oscar

NOVEMBER UPDATES

Provider Newsletter

Contents

What's going on this month

- As of 12/1 - check patient eligibility and claim status through Availity only. Change Healthcare will no longer be supported as of 12/1
- Prepare for a successful Open Enrollment
- Claim reminders

And much more!

Provider Portal Updates

This month in your portal

Update on Provider Portal access for international users

Starting January 1, 2026, all provider services under your Agreement (including administrative services) must be performed within the U.S., D.C., or U.S. territories, unless otherwise authorized by Oscar in writing. Exceptions include India, the Philippines, Mexico, Colombia, the United Kingdom, and Ireland.

This change helps to prevent fraud and keep provider and member data secure. You can read the full announcement in the Provider Manual linked below.

Provider Manual

New: Care Gap Visibility in Member Details

Earlier this month, Oscar introduced Open Care Gaps visibility on the Member Details page of the Provider Portal. These care gaps represent previously confirmed conditions that were documented on a claim last year but have not yet been assessed by a provider during a visit this year.

If you see a Care Gap banner on a Member Details page, please print the care gap list and have the provider review and address the listed items during the member's next visit.

Please note: To view a member's care gaps, you must have the "View Health Information" permission enabled.

Go to Provider Portal

Compliance Corner

Reminder: Digital ID cards for all Oscar members

Don’t forget: you can quickly access member ID cards through the Provider Portal!

How to find a member’s ID card:

1. Log in to the **Provider Portal**
2. Search for your patient using their Oscar member ID
3. Under the plan name, select “See ID card”
4. View, print, or download the card

Each ID card includes plan details, in-network costs, pharmacy/Rx information, and Oscar’s contact number.

Having access to members’ digital ID cards can reduce delays, minimize errors, and make it easier to verify coverage in real time.

Find Member ID Card

Organizational Updates

Reminder: Submit claim disputes the easy way - via the Provider Portal or with our new cover forms

The quickest and easiest way to submit your claim dispute and track its status in real time is through our Provider Portal. We've simplified the process so you can submit disputes with just a few clicks!

However, if you choose to submit your dispute through fax or mail, **you must include the necessary cover sheet** for it to be processed. If not, your dispute will be returned until the form is used, which could delay resolution. Using the cover sheet the first time ensures your dispute is processed smoothly and without extra steps, which will save you time and follow-up.

Our claims dispute forms can be found at hioscar.com/providers/cover-forms.

How do you know which form to use?

- If you are challenging a claims determination:
  - Use the Claims Dispute Provider Form
- If you are challenging an authorization denial for medical necessity or experimental/investigational procedures:
  - Use the Clinical Appeals Provider Form
- If you are sending us additional documentation regarding an individual claim (including medical records, itemized bills, acquisition invoices)
  - Use the Claims-Related Documents Provider Form
  - This form is NOT to be used for initial claim submission

We recommend saving these cover forms to your files for easy future reference. Find the documents by clicking the button below.

Provider Forms

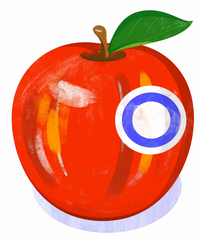
Friendly Reminder

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!

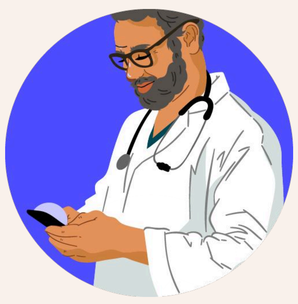
Check out the Provider Manual for more comprehensive guidelines.

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

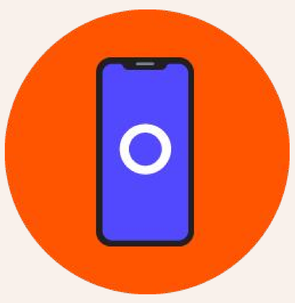
Learn more

FAQ's

Check out answers to some of our most commonly asked questions

Learn more

Want to talk to us directly? Reach out to our Provider Services team at (855) 672-2755, then press 4.



Got a minute?

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

Take Survey

Questions?
Our Oscar Business team is here to help at
855-672-2755 or business@hioscar.com.

Oscar Health 75 Varick Street, 5th Floor, New York, NY, 10013, US

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