



Constellation
Quality Health

SOUTH CAROLINA SOLUTIONS

2024 EXTERNAL QUALITY REIVEW

Submitted: August 16, 2024

Prepared on behalf of the
South Carolina Department
of Health and Human Services

2024 External Quality Review

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EXECUTIVE SUMMARY

The Balanced Budget Act of 1997 (BBA) requires State Medicaid Agencies that contract with Managed Care Organizations (MCOs) to evaluate their compliance with state and federal regulations in accordance with *42 Code of Federal Regulations (CFR) 438.358*. This report contains a description of the process and the results of the 2024 External Quality Review (EQR) conducted by Constellation Quality Health (Constellation) on behalf of the South Carolina Department of Health and Human Services (SCDHHS). This review determines the level of performance demonstrated by South Carolina Solutions (Solutions) since the 2023 Annual Review.

The goals and objectives of the review are to:

- Determine if Solutions is following service delivery as mandated in the organization's contract with SCDHHS and in the federal regulations
- Evaluate the status of deficiencies identified during the 2023 EQR and any ongoing quality improvements taken to remedy those deficiencies
- Provide feedback for potential areas of further improvement
- Validate contracted primary care case management services are being delivered and are of good quality

The process Constellation used for the EQR is based on the protocols the Centers for Medicare & Medicaid Services (CMS) developed for the EQRs of Medicaid Managed Care Organizations. The review includes a desk review of documents and files and a one-day virtual onsite visit.

Summary and Overall Findings

Federal regulations require managed care entities to undergo a review to determine compliance with federal standards set forth in *42 CFR Part 438 Subpart D* and the Quality Assessment and Performance Improvement (QAPI) program requirements described in *42 CFR § 438.330*.

Specifically, the requirements are related to:

- Coordination and Continuity of Care (§ 438.208)
- Confidentiality (§ 438.224)
- Health Information Systems (§ 438.242)
- Quality Assessment and Performance Improvement Program (§ 438.330)

To assess Solutions' compliance with the quality, timeliness, and accessibility of services, Constellation's review was divided into four areas. The following is a high-level summary of the review results for those areas.

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Administration

§ 438.224, § 438.242, § 457.1233

The processes for development, management and review of Solutions' policies are described in Policy CHS.ADM.ALL.01.01, Policy and Procedure Management. This document outlines the importance of creating and maintaining written policies and procedures critical to ensuring compliance with contractual obligations and accreditation standards. The policies are reviewed annually and updated as needed.

The organizational chart indicates Dr. Barbara Freeman serves as the Chief Medical Officer (CMO) and Executive Director. Dr. Freeman oversees the day-to-day operations of the program and is responsible for clinical oversight and decision-making, working closely with the Directors of Care Coordination, the Director of the Care Advocate Programs, and the Director of Quality. Dr. Kent Jones serves as Medical Advisor providing clinical consultation for the Care Coordinators and providers.

Solutions conducts initial credentialing (upon hire) and recredentialing to ensure all nursing staff employed in the Care Management clinical positions have valid and active professional credentials. Per Policy CHS.ADM.MCCW.01.101, Clinical Staff Credentialing and Re-Credentialing, licensure validation for clinical staff is monitored upon hire and before scheduled expiration, with a process in place to track and address expiring licenses and certifications. Constellation reviewed a sample of employee files and found evidence that collection and/or validation of required auto insurance, driver's license, drug screening, nursing license, and background checks were completed as required. Documentation was also provided to demonstrate compliance with initial and ongoing employee training about the Health Insurance Portability and Accountability Act (HIPAA), and Fraud, Waste, and Abuse (FWA).

The 2024 Compliance Program Description provided an overview of the Compliance Program, responsible for educating and encouraging employees, members, and business associates to report potential problems and for conducting internal inquiries and implementing corrective action when indicated. The Compliance Officer is primarily responsible for overseeing and managing compliance issues within Solutions. Training is provided to employees upon hire and annually thereafter. Topics include, but are not limited to, Solutions' values and standards of conduct, the employees' duty to identify and report real or potential violations, guidance on handling protected health information, and Solutions' non-retaliation policy. Corrective action steps are outlined in the Employee Handbook and are initiated for instances of misconduct or non-compliance.

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Policies and processes are in place for addressing data, systems, information security, and access management. These policies comply with SCDHHS' requirements for managing protected health information and document a history of reviews and changes indicating regular evaluation occurs.

Provider Services

Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, defines timeframes for providing initial provider orientation, formal re-education, and interim updates to providers. This policy lacks detailed information about topics such as methods for conducting training, how providers are notified of the required training, how Solutions verifies and/or tracks provider education, etc.

Solutions staff reported that most provider education is conducted by emailing a packet to the provider and asking them to review the information and return an attestation form. Solutions reported that some virtual provider education sessions have been conducted recently. Review of documentation and corresponding onsite discussion revealed Solutions is not in compliance with requirements stated in Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training for providing annual provider updates and for conducting formal re-education for all providers. Solutions staff reported that a provider hub is being planned that will house provider training materials and attestation forms. Providers will be able to complete the training through this hub and return the attestation of completion to Solutions.

The 2024 Enhanced Provider Network Orientation, the Provider Manual, and Solutions website are resources for providers to understand Solutions, the Medically Complex Children Waiver, Enhanced Primary Care Case Management, provider responsibilities, medical record documentation and maintenance requirements, etc.

Quality Improvement

§ 438.330 (a)(b), § 457.1240

Solutions' Quality Improvement (QI) Program is described in the 2024 Strategic Quality Plan (SQP). The SQP included the program's goals, objectives, and structure. The QI Program uses a systematic process for quality management, including planning and standards development, identification and prioritization of improvement opportunities, use of performance measures, clinical care standards and practice guidelines, data collection methodology, monitoring and analysis, performance improvement, follow-up, and reporting.

Solutions has two performance improvement projects underway. Topics for those projects include Annual Visit and Initial Monthly Summary Reports and the Enhanced Provider Network. The aim of the Annual Visit and Initial Monthly Summary Reports project is to improve PCP involvement in the

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care process. The measures, sub measures, and goals were added to the project document as recommended by Constellation during the previous EQR. Most of the established goals for this project met or exceeded the established goal.

The aim for the Enhanced Provider Network project was unclear, as it lacked background or specific baseline data to support its need. The measures, goals, and data collection plan were also missing.

The 2023 and 2024 Quality Work Plans were submitted for review. These documents contain various activities related to emergency preparedness, case audits, program material revision, quality improvement plans, policy and procedure review, quality management committee meetings, and URAC accreditation. The start dates, estimated completion dates, and quarterly updates are included in the work plans.

The Compliance & Quality Management Committee (CQMC) is responsible for the development and implementation of the QI Program within the organization. The CQMC oversees all aspects of the QI Program, ensuring that quality improvement activities align with the organization's strategic goals.

Solutions conducts a formal program evaluation annually. The Quality and Performance Improvement Annual Report for Calendar Year 2023 was received. The information and/or the format for how this information was presented needed clarity. The Program Integrity Compliance sections did not mention the monthly monitoring of the South Carolina Excluded providers list conducted by Solutions. The report also did not include the results for the Emergency/Disaster Preparedness activity and the case audits conducted.

Care Coordination/Case Management

§ 438.208, § 457.1230

The South Carolina Solutions Medically Complex Children Waiver Program Description and various policies provide an overview of the care coordination and case management services for participants. Solutions' CMO, who is also the Executive Director, provides oversight of the program's daily operations. Care Coordinators provide primary care case management functions to each participant. Care Advocates are non-clinical staff who provide administrative support to the participants, family members, and the care coordination staff. The Durable Medical Equipment Team assists and helps coordinate the durable medical equipment supply needs for participants.

Upon referral and verification, an assessment is completed by the Care Coordinators to establish a care plan or person-centered service plan tailored to the child's needs. This care planning process involves the participant, the caregiver, the primary care provider, and other significant

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providers to develop a comprehensive care plan. Care Coordinators liaise between the family, medical providers, and community service providers to ensure continuity of care for the child, whether transitioning from the hospital to home or when stable in their natural environment.

Most of the member materials provided for review included both English and Spanish versions. Solutions' staff reported that they are collaborating with SCDHHS to ensure they have all forms available in Spanish. It was noted that the materials included various phone numbers for a participant to file a complaint. These were separate phone numbers based on the type of complaint. Solutions acknowledged that the correct phone number to file a complaint needed to be updated.

Constellation reviewed a sample of case management files. This review demonstrated that assessments, monthly telephonic assessment/follow up, and in home quarterly and yearly visits occurred appropriately. There were no issues identified in the sample files reviewed.

Quality Improvement Plans and Recommendations from Previous EQR

For any health plan not meeting requirements, Constellation requires the plan to submit a Quality Improvement Plan (QIP) for each standard identified as not fully met. Technical assistance is provided until all deficiencies are corrected. For the 2023 EQR conducted for Solutions, Constellation found all standards received a "Met" score and a QIP was not required.

Conclusions

Overall, Solutions met all the requirements set forth in *42 CFR Part 438 Subpart D* and the Quality Assessment and Performance Improvement (QAPI) program requirements described in *42 CFR § 438.330*. *Table 1: Compliance Review Results for Part 438 Subpart D and QAPI Standards* provides an overall snapshot of Solutions' compliance scores specific to each of the three Subpart D and QAPI standards above.

Table 1: Compliance Review Results for Part 438 Subpart D and QAPI Standards

Standards	Category	Total Number of Standards	Number of Standards Scored as "Met"	2024 Overall Score
Care Coordination/Case Management, Section IV.	<ul style="list-style-type: none">Coordination and Continuity of Care (§ 438.208, § 457.1230)	14	14	100%
Administration, Section I. E. – Confidentiality	<ul style="list-style-type: none">Confidentiality (§ 438.224)	1	1	100%

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Standards	Category	Total Number of Standards	Number of Standards Scored as "Met"	2024 Overall Score
Administration, Section I. F. Data Systems/Security	<ul style="list-style-type: none"> Health Information Systems (§ 438.242, § 457.1233) 	2	2	100%
Quality Improvement Section, Section III.	<ul style="list-style-type: none"> Quality Assessment and Performance Improvement Program (§ 438.330, § 457.1240) 	7	7	100%

*Percentage is calculated as: (Total Number of Met Standards / Total Number of Evaluated Standards) × 100

Table 2: Scoring Overview, provides an overview of the scoring of the current annual review compared to the 2023 review findings. For 2024, 55 out of 56 standards received a score of "Met." There was one standard scored as "Partially Met" and no standards received a "Not Met" score.

Table 2: Scoring Overview

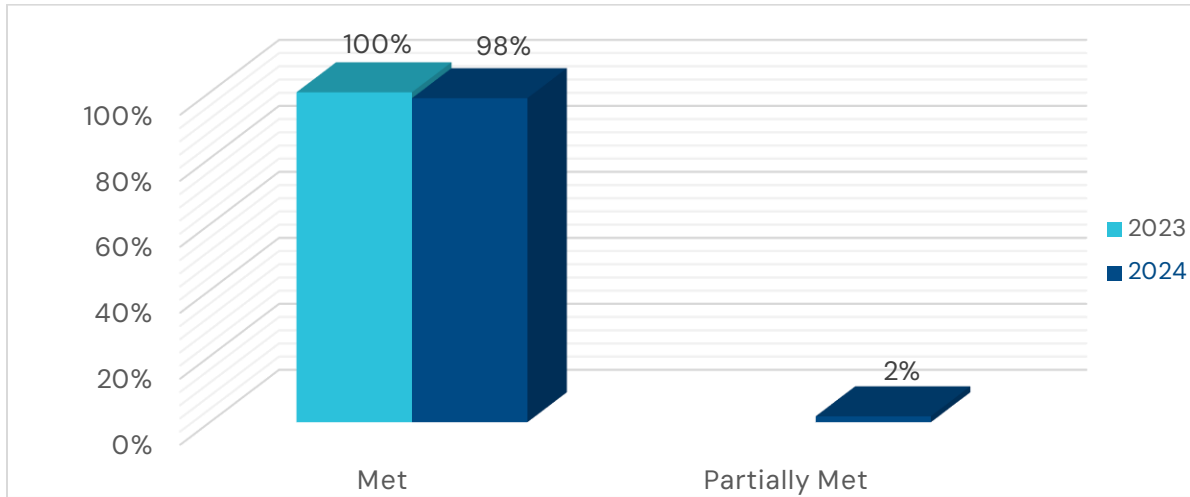
	Met	Partially Met	Not Met	Not Evaluated	Not Applicable	Total Standards	*Percentage Met Scores
Administration							
2023	30	0	0	0	0	30	100%
2024	30	0	0	0	0	30	100%
Provider Services							
2023	5	0	0	0	0	5	100%
2024	4	1	0	0	0	5	80%
Quality Improvement							
2023	7	0	0	0	0	7	100%
2024	7	0	0	0	0	7	100%
Care Coordination/Case Management							
2023	14	0	0	0	0	14	100%
2024	14	0	0	0	0	14	100%
Totals							
2023	56	0	0	0	0	56	100%
2024	55	1	0	0	0	56	98%

*Percentage is calculated as: (Total Number of Met Standards / Total Number of Evaluated Standards) × 100

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Per the following chart, Solutions met 98% of the standards for the 2024 Annual EQR. The process for conducting the provider education did not meet the requirements. The chart also provides a comparison of the current review results to the 2023 review results.

Figure 1: Annual EQR Comparative Results



Scores were rounded to the nearest whole number

Recommendations and Opportunities for Improvements

The following is a summary of key findings and recommendations or opportunities for improvement. Specific details of strengths, weaknesses, and recommendations can be found in the sections that follow.

Table 3: Strengths Related to the Quality, Timeliness, and Access to Care

Strengths	Quality	Timeliness	Access to Care
Administration			
Solutions' policies and procedures are managed by Compliance, reviewed annually, implemented, and accessible by all staff.		✓	
The sample personnel files reviewed showed evidence of the required auto insurance, driver's license, drug screening, nursing license, and background checks. Documentation was also provided to demonstrate compliance with employee HIPAA, FWA, and annual training.	✓		
Following a hurricane in 2023, Solutions provided records demonstrating good communication with staff and the State before, during, and after the storm specific to data management.	✓		✓
Provider Services			
Solutions' website includes access to the 2024 Enhanced Provider Network Orientation document and the 2024 MCCW Provider Manual.	✓		✓

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Strengths	Quality	Timeliness	Access to Care
Solutions' website includes information about the MCCW, Medicaid guidelines, the SCDHHS Preferred Drug List, reporting FWA, contact information for free language services, and links to the SCDHHS website and SCDHHS Provider Manuals.	✓		✓
Quality Improvement			
Solutions actively engages in quality improvement projects and corrective action plans. These projects aim to enhance the quality of care and address any identified areas for improvement.	✓		
Solutions strives to improve health outcomes for its members and provide more effective and efficient healthcare services.	✓		
The program demonstrates a commitment to compliance and accreditation. Solutions ensure compliance with state and federal regulations. The program also has written compliance guidelines, leadership oversight, training and education, effective communication channels, and monitoring and auditing processes in place to maintain program integrity.	✓		
Care Coordination/Case Management			
The Durable Medical Equipment Team assists with coordination of the durable medical equipment supply needs for members and has been able to decrease the timeframe for participants to receive their needed durable medical equipment.		✓	✓
Chart audits are conducted for Care Coordinators, Durable Medical Equipment Team, and Care Advocates to ensure quality assurance.	✓		
Care Management activities have reportedly decreased care costs. Re-hospitalization rates for MCCW Enhanced Provider Network participants within 30 days of discharge was 7%, and re-hospitalization within 72 hours of discharge was 1% in 2023.	✓		

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Table 4: Weaknesses Related to the Quality, Timeliness, and Access to Care

Weakness	Recommendation or Quality Improvement Plan	Quality	Timeliness	Access to Care
Provider Services				
Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, provides a high-level overview but lacks detailed information about processes for conducting initial and ongoing provider education and providing annual updates. For example, it does not indicate whether training is conducted virtually, via emailed materials, face to face, etc.; how providers are notified of the required training; how Solutions verifies and/or tracks provider education, etc.	<i>Recommendation: Revise Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, to include detailed information about processes for conducting initial and ongoing provider education and providing annual updates. For example, include the methods for providing education (virtually, via email, in person) and processes for notifying providers of required trainings, verifying and/or tracking provider education, etc.</i>	✓	✓	
Review of documentation and corresponding onsite discussion revealed Solutions is not in compliance with requirements stated in Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training: <ul style="list-style-type: none"> Solutions staff reported that Solutions is not currently giving annual provider updates, as required by Policy CHS.PM.MCCW.01.01. Additionally, staff reported that providers with no active participants have not been prioritized for ongoing training, as reflected in a document with the file name of "Provider Training Rosters." The 2023 and 2024 Quality Work Plans include information about a staged implementation of provider re-contracting and training. The Q1 2023 update column indicates a schedule had been created for re-education of 100% of the Enhanced Provider Network, and the Q2 2023 update column indicates goals of re-educating at least 50% of the providers by September 2023 and 100% of providers by December 2023. However, the Q4 2023 update column indicates, "EM states new PCP number currently is 362. Training has occurred for 180 currently or 50%." The Q1 and Q2 2024 update columns do not address the provider training status. 	<i>Quality Improvement Plan: Implement processes to ensure provider education is conducted within the required timeframe of every three years and that at minimum, annual updates are provided, as required by Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training. Provide the timeframe within which this compliance will be achieved.</i>	✓	✓	
Quality Improvement				

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Weakness	Recommendation or Quality Improvement Plan	Quality	Timeliness	Access to Care
The aim for the Enhanced Provider Network project was unclear. This project lacked background or specific baseline data that supports the need for the project. The measures, goals, and data collection plan were also missing.	<i>Recommendation: Review and revise the Enhanced Provider Network project document and include the background or reason for conducting the project, the baseline data, the measures, goals, and the data collection plan.</i>	✓		
The information or the format for how the results and analysis were presented in the Quality and Performance Improvement Annual Report for Calendar Year 2023 was not clear. The Program Integrity Compliance sections did not mention the monthly monitoring of the South Carolina Excluded Providers list conducted by Solutions. The report also did not include the results for the Emergency/Disaster Preparedness activity and the case audits conducted.	<i>Recommendation: Update the format for the Annual Report and consider reporting the analysis under each measure. Include information regarding if the goal for the measure was met or not met. If the goal was not met, include a barrier analysis and interventions implemented to address these barriers. Include the results for all QI activities noted in the QI work plan.</i>	✓		
Care Coordination/Case Management				
Most of the member materials provided for review included both English and Spanish versions. Solutions staff reported that they are collaborating with SCDHHS to ensure they have all the forms available in Spanish. Additionally, there are various numbers provided to file a complaint. However, there are separate numbers provided based upon the type of complaint.	<i>Recommendation: Follow-up with SCDHHS regarding any updates to member materials, such as alternate languages and current information for filing a complaint.</i>			✓

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METHODOLOGY

The process Constellation used for the EQR was based on protocols CMS developed for the EQR of a Medicaid MCO and focused on *Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations*.

On June 3, 2024, Constellation sent notification to Solutions that the Annual EQR was being initiated (see *Attachment 1*). This notification included a list of materials required for a desk review and an invitation to a teleconference where Solutions could ask questions regarding the EQR process and the requested desk materials.

The review consisted of two segments. The first was a desk review of materials and documents received from Solutions on June 17, 2024, and reviewed at Constellation's office (see *Attachment 1 and 2*). These items focused on administrative functions, committee minutes, provider educational materials, and the Quality Improvement and Case Management/Care Coordination Programs. A review of personnel and case management files was also included in the desk review.

The second segment was a virtual onsite review conducted on July 24, 2024, which focused on areas not covered in the desk review or in need of clarification. The onsite activities included an entrance conference, interviews with Solutions administration and staff, and an exit conference. All interested parties were invited to the entrance and exit conferences.

FINDINGS

The EQR findings are summarized below and are based on the regulations set forth in *42 CFR Part 438 Subpart D*, the Quality Assessment and Performance Improvement Program requirements described in *42 CFR § 438.330*, and the contract requirements between Solutions and SCDHHS. Strengths, weaknesses, and recommendations are identified where applicable. Areas of review were identified as meeting a standard "Met," acceptable but needing improvement "Partially Met," failing a standard "Not Met," "Not Applicable," or "Not Evaluated," and are recorded on the tabular spreadsheet.

A. Administration

§ 438.224, § 438.242, § 457.1233

The development, management and annual review of Solutions' policies are described in Policy CHS.ADM.ALL.01.01, Policy and Procedure Management. This document outlines the importance of creating and maintaining written policies and procedures critical to managing the company's businesses in compliance with contractual obligations and accreditation standards. The policies are reviewed annually and updated as needed. Policies are saved in designated folders by

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Compliance after being logged into the system and the tracking database. Compliance is responsible for maintaining a master list of policies and procedures and notifying the Strategic Business Unit (SBU) leader of the location where the policies are stored. The SBU leaders are responsible for disseminating the policies to staff and overseeing their implementation.

The organizational chart indicates Dr. Barbara Freeman serves as the Chief Medical Officer and Executive Director. Dr. Freeman oversees the day-to-day operations of the program and is responsible for clinical oversight and decision-making, working closely with the Directors of Care Coordination, the Director of the Care Advocate Programs, and the Director of Quality. Dr. Kent Jones serves as Medical Advisor, providing clinical consultation for the Care Coordinators and providers. It was noted that Solutions had changed the organizational structure due to the elimination of the Low Country Director of Care Coordination position. Responsibilities for the eliminated position were shifted to the Upstate and Midlands Directors of Care Coordination, Licensed Practical Nurses were incorporated into the Care Coordination Model, and overflow call nurses were added. Overall, the staffing levels were appropriate, and vacant positions were filled.

Solutions conducts initial credentialing upon hire and recredentialing to ensure all nursing staff employed in the Care Management clinical positions have valid and active professional credentials. Per Policy CHS.ADM.MCCW.01.101, Clinical Staff Credentialing and Re-Credentialing, licensure validation for clinical staff is monitored upon hire and before scheduled expiration, with a process in place to track and address expiring licenses or certifications. All licensed personnel are required to promptly report any adverse changes in licensure or certification designation within three business days, with investigations conducted by the Vice President of Compliance and potential disciplinary actions implemented, if needed. Constellation reviewed a sample of employee files and found evidence of required auto insurance, driver's license, drug screening, nursing license, and background checks. Documentation was also provided to demonstrate compliance with employee HIPAA, Fraud, Waste, and Abuse, and annual training.

The 2024 Compliance Program Description provided an overview of the Compliance Program, responsible for educating and encouraging employees, members, and business associates to report potential problems and for conducting internal inquiries and implementing corrective action when indicated. The Compliance Officer is primarily responsible for overseeing and managing compliance issues within Solutions and develops, operates, and monitors the Compliance Program. Training is provided to employees upon hire and annually thereafter. Topics include, but are not limited to, Solutions' values and standards of conduct, the employees' duty to identify and report real or potential violations, guidance on handling protected health information, and Solutions' non-retaliation policy. Corrective action steps are outlined in the Employee Handbook and are initiated for instances of misconduct or non-compliance.

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Information Systems Capabilities

§ 438.242, § 457.1233

Information Systems Capabilities Assessment (ISCA) documentation details Solution's policies and procedures to safeguard protected health information (PHI) in compliance with the State contract. The organization's IT security policies are regularly reviewed, updated, and approved by management. Security and privacy administrative policies are in place to ensure data is protected both electronically and physically. A business continuity plan provides staff with guidance to maintain operations or restore operations if a disruptive incident occurs. The plan categorizes disruptive incidents into tiers and defines what should occur at each level. The ISCA documentation shows the organization performed a successful tabletop Disaster Recovery exercise in October 2023. Additionally, in late 2023, Solutions endured a hurricane. Solutions provided records demonstrating good communication with staff and the State before, during, and after the storm.

As noted below, each of the required standards for the Administrative Section were scored as "Met" for the 2024 EQR.

Figure 2: Administration Findings

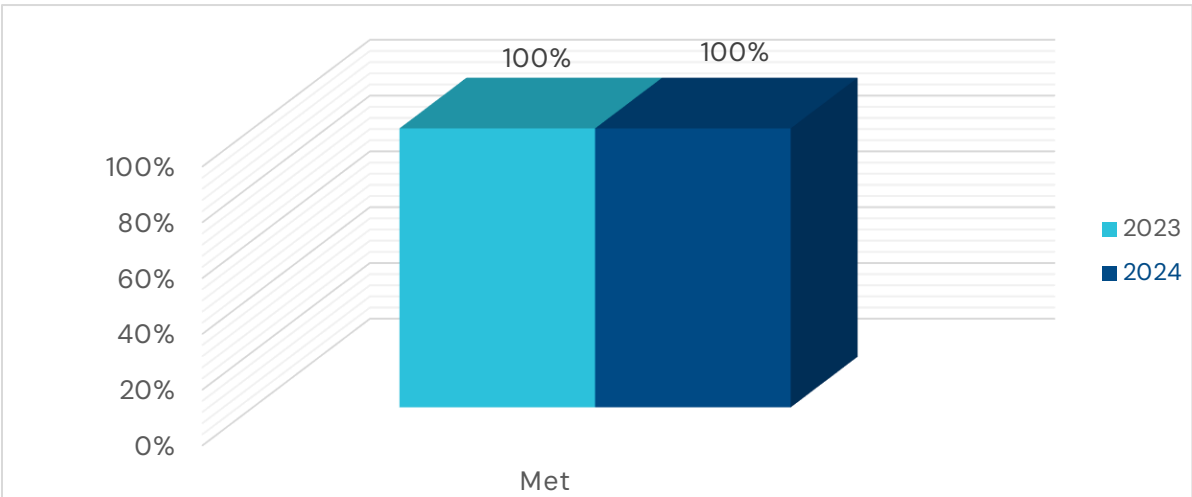


Table 5: Administration Strengths

Strengths	Quality	Timeliness	Access to Care
Solutions policies and procedures are managed by Compliance, reviewed annually, implemented, and accessible by all staff.		✓	

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Strengths	Quality	Timeliness	Access to Care
The sample personnel files reviewed showed evidence of the required auto insurance, driver's license, drug screening, nursing license, and background checks. Documentation was also provided to demonstrate compliance with employee HIPAA, FWA, and annual training.	✓		
Following a hurricane in 2023, Solutions provided records demonstrating good communication with staff and the State before, during, and after the storm specific to data management.	✓		✓

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I. ADMINISTRATION

Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
I. ADMINISTRATION/ORGANIZATION ACTIVITIES						
I A. General Approach to Policies and Procedures						
1. Policies and procedures are organized, reviewed, and available to staff.	X					The development, management and annual review of Solutions' policies are described in Policy CHS.ADM.ALL.01.01, Policy and Procedure Management. This document outlines the importance of creating and maintaining written policies and procedures critical to managing the company's businesses in compliance with contractual obligations and accreditation standards. The policies are reviewed annually and updated as needed. Policies are saved in designated folders by Compliance after being logged into the system and the tracking database. Compliance is responsible for maintaining a master list of policies and procedures and notifying the Strategic Business Unit (SBU) leader of the location where the policies are stored. The SBU leaders are responsible for disseminating policies to staff and overseeing their implementation.
I B. Organizational Chart / Staffing						
1. The organization's infrastructure complies with contract requirements. At a minimum, this includes designated staff performing the following activities:						Changes made to the organizational structure of roles and responsibilities for current staff were described during the onsite discussion. It was noted that

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Solutions changed the organizational structure due to the elimination of the Low Country Director of Care Coordination position. Responsibilities for the eliminated position were shifted to the Upstate and Midlands Directors of Care Coordination, LPNs were incorporated into the Care Coordination Model, and overflow call nurses were added.
1.1 Administrative oversight of day-to-day activities of the organization;	X					Dr. Barbara Freeman serves as the Chief Medical Officer and Executive Director. Dr. Freeman oversees the day-to-day operations of the program and is responsible for clinical oversight and decision-making, working closely with the Directors of Care Coordination, the Director of the Care Advocate Programs, and the Director of Quality. Dr. Kent Jones serves as Medical Advisor, providing clinical consultation for the Care Coordinators and providers.
1.2 Care coordination and enhanced case management;	X					
1.3 Provider services and education;	X					The Director of Network Programming & Credentialing position was eliminated with responsibilities assumed by staff in the Quality Department.
1.4 Quality assurance;	X					The Director of Quality is Tamara Stone.
1.5 Designated compliance officer;	X					Shane Crawford is the Senior Vice President of Compliance and serves as the Compliance Officer.

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2. The organization formulates and acts within policies and procedures which meet contractual requirements for verification of qualifications and screening of employees. At a minimum, the following are included:						
2.1 Criminal background checks are conducted on all potential employees.	X					Policy CHS.CRED.MCCW.03.06, Clinical Staff Credentialing, and the Employee Handbook indicate that criminal background checks are conducted for all employees.
2.2 Screening all employees and subcontractors monthly to determine if they have been excluded from participation in state or federal programs.	X					Policy CHS.COMP.ALL.02.01, OIG and Other Exclusion List Checks, indicates the Human Resources Department performs the initial exclusions review and the Compliance Department conducts monthly exclusion monitoring.
2.3 Ensuring Care Coordinators meet all contract requirements.	X					
2.4 Ensuring staff are independent of the service delivery system and are not a provider of other services which could be incorporated into a participant's Person-Centered Service Plan.	X					

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
3. Employee personnel files demonstrate compliance with contract and policy requirements.	X					Constellation reviewed a sample of employee files and found evidence of required auto insurance, driver's license, drug screening, nursing license, and background checks. Documentation was also provided to demonstrate compliance with employee Health Insurance Portability and Accountability Act, Fraud, Waste, and Abuse, and annual training.
I. C. Governing Board/Advisory Board						
1. The Organization has established a governing body or Advisory Board.	X					Solutions' 2024 Strategic Quality Plan describes the responsibilities of the Corporate Board of Directors. The board meets quarterly and establishes policies and procedures and are responsible for ensuring performance improvements.
2. The responsibility, authority, and relationships between the governing body, the organization, and network providers are defined.	X					
I. D. Contract Requirements						
1. The organization carries out all activities and responsibilities required by the contract, including but not limited to:						
1.1 Available by phone during normal business hours 8:30 am to 5:00 pm Monday through Friday.	X					Hours of operations are provided on the South Carolina Solutions website and in the Provider Manual. Hours of operations have been established as 8:00 a.m. to 5:00 p.m., Monday through Friday.

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.2 Adherence to contract requirements for holidays and closed days.	X					A list of scheduled closings and holidays is provided by Solutions to SCDHHS on or around September 1 annually.
1.3 Processes to conduct onsite supervisory visits within 5 days of receiving a request from SCDHHS.	X					Policy and Procedure, CHS.CM.MCCW.05.01, Ride Along Supervisory Visits, indicates that if a ride along is requested by SCDHHS, it will occur within five business days.
1.4 Organization and participant record retention and availability as required by the contract.	X					
1.5 Processes are in place to ensure care coordination services are available statewide.	X					
I. E. Confidentiality § 438.224						
1. The organization formulates and acts within written confidentiality policies and procedures that are consistent with state and federal regulations regarding health and information privacy.	X					Policy and Procedure, CHS.ISP.ALL.11.21, Security & Privacy Training Awareness, describes the HIPAA Security and Awareness Training program provided to ensure that employees and management staff are aware of the organization's security policies and procedures. The Employee Handbook outlines the requirement that all Solutions employees are required to sign a Confidentiality/Privacy Agreement as a condition of employment.
I. F. Data Systems/Security § 438.242, § 457.1233						

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1 Policies, procedures and/or processes are in place for addressing data, system, and information security and access management.	X					Policies and procedures to safeguard protected health information in compliance with the State contract are in place. The organization's IT security policies are regularly reviewed, updated, and approved by management. Security and privacy administrative policies are in place to ensure data is protected both electronically and physically.
2. The organization has a disaster recovery and/or business continuity plan that has been tested and the testing documented.	X					A business continuity plan provides staff guidance to maintain operations or restore operations if a disruptive incident occurs. The plan categorizes disruptive incidents into tiers and defines what should occur at each level. The ISCA documentation shows the organization performed a successful tabletop Disaster Recovery (DR) exercise in October 2023. Additionally, in late 2023, SC Solutions endured a hurricane. Solutions provided records demonstrating good communication with staff and the State before, during, and after the storm.
I G. Compliance and Program Integrity						
1. The organization has policies/procedures in place designed to guard against fraud, waste, and abuse, and including the following:						
1.1 Written policies, procedures, and standards of conduct comply with federal and state standards and regulations.	X					Policy and Procedure, CHS.COMP.ALL.01.03, Fraud & Abuse Prevention Training, and the Employee Handbook outline the responsibility of each employee to report any instance or suspected fraud, impropriety, waste, and/or abuse.

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
1.2 A compliance committee that is accountable to senior management.	X					The 2024 Compliance Program description provided an overview of the Compliance Program, responsible for educating and encouraging employees, members, and business associates to report potential problems, conducting appropriate internal inquiries, and implementing corrective action when indicated.
1.3 Employee education and training that includes education on the False Claims Act, if applicable.	X					Policy and Procedure CHS.COMP.ALL.01.01, False Claims Act, and the 2024 Compliance Program document include employee education and training information.
1.4 Effective lines of communication between the compliance officer and the organization employees, subcontractors, and providers.	X					
1.5 Enforcement of standards through well-publicized disciplinary guidelines.	X					
1.6 Provisions for internal monitoring and auditing.	X					
1.7 Provisions for prompt response to detected offenses and development of corrective action initiatives.	X					
1.8 A system for training and education for the Compliance Officer, senior management, and employees.	X					Training is provided to employees upon hire and annually thereafter. Topics include, but are not limited to, Solutions' values and standards of conduct, the employees' duty to identify and report actual or potential violations, guidance on handling protected health information, and Solutions' non-retaliation policy. Corrective action steps

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Standards	Score					Comments
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						are outlined in the Employee Handbook and are initiated for instances of misconduct or non-compliance.
1.9 Processes for immediate reporting of any suspicion or knowledge of fraud and abuse.	X					

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B. Provider Services

The Provider Services review focuses on provider education processes.

Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, states Solutions conducts new provider orientation within 30 days of contracting and formal re-education every three years at recredentialing. The policy also states providers are given, at minimum, annual updates of any program changes. Policy CHS.PM.MCCW.01.01 provides only a high-level overview of provider education processes and lacks detailed information about methods for conducting training (e.g., whether training is conducted virtually, via emailed materials, face-to-face, etc.), how providers are notified of the required training, how Solutions verifies and/or tracks provider education and more.

Constellation discussed processes for provider orientation, ongoing provider education, and provider updates with Solutions staff during the onsite visit. Solutions staff reported that most provider education is conducted by emailing a packet to the provider and asking them to review the information and return the attestation form. However, some virtual provider education sessions were conducted recently. Also, Solutions staff reported that they are not currently disseminating the required annual provider updates, but occasional individual updates have been sent.

The 2023 and 2024 Quality Work Plans include information about a staged implementation of provider re-contracting and training. The Q1 2023 update column indicates a schedule had been created for re-education of 100% of the Enhanced Provider Network, and the Q2 2023 update column indicates goals of re-educating at least 50% of the providers by September 2023 and 100% of providers by December 2023. However, the Q4 2023 update column indicates, "EM states new PCP number currently is 362. Training has occurred for 180 currently or 50%." The Q1 and Q2 2024 update columns do not address the provider training status.

Solutions provided a copy of an untitled document (file name "Provider Training Rosters") that displays training dates, training materials sent dates, and attestation received dates for individual providers. A total of 108 providers listed in the document have a notation of "No active MCCW patients" in the "Provider Training" column. Solutions reported that previously, providers with no active participants were not prioritized for training but will be included in provider training going forward. This does not comply with Policy CHS.PM.MCCW.01.01.

Solutions staff reported that a provider hub is being planned that will house provider training materials and attestation forms. Providers will be able to complete the training through this hub and return the attestation of completion to Solutions.

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The 2024 Enhanced Provider Network Orientation document gives an overview of the MCCW, participant eligibility, requirements for physician participation in the network, program objectives, care coordination, etc. Another resource for providers is the 2024 MCCW Provider Manual, which addresses topics such as Enhanced Primary Care Case Management, provider responsibilities, team conferences, primary care provider accessibility, medical record documentation and maintenance requirements, etc. Both the 2024 Enhanced Provider Network Orientation document and the Provider Manual are available on Solutions’ website. Additionally, the “Providers” page on Solutions’ website gives information about the MCCW, use of the Medicaid guidelines and the SCDHHS Preferred Drug List, information about reporting Fraud, Waste, and Abuse, the Notice of Non-discrimination, contact information for free language services, and links to the credentialing application, the SCDHHS website, and the list of SCDHHS Provider Manuals.

As noted in *Figure 3*, 80% of the Provider Services standards were scored as “Met.”

Figure 3: Provider Services Findings

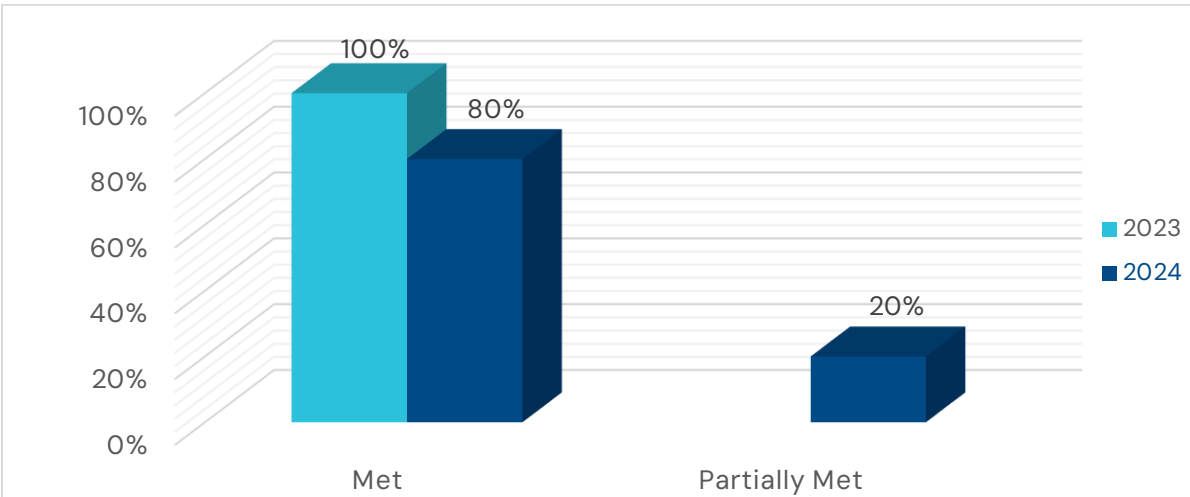


Table 6: Provider Services Strengths

Strengths	Quality	Timeliness	Access to Care
Solutions’ website includes access to the 2024 Enhanced Provider Network Orientation document and the 2024 MCCW Provider Manual.	✓		✓
Solutions’ website includes information about the MCCW, Medicaid guidelines, the SCDHHS Preferred Drug List, reporting FWA, contact information for free language services, and links to the SCDHHS website, and list of SCDHHS Provider Manuals.	✓		✓

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Table 7: Provider Services Weaknesses and Recommendations

Weakness	Recommendation or Quality Improvement Plans	Quality	Timeliness	Access to Care
Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, provides a high-level overview but lacks detailed information about processes for conducting initial and ongoing provider education and providing annual updates. For example, it does not indicate whether training is conducted virtually, via emailed materials, face to face, etc.; how providers are notified of the required training; how Solutions verifies and/or tracks provider education, etc.	<i>Recommendation: Revise Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, to include detailed information about processes for conducting initial and ongoing provider education and providing annual updates. For example, include the methods for providing education (virtually, via email, in person) and processes for notifying providers of required trainings, verifying and/or tracking provider education, etc.</i>	✓	✓	
Review of documentation and corresponding onsite discussion revealed Solutions is not in compliance with requirements stated in Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training: <ul style="list-style-type: none"> Solutions staff reported that Solutions is not currently giving annual provider updates, as required by Policy CHS.PM.MCCW.01.01. Additionally, staff reported that providers with no active participants have not been prioritized for ongoing training, as reflected in a document with the file name of "Provider Training Rosters." The 2023 and 2024 Quality Work Plans include information about a staged implementation of provider re-contracting and training. The Q1 2023 update column indicates a schedule had been created for re-education of 100% of the Enhanced Provider Network, and the Q2 2023 update column indicates goals of re-educating at least 50% of the providers by September 2023 and 100% of providers by December 2023. However, the Q4 2023 update column indicates, "EM states new PCP number currently is 362. Training has occurred for 180 currently or 50%." The Q1 and Q2 2024 update columns do not address the provider training status. 	<i>Quality Improvement Plan: Implement processes to ensure provider education is conducted within the required timeframe of every three years and that at minimum, annual updates are provided, as required by Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training. Provide the timeframe within which this compliance will be achieved.</i>	✓	✓	

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II. PROVIDER SERVICES

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
II. PROVIDER SERVICES						
1. The organization formulates and acts within policies and procedures related to initial and ongoing education of providers.	X					<p>Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, states Solutions conducts new provider orientation within 30 days of contracting and formal re-education every three years at recredentialing. The policy also states annual updates are given to providers for any program changes. The policy, however, is high level and does not provide detailed information about processes for conducting initial and ongoing provider education and providing annual updates. For example, it does not indicate whether training is conducted virtually, via emailed materials, face-to-face, etc.; how providers are notified of the required training; how Solutions verifies and/or tracks provider education, etc.</p> <p>Solutions staff reported that a provider hub is being planned that will house provider training materials and attestation forms. Providers will be able to complete the training through this hub and return the attestation of completion to Solutions.</p> <p><i>Recommendation: Revise Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, to include detailed information about processes for conducting initial and ongoing provider education and providing annual updates. For example, include the methods</i></p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<i>for providing education (virtually, via email, in person) and processes for notifying providers of required trainings, processes for verifying and/or tracking provider education, etc.</i>
2. Initial provider education includes:						
2.1 Organization structure, operations, and goals.	X					<p>The "Providers" page on Solutions' website gives information about the MCCW, use of the Medicaid guidelines and the SCDHHS Preferred Drug List, a link to download the provider credentialing application, and contact information. The website also provides links to:</p> <ul style="list-style-type: none"> • The SCDHHS website and the SCDHHS Provider Manual List • Information about reporting Fraud, Waste, and Abuse • Solutions' 2024 MCCW Provider Manual • The Notice of Non-discrimination and contact information for free language services • The 2024 Enhanced Provider Network Orientation document and the Training Attestation document <p>The 2024 Enhanced Provider Network Orientation document gives an overview of the MCCW and its current status, program objectives, care coordination, participant eligibility, requirements for physician participation in the network, monthly summary reports, MCCW referrals, etc.</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2.2 Medical record documentation requirements, handling, availability, retention, and confidentiality.	X					<p>The 2024 MCCW Provider Manual (Provider Manual) informs Care Coordinators will review the patient's medical record, if available and/or electronic medical record access has been granted, when preparing for each participant's monthly contact.</p> <p>The Provider Manual addresses the required elements of medical record documentation and requirements for medical record storage, retention, confidentiality, and release.</p>
2.3 How to access language interpretation services.	X					<p>The Provider Manual informs that SCDHHS provides free aids and services to people with disabilities, including qualified sign language interpreters and alternate languages/formats for written materials. Contact information is provided to obtain these services.</p>
3. The organization provides ongoing education to providers regarding changes and/or additions to its programs, practices, standards, policies and procedures.		X				<p>As noted above, Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training, page two, item four states, "Ongoing training includes at a minimum annual update with any changes to the program and comprehensive re-training which is conducted every three years as a part of their re-credentialing process."</p> <p>Constellation discussed processes for provider orientation, ongoing provider education, and provider updates with Solutions staff during the onsite. Solutions staff reported the following:</p> <ul style="list-style-type: none"> Currently, most provider education is conducted by emailing a packet to the provider and asking them to review the information and return the attestation form to Solutions.

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>Recently, some virtual provider education sessions have been conducted.</p> <ul style="list-style-type: none"> Solutions is not currently giving the required annual provider updates, but occasional individual updates have been sent. <p>Solutions provided a copy of an untitled document (file name "Provider Training Rosters") that displays providers along with training dates, training materials sent dates, and attestation received dates. A total of 108 providers listed in the document have a notation of "No active MCCW patients" in the "Provider Training" column. Solutions reported that in the past, providers with no active participants were not prioritized for training but will be included in provider training going forward. This is not in compliance with Policy CHS.PM.MCCW.01.01.</p> <p>The following information was noted on the 2023 Quality Work Plan, line 22 and the 2024 Quality Work Plan, line 21:</p> <ul style="list-style-type: none"> The Q1 2023 update column indicates, "CMO requested a document from DNP for Tiered Implementation of Retraining for all Part A Providers in the Enhanced Provider Network. Some are being done onsite and some are being done via Zoom meeting. Met, worked through, and created a schedule for reeducation for 100% of our EPN." The Q2 2023 update column indicates, "GOAL: By Sept. 2023, at least 50% of the PCPs will be

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>trained/retrained either onsite or virtually. By December 2023 100% of PCPs will be trained/retrained."</p> <ul style="list-style-type: none"> • The Q3 2023 update column indicates, "9/15/23-Training held for Prisma EPN Physicians..." • The Q4 2023 update column indicates, "EM states new PCP number currently is 362. Training has occurred for 180 currently or 50%" • The Q1 and Q2 2024 update columns do not address the status of provider training. <p><i>Quality Improvement Plan: Implement processes to ensure provider education is conducted within the required timeframe of every three years and that at minimum, annual updates are provided, as required by Policy CHS.PM.MCCW.01.01, Enhanced Provider Network Orientation/Training. Provide the timeframe within which this compliance will be achieved.</i></p>

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C. Quality Improvement

§ 438.330 (a)(b), § 457.1240

Solutions' Quality Improvement (QI) Program is described in the 2024 Strategic Quality Plan. The Strategic Quality Plan (SQP) defines the company's commitment to a culture of quality throughout the organization, with the Board of Directors (BOD) overseeing the SQP and delegating day-to-day management to the Compliance & Quality Management Committee (CQMC). The SQP included the program's goals, objectives, and structure. The QI Program uses a systematic process for quality management, including planning and standards development, identification and prioritization of improvement opportunities, use of performance measures, clinical care standards and practice guidelines, data collection methodology, monitoring and analysis, performance improvement, follow-up, and reporting.

Solutions has two performance improvement projects underway. Topics for those projects include Annual Visit and Initial Monthly Summary Reports and the Enhanced Provider Network. The aim of the Annual Visit and Initial Monthly Summary Reports project is to improve PCP involvement in the care process. The measures, sub measures, and goals were added to the project document as recommended by Constellation during the previous EQR. Most of the established goals for this project have been met or exceeded. Solutions indicated they would re-evaluate the project in October following the remeasurement or reporting period. The aim for the Enhanced Provider Network project was unclear. This project lacked background or specific baseline data that supports the need for the project. The measures, goals, and the data collection plan were also missing.

The 2023 and 2024 Quality Work Plans were submitted for review. These documents contain various activities related to emergency preparedness, case audits, program material revision, quality improvement plans, policy and procedure review, quality management committee meetings, and Utilization Review Accreditation Commission (URAC) accreditation. The start dates, estimated completion dates, and quarterly updates are included in the work plans.

The Compliance & Quality Management Committee (CQMC) is responsible for the development and implementation of the QI Program within the organization. The CQMC oversees all aspects of the QI Program, ensuring that quality improvement activities align with the organization's strategic goals. The committee directs and reviews quality improvement initiatives, monitors implementation and compliance of program-specific requirements, and evaluates project recommendations and areas of concern in the provision of healthcare services. The CQMC also facilitates the development and monitoring of corrective action plans, identifies improvement opportunities, and coordinates quality management activities across all departments and

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functional areas. The committee reports to the Board of Directors and provides comprehensive reports on quality goals, objectives, and outcomes. The voting members of the CQMC include:

- Chief Medical Officer and Executive Director (Chairperson)
- Senior Vice President of Compliance
- Medical Advisor
- Directors of Care Coordination
- Director of Care Advocate Programs
- Compliance Specialist
- Director of Quality
- Quality Program Coordinator
- Healthicity and Compliance System Administrator

In addition to the voting members, there may also be non-voting members who attend and participate in the meetings. These non-voting members can include program-specific personnel and ad hoc invitees who contribute to discussions related to their respective functions.

A quorum is defined as at least 50% of voting members. Non-voting members are expected to attend and participate but may not vote. Ad hoc invitees are non-voting individuals that may be invited to report and contribute to discussions related to the individual's function.

Solutions conducts a formal evaluation of the program annually. The Quality and Performance Improvement Annual Report for Calendar Year 2023 was received. The purpose of this report is to provide an overview of the quality and performance improvement activities undertaken by Solutions during the calendar year 2023. It outlines the various components of the care management program, satisfaction measures, compliance with accreditation and program integrity, quality assessment and performance improvement, and highlights the continued success and future goals. The report aims to communicate the efforts, initiatives, successes, and opportunities for improvement within the organization's quality management program. The Annual Report was approved by the Chief Medical Officer, the Corporate Officer, the CQMC, and the Board of Directors.

The Annual Report was missing the following information:

- Pages five and six mentioned the projects that are underway in 2023 and included several goals for the projects and the analysis. The information and/or the format for how this information

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was presented needed clarity. It was unclear what analysis and goals were connected to one another and if the goal for each measure was met.

- Page eight included the Program Integrity Compliance section, which references the monthly monitoring of the LEIE, SAM, and the NPDB. This section does not include the monthly monitoring of the SC Excluded Providers List.
- The Annual Report did not include reporting or results for the Emergency/Disaster Preparedness activity, and the case audits conducted.

Solutions has met all the requirements in the Quality Improvement section for this EQR. Noted in *Figure 4: Quality Improvement Findings*, Solutions sustained a “Met” score for all the standards in this section.

Figure 4: Quality Improvement Findings

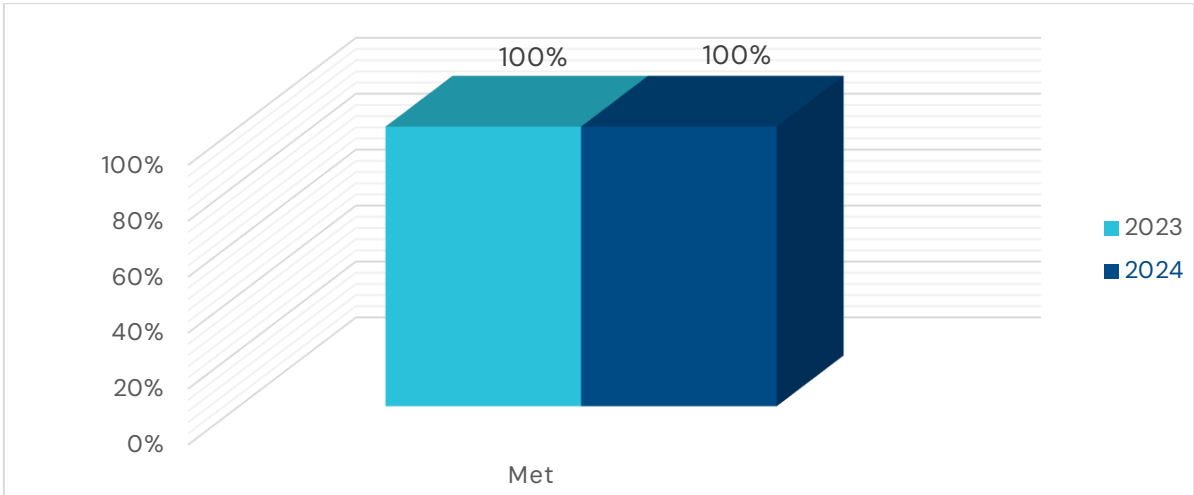


Table 8: Quality Improvement Strengths

Strengths	Quality	Timeliness	Access to Care
Solutions actively engages in quality improvement projects and corrective action plans. These projects aim to enhance the quality of care and address any identified areas for improvement.	✓		
Solutions strives to improve health outcomes for its members and provide more effective and efficient healthcare services.	✓		

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Strengths	Quality	Timeliness	Access to Care
The program demonstrates a commitment to compliance and accreditation. Solutions ensures compliance with state and federal regulations. The program also has written compliance guidelines, leadership oversight, training and education, effective communication channels, and monitoring and auditing processes in place to maintain program integrity.	✓		

Table 9: Quality Improvement Weaknesses and Recommendations

Weakness	Recommendation	Quality	Timeliness	Access to Care
The aim for the Enhanced Provider Network project was unclear. This project lacked documentation regarding the following: <ul style="list-style-type: none"> the background or reason for conducting the project the specific baseline data that supports the need for the project the measures and goals the data collection plan 	<i>Recommendation: Review and revise the Enhanced Provider Network project document and include the background or reason for conducting the project, the baseline data, the measures, goals, and the data collection plan.</i>	✓		
The Annual Report was missing the following information: <ul style="list-style-type: none"> Pages five and six mentioned the projects underway in 2023, including several goals for the projects and the analysis. The information and/or the format for how this information was presented needed clarity. It was unclear what analysis and goal were connected to one another and if the goal for each measure was met. Page eight included the Program Integrity Compliance section, which references the monthly monitoring of the LEIE, SAM, and the NPDB. This section does not include the monthly monitoring of the SC Excluded providers list. The Annual Report did not include reporting or results for the Emergency/Disaster Preparedness activity, and the case audits conducted. 	<i>Recommendation: Update the format for the Annual Report and consider reporting the analysis under each measure. Include information regarding if the goal for the measure was met or not met. If the goal was not met, include a barrier analysis and interventions implemented to address these barriers. Include the results for all QI activities noted in the QI Work Plan.</i>	✓		

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III. QUALITY IMPROVEMENT

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
III. QUALITY IMPROVEMENT						
III A. The Quality Improvement (QI) Program § 438.330 (a)(b)), § 457.1240						
1. The organization formulates and implements a formal quality improvement program with clearly defined goals, structure, scope and methodology directed at improving the quality of health care delivered to participants.	X					<p>Solutions' Quality Improvement (QI) Program is described in the 2024 Strategic Quality Plan. The Strategic Quality Plan (SQP) defines the company's commitment to a culture of quality throughout the organization, with the Board of Directors overseeing the SQP and delegating day-to-day management to the Compliance & Quality Management Committee (CQMC). The SQP included the program's goals, objectives, and structure. The QI Program uses a systematic process for quality management, including planning and standards development, identification and prioritization of improvement opportunities, use of performance measures, clinical care standards and practice guidelines, data collection methodology, monitoring and analysis, performance improvement, follow-up, and reporting.</p> <p>Solutions has two performance improvement projects underway. Topics for those projects include Annual Visit and Initial Monthly Summary Reports and the Enhanced Provider Network. The aim of the Annual Visit and Initial Monthly Summary Reports project is to improve Primary Care Provider (PCP) involvement in the care process. The measures and sub measures and</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>goals were added to the project document as recommended by Constellation during the previous EQR. Most of the established goals for this project have been met or exceeded. Solutions indicated they would re-evaluate the project in October following the remeasurement or reporting period.</p> <p>The aim for the Enhanced Provider Network project was unclear. This project lacked documentation regarding the following:</p> <ul style="list-style-type: none"> the background or reason for conducting the project the specific baseline data that supports the need for the project the measures and goals the data collection plan <p><i>Recommendation: Review and revise the Enhanced Provider Network project document and include the background or reason for conducting the project, the baseline data, the measures, goals, and the data collection plan.</i></p>
2. An annual QI work plan is in place which includes activities to be conducted, follow up of any previous activities where appropriate, timeframe for implementation and completion, and the person(s) responsible for the activity.	X					<p>The 2023 and 2024 Quality Work Plans were submitted for review. These documents contain various activities related to emergency preparedness, case audits, program material revision, quality improvement plans, policy and procedure review, quality management committee meetings, and Utilization Review Accreditation Commission accreditation. The start dates, estimated completion dates, and quarterly updates are included in the work plans.</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
III B. Quality Improvement Committee						
1. The organization has established a committee charged with oversight of the QI program, with clearly delineated responsibilities.	X					<p>The Compliance & Quality Management Committee (CQMC) is responsible for the development and implementation of the QI Program within the organization. The CQMC oversees all aspects of the QI Program, ensuring that quality improvement activities align with the organization's strategic goals. The committee directs and reviews quality improvement initiatives, monitors implementation and compliance of program-specific requirements, and evaluates project recommendations and areas of concern in the provision of healthcare services. The CQMC also facilitates the development and monitoring of corrective action plans, identifies improvement opportunities, and coordinates quality management activities across all departments and functional areas. The committee reports to the Board of Directors and provides comprehensive reports on quality goals, objectives, and outcomes.</p> <p>The voting members of the CQMC include:</p> <ul style="list-style-type: none"> • Chief Medical Officer and Executive Director (Chairperson) • Senior Vice President of Compliance • Medical Advisor • Directors of Care Coordination • Director of Care Advocate Programs • Compliance Specialist • Director of Quality • Quality Program Coordinator • Healthicity and Compliance System Administrator

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>In addition to the voting members, there may also be non-voting members who attend and participate in the meetings. These non-voting members can include program-specific personnel and ad hoc invitees who contribute to discussions related to their respective functions.</p> <p>A quorum is defined as at least 50% of voting members. Non-voting members are expected to attend and participate but may not vote. Ad hoc invitees are non-voting individuals that may be invited to report and contribute to discussions related to the individual's function.</p>
2. The QI Committee meets at regular intervals.	X					The CQMC meets at least quarterly.
3. Minutes are maintained that document proceedings of the QI Committee.	X					Constellation received the minutes for meetings held in 2023 and the first quarter of 2024. The minutes documented a quorum was present for each meeting, the topics discussed, and actions taken by the committee.
III C. Annual Evaluation of the Quality Improvement Program						
1. A written summary and assessment of the effectiveness of the QI program for the year is prepared annually.	X					Solutions conducts a formal evaluation of the program annually. The Quality and Performance Improvement Annual Report for Calendar Year 2023 was received. The report provides an overview of the quality and performance improvement activities undertaken by Solutions during the calendar year 2023. It outlines the various components of the care management program, satisfaction measures, compliance with accreditation

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>and program integrity, quality assessment and performance improvement, and highlights the continued success and future goals. The report aims to communicate the efforts, initiatives, successes, and opportunities for improvement within the organization's quality management program.</p> <p>The Annual Report was missing the following information:</p> <ul style="list-style-type: none"> • Pages five and six mentioned the projects underway in 2023, including several goals for the projects and the analysis. The information and/or the format for how this information was presented needed clarity. It was unclear what analysis and goal were connected to one another and if the goal for each measure was met. • Page eight included the Program Integrity Compliance section, which references the monthly monitoring of the LEIE, SAM, and the NPDB. This section does not include the monthly monitoring of the SC Excluded Providers List. • The Annual Report did not include reporting or results for the Emergency/Disaster Preparedness activity, and the case audits conducted. <p><i>Recommendation: Update the format for the Annual Report and consider reporting the analysis under each measure. Include information regarding if the goal for the measure was met or not met. If the goal was not met, include a barrier analysis and interventions implemented to address these barriers. Include the results for all QI activities noted in the QI Work Plan.</i></p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
2. The annual report of the QI program is submitted to the QI Committee.	X					The Annual Report was approved by the Chief Medical Officer, the Corporate Officer, the CQMC, and the Board of Directors.

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D. Care Coordination/Case Management

§ 438. 208, § 457.1230

The South Carolina Solutions Medically Complex Children Waiver Program Description and various policies provide an overview of the care coordination and case management services provided to participants. Solutions' Chief Medical Officer, also the Executive Director, provides oversight of the program's daily operations. Care Coordinators who are Registered Nurses with at least three years of pediatric experience with medically complex or chronically ill children provide care coordination and case management for all participants. In May 2024, Licensed Practical Nurses with three years of pediatric experience were incorporated into the care model as additional Care Coordinators. These LPNs work within their scope of practice as defined by the SC Nurse Practice Act. Solutions' Care Coordination model is a Care Team based approach with Registered Nurses providing assessments and developing Person-Centered Service Plans.

Upon referral of a child with a chronic physical or health condition, an assessment is completed by the Care Coordinators to establish a care plan or person-centered service plan tailored to the child's needs. This care planning process involves the participant, the care giver, the PCP, and other significant providers to develop a comprehensive care plan. The Care Coordinators establish communication with the PCP and other members of the Interdisciplinary Care Team to ensure effective and efficient care coordination. This may involve routine in-home visits, monthly phone contacts, and team conferences as needed.

Care Advocates also play an important role by providing administrative support to the Care Coordinators. Solutions provides a dedicated Durable Medical Equipment (DME) Team to assist with all DME and supply needs, as well as a Parent Advocate to provide guidance for newly enrolled families and current families who may need additional support.

Care Coordinators liaise between the family, medical providers, and community service providers to ensure continuity of care for the child, whether transitioning from the hospital to home or stable in their natural environment.

Each Person-Centered Service Plan is created and used to ensure the care provided is tailored to the individual needs, goals and preferences of each participant and their family. This plan is developed with the participants and their family, respecting their input and choices. The plan includes assessments, care coordination, communication with healthcare providers, and monitoring of the participant's progress to maintain the highest level of function and quality of life. The plan is physician-led, with Care Coordinators assisting eligible children in achieving and maintaining optimal health outcomes. The Person-Centered Service Plan is updated twice each year, with semi-annual and annual visits.

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Most of the member materials provided for review included both English and Spanish versions. Solutions’ staff reported that they are collaborating with SCDHHS to ensure they have all the forms available in Spanish. It was noted that various phone numbers for a participant to file a complaint were included in the materials. These were separate phone numbers based on the type of complaint. Solutions acknowledged that the correct phone number to file a complaint needed to be updated.

Constellation reviewed a sample of case management files. This review demonstrated that assessments, monthly telephonic assessment/follow up, and in home quarterly and yearly visits occurred appropriately. There were no issues identified in the sample files reviewed.

For this EQR, all of the requirements in the Care Coordination/Case Management section were met as noted in *Figure 5: Care Coordination/Case Management Findings*.

Figure 5: Care Coordination/Case Management Findings

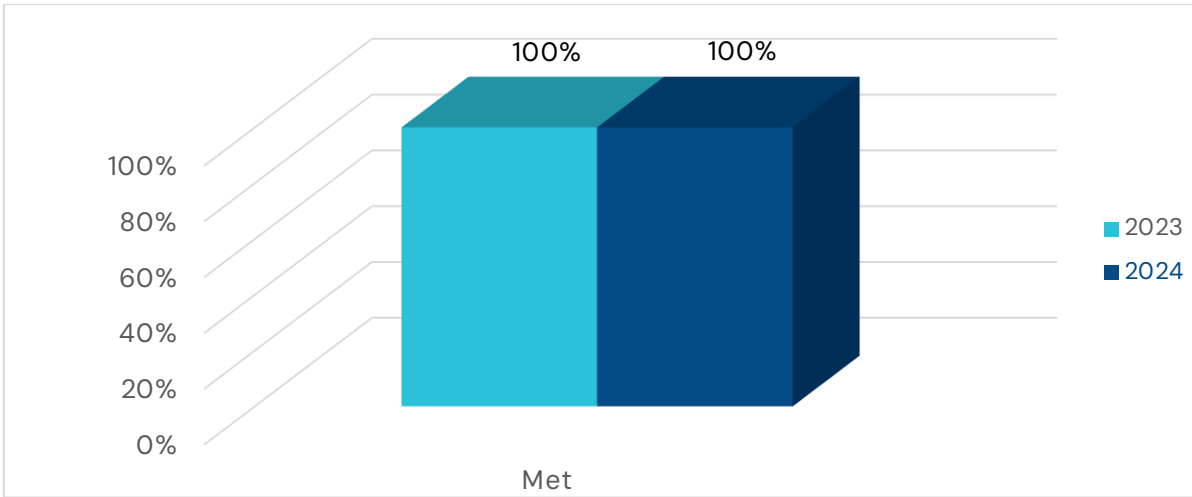


Table 10: Care Coordination/Case Management Strengths

Strengths	Quality	Timeliness	Access to Care
The Durable Medical Equipment Team assists with coordination of the durable medical equipment supply needs for participants. This team has been able to decrease the timeframe for participants to receive their needed durable medical equipment.		✓	✓
The program focuses on individual needs, goals, and preferences, ensuring personalized care for each participant.	✓		

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Strengths	Quality	Timeliness	Access to Care
The program aims to optimize health outcomes, enhance quality of life, reduce hospitalizations and emergency room visits, and improve access to primary and specialty care for vulnerable children with complex health conditions.	✓		✓
Chart audits are conducted for care coordinators, Durable Medical Equipment Team, and Care Advocates to ensure quality assurance.	✓		
Care Management activities have reportedly decreased care costs. The re-hospitalization rate for MCCW Enhanced Provider Network participants within 30 days of discharge was 7%, and re-hospitalization within 72 hours of discharge was 1% in 2023.	✓		

Table 11: Care Coordination/Case Management Weaknesses and Recommendations

Weakness	Recommendation	Quality	Timeliness	Access to Care
Most of the member materials provided for review included both English and Spanish versions. Solutions staff reported that they are collaborating with SCDHHS to ensure they have all of the forms available in Spanish. Additionally, there are various numbers provided to file a complaint. However, there are separate numbers provided based upon the type of complaint.	<i>Recommendation: Follow-up with SCDHHS regarding any updates to member materials, such as alternate languages and current information for filing a complaint.</i>			✓

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IV. CARE COORDINATION/CASE MANAGEMENT

STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
IV. Care Coordination/Case Management § 438.208, § 457.1230						
1. The organization formulates written policies and procedures and/or a program description that describe its care coordination and case management programs.	X					The South Carolina Solutions Medically Complex Children Waiver Program Description and various policies provide an overview of the Medically Complex Children's Waiver (MCCW), the Enhanced Primary Care Case Management (PCCM) Program, and care management activities provided to participants.
2. Policies and procedures and/or the program description address the following:						
2.1 Structure of the program.	X					The MCCW Program Description provides an outline of Solutions' care coordination activities for participants in the Medically Complex Children Waiver Program. The various policies describe the level of assessment, Person-Centered Service Plan development, care management process, and discharge planning activities provided to program participants.
2.2 Lines of responsibility and accountability.	X					Solutions' Chief Medical Officer, who is also the Executive Director, provides oversight of the daily operations of the program. Care Coordinators who are Registered Nurses with at least three years of pediatric experience with medically complex or chronically ill children provide care coordination and case management for all participants. In May 2024, Licensed Practical Nurses (LPN) with three years of pediatric experience were incorporated into the care model as additional Care Coordinators. These LPNs

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						work within their scope of practice as defined by the SC Nurse Practice Act. Care Advocates are non-clinical staff that provide administrative support to the Care Coordinators and to participants. The Durable Medical Equipment Team assists with coordination of the durable medical equipment supply needs for participants.
2.3 Goals and objectives of Care Coordination/Case Management.	X					
2.4 Intake and assessment processes for Care Coordination/Case Management.	X					Policy CHS.CM.MCCW.1.02, MCCW Medical Eligibility Assessment, and Policy CHS.CM.MCCW.01.01, Intake/Admissions, describe Solutions' referral and assessment process. Upon referral of a child with a chronic physical or health condition, an assessment is completed by the Care Coordinators to establish a care plan or Person-Centered Service Plan tailored to the child's needs. This care planning process involves the participant, the caregiver, the PCP, and other significant providers to develop a comprehensive care plan. The Care Coordinators establish communication with the PCP and other members of the Interdisciplinary Care Team to ensure effective and efficient care coordination. This may involve routine in-home visits, monthly phone contacts, and team conferences as needed.
2.5 Providing required information to participants at the time of enrollment.	X					The new member materials submitted by Solutions include required information and/or forms specified in the <i>Medicaid HCBS Waiver Services Care Coordination Contract, Appendix A, Section D (1) (e)</i> . Additional information provided in the enrollment packet includes local and state-wide resources,

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						<p>privacy practices, information about appeals and grievances, etc.</p> <p>Most of the member materials provided for review included both English and Spanish versions. Solutions staff reported that they are collaborating with SCDHHS to ensure they have all of the forms available in Spanish. Additionally, it was noted that various phone numbers for a participant to file a complaint were included in the materials. These were separate phone numbers based on the type of complaint. Solutions acknowledged that the correct phone number to file a complaint needed to be updated.</p> <p><i>Recommendation: Follow-up with SCDHHS regarding any updates to member materials, such as alternate languages and current information for filing a complaint.</i></p>
2.6 Minimum standards for phone contacts, in-home visits, and physician/nurse plan oversight as applicable.	X					
2.7 Processes to develop, implement, coordinate, monitor, and update individual Person-Centered Service Plans.	X					<p>The Person-Centered Service Plan is created with the participants upon enrollment once the Level of Care Assessment has been approved by SCDHHS. The Person-Centered Service Plan is updated twice each year, with semi-annual and annual visits. Every month, a Monthly Summary is reviewed with the responsible party and updated as needed as described in Policy CHS.CM.MCCW.01.08, Care Planning, Policy CHS.CM.MCW.01.08a, Monthly</p>

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
						Summary Report, and Policy CHS.CM.MCCW.01.18, Person Centered Service Plan. The Monthly Summary Report is submitted quarterly to the Primary Care Provider for review.
2.8 Processes to ensure caregiver/parent participation in and understanding of the Person-Centered Service Plan.	X					
2.9 Processes for following up with participants admitted to the hospital and actively participate in discharge planning.	X					Policy CHS.CM.MCCW.03.02, Discharge Planning for Hospitalized Enrolled Participants, provides an overview of the hospital discharge process for participants. The discharge planning process begins at admission and is managed by care coordinators. Solutions reported that care management activities have reportedly decreased care costs. The readmission rate for MCCW Enhanced Provider Network participants within 30 days of discharge was 7%, and re-hospitalization within 72 hours of discharge was 1% in 2023.
2.10 Processes for reporting suspected abuse, neglect, or exploitation of a participant.	X					
2.11 A back-up service provision plan to ensure that the Participant receives the authorized care coordination services and a process to notify SCDHHS if services cannot be provided.	X					As described in Policy CHS.CM.MCCW.04.02, Back Up Service Provision, if the current Care Coordinator is not able to provide care management services to the participants, Solutions will provide backup personnel to provide coordination of care to participants. If the services are not able to be provided, Solutions will notify SCDHHS within five business days of the determination.
3. The organization provides a written, formal evaluation of the Person-Centered Plan to SCDHHS every 6 months or upon request.	X					

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STANDARD	SCORE					COMMENTS
	Met	Partially Met	Not Met	Not Applicable	Not Evaluated	
4. The organization conducts Care Coordination and Case Management functions as required by the contract.	X					Constellation reviewed a sample of case management files. This review demonstrated that assessments, monthly telephonic assessment/follow up, and in home quarterly and yearly visits occurred appropriately. There were no issues identified in the sample files reviewed.

2024 External Quality Review

Attachments

- Attachment 1: Initial Notice and Materials Requested for Desk Review
- Attachment 2: Materials Requested for Onsite Review

2024 External Quality Review

Attachment 1: Initial Notice and Materials Requested for Desk Review



June 03, 2024

Dr. Bobbie Freeman
SC Solutions
PO Box 1763
Columbia, SC 29202

Dear Dr. Freeman:

At the request of the South Carolina Department of Health and Human Services (SCDHHS) this letter serves as notification that the 2024 External Quality Review (EQR) of South Carolina Solutions (Solutions) is being initiated. An external quality review (EQR) conducted by Constellation Quality Health, formally The Carolinas Center for Medical Excellence, is required by your contract with SCDHHS in relation to your organization's administration of the Medically Complex Children's Waiver program for Medicaid recipients.

The methodology used by Constellation Quality Health to conduct this review will follow the protocols developed by the Centers for Medicare and Medicaid Services (CMS) for external quality review of Medicaid Managed Care Organizations. As required by these protocols, the review will include both a desk review, virtual onsite visit and will address all contractually required services as well as follow-up of any areas of weakness identified during the previous review. The Constellation Quality Health EQR team plans to conduct the virtual onsite on July 24th. In preparation for the desk review, the items on the enclosed desk materials list should be provided to Constellation Quality Health no later than June 17, 2024.

To help with submission of the desk materials, we have set up a secure file transfer site to allow health plans under review to submit desk materials directly to Constellation Quality Health through the site. The file transfer site can be found at: <https://eqro.thecarolinascenter.org>

An opportunity for a conference call with your staff, to describe the review process and answer any questions prior to the onsite visit, is being offered as well. Please contact me directly at 803-212-7582 if you would like to schedule time for either of these conversational opportunities.

Thank you and we look forward to working with you.

Sincerely,

A handwritten signature in cursive script that reads "Sandi Owens".

Sandi Owens, LPN
Project Manager, External Quality Review

cc: SCDHHS

South Carolina Solutions

External Quality Review

MATERIALS REQUESTED FOR DESK REVIEW

1. Copies of all current policies and procedures, as well as a complete index which includes policy name, number and department owner. The date of the addition/review/revision should be identifiable on each policy.
2. A current Organizational chart listing staff for all functions. Include the number of employees in each department, any vacancies, and key managers responsible for those departments. If this is a corporate organizational chart, please identify those persons who are responsible for overseeing South Carolina Solutions activities. *From the organizational chart, we will randomly select personnel files to be submitted for review and provide a list of the file components needed.*
3. A description of any updates or changes in requirements disseminated by SCDHHS.
4. Current membership demographics including total enrollment and distribution by age ranges, sex, and county of residence.
5. A current provider list/directory as supplied to members.
6. A copy of the current Compliance Plan or policies and procedures addressing compliance, fraud, waste, and abuse.
7. A copy of the Quality Improvement, Care Coordination/Case Management Program Descriptions.
8. The Quality Improvement work plans for 2023 and 2024.
9. The most recent reports summarizing the effectiveness of the Quality Improvement and Care Coordination/ Case Management Programs.
10. A committee matrix for all committees. For each committee, please include the following:
 - a. A copy of the committee charter. Include the committee's responsibilities, meeting frequency, and the required voting quorum.
 - b. Membership list indicating which members are voting members. Include the professional specialty of any non-staff members.
11. Minutes of all meetings for all committees reviewing or taking action on SC Solutions-related activities from June 2023 to May 2024. All relevant attachments (e.g., reports presented, materials reviewed) should be included. If attachments are provided as part of another portion of this request, a cross-reference is satisfactory, rather than sending duplicate materials.
12. A complete list of all members enrolled in the care coordination/case management programs from June 2023 to May 2024. Please include open and closed cases, the member's name, Medicaid ID number, and condition or diagnosis which triggered the need for care coordination or case management services. From these files we will randomly select specific files for review.

13. A copy of staff handbooks/training manuals, orientation, and educational materials. Please include training dates and rosters for all internal and external staff.
14. A copy of written information provided to new participants.
15. A copy of materials used for initial provider training/orientation. Please include training dates and rosters for all provider trainings/orientations.
16. A copy of any member and provider newsletters, educational materials, and/or other mailings.
17. A copy of the provider handbook or manual, if applicable.
18. A sample provider contract.
19. Please provide a completed Information Systems Capabilities Assessment (ISCA) form. Areas on the ISCA form not applicable to your organization may be marked as N/A.
20. A copy of the Business Continuity/Disaster Recovery Plan. The Business Continuity plan should include policy and associated action steps to ensure staffing when participants exercise freedom of choice of care coordinator.
21. A copy of the most recent disaster recovery or business continuity plan test results.
22. An organizational chart for the IT/IS department and a corporate organizational chart that shows the location of the IT organization within the corporation.
23. A description of the data security policy with respect to email and PHI.
24. Copies of the June 2023 to May 2024 monthly reports submitted to SCDHHS as required by Appendix B, Scope of Service, number 4.

These materials:

- should be organized and uploaded to the secure Constellation Quality Health EQR File Transfer site at <https://eqro.thecarolinascenter.org>
- submitted in the categories listed

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Attachment 2: Materials Requested for Onsite Review

SC Solutions

External Quality Review 2024

MATERIALS REQUESTED FOR ONSITE REVIEW

1. Copies of all committee minutes for committees that have met since the desk materials were submitted.
2. Policy CHS.COMP.ALL.02.01, OIG and Other Exclusion List Checks