



Oscar Individual Practitioner Credentialing

Welcome to Oscar! We're excited to have you in our New York network. You'll need to be credentialed before you can provide care to our members. Below you'll find the instructions to get started! Questions? Email us at NY_Contracts@hioscar.com or call us at (855) 672-2740.

Option 1: CAQH (no action needed)

If you have a CAQH, then there's no action needed.

Option 2: Without CAQH

Please send us the following documents by email, fax or mail:

- ☐ Completed and signed Practitioner Disclosure Questionnaire (attached)
- ☐ Supporting documentation to provide context to any questions on the Disclosure Questions (if needed)
- ☐ Work History or a CV
- ☐ A copy of current and valid malpractice coverage for each practitioner



Practitioner Disclosure Questionnaire

I. LICENSURE HOSPITAL PRIVILEGES AND OTHER AFFILIATIONS

a) Has your license, registration or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, or restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board?

- ☐ Yes
- ☐ No

b) Has there been any challenge to your licensure, registration or certification?

- ☐ Yes
- ☐ No

c) Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board?

- ☐ Yes
- ☐ No

d) Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation?

- ☐ Yes
- ☐ No

e) Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)?

- ☐ Yes
- ☐ No



Practitioner Disclosure Questionnaire

II. LICENSURE HOSPITAL PRIVILEGES AND OTHER AFFILIATIONS

a) Have you ever received a reprimand or been fined by any state licensing board?

- ☐ Yes
- ☐ No

b) Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program?

- ☐ Yes
- ☐ No

c) Have any of your board certifications or eligibility ever been revoked?

- ☐ Yes
- ☐ No

III. EDUCATION, TRAINING AND BOARD CERTIFICATION

a) Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation?

- ☐ Yes
- ☐ No

b) Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished?

- ☐ Yes
- ☐ No



Practitioner Disclosure Questionnaire

IV. DEA OR STATE CONTROLLED SUBSTANCE REGISTRATION

a) Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental health care plans or programs?

- ☐ Yes
☐ No

V. MEDICARE, MEDICAID OR OTHER GOVERNMENTAL PROGRAM PARTICIPATION

a) Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?

- ☐ Yes
☐ No

VI. OTHER SANCTIONS OR INVESTIGATIONS

a) To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank?

- ☐ Yes
☐ No

b) Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)?

- ☐ Yes
☐ No



Practitioner Disclosure Questionnaire

c) Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history?

- ☐ Yes
☐ No

VII. PROFESSIONAL LIABILITY INSURANCE INFORMATION AND CLAIMS HISTORY

a) Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history?

(If you answered "Yes", you must complete the Supplemental Malpractice Claims Explanation)

- ☐ Yes
☐ No

VIII. CRIMINAL/CIVIL HISTORY

a) Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony, or been court-martialed for actions related to your duties as a medical professional?

- ☐ Yes
☐ No

b) In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct?

- ☐ Yes
☐ No



Practitioner Disclosure Questionnaire

c) Are you currently engaged in the illegal use of drugs? ("Currently" means sufficiently recent to justify a reasonable belief that the use of drugs may have an ongoing impact on one's ability to practice medicine. "Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812.22. It "does not include the use of a drug taken under supervision by a licensed healthcare professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law." The term does include, however, the unlawful use of prescription controlled substances.)

☐ Yes

☐ No

IX. ABILITY TO PERFORM JOB

a) Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?

☐ Yes

☐ No

b) Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation?

☐ Yes

☐ No



Practitioner Disclosure Questionnaire

X. Please attach documentation explain any question with a “yes” answer. Include numeral and letter.

All information provided on this application or in connection with this application is complete and correct to the best of the Applicant’s knowledge. The Applicant understands and agrees that completion of this application does not entitle the Applicant to participate in Oscar’s participating provider network. All information submitted to Oscar by Applicant will be treated as confidential, unless publicly available. Applicant further agrees that if accepted into Oscar’s participating provider network, Applicant shall provide ready access and copies to Oscar, upon request, of any and all medical records that the Applicant maintains for any Oscar members. The Applicant further agrees to notify Oscar in a timely manner of any changes to the information provided on the application.

The Applicant hereby authorizes any accrediting body, governmental entity, association, organization, person or insurance company to release the information requested herein and to provide confirmation of the answers contained herein to Oscar or any affiliate or subsidiary of Oscar Insurance Corporation, Inc. This authorization shall be valid for so long as the Applicant is a Oscar contracted provider. A copy of the signature is as binding as the original.

Date

Name (printed):

Signature