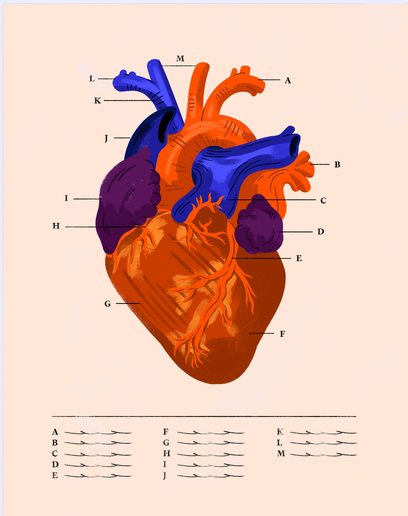
oscar

PROVIDER NEWSLETTER



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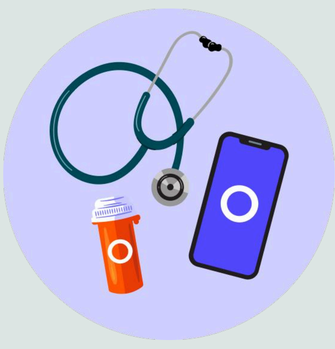


Actions for your practice

September 1: Oscar authorizations move to Availity Essentials™. New features start August 17

Starting August 17, we are adding more features to Availity Essentials to make your daily work easier.

⚠️**Important deadline:** Starting **September 1, 2026**, you can no longer submit new authorization requests through the Oscar Provider Portal. Please make sure your practice is set up on Availity Essentials before this date so your patient care is not delayed.

New features in Availity starting August 17

Built from feedback

We are listening to your survey feedback. We made the following changes to help make your work faster and easier:

- **No Tax ID (TIN) needed:** We removed the Tax ID requirement when you submit authorizations. This makes filing much faster.
- **No more faxing:** You can now submit all out-of-network (OON) authorization requests online through Availity Essentials. Just attach the "OON Exception" form found in the Oscar Payer Space:
  - Log into Availity Essentials
  - Go to Payer Spaces
  - Choose Oscar Health
  - Click on Resources

More tools launching August 17

Beginning August 17, you'll have access to these new features directly within your Availity Essentials workspace:

- **Authorization letters:** View, download, or print official Oscar authorization letters instantly.
- **Real-time eligibility (RTE):** Perform a quick eligibility and benefits verification for Oscar members.

What to expect

The new eligibility feature in Availity Essentials is designed to provide a quick, convenient status check. For complete eligibility and benefits details, in-depth claim information, claim disputes, and other claims actions, please continue using the Oscar Provider Portal.

We'll continue expanding these Availity Essentials features over the coming months, with additional enhancements planned beginning in October 2026 to provide a more comprehensive experience.

Need help?

- **Resources:** Visit the Availity Essentials & Oscar information page
- **Training:** Access on-demand videos in the Availity Essentials Learning Center:
  - Log into Availity Essentials
  - Go to the top navigation bar and select Help & Training | Get Trained
  - Select the on-demand training you would like to watch
- **Guides:** Find guides in the Oscar Payer Space in the Resources section
- **Help line:** Call Availity Essentials at 1-800-AVAILITY (282-4548), Monday through Friday, from 8 a.m. to 8 p.m. EST.

Tell us about your experience with Availity Essentials: Share your feedback via our feedback survey (estimated time: 2 min).

Additional prior authorization updates: some requests moving from eviCore to Oscar

Beginning this fall, select prior authorization requests currently submitted through eviCore will transition to Oscar. As part of this transition, these requests will no longer be submitted or reviewed by eviCore. Instead, they will be submitted directly in Availity's portal and reviewed using Milliman Care Guidelines (MCG), an industry-standard set of clinical criteria used by many health plans.

Key transition dates (excluding Florida)

- **October 19, 2026:** Authorization requests for **Radiology** and **Advanced Imaging** will move from eviCore to Oscar.
- **December 2026:** The following clinical categories will also transition from eviCore to Oscar, and reviewed using **MCG clinical guidelines**:
  - Cardiology
  - Joint Surgery (MSK)
  - Spine Surgery (MSK)
  - Sleep Management
  - Interventional Pain (MSK)

View the full guidelines

To review full policy details and view criteria before submitting requests, please visit our medical guidelines library:

- **View Oscar Medical Guidelines**

Florida only - Additional prior authorization updates: Radiology changes starting August 17

Starting **August 17, 2026,** all Florida radiology prior authorization requests must be submitted through **Availity Essentials** instead of **eviCore**.

As part of this transition, Oscar will begin using **MCG (Milliman Care Guidelines)** to review radiology authorization requests. MCG is a nationally recognized, evidence-based clinical guideline used by many health plans to support consistent utilization management decisions.

Moving radiology authorizations to Availity Essentials streamlines your workflow by allowing you to submit requests through the same platform you already use for many other administrative tasks—without needing to access a separate vendor portal.

In **December 2026,** the additional prior authorization categories listed below will also transition from eviCore to Availity Essentials using MCG:

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

View the full guidelines

To review full policy details and view criteria before submitting requests, please visit our medical guidelines library.

Is your practice ready?

More than 96% of Oscar providers already use Availity Essentials, so your practice may already be set up. To ensure you're ready for the August 17 launch, take this quick step:

Confirm your account access by August 17. Make sure your staff has active Availity Essentials accounts linked to your organization's administrator account. If you don't have an account, ask your organization's Availity administrator to send you an invitation.

Oklahoma Only
Action required: New CMS Oklahoma directory pilot rules and resources

In May, we shared information about a CMS webinar held on **Thursday, May 14, 2026**. This webinar covered the new Oklahoma Directory Pilot program and No Surprises Act (NSA) rules. We are following up to share the official reference materials, webinar recording, and a helpful CMS article. We also want to explain what these changes mean for your practice.

What are the new directory changes?

The government is testing a new, central online directory. It will hold contact information for all healthcare providers in Oklahoma.

- **No Surprises Act (NSA):** There are now strict federal rules for keeping your office info up to date.
- **The Pilot Program:** Learn how to use the new online portal to update and confirm your practice's directory information .

Steps for your office to take

To stay in line with these new rules, please complete these steps:

- **Review the portal demo:** Have the staff members who handle your office updates watch the portal video before your next update cycle.
- **Share with your team:** Forward this email and these resources to your billing, administrative, and compliance staff—especially if they missed the live session in May.

Link to your training resources

- Watch the webinar recording
- Download the reference materials
- Read the CMS article

Have questions or need support?

If you have questions about these updates, please contact CMS directly:

- Email: Registrar@regtap.cms.gov
- Phone: 1-800-257-9520

Oscar policy and process updates

Reimbursement policy updates

Effective September 1, 2026

Add-on Codes

The following reference policies were added:

- Correct Coding Guidelines
- Critical Care / Trauma Activation

Critical care details:

- The detailed rules regarding critical care services were moved to a separate, dedicated policy document.

Implants, Devices, and Supplies

Invoice Requirements: Added new requirements for invoices when submitting them for payment, including:

- Vendor/supplier name
- Invoice number
- Invoice date
- Hospital/facility name being billed
- Manufacturer name
- Implant description
- Manufacturer catalog or item number
- Lot number and/or serial number (when applicable)
- Quantity of implants used
- Unit cost
- Total cost
- Any discounts, rebates, credits, or adjustments applied
- Proof that the invoice reflects the actual acquisition cost to the provider
- Purchase date (if different from invoice date)
- Additionally, Oscar requires a copy of the manufacturer's invoice rather than an internal hospital charge sheet, identification of the specific implant associated with the claim, documentation that the implant was used during the billed procedure, and separation of implant costs from other surgical supplies.

Please see Oscar's Provider Manual for additional information on submitting documentation.

Multiple Surgeons

Updated reimbursement rules: Changes were made to the "Reimbursement Guidelines" section, including:

- Guidance for co-surgeons acting in the assistant surgeon capacity.

Effective November 1, 2026

New Policy: Critical Care / Trauma Activation

This policy explains coding and billing of critical care services. It lists the rules for documentation, time, included and excluded services, services on the same day, multiple providers performing critical care services, and trauma activation.

Venipuncture

Updated reimbursement guidelines: A new sub-section specifically covering Skilled Nursing Facility rules was added.

Added related policies: A new section listing related policies was added to the end of the document.

July 2026 Reimbursement / Payment Policy Updates

Claims submission: National Uniform Claim Committee (NUCC) and provider taxonomy codes

Oscar is updating its claims requirements for provider taxonomy codes. These changes help ensure claims are processed correctly and paid based on the provider specialty submitted on the claim.

The policy took effect and was added to our Provider Manual on July 1, 2026, starting a 90-day educational period.

- Include billing provider taxonomy on every claim.
- If you include a rendering provider NPI, you must also include the rendering provider taxonomy, regardless of NPI type.
- If you are an ancillary provider, such as a DME supplier or imaging provider, and bill at the organization level with a Type-2 NPI without an individual rendering provider, you are exempt from the rendering provider field only.

Industry news: Policies & regulations

Helping patients understand insurance before they walk through your door

At Oscar, we are always working to build affordable health plans. However, we know that cost is not the only thing keeping people from getting covered and seeing a healthcare provider.

A recent study by the Centers for Disease Control (CDC) showed a big shift: between 2019 and 2024, fewer uninsured Americans blamed cost alone as the reason for not having insurance (dropping from 28% to 21%).

Aside from cost, here is why people say they stay uninsured:

- 44% don't want or think they need coverage
- 21% find the signup process too difficult
- 12% can't find a plan that meets their specific needs

When patients do not understand how their healthcare plan works, it leads to missed appointments, surprise billing complaints, and extra administrative work for your team members

To help close this learning gap and support your clinic's business, we just rolled out several new patient tools:

- **Healthcare Lingo 101:** Short videos that explain confusing terms, like the **difference between "in-network" and "out-of-network" care.**
- **The Covered Benefits blog:** An article that explains what is actually paid for, including the difference between routine checkups and diagnostic tests. This helps patients avoid surprise costs.
- **Oswell (Our AI Health Assistant):** A new tool that helps Oscar members quickly look up their coverage, ask questions, and find care.

Feel free to share these resources with your patients. By teaching our members how their insurance works, they will come to your practice more prepared. This helps you keep a steady patient base and highly predictable clinic income.

Provider Spotlight

From frontline doctor to affordability advocate: Meet Oscar's Deputy Chief Medical Officer

To make sure our health plans work in the real world, Oscar's leadership team relies on doctors who know what it's like to care for patients. This month, we're spotlighting our **Deputy Chief Medical Officer, Dr. Meredith Williams**, an emergency room doctor who moved from the bedside to the insurance side to focus on preventative, affordable care.

"We viscerally understand what it means to have a sick patient and to try your best to take care of them," Dr. Williams shares. "In the ER, you see the end result of so many system-level problems."

Seeing those struggles motivated her to focus on the root causes. Today, she helps Oscar lower healthcare costs while keeping quality high. She believes that growing affordable, individual health plans is a vital step to improving the medical system.

Because she has lived through these challenges, Dr. Williams is also passionate about advocating for the provider perspective. Her goal is to ensure Oscar and its network work together as true partners.

"Our clinical organization is here to bridge the divide, hear physicians out, and tackle these complex administrative friction points alongside [providers]."

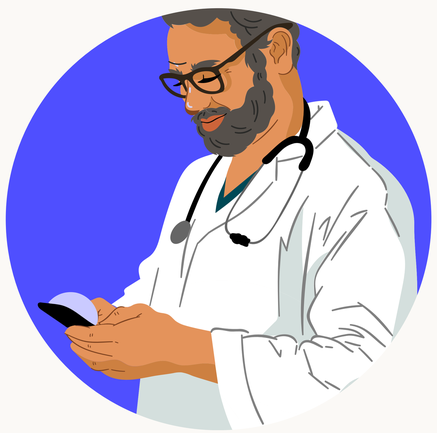
Want to hear more from Dr. Williams? She talks about how Oscar designs plans that help patients and support practices on a recent podcast.

Click here to listen to her interview on the Agility Insurance Services podcast.

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

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