oscar

JANUARY UPDATES

Provider Newsletter

Contents

What's going on this month

- 2026 Provider Manual now available
- 2026 PA lists now available
- Verifying member eligibility in 2026

And much more!

A Note from Leadership

How Oscar is supporting providers in 2026

Dear Provider Partners,

First and foremost, I want to thank you for the compassionate, high quality care you provided to Oscar Health's 2.1 million members in 2025. Your partnership means a great deal to us as we continue to work through a busy and evolving healthcare landscape. Together, we are ensuring that millions of people have access to the critical safety-net that insurance provides and protecting the economic stability of healthcare providers across our country.

In 2026, Oscar Health is excited to announce:

- **Plans with lower out-of-pocket costs.** More plan designs that remove financial barriers for condition-specific services.
- **A smoother workflow for providers.** We are moving to Availity Essentials, an easy-to-use, industry-standard provider portal that helps reduce paperwork and lets you complete tasks faster, such as prior authorization requests and document submission.
- **More office support.** We are adding more training and education opportunities for your staff to get the most out of working with Oscar, and investing in our provider service center. And you will continue to receive our monthly newsletters with key information and content based on your feedback.
- **Claims accuracy and timeliness.** Our top priority is to make sure you are getting paid accurately and within a reasonable time frame.

Oscar Health is focused on member delight, care without delays, and everyday affordability - goals that we know you share for your patients. Thank you for your trust and partnership as we together keep people healthy in the years to come.

Sending you warm wishes as we begin the new year!

Janet Liang

President of Oscar Insurance

Provider News Updates

New Provider Welcome Kit: Streamlined access to essential resources

We've recently launched our new 2026 Provider Welcome Kit for newly contracted partners. This resource includes important information about Oscar's tools, processes, and key contacts that also benefit our existing providers to support the high quality care you deliver to your Oscar patients.

Inside you'll find:

- A checklist of key resources, tools, and links, including how to get started with our provider portal
- A diagram of the 2026 Oscar member ID card
- Guidance on submitting roster data to keep your directory information current
- An overview of Oscar partner vendors with their contact details
- Key instructions for submitting claims and prior auths

Please take a moment to review the updated Kit and bookmark the resources most relevant to you.

Download Welcome Packet

Meet the 2026 Provider Manual

The 2026 Provider Manual is ready for you to review. This manual has the most up-to-date information on how to work with Oscar. It is your main guide for important rules and processes.

Inside, you'll find updated information about:

- How to send claims and get paid
- When prior authorizations are needed
- Eligibility and member benefits
- Reimbursement rules
- Medical records and documentation
- Utilization management
- Our vendor partners and key contacts

Reviewing the manual helps prevent claim denials, ensures you're following current requirements, and supports smoother operations. It's one of the best ways to stay up to date as we start the new plan year

View Provider Manual

Clinical guideline updates taking effect in January

On January 1, 2026, Oscar's updated Medical and Pharmacy Clinical Guidelines went into effect. These guidelines help make sure care decisions follow the latest medical research and best practices. They also help keep rules for services, medicines, and procedures clear and consistent across our plans.

Our guidelines are used to help decide when treatments need prior authorization and to support good care planning. They are created using trusted medical sources and are reviewed often to stay up to date.

What's new for 2026:

- Updated rules for many medicines and treatments starting January 1, 2026
- More updates coming later in early 2026 to help guide care decisions

These updates are meant to:

- Help you make care decisions based on strong medical evidence
- Make our utilization rules easier to understand
- Keep our standards aligned with current medical care

To read the full guidelines and see all the updates, visit our Clinical Guidelines page by clicking the button below.

View Clinical Guidelines

Prior authorizations in 2026

The 2026 prior authorization lists are now available on our Prior Authorizations page. Under "Prior Authorization List," choose either Small Group or Individual to download the right file.

Each file includes:

- Medical and pharmacy services that need prior authorization
- Important definitions and terms
- Reporting rules
- A full list of services that require prior authorization
- A summary of what changed from last year

As you review the new lists, here are common mistakes to avoid when sending prior authorization requests:

- Forgetting important medical details, like recent notes, test results, or images
- Using last year's rules instead of the 2026 requirements
- Sending old or incorrect codes that are not in the 2026 list
- Picking the wrong plan type when checking requirements
- Sending the same request more than once before a decision is made
- Not checking eligibility first, which can affect the request

Avoiding these mistakes and using the updated 2026 lists can help prevent delays and make the prior authorization process smoother for you and your patients.

Review Prior Authorization Lists

Help us keep your practice information current for 2026

Your roster data helps members get the right care, at the right place, and at the right time. As the new year begins, please double-check your roster information and submit any updates.

Review that information is correct for the following:

- TIN and NPI
- PCP status
- Accepting new patients status
- Practice location addresses
- Office phone numbers and emails
- Group and facility affiliations
- Specialties, licenses
- Languages spoken, ages served
- Office hours, ADA accessibility
- Telehealth services

This ensures your practice is easy to find in Oscar's Provider Directory and prevents delays for your patients. Thank you for helping us start 2026 with accurate information across our network.

Click the link below to learn more about how to submit your roster information.

Learn More →

How to verify member eligibility

As a reminder, Oscar no longer uses Change Healthcare as our clearinghouse. We now work exclusively with Availity. You can verify member eligibility directly through Availity, and you may continue using the Provider Portal at this time as well.

When checking eligibility in the Provider Portal, you can:

- Log in to your account
- Use the search bar to enter the Member ID number or first name, last name, and DOB
- See a patient's enrollment status (an active status means payments are current), plan details, deductibles, and cost shares.

Unless you have chosen otherwise in your Agreement, you must see all Members who are participating in an Oscar Health plan. Eligibility verification helps reduce claim denials, prevents billing delays, and ensures members receive care under the correct benefit plan.

For more details on eligibility and benefits, please review the Provider Manual by clicking the button below.

View Provider Manual

Organizational Updates

Our partner, the Rawlings Company, is now Machinify

Our supplier partner, The Rawlings Company, is now called Machinify. This new name brings several companies together under one brand and reflects a focus on using technology and AI to improve healthcare payment processes.

What you need to know:

Machinify (formerly Rawlings) is still our trusted business partner. There are no changes to contacts, phone numbers, addresses, or processes. The same teams will continue to support you.

You may start seeing the name Machinify on letters and emails. Email addresses will now end in @machinify.com, but everything else is the same. If you receive a request from Machinify, please contact the analyst listed in the message and update your internal materials to reflect the new company name.

Learn More

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

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 by clicking the button below and get the most tailored and relevant Oscar news delivered directly to your inbox.

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.

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