



JULY UPDATES

Provider Newsletter

oscar



Welcome

What to expect

Our monthly Provider Newsletter has one goal: to give you timely, consistent updates from across the Oscar team on the topics that matter most to you. Think of it as your centralized source for important policy updates, Oscar Portal upgrades, and details on what we're doing to make your experience easier. You'll also hear directly from Oscar leaders each month as they share their perspective on what we do and why it's so important.

Oscar Leader

Mario's Corner

This month's Oscar leader is Mario Schlosser, Co-Founder & Chief Technology Officer at Oscar Health. Let's see his perspective: Oscar's mission to make a healthier life more affordable and accessible continues to guide everything we do. Providers and their teams are an essential part of making our mission a reality, through the quality of care and relationships you build with your patients – our members.

We're excited to have you as part of the Oscar team and look forward to continuing our work together. Thank you for all that you do for our members!



About Oscar

Let us reintroduce ourselves

Hi, we're Oscar. Today, we serve over 1.9 million members across 18 states.



Provider Portal

Getting to know our Oscar Portal

Have you unlocked the power of your provider portal yet? Admins can get started with [this guide](#) and begin inviting staff and adding organization details right there. Not an admin? No problem.

Request access to your existing portal by following [these simple steps](#).

Once you're in, our portal makes it easy to:

- Check member eligibility and benefits
- Submit prior authorizations
- Review & submit specialty referrals
- Check claim and payment status

[Log in to Oscar's Provider Portal](#)

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 right care. 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](#)



Quality Corner

Supporting better cancer screening & documentation

Colorectal Cancer

Encourage patients starting at age 45, to schedule an appropriate screening for colorectal cancer

Breast Cancer

Encourage patients starting at age 40 to schedule their mammogram every other year

Cervical Cancer

Encourage patients starting at the age of 21 to schedule

To successfully record testing, it must be documented in one of the following: Claims, Consolidated Clinical Document Architecture (CCDA), SFTP/flat files, or medical record documentation.

[Click here](#) for tips on cancer screening coding and medical record documentation

Helpful tips

Ensure the patient has a scheduled wellness visit on the books.

One month before their wellness appointment, order a mammogram. Notify the patient of the recommended order and encourage them to complete it prior to the visit.

If the patient is hesitant to have a colonoscopy and has no family or personal history of GI issues, recommend a stool screening (like FOBT, FIT, or Cologuard). Order it while the patient is in the office.

Documentation of no cervix is needed for cervical cancer screening. Documenting “Partial Hysterectomy” does not provide enough information.

Patient Support

Help your patients avoid enrollment fraud

You can help your patients navigate health insurance confidently and steer clear of enrollment scams. Fraudsters often target vulnerable individuals with misleading offers or plans that don't meet their needs and patients may not fully understand the risks or consequences.

Visit our resource page to learn how you can support your patients and help them stay safe from enrollment fraud: <https://www.hioscar.com/insurance-marketplace-fraud-notice>

Friendly Reminder

Appointment access standards

We know you prioritize making sure your patients get great care when they need it. Here's a little reminder about [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.