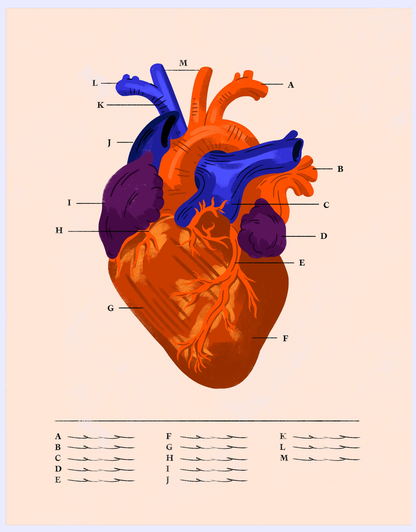
oscar

PROVIDER NEWSLETTER



Contents

Here’s what’s going on this month:

Spend less time reading and more time with patients. We’ve organized everything you need into four scannable categories—**Outlook, Objectives, Occurrences**, and **On-Hand**. This new layout helps your team navigate policy, tasks, changes, and deadlines faster than ever.

📌 **Oscar Objectives:** Track essential tasks and & reminders

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📌 **Oscar Outlook:** Stay informed on policy & industry news

📌 **Oscar Occurrences:** Never miss a deadline or event

📌 **Oscar On-Hand:** Quick access to forms & FAQs

Oscar Objectives

Contract questions? Use our new Contact Us form

We’re making it easier to ask questions and faster to resolve issues!

Support made simple. Oscar recently launched a new Contact Us form, which you can find at provider.hioscar.com/contact-us. **Use this form for questions you have related to your contract, (e.g., your contract terms, your fee schedules, or requesting a copy of your contract).** Over time, this form will be expanded to include a broader set of questions you may have about partnering with Oscar.

This new form will eliminate back and forth between you and Oscar’s Provider Services team by routing you to the right person who can answer your questions. You can submit at any time of day, and we will get back to you as soon as possible.

Stay tuned for more ways we’re making partnering with Oscar easier for you and your team.

Use the New Form

Update Prescriptions: Preferred Drug List changes effective July 1

Starting **07/01/2026,** Oscar is updating its Preferred Drug List. For the latest updates and upcoming policy changes, visit the **clinical pharmacy guidelines page**.

Pharmacy Guidelines and Policy Updates

- **Summary of Changes:** Found under the “Upcoming Policy Changes” section, including:
  - Monthly: “Pharmacy & Therapeutics (P&T) Summary of Changes”
  - Quarterly: “Clinical Advisory Subcommittee (CAS) Summary of Changes”
- **Next Version Guidelines:** Access individual drug PDFs listed under their corresponding effective dates.
- **Adopted Guidelines:** Found at the bottom of the **Medical Guidelines** (**/clinical-guidelines/medical**) and **Pharmacy Guidelines** (**/clinical-guidelines/pharmacy**) pages, under “Adopted Guidelines”

To learn more, read the Clinical Guidelines.

View Clinical Guidelines

Sepsis billing update: New coding standards starting August 1

We've updated our Sepsis billing and coding policy to provide transparency and clearer guidelines for your practice. Effective August 1, 2026, Oscar will use **Sepsis-3 criteria** for all inpatient claim reviews. To ensure accuracy, Sepsis claims may now go to a pending status and undergo a **medical record review** before adjudication.

To prevent payment delays:

- **Expect Information Requests:** If you bill a Sepsis DRG, Oscar may request additional clinical documentation.
- **Follow Submission Workflows:** Use the standard medical record submission process to ensure timely processing.
- **Access Your State-Specific Manual:** Visit the Oscar Provider Manual page and **select your state** to view the applicable Provider Manual. Your Explanation of Payment (EOP) via your ECHO All Payer EFT also contains details.

For assistance with claim status or review findings, contact Provider Services at 855-672-2755 (Option 4).

Review the Provider Manual

Update Billing: Viscosupplements are non-reimbursable effective July 1

Starting **07/01/2026**, Viscosupplements will be considered an excluded Oscar benefit and will not be reimbursable. Viscosupplements include the following drug names:

- Durolane
- Euflexxa
- Gel-One
- Gelsyn-3
- GenVisc 850
- Hyalgan
- Hymovis
- Monovisc
- Orthovisc
- Supartz FX
- Synojoynt
- Synvisc
- Synvisc-One
- Triluron
- TriVisc
- Visco-3

Suggested alternatives to these drugs include:

- Cognitive behavioral therapy
- Osteoarthritis treatment:
    - Braces
    - Osteoarthritis rehabilitation
    - Pharmacotherapy (e.g. acetaminophen, anti-inflammatory medications)
- Patient education in self-management and exercise
- Physical therapy

For the latest updates and upcoming policy changes, read the clinical pharmacy guidelines.

View Clinical Guidelines

Oscar Outlook

Government Accountability Office report: What you need to know

A new federal report from the Government Accountability Office (GAO) shows that while the No Surprises Act (NSA) has increased in-network participation for most specialities, there has been a downward trend in payments for providers, particularly emergency medicine. We've summarized the key takeaways to help your practice understand the latest trends in network stability and the push for new billing transparency rules.

Key takeaways from the GAO report

The GAO analyzed in-network claims and payments from 2019–2023, specifically focusing on emergency medicine, radiology, anesthesiology, and air ambulance services. The data shows three critical trends:

- **In-network participation provides stability:** In-network claims increased across most specialties. Staying in-network remains the most reliable path to maintain patient volume and consistent revenue.
- **Provider payments are decreasing:** While payments to facilities (hospitals) increased, payments to providers for the emergency services decreased.
- **In-network status reduces administrative burden:** Out-of-network claims face significantly higher denial rates. Staying in-network continues to be the most effective way to reduce administrative burden and ensure more predictable reimbursement and fewer billing disputes.

What's Next

Federal lawmakers are now moving towards implementing **Advanced Explanations of Benefits (AEOBs)**. Here is how that will likely impact your practice:

- **Required good faith estimates:** Future rules will likely require providers to send "good faith estimates" to insurers before providing care.
- **Workflow changes:** Front-office teams may need to adjust billing workflows to ensure patients have cost transparency before they receive a bill.
- **Increased oversight:** Congress is calling for a more efficient Independent Dispute Resolution (IDR) process and clearer rules on how insurers calculate payment amounts.

Oscar's commitment to you

We know that navigating the No Surprises Act (NSA) and shifting payment trends can be a headache. Oscar is committed to monitoring these regulatory changes and keeping you informed as new rules emerge.

We continue to advocate for both members and providers at the state and federal levels to ensure a fair, transparent, and efficient healthcare ecosystem. We will provide further updates as the rulemaking process for AEOBs moves forward.

For more information, read the GAO report.

Read the GAO Report

Prioritizing Care: Addressing the healthcare affordability gap

A new **federal survey** from Gallup and West Health reveals a sobering reality: healthcare affordability remains a primary hurdle for many Americans, often forcing them to delay life-saving care or major milestones. However, for Oscar member Nicole, her coverage allowed her to focus on her fight against cancer rather than the cost of her care. Read her story below.

Member story: Affordable care when it matters most

For members like **Nicole**, a 30-year-old nursing student, the fear of medical debt was as heavy as her Stage 3 breast cancer diagnosis. By using Oscar's network tools, she was able to find imaging weeks sooner than her initial referrals, and her coverage turned a potential financial catastrophe into a manageable path forward.

Oscar wants to ensure every member can receive the care they need, when they need it. That's why we've developed affordable plans, community resource tools, and creative strategies to expand health coverage nationally.

Tools to Support Your Patients

- **Oscar Community Resources:** A dedicated tool at **oscar.findhelp.com** to connect members with local programs for food, housing, and transportation. If a patient is struggling, your team can use this to point them toward non-medical support.
- **Ending "job lock" with ICHRA:** With **18% of Americans** reporting they stay in jobs just for the health benefits, Oscar's expansion into **Individual Coverage Health Reimbursement Arrangements (ICHRA)** offers a solution. It allows your patients to maintain continuity of care with you, even if they change employers or start their own business.

Our Continued Advocacy

Oscar is committed to transparency and to fixing the systemic issues that make healthcare unaffordable. We don't shy away from hard truths as affordability is top of mind for both members and providers.

Following our advocacy for the renewal of eAPTCs last year, we will continue to champion policies at the state and federal levels that support the individual market and protect the provider-patient relationship.

To learn more, review the Gallup survey findings.

Gallup Survey Findings

Reimbursement Policy Updates

The following policy changes will be effective 6/1/26:

Hospital Based Clinics

Annual policy review and updates

- **Structure:** Added a disclaimer statement and references section.
- **Policy section:** Refined phrasing for technical clarity:
  - To receive reimbursement for hospital-based clinic medical/surgical services, please submit your medical or surgical claims using a UB-04 form.
- **Reimbursement guidelines:** Added a new introductory overview to frame the policy.
  - Specified applicable claim types for better bill precision.
    - Use the CMS-1500 form for hospital-based clinic services provided in off-campus hospital locations, e.g., professional buildings or clinics not located within the hospital's main structure.
  - Added information for clarity on reimbursement rules for associated drugs and supplies.
    - Associated drugs and supplies may also be reimbursed in addition to the medical/surgical services already specified in the policy.
- **Related policies:**
  - Updated the policy title from "Evaluation and Management Policy" to "Evaluation and Management Services" in the related policies section to match the policy name in the policy library.

Services Incidental to Admission

Annual policy review and updates

- **Policy section:**
  - Updated to match the current policy template for quick reference (includes new sections–date, description, related policies, references, and a standard disclaimer.
  - **Definition:** Added the "same system" definition.
- **Reimbursement guidelines:** Added an introduction and a new exclusions sub-section.

Drugs and Biologics Billing Requirements

Annual policy review and updates

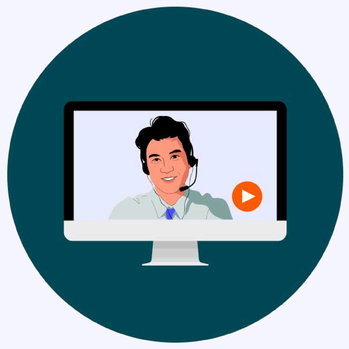
- **Renamed policy:** Changed from "National Drug Code (NDC)" to "Drugs and Biologics Billing Requirements" to better reflect the policy's broader scope (more than NDC requirements).
- **Structure:** Added a date section for quick reference and a standard disclaimer.
- **Reimbursement guidelines:**
  - **Structure:** Relocated information to description and policy sections.
  - **NDC Format:** Added a new sub-section detailing valid NDC formatting.
  - "Single-Use Vials and Drug Waste:" Renamed the modifier section for better clarity; added as a new sub-section under the reimbursement guidelines
  - "Zero Cost and Patient Procured Drugs:" Added a new sub-section to ensure consistency across the policy library.
- **Technical updates:**
  - **FAQ:** Updated to specify the exact FDA directory field used to determine a valid NDC.
- **Related policies:**
  - Updated the policy title from Modifiers to Modifier Guidelines in the related policies section to match the policy name in the policy library
  - Added Correct Coding Guidelines policy to the related policies section.
- **References:** Added the FDA National Drug Code Directory and a direct link.

Endometrial Ablation Procedures:

- **Policy retired.**
- **Reason for retirement:** Procedure codes listed are no longer active, and the policy is more clinical in nature rather than reimbursement-focused.

To view these changes:

1. Visit the Reimbursement Policy Library
2. Choose your state
3. Select the section "Reimbursement/Payment Policies"
   a. Changes are in the April 2026 PDF link.



Oscar Occurrences

Member education: Healthcare 101

We know your time is best spent on clinical care, not insurance navigation. As your partner in care, Oscar prioritizes member education through our newsletter, the member app, and our new **Healthcare 101 series**. We handle the insurance questions so you can focus on your patients.

About Healthcare 101

This series is designed to de-mystify the complexities of the healthcare system. We meet members where they already spend their time—**LinkedIn, Instagram, and TikTok**—to break down "insurance speak" into bite-sized, actionable information. From explaining how deductibles work to the difference between an HSA and an FSA, we're doing the heavy lifting to improve health literacy across our member base.

How This Benefits Your Practice

By educating members before they walk into your exam room, we aim to streamline your practice operations and help support the provider-patient relationship:

- **Focus on clinical care:** When patients understand their benefits, you can focus on their diagnosis and treatment plan rather than fielding insurance questions.
- **Reduced front-desk burden:** Higher health literacy among your patient base means fewer hours may be spent by your staff explaining co-pays, coinsurance, or billing cycles.
- **Fewer appointment no-shows:** Some patients cancel last-minute because they are afraid of a surprise bill. Education can remove that fear, ensuring they understand their costs before they arrive.
- **Better site-of-service choices:** Patients who understand the cost differences between an ER, Urgent Care, and a PCP may be more likely to plan ahead and utilize preventative appointments.
- **Built-in trust:** When a patient understands their financial responsibility upfront, it can eliminate the perception of being "unfairly charged," potentially leading to a more trusting relationship with your office.

Use our Healthcare 101 series to simplify complex medical topics for your patients.

See the Series on LinkedIn

One year of Oscar's community resources tool

We're celebrating the one-year anniversary of the Oscar Community Resources tool, our dedicated platform designed to bridge the gap between traditional medical care and the everyday socioeconomic needs of our members.

Bridging the gap: One year of results

This tool allows members to find free or reduced-cost programs for food, housing, transportation, and more by simply entering their zip code. As Bebe Silberzweig, Senior Manager on our Member Experience Strategy Team, **recently shared,** the first year has proven that these resources are a vital lifeline:

- **Trust and value:** Over **40% of users are repeat visitors**, showing that members rely on the platform as a trusted part of their health journey.
- **Top priorities:** More than 5**0% of all searches** on the platform are focused on food and housing assistance.
- **Impactful connections:** From connecting a stroke patient with volunteer-driven transportation to finding local food pantries, the tool is designed to remove the non-clinical barriers to health.

Practice Value: Optimizing Clinical Outcomes through SDOH

Addressing Social Determinants of Health (SDOH) isn't just about social support, it's about optimizing your clinical outcomes and practice efficiency:

- **Fewer "No-Shows":** Connect patients to local transportation options to reduce missed appointments and prevent gaps in care.
- **Improved Medication Adherence:** Link patients to food and utility assistance to free up their personal budgets for prescribed treatments.
- **Tailored clinical advice:** Identify if a patient lives in a food desert to offer more realistic medical advice, such as utilizing a local food bank found through the tool.
- **Reduce administrative burden:** Direct patients to the **Findhelp** platform to eliminate the time your staff spends manually searching for community resources.
- **Boost Quality Metrics:** Stabilize a patient's housing or nutrition to increase treatment completion rates and directly improve your quality score and HEDIS performance.

At Oscar, we recognize that patient care extends far beyond your office walls. We partner with you to address the social factors impacting your patients, so your team can focus on providing high-quality clinical care.

Read the Full Story

World Hypertension Day

May 17th is World Hypertension Day, and the theme for 2026 is "Controlling Hypertension Together!" This day serves as a global call to increase awareness and improve the management of high blood pressure. You can find clinical resources and patient toolkits on the World Hypertension League website.

At Oscar, we believe that controlling hypertension requires a partnership between the provider, the patient, and the health plan. We've designed our clinical tools to ensure that when you prescribe a treatment plan, the patient has the financial and physical means to follow it.

How Oscar supports "Controlling Hypertension Together"

To help you manage high-risk patients, we offer a dedicated Chronic Care Clinical Plan. This plan is built to remove the financial friction that often leads to treatment non-compliance.

Clinical & Operational Wins: New Plan Benefits

Zero-cost specialist access

- **Patient Benefit:** $0 copays for Cardiology, Endocrinology, and Pulmonology specialists.
- **Practice Value:** Minimize "no-shows" and maintain consistent treatment for medically complex patients by eliminating cost-related barriers to specialty care.

$0 Diagnostic labs

- **Patient Benefit:** $0 for critical monitoring tests, including lipid panels, metabolic panels, and urinalysis.
- **Practice Value:** Capture timely diagnostic data and eliminate patient financial hesitation to ensure you receive critical results without delay.

Prescription stability

- **Patient Benefit:** $0 preferred generics (e.g., statins) and a $100 monthly cap on insulin.
- **Practice Value:** Increase medication adherence and maintain clinical stability by ensuring patients can afford their long-term maintenance therapies.

Integrated behavioral health

- **Patient Benefit:** $0 behavioral health visits to address the stress and anxiety associated with chronic conditions.
- **Practice Value:** Improve clinical outcomes by treating the whole patient, reducing the physical complications often triggered by unmanaged mental health needs.

Streamlined administration

- **Patient Benefit:** Transparent, tier-based plan designs that reduce confusion over out-of-pocket costs.
- **Practice Value:** Simplify billing and coding for routine Care Management services, reducing the administrative burden on your office staff.

$0 Blood pressure monitor rewards

Proactive monitoring prevents acute cardiovascular events. To support at-home management, Oscar offers a **$0 blood pressure (BP) Monitor** for eligible members.

How it works: Members simply fill their prescribed BP medication at an in-network pharmacy to receive their no-cost monitor.

Practice Value:

- **Earlier detection:** Regular at-home readings provide a more accurate baseline than a single office datapoint. This data allows you to:
  - More precisely diagnose their form of hypertension and avoid under- or over-prescribing treatment.
  - Titrate medications faster by monitoring trends between visits rather than waiting for follow-ups.
  - Minimize administrative burden by intervening before a patient escalates to a high-complexity cardiovascular event or hospitalization.
- **Improved quality metrics:** Use at-home monitoring to meet HEDIS and value-based care targets for hypertension management.

Learn more about our Chronic Care plan

Spring reminders

The change in seasons is a prime opportunity to connect with patients. Get ahead of year-end care gaps, streamline your claims, and help your patients set a new standard for routine visits and preventative care.

Help your patients find relief that fits their budget

As seasonal shifts trigger a spike in respiratory visits, help your patients build a reliable and affordable treatment routine. Choosing Oscar's Preferred Allergy Medications ensures patients receive Tier 1 relief, improving adherence and reducing the administrative friction to your practice.

Prescribe preferred Tier 1 Medications to:

- **Save patients money:** Provides the most affordable out-of-pocket options.
- **Improve adherence:** Increase consistency by removing financial barriers.
- **Reduce admin burden:** Minimize pharmacy callbacks and prescription re-work.

You can find Oscar's full list of cover medications at **hioscar.com/formularies.**

$0 Copay annual wellness visits (AWV)

Use the new season to re-establish a consistent care routine for patients who are overdue for care. A spring AWV is the ideal time to:

- **Close care gaps early:** Review your patient panel for outstanding screenings, particularly colonoscopies, mammograms, and pediatric immunizations.
- **Differentiate symptoms:** Help members distinguish between peak environmental triggers and lingering respiratory viruses.
- **Promote activity:** Discuss exercise during visits to support long-term preventative care.
- **Member incentives:** Remind eligible members that Oscar rewards them (e.g., **$50 for an annual wellness exam)** for completing the screenings that help you meet your quality metrics.

Benefits for your practice

Prioritizing preventative care this season leads to direct advantages for your team:

- **Standardize patient routines:** Transition from reactive to proactive treatment. Establishing a consistent care cadence prevents urgent respiratory distress later.
- **Cleaner claims:** Preventive visits generate cleaner claims and reduce the complex billing disputes often associated with emergency or uncoordinated care.
- **Reduced year-end stress:** Close HEDIS gaps and improve quality scores now to eliminate the high-pressure "gap closure" rush at the end of the year.

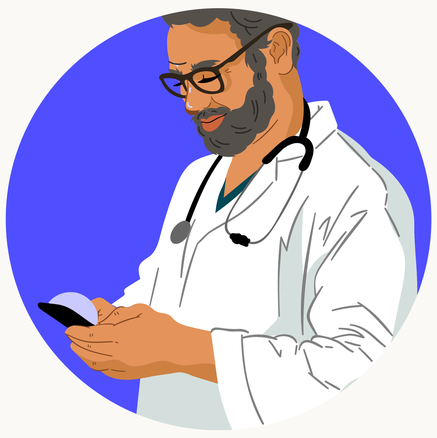
Closing Care Gaps

Visit the **Provider Portal** to access your Clinical Dashboard. Identify patients overdue for screenings and reestablish their preventative care routines. Let's work together to ensure your patients are healthy this season.

Oscar On-Hand

You have questions, we have answers

We know that getting you the information you need, when you need it is essential to getting patients the care they need. That’s why we’ve developed online provider resources that you can access 24/7.



Provider Resource hub

Access a variety of tools like videos and how-to guides for common tasks

Learn more

Provider Manual

View policy and procedure information by state

Learn more

FAQ’s

Check out answers to some of our most commonly asked questions

Learn more

Got a minute?

Share your thoughts so we can make this newsletter work better for you

Want to talk to us directly?

Reach out to our Provider Services team at (855) 672-2755

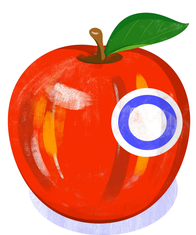
Friendly Reminder

Appointment wait time standards

Many Americans experience long wait times for healthcare, and some even delay or skip care because they can't see a doctor promptly. **These delays are linked** to lower patient satisfaction, negative perceptions of care quality, and higher no-show rates. Prolonged wait times can also lead to worsening health conditions, delayed diagnoses, and potentially preventable hospitalizations.

We know you're already committed to providing timely, high-quality care to your patients. Here's a quick reminder about the **appointment timeframes** established by CMS for qualified health plans:

Behavioral health
appointments within
10 days*
business



Routine Primary Care
appointments within
15 days*
business

Specialty Care
appointments within
30 days*
business

We understand the demands on your time and appreciate your continued efforts to meet these important standards. Thank you for your partnership and commitment to caring for our members the way you do!

Check out the Provider Manual for more comprehensive guidelines.

Provider Manual

Never miss a provider update!

Sign up to get tailored and relevant Oscar news delivered directly to your inbox - or to a colleague.

Sign Up