



FMHP Quality Assessment and Performance Improvement Program 2023

FMHP's Quality Assessment and Performance Improvement Program

First Medical Health Plan, Inc., (FMHP), in compliance with contractual provisions with the Puerto Rico Health Insurance Administration, known as PRHIA (ASES, by its Spanish acronym), the Code of Federal Regulations (CFR), and the Health Insurance Code, has established a Quality Assessment and Performance Improvement Program and has a Quality Department dedicated to administering the FMHP Quality Program.

The mission of the FMHP Quality Assessment and Performance Improvement Program is to promote and deliver quality clinical care (physical and behavioral health) and provide excellent services to all of our beneficiaries/subscribers in coordination with our network contracted providers.

The FMHP Quality Assessment and Performance Improvement Program is focused on five (5) core elements:

1. Structure

Board of Directors

Primary responsibility for the management and improvement of the quality of clinical care and services provided to FMHP beneficiaries/subscribers rests with the FMHP Board of Directors. The responsibility for ensuring the implementation of all aspects of FMHP's Quality Assessment and Performance Improvement Program has been delegated by the Board of Directors to the Chair of the Quality Advisory Board/Quality Committee, who is FMHP's Vice President of Regulatory Affairs.

Vice President of Regulatory Affairs

The FMHP's Vice President of Regulatory Affairs is responsible for monitoring the implementation of the Quality Work Plan, chairing the Quality Advisory Board/Quality Committee, and providing leadership on matters related to FMHP's Quality Assessment and Performance Improvement Program.

Quality Director/Quality Supervisors

The FMHP's Quality Director and Quality Supervisors are responsible for the day-to-day operations of the Quality Department and the operational components of FMHP's Quality Assessment and Performance Improvement Program.

Quality Advisory Board/Quality Committee Structure

The FMHP Quality Advisory Board/Quality Committee is responsible for the development, implementation and overall oversight of the FMHP Quality Assessment and Performance Improvement Program. The areas it monitors include services offered (physical or behavioral health services) and the quality of services thereof; beneficiary/subscriber rights and responsibilities; patient safety; medical policies and guidelines; provider credentialing and re-credentialing; beneficiary/subscriber and provider satisfaction; and the quality of performance of operational areas.

The FMHP's Quality Advisory Board/Quality Committee evaluates the results of quality improvement activities, utilization outcomes, health outcomes and actions that have been taken, to provide recommendations based on the reports of the various subcommittees and the results of the Quality Work Plans.

It is also responsible for advising on matters related to the delivery of health services, beneficiary/subscriber rights and responsibilities, and the resolution of grievances and appeals, among other quality of care and quality of operations issues of FMHP and its delegated entities. It is composed of representatives of health care providers, beneficiaries/subscribers, and FMHP management.

The following subcommittees report activities and findings to the FMHP Quality Advisory Board/Quality Committee at each meeting:

A. Credentialing and Re-Credentialing Committee

The purpose of the FMHP Credentialing and Re-Credentialing Committee is to ensure that FMHP provider networks are comprised of providers who have their current credentials in concise licensure and accurate validity.

B. Utilization Management Committee

The FMHP Utilization Management Committee supports, promotes, assists and makes recommendations on matters related to utilization patterns, trends, quality of care and services provided to beneficiaries/subscribers, including the supervision and maintenance of the FMHP Utilization Management Program.

C. Delegated Entities Vigilance Committee

The purpose of this Committee is to monitor all delegated entities in order to ensure compliance with the requirements of the Government Health Plan (GHP), Puerto Rico Health Insurance Administration (PRHIA), Office of the Commissioner of Insurance (OCS, for its Spanish acronym), and other applicable federal and state regulations.

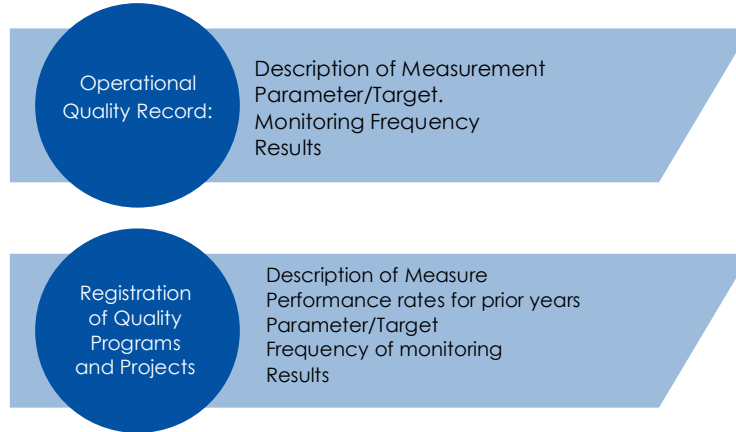
D. Clinical Practices Committee

The purpose of this Committee is to review the health care quality issues and provide input to the Clinical Practice Guidelines and Medical Policies promulgated by FMHP.

2. Quality Assessment and Performance Improvement Program Annual Monitoring Tools.

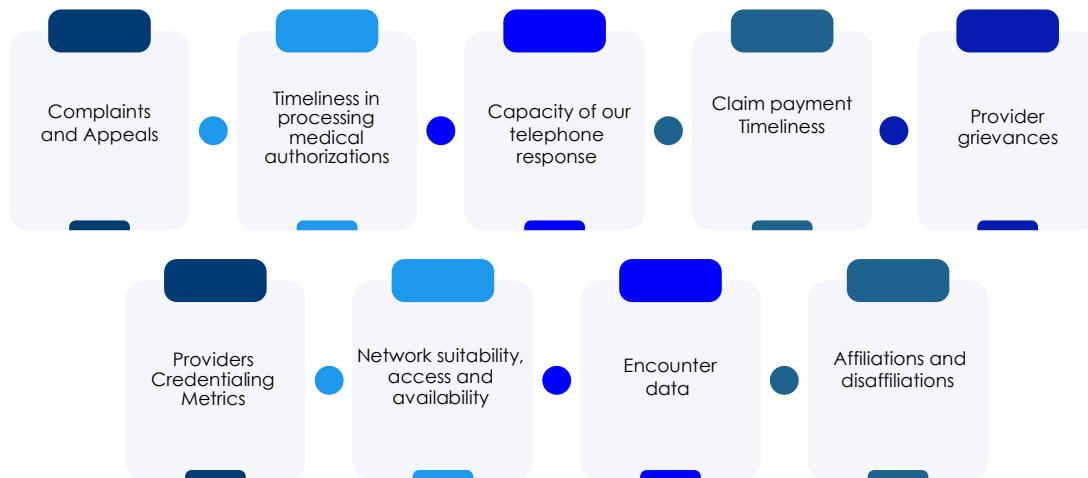
The FMHP's Annual Quality Monitoring Assessment and Performance Improvement Program Annual Monitoring Tools are designed to track the performance of quality measures for Performance Improvement Projects (PIP's) and operations. These tools serve as a guide for the discussion of results during the quarterly meetings of the Quality Advisory Board/Quality Committee.

The monitoring tools consist of: Operational Quality Performance Improvement Programs and Projects Records.



The frequency of monitoring can be monthly, quarterly, semi-annually, and annual, depending on each measure. The results included in these tools are monitored quarterly by the FMHP Quality Advisory Board/Quality Committee to establish recommendations and interventions to improve performance.

Some of the Quality Improvement Indicators evaluated are:



3. Quality Programs and Projects

FMHP has implemented the following Quality Projects and Programs that are part of the Quality Assessment and Performance Improvement Program that impact FMHP subscribers and beneficiaries of the Government Health Plan, Vital:

- **Emergency Room (ER) Program** - Designed to educate high utilizers of Emergency Room on the proper use of the emergency service facilities.

- **Improving Kidney Health Assessment Rates Project** - Designed to improve kidney health assessment by identifying early stages of kidney function impairment.
- **Diabetic Patient Health Results Improvement Project** - Designed to improve the results of beneficiaries with Diabetes, including the identifying poor control (> 9%) in the Glycosylated Hemoglobin, HbA1c of these patients, among other measures.
- **Depression, Anxiety and Substance Use Disorder Screening Improvement Project** - Designed to increase screening for Depression, Anxiety and Substance Use Disorder using nationally recognized tools (PHQ-9, CAGE-AID and GAD- 7).
- **Colocation and Reverse Colocation Project** - Designed with the goal of integrating physical and behavioral health in the Primary Medical Group setting as well as in the Behavioral Health Provider setting.
- **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program** - Designed to provide health screenings and covered health benefits to eligible children ages 0-21.
- **Healthy People Program** - The purpose is to measure and report on quality indicators, HEDIS and other established Vital Population performance measures.
- **Care Breach** - Evaluates compliance with Quality indicators for annual screening conditions and preventive services for FMHP subscribers.
- **Health Care Program** - Designed to improve the quality of services provided and utilization in the Vital Line of Business within the categories of:
 - Chronic Conditions Initiative
 - Healthy People Initiative
 - High Utilizer Emergency Room Initiative
- **Satisfaction Surveys** - Designed to measure subscriber and beneficiary satisfaction with the health services offered by the organization, its provider and the health system.

4. Delegation

FMHP may delegate responsibility for the performance of certain basic activities of the health care organization to contracted entities that comply with applicable regulations and FMHP Policies. It is FMHP's responsibility to monitor that the operations of these delegated entities are performed in compliance with applicable regulations and FMHP Policies; promoting quality in the services rendered.

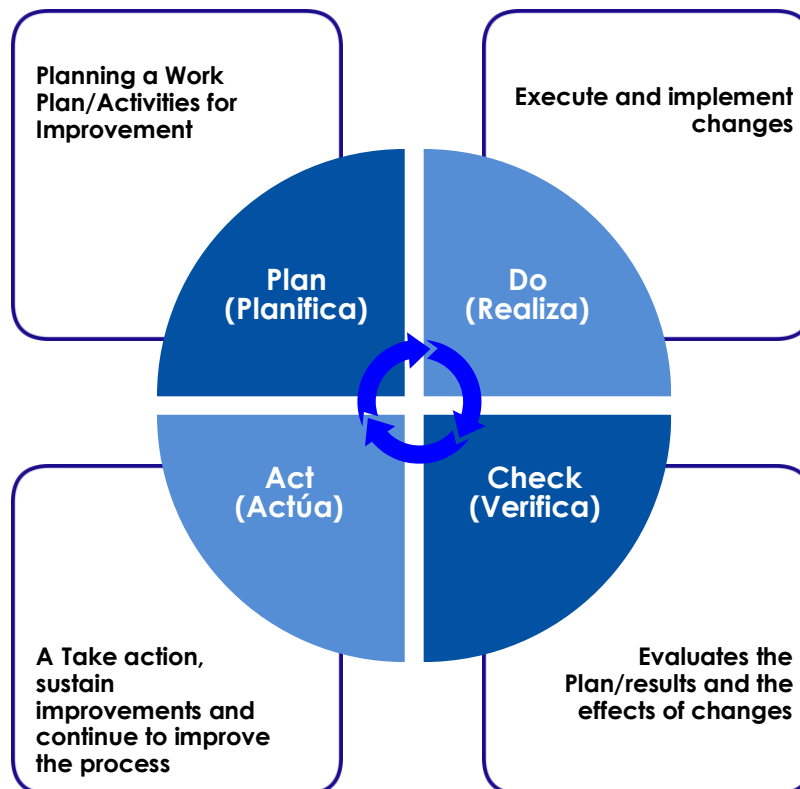
5. Annual Evaluation of the Quality Assessment and Performance Improvement Program

Performance

The Annual Evaluation of FMHP's Quality Assessment and Performance Improvement Program consists of a review of the Program's performance against the goals established each year. It is composed of achievements, barriers and corrective action plans (if any) to be worked on for the following year.

Quality Improvement Model (*Plan-Do-Check-Act, PDCA*)

In order to improve the performance and improvement of the delivery of services provided by FHMP, the Quality Department promotes the use of the following Quality Model, whose approach is a systematic one:



6. 2022 Achievements and Challenges - Action Plan for 2023:

The following activities were identified as Quality Accomplishments during 2022:

- Approval of the QAPI Program by the FMHP Board of Directors during the first months of the year.
- FMHP established different Programs, Projects, Strategies, Initiatives and Interventions with beneficiaries, subscribers and providers to be in compliance with the regulatory and contractual requirements such as: Care Management Program Interventions, educational sessions and material delivery, telephone counseling, automated outbound calls, informational emails, informational text messages, among others.
- Compliance with the requirements of the Colocation and Reverse Colocation Models. Conducted Behavioral Health Care Transitions and Intensive Case Management interventions to reduce mental health readmission rates.
- Facilitated EPSDT educations to providers and beneficiaries as required by the PRHIA contract.
- Annual HEDIS reports were submitted as required by the PRHIA contract.
- CAHPS and ECHO satisfaction surveys were conducted as required by the PRHIA contract.
- Quality Improvement Plans were requested and monitored during 2022 by Quality staff to improve compliance with quality and operational indicators.
- Sixty-eight (68) Quality Circle discussions and/or meetings were performed with operational leaders/subcontractor to identify causes and strategies as part of FMHP's Quality Assessment and Performance Improvement Plan.

The following challenges were confronted in order to achieve the goals set for 2022:

- The COVID-19 Pandemic and multiple limitations related to it, such as: performing face-to-face interventions, quality clinics, decrease in the number of physicians, change in access and office hours, among others.
- Accurate definitions and methodological clarifications for the preparation of certain quality reports caused delays in the logistics of the results and interventions related to some programs and projects.

- Achieve the commitment of beneficiaries and subscribers to make changes in healthier conditions and lifestyles, applying our educational recommendations.
- Low response rate in the CAHPS Satisfaction Survey of Vital Beneficiaries.
- Limited telephone access to our beneficiaries and subscribers for several reasons, such as: changes in the telephone number and fear of fraudulent phone calls, among others.

Based on the findings and challenges identified during 2022, the following 2023 Quality Action Plans will be implemented to improve First Medical's compliance with quality objectives:

- Continue the automatic generation of the different quality reports to increase the delivery of reports to providers to impact timely the beneficiaries and subscribers.
- Dedicate time in the first months of 2023 for the development of necessary reports from the IT/BI Department, that will be crucial for monitoring quality metrics and indicators.
- Monitor the results of the Clinical Programs and Quality Projects implemented during 2022-2023 and their effectiveness on the health status of the impacted population, in order to improve existing strategies and/or the development of new ones to positively impact beneficiaries and subscribers.
- Promote additional strategies, such as internal surveys and health fairs, to improve the percentage of results in health indicators and to contact beneficiaries and subscribers for the different Programs, Projects and Quality Initiatives.
- Begin with face-to-face interventions with beneficiaries, subscribers and providers to impact quality result, given the elimination of some restrictions related to the COVID-19 pandemic.

