phone: (855) 672-2755	Fax Standard: (844) 814-2258 Specialty: (844) 814-2259
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Medical

Prior authorization for the services below are processed by our partner, eviCore healthcare.

eviCore Healthcare	Phone: (855) 252-1118 Fax: (800) 540-2406	eviCore Healthcare 400 Buckwalter Place Blvd. Bluton, SC 29910
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Services covered:

- Radiology/Advanced Imaging
- Outpatient Joint Surgery
- Cardiology/Cardiac Imaging
- Chiropractic
- Sleep Therapy
- Outpatient Spine Surgery
- Medical Oncology
- Interventional Pain
- Labs
- Radiation Oncology

To access eviCore's clinical criteria and authorization request forms, please visit [evicore.com/resources/healthplan/oscar](https://www.evicore.com/resources/healthplan/oscar). To submit an authorization request for services not listed above, please call (855) 672-2755.

Physical Therapy (PT)/Occupational Therapy (OT)

To obtain a prior authorization for PT/OT services beyond 5 visits, requests should be submitted to ASH.

ASH	Main phone: (800) 848-3555 Provider inquiries: (855) 672-2755	Fax: (877) 248-2746
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Behavioral Health/Substance Abuse

Prior authorization requirements for Behavioral Health and Substance Abuse, including concurrent and/or retrospective review, are subject to the policies and procedures of Optum.

Optum

Phone: (877) 620-6194

Fax: (866) 322-0051

Refer to the Provider Manual for detailed prior authorization requirements specific to our vendors.

Post service reviews

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.



For more information on working with us please visit hioscar.com/providers or call us at (855) 672-2755 with any questions.

We look forward to working with you.