Quality Strategy – Improving Health Outcomes

Quality Reporting

Oscar’s goal is to maintain and improve our members’ health. This goal will be achieved through a multifaceted data-supported quality program that follows nationally-accepted clinical guidelines and focuses on the individual member. Maintaining and improving members’ health requires Oscar to harness and enhance the latest informatics technology to gather, aggregate, analyze, and maintain all available knowledge and data regarding each member’s health care and treatment experiences into a personalized health-data history. This data will enable Oscar to monitor the quality of care, outcomes, the impact of programs, and service levels as well as to provide information such as predictive models and identification of gaps in care to target individuals and physicians to ensure optimal effective care is provided. We will actively assess subscriber treatment status and progress and discuss with members their treatment options. Our goal is to meet and exceed all the highest Clinical and customer Quality standards and reporting requirements, specifically the utilization and quality measures of Health Care Effectiveness Data and Information Set (HEDIS), The NY DOH Quality Assurance Reporting Requirements (QARR) and a Consumer Assessment of Health Care Providers and Systems (CAHPS) survey.

The Oscar reporting suite leverages integrated technology and data warehouse platform to provide actionable reporting that enables data-driven decision making. It will provide access to useable real time data that incorporates sophisticated algorithms to support and make informed decisions, monitor and ensure the effectiveness of clinical programs and track our performance against goals and national benchmarks.

For example, the following chart lists some of the data elements that we will be monitoring and reports that will be developed for quality management.

<table>
<thead>
<tr>
<th>Category</th>
<th>Data Elements</th>
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| Financial | • Payments by major diagnosis category, CPT4, ICD9/10.  
• Cost per unit by level of care and type of service and location  
• Network payments by level of care and network savings |
| Clinical  | • Outpatient visits per 1,000 members  
• Admissions per 1,000 members  
• Average length of hospital stays  
• Re-admissions within 30 days  
• Performance of physicians against various quality measures and... |
### Category

<table>
<thead>
<tr>
<th>Data Elements</th>
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<tbody>
<tr>
<td>standards</td>
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<tr>
<td>• Gaps in care</td>
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<tr>
<td>• Predictive models anticipating member needs by condition</td>
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<tr>
<td>• Ranking individuals by ER visits, outpatient visits and number of providers seen</td>
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<tr>
<td>• Adverse events for inpatient services including sepsis, transfusion reaction, cardiac arrest</td>
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<tr>
<td>• Episode treatment groups and utilization and quality measures</td>
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<tr>
<td>• Encounter data indicating members seeing multiple providers</td>
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<tr>
<td>• Health Risk Assessment completion and stratification</td>
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<tr>
<td>• Number of members in Intensive Case Management</td>
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<td>• Pharmacy benefit utilization by member, by drug class, by prescriber, by generic use, etc.</td>
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### Operational

<table>
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<th>Data Elements</th>
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<tr>
<td>• HEDIS reports (e.g., ambulatory follow-up)</td>
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<tr>
<td>• Provider (e.g., reports tracking basic information on our provider networks)</td>
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<tr>
<td>• Membership (e.g., enrollment information including socio-demographic data)</td>
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<tr>
<td>• Call management (e.g., average speed of answer, abandonment rate)</td>
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<tr>
<td>• Paid claims (e.g., utilization, claim lags, claims processing, and fraud and abuse)</td>
</tr>
<tr>
<td>• Customer satisfaction at the member and provider level</td>
</tr>
<tr>
<td>• Inquiry tracking (e.g., customer inquiries including complaints)</td>
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Oscar’s technology will be built specifically to maintain full data visibility across major touchpoints within the healthcare system. In addition to claims data, we will integrate HRA information, pre-authorization information, tele-visits and customer service interactions in a centralized repository. This allows us to form a holistic picture of the member’s wellness and healthcare needs.

The delivery method and frequency of reporting is as important as the data itself. Oscar will require our administrative partners, such as the pharmacy benefit manager, to provide secure and HIPAA compliant access to real-time data via online and mobile reporting dashboards. Oscar will have access to a variety of data sets to conduct analyses across a full range of inpatient and outpatient utilization, including data on member enrollment, care coordination, encounters, authorizations and pharmacy benefit utilization as well as information on the services rendered.
Effective Case Management, Care Coordination and Chronic Disease Management

Oscar will structure a case management program to ensure the delivery of customized medical case management solutions that promote optimal medical outcomes, patient satisfaction, and cost-effectiveness. Oscar, through its vendors, expects to provide the highest level of service and look for accreditations from the American Accreditation Health Care Commission and the National Committee on Quality Assurance ("NCQA"). We believe that quality care management is patient-centric, provides the best care for each member using evidence-based medical guidelines.

Oscar recognizes that there is a continuum of care needs in our insured population ranging from wellness promotion to long-term supportive case management. We will identify individuals within each category and provide access to the appropriate services and programs to serve their particular clinical condition. The chart below outlines Oscar’s stratification of its patient population. Oscar will develop and provide specific programs based on this stratification.

Oscar programs will meet the unique clinical needs of each of our members. The programs range from telephonic physician visits for those who are generally healthy but have an immediate health need that can be conveniently managed by phone, to palliative and intensive care management for end of life needs.

We will encourage our members to maintain healthy lifestyles to prevent or minimize illness, working to support them in changing habits of mind and behavior. Applying our expertise, we will continually develop innovations that promote better health solutions based on the characteristics and unique needs of the populations we serve. These solutions will be customized to meet individual needs to maintain health or diminish the impact of chronic illnesses.
Effective care coordination is essential to improving outcomes. Care coordination initiatives have the potential to reduce waste, and improve information flow and health outcomes as a member moves across different settings of care. Care coordination also has significant savings potential by reducing potentially avoidable hospitalizations. Care coordination in the form of early outpatient follow-up to a hospital discharge can reduce the risk of re-hospitalization.

Our care management activities include identification of individual needs through health risk assessment combined with the analysis of claims and other data through the use of sophisticated algorithms. Oscar will stratify members and provide the appropriate care coordination for each member. Intensive Case Management (ICM) will be offered to members with more complex, complicated, and/or persistent disorders. Such cases may include members who have co-morbid and multiple medical conditions as well as behavioral health components.

Based on the stratification level, programs that are targeted for individual needs will be offered and directed to our members. Examples of the type of programs for individuals include email and other web based health and wellness programs for the generally healthy individuals including: (i) outreach and home care visits as needed for new mothers, (ii) complex case management for individuals identified with multiple co-morbidities, and (iii) complex medical issues.

Oscar’s disease management program will identify, assess and monitor the members most severely affected by chronic medical conditions such as asthma, diabetes, congestive heart failure, chronic obstructive pulmonary disease, and coronary artery disease. Rather than a broad population-based initiative, this program identifies the most seriously ill members, those who require the most care, or those whose condition suggests that future care will be complex and high cost.

Once identified, members will be contacted by a case manager for a clinical assessment to include:

- Medical history
- Medications used
- Diet/exercise status
- Frequency of hospitalizations and/or M.D. visits

Based on the assessment, we will enroll appropriate members in Oscar disease management program. The program includes:
• Initial intensive assessment outbound nurse calls to member
• Outreach to member’s physician, as appropriate
• Member education and reference materials for their disease
• Development of a customized care plan
• Monitoring and support for care plan goals
• Facilitating communication between members and doctors.
• Identification of psychological issues and depression screening

Integration with our utilization management programs will enable outreach immediately following a medical event when a member’s readiness to change is optimal.

Clinical Practice Guidelines

Oscar’s QM committee will approve, adopt and distribute to practitioners evidence-based clinical practice guidelines for at least two medical condition and at least two behavioral health conditions to improve health care quality and reduce unnecessary variation in care. In addition, Oscar the QM committee will adopt and distribute evidenced-based preventative health guidelines for perinatal care, care for children up to 24 months old, care for children 2-19 years old, care for adults 20-64 years old, and care for adults 65 years.

Medication and Care Compliance Initiative

Non-adherence to prescribed medications is estimated to drive an additional $300 billion in U.S. health care system costs. In addition, a recent study shows that members who did not take their medication as prescribed missed up to seven more days of work than those who were adherent. Knowing that improving medication adherence leads to healthier members, Oscar will offer members a variety of integrated clinical solutions to help them stay on the most cost-effective medication regimens. As part of this approach, Oscar will provide solutions that encourage members with chronic illnesses to comply with medication and treatment regimens, thus striving to avoid additional, and often high-cost, pharmacy and medical expenses.

In keeping with Oscar’s member-focused approach our members who live with the challenges associated with chronic conditions, such as diabetes, will be able to interact with trusted pharmacists in a personalized, informed manner – either face-to-face, at retail locations throughout the Oscar service area. This is offered through Oscar’s Pharmacy Benefit Management (PBM) partner. In 2012, our PBM introduced a cardiovascular disease program in addition to its existing diabetes program. In 2013, the program expanded to include chronic obstructive pulmonary disease, asthma, depression, osteoporosis, and breast cancer.
The core elements to the medication compliance program will include the following communication channels and provide:

- Refill reminders
- Educational new-to-therapy letter
- Online resources
- Off-therapy outreach
- Prescriber engagement

Both retail and mail claims are analyzed to accurately determine a member’s adherence regardless of the channel. Currently, 9 disease states (27 therapeutic classes) are included in the compliance program.

Research proves that closing gaps in member care helps to avoid medical complications and reduces total costs, despite potential increased drug spending. Oscar’s PBM offers a robust solution to help improve quality and control member premium costs by closing gaps in care. These “gap solutions” will turn our prescription benefit plan into a powerful “early-warning system” for our members’ medical care. Through retrospective claims review, we can identify and address future member-specific opportunities for improved care before members experience severe health-related events. We proactively address opportunities by contacting the member’s prescriber or the member directly, as appropriate to reduce risk and prevent avoidable medical costs. The result is higher quality of care provided at the lowest possible member premium costs.

Our PBM’s mail order service will help ensure that members receive renewals and/or refills of their maintenance medications in a timely, efficient manner and may yield up to a 10% improvement in adherence. When members submit prescriptions for automatic refills, our PBM’s mail order pharmacy will systematically refill them after allowing the member an opportunity to decline the fill. With auto renewal, we will contact the physician on the member’s behalf after the last refill is filled and request a new prescription. For some members with well-managed conditions, the physician can extend medication therapy without an office visit, helping members avoid interruption of their therapy and the added cost of an office visit. Through our PBM we will proactively notify the member before each fill. This allows the member the opportunity to cancel the automatic refill or renewal.

To address specialty drug adherence, our PBM features pharmacist-led CareTeams, who specialize in the conditions they manage. Through continual engagement, the dedicated CareTeams will build trusting and meaningful relationships with Oscar members. By doing so, CareTeams play a meaningful role in helping patients adhere to their medication regimen.
The full functionality set associated with our PBM – refill reminders, mail order service, drug adherence reminders and so on – will be tightly integrated with the core Oscar user experience. Whether logging into the Oscar website, perusing the Oscar mobile application or calling in to customer care, members will receive the same tightly synchronized information and reminders related to their medications and medication history.

Use of the Medical Home Model

The medical home model is an important component of the Oscar care philosophy. Utilizing our data warehouse and analytic capabilities, we will provide member-based information to physicians that will enable them to manage their patient population and coordinate care and improve outcomes. Oscar will identify individuals who require preventive services, who are non-compliant with their medication and who are at high medical risk for worsening of their condition. In collaboration with our physicians, we will share the information and offer services to these patients so that the overall population of patients' outcomes are improved.

Oscar’s medical home program will offer a full-range of support services including:

- Skilled nursing
- Rehabilitation therapy and habilitative services
- Home health aide and companionship
- Behavioral health
- Nutrition
- Infusion
- Community mental health
- Specialized programs for families
- Programs for children, including palliative care for those with significant or complex illnesses
- End-of-life, advanced illness care

Other member-centric services will include:

- comprehensive care management – risk screening and case identification, comprehensive health/life assessments with individualized member-centered care plans
- care coordination – a dedicated primary care manager will be assigned to at-risk individuals based on their primary condition, with systematic communication protocols and service coordination supported by the health information system
• transition care management – wrap-around transitions from acute care to community-based care including medication reconciliation procedures
• health promotion – risk identification tools such as a health risk assessment and skill training and coaching for common health behavior change opportunities (i.e., smoking, obesity, sedentary life style, and substance use)
• family and individual support services – inclusion of family and care givers in development of care plans, education, peer support resources, and participation in advisory activities
• referral to community and social support – access to community-based resources with a highly developed organization and network affiliation agreements

Oscar views the medical home model as a dynamic component of our health plan that will continue to evolve and expand as a customizable way to meet member health care needs in the most personal, cost-effective setting.

Preventing Hospital Readmissions

Oscar’s approach involves engaging the patient in education counseling, and discharge planning that begins before admission for elective procedures and on the day of admission for emergencies. Ensuring that there is a safe discharge plan and that the patient is prepared for discharge is an important Oscar goal.

Patient Centered Education and Counseling

The patient-centered approach calls for members to engage in their care including understanding their care needs involving transitions such as home to hospital or hospital to skilled nursing facility. Preventing unnecessary hospital admissions or re-admissions requires adequate patient education.

Recent studies demonstrate that as many as 20% of patients discharged from the hospital end up back in the hospital within 30 days. Most of these readmissions result from lack of follow-up care or the inability of the member to understand and follow their physician’s directions and non-compliance with medications. With proper outreach, patient education efforts, and coordination following discharge, many readmissions can be prevented.

Oscar will design, in collaboration with its benefit-management partners, a set of outreach initiatives and programs that are focused on reducing readmissions. Oscar’s telephonic health coaching program will provide members with the information and support they need for a safe and uneventful transition from hospital to home. Under this program, registered nurse health coaches will contact select members identified as “at
risk” immediately after they leave the hospital to fully assess their status and identify any potential problem areas. Health coaches will make sure that the member is properly informed about follow-up care and self-management requirements, confirm that the member has their medications and understands their frequency, and ascertain that the member has a follow up appointment with their physician and is properly educated about potential problems and when to reach out to the physician, or utilize our tele-medicine services.

Where appropriate, the health coach can contact the physician for additional information and intervention and coordinate follow-up care. Typical members for this program would be those who are discharged post-surgically, those with excessive lengths of stay, as well as those with Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, and cardiac conditions. As part of our utilization management function, our nurses will select appropriate members at discharge based on system-generated triggers and nurse judgment.

Oscar recognizes that a significant percentage of hospital admissions and readmissions can be averted by proactive education and intervention and a precisely managed treatment plan that engages the member and that the member understands. Oscar seeks to engage members in their care early in the process. Oscar will identify individuals with complex or severe illnesses and provide them with information that enables them to take a more active role in managing their care. We will build a real-time alert process that allows the case manager to engage the member before treatment starts in order to ensure that the plan of care is understood. This engagement and the member’s knowledge of their care plan and their role in it will reduce unnecessary admissions. Tracking discharge and follow-up with ongoing monitoring of the member’s care will reduce readmission and improve care quality. This program will also provide informative materials through an extensive online support library, containing printable documents and links to support in treatment selection, dosing, member education and general quality of member care.

The personalized plan of care will be tightly integrated with Oscar’s core user experience. The member’s medical timeline will display the events and milestones from the member’s care plan, and give the member an intuitive way to understand how the member is tracking against the recommended plan of care. Again, information transparency across all channels through which the members can interact with Oscar is important - whether the member accesses Oscar through the web, a mobile app or the call center, the personalized plan of care will be easily and intuitively available and accessible to the individual.

Oscar recognizes the increasing emotional and physical toll the responsibility of caring for a sick or elderly loved one can take on a caregiver. We know that this stress can have
an adverse effect on the caregiver's role in facilitating adherence to post-discharge plans. Oscar members will have access to a network of social workers and healthcare advocates, among others, through web-based tools, telephone contact, and in-person meetings, as appropriate. The goal will be to equip caregivers and the members they are caring for with the skills to better manage ongoing experiences with the healthcare system, keep to a treatment plan and regimen of follow-up care, and thereby maximize their loved one's health, and at the same time, improve their own emotional and physical well-being. When appropriate, Oscar will also seek the member's permission to obtain contact information for the caregivers so that they can become part of the support program.

**Comprehensive Discharge Planning – Preparing for Transition from Inpatient to Outpatient**

As part of the care management process, our care managers interact with providers to develop the most effective treatment and discharge plan. During the authorization and concurrent review process, care managers review the medical necessity of current treatment with the provider. For elective admissions, the authorization process may include post-discharge plans to be reviewed with the member. For emergency admissions or when discharge plans were not established pre-admission, the discharge planning would begin at the time the member is receiving inpatient treatment and would be finalized when the member is ready to transition into outpatient therapy. In all cases, discharge planning will be conducted according to our clinical criteria and a care manager will work with the provider and member to refer the member to the most convenient and appropriate outpatient resource.

Since discharge planning starts at the onset of treatment, the care manager has already identified a range of appropriate outpatient services and can immediately assist linking the member to these resources once the member is released. Prior to discharge, the facility and care manager work with the outpatient provider to help develop appropriate aftercare treatment, identify new alternative levels of care within the community, and work with the member to prepare them for the transition to the new level of care. To facilitate the best outcomes, the member, and family if appropriate, is fully involved in this process.

**Post-Discharge Reinforcement by an Appropriate Health Care Professional**

Oscar will ensure a smooth care transition to the home setting with the goal of reducing the number of readmissions. The program components for select high-risk patients include:
• Community-based care visit by nurse practitioners within 7 days post-discharge
• A behavioral health and environmental assessment
• Other home care as needed

Our case managers will follow-up with members to ensure that they are engaged in their discharge and care plan. Our care management staff will work closely with facilities to coordinate discharge planning. For example, we will ask that hospitals attempt to schedule ambulatory follow-up appointments within a few days of discharge. Our staff will follow-up with both providers and members to determine if the appointments are kept. If telephone contact is not possible, we will send follow-up letters, emails and texts.

We will identify members who are assessed as high-risk and/or with complex conditions and refer them to our intensive case management program for extended care planning and case management. In addition to individual follow-up with members and providers, we will monitor facilities’ patterns of scheduling appointments as well as readmission rates.

In addition to medical/surgical discharge planning and follow up, Oscar will provide special programs for members who have a mental health admission. Before discharge we will develop a plan for follow-up care for members in mental health inpatient programs to ensure after-care appointment adherence and to reduce the rate of readmission resulting from inadequate management of a member’s symptoms after return to the community. This process will be initiated prior to discharge to ensure that appropriate plans for follow-up care have been developed and to monitor whether scheduled appointments are actually kept. The goal is to reinforce the results of inpatient treatment and ensure member compliance. Interventions include:

• Maintenance of an interactive database to enable the monitoring of member reminders and provider aftercare compliance calls
• Confirmation that aftercare appointments have been scheduled to occur within seven days of discharge
• Use of a health alert program that provides members with automated voicemail and email reminders about outpatient appointments and medications
• Follow-up calls to monitor patient step-down into lower levels of care

Our mental health and substance abuse outcomes management program ensures that members receiving outpatient services are on track to achieve their care management goals. This program is a member-centered, outcomes-informed care program that supports providers as they help members achieve their goals.
Outcomes-informed care programs demonstrate the effectiveness of a member-focused measurement and feedback system. Industry research suggests that providers who incorporate outcomes-informed care into their practice are likely to achieve better treatment outcomes than those who do not. Findings from this research demonstrate that, when providers have information regarding a member’s poor progress, improvements in member outcomes are both statistically and clinically meaningful.

Improving Patient Safety

Improving Patient Safety and Reducing Medical Errors

Oscar will work diligently to ensure that all services provided to its members meet the highest standards for patient safety. To that end, we will offer a variety of programs designed to evaluate provider performance and utilization patterns to establish and require conformance with best clinical practices, to encourage adherence to evidence-based standards of care, and to employ the latest health information technology – all with the ultimate goal of ensuring the provision of the highest quality of care, efficacy, safety, and ultimately, the success of all types of treatment our members receive.

Oscar is dedicated to promoting access to the highest quality of care and to providing quality reviews of medical treatments to determine medical necessity and appropriate application. These reviews include precertification, concurrent review, and discharge planning. Our programs and processes are intended to be flexible and individualized to patient condition to ensure that the care is delivered within nationally recognized standards. In addition to Oscar’s medical management focus, the benefit-management partners selected operate under the same philosophy and guiding principles with programs that present proven models designed to establish and enforce targeted, objective measures of treatment efficiency and excellence for all services we cover. The following describe examples of service-specific programs we will employ.

Patient Safety Programs

Here are some examples of some more service-specific patient safety programs that Oscar addresses:

- **Radiation safety.** Using a series of measures and triggers, our radiology system generates a patient profile. Patients are identified by age, diagnosis (ICD-9 code), and radiation dose (number of scans) every twelve months. The report identifies patients with an oncology diagnosis code who have had a total of more than 12 CT scans and/or PET or PET/CT scans. For non-oncology diagnosis codes, the report identifies members who have had 6 or more scans. This allows the creation and maintenance of a patient history record with a complete treatment
perspective that displays whenever his or her case is opened in the program’s system. As part of the utilization review process, requests for duplicate imaging by different providers that have the potential to increase radiation exposure with no benefit to the patient are identified. Most providers, when informed of the duplicative nature of their request, will withdraw it. This information can be shared with the patient’s primary care physician. All rendering sites are required to participate in the American College of Radiology’s Image Gently Program for pediatric imaging and Image Wisely for adult imaging.

• **Breast MRI project.** In response to the American College of Radiology’s (ACR) accreditation program for breast MRI, a program was developed to decrease the number of cancelled breast biopsies. The ACR accreditation requirements included a provision requiring that the imaging facility have the ability to perform MRI-guided biopsy interventions, or create a referral arrangement with a cooperating facility that could provide these services. The program now requires ACR accreditation for an imaging facility to be permitted to perform breast MRIs.

• **Mammography compliance project.** Oscar will implement an outreach program to improve our quality measure of breast cancer screening compliance for eligible members. The objective of the project is to significantly impact the Health Plan Employer Data and Information Set (HEDIS) measure for breast cancer screening and increase the percentage of women between the ages of 42 and 69 years who have had a mammogram during the measurement year. Oscar will develop a customized call center program aimed at both reminding members to get their exams and assisting them with scheduling the exam during the outreach call. Oscar will measure and monitor in 2015 based on 2014 activity.

• **Medication therapy management.** Oscar will offer a medication therapy management program to members with specific diseases. The program is designed to offer collaboration between the members and their prescribing physicians to optimize drug therapy and to produce the best health outcomes. It is managed by nurses who explain eligibility rules to members and coordinate their interaction with prescribers, the program includes:

  o A comprehensive review of all prescription and non-prescription drugs
  o A personal medication record
  o Medication treatment plan
  o Consultations with prescribers
  o Personalized tools to improve member understanding of drugs and adherence to treatment
  o Ongoing monitoring of medication safety and effectiveness
  o Ongoing communications to prescriber to support patient care
Appropriate use of Best Clinical Practice and Evidence Based Medicine

Supporting Best Clinical Practices in Cardiology Management

The cardiology management program utilizes research-driven clinical expertise to improve quality and reduce inappropriate utilization of advanced cardiac imaging and implantable devices. By requiring pre-service authorization, this program is designed to ensure the appropriate use of nuclear cardiology, cardiac CT, cardiac MRI, cardiac PET, nuclear stress testing, echo stress testing, transthoracic echocardiography, cardiac catheterization, single and dual chamber pacemakers, implantable cardioverter defibrillators (ICD), and cardiac resynchronization therapy defibrillator (CRT-D).

Supporting Best Clinical Practices in Radiology Management

The radiology/imaging management program is data-driven and evidence based. The program is designed to promote quality and patient safety. Using nationally accepted clinical criteria, the program works with imaging providers, ordering physicians and members to ensure that members receive the most appropriate imaging tests, avoid the inconvenience and expense of duplicative or unnecessary services and reduce exposure to unnecessary radiation.

As part of this overall program, clinicians compare requests for advanced diagnostic imaging to evidence-based clinical criteria to ensure the requested service demonstrates medical necessity in order to promote the safe and effective use of medical technology.

Network providers are required to submit specific provider and practice information such as non-physician and technical staff, equipment, capabilities, maintenance, and radiation safety policies and procedures. This program also includes an image review by the program’s board-certified radiologists. The network quality assurance program can be performed through a computer-based desktop review or an on-site facility review.

In addition, a number of web based tools will be available focused on consumer safety including a radiation calculator that estimates a person’s exposure to radiation from medical imaging. The web based chart below is an example of a personalized tool that allows members to determine their total radiation exposure from natural sources and medical imaging. The calculated exposure can inform the member of their potential enhanced risk of cancer due to medical imaging which may assist them in a dialogue with their physician regarding the benefit versus the risk of a test.
Oscar will work diligently to ensure that all services provided to its members meet the highest standards for patient safety. To that end, we offer a variety of programs designed to evaluate provider performance and utilization patterns to establish and require conformance with best clinical practices, to encourage adherence to evidence-based standards of care, and to employ the latest health information technology—all with the ultimate goals of the quality, efficacy, safety, and ultimately, the success of all types of treatment our members receive.

Supporting Best Clinical Practices in Musculoskeletal Management

To help ensure patient safety, minimize errors, and enforce adherence to best clinical practices, our musculoskeletal management program has developed criteria designed to appropriately manage musculoskeletal-related health services. These criteria were developed and are maintained by nationally-recognized specialists from best practices and the most current evidence-based literature. The program ensures appropriate utilization and patient care by using quality management components that require accreditation, credentialing of services, and utilization review. The program utilizes research-driven clinical expertise to improve quality and reduce inappropriate utilization. Leveraging innovative information technology, unparalleled data-management systems, and evidence-based clinical pathways, it delivers clinical and financial value to patients and providers.

Supporting Best Clinical Practices through Pharmacy Management
Our pharmacy management program is designed to enforce appropriate prescribing patterns and benefits utilization, consequently helping reduce errors and ensuring patient safety and best health outcomes. These programs include:

- **Safety and monitoring solution.** This program evaluates pharmacy claims for patterns of potential overuse or misuse. On a quarterly basis, our clinical pharmacists evaluate controlled-substance and other select drug claims (along with supporting medical data, if available) to identify potential medication abuse and fraudulent claims for appropriate intervention.

- **Enhanced safety and monitoring solution.** This program provides additional investigation and intervention when patterns of potential drug overuse or misuse are identified. In addition to the core safety and monitoring solution, the enhanced solution provides expanded written communications, coordination with pharmacy audit activities, prescriber toolkits, peer prescriber consultations with independent physician experts, and medication therapy counseling for select members.

- **Retrospective safety review.** Serving as a safety net for serious drug interactions, this program reviews both mail and retail prescriptions within 72 hours after the claim adjudicates for potential safety issues not addressed at point-of-dispensing, and messages the prescriber with an actionable member-specific communication identifying the clinical issue and suggestions for improving medication therapy. This early retrospective intervention may allow for a change in the prescription before the member picks up the original prescription, resulting in increased member safety and less member disruption.

- **Closing gaps in medication therapy.** This program represents a powerful “early-warning system” for Oscar members’ medical care identifies high-risk members before they may experience significant medical events. Drug profiles are assessed daily, within 72 hours after claims adjudication, by a clinical pharmacist for any potential issues or complications associated with the disease or therapy. Identified issues are communicated to the prescriber along with suggested solutions.

Designed to support best clinical practices and to help ensure member safety, prospective Drug Utilization Review (DUR) programs include Prior Authorization, Step Therapy, Quantity Limits, and Point of Service Safety Reviews.
• **Prior Authorization.** The Prior Authorization program offers the following benefits; it promotes appropriate drug prescription by ensuring adherence to approved treatment protocols and promotes member safety.

• **Step Therapy.** Step Therapy program ensures that Oscar members choose the most therapeutically appropriate drugs first. Step therapy protocols optimize appropriate drug therapy and support patient safety by defining how and when a particular drug or drug class should be used, based on a member’s drug history. Post-step prior authorization is also available to allow coverage for clinically appropriate situations that do not meet the initial step therapy protocol.

• **Quantity Limits.** Quantity Limits will be implemented as an alternative or a supplement to the Prior Authorization program, affording control over drugs with the potential for abuse, misuse, or safety concerns, without eliminating coverage.

• **Point of Service Safety Review.** Point of Service (POS) Safety Review is the baseline safety solution. Whether a prescription is presented through the mail service pharmacies or our retail network, the pharmacy system automatically evaluates the prescription in the context of the member’s complete drug history. When appropriate, real-time alerts are issued to the dispensing pharmacist regarding possible issues.

All prescriptions are first checked for member eligibility and plan design features and then compared against histories of prescriptions filled by the same pharmacy, by other participating retail network pharmacies, by the mail service pharmacies, and submitted paper claims. All drug conflicts are detected online when the prescription is entered into the computer system. If a conflict is identified, the pharmacist reviews the member’s history and may contact the prescriber to make any adjustments prior to filling the prescription. To ensure that there is no delay in members receiving necessary prescriptions, the pharmacist may override an edit when they have reviewed the data with the member or prescriber and have determined that the prescription is safe to dispense. The Concurrent DUR program includes key edits such as drug interactions, drug allergy interactions, drug age alerts, and therapeutic duplication.

Oscar’s Utilization Management Program will support member safety by applying clinical guidelines to promote the appropriate care in the right setting at the right time. Oscar will standardize the utilization management process and audit it to ensure that the process is followed consistently and with the same result. The process will include the use of best practice evidence-based and nationally accepted clinical guidelines.
Health Information Technology

Our system is enabled by a technology platform that brings multiple vendor programs and resource information together. Oscar will maintain a database that includes the member Health Risk Assessment, the member specific care plan, gaps in care, authorizations, preventive service needs, member claims history, member inquiries and other interactions the member has had with the plan. Oscar will employ the technology to offer a single-point of-contact to members. Members have access to this through our dedicated member portal. Oscar will offer health coaches to allow members to become more engaged in their care, while ensuring patient safety and reducing medical errors.

At the core of the member’s experience with Oscar’s tools is the personalized “medical timeline”. The member’s medical timeline is an intuitively usable and beautifully rendered depiction of the member’s full interaction history with the healthcare system and with Oscar. For example, doctor visits, diagnoses and prescriptions are displayed in the timeline. The timeline also displays forward-looking events such as upcoming prescription expiration dates, prescription refill dates, recommended doctor visits based on standard of care guidelines, and reminders of the patient’s benefits under the Oscar plan. For example, we will remind the patient of getting an annual physical in his personalized timeline.

Oscar will maintain an interactive database of discharge interventions to facilitate member compliance with post-discharge aftercare plans. Member discharge plan information migrates from the inpatient information system to the ambulatory follow-up database for clinical team review. We maintain documentation of outreach attempts and interventions to the member and provider in this system, enabling facilitated coordination and review of compliance.

The database enables us to report on multiple compliance indicators as well as on a “barriers to compliance” analysis. Reporting capacities also enable the ambulatory follow-up team to identify compliance trends based on particular facilities, outpatient providers, diagnoses, and locations. This enables quantitatively-based recommendations for improvements that will have a positive impact on HEDIS and other outcome measures.

Wellness and Health Promotion Activities

Wellness Programs

Oscar will be a health insurer with market leading consumer tools, data analytics and customer service resources to optimize our members’ physical and mental well-being. This approach transcends the conventional insurer’s role of paying claims and managing
employer costs. Instead Oscar’s approach is to actively promote lifestyle changes that will maximize health. From the member’s perspective, the goal is simple: to maintain or improve health.

Oscar will give individuals simple options, with more control and more conveniences and with an integrated approach to wellness. Our goal is to help our members achieve their optimal health status by proactively engaging members to adopt healthy lifestyles. The consumer-centric approach provides members with tools, more easily understood materials and customer support that encourages members to make better and more informed decisions.

Oscar will present to members a comprehensive program through:

• early identification and intervention in the event of health issues
• referral to disease management programs as needed
• guidance to maximize care episodes and help eliminate gaps in care
• advocacy to help navigate the health care system
• support to identify and reinforce adherence to the appropriate mix of wellness programs, and
• tools and educational materials to foster and support self-management of all aspects of health and wellness

The member’s participation in Oscar’s wellness and member engagement programs begins with the completion of a Health Risk Assessment. Members will receive a cash reward in order to motivate them to complete the HRA; members are encouraged to use the cash reward for a product or service that promotes good health, such as healthy cookbooks, over the counter vitamins or exercise equipment. Available either online or by phone, the HRA will provide the information members need to understand their health status and the types of interventions, lifestyle changes, and medical treatment they might need to explore. It also forms the basis of the collaboration between the member and Oscar in helping determine a wellness plan and setting self-management goals.

Oscar’s wellness program utilizes evidence-based interventions to help members make improvements in overall health such as better eating habits, increased level of physical activity, weight loss, and tobacco cessation. The program promotes behavior change through a variety of services, self-help Internet tools, challenges and incentive programs. Participation and engagement are a priority. The program’s health promotion campaigns and outreach programs effectively drive member participation.

We offer our members the following programs and tools that can be presented alone or combined to provide a comprehensive and fully integrated total population health platform:
Online website that provides members with a comprehensive, interactive, and integrated prevention and wellness portal. Components include:
- The member’s personalized medical timeline
- Managed health improvement blog
- Expansive health education resources
- Cardio, strength, and nutrition planners
- Fitness and wellness trackers
- E-coaching courses and certifications of completion
- Searchable drug database

Wireless device that promotes physical activity all year round. Because the program uses objective, verifiable data (not self-reported information), the wireless device can track steps towards a year-long incentive program, enhance one-on-one or team-based competitions, and/or support many company-wide health challenges on our web site.

Comprehensive exercise and fitness program that provides members with a subsidized fitness club membership and the self-care tools to take care of their personal health.

One of the challenges of behavioral change is maintaining motivation over time. While members may wish to choose health over illness, the correlation between longstanding habits and poor health may not be immediately evident. We at Oscar understand that change is not easy. This goal-oriented web-based program assists participants with losing weight, improving nutrition, managing stress, quitting tobacco use, or increasing physical activity. Participation in these web-based wellness programs will be encouraged through the integration with our overall wellness rewards program.

Reducing Health and Health Care Disparities

Oscar’s overriding philosophy of care is focused upon the individual—individual attention, support, care management, and patient advocacy, coordinated by our representatives through a single point of contact. That philosophy applies to all members we serve. In collaboration with our benefit manager partners, Oscar will put in place a seamless network of telephonic services, community outreach and education, and culturally trained representatives to ensure that all of Oscar’s members are included and treated with the same level of attention, regardless of the language they speak, their cultural background, any hearing or speech impairment they may have, or the complexity of their care. We will strive to make all communications and interactions with all of our members simple, clear, respectful, and effective.
Use of Language Services

All Oscar members can take advantage of our single-point-of-contact telephone communications approach. Oscar will provide access to bi-lingual representatives who speak English and Spanish, as well as an automated Spanish auto-attendant for routing Spanish-speaking members’ calls. If all Spanish-speaking representatives are occupied, callers are seamlessly directed to the Language Line, which is an interpreter service available around the clock. Language Line uses highly skilled interpreters accommodating more than 150 languages.

Language Line will assist Oscar’s members in resolving inquiries responsively, compassionately and, most important, effectively. Language Line will also enable Oscar’s clinical care managers to assess members with special language needs and make the most appropriate referrals to providers or community resources. Regardless of our members’ unique language needs, Oscar will provide effective customer service and comprehensive care management—with the utmost efficiency and professionalism—without the typical challenges related to language barriers.

Oscar’s representatives and clinical care managers will be trained to consider all cultural and linguistic needs when conducting intake, assessments, or referrals. Care managers have access to Oscar’s online provider search function, which enables searches according to ethnic, linguistic, and other culturally specific specialties. Members will have access to this same utility through Oscar’s dedicated member portal.

Select member materials will have a note at the bottom in several languages which will let members know that they may contact us if they need the materials printed in another language or would like assistance in reading or understanding the material. Should it be determined that more than 5% of Oscar’s membership (and more than 50 members) speak a language other than English, we will ensure that vital documents are translated into those other languages. Oscar will provide training to its staff, particularly its customer service staff, to ensure that all members are treated with respect.

For those members with hearing or speech impairment, we will offer TTY/TDD and relay services. Those members can call dedicated numbers and use their telecommunications devices to access telephone, typewriter, teletypewriter, or text phone services.

Community Outreach

As a new insurance company, Oscar will establish community connections. Understanding the local community and what services may be available is part of the holistic approach to the care management process. Whether a local cultural center, a
faith based community or a meals-on-wheels provider, Oscar will want to know that this resource is available to members.

Through community outreach, Oscar will seek to establish meaningful partnerships within the community where our members live. This will include educational institutions, legislative and appointed officials, the business and nonprofit sectors, community-based organizations (CBOs), and other groups who may be interested in promoting wellness and a healthier lifestyle for all community residents.

Oscar intends to connect with the community by participating in events of mutual interest to Oscar and its members. By attending relevant meetings, holding memberships on key committees and in CBOs, supporting organizations and worthy causes through sponsorships, and participating health fairs or other events, Oscar will be established as a member of the community.

Oscar plans to participate in local health fairs throughout Oscar’s service area each year. Upon request from churches, schools, service agencies, businesses, hospitals and other community based organizations, Oscar will distribute health literature and information about our health insurance plans.

Oscar will be creating an experts list from its staff and affiliated physicians, nurses, pharmacists and other health care personnel. These experts and other qualified personnel will speak to organizations in New York City and in local neighborhoods throughout the service area on a range of health topics.

**Cultural Competency Training**

Oscar requires that any administrative partner have in place extensive cultural competency training materials for providers and staff. Oscar will leverage these materials, using them to strengthen the staff’s skill sets and gain a deeper understanding of cultural issues and needs. The training will be evaluated by attendees to assure it meets the core educational and developmental needs of our members.

All Oscar staff who will have member interaction will receive comprehensive cultural competency training. For example, our MH/SA management partner conducts focused and customized provider training initiatives through internally-developed Webinars or onsite support. In addition to the core cultural sensitivity training they provide to their customer service representatives, clinical care managers and providers, they will also work with Oscar to craft training initiatives to identified specific needs, either as outlined by request or identified through provider feedback or other provider monitoring activities.
Oscar fully recognizes the growing impact of the lack of access to health and health care disparities are having on the wellbeing of our potential members. The reduction of these disparities and the promotion of good health require a highly personalized treatment plan and an in-depth relationship between patient and caregiver—the kind of relationship that is at the core of Oscar’s approach to health care. To ensure that Oscar’s future members have convenient and confidential access to appropriate services when they need them, we have partnered with a number of preeminent organizations in our region—organizations with a reputation for the successful development and implementation of innovative, industry-leading programs designed to optimize access and promote health. Oscar is committed to working with our partners to continue to develop programs of this type to reduce these health and health care disparities.

Behavioral Health Services

Oscar fully recognizes the significant impact that mental health and substance abuse related conditions have on the wellbeing of our potential members. These types of conditions often require a highly personalized treatment plan and an in-depth relationship between patient and caregiver—the kind of relationship that is at the core of Oscar’s approach to health care. To ensure that Oscar’s future members have convenient and confidential access to personalized mental health services, when they need them, Oscar plans to provide innovative, industry-leading programs designed to optimize access to MH/SA services. Oscar is committed to working with our partner to continue to develop programs of this type as member access needs change. The text below includes a description of our tele-psychiatry program, capsule summaries of numerous special consultative co-management programs, and, in closing, a description of a leading edge Autism Care Management program.

Tele-psychiatry

Two of Oscar’s partners are in the process of developing tele-psychiatry programs. When the programs are fully tested and validated we plan to utilize these programs.

Consultative Services for Co-Management of Common Behavioral Health Conditions in Children and Adults

Behavioral health co-morbidity often goes undetected. To address this care deficit, Oscar plans to offer care coordination programs that include proactive identification and outreach to members who may benefit from behavioral health services, as well as efforts to increase coordination between the medical and behavioral health delivery systems. Members meeting criteria for medical coordination receive a comprehensive assessment of care needs. Based on the outcome of the assessment, the level of care needs is
identified and an appropriate intensity of interventions ranging from short-term coaching to longer term intensive case management is employed. With the understanding that the integration of medical and behavioral care must occur at multiple levels to be of greatest benefit to members with co-morbid conditions, the initiatives we will offer include:

- early identification initiatives to screen for depression, anxiety, and substance abuse with high risk medical condition populations. Depression screening will be conducted by Oscar case managers and treating physicians for members with diabetes, COPD, CAD, asthma, and post-partum.
- collaboration with medical case managers to coordinate cases with physical and behavioral health components.
- targeted provider outreach and educational initiatives to increase collaboration between the practitioners who provide direct services to members.

Oscar plans to offer members a broad array of programs designed to co-manage many of the most common behavioral health conditions. These programs including several integrated care initiatives aimed at early identification of at-risk members as well as initiatives aimed at (i) psychiatric consultation with pediatricians and post-partum depression screening, (ii) co-morbid diabetes/depression and post-myocardial infarction/depression.

This program is aimed at assisting PCPs with appropriate screenings for early identification of mental illness and suicide prevention in youth, and linking those in need with appropriate services. The program provides all parents the opportunity for their teens to receive a voluntary mental health check-up at the doctor’s office, online, or over the phone. Using standardized screening tools, youth aged 11 to 18 can be assessed for behavioral and psychosocial problems in just 10 minutes. Parents of youth scoring positive on the screening questionnaires are provided with referral recommendations to Oscar mental health/substance abuse providers for further evaluation or treatment as indicated. Results of a recent provider satisfaction survey about a teen screening program, materials, referral, and reimbursement, indicate that 100 percent of providers felt comfortable using the materials to screen their patients and 95 percent agreed that screening helped them to identify a patient who might otherwise have gone undiagnosed.

Mental health/substance abuse clinical care managers will create a unified, member-centric record that combines both medical and behavioral health information into a single electronic document. Oscar’s mental health/substance abuse partner will take the lead on behavioral health cases; complex cases with co-morbid medical conditions will be reviewed with medical practitioners in joint rounds. Additionally, the clinical care
managers will be available for consult on all physical health cases with a behavioral health component.

Enhanced screening and engagement is provided for members participating in physical health disease management programs who have received positive screens for depression, anxiety, or substance abuse. When the potential behavioral condition is confirmed through additional screening, the program provides education, referral options, follow-up monitoring, and care coordination with health disease management partners. Sample programs include:

With medical practitioners prescribing a large percent of mental health medications, proper coordination of care is crucial to the well-being of members. Oscar’s clinical care managers will work with network providers to ensure that they offer appropriate assessments and treatment of depression, and refer members who require support beyond the primary care setting.

Assessment tools and customized screening aids will be provided to medical practitioners to aid in screening for depression and other behavioral health conditions. Specifically, medical claims data can be reviewed for certain criteria that can trigger communication to treating providers. Criteria for screening claims data or information systems such as clinical records, pharmacy databases, and others, might include members with complex cases.

Referral protocols are in place for members referred to ERs with medical conditions that are later identified as behavioral health diagnoses; for members who are admitted to ICU units due to medical complications from self-inflicted injury; for members admitted to general medical units for medical conditions and detoxification; and for members participating in physical health disease management programs.

Mental health/substance abuse clinical care managers will participate in team rounds to support medical practitioners and to ensure integrated care for members. In weekly meetings, the medical and behavioral health care teams will present an average of 12-15 cases to coordinate care plans. The medical directors from physical and behavioral health will attend with the case managers. The most complex cases are typically dealt with through ad hoc meetings involving Oscar, mental health/substance abuse clinical care managers, and outside parties, such as providers and child welfare departments. Medical practitioners are provided with online and print materials regarding a variety of behavioral health topics, including the high co-morbidity of depression and diabetes, depression and heart disease, and the importance of post-discharge aftercare following inpatient treatment of a behavioral health illness. Oscar will collaborate with its mental health/substance abuse partner to develop additional educational outreach resources for medical practitioners, as needed.
Medical practitioners will benefit from mental health/substance abuse training services designed to raise their comfort in working with members suffering from depression, and in understanding depression guidelines and effective interventions. Part of this training enables practitioners to recognize when a consult with a psychiatrist is indicated, or when a referral to another behavioral health provider might improve the member's symptoms and outcomes. Examples of education and training initiatives with medical practitioners include:

- Face-to-face training on the HEDIS anti-depressant medication management measures
- Sessions led by mental health/substance abuse medical directors for primary physicians, pediatricians, cardiologists, and other specialties to address diagnoses such as eating disorders, co-morbid complications, and contra-indications associated with certain medications and populations
- An “early warning” program that alerts providers when members fail to pick up prescriptions as scheduled for psychotropic medications

Medical practitioners have access to a toll-free Physician Consult Line staffed by board-certified psychiatrists. These psychiatrists are available for telephonic consultation regarding all aspects of mental health and substance abuse treatment, including medications. This one-on-one communication helps members receive the benefit of expert behavioral health care through their primary or treating physician for the evaluation of depression, anxiety, and substance abuse.

Screening, evaluation, and treatment (including Applied Behavioral Analysis or ABA) for individuals diagnosed with autism and other developmental disabilities are now covered benefits in New York. Oscar’s mental health/substance abuse partner successfully manages behavioral health rehabilitation services in Pennsylvania for children on the autism spectrum, and is poised to implement that program for Oscar members in our service area.

In designing its program, our mental health/substance abuse partner adopted the Bureau of Autism Services’ protocol, which incorporates an evaluation algorithm based on symptom complexity.

Oscar’s autism care management program responds well to this requirement. This program includes basic management of autism and includes ABA services that utilize dedicated and licensed clinicians who specialize in management of these cases. The program uses comprehensive Autism Spectrum Disorder (ASD) treatment guidelines specified by the American Academy of Child and Adolescent Psychiatry, the American
The program also provides established medical necessity criteria to guide the review process for ASD cases. Following an initial assessment and care plan, the frequency of clinical reviews may range from one month to three-to-six months. In addition, intensive case management is provided for families considered at the highest risk for related health issues and adverse events that are directly or indirectly related to the member’s ASD condition. ASD care management services are offered to support the needs of members and their families:

The standard ASD care management program includes an initial evaluation with a qualified provider; provision of standard services such as outpatient therapies and medication management; intensive case management for the highest risk and most complex members; transition case management to assist with level of care changes; and coordination of medically necessary occupational therapy, physical therapy, or speech therapy.

The program also includes a mobile application designed as an information and support resource for parents and caregivers. This application tool has been designed with input from members. Non-clinical support services are also critical to ASD care management. Oscar’s partner leverages its experience and expertise in the delivery of EAP and work/life services to also address the practical needs of families, such as respite care and community support services. Oscar’s website also offers caregiver supports and resources, such as articles, resource materials, and information on ASD; links to community and national service organizations established to assist families; and audio presentations on the early signs of ASD.