Constellation Quality Health

FIRST CHOICE VIP CARE PLUS BY SELECT HEALTH OF SOUTH CAROLINA

2024 EXTERNAL QUALITY REVIEW

Submitted: September 19, 2024

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EXECUTIVE SUMMARY

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

The goals of the review were 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 2023 annual EQR 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 are 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 Managed Care Organization (MCO) EQRs. The review includes a desk review of documents (Attachment 1), and a virtual onsite visit conducted on August 21 and 22, 2024.

Summary and Overall Findings

An overview of the findings for each section follows and is detailed in the data collection tool (Attachment 2). Constellation 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 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, and Telemonitoring.

Constellation requested a complete list of all contracted HCBS providers currently in Select Health's network. 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 322 services across 46 counties, there were no services or counties that did not meet the requirements. Select Health received a validation score of 100% for the HCBS network. Refer to *Table 1: HCBS Provider Adequacy Results* for a detailed breakdown by county and service.

Table 1: HCBS Provider Adequacy Results

County/Services	Minimum Required	Unique Providers	Score
Abbeville			
Adult Day Health	2	2	Met
Case Management	2	15	Met
Home Delivered Meals	2	5	Met
PERS	2	17	Met
Personal Care	2	41	Met
Respite	2	10	Met
Telemonitoring	2	3	Met
Aiken			
Adult Day Health	2	4	Met
Case Management	2	12	Met
Home Delivered Meals	2	5	Met
PERS	2	16	Met
Personal Care	2	51	Met
Respite	2	13	Met
Telemonitoring	2	3	Met
Allendale			
Adult Day Health	2	3	Met
Case Management	2	12	Met
Home Delivered Meals	2	4	Met
PERS	2	16	Met
Personal Care	2	43	Met
Respite	2	11	Met
Telemonitoring	2	4	Met
Anderson			
Adult Day Health	3	9	Met
Case Management	3	11	Met
Home Delivered Meals	3	6	Met
PERS	3	19	Met
Personal Care	3	76	Met
Respite	3	15	Met
Telemonitoring	3	4	Met
Bamberg			
Adult Day Health	2	3	Met
Case Management	2	13	Met
Home Delivered Meals	2	5	Met
PERS	2	17	Met
Personal Care	2	44	Met
Respite	2	11	Met
Telemonitoring	2	4	Met
Barnwell			

County/Services	Minimum Required	Unique Providers	Score
Adult Day Health	2	2	Met
Case Management	2	11	Met
Home Delivered Meals	2	4	Met
PERS	2	17	Met
Personal Care	2	42	Met
Respite	2	11	Met
Telemonitoring	2	4	Met
Beaufort			
Adult Day Health	2	2	Met
Case Management	2	11	Met
Home Delivered Meals	2	4	Met
PERS	2	16	Met
Personal Care	2	40	Met
Respite	2	13	Met
Telemonitoring	2	3	Met
Berkeley			
Adult Day Health	2	6	Met
Case Management	2	12	Met
Home Delivered Meals	2	5	Met
PERS	2	16	Met
Personal Care	2	46	Met
Respite	2	15	Met
Telemonitoring	2	5	Met
Calhoun			
Adult Day Health	2	8	Met
Case Management	2	12	Met
Home Delivered Meals	2	5	Met
PERS	2	17	Met
Personal Care	2	48	Met
Respite	2	13	Met
Telemonitoring	2	4	Met
Charleston			
Adult Day Health	3	6	Met
Case Management	3	12	Met
Home Delivered Meals	3	6	Met
PERS	3	16	Met
Personal Care	3	53	Met
Respite	3	15	Met
Telemonitoring	3	5	Met
Cherokee			
Adult Day Health	2	5	Met
Case Management	2	9	Met
Home Delivered Meals	2	4	Met
PERS	2	17	Met
Personal Care	2	47	Met
Respite	2	11	Met
Telemonitoring	2	4	Met
Chester			
Adult Day Health	2	6	Met

County/Services	Minimum Required	Unique Providers	Score
Case Management	2	10	Met
Home Delivered Meals	2	4	Met
PERS	2	17	Met
Personal Care	2	53	Met
Respite	2	16	Met
Telemonitoring	2	3	Met
Chesterfield			
Adult Day Health	2	3	Met
Case Management	2	11	Met
Home Delivered Meals	2	5	Met
PERS	2	16	Met
Personal Care	2	45	Met
Respite	2	16	Met
Telemonitoring	2	3	Met
Clarendon			
Adult Day Health	2	4	Met
Case Management	2	15	Met
Home Delivered Meals	2	6	Met
PERS	2	16	Met
Personal Care	2	57	Met
Respite	2	16	Met
Telemonitoring	2	3	Met
Colleton			
Adult Day Health	2	4	Met
Case Management	2	11	Met
Home Delivered Meals	2	5	Met
PERS	2	16	Met
Personal Care	2	39	Met
Respite	2	12	Met
Telemonitoring	2	4	Met
Darlington			
Adult Day Health Care	2	2	Met
Case management	2	11	Met
Home Delivered Meals	2	4	Met
PERS	2	16	Met
Personal Care	2	55	Met
Respite	2	14	Met
Telemonitoring	2	3	Met
Dillon			
Adult Day Health	2	3	Met
Case Management	2	12	Met
Home Delivered Meals	2	5	Met
PERS	2	16	Met
Personal Care	2	53	Met
Respite	2	14	Met
Telemonitoring	2	3	Met
Dorchester			
Adult Day Health	2	7	Met
Case Management	2	12	Met

County/Services	Minimum Required	Unique Providers	Score
Home Delivered Meals	2	5	Met
PERS	2	16	Met
Personal Care	2	48	Met
Respite	2	14	Met
Telemonitoring	2	5	Met
Edgefield			
Adult Day Health	2	2	Met
Case Management	2	14	Met
Home Delivered Meals	2	5	Met
PERS	2	17	Met
Personal Care	2	46	Met
Respite	2	11	Met
Telemonitoring	2	3	Met
Fairfield			
Adult Day Health	2	7	Met
Case Management	2	14	Met
Home Delivered Meals	2	5	Met
PERS	2	17	Met
Personal Care	2	59	Met
Respite	2	14	Met
Telemonitoring	2	3	Met
Florence			
Adult Day Health	3	5	Met
Case Management	3	15	Met
Home Delivered Meals	3	5	Met
PERS	3	16	Met
Personal Care	3	62	Met
Respite	3	17	Met
Telemonitoring	3	3	Met
Georgetown			
Adult Day Health	2	5	Met
Case Management	2	12	Met
Home Delivered Meals	2	4	Met
PERS	2	16	Met
Personal Care	2	56	Met
Respite	2	15	Met
Telemonitoring	2	3	Met
Greenville			
Adult Day Health	3	10	Met
Case Management	3	14	Met
Home Delivered Meals	3	6	Met
PERS	3	19	Met
Personal Care	3	84	Met
Respite	3	15	Met
Telemonitoring	3	4	Met
Greenwood			
Adult Day Health	2	2	Met
Case Management	2	15	Met
Home Delivered Meals	2	5	Met

County/Services	Minimum Required	Unique Providers	Score
PERS	2	17	Met
Personal Care	2	63	Met
Respite	2	14	Met
Telemonitoring	2	3	Met
Hampton			
Adult Day Health	2	2	Met
Case Management	2	11	Met
Home Delivered Meals	2	4	Met
PERS	2	16	Met
Personal Care	2	34	Met
Respite	2	11	Met
Telemonitoring	2	4	Met
Horry			
Adult Day Health Care	2	6	Met
Case management	2	13	Met
Home Delivered Meals	2	4	Met
PERS	2	16	Met
Personal Care	2	56	Met
Respite	2	15	Met
Telemonitoring	2	3	Met
Jasper			
Adult Day Health	2	2	Met
Case Management	2	11	Met
Home Delivered Meals	2	4	Met
PERS	2	16	Met
Personal Care	2	35	Met
Respite	2	11	Met
Telemonitoring	2	3	Met
Kershaw			
Adult Day Health	2	9	Met
Case Management	2	14	Met
Home Delivered Meals	2	5	Met
PERS	2	16	Met
Personal Care	2	64	Met
Respite	2	17	Met
Telemonitoring	2	3	Met
Lancaster			
Adult Day Health	2	4	Met
Case Management	2	10	Met
Home Delivered Meals	2	4	Met
PERS	2	17	Met
Personal Care	2	52	Met
Respite	2	16	Met
Telemonitoring	2	3	Met
Laurens			
Adult Day Health	2	4	Met
Case Management	2	15	Met
Home Delivered Meals	2	6	Met
PERS	2	17	Met

County/Services	Minimum Required	Unique Providers	Score
Personal Care	2	74	Met
Respite	2	15	Met
Telemonitoring	2	4	Met
Lee			
Adult Day Health	2	2	Met
Case Management	2	14	Met
Home Delivered Meals	2	5	Met
PERS	2	17	Met
Personal Care	2	53	Met
Respite	2	15	Met
Telemonitoring	2	3	Met
Lexington			
Adult Day Health	2	6	Met
Case Management	2	16	Met
Home Delivered Meals	2	4	Met
PERS	2	17	Met
Personal Care	2	78	Met
Respite	2	17	Met
Telemonitoring	2	4	Met
Marion			
Adult Day Health	2	2	Met
Case Management	2	12	Met
Home Delivered Meals	2	4	Met
PERS	2	17	Met
Personal Care	2	58	Met
Respite	2	14	Met
Telemonitoring	2	3	Met
Marlboro			
Adult Day Health	2	3	Met
Case Management	2	8	Met
Home Delivered Meals	2	4	Met
PERS	2	16	Met
Personal Care	2	47	Met
Respite	2	13	Met
Telemonitoring	2	3	Met
McCormick			
Adult Day Health	2	2	Met
Case Management	2	15	Met
Home Delivered Meals	2	5	Met
PERS	2	17	Met
Personal Care	2	43	Met
Respite	2	10	Met
Telemonitoring	2	3	Met
Newberry			
Adult Day Health	2	8	Met
Case Management	2	13	Met
Home Delivered Meals	2	6	Met
PERS	2	17	Met
Personal Care	2	58	Met

County/Services	Minimum Required	Unique Providers	Score
Respite	2	13	Met
Telemonitoring	2	3	Met
Oconee			
Adult Day Health	2	5	Met
Case Management	2	10	Met
Home Delivered Meals	2	5	Met
PERS	2	19	Met
Personal Care	2	56	Met
Respite	2	13	Met
Telemonitoring	2	3	Met
Orangeburg			
Adult Day Health	2	9	Met
Case Management	2	14	Met
Home Delivered Meals	2	5	Met
PERS	2	16	Met
Personal Care	2	65	Met
Respite	2	15	Met
Telemonitoring	2	4	Met
Pickens			
Adult Day Health	2	6	Met
Case Management	2	14	Met
Home Delivered Meals	2	6	Met
PERS	2	19	Met
Personal Care	2	72	Met
Respite	2	14	Met
Telemonitoring	2	4	Met
Richland			
Adult Day Health	3	9	Met
Case Management	3	15	Met
Home Delivered Meals	3	4	Met
PERS	3	17	Met
Personal Care	3	87	Met
Respite	3	17	Met
Telemonitoring	3	4	Met
Saluda			
Adult Day Health	2	4	Met
Case Management	2	16	Met
Home Delivered Meals	2	5	Met
PERS	2	16	Met
Personal Care	2	52	Met
Respite	2	11	Met
Telemonitoring	2	3	Met
Spartanburg			
Adult Day Health	3	7	Met
Case Management	3	12	Met
Home Delivered Meals	3	6	Met
PERS	3	18	Met
Personal Care	3	81	Met
Respite	3	14	Met

County/Services	Minimum Required	Unique Providers	Score
Telemonitoring	3	4	Met
Sumter			
Adult Day Health	2	6	Met
Case Management	2	16	Met
Home Delivered Meals	2	7	Met
PERS	2	16	Met
Personal Care	2	70	Met
Respite	2	17	Met
Telemonitoring	2	3	Met
Union			
Adult Day Health	2	8	Met
Case Management	2	9	Met
Home Delivered Meals	2	4	Met
PERS	2	17	Met
Personal Care	2	55	Met
Respite	2	14	Met
Telemonitoring	2	4	Met
Williamsburg			
Adult Day Health	2	5	Met
Case Management	2	15	Met
Home Delivered Meals	2	5	Met
PERS	2	16	Met
Personal Care	2	53	Met
Respite	2	15	Met
Telemonitoring	2	3	Met
York			
Adult Day Health	2	3	Met
Case Management	2	9	Met
Home Delivered Meals	2	4	Met
PERS	2	17	Met
Personal Care	2	56	Met
Respite	2	17	Met
Telemonitoring	2	3	Met
Total that Met Minimum (sum of all services across 46 counties with minimum required providers met)	322		
Total Required (sum all of services across 46 counties: 46 counties, 7 services for each county)	322		
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 (CICOs) 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 BH providers was submitted to the desk materials. The requirements as set forth by the State were compared to submitted information. The Metro analysis showed 99.9% of members have access to an inpatient BH provider, 99.6% have access to an outpatient BH provider, and 100% have access to CMHCs. Micro-level geographic areas showed 100%.

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 (LOS) 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 over and under-utilization measures. The documentation shows the monitoring and analysis of trended data to ensure resources are applied and interventions are implemented to improve appropriate utilization. Constellation found no issues with Select Health's evaluation of over and under-utilization measures. *Table 2: Over and Underutilization Data* provides an overview of the utilization data.

TABLE 2: Select Health Over and Underutilization Data

Measure	Reported Value
30-day hospital readmission	13.3%
LOS Inpatient	11.0%
LOS Skilled Nursing Facility (SNF)	13.8%
ER Utilization	937 (as of May 2024)
BH Outpatient Penetration/BH Inpatient Penetration	2.09 per 1000 members/1.21 per 1000 members

Care Transitions

The First Choice VIP Care Plus by Select Health of South Carolina Population Health/Care Management Program Description and policies address care transitions detailing the involvement of the Care Coordinators to ensure appropriate care and support before, during, and after transitions. This includes identifying suitable housing options, coordinating resources, and facilitating the transition process.

Constellation requested a list of enrollees who were hospitalized in an acute care setting, discharged, and readmitted to an acute care facility within 30 days for the period of August 2023

to June 2024. Constellation specified to only include those enrollees readmitted with a diagnosis that meets the definition of a potentially avoidable hospitalization. These are defined by SCDHHS as: Bacterial Pneumonia, Urinary Tract Infection, Congestive Heart Failure (CHF), Dehydration, Chronic Obstructive Pulmonary Disease (COPD)/Asthma, or Skin Ulcers. Constellation selected 30 files from the list of enrollees that met the above criteria. Select Health provided a copy of the case management files for these 30 enrollees. The initial review found several files that did not reflect attempts to contact the facility's Case Management/Discharge Planning staff or the member's primary care physician (PCP), did not include a completed assessment or reassessment, or did not document the medication monitoring performed after the 72-hour follow up. These were issues identified during the 2023 EQR. Select Health provided additional information following the onsite and indicated that most of these issues occurred prior to the implementation of the quality improvement plan (QIP) developed following the 2023 EQR. However, these were the same issues identified in 2022, 2023, and for this EQR (2024). Details regarding the 2023 QIP can be found in *Attachment 3: Assessment of Quality Improvement Plans from Previous EQR*.

Constellation reviewed the additional information submitted after the onsite and found the following:

- There were no attempts to contact the facility's Case Management/Discharge Planning for four files.

- Notification of the member's PCP regarding the transition was not found in seven files.

- Documentation of the scheduling or follow-up with the member regarding an aftercare appointment was missing in three files.

- The clinical follow up within 72 hours of transition was missing in 10 files.

- Documentation of the medication monitoring performed after the 72-hour follow-up was missing in three files.

- Reassessments were not completed for three files.

- There was no transition activities conducted for one file due to late notification of admission.

- The identification of clinical and non-clinical support needs and any barriers to after care was missing in one file.

Conclusions

The 2024 Annual EQR of Select Health shows that 89% of the standards received a "Met" score. Care Transitions received a "Not Met" score. The figure that follows provides a comparison of the current review results to the 2023 review results.

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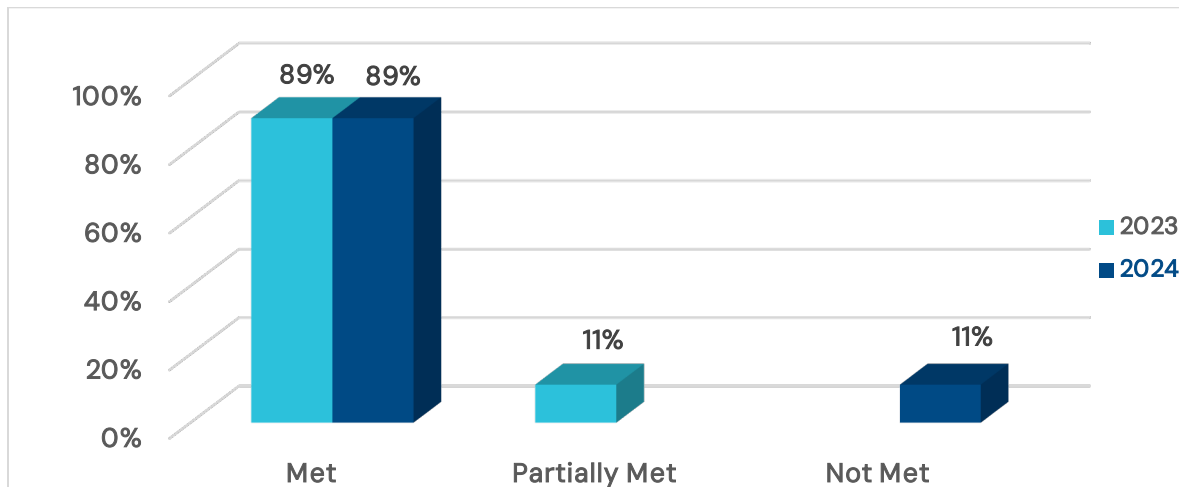
Scores were rounded to the nearest whole number

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

Strengths	Quality	Timeliness	Access to Care
Select Health has a strong network of HCBS and behavioral health providers, ensuring members have access to a choice of providers.			✔
The documentation shows monitoring and analysis of trended utilization data to ensure resources are applied and interventions are implemented to improve appropriate utilization.	✔		

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

Weakness	Recommendation or Quality Improvement Plan	Quality	Timeliness	Access to Care
The review of the sample of care transition files found the same or similar deficiencies found in the 2022 and 2023 EQRs. The following activities were not documented or not conducted:	*Quality Improvement Plan: Develop a quality improvement plan to address the continued deficiencies identified in the care transition files. Consider increasing the audit sample of each Case Manager's cases/files to assess and*	✔	✔	✔

Weakness	Recommendation or Quality Improvement Plan	Quality	Timeliness	Access to Care
• Collaboration with the facility-based care/case manager or discharge planner • Notification of the member's PCP regarding the transition • Scheduling or follow-up with the member regarding an aftercare appointment • Clinical follow up (phone call or home visit) within 72 hours of transition • Medication monitoring and adherence required to be performed after the initial 72-hour follow-up • A reassessment completed following the trigger event (readmission) for five files • Transition activities for one file due to late notification of admission	*identify barriers to meeting the contract requirements.*			

Attachments

- Attachment 1: Initial Notice and Desk Materials Request List

- Attachment 2: Data Collection Tool

- Attachment 3: Assessment of Quality Improvement Plans from Previous EQR

Attachment 1: Initial Notice and Desk Materials Request List

July 8, 2024

Ms. Courtnay Thompson
Market President
Select Health of South Carolina, Inc.
4390 Belle Oaks Drive, Suite 400
North Charleston, South Carolina 29405

Dear Ms. Thompson:

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 First Choice VIP Care Plus by Select Health of SC 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 a managed care program for Medicare–Medicaid recipients.

This review will only include a desk review and will address only the contract requirements specified by SCDHHS which are included in the enclosed standards document.

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 and a teleconference and will address only the contract requirements specified by SCDHHS which are included in the enclosed standards document. The Constellation Quality Health EQR team plans to conduct the teleconference on **August 21st** and **August 22nd**.

In preparation for the desk review, the items on the enclosed desk materials list should be provided to Constellation Quality Health no later than **July 22, 2024.** To help with submission of the desk materials, we have developed a secure file transfer site to allow health plans under review to submit desk materials directly to Constellation Quality Health. The file transfer site can be found at: https://eqro.thecarolinascenter.org

I have included written instructions on how to use the file transfer site and would be happy to schedule an education session (via webinar) on how to utilize the file transfer site, if needed. 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,

Sandi Owens

Sandi Owens, LPN
Project Manager, External Quality Review

cc: SCDHHS

External Quality Review 2024

MATERIALS REQUESTED FOR DESK REVIEW

1. Copies of current policies and procedures related to the following areas:
    - Care Transitions;
    - Care Coordination;
    - Over and Underutilization; and
    - Network development and assessment.

2. Organizational chart of all staff members including names of individuals in each position, and any current vacancies. Please include the staffing levels for Case Management, Care Coordination, and Care Transitions.

3. Current MMP membership demographics including total enrollment and distribution by age range, sex, and county of residence.

4. Documentation of all HCBS and Behavioral Health provider network geographic assessments (e.g., GeoAccess studies), and any other documentation that supports the adequacy of the provider base. The reports must be supplemented with information on providers that serve over age 65 enrollees.

5. Please provide a complete list of all contracted HCBS providers currently in your network in the following format:

Field	Type	Description
ProviderName	Character	Provider Name
ProviderID	Character	NPI/Legacy ID
ServiceType	Character	Contracted Service
County	Character	County of Contracted Service
ContractDate	Date/Time	Date contract started with provider
UnitCost	Numerical	The health plan's reimbursement cost for the service(s) provided based on expected units in attached table.

The file format should be a Microsoft Excel file with a row for each provider / service / county combination that the plan has active contracts with. For example:

Provider Name	Provider ID	Service Type	County	Contract Date	Unit Cost
PROVA	1234	Nutritional Supplement	Aiken	5/1/2015	33.00

Provider Name	Provider ID	Service Type	County	Contract Date	Unit Cost
PROVA	1234	Nutritional Supplement	Berkeley	5/1/2015	33.00
PROVA	1234	Brief – Adult Small	Aiken	5/1/2015	0.57
PROVB	9876	Attendant Care	Darlington	1/1/2015	10.52

If a provider is contracted to cover more than one county, a row would be created for each county being served by that provider. For example, if the provider is contracted to cover the entire state, 46 rows would be created.

Only those providers contracted to perform the services listed below should be included in the spreadsheet submitted.

Home and Community Based Service Types and Expected Units

Service Types
Adult Day Health Care
Adult Day Health Care Transportation
Adult Diapers - Extra Large
Adult Diapers - Large
Adult Diapers - Medium
Adult Diapers - Small
Adult Wipes
Attendant Care
Attendant-Backup
Bariatric Diapers
Brief - Adult Extra Large
Brief - Adult Large
Brief - Adult Medium
Brief - Adult Small
Brief - Pediatric Large
Brief - Pediatric Small
Brief - Youth
Case Management Contact
Case Management Visit
Companion - Agency
Diapers - Youth

Service Types
Incontinence Pads
Meals - Standard/Modified
Meals - Therapeutic
Med Pads (Chux)
Medicaid Nursing Service (LPN)
Medicaid Nursing Service (RN)
Nutritional Supplement
Nutritional Supplement-Diabetic
Pediatric Diapers - Large
Pediatric Diapers - Small
PERS - installation
Pers. Emer. Resp. Sys.
Personal Care I (Home Mgmt.)
Personal Care II
Respite (Inst.)
Respite (RCF)
Respite Care (In-home)
Specialized Medical Equipment
Specialized Medical Supplies
Telemonitoring

6. For Behavioral Health providers, please submit an excel spreadsheet that includes:
   - County name;
   - Total number of behavioral health providers in that county;
   - Identify adjacent counties; and
   - Number of Behavioral Health Providers in adjacent counties.

Example:

County	Total Providers	Adjacent County	Providers	Adjacent County	Providers	Adjacent County	Providers
Allendale County		Bamberg		Colleton		Hampton	
Chester County		Cleveland		York		Union	
McCormick County		Greenwood		Edgefield		Columbia	
Greenwood County		Laurens		Newberry		Edgefield	
Edgefield County		Saluda		Aiken		Richmond	

7. A description of the Disease Management, Case Management/Care Coordination/Care Transition, and Quality Programs.

8. Committee Minutes for Quality Improvement and Utilization Management activities from August 2023 through June 2024.

9. The most recent reports summarizes the effectiveness of the Disease Management, Case Management/Care Coordination/Care Transition, and Quality Programs.

10. Any data collected and dashboard reports for the purposes of monitoring the utilization (over and under) of health care services. Include data for the following:
    - Length of Stay–Hospitalizations;
    - Length of Stay–LTC defined as SNF, intermediate and assisted living;
    - Emergency Room utilization; and
    - Number and percentage of enrollees receiving mental health services.

11. A copy of the monitoring conducted between August 2023 through June 2024, that is used to determine the factors contributing to a readmission/move to a higher level of care and actions taken by the CICO to improve enrollee outcomes. Specifically:
    - The total number of transitions completed in this timeframe;
    - The total number of enrollees in transition in the timeframe;
    - The total number of enrollees who transitioned back to a higher level of care in this timeframe; and
    - Actions taken to improve outcome and readmission rates.

12. The following data regarding any Healthy Connections Prime enrollee who was hospitalized in an acute care setting, discharged, and readmitted to an acute care facility within 30 days. Include only those enrollees readmitted with a diagnosis that meets the definition of a

Potentially Avoidable Hospitalization (PAH): These are defined by SCDHHS as: Bacterial Pneumonia, Urinary Tract Infection, CHF, Dehydration, COPD/Asthma, or Skin Ulcers. Please provide an excel spreadsheet containing the following:

- First Name;
- Last name;
- DOB;
- Date of discharge from initial hospitalization;
- Record ID number
- Initial hospitalization primary diagnosis and diagnosis code;
- Initial hospitalization secondary diagnoses and diagnosis codes;
- Date of readmission;
- Readmission primary diagnosis and diagnosis code; and
- Readmission secondary diagnoses and diagnosis codes.

Use the timeframe for data collection from August 2023 to June 2024. *Note: Based on this information Constellation Quality Health will request a random sample of files for review. The care plans and case management/care transition notes for all enrollees that were extracted for random sampling will be requested.*

These materials:
- Should be organized and uploaded to the secure Constellation Quality Health's EQR File Transfer site at
  https://eqro.thecarolinascenter.org; and
- Should be submitted in the categories listed.

Attachment 2: Data Collection Tool

CICO Data Collection Tool

Plan Name:	First Choice VIP Care Plus by Select Health
Collection Date:	2024

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			Select Health is required by the SCDHHS Contract to maintain a network of HCBS providers sufficient to provide all enrollees with access to a full range of covered services in each geographic area. Constellation requested a complete list of all contracted HCBS providers currently in Select Health's network. 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 322 services across 46 counties, there were no services or counties that did not meet the requirements. Select Health received a validation score of 100% for the HCBS network.
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 BH providers was submitted to the desk materials. The requirements as set forth by the State were compared to submitted information. The Metro analysis showed 99.9% of members have access to an inpatient BH provider, 99.6% have access to an outpatient BH provider, and 100% have access to CMHCs. Micro-level geographic areas showed 100%.
II. Evaluation of Over/Under Utilization				

Standard	Score			Comments
	Met	Partially Met	Not Met	
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 over and under-utilization measures. The documentation shows the monitoring and analysis of trended data to ensure resources are applied and interventions are implemented to improve appropriate utilization. Constellation found no issues with Select Health's evaluation of over and under-utilization measures.
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	The First Choice VIP Care Plus by Select Health of South Carolina Population Health/Care Management Program Description and policies address care transitions detailing the involvement of the Care Coordinators to ensure appropriate care and support before, during, and after transitions. This includes identifying suitable housing

Standard	Score			Comments
	Met	Partially Met	Not Met	
				options, coordinating resources, and facilitating the transition process. Constellation requested a list of enrollees who were hospitalized in an acute care setting, discharged, and readmitted to an acute care facility within 30 days for the period of August 2023 to June 2024. Constellation specified to only include those enrollees readmitted with a diagnosis that meets the definition of a potentially avoidable hospitalization. These are defined by SCDHHS as: Bacterial Pneumonia, Urinary Tract Infection, CHF, Dehydration, COPD/Asthma, or Skin Ulcers. Constellation selected 30 files from the list of enrollees that met the above criteria. Select Health provided a copy of the case management files for these 30 enrollees. The initial review found several files that did not reflect attempts to contact the facility's Case Management/Discharge Planning staff or the member's PCP, did not include a completed assessment or reassessment, or did not document the medication monitoring performed after the 72-hour follow up. These were issues identified during the 2023 EQR. Select Health provided additional information following the onsite and indicated that most of these issues occurred prior to the implementation of the quality improvement plan developed following the 2023 EQR. However, these were the same issues identified in 2022, 2023 and for this EQR (2024). Constellation reviewed the additional information submitted following the onsite and found the following: • There were no attempts to contact the facility's Case Management/Discharge Planning for four files • Notification of the member's PCP regarding the transition was not found in seven files

Standard	Score			Comments
	Met	Partially Met	Not Met	
				• Documentation of the scheduling or follow-up with the member regarding an aftercare appointment was missing in three files • The clinical follow up within 72 hours of transition was missing in 10 files • Documentation of the medication monitoring performed after the 72-hour follow-up was missing in three files • Reassessments were not completed for three files • There was no transition activities conducted for one file due to late notification of admission *Quality Improvement Plan: Develop a quality improvement plan to address the continued deficiencies identified in the care transition files. Consider increasing the audit sample of each Case Manager's cases/files to assess and identify barriers to meeting the contract requirements.*
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			

Attachment 3: Assessment of Quality Improvement Plans from Previous EQR

First Choice VIP Care Plus by Select Health 2023 Quality Improvement Plan

2023 EQR Findings	Actions Taken by the Health Plan to Address Findings	2024 EQR Findings	
		Corrected	Not Corrected
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.			
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 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 <u>after</u> 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.	Policy CM 156-209 Comprehensive Transitional Care was revised to include medication monitoring after the 72-hour follow up. The policy is in draft format and set for review/approval on December 19, 2023. On November 27, 2023 the SC MMP CM leader met with our internal auditing department to outline a plan for auditing a sample of each Coordinator's files to assess the effectiveness of the changes made in the process. The December 2023 audits will reflect the changes related to transitions. Corporate audit policy included: Corporate%20Clinic al%20Audit%20Polic On November 29, 2023 a meeting was held with the transition of care (TOC) team to review the results from the audit and provide additional education. Cases were reviewed and Instructions were provided to ensure enhanced communication with the PCP and med monitoring after the 72-hour follow-up. Minutes included: TOC_Meeting_Minu tes.docx		✓

2023 EQR Findings	Actions Taken by the Health Plan to Address Findings	2024 EQR Findings	
		Corrected	Not Corrected
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.			

Constellation Quality Health