FIRST CHOICE VIP CARE PLUS BY SELECT HEALTH OF SOUTH CAROLINA

2023 EXTERNAL QUALITY REIVEW

Submitted: October 20, 2023

2023 External Quality Review

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EXECUTIVE SUMMARY

At the request of the South Carolina Department of Health and Human Services (SCDHHS), Constellation Quality Health, formerly The Carolinas Center for Medical Excellence, conducted an External Quality Review (EQR) of First Choice VIP Care Plus by Select Health of South Carolina's (Select Health) Coordinated and Integrated Care for Medicare–Medicaid recipients. This review focused on network adequacy for home and community–based service (HCBS) and behavioral health providers, over- and under-utilization, and care transitions.

The goals of the review are to:

- Determine if Select Health is following service delivery as mandated in the contract with SCDHHS and in the federal regulations.

- Evaluate the status of deficiencies identified during the 2022 annual external quality review and any ongoing quality improvements taken to remedy those deficiencies.

- Provide feedback for potential areas of further improvement.

- Validate contracted health care services are being delivered and of good quality.

Methodology

The process Constellation Quality Health used for the EQR is based on the protocols the Centers for Medicare & Medicaid Services (CMS) developed for Medicaid MCO EQRs. The review includes a desk review of documents and a virtual onsite visit conducted on September 20 through September 21, 2023.

Summary and Overall Findings

An overview of the findings for each section follows and is detailed in the tabular spreadsheet (*Attachment 1*). Constellation Quality Health classifies areas of review as meeting a standard "Met," acceptable but needing improvement "Partially Met," or failing a standard "Not Met."

Network Adequacy

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

- Adult Day Health
- Case Management
- Home Delivered Meals

- Personal Emergency Response System (PERS)

- Personal Care

- Respite

- Telemonitoring

Constellation Quality Health requested a complete list of all contracted HCBS providers currently in Select Health's network. The file received had services documented for providers in 42 counties. The minimum number of required providers for each county was calculated and compared to the number of current providers for the seven different services. Of the 294 services across 42 counties, 294 met the minimum requirements, resulting in a validation score of 100% that is sustained from last year's 100% rate.

Refer to *Table 1: HCBS Provider Adequacy Results* for a detailed breakdown by county and service.

TABLE 1: HCBS Provider Adequacy Results

County/Services	Unique Providers	Minimum Required	Score
Abbeville			
Adult Day Health	2	2	Met
Case Management	15	2	Met
Home Delivered Meals	5	2	Met
PERS	17	2	Met
Personal Care	41	2	Met
Respite	10	2	Met
Telemonitoring	3	2	Met
Aiken			
Adult Day Health	5	2	Met
Case Management	12	2	Met
Home Delivered Meals	5	2	Met
PERS	15	2	Met
Personal Care	46	2	Met
Respite	13	2	Met
Telemonitoring	3	2	Met
Allendale			
Adult Day Health	4	2	Met
Case Management	12	2	Met
Home Delivered Meals	4	2	Met
PERS	15	2	Met
Personal Care	38	2	Met
Respite	11	2	Met

County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	4	2	Met
Anderson			
Adult Day Health	7	3	Met
Case Management	11	3	Met
Home Delivered Meals	6	3	Met
PERS	19	3	Met
Personal Care	68	3	Met
Respite	15	3	Met
Telemonitoring	5	3	Met
Bamberg			
Adult Day Health	6	2	Met
Case Management	13	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	42	2	Met
Respite	11	2	Met
Telemonitoring	4	2	Met
Barnwell			
Adult Day Health	3	2	Met
Case Management	11	2	Met
Home Delivered Meals	4	2	Met
PERS	16	2	Met
Personal Care	40	2	Met
Respite	11	2	Met
Telemonitoring	4	2	Met
Beaufort			
Adult Day Health	3	2	Met
Case Management	11	2	Met
Home Delivered Meals	4	2	Met
PERS	15	2	Met
Personal Care	35	2	Met
Respite	13	2	Met
Telemonitoring	3	2	Met
Berkeley			
Adult Day Health	7	2	Met
Case Management	12	2	Met

County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	5	2	Met
PERS	15	2	Met
Personal Care	44	2	Met
Respite	15	2	Met
Telemonitoring	5	2	Met
Calhoun			
Adult Day Health	13	2	Met
Case Management	12	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	46	2	Met
Respite	13	2	Met
Telemonitoring	4	2	Met
Charleston			
Adult Day Health	8	3	Met
Case Management	12	3	Met
Home Delivered Meals	6	3	Met
PERS	15	3	Met
Personal Care	48	3	Met
Respite	15	3	Met
Telemonitoring	5	3	Met
Cherokee			
Adult Day Health	5	2	Met
Case Management	9	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	43	2	Met
Respite	12	2	Met
Telemonitoring	5	2	Met
Chester			
Adult Day Health	8	2	Met
Case Management	10	2	Met
Home Delivered Meals	4	2	Met
PERS	16	2	Met
Personal Care	48	2	Met
Respite	16	2	Met

County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
Chesterfield			
Adult Day Health	5	2	Met
Case Management	11	2	Met
Home Delivered Meals	5	2	Met
PERS	15	2	Met
Personal Care	43	2	Met
Respite	16	2	Met
Telemonitoring	3	2	Met
Clarendon			
Adult Day Health	5	2	Met
Case Management	15	2	Met
Home Delivered Meals	6	2	Met
PERS	15	2	Met
Personal Care	54	2	Met
Respite	15	2	Met
Telemonitoring	3	2	Met
Colleton			
Adult Day Health	6	2	Met
Case Management	11	2	Met
Home Delivered Meals	5	2	Met
PERS	13	2	Met
Personal Care	35	2	Met
Respite	12	2	Met
Telemonitoring	4	2	Met
Dillon			
Adult Day Health	5	2	Met
Case Management	12	2	Met
Home Delivered Meals	5	2	Met
PERS	1	2	Met
Personal Care	48	2	Met
Respite	14	2	Met
Telemonitoring	3	2	Met
Dorchester			
Adult Day Health	8	2	Met
Case Management	12	2	Met

County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	5	2	Met
PERS	15	2	Met
Personal Care	43	2	Met
Respite	14	2	Met
Telemonitoring	5	2	Met
Edgefield			
Adult Day Health	3	2	Met
Case Management	14	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	41	2	Met
Respite	11	2	Met
Telemonitoring	3	2	Met
Fairfield			
Adult Day Health	11	2	Met
Case Management	14	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	54	2	Met
Respite	14	2	Met
Telemonitoring	3	2	Met
Florence			
Adult Day Health	7	3	Met
Case Management	15	3	Met
Home Delivered Meals	5	3	Met
PERS	13	3	Met
Personal Care	59	3	Met
Respite	16	3	Met
Telemonitoring	3	3	Met
Georgetown			
Adult Day Health	7	2	Met
Case Management	12	2	Met
Home Delivered Meals	4	2	Met
PERS	13	2	Met
Personal Care	53	2	Met
Respite	14	2	Met

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County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
Greenville			
Adult Day Health	8	3	Met
Case Management	14	3	Met
Home Delivered Meals	6	3	Met
PERS	19	3	Met
Personal Care	76	3	Met
Respite	15	3	Met
Telemonitoring	5	3	Met
Greenwood			
Adult Day Health	2	2	Met
Case Management	15	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	54	2	Met
Respite	13	2	Met
Telemonitoring	3	2	Met
Hampton			
Adult Day Health	3	2	Met
Case Management	11	2	Met
Home Delivered Meals	4	2	Met
PERS	15	2	Met
Personal Care	30	2	Met
Respite	11	2	Met
Telemonitoring	4	2	Met
Jasper			
Adult Day Health	3	2	Met
Case Management	11	2	Met
Home Delivered Meals	4	2	Met
PERS	15	2	Met
Personal Care	30	2	Met
Respite	11	2	Met
Telemonitoring	3	2	Met
Kershaw			
Adult Day Health	15	2	Met
Case Management	14	2	Met

County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	5	2	Met
PERS	15	2	Met
Personal Care	59	2	Met
Respite	17	2	Met
Telemonitoring	3	2	Met
Laurens			
Adult Day Health	2	2	Met
Case Management	15	2	Met
Home Delivered Meals	6	2	Met
PERS	17	2	Met
Personal Care	69	2	Met
Respite	15	2	Met
Telemonitoring	5	2	Met
Lee			
Adult Day Health	5	2	Met
Case Management	14	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	47	2	Met
Respite	14	2	Met
Telemonitoring	3	2	Met
Lexington			
Adult Day Health	12	2	Met
Case Management	16	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	73	2	Met
Respite	16	2	Met
Telemonitoring	4	2	Met
Marion			
Adult Day Health	4	2	Met
Case Management	12	2	Met
Home Delivered Meals	4	2	Met
PERS	16	2	Met
Personal Care	53	2	Met
Respite	14	2	Met

County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
Marlboro			
Adult Day Health	5	2	Met
Case Management	8	2	Met
Home Delivered Meals	4	2	Met
PERS	15	2	Met
Personal Care	42	2	Met
Respite	13	2	Met
Telemonitoring	3	2	Met
McCormick			
Adult Day Health	2	2	Met
Case Management	15	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	38	2	Met
Respite	10	2	Met
Telemonitoring	3	2	Met
Newberry			
Adult Day Health	13	2	Met
Case Management	13	2	Met
Home Delivered Meals	6	2	Met
PERS	16	2	Met
Personal Care	54	2	Met
Respite	13	2	Met
Telemonitoring	3	2	Met
Oconee			
Adult Day Health	4	2	Met
Case Management	10	2	Met
Home Delivered Meals	5	2	Met
PERS	19	2	Met
Personal Care	49	2	Met
Respite	14	2	Met
Telemonitoring	4	2	Met
Orangeburg			
Adult Day Health	14	2	Met
Case Management	14	2	Met

County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	5	2	Met
PERS	15	2	Met
Personal Care	62	2	Met
Respite	14	2	Met
Telemonitoring	4	2	Met
Pickens			
Adult Day Health	4	2	Met
Case Management	14	2	Met
Home Delivered Meals	6	2	Met
PERS	19	2	Met
Personal Care	64	2	Met
Respite	14	2	Met
Telemonitoring	5	2	Met
Richland			
Adult Day Health	15	3	Met
Case Management	15	3	Met
Home Delivered Meals	4	3	Met
PERS	16	3	Met
Personal Care	83	3	Met
Respite	16	3	Met
Telemonitoring	4	3	Met
Saluda			
Adult Day Health	8	2	Met
Case Management	16	2	Met
Home Delivered Meals	5	2	Met
PERS	15	2	Met
Personal Care	48	2	Met
Respite	11	2	Met
Telemonitoring	3	2	Met
Spartanburg			
Adult Day Health	6	3	Met
Case Management	12	3	Met
Home Delivered Meals	6	3	Met
PERS	18	3	Met
Personal Care	73	3	Met
Respite	14	3	Met

County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	5	3	Met
Sumter			
Adult Day Health	9	2	Met
Case Management	16	2	Met
Home Delivered Meals	7	2	Met
PERS	15	2	Met
Personal Care	63	2	Met
Respite	16	2	Met
Telemonitoring	3	2	Met
Union			
Adult Day Health	8	2	Met
Case Management	9	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	50	2	Met
Respite	14	2	Met
Telemonitoring	4	2	Met
Williamsburg			
Adult Day Health	8	2	Met
Case Management	15	2	Met
Home Delivered Meals	5	2	Met
PERS	15	2	Met
Personal Care	50	2	Met
Respite	14	2	Met
Telemonitoring	3	2	Met
Total that Met Minimum (sum of all services across 46 counties with minimum required providers met)	249		
Total Required (sum all of services across 46 counties: 46 counties, 7 services for each county)	249		
Percentage Met	100%		
VALIDATION DECISION	MET		

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

Coordinated and Integrated Care Organizations are required to maintain a network of behavioral health providers in each geographic area that is sufficient to provide all enrollees with access to a full range of covered services. Plans are required to have a network of behavioral health providers

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

Information on behavioral health providers was submitted to the desk materials. The requirements as set forth by the State were compared to submitted information. The GeoAccess reports showed providers for Metro areas, at least 99.9% of members have access to inpatient providers and 99.5% of members have access to outpatient providers. 100% of members have access to a CMHC.

For micro and rural areas, the analysis showed 100% of members located in micro or rural areas have access to inpatient and outpatient providers and have access to a CMHC.

Evaluation of Over/Under Utilization

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

Several reports were submitted for the over-and under-utilization measures. The table below offers the reported data.

TABLE 2: Select Health Over and Underutilization Data

Measure	Reported Value
30-Day Hospital Readmission	16.3% 2-30 day readmit as of July 2023
LOS Inpatient	11.0 (3-month trend)
LOS SNF	14.4 (3-month trend)
ER Utilization	116.3 visits per 1000 members
BH OP Penetration/BH Inpatient Penetration	.70 per 1000 members/.70 per 1000 members

The documentation shows monitoring and analysis of trended data to ensure resources are applied and interventions are implemented to improve appropriate utilization.

Care Transitions

Select Health provides transitional care to all members who are transitioning from one care setting to another. Policy CM 156.209, Comprehensive Transitional Care, describes the process followed

to ensure the member's clinical and non-clinical needs are in place at the time of discharge in order to minimize the occurrence of a readmission or other preventable event.

Constellation Quality Health reviewed a sample of 30-day readmission files submitted by Select Health. Most of the files reflected the assessments and reassessments were being conducted as required. There were several files (13) that reflected no attempts to contact the facility's Case Management/Discharge Planning staff or the member's PCP, an assessment or reassessment was not completed, and no documentation of the medication was monitoring performed after the 72-hour follow-up. These were issues identified during the 2022 EQR. When discussed during the onsite, Select Health indicated that all of these transitions occurred prior to the implementation of the quality improvement plan developed following last year's EQR (2022). *Table 3: 2022 EQR Deficiency* provides an overview of those findings and Select Health's response.

<p align="center">Table 3: 2022 EQR Deficiency</p>

Standard	2022 EQR Findings	2023 EQR Findings
III. Care Transitions		
1. The CICO conducts appropriate care transition functions, as defined by the CICO 3-Way Contract, Section 2.5 and 2.6, to minimize unnecessary complications related to care setting transitions.	CCME reviewed a sample of 30-day readmission files submitted by Select Health. Overall, the file review indicated staff consistently attempted to conduct the required follow-up within 72 hours of discharge. When unable to contact members throughout the transition period, staff attempted to obtain alternate contact information from other sources, such as home health agencies, PCPs, and pharmacies involved in the member's care. There were issues noted in the reviewed files, including: Some files reflected no attempts to contact the facility's Case Management/Discharge Planning staff to collaborate in discharge planning. However, page three of Policy CM 156.209 states, "Upon receipt of an authorization request at the time of admission, the Care Coordinator is alerted and contacts the discharge planner by the end of the following business day to obtain admission information, treatment plan, enrollee status, and to initiate discharge/transition planning." Some files did not provide evidence of any collaboration with the PCP when the member admitted or discharged. Page four	Constellation Quality Health noted an improvement in the documentation of collaboration with the facility case managers and the member's PCP. There were still issues with this collaboration for five files. Also, there was no documentation of the medication monitoring performed after the 72-hour follow-up for five files.

Standard	2022 EQR Findings	2023 EQR Findings
	of Policy CM 156.209 states, "The Care Coordinator (or designee) will request a copy of discharge instructions, or other transition plans and ascertain whether these transition plans were sent to the PCP. 1. The Care Coordinator (or designee) will submit all discharge instructions and transition plans via fax to the PCP or treating provider." Some files did not provide evidence of reassessments following a trigger event or an explanation for why one was not done. Page four of Policy CM 156.209 addresses the phone call or home visit conducted by the Care Coordinator (or designee) within 72 hours of transition and states, "A reassessment of the Enrollee's condition and needs will be completed during this contact." <u>This is a repeat finding from the previous EQR.</u> *Quality Improvement Plan: Ensure all contractual transition of care requirements are met and staff comply with processes documented in Policy CM 156.209, Comprehensive Transitional Care.*	

Select Health Response – On 01/09/2023 the Select Health Population Health leader provided education to the ICM team related to compliance with the contract requirements around transitions and policy 156.109. Specifically addressed were the needs to contact the facility's case management/discharge planning staff to collaborate in discharge planning, collaborating with the PCP when the member experiences a transition, and ensuring a reassessment is conducted following any of the trigger events. On 01/10/2023 a meeting occurred between the ICM team leadership and data analytics to review the progress of a report being built to reassessment compliance post trigger events. That report is anticipated to be in production within the next month and will allow direct supervision of the team's performance to complete reassessments timely. On 01/11/2023, updates were made to the policy CM 156.109, Comprehensive Transitional Care, to align with contract requirements listed in sections 2.5 & 2.6 and submitted to our policy and procedure committee for review and approval. Please see attached meeting minutes as supportive evidence.

However, for the files where the transition occurred after the implementation of the quality improvement plan, Constellation Quality Health noted an improvement in the documentation of collaboration with the facility case managers and the member's PCP. There were still issues with this collaboration for five files. Also, there was no documentation of the medication monitoring performed after the 72-hour follow-up for five files.

Conclusions

The 2023 Annual EQR of Select Health shows that 89% of the standards received a "Met" score. Although improvements were noted, Care Transitions was an area that did not meet the requirements. The chart that follows provides a comparison of the current review results to the 2022 review results.

Figure 1: Annual EQR Comparative Results
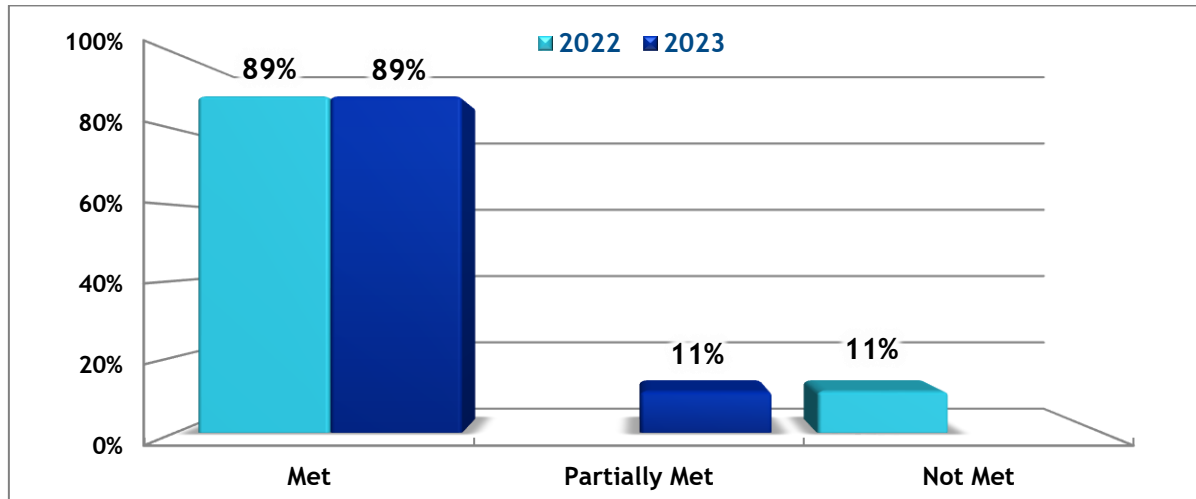
Scores were rounded to the nearest whole number

Attachments

- Attachment 1: Data Collection Tool

CICO Data Collection Tool

Plan Name:	First Choice VIP Care Plus by Select Health of SC
Collection Date:	2023

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
I. Provider Network Adequacy				
1. The CICO maintains a network of Home and Community Based Services (HCBS) providers in each geographic area that is sufficient to provide all enrollees with access to a full range of covered services.	X			Constellation Quality Health requested a complete list of all contracted HCBS providers currently in Select Health's network. The file received had services documented for provider in 42 counties. The minimum number of required providers for each county was calculated and compared to the number of current providers for the seven different services. Of the 294 services across 42 counties, 294 met the minimum requirements resulting in a validation score of 100% that is sustained from last year's 100% rate.
2. The CICO maintains a network of behavioral health (BH) providers in each geographic area that is sufficient to provide all enrollees with access to a full range of covered services.	X			Information on behavioral health providers was submitted to the desk materials. The requirements as set forth by the State were compared to submitted information. The GeoAccess reports showed providers for Metro areas, at least 99.9% of members have access to inpatient providers and 99.5% of members have access to outpatient providers. 100% of members have access to a Community Mental Health Center. For micro and rural areas, the analysis showed 100% of members located in micro or rural areas have access to

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
				inpatient and outpatient providers and have access to a Community Mental Health Center.
II. Evaluation of Over/Under Utilization				
1. The CICO monitors and analyzes utilization data to look for trends or issues that may provide opportunities for quality improvement. Utilization data monitored should include, but not be limited to:				Several reports were submitted for the over and under-utilization measures. The documentation showed monitoring and analysis of trended data to ensure resources are applied and interventions are implemented to improve appropriate utilization.
1.1 30-day hospital readmission rates for any potentially avoidable hospitalization (enrollees readmitted with a diagnosis of Bacterial Pneumonia, Urinary Tract Infection, CHF, Dehydration, COPD/Asthma, and Skin Ulcers);	X			
1.2 Length of stay for hospitalizations;	X			
1.3 Length of stay in nursing homes;	X			
1.4 Emergency room utilization;	X			
1.5 Number and percentage of enrollees receiving mental health services.	X			
III. Care Transitions				
1. The CICO conducts appropriate care transition functions, as defined by the CICO 3-Way Contract, Section 2.5 and 2.6, to minimize unnecessary complications related to care setting transitions.		X		Constellation Quality Health reviewed a sample of 30-day readmission files submitted by Select Health. Most of the files reflected that the assessments and reassessments were being conducted as required. There were several files (13) that reflected no attempts to contact the facility's Case Management/Discharge Planning staff or the member's PCP, an assessment or reassessment was not completed, and no

Constellation Quality Health

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
				documentation of the medication monitoring performed after the 72-hour follow-up. These were issues identified during the 2022 EQR. When discussed onsite, Select Health indicated all of these transitions occurred prior to the implementation of the quality improvement plan developed following last year's EQR (2022). However, for the files where the transition occurred _after_ the implementation of the quality improvement plan; Constellation Quality Health noted an improvement in the documentation of collaboration with the facility case managers and the member's PCP. There were still issues with this collaboration for five files. Also, there was no documentation of the medication monitoring performed after the 72-hour follow-up for five files. _Quality Improvement Plan: Develop a plan to audit a sample of each Case Manager's cases/files to assess the effectiveness of the changes made in the process to meet the contract requirements related to transitions. Reevaluate the process for medication monitoring required after the initial 72-hour follow-up._
2. Transitions that result in a move to a higher level of care are analyzed to determine factors that contributed to the change and actions taken by the CICO to improve outcomes.	X			