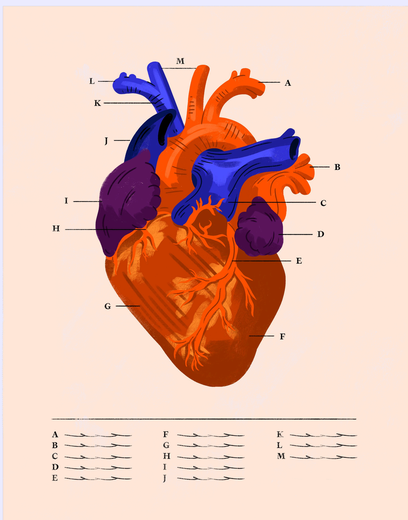
oscar

PROVIDER NEWSLETTER



Contents

Here’s what going on this month:

📌 New! Quick Reference Guide

📌 Virtual care information

📌 Privacy policy update

+ more!

Provider Portal Updates

This month in your portal

Providers now have access to view both Condition and Quality Gaps in the **Provider Portal**.

Members with an open Condition or Quality gap will have a red banner displayed at the top of their MM Details page. Any portal user with the “View Health Information” permission will be able to click on the View Details link or View Health Information button on the MM details page to view specific Condition or Quality Gaps for that member.

We made this change so you are able to quickly and easily see if Condition or Quality gaps exist for a specific member. We encourage you to review and address any identified gaps during the member’s next visit. Closing these gaps helps improve performance on quality measures, which can positively impact reimbursement and ratings. Additionally, it strengthens the provider-patient relationship and can increase member satisfaction and engagement in their treatment plan.

Go to Provider Portal

Provider News Updates

What's New: Quick Reference Guide

We know your time is valuable. That's why we've created the **Provider Quick Reference Guide**, your go-to resource for you and your staff to quickly access the information you need, when you need it. Use this guide to get quick answers to common questions and find information on topics like eligibility, benefits, claims, submissions, prior authorization, contact information and more. You and your team can save time, improve efficiency, and reduce administrative errors, all while delivering high-quality care.

What's inside?

- Fast links to our most important resources
- Contact info for our partners
- Instructions for submitting prior authorizations and prescription drug requests
- Claims submission details and support contacts
- Pharmacy and DME provider directories
- Case management referral process
- Guidance on unauthorized enrollments and member support

Why download the guide?

- **Save time.** Quickly access the most frequently used contacts, forms, and processes.
- **Streamline workflows.** Instructions for key tasks help your staff work more efficiently and confidently.
- **Easy access to support.** All partner contacts, key resource links, and escalation pathways are in one place.

Be sure to save the guide in your files or print it out for quick access.

View Guide

Help us process your appeals faster

Oscar is committed to making the appeals process as timely and transparent as possible for both the provider and member.

Please use the following channels to submit a member appeal:

Mail:

Oscar Health

P.O. Box 52146

Phoenix, AZ 85072-2146

Phone: 1-855-672-2755

Fax: 1-888-977-2062

Email: help@hioscar.com

Online: Member portal or hioscar.com/forms

We strongly encourage using the Clinical Appeals Provider Form found at hioscar.com/forms.

Please note: If sending an appeal by mail, please send it to our Arizona office (address listed above), not our New York Office.

To learn more about the appeals process at Oscar, click the button below.

Provider Manual

Care between care: Virtual visits

Virtual care at Oscar offers members fast access to care for urgent needs without replacing the essential role of seeing a provider in-person. Our virtual services support members between office visits, whether they need guidance before an appointment, have a quick question, or can't be seen right away. It helps bridge gaps in access while reinforcing the provider as the cornerstone of ongoing care.

We encourage providers to let patients know about our virtual care services, which are available at no cost for most members*. Virtual visits are a convenient option when patients need quick support or can't get to your office right away. After their virtual visit, members are encouraged to follow up with their provider to ensure seamless, continuous care. This approach helps members stay healthy, reduces unnecessary delays, and strengthens trust by offering a no-cost solution that keeps the provider at the center of their care.

Virtual Care is delivered by Oscar Medical Group, which earned the inaugural NCQA Virtual Care Accreditation, a nationally recognized "gold seal" for high-quality virtual care. As one of only six organizations nationwide to receive this accreditation, and a key contributor in shaping the standards themselves, Oscar Medical Group exceeds the benchmarks for clinical quality, data security, patient safety, and equitable access.

This means you can feel confident that patients are receiving clinically exceptional and secure virtual care that aligns with the same high standards as in-person care. Check out more information about virtual visits by clicking the button below.

Learn More

**Oscar's Virtual Urgent Care offerings are not available in US territories or internationally. If member has an HSA-compatible high-deductible health plan or a Secure plan, they won't be eligible for $0 visits.*

**Prescriptions, visits and services may be limited per provider discretion.*

**Oscar's Virtual Urgent Care offerings are not available on the Hy-Vee Health with Oscar plan. Member should review their policy for further information.*

Organizational Updates

Privacy policy update

We updated our Terms of Service and Privacy Policy. These terms apply to your use of our website, mobile applications, and online tools.

Here is a quick summary of the changes:

- Our Terms of Service now include terms applicable to AI technologies and to update the dispute resolution terms.
- Our updated Privacy Policy makes it easier to understand how we use AI. It also includes updates based on new data privacy laws.

You don't need to do anything to accept our updated Terms of Service and Privacy Policy. By continuing to use our website, mobile app, or any of our services, you accept the Terms of Service and acknowledge the Privacy Policy.

March is National Nutrition Month

National Nutrition Month is an annual campaign led by the Academy of Nutrition and Dietetics that encourages healthy eating, exercise, and smart food choices. Throughout the month, Americans are encouraged to learn practical ways to build healthy and sustainable eating habits that support overall well-being. National Nutrition Month is an opportunity for providers to reinforce the role nutrition plays in health and longevity by talking to members about their habits and offering guidance that feels accessible and achievable.

You can support our members by connecting them to nutrition resources beyond the exam room. Through the **Oscar help platform**, patients can access free and reduced-cost food and nutrition programs that help address food insecurity and nutrition-related barriers. You can also give patients practical tools they can use between visits, such as this short video and blog post with portion control tips from a registered nutritionist. These resources help patients stay engaged, take an active role in their health, and follow up with meaningful lifestyle changes.

It's also important to remind members of the critical role nutrition plays in preventing and managing many common conditions, including diabetes, hypertension, obesity, cardiovascular disease, GI conditions, and maternal health. By emphasizing nutrition as part of routine care, you can support early intervention, slow disease progression, and encourage patient self-management. This low-cost, high-impact approach can help close care gaps, improve quality measures, and support better long-term outcomes.

For more information on how to connect members to free and reduced-cost nutrition programs, click the button below.

Oscar Find Help

Oscar's CEO is one of Modern Healthcare's 100 most influential people

Oscar CEO Mark Bertolini has been named one of **Modern Healthcare's 2025 100 Most Influential People in Healthcare**, recognizing his leadership in shaping the future of health insurance and consumer-focused care. This list of honorees recognizes leaders whose decisions meaningfully shape how care is delivered, financed, and regulated across the United States. Honorees span the entire healthcare ecosystem and are selected for the real-world impact of their leadership.

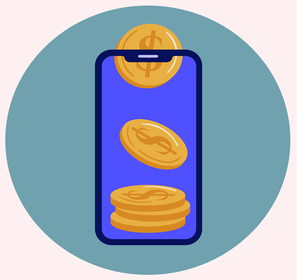
This honor reflects Mark's role in guiding Oscar Health through market expansion, product innovation, and a rapidly evolving policy and technology landscape all while staying focused on Oscar's mission to make health insurance simpler, more human, and more accessible. Under his leadership, Oscar continues to invest in tools and experiences that support both members and providers, helping care feel easier to navigate and more connected.

This recognition reinforces Oscar's position as a stable, forward-thinking partner committed to long-term success in your market. It reflects a health plan that is motivated to innovate with providers, informed by both industry insight as well as provider priorities.

Mark's visibility and credibility across the healthcare sector helps **ensure that your perspectives as providers are elevated in national discussions, policy considerations, and system-wide innovation.** Oscar's influence is built in partnership with its provider network, and this recognition underscores **our commitment to advocating for you, supporting your work, and making care delivery more efficient and sustainable.**

To read more about this award, click the button below.

Learn More



Reimbursement Policy Updates

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

Routine Services, Supplies, and Equipment: Annual review and update. Relocated place of service information from the definitions section into the relevant subsections under Reimbursement Guidelines for easier reference. Added specificity to each subsection under Reimbursement Guidelines to provide visibility into non-reimbursable services based on status indicator within the CMS Physician Fee Schedule and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Fee Schedule.

Place of Service: New reimbursement policy. Policy was created to provide information about correct coding of place of service on professional claims. Guidance includes appropriate use of place of service depending on CPT and HCPCS code definitions, patient status, and location.

Professional / Technical Component: New reimbursement policy. Policy was created to provide information about correct coding of services based on PC/TC indicators within the CMS Physician Fee Schedule. Policy expands on definitions for each indicator and appropriate use of associated modifiers.

Implants, Devices, and Supplies: New reimbursement policy. Policy was created to provide definitions for implant and non-implant supplies and discuss correct coding of implants in conjunction with implant revenue codes on outpatient facility claims.

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

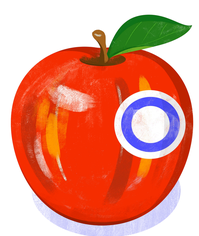
Friendly Reminder

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!

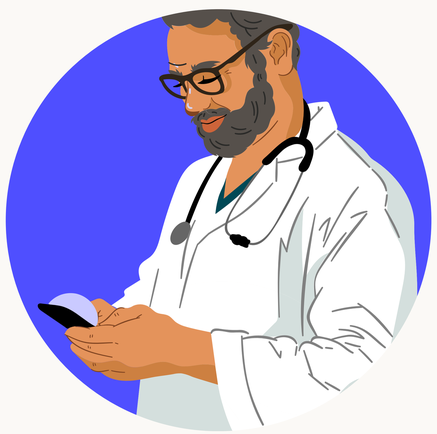
Check out the Provider Manual for more comprehensive guidelines.

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