



# FMHP Quality Assessment and Performance Improvement Program 2024-2025

# Quality Assessment and Improvement Program

## FMHP Performance Report 2024-2025

First Medical Health Plan, Inc. (FMHP), in compliance with contractual provisions with the Puerto Rico Health Insurance Administration, known as ASES, with the Code of Federal Regulations (CFR) and with the Puerto Rico Health Insurance Code, has established a Quality Assessment and Performance Improvement Program that is reviewed annually 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 contracted Provider Network.

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

### 1. Structure

#### *Board of Directors*

The primary responsibility for the administration and improvement of quality clinical care and services provided to FMHP beneficiaries/subscribers rests with the FMHP Board of Directors. Responsibility for ensuring the implementation of all aspects of the FMHP 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 the FMHP Regulatory Affairs Chief Compliance and Privacy Officer.

#### *Chief Compliance and Privacy Officer for Regulatory Affairs*

The FMHP Regulatory Affairs Chief Compliance and Privacy Officer 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 the FMHP Quality Assessment and Performance Improvement Program.

#### *Quality Manager/Quality Supervisors*

The FMHP Quality Director and Quality Supervisors are responsible for the day-to-day operations of the Quality Department and the operational components of the FMHP 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 the services offered (physical or behavioral health services) and the quality 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 execution of operational areas.

The FMHP 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.

He is also responsible for advising on matters related to the provision of health services, beneficiary/subscriber rights and responsibilities, and the resolution of grievances and appeals, among other matters of quality of care and quality of operations of FMHP and its delegates. It is comprised 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 of the meetings:

**A. Credentialing and Re-credentialing Committee**

The purpose of the FMHP Credentialing and Recredentialing Committee is to ensure that FMHP provider networks are comprised of providers who have their current credentials.

**B. Utilization Management Committee**

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

**C. Supervisory Committee of Delegated Entities**

The objective of this Committee is to supervise all FMHP delegate entities in order to ensure compliance with the requirements of the Government Health Plan (PSG), Puerto Rico Health Insurance Administration (ASES), Office of the Commissioner of Insurance (OCS), and other applicable federal and state regulations.

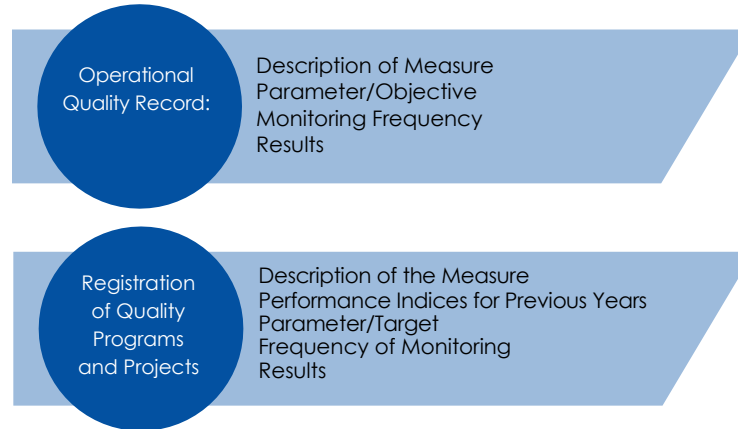
**D. Clinical Practice Committee**

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

## **2. Annual Monitoring Tools of the Quality Assessment and Performance Improvement Program.**

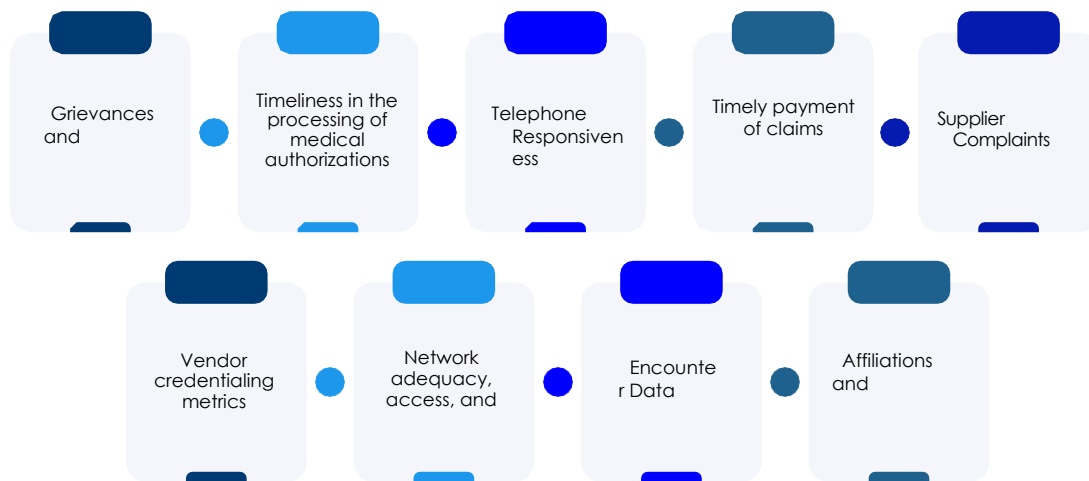
The FMHP Quality Assessment and Performance Improvement Program Annual Monitoring Tools are designed to track the performance of quality measures for Performance Improvement Projects (PIPs) and organizational operations. These Tools function as a guide for the discussion of results during quarterly Quality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

The FMHP Monitoring Tools consist of: Operational Quality Records and Performance Improvement Program and Project Records.



The frequency of monitoring can be monthly, quarterly, semi-annual 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 (ES) Program** – Designed to educate senior SE users on the proper use of Emergency Rooms.

- **Kidney Health Assessment Rate Improvement Project** - Designed to improve kidney health assessment by identifying early stages in the decline of kidney function for diabetic patients.
- **Diabetes Beneficiary Health Outcomes Improvement Project** – Designed to improve outcomes for beneficiaries with diabetes, including identifying poor control (> 9%) in these patients' Glycated Hemoglobin, HbA1c outcomes, among other measures.
- **Screening Improvement Project for Depression, Anxiety, and Substance Use** – Designed to increase screening for Depression, Anxiety, and Substance Use Disorder using nationally recognized tools (PHQ-9, GAD-7, and DAST).
- **Reverse Placement and Placement Project**- Designed with the goal of integrating physical and behavioral health into the Primary Medical Group setting as well as the Behavioral Health Provider setting.
- **Early and Periodic Medical Examination, Diagnosis, and Treatment (EPSDT) Program** - Designed to publicize health assessments and covered health benefits to the beneficiary population ages 0-21.
- **"Healthy People" Program** - Its purpose is to educate, measure and report the quality indicators, HEDIS and other established performance measures of the Vital Population.
- **Care Gaps**- Assesses compliance with quality indicators and preventive services for FMHP subscribers.
- **Satisfaction Surveys** - Designed to measure subscriber and beneficiary satisfaction with the health services offered by the organization, its Service Provider and the Health System.

## 4. Delegation

FMHP may delegate responsibility for the performance of certain core activities to contracted entities that comply with applicable regulations and FMHP Policies. It is the responsibility of FMHP to monitor that the operations of these delegated entities are conducted in compliance with applicable regulations and FMHP Policies; promoting quality in the services provided.

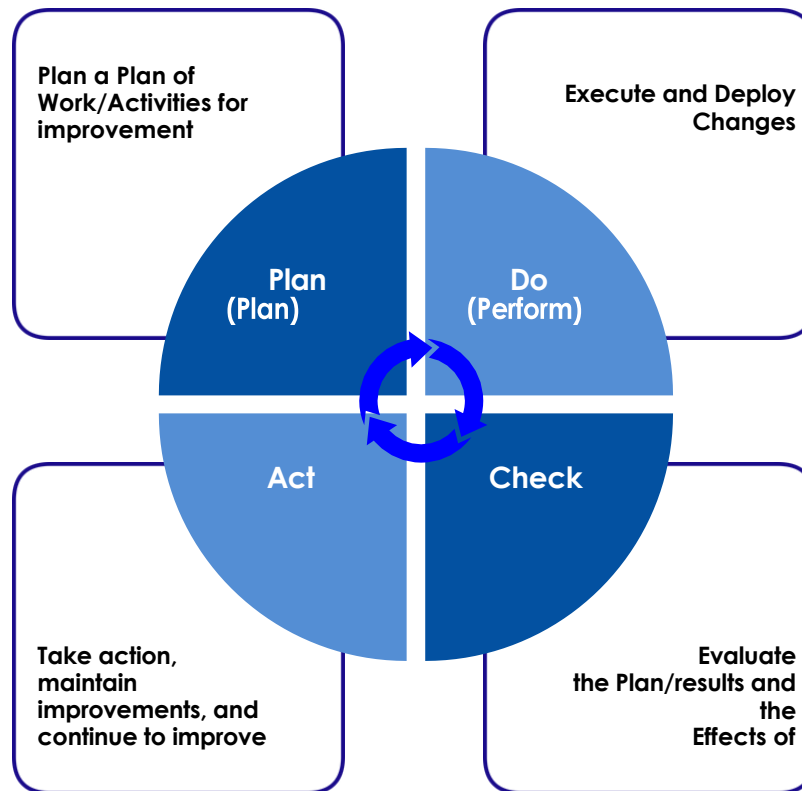
## 5. Annual Evaluation of the Quality Evaluation and Performance Improvement Program

### Performance

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

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

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



## 6. Achievements and Challenges of 2023 - Action Plan for the Quality Program 2024-2025:

The following activities were identified as Quality Achievements:

- 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 comply with regulatory and contractual requirements such as: Care Management Program Interventions, educational sessions and delivery of materials, telephone counseling, automated calls, informational emails, informational text messages, among others.
- Compliance with the requirements of the Placement and Reverse Placement Models.
- Behavioral Health Care Transition and Intensive Case Management interventions were conducted to reduce the Mental Health Readmission Rate.
- EPSDT educations were provided to providers and beneficiaries, as required by the ASES contract.
- The annual submission of the HEDIS report was carried out as required by the ASES contract.
- The CAHPS and ECHO satisfaction surveys were conducted as required by the ASES contract.
- Quality Improvement Plans were requested and monitored by Quality personnel to improve compliance with quality and operational indicators.

- Quality Circle discussions and/or meetings were held with operational leaders/subcontractors to identify causes and strategies as part of the FMHP Quality Assessment and Performance Improvement Plan.

The following challenges were confronted in achieving the established goals:

- Exact definitions and methodological clarifications for the preparation of certain quality reports that cause delays in the logistics of the results and interventions related to some programs and projects.
- To 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 various reasons such as: changes in telephone number, fear of telephone call practices with the intent of fraud, among others.

Based on the findings and challenges identified, the following Quality Action Plans are being 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 suppliers to impact beneficiaries and subscribers in a timely manner.
- Dedicate time in the first months of the year to the preparation of the necessary reports from the IT/BI Department, which will be crucial for the monitoring of quality metrics and indicators.
- Monitor the results of the implemented Clinical Programs and Quality Projects and their effectiveness in 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 contact with beneficiaries and subscribers for the different Quality Programs, Projects, and Initiatives.
- Continue with new educational strategies for beneficiaries and subscribers such as: text messaging, emails, and automated calls with preventive health messages.

