



Constellation
Quality Health

WELLCARE PRIME BY ABSOLUTE TOTAL CARE

2023 EXTERNAL QUALITY REIVEW

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

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 Wellcare Prime (Wellcare), a South Carolina Healthy Connections Prime Medicare–Medicaid Plan (MMP) operated by Absolute Total Care (ATC). 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 Wellcare 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.

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 December 6, 2023, and December 7, 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

Wellcare 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

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- Respite
- Telemonitoring

The minimum number of required providers for each county was calculated and compared to the number of current providers for seven different services in the 46-county network according to the 2022 MMP Detail Report. Per SCDHHS, the minimums are two providers for each service in each county with the exception of the following minimums: three providers for each service for the counties of Anderson, Charleston, Florence, Greenville, Richland, and Spartanburg. Last year the rate was 100% for the HCBS Network Adequacy. The HCBS adequacy rate for this year was calculated as 99.7% (321 service minimums out of 322 services were met). Aiken county only has one unique Adult Day Health provider contracted, as was the case last year. 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	4	2	Met
Case Management	3	2	Met
Home Delivered Meals	4	2	Met
PERS	16	2	Met
Personal Care	22	2	Met
Respite	8	2	Met
Telemonitoring	3	2	Met
Aiken			
Adult Day Health	1	2	Not Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	18	2	Met
Respite	5	2	Met
Telemonitoring	2	2	Met
Allendale			
Adult Day Health	2	2	Met
Case Management	5	2	Met
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	14	2	Met
Respite	5	2	Met

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County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
Anderson			
Adult Day Health	4	3	Met
Case Management	3	3	Met
Home Delivered Meals	3	3	Met
PERS	17	3	Met
Personal Care	15	3	Met
Respite	5	3	Met
Telemonitoring	4	3	Met
Bamberg			
Adult Day Health	4	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	17	2	Met
Respite	5	2	Met
Telemonitoring	4	2	Met
Barnwell			
Adult Day Health	4	2	Met
Case Management	5	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	16	2	Met
Respite	5	2	Met
Telemonitoring	4	2	Met
Beaufort			
Adult Day Health	3	2	Met
Case Management	4	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	14	2	Met
Respite	5	2	Met
Telemonitoring	4	2	Met
Berkeley			
Adult Day Health	4	2	Met
Case Management	6	2	Met

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County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	17	2	Met
Respite	7	2	Met
Telemonitoring	4	2	Met
Calhoun			
Adult Day Health	5	2	Met
Case Management	4	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	17	2	Met
Respite	4	2	Met
Telemonitoring	4	2	Met
Charleston			
Adult Day Health	6	3	Met
Case Management	6	3	Met
Home Delivered Meals	4	3	Met
PERS	16	3	Met
Personal Care	20	3	Met
Respite	8	3	Met
Telemonitoring	4	3	Met
Cherokee			
Adult Day Health	3	2	Met
Case Management	4	2	Met
Home Delivered Meals	2	2	Met
PERS	16	2	Met
Personal Care	16	2	Met
Respite	6	2	Met
Telemonitoring	4	2	Met
Chester			
Adult Day Health	6	2	Met
Case Management	3	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	23	2	Met
Respite	10	2	Met

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County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	2	Met
Chesterfield			
Adult Day Health	2	2	Met
Case Management	3	2	Met
Home Delivered Meals	5	2	Met
PERS	16	2	Met
Personal Care	16	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Clarendon			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	18	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Colleton			
Adult Day Health	5	2	Met
Case Management	5	2	Met
Home Delivered Meals	4	2	Met
PERS	16	2	Met
Personal Care	17	2	Met
Respite	7	2	Met
Telemonitoring	4	2	Met
Darlington			
Adult Day Health	2	2	Met
Case Management	5	2	Met
Home Delivered Meals	2	2	Met
PERS	16	2	Met
Personal Care	19	2	Met
Respite	6	2	Met
Telemonitoring	2	2	Met
Dillon			
Adult Day Health	2	2	Met
Case Management	4	2	Met

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County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	3	2	Met
PERS	19	2	Met
Personal Care	15	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Dorchester			
Adult Day Health	3	2	Met
Case Management	5	2	Met
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	18	2	Met
Respite	8	2	Met
Telemonitoring	3	2	Met
Edgefield			
Adult Day Health	3	2	Met
Case Management	3	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	14	2	Met
Respite	6	2	Met
Telemonitoring	2	2	Met
Fairfield			
Adult Day Health	5	2	Met
Case Management	4	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	25	2	Met
Respite	9	2	Met
Telemonitoring	3	2	Met
Florence			
Adult Day Health	3	3	Met
Case Management	5	3	Met
Home Delivered Meals	4	3	Met
PERS	19	3	Met
Personal Care	22	3	Met
Respite	6	3	Met

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County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	3	3	Met
Georgetown			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	18	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Greenville			
Adult Day Health	5	3	Met
Case Management	4	3	Met
Home Delivered Meals	4	3	Met
PERS	18	3	Met
Personal Care	31	3	Met
Respite	13	3	Met
Telemonitoring	5	3	Met
Greenwood			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	24	2	Met
Respite	10	2	Met
Telemonitoring	2	2	Met
Hampton			
Adult Day Health	3	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	12	2	Met
Respite	4	2	Met
Telemonitoring	4	2	Met
Horry			
Adult Day Health	3	2	Met
Case Management	7	2	Met

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County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	2	2	Met
PERS	17	2	Met
Personal Care	17	2	Met
Respite	5	2	Met
Telemonitoring	2	2	Met
Jasper			
Adult Day Health	3	2	Met
Case Management	4	2	Met
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	16	2	Met
Respite	6	2	Met
Telemonitoring	4	2	Met
Kershaw			
Adult Day Health	5	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	26	2	Met
Respite	11	2	Met
Telemonitoring	3	2	Met
Lancaster			
Adult Day Health	3	2	Met
Case Management	3	2	Met
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	20	2	Met
Respite	12	2	Met
Telemonitoring	2	2	Met
Laurens			
Adult Day Health	4	2	Met
Case Management	6	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	31	2	Met
Respite	12	2	Met

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County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	4	2	Met
Lee			
Adult Day Health	5	2	Met
Case Management	5	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	15	2	Met
Respite	7	2	Met
Telemonitoring	3	2	Met
Lexington			
Adult Day Health	7	2	Met
Case Management	7	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	33	2	Met
Respite	10	2	Met
Telemonitoring	4	2	Met
Marion			
Adult Day Health	3	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	18	2	Met
Personal Care	20	2	Met
Respite	5	2	Met
Telemonitoring	3	2	Met
Marlboro			
Adult Day Health	2	2	Met
Case Management	3	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	17	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
McCormick			
Adult Day Health	3	2	Met
Case Management	3	2	Met

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County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	16	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Newberry			
Adult Day Health	10	2	Met
Case Management	6	2	Met
Home Delivered Meals	5	2	Met
PERS	17	2	Met
Personal Care	25	2	Met
Respite	8	2	Met
Telemonitoring	3	2	Met
Oconee			
Adult Day Health	2	2	Met
Case Management	2	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	20	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
Orangeburg			
Adult Day Health	7	2	Met
Case Management	7	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	23	2	Met
Respite	9	2	Met
Telemonitoring	4	2	Met
Pickens			
Adult Day Health	3	2	Met
Case Management	3	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	29	2	Met
Respite	12	2	Met

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County/Services	Unique Providers	Minimum Required	Score
Telemonitoring	4	2	Met
Richland			
Adult Day Health	8	3	Met
Case Management	6	3	Met
Home Delivered Meals	4	3	Met
PERS	17	3	Met
Personal Care	38	3	Met
Respite	12	3	Met
Telemonitoring	4	3	Met
Saluda			
Adult Day Health	3	2	Met
Case Management	3	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	21	2	Met
Respite	7	2	Met
Telemonitoring	3	2	Met
Spartanburg			
Adult Day Health	6	3	Met
Case Management	5	3	Met
Home Delivered Meals	3	3	Met
PERS	17	3	Met
Personal Care	30	3	Met
Respite	14	3	Met
Telemonitoring	5	3	Met
Sumter			
Adult Day Health	7	2	Met
Case Management	6	2	Met
Home Delivered Meals	3	2	Met
PERS	17	2	Met
Personal Care	22	2	Met
Respite	9	2	Met
Telemonitoring	2	2	Met
Union			
Adult Day Health	7	2	Met
Case Management	4	2	Met

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County/Services	Unique Providers	Minimum Required	Score
Home Delivered Meals	3	2	Met
PERS	16	2	Met
Personal Care	23	2	Met
Respite	10	2	Met
Telemonitoring	4	2	Met
Williamsburg			
Adult Day Health	4	2	Met
Case Management	7	2	Met
Home Delivered Meals	4	2	Met
PERS	17	2	Met
Personal Care	17	2	Met
Respite	6	2	Met
Telemonitoring	3	2	Met
York			
Adult Day Health	5	2	Met
Case Management	3	2	Met
Home Delivered Meals	2	2	Met
PERS	15	2	Met
Personal Care	21	2	Met
Respite	12	2	Met
Telemonitoring	2	2	Met
Total that Met Minimum (sum of all services across 46 counties with minimum required providers met)	321		
Total Required (sum all of services across 46 counties: 46 counties, 7 services for each county)	322		
Percentage Met	99.7%		
VALIDATION DECISION	Met		

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

The health plans are required to maintain 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. Plans are required to have a network of behavioral health providers to ensure a choice of at least two (2) providers located within no more than fifty (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

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one of the behavioral health providers used to meet the two (2) providers per fifty (50) mile requirement must be a Community Mental Health Center (CMHC).

Wellcare submitted information about their BH provider network. The requirements set forth by the State were compared to the submitted information. The GeoAccess Network Analysis report provided by Quest Analytics showed that 99.2% of the members have access to a psychiatrist; 98.4% have access to a psychologist; 99.9% have access to a social worker; and 99.9% have access to a CMHC. Analysis was conducted for large metro, metro, micro, rural, and counties with extreme access considerations. Wellcare met all network adequacy requirements for BH providers.

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 results follow:

- The inpatient length of stay (LOS) has increased from 10.5 to 11.5 in quarter 3 and is above the expected value.
- Readmissions declined from 13.97% in quarter 1 to 12.50% in quarter 3 and remain below the expected rate of 14.5%.
- The BH service rate was 2.3% in September 2023, which was a reduction from January 2023 of 5.0%.
- Skilled Nursing Facility LOS showed an increase from 21.73 days in quarter 1 to 24 days in quarter 4.
- ER visits per 1000 decreased in the latest measurements July (858.3) to August (751.2). The goal value is not clearly documented.

Care Transitions

Wellcare's Care Management Program Description provides information about transitional care provided to all members who are transitioning from one care setting to another.

Constellation Quality Health reviewed a sample of 30-day readmission files submitted by Wellcare. Most of the files contained detailed notes regarding the transitions and the outreach to the member, primary care provider, and the facility. There were several files that reflected no attempts to contact the facility's Case Management/Discharge Planning

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staff or the member’s PCP, and untimely attempts to contact members/caregivers within 72-hours of discharge. These were issues identified during the 2022 EQR. Wellcare addressed this deficiency with a quality improvement plan and some of these transitions occurred prior to the implementation of that plan. *Table 2: 2022 EQR Deficiency* provides an overview of those findings and Wellcare’s response.

Table 2: 2022 EQR Deficiency

Standard	2022 EQR Findings	2023 EQR Findings
III. Care Transitions		
<p>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.</p>	<p>The Healthy Connections Prime Care Management Program Description 2022 defines the program’s purpose, scope, goals and objectives, and structure, and describes Care Management processes. CCME reviewed a sample of care transitions files for 35 members who were noted to have a readmission for specific diagnoses within 30 days of a previous discharge. Overall, the files reflected good documentation of supports needed by members after discharge, as well as barriers and interventions to address those barriers. The files also reflected attempts to obtain alternate contact information for members who were difficult to reach, letters to members notifying them of unsuccessful outreach attempts, and documentation of medication reconciliations.</p> <p>Issues noted in the files included:</p> <ul style="list-style-type: none"> •Untimely attempts to contact members/caregivers within 72-hours of discharge for eight member files. •Lack of documentation of interaction with facility Case Managers or Discharge Planners was noted for six files. •Lack of documentation of collaboration with the PCP was noted for three files. <p><i>Quality Improvement Plan: Ensure files include thorough and complete documentation of all required activities, including collaboration with</i></p>	<p>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 eight files, notification of the PCP regarding the transition was missing in two files, and the attempts to contact members/caregivers within 72-hours of discharge was untimely for four files.</p>

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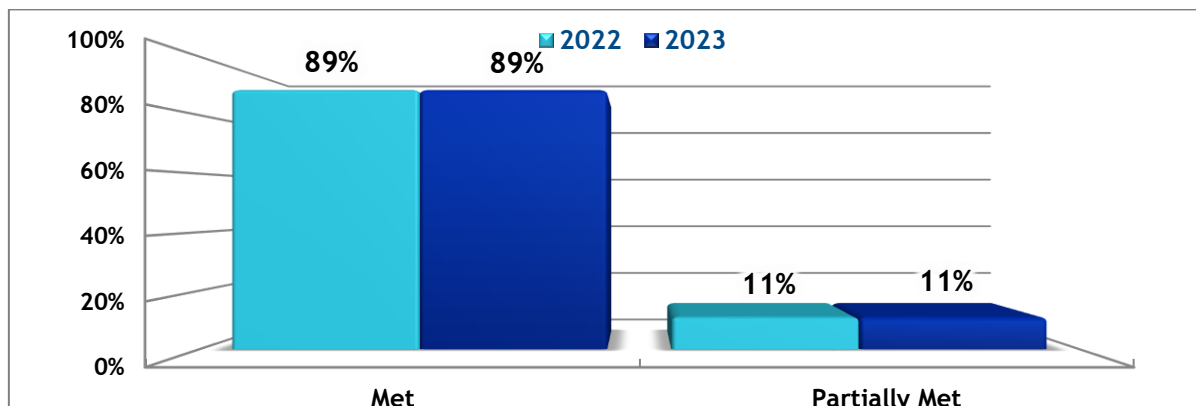
Standard	2022 EQR Findings	2023 EQR Findings
	<i>facility Case Managers or Discharge Planners, collaboration with the PCP, and post-discharge TOC assessment within 72-hours of discharge.</i>	
<p>ATC Response:</p> <ol style="list-style-type: none"> Wellcare Prime by Absolute Total Care (ATC) is committed to a collaborative approach with local providers by participating within a Health Information Exchange (HIE), allowing for real-time activities for inpatient/discharge information. We are engaging providers with Epic Payer Platform to improve engagement. MMP Transition of Care (TOC) leadership will review EQRO results and current processes with the team to ensure key metrics are met within established parameters. MMP/TOC leadership will audit and monitor TOC files monthly looking for opportunities for overall improvement of metrics. TOC team will document outreaches to discharge planners (DCP), facility case managers and timely notification of PCPs for any IP/DC activities. MMP leadership will conduct retraining of all member facing staff who manage aspects of TOC responsibilities to ensure understanding and practical completion of key metrics and timely completion of TOC activities. 		

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 eight files, notification of the PCP regarding the transition was missing in two files, and the attempts to contact members/caregivers within 72-hours of discharge was untimely for four files.

Conclusions

The 2023 Annual EQR of Wellcare 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

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Attachments

- Attachment 1: Data Collection Tool

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Attachment 1: Data Collection Tool

CICO Data Collection Tool

Plan Name:	Wellcare Prime by Absolute Total Care
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			The minimum number of required providers for each county was calculated and compared to the number of current providers for 7 different services in the 46-county network according to the 2022 MMP Detail Report. Per SCDHHS, the minimums are 2 providers for each service in each county with the exception of the following minimums: 3 providers for each service for the counties of Anderson, Charleston, Florence, Greenville, Richland, and Spartanburg. Last year the rate was 100% for the HCBS Network Adequacy. The HCBS adequacy rate for this year was calculated as 99.7% (321 service minimums out of 322 services were met). Aiken County only has one unique Adult Day Health provider contracted, as was the case last year.
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			Wellcare submitted information on their BH provider network. The requirements as set forth by the State were compared to the submitted information. The GeoAccess Network Analysis report provided by Quest Analytics showed that 99.2% of the members have access to a psychiatrist; 98.4% have access to a psychologist; 99.9% have access to a social worker; and 99.9% have access to a CMHC. Analysis was conducted for large metro,

Standard	Score			Comments
	Met	Partially Met	Not Met	
				metro, micro, rural, and counties with extreme access considerations. Wellcare met all network adequacy requirements for BH providers.
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:				
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			Readmissions declined from 13.97% in quarter 1 to 12.50% in quarter 3 and remain below the expected rate of 14.5%.
1.2 Length of stay for hospitalizations;	X			The inpatient length of stay (LOS) has increased from 10.5 to 11.5 in quarter 3 and is above the expected value.
1.3 Length of stay in nursing homes;	X			The Skilled Nursing Facility LOS showed an increase from 21.73 days in quarter 1 to 24 days in quarter 4.
1.4 Emergency room utilization;	X			ER visits per 1000 decreased in the latest measurements July (858.3) to August (751.2). The goal value is not clearly documented.
1.5 Number and percentage of enrollees receiving mental health services.	X			The BH service rate was at 2.3% in September 2023, which was a reduction from January 2023 at 5.0%.
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,	X			

Standard	Score			Comments
	Met	Partially Met	Not Met	
to minimize unnecessary complications related to care setting transitions.				
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		<p>Constellation Quality Health reviewed a sample of 30-day readmission files submitted by Wellcare. Most of the files contained detailed notes regarding the transitions and the outreach to the member, primary care provider and the facility. There were several files that reflected no attempts to contact the facility's Case Management/Discharge Planning staff or the member's PCP, and untimely attempts to contact members/caregivers within 72-hours of discharge. These were issues identified during the 2022 EQR. Wellcare addressed this deficiency with a quality improvement plan and some of these transitions occurred prior to the implementation of that plan.</p> <p><i>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.</i></p>