



Constellation  
Quality Health

Wellcare Prime  
by Absolute Total Care

## 2024 EXTERNAL QUALITY REVIEW

Submitted: January 9, 2025

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

# 2024 External Quality Review

## Table of Contents

Executive Summary .....	2
Methodology.....	2
Summary and Overall Findings .....	2
Conclusions.....	15
Attachments.....	17
Attachment 1: Initial Notice and Desk Materials List.....	18
Attachment 2: Data Collection Tool.....	24
Attachment 3: Assessment of Quality Improvement Plans from Previous EQR .....	29

# 2024 External Quality Review

## EXECUTIVE SUMMARY

At the request of the South Carolina Department of Health and Human Services (SCDHHS), Constellation Quality Health conducted an External Quality Review of Wellcare Prime (Wellcare), a South Carolina Healthy Connections Prime Medicare–Medicaid Plan operated by Absolute Total Care. This review focused on network adequacy for home and community–based service and behavioral health providers, over and under–utilization, and care transitions.

The goals of the review were 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 2023 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 are of good quality.

## Methodology

The process Constellation Quality Health (Constellation) used for the External Quality Review (EQR) is based on the protocols the Centers for Medicare & Medicaid Services (CMS) developed for Medicaid Managed Care Organization EQRs. The review includes a desk review of documents, and a virtual onsite visit conducted on December 11, 2024, and December 12, 2024.

## Summary and Overall Findings

An overview of the findings for each section follows and is detailed in the tabular spreadsheet (Attachment 2). 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 has 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 has been established. The HCBS services include:

- Adult Day Health
- Case Management
- Home Delivered Meals

# 2024 External Quality Review

- Personal Emergency Response System (PERS)
- Personal Care
- Respite
- Telemonitoring

Constellation requested a complete list of all contracted HCBS providers currently in Wellcare'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, Aiken County only had one unique provider for Adult Day Health services. The minimum number of providers for Adult Day Health in Aiken County is two. Wellcare received a validation score of 99.7% for the HCBS network. This was discussed during the onsite and Wellcare acknowledged this gap and has continued efforts to contract with additional providers to cover the Adult Day Health services in Aiken County. 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	3	Met
Case Management	2	3	Met
Home Delivered Meals	2	4	Met
PERS	2	18	Met
Personal Care	2	30	Met
Respite	2	13	Met
Telemonitoring	2	3	Met
Aiken			
Adult Day Health	2	1	Not Met
Case Management	2	6	Met
Home Delivered Meals	2	3	Met
PERS	2	18	Met
Personal Care	2	23	Met
Respite	2	6	Met
Telemonitoring	2	2	Met
Allendale			
Adult Day Health	2	2	Met
Case Management	2	5	Met
Home Delivered Meals	2	2	Met

## 2024 External Quality Review

County/Services	Minimum Required	Unique Providers	Score
PERS	2	17	Met
Personal Care	2	17	Met
Respite	2	7	Met
Telemonitoring	2	3	Met
Anderson			
Adult Day Health	3	4	Met
Case Management	3	3	Met
Home Delivered Meals	3	3	Met
PERS	3	19	Met
Personal Care	3	39	Met
Respite	3	17	Met
Telemonitoring	3	3	Met
Bamberg			
Adult Day Health	2	3	Met
Case Management	2	5	Met
Home Delivered Meals	2	3	Met
PERS	2	19	Met
Personal Care	2	18	Met
Respite	2	6	Met
Telemonitoring	2	4	Met
Barnwell			
Adult Day Health	2	3	Met
Case Management	2	5	Met
Home Delivered Meals	2	4	Met
PERS	2	19	Met
Personal Care	2	19	Met
Respite	2	6	Met
Telemonitoring	2	4	Met
Beaufort			
Adult Day Health	2	3	Met
Case Management	2	4	Met
Home Delivered Meals	2	3	Met
PERS	2	18	Met
Personal Care	2	19	Met
Respite	2	7	Met
Telemonitoring	2	4	Met

# 2024 External Quality Review

County/Services	Minimum Required	Unique Providers	Score
Berkeley			
Adult Day Health	2	4	Met
Case Management	2	6	Met
Home Delivered Meals	2	3	Met
PERS	2	18	Met
Personal Care	2	21	Met
Respite	2	8	Met
Telemonitoring	2	4	Met
Calhoun			
Adult Day Health	2	4	Met
Case Management	2	4	Met
Home Delivered Meals	2	4	Met
PERS	2	19	Met
Personal Care	2	21	Met
Respite	2	6	Met
Telemonitoring	2	4	Met
Charleston			
Adult Day Health	3	6	Met
Case Management	3	6	Met
Home Delivered Meals	3	4	Met
PERS	3	18	Met
Personal Care	3	25	Met
Respite	3	10	Met
Telemonitoring	3	4	Met
Cherokee			
Adult Day Health	2	3	Met
Case Management	2	4	Met
Home Delivered Meals	2	2	Met
PERS	2	18	Met
Personal Care	2	22	Met
Respite	2	8	Met
Telemonitoring	2	4	Met
Chester			
Adult Day Health	2	6	Met
Case Management	2	3	Met
Home Delivered Meals	2	3	Met

## 2024 External Quality Review

County/Services	Minimum Required	Unique Providers	Score
PERS	2	18	Met
Personal Care	2	25	Met
Respite	2	11	Met
Telemonitoring	2	3	Met
Chesterfield			
Adult Day Health	2	2	Met
Case Management	2	3	Met
Home Delivered Meals	2	5	Met
PERS	2	18	Met
Personal Care	2	20	Met
Respite	2	7	Met
Telemonitoring	2	3	Met
Clarendon			
Adult Day Health	2	4	Met
Case Management	2	6	Met
Home Delivered Meals	2	3	Met
PERS	2	19	Met
Personal Care	2	22	Met
Respite	2	8	Met
Telemonitoring	2	3	Met
Colleton			
Adult Day Health	2	5	Met
Case Management	2	5	Met
Home Delivered Meals	2	4	Met
PERS	2	18	Met
Personal Care	2	22	Met
Respite	2	9	Met
Telemonitoring	2	4	Met
Darlington			
Adult Day Health	2	2	Met
Case Management	2	5	Met
Home Delivered Meals	2	2	Met
PERS	2	18	Met
Personal Care	2	25	Met
Respite	2	8	Met
Telemonitoring	2	2	Met

# 2024 External Quality Review

County/Services	Minimum Required	Unique Providers	Score
Dillon			
Adult Day Health	2	2	Met
Case Management	2	4	Met
Home Delivered Meals	2	3	Met
PERS	2	21	Met
Personal Care	2	21	Met
Respite	2	7	Met
Telemonitoring	2	3	Met
Dorchester			
Adult Day Health	2	3	Met
Case Management	2	5	Met
Home Delivered Meals	2	2	Met
PERS	2	17	Met
Personal Care	2	23	Met
Respite	2	10	Met
Telemonitoring	2	3	Met
Edgefield			
Adult Day Health	2	2	Met
Case Management	2	3	Met
Home Delivered Meals	2	3	Met
PERS	2	18	Met
Personal Care	2	19	Met
Respite	2	7	Met
Telemonitoring	2	2	Met
Fairfield			
Adult Day Health	2	5	Met
Case Management	2	4	Met
Home Delivered Meals	2	4	Met
PERS	2	19	Met
Personal Care	2	29	Met
Respite	2	10	Met
Telemonitoring	2	3	Met
Florence			
Adult Day Health	3	3	Met
Case Management	3	5	Met
Home Delivered Meals	3	4	Met



## 2024 External Quality Review

County/Services	Minimum Required	Unique Providers	Score
PERS	3	21	Met
Personal Care	3	28	Met
Respite	3	8	Met
Telemonitoring	3	3	Met
Georgetown			
Adult Day Health	2	4	Met
Case Management	2	6	Met
Home Delivered Meals	2	3	Met
PERS	2	19	Met
Personal Care	2	22	Met
Respite	2	7	Met
Telemonitoring	2	3	Met
Greenville			
Adult Day Health	3	5	Met
Case Management	3	4	Met
Home Delivered Meals	3	4	Met
PERS	3	20	Met
Personal Care	3	42	Met
Respite	3	20	Met
Telemonitoring	3	5	Met
Greenwood			
Adult Day Health	2	3	Met
Case Management	2	6	Met
Home Delivered Meals	2	3	Met
PERS	2	18	Met
Personal Care	2	33	Met
Respite	2	15	Met
Telemonitoring	2	2	Met
Hampton			
Adult Day Health	2	3	Met
Case Management	2	5	Met
Home Delivered Meals	2	3	Met
PERS	2	18	Met
Personal Care	2	17	Met
Respite	2	6	Met
Telemonitoring	2	4	Met

# 2024 External Quality Review

County/Services	Minimum Required	Unique Providers	Score
Horry			
Adult Day Health	2	3	Met
Case Management	2	7	Met
Home Delivered Meals	2	2	Met
PERS	2	19	Met
Personal Care	2	23	Met
Respite	2	7	Met
Telemonitoring	2	2	Met
Jasper			
Adult Day Health	2	3	Met
Case Management	2	4	Met
Home Delivered Meals	2	3	Met
PERS	2	18	Met
Personal Care	2	19	Met
Respite	2	8	Met
Telemonitoring	2	4	Met
Kershaw			
Adult Day Health	2	6	Met
Case Management	2	5	Met
Home Delivered Meals	2	3	Met
PERS	2	20	Met
Personal Care	2	31	Met
Respite	2	12	Met
Telemonitoring	2	3	Met
Lancaster			
Adult Day Health	2	3	Met
Case Management	2	3	Met
Home Delivered Meals	2	2	Met
PERS	2	17	Met
Personal Care	2	25	Met
Respite	2	14	Met
Telemonitoring	2	2	Met
Laurens			
Adult Day Health	2	3	Met
Case Management	2	6	Met
Home Delivered Meals	2	4	Met

# 2024 External Quality Review

County/Services	Minimum Required	Unique Providers	Score
PERS	2	19	Met
Personal Care	2	40	Met
Respite	2	17	Met
Telemonitoring	2	4	Met
Lee			
Adult Day Health	2	5	Met
Case Management	2	5	Met
Home Delivered Meals	2	3	Met
PERS	2	19	Met
Personal Care	2	21	Met
Respite	2	9	Met
Telemonitoring	2	3	Met
Lexington			
Adult Day Health	2	6	Met
Case Management	2	6	Met
Home Delivered Meals	2	3	Met
PERS	2	19	Met
Personal Care	2	40	Met
Respite	2	14	Met
Telemonitoring	2	4	Met
Marion			
Adult Day Health	2	3	Met
Case Management	2	6	Met
Home Delivered Meals	2	3	Met
PERS	2	20	Met
Personal Care	2	26	Met
Respite	2	7	Met
Telemonitoring	2	3	Met
Marlboro			
Adult Day Health	2	2	Met
Case Management	2	3	Met
Home Delivered Meals	2	3	Met
PERS	2	19	Met
Personal Care	2	22	Met
Respite	2	7	Met
Telemonitoring	2	3	Met

# 2024 External Quality Review

County/Services	Minimum Required	Unique Providers	Score
McCormick			
Adult Day Health	2	2	Met
Case Management	2	3	Met
Home Delivered Meals	2	4	Met
PERS	2	19	Met
Personal Care	2	23	Met
Respite	2	9	Met
Telemonitoring	2	3	Met
Newberry			
Adult Day Health	2	10	Met
Case Management	2	6	Met
Home Delivered Meals	2	5	Met
PERS	2	19	Met
Personal Care	2	31	Met
Respite	2	10	Met
Telemonitoring	2	3	Met
Oconee			
Adult Day Health	2	2	Met
Case Management	2	2	Met
Home Delivered Meals	2	3	Met
PERS	2	19	Met
Personal Care	2	27	Met
Respite	2	10	Met
Telemonitoring	2	3	Met
Orangeburg			
Adult Day Health	2	6	Met
Case Management	2	7	Met
Home Delivered Meals	2	3	Met
PERS	2	19	Met
Personal Care	2	27	Met
Respite	2	11	Met
Telemonitoring	2	4	Met
Pickens			
Adult Day Health	2	3	Met
Case Management	2	3	Met
Home Delivered Meals	2	3	Met

## 2024 External Quality Review

County/Services	Minimum Required	Unique Providers	Score
PERS	2	19	Met
Personal Care	2	38	Met
Respite	2	18	Met
Telemonitoring	2	4	Met
Richland			
Adult Day Health	3	8	Met
Case Management	3	6	Met
Home Delivered Meals	3	4	Met
PERS	3	19	Met
Personal Care	3	45	Met
Respite	3	16	Met
Telemonitoring	3	4	Met
Saluda			
Adult Day Health	2	2	Met
Case Management	2	3	Met
Home Delivered Meals	2	4	Met
PERS	2	19	Met
Personal Care	2	26	Met
Respite	2	8	Met
Telemonitoring	2	3	Met
Spartanburg			
Adult Day Health	3	6	Met
Case Management	3	5	Met
Home Delivered Meals	3	3	Met
PERS	3	19	Met
Personal Care	3	40	Met
Respite	3	20	Met
Telemonitoring	3	5	Met
Sumter			
Adult Day Health	2	7	Met
Case Management	2	6	Met
Home Delivered Meals	2	3	Met
PERS	2	19	Met
Personal Care	2	29	Met
Respite	2	11	Met
Telemonitoring	2	2	Met

## 2024 External Quality Review

County/Services	Minimum Required	Unique Providers	Score
Union			
Adult Day Health	2	7	Met
Case Management	2	4	Met
Home Delivered Meals	2	3	Met
PERS	2	18	Met
Personal Care	2	31	Met
Respite	2	14	Met
Telemonitoring	2	4	Met
Williamsburg			
Adult Day Health	2	4	Met
Case Management	2	7	Met
Home Delivered Meals	2	4	Met
PERS	2	19	Met
Personal Care	2	22	Met
Respite	2	8	Met
Telemonitoring	2	3	Met
York			
Adult Day Health	2	4	Met
Case Management	2	3	Met
Home Delivered Meals	2	2	Met
PERS	2	17	Met
Personal Care	2	25	Met
Respite	2	13	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%

Coordinated and Integrated Care Organizations (CICOs) 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 providers located within no more than 50 miles

# 2024 External Quality Review

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).

Wellcare provided information on their in-network behavioral health providers. The requirements set forth by the State were compared to the information submitted. The October 2024 GeoAccess Network Analysis report provided by Quest Analytics showed that 99.1% of members have access to a psychiatrist; 98.6% have access to a psychologist; 99.8% have access to a social worker; and 99.9% have access to a CMHC. The analysis was conducted for large metro, metro, micro, rural, and counties with extreme access considerations. All counties had 100% of members with access to at least two types of 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 (LOS) for hospitalizations, length of stay in nursing homes, emergency room utilization, and the number and percentage of enrollees receiving mental health services.

The files submitted with the desk materials contained reports on several utilization measures. Wellcare indicated new reports are being developed for enhanced monitoring of over and under measures. The latest values reported offered current rates relative to the expected rate for metrics. Some of the latest values reported showed:

- The inpatient LOS is at 7.9, which is above the expected value of 6.5.
- Readmissions are at 16.2%, which is above the expected rate of 14.5%.
- Skilled Nursing Facility LOS was at 23 overall for 2023.

## Care Transitions

Wellcare's 2024 Care Management Program Description and policies were provided for review. Policy SC.UM.03, Care Transitions, emphasizes the importance of early discharge planning and coordination to avoid preventable readmissions. This policy outlines procedures to identify and mitigate barriers to returning home or to the community, aiming to prevent medically unnecessary emergency department visits and readmissions. Wellcare's Care Coordinators and Interdisciplinary Care Team work together to ensure that all necessary services and supports are in place to facilitate a smooth transition and reduce the risk of readmission.

Wellcare conducts an annual analysis of transition of care events to understand and improve collaboration with providers. The analysis showed care transitions were categorized into three categories: Category I (lower to higher level of care), Category II (higher to lower level of care), and

# 2024 External Quality Review

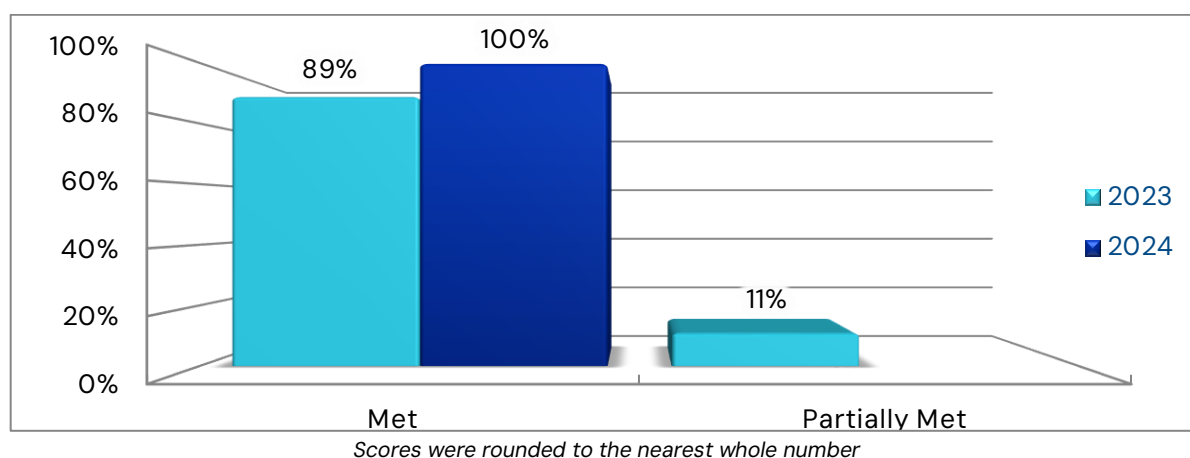
Category III (clinically equivalent transitions). The analysis noted that out of 918 transitions, 66 (7.2%) were to a higher level of care. A detailed review of those 66 cases was conducted and found potential issues in nine cases (13.6% of Category I transitions). Actions taken included enhancing specialized teams for in-depth analysis, monitoring trends, collaborating with providers for training, and involving multidisciplinary teams for process improvement. Wellcare's goal was to reduce readmissions, ensure proper care, and continuously improve processes for better health outcomes.

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 October 2023 through September 2024. Constellation specified to only include those enrollees readmitted with a diagnosis that met the definition of a potentially avoidable hospitalization. These are defined by SCDHHS as: Bacterial Pneumonia, Urinary Tract Infection, Congestive Heart Failure, Dehydration, Chronic Obstructive Pulmonary Disease/Asthma, and Skin Ulcers. A list of 45 enrollees that met the above criteria was provided. Constellation requested and Wellcare provided a copy of the case management files for 32 enrollees. Overall, Constellation noted an improvement in the documentation in the case management files when compared to the 2023 EQR of the case management files. For additional information regarding the deficiencies identified during the 2023 EQR, see *Attachment 3: Assessment of Quality Improvement Plans from Previous EQR*. Two enrollees had multiple admission where outreach to the facility was not documented.

## Conclusions

The 2024 annual EQR of Wellcare shows that 100% of the standards received a "Met" score. There was improvement noted in Care Transitions. The figure that follows provides a comparison of the current review results to the 2023 review results.

Figure 1: Annual EQR Comparative Results





# 2024 External Quality Review

Table 2: Strengths Related to the Quality, Timeliness, and Access to Care

Strengths	Quality	Timeliness	Access to Care
Wellcare has a 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.	✓		
Improvement was noted in the documentation in the case management files. Timely outreach to the facility regarding discharge planning, to the member following discharge, and to the primary care provider was well documented.	✓	✓	✓

# 2024 External Quality Review

## 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

# 2024 External Quality Review

## Attachment 1: Initial Notice and Desk Materials List



October 7, 2024

Mr. John McClellan  
President  
Wellcare Prime by Absolute Total Care  
1441 Main Street, Suite 900  
Columbia, SC 29201

Dear Mr. McClellan:

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 Wellcare Prime by Absolute Total Care is being initiated. An External Quality Review (EQR) conducted by Constellation Quality Health (Constellation) is required by your contract with SCDHHS in relation to your organization's administration of a managed care program for Medicare-Medicaid recipients.

The methodology used by Constellation 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 EQR team plans to conduct the teleconference on December 11<sup>th</sup> and December 12<sup>th</sup>.

In preparation for the desk review, the items on the enclosed desk materials list should be provided to Constellation no later than October 21, 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. 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,

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

Sandi Owens, LPN  
Project Manager, External Quality Review

cc: SCDHHS

# Wellcare Prime by Absolute Total Care

---

## 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 support 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 the 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
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 ( <u>Chux</u> )
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
<u>Telemonitoring</u>

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 from October 2023 through September 2024.
9. The most recent reports summarizing 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 October 2023 through September 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 October 2023 through September 2024. Note: Based on this information Constellation 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's EQR File Transfer site at <https://eqro.thecarolinasceneter.org>; and
- Should be submitted in the categories listed.



## Attachment 2: Data Collection Tool

## CICO Data Collection Tool

Plan Name:	Wellcare Prime by Absolute Total Care
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			Constellation requested a complete list of all contracted HCBS providers currently in Wellcare'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, Aiken County only had one unique provider for Adult Day Health services. The minimum number of providers for Adult Day Health in Aiken County is two. Wellcare received a validation score of 99.7% for the HCBS network. This was discussed during the onsite and Wellcare acknowledged this gap and has continued efforts to contract with additional providers to cover the Adult Day Health services in Aiken County.
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			CICOs 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 one of the behavioral health providers used to meet the two (2) providers per fifty (50) mile

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
				<p>requirement must be a Community Mental Health Center (CMHC).</p> <p>Wellcare provided information on their in-network behavioral health providers. The requirements set forth by the State were compared to the information submitted. The October 2024 GeoAccess Network Analysis report provided by Quest Analytics showed that 99.1% of members had access to a psychiatrist; 98.6% had access to a psychologist; 99.8% had access to a social worker; 99.9% had access to a CMHC. The analysis was conducted for large metro, metro, micro, rural, and counties with extreme access considerations. All counties had 100% of members with access to at least two types of BH providers.</p>
II. Evaluation of Over/Under Utilization				
1. The CICO monitors and analyzes utilization data to look for trends or issues that may provide opportunities for quality improvement. Utilization data monitored should include, but not be limited to:				The files submitted with the desk materials contained reports on several utilization measures. The latest values reported offered current rates relative to the expected rate for metrics. Some of the latest values reported are shown below. Wellcare indicated new reports are being developed for enhanced monitoring 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			Readmissions are at 16.2%, which is above the expected rate of 14.5%.
1.2 Length of stay for hospitalizations;	X			The inpatient length of stay (LOS) is at 7.9 above the expected value of 6.5.
1.3 Length of stay in nursing homes;	X			The Skilled Nursing Facility LOS was at 23 overall for 2023.

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
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			<p>Policy SC.UM.03, Care Transitions, emphasizes the importance of early discharge planning and coordination to avoid preventable readmissions. This policy outlines procedures to identify and mitigate barriers to returning home or to the community, aiming to prevent medically unnecessary emergency department visits and readmissions. Wellcare's Care Coordinators and Interdisciplinary Care Team work together to ensure that all necessary services and supports are in place to facilitate a smooth transition and reduce the risk of readmission.</p> <p>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 October 2023 through September 2024. Constellation specified to only include those enrollees readmitted with a diagnosis that met the definition of a potentially avoidable hospitalization. These are defined by SCDHHS as: Bacterial Pneumonia, Urinary Tract Infection, CHF, Dehydration, COPD/Asthma, and Skin Ulcers. A list of 45 enrollees that met the above criteria was provided. Constellation requested and Wellcare provided a copy of the case management files for 32 enrollees. Overall, Constellation noted an improvement in the documentation in the case management files when compared to the 2023 EQR of the case management files. For additional information regarding the deficiencies identified during the 2023 EQR, see Attachment 3: Assessment of Quality Improvement Plans from Previous EQR. Two enrollees had</p>

STANDARD	SCORE			COMMENTS
	Met	Partially Met	Not Met	
				multiple admissions where outreach to the facility was not documented.
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			Wellcare conducts an annual analysis of transition of care events to understand and improve collaboration with providers. The analysis showed care transitions were categorized into three categories: Category I (lower to higher level of care), Category II (higher to lower level of care), and Category III (clinically equivalent transitions). The analysis noted that out of 918 transitions, 66 (7.2%) were to a higher level of care. A detailed review of those 66 cases was conducted and found potential issues in 9 cases (13.6% of Category I transitions). Actions taken included enhancing specialized teams for in-depth analysis, monitoring trends, collaborating with providers for training, and involving multidisciplinary teams for process improvement. Wellcare's goal was to reduce readmissions, ensure proper care, and continuously improve processes for better health outcomes.

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

## ASSESSMENT OF QUALITY IMPROVEMENT PLANS FROM PREVIOUS EQR

### Wellcare Prime by Absolute Total Care 2023 Quality Improvement Plan

2023 EQR Findings	Actions Taken by the Health Plan to Address Findings	2024 EQR Findings	
		Corrected	Not Corrected
CARE 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.			
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.  <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>	1. Wellcare Prime leadership team will review Constellation Quality Health's recommendations and current processes with teams to ensure key metrics are met within established parameters. 2. Wellcare Prime leadership will ensure random sampling of each case manager's files to assess metrics adhere to regulatory standards. 3. Senior Case Manager will work closely with manager and director of transition of care department to assess random sampling of each case managers cases monthly. 4. Member-facing FTE's to review cases presented during EQRO with Sr. CM or manager. 5. Member-facing FTEs will receive retraining on key metrics and appropriate timeframes as defined by regulatory standards. 6. Senior leadership will monitor audit results monthly to ensure contract compliance 7. Senior leadership will continue to explore digital programs for more real time receipt of discharge data (Availity, SCHIEX, other integrators, contracted facility data feeds, EMR access)	✓	