Quality Improvement Program Summary

VISION AND MISSION

Oscar was developed and structured to make a healthier life accessible and affordable for all. In conjunction with our provider partners, we are the entry point and guide for our members through the health care system—we facilitate their access to care so that providers can focus on keeping members healthy. Our unique vision drives our mission to refactor health care to build richer connections and take the best care of our members.

In order to continuously improve the care and services our members receive, promote safety and use of evidence-based guidelines, and provide a satisfying experience for both the member and provider, the Quality Improvement Program (QI Program) is focused on three aims:

1. Simple and Engaging Member Experience
2. Easy Access to Better Care
3. Better Health Outcomes at a Lower Cost

OBJECTIVES

- Create a simple and engaging member experience through analysis of continuous quality monitoring and member feedback data.
- Improve easy access to care through analysis and improvement activities based on access and availability monitoring that influence seamless care routing.
- Provide access to better care through a high quality network of providers and facilities through the Credentialing, PQI monitoring, value-based partnership, and clinical outcome monitoring programs.
- Improve patient safety through potential quality issue identification, review, and trending. Take action when appropriate and follow up on corrective actions or performance improvement plans.
- Provide an enterprise-wide approach and structure which utilizes appropriate QI methodologies and reporting tools.
- Continue to expand the involvement of physicians, who provide care to the Plan’s enrollees, as an integral part of the QI Program.
- Improve the health of our members through population health activities, including identifying the cultural and linguistic diversity of our membership and developing interventions to better meet their needs.
- Conduct an annual evaluation of the QI Program and distribute the QI Program Performance Annual Report to Oscar’s Board, its members and practitioners, and upon request, to federal and state agencies.
2018 OUTCOMES AND 2019 ACTIVITIES

Oscar underwent NCQA Health Plan Accreditation and was awarded full accreditation. NCQA Accreditation not only involves a rigorous review of a health plan’s consumer protection and quality improvement systems, but also requires health plans to submit audited data on key clinical and service measures (e.g., mammography screening rates; consumer satisfaction) in order to achieve the highest levels of accreditation. Oscar will continue to maintain adherence to these standards.

SIMPLE AND ENGAGING MEMBER EXPERIENCE

Oscar’s Concierge teams aim to be an entry-point to the health care system for Oscar members. In 2018, Oscar engaged in several projects to improve the quality of service provided to members including:

- **Concierge Teams:** Improved Concierge services and quality monitoring, meaning we were getting to our members needs faster while monitoring for quality and accuracy at the same time.

- **Cultural Competence and Language Assistance:** Provided access to bilingual representatives who speak English and Spanish. Additionally, members can access interpreter services through an outside vendor in 170+ languages at no charge. Surveyed and updated the Health Appraisal to obtain additional self-reported data from members with expanded language choices. Implemented Spanish speaking teams and internal Spanish translation services.

- **Complaints, Grievances, and Appeals:** We track and trend every complaint, grievance, and appeal to identify issues our members face so we can take meaningful action to improve the member experience.

- **Member Feedback:** Since the member experience is viewed as a pillar of the quality plan, many steps are taken to evaluate the member’s experience during their time at Oscar. These include but are not limited to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, Net Promoter Scores, and internal assessments for the Concierge teams and network providers.

2019 Projects

Drive a better overall member experience by improving the timeliness and accuracy of end-to-end member issues and the quality of member touch points with Oscar.

Improve our member’s understanding of their health plan and prepare them to better manage their care encounters and associated costs.

Improve speed of resolution for member and provider claims issues or questions.
EASY ACCESS TO BETTER CARE

Oscar specifically requires that contracted practitioners and specialists cooperate with QI activities and that practitioners may freely communicate with patients about all treatment options, regardless of benefit coverage limitations. This information is outlined in the Provider Manual, which is presented to all participating practitioners and updated when appropriate. To ensure that members have easy access to good care 2018 activities included:

- **Access and Availability Monitoring:** Conducted a quantitative and qualitative analysis of the populations’ linguistic and cultural needs, network access standards, and practitioner availability for primary care providers and high-impact specialists. Analyzed member complaints, grievances, and appeals related to the network access and availability.

- **Credentialing and Peer Review:** Credentialing is a detailed process that reviews doctors’ qualifications and career history including their education, training, residency, and licenses, as well as any specialty certificates. We ensured that all our network partners had appropriate credentialing practices prior to working with them.

- **Directory and Provider Data:** Collected and validated data points on our doctors and network facilities to help members find the right provider for their needs. We conducted an analysis of the accuracy of our provider directory to ensure a seamless process between searching for and seeing a provider.

**2019 Projects**

- Improve member experience identifying available providers through increased network participation in direct scheduling platform.

- Give members an easy experience finding an Oscar provider by supplying accurate data in the member-facing directory, as well as ensuring that Oscar providers know they are in our network.
Oscar monitored member and provider behavior to focus on ensuring quality and safety of clinical care and improving health and costs. In 2018, activities included:

**HEDIS**: Submitted and reviewed Healthcare Effectiveness Data and Information Set (HEDIS®). This data helps us identify shortfalls in prevention and care, areas for improvement, and informs quality objectives with network partners.

**Potential Quality Issues**: Collected potential quality issues related to care from various sources, investigated all referred issues to identify actual quality of care issues, and took corrective action with the provider when appropriate.

**Clinical Practice Guidelines**: In order to improve health care quality and reduce unnecessary variation in care Oscar’s Benefit and Clinical Policy subcommittee along with our Managed Behavioral Health Organization (MBHO) partner approved, adopted, and distributed evidence-based clinical practice guidelines for medical and behavioral health conditions to practitioners. The HEDIS® measures below were monitored to assess adherence against clinical practice guidelines.

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<th>Measure</th>
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<td>Adult BMI Assessment (ABA)</td>
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<tr>
<td>Cervical Cancer Screening (CCS)</td>
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<td>Childhood Immunization Status - MMR Vaccine (CIS)</td>
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<td>Weight Assessment for Children/Adolescents - BMI Percentile (WCC)</td>
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<td>Controlling High Blood Pressure (CBP)</td>
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<td>Statin Therapy for Patients with Cardiovascular Disease - Received (SPC)</td>
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<tr>
<td>Comprehensive Diabetes Care - HbA1c Control &lt;8.0% (CDC)</td>
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<tr>
<td>Statin Therapy for Patients with Diabetes - Received (SPD)</td>
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<td>Follow-Up After Hospitalization for Mental Illness - 7 days (FUH)</td>
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<td>Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase (ADD)</td>
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<td>Follow-Up Care for Children Prescribed ADHD Medication - Continuation Phase (ADD)</td>
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**Clinical Review**: To help ensure patient safety, minimize errors, and enforce adherence to best clinical practices Oscar’s Program applies clinical guidelines to promote the appropriate care in the right setting at the right time.

- Improved timeliness of informing members on clinical determinations confirming whether a service is both medically necessary and a plan-covered service.
- Surveyed members and providers on their experience with the authorization process to gain insights into opportunities for improvement.
- Audited decision making for quality and with an internal inter rater reliability audit to review the accuracy and reliability of physician decision making.
Population Health Strategy: Oscar implemented a more comprehensive approach to member health and wellness through our Population Health Strategy. The program focused on keeping members healthy, managing members with emerging risk, monitoring patient outcomes across settings, and managing multiple chronic illnesses. Population Health Program was able to:
  ○ Increase HBA1C testing for comprehensive diabetes care
  ○ Increase colorectal cancer screening
  ○ Improve the member experience, engagement, and documentation of Concierge case managers
  ○ Help more members plan their care after leaving the hospital
  ○ Reduce readmissions for our members with the most complex health needs and route them to appropriate primary care
  ○ Route members to the right level of care.

Integrated Care Needs: Increased the amount of members identified with integrated care needs. Worked with Optum to annually evaluate the data on opportunities for collaboration between medical care and behavioral health care to identify improvement activities to assure continuity and coordination of care.

2019 Projects

Promote adherence to preventive clinical standards for colorectal cancer screening, cervical cancer screening, and diabetes eye exam.

Improve the coordination of care between behavioral and medical services.

Provide easy to understand language to members in clinical decision letters.

Identify areas of potential failure in the clinical review process through failure modes and effects analysis which can impact a member’s experience or access to care.

ONGOING COMMITMENT TO QUALITY

We’re already hard at work using our learnings from 2018 to inform the Quality Improvement Program for the rest of 2019 and beyond. To receive additional information about the program, or to give feedback on how we can improve our services, give us a call at 1-855-672-2755.