

Welcome to our Oklahoma 2025 Network

We're excited to partner with you.



Our plan

As a PPO (Preferred Provider Organization) plan, our members have broad access to care without needing referrals to see specialists. Members have the freedom to visit both in-network and out of network doctors and facilities.

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 the following counties:

Oklahoma City

- Canadian
- Logan
- Oklahoma
- Cleveland
- Pottawatomie

Surrounding areas

- Blaine
- Kingfisher
- Lincoln
- McClain
- Okfuskee

Seminole

- Tulsa

OSCO

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

Our diabetes 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

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

- Primary Care office visits
- Pulmonologist visits
- Pulmonary rehab
- Oxygen
- Behavioral health

Members enrolled in a COPD plan are also able to receive Tier 1 lab work at a reduced cost of \$10 and Tier 1 preferred generics at \$0.

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 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.

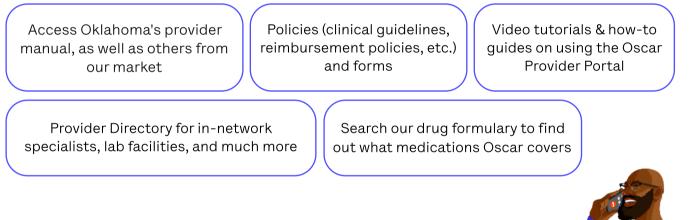
For member-specific inquiries, you'll need the following to get started:

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

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:



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

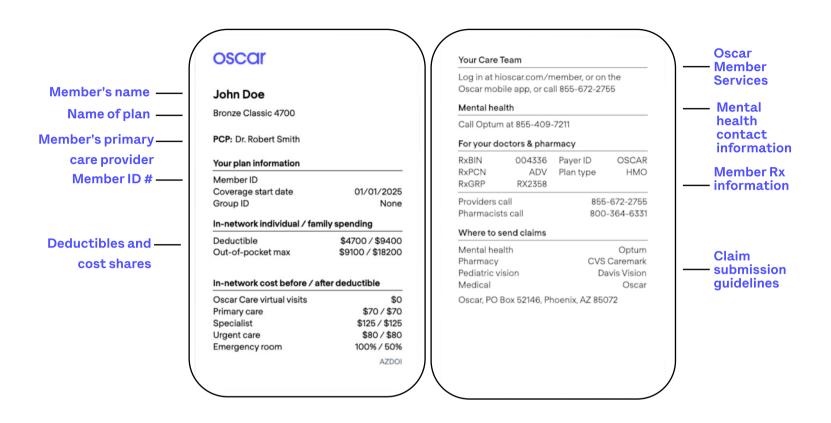
- Check member eligibility.
- Check status of claims.
- Submit prior authorizations electronically.
- Sign up for electronic payments.
- Review members' clinical information.
- Connect your staff to your organization (practice) account, allowing them to access information and complete tasks in the Oscar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



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 <u>hioscar.com/3-dollar-prescriptions</u>. \$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 <u>capsule.com/doctors</u> to partner with Capsule for your pharmacy needs. To find out if Capsule services a member's area, visit <u>capsule.com/locations</u>.

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.**

Network Partner	Electronic Payer ID	Address
Oscar	OSCAR	P.O. Box 52146 Phoenix, AZ 85072
Optum	87726	Optum P.O. Box 30757 Salt Lake City, UT 84130
CVS/ Caremark	Refer to the Member ID card for pharmacy claim details	CVS/Caremark P.O. Box 52136 Phoenix, AZ 85072
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
Davis Vision	400000027	Vision Care Processing P.O. Box 1525 Latham, NY 12110
	Partner Oscar Optum CVS/ Caremark Cigna LifeSOURCE OptumHealth Care Solutions	PartnerPayer IDOscarOSCAROptum87726CVS/ CaremarkRefer to the Member ID card for pharmacy claim detailsCigna LifeSOURCECigna HifesourceOptumHealth Care Solutions41194



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**.

Phone: (855) 672-2755	Fax: (844) 965-9053
	Phone: (855) 672-2755

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 <u>hioscar.com/forms</u>. Authorization requirements may be updated throughout the year. To access Oscar's Provider Manual for your state, visit <u>hioscar.com/providers</u>.

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:

		Fax	
Oscar	Phone: (855) 672-2755	Standard: (844) 814-2258	
		Specialty: (844) 814-2259	
ledical			
rior authorization for the servi ealthcare.	ces below are processed by	our partner, eviCore	
eviCore Healthcare	Phone: (855) 252-1118 Fax: (800) 540-2406	eviCore Healthcare 400 Buckwalter Place Blvd. Bluton, SC 29910	
	Services covered:		
Radiology/Advanced Imaging	• Sleep Therapy	Interventional Pain	
Outpatient Joint Surgery	Outpatient Spine Surge	ery • Labs	
Cardiology/Cardiac Imaging	Medical Oncology	Radiation Oncology	
Chiropractic			

To access eviCore's clinical criteria and authorization request forms, please visit **<u>evicore.com/resources/healthplan/oscar</u>**. 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.

Main phone: (800) 848-3555 Provider inquiries: (855) 672-2755

Fax: (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.

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 <u>hioscar.com/providers</u> or call us at (855) 672-2755 with any questions.

We look forward to working with you.

