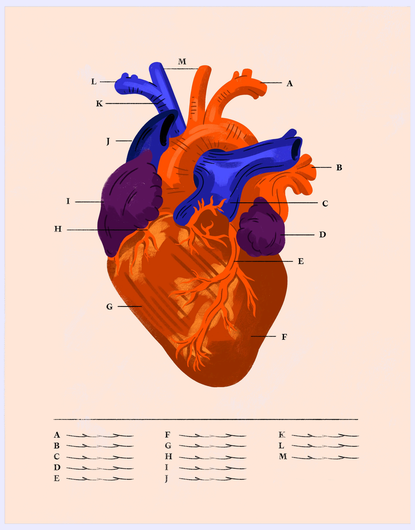
PROVIDER NEWSLETTER



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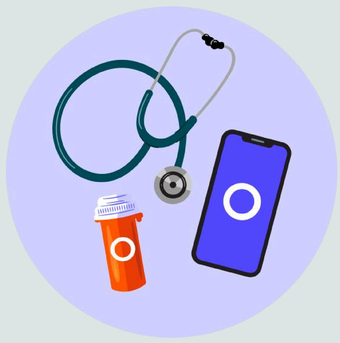


Actions for your practice

June 15: Oscar prior authorizations are moving to Availity

Starting **June 15, 2026,** Oscar will move all prior authorization functions from its **Provider Portal** to **Availity Essentials™**. **Please review your registration status below to ensure your office is ready for the summer 2026 portal transition.**

Timeline

- **June 15:** Prior authorization submissions must be submitted through Availity.
- Oscar's Provider Portal will be available for a brief period following June 15, but it will ultimately be closed as an authorization submission channel.

Which path applies to your practice? If you...

Use Availity regularly:

- **Your status:** Active account
- **Required action:** No immediate action. Log in on June 15 and add Oscar to your payer list.

Have an Availity account but don't use it regularly:

- **Your status:** Inactive account
- **Required action:** Re-activate for the June 15 launch. Ask your office's Availity Administrator to send a password reset link directly from the platform.

Do not have an Availity account

- **Your status:** No account
- **Required action:** Register today. Click here to get started and designate your Administrator.

How Oscar is helping

We are committed to supporting your staff through this move. Watch your inbox or upcoming emails from Availity. These communications will provide the technical details and training needed for a smooth experience, including:

- **Step-by-step instructions:** Detailed guides for the new Oscar workflow
- **Live training sessions:** Webinar invitations hosted by Availity and Oscar experts.
- **On-demand resources:** Direct links to recorded video walk-throughs and manuals.

Why the change?

Moving to Availity Essentials™ streamlines your workflow and provides a more efficient experience. Benefits include:

- **Near-instant decisions:** Receive real-time determinations for many inpatient and outpatient requests.
- **Digital tracking:** Use the Inquiry Tool to monitor all status updates electronically.
- **Centralized management:** Filter and prioritize all your Oscar prior authorization from a single screen.

Need support? Visit Availity & Oscar information page or contact Availity at 1-800-AVAILITY (282-4548), Monday to Friday, 8 a.m. – 8 p.m. EST.

Go to Availity Essentials™

New Provider roster requirement in Illinois

Action required: Illinois providers must use new mandatory uniform directory template starting July 1, 2026.

Why this is changing

Illinois is streamlining provider reporting to reduce your administrative burden. Under the new "sufficiency" rule, directory updates are processed independently of credentialing. This ensures your public listing is updated quickly without requiring redundant internal data or analytics.

Practice action items

- **Adopt the Illinois uniform template:** Download the state-mandated Excel file at **hioscar.com/provider-rosters**.
- **Select the correct tab:** Complete only the specific section designated for your Illinois practice: *Individual*, *Facility*, *Group*, *or Solo*.
- **Submit electronically:** Email your completed form to **rosters@hioscar.com**.
    - Oscar will no longer accept proprietary or paper rosters for Illinois updates.
- **Verify quarterly:** Mark your calendar to attest to your directory data every 90 days, as now required by Illinois state law.
    - Validate your roster before you submit. Use the Illinois **Pre-Submission Roster Validation Tool** to check your current information for accuracy before submitting your data.

For providers who have a delegated credentialing agreement, changes should be submitted in the delegated entity's next roster submission.

Our commitment to your practice

To ensure a smooth transition, **Oscar will not reject rosters during the initial implementation phase.** We are committed to working closely with our provider partners to help your office meet these new standards without service interruptions.

Questions? We're here to help.

If you need assistance with the new template or have questions about the Illinois mandates, contact us at 1-855-672-2755 (option 4).

Key compliance rules for Illinois

- **10 business days:** Deadline to notify Oscar of demographic changes (phone, address, hours).
- **20 business days:** Deadline to notify Oscar of panel closures longer than 40 days.
- **2 business days:** The timeframe in which Oscar will update your online listing after receiving your valid template.

How to find more information

Read the full Illinois policy details in the Illinois State Supplement

Download the new roster

Oscar policy and process updates

Effective August 1, 2026 | Stelara will no longer be covered by Oscar

Effective **August 1, 2026**, Stelara will no longer be covered by Oscar. **Yesintek**, an interchangeable biosimilar, will be covered. **A new prescription is not needed for Yesintek.**

Next steps

- Speak with Oscar members on Stelara about their new medication option
- **You do not need to submit a new prescription.** The pharmacy will switch the member to Yesintek automatically.
- If there is a reason Yesintek is not a good option for a member, you or the member can request an exception.
    - We recommend you submit your exception request electronically via CoverMyMeds or by fax at (844) 965-9053. If needed, submitting by phone is also an option.

Member benefits

- Copays may be reduced by up to 90% due to Yesintek's overall lower cost.
- Coupons are available that could bring copays down to $0.
    - Visit yesintek.com/savings-and-support to access coupon information.

For the latest updates and upcoming policy changes, check Oscar's Clinical Pharmacy Guidelines.

View clinical pharmacy guidelines

Effective September 1, 2026: Reimbursement policy updates

The following policy changes will be effective September 1, 2026:

Never events

Annual policy review and updates

- Updated to include the following sections: date, description, billing and coding, related policies, references, and a standard disclaimer.

Reimbursement guidelines section:

- A new section was added, called “Hospital-acquired conditions as secondary diagnoses.”

Billing and coding section:

- A new section added detailing billing and coding for never events on outpatient, ambulatory surgery center, professional, and facility claims; this includes specific modifiers, type of bill, diagnoses, and error codes.

Once per lifetime

- A new policy discussing procedures or services that can only be performed once per lifetime due to the nature of the treatment or because the patient's anatomy permits only a single occurrence.
- The policy also provides information on scenarios where these procedures or services may be reported more than once.

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 **May 2026 PDF link**

New York: Ending July 1, 2026
NYSOH alert – Expanded Essential Plan

New York State of Health (NYSOH) is terminating the **Expanded Essential Plan** for individuals with household incomes between 200% and 250% of the Federal Poverty Level (FPL). Coverage for this group will end on **June 30, 2026.**

Why this matters for your practice

- **Massive shift:** Approximately 450,000 New Yorkers will be transitioned out of their current plans.
- **Coverage risk:** Most patients will not be auto-enrolled (excluding recent/current pregnancies)
- **Financial impact:** Unintentional loss of coverage may lead to interrupted care and denied claims.

How you can support your patients

- **Identify at-risk patients:** At-risk patients received a termination notice around April 1.
  - **Front-desk screening:** Instruct your front-office staff to ask patients if they have received a state renewal packet or “Term Notice” to ensure their coverage remains active. For example, “NY is updating many health insurance plans right now. Have you received a letter from the State or your insurer asking you to pick a new plan?”
  - **Filter by coverage end dates:** Run a report for any patient whose coverage end date is listed as June 30, 2026. Flag these charts with an internal alert for follow up.
- **Leverage the Special Enrollment Period (SEP):** Affected patients have a 60-day window before June 30 and a 60-day window after June 30 to enroll in a Qualified Health Plan (QHP).
- **The Oscar opportunity:** Oscar offers QHP options, allowing members to maintain continuity of care with the providers they trust.
- **Educate your team:** Use this NYSOH one-pager to help your billing and administrative staff navigate these conversations with patients.

Read the NYSOH provider explainer

Florida: Effective August 17, 2026
Updates to clinical review guidelines

As part of Oscar's partnership with Availity, we are replacing EviCore's proprietary vendor rules with Milliman Care (MCG) Clinical Guidelines for specific service categories in Florida.

MCG guidelines are the industry standard for evidence-based care, ensuring that our clinical reviews align with the most widely recognized medical benchmarks.

Florida: Effective August 17, 2026

As part of our expanded partnership with Availity, **radiology** and **advanced imaging requests** will no longer be handled by Evicore. They will now be reviewed using MCG clinical guidelines, followed by a submission to Oscar directly via Availity Essentials™.

Why this matters for your practice

- **Greater consistency:** Using MCG guidelines, the same standards used by many other leading payers, reduces the guesswork for your clinical staff when submitting requests across different insurers.
- **Smoother integration:** These guidelines are built into the Availity workflow, allowing for faster determinations and more predictable outcomes for your patients.
- **Transparency:** You can access the full criteria at any time to ensure your submissions meet the necessary clinical documentation requirements.

Click the link below to view MCG guidelines.

View MCG Clinical Guidelines

Michigan: Effective June 15
Updates to clinical review guidelines

Effective **June 15, 2026**, prior authorization requests for Michigan members in the categories listed below will utilize **MCG Clinical Guidelines (v29)**. These categories will subsequently transition to **MCG v30 on August 1, 2026**.

- Radiology & Cardiology
- Joint Surgery & Spine Surgery (MSK)
- Sleep Management
- Interventional Pain (MSK)

When submitted through **Availity Essentials™**, a portion of these authorization requests will be auto-approved in real time.

Why this matters for your practice

- **Greater consistency across your payers:** MCG guidelines are the industry standard for evidence-based care, ensuring that our clinical reviews align with the most widely recognized medical benchmarks. Using the same standards as many other leading payers reduces the guesswork for your clinical staff when submitting requests across different insurers.
- **Smoother integration:** These guidelines are built into the Availity workflow, allowing for faster determinations and more predictable outcomes for your patients.
- **Transparency:** You can access the full criteria at any time to ensure your submissions meet the necessary clinical documentation requirements.

Click the link below to view MCG guidelines.

View MCG Clinical Guidelines

Practice support

Our diabetes plan protects your patients and your practice

A recent study published in the *JAMA Health Forum* found that insurance coverage loss is directly associated with worsening diabetes outcomes. Analyzing records from over 39,000 patients, researchers found that those with unstable coverage had significantly higher HbA1C levels and required more insulin to manage their disease compared to those with stable coverage.

Why this matters for your practice

When patients lose their health insurance, it creates a lot of extra work for your office. High costs, like expensive doctor visits and labs, often force patients to cancel appointments. When they skip these appointments, they might stop taking their medicine or get much sicker. This leads to more emergency calls for your team, makes it harder for you to track your patients, and forces your front desk to spend too much time fixing tricky billing problems.

How Oscar is helping

Oscar offers a **specialized diabetes plan** designed to remove the financial barriers to diabetes management:

- **$0 routine diabetes care services:** Includes $0 primary care, behavioral health, and endocrinologist visits, as well as $0 diabetic eye and foot exams. This eliminates the co-pay barriers that lead to canceled follow-ups, ensuring Oscar members stick to your scheduled care timeline.
- **$0 testing supplies & labs:** Covers essential labs (including HbA1C screenings, urinalysis, metabolic panels, and lipid panels) to simplify your billing workflows.
- **$100 out-of-pocket monthly maximum on insulin:** Capping out-of-pocket insulin costs protects your patients from prescription abandonment, helping ensure the clinical regimens you prescribe are filled and followed.
- **The WellDia Program add-on:** Eligible members can enroll in our dedicated diabetes management program to unlock $0 Accu-Chek® supplies (test strips, lancets, and a glucometer).
- **Reinforce your clinical advice:** Refer members to our diabetes management guides and Oscar resource for diabetes to provide them with 24/7 support between office visits.

Thank you for your tireless work in managing chronic care.

Review Oscar’s Diabetes plan

Industry news: Policies & regulations

Notice of benefit and payment parameters for Plan Year 2027 (PY27)finalized

The Centers for Medicare & Medicaid Services (CMS) recentlyfinalized the Notice of Benefit and Payment Parameters (NBPP) for Plan Year 2027—the annual rule that sets key policies for the health insurance exchanges.

Key takeaways

- **Bans deceptive marketing practices:** Bans various deceptive broker marketing tactics (such as fake “$0 premium” promises) to ensure patients clearly understand their financial responsibilities before receiving care.
- **Allows more innovative plan offerings:** Lifts the cap on non-standardized plan offerings to allow for more innovative plan designs, including plans tailored to specific health conditions. With these new options available, front office staff should be diligent about verifying eligibility and cost-sharing requirements so patients know exactly what they’ll owe before they receive care.
- **Increases verification requirements:** Adopts new verification requirements that may increase administrative friction for patients, including:
  - Cuts in half (from 2 years to 1 years) the timeframe for patients to file taxes or lose federal premium subsidies. Patients who have not filed taxes for 2025 will immediately lose their subsidies.
  - Adds pre-enrollment document verification requirements for mid-year sign-ups (SEPs) and low-income applicants.

View CMS Fact Sheet

Open Enrollment 2027 Webinar Series

Date: June 4 | 12:00 p.m. EST

How will the latest federal regulations reshape your practice, billing, and patient enrollment?

Oscar’s Legal and Government Affairs team invites our Provider partners to a deep dive into the recently finalized NBPP and other Final Rule updates for OE 2027. While designed for brokers, these policy changes directly impact provider networks, administrative workflows, and patient care continuity.

Why attend?

- **Navigate Immediate Mandates:** Understand key changes taking effect for Open Enrollment (OE27) that affect your patients' coverage and billing.
- **Preview the 2028 Roadmap:** Get an early look at major policy shifts deferred to Plan Year 2028 to align your long-term business strategy.
- **Prevent Coverage Disruptions:** Learn how regulatory shifts alter patient eligibility so your front office can proactively manage enrollment.

Stay ahead of the compliance curve. Join us to master the new regulations before the next enrollment cycle begins.

Register now

New study demonstrates the importance of insurance for chronic disease patients

New research is helping to underscore the value of insurance for chronic disease patients in managing their disease. The study found that, compared with those who were insured, people with unstable coverage had higher HbA1C, a measure of blood sugar, and needed more insulin to manage their disease.

Oscar is leading the way with tailored, condition-specific plans—like **Oscar's Diabetes plan** and our **WellDia program**—focused on meeting our members' unique health needs. To see how Oscar is helping, read the "Our diabetes plan protects your patients and your practice" article in the **Practice support** section.

Read about these policy updates & clinical data

Industry news: Oscar Health

Unlock cultural insights into your patient panel: The 2025 Members' Needs & Preferences Report

Go beyond the clinical chart. Use Oscar’s annual **Members' Needs and Preferences Report** to bridge the gap in quality reporting. This report offers a data-backed snapshot of the cultural and linguistic trends within your local area.

Use this localized report to easily satisfy NCQA cultural competency requirements, support performance scores, and optimize bilingual staffing based on Oscar member language trends in your zip code.

Thank you for partnering with us to deliver inclusive, high-quality care that meets the unique needs of our members.

View Oscar Members' Needs & Preferences Report

Beyond insurance: Introducing Lucie Health Marketplace

The healthcare landscape is shifting toward more transparent, consumer-driven shopping experiences. One of the newest entries in this space is **Lucie**, an AI-powered health marketplace where consumers, brokers, and employers can shop for medical and supplemental products, whether from Oscar or other leading carriers.

Lucie is a sister company to Oscar, but is completely independent from Oscar Health insurance. Our goal is to make sure every individual finds the coverage that best fits their needs, so they can stay connected to the providers they trust.

We want to make sure our provider partners are aware of Oswell as a potential resource to make sure that patients stay connected to your office, with the providers they trust.

Leveraging marketplace resources

- **Smooth coverage transitions:** Transparent marketplace resources help patients independently navigate life changes (like losing employer plans), reducing coverage gaps and ensuring continuity of care with your practice.
- **Better treatment adherence:** When patients understand how to balance deductibles with supplemental options, they can better manage out-of-pocket costs and confidently follow through on your care plans.
- **Reduced front-office burden:** Directing patients to comprehensive, self-service insurance resources keeps your administrative staff focused on clinical operations instead of acting as insurance advisors.

Providing patients with a reliable destination to compare options across the entire market reduces churn and helps maintain a stable patient panel. By staying informed on these new industry tools, you can help make sure that administrative hurdles don't interfere with the clinical care you provide.

Explore Lucie

Becker’s names Mark Bertolini a “Great Leader in Healthcare 2026”

Mark Bertolini, Oscar Health’s CEO, has been named to Becker’s Hospital Review’s Great Leaders in Healthcare 2026 list. This recognition highlights Mark’s commitment to engineering solutions to the industry’s most stubborn challenges and to reimagining the everyday experience for those who give and receive care.

Why this matters for your practice:

- **Long-term operational planning:** Confidently integrate our portals, electronic workflows, and billing systems into your standard operating procedures, knowing you are partnering with a stable, permanent insurer that won't disrupt your administrative setups.
- **Daily clinic workflows:** Because our leadership focuses on removing consumer friction, your front office can spend less time troubleshooting basic coverage confusion with patients, allowing your staff to focus on clinical intake rather than insurance disputes.
- **Regulatory and reimbursement strategies:** You can rely on Oscar as an active advocate at the state and federal levels, using our national platform to champion streamlined regulations and fair reimbursement structures that support your medical community.

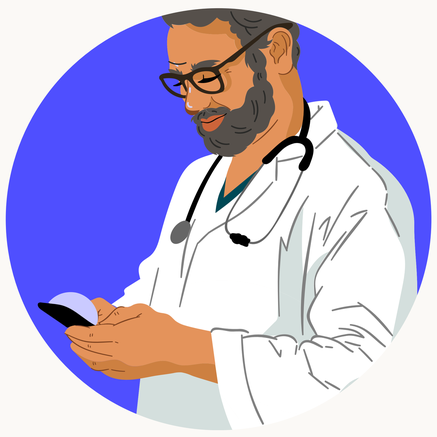
Read more about Mark and other healthcare leaders by clicking the link below.

Read Becker’s 2026 Leadership List

FAQs & 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

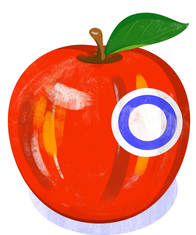
Friendly Reminder

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