



COMPLIANCE
PROGRAM
2025

First **MEDICAL**
HEALTH PLAN, INC.

Message from the Chairman of the Board of Directors and the President of First Medical Health Plan, Inc.

At First Medical Health Plan, Inc., (FMHP) we are committed to conducting our operations under a strict framework of ethics, integrity, and professionalism. Each of us is responsible for creating environment that promotes accountability, integrity and trust among our teams, as well as for our subscribers and beneficiaries, health care providers, regulatory agencies and the community that entrusts their health to FMHP. To achieve this, we have implemented a comprehensive and effective Corporate Compliance Program that will guide you and ensure compliance with federal and state laws and regulations applicable to the healthcare industry and the relevant and applicable requirements established by the Centers for Medicare & Medicaid Services, the U.S. Department of Health and Human Services, the Office of the General Inspector of the Puerto Rico Health Insurance Administration, the U.S. Department of Labor, and the Puerto Rico Insurance Commissioner's, among others.

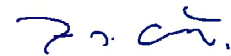
FMHP's Compliance Program is designed in accordance with the operations conducted in our organization. The Corporate Compliance Program is on an ongoing basis throughout the year. Measures such as the results of the internal and external monitoring and associated understanding of training received through testing, investigations into violations of FMHP's Code of Conduct, evaluation of Conflict of Interest Disclosures, and monthly compliance reports are some of the tools used to determine if new trends are emerging and if the Compliance program is effective. In addition, monthly metrics provided by the business units allow FMHP to evaluate the effectiveness of the Corporate Compliance Program. We support the implementation of this Corporate Compliance Program and recognize that it is an effective, continually evolving document aimed at promoting the organization's values and ethics, as well as compliance with applicable laws and regulations. Revisions to the Corporate Compliance Program are planned when necessary to reflect changes in FMHP operations, applicable state and federal regulations or standards for the OIG Compliance Program, including fraud, waste and abuse requirements.

The FMHP Board of Directors expects all employees, agents and consultants to read and comply with all statutes outlined in the Compliance Program, the Code of Conduct and Ethics and the policies and procedures established in our Organization. If you have questions, concerns or comments regarding FMHP's Compliance Program, we encourage you to contact the Compliance Officer. Each of you is a critical part of the success of our Compliance Program. I'm counting on you!

Cordially



Eduardo Artau Gómez
Chairman of the Board of Directors



Francisco J. Artau Feliciano
President

Table of Content

COMPLIANCE.....	5
INTRODUCTION.....	6
SECTION 1	
DEVELOPMENT OF POLICIES AND PROCEDURES AND COMPLIANCE AND RULES OF CONDUCT.....	7
1.1 DEVELOPMENT OF POLICIES AND PROCEDURES	7
1.2 COMMUNICATION OF THE POLICIES AND PROCEDURES	8
1.3 FMHP CODE OF CONDUCT AND ETHICS	8
1.4 COMPLIANCE WITH STATE AND FEDERAL LAWS AND REGULATIONS	9
SECTION 2	
RESPONSIBILITIES OF THE COMPLIANCE OFFICES AND COMPLIANCE COMMITTEE	11
2.1 COMPLIANCE OFFICER.....	11
2.2 BOARD OF DIRECTORS	12
2.3 COMMUNICATIONS WITH THE BOARD OF DIRECTORS	12
2.4 CORPORATE COMPLIANCE COMMITTEE.....	13
2.5 DIRECTORS AND/OR DEPARTMENT MANAGERS.....	14
2.6 FMHP EMPLOYEES	14
SECTION 3	
TRAINING AND EDUCATION.....	15
3.1 TRAINING ASSISTANCE POLICY	15
3.2 TRAINING FOR NEW ASSOCIATES.....	15
3.3 ANNUAL TRAINING	15
3.4 TRAINING TESTS REQUIREMENT POLICY	16
3.5 REGULATORY TRAINING.....	16

SECTION 4

OPEN LINES OF COMMUNICATIONS 19

 4.1 COMMUNICATION..... 19

 4.2 INTERNAL COMMUNICATION20

 4.3 INTEGRATION OF FEDERAL AND STATE GOVERNMENT MANDATES21

 4.4 REPORTING ORGANIZATIONAL CHANGES TO AGENCIES21

SECTION 5

APPLICATION OF DISCIPLINARY RULES21

SECTION 6

MONITORING AND INTERNAL AUDIT22

 6.1 INTERNAL AUDIT MONITORING22

 6.2 AUDITING AND MONITORING OF DELEGATED ENTITIES23

 6.3 EFFECTIVENESS OF THE CORPORATE COMPLIANCE PROGRAM.....23

 6.4 COMPLIANCE INVESTIGATIONS.....23

SECTION 7

RESPONSE TO DEFICIENCIES DETECTED.....23

SECTION 8

WHISTLEBLOWER PROTECTION AND NON-RETALIATION POLICY24

SECTION 9

FRAUD, WASTE AND ABUSE24

 9.1 DEFINITIONS: FRAUD, WASTE AND ABUSE24

AMENDMENTS26

IMPORTANT CONTACTS.....27



Compliance Philosophy

Every employee (regular and temporary), medical advisor, consultant, agent, intern or member of the FMHP Board of Directors is responsible for complying with applicable laws and regulations and the organization's policies and procedures. Our compliance structure will help you achieve a strong and fair compliance culture by providing you with assistance in compliance matters and ensuring you are equipped to comply with healthcare industry regulations. **You need not fear retaliation for reporting any non-compliance activity.**

Although the FMHP Compliance Program is not intended to be the Compliance Program for our contractors, subcontractors, or delegated entities, it is important that they provide services in compliance with federal and state laws and regulations. All of them must develop their own Compliance Program and incorporate certain provisions of the FMHP Corporate Compliance Program. It is the responsibility of contractors, subcontractors, and delegated entities to report any issue of non-compliance, fraud, waste and abuse, and violations of laws/regulations to FMHP without delay. Similarly, it is the responsibility of subscribers/beneficiaries to report any instances or suspected instances of non-compliance, fraud, waste and abuse, and violations of laws/regulations upon becoming aware of them.

Our Mission

To offer services of excellence in the field of medical plans, supported by the most advanced technology to achieve the total satisfaction of our subscribers / beneficiaries.

Our Vision

To be an institution known and respected for its continuous commitment to excellence.

Our Values

- To serve our subscribers/beneficiaries with honesty, integrity and human warmth.
- To offer excellent services quickly and efficiently manner.
- Work as a team, with enthusiasm and dedication.
- To be accessible and effective in our communication.
- To always give our best to fulfill our commitment to excellence.

Introduction

First Medical Health Plan, Inc., (FMHP) is a local Managed Care Organization at the service of our community. For the past forty-seven years, FMHP has dedicated its efforts to improving the quality of life of our subscribers and beneficiaries through the planning and implementation of cost-effective, high-quality health care coverage. At FMHP, we strive to promote a culture of compliance that harmonizes with our daily operations and enhances the confidence of our subscribers, beneficiaries and customers. To achieve this, FMHP's Board of Directors based its efforts on three pillars:

- 1) **The Compliance Program**, which describes the elements of an effective compliance program in compliance with applicable federal and state laws and regulations.
- 2) **The Code of Conduct and Ethics** establishes the basic principles of expected conduct in all activities performed by employees, contractors, managers and members of the Board of Directors, at all times and in all places.
- 3) **The Compliance Policies** that define the processes established by FMHP to comply with contractual requirements and minimize risk in our operation.

FMHP's Corporate Compliance Program was developed to ensure that FMHP complies with all requirements established by the Office of the Insurance Commissioner of Puerto Rico (OCS, for its Spanish acronym), the Centers for Medicare and Medicaid Services (CMS), the Office of the Inspector General (OIG), the U.S. Department of Labor (DOL), the Puerto Rico Health Insurance Administration (ASES, for its Spanish acronym), the Department of Health of PR, the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR §§ 455, Title VI of the Civil Rights Act of 1964, the Commonwealth of Puerto Rico Office and the Patient Advocate's Bill of Rights, among others.

The primary objectives of the Compliance Program are:

- 1) To ensure compliance with applicable state and federal laws related to the provision of services to our subscribers/beneficiaries;
- 2) Educate regular and temporary employees, medical advisors, consultants, agents or members of the FMHP Board of Directors and delegated entities on its standards and on the prevention, detection and reporting of fraud, waste, and abuse.
- 3) Promote compliance with FMHP's Code of Conduct and Ethics and encourage employees to report situations that may be potentially harmful;
- 4) Ensure that periodic audits, monitoring and oversight of compliance with applicable laws, regulations and contract requirements are conducted.
- 5) Establish mechanisms to promptly investigate, discipline and promptly correct non-compliance issues, prevent, detect, and report any illegal, improper, or unethical conduct and promote an ethical corporate culture;
- 6) Provide procedures to promptly and effectively conduct audits and monitoring that can prevent non-compliance.

The FMHP Corporate Compliance Program is only effective if you agree to comply with the standards described in the Program. It is important that you understand and comply with what is described in this Compliance Program. If you have any questions, consult your supervisor or call the FMHP Compliance Officer.

Section 1

Development of Compliance Policies, Procedures and Standards of Conduct

FMHP has policies, procedures, and standards of conduct that:

- Express a commitment to compliance with federal and state standards;
- Describe compliance expectations;
- Implement the operation of the Compliance Program;
- Provide guidance for handling compliance issues;
- Identify how to communicate in compliance situations;
- Describe how compliance situations will be investigated and resolved; and
- Including non-intimidation and non-retaliation policies.

Regular and temporary employees, medical advisors, consultants, agents, delegated entities and members of the Board of Directors will receive periodic training on the Compliance Program and new compliance policies and procedures that may be implemented. The FMHP Board of Directors expects each Departmental Director or his/her delegate, to do the following:

1. Discuss FMHP's Compliance Program and applicable policies and procedures with the personnel you supervise.
2. Reinforce to your work teams that strict adherence to this Compliance Program is a requirement for retaining employment.
3. It is disclosed to all supervised personnel and consultants that disciplinary action, including termination of employment or contract status, will be taken for violations of this Corporate Compliance Program.

1.1 Development of Policies and Procedures

FMHP's policies and procedures and other compliance related documents are the necessary foundation for an effective compliance program. These documents provide the Compliance Officer, FMHP management and employees with an understanding of what is expected and how to perform their duties in compliance with federal and state regulations and contractual agreements. It is important to develop policies that address high-risk areas of the organization. Identification of high-risk areas can be done through annual compliance audits, internal process reviews, reports of calls received through the Fraud and Compliance Alert Line, among others.

FMHP has specific policies and procedures for all areas that may pose a risk to the organization, highlighting, among others the Code of Conduct and Ethics, the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH), how to respond to external investigations, provide mechanisms for handling conflicts of interest, identity theft, whistleblower protection without fear of retaliation, and reporting compliance issues. The primary functions of FMHP's policies, procedures and standards of conduct are:

- Describe FMHP’s compliance expectations;
- Implement the Corporate Compliance Plan;
- Express our commitment to comply with all applicable federal and state laws;
- Provide guidance to employees and others on how to deal with suspected, detected or reported non-compliance and potential fraud, waste, and abuse situations to appropriate compliance personnel;
- Describe compliance, fraud, waste and abuse and other regulatory training requirements;
- Describe the operation of the Fraud and Compliance Alert Line (hotline) and FMHP's policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program; and
- Describe how the organization investigates and resolves suspected, detected, or reported issues of non-compliance and fraud, waste, and abuse.

Policies and procedures should be created and revised due to changes in laws and requirements, annually or as needed. All department directors, managers, and supervisors are responsible for developing, reviewing, updating, implementing and distributing their policies and procedures. All policies and procedures require at least one signature from the department director and manager to be effective. The Regulatory Affairs Guidance and Support Department is responsible for reviewing and approving all policies and procedures. Policies and Procedures include a detailed process specific to an operational or high-risk area, are easy to read and understand, and include federal or state requirements. All employees are responsible for reading and understanding these policies and procedures.

1.2 Communication of Policies and Procedures

Policies and procedures shall be communicated prior to implementation or within ninety days of hiring and annually thereafter to all regular and temporary FMHP employees, medical consultants, advisors, and members of the FMHP Board of Directors. FMHP department directors and managers will ensure that all Policies and Procedures are up-to-date and accessible to all impacted employees.

1.3 FMHP Code of Conduct and Ethics

The continued success of our organization is directly related to two factors: (1) our ability to deliver high quality services and (2) the ability of all our employees, managers and members of the Board of Directors to conduct themselves in accordance with the highest standards of professional ethics and under the strict framework of the law.

FMHP’s Board of Directors has established in the Code of Conduct and Ethics the rules regarding the conduct and ethics of employees working in the organization. The Corporate Compliance Program promotes compliance with the Code of Conduct and Ethics by communicating the expectations of the Board of Directors to employees, medical advisors, consultants, agents, and delegated entities.

As a result, FMHP will continually provide guidance on standards through its Board approved Code of Conduct and Ethics. All members of the Board of Directors, FMHP employees, and consultants are required to review the Code

of Conduct and Ethics, disclose any information that may create a conflict of interest with their relationship with FMHP and sign a certificate that they have received FMHP's Code of Conduct and Ethics. The Human Resources Department will distribute a copy of the Compliance Program and Code of Conduct during the hiring process and will retain copies of signed certifications. This must be done within the first ninety days of hiring and annually thereafter.

You must comply with the standards set forth in the FMHP Code of Conduct and Ethics, as well as all policies and procedures of the organization. If you have any questions about a potential non-compliance issue, you should ask yourself the following questions before performing your duties:

- Is this in the best of our company?
- Is this the right thing to do?
- Are any legal regulations being violated?
- Is this permitted by the Code of Conduct and Ethics and FMHP policies and procedures?

Compliance with the Code of Conduct and Ethics and other aspects of FMHP's Corporate Compliance Program is a condition of employment. Each employee has a duty to avoid business, commercial, financial or other direct or indirect interests that may conflict with FMHP's interests or divide his or her loyalty to the organization. If you become aware of a potential or actual unethical or suspicious practice or violation of the Code of Conduct and Ethics, you must report it to your immediate supervisor, the Compliance Officer, the Vice President of Regulatory Affairs or Legal Counsel as soon as possible. Any activity that even appears to present such a conflict must be avoided or terminated unless, after seeking advice from FMHP's Compliance Officer, Vice President of Regulatory Affairs or Legal Counsel, it is determined that the activity is not illegal or detrimental to FMHP.

Failure to comply with the Code of Conduct and Ethics or the standards of behavior the Code represents may lead to disciplinary action. Discipline for non-compliance with the Code, at FMHP's discretion, ranges from oral warning to termination of employment. If you have questions, concerns or believe that misconduct (yours or someone else's) is occurring, you should contact FMHP's Compliance Officer or Human Resources Department.

1.4 Compliance with State and Federal Laws and Regulations

FMHP will conduct all of its activities in compliance with all applicable federal and state laws, including regulations and regulatory requirements. Some of these laws and regulations address, for example, concerns about the privacy and confidentiality of information, accuracy and retention of records and reports, fraud, waste, and abuse, antitrust, employment opportunities, sexual harassment, discrimination, among others. The Compliance Department will send a notification to department directors and managers impacted by any change in a law or regulation to review and implement all applicable mandates and ensure that policies and procedures support such changes. Department directors and managers must confirm that the changes were implemented in writing to FMHP's Compliance Department. FMHP must ensure compliance with federal laws and regulations of, but not limited to the following:

- Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119);
- Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191);

- False Claims Act (31 U.S.C. §§ 3729-3733);
- Federal False Claims Criminal Statutes (18 U.S.C. §§ 287, 1001);
- Federal Anti-Kickback Statute/Anti-Kickback Statute (42 U.S.C. § 1320a-7b (b));
- Social Security Act Civil Monetary Penalties (42 U.S.C. § 1395w-27(g));
- Physician Self-Referral Act (Stark) (42 U.S.C. § 1395nn);
- Anti-fraud and abuse, privacy and security provisions established by the Health Insurance Portability and Accountability Act, as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act;
- Prohibitions against employment or contracting with persons or entities that have been debarred from doing business with the Federal Government (42 U.S.C. §1395w-27(g)(1)(G); and
- Fraud Enforcement and Recovery Act of 2009.

Each of these federal laws and regulations plays an important role in ensuring compliance with policies and procedures and regulatory requirements. FMHP has delegated responsibility for ensuring compliance with these regulations to:

- Dr. Jessica Losa Robles, Vice President of Regulatory Affairs and Chief Compliance and Privacy Officer at FMHP, is responsible for reinforcing FMHP's Compliance Program, Code of Conduct and Ethics, and Cultural Competency Plan and ensure compliance with the provisions of the Privacy Rule, pursuant to HIPAA.
- Carlos Santana Marrero, FMHP's Chief Legal Counsel and Security Officer, responsible for overall security, physical security of assets, as well as the security of protected health information in compliance with the provisions of the *HIPAA Security Rule*.

Privacy and Confidentiality Information

FMHP employees are in possession of and have access to a wide variety of personal information, protected health information (PHI), confidential subscribers and beneficiary information, and proprietary company information. We must maintain the confidentiality and privacy of subscribers and beneficiary protected health information and other confidential information in accordance with legal and ethical standards.

Privacy and Security Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy and security of individually identifiable health information. Whether the information is on a computer, paper or another form, you have a responsibility to protect subscriber/beneficiary health information. The HIPAA Privacy Rule covers protected health information (PHI) in any medium, while the HIPAA Security Rule covers electronic protected health information (e-PHI). The HIPAA Rules have detailed requirements regarding privacy and security, described below and detailed in the Training section, under subsection A.1 HIPAA Privacy Rule Requirements.

HIPAA Privacy Rule

- Establishes the federal basis for protecting protected health information in all media (electronic, paper, and oral);
- Limits how covered entities may use and disclose protected health information they receive or create;
- Grants individuals rights with respect to their protected health information, including the right to examine and obtain a copy of the information in their medical records and to request that they amend their medical records if the information is incorrect or incomplete;
- Applies to Health Care Providers, including those that do not have electronic medical records or do not participate in a CMS Electronic Health Record Incentive Program;
- Mandates administrative requirements for covered entities, such as, employee training regarding the Privacy Rule; and
- Establishes civil and criminal penalties.



Everyone who works for FMHP or performs functions on behalf of FMHP, delegated entities and members of the FMHP Board of Directors have an obligation to protect and safeguard confidential and proprietary information from unauthorized disclosure of information. In addition, FMHP proprietary information, marketing ideas, financial data, payment and reimbursement information, and information related to negotiations (with employees or third parties) must be protected with strict confidentiality.

Section 2

Responsibilities of the Compliance Officer and Compliance Committee

The Compliance Committee is established by the FMHP Board of Directors to assist the Board members in overseeing the Organization's activities in the areas of compliance with laws and regulations applicable to the business of health care and contractual requirements. The Compliance Officer reports directly to the members of the FMHP Board of Directors and must ensure, along with the members of the Compliance Committee, that FMHP is in full compliance with regulatory standards established by the Regulatory Agencies, applicable federal and state regulations, the FMHP Compliance Program and internal policies and procedures.

2.1 Compliance Officer

The Compliance Officer is the person assigned to enforce the implementation of FMHP's Corporate Compliance Program. This person has direct access to FMHP's Board of Directors, who support his/her authority to ensure full compliance with the Program. The Compliance Officer has the duty to report to the Board of Directors key compliance issues discussed at FMHP Compliance Committee meetings. His/her responsibilities are summarized as follows:

- Demonstrate commitment to responsible corporate conduct.
- Serve as a liaison between FMHP and federal and state regulatory agencies.

- Oversee, implement, evaluate and update the Corporate Compliance Program. FMHP shall submit its proposed Compliance Program (paper/electronic) annually to ASES. Any changes to FMHP's Compliance Program must be submitted to the Medicaid Program Integrity Office and ASES for approval within fifteen calendar days of the date FMHP wishes to implement the changes. Changes will not become effective until the Medicaid Program Integrity Office and ASES provides written approval. FMHP will make the changes requested by ASES within thirty calendar days of the request.
- Ensure FMHP's compliance with governmental regulations and internal guidelines.
- Receive, analyze and distribute federal and state regulations, Regulatory Letters and Circulars and Administrative Orders.
- Audit and monitor operational areas and delegated entities.
- Facilitate regulatory agency investigations and monitor Corrective Action Plans.
- Ensure immediate and thorough investigations of possible misconduct.
- Ensure that processes are conducted in compliance with the requirements of HIPAA.
- Support the development of initiatives and programs to promote the reporting of suspected non-compliance with state and federal regulations, fraud, abuse, waste and other irregularities.

2.2 Board of Directors

The FMHP's Board of Directors is responsible for overseeing the effectiveness of the Corporate Compliance Program. The Board of Directors shall:

- Establish a high organizational culture based on high compliance standards and communicate its compliance expectations throughout the organization;
- **Approve, assist and oversee** the implementation of the Compliance Program and the Code of Conduct and Ethics;
- Require periodic reports on the organization's level of compliance;
- Support and allocate resources for compliance monitoring, testing and problem resolution;
- Encourage the use of the Fraud and Compliance Alert Line to report instances of fraud, waste and abuse and violations of the Corporate Compliance Program;
- Attend and support the analysis of governmental reports of compliance activities, such as notices of non-compliance, penalty notices, among others.
- Monitor management's performance with respect to compliance and effectiveness of FMHP's Compliance Program and Code of Conduct and Ethics.

2.3 Communication with the Board of Directors

To support the zero-tolerance philosophy, the Board of Directors shall be kept abreast of all compliance issues and situations related to the Corporate Compliance Program. Compliance will be a standing agenda item at the Board of Directors meetings at least three times a year. The Compliance Officer or the Vice President of Regulatory Affairs shall report directly to the Board of Directors on the Organization's compliance matters on a quarterly basis. In the event that the Compliance Officer becomes aware of significant matters, he/she shall notify the Board of Directors immediately.

2.4 Corporate Compliance Committee

The Corporate Compliance Committee is established by FMHP's Board of Directors for the purpose of: (1) ensuring that the organization complies with the regulatory standards established by the Puerto Rico Health Insurance Administration, the Office of the Insurance Commissioner, the Federal Department of Labor, as well as other applicable federal and state regulations; and (2) overseeing the implementation of FMHP's Corporate Compliance Program, internal policies and procedures designed to respond to the regulatory and compliance risks faced by the Company. The Corporate Compliance Committee shall assist FMHP's senior management in its responsibility related to the organization's operational compliance with applicable legal requirements and standards of conduct, and shall act as an independent review and evaluation body for:

- Ensure that issues and concerns within the organization are properly assessed, investigated and resolved.
- Assist the Compliance Officer in his/her responsibility to monitor the Corporate Compliance Program, the Code of Conduct and Ethics and the Company's Policies and Procedures.
- Perform any other duties as directed by the Board of Directors.

Composition, Structure and Organization of the Compliance Committee

The FMHP Compliance Committee has among its members two representatives of the FMHP Board of Directors. One of these will serve as Chair of the Corporate Compliance Committee. The Corporate Compliance Committee and the Compliance Officer have the authority to conduct effective oversight of the Corporate Compliance Program. In the absence of a representative of the Board of Directors, the Compliance Officer or the Vice President of the Regulatory Affairs Division shall serve as acting Chair of the Corporate Compliance Committee and shall assume all duties and responsibilities. Members of the Corporate Compliance Committee are selected to ensure adequate representation from all management departments and service centers. Other individuals may be invited to join the Corporate Compliance Committee or participate in Committee meetings as determined by the members of the Compliance Committee or the Compliance Officer, as needed.



The Corporate Compliance Committee will be responsible for:

- Meeting at least quarterly, to oversee the integrity of FMHP's Annual Compliance Plan and the organization's compliance with that Plan;
- Overseeing the effectiveness of the Corporate Compliance Program;
- Oversee the results of federal and state audits of the Company and internal audit functions;
- Develop strategies for promoting compliance and detecting potential violations;
- Review and approve regulatory trainings and ensure that trainings and education are effective and properly completed;

- Assist in the creation and implementation of the compliance risk assessment and compliance monitoring and audit work plan;
- Assist in the creation, implementation and monitoring of effective corrective actions;
- Support the Compliance Officer in identifying resources to carry out his/her duties;
- Ensure that the Plan contains adequate and up-to-date compliance policies and procedures;
- Facilitate the process of distributing the organization's standards, including policies; that they are understandable to all subscribers/beneficiaries and employees (including those that require translation into other languages, if necessary); and
- Ensure that FMHP has a system in place for employees, consultants and delegated entities to report possible instances of non-compliance with Corporate Compliance Program standards, and potential fraud, waste and abuse situations confidentially or anonymously (if desired) without fear of retaliation;
- Performs other functions, as necessary, to carry out the objectives of the Corporate Compliance Program. The Corporate Compliance Committee may also address other compliance-related issues as they arise.

2.5 Department Directors and Managers

All department directors and/or managers are responsible for supporting FMHP's Corporate Compliance Program by complying with its requirements. Department directors and/or managers must review all federal and state laws and regulations applicable to the healthcare industry and make all necessary modifications to their operations to ensure compliance. In addition, department directors and/or managers are responsible for:

- Reviewing and distributing to their work teams federal and state regulations, as applicable.
- Developing policies and procedures that accurately reflect how FMHP will comply with federal and state regulations.
- Responding promptly to all audits and inquiries.
- Facilitate the process for employees to report possible violations of the Corporate Compliance Program, the Code of Conduct and Ethics, laws, regulations, non-compliance with FMHP Policies and Procedures and/or situations related to fraud, waste and abuse, and other irregularities without fear of retaliation.
- Report suspected non-compliance and suspected fraud, waste and abuse through the Fraud and Compliance Alert Line.
- Conduct annual regulatory compliance training and job-specific training.

2.6 FMHP Employees

The success of FMHP's Corporate Compliance Program is based on the participation of all employees. All employees are responsible for:

- Recognizing and complying with federal and state regulations and company policies.
- Read and comply with the requirements of FMHP's Code of Conduct and Ethics.
- Report possible Conflicts of Interest situations.
- Report suspected non-compliance and fraud, waste and abuse, and other irregularities through the Fraud and Compliance Alert Line.
- Respond promptly to all audits and inquiries.
- Participate in training programs as required by this Corporate Compliance Program.

Section 3

Training and Education

FMHP's Corporate Compliance Program can only be effective if employees receive adequate education and training. The Organizational Development Unit of FMHP's Human Resources Department provides regulatory training to FMHP's regular and temporary employees on a periodic basis to communicate and explain compliance expectations. Employees, including senior management, directors and managers, and members of FMHP's Board of Directors are trained at the beginning of their employment or engagement, and annually thereafter. The "Welcome Aboard" Training Program includes appropriate training on federal and state statutes, regulations, guidelines, policies and procedures set forth in this Corporate Compliance Program and FMHP's Code of Conduct and Ethics.

3.1 Required Training Attendance Policy

All FMHP employees, members of the Board of Directors, and consultants should attend and participate in the Regulatory Compliance Training Program. Attendance will be monitored through sign-in sheets and/or exams. At a minimum, each employee must demonstrate attendance at:

- Annual Compliance Training;
- New employee compliance training; and
- Specialized or job-specific education training.

3.2 New Employee Training

Compliance training sessions are conducted and documented for all new employees (including part-time, full-time, contract or temporary employees), medical consultants and any other health care professional consultants within the first ninety days of the date of hire. Regulatory training includes, but is not limited to:

- Compliance Program;
- Code of Conduct and Ethics;
- Health Insurance Portability and Accountability Act (HIPAA);
- Quality Improvement;
- Fraud, Waste and Abuse; and
- Cultural Competency Plan.

The FMHP Human Resources Department is responsible for maintaining documentation related to training materials, participation records and test results administered for a period of not less than ten (10) years. In addition, FMHP requires that delegated entities also comply with the training documentation retention requirement.

3.3 Annual Trainings

On an annual basis, FMHP employees, including the President of the Board of Directors, must complete regulatory compliance training. In the event of significant changes in federal or state laws or regulations that require retraining prior to annual training, FMHP's Compliance Department will update the Regulatory Compliance Training Program and conduct training sessions via online modules as soon as possible.

3.4 Training Examination Requirement Policy

The purpose of the test is to demonstrate the participant's understanding of the training content. Training sessions require a knowledge check exam, when possible, through online learning to demonstrate understanding. An FMHP employee who does not successfully complete the training exam with an acceptable score of 85% will be subject to retesting. Continuing failure to pass the exam will require retraining. In such a case, the employee and facilitator must document a certificate attesting to the retraining. If appropriate, the employee may be subject to further disciplinary action up to and including termination of employment.

3.5 Regulatory Training

A. HIPAA Privacy Rule

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Security Rule protect the privacy and security of protected health information. The HIPAA Privacy Rule establishes specific requirements regarding the privacy and security of Health Information, while the HIPAA Security Rule covers electronic protected health information (e-PHI). FMHP employees, consulting physicians, consultants, business associates and delegated entities have an obligation to protect and safeguard confidential and proprietary information to prevent unauthorized disclosure of information. In addition, FMHP business information, marketing ideas, financial data, payment and reimbursement information, and information related to negotiations (with employees or third parties) must be protected with strict confidentiality.

You have a responsibility to protect health information in any medium such as computer, paper, oral or other media.

B. Integrity Program: Fraud, Waste and Abuse

FMHP conducts its operations and business in compliance with the highest ethical standards and all regulatory requirements. FMHP's Integrity Program: Fraud, Waste and Abuse (FWA) training emphasizes confidentiality, anonymity and non-retaliation for disclosing situations involving actual or potential fraud, waste and abuse. The training will provide us with:

- Disciplinary guidelines for non-compliance or fraudulent behavior.
- A review of potential conflicts of interest and the FMHP Conflict of Interest Disclosure Form template.
- Examples of unacceptable conduct situations that the employee must report.
- Reviews of the laws governing employee conduct under the Medicaid Program.

**Your responsibility is
to report.
Fraud Alert and Compliance
Hotline 1-866-933-9336**

FMHP will develop employee-targeted communication materials with information about fraud, waste, and abuse. This, for example, could include, but will not be limited to:

- Newsletters for employees, providers and the general public.
- Posters or other materials are placed in prominent locations throughout FMHP facilities.
- FMHP's Intranet Portal is available to all employees, where they can obtain more information about compliance with applicable regulations and how to detect fraud, waste and abuse, as well as methods for reporting them. The Intranet Portal is available to all employees, where they can learn more about compliance with applicable regulations and how to detect fraud, waste, and abuse, as well as methods to report them.

Fraud, waste and abuse educational information is available to subscribers, beneficiaries and providers on FMHP's websites (www.firstmedicalpr.com and www.firstmedicalvital.com), the Benefits Cover Sheet (Business Line) the Vital Plan's Explanation of Benefits and Beneficiary Handbook.

C. Code of Conduct and Ethics

The Corporate Compliance Program enforces the standards set forth in the Code of Conduct and Ethics by communicating the compliance expectations of the FMHP Board of Directors. As a result, all members of the Board of Directors, employees, consulting physicians, consultants and delegated entities must read the FMHP Code of Conduct and Ethics and disclose any information that may result in a conflict of interest in their relationship with FMHP.

Also, they must also sign a certificate as receipt of the Code of Conduct and Ethics within the first ninety days of their employment or engagement and annually thereafter. The Human Resources Department will maintain copies of the signed certifications. Failure to comply with the Code of Conduct and Ethics may lead to disciplinary action. For alleged violations of the Code, FMHP will consider the relevant facts and circumstances, including, but not limited to, the extent to which the behavior was contrary to the express language or general intent of the Code, and other factors deemed relevant by FMHP. Discipline for failure to comply with the Code, at FMHP's discretion, ranges from oral warning to termination of employment.

D. Validation on Exclusion List

FMHP's Corporate Compliance Program includes policies and procedures for screening potential job applicants, regular and temporary employees, consultants and vendors against the Office of Inspector General's List of Excluded Individuals/Excluded Entities (LEIE) and/or the General Services Administration (GSA) Exclusion Lists.

The FMHP Human Resources Department shall conduct background checks on all employees and contractors prior to hiring, verifying with all licensing and certification authorities that the necessary licenses and certifications are valid. FMHP will not hire individuals who have been convicted of a health care related criminal offense or who have been banned, debarred, suspended or otherwise ineligible to participate in Federal Health Care Programs.

FMHP will review the U.S. Department of Health and Human Services (DHHS) list, the Office of Inspector General (OIG) list of excluded individuals and entities, the Excluded Parties List Systems (EPLS) list, and the applicable exclusion list from the System for Award Management (SAM) database, prior to contracting and monthly thereafter,

for names of employees, clinical advisors, contractors and service providers to ensure that they have not been excluded from participation in Medicare, Medicaid or other Health Care Programs, federal contracts and State Health Care Programs. Any individual or entity that is ineligible to participate in the federal program will have their employment/contract terminated immediately. FMHP will not knowingly hire or retain on its behalf any individual or entity that has been:

- 1) Convicted of a criminal offense related to health care (unless such person or entity has implemented a compliance program as part of an agreement with the federal government); or
- 2) Listed by a federal agency as barred, excluded, or ineligible to participate in the federal program or receive federal funds.

Excluded, terminated or suspended individuals or entities are not recruited, employed or contracted by FMHP or its subcontractors to provide services or items to Medicaid subscribers/beneficiaries.

E. Cultural Competency

FMHP provides services to people of all cultures, races, ethnicities and religions in a manner that recognizes the values, affirms, respects the worth of individual subscribers and beneficiaries, and protects and preserves the dignity of each individual. In compliance with 42 CFR 438.206, FMHP has a Cultural Competency Plan that ensures that services are provided in a culturally competent manner to all subscribers and beneficiaries.

Cultural competency is a set of skills that enables someone to increase their understanding and appreciation of cultural differences among groups. There are myriad elements that make up a person's cultural identity, including country of origin, language, race, ethnicity, education, family, spiritual traditions, health care and alimentary practices, and much more. In simple terms, cultural competence in health care is the ability to interact successfully with FMHP subscribers and beneficiaries of various ethnic and/or cultural groups. In practice, this involves:

- Understand and respect the cultural identity of each subscriber and beneficiary;
- Promoting cross-cultural communication between individuals by facilitating access to culturally and linguistically appropriate services, including as translators and alternate format materials; and
- The ability of both our employees and the health care provider to offer the subscriber/beneficiary additional cultural support services when needed.

This requires a willingness and ability to respect the values, traditions and customs of the community, to devise culturally diverse strategies focused on effective communication between the parties. FMHP recognizes that the freedoms of conscience and of religious exercise are foundational rights protected by federal and state statutes. FMHP has acted to protect these freedoms in the health care context, where services related to abortion, sterilization, and certain other health services are provided. Employees and Providers are informed by and committed to diverse cultural, religious, and philosophical traditions and beliefs. It is our primary aim to protect the moral integrity of our health care professionals without significantly compromising other important values and interests. Preserving opportunity to act (or to refrain from acting) in accordance with the dictates of conscience in their professional practice is important for preserving the integrity of our employees as well as the integrity of the provider, on which our enrollee's rely.

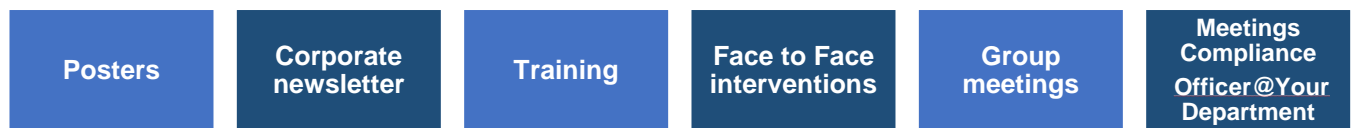
It is important to mention that providers' freedom to act according to conscience is not unlimited. Providers are expected to provide health care in emergencies, respect patients' informed decisions to refuse life-sustaining treatment and not discriminate against any enrollee in deciding whether to look for another provider or a second opinion. In other words, providers may be able to act (or refrain from acting) in accordance with the dictates of their conscience without violating their professional obligations or enrollee rights. Whenever feasible, the provider should provide advance notification to FMHP about his/her moral or religious objections. Formal review may not be required in all cases, but when it is appropriate, FMHP shall provide recommendations about Cultural Competency standards and the review process of provider's refusal.

Section 4

Lines of Communication

4.1 Communications

Effective lines of communication between the Compliance Officer and employees are important for the successful implementation of a Compliance Program and early intervention in any potential situation of non-compliance with FMHP's Compliance Program. FMHP has effective lines of communication to respond quickly and effectively, ensuring confidentiality between the Compliance Officer and employees, subscribers/beneficiaries, providers and delegated entities. In compliance with federal laws and regulations, ASES requirements, and U.S. Sentencing Commission Guidelines, among others, FMHP's Compliance Department will communicate to members of the Board of Directors, employees, and about FMHP's Compliance Policies and Procedures, Code of Conduct and Ethics, state/federal laws and regulations applicable to the healthcare industry and/or any changes thereto. Communication methods may include one-on-one conversations, broadcast emails, mailings to individual employees, Board of Directors members or subcontractors, educational sessions, large and small group meetings, posters, periodic newsletters and our Intranet website.



In order to foster communications, FMHP employees, consultants and members of the Board of Directors have been oriented on the Confidentiality and Non-Retaliation Policies. FMHP promotes the adoption of "open door" policies to encourage dialogue between management and employees. Supervisors play a key role in responding to employee concerns and it is appropriate for them to serve as the first line of communication.




All employees, consulting physicians, consultants, business associates, members of the FMHP Board of Directors and delegated entities have a responsibility to comply with all applicable laws and regulations and to report any actual or apparent acts of noncompliance. If you know or suspect that someone is not in compliance, you must report it immediately. Failure to do so will subject you to disciplinary action. Reports can be made anonymously through the Fraud and Compliance Alert Line if the individual so desires. FMHP has an active policy to maintain open lines of communication and will not intimidate, threaten, coerce, discriminate, or take other retaliatory action against any subscriber and beneficiary, provider, employee, subcontractor who exercises any of their rights or provides information about inappropriate, illegal or non-compliant conduct. If you wish to dialogue with the Compliance Officer, you may request a meeting directly by calling 787-617-4306.

4.2 Fraud & Compliance Alert Line




FMHP has established a Fraud and Compliance Alert Line to anonymously report any suspected fraud, waste and abuse, and non-compliance issues that primarily affect our subscribers and beneficiaries, providers and subcontractors. FMHP's Compliance Department encourages all employees, consulting physicians, consultants, agents, directors, subscribers, beneficiaries and providers to report suspected cases of non-compliance and/or fraud, waste and abuse by calling **the Fraud and Compliance Alert Line at 1-866-933-9336**. In order to promote an environment of open communication and reporting, FMHP has a policy of non-retaliation when an individual reports suspected cases of non-compliance or fraud, waste and abuse. You should report any suspected violation to your supervisor, the Compliance Officer, the Vice President of Regulatory Affairs or FMHP's General Counsel.

An additional mechanism for reporting potential or actual situations related to fraud, waste and abuse promptly, addressing concerns and complaints about FMHP noncompliance is via email to: alerta fraudeycumplimiento@firstmedicalpr.com. Also, calls and emails can be made or sent anonymously if it is of preference. All communications made to the Fraud Alert and Compliance Hotline will be maintained with the most confidentiality, at all times. Any reporting party should provide as much detail as possible about the incident if they have the information available. For example:

- Description of the incident.
- When the informant became aware of the incident.
- Specific individual(s) involved in the incident.
- If available, it is important to provide documentation and evidence.

Fraud Alert and Compliance Line		1-866-933-9336 (24/7, free of charges)
		alerta fraudeycumplimiento@firstmedicalpr.com
		First Medical Health Plan, Inc. PO Box 191580 San Juan, PR 00919-1580

In addition, any informant may report suspected cases of fraud, waste and abuse to the appropriate federal and state regulatory agency as specified in the Medicaid contract and applicable laws, including, but not limited to, the Office of Inspector General of the U.S. Department of Health and Human Services:

Office of the Inspector General 1-800-HHS-TIPS (1-800-447-8477) TTY: 1-800-377-4950		E-mail: HHSTips@oig.hhs.gov En línea: oig.hhs.gov/report-fraud
		U.S. Department of Health and Human Services ATTN. OIG Direct Line Operation PO Box 23489 Washington, DC 20026
		1-800-223-8164

4.3 Integration of Federal and State Government Mandates

All FMHP policies and procedures will be reviewed at least annually, or as necessary, to ensure compliance with new and/or revised federal and local government mandates related to the Medicaid Program. This includes, but is not limited to, the Federal Anti-Kickback Statute and the False Claims Act.

Upon receipt of a mandate from the federal and state governments through ASES and Puerto Rico Office of the Commissioner of Insurance (OCS) Regulatory Letters and Circular Letters, CMS updates, U.S. Department of Labor guidelines, among others, the Compliance Department will send the communication to the impacted department directors and managers to review the same and implement all current mandates ensuring compliance with the policies and procedures. Department directors and managers must confirm that the changes were implemented by writing communication to the Compliance Department.

4.4 Reporting Organizational Changes to Agencies

FMHP must notify all federal, state, and applicable accrediting bodies in writing within thirty (30) days of any significant organizational, operational, or financial changes including, but not limited to:

- Organizational changes (e.g., name change, additional services or locations, changes in controlling interest, changes in state licensure or federal certification, among others);
- Any interruption of services that exceeds thirty (30) calendar days;
- Significant changes in managed care underwriting, managed care delivery system, or in employee staffing;
- Bankruptcy or any significant change in the financial viability of the organization;
- Any governmental investigation, criminal indictment, plea or verdict of guilt in a criminal proceeding (other than a traffic violation) directly or indirectly involving the organization or any of its officers.

Section 5

Disciplinary Rules Enforcement

The primary functions of FMHP's written Policies, Procedures, and Standards of Conduct are:

- Describe FMHP compliance expectations;
- Express our commitment to comply with all applicable federal and state regulations; and
- Provide guidance to employees and others regarding the appropriate management to handle situations of suspicion, detection and the reporting of potential compliance violations, including fraud, waste and abuse, as well as how to communicate compliance situations to assigned compliance personnel.

It is FMHP's policy to establish progressive discipline for non-compliance with the Corporate Compliance Program, the Code of Conduct and Ethics, the Policies and Procedures established or adopted pursuant to this Program or any federal or state law or regulation. FMHP will take disciplinary action regarding employees who participate in or

collaborate or authorize any act of violation of applicable federal or state law, including offenses related to the Compliance Program, the Code of Conduct & Ethics, company Policies and Procedures and those who deliberately fail to report such a violation or who obstruct an investigation; or who have deliberately withheld relevant and material information related to a rule violation of any applicable state and federal law.

Section 6

Monitoring and Internal Audit

The FMHP's Compliance Officer is responsible for establishing and implementing an Annual Work Plan to ensure proactive identification of compliance risks. This Annual Work Plan includes monitoring activities, internal and external audits to evaluate FMHP departments and delegated entities to ensure compliance with state and federal requirements, contractual agreements, policies and procedures, and the overall effectiveness of the Compliance Program. The Annual Audit and Monitoring Work Plan and Monitoring Work Plan is presented to the FMHP Corporate Compliance Committee for approval and subsequent ratification by the FMHP Board of Directors.

Monitoring activities and internal audits are carried out in order to assess risks and make the necessary adjustments to ensure the organization's compliance. The Compliance Department develops a specific assessment tool for each audit to ensure that it covers the appropriate scope of operations. The tool is updated as policies change at FMHP or the agencies that regulate us. Risks can be identified through various initiatives including process and documentation assessment, performance assurance monitoring, interviews and observation in work areas to obtain a 360° view prior to determining a potential risk.

If the Compliance Department identifies a potential risk or possible fraud, waste and abuse, it must immediately notify the Vice President of Regulatory Affairs to investigate and take corrective action. The results of these audits and monitoring activities are provided to the leader of each company department for evaluation and development regarding the Corrective Action Plan, as necessary. The Compliance Department will provide timely follow-up to evaluate the effectiveness of corrective actions taken. It is the responsibility of the Compliance Officer to provide updates on monitoring and audit results to the Compliance and Quality Committees including the FMHP Board of Directors.

6.1 Internal Audit Monitoring

An annual risk assessment shall be conducted to identify areas of increased risk in compliance with factors to be considered to determine the level of risk, including, but not limited to:

- a) Financial impact;
- b) Regulatory impact (compliance, government law and regulations); and
- c) Reputational impact (complaints, dissatisfied subscribers, beneficiaries and any non-compliance with policies or standards).

The risk assessment includes advertising and membership violations, false representation of agents, intermediaries, appeals and complaints procedures, utilization management, claims processing accuracy, among others. An audit and monitoring work plan will be developed for non-compliance situations.

6.2 Audit and Monitoring of Delegated Entities

The Compliance Department's Audit and Monitoring Department work plan oversees compliance with FMHP's delegated functions through a comprehensive audit and monitoring program. Delegated entities will have a pre-delegation audit and at least one audit and monitoring activity annually. The pre-delegation audit will be conducted during contract negotiations with the entity. The results of the audit and monitoring activities will be reported to the Delegated Entity Oversight Committee and the Corporate Compliance Committee. The Compliance Committee will determine and report to the Board of Directors the recommendation to delegate, with an action plan, or not to delegate FMHP functions to an entity.

6.3 Effectiveness of the Corporate Compliance Program

The Compliance Officer must ensure the effectiveness of the Compliance Program. To ensure this effectiveness, the Compliance Program must be audited at least once a year. The Compliance Department shall oversee the Corporate Compliance Program effectiveness self-assessment tool; evaluation sheets or tabulators. The Compliance Officer will share the results with the Compliance Committee, senior management and the FMHP Board of Directors.

6.4 Compliance Investigations

The investigation of a particular practice or alleged violation should include a review and analysis of relevant documentation, records, interviews and any applicable laws and regulations, as well as the review of data and complaint records. All investigations must be conducted under the evaluation of the Vice President of Regulatory Affairs. FMHP will conduct a review and trending of member complaints regarding covered services by providers. The Vice President of Regulatory Affairs and the Compliance Officer may recommend administrative decisions to the Corporate Compliance Committee and the FMHP Board of Directors.

Section 7

Responding to Deficiencies Detected

FMHP recognizes that the success of the Corporate Compliance Program is related to the integrity of our employees and their commitment to compliance. Demonstrated non-compliance by a contractor, subcontractor and/or employee of a contractor or subcontractor with federal and state regulations, or fraud, waste and abuse will result in corrective action, including termination of the contract with FMHP. Pending the resolution of any federal criminal charges or the proposed debarment or the exclusion of a current employee, that employee will be relieved of liability direct responsibility for or participation in any coding or billing process, and any other activity related to a Federal Health Care Program. While each situation is considered on a case-by-case basis, FMHP will always implement appropriate disciplinary measures to address inappropriate conduct and prevent future violations. In addition, reports of potential or actual compliance situations related to the Medicaid Program should be reported to the Health Insurance Administration (ASES), the Centers for Medicare and Medicaid Services (CMS) and/or the Office of Inspector General (OIG) for further investigation.

Section 8

Non-Retaliation and Whistleblower Protection Policy Act

FMHP complies with federal law that protects individuals who investigate or report possible false claims made by their employer against termination or employment discrimination because of such an investigation. FMHP recognizes that the decision to report any concern may be difficult to make, as it may generate a negative reaction from those responsible for the negligence. FMHP will not tolerate harassment or victimization and will take steps to protect those who raise a concern in good faith and will make every effort to protect an individual's identity when he/she raises a concern and does not want his/her name disclosed. However, it should be recognized that, in the process of investigation, it may reveal the source of the information and that a statement by the individual will be required as part of the evidence. If an allegation is made in good faith, but is not confirmed by an investigation, no action will be taken against the originator. FMHP is committed to protecting individuals who report violations or suspicious activity. FMHP complies with regulatory requirements not to discriminate or retaliate against employees for their direct or indirect involvement in investigations of fraud, waste and abuse.



Section 9

Fraud, Waste and Abuse

FMHP maintains a strict zero-tolerance policy for fraud, waste and abuse. FMHP's Special Investigations Unit is responsible for conducting auditing and monitoring activities to prevent, detect and stop situations that represent fraud, waste and abuse of the benefits and services offered by the Plan. The purpose of investigating these activities is to protect the subscribers and beneficiaries, the government and FMHP from paying more for a service than it is obligated to pay. However, FMHP's zero tolerance policy is not limited to instances of fraud, waste and abuse. FMHP will investigate instances of waste, as well as any inappropriate activity. In Addition, FMHP has a monitoring program designed to prevent and detect potential or suspected fraud, waste, and abuse. This program will not be limited to monitoring the billing of its providers to ensure that the subscriber/beneficiary receives the services for which they are billed, verifying with the subscriber/beneficiary the provision of the claimed services, and reviewing providers for excessive, insufficient, or inappropriate utilization. For details related to this program, please refer to the FMHP Integrity Program.

The fraud, waste and abuse policies and procedures, as well as the Corporate Compliance Plan and Integrity Plan, are reviewed annually and submitted to regulatory agencies for prior approval.

9.1 Definitions: Fraud, Waste and Abuse (FWA)

- **Fraud:** is knowingly and intentionally executing, or attempting to execute, a plan or scheme to defraud any Health Care Benefit Program or to obtain (through false or fraudulent claims, representations, or promises) any money or property of, or under the custody or control of any Health Care Benefit Program. 18 U.S.C. § 1347.

- **Waste:** is the overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the Medicaid Program. In general, waste is not considered a cause for negligent criminal actions but is an incorrect use of resources.
- **Abuse:** includes actions that may, directly or indirectly, result in unnecessary costs to the Medicaid Program, improper payments, payments for services that do not meet professionally recognized standards of care, or services that are medically unnecessary.

Abuse involves payment for items or services when there is no legal right to such payment and the provider has knowingly and/or intentionally misrepresented the facts to obtain payment. Abuse cannot be categorically distinguished from fraud, as the distinction between "fraud" and "abuse" depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

The Special Investigations Unit protocol encompasses investigative steps to work fraud cases in conjunction with our Legal Division, state and federal authorities, including but not limited to the Puerto Rico Health Insurance Administration (ASES), the Department of Justice, the Medicaid Fraud and Control Unit (MFCU), the Department of Health and/or the Office of the Inspector General (OIG).

The Compliance Officer has the authority to report urgent situations directly to the FMHP Board of Directors. If the case to be reported to the Board of Managers is of such magnitude that it cannot wait for the next scheduled Board meeting, the Compliance Officer may request a special meeting of the FMHP Board of Managers.

As part of our commitment to prevent, detect and correct fraud, waste and abuse, we encourage you to read and understand FMHP's Integrity Program as it is one of the pillars of our organization to ensure compliance with the laws and regulations that apply to the healthcare industry.

Amendments

This Compliance Program may be amended and/or modified upon recommendation of the Compliance Committee or express determination of the FMHP Board of Directors. The policies mentioned in this Compliance Program apply to both lines of business. We value your contribution to the improvement of our processes.

This Compliance Program was reviewed and approved on October 31, 2024.



Jessica Losa Robles, MPH, MHSA, PhD
Chief Compliance and Privacy Officer



José Pagán
Senior Executive Vice President
Chairman of the Compliance Committee

Important Contacts

Fraud and Compliance Alert Line
1-866-933-9336

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