Puerto Rico Quality Management Strategy Evaluation

For Program Period 2018-2020
Updated April 2022

Government of Puerto Rico

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Background and Purpose

Background

The Government of Puerto Rico ("the Government" or "Puerto Rico") has delegated the Medicaid managed care system to the Puerto Rico Health Insurance Administration (PRHIA) (known in Spanish with its acronym as the Administración de Seguros de Salud ("ASES") de Puerto Rico). ASES has the responsibility to implement, administer, and negotiate through contractual arrangements, Medicaid managed health care services included in the Puerto Rico Government Health Plan (GHP), Plan Vital.

Puerto Rico's Plan Vital Medicaid Program operates as a Managed Care model with 100% of enrollees covered under a managed care plan. Roughly 1.4 million individuals out of a population of 3.5 million people in Puerto Rico are currently enrolled in Medicaid; making it one of the largest programs by percentage of population compared to any state. Currently, there are four managed care organizations (MCOs) serving the program (Molina left the program in October 2020):

- First Medical Health Plan (FMHP)
- MMM Multi Health (MMM)
- Plan de Salud Menonita (PSM)
- Triple S Health Plan (Triple S)

Medical and Behavioral Health (BH) benefits are managed by the MCOs, and Puerto Rico has a Single PBM model with required coordination between the MCOs and the PBM. Puerto Rico does not provide Long-Term Services and Supports benefits to enrollees.

The environment within Puerto Rico is particularly challenging from a health care perspective: almost half of all Puerto Rican's are covered under Medicaid and there is widespread poverty, higher incidence of chronic illness, and a poor economic environment that has been exacerbated by recent natural disasters. As of January 2021, 1.4 million Puerto Ricans, approximately 50% of the population[1], received their health coverage through the Government of Puerto Rico's Medicaid program, which is the highest share of Medicaid/Children's Health Insurance Program (CHIP)-funded health insurance coverage of any US state. Overall, Puerto Ricans experience higher rates of chronic conditions when compared to national averages

[1] Medicaid and CHIP Payment and Access Commission. (2021, February). *Medicaid and CHIP in Puerto Rico*. Available at: https://www.macpac.gov/wp-content/uploads/2020/08/Medicaid-and-CHIP-in-Puerto-Rico.pdf

[2] Hall C, Rudowitz R, Gifford K. (2019, Jan. 25*) Medicaid in the Territories: Program Features, Challenges, and Changes*. Kaiser Family Foundation. Available at: https://www.kff.org/report-section/medicaid-in-the-territories-program-features-challenges-and-changes-issue-brief/

and recent data show a poverty rate 31 percentage points higher (42%) than that of the national state average (11%).[2] For example, the programs top chronic conditions include Hypertension (18% of membership), Asthma (14.1% of the membership), Diabetes (12.4% of the membership), Depression (7.6% of the membership), and Cancer (4.1% of the membership).

In addition to health condition challenges, 72 of Puerto Rico's 78 municipalities are deemed "medically underserved areas",[2] with 500 doctors leaving per year (pre-Hurricane Irma and Maria in 2017). Puerto Rico has half the rate of specialists (e.g., emergency physicians, neurosurgeons) as compared to the mainland in critical fields. This is especially notable for specialist providers whom serve enrollees with chronic conditions, where needed specialists are scarce leading to severely underserved Puerto Ricans in certain areas of the Island.

Quality Management Evaluation Purpose

Puerto Rico's Medicaid program is committed to ensuring the program provides patient-centered quality services aimed at expanding screening and access to preventative care, improving health outcomes, and increasing enrollee satisfaction. To achieve these goals, the Puerto Rico Quality Management Strategy (QMS)[3] provides the framework to advance island-wide quality improvement (QI) through a focus on performance improvement (PI) by providing quality services that are patient-centered and aimed at increasing the use of preventive care and appropriate delivery of care in a timely manner. The Puerto Rico QMS is revised as needed and at least every three years in accordance with the Code of Federal Regulation (CFR) at 42 CFR 438.340. The 2019 Quality Strategy is the fourth revision of the Puerto Rico QMS, which was first developed in 2006 and includes the elements of the QMS required by the Centers for Medicare & Medicaid Services (CMS), as well as Puerto Rico specific quality goals and quality performance measures.

In order to demonstrate compliance with CMS's quality strategy evaluation requirements set forth in 42 CFR 438.340, Puerto Rico has evaluated its previous QMS from 2019, to measure the effectiveness and to help shape health care delivery and health policy for the program. In accordance with CMS requirements, the 2022 QMS is posted publicly on the ASES website for public review and comment here: https://www.asespr.org/wp-content/uploads/2022/03/PR-Medicaid-QMS_2022-Update_FINAL-DRAFT-FOR-PUBLIC-COMMENT.pdf

The QMS is revised and updated by ASES as appropriate based on material changes to ASES' improvement strategies and stakeholder feedback. A final copy of both the QMS and Quality Management Evaluation (QME) are submitted to CMS for feedback and approval.

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[2] Health Resources & Services Administration, May 2020.

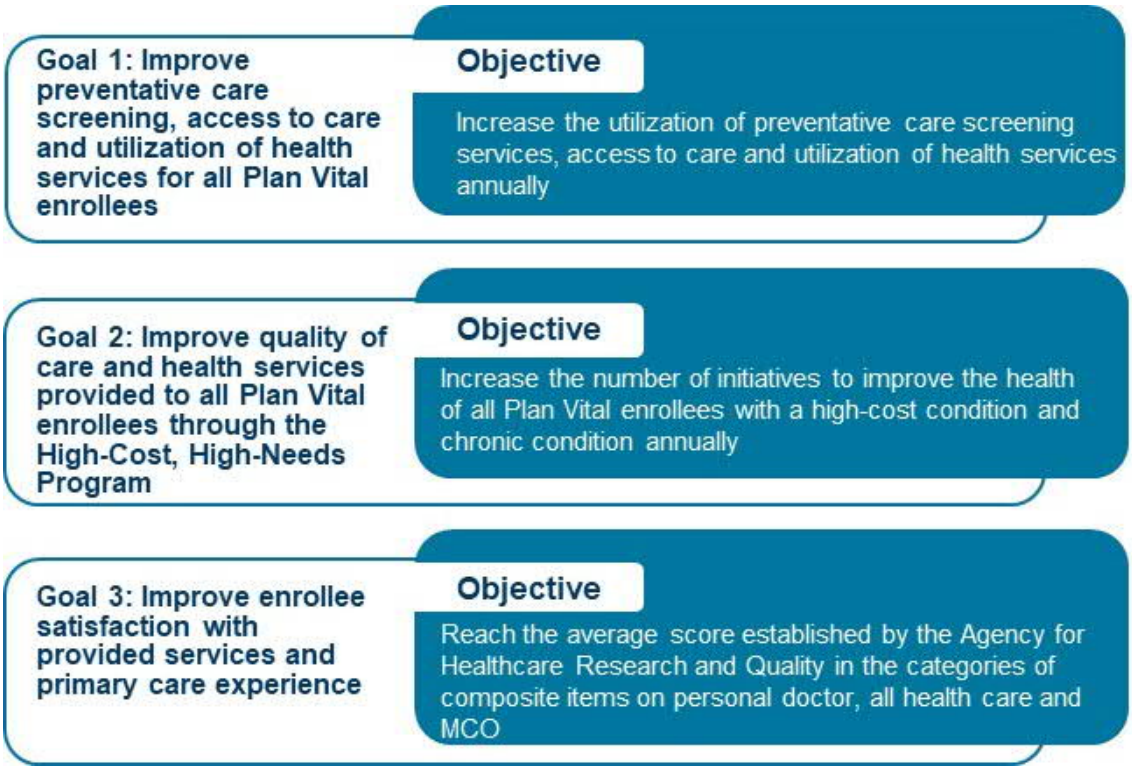
[3] Government of Puerto Rico. (2022). *Puerto Rico Quality Management Strategy*. Available at: https://www.asespr.org/wp-content/uploads/2022/03/PR-Medicaid-QMS_2022-Update_FINAL-DRAFT-FOR-PUBLIC-COMMENT.pdf

Quality Management Strategy Goals and Objectives

ASES works closely with their program MCOs in a collaborative and proactive manner to improve the quality of care and services received under the Plan Vital program through a continuous QI program. MCO required operational reporting, is routinely collected and evaluated by ASES to insure contractual compliance and to monitor and track health outcomes for the Plan Vital population. Required reports include an array of health plan operational performance indicators as well as required annual Healthcare Effectiveness Data and Information Set (HEDIS) reporting, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and Health Care Improvement Program reporting. ASES is expanding required health plan reporting to include the full array of Adult and Child Core Measure Sets with the first submission targeted for July 2022 using the 2022 Adult and Child Core Measure Sets. Puerto Rico's Medicaid program has procured an EQR and is in the process (as of April 2022) of contracting with the EQR vendor.

An important enhancement to the Puerto Rico Medicaid program includes the development of the Comprehensive Oversight and Monitoring Program (COMP), which is a centralized platform that aggregates Medicaid program data, reporting from claims, MCO required reporting, HEDIS measure reporting, and EPSDT reporting to provide the ASES team with an array of program oversight and program integrity information within one location. The COMP tool allows ASES to monitor and conduct compliance oversight of their MCOs activities including contractual obligations, federal requirements, overall financial health, key performance indicators (KPIs), and related comparison benchmarks to monitor MCO performance in several areas: clinical quality, finance, program integrity, network adequacy, claims and encounter operations, and pharmacy operations. Future iterations of the COMP will include centralized CMS Adult and Child Core set reporting.

Reports and data collected to support the quality evaluation process, include, but is not limited to, clinical quality reports, annual HEDIS reporting, MCO improvements related to Performance Improvement Projects (PIPs), Member/Provider Surveys, and operational data. This information is compiled for evaluation and trending to identify opportunities for improvement and plan corrective action. The results of this evaluation are outlined within this QME, and are also used to provide evidence of the effectiveness of the 2019 QMS and inform future updates to the QMS. The specific 2019 QMS goals and objectives to be evaluated in this QME are:


Goal 1: Improve preventative care screening, access to care and utilization of health services for all Plan Vital enrollees
Objective
Increase the utilization of preventative care screening services, access to care and utilization of health services annually
Goal 2: Improve quality of care and health services provided to all Plan Vital enrollees through the High-Cost, High-Needs Program
Objective
Increase the number of initiatives to improve the health of all Plan Vital enrollees with a high-cost condition and chronic condition annually
Goal 3: Improve enrollee satisfaction with provided services and primary care experience
Objective
Reach the average score established by the Agency for Healthcare Research and Quality in the categories of composite items on personal doctor, all health care and MCO

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Goal #1: Improve Preventive Care Screening, Access of Care, and Utilization of Health Services for all Plan Vital Enrollees

Objective: Increase the utilization of preventive care screening services, access of care, and utilization of health services annually.

As noted within the background information for Puerto Rico, access to care is a significant challenge, especially in more rural areas of the Island outside of the metropolitan and San Juan areas. Puerto Rico has a high number of municipalities deemed "medically underserved areas",[4] and a significant gap of specialist providers. Tracking and monitoring key access to care measures provides information that supports QI efforts, and Medicaid program and the Government's health policy decisions.

Quality Measures Adults	Performance Year				
	2017	2018	2019	2020	Trend
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	75.6	92.0	89.6	86.2	
Controlling High-Blood Pressure	0.6	16.7	23.1	6.1	
Follow-up after Hospitalization for Mental Illness: Age 18 and older — 7 Day	26.5	65.2	46.1	37.4	
Follow-up after Hospitalization for Mental Illness: Age 18 and older — 30 Day	41.8	66.6	65.4	60.6	
Prenatal and Postpartum Care — Timeliness of Prenatal Care	14.2	18.3	77.2	76.9	
Prenatal and Postpartum Care — Postpartum Care	18.1	71.5	32.8	37.2	
Medication Management for People with Asthma >=50% compliant	62.2	60.9	68.7	NR	
Anti-depressant Medication Management — Acute	52.6	47.2	53.7	45.6	
Anti-depressant Medication Management — Continuation	38.3	32.9	42.0	33.9	
Breast Cancer Screening	59.8	59.0	67.5	52.4	
Cervical Cancer Screening	43.2	49.1	43.1	37.7	
Adult Access to Preventative/Ambulatory Health Services	62.8	71.6	72.7	70.1	

[4] Health Resources & Services Administration, May 2020.

Quality Measures- Children and Adolescents	Performance Year				
	2017	2018	2019	2020	Trend
Well-Child Visits in the first 15 Months of Life: *6 or More Visits*	33.2	14.6	10.4	4.2	
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	NR	45.1	63.1	NR	
Adolescent Well-Care Visits	74.3	29.3	27.0	NR	
Annual Dental Visit	45.1	60.6	64.9	36.9	
Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication — Initiation	34.1	64.6	51.3	41.0	
Follow-up Care for Children Prescribed ADHD Medication — Continuation	71.4	70.5	48.0	46.6	
Children and Adolescents' Access to Primary Care Practitioners	69.5	77.1	81.6	73.7	
Child Immunizations per 1,000 (ASES Measure)	—	202.2	630.0	184.6	

Evaluating the 2017–2020 period demonstrates consistent improvements year over year for most measures, excluding results for 2020. Puerto Rico's 2020 quality measure results were significantly impacted by the COVID-19 pandemic when unavoidable impacts occurred within the Puerto Rico health system that markedly reduced preventative care visits. Despite COVID-19 impacts, some measures maintained past improvement trends or experienced a relatively modest decrease in 2020 such as:

- Comprehensive Diabetes Care >9%
- Prenatal and Postpartum Care – Timeliness of Prenatal Care
- Adult Access to Preventative/Ambulatory Health Services

Children's health measures were most noticeably impacted in 2020 with significant decreases seen in all measures. This provides ASES and their MCOs with a clear mandate to focus more support and resources toward child and adolescent members and the providers who serve this population to reverse these results for MY2021.

Through the Health Care Improvement Program, annual MCO HEDIS reporting, and the Adult and Child Core Measures, ASES will continue monitoring measure rates, establishing corrective action, and/or QI plans to increase and improve Quality Measures and focusing on preventative care for all members.

In addition, to support reliable and consistent quality performance reporting, ASES has provided significant technical assistance (TA) to the MCOs regarding required reporting, reporting validation, and technical specifications; and MCO reporting has improved in both timeliness and accuracy of submission. Additional TA is planned for 2022 to continue required reporting accuracy and to ensure the MCOs build the reporting infrastructure to begin reporting the Adult and Child Core Measure Sets by July 2022 according to the CMS 2022 technical specifications.

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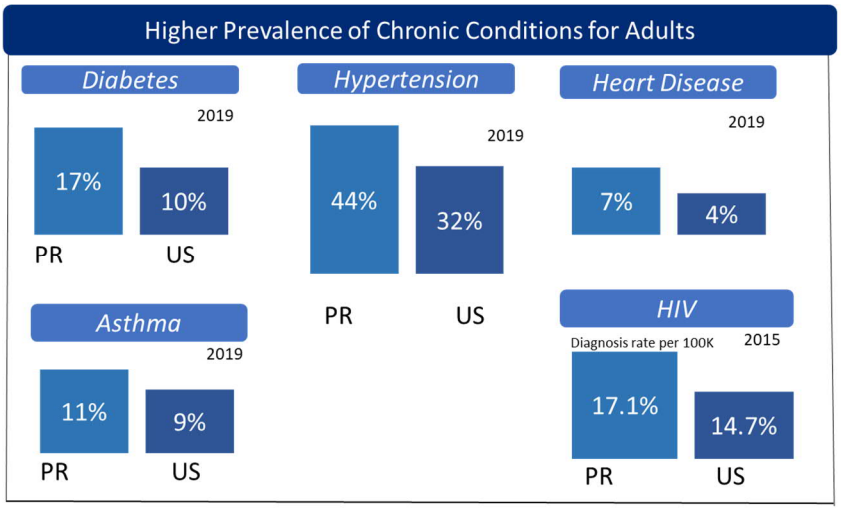
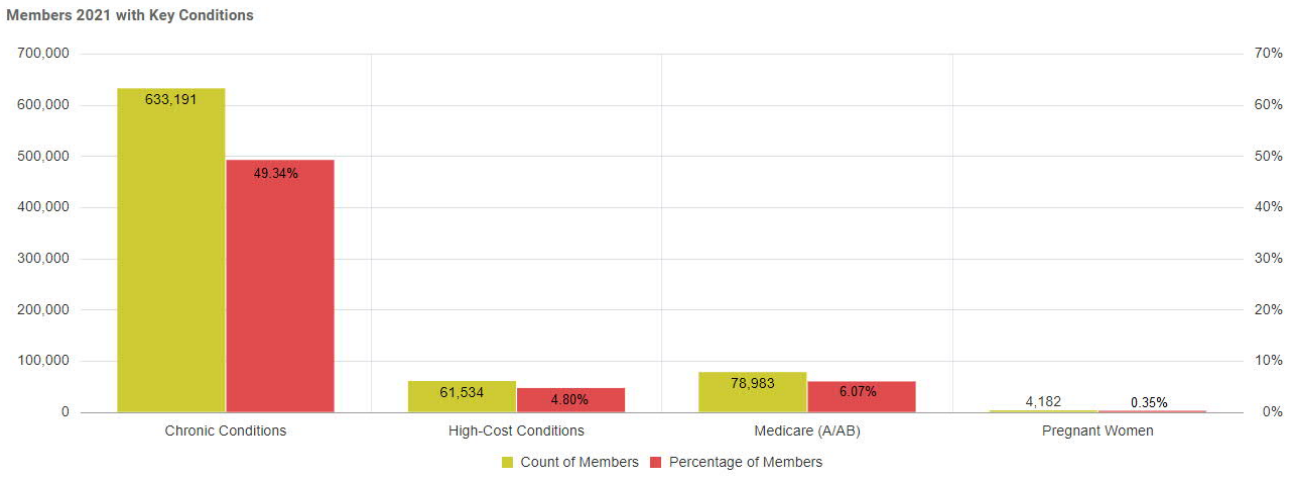
Goal #2: Improve Quality of Care and Health Services Provided to all Plan Vital Enrollees through the High-Cost, High-Need Program

Objective: Increase the number of initiatives to improve the health of all Plan Vital enrollees with a high-cost condition and chronic condition annually.

As noted, Puerto Ricans experience higher rates of chronic conditions compared to national averages, which supports ASES' focus on improvements in this area. The tables below demonstrate the array of chronic conditions in the population and high rates (16%) of members with at least one chronic condition.



Prevalence of Chronic and High-Cost Conditions: Medicaid and CHIP Populations



Population Type	Condition		2021 Count of Members*
CHIP	Chronic Conditions	ADHD	4,493
CHIP	Chronic Conditions	Asthma	8,270
Medicaid	Chronic Conditions	Asthma	86,995
Medicaid	Chronic Conditions	COPD	17,066
Medicaid	Chronic Conditions	Chronic Depression	41,209
CHIP	Chronic Conditions	Diabetes	3,587
Medicaid	Chronic Conditions	Diabetes	209,288
Medicaid	Chronic Conditions	Hypertension	236,498
Medicaid	Chronic Conditions	SMI	9,307
Medicaid	Chronic Conditions	Severe Heart Failure	16,478
CHIP	High-Cost Conditions	Autism	1,347
CHIP	High-Cost Conditions	CYSHCN	4,594
Medicaid	High-Cost Conditions	Cancer	26,942
CHIP	High-Cost Conditions	Cancer	268
Medicaid	High-Cost Conditions	ESRD	13,160
CHIP	High-Cost Conditions	Hemophilia	10
Medicaid	High-Cost Conditions	Multiple Sclerosis	1,708
Medicaid	High-Cost Conditions	Rheumatoid Arthritis	13,505
Medicaid, CHIP and Commonwealth	Medicare (A/AB)	Dual Medicare (A/AB)	78,983
Medicaid and Commonwealth	Pregnant Women	Pregnant Women	4,182

*Numbers are not unique counts- members may have more than one condition within the table.

Quality Performance- Key HEDIS Measures 2017-2020

Quality Measures	Performance Year			
	2017	2018	2019	2020
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	75.6	92.0	89.6	86.2
Controlling High-Blood Pressure	0.6	16.7	23.1	6.1
Follow-up after Hospitalization for Mental Illness: Age 18 and older — 7 Day	26.5	65.2	46.1	37.4
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Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication — Initiation	34.1	64.6	51.3	41.0
Follow-up Care for Children Prescribed ADHD Medication — Continuation	71.4	70.5	48.0	46.6
Anti-depressant Medication Management — Acute	52.6	47.2	53.7	45.6
Anti-depressant Medication Management — Continuation	38.3	32.9	42.0	33.9

Summary

Evaluating the 2018–2020 period, 45% of the Quality Measures rates have been increasing since 2018. Through the Health Care Improvement Program and the HEDIS report, ASES will continue monitoring the measures and establishing corrective action plans to increase and improve Quality Measures. ASES is working with their health plans to ensure all MCOs are able to report the CMS Adult and Child Core Measure Sets. And while the Plan Vital MCOs are scheduled to begin this reporting July 2022,

ASES is actively seeking CMS technical assistance in order to:

- Fully understand reporting requirements for U.S. territories, including if territories are to be included in the 2024 due date for States to begin reporting Adult and Child Core Measure Sets
- Adjustments, if any, to the reporting requirements for U.S. territories
- Dispensation to Puerto Rico for measures where health system differences that exist in Puerto Rico or data source issues pose particular challenges for ASES to meet reporting requirements

- If CMS will be including Puerto Rico in its plans to report certain Adult and Child Core Measures for States such as the Low –Risk Cesarean Delivery (LRCD-CH) measure that CMS has indicated will be reported from the CDC Wonder database.

MCOs will be provided technical assistance to ensure the CMS Adult and Child Core Set measures are accurate and validated to ensure ASES can meet CMS mandatory reporting timeline in 2024.

Some contributing factors that were used in evaluating outcomes:

- Plan Vital membership is getting older and more prone to chronic and costly conditions. Specifically, age groups 19-44 and 45-64 are increasing at higher rate than other age groups, including women at childbearing age.

- Like the rest of the country, the impacts of COVID on access to preventative, wellness, acute and chronic care impacted performance rates for the 2020-2021 timeframe particularly and the program noted a loss in previous year's gains in many HEDIS measures.

- Puerto Rico has been facing critical infrastructure challenges that impact access to health care **for all Puerto Ricans**- not just those who rely on Medicaid for their health coverage. Puerto Rico has endured a series of natural disasters including Hurricane Maria in 2017 (Category 4 Hurricane) that devastated the island and leaving the island without power for several months which has had long lasting impacts on the health care system's infrastructure .

- A marked exodus of health care providers has been happening since 2006 that has only expanded since 2017 and most recently, during the pandemic. Many health professionals have left due to the financial crisis and rates that are markedly lower than a provider can expect to make in a state. One study notes that 'the number of health-care providers decreased by 6.5%, family physicians by 17.5% and specialists by 8% since 2017[5]. And yet another study highlights poor retention of physicians from family medicine residencies "only 4 out of every 10 graduates of family medicine residencies from 2011-2017 remained on the island in 2018, placing Puerto Rico's new family physician retention rate among the lowest in the nation.' [6]

[5] Hurricane Maria and La Crisis Boricua on Health-Care Supply in Puerto Rico. Fernandez, Jose M.; American Economic Association. AEA Papers and Proceedings. Vol. 111, May 2021.pp591-601.

[6] A shrinking Primary Care Workforce in Puerto Rico; Robert Graham Center. December 2019. https://www.graham-center.org/publications-reports/publications/one-pagers/shrinking-pc-workforce-puerto-rico.html

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Goal #3: Improve Enrollee Satisfaction with Provided Services and Primary Care Experience

Objective: Reach the average score established by the Agency for Healthcare Research and Quality in the categories of composite items on personal doctor, all health care, and MCO.

Member experience is gauged through annual MCO member satisfaction survey analyses. Per Plan Vital contract requirements, MCOs are responsible for administering Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and the CAHPS® Experience of Care and Health Outcomes (ECHO) Mental Health Care Survey in adherence to National Committee for Quality Assurance (NCQA) protocols. The purpose of the CAHPS® member survey is to evaluate consumer satisfaction with health care, health plan, providers (primary care provider and specialty), access to care, and effectiveness of care. The CAHPS® survey is tailored to adult and child populations, including special supplements for Children with Chronic Conditions and the ECHO survey is used for enrollees receiving care for mental, emotional, or BH issues. These surveys are an important tool to evaluate our enrollee's experience with providers and their MCO. All surveys were offered in both English and Spanish.

Analysis and Recommendations for Member Experience Activities

The CAHPS® and the ECHO BH Survey data are essential to understanding how the Plan Vital program is operating. Survey data can provide necessary benchmarks, uncover the "why" behind perceptions, and give a voice to consumers. However, it should be balanced against the potential for survey fatigue. Survey fatigue is often described as when survey respondents become bored, tired, or uninterested, resulting in survey results that may not convey a complete picture of member satisfaction or dissatisfaction with the program.

Member Satisfaction Evaluation

ASES have observed some inconsistencies in the information provided by the surveys due to inconsistencies between vendors used by the MCOs to conduct the CAHPS® and ECHO surveys. Thus, an independent member survey was conducted in 2021. Results of that survey are noted below. ASES has also provided feedback and oversight to the MCOs in regards to contractual requirements with conducting and reporting CAHPS® and ECHO survey result accurately and timely and conducting robust internal evaluations of the results to drive program improvements.

Across the MCOs, the satisfaction of a Personal Doctor-CAHPS® Adult version (Rating of a Personal Doctor at 8, 9, or 10) has been consistently above the 2019 NCQA Quality Compass®90 Benchmark. For the specialist satisfaction — the CAHPS® Adult and Child version (Rating of Specialists at 8, 9, or 10) have been consistently above the 2019 NCQA Quality Compass® 90th percentile Benchmark. For the CAHPS® Adult version, satisfaction with the Health Plan (Rating of Health Plan at 8, 9, or 10) has been consistently above the 2019 NCQA Quality Compass®90 Benchmark. When looking at the CAHPS® Adult version

survey and then comparing the 2018 results with the 2020 ones, 89% of the rates of the questions saw an increase. In terms of the results for the CAHPS® Child version survey, when comparing 2018 and 2020, 71% of the rates of the questions saw an increase. When evaluating the ECHO survey, and comparing 2018 and 2020, 80% of the rates of the questions saw an increase. In a more general term, for the 2018–2020 period, the averages did not vary significantly.

Results of the Independent Member Satisfaction Survey show that, overall, there is good perception of satisfaction with benefits, coverage, the enrollment process, and satisfaction with MCO's respectfulness to members. Access to preventative care, specialist services, obtaining medications, increasing MCO outreach to members, and improving the MCO networks are areas for improvement, and also, priority areas for ASES. Improvement interventions will be incorporated into the 2022 Plan Vital QMS.

Independent Plan Vital Member Satisfaction Survey

Beyond CAHPS® and ECHO, the Medicaid program recently conducted an independent member survey to obtain a deeper understanding of member satisfaction with the program and the managed care plans. From February 3, 2021 to April 14, 2021, over 62,000 Medicaid members, age 21 years and older, spanning across all four MCOs participating in our Medicaid program were contacted via phone call[7] [8]. The focus of the survey was to gauge differences in quality and access to care between providers and it provided some overall conclusions regarding the Medicaid program.

Survey Question	Overall Program Rating
Eligibility Process	89.34%
Satisfaction with information about Plan Vital	80.27%
Preferred Communication Channel	48% call center, 45% mail, 26% email
Satisfaction with Coverage	88.73%
Suggested Improvements	23% coverage; 18% orientation, 7% more options for communication (apps, text, email)
MCO polite and respectful	91.76%
Satisfaction with MCO Assistance	85.41%
Satisfaction with MCO Provider Network	70.42%
Satisfaction with MCO contact to member	71.33%
Overall satisfaction with MCO Services	88.79%
Suggested MCO Improvements	28% provider network, 12% new services, 7% improve process to change PCP
Would recommend MCO	95.61%

[7] Plan Vital Assessment of Customer Satisfaction, Final Results by True North, Feb-April 2021
https://planvital.org/EnrollmentPrincipal/wwwroot/assets/pdf/CustomerSatisfactionAssessmentFinalResults.pdf

[8] Assessment of Customer Satisfaction, Plan Vital by TrueNorth, Feb-April 2021
https://planvital.org/EnrollmentPrincipal/wwwroot/assets/pdf/PlanVitalAssessmentofCustomerSatisfaction.pdf

Survey Question	Overall Program Rating
Satisfaction with Medical care	89.84%
Satisfaction with getting appointments	74.31%
Satisfaction with getting specialist appointments	64.32%
Ease of access	72.95%
Getting Medication/Prescriptions	79.04%
Physician respectful	89.25%

Overall, members expressed satisfaction with their experience with the care and benefits within Medicaid. There was high satisfaction with interactions with providers and with number of members that would recommend their MCO. However, members did indicate they had difficulty getting in contact with MCOs and would benefit from expanded provider networks and additional preventative services. In addition, results clearly indicate access to care challenges from getting appointments- particularly specialist appointments, getting medications, and overall ease of access. And while these represent key opportunity areas for the Plan Vital program, it is important to build context around the array of factors that contribute to diminished access for Plan Vital members to needed care.

Puerto Rico has been facing critical infrastructure challenges that impact access to health care **for all Puerto Ricans**- not just those who rely on Medicaid for their health coverage. Puerto Rico has endured a series of natural disasters including Hurricane Maria in 2017 (Category 4 Hurricane) that devastated the island and leaving the island without power for several months. Also, there has been a well-publicized exodus of health care providers since 2006 that has only expanded since 2017 and most recently, during the pandemic. Many health professionals have left due to the financial crisis and rates that are markedly lower than a provider can expect to make in a state. One study notes that 'the number of health-care providers decreased by 6.5%, family physicians by 17.5% and specialists by 8% since 2017[9]. And yet another study highlights poor retention of physicians from family medicine residencies "only 4 out of every 10 graduates of family medicine residencies from 2011-2017 remained on the island in 2018, placing Puerto Rico's new family physician retention rate among the lowest in the nation.' [10]

Despite challenges that are broader than just the Plan Vital Program, ASES is committed to improving access to care as a key component to improving member's satisfaction with the program and will be evaluating Network Adequacy Standards to align with the Medicaid Managed Care Final Rule.

[9] Hurricane Maria and La Crisis Boricua on Health-Care Supply in Puerto Rico. Fernandez, Jose M.; American Economic Association. AEA Papers and Proceedings. Vol. 111, May 2021.pp591-601.

[10] A shrinking Primary Care Workforce in Puerto Rico; Robert Graham Center. December 2019. https://www.graham-center.org/publications-reports/publications/one-pagers/shrinking-pc-workforce-puerto-rico.html

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Public/Stakeholder Collaboration

ASES consistently includes stakeholder feedback into the QMS. For the 2022 QMS, the MCOs quarterly regional advisory boards where necessary placed on hold during the COVID-19 pandemic and Governors Executive Orders that limited public gatherings. MCOs used creativity to communicate with members and obtain plan feedback using mechanisms such as Health Plan Facebook pages, other social media interfaces, member portals and leveraging local customer service offices for feedback and information sharing. These mechanisms allowed for member feedback during the pandemic to share MCO processes, COVID-19 alerts, notices that outlined COVID-19 vaccine options and communicated that there is no cost to members and various programs and available courses offered by the MCOs.

Provider education unique to Puerto Rico includes MCOs offered trainings regarding the ZIKA virus and programs available to treat this serious condition through the Department of Health. The Puerto Rico Department of Health manages the ZIKA program and once a pregnant women get a positive ZIKA result the laboratory who performs the test contact the ZIKA Program at the PR-DoH who get in charge of the pregnant women healthcare until the end of the pregnancy and the newborn will receives all necessary services through the Pediatric Centers of the DoH.

Public Posting of the Quality Management Strategy

The updated Plan Vital Quality Management Strategy final draft was completed and posted to the ASES website for public comment in April 2022[11]. Stakeholder feedback will be finalized in May 2022 and incorporated as necessary into the Final QMS which will be shared with CMS.

Adjustments Due Covid-19

On March 15, 2020, the Governor of Puerto Rico, issued an Executive Order (OE-2020-023) to facilitate the private and public closings necessary to combat the effects of the coronavirus (COVID-19) and control the risk of contagion within the Island. Following the Centers for Disease Control and Prevention guidance, the Order includes several important quarantine and social distancing measures aimed at protecting the health and welfare of citizens, including implementation of a curfew and the shutdown of non-essential commercial activity. This Executive Order impacted the coordination and meetings of the Advisory board. Meetings were coordinated virtually, and information related to the Advisory Board were shared in the MCO's web portal.

[11] Puerto Rico Medicaid, Quality Management Strategy. Updated 2022. Draft for Public Comment. https://www.asespr.org/wp-content/uploads/2022/03/PR-Medicaid-QMS_2022-Update_FINAL-DRAFT-FOR-PUBLIC-COMMENT.pdf

6
Conclusion

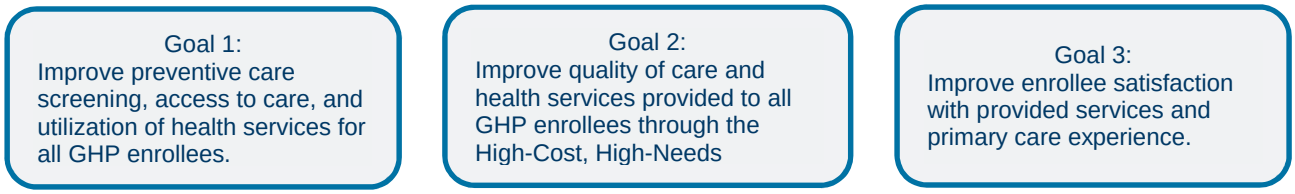
Puerto Rico's QMS serves as the framework for QI within the Plan Vital Medicaid Program and in accordance with CMS regulations, this QME reports on the effectiveness of the 2019 QMS. In addition, this evaluation provides insights necessary to continue to advance island-wide QI and serves to inform future updates to the Puerto Rico QMS, which is targeted for early 2022. The information obtained through the quality strategy and evaluation has identified areas of strength and areas for continued focus within the Plan Vital program including the goals of preventive care and enrollee satisfaction as core values to the health care initiatives for Plan Vital. Going forward, Puerto Rico will continue to focus on preventative screening and care, members with high-cost high-needs and chronic conditions, and improving member experience with their providers and their MCOs.

Evaluating the 2018–2020 period, 40%–60% of the Quality Measures rates have been increasing since 2018 with significant impacts to achieved quality progress noted in 2020 due to COVID-19 pandemic impacts. Through the Health Care Improvement Program, annual required HEDIS reporting, and new requirements that Plan Vital MCOs begin reporting the Adult and Child Core Measure Sets (first full reporting targeted for July 2022). ASES will continue monitoring the measures and establishing corrective action plans to increase and improve Quality Measures. It is important to highlight that like the nation as a whole, COVID-19 impacted preventive screening and preventative care rates for 2020. Several strategies have been implemented to monitoring the preventive measures in order to reinforce those screenings. For example, ASES has established several reports like HEDIS report and the Adult and Child Core Measures report to increase quality measures. Evaluating and monitoring process have been established to enhance the MCOs performance and establish future corrective action plans.

In terms of the CAHPS and ECHO survey, we have identified some inconsistencies in the information provided by the surveys. This is because the MCOs utilize different vendors to complete the surveys. When looking at the CAHPS Adult version survey and then comparing the 2018 results with the 2020 ones, 89% of the rates of the questions saw an increase. In terms of the results for the CAHPS Child version survey, when comparing 2018 and 2020, 71% of the rates of the questions saw an increase. When evaluating the ECHO survey, and comparing 2018 and 2020, 80% of the questions saw an increase. In a more general term, for the 2018–2020 period, the averages did not vary significantly. In an effort to improve comparability across MCOs, ASES will be informing the MCOs about the lack of uniformity in the surveys and reinforcing the MCOs own monitoring of the results of the surveys.

It is Puerto Rico's belief that by focusing PI activities on those most in need of intervention, those with high-cost conditions, high-need, and socioeconomic factors and promoting the use of evidence-based practices all under an integrated model will result in meaningful and sustained improvements. As Puerto Rico continues to systemize the QI activities throughout the year, new measures may be added, as needed, to effectuate improvement and to ensure that high quality of care is achieved through an iterative QI process. Therefore, Puerto Rico's approach for its 2022 QMS will continue to include a focus on current QMS goals,

as there are continued opportunities for improvement to establish QIs that are sustainable for the long-term. Puerto Rico anticipates the following goals for the 2022 QMS:



As noted, Puerto Rico has begun a more intense and methodological process for ensuring quality of care is being delivered through additional MCO reporting requirements and the development of the COMP tool. In addition, ASES is working with their MCOs to build complete Adult and Child Core Measure set reporting that will be included within the COMP system for Medicaid and CHIP Program (MACPro) reporting as well as MCO oversight and PI tracking. In addition, ASES has taken steps to consolidate and streamline the validation and submission process for reports required by the MCOs and a standardized data validation process for MCO reports is conducted prior to data acceptance into the COMP. These improvements are designed to improve ASES' ability to monitor their MCO activities including contractual obligations, federal requirements, and overall financial health and includes KPIs and related comparison benchmarks to monitor MCO performance in several areas: clinical quality, finance, program integrity, network adequacy, claims and encounter operations, and pharmacy operations. All of this will allow Puerto Rico to more effectively identify program issues and include those improvements within their QMS with the ultimate goal of achieving the Triple Aim-Better Care, Healthy People-Healthy Communities, and Affordable Care.