

April 23, 2025

INFORMATIVE LETTER

QUA-2025-04-02

**TO THE FHC NETWORK OF MENTAL HEALTH PROFESSIONALS AND FACILITIES CONTRACTED FOR
MEDICARE ADVANTAGE AND COMMERCIALS PLANS**

2024 Quality Improvement (QI) Program Evaluation

1 Quality Improvement Program Evaluation - Executive Summary

This executive summary presents the purpose, scope, organizational changes, accomplishments, and recommendations of this QI Program Evaluation.

1.1 Purpose of the Annual QI Program Evaluation

FHC approach to quality is built on the philosophy that delivering high-quality behavioral health care is the single most important responsibility of the entire operation. This philosophy is based on collecting and analyzing data to evaluate all aspects of our services by delineating and adopting thresholds/benchmarks, identifying responsible parties, and implementing improvement action plans.

The Quality Department is in charge of overseeing, evaluating and reviewing routine indicators, and quality improvement activities. The Quality Department also has the responsibility of developing and implementing an Annual Quality Work-Plan that outlines the strategies, functions, goals and objectives for the year.

The purpose of the annual Quality Improvement (QI) Program Evaluation is to summarize the program activities and improvements that were accomplished throughout the year 2024. The annual QI Evaluation reviews and documents the overall effectiveness of the QI Program, addresses the quality of clinical care and non-clinical services as well as operational improvements. It also identifies the barriers encountered during the measurement year, priorities, and resources necessary to obtain established goals.

1.2 Scope of the Program Evaluation

FHC serves multiple populations.

The scope of this document is focused on the MCS Medicare Advantage and Commercial Lines of Business (LoBs) Populations.

FHC serves Medicare Advantage populations, both Platino and Non-Platino members.

- Platino Populations – This population falls within the Special Needs Plan (SNP) category. This population meets CMS “Full Benefit dual Eligible” definition. They are individuals who do not meet income criteria but are eligible for Medicaid either or through optional coverage groups such as medically needy, or special income levels for institutionalized, or home and community-based waivers.
- Non-Platino Population – This includes individuals who are eligible for Medicare Part A and Part B benefits.

Out of Scope: Through our Employee Assistance Program, FHC serves employees of various clients who receive help managing life situations.

1.3 Executive Summary

2024 Accomplishments

In the assessment of the Quality Improvement (QI) Program for Measurement Year (MY) 2024, the overall performance was deemed satisfactory, meeting the organization's expectations. The QI Program accomplished the following:

- QI Program structure - FHC successfully carried out all standard QI Program activities, providing strategic direction to the organization. The QI Program effectively addressed quality-related challenges by prioritizing them and developing initiatives that led to the achievements highlighted in this section, as well as additional improvements detailed throughout this document. The key accomplishments listed below demonstrate that the appropriate tools and systems, governance and committee structure, and staffing levels were in place in 2024. Specifically:
 - Program documents and work processes – The use of standardized program documents facilitated the organization and management of the QI Program in a structured manner.
 - Governance – In 2024, the Quality Improvement Committee (QIC) held quarterly meetings, fulfilling the requirement to meet at least once per quarter. The committees included representatives from network providers, ensuring a variety of perspectives. These providers offered valuable feedback on the program activities, regularly reviewed program activities, and provided insights on overcoming barriers through potential interventions.
 - Staffing levels – Throughout the measurement year, staffing levels were adequate to support the successful execution of all QI Program processes and initiatives.
- Member grievances - During the measurement year, FHC's performance significantly exceeded expectations, with the number of complaints falling well below the target of 5 per 1,000 members for both Medicare Advantage and Commercial LoBs.
- Member appeals - In 2024, FHC successfully met the appeal rate target, recording less than 1 appeals per thousand members in all accounts.
- Out-of-network requests / Out-of-network utilization – While no requests were recorded in 2024, FHC identified a low rate of out-of-network utilization. Nonetheless, the out-of-network utilization rate was 0.15 claims per thousand members, which remained below the goal of 10 claims per thousand members.
- 2024 ECHO Survey® - In the 2024 ECHO® Survey, nearly 85% (84.8%) of respondents expressed positive satisfaction with the overall services. This outstanding performance places FHC above the 90th percentile compared to the benchmark from the vendor's book of business.
- Availability of practitioners – FHC successfully met the provider-member ratio for psychologists, as well as the distance and travel time goals for all practitioner specialties, inpatient, and ambulatory facilities contracted for Medicare Advantage.
- Call center performance – FHC was able to comply with the abandonment rate, service level for the Commercial and Medicare lines of business.
- Antipsychotic use in people with dementia – Only 5% of Medicare Part D members aged 65 years or older with dementia received prescriptions for antipsychotics without evidence of a psychotic disorder or related condition. This indicates that FHC successfully met this MY's goal of maintaining a rate of 7% or less.
- Follow-up after hospitalization for mental illness (FUH) – In 2024, FHC surpassed the 40% goal set for the 7-day follow-up measure for the general population, Platino, and C-SNP members.

Additionally, the C-SNP subpopulation exceeded the established goal of 55% for 30 days follow-up, achieving a compliance rate of 80.39%

- Readmission rate – Readmission rates for MCS Life, Triple S Federal, Johnson & Johnson and Mun. Guaynabo remained below the established target in MY 2024.

2025 Opportunities

Our culture of quality improvement demands self-evaluation and a critical examination of opportunities for enhancement in (i) internal processes and (ii) the quality of services provided to our members. The following list delineates key focus areas for 2024.

- Availability of practitioners and providers – In 2024, ratios for psychiatrists, social workers, inpatient and ambulatory facilities contracted for MA were below target, indicating an opportunity to improve the network to avoid longer wait times, reduced personalized attention and quality-of-care issues that may arise from higher member caseloads.
- Readmission rate – An 18.8% readmission rate for MA and 12.2% for Triple S UR underscore the need to develop targeted strategies to reduce psychiatric readmissions.
- Follow-up after hospitalization for mental illness – FHC did not achieve the 75% target for 30-day follow-up for the general and Platino populations, reflecting low compliance rates with follow-up care within this period.
- Access to behavioral health (BH) appointments – Although FHC's analysis of grievances concerning access to behavioral health appointments showed satisfactory results, the practitioner survey highlighted areas for improvement for both prescribers and non-prescribers. Specifically, there is a need to enhance accessibility for non-life-threatening emergencies within 6 hours and initial routine visits within 10 days.
- Medication reconciliation post discharge (MRP) – Only 61% of eligible discharges complied with medication reconciliation, highlighting opportunities for providers to improve the documentation or execution of medication reconciliation post-discharge.
- Case Management refusal rate – In 2024, FHC experienced a refusal rate higher than 20% in all accounts.

Based on the comprehensive review of the QI Program's performance in 2024, there is no need to restructure the program for the subsequent year. The program has proven its ability to sustain and improve compliance with organizational goals while ensuring safety and quality in member services.

If you have questions or require additional information you can contact our Quality Department by calling 787-622-9797 extensions 2010 or 2096.

Remember to visit our website www.fhcsaludmental.com.

Cordially,



César Ríos Cuevas, Director
Quality Department

