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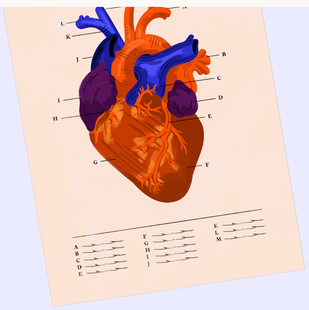
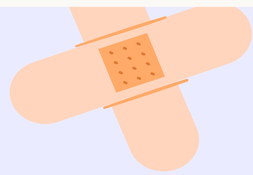
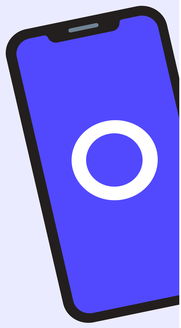






FEBUARY UPDATES

Provider Newsletter

Contents

What’s going on this month

- New! Reimbursement Policy Updates
- Claims Coding reminders
- New AI tool

And much more!

Organizational Updates

Introducing Superagent, a tool that helps your patients easily navigate care

Superagent is an AI tool designed to help Oscar members and Oscar Care Guides quickly answer detailed health insurance questions. With better informed patients, you can more easily tackle important health concerns and office staff can more accurately complete paperwork.

How Superagent helps Providers:

- **Better informed patients:** Many patients come to visits unsure about what's covered, what they'll pay, or if a referral or prior authorization is needed. Superagent delivers fast, accurate answers, which frees up your time to focus on health discussions.
- **Reduced administrative burden:** By answering benefit and coverage questions 24/7 and assisting care guides in doing the same, Superagent may reduce the number of simple but time-consuming calls or inquiries that otherwise fall on your office (such as, "Is this service in-network?" or "Do I need a referral?").
- **Consistency and clarity:** Superagent pulls from live internal systems (claims, benefit documents, CPT code rules, provider network data) to deliver accurate, up-to-date coverage guidance, which improves patient understanding of what will be paid and what won't.]
- **Superagent for Providers:** Capabilities tailored for Providers are coming soon. Stay tuned for updates later this year!

Learn more about Superagent's launch by clicking the button below.

Superagent Announcement

Process Change 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.

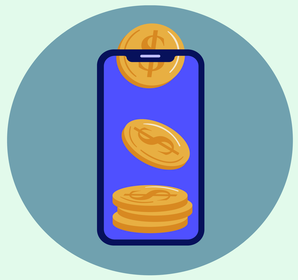
Our claims dispute forms can be found at hioscar.com/providers/cover-forms.

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



Reimbursement Policy Updates

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

- **Unlisted and Unspecified Procedures:** Verbiage update. Removed the following statement: “All other unlisted procedure codes appended with a modifier will be denied”. Replaced with: “Additional modifiers may be allowed when used appropriately in accordance with Oscar’s Modifier Guidelines and Correct Coding Guidelines reimbursement policies."
- **Evaluation and Management Services:** Verbiage update. Emergency Department (ED) Facility E/M coding section and FAQs removed; a new, separate policy covers this topic, which can be found in the **Reimbursement Policy Library.**
- **Emergency Department Facility Evaluation and Management Services:** New policy creation. Aligns with information previously in Oscar's Evaluation and Management Services policy. Provides details around the utilization of Optum Emergency Department Claim (EDC) Analyzer tool to determine reimbursement of facility claims with E&M services rendered in an emergency department.

The following policy change will be effective as of May 1:

- **Sepsis:** New payment policy. Policy was created to provide guidance on the criteria used by Oscar to validate diagnosis of sepsis. The policy states Oscar will only recognize Sepsis-3 criteria for claim reviews.

To learn more, go to Oscar’s Reimbursement Policy library by clicking the button below.

Reimbursement Policy Library

Provider Newsletter

Never miss a Provider update!

We’re excited to introduce our new Provider newsletter sign-up form! Your office can now officially subscribe to ensure your team never misses important updates, resources, and announcements. Sign up team members by clicking the button below so they can get the most tailored and relevant Oscar news delivered directly to their inboxes.

Sign Up Here

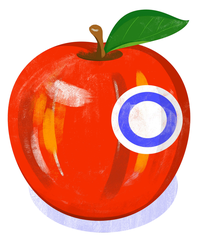
Friendly Reminder

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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