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.
ANNUAL PROGRAM EVALUATION AND WORK PLAN

Oscar monitors the QI Program through the Annual Work Plan. The Annual Work Plan identifies all the scheduled activities for the year and addresses quality of clinical care, safety of clinical care, quality of service, and member experience. The Annual Work Plan outlines the timeframe for each activity's completion, the staff member responsible, the monitoring required, and the final evaluation of the activity.

On an annual basis, the entire QI Program is reviewed and evaluated. The evaluation consists of a review of all goals and their status, along with a comprehensive analysis of barriers for those goals not achieved. The evaluation assesses the overall effectiveness in improving the quality of care and service to members as well as progress towards improving patient safety and influencing network clinical practices.

The completion of the annual evaluation contributes in the development of the following year's QI Work Plan. An executive summary will be created and made available to Oscar members.

The Annual Evaluation will include:

- A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service.
- Trending of measures to assess performance in the quality and safety of clinical care and quality of service.
- Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network-wide safe clinical practices.

PROGRAM SCOPE

The program applies to all membership served by Oscar including direct services provided by Oscar through our concierge teams and by Oscar’s network of providers. Oscar monitors the following data to identify issues and opportunities for improvement in care and services:

<table>
<thead>
<tr>
<th>Healthcare Effectiveness Data and Information Set (HEDIS®)</th>
<th>Provider Education Tickets</th>
<th>Credentialing, recredentialing, and sanctions monitoring reports</th>
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<tr>
<td>CAHPS/QHP Enrollee Survey</td>
<td>Provider disputes</td>
<td>Single case agreements</td>
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<td>Member claims</td>
<td>Quality of Care issues and Potential Quality Issue trends</td>
<td>Data accuracy assessments</td>
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<td>Complaints, grievances, and appeals</td>
<td>Member utilization of Oscar products and services</td>
<td>Population Health Strategy effectiveness metrics</td>
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<td>Concierge team performance metrics</td>
<td>Clinical Review operational performance</td>
<td>Over/under utilization trends</td>
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<tr>
<td>Member and provider satisfaction surveys</td>
<td>Clinical Review interrater reliability and quality audits</td>
<td>Complex Case Management operation metrics</td>
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SIMPLE AND ENGAGING MEMBER EXPERIENCE

Oscar monitors feedback, surveys, and other data sources to monitor quality and identify opportunities for improvement in the following areas:

- Concierge teams
- Reducing health and health care disparities
- Language services
- Complaints, grievances, and appeals
- Member engagement and technology
- Member feedback surveys

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 monitors feedback, surveys, and other data sources to monitor quality and identify opportunities for improvement in the following areas:

- Access and availability
- Member experience
- Credentialing and recredentialing
- Quality network agreements
- Provider data

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.

BETTER HEALTH OUTCOMES AT A LOWER COST

Oscar uses feedback, surveys, and other data sources to monitor quality and identify opportunities for improvement in the following areas:

- Healthcare Effectiveness Data and Information Set (HEDIS®)
- Quality of care issues and peer review
Clinical practice guidelines and standards of care
Standards for medical record documentation
Population health strategy and programs
Continuity and coordination of care
Behavioral health
Continuity and coordination between medical care and behavioral health care
Utilization management
Pharmacy management

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.

Use easy-to-understand language in clinical decision letters.

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

HEALTH PLAN ACCREDITATION

Oscar will maintain adherence to the National Committee for Quality Assurance (NCQA) Health Plan Accreditation standards. 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; advising smokers to quit; consumer satisfaction) in order to achieve the highest levels of accreditation.

ONGOING COMMITMENT TO QUALITY

We’re already hard at work on the 2019 Quality Improvement Program. To receive additional information about the program, or to give feedback on how we can improve our services, give us a call 1-855-672-2755.