

oscar

Welcome to our 2026 Network

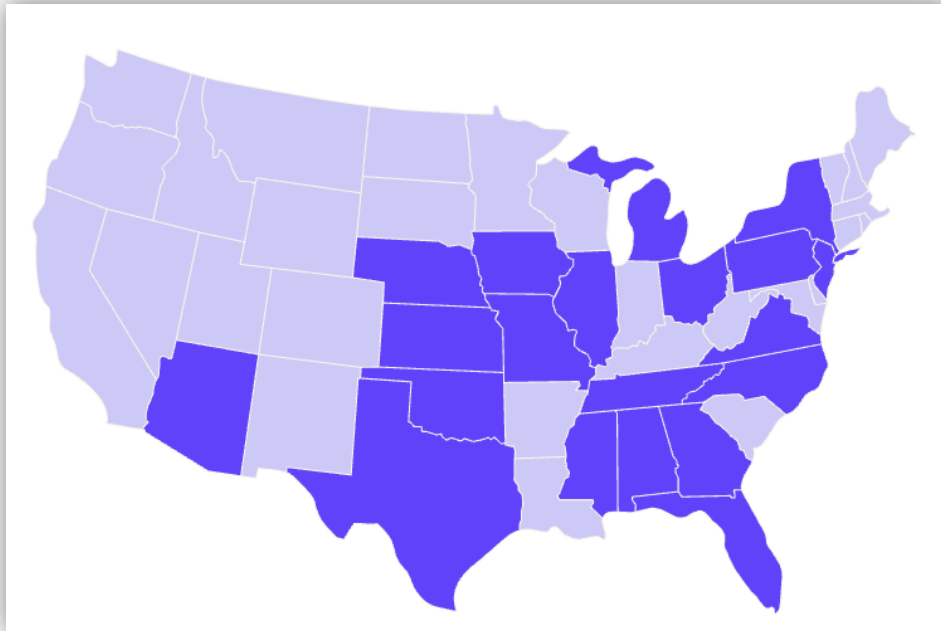
We're excited to partner with you!



We're Oscar

..and we work with robust local networks that include leading providers across the largest metros in the country.

Provider excellence is powered by partnership. With dedicated provider support teams, streamlined processes, and inclusive, affordable plans designed for diverse needs, we take on the administrative burden so you can focus on delivering high-quality care.



1 of 12

ACA members are represented by Oscar

573

counties served across the United States

2M+

Total members across our **20 state** footprint

68

industry leading member NPS score

Getting started with Oscar

We know your time matters. Oscar has all the resources you need to get started working with us quickly and seamlessly.

Provider Contact Center (855) 672-2755	Call center for questions about working with our plan.
New provider onboarding resources hioscar.com/provider-quick-start	Resources + trainings to get acquainted with Oscar and start working with us right away.
Provider resources landing page hioscar.com/providers/resources	Key landing pages, links, and resources you'll need to engage with Oscar.
Provider Manual provider.hioscar.com/resources	Comprehensive guide of policies, procedures, and resources needed to work with us.
Oscar Provider Portal provider.hioscar.com	Access to check member eligibility + benefits, submit authorization + referral requests, view claims and payments, and submit disputes.
Availity availity.com/oscarhealth/	Oscar's new partnership with Availity - stay tuned for ongoing updates.
Clinical Medical Guidelines hioscar.com/clinical-guidelines/medical	Oscar's official clinical medical guidelines. Refer to Provider Manual for all medical guidelines.
Clinical Pharmacy Guidelines hioscar.com/clinical-guidelines/pharmacy	Oscar's official clinical pharmacy guidelines.
Provider Roster Information hioscar.com/provider-rosters	Instructions to submit roster information to Oscar + keep your info correct in our directory.
Prior Authorization Information hioscar.com/prior-authorization	List of Oscar services that require prior authorization.
CoverMyMeds Oscar-specific link covermymeds.health/prior-authorization-forms/oscar-health-prior-authorization-forms	Submit authorizations, formulary exceptions, or appeals for prescription drugs.
Oscar Formulary hioscar.com/formularies	Oscar's 2026 formulary of covered medications.
Provider Newsletter hioscar.com/provider-quick-start	Sign up to receive Oscar's monthly newsletter for providers.

Orientation

Check hioscar.com/provider-quick-start for upcoming orientation and training sessions! This page will be continuously updated. We strongly encourage all providers to attend these sessions.

Credentialing

It's important to remember that every provider in your group must be credentialed by Oscar in order to appear in our Provider Directory. Claims submitted for services by non-credentialed providers will be denied. To learn more about Oscar's credentialing process, review [this document](#).

Check a provider's credentialing status at provider.hioscar.com/provider-credentialing-status

Provider Newsletter

Oscar Health sends a monthly provider newsletter to keep you informed about plan updates, provider news, compliance information, and upcoming events and training opportunities.

To ensure you never miss important updates, follow the instructions below:

1. Sign up for the provider newsletter at hioscar.com/provider-quick-start
2. Whitelist our email domain hioscar.com by marking us as a safe sender and adding us to your contacts
3. Check out previous editions of the provider newsletter at hioscar.com/providers/resources

A closer look at our members' ID cards

Oscar member ID cards look like this, whether members use physical or digital IDs:

Member's name —
Name of plan —
Member's primary —
care provider —
Member ID # —

Deductibles and —
cost shares —

OSCAR

Jane Doe
Bronze Classic Standard

PCP: Dr. Mary Smith

Your plan information
Member ID
Coverage start date 01/01/2026
Group ID None

In-network individual / family spending
Deductible \$7500 / \$15000
Out-of-pocket max \$10000 / \$20000

In-network cost before / after deductible
Oscar Care virtual visits \$0 / \$0
Primary care \$50 / \$50
Specialist \$100 / \$100
Urgent care \$75 / \$75
Emergency room 100% / 50%

Your Care Team
Log in at hioscar.com/member, or on the Oscar mobile app, or call 855-672-2755

Mental health
Call Optum at 866-293-2666

For your doctors & pharmacy

RxBIN	028406	Payer ID	OSCAR
RxPCN	OSCAR	Plan type	EPO
RxGRP	RX20AV		

Providers call 855-672-2755
Pharmacists call 800-364-6331

Where to send claims
Mental health Optum
Pharmacy CVS Caremark
Pediatric vision Davis Vision
Medical Oscar
Oscar, PO Box 52146, Phoenix, AZ 85072

— [Oscar Member Services](#)
— [Mental health contact information](#)
— [Member Rx information](#)

— [Claim submission guidelines](#)

Our Partners

Our network of medical providers, accessible through our hospital system and provider group partnerships, includes vendors for Behavioral Health and Substance Abuse, Pediatric Vision, Pharmacy, and Laboratory services. To ensure Oscar coverage, providers must be in-network with the specified vendors outlined below.

Optum Health

Behavioral Health and Substance Abuse Services

Review Types:

- Authorizations
- Reconsiderations, First Level Member and Provider Appeals, and Certain Second Level Appeals Required by Law

Electronic Payer ID: 87726

Phone: 877-614-0484

Fax numbers specified by state and region:

<https://public.providerexpress.com/content/ope-provexpr/us/en/contact-us.html>

Claims Submission Address:

Optum

P.O. Box 30757

Salt Lake City, UT 84130-0757

Website to join the network:

<https://public.providerexpress.com/content/ope-provexpr/us/en.html>

Davis Vision

Vision Services (Pediatric Only)

Claims Submission Address:

Vision Care Claims Unit

500 Jordan Road

Troy, NY 12180

Provider Inquiry Contact Information

1-800-773-2847

davisvision.com



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Cigna LifeSource

Transplant Services

Claims Submission Address:

LifeSOURCE NAC Claims
PO Box 7927
Philadelphia, PA 19101-7296

Fax for claims submissions only:

866-567-7071

Email for claims submissions only:

NACClaims@Evernorth.com

All other claim inquiries:

LifeSOURCENACInquiries@Evernorth.com

Optum Healthcare Solutions

Transplant Services

Claims Submission Address:

Optum Complex Medical Claims (CMC)
P.O. Box 30758
Salt Lake City, UT 84130

Fax: 866-567-7071

Phone: (877) 801-3507 x3

Email:

cmc.customer.service@optumhealth.com

Transplant-Related Claims Submission Requirements

Oscar partners with external transplant vendor networks, including Optum HealthCare Solutions and Cigna LifeSource, for pricing of transplant-related services. While Oscar remains responsible for claims payment and final processing, all transplant-related claims must be submitted directly to the appropriate vendor for pricing prior to reaching Oscar.

It is the responsibility of the provider to determine which transplant vendor network (Optum HCS or Cigna LS) is applicable for the member at the time of service, based on the contract in place and the transplant network assignment communicated by Oscar.

Providers must submit all transplant-related claims to the correct vendor (Optum or Cigna) designated for the transplant episode of care, prior to submission to Oscar. Failure to submit transplant-related claims to the appropriate vendor may result in delayed processing, reimbursement issues, or claims re-routing.

Pharmacy Partners

We have national access to a robust variety of in-network pharmacies including CVS, Walmart, Costco, and Hy-Vee. Please check the Oscar Provider Directory at hioscar.com/search/networks for additional in-network retail pharmacy options. Oscar uses CVS Specialty Pharmacy exclusively except in states where additional specialty pharmacies may be in-network.

Laboratory Providers

National laboratory partners include Quest, Labcorp, Sonic and BioReference. Please check the Oscar Provider Directory for additional in-network lab options.

Durable Medical Equipment (DME) Providers

National DME partners include Apria, Byram, Integra, Hanger and Verse Medical. Please check the Oscar Provider Directory for additional in-network DME options.

Claims Submission

We exclusively use Availity as our clearinghouse. We highly recommend submitting claims electronically via Availity using our payer ID: OSCAR. If you're having any issues setting up the ability to submit claims electronically, please contact your billing vendor to ensure they have Oscar's payer ID in their system.

You can quickly view claims and payments and submit claim disputes in our Provider Portal at provider.hioscar.com. If connected to Availity's Gateway, you can now access member eligibility and claim status directly within your EMR.

To learn more about claims, refer to our Provider Manual at provider.hioscar.com/resources.

Prior Authorization

To support our members in receiving the care they need, Oscar requires prior authorization for certain medical services. Claims submitted without the correct authorization will be denied.

To submit prior authorizations, log into your Oscar Provider Portal account at provider.hioscar.com or contact Oscar at 1-855-672-2755. If you are linked to Availity's Gateway, you will soon be able to submit authorization requests directly from your EMR.

To learn all the details about prior authorizations, please see the Provider Manual at provider.hioscar.com/resources.

To see updated lists of services that require prior authorization, go to hioscar.com/prior-authorization.

To support our members in receiving the care they need, Oscar requires prior authorization for certain prescription drugs. If your EMR supports the real-time benefit check, please use that functionality to verify formulary coverage of the drug(s) before sending the script to the pharmacy. If you are prescribing a drug that is not on Oscar's Formulary, please review the Formulary at hioscar.com/formularies first to determine if an alternative drug is clinically appropriate.

You can electronically submit authorizations, formulary exceptions, or appeals for prescription drugs through your EMR or by logging into [CoverMyMeds](#). You can also download a Prescription Drug Prior Authorization Request form from www.hioscar.com/forms; select your state and plan year, then scroll down to the Drug & Formulary Information section, select the Drug Prior Authorization Form. Fill it out and fax it to us at 1-855-211-0731.

To learn all the details about prescription drug prior authorizations, please see the Provider Manual at provider.hioscar.com/resources.

To see updated drug lists and prior authorization requirements, go to www.hioscar.com/formularies.

Please reference the member's ID card to verify whether their plan is standard or not. Note that a list of Specialty drugs and pharmacies can be found at hioscar.com/prescriptions.

Provider Portal & Availity Partnership

You can quickly look up Member Eligibility and Benefits, submit auth and referral requests, view claims and payments and submit claim disputes in our Provider Portal at provider.hioscar.com.

If you are connected to Availity's Gateway, you can now quickly view Member Eligibility and Claim status. Soon you will also be able to submit auth requests directly in your EMR.

Unauthorized Enrollments

If your patients mention a concern of fraud or believe they were enrolled in or switched to a plan on the Federally Facilitated Marketplace (FFM) without their knowledge or consent, please advise them to call the CMS Marketplace Call Center at 1-800- 318-2596 (TTY: 1-855-889-4325).

You can also provide your patients with the following information:

<https://www.cms.gov/files/document/agent-broker-infographic-2024-final.pdf>

Case Management

For comprehensive case management, including complex case management, refer patients to call 844-357-6585. Oscar's case managers provide dedicated support to our members who request or need extra assistance. This includes assistance with:

- Transitions of care
- Post-hospital recovery
- DME
- Medication adherence
- Disease specific education
- Care coordination or navigation
- Any other case management concerns patients may have

For Behavioral Health/Substance Abuse case management, refer patients to Optum.

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: within 10 days
- Routine Primary Care: within 15 days
- Speciality Care: within 30 days

Check out our Provider Manual at provider.hioscar.com/resources for more comprehensive guidelines.

Helping our members find you

At Oscar, we rely on having the most up-to-date information about your practice. This ensures our members can seamlessly access the high-quality care you provide.

To keep your information current and accurate in our member directories and claims system, please let us know if there are any changes to your:

- Practice location
- Availability (e.g., panel status, specialty adds/changes, new providers)
- Billing or administrative details

To learn more about how to keep your information current and accurate in our member directories and claims system, please visit www.hioscar.com/provider-rosters.