



Provider Portal

Checking Member Eligibility and Benefits Guide

Welcome!

This little guide walks you through the essential steps you'll need to complete for common tasks on the portal. Let's go!

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Step 1: Login and search for the member profile

To confirm a member's eligibility and provider network status, simply:

1. Login to our portal at provider.hioscar.com
2. Search for the member by using their OSC ID, or by entering the patient's first name, last name, and date of birth.

The screenshot shows the 'Provider' portal interface. At the top, there are navigation links for 'Authorizations', 'Payments', 'Claims', and a 'Menu' icon. Below the navigation bar, a large heading reads 'Welcome to Oscar for Providers' with a subtext 'Search for a member to view eligibility, benefits, claims and more.' A search bar is present with the text 'Member ID' and a search icon. The search bar contains the text 'OSC12345678'. To the right of the search bar is a blue 'Search' button. Below the search bar, there is a 'Clear search' link.

Step 2: Checking member eligibility

On a member's profile, you'll have access to their demographic details, coverage status, and the start and end dates of their plan coverage.

1 Demographic information

"See more" tool tip:

- OSC ID
- Carrier
- Gender
- Gender identity
- Language
- DOB
- Phone
- Address
- Family Members
- Assigned PCP

The screenshot shows the member profile page for 'Jane Doe'. The page is divided into several sections. The top section is 'Active' with a green status indicator. Below this is a 'See more' button. The next section is 'Current Easy Care (HMO)' with a blue status indicator. Below this is a 'See more' button. The bottom section is 'Check eligibility and benefit info for care on' with a date range of '10/15/2024 - 10/15/2024'. A blue circle with the number '1' is placed over the 'See more' button in the 'Current Easy Care (HMO)' section.

2 Coverage period

Use the calendar to easily check member eligibility for past or future dates by clicking forward or backward.

The screenshot shows the same member profile page as before, but with a calendar overlay. The calendar is for the month of 'October 2024'. A blue circle with the number '2' is placed over the calendar. The calendar shows the days of the week and the dates. The 'See more' button in the 'Current Easy Care (HMO)' section is still visible.

3 Coverage status

Simply hover over the status icon to view details. The status may include:

- **Active:** The member is eligible for covered benefits.
- **Inactive:** The member's plan is not active. Benefits are not eligible for coverage.
- **Plan not started:** Coverage period has not started.
- **Out of network:** The plan is not in-network with this provider and organization and benefits are not eligible for coverage.
- **Grace period:** The plan is currently active but not up-to-date on premium payment.
Reference: [Provider Manual](#) for specific plan details on claim coverage.
- **Delinquent:** The plan is currently active but not up-to-date on premium payment.
Reference: [Provider Manual](#) for specific plan details on claim coverage.

Provider

Jane Doe Active

ID: OSC1234567890 - DOB: 01/01/1980 - PCP: Liming Yang, MD (2039587) - [See more](#)

[Eligibility and Benefits](#) [Claims](#) [Authorizations](#) [Referrals](#) [Clinicals](#)

Check eligibility and benefit info for care on 10 / 12 / 2024

Active ● 3

Start date Jan 1, 2024
End date Dec 31, 2024

Oscar Easy Care (HMO)

Current deductible

\$1,078 spent out of \$1,500

Current out-of-pocket max

\$0 spent out of \$7,900

ⓘ Referrals are required for care on this member's plan. Approved referrals must be submitted by the their assigned PCP:

[Show family accumulators](#) [View benefit usage accumulators](#)

We've made several improvements to this page, including the ability to search for coverage and benefits. If you have any feedback, [let us know](#).

Check network status for care on 10/12/2024

Search by provider name or NPI

4 Referral requirement notice

This message appears for members enrolled in an HMO plan that requires referrals for specialist care.

Provider

Jane Doe Active

ID: OSC1234567890 - DOB: 01/01/1980 - PCP: Liming Yang, MD (2039587) - [See more](#)

[Eligibility and Benefits](#) [Claims](#) [Authorizations](#) [Referrals](#) [Clinicals](#)

Check eligibility and benefit info for care on 10 / 12 / 2024

Active ● 4

Start date Jan 1, 2024
End date Dec 31, 2024

Oscar Easy Care (HMO)

Current deductible

\$078 spent out of \$1,500

Current out-of-pocket max

\$0 spent out of \$7,900

ⓘ Referrals are required for care on this member's plan. Approved referrals must be submitted by the their assigned PCP:

[Show family accumulators](#) [View benefit usage accumulators](#)

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Check network status for care on 10/12/2024

Search by provider name or NPI

Step 3: Checking member plan and benefits

Explore the member's plan details in the "Benefits & Coverage" tab:

1 Plan name

2 Plan accumulators

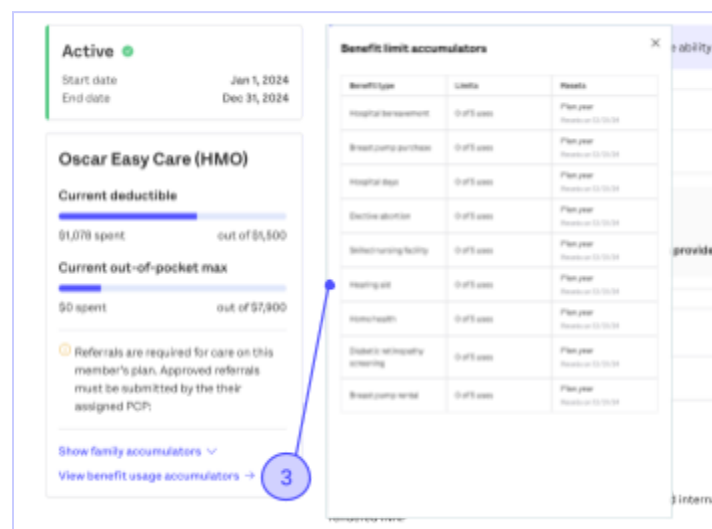
- **Deductible:** shows how much the member has paid toward their annual deductible.
- **Maximum out-of-pocket:** Displays the total amount the member may need to pay before the plan covers 100% of eligible cost.

3 Benefit usage accumulator

Specific benefit limits for the member's plan, click to expand:

- **Limits:** How many uses are allowed. (e.g., 0 of uses)
- **Resets:** When the limit resets. (e.g., at the end of plan year)

Note: Benefit details update based on the member's eligibility dates you select in the calendar.

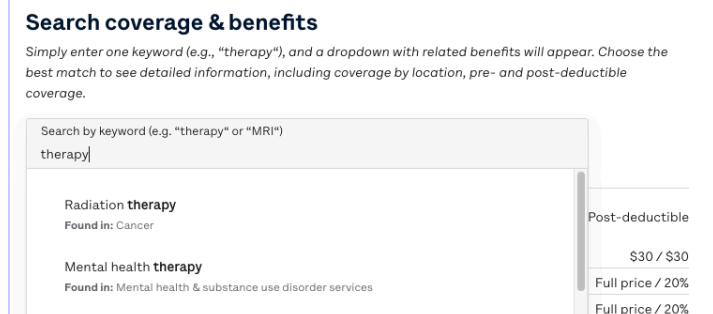


Step 4A: Searching for general member benefits

Scroll down to the "Search coverage & benefits" section to explore member plan benefits.

Use the search bar to find specific benefits

1. Enter a keyword related to the service or benefit you're looking for (e.g., "therapy", "preventative", "emergency").
2. A dropdown menu with relate



- Enter a keyword related to the service or benefit you're looking for (e.g., "therapy", "preventative", "emergency").
- A dropdown menu with related benefits will appear.
- Select the most relevant option to view detailed information, including:
 - Coverage by location
 - Pre/post deductible
 - Referral requirement, if applicable

Note: Use broad terms if you're unsure of the exact benefit name (e.g., type "labs" instead of "freestanding labs").

Search coverage & benefits

Simply enter one keyword (e.g., "therapy"), and a dropdown with related benefits will appear. Choose the best match to see detailed information, including coverage by location, pre- and post-deductible coverage.

Search by keyword (e.g. "therapy" or "MRI")
therapy

Radiation therapy
Found in: Cancer

Mental health therapy
Found in: Mental health & substance use disorder services

Infusion therapy
Found in: Professional services and outpatient care

Intensive behavioral therapy (IBT)
Found in: Mental health & substance use disorder services

Generics (Tier 1)
Full price / 20%

Preferred Brands (Tier 2)
Full price / 20%

Non-Preferred Brands (Tier 3)
Full price / 20%

Specialty (Tier 4)
Full price / 20%

Post-deductible
\$30 / \$30
Full price / 20%
Full price / 20%
Full price / 20%
Full price / 20%
Full price / 20%
Full price / 20%
Full price / 20%

Step 4B: Searching by CPT code

On a member's profile, select the **"Check Benefits"** button in the top right corner.

- Enter in the procedure code, diagnosis code(s), and place of service.
- Enter in the provider or facility NPI and TIN. Then select the **"Check coverage"** button.

Note: The Member's policy is automatically populated.

Authorizations
Payments
Claims
Menu

View health information
Check Benefits

A new page will open to see the results of the benefit check, including if the procedure is covered, if a referral or authorization is required, as well as a view of deductible and out-of-pocket max amounts.

Jacob Telemedicine > Check benefits

Procedure code *
CPT 73221: Magnetic resonance (eg, proton) imaging, any

Diagnosis codes
ICD10 M25.S1: Pain in right shoulder

Place of service *
Outpatient Hospital

Policy *
Current - Gold Simple

Date of service
Enter a date

* indicates a required field

For accurate prior auth and waived costs, input the following fields (optional).
Answering the following questions will increase the accuracy of the prior authorization result and coverage determinations.

Select an IHN provider or facility for the service
☐ Provider ☒ Facility
Search by name or NPI
Gramercy Surgery Center, Inc (NPI: 1073569562)

Select a TIN
204336660

Check coverage

Jacob Telemedicine > Check benefits

Check benefits

Procedure code
73221 - Magnetic resonance...

Diagnosis codes
M25.S2 - Pain in elbow

Policy
Current - Gold Simple

Place of service
Outpatient hospital

Procedure details
0/0 answers

Edit

1 Cost share
Deductible not met - Prior auth is required from Evolve

Covered

Allowed amount
20% coinsurance after deductible for physician
High Level Diagnostic Radiology, Outpatient, Physician

Covered

Allowed amount
20% coinsurance after deductible for facility

Jacob Telemedicine
Gold Simple

Individual deductible
\$0.00 spent out of \$1,500.00

Individual out-of-pocket-maximum
\$60.00 spent out of \$6,300.00

View family accumulators

Step 5: Viewing member benefit details

Once you've selected a specific benefit, the benefits details page will display detailed coverage information.

Review the benefit breakdown

1. **Location/tier:** Identifies where the service is provided.
2. **Pre-deductible cost:** Shows the members responsibility for cost before meeting their deductible.
3. **Post-deductible cost:** Displays the member's cost after meeting their deductible.

[General benefits](#) > Mental health & substance use disorder services

Mental health & substance use disorder services

Related benefits

Mental health therapy

Location / Tier	Pre-deductible	Post-deductible
At specialist	20% coinsurance	20% coinsurance
Inpatient Facility Physician	Allowed amount Allowed amount	20% coinsurance 20% coinsurance
Outpatient Facility Physician	Allowed amount 20% coinsurance	20% coinsurance 20% coinsurance

Understand cost terms

Cost-sharing terms can vary depending on the service and the member's specific health plan. Below are the most common terms you'll encounter.

1. **Allowed amount:** The maximum payment the plan will cover for a specific service. Check the provider contract for rate specifics.
2. **Coinsurance:** The percentage of the allowed amount that the member pays for covered services.
3. **Copay:** A fixed dollar amount that the member must pay for a specific service, typically at the time of the visit.

Note: The member is responsible for their share costs according to the details of their plan. In-network providers should not bill members beyond these amount.

[General benefits](#) > Mental health & substance use disorder services

Mental health & substance use disorder services

Related benefits

Mental health therapy

Location / Tier	Pre-deductible	Post-deductible
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