



Quality Evaluation and Performance Improvement Program of FMHP 2026-2027

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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), with the Code of Federal Regulations (CFR), and the Puerto Rico Health Insurance Code, has established a Quality Evaluation and Performance Improvement Program that is reviewed annually. Additionally, it has a Quality Department dedicated to administering said FMHP Quality Program.

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

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

1. Structure

Board of Directors

The principal responsibility for the administration and improvement of the quality of clinical care and services provided to FMHP beneficiaries/subscribers falls on the FMHP Board of Directors. The responsibility for ensuring the implementation of all aspects of the FMHP Quality Evaluation 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 Chief Compliance and Privacy Officer for Regulatory Affairs at FMHP.

Chief Compliance and Privacy Officer for Regulatory Affairs

The Chief Compliance and Privacy Officer for 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 Evaluation and Performance Improvement Program.

Quality Director/Quality Supervisors

The FMHP's Quality Director and Quality Supervisors are responsible for the daily operations of the Quality Department and the operational components of FMHP Quality Evaluation and Performance Improvement Program.

Structure of the Quality Advisory Board/Quality Committee

The FMHP Quality Advisory Board/Quality Committee is responsible for the development, implementation and overall supervision of the FMHP Quality Evaluation and Performance Improvement Program. The areas it monitors include services offered (physical or behavioral health services) and their quality, 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 taken to provide recommendations based on reports from various subcommittees and the results of the Quality Work Plans.

Additionally, it is responsible for advising on matters related to the provision of health services, beneficiary/subscriber rights and responsibilities, and the resolution of complaints and appeals, among other issues regarding the quality of care and operational quality of FMHP and its delegated entities. It is composed of representatives from health service providers, beneficiaries/subscribers, and FMHP management.

The following subcommittees report their 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 consist of providers with up-to-date 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 the oversight and maintenance of the FMHP Utilization Management Program.

C. Delegated Entities Oversight Committee

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

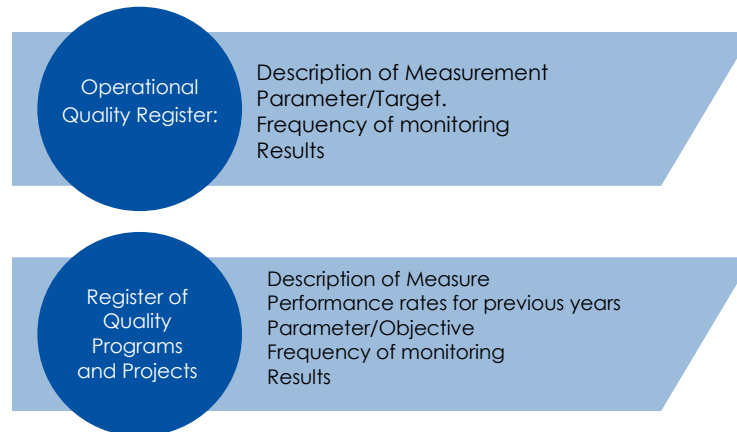
D. Clinical Practices Committee

The purpose of this Committee is to review medical care quality matters and provide input for the Clinical Practice Guidelines and Medical Policies established by FMHP.

2. Annual Monitoring Tools for the Quality Evaluation and Performance Improvement Program.

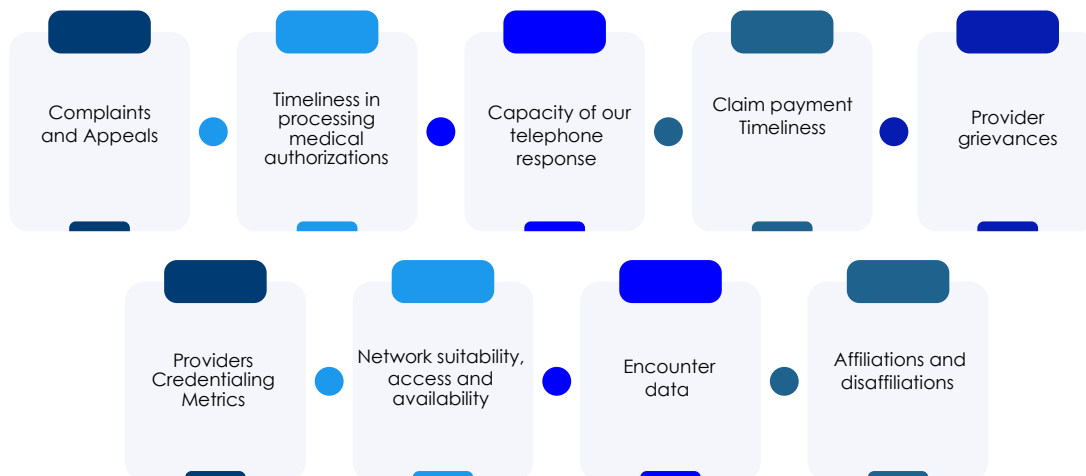
The Annual Monitoring Tools for the FMHP Quality Evaluation and Performance Improvement Program are designed to track the performance of quality measures for Performance Improvement Projects (PIPs) and the organization's operations. These tools serve as a guide for discussing the quarterly meetings of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

The FMHP Monitoring Tools consist of: Quality Operational Records and Records of Programs and Performance Improvement Projects.



The frequency of monitoring can be monthly, quarterly, semi-annual, or 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 as part of the Quality Evaluation and Performance Improvement Program, impacting FMHP subscribers and beneficiaries of the Government Health Plan, Vital:

- **Emergency Room (ER) Program** - Designed to educate high ER users on the appropriate use of the Emergency Rooms.

- **Kidney Health Evaluation Rate Improvement Project** - Designed to enhance kidney health assessment by identifying early stages of renal function deterioration in diabetic patients.
- **Improvement of Health Results in Diabetes Enrollees (PIP)** - Designed to improve outcomes for beneficiaries with diabetes, including the identification of poor control (> 9%) in Hemoglobin A1c (HbA1c) results among these patients, among other measures.
- **Depression, Anxiety, and Substance Use Screening Improvement Project** - Designed to increase screening for Depression, Anxiety, and Substance Use Disorder using nationally recognized tools (PHQ-9, GAD- 7, and DAST).
- **Colocation and Reverse Colocation Project** - Designed to integrate physical and behavioral health both in the Primary Medical Group setting and the Behavioral Health Provider setting.
- **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program** - Designed to raise awareness of health evaluations and covered health benefits for beneficiaries aged 0 to 21.
- **“Healthy People” Program** – Aims to educate, measure, and report quality indicators, HEDIS, and other performance measures established for the Vital Population.
- **Gaps in Care** – Assesses compliance with quality indicators and preventive services for FMHP subscribers.
- **Satisfaction Surveys** - Designed to measure subscriber and beneficiary satisfaction regarding the health services provided by FMHP, its Service Providers, and the Healthcare System.

4. Delegation

FMHP may delegate responsibility for carrying out certain core activities 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 conducted in compliance with applicable regulations and FMHP Policies, promoting quality in the services provided.

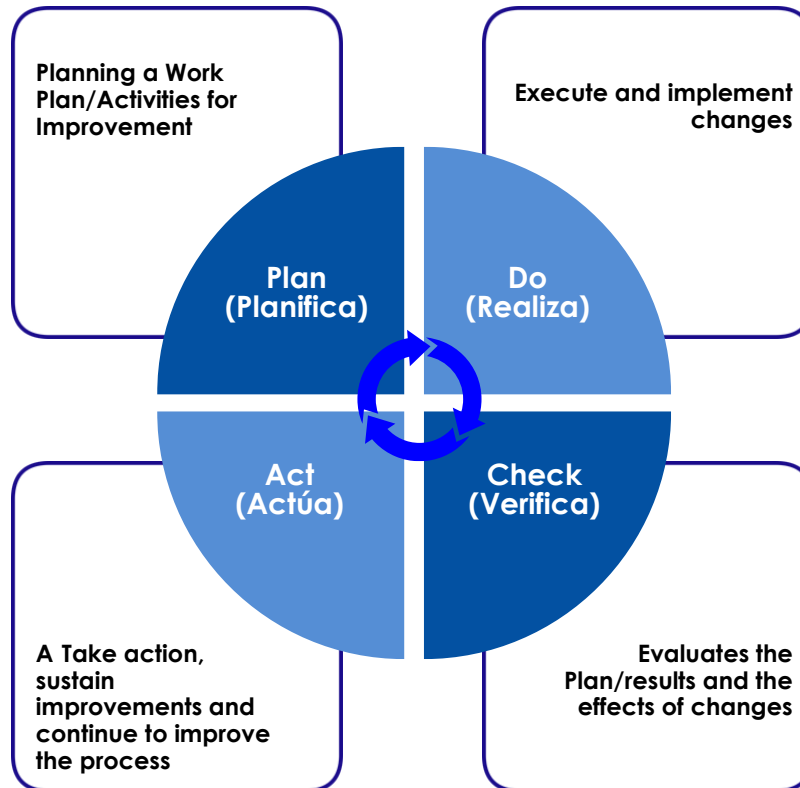
5. Annual Evaluation of the Quality Evaluation and Performance Improvement Program

Performance

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

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

In order to enhance the performance of service delivery by FMHP, the Quality Department promotes the use of the following PDCA Quality Model, which follows a systematic approach:



6. Achievements and Challenges of 2025 - Action Plan for 2026-2027 Quality Program:

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 various Programs, Projects, Strategies, Initiatives and Interventions with beneficiaries, subscribers, and providers to improve and/or maintain the health of our beneficiaries/ subscribers and to comply with regulatory and contractual requirements, such as: Care Management Program Interventions, educational sessions and material distribution, telephone counseling, automated calls, informational emails, informational text messages, among others.
- Compliance with the Colocation and Reverse Colocation Models requirements mandated by PRHIA.
- Behavioral Health Care Transition and Intensive Case Management interventions were carried out to reduce the Mental Health Readmission Rate.
- EPSDT education was provided to providers and beneficiaries to impact the Vital Population aged 0 to 21 years, as required by the PRHIA contract.
- The annual submission of the HEDIS reports was completed as required by the PRHIA contract.
- The CAHPS and ECHO Satisfaction Surveys were conducted in accordance with the requirement established under the PHRIA contract. as required by the PRHIA contract.
- Quality Improvement Plans were requested and monitored by Quality personnel to enhance compliance with quality and operational performance indicators.
- Quality Circles discussions and/or meetings were held with operational leaders/subcontractor to identify causes and strategies as part of FMHP Quality Evaluation and Performance Improvement Program.

The following challenges were encountered in achieving the established goals:

- Exact definitions and methodological clarifications for the preparation of certain quality reports, which cause delays in the logistics of results and interventions related to some Programs and Projects.
- Achieving the commitment of beneficiaries and subscribers to make changes toward healthier conditions and lifestyles by applying our educational recommendations.
- Low response rate in the CAHPS Satisfaction Survey for Vital beneficiaries.

- Limited telephone access to our beneficiaries and subscribers due to various reasons, such as changes in phone numbers, fear of fraudulent phone calls practices, 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 various Quality Reports to increase report delivery to providers and timely impact beneficiaries and subscribers.
- Allocate time in the first months of the year for the preparation of necessary reports from the IT/BI Department, which will be crucial for tracking quality metrics and indicators.
- Monitor the results of implemented Clinical Programs and Quality Projects and their effectiveness in the health status of the impacted population, to improve existing strategies and/or the develop 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 various Quality Programs, Projects, and Initiatives.
- Continuing new educational strategies for beneficiaries and subscribers, such as text messages, emails, and automated calls with preventive health messages.

