CONNECT for HEALTH COLORADO

Oscar Insurance

Purpose of This Document

We post a Quality Overview for each Colorado Qualified Health Plan (QHP) on Connect for Health Colorado. It will give you information about clinical quality measurement (medical care), enrollee experience (member satisfaction) and plan administration (efficiency, affordability and management) so you can compare health plans while you shop for insurance coverage.

This information comes from the federal Centers for Medicare & Medicaid Services (part of the U.S. Department of Health and Human Services) using data provided by health plans in 2018. You can learn more about these ratings on the federal website. www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Quality-Rating-System/About-the-QRS.html

Company Statistics

Founded In: 2012

Website: www.hioscar.com

Coverage Area: Denver Metro Area

Colorado Membership (2018 Membership):

Individual Members: New Plan in 2020

Coverage area shows the area where a health insurance plan accepts members.

Colorado Market Share

New Plan
Market Share Unavailable

Percentage of total market share is based on all medical and dental carriers.

Confirmed Complaints

Confirmed Complaints: N/A

People complain to the Colorado Division of Insurance (DOI) about things like claims handling, cancellation of a policy or a premium refund. In a "confirmed complaint," the DOI decided the insurance company did not follow the state insurance law or regulation, a federal requirement, or the terms and conditions of an insurance policy or certificate they sold. Confirmed complaints come from people in all group sizes, not just individual plans like we sell at Connect for Health Colorado.

Consumer Complaint Index

New Plan
Complaint Index Unavailable

2.0	1.0	0
Worse than Average	Average	Better than Average

The complaint index shows how often people complain about their health insurance company compared to other companies. These numbers are adjusted for the size of the company and how many policy holders it has in Colorado. A company's total number of complaints divided by its total premium income for a specific insurance product is the complaint index.

The average is 1.0. An index greater than 1.0 means more people complained about **Oscar Insurance** than other companies.

Source: *2018 Colorado DORA Division of Insurance Online Complaint Report*

How is This Plan Different or Unique?

Answers to the following questions were supplied by the company.

How the Health Plan Works to Make its Members Healthier

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 hold ourselves and our partners to evidence-based standards established by accreditation organizations such as the National Committee for Quality Assurance (NCQA). Our quality improvement program projects, objectives and goals are focused on three aims:

- Have a simple and engaging member experience
- Provide easy access to better care
- A system that produces better health outcomes at lower costs

To attain better health outcomes at lower costs, Oscar uses population health strategies and programs, utilization management, and continuity and coordination initiatives. Oscar's population health strategy includes activities for keeping members healthy, managing members with emerging risk, improving patient outcomes across settings and managing multiple chronic illnesses. If a member could benefit from one of our care management programs or services Oscar will contact you directly or you can speak to your concierge team to find out more.

All the quality initiatives that we pursue are evaluated annually to ensure that we are taking steps to constantly make our members healthier.

How the Health Plan Works with Providers in Innovative Ways

We want our providers to spend time with our members, not wasting time trying to figure out how the care will be covered by Oscar. That's why we built tools that simplify interactions with providers. Checking member eligibility takes just 30 seconds on our Provider portal. We've built our own proprietary claims system that integrates directly with the Provider portal. Which means providers are not only paid faster (most claims are paid in 5 days), it's also never been easier to gain insight into the status of claims and payments with Oscar.

Our Clinical Dashboard allows providers to easily pull up a summary of every Oscar member's clinical journey since joining. Think of it as a medical chart that spans every encounter with the health system. Providers can check prescriptions and allergies, review appointment and provider history, submit authorization requests, and manage potential risks.

Examples of Innovative Approaches to Health in this Health Plan

Oscar aims to provide a simple and engaging experience. Every member gets a team of care guides and a nurse. That means that every time you call or message, you reach the same people – not a call center. And you get personalized care from a team that has a complete picture of your health.

Doctor on Call is an unlimited service that is available 24/7 for all members. Make a Doctor on Call request in two taps in the Oscar app. It is available whenever you need it, wherever you are. You can speak to a Board-Certified Doctor within 15 minutes of the request. The average Doctor on Call user saves $600-$900 dollars by using the free service instead of visiting an ER or urgent care.

Medical Loss Ratio (MLR)

Medical Loss Ratio (MLR) Explained

The Affordable Care Act requires insurers to explain how much of your premium dollars are spent on medical services and quality improvement. This is called the Medical Loss Ratio (MLR). It also requires them to give you a rebate if they don't meet the minimum of 80% MLR for individual and small group plans. This limits the amount insurers spend on things like profits, executive salaries and other overhead.

Medical Loss Ratio

Individual

Individual Patient Care Costs:

New Plan
Quality Ratings Unavailable

0% **100%**

If a MLR is more than 100%, that company spent more money on medical care than it received in premium dollars.

Accreditation and Quality Ratings

Accreditation for the Exchange Product

Accreditation is when an impartial organization reviews a company's operations to make sure the company is following national standards.

Accreditation: **NCQA Health Plan Accreditation (Marketplace HMO)**

The National Committee for Quality Assurance (NCQA) is an independent not-for-profit organization dedicated to assessing and reporting on the quality of health-related programs.

Accreditation Status: **New Plan – Pursuing Accreditation in Colorado**

Accredited means the organization's programs for service and clinical quality meet basic requirements for consumer protection and quality improvement. "Accredited" is the best possible status for Marketplace plans.

Quality Ratings System : Global Rating

Each rated health plan has an "overall" quality rating of 1 to 5 stars (5 is the highest rating) to show member satisfaction, medical care and health plan administration. This gives you a way to compare plans on quality while you shop.

Quality Ratings System : Summary Indicators

CMS (the federal government) created three summary ratings for each QHP to give high level measures of quality. The ratings come from information the plans provided in 2018. Connect for Health Colorado confirmed the information and assigned the ratings. In some cases, like when plans are new or have low enrollment, ratings aren't available. This doesn't mean the plans are low quality.

Medical Care
Based on how well providers manage health care including screening, basic health services and monitoring some conditions

Member Experience
Based on surveys of member satisfaction

Plan Administration
Based on how well the plan is run including customer service, access to needed information and network providers ordering appropriate tests and treatment

Additional Detail

More detailed measures are available on each Qualified Health Plan (QHP). You can find these additional measures in the Appendices. You can also search, compare and choose providers, hospitals and other health care facilities using tools on the federal website: www.healthcare.gov/find-provider-information

Appendix I : Clinical Quality Management

Below you will find the detailed measures that are used to assign the star rating for Clinical Quality Management or Medical Care (5 is the highest rating).

Clinical Effectiveness

New Plan
Quality Ratings Unavailable
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Asthma Care

This measure assesses how often members with asthma in the plan were on the appropriate medication.

New Plan
Quality Ratings Unavailable
Oscar Insurance

Behavioral Health

This is a combination measure and includes: the percentage of members in the plan on antidepressants who are appropriately followed, Follow Up After Hospitalization for Mental Illness, Follow Up Care for Children Prescribed Medication for Attention Deficit with Hyperactivity Disorder (ADHD), and how well members on the plan identified to have alcohol or drug dependence problems are treated and seen in follow up.

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Cardiovascular Care

This is a combination measure and includes: how frequently members with high blood pressure have a blood pressure in the target range, and how frequently members with a certain type of high blood pressure medicines and cholesterol medication take their medications.

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Diabetes Care

This is a combination measure and includes five different measures of diabetes care: screening for diabetic eye disease and kidney disease, if people with diabetes have their A1C tested and in control, and how frequently patients with diabetes take their medications.

** Note: Plan quality ratings and enrollee survey results are calculated by the federal government, using data provided by health plans in 2018. The ratings will be displayed for health plans for the 2020 plan year. We're testing the use of star ratings this year and will use this test to improve the program. Learn more about these ratings at: www.healthcare.gov/quality-ratings*

Appendix I : Clinical Quality Management

Below you will find the detailed measures that are used to assign the rating of 3 stars for Clinical Quality Management or Medical Care.

Patient Safety

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Patient Safety

This is a combination measure and includes two different indicators. First is a measure to see if people on certain chronic medications have a lab test at least once per year to check for side effects. The second looks at how often patients who were discharged from the hospital have an unplanned readmission within 30 days of discharge. A high rate of unplanned readmissions may suggest poor care in the hospital and/or poor discharge planning and care coordination.

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Prevention

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Checking for Cancer

This measure includes Breast Cancer Screening, Cervical Cancer Screening and Colorectal Cancer Screening.

New Plan
Quality Ratings Unavailable
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Maternal Health

This combination measure assesses if pregnant women see a provider within the first trimester and if women are followed up appropriately after they deliver a baby.

New Plan
Quality Ratings Unavailable
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Staying Healthy (Adult)

This combination measure includes: Adult obesity or Body Mass Index (BMI) Assessment, Chlamydia Screening in Women, Flu Vaccinations for Adults, and if enrollees who smoke or use tobacco are helped to quit.

New Plan
Quality Ratings Unavailable
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Staying Healthy (Child)

This combination measure assesses if children get an annual Dental Visit, children and adolescents get Appropriate Immunizations, if children have their weight assessed and receive appropriative counseling and Well Child Visits.

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Appendix II : Enrollee or Member Experience

Below you will find the detailed measure used to assign the rating of 2 stars for Enrollee or Member Experience.

Access and Care Coordination

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Access to Care

This rating is based on responses to four Qualified Health Plan (QHP) Enrollee Survey questions:

1. In the last six months, when you needed care right away, how often did you get care as soon as you needed it?
2. In the last six months, how often did you get an appointment for a checkup or routine care at a doctor's office or clinic as soon as you needed it?
3. In the last six months, how often was it easy to get the care, tests or treatment you needed?
4. In the last six months, how often did you get an appointment to see a specialist as soon as you needed?

Care Coordination

This rating is based on responses to six Qualified Health Plan (QHP) Enrollee Survey questions:

1. When you visited your personal doctor for a scheduled appointment in the last six months, how often did he or she have your medical records or other information about your care?
2. In the last six months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
3. In the last six months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?
4. In the last six months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
5. In the last six months, how often did your personal doctor talk about all the prescription medicines you were taking?
6. In the last six months, did you get the help that you needed from your personal doctor's office to manage your care among different providers and services?

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Appendix II : Enrollee or Member Experience

Below you will find the detailed measure used to assign the rating of 3 stars for Enrollee or Member Experience.

Doctor and Care

New Plan
Quality Ratings Unavailable
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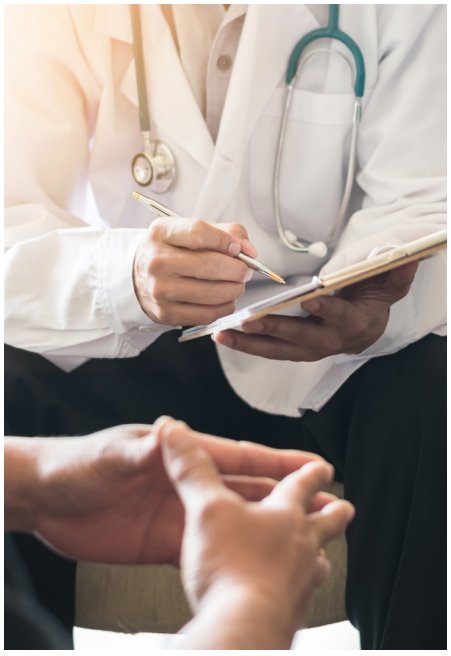

Rating of All Health Care

This rating is based on enrollee responses to the QHP Enrollee Survey item:

1. Using any number from zero to ten, where zero is the worst health care possible and ten is the best health care possible, what number would you use to rate all your health care in the last six months?

Rating of Personal Doctor

This rating is based on enrollee responses to the QHP Enrollee Survey item:

1. Using any number from zero to ten, where zero is the worst personal doctor possible and ten is the best personal doctor possible, what number would you use to rate your personal doctor?

Rating of Specialist

This rating is based on enrollee responses to the QHP Enrollee Survey item:

1. We want to know your rating of the specialist you saw the most often in the last six months. Using any number from zero to ten, where zero is the worst specialist possible and ten is the best specialist possible, what number would you use to rate the specialist?

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Appendix III : Plan Efficiency and Administration

Below you will find the detailed measure used to assign the rating of 3 stars for Plan Efficiency, Affordability & Management or Plan Administration.

Efficiency and Affordability

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Quality Ratings Unavailable
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Efficient Care

- Appropriate testing for Children with Pharyngitis (sore throat)
- Appropriate Treatment for Children with Upper Respiratory Infection (colds)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Use of Imaging Studies for Low Back Pain

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Appendix III : Plan Efficiency and Administration

Below you will find the detailed measure used to assign the rating of 1 star for Plan Efficiency, Affordability & Management or Plan Administration.

Enrollee Experience with Health Plan (Plan Service)

New Plan
Quality Ratings Unavailable
Oscar Insurance

Access to Information

This Quality Rating Survey (QRS) measure is based on enrollee responses to the Qualified Health Plan (QHP) Enrollee Survey and provides information on the following:

1. In the last six months, how often did the written materials or the Internet provide the information you needed about how your health plan works?
2. In the last six months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment before you got it?
3. In the last six months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?

Plan Administration

This QRS survey measure is based on enrollee responses to the QHP Enrollee Survey on the following:

1. In the last six months, how often did your health plan's customer service give you the information or help you needed?
2. In the last six months, how often did your health plan's customer service staff treat you with courtesy and respect?
3. In the last six months, how often did the time that you waited to talk to your health plan's customer service staff take longer than you expected?
4. In the last six months, how often were the forms from your health plan easy to fill out?
5. In the last six months, how often did the health plan explain the purpose of a form before you filled it out?

Rating of Health Plan

This QRS survey measure is based on enrollee responses to the QHP Enrollee Survey item:

1. Using any number from zero to ten, where zero is the worst health plan possible and ten is the best health plan possible, what number would you use to rate your health plan in the past six months?

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