oscar

AUGUST UPDATES

Provider Newsletter

Contents

What’s going on this month

- Find what you need faster with our new Provider Portal features
- Skip the wait: 1,000+ [prior authorization codes]() are gone
- Enjoy smoother workflows with revamped fax lines
- Get to know our new forms for claim disputes required starting 10/1/2025

And much more!

Provider Portal Updates

This month in your portal

Submitting prior authorizations through the portal has never been easier! Our new prior authorization updates include:

- Auto-decisioning for some auth types when submitted through the portal.
- We've made it easier on you to extend your PA request in your portal! We're pre-populating data to remove the burden of re-typing all fields when you select the "Extension Request" button on the initial request.
- Supporting documents can be uploaded once you've submitted an auth request. If these documents aren't immediately available, simply navigate to that request and use the upload button to submit. See submission success in real time!

Your portal claims experience just got easier!

- You can view responses to all your claim disputes and appeals, as well as claim inquiries—which are created when you call our call center—all in your portal. Simply locate your claim, scroll to the Investigations section, and click the resolved item to see our response.
- Claims status has been simplified! Claims previously listed as "Fully Covered" or "Not covered / Partially covered" will now appear as "Processed."
- We've launched a new "Needs Attention" tab! Quickly identify claims that need additional information from you. Upload medical records,

itemized bills, primary payer EOB/COB documents and acquisition invoices directly through your portal.

Easily check member benefits by CPT Code!

- Navigate to a member details page and select the “Benefit Check” button in the upper right corner.
- Once you key in specific details, you will find information on coverage and cost share as well as authorization or referral requirements.

As a reminder if you don't yet have a portal account, click the button below to create your account!

Access Provider Portal

Provider News Updates

Big news: 1,000+ prior auth codes removed

We've heard your feedback about the administrative burden of prior authorizations, and we're taking significant steps to address it. As a first step in our ongoing commitment to improve our list of services that need prior authorization (PA), **effective 8/1 we're removing 27% of medical services from our prior authorization requirements**. This includes **over 1,000 additional procedure codes** that will no longer need pre-approval.

Our goal is to reduce administrative burden for you, allowing your team more time for what matters most: our members' well-being. This is just the beginning of a broader plan to streamline processes and create a more efficient healthcare system.

We're confident that these changes will lead to a more positive healthcare experience for everyone.

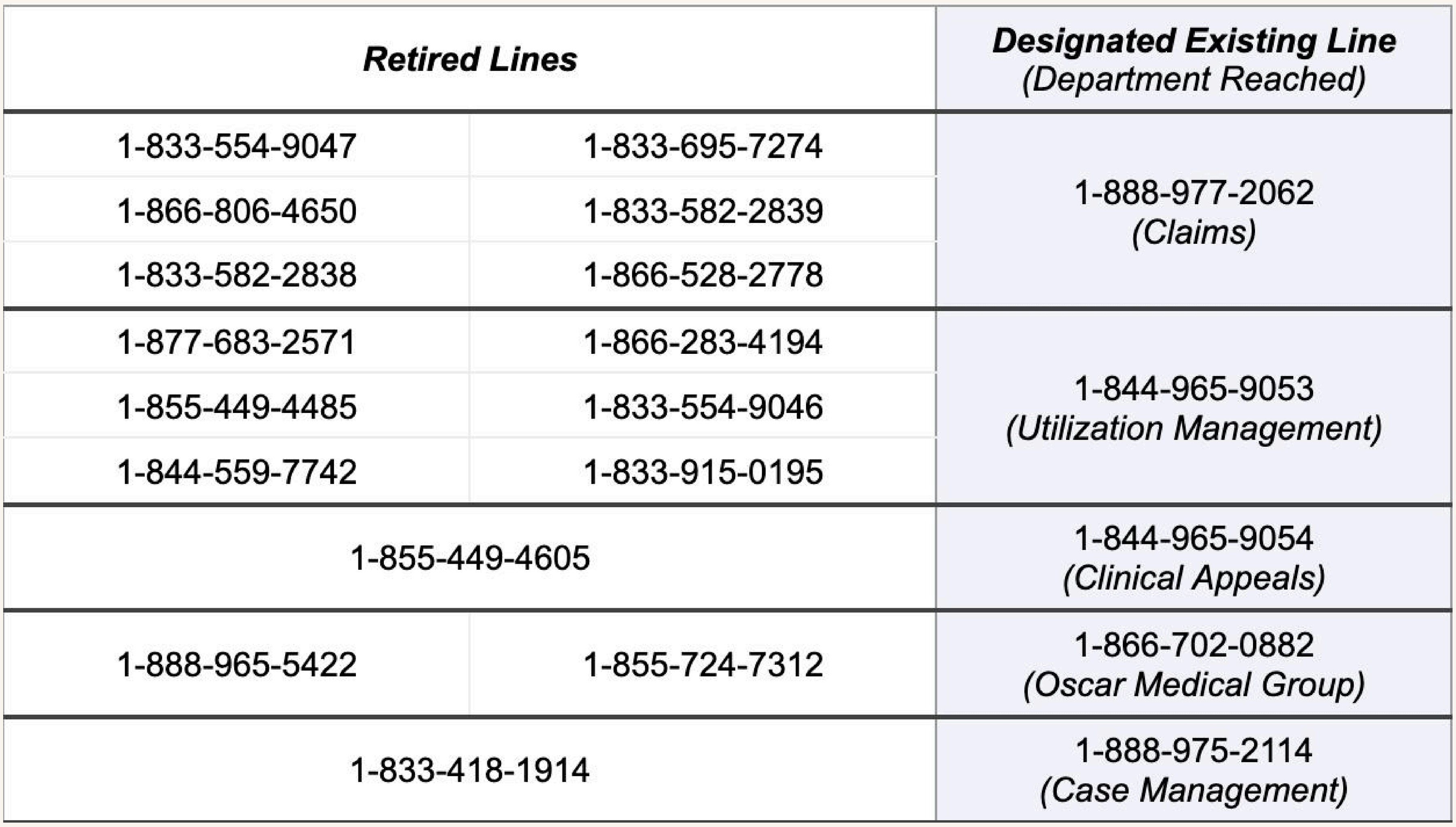
Learn More

Organizational Updates

Oscar fax line changes: What you need to know

To make working with Oscar easier, we’re streamlining our fax lines so it’s easier for you to get your information to the right place! We’re retiring **over 15** fax numbers effective 9/1.

What does this mean for you? If you’re using a line designated as a retired line in the table below, begin to use the new number identified. That’s all! Any fax number not included in retired lines will remain active.



Retired Lines		***Designated Existing Line*** *(Department Reached)*
1-833-554-9047	1-833-695-7274	1-888-977-2062 *(Claims)*
1-866-806-4650	1-833-582-2839	
1-833-582-2838	1-866-528-2778	
1-877-683-2571	1-866-283-4194	1-844-965-9053 *(Utilization Management)*
1-855-449-4485	1-833-554-9046	
1-844-559-7742	1-833-915-0195	
1-855-449-4605		1-844-965-9054 *(Clinical Appeals)*
1-888-965-5422	1-855-724-7312	1-866-702-0882 *(Oscar Medical Group)*
1-833-418-1914		1-888-975-2114 *(Case Management)*

Note: Any submission sent to a retired line after 9/1/2025 will not be processed. Please ensure this notice is sent to your providers if you oversee multiple practices or locations.

Get to know our new forms for claim disputes by 10/1/2025

The best way to submit your claim dispute and stay up to date on its status is through our provider portal. We’ve made necessary changes so that submitting through your portal is easier than ever before! If you choose to submit your dispute through fax or mail, beginning October 1, 2025 you **must** include the necessary cover sheet for it to be processed or your dispute will be returned until the corrected form is used.

There are 3 cover sheets to choose from and 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

How does this help you?

- **Streamlined Document Submission Process for Providers**
  - Our updated cover forms clearly indicate the information needed and include simple instructions on how to submit the documents.
- **Improved Document Management Process**
  - These changes enable our team to more quickly and accurately process provider documents, as well as reduce the need for follow up after the initial document submission.

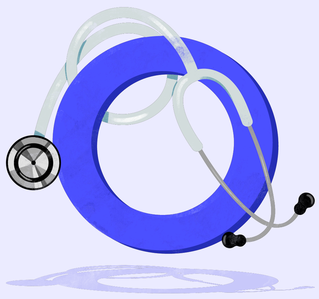
We recommend saving these cover forms to your files for easy future reference. Find the documents by clicking the button below.

Provider Forms

Friendly Reminder

Appointment wait time 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:

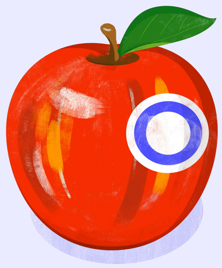


Behavioral health

appointments within

10 days*

business



Routine Primary Care

appointments within

15 days*

business

Specialty Care

appointments within

30 days*

business

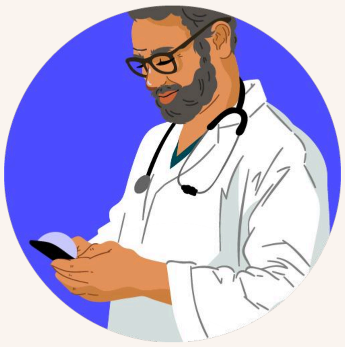
We understand the demands on your time and appreciate your continued efforts to meet these important standards. Thank you for your partnership and commitment to caring for our members the way you do!

Check out the Provider Manual for more comprehensive guidelines.

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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