Puerto Rico Medicaid Quality Strategy Evaluation

For Program Period 2021–2022

Government of Puerto Rico

June 2024

Contents

Section 1
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, and the Medicaid wrap-around program for dual eligible enrollees, Platino.

Puerto Rico's Plan Vital Medicaid Program operates as a managed care model with 100% of enrollees covered under a managed care plan. Roughly 1.44[1] million individuals out of a population of 3.2 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:

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

In addition to Plan Vital, there are four Medicare Advantage Organizations (MAOs) serving the Platino program which provides coordinated care for dually eligible enrollees. As Medicare is the primary payor, oversight and monitoring has been limited for ASES. Below are the current MAOs in Puerto Rico:

- Humana
- MCS Advantage, Inc. (MCS)
- MMM Multi Health (MMM)
- Triple-S Health Plan (Triple-S)

Medical and Behavioral Health (BH) benefits are managed by the MCOs and MAOs. For Plan Vital Medicaid, Puerto Rico has a single pharmacy benefit management (PBM) model with required coordination between the MCOs and the PBM. Each MAO has a PBM sub-contractual relationship for the management of pharmacy benefits. Puerto Rico does not provide Long-Term Services and Supports benefits to enrollees, nor are there Federally Recognized Tribes.

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.

[1] Programa Medicaid – Departamento de Salud

As of March 2024, 1.44 million Puerto Ricans, approximately 45% of the population[2], 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 or territory. Exposures to natural disasters have been associated with adverse mental and physical health.

Inadequate availability of providers on the island remains a consistent barrier for care. 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 who serve enrollees with chronic conditions, where needed specialists are scarce leading to severely underserved Puerto Ricans in certain areas of the Island.

Quality Strategy Evaluation (QSE) 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 Strategy (QS) provides the framework to advance island-wide quality improvement (QI) through a focus on performance improvement (PI) by providing patient-centered quality services aimed at increasing the use of preventive care and appropriate delivery of care in a timely manner. The Puerto Rico QS 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 2022 QS is the fifth revision of the Puerto Rico QS, which was first developed in 2006 and includes the elements of the QS required by the Centers for Medicare & Medicaid Services (CMS), as well as Puerto Rico-specific quality goals and quality performance measures (PMs).

In order to demonstrate compliance with CMS's QSE requirements set forth in 42 CFR 438.340, Puerto Rico has evaluated its 2022 QS, to measure the effectiveness and to help shape health care delivery and health policy for the program. In accordance with CMS requirements, the 2022 final QS is posted publicly on the ASES website: ASES Monitoreo & Auditoria.

The QS 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 QS and QSE are submitted to CMS for feedback and approval.

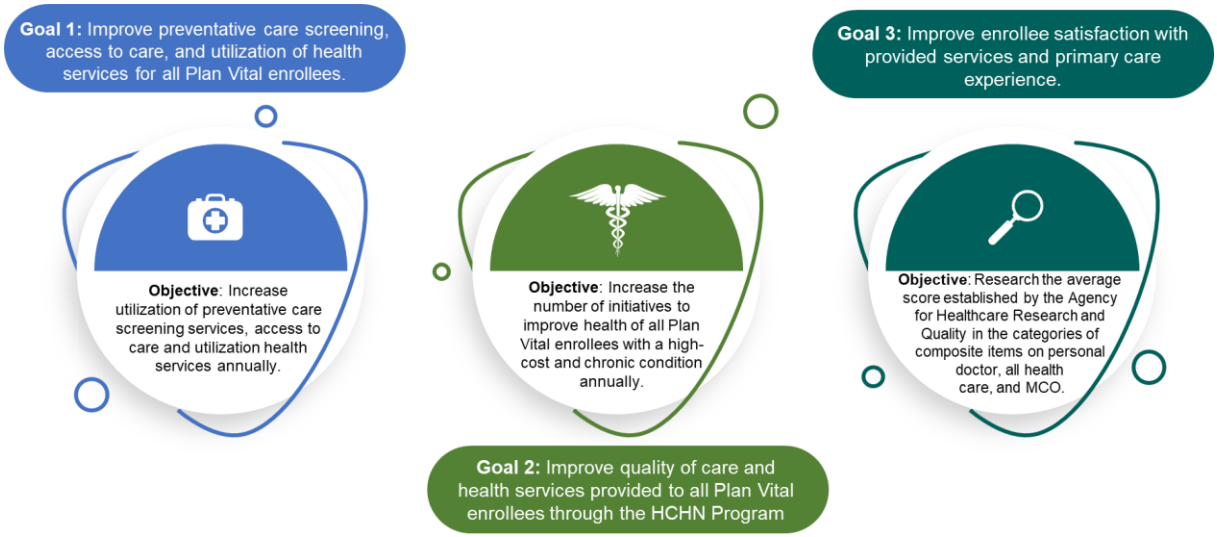
[2] Programa Medicaid – Departamento de Salud

2022 Quality Management Strategy Initiatives, Goals, and Objectives

Figure 1: 2022 QS Initiatives

As previously outlined, Puerto Rico has unique health and environmental challenges; higher incidence of chronic conditions, access to care challenges that include both provider shortage areas and transportation challenges throughout the islands (including the Islands of Culebra and Vieques where enrollees may need to travel to the main island for care), and widespread poverty all of which have been exacerbated by recent natural disasters. Given these ongoing challenges, ASES has continued four (4) Plan Vital health improvement initiatives, see Figure 1. The Healthy People Initiative focuses on preventive screening for all enrollees. The High-Cost High Need (HCHN) Conditions Initiative focuses on those enrollees with a high-cost condition where linkage to appropriate services and specialties are frequently required. The Chronic Conditions Initiative focuses on those enrollees with a chronic condition. Chronic conditions require consistent care for improved health. The Emergency Room High Utilizers Initiative is designed to identify high users of emergency services (including BH) for non-emergency situations and to allow for early interventions to ensure appropriate utilization of services and resources. These four critical initiatives drive the QS Goals and Objectives as shown in Figure 2 below.

Figure 2: 2022 QS Goals and Objectives



To actively address these initiatives and improve the quality of care and health outcomes of enrollees, ASES works closely with their contracted 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 ensure 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 National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) reporting, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and Health Care Improvement Program reporting. ASES had expanded required health plan reporting to include the full array of Adult and Child Core Measure Sets annually, with the first submission in October 2022 using the 2022 Adult and Child Core Measure Sets.

An ongoing oversight tool for the Puerto Rico Medicaid program includes the use of the Comprehensive Oversight and Monitoring Program (COMP), which is part of a centralized platform, Enterprise Systems (ES). ES 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. Utilization Anomaly Management (UAM) is a second tool within ES used to document reporting events where ASES has follow-up questions or compliance concerns. Within UAM the event details, findings, required actions, follow-ups, and correspondence with the MCOs are documented. The system provides ASES with reporting on events, based on finding type, by contractor, by source, and closing of an event. The COMP and UAM tools provide a streamlined approach to reporting reviews and required follow-up actions as well as tacking and trending of data.

To ensure the accuracy and validity of the data submitted and in compliance with 42 CFR 438.350 and 438.358, ASES contracts with Mercer, an externally quality review organization (EQRO), to conduct annual, independent reviews of the managed care program. This includes the review of quality outcomes, timeliness of, and access to, the services covered under the managed care programs and validation of PMs and PIP projects. To facilitate this process, the MCOs and MAOs supplies data, including but not limited to, claims data and medical records, to the EQRO.

In addition, reports and data collected to support the quality strategy 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 QSE and are also used to provide evidence of the effectiveness of the 2022 QS and inform future updates to the QS.

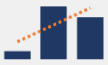
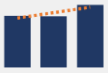
Section 2

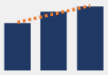
Goal #1: Improve Preventive Care Screening, Access of Care, and Utilization of Health Services for all Plan Vital Enrollees

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 continues to be a significant challenge, especially in rural areas of the Island outside of the metropolitan and San Juan areas. Tracking and monitoring key access to care measures provides information that supports QI efforts, and Medicaid program and the Government's health policy decisions.

Table 1. Quality Measures – Adult

Quality Measures – Adult	Measurement Year			Trend	2021–2022 Change
	2020	2021	2022		
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)**	86.2	73.4	89.2		-15.9
Controlling High Blood Pressure*	6.1	39.6	31.2		+8.4
Follow-Up After Hospitalization for Mental Illness – 7-day follow-up for ED visit: Ages 18 and older*	37.4	26.2	38.2		+12
Follow-Up After Hospitalization for Mental Illness – 30-day follow-up for ED visit: Ages 18 and older*	60.6	59.2	60.7		+1.5
Prenatal and Postpartum Care: Timeliness of Prenatal Care*	76.9	NR	NR		NA
Prenatal and Postpartum Care: Postpartum Care*	37.2	36.6	45		+8.4
Medication Management – for People with Asthma ≥50% Compliant*	NR	NR	NR	NA	NA

Quality Measures – Adult	Measurement Year			Trend	2021–2022 Change
	2020	2021	2022		
Antidepressant Medication Management – Acute Phase*	45.6	54.7	56.2		+1.5
Antidepressant Medication Management – Continuation*	33.9	42.1	46		+3.9
Breast Cancer Screening*	52.4	56.3	66.7		+10.4
Cervical Cancer Screening*	37.7	42.2	44.5		+2.3
Adult Access to Preventative/Ambulatory Health Services*	70.1	NR	NR		NA

*Higher rates indicate better performance.
**Lower rates indicate better performance. NA = Not Available NR= Not Reported
Source: Combined MCO reported rates.

Table 2. Quality Measures – Child

Quality Measures – Child	Measurement Year			Trend	2021–2022 Change
	2020	2021	2022		
Well-Child Visits in the First 15 Months of Life*	4.2	4.8	NR		NA
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life*	NR	NR	NR	NA	NA
Child and Adolescent Well-Care Visits – Total*	NR	33.5	43		+9.5
Annual Dental Visit*	36.9	NR	NR		NA
Follow-Up Care for Children Prescribed ADHD Medication – Initiation*	41	48.3	57.3		+9
Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Management*	46.6	52.6	66.5		+13.9

Quality Measures – Child	Measurement Year			Trend	2021–2022 Change
	2020	2021	2022		
Children and Adolescents' Access to Primary Care Practitioners*	73.7	NR	NR		NA
Childhood Immunization Status – Overall*	184.6	NR	0.2		NA

**Higher rates indicate better performance. NA = Not Available NR= Not Reported Source: Combined MCO reported rates*

Evaluating the 2021–2022 period demonstrates consistent improvements year over year for most measures. Puerto Rico's 2022 quality measure results had been significantly impacted by the COVID-19 pandemic when unavoidable impacts occurred within the Puerto Rico health system that markedly reduced preventative care visits. As Puerto Rico is in the post pandemic phase, some measures maintain continued improvement in 2022 including:

- Controlling High Blood Pressure
- Prenatal and Postpartum Care: Postpartum Care
- Antidepressant Medication Management – Acute Phase and Continuation Phase
- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care Visits – Total
- Follow-Up Care for Children Prescribed ADHD Medication – Initiation, Continuation, and Management

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 enrollees.

ASES provides 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 was provided 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.

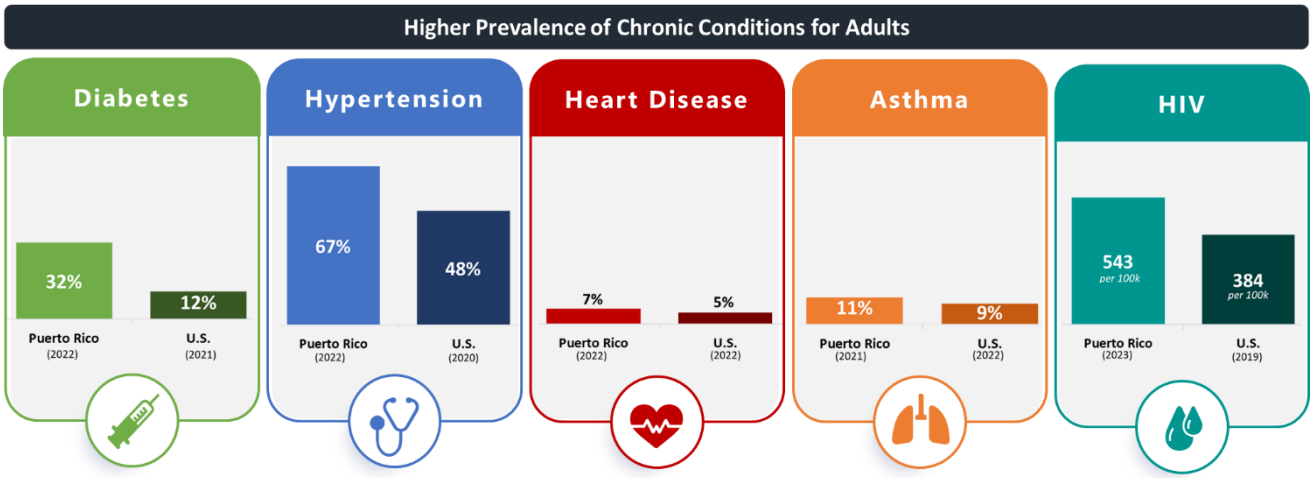
Section 3

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 generally experience higher rates of chronic conditions compared to national averages, which supports ASES' focus on improvements in the prevalence chronic conditions as well as the health maintenance for enrollees with chronic conditions. Figure 3 below demonstrates an array of chronic conditions (diabetes, hypertension, heart disease, asthma, and HIV) in the population and the rates of enrollees with at least one chronic condition compared to the US average rate.

Figure 3: Prevalence of Chronic Conditions Puerto Rico vs. the US[3]



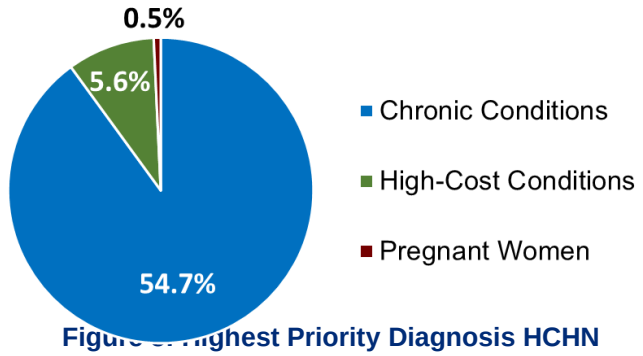
Prevalence of Chronic and High-Cost Conditions: Medicaid and CHIP Populations

With the overall population of Puerto Rico experiencing high rates of chronic conditions compared to the US, it is no surprise that the Medicaid and CHIP populations primarily

[3] Sources: Diabetes and Hypertension: https://www.sciencedaily.com/releases/2022/03/220330164531.htm; Asthma: https://www.cdc.gov/asthma/most_recent_data_states.htm; Heart Disease: Sources: Diabetes and Hypertension: https://www.sciencedaily.com/releases/2022/03/220330164531.htm; Asthma: https://www.cdc.gov/asthma/most_recent_data_states.htm; Heart Disease: https://www.ahajournals.org/doi/epub/10.1161/CIR.0000000000001052; HIV: https://aidsvu.org/local-data/puerto-rico/#hiv-prevalence

include enrollees with at least one chronic condition. Approximately 55% of the Plan Vital population has at least one chronic condition with almost 6% of the population having at least one HCHN condition, as shown in Figure 4 below. As previously discussed, the high rates of chronic and HCHN conditions lead to the development of the 2022 QS goal to improve care for those with these conditions. The HCHN Conditions Initiative focuses on those enrollees with a high-cost condition that may be part of the HCHN Program specified in Section 7.8.3 of the 2022 Contract.

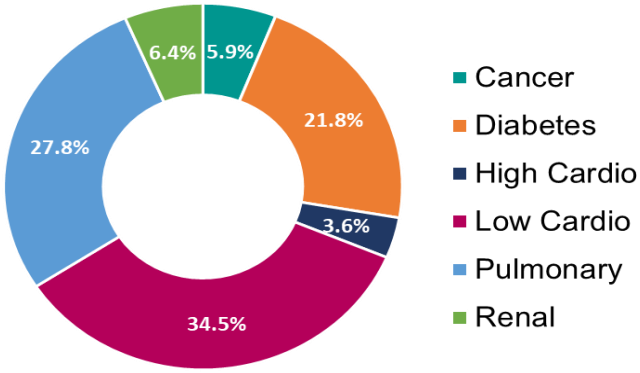
Figure 4: Plan Vital Percentages of Chronic Conditions, HCHN Conditions, and Pregnancy



The MCOs propose and demonstrate cost saving initiatives, programs, and value-based payment models for provider reimbursement to address HCHN enrollees. This program has allowed ASES to focus on the key conditions primarily affecting the Plan Vital population to improve quality of care and health outcomes.

Figure 5: Highest Priority Diagnosis HCHN Conditions

Figu fied usin November 2022. Renal conditions, cancer, and diabetes continue to be the highest priority diagnoses within the overall Plan Vital population. When narrowing into the Medicaid and CHIP populations, the top three chronic conditions for the CHIP population includes attention deficit hyperactivity disorder (ADHD) (5.8%), asthma (11.8%), and diabetes (4.6%)[4]. The top three chronic conditions for the Medicaid population are hypertension (23.2%), diabetes (17.5%), and chronic depression (3.7%). To monitor quality improvement for these top diagnoses and conditions, ASES ensured the HEDIS® measures required to be reported by the Plan Vital contract included measures applicable to these diagnoses and conditions.

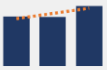
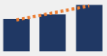
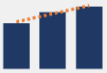


Quality Performance – Key HEDIS® Measures 2021 – 2022

The required HEDIS® measures and the combined MCO results for each measure are included in Table 3 below.

[4] Source: Rates as calculated via submitted claims in the ASES Comprehensive Oversight and Monitoring Program (COMP) Executive Summary Dashboard as of November 2022.

Table 3. Plan Vital HEDIS® Results

Quality Measures	Measurement Year			Trend	2021–2022 Change
	2020	2021	2022		
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) **	86.2	73.4	89.2		-15.8
Controlling High-Blood Pressure*	6.1	39.6	31.2		-8.4
Follow-up after Hospitalization for Mental Illness: Age 18 and older — 7 Day*	37.4	26.2	38.2		+12
Follow-up after Hospitalization for Mental Illness: Age 18 and older — 30 Day*	60.6	59.2	60.7		+1.5
Prenatal and Postpartum Care: Timeliness of Prenatal Care*	76.9	NR	NR		N/A
Prenatal and Postpartum Care: Postpartum Care*	37.2	36.6	45		+8.4
Asthma Medication Ratio*	NR	72.3	74.9		+2.6
Follow-up Care for Children Prescribed ADHD Medication — Initiation*	41	48.3	57.3		+9
Follow-up Care for Children Prescribed ADHD Medication — Continuation*	46.6	52.6	66.5		+13.9
Anti-depressant Medication Management — Acute*	45.6	54.7	56.2		+1.5
Anti-depressant Medication Management — Continuation*	33.9	42.1	46		+3.9
Breast Cancer Screening*	52.4	56.3	66.7		+10.4
Cervical Cancer Screening*	37.7	42.2	44.5		+2.3
Adult Access to Preventative/Ambulatory Health Services*	70.1	NR	NR		NA

**Higher rates indicate better performance.*
***Lower rates indicate better performance.*

Summary

Evaluating the 2021–2022 period, 10 out of 12 (83%) of the quality measures rates reported continued to improve. Through the Health Care Improvement Program and the HEDIS® report, ASES will continue monitoring the measures and partnering with the MCOs to improve Quality Measure outcomes. MCOs will receive technical assistance by ASES and their HEDIS® vendors to ensure the CMS Adult and Child Core Set measures are validated and accurate to meet CMS mandatory reporting timeline and requirements in 2024.

Additional contributing factors that were used in evaluating outcomes and ongoing continuous improvement of programming include:

- Plan Vital enrollee population continues to primarily consist of older enrollees who are 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 of childbearing age.
- As seen nationwide, the impacts of the COVID-19 public health emergency (PHE) 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 continues to face 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) and Hurricane Fiona (Category 4 Hurricane) in 2022. Both hurricanes devastated the Island and left 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 occurring since 2006 that has only expanded in recent years especially during and following the COVID-19 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 the mainland. 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]. 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] A third study notes the number of physicians decrease by almost 40% (14,500 physicians to 9,000 physicians) from 2009–2020[7].

[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

[7] On leaving: Coloniality and physician migration in Puerto Rico. Varas-Diaz, N., Rodriguez-Madera, S., Padilla, M., et. al. Social Science & Medicine. Vol. 325, May 2023.

Section 4

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 enrollees' 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 – CAHPS®

ASES worked with the MCOs to provide a consistent approach provided by the MCOs when conducting CAHPS® and ECHO surveys. Tables 4 and 5 below provide a summary of the Adult and Child CAHPS results® as reported by the Plan Vital MCOs. Overall, FMHP demonstrated improvement in all Adult CAHPS® measures from 2021 to 2022. Of the Child CAHPS® that were reported in both 2021 and 2022, FMHP demonstrated improvement in 50% (4 of 8) of the measures.

- MMM demonstrated improvement in 33% (3 of 9) Adult CAHPS® measures from 2021 to 2022. Of the Child CAHPS® that were reported in both 2021 and 2022, MMM demonstrated improvement in 1 out of the 8 measures.
- PSM demonstrated improvement in 50% (4 of 8) Adult CAHPS® measures from 2021 to 2022. Of the Child CAHPS® that were reported in both 2021 and 2022, PSM demonstrated improvement in 75% (6 of 8) of the measures.
- Triple-S demonstrated improvement in 75% (6 of 8) Adult CAHPS® measures from 2021 to 2022. Of the Child CAHPS® that were reported in both 2021 and 2022, PSM demonstrated improvement in 63% (5 of 8) of the measures.

Table 4. Plan Vital Adult CAHPS® Results

Measure	FMHP				MMM				PSM				Triple-S			
	2020	2021	2022	Trend	2020	2021	2022	Trend	2020	2021	2022	Trend	2020	2021	2022	Trend
Rating of All Health Care (Q9)	NA	86.9%	82.7%		86.2%	59.8%	70.0%		87.6%	85.5%	86.3%		62.6%	56.9%	52.3%	
Rating of Personal Doctor (Q36)	NA	88.3%	88.1%		89.6%	79.8%	79.0%		89.2%	88.7%	91.2%		76.7%	65.9%	66.7%	
Rating of Specialist Seen Most Often (Q43)	NA	93.2%	89.7%		92.6%	70.7%	82.8%		91.5%	94.3%	94.1%		85.0%	74.7%	72.0%	
Rating of Health Plan (Q49)	NA	89.3%	87.3%		90.6%	71.9%	71.7%		89.7%	87.4%	88.7%		66.7%	64.8%	70.3%	
Getting Care Quickly	NA	82.8%	80.6%		86.1%	85.2%	84.1%		82.7%	79.9%	80.6%		80.1%	82.4%	83.1%	
Getting Needed Care	NA	78.5%	77.9%		81.7%	77.8%	82.4%		86.0%	77.2%	80.2%		87.0%	80.8%	74.3%	
How Well Doctors Communicate	NA	93.2%	90.6%		91.5%	89.3%	90.6%		91.8%	90.6%	93.5%		89.9%	92.6%	92.9%	
Customer Service	NA	86.0%	85.7%		86.7%	87.9%	88.1%		88.8%	89.8%	90.4%		86.5%	86.1%	90.8%	
Coordination of Care	NA	NA	NA	NA	78.5%	78.5%	87.3%		NA	NA	NA	NA	NA	89.4%	90.8%	

Table 5. Plan Vital Child CAHPS® Results

Measure	FMHP				MMM				PSM				Triple-S			
	2020	2021	2022	Trend	2020	2021	2022	Trend	2020	2021	2022	Trend	2020	2021	2022	Trend
Rating of All Health Care (Q9)	89.1%	92.2%	93.2%		NA	72.8%	67.9%		NA	88.9%	88.6%		NA	70.5%	64.7%	
Rating of Personal Doctor (Q36)	93.3%	93.7%	91.5%		NA	84.3%	69.8%		NA	91.5%	92.6%		NA	75.7%	74.4%	
Rating of Specialist Seen Most Often (Q43)	96.4%	93.3%	93.1%		NA	82.4%	79.2%		NA	90.7%	90.6%		NA	75.8%	70.5%	
Measure	**FMHP**				**MMM**				**PSM**				**Triple-S**			
	2020	**2021**	**2022**	**Trend**	**2020**	**2021**	**2022**	**Trend**	**2020**	**2021**	**2022**	**Trend**	**2020**	**2021**	**2022**	**Trend**
Rating of Health Plan (Q49)	88.6%	92.8%	89.2%		NA	76.3%	62.7%		NA	91.7%	85.7%		NA	64.8%	64.7%	
Getting Care Quickly	87.4%	79.8%	84.4%		NA	85.7%	83.0%		NA	82.3%	83.6%		NA	84.0%	79.4%	
Getting Needed Care	85.9%	85.2%	79.3%		NA	88.5%	83.2%		NA	82.1%	84.5%		NA	78.4%	74.4%	
How Well Doctors Communicate	90.7%	88.7%	92.5%		NA	89.2%	89.2%		NA	90.8%	93.8%		NA	90.1%	88.2%	
Customer Service	83.4%	85.1%	88.3%		NA	85.1%	89.5%		NA	89.6%	91.5%		NA	87.6%	88.5%	
Coordination of Care	NA	NA	64.3%		NA	89.0%	82.1%		NA	61.8%	51.0%		NA	79.3%	87.7%	
Access to Specialized Services	NA	NA	74.5%		NA	NA	73.4%		NA	71.3%	76.0%		NA	48.7%	68.3%	
Family-Centered Care: Personal Doctor Who Knows the Child	NA	NA	86.2%		NA	NA	90.9%		NA	83.9%	86.6%		NA	89.8%	92.3%	
Coordination of Care for Children with Chronic Conditions	NA	NA	64.3%		NA	NA	77.0%		NA	61.6%	51.0%		NA	67.9%	78.4%	

ASES continues to evaluate and monitor the MCOs, providing TA as needed and implementing corrective action plans for MCOs when needed to continue to improve overall performance and enrollee satisfaction.

Enrollee Satisfaction Evaluation – ECHO

ASES monitors ten measures from the ECHO BH survey including four composite measures:

- Getting Treatment Quickly
- How Well Clinicians Communicate
- Informed About Treatment Options
- Access to Treatment and Information from Health Plan

ASES also monitors six item-specific attributes/rating items including:

- Office Wait Times
- Informed About Medication Side Effects
- Received Information About Managing Condition, Information About Patient Rights
- Ability to Refuse Medication and Treatment
- and Rating of Counseling or Treatment

Overall, the results varied across the four MCOs. Table 6 below provides a summary of the results for each of the measures across the four MCOs.

Table 6. Plan Vital ECHO Results

Measure Composites	First Medical Health Plan (FMHP)				MMM				Plan (PSM)				Triple-S			
	2020	2021	2022	Trend	2020	2021	2022	Trend	2020	2021	2022	Trend	2020	2021	2022	Trend
Getting Treatment Quickly	70.0%	63.0%	63.2%		73.8%	58.6%	62.9%		66.1%	62.3%	62.5%		71.6%	65.0%	73.2%	
How Well Clinicians Communicate	85.8%	84.4%	87.8%		87.0%	81.5%	83.0%		87.6%	84.9%	83.5%		88.7%	83.2%	89.6%	
Informed About Treatment Options	49.8%	53.1%	51.2%		62.2%	46.2%	42.9%		59.5%	59.6%	50.7%		54.5%	48.8%	59.4%	
Access to Treatment and Information from Health Plan	74.8%	76.2%	69.3%		49.7%	66.1%	65.3%		79.7%	73.8%	77.3%		75.1%	73.4%	79.7%	
Item-Specific Attributes/Rating Item																
Office Wait Times (Q12, Q10 for MMM))	48.8%	48.6%	46.4%		35.8%	36.2%	30.3%		54.5%	45.4%	46.7%		51.8%	52.3%	44.4%	
Informed about Medication Side Effects (Q18, Q17 for MMM))	80.8%	78.0%	83.8%		66.6%	57.1%	57.9%		77.9%	78.1%	70.4%		80.6%	83.5%	85.7%	
Received Information about Managing Condition (Q22)	84.7%	84.0%	79.3%		78.3%	68.4%	69.7%		89.9%	87.0%	80.0%		87.4%	86.0%	90.1%	
Informed about Patient Rights (Q23)	80.1%	80.9%	84.9%		79.2%	70.8%	74.0%		84.9%	82.8%	74.7%		82.0%	77.7%	78.3%	
Ability to Refuse Medication and Treatment (Q24)	40.7%	33.3%	34.5%		38.5%	35.1%	39.3%		38.7%	37.1%	35.1%		40.7%	33.3%	42.0%	
Rating of Counseling or Treatment (Q25)	77.6%	74.7%	76.4%		81.9%	73.8%	75.2%		83.5%	76.4%	74.7%		77.6%	74.7%	76.1%	

From 2020-2021:

- FMHP showed overall improvement in three measures, How Well Clinicians Communicate, Informed About Treatment Options, Informed about Medication Side Effects, and Informed about Patient Rights.
- PSM showed overall improvement in two measures, Access to Treatment and Information from Health Plan and Ability to Refuse Medication and Treatment.
- MMM did not show improvement in any measures.
- Triple-S showed improvement in all measures with the exception of Office Wait Times, Informed about Patient Rights, and Rating of Counseling or Treatment.

ASES continues to evaluate and monitor the MCOs, providing TA as needed and implementing corrective action plans for MCOs when needed to continue to improve overall performance.

Independent Plan Vital Member Satisfaction Survey

As noted in the 2022 QSE, the Medicaid program conducted an independent member survey to obtain a deeper understanding of member satisfaction with the program and the managed care plans. 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. 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 enrollees. Access to preventative care, specialist services, obtaining medications, increasing MCO outreach to enrollees, and improving the MCO networks are areas for improvement and were incorporated into the 2022 Plan Vital QS.

Table 7. Independent Member Satisfaction Survey

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%

Survey Question	Overall Program Rating
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%
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, there were significant similarities found from the independent survey compared to the CAHPS® and ECHO results, providing consistency in findings across the tools. Enrollees expressed satisfaction with their experience of care and benefits within Medicaid. There was high satisfaction with interactions with providers and being treated with respect. Enrollees face challenges with network availability, however once seen there is a high satisfaction with the care provided.

Puerto Rico continues to face 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 a vulnerability to disasters such as hurricanes, earthquakes, and pandemics. [8] Despite challenges that are broader than 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.

Managed Care Program Annual Report

In 2021, CMS began requiring states and territories to submit a Managed Care Program Annual Report (MCPAR)[9]. ASES completed and submitted the MCPAR report for 2022 that included data from October of 2021 through December of 2022. Plan Vital provided plan and program information as well as quality results for measures that have been previously

[8] 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

[9] 42 CFR § 438.66(e)

presented. Table 8 below provides a summary the appeals for Plan Vital. Please note Plan Vital does not cover long-term support services (LTSS).

Table 8. Plan Vital Appeals

Appeals	FMHP	MMM	PSM	Triple-S
Appeals Resolved (at the plan level)	542	1,009	2,323	290
Active Appeals	37	55	167	28
Standard Appeals for which Timely Resolution was Provided	408	858	2,156	157
Expedited Appeals for which Timely Resolution was Provided	102	97	167	129
Resolved appeals related to:	**FMHP**	**MMM**	**PSM**	**Triple-S**
Denial of Authorization or Limited Authorization of a Service	494	1,009	2,323	289
General Inpatient Services	4	4	5	0
General Outpatient Services	338	789	2,217	136
Inpatient Behavioral Health Services	4	7	1	4
Outpatient Behavioral Health Services	16	53	10	11
Covered Outpatient Prescription Drugs	39	124	16	138
Skilled Nursing Facility (SNF) Services	0	1	7	0
Dental Services	0	2	0	0
Non-emergency Medical Transportation (NEMT)	22	29	9	0
Other Service Types	119	0	58	1

In 2022, Plan Vital MCOs received over 4,000 appeals. Approximately 94% of appeals received were resolved timely by the MCOs. Most appeals that were received were related to general inpatient services.

Table 9 below provides a summary the grievances for Plan Vital.

Table 9. Plan Vital Grievances

Grievances	FMHP	MMM	PSM	Triple-S
Grievances Resolved	1,730	1,956	374	1,425
Active Grievances	192	275	69	85

Grievances	FMHP	MMM	PSM	Triple-S
Number of Grievances for which Timely Resolution was Provided	1,730	1,881	373	1,425
General Inpatient Services	15	76	1	24
General Outpatient Services	1,172	1,596	311	1,166
Inpatient Behavioral Health Services	13	11	1	11
Outpatient Behavioral Health Services	125	35	19	99
Coverage of Outpatient Prescription Drugs	20	105	0	27
Skilled Nursing Facility (SNF) Services	0	2	0	1
Dental Services	36	79	2	44
Non-emergency Medical Transportation (NEMT)	3	41	11	10
Other Service Types	346	11	29	43
Plan or Provider Customer Service	454	128	75	282
Plan or Provider Care Management/Case Management	0	49	1	0
Access to Care/Services from Plan or Provider	481	995	190	709
Quality of Care	42	86	11	100
Plan Communications	0	6	0	13
Payment or Billing Issues	108	616	82	166
Suspected Fraud	1	14	0	19
Abuse, Neglect or Exploitation	0	1	0	0
Lack of Timely Plan Response to a Service Authorization or Appeal (including requests to expedite or extend appeals)	0	1	0	7
Plan Denial of Expedited Appeal	0	10	0	0

Grievances	FMHP	MMM	PSM	Triple-S
Resolved grievances filed for other reasons	644	49	14	129

In 2022, Plan Vital MCOs received 5,000+ grievances. 98% of the grievances received were resolved timely by the MCOs. Most grievances were related to general outpatient services and access to care/services from plan or provider.

Public/Stakeholder Collaboration

ASES consistently includes stakeholder feedback into the QS. For the 2022 QS, the MCOs quarterly regional advisory boards were placed on hold during the COVID-19 pandemic to align with the Governor's executive order that limited public gatherings. MCOs used creativity to communicate with enrollees 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 enrollees and various programs and available courses offered by the MCOs.

Provider education unique to Puerto Rico includes MCOs offering trainings regarding a variety of subjects including Breast Cancer, EPSDT, and Autism. The Department of Health began a project monitoring the prevalence of autism in children 4 and 8 years of age within the surveillance area previously agreed upon and defined with the CDC. Education continues from Department of Health, who manages the ZIKA program. It now includes prevention education on Dengue, also transmitted by mosquitoes.

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. Stakeholder feedback was finalized in May 2022 and incorporated into the Final QS which was shared with CMS. Feedback was provided to ASES on the 2022 QS and will be incorporated in the next revision.

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 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 was shared in the MCO's web portal.

The response from Puerto Rico was successful at mitigating the impact of the COVID-19 pandemic. Over 95% of the population receiving at least one dose of the vaccine, and nearly 84% of the population has been fully vaccinated. When vaccines became available, a vast majority of health care professionals quickly got vaccinated, which instilled a sense of trust. Vaccination and the use of masks were effectively communicated as required interventions. Puerto Rico implemented a community-based approach to combating the impact of COVID-19 by relying on local primary health centers and federally qualified health clinics to engage their communities and utilize community health workers to enhance these efforts. Health care administrators approached the COVID-19 pandemic with a public health

perspective. Unlike on the mainland, all health care managers in Puerto Rico are trained in public health and are certified to run health care facilities. This training enabled strategies to consistently include a communal mindset and focus on prevention.

During the pandemic, Puerto Rico received equal health care funding from the US government for the first time. With a payment rate of 99% from the CMS for the COVID-19 vaccines, leaders were able to launch a robust response and make the most of the resources available. From the beginning of the pandemic, the government was consistent and transparent in its messaging to Puerto Ricans about the virus. This approach kept communities informed and provided the explanation for any changes in regulations.

Conclusion

Puerto Rico's QS serves as the framework for QI within the Plan Vital Medicaid Program, and in accordance with CMS regulations, this QSE reports on the effectiveness of the 2022 QS. In addition, this evaluation provides insights necessary to continue to advance island-wide QI and serves to inform future updates to the Puerto Rico QS, which is targeted for 2024. 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, enrollees with chronic conditions and improving member experience with their providers and their MCOs.

Evaluating the 2021–2022 period, 78% of the quality measures rates have been increasing since 2020 with significant impacts to achieved quality progress noted in 2020 due to COVID--19 pandemic impacts. ASES continues to monitor the measures and establishes interventions to increase and improve quality performance measures. Several strategies have been implemented to monitor the preventive measures to reinforce recommended screenings. For example, ASES has aligned, where relevant and applicable, reporting requirement to national standards such as HEDIS and Adult and Child Core Measures to allow year over year analysis as well as measurement against national performance.

Through review of the performance measures and outcomes, and after thought consideration on programmatic implications, the recommendation to remove a separate and distinct category for HCHN identification and objectives is in place. The enrollees within this category are frequently included in the chronic condition initiative and are part of care management for unique individual needs.

ASES will continue to utilize evidence-based practices within an integrated model for continuous quality improvement. 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.