

oscar

Welcome to Our Illinois 2024 Network

We're excited to partner with you.



Our plan

As an HMO (Health Maintenance Organization) plan, our members need to use network providers to get care. Referrals are required to see most specialists. Please reference your provider manual for a full list of specialties where referrals are required.

Members have 30 days from their effective date to select a Primary Care Physician (PCP). If they don't select a PCP within this time, one will be automatically assigned to them. For plan year 2024, 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 the following counties:

Chicago

- Cook
- DuPage
- Lake
- Will

Oscar's 2024 portfolio includes plan options designed to increase accessibility and affordability for individuals with diabetes.

These plans cover the following services with a \$0 cost share for our members: Primary Care office visits, diabetic retinal eye exams, diabetic foot exams, and labs to manage diabetes (HbA1c, urinalysis, metabolic panel, lipid panel). This plan also caps out of pocket costs for formulary insulin at \$100/month.

Members who enroll in these plans have access to a diabetes management program with our partner, Livongo. These 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.

*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, available 24/7, allows you to efficiently and directly obtain information on eligibility checks and claim status inquiries without speaking with an Oscar representative. To access the service, you will need to authenticate yourself with your TIN and NPI. For member-specific inquiries, verification of three out of the following four details is required: Oscar ID, date of birth, the last four digits of the member's Social Security Number, or phone number.

Connect with us electronically

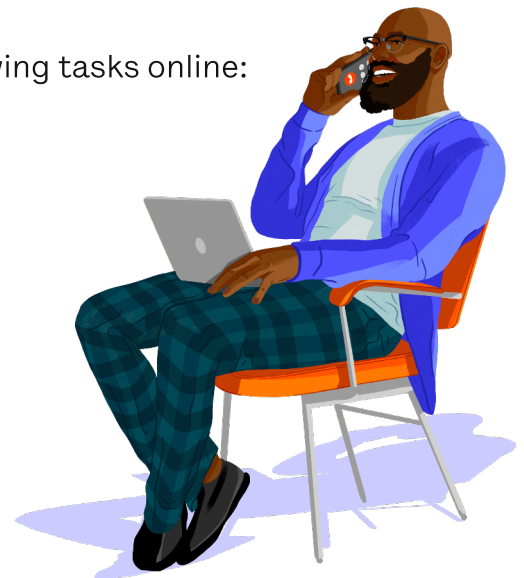
Oscar's Provider Resources site and the Oscar Provider Portal are designed to streamline your team's workflows, enabling you to focus on what matters most -- providing exceptional care to members.

Go to hioscar.com/providers to:

- Review the Illinois 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.
 - Video tutorials and how-to guides on using the Oscar 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.

Sign up for the Oscar Provider Portal 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, 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.

Navigate our members' ID cards

Here's a sample of our 2024 member ID cards:

OSCAR

1 Jane Doe

2 Silver Classic

3 PCP: Dr. Ronald Smith

4 Your plan information

Member ID
Coverage start date 01/01/2024
Group ID None

5 In-network individual / family spending

Deductible \$5400 / \$10800
Out-of-pocket max \$8800 / \$17600

In-network cost before / after deductible

Oscar Care virtual visits \$0 / \$0
Primary care \$45 / \$45
Specialist \$100 / \$100
Urgent care \$100 / \$100
Emergency room 100% / \$750

DOI

6 Your Care Team

Log in at hioscar.com/member, or on the Oscar mobile app, or call 855-672-2755

7 Mental health

Call Optum at 855-409-7122

8 For your doctors & pharmacy

RxBIN	004336	Payer ID	OSCAR
RxPCN	ADV	Plan type	EPO
RxGRP	RX0673		

Providers call 855-672-2755
Pharmacists call 800-364-6331

9 Where to send claims

Mental health Optum
Pharmacy CVS Caremark
Pediatric vision Davis Vision
Medical Oscar

Oscar, PO Box 52146, Phoenix, AZ 85072

Oscar Health Plan, Inc.

1. Member first and last name
2. Name of the member's plan
3. Member's primary care provider
4. Member ID #
5. Member deductibles and cost shares
6. Contact information for Member Services
7. Mental health contact information
8. Member Rx Information
9. Claim submission guidelines (based on services provided)

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	(866) 261-8566
Pediatric Vision	Davis Vision	(800) 773-2847

Pharmacy

Oscar has compiled a list of \$3 preferred drugs to enhance affordability for our members. This list is accessible at hioscar.com/3-dollar-prescriptions. The \$3 Prescription program covers up to a 30-day medication supply. This program is not applicable in NY, NJ, or for Catastrophic, Standard, or Small Group plans.

In 2024, Oscar's primary retail pharmacy locations are 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 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

Oscar exclusively uses Change Healthcare as our clearinghouse. For information on using Change Healthcare or to sign up, visit changehealthcare.com. Please note, the timely filing deadline for claims in your state is 180 calendar days, except as stated in your contract. If you have questions about the status of your claim, log in 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, Arizona 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 and complex case management, direct patients to call (855) 672-2788. Oscar's case managers offer dedicated support to our members who request or need extra assistance. This includes assistance with transitions of care, DME, medication adherence, disease specific education, and other case management needs. For Behavioral Health/Substance Abuse case management, refer patients to Optum.

Prior authorization at a glance

Oscar requires prior authorization for certain medical services to ensure our members receive the care they need.

The list of services subject to prior 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 receive the right care. 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 in Oscar's Provider Portal at provider.hioscar.com. Authorization requests can 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 Illinois provider manual, 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 (855) 672-2755.

Pharmacy

Oscar requires prior authorization for select medications covered by our plans. Drug prior authorizations may be submitted to Oscar electronically through an electronic PA provider, like CoverMyMeds or SureScripts, by fax to (844) 814-2259 for specialty drugs, (844) 814-2258 for non-specialty drugs, or by calling (855) 672-2755.

Medical

Prior authorization review for certain services is delegated to 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 and equipment

To access eviCore's clinical criteria and authorization request forms, please visit 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 can be reached by phone at (800) 972-4226, or by fax at (877) 248-2746.

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. 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.