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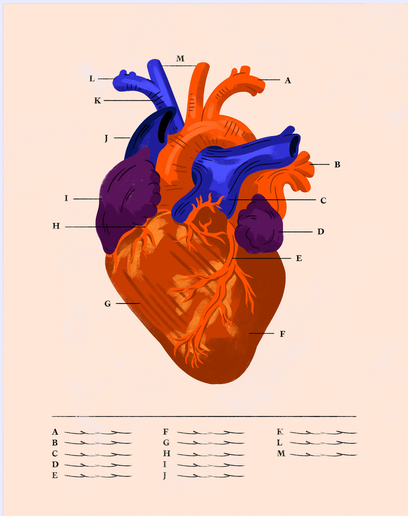
PROVIDER NEWSLETTER



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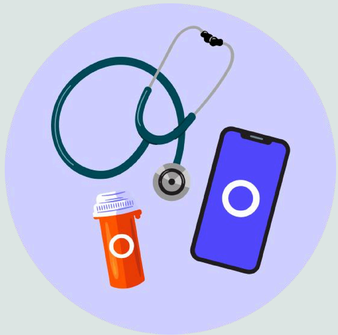


Actions for your practice

Moving forward together: Use Availity Essentials™ for your authorization requests

At Oscar Health, we are always looking for ways to simplify your daily administrative tasks and give you more time back for what matters most: your patients.

As part of this commitment, Oscar Health moved all its prior authorization workflows to Availity Essentials™ starting on June 15, 2026. Reminder:on September 1, 2026, all authorization functions will close in Oscar's Provider Portal.

Shifting our medical prior authorization workflows to Availity Essentials brings Oscar processes in-line with how you engage with other payers and allows you to submit authorizations to Oscar all from within one portal, ultimately enabling more real-time approvals.

What this means for your daily workflows

- New prior authorizations: Ready to submit? All new prior authorizations must now go through your Availity Essentials account. To make things as seamless as possible, check out our handy Prior Authorization Submission Guide, also available directly on the platform.
- Delegated vendors: Keep submitting requests to our delegated vendors as usual—Availity will automatically redirect you to the right place if needed. Plus, stay tuned! Over the next few months, we'll be sharing updates as many clinical categories shift from EviCore to Availity.
- Out-of-Network (OON) requests: Oscar accepts Out-of-Network (OON) inpatient admission requests from the emergency department via the Availity Essentials portal. For all other OON requests, simply submit via fax using the Out of Network Authorization/Network Gap Exception request form, found in Availity's Payer Spaces or online at hioscar.com/forms/2026.
- Claims, eligibility, and benefits: No need to change your routine just yet! Please continue using the Oscar Provider Portal for these features today. However, big things are on the horizon—look out for additional features launching in Availity Essentials throughout the remainder of 2026 and into 2027.

Need Support?

- **Online Resources:** Visit the Availity Essentials & Oscar information page for FAQs and guides
- **Live Support:** Contact Availity at 1-800-AVAILITY (282-4548), Monday to Friday, 8 a.m. – 8 p.m. EST.

We value your voice! How is the new system working for you? We want to ensure this transition is a success for your practice. Please take a moment to share your thoughts with us.

Give us your feedback

Effective July 1, 2026: Prior authorization changes

Download the July 2026 prior authorization (PA) list

Visit hioscar.com/prior-authorization. Under the “Prior Authorization List” header, choose “Individual” and click the PDF button to download the document.

The document includes:

- Medical and pharmacy services that need prior authorization
- Important definitions and terms
- Reporting rules
- A summary of what changed since April 2026
- A full list of services that require prior authorization

In an effort to speed up care and prevent prior authorization review delays, we’ve put together a quick list of common mistakes to watch out for:

- **Missing medical records:** Leaving out recent doctor notes, test results, or X-rays
- **Referencing old clinical guidelines:** Following outdated rules instead of the most recent requirements (currently July 2026)
- **Entering wrong codes:** Submitting an authorization request for codes that are not on the updated June 2026 list.
- **Sending duplicate requests:** Submitting the same authorization request multiple times before getting a decision
- **Skipping the eligibility check:** Forgetting to confirm the patient's active coverage before submitting an authorization.

Download the list of changes

Risk Adjustment Data Validation (RADV) Record Retrieval

The Department of Health and Human Services (DHHS) is starting its annual Risk Adjustment Data Validation (RADV) audit. As an Affordable Care Act (ACA) payer, Oscar is required by federal and state regulatory bodies to verify member healthcare conditions via medical records. Both Oscar and our provider network must fully comply with this mandatory audit.

Important partner update

We have partnered with Datavant (formerly known as Ciox) to collect these medical records. You **may** receive a direct request from Datavant via fax/email, or you **may** see the request flagged inside the Oscar Provider Portal.

Please prioritize these requests and submit the charts through **only one** of the channels below. You do not need to send duplicate submissions.

How to submit records

- **Option 1 (*preferred*):** Upload via portal. Submit charts directly through the Oscar Provider Portal. We highly recommend this option to streamline your workflow.
- **Option 2:** Submit to Datavant. Follow the specific instructions provided in Datavant's notice.

Contact & support

If your practice needs assistance with a chart request, please reach out directly to Datavant:

- **Phone:** Datavant Customer Service at 877-445-9293
- **Email:** ChartReview@datavant.com

Go to Oscar Provider Portal

Oscar policy and process updates

Provider experience survey: Thank you for sharing your feedback

Thank you to everyone who took this year's 2026 Provider Experience Survey. We appreciate you taking the time to share your thoughts and we heard you loud and clear.

Your answers showed us where things work well, such as our newsletter, communication cadence, and member eligibility tooling. However, you also shared where we still have work to do to better support your daily workflows.

What you shared

- **More transparent claims processing:** You need more transparency about why your claims were processed the way they were, and when you ask for clarification you want easy-to-understand billing decisions.
- **Faster approvals:** You need quicker answers for both medical and pharmacy prior authorization requests. We are working with Availity Essentials for quicker, clearer medical prior auth workflows and are consistently evaluating the services on our prior auth list.
- **Clearer onboarding:** You need open communication and real-time status updates while joining our network. To see how we are fixing this now, watch our new Provider Orientation recording.
- **Better help with issues:** When you come to us with an issue you need us to acknowledge it, resolve it, and provide you a comprehensive and clear answer as soon as possible. You shouldn't bear the burden of finding the 'right' part of Oscar to answer your questions.

Our next steps

We know that giving you the right information at the right time is essential to your work. Your feedback is directly shaping our future plans as we work to become your most dependable partner.

Over the next few months, look out for key updates, system improvements, and better ways to communicate. Your feedback is guiding every change.

Reimbursement policy updates

Oscar reviews and updates its clinical policies throughout the year. Read the summaries below to see what is changing and when the updates take effect.

Claim submission requirements

- **Effective date:** October 1, 2026
- **Policy summary:** This is a **new** policy that explains what information must be included on a claim so Oscar can process it. These rules match standard industry guidelines and the official national manuals for UB-04 and 1500 health insurance claim forms.

Pharmacy sourcing for select provider-administered drugs

- **Effective date:** August 1, 2026
- **Appendix Table 1 updates:** Removed Avsola and Inflectra from the table of drugs subject to specialty requirements
- **Related Policies updates:** Changed the "National Drug Code (NDC)" policy name to "Drugs and Biologics Billing Requirements" to match its new title.

Medically unlikely units

- **Effective date:** August 1, 2026
- **Structure updates:** Renamed this policy from “Medically Unlikely, Mutually Exclusive, and Component Procedures” to “Medically Unlikely Units.” We also updated the layout to match our current template.
- **Policy section updates:** Added a "same provider" definition to the policy.
- **Reimbursement Guidelines updates:** Updated this policy to add more background information from CMS about Medically Unlikely Edits (MUEs). We also moved the details about "mutually exclusive" and "component" procedures over to our separate Bundled Services policy. Finally, we added a new "Units Over Time" section to clarify the maximum number of service units allowed over longer periods.

Bundled services

- **Effective date:** August 1, 2026
- **Structure updates:** Updated this policy to match our current template. It now includes new sections for date, description, billing and coding, related policies, references, and a standard disclaimer.
- **Policy section updates:** Added information about which industry standards support the policy. Also added a "same provider" definition.
- **Reimbursement guidelines section:** Removed the specific, individual examples of bundled services and replaced them with standard industry categories. These new categories cover status indicators and "NCCI procedure-to-procedure" edits. You can still find those specific edits in our newly renamed "Medically Unlikely Units" policy (formerly called "Medically Unlikely, Mutually Exclusive, and Component Procedures").
- **Coding section:** Deleted this section because it defined the old individual statements we removed.

Observation

- **Effective date:** October 1, 2026
- **Structure updates:** We added a standard disclaimer and reformatted the bullet points.
- **Reimbursement Guidelines updates:** Added "Professional Services" and "Facility Services" subheadings to show how the rules apply to each setting. Emergency department services that happen right before an observation stay can now be billed separately, rather than being bundled into the observation stay.
- **Billing and Coding updates:** Added clear details on when observation services begin and end, how to count time spent in the emergency department, and how to submit these hours using a single line on your claim. Updated the code table to include observation discharge services and match the official AMA CPT codebook.

Radiology

- **Effective date:** October 1, 2026
- **Structure updates:** Updated this policy to match our current template and added a standard disclaimer.
- **Description updates:** Updated this section to list the radiology services found in the official AMA CPT codebook. We also moved the older language about professional and technical components text further down in the document.
- **Reimbursement Guidelines updates:** Moved the professional and technical component details here from the description section. Updated the Contrast Media/Radiopharmaceutical Material subsection to show when contrast cannot be billed separately. Going forward, contrast reimbursement will not depend on the contrast code alone; instead, it will depend on the specific radiology service performed and the place of service code on the claim.
- **Billing and Coding updates:** Removed this section because it contained no codes or billing information.
- **Related Policies and References updates:** Added “Place of Service” and “Professional/Technical Component” policies to the related list, and updated our references with new clinical resources.

To review these changes:

1. Visit the Reimbursement Policy Library
2. Choose your state
3. Select the section “Reimbursement/Payment Policies”
   a. Changes are in the June 2026 PDF

Industry news: Policies & regulations

Oscar's commitment to affordability is top of mind

New polling data shows that health care costs continue to top the public's list of concerns. According to a KFF Health Tracking poll, two-thirds of Americans worry about healthcare costs — ranking higher than food, groceries, and gasoline. Notably, most (67%) of those polled say Congress did the "wrong thing" by not extending the enhanced advanced premium tax credits (eAPTCs).

Providers were key partners in Oscar's advocacy to extend these essential subsidies last year. Now that they have expired, Oscar is more dedicated than ever to making healthcare affordable to our members so they can access care within our provider network.

One major way we are keeping member costs low is by developing affordable plans. For 2027, we have:

- **$0 Premium Options:** We are expanding access to Gold and Bronze plans with a $0 monthly price in several states. These plans feature reduced urgent care costs and balanced out-of-pocket maximums to shield members from high upfront costs.
- **$0 Deductible Options:** To help members who need to see their doctors often, we are introducing Gold and Platinum plans with a $0 deductible in certain areas.

We will continue to advocate for you and your patients at all levels of government.

Industry news: Oscar Health

Meet Oswell: Oscar's new AI health assistant for patients

People are increasingly using AI chatbots to get answers to health and insurance questions. A recent KFF study shows that 32% of U.S. adults now use AI chatbots— such as Chat GPT, Claude, Gemini—to ask healthcare-related questions. This is especially true for younger, lower-income, and uninsured individuals.

However, public chatbots do not have access to a patient's medical history. Oscar is launching Oswell to fix this. In a data-secure way, Oswell safely uses a member's specific medical history (while on an Oscar insurance plan) to give personalized answers to common questions. Most of our members now have access to Oswell.

How Oswell supports your patients and practice

- **More efficient office visits:** Oswell helps members organize their thoughts before they walk into your clinic. It creates a custom list of questions for them based on their symptoms, making your office visits more efficient and focused.
- **More reliable information:** Compared to publicly available AI chat bots, Oswell uses the patient's actual Oscar health history and plan details to give guidance that matches the real medical data in your portal.
- **More answers to common questions:** Oswell answers common patient questions about test results, drug safety, and prescription refills.

Get to know the tool today so you can see how it helps your patients and your practice.

See how Oswell works

One year of Oscar's Provider newsletter: Listening and learning

We launched Oscar's first Provider newsletter in July 2025. Our goal was simple: to cut through the administrative noise, deliver clear operational updates, and build a transparent partnership with our provider network.

Thank you for reading and sharing your thoughts with us this past year. As we kick off year two, we are still focused on reducing your administrative burden. We will keep sending timely updates so you can focus on caring for your patients.

Key milestones from our first year

- **Streamlined operations:** We delivered critical updates on prior authorizations, billing rules, reimbursement, Availity, and the Oscar Provider Portal.
- **Explained complex policies:** We clarified major regulatory shifts, including government healthcare subsidies, the One Big Beautiful Bill Act (BBB), and CMS guidelines.
- **Launched new resources:** Throughout various editions of the newsletter, we introduced practical tools like our Quick Reference Guide, portal care gap trackers and other tools, and new patient resources.

Please continue sharing your thoughts with us so we can keep our content useful to your practice.

Share your feedback

Oscar climbs the Fortune 500 and earns global recognition from TIME Magazine: What our financial growth means for your practice

Oscar recently climbed 61 spots to #376 on the 2026 Fortune 500 list. This makes Oscar the fastest-growing health insurer by rank in its category this year. Alongside this growth, TIME magazine named Oscar to its global list of World's Growth Leaders, ranking at #736 for long-term market performance.

We are sharing these milestones because payer stability directly impacts your daily operations.

Why payer stability matters to your clinic

Working with unstable insurance companies creates major administrative friction, including delayed claims, sudden market exits, and unexpected changes to reimbursement rates. Oscar's strong financial standing provides concrete business security for your practice:

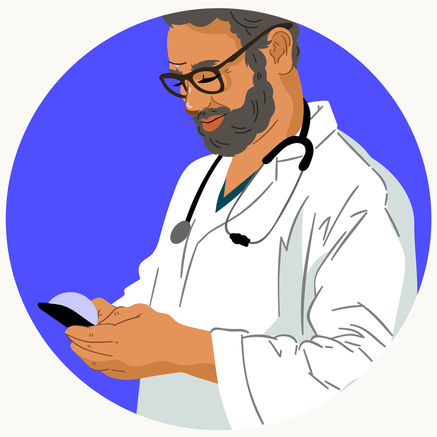
- **Predictable clinic revenue:** Financial health means reliable, consistent claims processing and steady cash flow for your office.
- **Stable patient panels:** When you invest time into building long-term relationships with patients, you want to know they can keep their insurance. Our market growth means your Oscar patients can confidently renew their exact plans year after year without disrupting their continuity of care.
- **Reliable clinical networks:** Long-term market presence allows us to maintain stable, trusted clinical networks and continuously improve our digital portal tools to reduce your administrative burden.

Read Becker's report

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

Never miss a provider update!

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