

FMHP QUALITY ASSESSMENT  
AND PERFORMANCE  
IMPROVEMENT PROGRAM 2022

## FMHP QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM

First Medical Health Plan Inc., (FMHP) in compliance with the contractual provisions with the Puerto Rico Health Insurance Administration, known as ASES, the Code of Federal Regulations (CFR) and the Health Insurance Code have 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 of contracted providers.

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

### **I. Structure and Responsibility**

#### *Board of Directors*

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 Chairman of the Quality Advisory Board/Quality Committee, who is FMHP's Vice President of Regulatory Affairs.

#### *Vice President of Regulatory Affairs*

The FMHP 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 the FMHP's Quality Improvement Program.

#### *Quality Director/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.

#### *Structure of the Quality Advisory Board/Quality Committee*

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, satisfaction of beneficiaries/subscribers and providers, and the quality of the execution of operational areas.

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

Also, it is responsible for advising on matters related to the provision of health services, the rights and responsibilities of the beneficiary/subscriber and the resolution of complaints and appeals, among other matters of quality of care and operations of the health services organization. It is composed of representatives of FMHP health care providers, employees and management.

The following sub-committees 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's provider networks are composed of providers who have their 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 Utilization Management Program.

## C. Supervisory Committee of Delegated Entities

The objective of this Committee is to establish a framework to supervise all the delegated entities in order to ensure compliance with the regulatory standards of the Government Health Plan (PSG), PRHIA (ASES), Office of the Insurance Commissioner(OCS) and other applicable federal and state regulations.

## D. Clinical Practices Committee

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

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

The FMHP's Annual Monitoring and Performance Improvement Program tools are designed to track the performance of quality measures for Performance Improvement Projects (PIP's) and its operational functions. These tools function 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:

1. Complaints and Appeals

2. Timely processing of medical authorizations

3. Telephone answering capacity

4. Timely payment of claims

5. Provider's Complaints

6. Provider's Credentialing Metrics

7. Network suitability, access and availability

8. Encounter's Data

9. Affiliation and disaffiliation

### 3. Quality Project Programs

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 users of the Emergency Room regarding the proper use of the emergency service facilities.
- **Fistula Insertion Enhancement Quality Project:** Designed for beneficiaries of the Government Health Plan, Vital, with early-stage renal condition who may be candidates for dialysis.
- **Placement and Reverse Placement Project:** Designed with the purpose of integrating physical and behavioral health in both scenarios, the Primary Medical Group setting and the Behavioral Health Provider.
- **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program:** Designed to provide health screening and covered health benefits to eligible children from 0 to 21 years of age.
- **"Healthy People" Program:** Its purpose is to measure and report quality indicators, HEDIS and other established performance measures of the Vital Population.

- **Care Gaps:** Evaluates compliance with the quality indicators for annual screening conditions and preventive services of FMHP subscribers.
- **Medical Care Program:** Designed to improve the quality of services provided and utilization within the categories of:
  - High-Cost Conditions
  - Chronic Conditions
- **Satisfaction Surveys:** Designed to measure subscriber and beneficiary satisfaction with the health services delivered by the Health Services Organization and its health care providers.

## 4. Delegation

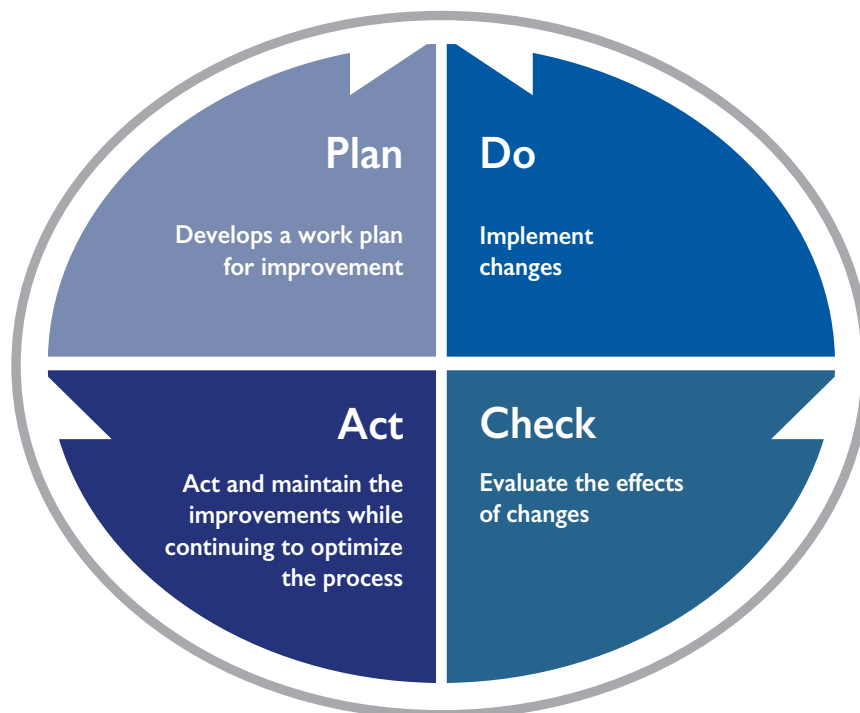
FMHP may delegate responsibility for the performance of certain basic health care organization activities to contracted entities that complies with applicable regulations and FMHP Policies. It is FMHP's responsibility to monitor that the operations of these delegated entities are performed in compliance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

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

The Annual Evaluation of the FMHP 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 the 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. 2021 Achievements & Challenges – Action Plan for 2022:

The following activities were identified as Quality Achievements during the year 2021:

- Approval of the QAPI Program by FMHP Board of Directors during the first months of the year.
- FMHP established different Programs, Projects, Strategies, Initiatives and Interventions with beneficiaries, members, and providers to be in compliance with the regulatory and contractual requirements such as: Care Management Program interventions, educational sessions and delivery of material, telephonic coaching, automatic outbound calls, informational email blasts, informational text messages, among others.
- Compliance with Colocation and Reverse Colocation Models Requirements.
- Behavioral Health Transition of Care and Intensive Care Management interventions were performed to reduce mental health readmission.
- EPSDT trainings for Providers and beneficiaries were provided as required by PHRIA contract.
- Annual HEDIS reports submission were performed as required by PHRIA contract.
- CAHPS and ECHO Satisfaction Survey were accomplished as required by PHRIA contract.
- Sixteen (16) Quality Improvement Plans were requested and monitored during 2021 by Quality Department Staff to improve compliance with operational and quality indicators.
- One hundred and three (103) Quality Circles discussions and/or meetings were performed with operational leaders/subcontractors to identify root causes and strategies as part of the FMHP Quality Assessment & Performance Improvement Plan.

The following are identified as challenges during 2021 for the achievement of the goals established:

- COVID-19 pandemic and multiple related limitations such as: perform face to face interventions, quality clinics, among others.
- Exact definitions and methodology clarifications for reports that produced delay in the logistic of some Programs and Projects
- Report about the related interventions.
- Lower the rate of Vital beneficiaries with renal condition in the stadium levels 3-5 who inserted the fistula during the year 2021 although educations were given.
- Lower the rate in CAHPS Satisfaction Survey from Vital beneficiaries.
- Achieve the commitment of members to make changes in conditions and healthier lifestyles, and applying our educational recommendations.
- Limit the telephone access to our members due to several reasons such as: changes in telephone number, fear of telephone call practices with the intention of fraud, among others.

According to the findings and challenges identified during 2021, the following Quality Action Plans will be implemented to improve First Medical compliance with the quality goals:

- Continue the automatic generation of the different quality reports to increase the delivery of reports to providers to impact the members timely.
- Dedicate time at the first months of the 2022 year for the development of reports necessary from IT Department that will be crucial for the monitoring of quality metrics and indicators.
- Monitor the outcomes of Clinical Programs and Quality Projects implemented during 2021-2022 and its effectiveness in the health status of impacted population to improve the existing strategies and/or the development of new ones to impact positively the members.
- Promote additional strategies to improve the percentage of contact with members for the different Quality and Clinical Programs, Projects, and Initiatives, and to improve the rate of Satisfaction Surveys.
- Start with face-to-face interventions with members and providers that will impact quality results due to the elimination of some restrictions related with COVID-19 pandemic.

