CCME

2021 External Quality Review

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EXECUTIVE SUMMARY

At the request of the South Carolina Department of Health and Human Services (SCDHHS), The Carolinas Center for Medical Excellence (CCME) conducted an External Quality Review (EQR) of Molina Healthcare of South Carolina (Molina) Coordinated and Integrated Care for Medicare-Medicaid recipients. This review focused on the following four areas:

- Provider Network Adequacy
- Care Transitions
- Evaluation of Over/Under Utilization
- Quality Improvement Projects

The review consisted of two segments. The first was a desk review of materials and documents received from Molina and reviewed in the offices of CCME. These items focused on administrative functions, committee minutes, member and provider demographics, over and under-utilization data, care transition files, and performance improvement projects.

The second segment was an onsite review conducted virtually on April 21 and 22, 2021. The onsite visit focused on areas not covered in the desk review and areas requiring further clarification.

FINDINGS

An overview of the findings for each section follows and detailed in the tabular spreadsheet (Attachment 2). CCME classifies areas of review as meeting a standard "Met," acceptable but needing improvement "Partially Met," or failing a standard "Not Met."

Network Adequacy:

Molina is required by contract to maintain a network of Home and Community Based Services (HCBS) providers that is sufficient to provide all enrollees with access to a full range of covered services in each geographic area. SCDHHS established the minimums of at least two providers for each service in each county except Anderson, Charleston, Florence, Greenville, Richland, and Spartanburg. For these larger counties, minimums were established as three providers for each service. The HCBS services include:

- Adult Day Health
- Personal Emergency Response System (PERS)
- Case Management
- Home Delivered Meals
- Personal Care
- Respite
- Telemonitoring

CCME requested a complete list of all contracted HCBS providers currently in Molina's network. The minimum number of required providers for each county was calculated and compared to the number of current providers for seven different services. There were 45 counties that were documented as having enrollment in the MMP Member Demographics 2020 file submitted with the desk materials. Of the 315 services across 45 counties, there were 315 that met the minimum requirements resulting in a validation score of 100%. This was a 1% improvement from last year's rate of 99%. Refer to *Table 1: HCBS Provider Adequacy Results* for a detailed breakdown by county and service.

TABLE 1: HCBS Provider Adequacy Results

County	Unique Providers	Minimum Required	Score
Abbeville			
Adult Day Health	3	2	Met
Case Management	4	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	42	2	Met
Respite	2	2	Met
Telemonitoring	3	2	Met
Aiken			
Adult Day Health	3	2	Met
Case Management	9	2	Met
Home Delivered Meals	3	2	Met
PERS	14	2	Met
Personal Care	51	2	Met
Respite	4	2	Met
Telemonitoring	3	2	Met
Allendale			
Adult Day Health	3	2	Met
Case Management	6	2	Met
Home Delivered Meals	2	2	Met
PERS	14	2	Met
Personal Care	39	2	Met
Respite	2	2	Met
Telemonitoring	4	2	Met
Anderson			

County	Unique Providers	Minimum Required	Score
Adult Day Health	8	3	Met
Case Management	6	3	Met
Home Delivered Meals	5	3	Met
PERS	18	3	Met
Personal Care	64	3	Met
Respite	6	3	Met
Telemonitoring	4	3	Met
Bamberg			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	14	2	Met
Personal Care	47	2	Met
Respite	3	2	Met
Telemonitoring	4	2	Met
Barnwell			
Adult Day Health	2	2	Met
Case Management	7	2	Met
Home Delivered Meals	2	2	Met
PERS	14	2	Met
Personal Care	40	2	Met
Respite	3	2	Met
Telemonitoring	4	2	Met
Beaufort			
Adult Day Health	7	2	Met
Case Management	9	2	Met
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	42	2	Met
Respite	4	2	Met
Telemonitoring	4	2	Met
Berkeley			
Adult Day Health	7	2	Met
Case Management	9	2	Met

County	Unique Providers	Minimum Required	Score
Home Delivered Meals	3	2	Met
PERS	15	2	Met
Personal Care	42	2	Met
Respite	4	2	Met
Telemonitoring	4	2	Met
Calhoun			
Adult Day Health	6	2	Met
Case Management	6	2	Met
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	45	2	Met
Respite	3	2	Met
Telemonitoring	4	2	Met
Charleston			
Adult Day Health	8	3	Met
Case Management	9	3	Met
Home Delivered Meals	4	3	Met
PERS	15	3	Met
Personal Care	48	3	Met
Respite	4	3	Met
Telemonitoring	4	3	Met
Cherokee			
Adult Day Health	2	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	15	2	Met
Personal Care	42	2	Met
Respite	3	2	Met
Telemonitoring	5	2	Met
Chester			
Adult Day Health	5	2	Met
Case Management	3	2	Met
Home Delivered Meals	2	2	Met
PERS	14	2	Met

County	Unique Providers	Minimum Required	Score
Personal Care	43	2	Met
Respite	4	2	Met
Telemonitoring	3	2	Met
Chesterfield			
Adult Day Health	4	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	46	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Clarendon			
Adult Day Health	5	2	Met
Case Management	8	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	54	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Colleton			
Adult Day Health	4	2	Met
Case Management	7	2	Met
Home Delivered Meals	3	2	Met
PERS	15	2	Met
Personal Care	36	2	Met
Respite	3	2	Met
Telemonitoring	4	2	Met
Darlington			
Adult Day Health	3	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	60	2	Met
Respite	5	2	Met

County	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
Dillon			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	49	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Dorchester			
Adult Day Health	8	2	Met
Case Management	9	2	Met
Home Delivered Meals	3	2	Met
PERS	15	2	Met
Personal Care	42	2	Met
Respite	4	2	Met
Telemonitoring	4	2	Met
Edgefield			
Adult Day Health	3	2	Met
Case Management	4	2	Met
Home Delivered Meals	3	2	Met
PERS	15	2	Met
Personal Care	37	2	Met
Respite	3	2	Met
Telemonitoring	3	2	Met
Fairfield			
Adult Day Health	6	2	Met
Case Management	7	2	Met
Home Delivered Meals	3	2	Met
PERS	14	2	Met
Personal Care	54	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Florence			

County	Unique Providers	Minimum Required	Score
Adult Day Health	3	3	Met
Case Management	6	3	Met
Home Delivered Meals	3	3	Met
PERS	18	3	Met
Personal Care	66	3	Met
Respite	6	3	Met
Telemonitoring	3	3	Met
Georgetown			
Adult Day Health	4	2	Met
Case Management	8	2	Met
Home Delivered Meals	2	2	Met
PERS	17	2	Met
Personal Care	49	2	Met
Respite	4	2	Met
Telemonitoring	3	2	Met
Greenville			
Adult Day Health	8	3	Met
Case Management	5	3	Met
Home Delivered Meals	5	3	Met
PERS	18	3	Met
Personal Care	71	3	Met
Respite	8	3	Met
Telemonitoring	5	3	Met
Greenwood			
Adult Day Health	3	2	Met
Case Management	8	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	58	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Hampton			
Adult Day Health	4	2	Met
Case Management	7	2	Met

County	Unique Providers	Minimum Required	Score
Home Delivered Meals	2	2	Met
PERS	14	2	Met
Personal Care	34	2	Met
Respite	2	2	Met
Telemonitoring	4	2	Met
Horry			
Adult Day Health Care	5	2	Met
Case Management	7	2	Met
Home Delivered Meals	2	2	Met
PERS	17	2	Met
Personal Care	50	2	Met
Respite	4	2	Met
Telemonitoring	3	2	Met
Jasper			
Adult Day Health	4	2	Met
Case Management	7	2	Met
Home Delivered Meals	2	2	Met
PERS	14	2	Met
Personal Care	33	2	Met
Respite	3	2	Met
Telemonitoring	4	2	Met
Kershaw			
Adult Day Health	8	2	Met
Case Management	5	2	Met
Home Delivered Meals	2	2	Scet
PERS	17	2	Met
Personal Care	58	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Laurens			
Adult Day Health	5	2	Met
Case Management	5	2	Met
Home Delivered Meals	6	2	Met
PERS	17	2	Met

County	Unique Providers	Minimum Required	Score
Personal Care	69	2	Met
Respite	6	2	Met
Telemonitoring	4	2	Met
Lee			
Adult Day Health	4	2	Met
Case Management	7	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	53	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Lexington			
Adult Day Health	7	2	Met
Case Management	10	2	Met
Home Delivered Meals	2	2	Met
PERS	14	2	Met
Personal Care	71	2	Met
Respite	5	2	Met
Telemonitoring	4	2	Met
Marion			
Adult Day Health	3	2	Met
Case Management	6	2	Met
Home Delivered Meals	2	2	Met
PERS	17	2	Met
Personal Care	55	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Marlboro			
Adult Day Health	3	2	Met
Case Management	4	2	Met
Home Delivered Meals	2	2	Met
PERS	18	2	Met
Personal Care	46	2	Met
Respite	5	2	Met

County	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
McCormick			
Adult Day Health	2	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	15	2	Met
Personal Care	35	2	Met
Respite	2	2	Met
Telemonitoring	3	2	Met
Newberry			
Adult Day Health	8	2	Met
Case Management	8	2	Met
Home Delivered Meals	4	2	Met
PERS	15	2	Met
Personal Care	55	2	Met
Respite	4	2	Met
Telemonitoring	3	2	Met
Oconee			
Adult Day Health Care	3	2	Met
Case Management	5	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	48	2	Met
Respite	5	2	Met
Telemonitoring	4	2	Met
Orangeburg			
Adult Day Health	9	2	Met
Case Management	9	2	Met
Home Delivered Meals	2	2	Met
PERS	14	2	Met
Personal Care	63	2	Met
Respite	4	2	Met
Telemonitoring	4	2	Met
Pickens			

County	Unique Providers	Minimum Required	Score
Adult Day Health	4	2	Met
Case Management	5	2	Met
Home Delivered Meals	5	2	Met
PERS	17	2	Met
Personal Care	64	2	Met
Respite	6	2	Met
Telemonitoring	5	2	Met
Richland			
Adult Day Health	9	3	Met
Case Management	9	3	Met
Home Delivered Meals	3	3	Met
PERS	15	3	Met
Personal Care	85	3	Met
Respite	6	3	Met
Telemonitoring	4	3	Met
Saluda			
Adult Day Health	3	2	Met
Case Management	4	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	48	2	Met
Respite	3	2	Met
Telemonitoring	3	2	Met
Spartanburg			
Adult Day Health	5	3	Met
Case Management	5	3	Met
Home Delivered Meals	5	3	Met
PERS	18	3	Met
Personal Care	77	3	Met
Respite	7	3	Met
Telemonitoring	5	3	Met
Sumter			
Adult Day Health Care	4	2	Met
Case Management	10	2	Met

County	Unique Providers	Minimum Required	Score
Home Delivered Meals	4	2	Met
PERS	18	2	Met
Personal Care	62	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Union			
Adult Day Health	7	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	50	2	Met
Respite	4	2	Met
Telemonitoring	4	2	Met
Williamsburg			
Adult Day Health	4	2	Met
Case Management	10	2	Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	49	2	Met
Respite	4	2	Met
Telemonitoring	3	2	Met
York			
Adult Day Health	4	2	Met
Case Management	3	2	Met
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	47	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Total that Met Minimum (sum of all services across 45 counties with minimum required providers met)	315		
Total Required (sum all of services across 45 counties: (45 counties, 7 services for each county)	315		

County	Unique Providers	Minimum Required	Score
Percentage MET		100%	
VALIDATION DECISION		MET	

Validation Decision Categories: Met = 91% or higher; Partially Met = 51% -90%; Not Met = ≤50%

Plans are also required to have a network of behavioral health providers to ensure a choice of at least two providers located within no more than 50 miles from any enrollee unless the plan has a SCDHHS-approved alternative time standard. All network providers must serve the target population (i.e., adults ages 65 and older) and at least one of the behavioral health providers used to meet the two providers per 50-mile requirement must be a Community Mental Health Center (CMHC).

The Quest Behavioral Health report showed 100% of members had access to two behavioral health providers with an at least one CMHC included in that access area. The opioid treatment clinics were accessible to 97.9% of members. 89 members require transportation to opioid treatment clinics Molina indicated they will continue to provide transportation for members in those counties requiring treatment.

Evaluation of Over/Under Utilization:

Over- and under-utilization focuses on five key indicators: 30-day hospital readmission rates for any potentially avoidable hospitalization, length of stay for hospitalizations, length of stay in nursing homes, emergency room utilization, and the number and percentage of enrollees receiving mental health services.

The files submitted contained reports on utilization in the five required services, as well as other services. The rates are monitored, trends are analyzed, and issues are identified. The length of stay for hospitalizations, the rate decreased from 7.2 to 6.8. For the length of stay in a skilled nursing facility, the rate declined from 19.9 to 18.1. The emergency room utilization rate declined from 3264 to 2756.

For mental health service utilization, the rate decreased from 1847/5796 (31.9%) to 878/5719 (15.4%). 30-day readmissions were included in the over-under report for Q3 and showed the readmissions per 1,000 was above the goal with 56 per 1,000, and the goal is 36 or fewer/1000. The readmission percentage is 13.3%, which is below the readmission percentage goal of 14.0%.

Molina's Transition of Care (TOC) team are responsible for contacting members within 72 hours of discharge. Some of the barriers the TOC team has encountered is getting member engaged. This has resulted in a higher unable to contact rate.

Care Transitions:

Molina has established policies to conduct appropriate transition of care functions as described in MHSC-HCS-UM-968, MMP Molina Transitions of Care and MHSC-HCS-CM-044-MMP Case Management Clinical Guideline and the Program Description.

The review of TOC files reflects consistent collaboration and communication with PCPs and among HCS staff and timely communication of admission and discharge notifications among staff. Documentation of "Clinical follow-up within 72 hours" was very clear and indicated when attempts were made to complete assessments when members could not be reached.

During the file review CCME identified two issues: the TOC Assessment tool does not indicate a date of when the assessment was completed, and it was noted that even though a member declined participation and did not want to complete the TOC, assessment care coordination and follow-up calls continued. During the virtual onsite, Molina staff demonstrated that TOC assessments are automatically dated in documentation system and the sequence of care is apparent to all members of the care team. Additionally, staff explained it is a Medicare requirement to reengage with members every six months even though members decline participation with TOC services.

Additional discussion revealed, as an improvement strategy, in 2020, two staff roles were added to the TOC team to assist with clinical assessments and administrative tasks. Overall, TOC files reflect staff are providing appropriate services and meeting contract requirements.

A. Attachment 1: Tabular Spreadsheet

CICO EXTERNAL QUALITY REVIEW

Plan Name:	Molina Healthcare of South Carolina MMP
Collection Date:	2021

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
I. Provider Network Adequacy				
1. The CICO maintains a network of Home and Community Based Services (HCBS) providers in each geographic area that is sufficient to provide all enrollees with access to a full range of covered services.	X			CCME requested a complete list of all contracted HCBS providers currently in Molina's network. The minimum number of required providers for each county was calculated and compared to the number of current providers for seven different services. There were 45 counties that were documented as having enrollment in the MMP Member Demographics 2020 file submitted with the desk materials. Of the 315 services across 45 counties, there were 315 that met the minimum requirements resulting in a validation score of 100%. This was a 1% improvement from last year's rate of 99%.
2. The CICO maintains a network of behavioral health (BH) providers in each geographic area that is sufficient to provide all enrollees with access to a full range of covered services.	X			The Quest Behavioral Health report showed 100% of members had access to two behavioral health providers with an at least one CMHC included in that access area. The opioid treatment clinics were accessible to 97.9% of members. 89 members require transportation to opioid treatment clinics Molina indicated they will continue to provide transportation for members in those counties requiring treatment.

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
II. Evaluation of Over/Under Utilization				
1. The CICO monitors and analyzes utilization data to look for trends or issues that may provide opportunities for quality improvement. Utilization data monitored should include, but not be limited to:				The files submitted contained reports on utilization in the five required services, as well as other services. The rates are monitored, trends are analyzed, and issues are identified.
1.1 30-day hospital readmission rates for any potentially avoidable hospitalization (enrollees readmitted with a diagnosis of Bacterial Pneumonia, Urinary Tract Infection, CHF, Dehydration, COPD/Asthma, and Skin Ulcers);	X			30-day readmissions were included in the over under report for Q3 and showed the readmissions per 1,000 was above the goal (56 per 1,000 and the goal is 36 or fewer/1000. The readmission percentage is 13.3% which is below the readmission % goal of 14.0%. Molina's Transition of Care (TOC) team are responsible for contacting members within 72 hours of discharge. Some of the barriers the TOC team has encountered is getting member engaged. This has resulted in a higher unable to contact rate.
1.2 Length of stay for hospitalizations;	X			The length of stay for hospitalizations, the rate decreased from 7.2 to 6.8.
1.3 Length of stay in nursing homes;	X			For the length of stay in a skilled nursing facility, the rate declined from 19.9 to 18.1.
1.4 Emergency room utilization;	X			The emergency room utilization rate declined from 3264 to 2756.
1.5 Number and percentage of enrollees receiving mental health services.	X			For mental health service utilization, the rate decreased from 1847/5796 (31.9%) to 878/5719 (15.4%).
III. Care Transitions				

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
1. The CICO conducts appropriate care transition functions, as defined by the CICO 3-Way Contract, Section 2.5 and 2.6, to minimize unnecessary complications related to care setting transitions.	X			Transition of care (TOC) services and functions are defined in the Program Description and policies and procedures such as MHSC-HCS-UM-968, MMP Molina Transitions of Care, and MHSC-HCS-CM-044, MMP Case Management Clinical Guideline and Tools. The review of TOC files reflects consistent collaboration and communication with PCPs and among HCS staff and timely communication of admission and discharge notifications among staff. Documentation of "Clinical follow-up within 72 hours" was clear and consistently noted.
2. Transitions that result in a move to a higher level of care are analyzed to determine factors that contributed to the change and actions taken by the CICO to improve outcomes.	X			Molina conducts activities to continuously evaluate care and service, including monitoring readmissions and transitions to a higher level of care. In 2020, there were a total of 2,448 transitions with 75 transitions to a higher level of care.