



2026 COMPLIANCE PROGRAM

Message from the Chairman of the Board of Directors and the President of First Medical Health Plan, Inc.

At First Medical Health Plan, Inc., (FMHP), we are committed to conducting our operations under a strict framework of ethics, integrity, and professionalism. Each of us is responsible for creating an environment that promotes accountability, integrity, and trust among our teams, as well as for our subscribers and beneficiaries, health care providers, regulatory agencies, and the community that entrusts their health to FMHP.

To achieve this, we have implemented a comprehensive and effective Corporate Compliance Program that will guide you and ensure compliance with federal and state laws and regulations applicable to the healthcare industry and the relevant and applicable requirements established by the Centers for Medicare & Medicaid Services, the U.S. Department of Health and Human Services, the Office of the General Inspector of the Puerto Rico Health Insurance Administration, the U.S. Department of Labor, and the Puerto Rico Insurance Commissioner, among others.

FMHP's Compliance Program is designed in accordance with the operations conducted in our organization. The Corporate Compliance Program is on an ongoing basis throughout the year. Measures such as the results of the internal and external monitoring and associated understanding of training received through testing, investigations into violations of FMHP's Code of Conduct, evaluation of Conflict of Interest Disclosures, and monthly compliance reports are some of the tools used to determine if new trends are emerging and if the Compliance program is effective. In addition, monthly metrics provided by the business units allow FMHP to evaluate the effectiveness of the Corporate Compliance Program.

We support the implementation of this Corporate Compliance Program and recognize that it is an effective, continually evolving document aimed at promoting the organization's values and ethics, as well as compliance with applicable laws and regulations. Revisions to the Corporate Compliance Program are planned when necessary to reflect changes in FMHP operations, applicable state and federal regulations, or standards for the OIG Compliance Program, including fraud, waste, and abuse requirements.

The FMHP Board of Directors expects all employees, agents, and consultants to read and comply with all statutes outlined in the Compliance Program, the Code of Conduct and Ethics, and the policies and procedures established in our Organization. If you have questions, concerns, or comments regarding FMHP's Compliance Program, we encourage you to contact the Chief Compliance Officer. Each of you is a critical part of the success of our Compliance Program. I'm counting on you!

Cordially,



Eduardo Artau Gómez
Chairman of the Board of Directors



Francisco J. Artau Feliciano
President of FMHP

Table of Content

COMPLIANCE 5

INTRODUCTION 6

SECTION 1

DEVELOPMENT OF COMPLIANCE POLICIES, PROCEDURES, AND STANDARDS OF CONDUCT 7

 1.1 DEVELOPMENT OF POLICIES AND PROCEDURES 7

 1.2 COMMUNICATION OF THE POLICIES AND PROCEDURES 8

 1.3 FMHP CODE OF CONDUCT AND ETHICS 8

 1.4 COMPLIANCE WITH STATE AND FEDERAL LAWS AND REGULATIONS 9

SECTION 2

RESPONSIBILITIES OF THE CHIEF COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE 11

 2.1 CHIEF COMPLIANCE OFFICER 11

 2.2 BOARD OF DIRECTORS 12

 2.3 COMMUNICATIONS WITH THE BOARD OF DIRECTORS 12

 2.4 CORPORATE COMPLIANCE COMMITTEE 12

 2.5 DIRECTORS AND/OR DEPARTMENT MANAGERS 14

 2.6 FMHP EMPLOYEES 14

SECTION 3

TRAINING AND EDUCATION 14

 3.1 TRAINING ASSISTANCE POLICY 15

 3.2 TRAINING FOR NEW ASSOCIATES 15

 3.3 ANNUAL TRAINING 15

 3.4 TRAINING TESTS REQUIREMENT POLICY 15

 3.5 REGULATORY TRAINING 16

SECTION 4

OPEN LINES OF COMMUNICATIONS	19
4.1 COMMUNICATION	19
4.2 FRAUD & COMPLIANCE ALERT LINE	20
4.3 INTEGRATION OF FEDERAL AND STATE GOVERNMENT MANDATES	21
4.4 REPORTING ORGANIZATIONAL CHANGES TO AGENCIES	21

SECTION 5

APPLICATION OF DISCIPLINARY RULES	21
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SECTION 6

MONITORING AND INTERNAL AUDIT	22
6.1 INTERNAL AUDIT MONITORING	23
6.2 AUDITING AND MONITORING OF DELEGATED ENTITIES	23
6.3 EFFECTIVENESS OF THE CORPORATE COMPLIANCE PROGRAM	23
6.4 COMPLIANCE INVESTIGATIONS	23

SECTION 7

RESPONSE TO DEFICIENCIES DETECTED	24
---	----

SECTION 8

WHISTLEBLOWER PROTECTION AND NON-RETALIATION POLICY	24
---	----

SECTION 9

FRAUD, WASTE AND ABUSE	24
9.1 DEFINITIONS: FRAUD, WASTE AND ABUSE	25
AMENDMENTS	27
IMPORTANT CONTACTS	28



Compliance Philosophy

Every employee (regular and temporary), medical advisor, consultant, agent, intern, or member of the FMHP Board of Directors is responsible for complying with applicable laws and regulations and the organization's policies and procedures. Our compliance structure will help you achieve a strong and fair compliance culture by providing you with assistance in compliance matters and ensuring you are equipped to comply with healthcare industry regulations. **You need not fear retaliation for reporting any non-compliance activity.**

Although the FMHP Compliance Program is not intended to be the Compliance Program for our contractors, subcontractors, or delegated entities, it is important that they provide services in compliance with federal and state laws and regulations. All of them must develop their own Compliance Program and incorporate certain provisions of the FMHP Corporate Compliance Program.

It is the responsibility of contractors, subcontractors, and delegated entities to report any issue of non-compliance, fraud, waste and abuse, and violations of laws/regulations to FMHP without delay. Similarly, it is the responsibility of subscribers/beneficiaries to report any instances or suspected instances of non-compliance, fraud, waste and abuse, and violations of laws/regulations upon becoming aware of them.

Our Mission

To provide services of excellence in the field of medical plans, supported by the most advanced technology to achieve the total satisfaction of our subscribers and beneficiaries.

Our Vision

To be an institution known and respected for its continuous commitment to excellence.

Our Values

- Serve our subscribers/beneficiaries with honesty, integrity, and human warmth.
- Provide excellent services in an agile and efficient manner, in accordance with applicable regulations.
- Work as a team with enthusiasm and dedication, promoting a culture of compliance throughout the organization
- Be accessible and effective in our communication.
- To always give our best to fulfill our commitment to quality and service excellence.

Introduction

First Medical Health Plan, Inc., (FMHP), is a local Health Services Organization, entirely Puerto Rican, dedicated to serving our community. For the past forty-eight years, FMHP has focused its efforts on improving the quality of life of our subscribers and beneficiaries through the planning and implementation of cost-effective, high-quality health service coverage.

At FMHP, we strive to promote a culture of compliance that aligns with our daily operations and strengthens the trust of our subscribers, beneficiaries, and clients. To achieve this, FMHP's Board of Directors has based its efforts on three key pillars:

- 1) **The Compliance Program**, which outlines the elements of an effective compliance program in accordance with applicable federal and state laws and regulations.
- 2) **The Code of Conduct and Ethics**, which establishes the fundamental principles of expected behavior in all activities carried out by employees, contractors, management, and members of the Board of Directors, at all times and in all settings.
- 3) **The Compliance Policies**, which define the processes established by FMHP to meet contractual requirements and minimize operational risk.

The FMHP Corporate Compliance Program was developed to ensure that FMHP complies with all requirements established by the Office of the Commissioner of Insurance of Puerto Rico (OCS), the Centers for Medicare & Medicaid Services (CMS), the Office of Inspector General (OIG), the United States Department of Labor (DOL), the Puerto Rico Health Insurance Administration (PRHIA), the Puerto Rico Department of Health, the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR §§ 455, Title VI of the Civil Rights Act of 1964, and the Patient Advocate's Bill of Rights of the Commonwealth of Puerto Rico, among others.

The main objectives of the Compliance Program are:

- 1) To ensure compliance with applicable state and federal laws related to the provision of services to our subscribers/beneficiaries.
- 2) To educate regular and temporary employees, clinical advisors, consultants, agents, members of FMHP's Board of Directors, and delegated entities on standards and the prevention, detection, and reporting of fraud, waste, and abuse.
- 3) To promote adherence to FMHP's Code of Conduct and Ethics and encourage employees to report potentially harmful situations.
- 4) To ensure that periodic audits, as well as monitoring and oversight of compliance with applicable laws, regulations, and contractual requirements, are carried out.
- 5) To establish mechanisms for timely investigation, correction, and discipline of compliance issues, and to prevent, detect, and report any illegal, improper, or unethical conduct, fostering an ethical and responsible corporate culture.
- 6) To implement procedures that ensure the timely and effective execution of audit and monitoring activities, with the goal of preventing noncompliance.

The FMHP Corporate Compliance Program is only effective if you commit to adhering to the standards outlined in the Program. It is important that you are familiar with, understand, and comply with the provisions of this Compliance Program. If you have any questions or need guidance, you should consult your immediate supervisor or contact FMHP's Chief Compliance Officer.

Section 1

Development of Compliance Policies, Procedures, and Standards of Conduct

FMHP has policies, procedures, and standards of conduct that:

- Express a commitment to complying with federal and state standards.
- Describe compliance expectations;
- Implement the operation of the Compliance Program;
- Provide guidance for handling compliance-related matters;
- Establish appropriate channels for reporting potential noncompliance situations;
- Define the processes through which noncompliance issues will be investigated and resolved fairly and appropriately; and
- Include non-intimidation and non-retaliation policies.

Regular and temporary employees, clinical advisors, consultants, agents, members of FMHP's Board of Directors, and delegated entities will receive periodic training on the Compliance Program and any new compliance policies and procedures that may be implemented. FMHP's Board of Directors expects each Department Director or their designee to assume responsibility for:

1. Discuss and guide the personnel under their supervision regarding the Compliance Program and FMHP's applicable policies and procedures.
2. Reinforcing within their teams that strict adherence to this Compliance Program is a requirement for continued employment.
3. Communicate and emphasize that any violation of this Corporate Compliance Program may result in disciplinary actions, including termination of employment or contract, as applicable.

1.1 Development of Policies and Procedures

FMHP's policies and procedures, along with other compliance-related documents, form the essential foundation for an effective compliance program. These documents provide the Chief Compliance Officer, FMHP management, and employees with a clear understanding of expectations and how to perform their duties in accordance with federal and state regulations and contractual agreements. It is critical to develop policies that address the organization's high-risk areas. Identification of these high-risk areas can be achieved through annual compliance audits, internal process reviews, reports from calls received through the Fraud and Compliance Alert Line, among other methods.

FMHP has specific policies and procedures for all areas that may pose a risk to the organization. Among these are the Code of Conduct and Ethics, the Health Insurance Portability and Accountability Act (HIPAA), and the Health Information Technology for Economic and Clinical Health Act (HITECH). These also include guidelines on how to respond to external investigations, provide mechanisms for managing conflicts of interest and identity theft, protect whistleblowers from retaliation, and report compliance issues.

The main functions of FMHP's policies, procedures, and standards of conduct are:

- To describe FMHP's compliance expectations;
- To implement the Corporate Compliance Plan;
- To express our commitment to complying with all applicable federal and state laws;
- To provide guidance to employees and other individuals on how to handle suspicions, detection, or reports of noncompliance and potential situations involving fraud, waste, and abuse, and how to report such issues to the appropriate compliance personnel;
- To outline compliance, fraud, waste, and abuse requirements, as well as other regulatory training;
- To describe the operation of the Fraud and Compliance Alert Line (hotline) and FMHP's policy of non-intimidation and non-retaliation for good-faith participation in the Compliance Program; and
- To explain how the organization investigates and resolves suspected, detected, or reported issues of noncompliance and fraud, waste, and abuse.

Policies and procedures must be created and reviewed annually or as needed due to changes in laws and requirements. All department directors/managers/supervisors are responsible for developing, reviewing, updating, implementing, and distributing their policies and procedures. All policies and procedures require at least one signature from the department director and/or manager to be effective. The Regulatory Affairs Guidance and Support Department is responsible for reviewing and approving all policies and procedures. Policies and procedures must include a detailed and specific process for an operational or high-risk area, be easy to read and understand, and include the applicable federal or state requirement. All employees are responsible for reading and understanding these policies and procedures.

1.2 Communication of Policies and Procedures

Policies and procedures will be communicated prior to their implementation or within ninety (90) days of hiring. Thereafter, they will be communicated annually to all regular and temporary FMHP employees, as well as to consulting physicians, advisors, and members of FMHP's Board of Directors. FMHP department directors/managers will ensure that all Policies and Procedures are up to date and accessible to all affected employees.

1.3 FMHP Code of Conduct and Ethics

The continued success of our organization is directly tied to two key factors: (1) our ability to deliver high-quality services, and (2) the ability of all FMHP employees, management personnel, and members of the Board of Directors to conduct themselves according to the highest standards of professional ethics and within the strict framework of the law.

FMHP's Board of Directors has established the standards related to employee conduct and ethics in the Code of Conduct and Ethics. The Corporate Compliance Program promotes adherence to the Code by communicating the Board's expectations to employees, medical advisors, consultants, agents, and delegated entities.

As a result, FMHP will continuously provide guidance on standards through its Code of Conduct and Ethics approved by the Board of Directors. All members of the Board of Directors, employees, and advisors of FMHP must read and understand the Code of Conduct and Ethics, disclose any information that may present a conflict of interest with their relationship to FMHP, and sign a certification acknowledging

receipt of FMHP's Code of Conduct and Ethics. The Human Resources Department will distribute a copy of the Compliance Program and the Code of Conduct during the onboarding process and will retain copies of the signed certifications. This must be completed within the first ninety (90) days of employment and subsequently on an annual basis.

All employees must comply with the standards set forth in FMHP's Code of Conduct and Ethics, as well as with all organizational policies and procedures. If you have any questions about a potential compliance issue, you should ask yourself the following questions before carrying out your duties:

- Is this in the best interest of our company?
- Is this the right thing to do?
- Is any law or regulation being violated?
- Is this allowed under FMHP's Code of Conduct and Ethics and its policies and procedures?

Compliance with the Code of Conduct and Ethics and other aspects of FMHP's Corporate Compliance Program is a condition of employment. Each employee has a duty to avoid business, commercial, financial, or other interests whether direct or indirect, that may present a conflict with FMHP's interests or divide their loyalty to the organization. If you become aware of any unethical or suspicious practice, whether potential or actual, or a violation of the Code of Conduct and Ethics, you must report it to your immediate supervisor, the Chief Compliance Officer, or Legal Counsel as soon as possible. Any activity that even appears to present such a conflict should be avoided or discontinued unless, after seeking guidance from the Chief Compliance Officer or FMHP's Legal Counsel, it is determined that the activity is neither illegal nor harmful to FMHP.

Noncompliance with the Code of Conduct and Ethics or with the behavioral standards it represents may lead to disciplinary action. At FMHP's discretion, disciplinary measures for violations of the Code may range from a verbal warning to termination of employment. If you have questions, concerns, or believe that improper conduct, whether your own or someone else's, is occurring, you should contact FMHP's Chief Compliance Officer or the Human Resources Department.

1.4 Compliance with State and Federal Laws and Regulations

FMHP will carry out all its activities in compliance with all applicable federal and state laws, including regulatory rules and requirements. Some of these laws and regulations address, for example, concerns related to privacy and confidentiality of information, accuracy and retention of records and reports, fraud, waste and abuse, antitrust, employment opportunities, sexual harassment, discrimination, among others. The Compliance Department will send a notification to department directors/managers affected by any change in law or regulation, so they can review and implement all applicable mandates and ensure that policies and procedures support those changes. Department directors/managers must confirm in writing to FMHP's Compliance Department that the changes have been applied.

FMHP must ensure compliance with federal laws and regulations including, but not limited to, the following:

- Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119);
- Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191);
- False Claims Act (31 U.S.C. §§ 3729-3733);

- Federal False Claims Criminal Statutes (18 U.S.C. §§ 287, 1001);
- Federal Anti-Kickback Statute/Anti-Kickback Statute (42 U.S.C. § 1320a-7b (b));
- Social Security Act Civil Monetary Penalties (42 U.S.C. § 1395w-27(g));
- Physician Self-Referral Act (Stark) (42 U.S.C. § 1395nn);
- Provisions to combat fraud and abuse, privacy, and security established by HIPAA, as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH);
- Prohibitions against employing or contracting with individuals or entities excluded from doing business with the Federal Government (42 U.S.C. § 1395w-27(g)(1)(G); and
- Fraud Enforcement and Recovery Act of 2009.

Each of these federal laws and regulations plays an important role in ensuring compliance with FMHP's policies, procedures, and regulatory requirements. FMHP has delegated the responsibility for ensuring compliance with these regulations to:

- Jessica Losa Robles, Vice President of Regulatory Affairs and Chief Compliance and Privacy Officer at FMHP, is responsible for strengthening the Compliance Program, the Code of Conduct and Ethics, and FMHP's Cultural Competency Plan, as well as ensuring compliance with the provisions of the Privacy Rule under the HIPAA law.
- Carlos Santana Marrero, Attorney, Chief Legal Advisor and Security Officer at FMHP, is responsible for overall security, physical asset protection, and the security of protected health information in compliance with the provisions of the HIPAA Security Rule.

Privacy and Confidentiality Information

FMHP employees are in possession of and have access to a wide range of personal information, protected health information (PHI), confidential information of subscribers and beneficiaries, and proprietary company information. It is essential to maintain the confidentiality and privacy of subscribers' and beneficiaries' protected health information, as well as other confidential information, in accordance with legal and ethical standards.



The Privacy and Security Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy and security of individually identifiable health information. Whether the information is stored on a computer, on paper, or in another format, you are responsible for safeguarding the health information of subscribers and beneficiaries.

The HIPAA Privacy Rule covers protected health information (PHI) in any format, while the HIPAA Security Rule covers electronic protected health information (e-PHI). The HIPAA Rules include detailed requirements regarding privacy and security, as outlined below and further described in the Training section, under item A.1: Requirements of the HIPAA Privacy Rule.

HIPAA Privacy Rule

- Establishes the federal foundation for protecting protected health information (PHI) in all formats (electronic, paper, and oral);
- Limits how covered entities may use and disclose PHI they receive or create;

- Grants individuals rights regarding their protected medical information, including the right to review and obtain a copy of their medical records and to request amendments if the information is incorrect or incomplete;
- Applies to healthcare providers, including those who do not maintain electronic medical records or participate in CMS Electronic Health Record Incentive Programs;
- Requires covered entities to implement administrative measures, such as employee training on the Privacy Rule; and
- Establishes civil and criminal penalties.

All individuals who work at FMHP or perform functions on behalf of FMHP, including delegated entities and members of FMHP's Board of Directors, are obligated to protect and safeguard confidential and proprietary information to prevent unauthorized disclosure. Additionally, FMHP's proprietary information, including marketing strategies, financial data, payment and reimbursement information, and information related to negotiations (with employees or third parties) must be protected with strict confidentiality.

Section 2

Responsibilities of the Chief Compliance Officer and Compliance Committee

The Compliance Committee is established by FMHP's Board of Directors to assist Board members in overseeing the Organization's activities related to compliance with laws and regulations applicable to the healthcare business and contractual requirements. The Chief Compliance Officer reports directly to the members of FMHP's Board of Directors and, together with the members of the Compliance Committee, must ensure that FMHP fully complies with the regulatory standards established by Regulatory Agencies, applicable federal and state regulations, FMHP's Compliance Program, and internal policies and procedures.

2.1 Compliance Officer

The Chief Compliance Officer is the individual designated to enforce the execution of FMHP's Corporate Compliance Program. This person has direct access to FMHP's Board of Directors, who support their authority to ensure full compliance with the Program. The Chief Compliance Officer is responsible for reporting key compliance issues discussed during FMHP's Compliance Committee meetings to the Board of Directors. Their responsibilities are summarized as follows:

- Demonstrate commitment to responsible corporate conduct.
- Serve as a liaison between FMHP and federal and state regulatory agencies.
- Oversee, implement, evaluate, and update the Corporate Compliance Program. FMHP must submit its proposed Compliance Program (in paper/electronic format) annually to ASES. Any changes to FMHP's Compliance Program must be submitted to the Medicaid Program Integrity Office and ASES for approval within fifteen calendar days from the intended implementation date. Changes will not take effect until written approval is received from both entities. FMHP must implement any changes requested by ASES within thirty calendar days of the request.
- Ensure FMHP's compliance with governmental regulations and internal guidelines.
- Receive, analyze, and distribute federal and state regulations, Normative Letters, Circulars, and Administrative Orders.

- Audit and monitor operational areas and delegated entities.
- Facilitate investigations by regulatory agencies and monitor Corrective Action Plans.
- Ensure immediate and thorough investigations of possible misconduct.
- Ensure that processes are carried out in compliance with HIPAA requirements.
- Support the development of initiatives and programs that encourage reporting of suspected noncompliance with state and federal regulations, fraud, abuse, waste, and other irregularities.

2.2 Board of Directors

The FMHP Board of Directors is responsible for overseeing the effectiveness of the Corporate Compliance Program. Their functions include:

- Establishing a strong organizational culture based on high compliance standards and communicating compliance expectations throughout the organization;
- Approving, supporting, and overseeing the implementation of the Compliance Program and the Code of Conduct and Ethics;
- Require periodic reports on the organization's level of compliance;
- Supporting and allocating resources for compliance monitoring, testing, and issue resolution;
- Promoting the use of the Fraud and Compliance Alert Line to report cases of fraud, waste, abuse, and violations of the Corporate Compliance Program;
- Reviewing and supporting the analysis of government reports on compliance activities, such as notices of noncompliance, sanction notifications, and others;
- Monitoring management's performance regarding compliance and the effectiveness of FMHP's Compliance Program and Code of Conduct and Ethics.

2.3 Communication with the Board of Directors

To support the zero-tolerance philosophy, the Board of Directors will remain informed about all compliance matters and issues related to the Corporate Compliance Program. Compliance will be a standing item on the Board's meeting agenda at least three times per year. The Chief Compliance Officer or the Vice President of Regulatory Affairs will report quarterly to the Board of Directors on the Organization's compliance matters. If the Chief Compliance Officer becomes aware of significant issues, they must notify the Board of Directors immediately.

2.4 Corporate Compliance Committee

The Corporate Compliance Committee is established by FMHP's Board of Directors with the purpose of: (1) Ensuring that the organization complies with the regulatory standards established by the Puerto Rico Health Insurance Administration, the Office of the Commissioner of Insurance, the U.S. Department of Labor, and other applicable federal and state regulations; and (2) Overseeing the implementation of FMHP's Corporate Compliance Program, as well as internal policies and procedures designed to address the regulatory and compliance risks faced by the Company. The Corporate Compliance Committee will assist FMHP's senior management in fulfilling its responsibility to ensure the organization's operational compliance with legal requirements and applicable standards of conduct. In addition, it will serve as an independent body for review and evaluation to:

- Ensure that issues and concerns within the organization are being properly evaluated, investigated, and resolved.
- Assist the Chief Compliance Officer in their responsibility to monitor the Corporate Compliance Program, the Code of Conduct and Ethics, and the Company's Policies and Procedures.
- Perform any other function as directed by the Board of Directors.

Composition, Structure, and Organization of the Compliance Committee

The FMHP Compliance Committee is composed of two representatives from FMHP's Board of Directors, one of whom will serve as Chair of the Corporate Compliance Committee. Both the Corporate Compliance Committee and the Chief Compliance Officer have the authority to effectively oversee the Corporate Compliance Program. In the absence of a representative from the Board of Directors, the Chief Compliance Officer will act as interim Chair of the Corporate Compliance Committee, assuming all corresponding duties and responsibilities.

Members of the Corporate Compliance Committee are selected to ensure adequate representation from all administrative departments and service centers. In addition, other individuals may be invited to join the Corporate Compliance Committee or participate in its meetings, as determined by the Committee members or the Chief Compliance Officer, as needed.

The Corporate Compliance Committee will be responsible for:

- Meet at least quarterly to oversee the integrity of FMHP's Annual Compliance Plan and the organization's adherence to it;
- Monitor the effectiveness of the Corporate Compliance Program;
- Oversee the results of federal and state audits of the Company and internal audit functions;
- Develop strategies to promote compliance and detect potential violations;
- Review and approve regulatory training programs and ensure that training and educational efforts are effective and properly completed;
- Collaborate in the creation and implementation of compliance risk assessments and the compliance monitoring and audit work plan;
- Assist in the creation, implementation, and monitoring of effective corrective actions;
- Support the Chief Compliance Officer in identifying resources needed to carry out their duties;
- Ensure that the Plan includes appropriate and up-to-date compliance policies and procedures;
- Facilitate the distribution of organizational standards, including policies, in a manner that is understandable to all subscribers/beneficiaries and employees (including translation into other languages if necessary);
- Ensure that FMHP has a system in place for employees, advisors, and delegated entities to report potential instances of noncompliance with the Corporate Compliance Program standards, as well as potential cases of fraud, waste, and abuse, confidentially or anonymously (if desired), without fear of retaliation; and
- Perform other functions as necessary to fulfill the objectives of the Corporate Compliance Program. The Corporate Compliance Committee may also address other compliance-related issues as they arise

At least two FMHP Board of Directors Representatives	Chief Compliance Officer	Vice President of Operations	Vice President of Regulatory Affairs	Vice President of Medical Affairs	Vice President of Finance	Chief Legal Counsel	Vice President of Customer Service Operations
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2.5 Department Directors and Managers

All department directors and managers are responsible for supporting FMHP's Corporate Compliance Program by adhering to its requirements. Directors and/or department managers must review all applicable federal and state laws and regulations related to the healthcare industry and make the necessary operational adjustments to ensure compliance. Additionally, department directors and managers are responsible for:

- Review and distribute applicable federal and state regulations to their respective teams.
- Develop policies and procedures that accurately reflect how FMHP will comply with federal and state regulations.
- Respond promptly to all audits and inquiries.
- Facilitate the process for employees to report potential violations of the Corporate Compliance Program, the Code of Conduct and Ethics, laws, regulations, FMHP's Policies and Procedures, and/or situations involving fraud, waste, abuse, and other irregularities, without fear of retaliation.
- Report suspected noncompliance, fraud, waste, and abuse through the Fraud and Compliance Alert Line.
- Conduct annual training on regulatory compliance and provide job-specific training for their area.

2.6 FMHP Employees

The success of FMHP's Corporate Compliance Program is based on the active participation of all employees. Each employee is responsible for:

- Recognizing and complying with federal and state regulations, as well as company policies.
- Reading and adhering to the requirements of FMHP's Code of Conduct and Ethics.
- Reporting potential Conflict of Interest situations.
- Reporting suspected noncompliance, fraud, waste, abuse, and other irregularities through the Fraud and Compliance Alert Line.
- Responding promptly to all audits and inquiries.
- Participating in training programs as required by the Corporate Compliance Program.

Section 3

Training and Education

FMHP's Corporate Compliance Program can only be effective if employees receive proper education and training. The Organizational Development Unit within FMHP's Human Resources Department provides periodic regulatory training to both regular and temporary employees to communicate and explain compliance expectations. All employees, including senior management, directors, managers, and

members of FMHP's Board of Directors, receive training at the start of their employment or appointment, and annually thereafter. The "Welcome Aboard" Training Program includes instruction on the statutes, regulations, guidelines, policies, and procedures established in this Corporate Compliance Program and in FMHP's Code of Conduct and Ethics.

3.1 Required Training Attendance Policy

All FMHP employees, members of the Board of Directors, and advisors must attend and participate in the Regulatory Compliance Training Program. Attendance will be monitored through sign-in sheets and/or assessments. At a minimum, each employee must demonstrate participation in:

- Annual Compliance Training;
- Compliance training for new employees; and
- Specialized or job-specific education training.

3.2 New Employee Training

Compliance training sessions are conducted and documented for all new employees including part-time, full-time, contracted, or temporary staff, as well as medical advisors and any other professional healthcare consultants within the first ninety days of their hire date. Regulatory training includes, but is not limited to:

- Corporate Compliance Program
- Code of Conduct and Ethics
- Health Insurance Portability and Accountability Act (HIPAA)
- Quality Improvement
- Fraud, Waste, and Abuse
- Cultural Competency Plan

FMHP's Human Resources Department is responsible for maintaining documentation related to training materials, participation records, and test results administered during the training sessions for a period of no less than ten (10) years. Additionally, FMHP requires that delegated entities also comply with the documentation retention requirement related to training.

3.3 Annual Trainings

All FMHP employees, including the Chair of the Board of Directors, must complete annual regulatory compliance training. If significant changes occur in federal or state laws or regulations that require retraining before the annual session, FMHP's Compliance Department will update the Regulatory Compliance Training Program and promptly conduct training sessions through online modules.

3.4 Training Examination Requirement Policy

The purpose of the assessments is to ensure that participants adequately understand the training content. Training sessions require a knowledge verification exam, administered through online learning platforms, to demonstrate comprehension of the material. An FMHP employee who does not successfully complete the training exam with a minimum passing score of 85% will be required to retake the test. Continued failure to pass the exam will necessitate retraining. In such cases, both the employee and the facilitator

must document a certificate verifying the retraining. If appropriate, the employee may be subject to additional disciplinary action, up to and including termination of employment.

3.5 Regulatory Training

A. HIPAA Privacy Rule

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Security Rule protect the privacy and security of protected health information (PHI).

- **The HIPAA Privacy Rule** establishes specific requirements regarding the privacy and security of health information.
- **The HIPAA Security Rule** covers electronic protected health information (e-PHI).

All FMHP employees, medical advisors, consultants, business associates, and delegated entities are obligated to protect and safeguard the Organization's confidential information and property to prevent unauthorized disclosure. Additionally, FMHP business information, including marketing strategies, financial data, payment and reimbursement details, and information related to negotiations (whether with employees or third parties)—must be maintained under strict confidentiality.

You are responsible for protecting health information that is created, received, or maintained in any format, such as electronic, paper, verbal, or other media.

B. Integrity Program: Fraud, Waste, and Abuse

FMHP conducts its operations and business in compliance with the highest ethical standards and all regulatory requirements. The training on FMHP's Integrity Program: Fraud, Waste, and Abuse (FWA) emphasize confidentiality, anonymity, and protection from retaliation for individuals who report actual or potential situations involving fraud, waste, and abuse.



The training will provide:

- Disciplinary guidelines for noncompliance or fraudulent behavior.
- A review of potential conflicts of interest and FMHP's Conflict of Interest Disclosure Form template.
- Examples of unacceptable conduct that employees are required to report.
- Overview of laws governing employee conduct under the Medicaid Program.

FMHP will develop communication materials targeted at employees with information about fraud, waste, and abuse. These materials may include, but are not limited to:

- Bulletins for employees, providers, and the general public.
- Posters or other materials placed in prominent areas throughout FMHP facilities.

- FMHP's Intranet portal, available to all employees, where they can access information about compliance with applicable regulations, how to detect fraud, waste, and abuse, and the methods for reporting such issues.

Educational materials on fraud, waste, and abuse are available to subscribers, beneficiaries, and providers through FMHP's websites (www.firstmedicalpr.com and www.firstmedicalvital.com), as well as in the FMHP Commercial Plan Benefits Coverages, Explanation of Benefits, and the Vital Plan Beneficiary Handbook.

C. Code of Conduct and Ethics

The Corporate Compliance Program is responsible for enforcing the standards established in the Code of Conduct and Ethics, communicating the compliance expectations of the FMHP Board of Directors. As a result, all members of the Board of Directors, employees, medical advisors, consultants, and delegated entities must read the FMHP Code of Conduct and Ethics and disclose any information that may result in a conflict of interest with their relationship with FMHP.

In addition, they must sign a certification acknowledging receipt of the Code of Conduct and Ethics within the first ninety days of their employment or engagement and subsequently, on an annual basis. The Human Resources Department will maintain copies of the signed certifications. Noncompliance with the Code of Conduct and Ethics may result in disciplinary actions. For alleged violations of the Code, FMHP will consider the relevant facts and circumstances, including, but not limited to, the extent to which the behavior was contrary to the express language or general intent of the Code, as well as other factors FMHP deems pertinent. Disciplinary measures for noncompliance with the Code, at FMHP's discretion, may range from a verbal warning to termination of employment.

D. Validation on Exclusion List

FMHP's Corporate Compliance Program includes policies and procedures to screen prospective job candidates, regular and temporary employees, consultants, and vendors against the Office of Inspector General's List of Excluded Individuals/Entities (LEIE) and/or the General Services Administration (GSA) Exclusion Lists.

"FMHP's Human Resources Department must conduct background checks on all employees and contractors prior to hiring, verifying with all relevant certification and licensing authorities that the required licenses and certifications are valid. FMHP will not hire individuals who have been convicted of criminal offenses related to healthcare, or who have been barred, excluded, suspended, or are otherwise ineligible to participate in Federal Healthcare Programs.

"FMHP will review the United States Department of Health and Human Services (DHHS) list, the Office of Inspector General (OIG) list of excluded individuals and entities, the Excluded Parties List System (EPLS), and the applicable exclusion list from the System for Award Management (SAM) database. This review will be conducted prior to hiring and monthly thereafter, verifying the names of employees, clinical advisors, contractors, and service providers to ensure they have not been excluded from participating in Medicare, Medicaid, or other Healthcare Programs, federal contracts, and State Healthcare Programs.

Any individual or entity found to be ineligible to participate in federal programs will have their employment or contract terminated immediately. FMHP will not knowingly hire or retain any person or entity that has been:

- 1) Convicted of a criminal offense related to healthcare (unless such person or entity has implemented a compliance program as part of a settlement with the federal government); or
- 2) Listed by a federal agency as barred, excluded, or otherwise ineligible to participate in federal programs or receive federal funds.

Individuals or entities that are excluded, terminated, or suspended are not recruited, employed, or contracted by FMHP or its subcontractors to provide services or items to Medicaid subscribers and beneficiaries.

E. Cultural Competency

FMHP provides services to individuals of all cultures, races, ethnic backgrounds, and religions, recognizing and affirming the values of its subscribers/beneficiaries, and respecting the dignity of each individual. In compliance with 42 CFR 438.206, FMHP has a Cultural Competency Plan that ensures services are delivered in a culturally competent manner to all subscribers and beneficiaries.

Cultural competence is a set of skills that enhances understanding and appreciation of cultural differences among groups. A person's cultural identity includes multiple elements such as country of origin, language, race, ethnicity, education, family, spiritual traditions, healthcare practices, dietary customs, among others. Simply put, cultural competence in healthcare is the ability to successfully interact with subscribers/beneficiaries from diverse ethnic and cultural groups. In practice, this involves:

- Understand and respect the cultural identity of each subscriber and beneficiary;
- Promote intercultural communication by facilitating access to culturally and linguistically appropriate services, including interpreters and materials in alternative formats; and
- Ensure that our employees and healthcare providers are capable of offering additional cultural support services to subscribers/beneficiaries when needed.

This effort requires the willingness and ability to respect the values, traditions, and customs of the community, as well as to develop culturally diverse strategies focused on effective communication between parties. FMHP recognizes that the freedoms of conscience and religious exercise are fundamental rights protected by federal and state laws. FMHP has taken steps to safeguard these freedoms in the context of healthcare, where services related to abortion, sterilization, and other health services are provided. Employees and providers are informed and sensitized to the various cultural, religious, and philosophical traditions and beliefs, and are committed to respecting them.

Our primary goal is to protect the moral integrity of our healthcare professionals without compromising other important values and interests. Preserving the opportunity to act (or refrain from acting) according to the dictates of conscience in their professional practice is essential to maintaining the integrity of our employees and the trust of members in their providers.

It is important to note that providers' freedom to act according to their conscience is not unlimited. Providers are expected to deliver medical care in emergencies, respect patients' informed decisions to refuse life-sustaining treatments and not discriminate against any member when deciding whether to seek another provider or a second opinion. In other words, providers may act (or refrain from acting)

according to the dictates of their conscience without violating their professional obligations or the rights of the members.

Whenever feasible, providers should notify FMHP in advance of any moral or religious objections. A formal review will not be required in all cases, but when appropriate, FMHP will provide recommendations regarding Cultural Competency standards and the review process for the provider's refusal. Providers are encouraged to openly discuss any concerns related to moral or religious objections with their supervisor, FMHP's Chief Compliance Officer, or any representative of FMHP's Compliance Department, without fear of retaliation.

Section 4

Lines of Communication

4.1 Communications

Effective lines of communication between the Chief Compliance Officer and employees are essential for the successful implementation of the Compliance Program and for early intervention in any potential noncompliance situation at FMHP. The organization has communication mechanisms in place that allow for prompt and efficient responses, ensuring confidentiality between the Chief Compliance Officer and employees, subscribers and beneficiaries, providers, and delegated entities.

In compliance with federal laws and regulations, ASES requirements, and the Guidelines of the United States Sentencing Commission, among others, FMHP's Compliance Department will inform members of the Board of Directors and employees about FMHP's Compliance Policies and Procedures, Code of Conduct and Ethics, as well as applicable state and federal laws and regulations related to the healthcare industry, including any changes thereto.

Communication methods may include: one-on-one conversations, broadcast emails, emails to individual employees, members of the Board of Directors, or subcontractors, educational sessions, large and small group meetings, posters, periodic newsletters, and our Intranet website.



To foster effective communication, FMHP employees, advisors, and members of the Board of Directors have been educated on the Confidentiality and Non-Retaliation Policies. FMHP promotes the adoption of 'open-door' policies to facilitate dialogue between management and employees. Supervisors play a key role in addressing employee concerns and serve as the first line of communication in this process.

All FMHP employees, medical advisors, consultants, business partners, members of the Board of Directors, and delegated entities are responsible for complying with all applicable laws and regulations and for reporting any actual or apparent act of noncompliance. If you know or suspect that someone is not complying with the rules, you must report it immediately. Failure to report may result in disciplinary action. Reports may be made anonymously through the Fraud and Compliance Alert Line, if desired. FMHP has an active policy to maintain open lines of communication and is committed to not intimidating,

threatening, coercing, discriminating, or taking any other retaliatory action against any subscriber, beneficiary, provider, employee, or subcontractor who exercises their rights or provides information about inappropriate, illegal, or noncompliant conduct. If you wish to meet with the Chief Compliance Officer, you may request an appointment by calling 787-617-4306.

4.2 Fraud & Compliance Alert Line

FMHP has established a Fraud and Compliance Alert Line to allow anonymous reporting of any suspected fraud, misuse, abuse, or compliance issues primarily affecting our subscribers/beneficiaries, providers, and subcontractors. FMHP's Compliance Department encourages all employees, medical advisors, consultants, agents, directors, subscribers/beneficiaries, and providers to report suspected cases of noncompliance and/or fraud, misuse, and abuse by calling the **Fraud and Compliance Alert Line at 1-866-933-9336**.

In order to promote an open communication and reporting environment, FMHP has a non-retaliation policy for individuals who report suspected cases of noncompliance or fraud, misuse, and abuse. It is important that any suspected violation be reported to your supervisor, FMHP's Chief Compliance Officer, or FMHP's Legal Advisor.

"Additionally, there is an alternative mechanism for reporting potential or actual situations related to fraud, misuse, and/or abuse, and for promptly addressing concerns and complaints related to FMHP noncompliance, via email at alertafraudeycumplimiento@firstmedicalpr.com. Both calls and emails may be submitted anonymously, if preferred. All communications made to the Fraud and Compliance Alert Line will be kept strictly confidential at all times.

- Description of the incident.
- When the informant became aware of the incident.
- Specific individual(s) involved in the incident.
- If available, it is important to provide documentation and evidence.

Fraud Alert and Compliance Line		1-866-933-9336 (24/7, free of charge)
		alertafraudeycumplimiento@firstmedicalpr.com
		First Medical Health Plan, Inc. PO Box 191580 San Juan, PR 00919-1580

Additionally, suspected cases of fraud, misuse, and abuse may be reported to the appropriate federal and state regulatory agencies, as specified in the Medicaid contract and/or applicable laws. This includes, among others, the Office of Inspector General of the U.S. Department of Health and Human Services:

Office of the Inspector General 1-800-HHS-TIPS (1-800-447-8477) TTY: 1-800-377-4950		E-mail: HHSTips@oig.hhs.gov En línea: oig.hhs.gov/report-fraud
		U.S. Department of Health and Human Services ATTN. OIG Direct Line Operation PO Box 23489 Washington, DC 20026
		1-800-223-8164

4.3 Integration of Federal and State Government Mandates

All FMHP policies and procedures will be reviewed at least once a year, or as necessary, to ensure compliance with new and/or revised federal and local mandates related to the Medicaid Program. This includes, but is not limited to, the Federal Anti-Kickback Statute and the False Claims Act.

Upon receiving a mandate from the federal and state government through Normative Letters and Circular Letters from ASES and the Office of the Commissioner of Insurance of Puerto Rico (OCS), updates from the Centers for Medicare & Medicaid Services (CMS), guidelines from the U.S. Department of Labor, among others, the Compliance Department will send a communication to the affected department directors and managers. They must review the content and implement all current mandates, ensuring compliance through the revision of policies and procedures. Department directors and managers must confirm in writing to the Compliance Department that the changes have been properly implemented.

4.4 Reporting Organizational Changes to Agencies

FMHP must notify in writing all federal, state, and corresponding accrediting entities of any significant organizational, operational, or financial change within thirty days. These changes include, but are not limited to:

- Organizational changes (for example, change of name, services or additional locations, changes in majority interest, changes in state license or federal certification, among others);
- Any interruption of services that exceeds thirty calendar days;
- Significant changes in managed care enrollment, significant changes in the managed care delivery system, or changes in the employee workforce;
- Bankruptcy or any other significant change in the financial viability of the organization;
- Any governmental investigation, criminal charge, statement, or verdict of guilt in a criminal proceeding (other than a traffic violation) that directly or indirectly involves the organization or any of its officers.

Section 5

Disciplinary Rules Enforcement

The main functions of FMHP's written Policies, Procedures, and Standards of Conduct are:

- To describe FMHP's compliance expectations;
- To express the commitment to comply with all applicable federal and state regulations; and
- To provide guidance to employees and other parties on how to handle situations involving suspicion, detection, and reporting of possible compliance violations or fraud, waste, and abuse. It also includes how to communicate compliance situations to the assigned compliance staff.

It is FMHP's policy to establish progressive discipline for noncompliance with the Corporate Compliance Program, the Code of Conduct and Ethics, the Policies and Procedures established or adopted in accordance with this Program, as well as with any applicable federal or state law or regulation.

FMHP will take disciplinary action against employees who:

- Participate in or authorize the commission of a violation of applicable federal or state law, the Compliance Program, the Code of Conduct and Ethics, or policies and procedures;
- Deliberately fail to report such violation; or
- Obstruct an investigation; or
- Willfully withhold relevant and material information related to a violation of applicable federal and/or state law, the Code of Conduct and Ethics, or the applicable policies and procedures.

Section 6

Monitoring and Internal Audit

The Chief Compliance Officer of FMHP is responsible for establishing and implementing an Annual Work Plan that ensures the proactive identification of compliance risks. This Annual Work Plan includes monitoring activities and internal and external audits to evaluate FMHP's departments and delegated entities, ensuring compliance with state and federal requirements, contractual agreements, policies and procedures, as well as the overall effectiveness of the Compliance Program. The Annual Audit and Monitoring Work Plan is presented to FMHP's Corporate Compliance Committee for approval and subsequently ratified by FMHP's Board of Directors.

Monitoring and internal audit activities are carried out with the objective of assessing risks and making the necessary adjustments to ensure the organization's compliance. The Compliance Department develops a specific evaluation tool for each audit, ensuring that it covers the appropriate scope of operations. This tool is updated as FMHP's policies or those of the regulatory agencies change.

Risks can be identified through different initiatives, which include the evaluation of processes and documentation, monitoring of performance guarantees, interviews, and workplace observation to obtain a 360° view prior to determining a potential risk.

If the Compliance Department identifies a potential risk or a possible case of fraud, waste, and/or abuse, it must immediately notify the Chief Compliance Officer to investigate and take the corresponding corrective measures. The results of audits and monitoring are delivered to the Leaders of each department for their evaluation and the development of a Corrective Action Plan, as necessary. The Compliance Department will provide timely follow-up to assess the effectiveness of the corrective actions taken. It is the responsibility of the Chief Compliance Officer to provide updates on the results of monitoring and auditing to the Compliance Committee, the Quality Committee, and FMHP's Board of Directors.

6.1 Internal Audit Monitoring

An annual risk assessment will be conducted to identify the areas of greatest risk related to compliance. The factors to be considered in determining the level of risk include, but are not limited to:

- a) Financial impact;
- b) Regulatory impact (compliance, laws, and governmental regulations); and
- c) Reputational impact (complaints, dissatisfied subscribers/beneficiaries, noncompliance with policies or standards).

The risk assessment includes violations in advertising and enrollment, misrepresentation by agents/intermediaries, appeals and claims procedures, utilization management, accuracy in claims processing, among others. Based on this assessment, an audit and monitoring work plan will be developed to address noncompliance situations.

6.2 Audit and Monitoring of Delegated Entities

The Audit and Monitoring Department's work plan within the Compliance Department oversees the compliance of FMHP's delegated functions through a comprehensive program of audits and monitoring. Delegated entities will be subject to a pre-delegation audit of services and must participate in at least one audit or monitoring activity annually. The pre-delegation audit will be conducted during contract negotiations with the entity. The results of audit and monitoring activities will be reported to the Delegated Entities Oversight Committee and the Corporate Compliance Committee. The Compliance Committee will determine and inform the Board of Directors of the recommendation to delegate, with a corrective action plan, or not to delegate FMHP's functions to an entity.

6.3 Effectiveness of the Corporate Compliance Program

The Chief Compliance Officer is responsible for ensuring the effectiveness of the Compliance Program. To guarantee this effectiveness, the Compliance Program must be audited at least once a year. The Compliance Department will oversee the self-assessment tool for evaluating the effectiveness of the Corporate Compliance Program, as well as the corresponding evaluation sheets or scorecards. The Chief Compliance Officer will share the results with the Compliance Committee, senior management, and FMHP's Board of Directors.

6.4 Compliance Investigations

The investigation of a particular practice or alleged violation must include a review and analysis of relevant documentation and records, interviews, and applicable laws and regulations, as well as the review of data and claims records. All investigations must be conducted under the supervision of the Vice President of Regulatory Affairs. FMHP will carry out a review and analysis of member complaint trends related to services covered by providers. The Chief Compliance Officer may recommend administrative decisions to the Corporate Compliance Committee and FMHP's Board of Directors.

Section 7

Responding to Deficiencies Detected

FMHP recognizes that the success of the Corporate Compliance Program is closely linked to the integrity of our employees and their commitment to compliance. Noncompliance by a contractor, subcontractor, and/or an employee of a contractor or subcontractor with federal and state regulations, as well as any act of fraud, waste, or abuse, will result in corrective actions, which may include termination of the contract with FMHP. While any federal criminal charges, debarment, or proposed exclusion of a current employee are being resolved, such employee will be relieved of direct responsibility or participation in any coding or billing process, as well as in any other activity related to a Federal Health Care Program.

While each situation is considered on a case-by-case basis, FMHP will always implement appropriate disciplinary measures to address improper conduct and prevent future violations. In addition, reports of potential or actual compliance issues related to the Medicaid Program must be submitted to the Health Insurance Administration (ASES, by its Spanish acronym), the Centers for Medicare & Medicaid Services (CMS), and/or the Office of Inspector General (OIG) for further investigation.

Section 8

Non-Retaliation and Whistleblower Protection Policy Act

FMHP complies with federal law that protects individuals who investigate or report possible false claims made by their employer, ensuring that they will not be terminated or discriminated against in their employment as a result of such investigation. FMHP recognizes that the decision to raise a concern may be difficult to make, as it may generate negative reactions from those responsible for the negligence. Therefore, FMHP will not tolerate harassment or victimization and will take the necessary measures to protect those who raise a concern in good faith. In addition, every effort will be made to protect the identity of the person raising the concern if they do not wish their name to be disclosed. However, it is important to note that, during the investigation process, the source of the information may be revealed and a statement from the individual may be required as part of the evidence. If an allegation is made in good faith but is not substantiated during the investigation, no action will be taken against the whistleblower.



FMHP is committed to protecting individuals who report violations or suspicious activities. FMHP complies with regulatory requirements to ensure that employees are not discriminated against or retaliated against for their direct or indirect participation in investigations of fraud, waste, and abuse.

Section 9

Fraud, Waste and Abuse

FMHP maintains a strict zero-tolerance policy against fraud, waste, and abuse. FMHP's Special Investigations Unit is responsible for carrying out audit and monitoring activities to prevent, detect, and stop situations that represent fraud, waste, and abuse of the benefits and services offered by the Plan. The purpose of these investigations is to protect the subscriber and beneficiary, the government, and FMHP from paying more for a service than it is obligated to pay. However, FMHP's zero-tolerance policy

is not limited solely to cases of fraud, waste, and abuse; it also encompasses instances of misuse and any other inappropriate activity.

In addition, FMHP has a monitoring program designed to prevent and detect potential or suspected fraud, waste, and abuse. This program will not be limited to:

- Monitoring provider billing to ensure that the subscriber/beneficiary receives the services for which billing is submitted;
- Verification with the subscriber/beneficiary regarding the provision of the services claimed;
- Review of providers for excessive, insufficient, or inappropriate utilization.

For details related to this program, please refer to FMHP's Integrity Program. The fraud, waste, and abuse policies and procedures, as well as the Corporate Compliance Plan and the Integrity Plan, are reviewed annually and submitted to regulatory agencies for prior approval.

9.1 Definitions: Fraud, Waste, and Abuse (FWA)

- **Fraud:** knowingly and willfully executing, or attempting to execute, a scheme or plan to defraud any Health Care Benefit Program, or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any Health Care Benefit Program. 18 U.S.C. § 1347
- **Waste:** the overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the Medicaid Program. In general, misuse is not considered grounds for criminal negligent actions but rather for the improper use of resources.
- **Abuse:** includes actions that may, directly or indirectly, result in unnecessary costs to the Medicaid Program, improper payments, payments for services that do not meet professionally recognized standards of care, or services that are medically unnecessary.

Abuse refers to the payment for items or services when there is no legal entitlement to such payment, and the provider has knowingly and intentionally misrepresented the facts in order to obtain the payment. Abuse cannot be categorically distinguished from fraud, since the distinction between "fraud" and "abuse" depends on specific facts and circumstances, as well as intent, prior knowledge, and the evidence available, among other factors.

The protocol of the Special Investigations Unit includes specific steps to carry out investigations in cases of fraud, in collaboration with our Legal Division and with state and federal authorities. These authorities include, but are not limited to:

- Puerto Rico Health Insurance Administration (PRHIA)
- Department of Justice
- Department of Health
- Office of the Inspector General (OIG).

The Chief Compliance Officer has the authority to report urgent situations directly to FMHP's Board of Directors. If a case that requires reporting to the Board of Directors is of such magnitude that it cannot wait until the next scheduled meeting, the Chief Compliance Officer may request a special meeting with FMHP's Board of Directors. As part of our commitment to prevent, detect, and correct fraud, waste, and abuse, we encourage you to read and understand FMHP's Integrity Program. This program is one of the fundamental pillars of our organization to ensure compliance with the laws and regulations governing the healthcare industry.

Amendments

This Compliance Program may be amended and/or modified upon recommendation of the Compliance Committee or by express determination of FMHP's Board of Directors. The policies mentioned in this Compliance Program apply to both lines of business. We value your contribution to the improvement of our processes.

This Compliance Program was reviewed and approved on November 10, 2025.



Jessica Losa Robles, MPH, MHSA, PhD
Chief Compliance and Privacy Officer



José Pagán
Senior Executive Vice President
Chairman of the Compliance Committee

Important Contacts

Fraud and Compliance Alert Line

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