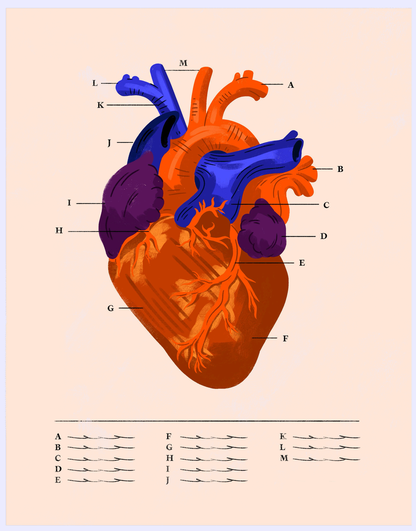
oscar

PROVIDER NEWSLETTER



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Here’s what’s going on this month:

📌 Provider survey announcement

📌 Expanded Cotiviti payment accuracy program

📌 Enhanced premium tax credits update

+ more!

Provider News Updates

The 2026 Provider Experience Survey

Our annual **Provider Experience Survey** is out now! You are a vital partner in delivering the high-quality care our members rely on and your experience matters to us – we want to get it right!

We know your time is valuable, so we take your input from this quick survey to improve how we work together. For example, last year we heard from you that more proactive responses to claim inquiries were needed. As a result, last July we started posting inquiry response letters directly in the Oscar Provider Portal to make that information more readily accessible. Your feedback directly informs how we prioritize work that improves your experience working with us and the care our members receive.

You have until **Friday 4/17** to complete it. We look forward to hearing from you!

Medical records request from the Special Investigations Unit (SIU)

Oscar Health Special Investigations Unit (SIU) is responsible for the identification and investigation of potential fraud, waste, and abuse to ensure the correct payment of claims submitted to Oscar. Oscar encourages all providers to implement the necessary policies, processes, and procedures to ensure compliance with federal and state laws, regulations, and policies relating to the Affordable Care Act (ACA) programs.

When the SIU requests medical records from providers, it is important that providers cooperate by submitting all requested documentation in a timely manner. **Failure to supply records** will be viewed as non-compliance and may result in negative action which could include: denial of claims, recovery of payments for claims under review, referral for legal or regulatory action, payment withhold, breach of contract action, or other actions as allowed.

Please refer to the following citations for additional information:

- **Social Security Act, Title XVIII, Section 1833** states “(e) No payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.
- Code of Federal Regulations, **Tittle 42, Section 424.5(a)(6)** *Sufficient information*. The provider, supplier, or beneficiary, as appropriate, must furnish to the intermediary or carrier sufficient information to determine whether payment is due and the amount of payment.

Please note: To help your office identify these requests, all SIU-related communications will explicitly state they are from the Special Investigation Unit.

We value our partnership with you. Thank you for working with us to prevent potential fraud, waste, and abuse.

Expanded Cotiviti payment accuracy program

In an effort to ensure consistent payment accuracy, Oscar is partnering with Cotiviti on a pre-pay program that reviews professional medical claims. Starting with professional claims submitted after 07/01/2026, Cotiviti is conducting pre-payment audits. This review supports payment accuracy by ensuring compliance with billing and coding guidelines and Oscar policy before payment is finalized.

Potential benefits for your practice:

- **Feedback on coding.** Pre-payment reviews provide quick clarity on Oscar's coding policies. Instead of waiting to find out if a code is accepted, your team gets the information they need right away
- **Accurate payments the first time.** By reviewing medical records upfront, we make sure the first payment you receive is the correct one.
- **Finalized payments.** With accurate first-time payments, you won't have to deal with payment recovery requests or the re-opening of patient files months after care is delivered.

Next steps for your team

You may receive requests from Cotiviti to submit medical records or itemized bills for specific claims. It's important to review Explanation of Payment (EOP) language with your team and follow the established medical record submission workflows, as this helps prevent delays and ensures claims are accurately processed.

For more information, please refer to the "Claims Payment Audits" section of the Provider Manual.

Provider Manual

Pharmacy reward and incentive programs

We offer several pharmacy-based reward programs designed to support medication adherence and improve health outcomes for Oscar members. You play an important role in helping eligible members access these incentives. Below is a brief overview of the current programs.

Blood Pressure Monitor Program

You can encourage your patients with hypertension to better manage their blood pressure at home. Eligible members who fill their prescribed blood pressure medications can now get a $0 Blood Pressure (BP) Monitor from an in-network pharmacy. The goal is to support regular monitoring, improve medication adherence, and help members maintain better blood pressure control.

This program may:

- **Support better patient outcomes** through earlier detection and timelier interventions.
- **Improve medication management** through regular at-home readings, ensuring that current regimens are effective.
- **Enhance patient engagement** by enabling patients to take an active role in managing their health, which can lead to improved adherence and self-management.
- **Streamline quality and value-based care** by meeting quality metrics for hypertension management, supporting value-based care initiatives, and potentially improving performance on key measures.

Methotrexate Program

Members that are currently receiving injectable Methotrexate can now get a pre-filled self-injectible version of methotrexate (Rasuvo) at the same co-pay as their current methotrexate medication. Let your patients know that by making this switch, they will receive a one time $100 gift card reward from their choice of retailers. This initiative aims to encourage consistent use of prescribed therapy and improve treatment outcomes.

How this program may benefit your office:

- **Outcomes and side effects.** Injectable methotrexate is associated with fewer gastrointestinal side effects and has been shown in recent studies to have improved bioavailability compared to oral tablets.
- **Comprehensive training.** CVS Specialty pharmacists provide 1:1 coaching, reducing the time your clinical staff needs to spend on injection training.
- **Clinical support and reduced office burden.** If you prefer the patient's first self-injection to happen in-office, the patient can bring their own pen to their appointment, saving your practice the cost and hassle of stocking the medication.

Questions?

If you have any questions, please contact Provider Services at 855-672-2755.

Last call: Chart retrieval deadline is 4/17/2026

Accurate documentation of our members' conditions is required as part of the ACA Risk Adjustment Program. Oscar has partnered with Datavant to facilitate the retrieval of medical records for our members. If you have received a request for records, please send the necessary records **no later than 4/17/2026.**

If you need assistance, Datavant offers several options to help:

- Sending a Datavant representative on-site.
- Connecting to your Electronic Medical Record (EMR) system.
- Providing electronic access for you to send in the charts.

Datavant Customer Service line is 877-445-9293 or e-mail ChartReview@datavant.com.

Update to Oscar's preferred drug list

Starting 7/1/26, Oscar will be making updates to its preferred drug list. Always check the clinical pharmacy guidelines at hioscar.com/clinical-guidelines/medical for all upcoming policy changes.

On the Clinical Pharmacy Guidelines page, please see the Upcoming Policy Changes for monthly "Pharmacy & Therapeutics (P&T) Summary of Changes," quarterly "Clinical Advisory Subcommittee (CAS) Summary of Changes," and the PDFs of the next version of the guidelines under their respective dates. Also, the Plan's Adopted Guidelines are available at the bottom of Clinical Guidelines: Medical or Clinical Guidelines: Pharmacy under "Adopted Guidelines."

Clinical Guidelines

Policy Updates

Enhanced premium tax credits update

Recently, Congress passed legislation to fund the federal government through September 30, 2026. The bill did not renew the enhanced premium tax credits (eAPTCs), which expired on December 31. While the House previously passed a bill to extend the enhanced tax credits for three years, it stalled in the Senate. As a result, the enhanced tax credits are no longer in effect, and we don’t anticipate they will be renewed in the near future.

The expiration of these subsidies may lead to higher premiums for some members. We recognize that changes in coverage affordability can affect enrollment and continuity of care. Oscar is closely monitoring these developments to help minimize patient turnover and potential disruptions in care for the members you serve.

Oscar remains committed to advocating for policies that protect access to the quality, affordable healthcare you provide. We value our partnership with our provider community and will continue working to elevate the importance of healthcare affordability in policy discussions. In addition, we will continue to share updates and insights so you can stay ahead of policy changes that may impact your patients and your practice.

Looking ahead, we’ll also keep you informed about opportunities to stay engaged as policymakers begin shaping 2027 regulations. Together, we can continue advocating for solutions that strengthen access to care and support the patients and communities we serve.

Organizational Updates

Oscar prioritizes Culturally Competent Care

We value the high-quality care you provide to Oscar members every day. A vital part of delivering that care is ensuring it is culturally competent.

What is Culturally Competent Care (CCC)?

Culturally Competent Care is an Oscar initiative that ensures the beliefs, values, language preferences, and experiences of Oscar members are recognized and respected, with the understanding that these can shape a member's health decisions. This cultural context helps providers deliver more personalized care and ensures members feel heard and supported.

Oscar supports providers in delivering Culturally Competent Care through initiatives such as **Hola Oscar** and **Buena Salud**, which help improve access to culturally and linguistically appropriate services. Providers can review Oscar's standards and additional resources in our **Commitment to Culturally Competent Care** document.

Why Culturally Competent Care Matters

- **Can improve patient outcomes.** Understanding cultural perspectives on health, illness, and treatment can help you make more accurate assessments and create care plans that patients are more likely to follow.
- **Can strengthen patient relationships.** When patients feel respected and understood, they are more likely to engage in care, attend follow-up visits, and stay on track with treatment plans.
- **Can reduce health disparities.** Cultural competence helps address unconscious bias and encourages screening for social determinants of health, such as food access, housing stability, and transportation.
- **Can grow your practice.** High-quality, culturally responsive care can support improved quality metrics, patient satisfaction, and long-term patient relationships, which enables a growing and flourishing practice.

Thank you for your continued commitment to providing thoughtful, patient-centered, and culturally competent care to Oscar members. See below for more information on our initiative.

Culturally Competent Care

World Health Day: Ready, Set, Action!

Each year on April 7, we recognize the World Health Organization's World Health Day, marking the organization's founding in 1948. The day highlights global health priorities and encourages individuals, organizations, and healthcare systems to take meaningful action.

This year's theme, "Ready, Set, Action!", focuses on moving from theory to practice, especially when it comes to ensuring people can access healthcare without financial hardship. The WHO notes that millions of families worldwide are still forced to choose between medical care and basic needs like food or housing. Maternal and infant health also remain critical priorities.

At Oscar, we believe healthcare should be accessible, affordable, and prevention-focused. We remain active in policy conversations in Washington, D.C., advocating for affordable and equitable access to care for our members.

We also design benefits that help remove financial barriers to preventive care so you can focus on keeping patients healthy:

- **$0 preventive care for members.** Many essential services, including annual physicals, immunizations, and screenings for chronic conditions, are covered with no co-pay. This helps members access care earlier and supports providers in addressing health concerns before they become serious clinical issues.
- **Support for maternal and infant health.** Oscar covers $0 co-pay pre-natal screenings, including tests for conditions such as gestational diabetes and anemia. We also cover childbirth and lactation classes at no cost, helping families prepare for and navigate early parenthood. Learn more at **hioscar.com/maternal**.

This April 7, consider taking one small, high-impact action in your clinic:

- **Review care gaps.** Use the Oscar Provider Portal to identify members who are due for their $0 annual wellness visit and encourage them to schedule care.
- **Screen for social needs.** During patient check-ins, consider asking one question about food or housing security and refer members to Oscar's community resource Help tool when appropriate.
- **Check vaccination status.** Ensure patients are up to date on essential immunizations, helping protect individuals and communities from preventable disease.

Providers are the foundation of healthcare, and we deeply appreciate the high-quality care you deliver to our members every day. On World Health Day, we celebrate the impact you make every day and we're proud to stand alongside you in building a healthier future for all.

Go to Provider Portal

Reimbursement Policy Updates

The following summary of policy changes will be effective as of June 1:

DME: Annual policy review and update. Added a date section at the top of the policy for quick reference regarding when the policy was created, last updated, shared with providers, and when it became effective. Added the standard disclaimer to the policy. Added a description section to the policy. Updated the policy section to describe what topics the policy covers and to include CMS DMEPOS as a source of information and definitions within the policy. Updated reimbursement guidelines section to include additional information about rental DME and add details regarding repair of DME, replacement of DME, POS requirements, and maximum units. Replaced coding section with modifiers section and expanded the DME modifier list. Added related policies and references section.

Pharmacy Sourcing for Select Provider-Administered Drugs: Off-cycle policy update. Policy was updated to remove Ocrevus, Ocrevus Zunovo, and Remicade from specialty pharmacy requirements (Appendix Table 1). Also added the standard disclaimer to the policy.

Telehealth and Telemedicine Services: Annual policy review and update. Renamed the policy from "Services Delivered via Telemedicine" to "Telehealth and Telemedicine Services" to make it easier to locate within the policy library. Added a date section at the top of the policy for quick reference regarding when the policy was created, last updated, shared with providers, and when it became effective. Added the standard disclaimer to the policy. Added a description section to the policy. Updated the policy section and relocated some of the information from the reimbursement guidelines section to this section. Updated the reimbursement guidelines section to include AMA CPT appendices that define telehealth codes and added information about ineligible telehealth services. Updated coding section to include additional telehealth modifiers and POS that were released after the initial creation of the policy and deleted CPT code list as CMS and CPT appendices define what codes are telemedicine. Added related policies and references sections.

To learn more: click the button below, choose your state, and select the section **Reimbursement/Payment Policies**. You will find these changes in the **March 2026 PDF**.

Reimbursement Policy Library

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

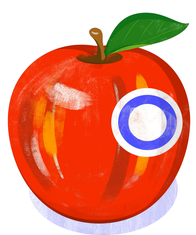
Friendly Reminder

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!

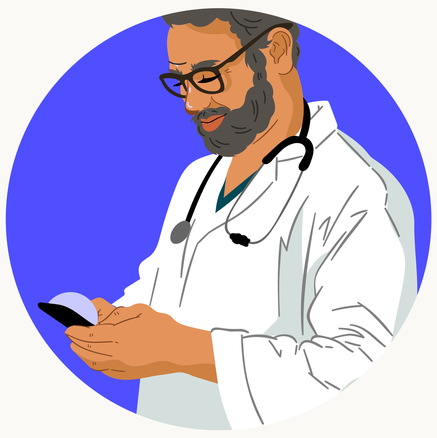
Check out the Provider Manual for more comprehensive guidelines.

Provider Manual

FAQ/Resources

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